

Michael Laidlaw

September 2, 2022

Page 1

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

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C.P., by and through his parents, )  
 Patricia Pritchard and Nolle )  
 Pritchard and PATRICIA PRITCHARD, )  
 Plaintiffs, )  
 vs. ) No. 3:20-cv-06145-RJB  
 BLUE CROSS BLUE SHIELD OF )  
 ILLINOIS, )  
 Defendant. )

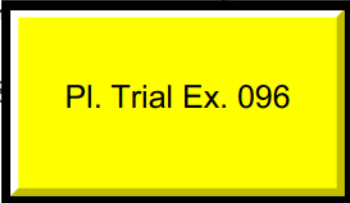
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ZOOM VIDEO DEPOSITION UPON ORAL EXAMINATION  
OF  
MICHAEL LAIDLAW

---

9:00 a.m.  
September 2, 2022

REPORTED BY: Pat Lessard, CCR #2104



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Michael Laidlaw

September 2, 2022

Page 3

1 E X H I B I T I N D E X

2	No.	DESCRIPTION	PAGE
3	Exhibit 1	Declaration of Michael Laidlaw.	9
4	Exhibit 2	Michael Laidlaw CV.	11
5	Exhibit 3	Notice of Deposition of Michael K.	19
6		Laidlaw, M.D.	
7	Exhibit 4	Our Mission - Public Discourse.	38
8	Exhibit 5	Subpoena to Produce Documents.	62
9	Exhibit 6	Understanding the Well-Being of	104
10		LGBTQI Populations (2020)	
11	Exhibit 7	Formal comment on: Parent reports	122
12		of adolescents and young adults...	
13	Exhibit 8	Gender nonconforming youth:	128
14		current perspectives.	
15	Exhibit 9	Position Statement on Conversion	139
16		Therapy and LGBTQ Patients.	
17	Exhibit 10	Resolution by the American	140
18		Psychological Association.	
19	Exhibit 11	Treatment of Central Precocious	148
20		Puberty.	
21	Exhibit 12	Notice in Federal Register.	161
22	Exhibit 13	Understanding Unapproved Use of	162
23		Approved Drugs "Off Label."	
24	Exhibit 15	Removing Financial Barriers to	171
25		Care for Transgender Patients.	

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Michael Laidlaw

September 2, 2022

Page 4

1 E X H I B I T I N D E X

2 No.	DESCRIPTION	PAGE
3 Exhibit 16	Health insurance coverage for	172
4	gender-affirming care of	
5	transgender patients.	
6 Exhibit 17	Hormonal Therapy and sex	179
7	reassignment: a systematic review	
8	and meta-analysis of quality of	
9	life and psychosocial outcomes.	
10 Exhibit 18	American Psychiatric Association	191
11	Ethics Committee Opinion.	
12 Exhibit 19	Neurobiology of gender identity	93
13	and sexual orientation.	

14 E X A M I N A T I O N

15 ATTORNEY	PAGE
16 BY MR. GONZALEZ-PAGAN:	6
17 BY MR. GONZALEZ-PAGAN:	115

18  
19  
20  
21  
22  
23  
24  
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Michael Laidlaw

September 2, 2022

Page 29

1 on existing publications and preexisting data.

2 I think that's the distinction that you were  
3 drawing in your answer as well, is that correct?

4 A. Yes.

5 Q. So would you be comfortable with that  
6 understanding, that shared understanding of -- do you  
7 know what I mean by primary research?

8 A. Yes, I understand your meaning.

9 Q. Have you performed any primary research?

10 A. Yes.

11 Q. On what? On what matters?

12 A. There were two studies. One was a magnesium  
13 study that had to -- we're looking for an association  
14 of low magnesium leading to osteoporosis.

15 And the other study was regarding thyroid  
16 cancer where we were looking at thyroid globulin tumor  
17 markers and how they correlated with ultrasound  
18 findings of the neck.

19 Q. And when did you perform this research?

20 A. This was during my -- it may have begun  
21 during my -- I think it began during my residency and  
22 then I continued into fellowship.

23 Q. Have you performed any primary research  
24 regarding gender dysphoria?

25 A. No.

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PLAINTIFFS003173

Michael Laidlaw

September 2, 2022

Page 30

1 Q. Have you performed any primary research  
2 relating to transgender people?

3 A. No.

4 Q. Have you performed any primary research  
5 relating to gender identity?

6 A. No.

7 Q. Do you have any peer-reviewed publications?

8 A. Yes.

9 Q. Do you have a copy of your CV with you?

10 A. No.

11 Q. I will show you what's been marked as  
12 Exhibit 2.

13 A. Okay.

14 Q. And this is a copy of your CV, right?

15 Well, it's not showing yet. This is a copy  
16 of your CV, right?

17 A. Yes. It's the one we looked at earlier.

18 Q. And you have here a section titled  
19 "Research, Publications, and Expert Witness Work," is  
20 that right?

21 A. Yes.

22 Q. And we can scroll through it but just go  
23 area by area.

24 Can you tell me which the -- within the  
25 screen showing right now which of these publications

Michael Laidlaw

September 2, 2022

Page 31

1 listed here are peer-reviewed?

2 MS. PAYTON: Object to the form of the  
3 question. And the blue print on the question on the  
4 screen here, I'm not sure that's easy to follow.

5 But go ahead and answer.

6 THE WITNESS: Understood.

7 Q. (By Mr. Gonzalez-Pagan) Dr. Laidlaw, you  
8 have marked in your CV some of these as expert  
9 witness --

10 A. Yes.

11 Q. -- brief of Amicus Curiae, Expert Witness,  
12 et cetera, is that correct?

13 A. Yes.

14 Q. Okay. So there's a publication listed for  
15 2021 --

16 A. Uh-huh.

17 Q. -- it's a Letter to the Editor --

18 A. Uh-huh.

19 Q. -- titled "Erythrocytosis in a Large Cohort  
20 of Trans Men Using Testosterone: A Long-Term  
21 Follow-Up Study on Prevalence, Determinants and  
22 Exposure Years," is that right?

23 A. Yes.

24 Q. It's a Letter to the Editor pertaining to  
25 that separate article, is that correct?

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1 A. That's right.

2 Q. And is a Letter to the Editor a peer  
3 reviewed publication?

4 A. I don't know. It has to be accepted before  
5 they publish it, so I don't know what process they go  
6 through. It may be or it may not be.

7 Q. There's another listing or a publication in  
8 2020 titled "Correction Transgender Surgery Provides  
9 No Mental Health Benefit," is that right?

10 A. Yes.

11 Q. And you're a coauthor of this piece, is that  
12 right?

13 A. Yes.

14 Q. It was published in the Public Discourse, is  
15 that correct?

16 A. That's correct.

17 Q. Is this a peer-reviewed publication?

18 A. Not to my knowledge.

19 Q. There's another publication just below it,  
20 in 2020, titled Gender-Affirmation surgery conclusion  
21 lacks evidence (letter)."

22 And you're a coauthor of this publication,  
23 is that right?

24 A. That's right.

25 Q. This was another letter, is that correct?

1 A. Yes, it's a Letter to the Editor.

2 Q. Okay. Is this peer-reviewed?

3 A. I don't know. It has to be accepted for  
4 publication, like I said, so I don't know what process  
5 they go through.

6 Q. Below that there's another publication  
7 titled "The Pediatric Endocrine Society's Statement on  
8 Puberty Blockers isn't just Deceptive. It's  
9 Dangerous."

10 And you're the sole author of this  
11 publication, is that right?

12 A. Yes.

13 Q. And it was published in Public Discourse, is  
14 that correct?

15 A. That's correct.

16 Q. And the next page, the next publication  
17 listed is "The Right to Best Care for Children does  
18 Not Include the Right to Medical Transition," is that  
19 right?

20 A. Yes.

21 Q. And you're a coauthor of this piece?

22 A. Yes.

23 Q. And this is an opinion piece, is that  
24 correct?

25 MS. PAYTON: Object to the form.

1           A.    My understanding is it's a peer-reviewed  
2 piece, but that's the one I would say has to be  
3 peer-reviewed to be published but I don't know their  
4 process.

5           Q.    (By Mr. Gonzalez-Pagan) But is it an  
6 opinion piece or is it a research piece?

7           MS. PAYTON: Object to the form.

8           A.    I mean it's the Journal of Bioethics, so  
9 it's not -- if you're asking is it based on primary  
10 research? Because there's two different things. You  
11 could have a peer-reviewed -- peer review doesn't  
12 necessarily mean it's primary research, to my  
13 understanding.

14          Q.    No. Understood.

15                I'm asking the question is the Journal of  
16 Bioethics a peer-reviewed publication?

17          A.    That's my understanding, yes. I mean all  
18 the medical journals that you have listed are peer  
19 reviewed publications. The exact process they use, I  
20 don't know.

21          Q.    And this piece in 2019 for which you are a  
22 coauthor in the American Journal of Bioethics is not a  
23 piece of original research, is that correct?

24          A.    When you say that, do you mean did we have  
25 patients doing -- collecting data on individual

Michael Laidlaw

September 2, 2022

Page 35

1 patients? Is that what you mean by that?

2 Q. Yes. Do you have an understanding of what  
3 primary research meant? So I guess I would ask it  
4 that way.

5 Is this article based on primary research  
6 you conducted?

7 A. It's not based on primary research I  
8 conducted.

9 Q. Thank you. There's another publication.  
10 It's a Letter to the Editor, "Endocrine Treatment of  
11 Gender-Dysphoric/Gender Incongruent Persons: An  
12 Endocrine Society Clinical Practice Guideline," is  
13 that correct?

14 A. Correct.

15 Q. And you're a coauthor of this piece?

16 A. Yes.

17 Q. And this is another Letter to the Editor,  
18 correct?

19 A. Yes.

20 Q. Just below that there's a publication titled  
21 "The Gender Identity Phantom," and you are the sole  
22 author, is that right?

23 A. Correct.

24 Q. And it appears to be published in the  
25 gdworkinggroup.org, is that right?

1 A. Yes, I think so.

2 Q. What's the gdworkinggroup.org?

3 A. They're a collection of different  
4 psychologists, psychiatrists and other mental health  
5 professionals, and there may have been other  
6 physicians, but who were writing pieces with concerns  
7 or criticisms about the care of people with gender  
8 identity conditions.

9 Q. Is this a publication posting on a  
10 discussion board?

11 A. Could you repeat that?

12 Q. Is this a publication posting within a  
13 discussion board?

14 A. No. Are you asking me like can you just  
15 post something as part of a discussion or are you  
16 asking can people discuss the topic below your  
17 article? Is that what you're asking?

18 Q. I'm asking if it's a discussion forum for  
19 professionals where you are set up, made a post, or  
20 whether it's an article.

21 A. Oh, it's an article against -- each author  
22 can write -- you have to be a member to be an author  
23 and you have to be an author to put something up  
24 there.

25 So not just any general member of the public

Michael Laidlaw

September 2, 2022

Page 37

1 could write something, if that clarifies it.

2 Q. Okay. Is this peer-reviewed?

3 A. No.

4 Q. The next publication is titled "Gender  
5 Dysphoria and Children: An Endocrinologist's  
6 evaluation of 'I am Jazz,'" and you're the sole  
7 author, is that right?

8 A. That's correct.

9 Q. And it was published in Public Discourse, is  
10 that correct?

11 A. Yes.

12 Q. Are there any other publications that you  
13 have in relation to gender dysphoria or transgender  
14 issues?

15 A. Not that I can think of. I did have this --  
16 I think I put it somewhere with my subpoena response,  
17 but there's gendersanity.org where I explained myself  
18 and coauthors explained the most recent Letter to the  
19 Editor.

20 Q. Sorry? What is that?

21 A. Gendersanity.org I believe is the name.

22 Q. And is that a self-published website?

23 A. Yes.

24 Q. We've established that three of your  
25 publications are for Public Discourse, is that

1 correct?

2 MS. PAYTON: Object to the form.

3 A. Yeah. Three -- I think it was three, yeah,  
4 three publications for Public Discourse.

5 Q. (By Mr. Gonzalez-Pagan) Who publishes,  
6 Public Discourse?

7 A. I believe at the time I submitted my  
8 articles that -- I don't know who the publisher is but  
9 the editor was Ryan Anderson, I believe.

10 Q. Are you familiar with the Witherspoon  
11 Institute?

12 A. Only that I saw their name associated with  
13 Public Discourse.

14 Q. I'm going to show you what's been marked as  
15 Exhibit 4.

16 A. Okay.

17 (Marked Deposition Exhibit No. 4.)

18 Q. (By Mr. Gonzalez-Pagan) Do you see the  
19 document in front of you?

20 A. Yes.

21 Q. This is the Mission Statement for Public  
22 Discourse, is that right?

23 A. It says "Our Mission," so I suppose it is.

24 Q. Okay. And just to clarify, this is a  
25 printout on September 2nd, 2022, 8:30 a.m., off the

1 website www.the public discourse.com/our mission, is  
2 that correct?

3 MS. PAYTON: Object to the form, foundation.

4 A. You are posting -- or I can see on the  
5 screen a mission statement from Public Discourse as of  
6 today. Today is the first time I've ever seen it.

7 Q. (By Mr. Gonzalez-Pagan) Yes. On the  
8 screen?

9 A. Yeah.

10 Q. And do you understand Public Discourse to be  
11 an online journal?

12 A. Yes.

13 Q. And are you aware that their mission is to  
14 enhance public understanding of the moral foundations  
15 of free society?

16 MS. PAYTON: Object to the form.

17 A. You know, I'm looking at it now and I can  
18 say you just read what is on there. But I don't have  
19 any affiliation with them in particular.

20 I think, but I don't recall exactly, that  
21 anything I publish at the bottom, I think, says  
22 something like "This does not necessarily represent  
23 the views of the Public Discourse," so --

24 Q. Is there any reason why you chose to publish  
25 in the Public Discourse?



PAGE  
BREAK

1 THE VIDEOGRAPHER: We're going off the  
2 record at 10:00 a.m.

3 (Recess.)

4 THE VIDEOGRAPHER: We're back on the record  
5 at 10:07 a.m.

6 Q. (By Mr. Gonzalez-Pagan) We left off  
7 discussing your publications. Do you recall that,  
8 Dr. Laidlaw?

9 A. Yes, I do.

10 Q. Just to sum up, none of your publications  
11 pertaining to gender dysphoria are based on original  
12 primary research, is that correct?

13 A. That's correct.

14 Q. And with the exception of the piece in the  
15 Journal of Bioethics none of your publications  
16 pertaining to gender dysphoria are peer-reviewed?

17 A. Well, a number are published in peer-reduced  
18 journals.

19 Q. Sorry. The Letters to the Editor, is that  
20 right?

21 A. The Letters to the Editors are in  
22 peer-reviewed journals, yes.

23 Q. We've established that you have a private  
24 practice dedicated to endocrinology, is that correct?

25 A. That's correct.

1 Q. As part of your practice do you treat any  
2 pediatric patients?

3 A. I have some patients who are under the age  
4 of 18, so later teens or mid teens.

5 Q. What percentage of your practice are  
6 patients under the age of 18?

7 A. Probably, like, less than five percent.

8 Q. Have you ever provided care to a transgender  
9 patient?

10 A. Yes.

11 Q. Have you provided them with care relating to  
12 their gender dysphoria?

13 A. Only once.

14 Q. What care did you provide that one patient?

15 A. The patient needed a refill of estrogen.

16 Q. Did you provide them with the refill?

17 A. Yes.

18 Q. About how many transgender patients have you  
19 treated for other conditions besides this one patient  
20 for gender dysphoria?

21 A. So I would say that in my practice I have  
22 patients with, I would use a more general term and say  
23 "gender incongruence," who I'm seeing for other  
24 conditions.

25 For example, they may have a pituitary

PAGE  
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1           A.    Or there would be one who had -- well, I  
2    would say two because the detransition person I am  
3    treating as a consequence of gender dysphoria.  So I  
4    would say two.

5           Q.    Okay.  So there's the one person who has  
6    detransitioned and then the one person who you  
7    provided a refill for estrogen, is that correct?

8           A.    Those are two patients who received hormones  
9    related to a gender incongruence condition.

10          Q.    How old was the patient that detransitioned?

11          A.    In his 20s.  He was diagnosed in his early  
12    teens.

13          Q.    Do you know how this patient came about  
14    connecting with you?

15          A.    He has had a very difficult time finding an  
16    endocrinologist who will treat him.  He had an  
17    orchiectomy or testicles removed and vaginal plasty.

18                He had a difficult time finding a physician  
19    who would prescribe testosterone so he had made a  
20    search and somehow found me.

21          Q.    Have you ever diagnosed any patient with  
22    gender dysphoria?

23          A.    Being that it's a psychological diagnosis, I  
24    do not make psychological diagnoses, so no.

25          Q.    Have you ever diagnosed a person with gender

1 identity disorder?

2 A. The same answer. A psychological, you know,  
3 diagnosis that I do not make.

4 Q. Just to clarify, for the patient who  
5 detransitioned, you're not providing care for  
6 treatment of gender dysphoria, is that correct?

7 A. Well, I guess it depends how you define  
8 treatment for gender dysphoria.

9 Q. Well, what do you understand gender  
10 dysphoria to be?

11 A. Well, this would be a discomfort arising  
12 from a person's, you know, true feeling of their  
13 gender identity versus their physical body.

14 So I don't think this person has fully  
15 resolved that issue within himself, but he feels very  
16 poorly not receiving testosterone so I'm treating him.  
17 So in a sense I am treating his gender -- I mean he  
18 feels better. He's doing better.

19 So I believe I am treating his gender  
20 dysphoria. That's not my primary purpose but it's a  
21 secondary consequence.

22 Q. Are you working in conjunction with a mental  
23 health therapist or mental health provider in  
24 providing this care to this individual?

25 A. He just moved to Southern California and in

PAGE  
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1 last two sentences. It states "WPATH claims to be a  
2 scientific organization while explicitly acting as an  
3 advocacy group. These are incompatible goals."

4 A. Yes.

5 Q. What is the basis for your opinion that a  
6 scientific organization cannot engage in advocacy?

7 A. I think a scientific organization can -- for  
8 example, the American Cancer Society, which we talked  
9 about earlier, they can advocate for eliminating  
10 cancer or better treatments for cancer. But they  
11 would not -- one would expect them not to exclusively  
12 follow one, say, politically based point of view.

13 There could be a variety of points of view  
14 within the American Cancer Society, I'm just giving  
15 you an example, or Endocrine Society. Whatever the  
16 society is should be open to a variety of points of  
17 view.

18 And what I've seen is that the WPATH is not.

19 Q. You're not a member of WPATH, is that right?

20 A. That's correct.

21 Q. Do you know, are you privy to the debates  
22 that occur within WPATH?

23 A. I've seen some online debates. I've spoken  
24 to a psychologist who was a member and quit basically  
25 because of this problem.



1 Q. But you're not privy to the actual internal  
2 conversations of WPATH, is that correct?

3 A. I've spent time looking at the WPATH  
4 standards of care.

5 Q. That wasn't my question, though. Have you  
6 participated in any WPATH conferences?

7 A. I do not participate in WPATH conferences.  
8 I'm not a member.

9 Q. Have you participated in internal discussion  
10 forums?

11 A. I do not participate with WPATH. I'm not a  
12 member.

13 Q. So what is the basis for your opinion that  
14 there are no diverse -- no differences of opinion  
15 within WPATH?

16 A. I'm basing it on their standards of care.

17 Q. The Endocrine Society has a variety of  
18 clinical practice guidelines, is that not correct?

19 A. They do.

20 Q. Some people disagree with many of those  
21 variety of clinical practice guidelines, is that not  
22 correct?

23 A. Are you saying that the members of the  
24 Endocrine Society disagree with practice guidelines?

25 Q. Yes.

**PAGE  
BREAK**

1 allowed for a variety of viewpoints in my opinion.

2 Q. (By Mr. Gonzalez-Pagan) And I'm asking  
3 whether you know whether, know from a first hand basis  
4 whether WPATH allows for a variety of opinions?

5 A. My impression is that they do not.

6 Q. What's the basis for your impression?

7 A. Their standards of care and my conversation  
8 with the psychologist that I mentioned.

9 Q. So the standards of care itself is proof  
10 there's no debate?

11 A. Right. Because it doesn't offer any  
12 alternatives.

13 Q. Let's turn to page 31 -- sorry, paragraph 31  
14 of your report.

15 A. Okay.

16 Q. There you state -- is there an echo? There  
17 you state that the assertion by Dr. Etner that a  
18 growing assemblage of research documents that gender  
19 identity is immutable and biologically based lacks  
20 scientific support and therefore impairs the  
21 credibility of Dr. Etner's opinions?

22 A. Yes.

23 Q. Okay. Are you saying that gender identity  
24 is not biologically based?

25 A. I'm saying there's no evidence of it at this

PAGE  
BREAK

Michael Laidlaw

September 2, 2022

Page 103

1           A.    I'm not sure. I think some of the earlier  
2 studies were in the United States but I'm not a  
3 hundred percent sure.

4           Q.    Are you aware that the desistance studies  
5 only involve youth that were diagnosed or were sub  
6 threshold for gender identity disorder rather than  
7 gender dysphoria?

8           A.    Well, the gender dysphoria diagnosis was  
9 not, you know, hadn't been published at that point,  
10 so.

11          Q.    It didn't exist at that time, is that  
12 correct?

13          A.    Well, I mean it may have existed but it  
14 didn't exist as a term in the DSM.

15          Q.    Sure. What I'm trying to say, the gender  
16 dysphoria diagnosis as contained within the DSM-5 did  
17 not exist at the time that these studies were  
18 conducted?

19          A.    Yes.

20          Q.    Okay. And the diagnostic criteria of gender  
21 identity disorder contained in the DSM-3 and 4 is  
22 different than the diagnostic criteria for gender  
23 dysphoria in the DSM-5, is that correct?

24          A.    At that time I believe they had a term  
25 gender identity disorder.

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1 Q. Yes. And I'm asking whether the diagnostic  
2 criteria are different.

3 A. There were different diagnostic criteria, to  
4 my knowledge.

5 Q. I'm going to show you what's been marked as  
6 Plaintiffs' Exhibit 6.

7 (Marked Deposition Exhibit No. 6.)

8 Q. (By Mr. Gonzalez-Pagan) I apologize. This  
9 is actually a pretty enormous PDF.

10 Can you see my screen?

11 A. Yes.

12 This is a publication titled "Understanding  
13 the Well-Being of LGBTQI Populations," from 2020,  
14 published by the National Academies of Sciences,  
15 Engineering and Medicine.

16 Do you see that?

17 A. I see it.

18 Q. Are you familiar with this document?

19 A. Only briefly looking at it this morning but  
20 I had not heard of it before.

21 Q. Okay. And in your report you relied on  
22 reported reviews from the United kingdom, Sweden and  
23 Finland relating to the scientific evidence of the  
24 care of gender dysphoria, is that right?

25 A. Yes.

PAGE  
BREAK

Michael Laidlaw

September 2, 2022

Page 109

1 looked at primarily up to age twelve population.

2 So I'm asking if you know any desistance  
3 rates or studies pertaining to desistance rates, you  
4 know, above age twelve?

5 A. Well, I don't -- well, let's say from the  
6 age of 13 to 18 I'm not aware of any study that looks  
7 at desistance.

8 Q. Do you know of any study that looks at  
9 desistance above age 18?

10 A. I don't know if there's any published study.  
11 I know there was a professor in the UK who wanted to  
12 publish something and he was obstructed from doing  
13 that. I don't remember his name, Caspin, I think.

14 So I'm not aware that there's any out there.

15 Q. (By Mr. Gonzalez-Pagan) I'm going to refer  
16 you again to Exhibit 6. This is the National  
17 Academies study report. I'm on page 302 of the  
18 document.

19 And it states that while interest in the  
20 so-called desistance of transgender identity has been  
21 informed by studies suggesting that as high as 80  
22 percent of prepubertal youth presenting to pediatric  
23 gender clinics ultimately do not identify as  
24 transgender, many of the youth included in the studies  
25 did not meet full DSM criteria for a gender



PAGE  
BREAK

1 on minor C.P."

2 That's a mode of treatment. And I'm asking  
3 how is that consistent with your critique on paragraph  
4 180?

5 A. Well, my critique was of Dr. Karasic.

6 Q. Did that apply to you?

7 A. No.

8 Q. You're not a mental health provider, right?

9 A. I'm sorry?

10 Q. You're not a mental health provider, right?

11 A. No.

12 Q. And you're not a surgeon, right?

13 A. Correct.

14 Q. Look at paragraph 195. You conclude  
15 "Therefore, it appears that Dr. Hatfield had begun  
16 pubertal suppression at Tanner Stage 1, which was not  
17 advised by either the ESG or even the WPATH's SOC."

18 Did I read that correctly?

19 A. Yes.

20 Q. That is not something you know, that is  
21 speculation based on some gaps you appear to have  
22 found in the medical records, is that right?

23 A. No. I'm basing my opinion on the medical  
24 record.

25 Q. Okay. So are you saying that with

PAGE  
BREAK

Michael Laidlaw

September 2, 2022

Page 195

1 that question, do you consider a person to be  
2 transgendered to be troubling?

3 MS. PAYTON: I'll object to the form.

4 A. I'm not sure what you mean by that. Are you  
5 saying medically or are they troubled, you know, at  
6 risk for hormones? Is that what you're saying?

7 Q. (By Mr. Gonzalez-Pagan) I am making  
8 reference to your own publication.

9 A. Well, you'd have to show me exactly what it  
10 is. I'm not sure what you're referencing.

11 MR. Gonzalez-Pagan: Okay. Those are all my  
12 questions.

13 MS. PAYTON: No questions. We'll reserve.  
14 No video, please.

15 THE VIDEOGRAPHER: Did Ele have some  
16 questions?

17 MS. HAMBURGER: No. I have no questions.

18 THE VIDEOGRAPHER: Okay. I thought she said  
19 hold on a few minutes.

20 This concludes the video-recorded deposition  
21 of Dr. Michael Laidlaw.

22 We are off the record at 3:21 p.m.

23 (Deposition recessed at 3:21 p.m.)

24

25

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Michael Laidlaw

September 2, 2022

Page 196

1 S I G N A T U R E

2 I declare under penalty of perjury under the  
3 laws of the State of Washington that I have read my within  
4 deposition, and the same is true and accurate, save and  
5 except for changes and/or corrections, if any, as indicated  
6 by me on the CHANGE SHEET flyleaf page hereof.

7 Signed in \_\_\_\_\_, Washington,  
8 this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

9

10

11 -----

12 MICHAEL LAIDLAW

13 Taken: September 2, 2022

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22 Re: C.P. versus Blue Cross Blue Shield

Cause No.: 3:20-cv-06145-RJB

23 Pat Lessard, CCR 2104

24

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1 C E R T I F I C A T E

2 STATE OF WASHINGTON )  
 ) ss.  
3 COUNTY OF KING )

4 I, the undersigned Washington Certified Court  
5 Reporter, hereby certify that the foregoing deposition upon  
6 oral examination of MICHAEL LAIDLAW was taken  
7 stenographically by me on September 2, 2022, and transcribed  
8 under my direction;

9 That the witness was duly sworn by me pursuant to  
10 RCW 5.28.010 to testify truthfully; that the transcript of  
11 the deposition is a full, true, and correct transcript to  
12 the best of my ability; that I am neither attorney for nor  
13 relative or employee of any of the parties to the action or  
14 any attorney or counsel employed by the parties hereto, nor  
15 am I financially interested in its outcome.

16 I further certify that in accordance with  
17 CR 30(e) the witness was given the opportunity to examine,  
18 read and sign the deposition within 30 days upon its  
19 completion and submission, unless waiver of  
20 signature was indicated in the record.

21 IN WITNESS WHEREOF, I have hereunto set my hand  
22 12th day of September, 2022.

23 *Pat Lessard*  
-----  
24 Pat Lessard,  
pat@court-reporter.com  
25



Michael Laidlaw

September 2, 2022

Page 199

1 CHANGE SHEET

2 PLEASE MAKE ALL CHANGES OR CORRECTIONS ON THIS SHEET,  
3 SHOWING PAGE, LINE AND REASON.

4 PAGE LINE CORRECTION AND REASON

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22 MICHAEL LAIDLAW  
Taken: September 2, 2022  
23 Re: C.P. versus Blue Cross Blue Shield  
Cause No.: 3:20-cv-06145-RJB  
24 Pat Lessard, CCR 2104.

25

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# Transcript of Dr. Quentin Van Meter

**Date:** March 18, 2019

**Case:** Grimm -v- Gloucester County School Board

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Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: center;">1</p> <p>1 IN THE UNITED STATES DISTRICT COURT</p> <p>2 EASTERN DISTRICT OF VIRGINIA</p> <p>3 NEWPORT NEWS DIVISION</p> <p>4 -----x</p> <p>5 GAVIN GRIMM, :CASE NO. 4:15-cv-54</p> <p>6 Plaintiff, :</p> <p>7 v. :</p> <p>8 GLOUCESTER COUNTY SCHOOL :</p> <p>9 BOARD, :</p> <p>10 Defendant. :</p> <p>11</p> <p>12</p> <p>13 Deposition of Dr. Quentin Van Meter</p> <p>14 Atlanta, Georgia</p> <p>15 Monday, March 18, 2019</p> <p>16 10:03 a.m.</p> <p>17</p> <p>18</p> <p>19</p> <p>20 Job No.: 233197</p> <p>21 Pages 1 - 219</p> <p>22 Reported by: Robyn Bosworth, RPR, CRR, CRC, CCR</p>	<p style="text-align: center;">3</p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>1 ON BEHALF OF THE PLAINTIFF (Via</p> <p>2 Videoconference):</p> <p>3</p> <p>4 JOSHUA A. BLOCK, ESQUIRE</p> <p>5 LESLIE COOPER, ESQUIRE</p> <p>6 SHAYNA MEDLEY-WARSOFF, ESQUIRE</p> <p>7 American Civil Liberties Union</p> <p>8 Foundation</p> <p>9 125 Broad Street</p> <p>10 18th Floor</p> <p>11 New York, New York 10004</p> <p>12 (212) 549-2627</p> <p>13 -and-</p> <p>14 EDEN B. HEILMAN, ESQUIRE</p> <p>15 JENNIFER SAFSTROM, ESQUIRE</p> <p>16 NICOLE TORTORIELLO, ESQUIRE</p> <p>17 American Civil Liberties Union</p> <p>18 Foundation of Virginia</p> <p>19 701 East Franklin Street, Suite 1412</p> <p>20 Richmond, Virginia 23219</p> <p>21 (804) 644-8022</p> <p>22</p>
<p style="text-align: center;">2</p> <p>1 Deposition of Dr. Quentin Van Meter, held at:</p> <p>2</p> <p>3</p> <p>4 Drew Eckl Farnham</p> <p>5 303 Peachtree Street, NE</p> <p>6 Suite 3500</p> <p>7 Atlanta, Georgia 30308</p> <p>8 404.885.6367</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13 Pursuant to Notice, before ROBYN BOSWORTH, RPR,</p> <p>14 CRR, CCR, CRC, CCR-B-2138.</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	<p style="text-align: center;">4</p> <p style="text-align: center;">A P P E A R A N C E</p> <p>1 ON BEHALF OF THE DEFENDANT:</p> <p>2</p> <p>3 DAVID P. CORRIGAN, ESQUIRE</p> <p>4 Harman, Claytor, Corrigan &amp; Wellman</p> <p>5 P.O. Box 70280</p> <p>6 Richmond, Virginia 23255</p> <p>7 (804) 747-5200</p> <p>8</p> <p>9 A L S O P R E S E N T:</p> <p>10 MARCY HAMPTON (via videoconference)</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17 C O N T E N T S</p> <p>18 EXAMINATION OF DR. QUENTIN VAN METER PAGE</p> <p>19 By Mr. Block</p> <p>20</p> <p>21</p> <p>22</p>

Transcript of Dr. Quentin Van Meter

Conducted on March 18, 2019

<p style="text-align: center;">5</p> <p style="text-align: center;">E X H I B I T S</p> <p style="text-align: center;">(Attached to Transcript)</p> <p>DEPOSITION EXHIBIT PAGE</p> <p>Exhibit 1 Gloucester County School Board's Rule 26(a)(2) Disclosure 7</p> <p>Exhibit 2 Declaration of Quentin L. Van Meter, MD 17</p> <p>Exhibit 4 American College of Pediatricians "About Us" from website 146</p> <p>Exhibit 5 Gender Ideology Harms Children 149</p> <p>Exhibit 6 On the Promotion of Homosexuality in Schools 167</p> <p>Exhibit 8 Dr. Quentin Van Meter: How Faulty Research by a 1950's Sexual Revolutionist Guided the Modern Transgender Movement 158</p>	<p style="text-align: center;">7</p> <p>1 answering, and I will wait for you to finish</p> <p>2 answering before I ask the next question. Agreed?</p> <p><b>3 A Agreed.</b></p> <p>4 Q Second, because the court reporter is</p> <p>5 writing things down, and because the video is a</p> <p>6 little fuzzy, it's important that you don't respond</p> <p>7 with visual cues like nodding your head or saying</p> <p>8 "uh-huh." All your answers need to be verbal so</p> <p>9 they can appear on the transcript. Okay?</p> <p><b>10 A Okay.</b></p> <p>11 Q And third is it's my job to ask questions</p> <p>12 that you can understand, so if I say anything that</p> <p>13 is unclear or you would like me to repeat or</p> <p>14 rephrase the question, please let me know. And if</p> <p>15 you do answer my question, I'm going to take that to</p> <p>16 mean that you understood it. Okay?</p> <p><b>17 A Okay.</b></p> <p>18 Q Great. So let's start with the document</p> <p>19 that's been marked by the court reporter as Exhibit</p> <p>20 Number 1.</p> <p>21 (Exhibit 1 was marked for identification</p> <p>22 and is attached to the transcript.)</p>
<p style="text-align: center;">6</p> <p style="text-align: center;">P R O C E E D I N G S</p> <p style="text-align: center;">D R . Q U E N T I N V A N M E T E R ,</p> <p>having been first duly sworn, was examined and</p> <p>testified as follows:</p> <p style="text-align: center;">E X A M I N A T I O N</p> <p>BY MR. BLOCK:</p> <p>Q Good morning, Dr. Van Meter. My name is</p> <p>Joshua Block. I'll be taking your deposition today.</p> <p>I represent the plaintiff, Gavin Grimm, in this</p> <p>lawsuit.</p> <p>Have you ever had your deposition taken</p> <p>before?</p> <p><b>13 A I have.</b></p> <p>Q Great. So you're familiar with the</p> <p>procedure here. I'll be asking questions, and</p> <p>you'll be providing answers. There's three ground</p> <p>rules I'd like to go over with you.</p> <p>The first, as you already know, is that we</p> <p>have the court reporter writing down everything that</p> <p>we say, so it's important that we don't talk over</p> <p>each other, so I'd appreciate it if you could wait</p> <p>for me to finish a question before you start</p>	<p style="text-align: center;">8</p> <p>1 BY MR. BLOCK:</p> <p>2 Q If you turn to -- a couple pages into the</p> <p>3 document there's a photocopy with your letterhead on</p> <p>4 it. Let me know if you found that page.</p> <p><b>5 A I have it here.</b></p> <p>6 Q Great. Do you recognize this letter?</p> <p><b>7 A I do.</b></p> <p>8 Q What is it?</p> <p><b>9 A This is a statement of my opinion</b></p> <p><b>10 regarding information that I gleaned from reviewing</b></p> <p><b>11 records on the Gavin Grimm case.</b></p> <p>12 Q Great. And if you flip to the end of the</p> <p>13 letter and look at the next page, there's a document</p> <p>14 that appears to be your CV; is that right?</p> <p><b>15 A That is correct.</b></p> <p>16 Q Okay. So I'll be asking some questions</p> <p>17 both about the letter and about your CV here.</p> <p>18 So let's go back to the beginning of your</p> <p>19 letter. If you look at paragraph 9.</p> <p><b>20 A Okay.</b></p> <p>21 Q The second sentence says: I have</p> <p>22 testified at Georgia state legislative committee</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">9</p> <p>1 hearings; is that right?</p> <p>2 <b>A That is correct.</b></p> <p>3 Q What was the subject of your testimony?</p> <p>4 <b>A This was regarding obesity in children, as</b></p> <p>5 <b>I recall.</b></p> <p>6 Q And how many times did you testify at the</p> <p>7 Georgia state legislative committee hearings?</p> <p>8 <b>A I testified once, I believe.</b></p> <p>9 Q And in your testimony did you discuss at</p> <p>10 all any information related to transgender children?</p> <p>11 <b>A I did not.</b></p> <p>12 Q Can you think of any way that the subject</p> <p>13 matter of your testimony at the Georgia state</p> <p>14 legislative committee hearings would have relevance</p> <p>15 to the issues in this case?</p> <p>16 <b>A No.</b></p> <p>17 Q Okay. So going to the next sentence, you</p> <p>18 say: In the past six years, I have testified by</p> <p>19 deposition in Harlen Schneider versus J. Enrique</p> <p>20 Lujan, MD, in the Circuit Court of the First</p> <p>21 Judicial Circuit of Okaloosa County, Florida, Civil</p> <p>22 Division; is that right?</p>	<p style="text-align: right;">11</p> <p>1 Q What was your testimony?</p> <p>2 <b>A My testimony was as an expert witness</b></p> <p>3 <b>talking about the standard of care in a primary care</b></p> <p>4 <b>setting, and the need to have consulted</b></p> <p>5 <b>endocrinology appropriately, and that was not done.</b></p> <p>6 Q Now, when you give expert testimony</p> <p>7 regarding the standard of care, what sources do you</p> <p>8 look to to determine what the standard of care is?</p> <p>9 <b>A Routinely, they will be referencing</b></p> <p>10 <b>textbooks. If there are published standards of care</b></p> <p>11 <b>outside of a textbook, if it's already outdated or</b></p> <p>12 <b>has been updated I will refer, after researching the</b></p> <p>13 <b>literature, to the most recent standards of care.</b></p> <p>14 Q Are guidelines from the Endocrine Society</p> <p>15 one of the sources you look to in other areas of</p> <p>16 endocrine medical practice to determine what the</p> <p>17 standard of care is?</p> <p>18 <b>A Yes, but I'd like to clarify, there's a</b></p> <p>19 <b>difference between guidelines and standards of care,</b></p> <p>20 <b>as I understand it. Guidelines are suggestions;</b></p> <p>21 <b>standards of care, in terms of my worldview, are</b></p> <p>22 <b>what are published and recognized as the -- as the</b></p>
<p style="text-align: right;">10</p> <p>1 <b>A That's correct.</b></p> <p>2 Q And what was that case about?</p> <p>3 <b>A It was a medical malpractice case.</b></p> <p>4 Q And what was your testimony about?</p> <p>5 <b>A It was in -- it was for the defense --</b></p> <p>6 <b>excuse me, for the plaintiff in regard to the</b></p> <p>7 <b>quality of medical care. Specific diagnosis, I do</b></p> <p>8 <b>not remember.</b></p> <p>9 Q And was this for an endocrine condition?</p> <p>10 <b>A This was for an endocrine condition.</b></p> <p>11 Q And to the best of your memory, was the</p> <p>12 diagnosis at all related to either gender or sexual</p> <p>13 differentiation?</p> <p>14 <b>A It was not.</b></p> <p>15 Q The rest of that sentence after the</p> <p>16 semicolon says that you also testified in the case</p> <p>17 of plaintiff, Kimora Gilmer. What was that case</p> <p>18 about?</p> <p>19 <b>A That case was about the death of a young</b></p> <p>20 <b>child who had acute onset of thyroid illness which</b></p> <p>21 <b>was not recognized by the medical treating facility</b></p> <p>22 <b>or the physician, and the patient died as a result.</b></p>	<p style="text-align: right;">12</p> <p>1 <b>most common and generally accepted ways to treat a</b></p> <p>2 <b>patient.</b></p> <p>3 Q So in your opinion the standards of care</p> <p>4 would be found in this textbooks as opposed to</p> <p>5 guideline recommendations?</p> <p>6 <b>A I am not sure.</b></p> <p>7 Q But the guidelines from the Endocrine</p> <p>8 Society are at least one source that you would</p> <p>9 usually look to to determine the applicable standard</p> <p>10 of care; is that fair?</p> <p>11 <b>A Not exactly.</b></p> <p>12 Q Could you explain that further?</p> <p>13 <b>A Guidelines from the Endocrine Society are</b></p> <p>14 <b>based on opinion of the committee that developed the</b></p> <p>15 <b>guidelines. They are not necessarily accepted</b></p> <p>16 <b>across the board as standards of care.</b></p> <p>17 Q So where would you find the accepted</p> <p>18 standards of care in that case?</p> <p>19 <b>A Most likely they would be in published</b></p> <p>20 <b>textbooks.</b></p> <p>21 Q In published textbooks?</p> <p>22 <b>A Yes.</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

13	<p>1 Q So to find the standards of care for</p> <p>2 treating gender dysphoria, would someone then look</p> <p>3 to textbooks on treating gender dysphoria?</p> <p>4 <b>A They could. There are standards of care</b></p> <p>5 <b>published by the American Psychological Association</b></p> <p>6 <b>in their handbook published in 2014. The exact name</b></p> <p>7 <b>of that textbook, whether it's the Handbook of Human</b></p> <p>8 <b>Sexuality or -- it's a title very similar to that,</b></p> <p>9 <b>but it's a published textbook of guidelines.</b></p> <p>10 Q Okay. So published textbooks of</p> <p>11 guidelines from the American Psychological</p> <p>12 Association would be a source for determining the</p> <p>13 standards of care for treating gender dysphoria in</p> <p>14 your opinion?</p> <p>15 <b>A Yes.</b></p> <p>16 Q Is there anything else that would be a</p> <p>17 source for determining the standards of care?</p> <p>18 <b>A You could look to articles across the</b></p> <p>19 <b>world's literature to see the broad spectrum of</b></p> <p>20 <b>opinion and come up with what would be the best-case</b></p> <p>21 <b>scenario for the patient.</b></p> <p>22 Q And in general articles that are peer</p>	15	<p>1 way to quantify what constitutes a broad spectrum of</p> <p>2 opinion for purposes of identifying the standard of</p> <p>3 care?</p> <p>4 MR. CORRIGAN: Same objection.</p> <p>5 Go ahead.</p> <p>6 <b>A Can you restate the question?</b></p> <p>7 <b>BY MR. BLOCK:</b></p> <p>8 Q Sure. You referenced looking at articles</p> <p>9 to find a broad spectrum of opinion in order to</p> <p>10 derive a standard of care. Is there some sort of</p> <p>11 number of articles that you would look at for that</p> <p>12 purpose?</p> <p>13 <b>A More than the number of articles, the</b></p> <p>14 <b>number clearly is important if you were trying to</b></p> <p>15 <b>look at the balanced approach to review the subject</b></p> <p>16 <b>at hand, there is sort of a general process when you</b></p> <p>17 <b>review information and review literature that you</b></p> <p>18 <b>look at every side of the subject, every published</b></p> <p>19 <b>paper and the quality of that paper and lay them all</b></p> <p>20 <b>out in front of you, if you will, and come up with</b></p> <p>21 <b>what is a balanced approach to developing your</b></p> <p>22 <b>opinion based on different research, different sides</b></p>
14	<p>1 reviewed would be the best source of articles to</p> <p>2 look at; is that right?</p> <p>3 <b>A Yes. The whole concept of peer review</b></p> <p>4 <b>ideally is to have a team of, if you will, referees</b></p> <p>5 <b>that have a broad background that essentially go</b></p> <p>6 <b>through and check all the references to make sure</b></p> <p>7 <b>that they are valid, that the opinions stated from</b></p> <p>8 <b>the references match the information published in</b></p> <p>9 <b>the paper. So that would be -- and by peer review,</b></p> <p>10 <b>it's somebody in the field of endocrinology, and</b></p> <p>11 <b>perhaps in a field of subspecialty so that there is</b></p> <p>12 <b>a very critical assessment of the validity of what's</b></p> <p>13 <b>being published.</b></p> <p>14 Q So when you say "look at the broad</p> <p>15 spectrum of opinion," is there a way to quantify</p> <p>16 what qualifies as a broad spectrum of opinion?</p> <p>17 MR. CORRIGAN: Object to the form of the</p> <p>18 question.</p> <p>19 Go ahead.</p> <p>20 <b>A A broad spectrum --</b></p> <p>21 <b>BY MR. BLOCK:</b></p> <p>22 Q Sorry. No, no, I'll clarify. Is there a</p>	16	<p>1 <b>of an issue, so that you come up with what is best</b></p> <p>2 <b>for the patient.</b></p> <p>3 Q So when you have determined your opinion</p> <p>4 regarding treatment for gender dysphoria, did you</p> <p>5 look at all sides of the research in forming your</p> <p>6 opinion, including materials that supported your</p> <p>7 view and materials that contradicted your view?</p> <p>8 <b>A Yes, I did.</b></p> <p>9 Q What sources did you look to for finding</p> <p>10 opinions that were different from your own?</p> <p>11 <b>A I looked at the bibliography for the</b></p> <p>12 <b>Endocrine Society guidelines, I looked at the</b></p> <p>13 <b>bibliography for the World Professional Association</b></p> <p>14 <b>of Transgender Health, I looked in the Handbook</b></p> <p>15 <b>of -- that I referred to published in 2014 by the</b></p> <p>16 <b>American Psychological Association, I looked at the</b></p> <p>17 <b>DSM-V criteria, I looked at articles published in</b></p> <p>18 <b>the Journal of Endocrinology and Metabolism, the</b></p> <p>19 <b>Journal of Pediatrics, a number of additional</b></p> <p>20 <b>journals that I could reference if you need the</b></p> <p>21 <b>specifics.</b></p> <p>22 Q And when did you conduct this research?</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">17</p> <p>1     <b>A</b> I've been doing this probably five or six 2 years in depth.</p> <p>3     <b>Q</b> What research have you done since the time 4 that you filed your declaration in the Carcano 5 versus McCoy case?</p> <p>6     <b>A</b> I've done a fair amount of additional 7 research because there have been articles published 8 since that time.</p> <p>9     <b>Q</b> Let's look at your declaration in Carcano 10 versus McCoy, which is marked as Exhibit 2 by the 11 court reporter.</p> <p>12         (Exhibit 2 was marked for identification 13 and is attached to the transcript.)</p> <p>14     <b>A</b> I have it here.</p> <p>15 <b>BY MR. BLOCK:</b></p> <p>16     <b>Q</b> Great. And does this appear to be a copy 17 of the declaration that you wrote for that case?</p> <p>18     <b>A</b> It does.</p> <p>19     <b>Q</b> Who first contacted you about being an 20 expert in the Carcano case?</p> <p>21     <b>A</b> I actually do not remember.</p> <p>22     <b>Q</b> Do you remember what organization they</p>	<p style="text-align: right;">19</p> <p>1 has ascended to, but I know it has been used as a 2 document in transgender cases.</p> <p>3     <b>Q</b> But my question is not amicus briefs, but 4 if a physician or pediatrician was going about 5 determining the standards of care for a condition, 6 is the American College of Pediatricians publication 7 a source that they would look to?</p> <p>8     <b>A</b> Yes, they would review it.</p> <p>9     <b>Q</b> Are you aware of any instance in which an 10 expert witness testifying in a case has relied upon 11 them?</p> <p>12     <b>A</b> They have mentioned them specifically. I 13 can't give you a specific case, but I know they have 14 been referenced.</p> <p>15     <b>Q</b> So you say you don't recall who contacted 16 you about being an expert in the Carcano case. Is 17 it your recollection that you were contacted by 18 someone as opposed to you being the person that 19 initiated contact?</p> <p>20     <b>A</b> Yes, I was contacted.</p> <p>21     <b>Q</b> And if you look at your declaration. Go 22 back to your declaration in this case.</p>
<p style="text-align: right;">18</p> <p>1 were from?</p> <p>2     <b>A</b> It would be a guess.</p> <p>3         <b>MR. CORRIGAN:</b> Don't guess.</p> <p>4     <b>A</b> Okay. I do not recall exactly, so I don't 5 want to misstate.</p> <p>6 <b>BY MR. BLOCK:</b></p> <p>7     <b>Q</b> Well, can you describe, in the best of 8 your recollection, how you came to be an expert in 9 that case?</p> <p>10     <b>A</b> We had published the American College of 11 Pediatricians guidelines for care of transgender 12 patients, and that was used, I think, as a reference 13 point for whoever contacted me to ask me to be -- to 14 provide information for this case.</p> <p>15     <b>Q</b> To the best of your knowledge, has the 16 American College of Pediatricians ever been used as 17 a source for determining what the standard of care 18 is in a court proceeding?</p> <p>19     <b>A</b> Yes, it has been -- the American College 20 has filed amicus briefs on a number of subjects, and 21 I do not know whether transgender specifically was 22 one of those. I don't know what level of court it</p>	<p style="text-align: right;">20</p> <p>1         <b>MR. CORRIGAN:</b> So Exhibit 1, not Exhibit 2 2?</p> <p>3         <b>MR. BLOCK:</b> Correct.</p> <p>4 <b>BY MR. BLOCK:</b></p> <p>5     <b>Q</b> So paragraph 10 says: I provided an 6 expert declaration in the case of Carcano v. McCoy 7 and U.S. v. North Carolina on August 12, 2016; is 8 that right?</p> <p>9     <b>A</b> That's correct.</p> <p>10     <b>Q</b> And the declaration we just looked at as 11 Exhibit 2 is a copy of that declaration, correct?</p> <p>12     <b>A</b> It is.</p> <p>13     <b>Q</b> So next sentence says: I testified in 14 Springfield, Illinois, as a plaintiff's expert 15 witness in the case of Cooley versus Paul. 16         What was that case about?</p> <p>17     <b>A</b> That was a case of a child, it had nothing 18 to do with transgender, it was a child who was 19 treated with excessive amounts of steroid over a 20 number of years who suffered severe medical 21 consequences as a result.</p> <p>22     <b>Q</b> What was the subject of your testimony?</p>

21

1 **A Subject of the testimony was the standard**  
 2 **of care for treatment of children with steroids for**  
 3 **whatever reason and the monitoring of the side**  
 4 **effects of those drugs.**  
 5 Q And for all of these -- all of the  
 6 malpractice cases we've discussed so far, did you  
 7 ever reference the American College of Pediatricians  
 8 as a source for determining your standard of care in  
 9 your testimony?  
 10 **A I did not because the issues that were**  
 11 **raised were not issues where the College had a**  
 12 **position statement.**  
 13 Q Did you reference the Endocrine Society in  
 14 any of your testimony in those cases?  
 15 **A Not so much the Endocrine Society, but**  
 16 **endocrine -- published endocrine textbooks for**  
 17 **children.**  
 18 Q The next sentence in your declaration  
 19 says: I testified in court in Hamilton County,  
 20 Ohio, on February 2018 in regard to Jessica Siefert,  
 21 a transgender teen that had been removed from the  
 22 custody of her biological parents.

22

1 Can you tell me about that case?  
 2 **A I was to provide information to the judge**  
 3 **as an expert witness on the subject of transgender**  
 4 **medicine presenting the broad spectrum of opinion on**  
 5 **the appropriate treatment.**  
 6 Q And you testified in court to a judge in  
 7 that case?  
 8 **A I testified by Skype to a judge.**  
 9 Q How did you come to be involved in that  
 10 case?  
 11 **A The parents' attorney found me because of**  
 12 **the position statement of the American College of**  
 13 **Pediatricians.**  
 14 Q And who was the parents' attorney?  
 15 **A Let me think for one moment if I can**  
 16 **remember the name. I can provide it after the fact.**  
 17 **I don't want to guess.**  
 18 Q What was the context in which this  
 19 teenager had been removed from the custody of her  
 20 biologic parents?  
 21 **A The Hamilton County Child Protective**  
 22 **Services removed the child from the family at the**

23

1 request of the clinic which was treating this young  
 2 lady because the parents would not give permission  
 3 for hormonal treatment for their female child. And  
 4 so the clinic brought charges, and the Hamilton  
 5 County DFCS assumed custody of the child and kept  
 6 her in their custody and were requesting that they  
 7 be able to grant custody to the grandparents, who  
 8 indicated they would allow hormone treatment to  
 9 continue.  
 10 And so the parents were requesting  
 11 returned custody to them from Hamilton County DFCS,  
 12 and the judge made the decision, after all the  
 13 proceedings, to give the child custody to the  
 14 grandparents.  
 15 Q And was that the end of the case?  
 16 **A As far as I know.**  
 17 Q Do you know if the judge made any findings  
 18 of fact regarding your testimony?  
 19 **A I do not. I do know that she made a**  
 20 **specific request that the child be evaluated by**  
 21 **mental health practitioners who were completely**  
 22 **independent of the children's hospital who were part**

24

1 **of the mechanism for getting the child taken away**  
 2 **from her parents. The judge couldn't believe that**  
 3 **the evaluation was not done by an independent**  
 4 **practitioner because of the way their practitioners**  
 5 **testified about the care of that child.**  
 6 Q But the independent practitioner that the  
 7 judge asked to do another evaluation ended up  
 8 agreeing with the clinic; is that right?  
 9 **A I do not know. The child was 17 years and**  
 10 **10 months of age at the time of the proceedings, and**  
 11 **so it's a bit moot. Two months into the proceedings**  
 12 **she was age of consent, so she could pretty much do**  
 13 **whatever she chose.**  
 14 Q Do you have a copy of the testimony that  
 15 you provided in that case?  
 16 **A I do not.**  
 17 Q What is -- in your declaration the next  
 18 sentence says: I testified via Skype in Alberta  
 19 Province, Canada.  
 20 What was that case about?  
 21 **A That case was a suit by parents in the**  
 22 **school district in Alberta who had a child, an**

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25	<p>1 autistic child, who was recruited into an</p> <p>2 organization at school without the parents'</p> <p>3 knowledge.</p> <p>4 The child was approached by a teaching</p> <p>5 assistant for the class with kids with special needs</p> <p>6 and autism, and that -- without the parents' notice,</p> <p>7 the teaching assistant told the girl that, first,</p> <p>8 she was a lesbian, and then secondarily that she was</p> <p>9 transgender. The parents were not aware of any of</p> <p>10 this information, and so their concern was the</p> <p>11 school did not share information that was important</p> <p>12 for the parents to know about their child in the</p> <p>13 school setting, and they thought that that was an</p> <p>14 inappropriate thing for the school district to take</p> <p>15 the responsibility without the knowledge of the</p> <p>16 parents. So that was -- that was the crux of the</p> <p>17 case.</p> <p>18 Q So what was your testimony about?</p> <p>19 A My testimony was just to give them some</p> <p>20 background information about what transgenderism as</p> <p>21 a concept is, the historical background of how it</p> <p>22 has come to be as a concept in medicine, and to give</p>	27	<p>1 introduced to that concept.</p> <p>2 Q Have you had any other training?</p> <p>3 A No specific training because there is not</p> <p>4 a -- there is not a curriculum, if you will, to</p> <p>5 teach transgender medicine that is available.</p> <p>6 Q Did you have any clinical training?</p> <p>7 A The clinical training was in the</p> <p>8 fellowship years, and then subsequently meeting with</p> <p>9 experts in the field, attending a conference of the</p> <p>10 joint Pediatric Endocrine Society and European</p> <p>11 Society of Pediatric Endocrinology in New York, but</p> <p>12 it was not so much a course, it was just a</p> <p>13 conversation.</p> <p>14 Q And would conversations of that sort</p> <p>15 generally in your field qualify as clinical</p> <p>16 training?</p> <p>17 A No.</p> <p>18 Q Okay. So the only training that you had</p> <p>19 related to transsexualism, gender identity disorder,</p> <p>20 gender dysphoria, took place during your fellowship</p> <p>21 at Johns Hopkins; is that right?</p> <p>22 A That's correct.</p>
26	<p>1 the broad spectrum of published literature</p> <p>2 background for that case.</p> <p>3 Q And did you testify in court too?</p> <p>4 A No, this was just by Skype. This was --</p> <p>5 actually, this -- I was interviewed -- was not in</p> <p>6 court. I was interviewed by the plaintiffs'</p> <p>7 attorneys.</p> <p>8 Q Do you know what the --</p> <p>9 A I'm sorry.</p> <p>10 Q Do you know what the outcome of that case</p> <p>11 was?</p> <p>12 A I want to correct. I was interviewed by</p> <p>13 the defense attorneys primarily, I'm sorry.</p> <p>14 I do not know what the outcome is.</p> <p>15 Q If we can turn to your CV. Do you have</p> <p>16 any education or training related to gender</p> <p>17 dysphoria or gender identity disorder?</p> <p>18 A My training at my fellowship at Johns</p> <p>19 Hopkins was the first introduction to me of what</p> <p>20 then was called transsexualism, but which is now</p> <p>21 referred to in current terminology as</p> <p>22 transgenderism. So that was in 1978 that I was</p>	28	<p>1 Q So during your fellowship, did you</p> <p>2 actually provide any treatment for people with</p> <p>3 transsexualism, gender identity disorder or gender</p> <p>4 dysphoria?</p> <p>5 A I did not personally do so, but I was --</p> <p>6 the attending physicians and -- were providing the</p> <p>7 care. It was we were used as consultants to</p> <p>8 evaluate the clinical status of these patients, but</p> <p>9 we did not specifically write prescriptions for</p> <p>10 medication, we did not make recommendations for</p> <p>11 surgery.</p> <p>12 Q You did a pediatric -- a fellowship in</p> <p>13 endocrine pediatrics; is that right?</p> <p>14 A That's correct.</p> <p>15 Q So what role, if any, did you have in</p> <p>16 providing recommendations for the treatment of</p> <p>17 adults with transsexualism, gender identity disorder</p> <p>18 or gender dysphoria?</p> <p>19 A Well, we were sort of observers, if you</p> <p>20 will, of the clinical circumstances because these</p> <p>21 were adult patients, and we were pediatric trainees.</p> <p>22 Johns Hopkins's adult endocrinology division did not</p>

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29

1 take care of these patients.  
 2 Dr. John Money was the professor on the  
 3 faculty, and he worked exclusively with the  
 4 pediatric department, developed his own protocol,  
 5 and treated adult patients, and we were taught about  
 6 that, and we were instructed about what was going on  
 7 with those patients, their clinical status, and  
 8 their response to therapy.  
 9 Q So you were -- in terms of how you were  
 10 informed about the treatment of those patients and  
 11 their responses, could you tell me the context in  
 12 which you were informed of that?  
 13 A That we were informed that with clinical  
 14 conference -- case conferences.  
 15 Q About how many of those?  
 16 A I recall four specific patients that we  
 17 learned about in a fair amount of detail at the  
 18 time. I remember I still have teaching slides from  
 19 those patients in my teaching slide library. There  
 20 were, I believe, as many as 12 patients overall in  
 21 the program during the time that I was there at  
 22 Johns Hopkins, and those cases were subsequently

30

1 reviewed and reported in the medical literature.  
 2 Q And did you provide any input in the  
 3 treatment of those patients?  
 4 A I did not.  
 5 Q Did not?  
 6 A I did not.  
 7 Q You say in your report that during your  
 8 time at Johns Hopkins you had above-average exposure  
 9 to children with disorders of sexual  
 10 differentiation; is that right?  
 11 A That's correct.  
 12 Q What do you mean by "above-average  
 13 exposure"?  
 14 A Well, the endocrine fellowship training  
 15 programs are essentially all university based, and  
 16 because Johns Hopkins was the place where steroid  
 17 biochemistry and physiology and the physiology of  
 18 sexual differentiation was primarily outlined, the  
 19 effect of steroid hormones on the development of the  
 20 fetus, patients were referred there because the  
 21 faculty were world renowned. And so comparing that  
 22 to another center in another city, we tended to get

31

1 more referrals there because of the reputation, if  
 2 you will, of the clinical faculty.  
 3 Q So how many children were you exposed to  
 4 regarding disorders of sexual differentiation?  
 5 A In the two years of my clinical fellowship  
 6 I would -- and this is an estimate -- would say  
 7 somewhere between 50 and 75 patients.  
 8 Q And did you treat any of those patients?  
 9 A Yes, I did.  
 10 Q How many of them did you treat?  
 11 A I would say almost all those patients that  
 12 I told you about are patients that I actually  
 13 treated or was involved in the treatment. There  
 14 were -- as a fellow you share the treatment  
 15 experience with other training fellows. Because of  
 16 the numbers of patients we all got to see most of  
 17 these very interesting patients.  
 18 Q Now, all of these patients were children  
 19 with DSDs, not transsexualism, gender identity  
 20 disorder or gender dysphoria; is that right?  
 21 A That's correct.  
 22 MR. CORRIGAN: What's a DSD?

32

1 THE WITNESS: Disorder of sexual  
 2 differentiation.  
 3 MR. CORRIGAN: Sorry.  
 4 BY MR. BLOCK:  
 5 Q The fellowship ended in 1980; is that  
 6 right?  
 7 A That is correct.  
 8 Q Have you had any training in psychiatry?  
 9 A No, I have not, other than its implication  
 10 and recognition of mental health disorders in the  
 11 general pediatric population and how mental health  
 12 issues are related to endocrine diseases, but not  
 13 specifically in the active treatment with  
 14 medication.  
 15 Q Have you had any training in psychology?  
 16 A As part of our pediatric residency  
 17 program, we were exposed to courses and information  
 18 on pediatric mental health issues with psychiatry  
 19 faculty, psychology faculty. In my Navy career of  
 20 20 years in the hospitals where I was stationed,  
 21 there were clinical psychologists on the faculty  
 22 that regularly integrated their work with the



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33

1 **endocrine population of patients, most notably the**  
 2 **diabetic patients.**  
 3 Q But you did not personally receive any  
 4 training; is that right?  
 5 **A I received training; I just did not have a**  
 6 **certification as a mental healthcare provider.**  
 7 Q Would you feel qualified to appear as an  
 8 expert witness regarding psychology or psychiatry  
 9 for a condition other than gender dysphoria?  
 10 MR. CORRIGAN: Object to form.  
 11 Go ahead.  
 12 **A No.**  
 13 **BY MR. BLOCK:**  
 14 Q Have you done any scientific research  
 15 related to transsexualism, gender dysphoria or  
 16 gender identity disorder?  
 17 **A I have not.**  
 18 Q Have you done any scientific research  
 19 related to transgender people?  
 20 **A I have not.**  
 21 Q Have you done any scientific research  
 22 related to gender identity issues at all?

34

1 **A I have not done any research, I have just**  
 2 **reviewed the literature.**  
 3 Q Have you published any articles or books  
 4 addressing transsexualism, gender identity disorder  
 5 or gender dysphoria?  
 6 **A Our letter in regard to the Endocrine**  
 7 **Society guidelines was just published in this**  
 8 **month's edition of the Journal of Clinical**  
 9 **Endocrinology and Metabolism, so that is published**  
 10 **in a peer-reviewed journal. I have submitted for**  
 11 **publication an article about the potential pathways**  
 12 **of treatment for transgenderism; do not know the**  
 13 **status of that acceptance.**  
 14 Q Tell me the -- what you're referencing as  
 15 something published in the Journal of Endocrine and  
 16 Metabolism, that was a letter to the editor; is that  
 17 right?  
 18 **A That's correct.**  
 19 Q Is it your understanding that letters to  
 20 the editor are peer reviewed?  
 21 **A They are.**  
 22 Q And are letters to the editor based on

35

1 independent research?  
 2 **A Letters to the editor are very**  
 3 **specifically required to have a number of**  
 4 **references, and they're reviewed before publication.**  
 5 Q But my question is about research like  
 6 your independent research. The letter to the editor  
 7 wasn't based on that, right?  
 8 **A No, this was not based on a research**  
 9 **study.**  
 10 Q What is the nature of the peer review for  
 11 letters to the editor?  
 12 **A The letters to the editor, as I**  
 13 **understand, are reviewed by peers for accuracy,**  
 14 **appropriateness of references, and content, and then**  
 15 **they are recommended for publication or not.**  
 16 Q And the second publication you referenced  
 17 regarding -- was it pathways of treatment for gender  
 18 dysphoria?  
 19 **A Yes.**  
 20 Q What was the name of it? What was the  
 21 name of that article again?  
 22 **A It's a commentary article bringing**

36

1 **transparency to treatment of transgender persons.**  
 2 Q And where did you submit that article for  
 3 publication?  
 4 **A It has just been submitted to a journal**  
 5 **that I do not recall the name of, I'm embarrassed to**  
 6 **say. It just was finished last week and sent to the**  
 7 **person who was to get it to the publication for**  
 8 **review. There was evidently a possibility of**  
 9 **several journals, and if it is not accepted or**  
 10 **reviewed appropriately, it will be sent to another**  
 11 **journal.**  
 12 Q Is the journal that you submitted it to a  
 13 peer-reviewed journal?  
 14 **A Yes, it is.**  
 15 Q Is the journal called The New Atlantis?  
 16 **A No.**  
 17 Q Is it a journal that specializes in  
 18 endocrinology?  
 19 **A I do not believe it is.**  
 20 Q Is it the Journal -- what's the subject  
 21 matter of the publications in general?  
 22 **A I don't want to misspeak, so I might -- I**

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37	<p>1 <b>think I have an idea of the name of the journal</b></p> <p>2 <b>called Issues in Law and Medicine.</b></p> <p>3 Q Do you know who publishes it?</p> <p>4 A <b>I do not.</b></p> <p>5 Q I'm sorry, did you answer? I couldn't</p> <p>6 hear.</p> <p>7 A <b>I do not know.</b></p> <p>8 Q So other than the letter to the editor, do</p> <p>9 any of your publications listed on your CV address</p> <p>10 transsexualism, gender dysphoria, gender identity</p> <p>11 disorder or related issues?</p> <p>12 A <b>They do not.</b></p> <p>13 Q Have you given any presentations about</p> <p>14 gender dysphoria, gender identity disorder or</p> <p>15 transgender issues?</p> <p>16 A <b>I have.</b></p> <p>17 Q How many?</p> <p>18 A <b>11 or 12.</b></p> <p>19 Q And are any of those presentations listed</p> <p>20 on your CV at all?</p> <p>21 A <b>I do not believe they are.</b></p> <p>22 Q Why not?</p>	39	<p>1 Pediatric Endocrine Society meeting. What sort of</p> <p>2 meeting is that?</p> <p>3 A <b>It is -- it's a regional meeting of</b></p> <p>4 <b>pediatric endocrinologists which occurs -- has been</b></p> <p>5 <b>occurring annually. We had a year off last year.</b></p> <p>6 <b>It involves pediatric endocrinologists in Kentucky,</b></p> <p>7 <b>Tennessee, Virginia, South Carolina, North Carolina,</b></p> <p>8 <b>Georgia, Florida, Alabama, and Mississippi.</b></p> <p>9 <b>So they're inviting -- the invitation is</b></p> <p>10 <b>to pediatric endocrinologists in those areas to come</b></p> <p>11 <b>together and do a -- either a planning session or</b></p> <p>12 <b>case presentations.</b></p> <p>13 Q When did you give your presentation?</p> <p>14 A <b>The first presentation was in 2016. The</b></p> <p>15 <b>most recent presentation was last month in Orlando,</b></p> <p>16 <b>Florida.</b></p> <p>17 Q Do you have copies of your presentations?</p> <p>18 A <b>I do.</b></p> <p>19 Q Is it easy for you to provide copies</p> <p>20 without that being burdensome?</p> <p>21 A <b>They're PowerPoint presentations. I could</b></p> <p>22 <b>present --</b></p>
38	<p>1 A <b>I didn't think about putting them on, and</b></p> <p>2 <b>most of them are in the past year, and I</b></p> <p>3 <b>specifically did not think about putting them on the</b></p> <p>4 <b>CV, not for any reason other than I was focusing on</b></p> <p>5 <b>publications more than anything else. There are a</b></p> <p>6 <b>list of presentations given on general endocrine</b></p> <p>7 <b>subjects in the past. If you need specifics of</b></p> <p>8 <b>those, I can provide that, I just didn't put it on</b></p> <p>9 <b>the CV.</b></p> <p>10 Q So where -- in what context did you give</p> <p>11 these presentations about transgender issues?</p> <p>12 A <b>I gave a series of lectures in Australia</b></p> <p>13 <b>on behalf of the Australian Family Association, I</b></p> <p>14 <b>gave a presentation at the International Federation</b></p> <p>15 <b>of Therapeutic Choice, I gave a presentation to the</b></p> <p>16 <b>Matthew Bulfin Conference -- joint conference at the</b></p> <p>17 <b>American College of Pediatricians, I gave -- and I'm</b></p> <p>18 <b>giving another one to this -- the same group this</b></p> <p>19 <b>year in early April, and I've given a talk on</b></p> <p>20 <b>transgender medicine in the Southern Pediatric</b></p> <p>21 <b>Endocrine Society meeting on two occasions.</b></p> <p>22 Q Tell me about this -- the Southern</p>	40	<p>1 THE WITNESS: I could give them to you.</p> <p>2 MR. CORRIGAN: Okay.</p> <p>3 MR. BLOCK: We'll follow up with counsel</p> <p>4 about that.</p> <p>5 BY MR. BLOCK:</p> <p>6 Q So looking at the other organizations, I</p> <p>7 want to make sure I have the list, so you have --</p> <p>8 you gave presentations to the Australian Family</p> <p>9 Association. Is that a medical organization?</p> <p>10 A <b>It is -- no, it's not.</b></p> <p>11 Q And you gave a presentation at the</p> <p>12 International Association of Therapeutic Choice; is</p> <p>13 that correct?</p> <p>14 A <b>That's correct.</b></p> <p>15 Q What is the International Association of</p> <p>16 Therapeutic Choice?</p> <p>17 A <b>It's a consortium of mental health</b></p> <p>18 <b>providers around the world, so it's primarily based</b></p> <p>19 <b>on, again, mental health issues.</b></p> <p>20 Q Is it fair to say that it's an</p> <p>21 organization that supports the option of patients</p> <p>22 seeking therapies to change their sexual</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">41</p> <p>1 orientation?</p> <p>2 MR. CORRIGAN: Object to form.</p> <p>3 Go ahead.</p> <p>4 <b>A It's an organization that asks for ability</b></p> <p>5 <b>to provide counseling that the patients request.</b></p> <p>6 <b>BY MR. BLOCK:</b></p> <p>7 Q To change their sexual orientation?</p> <p>8 <b>A That is often an outcome, but it's not the</b></p> <p>9 <b>goal.</b></p> <p>10 Q And does the organization also support the</p> <p>11 ability of patients to seek therapies that change</p> <p>12 their gender identity?</p> <p>13 <b>A Again, it is at the beginning of this</b></p> <p>14 <b>subject, so they have no particular guidelines other</b></p> <p>15 <b>than those that are recommended by the American</b></p> <p>16 <b>Psychological Association, which they use as a</b></p> <p>17 <b>reference for standards of care for treatment.</b></p> <p>18 Q What's your understanding of the American</p> <p>19 Psychological Association's position on therapy to</p> <p>20 change a person's sexual orientation or gender</p> <p>21 identity?</p> <p>22 <b>A The concept of the idea is that there is</b></p>	<p style="text-align: right;">43</p> <p>1 affiliated with?</p> <p>2 <b>A It's affiliated with the American College</b></p> <p>3 <b>of Pediatricians and the American Association of</b></p> <p>4 <b>Pro-Life Obstetrics and Gynecology.</b></p> <p>5 Q So are there any other organizations that</p> <p>6 you gave conference presentations to other than the</p> <p>7 ones that we've discussed?</p> <p>8 <b>A I gave a presentation on the history of</b></p> <p>9 <b>transgender medicine to the Teens for Truth</b></p> <p>10 <b>conference in I believe it was Houston, Texas, in</b></p> <p>11 <b>February of 2017, I believe. That could be a guess.</b></p> <p>12 <b>I don't want to state that on the record.</b></p> <p>13 Q What is Teens for Truth?</p> <p>14 <b>A It was a conference for teens to come</b></p> <p>15 <b>together and learn about issues of human sexuality.</b></p> <p>16 Q But what specifically were they learning?</p> <p>17 <b>A Things -- cases were presented to them by</b></p> <p>18 <b>individuals who had experienced certain issues in</b></p> <p>19 <b>their lives that they wished to let the teens know</b></p> <p>20 <b>that they needed to be open about these issues,</b></p> <p>21 <b>discuss them with their parents, discuss them with a</b></p> <p>22 <b>therapist, and hopefully resolve their depression</b></p>
<p style="text-align: right;">42</p> <p>1 <b>fluidity in both circumstances, and that's -- that</b></p> <p>2 <b>is their statement specifically, that there is</b></p> <p>3 <b>fluidity. It doesn't recommend, as I understand,</b></p> <p>4 <b>anything that should or should not be done, other</b></p> <p>5 <b>than things that are proven to be harmful.</b></p> <p>6 Q Is there anything that this association</p> <p>7 focuses on besides sexual orientation or gender</p> <p>8 identity?</p> <p>9 <b>A I do not know.</b></p> <p>10 Q So not that you're aware of?</p> <p>11 <b>A Not that I'm aware of.</b></p> <p>12 Q The next organization you referenced</p> <p>13 sounded like you said Matthew Bulfin. Am I hearing</p> <p>14 that correctly?</p> <p>15 <b>A It's Matthew B-U-L-F-I-N.</b></p> <p>16 Q And what's that?</p> <p>17 <b>A It's a conference that's given every other</b></p> <p>18 <b>year, I believe, and it involves issues of bioethics</b></p> <p>19 <b>in medicine.</b></p> <p>20 Q Is that conference religiously affiliated?</p> <p>21 <b>A No, it is not.</b></p> <p>22 Q What organization is the conference</p>	<p style="text-align: right;">44</p> <p>1 <b>and anxiety.</b></p> <p>2 Q So is this -- the presenters are people</p> <p>3 who said that they formerly identified as being gay</p> <p>4 or transgender, and that they no longer do so?</p> <p>5 <b>A There was no case of transgender in that</b></p> <p>6 <b>particular conference. There was a focus on the</b></p> <p>7 <b>family and adverse childhood events, so to</b></p> <p>8 <b>essentially get the kids to open up about things</b></p> <p>9 <b>that had happened in their lives and be able to have</b></p> <p>10 <b>a vehicle to bring those things up to their parents</b></p> <p>11 <b>or healthcare providers.</b></p> <p>12 Q So the "truth" referenced in Teens for</p> <p>13 Truth is that someone who struggled with same-sex</p> <p>14 attraction could have treatment that makes them not</p> <p>15 be gay; is that right?</p> <p>16 <b>A No.</b></p> <p>17 MR. CORRIGAN: Object to the form of the</p> <p>18 question.</p> <p>19 Go ahead.</p> <p>20 <b>A The answer is no. It was essentially</b></p> <p>21 <b>aimed at trying to get kids to open up about the</b></p> <p>22 <b>truth of what was going on in their lives that</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

45

1 brought them to the point of depression or suicide  
 2 or severe anxiety.  
 3 **BY MR. BLOCK:**  
 4 Q But all of these children, their -- their  
 5 depression or other anxiety was related also to  
 6 same-sex attraction; is that right?  
 7 A **Not all.**  
 8 Q Many?  
 9 A **Some.**  
 10 Q So the conference had nothing to do with  
 11 overcoming same-sex attraction?  
 12 A **That was a subject that was discussed.**  
 13 Q What other subjects were discussed?  
 14 A **As I recall, concept of sexual abuse was a**  
 15 **major topic, coming out from under the concept of**  
 16 **sexual abuse; stories of patients who had**  
 17 **experienced rape and how that affected their life,**  
 18 **and being able to come out whole on the other side**  
 19 **of those kind of issues; children who had grown up**  
 20 **in families where there was enormous amount of**  
 21 **psychological and behavioral malfunction of parents**  
 22 **in raising the child, a lot of it that had to do**

46

1 with sexual activity and sexual abuse and trying to  
 2 bring this to the forefront as a reason to seek  
 3 therapy and to be healed. And the healing had to do  
 4 with resolution of depression and anxiety,  
 5 specifically.  
 6 Q Did it have anything to do with lessening  
 7 same-sex attraction?  
 8 A **If that was -- if that was something that**  
 9 **happened, it was not -- it was not shunned as an**  
 10 **option, but the option was not specifically to focus**  
 11 **on that as the only -- only outcome, it was more on**  
 12 **trying to get these children to be able to be**  
 13 **functional kids in their lives. If part of the**  
 14 **resolution was that they changed their sexual**  
 15 **attraction to any degree at all, that was what was**  
 16 **viewed as an outcome, but the outcome was primarily**  
 17 **to avoid depression and suicide.**  
 18 Q So what's your understanding of what the  
 19 name of the organization references with respect to  
 20 truth?  
 21 A **The organization, I think, chose the title**  
 22 **to be able to allow kids to discuss things with**

47

1 their parents, and to discuss things that were very  
 2 difficult that otherwise would be buried.  
 3 Q You're a pediatric endocrinologist,  
 4 correct?  
 5 A **That's correct.**  
 6 Q You have a private practice?  
 7 A **I do.**  
 8 Q What's the age range of your patients?  
 9 A **From birth to completion of their first**  
 10 **undergraduate college degree.**  
 11 Q Have you ever been sued for medical  
 12 malpractice?  
 13 A **I have.**  
 14 Q Have you ever treated or evaluated  
 15 patients with gender dysphoria, gender identity  
 16 disorder or gender discordance?  
 17 A **I have.**  
 18 Q How many?  
 19 A **Within the past two years, I have about 12**  
 20 **patients, active patients. I had one patient in**  
 21 **1993 when I came to the Atlanta area. And a family**  
 22 **moved from Southern California -- it was a military**

48

1 family, and they moved often, and they brought their  
 2 child in to ask me if I would provide estrogen  
 3 therapy for that child, who had been evaluated by a  
 4 psychiatrist in the Los Angeles area, and the  
 5 parents were advised that upon the next move that  
 6 that child should be allowed to assume the identity  
 7 of a female.  
 8 **When the child came to see me, the patient**  
 9 **was 13 years old, had a female name and pronouns,**  
 10 **and dressed as a female. The school board of the**  
 11 **county asked me to help them develop a policy for**  
 12 **that child to be able to -- to have physical**  
 13 **education at a time of day when the child could go**  
 14 **home from school and not have to worry about sharing**  
 15 **locker facilities that did not match the biologic**  
 16 **sex. Fayette County School Board here in the**  
 17 **Atlanta area allowed the child access to a unisex**  
 18 **bathroom in the school. So I helped them develop a**  
 19 **policy for that child.**  
 20 **At that particular time I canvassed all of**  
 21 **my mentors across the country to ask them how to**  
 22 **handle the estrogen therapy, because there was no**

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

49	<p>1 appropriate FDA indication to treat such a child, 2 and there had been no standards of care set up for 3 that. 4 They advised me that they had no 5 experience in this field subsequent to the closure 6 of the clinic at Johns Hopkins -- no, there were no 7 recommendations professionally by any professional 8 societies in the United States, and so they 9 suggested that I use our practice attorneys to draw 10 up an informed consent for the parents to sign 11 indicating that they were choosing to have their 12 child treated with estrogen at their request, even 13 though we did not know about the potential adverse 14 outcomes that might happen over the long run. 15 I treated that child for six months, and 16 the family then moved out of the geographic region, 17 and I have no idea what happened to that child after 18 that. 19 So that was my very first case of a 20 transgender patient in my clinic, and there was no 21 reference source of standards of care or clinical 22 experience that I could find across the United</p>	51	<p>1 Q And so what sort of treatment do these 2 people that come to you ask for? 3 A They ask for anything from hormone therapy 4 to -- hormone therapy specifically, because that's 5 in the purview of endocrinology. 6 Q In what context are these patients 7 referred to you? 8 A It's usually a self-referral. 9 Q Are they familiar with your position on 10 the American College of Pediatricians? 11 A None have stated so. 12 Q So what treatment do you provide these 13 people? 14 A I evaluate their history, I evaluate their 15 physical condition, their status in puberty, I 16 review the -- in depth the family and social 17 history, and then I request the ability to be able 18 to talk to their counselors who have evaluated them 19 in the first place. If they have not done so, I 20 refer them to a general counselor in their area to 21 evaluate the undercurrent emotional issues. 22 Q And then after that, what do you do? Do</p>
50	<p>1 States at the time. 2 Q This was in 1993, you said? 3 A Yes. 4 Q So that was the first transgender patient 5 since your fellowship; is that correct? 6 A That's correct. 7 Q So when's the next time you treated a 8 transgender patient? 9 A Approximately two years ago I began 10 receiving referrals for transgender patients to my 11 private practice office. 12 Q And so this was after you filed your 13 declaration in Carcano versus McCorey? 14 A I might be off on the date. It might be 15 that as of three years ago I started seeing 16 transgender patients. It's in the past two years 17 that the numbers have increased. 18 Q Did these patients all come to you after 19 the American College of Pediatricians had published 20 statements disagreeing with providing hormone 21 therapy to transgender youth? 22 A They did.</p>	52	<p>1 you provide any treatment to them? 2 A I do not provide any hormone treatment. 3 Q So why make them go through this 4 evaluation if you don't provide that treatment? 5 A Because that treatment is harmful. It's 6 proven to be harmful. The vast majority of 7 scientific literature looks at the side effects 8 short-term and long-term, and mostly long-term, and 9 indicates that there is potential damage. 10 So I explain to the parents that I am very 11 much caring and compassionate for this child, and I 12 will do everything I can to help them through and be 13 sure that they have the appropriate evaluation of 14 their mental health issues that are brewing beneath 15 the surface. And I would say without question every 16 single patient that has come in has significant 17 emotional health history issues. 18 Q So you're not actually providing any 19 treatment to the patients yourself; is that right? 20 A I am not providing hormone therapy. I am 21 providing them information on what hormones do; I 22 explain the physiology of hormones; I explain the</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

53

1 history of treatment and the options that are --  
 2 that they read about; I discover from them, by  
 3 interview, what they have learned and what sources  
 4 they have used to learn that information.  
 5 Q So but you don't treat them?  
 6 MR. CORRIGAN: Object to form.  
 7 A That in my -- I'm not giving them  
 8 hormones, but I am treating them in the sense of  
 9 evaluation and continued contact to be sure that  
 10 their needs are being met in terms of emotional  
 11 evaluation.  
 12 BY MR. BLOCK:  
 13 Q What continued contact do you have with  
 14 them?  
 15 A I see them every three months.  
 16 Q What diagnostic code do you use to bill it  
 17 to insurance?  
 18 A There is -- there is a code for  
 19 transgenderism.  
 20 Q So you use the diagnostic code for  
 21 treating transgenderism for follow-up appointments  
 22 with patients after you tell them that you don't

54

1 provide hormone therapy?  
 2 A Well, I code out the physical exam, the  
 3 evaluation and the history on the initial exam, and  
 4 then I code out subsequent counseling appointments  
 5 where it's essentially a conference appointment. If  
 6 it requires an evaluation of their physical  
 7 condition and their stage of progression in puberty,  
 8 that is coded as a physical exam.  
 9 Q How many counseling appointments do you  
 10 have with a typical patient?  
 11 A Again, these particular patients are seen  
 12 every three months.  
 13 Q But how many times?  
 14 A Ongoing as far as possible.  
 15 Q I guess I'm confused about what the  
 16 check-in would be, like, for the second time.  
 17 A The check-in is to ask what they  
 18 understand. It is a very complex issue to deal  
 19 with. Particularly in the younger children, I find  
 20 that many things that we have -- I have interviewed  
 21 them and found information about from them as  
 22 individuals, both in private interview with them,

55

1 and also with their parents, is that they, many  
 2 times because of their age, do not understand a lot  
 3 of what we talked about and a lot of the information  
 4 we gathered previously.  
 5 So it is very important, based on the  
 6 maturity of the patient and their understanding, to  
 7 be able to go back and make sure they are on the  
 8 same page with me in terms of what I know they know,  
 9 and what I have taught them, and what I have  
 10 suggested for them, and how their counseling is  
 11 going.  
 12 Q And so you need to have -- so you need to  
 13 have, like, a third or fourth or a fifth check-in  
 14 for that purpose?  
 15 A I do not want these patients to be lost,  
 16 okay? That's the problem. If they're lost to care,  
 17 then I have not done my job to my best ability. So  
 18 it's like any condition where you are constantly in  
 19 touch with the patient, such as a patient with  
 20 obesity. You keep in touch with them, you bring  
 21 them back, you see what's going on with all of the  
 22 issues, school performance, et cetera, et cetera.

56

1 It's a complex review of history and any physical  
 2 changes, and I demonstrate to them the depth to  
 3 which I am trying to keep them in the fold and make  
 4 sure that their needs are being met appropriately.  
 5 Q By your phrase "keeping them in the fold,"  
 6 do you mean making sure that they're not receiving  
 7 gender-affirming hormone therapy?  
 8 A I wouldn't be providing that, so if they  
 9 share that with me, I would assume they're not --  
 10 that's not something that I can continue or  
 11 recommend for them, so I would probably part ways at  
 12 that point in time and say, you know, you have a  
 13 choice to come here, or you have a choice to go  
 14 someplace else. I've done to my best ability all I  
 15 can to help you. My door is open, you can call 24/7  
 16 and request to be in touch with me through my  
 17 practice, and I will be available to help you with  
 18 anything that I can.  
 19 Q Do you have any qualifications as a mental  
 20 health counselor?  
 21 A I do not.  
 22 Q And would you describe your meetings with

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

57

1 these patients as involving mental health  
2 counseling?  
3 **A Not mental health counseling, but**  
4 **evaluation of where they stand and how they are**  
5 **doing both physically and emotionally because as an**  
6 **endocrinologist we deal with depression and anxiety**  
7 **in patients very frequently with chronic, nonfatal**  
8 **illness.**  
9 Q Do you ever refer the patients to mental  
10 health counselors?  
11 **A I do.**  
12 Q Which ones?  
13 **A Ones that are covered by their insurance.**  
14 Q Is there any -- is there any specific  
15 counselors that you generally try to refer people  
16 to, assuming that they're covered by insurance?  
17 **A I try to hook them up with a personality**  
18 **that I believe would be a good fit in terms of the**  
19 **child's level of comfort. Most often, adolescent**  
20 **males I refer to male counselors, adolescent females**  
21 **to female counselors.**  
22 Q And Allan Josephson, is he one of the

58

1 counselors you refer people to?  
2 **A I don't recognize that name.**  
3 Q Do you make sure that the counselor that  
4 you're referring people to share your views about  
5 the dangers of gender-affirming therapy?  
6 **A Not often. I basically try to find**  
7 **somebody who is a general counselor who understands**  
8 **anxiety and depression and who will delve into the**  
9 **adverse childhood events which lie beneath the**  
10 **surface.**  
11 Q Do you have a preference for referring  
12 people to counselors who are members of the American  
13 College of Pediatricians?  
14 **A They're -- no, I do not because there are**  
15 **not very many members of the American College.**  
16 **American College members, full members are**  
17 **pediatricians, Board-certified pediatricians. There**  
18 **are some ancillary associate members in fields of**  
19 **surgery and mental health who have aligned**  
20 **themselves with the College as being interested in**  
21 **helping and aligning themselves with our guidelines,**  
22 **but those are people from across -- they're not in**

59

1 **my geographic region.**  
2 Q Do you have a preference for referring  
3 people to counselors who are members of the  
4 Christian Medical and Dental Association?  
5 **A I do not.**  
6 Q Is that a no? Sorry, I didn't hear.  
7 **A That's a no.**  
8 Q Are you familiar with the Christian  
9 Medical and Dental Association?  
10 **A I am.**  
11 Q Are you a member?  
12 **A I am not.**  
13 Q In your practice, your private practice,  
14 do you treat children with DSDs?  
15 **A I do.**  
16 Q How many?  
17 **A I have, perhaps, four active patients who**  
18 **qualify as having disorder -- no, I have six**  
19 **patients who I follow currently.**  
20 Q Over the course of your career, on average  
21 how many patients a year would you say you have with  
22 DSDs?

60

1 **A With DSDs? The six patients I mentioned**  
2 **are patients that are in the practice that are**  
3 **geographically in the Atlanta metro area or within**  
4 **the state where we're the closest -- we are a**  
5 **conveniently located practice. So the number is**  
6 **fairly stable.**  
7 **These are really rare kids. Those that**  
8 **require any sort of team approach, we are developing**  
9 **a DSD multi-specialty clinic at Emory University**  
10 **locally where they can get essentially local care**  
11 **for any urologic or gynecologic types of surgeries,**  
12 **and so it's a newly developing entity we have put**  
13 **together in the Atlanta metro area. It is brand**  
14 **new.**  
15 **Before that the cases were rare enough**  
16 **that if -- I would refer back to Johns Hopkins a**  
17 **number of the patients over the years I practiced in**  
18 **Atlanta who required any surgical intervention.**  
19 MR. CORRIGAN: What do you think about a  
20 break?  
21 MR. BLOCK: We can -- that's okay, we can  
22 do that. Five minutes?

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

61	<p>1 MR. CORRIGAN: Sure.</p> <p>2 THE WITNESS: Good.</p> <p>3 MR. BLOCK: Okay, great.</p> <p>4 (Recess 11:17-11:28 a.m.)</p> <p>5 BY MR. BLOCK:</p> <p>6 Q So before the break we were talking about</p> <p>7 your treatment of transgender patients or patients</p> <p>8 with gender dysphoria, and I just want to make sure</p> <p>9 I have an understanding of the facts.</p> <p>10 So from the date of your end of your</p> <p>11 fellowship, the next time you treated someone with</p> <p>12 gender dysphoria or gender identity disorder was in</p> <p>13 1993; is that correct?</p> <p>14 <b>A That is correct.</b></p> <p>15 Q And then since 1993, you haven't treated</p> <p>16 any other transgender children until a couple of</p> <p>17 years ago; is that correct?</p> <p>18 <b>A That is correct.</b></p> <p>19 Q And by "couple of years," that means two</p> <p>20 or three years?</p> <p>21 <b>A Yes.</b></p> <p>22 Q And what is the total number of patients</p>	63	<p>1 patient?</p> <p>2 <b>A About six months ago.</b></p> <p>3 Q And how old is the patient?</p> <p>4 <b>A The patient would now be around 15.</b></p> <p>5 Q And has the patient, to the best of your</p> <p>6 knowledge, received any gender-affirming therapy?</p> <p>7 <b>A No.</b></p> <p>8 Q Have any of your patients, to the best of</p> <p>9 your knowledge, received gender-affirming therapy?</p> <p>10 <b>A I do not know of any who have.</b></p> <p>11 Q Have any of the patients that you've seen</p> <p>12 for transgender issues socially transitioned?</p> <p>13 <b>A Some were socially transitioned as they</b></p> <p>14 <b>presented. One is still socially transitioned. The</b></p> <p>15 <b>others have essentially stopped the social</b></p> <p>16 <b>transition.</b></p> <p>17 Q But they had started the social transition</p> <p>18 before seeing you, and after they saw you they</p> <p>19 stopped?</p> <p>20 <b>A That's correct.</b></p> <p>21 Q And would you say that you encouraged them</p> <p>22 to stop social transition?</p>
62	<p>1 with gender dysphoria that you've treated during</p> <p>2 that time period?</p> <p>3 <b>A 12.</b></p> <p>4 Q 12 total.</p> <p>5 Are all 12 of them -- 12 of them currently</p> <p>6 active patients?</p> <p>7 <b>A Let me think for a minute. I think one --</b></p> <p>8 <b>one patient has left the geographic area.</b></p> <p>9 Q So you're currently seeing 11?</p> <p>10 <b>A I included the -- well, 11 is fine, yes.</b></p> <p>11 Q Okay. And what is the longest that one of</p> <p>12 these active patients has been seeing you for?</p> <p>13 <b>A Three years.</b></p> <p>14 Q And how many appointments would you say</p> <p>15 you've had with that patient over the course of</p> <p>16 three years?</p> <p>17 <b>A That one has had six -- six visits.</b></p> <p>18 Q And does that patient -- does that patient</p> <p>19 expect to have more visits in the future?</p> <p>20 <b>A The visits tapered off. The patient is</b></p> <p>21 <b>primarily managed by the mental health provider.</b></p> <p>22 Q When is the last time you've seen that</p>	64	<p>1 <b>A Their mental health therapist made that --</b></p> <p>2 <b>helped them guide them toward that advice. I</b></p> <p>3 <b>specifically -- again, my role is to explain what</b></p> <p>4 <b>the options are and what I know about complications,</b></p> <p>5 <b>and I do not -- I do not force the patient to take</b></p> <p>6 <b>any particular route other than to stick with the</b></p> <p>7 <b>therapist. I'm very, very insistent on the fact</b></p> <p>8 <b>that they maintain their contact with the therapist.</b></p> <p>9 <b>And if the therapist ends up not being a good fit</b></p> <p>10 <b>not -- for any other reason other than they don't</b></p> <p>11 <b>get along, I find a new therapist.</b></p> <p>12 <b>I'm in a role, if you will, of sort of a</b></p> <p>13 <b>subset of primary care in that -- in the world of</b></p> <p>14 <b>transgender in that I am taking the responsibility</b></p> <p>15 <b>of making sure that the therapy is continuing, and</b></p> <p>16 <b>the patient is not lost to follow-up.</b></p> <p>17 Q And when the patients come to you in the</p> <p>18 first instance, how many of these 12 had therapists</p> <p>19 that had already treated them and recommended that</p> <p>20 they see an endocrinologist?</p> <p>21 <b>A It's an estimate of about half of them</b></p> <p>22 <b>were already seen by a therapist.</b></p>



Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p>65</p> <p>1 Q And half weren't?</p> <p>2 <b>A And half were not.</b></p> <p>3 Q So the half that were already seen by the</p> <p>4 therapist, how many of them did you encourage to</p> <p>5 find a different therapist?</p> <p>6 <b>A All of them.</b></p> <p>7 Q All of them?</p> <p>8 <b>A Yes.</b></p> <p>9 Q And why did you encourage them to have a</p> <p>10 different therapist?</p> <p>11 <b>A Because it was my sense that the therapist</b></p> <p>12 <b>that they were seeing was not dealing at all with</b></p> <p>13 <b>the basic issues that I could glean, was not paying</b></p> <p>14 <b>attention to the undercurrent depression and</b></p> <p>15 <b>anxiety.</b></p> <p>16 Q And you saw yourself as being able to</p> <p>17 diagnose that more than their therapist that they</p> <p>18 had before seeing you?</p> <p>19 <b>A The patients gave the history of what they</b></p> <p>20 <b>were -- what the sessions were about, the parents</b></p> <p>21 <b>gave the history of their input and what was told to</b></p> <p>22 <b>them by the therapist, and it did not include any</b></p>	<p>67</p> <p>1 to, did you have any prior knowledge of those</p> <p>2 therapists' opinions with respect to treatment for</p> <p>3 gender dysphoria?</p> <p>4 <b>A In one case I did.</b></p> <p>5 Q And what was your knowledge of those</p> <p>6 opinions?</p> <p>7 <b>A This particular individual essentially</b></p> <p>8 <b>said that they had had a good deal of clinical</b></p> <p>9 <b>experience, that they would not necessarily have an</b></p> <p>10 <b>agenda set ahead, but they wanted my -- they wanted</b></p> <p>11 <b>me to know that they might possibly suggest</b></p> <p>12 <b>affirmation therapy.</b></p> <p>13 Q And you referred that patient to that</p> <p>14 therapist?</p> <p>15 <b>A I did.</b></p> <p>16 Q What are the age ranges of these patients</p> <p>17 when they come to you?</p> <p>18 <b>A I have had a patient as young as six, and</b></p> <p>19 <b>patients as old as 17.</b></p> <p>20 Q So in what context -- half of the patients</p> <p>21 had not been seeing a therapist, so how do they come</p> <p>22 to be in your office in that case?</p>
<p>66</p> <p>1 treatment for depression or anxiety, it did not</p> <p>2 include any evaluation in depth of what the parents</p> <p>3 shared with me.</p> <p>4 So in those cases I felt that it seemed</p> <p>5 that they were being superficial and not actually</p> <p>6 paying attention to the undercurrent mental health</p> <p>7 issues, and so instead of trying to treat those</p> <p>8 mental health issues and evaluate them in depth, I</p> <p>9 referred them to somebody who could do a better job.</p> <p>10 Q And that was your opinion for all of the</p> <p>11 patients that you saw that had already been seeing a</p> <p>12 therapist; is that right?</p> <p>13 <b>A That is correct.</b></p> <p>14 Q So when you encouraged them to see a</p> <p>15 different therapist, did you -- what was the</p> <p>16 explanation you gave them for why you were</p> <p>17 encouraging them to see a different therapist?</p> <p>18 <b>A Because I felt that their emotional health</b></p> <p>19 <b>history had not been adequately evaluated by</b></p> <p>20 <b>feedback given to me by either the patient or the</b></p> <p>21 <b>parents or both.</b></p> <p>22 Q So the therapists that they were referred</p>	<p>68</p> <p>1 <b>A The parents either sought out an</b></p> <p>2 <b>endocrinologist and found me because I was on their</b></p> <p>3 <b>insurance plan, or they were referred by their</b></p> <p>4 <b>pediatrician.</b></p> <p>5 Q Did any -- to the best of your knowledge,</p> <p>6 any of the patients that came to you know in advance</p> <p>7 of your opinions with regard to gender-affirming</p> <p>8 therapy?</p> <p>9 <b>A I do not know.</b></p> <p>10 Q Do you know if their parents knew?</p> <p>11 <b>A I do not know.</b></p> <p>12 Q Did any of them come to you with -- did</p> <p>13 all of them come to you seeking gender-affirming</p> <p>14 therapy, or did any of them come to you to talk</p> <p>15 someone out of seeking gender-affirming therapy?</p> <p>16 MR. CORRIGAN: Object to the form of the</p> <p>17 question.</p> <p>18 Go ahead.</p> <p>19 <b>A All of them came to me with concern that</b></p> <p>20 <b>there were issues of gender incongruence to some</b></p> <p>21 <b>degree.</b></p> <p>22 <b>They asked what kinds of services I</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

69

1 provide, and I tell them that I provide an in-depth  
 2 evaluation of their physical condition, and a review  
 3 in depth of their family and social history with  
 4 siblings and adults in their lives, and that I am  
 5 fairly up front as I get to the end of my evaluation  
 6 to say that I do not provide hormone treatment  
 7 therapy, but that I do recommend before they go  
 8 anywhere that they seek out a very thorough,  
 9 in-depth evaluation of their mental health.  
 10 **BY MR. BLOCK:**  
 11 Q So to the best of your knowledge, none of  
 12 the parents of the patients knew in advance that you  
 13 would not be providing transition-related care?  
 14 **A I did not know, and I did not ask.**  
 15 Q So you had said that there was one  
 16 situation where you knew in advance the therapist's  
 17 views on gender-affirming care before you made the  
 18 referral, but for the other 11 therapists that you  
 19 referred people to, you didn't know their views in  
 20 advance?  
 21 **A The one that I referred to was the very**  
 22 **first case that I asked among my mental health**

70

1 practitioners in the Atlanta area who had referred  
 2 to me and I had referred to them in my medical  
 3 history of treating patients in Atlanta, and the one  
 4 psychiatrist, one child psychiatrist that I had the  
 5 most referrals from and who I referred to very often  
 6 suggested that this person was the counselor who had  
 7 the most clinical experience, and he knew her  
 8 personally and thought that she unquestionably would  
 9 review everything with an open mind, and that I  
 10 should consider talking with her, which I did, and I  
 11 found out that she -- the insurance that she accepts  
 12 is very limited, so it ends up not being possible  
 13 for the parents to get to her very often as a result  
 14 of that.  
 15 In the meantime, I began talking to the  
 16 other providers and asking them if they would help  
 17 me with evaluations of kids that came to me with  
 18 transgender issues in regard specifically to going  
 19 in and looking at the review of adverse childhood  
 20 events and family dynamics that would set up  
 21 depression and anxiety that needed to be evaluated,  
 22 and that's the depth of what I know about.

71

1 Many of these people say they had no  
 2 specific training in transgender issues, but I said,  
 3 that's not what I'm asking you to do. I'm asking  
 4 you to evaluate the undercurrent pathology,  
 5 emotional pathology that exists that I sense is  
 6 going on based on my clinical experience with these  
 7 patients, clinical literature which says that that's  
 8 the issue, and that I would like to have them  
 9 evaluated, and I've not had any pushback with those  
 10 practitioners.  
 11 Q So you've -- with the one exception of  
 12 this therapist that doesn't take a lot of insurance,  
 13 the other therapists you've referred people to don't  
 14 have any experience treating transgender  
 15 individuals?  
 16 **A I don't know. They do have experience in**  
 17 **treating mental health in general, and this is a**  
 18 **mental health issue.**  
 19 Q Right. But for transgender individuals,  
 20 they don't have any experience specifically with  
 21 respect to that; is that correct?  
 22 **A I do not know.**

72

1 Q And when you provide -- when you have a  
 2 conversation with the therapist that you're  
 3 referring them to, do you disclose that you do not  
 4 provide gender-affirming care in your practice?  
 5 **A I do.**  
 6 Q So -- and do they -- how do they respond  
 7 once you disclose that?  
 8 **A They respond that they're very interested**  
 9 **in evaluating the patient, and they will provide**  
 10 **that service.**  
 11 Q Have any therapists declined?  
 12 **A I had one therapist who said that they**  
 13 **were not comfortable with the idea of treating**  
 14 **transgender patients; that they would prefer not to.**  
 15 Q And did you have any prior knowledge  
 16 whether any of these therapists provided counseling  
 17 to people struggling with same-sex attraction?  
 18 **A I do not.**  
 19 Q Did any of the therapists that you talked  
 20 to indicate in advance that they agreed with your  
 21 views with respect to not providing gender-affirming  
 22 therapy?

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

73	<p>1 <b>A They respect the fact that I practice as I</b></p> <p>2 <b>do, and they would evaluate the patient, and if they</b></p> <p>3 <b>were unsuccessful with their endeavors would be</b></p> <p>4 <b>open-minded to recommend, if necessary, other places</b></p> <p>5 <b>to go to treat.</b></p> <p>6 Q What do you mean by "unsuccessful with</p> <p>7 their endeavors"?</p> <p>8 <b>A This is a long-term process of evaluation,</b></p> <p>9 <b>which is why these cases are all ongoing. This is</b></p> <p>10 <b>therapy that takes a long time to work with the</b></p> <p>11 <b>families and the patients to understand all the</b></p> <p>12 <b>dynamics. This is experience that's been published</b></p> <p>13 <b>by -- primarily by Kenneth Zucker in his extensive</b></p> <p>14 <b>work with these families.</b></p> <p>15 <b>It is not an easy problem to solve. It</b></p> <p>16 <b>takes a lot of attention and time. And so if at the</b></p> <p>17 <b>end of -- if they're not successful with getting</b></p> <p>18 <b>this child to improve their mental health, they're</b></p> <p>19 <b>going to try to find somebody else who can do that</b></p> <p>20 <b>for them if they're not -- if it's not working for</b></p> <p>21 <b>them.</b></p> <p>22 Q So success would be defined as improving</p>	75
74	<p>1 mental health without having any gender-affirming</p> <p>2 therapy?</p> <p>3 <b>A I think because of the fact they know I do</b></p> <p>4 <b>not provide gender-affirming therapy, that they</b></p> <p>5 <b>would let me know if the issue was beyond their area</b></p> <p>6 <b>of expertise and success, and they would refer to</b></p> <p>7 <b>somebody else.</b></p> <p>8 Q So the only therapy that they personally</p> <p>9 would be able to provide would be to address mental</p> <p>10 health issues without providing gender-affirming</p> <p>11 therapy, and if -- but they would not themselves as</p> <p>12 part of their treatment be providing any</p> <p>13 gender-affirming therapy, that wasn't an option for</p> <p>14 what they would personally be providing?</p> <p>15 <b>A I don't know what they provide. I just</b></p> <p>16 <b>know that I refer to them to evaluate the</b></p> <p>17 <b>undercurrent issues, and that's where my focus is.</b></p> <p>18 <b>I think that they would rather -- well, I can't</b></p> <p>19 <b>speak for what they do.</b></p> <p>20 Q Did you refer these patients just for</p> <p>21 evaluation?</p> <p>22 <b>A Evaluation and treatment.</b></p>	76
	<p>1 Q So to provide ongoing therapy also?</p> <p>2 <b>A Yes.</b></p> <p>3 Q And if the -- and the therapists report</p> <p>4 back to you on the state of their treatment?</p> <p>5 <b>A They do.</b></p> <p>6 Q And for the patients, how many of the</p> <p>7 patients would you view as having improved</p> <p>8 psychologically?</p> <p>9 <b>A It's a process in the work. I would say</b></p> <p>10 <b>two patients of those have resolved their issues</b></p> <p>11 <b>successfully and moved on, and the rest are works in</b></p> <p>12 <b>progress.</b></p> <p>13 Q So of the 12, two you would say have</p> <p>14 successfully resolved their issues?</p> <p>15 <b>A Yes.</b></p> <p>16 Q And how do you determine that; how do you</p> <p>17 know that they've successfully resolved their</p> <p>18 issues?</p> <p>19 <b>A Feedback from the therapist, and the</b></p> <p>20 <b>patient's own description of how they feel, and the</b></p> <p>21 <b>fact that their gender incongruence has resolved.</b></p> <p>22 Q I'm sorry, are you still speaking?</p>	
	<p>1 <b>A Yes. No, no, I finished. I said that --</b></p> <p>2 Q Okay.</p> <p>3 <b>A -- the way I know is input from the</b></p> <p>4 <b>therapist, and also input from the patients</b></p> <p>5 <b>themselves in terms of what they describe of no</b></p> <p>6 <b>longer being -- feeling that they are born into the</b></p> <p>7 <b>wrong body.</b></p> <p>8 Q How old were these two patients?</p> <p>9 <b>A One was 15, and one was 17.</b></p> <p>10 Q You referenced Kenneth Zucker; is that</p> <p>11 right?</p> <p>12 <b>A Yes.</b></p> <p>13 Q Who is Kenneth Zucker?</p> <p>14 <b>A He is a Ph.D. psychologist from Toronto</b></p> <p>15 <b>who established a clinic for evaluation of children</b></p> <p>16 <b>with transgender issues. He coined the term "gender</b></p> <p>17 <b>identity disorder." I believe he's a member of the</b></p> <p>18 <b>World Professional Association of Transgender</b></p> <p>19 <b>Health. He is widely published, widely respected</b></p> <p>20 <b>for his opinions on evaluation and treatment with</b></p> <p>21 <b>mental health -- providing mental healthcare.</b></p> <p>22 Q You would view him as an expert in the</p>	

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

77

1 field; is that right?

2 **A Yes.**

3 Q And you would view his therapy as being in

4 accordance with proper standards of care for

5 treating transgender youth; is that right?

6 **A That is correct.**

7 Q And you said he's a member of WPATH; is

8 that right?

9 **A I believe he is. I don't know of the**

10 **status of that membership. I know he has been in**

11 **the past.**

12 Q Are you aware of Dr. Zucker's views on the

13 appropriateness of hormone therapy for transgender

14 youth whose dysphoria persists through adolescence?

15 **A I believe he indicates that as an adult**

16 **that those patients could be considered for therapy.**

17 **If their lifelong evaluation and therapy did not**

18 **bring about desistance of their gender incongruence,**

19 **that hormone therapy could be appropriate.**

20 Q I want to just make sure we're talking

21 about terms like "adults," when we use that term.

22 My -- so my question is people whose gender

78

1 dysphoria persists through adolescence, not

2 necessarily legal age of majority in a given

3 country, is it your understanding -- what's your

4 understanding of his views in providing hormone

5 therapy for people whose dysphoria persists through

6 adolescence?

7 MR. CORRIGAN: Object to form of the

8 question.

9 Go ahead.

10 **A My understanding is that if with**

11 **consistent therapy there is persistence of gender**

12 **incongruence, that those specific patients, and**

13 **there are a very small percentage of them -- it**

14 **might be warranted for them to be considered for**

15 **hormone therapy.**

16 **BY MR. BLOCK:**

17 Q And do you think someone providing hormone

18 therapy to those patients is engaging in child

19 abuse?

20 **A If they are treating a child, I would say**

21 **that that is essentially treating the patient and**

22 **causing harm. Whether I specifically use the term**

79

1 "child abuse," it is known to have inappropriate

2 long-term effects, it is not evaluating -- it's not

3 paying attention to the core issue, it is preventing

4 that child from being able to make it through

5 natural puberty with their natal hormones to allow

6 them to resolve these issues through counseling and

7 personal experience of living in the biologic body

8 unaltered by opposite hormone therapy.

9 **So it is -- I would say it is**

10 **inappropriate to do that.**

11 Q So my question isn't about people who have

12 not yet come through puberty. My question is about

13 people whose dysphoria persist through puberty. So,

14 for example, someone who is 16 years old and falls

15 within that small category of people we referred to

16 earlier about for whom Dr. Zucker thinks treatment

17 might be appropriate, do you think it is child abuse

18 to provide that group of teenagers with

19 gender-affirming hormone therapy?

20 **A So adolescence goes actually up through**

21 **age 21, technically. It happens that age of**

22 **majority sort of falls in the last stages of**

80

1 **adolescence in this country. I would think that**

2 **it's inappropriate for a patient to be treated while**

3 **they are still going through puberty.**

4 **Puberty goes up in boys -- the final**

5 **stages of an average travel through puberty for a**

6 **boy is 18 and for a girl is 16 and a half, so the**

7 **hormonal changes that are happening in the process**

8 **of puberty that is physiologic continues to that**

9 **point. The development of the brain, however,**

10 **continues up through age 25.**

11 **So there are things that are supposed to**

12 **happen as a result of going through puberty. If it**

13 **is altered, if it is stopped in any way, if it is**

14 **then changed with cross-sex hormones, you are**

15 **throwing into the human body hormones that are**

16 **incompatible with the physical biologic body, and**

17 **you are creating harm.**

18 **So I would say my purview of patients as**

19 **far as I can make recommendations is up through the**

20 **age of consent. If they come to me after, as one**

21 **patient has, I still recommend to them that they**

22 **consider carefully other options and pay attention**

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

81

1 to other options instead of doing hormone-affirming  
 2 and surgical therapy. That's my advice to them at  
 3 that point in time.  
 4 Q Dr. Zucker's published research on rates  
 5 of persistence and desistance of gender dysphoria  
 6 among children; is that right?  
 7 A Yes, he has.  
 8 Q And what's your understanding of what his  
 9 research shows about the age at which persistence is  
 10 more likely than desistance?  
 11 A A persistence occurs at the end of puberty  
 12 as they have finished going through puberty.  
 13 Desistance occurs anywhere along the way.  
 14 Q So it's your understanding of Dr. Zucker's  
 15 research that rates of desistance remain high until  
 16 boys reach the age of 21 or girls reach the age of  
 17 16 or 16 and a half?  
 18 A No, there is a curve of slower amounts of  
 19 desistance. The vast majority of patients who are  
 20 allowed to go through natural puberty desist.  
 21 Q Yes, but for people who continue to have  
 22 gender dysphoria once they start going through

82

1 puberty, are you familiar with the rates of  
 2 desistance for that group of people?  
 3 A That group of people if left alone desist.  
 4 It's a smaller percentage as they get older and  
 5 farther along in puberty, but blocking puberty is  
 6 not an appropriate thing to do because it's not  
 7 physiologic.  
 8 So the desistance rates from his published  
 9 work show that there are -- as you got older and  
 10 older the desistance rate lessened, but that in the  
 11 group of all the patients, including those who  
 12 entered puberty, that desistance was remarkably  
 13 high.  
 14 Puberty is a six-and-a-half-year event for  
 15 a boy and about a five-year event for a girl. Five  
 16 or six years. And so that is a time spectrum during  
 17 which if you say if you enter puberty, he's talking  
 18 about people that have been in puberty, who have  
 19 been counseled, who have not had affirmation medical  
 20 therapy, that the majority of those kids desist. A  
 21 small percentage do not, and his recommendation  
 22 personally, based on his experience, is those would

83

1 be patients who would be candidates potentially for  
 2 hormone therapy.  
 3 Q And do you know either way about whether  
 4 he thinks the age where desistance rates are no  
 5 longer high comes around age 15 or so?  
 6 A That -- his opinion has changed as far as  
 7 I know. His first published studies in his paper in  
 8 2012 indicated older age. I have not had a direct  
 9 conversation with him but have had opportunity to  
 10 know his opinions, and he is waffling a little bit  
 11 on the upper end of that, saying that there are  
 12 patients in late adolescence versus young adulthood.  
 13 It's a matter of semantics more than anything else.  
 14 Q So but you disagree with his view that  
 15 hormone therapy should be considered for transgender  
 16 youth whose dysphoria persists until late  
 17 adolescence; is that right?  
 18 A Yes, I do. I'm not -- he is not an  
 19 endocrinologist. I am. I'm aware of the endocrine  
 20 side effects and the long-term morbidity that's  
 21 caused by cross-hormone therapy, and I could not  
 22 recommend it for any adult.

84

1 But I do not practice adult medicine. I'm  
 2 a pediatrician. I go up through my age range up  
 3 through age 21 or 22, and in no circumstance would I  
 4 recommend cross-hormone therapy personally as an  
 5 endocrinologist. That's my field of expertise.  
 6 Q But that's a view that Dr. Zucker does not  
 7 share?  
 8 A I don't know about his background in  
 9 endocrinology and why he makes that recommendation,  
 10 but -- and I don't know the exact age. I know it  
 11 was late adolescence because the desistance rates  
 12 that he published originally and that also come up  
 13 from studies in Europe show desistance is very, very  
 14 high.  
 15 Q I just want a yes-or-no question that  
 16 Dr. Zucker disagrees with you with respect to  
 17 providing hormone therapy for people whose gender  
 18 dysphoria persists until late adolescence.  
 19 MR. CORRIGAN: Object to form.  
 20 Go ahead.  
 21 A I think the term here is -- that we're  
 22 wrestling with is "late adolescence," what he means

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

85	1 by late adolescence, and what I mean by late 2 adolescence, and I don't personally know now what he 3 means by late adolescence. I knew what he published 4 before, and I don't know what his opinion is today. 5 <b>BY MR. BLOCK:</b> 6 Q He thinks hormone therapy could be 7 considered appropriate for some people, and you 8 think hormone therapy is never appropriate for 9 anyone; is that correct? 10 A <b>Would you restate that question?</b> 11 Q Yeah. So he thinks that gender-affirming 12 hormone therapy may be medically appropriate for 13 some people, and you think it is never medically 14 appropriate for anyone; is that right? 15 A <b>That is correct.</b> 16 Q Do you consider yourself to be an expert 17 in gender dysphoria? 18 A <b>I am -- I consider myself an expert in the</b> 19 <b>endocrine management of patients with gender</b> 20 <b>dysphoria.</b> 21 Q When do you think you became an expert? 22 A <b>With experience of treating patients, with</b>	87	1 A <b>That was not a topic of medical treatment</b> 2 <b>at that time, that was a standard of care. So as</b> 3 <b>much as anybody could be defined as an expert, I</b> 4 <b>would have had as much clinical experience as most</b> 5 <b>people who were defined as experts at the time.</b> 6 <b>BY MR. BLOCK:</b> 7 Q Wouldn't someone who had actually provided 8 hormone therapy to someone be more qualified as an 9 expert in 1993? 10 MR. CORRIGAN: Object to form. 11 Go ahead. 12 A <b>There weren't people at that time that</b> 13 <b>were in the mainstream of medicine that we know of,</b> 14 <b>okay? Children were not treated with hormone</b> 15 <b>therapy that anybody in the field of pediatric</b> 16 <b>endocrinology was aware of at the time that I could</b> 17 <b>find in this country.</b> 18 <b>BY MR. BLOCK:</b> 19 Q But you had not -- at that time you hadn't 20 treated adult transgender people with hormone 21 therapy either; is that right? 22 A <b>No, I was aware and taught extensively</b>
86	1 <b>experience of background at Johns Hopkins.</b> 2 <b>Essentially -- I consider myself as having more</b> 3 <b>experience than most because of my longevity of</b> 4 <b>clinical experience and training from Johns Hopkins.</b> 5 <b>So it could be argued what is an expert, and I guess</b> 6 <b>you can ask me specifically what you mean.</b> 7 Q Well, at the time that a patient came to 8 you in 1993 seeking treatment, did you at that time 9 consider yourself to be an expert in treating gender 10 dysphoria? 11 A <b>I considered myself having as much</b> 12 <b>clinical experience as anybody I knew, and I</b> 13 <b>verified that by talking to people in the field of</b> 14 <b>endocrinology across the United States and found</b> 15 <b>that what I knew they knew, and we forged together</b> 16 <b>forward with a treatment plan.</b> 17 Q So in 1993, would you have put yourself 18 forward to be an expert witness in a case involving 19 the treatment of transgender individuals? 20 MR. CORRIGAN: Object to the form of the 21 question. 22 Go ahead.	88	1 <b>about hormone intervention of those adult patients.</b> 2 Q But you hadn't treated them? 3 A <b>I did not treat them specifically. I was</b> 4 <b>taught about the treatment, and the case studies</b> 5 <b>were reviewed as they were ongoing.</b> 6 Q So your view is that once you finished 7 your fellowship in 1980, you had sufficient 8 qualification to be an expert in the treatment of 9 gender dysphoria? 10 A <b>No.</b> 11 Q So at what point did you develop 12 sufficient qualification to be an expert in the 13 treatment of gender dysphoria? 14 A <b>Over the past six to 10 years, since the</b> 15 <b>publication of the guidelines of the Endocrine</b> 16 <b>Society in 2009, specifically, I began the</b> 17 <b>evaluation of the world's literature that I could</b> 18 <b>find and discussions among my endocrine peers to</b> 19 <b>gain as much knowledge as I possibly could, and I</b> 20 <b>was aware of the number of increases in gender</b> 21 <b>transition clinics that were growing and developing</b> 22 <b>in the United States. I was a little bit alarmed</b>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

89

1 about the fact that those clinics were established  
 2 without anybody who had had any training of any kind  
 3 in a formal curriculum, and I was worried about the  
 4 quality of medicine.  
 5 I began looking at the effects of -- I  
 6 already knew what we were doing in the field of  
 7 endocrinology trying to prevent the side effects of  
 8 opposite hormone effects on the human body as the  
 9 patients developed through adolescence and young  
 10 adulthood. Those are disease states for which we  
 11 had standards of care to treat.  
 12 So as I began seeing that these guidelines  
 13 were being implemented, I became concerned and  
 14 learned more and more and more about what was going  
 15 on and became then as much of an expert by  
 16 evaluation of literature; discussion amongst my  
 17 peers. And then I began treating patients -- these  
 18 patients as they came to my office as of about three  
 19 years ago.  
 20 So that is how I would say that I  
 21 understand the treatment of transgender patients,  
 22 the adverse effects of hormone therapy, and -- both

90

1 short term and long term, and so that's where I  
 2 would say that I would ask patients to come to see  
 3 me for the specific reason because of my expertise,  
 4 evaluation, and concern for those patients.  
 5 So the word "expert" is hard to nail down.  
 6 I would say experienced.  
 7 Q Did you say patients came to you for a  
 8 specific reason; did I hear that right?  
 9 MR. CORRIGAN: Object to form.  
 10 A They come to me because they have an issue  
 11 of concern about gender incongruence. They know  
 12 that I'm a endocrinologist, and that's where they're  
 13 supposed to go to get evaluated to look at their  
 14 stage of puberty, to find out what resources are  
 15 available to them.  
 16 BY MR. BLOCK:  
 17 Q So I have the time frame right, the first  
 18 Endocrine Society guidelines on treating trans kids  
 19 was published in 2009; is that right?  
 20 A That's correct.  
 21 Q So you said it was about five or six years  
 22 after that that you conducted the literature review

91

1 that has made you an expert in this area; is that  
 2 right?  
 3 A No, it was at that time when they were  
 4 published that I became quite concerned about the  
 5 recommendations being essentially 180 degrees out of  
 6 the mainstream of hormone evaluation and hormone  
 7 treatment effects in children, and so I began in  
 8 depth at that point in time starting to review the  
 9 literature and discuss among my peers.  
 10 Q Beginning around 2009?  
 11 A Yes.  
 12 Q If we can turn to your declaration in this  
 13 case, Exhibit 1, to paragraph 34. If we can look at  
 14 the second sentence: There has been a flurry of  
 15 non-peer-reviewed articles in journals and  
 16 newsletters circulated to general pediatricians that  
 17 promote the ideology of transgenderism without  
 18 specific support.  
 19 What non-peer-reviewed articles are you  
 20 referring to?  
 21 A There are articles in what we call  
 22 throwaway journals. They're called Pediatric

92

1 Annals, Contemporary Pediatrics, Pediatric News,  
 2 Endocrinology Today, these are -- Endocrinology  
 3 Today is aimed at endocrinologists. But these are  
 4 things that come to physicians' offices free of  
 5 charge, they're also available online now instead of  
 6 in the print versions. They are articles written  
 7 talking about transgender health, talking only  
 8 affirmation.  
 9 When they first started being published  
 10 back in as early as 19 -- excuse me, 2004, there was  
 11 mention up front in each of these articles about the  
 12 high desistance rate in children and adolescents,  
 13 and then, more recently, that has essentially  
 14 disappeared.  
 15 But these are articles that when you look  
 16 at the references, many times they are discussions  
 17 on Good Morning America, they are references to  
 18 conferences that WPATH provides teaching sessions or  
 19 local conferences in geographic regions, they're not  
 20 in peer-reviewed journals.  
 21 Q Is it your position that all of the  
 22 articles that are supportive of gender-affirming

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

93	<p>1 therapy are published in non-peer-reviewed journals?</p> <p>2 <b>A No.</b></p> <p>3 Q So, in fact, many of the articles are</p> <p>4 published in peer-reviewed journals; is that right?</p> <p>5 <b>A No, some are.</b></p> <p>6 Q Are any of these articles cited in your</p> <p>7 report?</p> <p>8 <b>A The ones in peer-reviewed journals? Yes.</b></p> <p>9 Q Yes. Which ones?</p> <p>10 <b>A Pediatrics, International Journal of</b></p> <p>11 <b>Transgenderism, Journal of the American Academy of</b></p> <p>12 <b>Child and Adolescent Psychiatry, PLoS One, Child and</b></p> <p>13 <b>Adolescent Psychiatry -- excuse me, that's not a</b></p> <p>14 <b>journal, that's a textbook. Those are the ones that</b></p> <p>15 <b>I've cited.</b></p> <p>16 Q Which is the one that you said was a</p> <p>17 textbook?</p> <p>18 <b>A It was Zucker's chapter, Child and</b></p> <p>19 <b>Adolescent Psychiatry.</b></p> <p>20 Q So is Pediatrics a journal that is viewed</p> <p>21 as a source of guidance in your field?</p> <p>22 <b>A Pediatrics is a peer-reviewed journal,</b></p>	95	<p>1 <b>what we call a balanced presentation for the reader</b></p> <p>2 <b>then to make an assessment, and perhaps the writer</b></p> <p>3 <b>of that particular review article would do the same.</b></p> <p>4 <b>I look at things like the Endocrine</b></p> <p>5 <b>Society guidelines and the references they use, I</b></p> <p>6 <b>look -- and, again, when you go to the specific</b></p> <p>7 <b>references, that's a step beyond just reading the</b></p> <p>8 <b>article, it's actually looking at what studies are</b></p> <p>9 <b>referenced to look those up.</b></p> <p>10 <b>It's an arduous task, but on key issues,</b></p> <p>11 <b>many times I will request of my local medical</b></p> <p>12 <b>librarian copies of those articles so that I can see</b></p> <p>13 <b>whether or not what was gleaned from that reference</b></p> <p>14 <b>is actually proving the point or not.</b></p> <p>15 <b>In some cases I already know the articles,</b></p> <p>16 <b>and if I find that they're at odds with what the</b></p> <p>17 <b>author cites them to represent, that brings into</b></p> <p>18 <b>question the quality of the article.</b></p> <p>19 <b>So the design of the research, and then</b></p> <p>20 <b>the number of references and where they come from</b></p> <p>21 <b>allows me to make a personal opinion on -- and then</b></p> <p>22 <b>I discuss that amongst my endocrine -- pediatric</b></p>
94	<p>1 <b>yes.</b></p> <p>2 Q Is it viewed as a source of guidance by</p> <p>3 practitioners in your field for --</p> <p>4 <b>A Yes, it is.</b></p> <p>5 Q Yes?</p> <p>6 <b>A Yes.</b></p> <p>7 Q Would you consult articles in Pediatrics</p> <p>8 as part of your review of literature for determining</p> <p>9 the standard of care?</p> <p>10 <b>A Yes, I would.</b></p> <p>11 Q Now, when you previously discussed how you</p> <p>12 determined standards of care and you talked about</p> <p>13 conducting a broad survey, how do you decide which</p> <p>14 of the opinions in that broad survey are going to</p> <p>15 constitute the standard of care?</p> <p>16 <b>A I review the article thoroughly, I look at</b></p> <p>17 <b>the design of research if there is research</b></p> <p>18 <b>involved. If it's a summary view I look for what's</b></p> <p>19 <b>recommended in terms of breadth of opinion. There</b></p> <p>20 <b>are articles written that are ostensibly to cover</b></p> <p>21 <b>the entire field, all aspects of it, all opinions,</b></p> <p>22 <b>and come up with a sort of presentation at the end,</b></p>	96	<p>1 <b>endocrine peers to find out what they feel and how</b></p> <p>2 <b>they approach things, and we go from there.</b></p> <p>3 Q When you were conducting your research</p> <p>4 regarding treating gender dysphoria, was anyone --</p> <p>5 were you receiving any payment from any source while</p> <p>6 conducting that research?</p> <p>7 <b>A No.</b></p> <p>8 Q No?</p> <p>9 <b>A "No" is the answer, yeah.</b></p> <p>10 Q So tell me if I am mischaracterizing this,</p> <p>11 but my understanding from your earlier testimony is</p> <p>12 you had said that standards of care means the most</p> <p>13 generally accepted way of treating. Is that</p> <p>14 something that you believe?</p> <p>15 <b>MR. CORRIGAN: Object to form.</b></p> <p>16 <b>Go ahead.</b></p> <p>17 <b>A Standards of care are somewhat fluid in</b></p> <p>18 <b>that sometimes they are published, sometimes they</b></p> <p>19 <b>are not, sometimes they are in development and</b></p> <p>20 <b>changed with new developments that come along, so</b></p> <p>21 <b>they are essentially a consensus across the board of</b></p> <p>22 <b>practitioners. Often they are guided by a</b></p>



Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

97

1 professional organization, hopefully with a balanced  
 2 approach so that the guidelines that they develop to  
 3 become or be considered standards of care represents  
 4 all aspects of the subject thoroughly reviewed and  
 5 brought to the table for consideration.  
 6 **BY MR. BLOCK:**  
 7 Q And is it your understanding that  
 8 standards of care are always supported by 30-year  
 9 long-term research studies?  
 10 A They are a combination of longstanding  
 11 review of literature, clinical research studies in  
 12 the past, and then new studies that have -- that  
 13 might be on the forefront of the issue.  
 14 Q So are there any standards of care  
 15 representing the general consensus of practitioners  
 16 that are not supported by long-term studies?  
 17 A Yes, the Endocrine Society guidelines are  
 18 not supported by any long-term studies of quality.  
 19 Q So I'm talking about -- by "Endocrine  
 20 Society guidelines" are you referring to guidelines  
 21 regarding treatment of transgender people or in  
 22 general Endocrine Society guidelines for other

98

1 conditions as well?  
 2 A The ones that I pay attention to are those  
 3 that are published that are germane to children, and  
 4 it just so happens having spent a lot of time  
 5 looking specifically at the transgender guidelines I  
 6 found, with critical review, that there was very  
 7 little scientific basis for the recommendation.  
 8 I have not done the same thing in depth  
 9 with every single one of the Endocrine Society  
 10 guidelines because many of them deal with patient  
 11 populations that are adult and disease states that  
 12 are in adults that do not pertain specifically to  
 13 children.  
 14 So in things like treatment of type 1  
 15 diabetes and those types of things, those  
 16 guidelines, again, are graded, and they generally  
 17 are based on good scientific evidence.  
 18 Q Sitting here today, you don't -- you don't  
 19 know whether the quality of research supporting the  
 20 Endocrine Society guidelines for gender dysphoria is  
 21 of higher or lower quality than the research of the  
 22 Endocrine Society guidelines for other conditions?

99

1 A In the guidelines that I have read, these  
 2 guidelines have very low scientific evidence  
 3 compared to the others that I reviewed.  
 4 Q Which others have you reviewed?  
 5 A Treatment of hypercortisolism, treatment  
 6 of thyroid disease in the perinatal period. Those  
 7 are some that come to the forefront in recent times.  
 8 Treatment of disorders of sexual differentiation is  
 9 another one.  
 10 Q Treatment disorders of sexual  
 11 differentiation guidelines are supported by  
 12 long-term research?  
 13 A Yes, they are.  
 14 Q And I asked a question asking about  
 15 standards of care, and you answered talking about  
 16 the Endocrine Society guidelines, so I want to get  
 17 an answer to my question about standards of care.  
 18 So my question is: Is it your  
 19 understanding that the standard of care with respect  
 20 to a particular issue is always supported by  
 21 long-term research?  
 22 MR. CORRIGAN: Object to form.

100

1 Go ahead.  
 2 A It should be.  
 3 **BY MR. BLOCK:**  
 4 Q But is it?  
 5 A No.  
 6 Q Why not?  
 7 A I would only be conjecturing as to why  
 8 not.  
 9 Q And yet a particular treatment might  
 10 represent the consensus of practitioners among a  
 11 field even if it is not supported by long-term  
 12 research; is that right?  
 13 A It's a consensus of some individuals in  
 14 the field, not all individuals in the field.  
 15 Q But I'm talking about consensus for  
 16 purposes of standard of care.  
 17 A I can't answer that. The standards of  
 18 care is a term that gets applied to things that are  
 19 published.  
 20 I am not -- my experience with standards  
 21 of care previously was in dealing with medical  
 22 malpractice and what the standard of care was in

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

101	<p>1 terms of the disease state and the applied treatment</p> <p>2 and whether or not it met that standard or if it was</p> <p>3 outside the standard of care, and if it was, were</p> <p>4 there extenuating circumstances as to why it was.</p> <p>5 The standards of care from WPATH are</p> <p>6 published as standards of care by that organization,</p> <p>7 and they call them standards of care, they don't</p> <p>8 call them guidelines. It's SOC. And so it's</p> <p>9 basically use of the language to promote that as a</p> <p>10 pathway for treatment by that organization.</p> <p>11 Q What, in your view, is the accepted</p> <p>12 standard of care for treating gender dysphoria in</p> <p>13 adolescence?</p> <p>14 A Accepted standards of care that has been</p> <p>15 proven effective are -- well, my standard of care,</p> <p>16 which is based on what has been proven to be</p> <p>17 effective in allowing desistance to occur, is that</p> <p>18 in-depth counseling be the predominant feature of</p> <p>19 treatment, and that hormone manipulation is not.</p> <p>20 Q I'm not asking about your standard of</p> <p>21 care, I'm asking for what are the consensus</p> <p>22 standards of care for treating gender dysphoria in</p>	103	<p>1 they're being written down?</p> <p>2 A They're being developed, they're being put</p> <p>3 together. Conversations are happening, groups are</p> <p>4 getting together who are concerned about WPATH</p> <p>5 recommendations, about the Endocrine Society</p> <p>6 recommendations, and they're asking for a dialogue</p> <p>7 so that everyone can basically come to the table and</p> <p>8 open up a discussion instead of having it be</p> <p>9 dictated from one side of the equation.</p> <p>10 Q What organization are they having these</p> <p>11 discussions in?</p> <p>12 A It's nothing organized specifically. It's</p> <p>13 a number of individuals who are concerned across the</p> <p>14 country who are representatives from their field of</p> <p>15 interest. We talked about it at length at the</p> <p>16 Southern Pediatric Endocrine Society at that</p> <p>17 meeting. Many, many concerned folks. Probably 75</p> <p>18 percent of the people expressed significant concern</p> <p>19 about the WPATH guidelines and wondered what should</p> <p>20 or could be done to essentially come back to the</p> <p>21 table and redevelop guidelines that took into</p> <p>22 account the entire complexity of the issue.</p>
102	<p>1 adolescence?</p> <p>2 MR. CORRIGAN: Object to form.</p> <p>3 Go ahead.</p> <p>4 A All I know is my conversations with my</p> <p>5 endocrine peers is that they are alarmed by what has</p> <p>6 been reported as a standard of care by WPATH. I</p> <p>7 would say that the majority of endocrinologists I</p> <p>8 talk to do not understand the guidelines or why they</p> <p>9 are recommended. They are labeled as standard of</p> <p>10 care by an organization that calls them a standard</p> <p>11 of care, and that's what they are, they are</p> <p>12 recommendations.</p> <p>13 BY MR. BLOCK:</p> <p>14 Q Is there any written material or sources</p> <p>15 that you think do represent the consensus standards</p> <p>16 of care among practitioners for treating gender</p> <p>17 dysphoria in adolescence?</p> <p>18 A No, they are being developed.</p> <p>19 Q By whom?</p> <p>20 A Endocrinologists and mental healthcare</p> <p>21 providers.</p> <p>22 Q What do you mean by "being developed";</p>	104	<p>1 Q Come back to the table and redevelop</p> <p>2 guidelines in the Endocrine Society or through a</p> <p>3 different organization?</p> <p>4 A Well, this is the Southern Pediatric</p> <p>5 Endocrine Society, so that's not -- that's its own</p> <p>6 loose organization that represents pediatric</p> <p>7 endocrinologists in the southeastern United States,</p> <p>8 so cannot speak to the other subgroups.</p> <p>9 The Pediatric Endocrine Society has a</p> <p>10 special interest group in transgender health, and it</p> <p>11 was our hope that at the annual meeting next month</p> <p>12 in Baltimore that we could come together and have a</p> <p>13 discussion with individuals in that special interest</p> <p>14 group about our concerns.</p> <p>15 It turns out that the special interest</p> <p>16 group for transgender medicine is not meeting at the</p> <p>17 Pediatric Endocrine national meeting in Baltimore.</p> <p>18 There will be a session on disorders of sexual</p> <p>19 differentiation, which I intend to attend.</p> <p>20 Q So as far as you're aware, there are no</p> <p>21 written drafts of any guidelines from a medical</p> <p>22 organization that you think represents a consensus</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

105	<p>1 standards of care for treating gender dysphoria in</p> <p>2 adolescence?</p> <p>3 <b>A There are no written guidelines that is a</b></p> <p>4 <b>consensus of the broad spectrum of endocrinologists</b></p> <p>5 <b>across this country. There are guidelines written</b></p> <p>6 <b>by a special interest group, but not by the majority</b></p> <p>7 <b>of endocrinologists across the country.</b></p> <p>8 Q Do you provide treatment for precocious</p> <p>9 puberty in your practice?</p> <p>10 <b>A I do.</b></p> <p>11 Q To delay puberty -- you do. Sorry.</p> <p>12 And are there long-term studies on the</p> <p>13 long-term effects of providing treatment for</p> <p>14 precocious puberty?</p> <p>15 <b>A The treatment for precocious puberty is</b></p> <p>16 <b>usually short lived. It's on an average about a</b></p> <p>17 <b>year and a half to two years. It is rarely longer</b></p> <p>18 <b>than that.</b></p> <p>19 <b>Because of that, there are studies now of</b></p> <p>20 <b>18 years of experience, in particular with Depot</b></p> <p>21 <b>Lupron, that look at the effectiveness of treatment,</b></p> <p>22 <b>the restarting of puberty naturally, the fertility</b></p>	107	<p>1 <b>adults with hormone-dependent tumors, prostate</b></p> <p>2 <b>cancer in males, and estrogen-dependent tumors in</b></p> <p>3 <b>females, and there are evidently mental health</b></p> <p>4 <b>issues that have surfaced in the long term that are</b></p> <p>5 <b>now being recognized and evaluated by the companies</b></p> <p>6 <b>that developed those therapies. We do not have any</b></p> <p>7 <b>long-term experience in children because the therapy</b></p> <p>8 <b>is not used for long term.</b></p> <p>9 Q Going back to paragraph 35 of your</p> <p>10 declaration, you say -- sorry, yeah, 35, about seven</p> <p>11 or eight sentences in, the sentence begins with "The</p> <p>12 response to these guidelines." It says: The</p> <p>13 response to these guidelines was the burgeoning of</p> <p>14 gender identity clinics in the United States from</p> <p>15 three to over 45 in a period of seven years.</p> <p>16 Do you see where I'm reading from?</p> <p>17 <b>A I do.</b></p> <p>18 Q So is your opinion that the Endocrine</p> <p>19 Society guidelines led to more gender identity</p> <p>20 clinics?</p> <p>21 <b>A Yes.</b></p> <p>22 Q So these hospitals with these clinics all</p>
106	<p>1 <b>of those individuals who have been treated, any</b></p> <p>2 <b>general health issues that happened, and in that</b></p> <p>3 <b>young child group -- age group who were not of the</b></p> <p>4 <b>age of puberty but are starting puberty, there</b></p> <p>5 <b>appears to be benefit socially in terms of,</b></p> <p>6 <b>particularly in females, of avoiding menstruation in</b></p> <p>7 <b>the very early primary grades, also preserving adult</b></p> <p>8 <b>height to some extent. And those are the two goals</b></p> <p>9 <b>for which we use that interruption of therapy.</b></p> <p>10 <b>But it is not approved or recommended for</b></p> <p>11 <b>long-term use, and it is not approved or recommended</b></p> <p>12 <b>for the age of adolescence when calcium bone</b></p> <p>13 <b>accretion occurs, and when brain development is very</b></p> <p>14 <b>dependent upon the presence of those hormones as the</b></p> <p>15 <b>body physiologically goes through puberty.</b></p> <p>16 Q Are there long-term studies on the safety</p> <p>17 of the treatment, though, the negative health</p> <p>18 effects?</p> <p>19 <b>A There are long-term studies in adults</b></p> <p>20 <b>because the GnRH agonists, as they are called,</b></p> <p>21 <b>that's gonadotropin-releasing hormone agonists, were</b></p> <p>22 <b>used extensively and for longer periods of time in</b></p>	108	<p>1 followed the Endocrine Society guidelines; is that</p> <p>2 right?</p> <p>3 <b>A These clinics decided that they needed to</b></p> <p>4 <b>have gender identity clinics to treat patients who</b></p> <p>5 <b>would be coming into their practices. I do not know</b></p> <p>6 <b>why each of the individual clinics developed,</b></p> <p>7 <b>because I am not a part of those clinics, I don't</b></p> <p>8 <b>know what administrative decisions were made. It is</b></p> <p>9 <b>just an interesting phenomenon that once the</b></p> <p>10 <b>guidelines were published that there was literally</b></p> <p>11 <b>this very rapid increase in the number of centers</b></p> <p>12 <b>treating children.</b></p> <p>13 Q And these centers treat the children in</p> <p>14 accordance with the Endocrine Society guidelines; is</p> <p>15 that right?</p> <p>16 <b>A I do not know each individual center, I</b></p> <p>17 <b>just know a few of the centers where I've had a</b></p> <p>18 <b>chance to have a dialogue with the clinic directors.</b></p> <p>19 <b>And in the case of the clinic in Cincinnati, I was</b></p> <p>20 <b>told that 100 percent of patients were affirmed. I</b></p> <p>21 <b>have tried to find out as best I can just by asking</b></p> <p>22 <b>people directly the percentage of patients that are</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

109	<p>1 affirmed and those that are sent through counseling,  2 and I am not given a clear answer, but I have the  3 sense that the patients go in the door, and they're  4 affirmed.  5 Q By "affirmed" you mean provided hormone  6 therapy, cross-sex hormone therapy?  7 A Initially they are affirmed with  8 counseling to the family to allow the patient to  9 live in the role they wish to assume, trying to get  10 the family to adjust to that and accept that, and  11 then to work with the school systems to be sure that  12 the child is called by the pronouns they wish to be  13 called and the name that they wish to be called by,  14 and then when they -- they show the first signs of  15 puberty to have puberty blocked, and then at some  16 point in time after that, now as young as age 13 or  17 14, to receive cross-sex hormones, to have  18 mastectomies if they are a female wishing to trans  19 to a male identity, and then to wait, at least so  20 far in this country, to age 18 before they have any  21 additional surgical procedures done.  22 Q And these gender identity clinics are all</p>	111	<p>1 higher level the higher the points that they garner.  2 Q So -- but you know what the numbers are  3 for the upcoming year?  4 A I do not.  5 Q You do not.  6 At the Southern Pediatric Endocrine  7 meeting that you were at, were there these gender  8 identity clinics at any of the states where the  9 meeting participants came from?  10 A Yes.  11 Q About how many?  12 A I knew specifically of two in Florida, one  13 in Virginia, I knew of the Emory clinic as well, was  14 not -- there's a clinic -- a gender identity clinic  15 in South Carolina. There were no members from that  16 organization or that state at the meeting, as it  17 turned out. I don't specifically know about  18 Kentucky. Mississippi I'm not aware of. Alabama  19 has a gender identity clinic in Birmingham, although  20 the person that is in charge of that clinic, who I  21 know personally, was not in attendance at the  22 meeting.</p>
110	<p>1 over the country; is that right?  2 A That is correct.  3 Q How many patients would you estimate  4 they're treating?  5 A I only have anecdotal evidence that in the  6 state of New York that there is 700 patients per  7 year. I don't know if it's a single clinic or a  8 multiplicity of clinics in a healthcare system.  9 I know that in the local system here in  10 Atlanta, that in 2016 they had 45 patients in that  11 calendar year that were maintained as patients. In  12 2017 that number increased to around 80. The data  13 for 2018 has yet to be published.  14 Those data I happen to know because it's  15 part of the U.S. News and World Report grading  16 system that if you have a transgender clinic that's  17 active, you get higher point scores on your area of  18 excellence in providing children's healthcare. So  19 that I know at least for our local healthcare system  20 is a strong motivation for them to maintain a  21 transgender clinic is because they get recognition  22 nationally as being a center of excellence at a</p>	112	<p>1 Q You personally know the person in charge  2 of the clinic in Alabama, is that what you said?  3 A Yes. I personally know the two in  4 Florida, I do not personally know the person that  5 runs the clinic in Virginia, I do personally know  6 the person that runs the clinic in South Carolina,  7 don't know who runs it in Mississippi, and that's --  8 those are people I know personally.  9 Q So the people that you know personally who  10 run these clinics, do you think they are  11 practitioners of child abuse?  12 A I think they are misguided in terms of  13 recommending hormone therapy. The term "child  14 abuse" is a flashy term in my worldview to catch  15 attention. I would say that my concern for these  16 individuals is that there are going to be adverse  17 outcomes in their patient population because of what  18 they recommend and what they -- how they are  19 treating, and I don't think that they are  20 necessarily paying attention to the broader  21 literature, which says that that treatment is  22 harmful more than it is beneficial. They are very</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

113

1 **much drawn to the Endocrine Society guidelines**  
2 **because they are convenient, and they themselves**  
3 **have no personal experience.**  
4 Q Do you consider them just in their -- as  
5 practitioners to be unqualified as -- in general as  
6 pediatric endocrinologists?  
7 A **Not at all.**  
8 Q You consider them to be conscientious  
9 practitioners?  
10 A **I do.**  
11 Q And you think that they are acting in what  
12 they believe is the best interest of their patients?  
13 A **I think that they are practicing in what**  
14 **they do believe is the best interest, but I also**  
15 **believe they are not informed. And when they have a**  
16 **chance -- when I have a chance to talk with many of**  
17 **them, they -- they are kind of taken aback by the**  
18 **fact that there is so much evidence that shows what**  
19 **the Endocrine Society guidelines recommend is**  
20 **contrary to the long-term health of the patient.**  
21 **They had not considered that. It was not**  
22 **presented to them. They trusted the Endocrine**

114

1 **Society to be the voice of reason and assumed that**  
2 **all this information had already been reviewed and**  
3 **came out with a predominantly positive outcome, and**  
4 **they are, a lot of them, quite astonished.**  
5 Q Is it your opinion that the Endocrine  
6 Society guidelines do not discuss adverse health  
7 effects?  
8 A **They discuss them in three of the**  
9 **recommendations in the first iteration, and four in**  
10 **the second iteration, the 2017. They are the only**  
11 **scientifically valid graded recommendations that**  
12 **carry literature with them, and all of them say that**  
13 **there is concern that there are no long-term studies**  
14 **of the long-term effects, that they are aware of, of**  
15 **the hormone -- cross-hormone therapy and puberty**  
16 **blocking, and that there must be studies designed to**  
17 **assess that before they can -- they would assess as**  
18 **being safe and sound. Despite those statements,**  
19 **they recommend that the treatment be done.**  
20 Q If we look at paragraph 45 of your  
21 declaration --  
22 MR. CORRIGAN: It ends at 41.

115

1 A **Mine ends at 41.**  
2 **BY MR. BLOCK:**  
3 Q That's what I meant, 41. Apologies. The  
4 second sentence in paragraph 41 says: Allowing a  
5 biologic female to use the male-designated bathroom  
6 facility is one of several, quote, gender affirming,  
7 unquote, care options, but it is creating harm to at  
8 least two parties. The harm to the gender  
9 incongruent person is that it promotes a pathway to  
10 inevitable long-term medical and psychological  
11 morbidity.  
12 And that's what you think, right; that's  
13 your view?  
14 A **That is my opinion.**  
15 Q All right. So what if the student has  
16 already completed puberty, has had surgery, and is  
17 taking hormones, is that harm still present?  
18 A **The harm has been done.**  
19 Q So what additional harm is inflicted by  
20 allowing that student to at that point use restrooms  
21 consistent with their gender identity?  
22 A **Well, you are adding to the long-term**

116

1 **psychological morbidity of that patient, which is**  
2 **proven to happen in the long-term studies of adults**  
3 **who have lived 20 to 30 years in a transgendered**  
4 **identity situation. Their mental health issues are**  
5 **still quite high.**  
6 **So if you -- your -- anything you do that**  
7 **keeps the patient away from the therapy that they**  
8 **need -- and all of these patients -- and**  
9 **Dr. Zucker recommends exactly the same, despite**  
10 **whether or not they are given hormone therapy, they**  
11 **are never emotionally well, and they need long-term**  
12 **mental health.**  
13 **So if you add something that is -- we're**  
14 **talking about -- in the case of the school system,**  
15 **we're talking about kids that would not have had**  
16 **surgery yet. So we're talking about kids that might**  
17 **have had cross-hormone therapy and been socially**  
18 **transitioned. At that point in time you are adding**  
19 **affirmation that that is a beneficial -- proven**  
20 **beneficial event to allow them to have a presence in**  
21 **the bathroom of the opposite of their biologic sex.**  
22 **And there are no studies that say that**

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

117	<p>1 <b>that is true; there are no studies that say that</b></p> <p>2 <b>that is not true. There are no studies in</b></p> <p>3 <b>existence.</b></p> <p>4 Q So you think -- in terms of adults you</p> <p>5 think that affirming an adult transgender person's</p> <p>6 gender identity is harmful to their health?</p> <p>7 A I do.</p> <p>8 Q Are there any long-term studies on the</p> <p>9 mental health outcomes of people who identify as</p> <p>10 being formerly transgender?</p> <p>11 A No, they are beginning to develop at this</p> <p>12 point in time. They have not been available on</p> <p>13 those who have desisted subsequent to medical and</p> <p>14 surgical because these patients are just now</p> <p>15 beginning to come out to the forefront. A, it is</p> <p>16 the age with which they approach this, they have</p> <p>17 been transgendered long enough to recognize and to</p> <p>18 have the strength to return back to their biologic</p> <p>19 sexual identity and are now beginning to speak out,</p> <p>20 write, publish, gather like-minded people together</p> <p>21 so that they can publish their clinical experience.</p> <p>22 But this is a brand-new group. This is</p>	119	<p>1 <b>preselected population, does not represent 100</b></p> <p>2 <b>percent.</b></p> <p>3 The only study that's published that has</p> <p>4 100 percent of participants evaluated at the end is</p> <p>5 the Swedish study, which is condemned outright</p> <p>6 because it says what it says. There is incredible</p> <p>7 amount of increase in mental health morbidity as a</p> <p>8 result of medical and surgical transitioning. It's</p> <p>9 the only study that had 100 percent of participants.</p> <p>10 Q Sorry. That's your understanding of what</p> <p>11 the Swedish study says, that as a result of</p> <p>12 receiving care affirming their identity, the mental</p> <p>13 outcomes are worse as a result of receiving that</p> <p>14 treatment?</p> <p>15 A It compares it to no one, unfortunately.</p> <p>16 That's the one downside to that is it did not have a</p> <p>17 control group of those who did not receive medical</p> <p>18 and surgical care. It was a review of 100 percent</p> <p>19 of the patients.</p> <p>20 So it's called into question without a</p> <p>21 control group to say that you're comparing itself to</p> <p>22 itself, but the statistics are there that there's a</p>
118	<p>1 <b>where -- this is the end point of people who did --</b></p> <p>2 <b>had these things only as adults, not as children,</b></p> <p>3 <b>back as far as 30 years ago.</b></p> <p>4 Q So but -- so there are published studies</p> <p>5 saying that even after receiving treatment, the</p> <p>6 population of transgender people may have, as a</p> <p>7 whole, poorer health outcomes than the population of</p> <p>8 non-transgender people, right? Those are the</p> <p>9 studies you were referring to previously; is that</p> <p>10 right?</p> <p>11 A That's correct.</p> <p>12 Q But there are no studies on assessing what</p> <p>13 their mental health outcomes would have been without</p> <p>14 the gender-affirming care, right?</p> <p>15 A No.</p> <p>16 Q So what you're saying -- "no" means there</p> <p>17 are no long-term studies, correct?</p> <p>18 A There are no long-term reputable studies.</p> <p>19 There are long-term things that are published, but</p> <p>20 they are laced with -- as essentially a Cochrane</p> <p>21 review of those -- all those studies shows that the</p> <p>22 study design is extremely poor, that it is -- it's a</p>	120	<p>1 19-fold increase in completed suicides compared to</p> <p>2 the general Swedish population.</p> <p>3 Q So but there are -- so for the type of</p> <p>4 treatment that you are recommending of just having</p> <p>5 counseling for underlying health issues, there is no</p> <p>6 scientifically valid study saying that those health</p> <p>7 outcomes are better than what the health outcomes</p> <p>8 would be if the same patient received</p> <p>9 gender-affirming care?</p> <p>10 A That's absolutely correct. We have one</p> <p>11 study which is all affirmation which is Zucker's,</p> <p>12 and we have the one study all surgical and medical</p> <p>13 from Sweden, okay. We know Zucker reported all of</p> <p>14 his patients, not just some of his patients. Sweden</p> <p>15 reported all of their patients, not just some. What</p> <p>16 has not been done is a longitudinal study of</p> <p>17 side-by-side groups randomized to an arm of</p> <p>18 counseling only versus affirmation with counseling,</p> <p>19 medical treatment, and surgery.</p> <p>20 No such study exists or has been designed.</p> <p>21 There needs to be that study, and until that study</p> <p>22 is completed and the results are evaluated 20 to 30</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

121

1 years post treatment, post beginning of treatment,  
 2 we will not be able to say without question that one  
 3 is better than the other in terms of long-term  
 4 outcome.  
 5 What we do -- what we do know is that  
 6 there are so many adverse side effects of the  
 7 medical and surgical side that creates medical  
 8 morbidity that would not otherwise exist that the  
 9 logical assumption is we are creating a disease  
 10 state by intervening that way, we are creating  
 11 mentally healthy individuals by doing the  
 12 affirmation pathway, and what we need to do is have  
 13 an unbiased study that looks side-by-side, and no  
 14 study exists.  
 15 Q If that study were conducted and the  
 16 evidence in that study showed that the mental health  
 17 outcomes for people receiving affirming --  
 18 gender-affirming care were better, would you then  
 19 provide gender-affirming hormones in your medical  
 20 practice?  
 21 A I would -- there are two issues here:  
 22 There's the mental health which is very important,

122

1 and there's the medical health in terms of side  
 2 effects. So I would have to have -- be shown that  
 3 the medical side effects and the mental health  
 4 effects were predominantly beneficial and the  
 5 downside and adverse effects on both sides were  
 6 minimal before I would recommend that.  
 7 Q So but if the evidence did show that, then  
 8 you would personally provide gender-affirming  
 9 hormone therapy?  
 10 A I probably wouldn't because I wouldn't be  
 11 practicing medicine at that time, I probably would  
 12 not be alive, so it's a theoretical question.  
 13 Q Yeah, but so asking a theoretical  
 14 question, let's say the study came out tomorrow,  
 15 would you in that situation personally provide  
 16 gender-affirming hormone therapy, or are there other  
 17 reasons why you may still not provide it?  
 18 MR. CORRIGAN: Object to form of the  
 19 question.  
 20 Go ahead.  
 21 A Yeah, if the medical and mental health  
 22 issues were better in the affirmed pathway, I

123

1 would -- I would likely change my mind.  
 2 BY MR. BLOCK:  
 3 Q Let's look at the paragraph 41 again.  
 4 Near to the bottom it says: The second party harmed  
 5 is the student without gender incongruence who must  
 6 suffer emotionally while being told they must  
 7 tolerate the presence of an opposite sex individual  
 8 in a sexually segregated space and embrace the  
 9 regulation which gives the gender incongruent person  
 10 special privileges as if it were based on civil  
 11 rights founded on immutable biology.  
 12 Did I read that right?  
 13 A Yes.  
 14 MR. CORRIGAN: Let me -- can I interrupt  
 15 for a second?  
 16 MR. BLOCK: Yeah.  
 17 MR. CORRIGAN: He's not going to offer  
 18 that opinion. I can tell you that in this case he's  
 19 not going to offer that opinion. I know it's in his  
 20 thing, and you can ask him about it, but he's not  
 21 going to offer that opinion at trial.  
 22 MR. BLOCK: Okay.

124

1 BY MR. BLOCK:  
 2 Q I'd still like to ask you a few questions.  
 3 So the harm that you're talking about there is not  
 4 harm limited to the possibility of exposure to  
 5 nudity; is that right?  
 6 A It is primarily harm due to exposure to  
 7 nudity, and that is just a general survey of asking  
 8 any adolescent males and females in a social  
 9 discussion, how would you feel if a naked person of  
 10 the opposite sex entered your locker room naked and  
 11 while you were naked? Would that bring you a zone  
 12 of comfort, would you grade it as neither one way or  
 13 the other or fantastically wonderful, can't wait  
 14 until it happens, or I wouldn't want that to happen?  
 15 And it's pretty much universal, I wouldn't want that  
 16 to happen.  
 17 That's just a nonscientific study. There  
 18 is no -- I am not aware -- I would just assume that  
 19 the standards that we have set up legally in  
 20 sexually segregated spaces is there for a reason for  
 21 privacy. And whoever has done any sociologic  
 22 studies of that -- we could go back. I am not aware

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

125

1 of those studies. At this point in time it has been  
 2 essentially what I would refer to as common sense.  
 3 Q So but talking about a restroom in  
 4 particular, not someone walking in naked into a  
 5 locker room, talking specifically about a restroom,  
 6 is it your opinion that there is harm to a  
 7 non-transgender person in having to tolerate the  
 8 presence of a transgender person in the restroom  
 9 even if there is no exposure to nudity?  
 10 A I have -- I'm not aware of any study that  
 11 says that. Outside of a courtroom if you ask my  
 12 opinion, exposure to -- if you're in a restroom  
 13 standing in front of a urinal and you have your  
 14 pants down around your ankles, and you've inserted a  
 15 device through which you can direct urine from your  
 16 vagina into the urinal, I think that would probably  
 17 cause some people to take notice, but there's no  
 18 study. I'm not aware of any study.  
 19 Q How about if someone uses a stall?  
 20 A What happens in a stall if it's got  
 21 floor-to-ceiling --  
 22 MR. CORRIGAN: Object to form.

126

1 Go ahead.  
 2 A If it's in privacy, I can't tell you.  
 3 BY MR. BLOCK:  
 4 Q So in that situation there would be no  
 5 harm to the non-transgender student?  
 6 MR. CORRIGAN: Object to form.  
 7 A I cannot say that.  
 8 BY MR. BLOCK:  
 9 Q So you don't know whether it would be  
 10 harmful?  
 11 A I do not know whether it would be harmful.  
 12 Q You say special privileges, as if they  
 13 were based on a civil right founded on immutable  
 14 biology. Do you think that civil rights should be  
 15 based only on immutable biology?  
 16 MR. CORRIGAN: Object to form, legal  
 17 conclusion.  
 18 Go ahead.  
 19 A So I think in terms of things like  
 20 religious faith, that is something that is not  
 21 immutable biology, and I think that intolerance of  
 22 religious faith becomes an issue of the right of

127

1 expression and -- personal right of expression.  
 2 I don't feel that something that is  
 3 furthering a detrimental mental health issue is a  
 4 civil right, especially when it is advertised as if  
 5 it is immutable biology and it's based on that that  
 6 we can treat that person as if that were a biologic  
 7 race or a biologic sex, which it is not.  
 8 BY MR. BLOCK:  
 9 Q Do you have a medical basis for an opinion  
 10 on what traits should be protected by civil rights  
 11 laws and which ones shouldn't?  
 12 MR. CORRIGAN: Object to the form. That's  
 13 why he's not giving the opinion.  
 14 Go ahead.  
 15 A Yeah, I mean, my personal opinion here in  
 16 this deposition is I would think that race and  
 17 gender -- and biologic sex are immutable and should  
 18 be considered to allow people to have specific  
 19 rights or not be denied rights.  
 20 BY MR. BLOCK:  
 21 Q So if the person using the boys' restroom  
 22 is a transgender teenage girl who has been having

128

1 affirming hormone therapy since before -- had  
 2 puberty blockers and affirming therapy and has fully  
 3 developed breasts, do you think that it is harmful  
 4 to the non-transgender boy to tolerate the presence  
 5 of her in the restroom?  
 6 MR. CORRIGAN: Object to form.  
 7 Go ahead.  
 8 A I cannot say that that person would be  
 9 harmed. It depends on the individual.  
 10 BY MR. BLOCK:  
 11 Q So what about the -- what about the  
 12 transgender girl who has been receiving affirming  
 13 hormone therapy, is changing in the school locker  
 14 room, do you think that's harmful to the  
 15 non-transgender boys in the locker room with her?  
 16 MR. CORRIGAN: Object to form. We're not  
 17 here to talk about locker rooms. He'll answer the  
 18 question.  
 19 Go ahead.  
 20 A I would personally assume that there would  
 21 be a level of discomfort of having opposite sex  
 22 nudity in the same locker room.



Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">129</p> <p><b>1 BY MR. BLOCK:</b></p> <p>2 Q But their chromosomal sex is the same, so</p> <p>3 if the opposite sex nudity is solely as a result of</p> <p>4 hormone therapy, then is your answer the same?</p> <p>5 MR. CORRIGAN: Same objection.</p> <p>6 Go ahead.</p> <p>7 <b>A Yes, it would be.</b></p> <p><b>8 BY MR. BLOCK:</b></p> <p>9 Q So what -- so it would be -- it would be</p> <p>10 better -- just to clarify that question and answer,</p> <p>11 so it would be uncomfortable for a non-transgender</p> <p>12 boy to be in a locker room with a transgender girl,</p> <p>13 meaning someone who is assigned male at birth but</p> <p>14 has fully developed breasts as a result of hormone</p> <p>15 therapy?</p> <p>16 <b>A That would be --</b></p> <p>17 MR. CORRIGAN: Object to form.</p> <p>18 Go ahead.</p> <p>19 <b>A That would be uncomfortable in my opinion.</b></p> <p><b>20 BY MR. BLOCK:</b></p> <p>21 Q And do you have an opinion on whether it</p> <p>22 would be harmful?</p>	<p style="text-align: right;">131</p> <p><b>1 their private space. So a gender-neutral changing</b></p> <p><b>2 space, if you will.</b></p> <p><b>3 BY MR. BLOCK:</b></p> <p>4 Q But the person who has to use that space</p> <p>5 would be the transgender girl, not the</p> <p>6 non-transgender boys; is that right?</p> <p>7 <b>A It would be available for anybody.</b></p> <p>8 Q And it would be better if she used that</p> <p>9 separate facility?</p> <p>10 MR. CORRIGAN: Object to form.</p> <p>11 Go ahead.</p> <p>12 <b>A It would be better if she used that</b></p> <p><b>13 facility because of privacy of other individuals.</b></p> <p><b>14 There are also biologic males who feel very</b></p> <p><b>15 self-conscious about their physical appearance who</b></p> <p><b>16 would like to have a gender-neutral space where they</b></p> <p><b>17 are completely private where they don't have to</b></p> <p><b>18 disrobe in front of anybody of either sex because of</b></p> <p><b>19 how they feel about themselves. Adolescent boys who</b></p> <p><b>20 have a small amount of breast development are very,</b></p> <p><b>21 very sensitive about that and often very</b></p> <p><b>22 embarrassed, and if they were -- if the school would</b></p>
<p style="text-align: right;">130</p> <p><b>1 A I cannot opine on that. I think there</b></p> <p><b>2 would be uncomfortableness. I don't -- it depends</b></p> <p><b>3 on the individual.</b></p> <p>4 <b>I would imagine in the scheme of things</b></p> <p><b>5 for a biologic male who has very large breasts that</b></p> <p><b>6 have been induced by hormone therapy, that that</b></p> <p><b>7 would cause people to notice, comment, to not be</b></p> <p><b>8 comfortable, to try to figure out what's going on,</b></p> <p><b>9 and that they might think that they would -- they</b></p> <p><b>10 definitely would be uncomfortable. I don't know if</b></p> <p><b>11 it causes mental harm. I'm not a mental health</b></p> <p><b>12 practitioner.</b></p> <p>13 Q Do you have a medical opinion on whether</p> <p>14 that transgender girl with breasts who was assigned</p> <p>15 male sex at birth should be using the boys' locker</p> <p>16 room or a separate facility by herself?</p> <p>17 MR. CORRIGAN: Object to form.</p> <p>18 Go ahead.</p> <p>19 <b>A I think that for the sake of all parties</b></p> <p><b>20 that there needs to be a private space for that</b></p> <p><b>21 person to disrobe where they are comfortable in a</b></p> <p><b>22 private space and other people are comfortable in</b></p>	<p style="text-align: right;">132</p> <p><b>1 provide a neutral space for that person to disrobe,</b></p> <p><b>2 shower, and redress, there would be benefit to both</b></p> <p><b>3 parties.</b></p> <p><b>4 BY MR. BLOCK:</b></p> <p>5 Q How about the presence of a</p> <p>6 non-transgender boy who is gay in the male locker</p> <p>7 room --</p> <p>8 MR. CORRIGAN: Object to form.</p> <p>9 BY MR. BLOCK:</p> <p>10 Q -- would that create harm to other boys</p> <p>11 who have to tolerate his presence?</p> <p>12 MR. CORRIGAN: We're far afield from the</p> <p>13 designation.</p> <p>14 Go ahead.</p> <p>15 <b>A No, I don't see that would. If that gay</b></p> <p><b>16 boy were uncomfortable, I would like to have that</b></p> <p><b>17 gay boy have a place to go where he is comfortable.</b></p> <p><b>18 So if there were a private space for him to disrobe,</b></p> <p><b>19 shower, and dress, that should be made available.</b></p> <p><b>20 BY MR. BLOCK:</b></p> <p>21 Q But if he prefers to shower and disrobe in</p> <p>22 the same locker room that everyone else showers and</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

133

1 disrobe, you don't have any opinion that he  
2 shouldn't be allowed to do that?  
3 MR. CORRIGAN: Object to form.  
4 **A There should be no reason why he should**  
5 **not be able to. He should be able to use that male**  
6 **locker facility.**  
7 MR. BLOCK: This is an okay place for me  
8 to take a break if it's okay with you. I can also  
9 keep going if that's what you prefer.  
10 MR. CORRIGAN: I'm always up for a break.  
11 Any ideas on how long we'll be doing this?  
12 MR. BLOCK: A couple hours.  
13 MR. CORRIGAN: Okay. We'll take a break.  
14 MR. BLOCK: Sorry, what?  
15 MR. CORRIGAN: We'll take a break.  
16 MR. BLOCK: Okay. So how about see you at  
17 10 minutes?  
18 MR. CORRIGAN: Sure. Are you going to  
19 have lunch, or what are you going to do about that?  
20 MR. BLOCK: We'll have a longer break for  
21 lunch then, so come back at 1:30.  
22 MR. CORRIGAN: That's fine. That should

134

1 be fine.  
2 (Recess 1:02-1:39 p.m.)  
3 BY MR. BLOCK:  
4 Q Good afternoon, Dr. Van Meter.  
5 You're a fellow with the American College  
6 of Pediatricians; is that right?  
7 **A Yes.**  
8 Q And you've been a fellow since 2007,  
9 correct?  
10 **A That is correct.**  
11 Q Did you have any role at the American  
12 College of Pediatricians before 2007?  
13 **A No.**  
14 Q How did you first come into contact with  
15 the American College of Pediatricians?  
16 **A The inaugural president was a personal**  
17 **friend of mine. He encouraged me to join the**  
18 **organization because it had very specific benefits**  
19 **for children's health that were somewhat different**  
20 **and more appropriate than the other major pediatric**  
21 **professional organization, the American Academy of**  
22 **Pediatrics.**

135

1 Q Did he identify any particular  
2 recommendations or positions that were more  
3 appropriate than the recommendations of the American  
4 Academy of Pediatrics?  
5 **A Well, the American Academy of Pediatrics,**  
6 **I was a member during my residency and joined in**  
7 **1976, was very active in local chapters, I was a**  
8 **chapter chairman for the Uniformed Services West,**  
9 **was the legislative committee director for the**  
10 **Georgia chapter. I am still a member of the Georgia**  
11 **chapter of the AAP because an awful lot of what they**  
12 **do has a lot of benefit for children and also looks**  
13 **after the ability for pediatricians to be able to**  
14 **practice quality medicine.**  
15 Q So what made him think that you had a need  
16 for looking at an organization with different policy  
17 recommendations?  
18 **A The American College guidelines on a**  
19 **number of subjects are essentially based on what is**  
20 **purely the published science, and it's devoid of**  
21 **political flavor. It basically says we're going to**  
22 **be taking care of the needs of children, not the**

136

1 **wants of the adults. The American Academy had been**  
2 **leaning toward paying more attention to the wants of**  
3 **the adults in a number of areas.**  
4 **I put together in 1994-1995, I believe,**  
5 **what I sort of thought of as a children's Bill of**  
6 **Rights for healthcare for the state of Georgia, and**  
7 **we passed it through the House and the Senate**  
8 **chambers in the Georgia legislature but not in the**  
9 **same year because of the way the legislature ran,**  
10 **and we were unable to get both houses to approve of**  
11 **it and get it to the Governor's desk for signature.**  
12 **We brought that document from Georgia to the**  
13 **national AAP, where it was essentially devoured by**  
14 **politics and thrown away.**  
15 **And that was the beginning of my sense**  
16 **that the American Academy of Pediatrics and its very**  
17 **small executive group of district chairmen was not**  
18 **speaking for pediatricians, and certainly not**  
19 **speaking in some very important areas about the**  
20 **welfare of kids.**  
21 **So Joe Zanga knew that. Joe Zanga was**  
22 **actually the president of the American Academy of**

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

137	<p>1 Pediatrics at the time that that resolution came to 2 the floor and was shouted down, and he just was 3 flabbergasted. 4 And I think that he knew how I felt about 5 that, so he asked me if I wanted to consider joining 6 another professional organization that was going to 7 be free from the political needs of the adults in 8 the room and essentially took care of the 9 biologically and scientifically proven needs of 10 children, and that's basically the motto of the 11 American College of Pediatricians is "Best for 12 Children," and that's -- everything we do is through 13 that filter. 14 Q So after 2007, were there any specific 15 policies of the American Academy of Pediatrics that 16 you disagreed with? 17 A There were issues of demeaning the value 18 of heterosexual parents adopting children versus 19 same-sex parents adopting children. They came out 20 with a policy statement which was really, really 21 unfortunately very poorly written and very badly 22 documented in the technical support documents which</p>	139	<p>1 of females, and then they quickly withdrew that, and 2 they were just following the political winds. 3 That's not good for any professional organization to 4 do flip-flops and make policy statements that are 5 embarrassing and clearly not based on science. 6 So that's why I finally relinquished my 7 membership in the American Academy. I held on as 8 long as I could to the national organization. The 9 Georgia chapter has its own unique ability to help 10 kids in Georgia deal with Medicaid issues and access 11 to care, things that are near and dear to all of our 12 hearts here as practitioners in the state of 13 Georgia. They're very effective, and they are 14 highly respected in our legislature, so I've 15 maintained my membership with them. 16 Q So you've been on the board of directors 17 since 2008, right? 18 A Yes. 19 Q When did you become vice president? 20 A Two and a half years ago. 21 Q And when did you become president? 22 A It was earlier than anticipated because we</p>
138	<p>1 favored -- at least favored, if not suggested, that 2 same-sex parenting was probably more beneficial than 3 heterosexual biologic parenting, and certainly more 4 than heterosexual families adopting children. That 5 was -- that was a statement that was very hard to 6 justify because it wasn't based on science. 7 So that was one issue, but that actually 8 happened before I even joined the College. I was 9 still -- I had a bad feeling about the American 10 Academy based on their rejection of our children's 11 Bill of Rights, which had broad political spectrum 12 support from both sides of the political aisle, 13 which was trashed. 14 And I thought knowing how the -- how those 15 things happen, how policies are made and how little 16 of the membership has input -- at no time as a 17 general member was I asked to give any input or 18 review policy statements that were being adopted by 19 the American Academy of Pediatrics. 20 They specifically condemned circumcision, 21 and then they turned around and then reapproved 22 circumcision, then they approved genital mutilation</p>	140	<p>1 restructured and developed the position of executive 2 director, and the current president was elevated to 3 that position as a paid employee, and so as vice 4 president, I assumed the presidency on the 1st of 5 July of 2018. 6 Q When was the American College of 7 Pediatricians formed? 8 A I believe it was 2002. 9 Q Why did it form? 10 A Dr. Zanga was very upset about the issue 11 before the recommendation in regard to the 12 condemning or belittling the benefits of 13 heterosexual parenting, which sociologic research 14 had shown was solid and beneficial to children. The 15 Academy refused to recognize that, and so that was 16 the turning point for, I guess, a nucleus of people 17 who decided that they wanted an organization that 18 actually, again, forgot the needs and political 19 wants of adults and looked after what is best for 20 children. 21 Q By belittling heterosexual parenting, you 22 mean that the American Academy of Pediatrics said</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">141</p> <p>1 that parenting by same-sex couples is not harmful to 2 children? 3 <b>A No, that's not -- they said that, but they</b> 4 <b>also essentially inferred that it was possibly</b> 5 <b>better than for heterosexual parenting. That's just</b> 6 <b>stepping across the line without any scientific</b> 7 <b>evidence at all.</b> 8 <b>What it did is it forced individuals to</b> 9 <b>critically go back through, and there was one</b> 10 <b>particular individual who went through every single</b> 11 <b>reference on the technical support paper for that</b> 12 <b>and found it completely full of holes,</b> 13 <b>misrepresenting science.</b> 14 <b>And, again, it was an agenda that seemed</b> 15 <b>to be pushed through by a very small nucleus of</b> 16 <b>individuals, perhaps 35 people at that time were</b> 17 <b>speaking for 60,000 members who were in the American</b> 18 <b>Academy of Pediatrics at the time as members. And I</b> 19 <b>was one at that time, and I never -- I never saw</b> 20 <b>anything published, it wasn't placed in any place</b> 21 <b>for review or discussion, it just happened, and so</b> 22 <b>that's -- that was the turning point.</b></p>	<p style="text-align: right;">143</p> <p>1 take a position defending a Florida law that 2 prohibited same-sex couples from adopting under any 3 circumstance? 4 MR. CORRIGAN: Let me interject here. Why 5 are we talking about this? How does this have 6 anything whatsoever to do with our case? 7 MR. BLOCK: He's the president of this 8 organization. 9 MR. CORRIGAN: But what does that have to 10 do with anything? I don't see how -- we're here 11 talking about transgender individuals, and we're 12 talking about restroom use, and that's what our case 13 is about, and this talking about whether or not the 14 organization that he's the president of filed a 15 brief in a case dealing with whether same-sex 16 couples can adopt children has nothing to do with 17 that. 18 I think -- I think we're wasting time, I 19 don't think there's anything related to the case, it 20 has nothing to do with anything in his report, 21 there's just no basis for it, Josh. And if you have 22 some basis for it, then please tell me.</p>
<p style="text-align: right;">142</p> <p>1 Q Did Dr. Zanga believe that same-sex 2 couples should be allowed to legally adopt? 3 <b>A Yes.</b> 4 Q He did believe it should be legal? 5 <b>A Yes.</b> 6 Q Isn't it true that the American College of 7 Pediatricians filed a legal brief supporting 8 Florida's law prohibiting same-sex couples from 9 adopting? 10 <b>A The problem is that there is subsequent</b> 11 <b>research that has been out that's -- that shows that</b> 12 <b>there are detrimental effects of that, and that if</b> 13 <b>there is a detrimental effect it should be explained</b> 14 <b>and not accepted as a -- an unharmful beneficial</b> 15 <b>thing when there is actual harm that happens.</b> 16 <b>So if there is a circumstance where there</b> 17 <b>is no other place for a child to go and</b> 18 <b>circumstances are that -- are as such that a</b> 19 <b>same-sex couple can adopt a child, but do not</b> 20 <b>advertise it as equal to or better than a</b> 21 <b>heterosexual couple.</b> 22 Q Did the American College of Pediatricians</p>	<p style="text-align: right;">144</p> <p>1 MR. BLOCK: He's saying that this 2 organization has standards of care for treating 3 people with gender dysphoria that are better than 4 the American Academy of Pediatrics, they use this as 5 a reputable organization, more reputable than the 6 American Academy of Pediatrics. This is completely 7 fair game. 8 MR. CORRIGAN: But those things have 9 nothing to do with each other. 10 MR. BLOCK: David, if you want to -- this 11 is totally fair game. I'm going to be asking these 12 questions. You can object to their relevance. 13 MR. CORRIGAN: I think this deposition is 14 going off track to talk about things unrelated to 15 this case for a purpose having nothing to do with 16 this case, and I don't want that to happen, I don't 17 think it should happen. I don't think -- this would 18 not be legitimate cross-examination at trial. 19 There's zero chance a judge would say, let's talk 20 about the position of the American College on 21 whether or not same-sex couples can adopt. I just 22 can't imagine that's admissible testimony or ever</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

145	1 could be in this case. 2 MR. BLOCK: It goes to bias, and we're 3 allowed to develop a record on that. 4 MR. CORRIGAN: But what is the bias that 5 it goes to? 6 MR. BLOCK: Well, why don't you wait until 7 we finish asking questions about their positions, 8 and I think it will be shown. 9 MR. CORRIGAN: If you want to get to 10 questions that have anything to do with our case and 11 bias, that's fine. I don't think this bias has 12 anything to do with bias in our case. 13 So -- so let's make sure we're clear 14 because I'm -- at some point I'm going to instruct 15 him not to answer, and we're going to have to take 16 it to the judge, so you may want to be really 17 careful about how long you spend on things having 18 nothing to do with our case because I'm not going to 19 sit here and just have this deposition be about 20 thing that are unrelated to our case. I've been 21 very patient, and now you're crossing over. 22 BY MR. BLOCK:	147	1 A I do. 2 Q Do you recognize what this document is? 3 A It is, I believe, from the website, 4 College website. 5 Q It's on the part of the website that says 6 About Us; is that right? 7 A That's correct. 8 Q Would you turn to -- go down to Core 9 Values of the College. You see that. Yes? 10 A Yes. 11 Q Number 2 says: Recognizes that good 12 medical science cannot exist in a moral vacuum. 13 What does -- what do you mean by that? 14 A It means that ethics play an incredible 15 role in the practice of medicine and the application 16 of science to medicine. 17 Q So when it says that science cannot exist 18 in a moral vacuum, is the Academy -- the College's 19 position on care for transgender people based on a 20 moral principle? 21 A It's based on a scientific principle. 22 It's based on an ethical principle to do no harm,
146	1 Q So is it true that Joseph Zanga 2 characterized -- is it true that Zanga described the 3 organization as one with the Judeo-Christian 4 traditional values? 5 A That might be his opinion. There is 6 nothing in its charter that is based on any tenet of 7 religious faith. No particular faith is required 8 for membership. That is not a question that is 9 asked afore of members as they apply. The 10 membership criteria is Board-certification in 11 pediatrics. It does not require that you be a 12 person of faith of any strife or person without any 13 particular religious faith, any political strife, 14 without any sexual orientation, without -- there is 15 no -- that's not part of what makes up the 16 organization. 17 Q Let's go to Exhibit 4. 18 (Off-the-record discussion.) 19 (Exhibit 4 was marked for identification 20 and is attached to the transcript.) 21 BY MR. BLOCK: 22 Q Do you have that document in front of you?	148	1 yes. 2 Q So what -- just if you can explain the 3 relationship between science and the moral 4 principles. How -- are there ever situations where 5 the two come into conflict? 6 A Well, I think that there is an issue here 7 in terms of transgenderism of not paying attention 8 or avoiding the reality of solid science to promote 9 a social agenda, and that is -- there is harm as a 10 result of that, and that's not -- that's 11 objectionable in terms of a moral precept. 12 Q But what is the moral background that 13 science is located in when you say "can't exist in a 14 moral vacuum"? 15 A If you do not pay attention to concepts of 16 ethics you will likely do harm to your patients, and 17 that's to be avoided. 18 Q If you turn the page -- so the bottom of 19 this page says history. If you turn the page it 20 appears under history where it says -- if you look 21 to the third line down, third sentence, it says: 22 The College bases its policies and positions upon

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

149	<p>1 scientific truths within a framework of ethical</p> <p>2 absolutes.</p> <p>3       What ethical absolutes does this refer to?</p> <p>4     <b>A This refers to sort of the Hippocratic</b></p> <p>5 <b>oath, if you will, again keeping to the basic</b></p> <p>6 <b>principles we all swear to when we accept our</b></p> <p>7 <b>medical degree of doing no harm to patients, not</b></p> <p>8 <b>ending life, the Hippocratic principles, but</b></p> <p>9 <b>overall, above all do no harm.</b></p> <p>10    Q Let's look at -- so this'll be -- this is</p> <p>11 Exhibit 5.</p> <p>12       (Exhibit 5 was marked for identification</p> <p>13 and is attached to the transcript.)</p> <p>14 BY MR. BLOCK:</p> <p>15    Q Do you recognize this document?</p> <p>16    <b>A I do.</b></p> <p>17    Q Sorry, do you have the document in front</p> <p>18 of you?</p> <p>19    <b>A I do.</b></p> <p>20    Q Okay. Do you recognize this document?</p> <p>21    <b>A I do.</b></p> <p>22    Q Okay. The title of the document is Gender</p>	151	<p>1     <b>A It should not -- yeah, they should</b></p> <p>2 <b>discourage it.</b></p> <p>3     Q Do you think that a school is acting in</p> <p>4 the best interest of a child by calling the child by</p> <p>5 pronouns that are different than the sex assigned to</p> <p>6 them at first?</p> <p>7     <b>A We don't feel that that is appropriate or</b></p> <p>8 <b>beneficial to the child.</b></p> <p>9     Q So you think it's harmful to the child?</p> <p>10    <b>A Yes.</b></p> <p>11    Q And by agreeing to use the child's --</p> <p>12 changing a child's new name as consistent with their</p> <p>13 gender identity, you think that's harmful to the</p> <p>14 child also, right?</p> <p>15    <b>A Yes.</b></p> <p>16    Q And go to -- are you aware -- are you</p> <p>17 aware about what Gloucester County School Board's</p> <p>18 policies are with respect to what pronouns it uses</p> <p>19 to refer to transgender children?</p> <p>20    <b>A I was aware in this particular case that</b></p> <p>21 <b>they allowed this patient to assume a new name and</b></p> <p>22 <b>new pronouns.</b></p>
150	<p>1 Ideology Harms Children, correct?</p> <p>2     <b>A That is correct.</b></p> <p>3     Q And if you turn the page, there are --</p> <p>4 there's three authors it's attributed to, and one of</p> <p>5 them is you; is that correct?</p> <p>6     <b>A That's correct.</b></p> <p>7     Q So at the very beginning of the document</p> <p>8 it says: The American College of Pediatricians</p> <p>9 urges healthcare professionals, educators, and</p> <p>10 legislators to reject all policies that condition</p> <p>11 children to accept as normal a life of chemical and</p> <p>12 surgical impersonation of the opposite sex.</p> <p>13       Did I read that right?</p> <p>14    <b>A Yes, you did.</b></p> <p>15    Q So according to this document, schools</p> <p>16 shouldn't be sending a message that gender</p> <p>17 transition is normal, right?</p> <p>18    <b>A That is correct.</b></p> <p>19    Q And schools should be discouraging</p> <p>20 students from transitioning genders, correct?</p> <p>21    <b>A To their -- to their detriment to affirm.</b></p> <p>22    Q So the schools should discourage it?</p>	152	<p>1     Q And you believe that allowing them to do</p> <p>2 so was harmful to him, correct?</p> <p>3     <b>A I do.</b></p> <p>4       MR. CORRIGAN: Just to be clear, he's not</p> <p>5 being offered for those opinions. His only opinions</p> <p>6 where he's being offered for are strictly with</p> <p>7 respect to restroom use, which is the issue in the</p> <p>8 case.</p> <p>9 BY MR. BLOCK:</p> <p>10    Q So is there any basis to conclude that</p> <p>11 using the restroom as opposed to being referred to</p> <p>12 by particular pronouns is uniquely harmful or -- to</p> <p>13 a transgender student?</p> <p>14    <b>A It is part of the process of affirming</b></p> <p>15 <b>something which at the time is just a gender</b></p> <p>16 <b>confusion, a state of mind, not a biologic reality,</b></p> <p>17 <b>and anything that promotes that is not of benefit to</b></p> <p>18 <b>the child. And --</b></p> <p>19    Q Turn the page to paragraph 8. It says:</p> <p>20 Conditioning children into believing a lifetime of</p> <p>21 chemical and surgical impersonation of the opposite</p> <p>22 sex is normal and helpful is child abuse.</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

153	1 Did I read that right? 2 <b>A You did.</b> 3 Q So when I referenced the term "child 4 abuse" before you said it was a flashy term. Am I 5 accurately characterizing your testimony? 6 <b>A Yes.</b> 7 Q So why do you use that term here in this 8 paragraph? 9 <b>A Primarily for emphasis.</b> 10 Q The next sentence says: Endorsing gender 11 discordance as normal via public education and legal 12 policies will confuse children and parents, leading 13 more children to present to, quote, gender clinics, 14 unquote, where they will be given puberty-blocking 15 drugs. This, in turn, virtually ensures they will, 16 quote, choose a lifetime of carcinogenic and 17 otherwise toxic cross-sex hormones, and likely 18 consider unnecessary surgical mutilation of their 19 healthy body parts as young adults. 20 Did I read that right? 21 <b>A You did.</b> 22 Q So is one of the harms in allowing a	155	1 <b>ideology that is programming the child to be</b> 2 <b>confused and upset. And there are certainly</b> 3 <b>clinical cases where that's happened, and the</b> 4 <b>parents have brought legal action against school</b> 5 <b>systems.</b> 6 Q Let's look at the last -- the very end of 7 the statement. So this is after the clarification 8 at the bottom of the paragraph, the bottom line is 9 the final sentence says: For this reason, the 10 College maintains it is abusive to promote this 11 ideology, first and foremost for the well-being of 12 the gender dysphoric children themselves, and 13 secondly, for all of their non-gender-discordant 14 peers, many of whom will subsequently question their 15 own gender identity, and face violations of their 16 rights to bodily privacy and safety. 17 Did I read that right? 18 <b>A You did.</b> 19 Q What do you mean by it will cause many of 20 their non-gender-discordant peers to question their 21 own gender identity? 22 <b>A Well, there is a phenomenon with the</b>
154	1 transgender student to change pronouns and names and 2 restroom usage consistent with their identity that 3 it will confuse non-transgender students as well? 4 <b>A It is confusing to non-transgender</b> 5 <b>students because they do not understand, especially</b> 6 <b>at young ages, what is -- is happening to their</b> 7 <b>classmates, or they are in a state of mind with</b> 8 <b>Erikson's basic premise of being very concrete</b> 9 <b>thinkers, and they think a five-year-old child is</b> 10 <b>essentially, from what I've read, not being an</b> 11 <b>expert in the field of mental health, but what the</b> 12 <b>experts say, a five-year-old believes that if a man</b> 13 <b>leaves a room and comes back in dressed as a woman</b> 14 <b>and wearing women's makeup, to appear to be a woman,</b> 15 <b>that that man has changed into a woman. That's the</b> 16 <b>level of psychological assessment at that age.</b> 17 <b>By age seven there is an ability for a</b> 18 <b>child to recognize that perhaps that is just a</b> 19 <b>costume and not a real person of the opposite sex.</b> 20 <b>So if you were, at the elementary school</b> 21 <b>age, promoting aggressively that gender is whatever</b> 22 <b>you want it to be, you are basically bringing in an</b>	156	1 <b>advent of social media where the incidence of gender</b> 2 <b>identity issues has exponentially -- has</b> 3 <b>geometrically increased, and the ratio has flipped</b> 4 <b>from two-to-one male to female to two-to-one female</b> 5 <b>to male. It's a social contagion phenomenon amongst</b> 6 <b>kids who are coming together as groups and deciding</b> 7 <b>that they are transgender and would like to have</b> 8 <b>their surgeries done together and travel to the</b> 9 <b>identity of the opposite sex.</b> 10 <b>These kids are coming out of the woodwork</b> 11 <b>literally in larger and larger numbers as a social</b> 12 <b>contagion phenomenon. Society itself, it's not that</b> 13 <b>it's just more acceptable. It exceeds that kind of</b> 14 <b>mathematical computation. So it is -- it is a</b> 15 <b>contagion that's happened, and it's certainly</b> 16 <b>promoted by Internet.</b> 17 Q So if the school affirms the gender 18 identity of the transgender student, that 19 transgender student could spark a social contagion 20 that causes other students to say they're 21 transgender too? 22 <b>A Absolutely. It has happened, and it's</b>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

157	<p>1 <b>documented.</b></p> <p>2 Q So by not allowing the transgender student</p> <p>3 to use the same restrooms as cisgendered students</p> <p>4 with their gender identity, the school is stopping</p> <p>5 the spread of a social contagion; is that right?</p> <p>6 MR. CORRIGAN: Object to the form of the</p> <p>7 question. The witness is not being called in this</p> <p>8 case to discuss these very issues; he's not speaking</p> <p>9 on behalf of the school board.</p> <p>10 Go ahead.</p> <p>11 <b>A I have no proof to say that not allowing</b></p> <p>12 <b>use in a bathroom would make that difference.</b></p> <p>13 <b>Again, there is no study I'm aware of that says</b></p> <p>14 <b>using the gender-identified non-biologic sex</b></p> <p>15 <b>bathroom has any benefit or any detriment to the</b></p> <p>16 <b>long-term outcome of a patient. Those studies have</b></p> <p>17 <b>not been done.</b></p> <p>18 <b>BY MR. BLOCK:</b></p> <p>19 Q So my question is that you believe that if</p> <p>20 a transgender student is affirmed and allowed to use</p> <p>21 the bathroom consistent with their identity, then</p> <p>22 that is more likely to cause other students to think</p>	159	<p>1 <b>A I did.</b></p> <p>2 Q Did you read this article when it came</p> <p>3 out?</p> <p>4 <b>A Yeah, I saw it after it came out.</b></p> <p>5 Q Was there anything in the article that you</p> <p>6 thought was inaccurate or mischaracterized your</p> <p>7 views?</p> <p>8 <b>A I had some questions about sort of</b></p> <p>9 <b>interpretive sentences when I read it. I would have</b></p> <p>10 <b>to read it back through completely to go back</b></p> <p>11 <b>through and pick those out again, but in general the</b></p> <p>12 <b>flavor and the purpose of the article was to -- was</b></p> <p>13 <b>to essentially discuss John Money and his influence</b></p> <p>14 <b>on the sexual health, mental health side of issues</b></p> <p>15 <b>in this country.</b></p> <p>16 Q Sorry, if you give me one second. If you</p> <p>17 turn to page 4 of 6.</p> <p>18 <b>A I have it.</b></p> <p>19 Q So the second paragraph there, it says:</p> <p>20 According to Van Meter, since the transgender</p> <p>21 movement has developed every patient that come to</p> <p>22 him claiming to be in the wrong body, quote, have</p>
158	<p>1 they might be transgender too?</p> <p>2 MR. CORRIGAN: Object to form of the</p> <p>3 question.</p> <p>4 Go ahead.</p> <p>5 <b>A It is theoretically quite possible.</b></p> <p>6 <b>BY MR. BLOCK:</b></p> <p>7 Q So going to Exhibit -- going to jump ahead</p> <p>8 here to Exhibit -- I think this is 8.</p> <p>9 (Exhibit 8 was marked for identification</p> <p>10 and is attached to the transcript.)</p> <p>11 <b>BY MR. BLOCK:</b></p> <p>12 Q Do you have that document in front of you?</p> <p>13 <b>A Almost.</b></p> <p>14 Q Do you have it in front of you now?</p> <p>15 <b>A I do.</b></p> <p>16 Q The title of this article is, Dr. Quentin</p> <p>17 Van Meter: How Faulty Research by a 1950's Sexual</p> <p>18 Revolutionist Guided the Modern Transgender</p> <p>19 Movement; is that right?</p> <p>20 <b>A Yes.</b></p> <p>21 Q And do you recall giving an interview to</p> <p>22 Breitbart for purposes of this article?</p>	160	<p>1 come from a totally dysfunctional family, unquote.</p> <p>2 And just to continue this next paragraph</p> <p>3 says, quote, there's nothing normal about the</p> <p>4 environment where these children are brought up,</p> <p>5 unquote, he said. Quote, there are emotional</p> <p>6 traumas left and right. It's so obvious that what</p> <p>7 we're doing is painting over the trauma, unquote.</p> <p>8 Do those quotes accurately reflect what</p> <p>9 you told the reporter for this article?</p> <p>10 <b>A Yes.</b></p> <p>11 Q So do you think that if someone is</p> <p>12 transgender or thinks they're transgender it's the</p> <p>13 fault of the family?</p> <p>14 MR. CORRIGAN: Object to form.</p> <p>15 <b>A If the child is transgender, they have</b></p> <p>16 <b>chosen this as an answer to relieve them of dealing</b></p> <p>17 <b>with a stress that is in their environment.</b></p> <p>18 <b>Sometimes it's the family, sometimes it's the</b></p> <p>19 <b>extended family or the social environment of the</b></p> <p>20 <b>child.</b></p> <p>21 <b>BY MR. BLOCK:</b></p> <p>22 Q But if someone is transgender, that often</p>



Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

161	<p>1 indicates that they come from a totally 2 dysfunctional family; is that right? 3 <b>A The word "totally" might be a pejorative</b> 4 <b>type of word that was used in the interview. There</b> 5 <b>is always trauma, always emotional trauma, and</b> 6 <b>always a level of dysfunction in the family.</b> 7 <b>Divorce, separation, sexual abuse, death, all those</b> 8 <b>things affect the child.</b> 9 Q You think that is true for all transgender 10 people? 11 <b>A All the transgender patients I have cared</b> 12 <b>for.</b> 13 Q So all 12 -- 14 <b>A Yes.</b> 15 Q -- of them? 16 <b>A Yes.</b> 17 Q How about the one in 1993? 18 <b>A There was a lot of trauma. This was a</b> 19 <b>military family that moved every six to nine months.</b> 20 <b>I did not broach the subject of sexual abuse by any</b> 21 <b>member of the family, siblings or adults, but the</b> 22 <b>child was severely traumatized by the rapidity and</b></p>	163	<p><b>1 on the Internet and the recruitment of patients by</b> 2 <b>websites and blogs, and all that's happening as if</b> 3 <b>they're pulling in the kids unwittingly, most often</b> 4 <b>against their parents' wishes and without their</b> 5 <b>parents' knowledge, and then they are sucked into</b> 6 <b>the ideology, which is very much like a cult.</b> 7 Q You think the American Academy of 8 Pediatrics is recruiting children into a cult? 9 <b>A The American Academy of Pediatrics</b> 10 <b>produced a statement written by one individual</b> 11 <b>promoting this concept, and specifically and most</b> 12 <b>dangerously saying that under no circumstance is</b> 13 <b>there any need for psychological evaluation.</b> 14 <b>That is one individual, the author of that</b> 15 <b>paper, and 35 -- as many as 35, perhaps a little</b> 16 <b>less, of administrative people rubber stamping this</b> 17 <b>as a promotional position of the American Academy of</b> 18 <b>Pediatrics.</b> 19 <b>It is abysmal, it is embarrassing, it is</b> 20 <b>dangerous, and the fact that they say they represent</b> 21 <b>and are supported by all now 67,000 members is</b> 22 <b>entirely and completely untrue.</b></p>
162	<p><b>1 frequency of moves from community to community.</b> 2 Q Last paragraph of this article, which is 3 page 5, it says, quote, this is the recruitment of a 4 cult, unquote, Van Meter said. Quote, it's so 5 scary, and I'm so overwhelmingly worried about the 6 welfare of the population of people 30 years out, 7 unquote. 8 Is that quote accurate -- an accurate 9 reflection of what you told the reporter? 10 <b>A Yes.</b> 11 Q So can you explain what you mean by "this 12 is the recruitment of a cult"? 13 <b>A This is an ideology which is promoted by</b> 14 <b>some to essentially use this as a valid medicalized</b> 15 <b>diagnosis to gather children and to treat them, and</b> 16 <b>their purpose is to see what happens when the</b> 17 <b>treatment is over and make a decision then, just</b> 18 <b>like John Money did some 40 years earlier with an</b> 19 <b>idea that was not based on any known science that --</b> 20 <b>to be beneficial, and then to come out with an</b> 21 <b>experimentation at the other end.</b> 22 <b>The cult aspect of it is what's happening</b></p>	164	<p>1 Q Do you think the author of that paper is 2 recruiting children into a cult? 3 <b>A I don't know the author. I cannot speak</b> 4 <b>to that. I just know that he wrote a paper and a</b> 5 <b>position that's based on really essentially</b> 6 <b>fraudulent -- fraudulent information. He misquotes</b> 7 <b>papers. He ends up saying the papers say one thing</b> 8 <b>to support his point, and when you pull the</b> 9 <b>reference, you find out that it does not support the</b> 10 <b>paper.</b> 11 <b>The article was very carefully critiqued</b> 12 <b>by an independent psychologist in the field of</b> 13 <b>psychology and lesbian gay psychology, and he</b> 14 <b>himself is a pro -- a proponent, an advocate for gay</b> 15 <b>people, and he tore this apart as absolutely abysmal</b> 16 <b>trash.</b> 17 Q So you believe that schools can help kids 18 by discouraging students from being transgender; is 19 that right? 20 MR. CORRIGAN: Object to form of the 21 question. 22 Go ahead.</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">165</p> <p>1 <b>A I believe schools can help kids by making</b> 2 <b>sure that the family is fully aware and that they</b> 3 <b>are aware that there is counseling going on and</b> 4 <b>there's an intervention that the family is involved</b> 5 <b>in, and I think that's as far as schools can go.</b> 6 <b>That's as much as I can say on that subject.</b> 7 <b>BY MR. BLOCK:</b> 8 Q But they shouldn't be sending a message 9 that being transgender is an equally acceptable 10 lifestyle to have? 11 MR. CORRIGAN: Object to form, not 12 designated for this purpose. 13 Go ahead. 14 <b>A Yes, I think that's inappropriate for them</b> 15 <b>to be promoting something which, as Kenneth Zucker</b> 16 <b>said, is not a delusional disorder but is a</b> 17 <b>delusion.</b> 18 <b>BY MR. BLOCK:</b> 19 Q So would one way to send that message be 20 to stigmatize transgender students, would that be a 21 way of sending that message? 22 <b>A No.</b></p>	<p style="text-align: right;">167</p> <p>1 <b>camera, and they basically train you on how to do</b> 2 <b>that appropriately and give you a critique of what</b> 3 <b>you've done in front of a camera or in front of a</b> 4 <b>microphone so that you can improve some of your bad</b> 5 <b>habits.</b> 6 Q Have you read their position statement on 7 transgender identification? 8 <b>A I have not.</b> 9 Q I'd like to turn to Exhibit 6. 10 (Exhibit 6 was marked for identification 11 and is attached to the transcript.) 12 <b>BY MR. BLOCK:</b> 13 Q Do you have that document in front of you? 14 <b>A I do.</b> 15 Q Do you have that document in front of you? 16 <b>A I do.</b> 17 Q Do you recognize the document? 18 <b>A I do.</b> 19 Q It's called, On the Promotion of 20 Homosexuality in Schools; is that right? 21 <b>A That's correct.</b> 22 Q If you look in the right-hand column on</p>
<p style="text-align: right;">166</p> <p>1 MR. CORRIGAN: Object to form, object to 2 foundation. 3 Go ahead. 4 <b>A No.</b> 5 <b>BY MR. BLOCK:</b> 6 Q So what are the ways they can send that 7 message that transgender students have a delusion? 8 <b>A They could deal with the student</b> 9 <b>themselves and make sure the student is in the care</b> 10 <b>of a mental health provider.</b> 11 Q I want to turn to -- actually, you said 12 before you're familiar with the Christian Medical 13 and Dental Association; is that right? 14 <b>A Yes.</b> 15 Q How are you familiar with them? 16 <b>A I took -- A, I know they exist. I'm not a</b> 17 <b>member. I took a course from them on preparation</b> 18 <b>for speaking to the media. It's a generic course</b> 19 <b>that teaches you how to be interviewed, how to</b> 20 <b>respond most effectively to questions so that the --</b> 21 <b>your interview can be used more appropriately, to</b> 22 <b>not do run-on sentences, to not mumble, to face the</b></p>	<p style="text-align: right;">168</p> <p>1 the fourth checkmark down it says: The homosexual 2 lifestyle carries grave health risks; is that right? 3 <b>A Yes.</b> 4 MR. CORRIGAN: Let me interject here. 5 This is something having to do with homosexuality in 6 schools. To my knowledge our case has nothing to do 7 with homosexuality in schools, okay? This is about 8 transgender bathroom -- transgender restroom use. I 9 don't see how this is in any way related, relevant, 10 has any significance whatsoever, so I object to any 11 questions regarding this. 12 MR. BLOCK: It goes to the credibility of 13 his opinion and whether or not it represents medical 14 mainstream. 15 MR. CORRIGAN: His opinion is that there's 16 no science to support the notion that using a 17 restroom of any description has any effect on a 18 transgender youth. I don't see how that opinion is 19 in any way influenced by whether or not this 20 American College has a paper on a promotion of 21 homosexuality in schools. Just completely 22 unrelated, not admissible, never going to be part of</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

169	1 our case. 2 Go ahead. 3 MR. BLOCK: You're proffering him as an 4 expert on what the mainstream medical view is, and 5 this goes to his views being outside the mainstream 6 and being based on ideology and not based on 7 science. 8 MR. CORRIGAN: I am not offering him as an 9 expert on what the mainstream view of anything is. 10 I'm just telling you that his opinion is, based on 11 his review of the literature and et cetera, that 12 there is no scientific basis, medical basis, 13 psychological or other basis for anyone saying that 14 using a particular restroom has any effect on that 15 person one way or the other. 16 That's what our case is about, and that's 17 what he's going to testify to. He's not going to 18 talk about any of this, and this has nothing to do 19 with our case. 20 MR. BLOCK: But we can explore bias, and 21 we can explore the ability to draw valid conclusions 22 from reviews of evidence.	171	1 MR. BLOCK: You can't put forth an expert 2 and not allow me to build a record exploring bias. 3 MR. CORRIGAN: But again, the bias has to 4 be somehow related to the case. You can't just talk 5 about what kind of bias he may have that has nothing 6 to do with the case. 7 MR. BLOCK: If you want to take it to the 8 judge and explain why I shouldn't be able to ask him 9 about a document from this organization that is On 10 the Promotion of Homosexuality in Schools, you're 11 welcome to put that issue before the judge. 12 MR. CORRIGAN: Okay, I will. 13 MR. BLOCK: Excellent. So you're 14 instructing him not to answer any questions on, On 15 the Promotion of Homosexuality in the Schools? 16 MR. CORRIGAN: I'm instructing you to ask 17 a question that has something to do with our case. 18 If it's related to this document, I'm not going to 19 object to it, but if it has nothing to do with our 20 case I'm going to continue to object to you asking 21 questions about topics unrelated to the issues in 22 our case.
170	1 MR. CORRIGAN: If they have anything to do 2 with the case that would be true, but when they have 3 nothing to do with the case, they're just -- it's 4 totally irrelevant, totally tangential, totally 5 collateral, and has nothing to do with the case. So 6 I just don't see the benefit of talking about these 7 types of things. 8 MR. BLOCK: Bias is always relevant and 9 not collateral. 10 MR. CORRIGAN: What's relevant? 11 MR. BLOCK: Bias. 12 MR. CORRIGAN: What's the bias? Our case 13 is about transgender, it's not about homosexual. 14 You're confusing two concepts. 15 MR. BLOCK: That he has opinions about 16 homosexuality and gender identity that are based not 17 on science but based on ideology or moral bias. 18 MR. CORRIGAN: But homosexual is not p 19 of our case, and you're asking questions about 20 homosexual. I just don't see how it has anything to 21 do with -- it's like saying the arm and the pancreas 22 are two parts of the body.	172	1 MR. BLOCK: You can object all you want. 2 I'm -- but my question -- I'm going to continue 3 asking questions. 4 MR. CORRIGAN: Ask your next question. 5 BY MR. BLOCK: 6 Q So let's look at the second sentence of 7 the bolded at the top, which is a sentence that is 8 very similar to a view that you express in this 9 case. It says, quote, these organizations recommend 10 promoting homosexuality as a normal, immutable trait 11 that should be validated during childhood as early 12 as kindergarten. 13 So you disagree -- just as you disagree 14 with being transgender as being promoted as a 15 normal, immutable trait, you also disagree with 16 schools promoting homosexuality as a normal, 17 immutable trait: is that right?

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Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">173</p> <p>1 <b>a fact there is no biology. It is a combination of</b>  2 <b>things, but it is not biologically based. And</b>  3 <b>that's -- that's in published science, that's truth,</b>  4 <b>that's not a bias. It's been evaluated and scoured</b>  5 <b>and looked for by advocates for the gay community,</b>  6 <b>and they specifically state there is no such basis.</b>  7 <b>So, again, that is science, it's not a bias.</b>  8 <b>The College is about what is science, not</b>  9 <b>what is about hopeful things that you would wish</b>  10 <b>would be true, but you have to look at everything</b>  11 <b>that's actually biologically sound and proven, and</b>  12 <b>that's what that sentence is based on.</b>  13 <b>BY MR. BLOCK:</b>  14 Q And so homosexuality is also not normal,  15 right?  16 MR. CORRIGAN: Object to form.  17 A <b>The statement is that promoting it as an</b>  18 <b>immutable biologically based norm is not -- is not</b>  19 <b>based on valid science.</b>  20 <b>BY MR. BLOCK:</b>  21 Q If we go to the second checkmark on the  22 right-hand column, just as affirming a transgender</p>	<p style="text-align: right;">175</p> <p>1 Is that right?  2 MR. CORRIGAN: Object to form of the  3 question, object to mischaracterization of prior  4 testimony.  5 Go ahead.  6 A <b>The answer to that is yes, it's proven</b>  7 <b>based on published science.</b>  8 <b>BY MR. BLOCK:</b>  9 Q So you agree -- and you agree with that.  10 You agree with what that checkmark says, right?  11 MR. CORRIGAN: Object to form.  12 Go ahead.  13 A <b>Yes, I do.</b>  14 <b>BY MR. BLOCK:</b>  15 Q And so when it says that youths with  16 homosexual attraction, quote, are in need of  17 therapy, what sort of therapy are they in need of?  18 A <b>They're in need of therapy to evaluate and</b>  19 <b>treat their depression and anxiety.</b>  20 Q And that their homosexuality is sort of  21 tapering over underlying depression and anxiety  22 resulting from trauma?</p>
<p style="text-align: right;">174</p> <p>1 student's identity can be harmful, this checkmark  2 says: Declaring and validating a student's same-sex  3 attraction during the adolescent years is premature  4 and may be harmful.  5 Is that right?  6 MR. CORRIGAN: Object to form.  7 Go ahead.  8 A <b>This is based on the handbook of the APA,</b>  9 <b>which says that there is an incredible amount of</b>  10 <b>fluidity in and out of same-sex attraction, and that</b>  11 <b>validation is premature.</b>  12 <b>BY MR. BLOCK:</b>  13 Q And can be harmful?  14 A <b>If it's -- if it's premature and ends up</b>  15 <b>causing ill health, it's harmful.</b>  16 Q And the next checkmark says that -- you  17 testified that many -- that all transgender people  18 have a dysfunctional -- dysfunction in their  19 background. This checkmark says: Many youths with  20 homosexual attractions have experienced a troubled  21 upbringing, including sexual abuse, and are in need  22 of therapy.</p>	<p style="text-align: right;">176</p> <p>1 A <b>No, it coexists and cannot be and should</b>  2 <b>not be validated as being purely due to societal</b>  3 <b>rejection or pressure.</b>  4 <b>That is such an important right of the gay</b>  5 <b>community to be able to be recognized that their own</b>  6 <b>suffering and anxiety and depression should be</b>  7 <b>treated as for exactly what it is and not to be</b>  8 <b>dismissed as unimportant or not even present.</b>  9 <b>It is a huge disservice to the mental</b>  10 <b>health of the gay community that that -- that is</b>  11 <b>glossed over as if those things don't exist when</b>  12 <b>they do.</b>  13 <b>The conservative estimates that I read are</b>  14 <b>that 40 percent of people with a gay lifestyle</b>  15 <b>suffer significant depression and anxiety, and</b>  16 <b>they're not getting the therapy they need.</b>  17 <b>So the advocates for the gay community</b>  18 <b>strongly are coming out to say they need this</b>  19 <b>therapy, they should be encouraged to go for that</b>  20 <b>therapy. It is not to change anything, it is to</b>  21 <b>make them be functional adults so that you lessen</b>  22 <b>the long-term suicide risk, which is the end of</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

177

1 **severe depression in many cases.**  
 2 Q And how did you acquire this knowledge?  
 3 **A Reading standardized publications and**  
 4 **articles written today and available for anyone to**  
 5 **read.**  
 6 Q And when you treat patients, do you  
 7 provide any counseling or discouragement from being  
 8 gay?  
 9 **A No.**  
 10 Q Do you ever talk to them about health  
 11 risks associated with the homosexual lifestyle?  
 12 **A I generally try to talk to them first**  
 13 **about risks of sexual activity in general, then**  
 14 **specifically if there are things that put them at**  
 15 **specific risk based on their -- about the things**  
 16 **that they do in terms of sexual activity, I point**  
 17 **out those things, I talk about STDs, and I talk**  
 18 **about depression and anxiety.**  
 19 Q So before we leave this document, is there  
 20 anything about this document Exhibit 6, that you  
 21 disagree with?  
 22 MR. CORRIGAN: Object to the form.

178

1 **A The purpose of this document was in**  
 2 **response to the promotion at the letter of the**  
 3 **superintendent of the schools that was done through**  
 4 **the Obama Administration which the College felt was**  
 5 **a harmful avoidance of the serious and significant**  
 6 **issues associated with promotion of this as if it**  
 7 **were -- it had no downsides to it in any aspect.**  
 8 **So a statement needed to be brought out**  
 9 **that brought up conversations that talked about**  
 10 **STDs, that talked about depression and anxiety and**  
 11 **the adverse outcomes that can happen. It's not that**  
 12 **they always do, but it's a risk. It talks about the**  
 13 **risks that these kids face, and if you promote**  
 14 **something that has risks, you need to be up in the**  
 15 **forefront and mention those risks without glossing**  
 16 **over them as if they did not exist.**  
 17 **So that's -- that was the point of the**  
 18 **paper is to present the risks. The known,**  
 19 **scientifically proven risks.**  
 20 **BY MR. BLOCK:**  
 21 Q Do you have any religious beliefs related  
 22 to being lesbian, gay, bisexual or transgender?

179

1 **A I do not.**  
 2 Q Does the -- do you have any religious  
 3 beliefs about acting on same-sex attraction?  
 4 MR. CORRIGAN: I'm going to object to  
 5 anything about his religious beliefs or his personal  
 6 beliefs. I don't see how it has relevance or  
 7 potential relevance.  
 8 Go ahead.  
 9 **A I do not impose my religious faith on**  
 10 **anyone. It is my personal journey. I use my**  
 11 **religious faith to balance with science to keep me**  
 12 **with a compass of doing things that are, again, not**  
 13 **in a moral vacuum, that have -- again, focus on,**  
 14 **above all, doing no harm, behaving well, not hurting**  
 15 **the patient in any possible way that is intentional**  
 16 **or based on any bias, not based on any harmful --**  
 17 **harmful ideas I may have about behavior. So it's --**  
 18 **that's where my faith comes into my professional**  
 19 **life.**  
 20 **BY MR. BLOCK:**  
 21 Q The American College of Pediatrician files  
 22 amicus briefs; is that right?

180

1 **A They do.**  
 2 Q And those amicus briefs express the views  
 3 of the College, right?  
 4 **A They do.**  
 5 Q I'm sorry, I didn't hear the answer.  
 6 **A I do.**  
 7 Q So do you play any role in approving the  
 8 content of amicus briefs?  
 9 **A I know of some of them, particularly on**  
 10 **the transgender issue. Some of the other briefs I'm**  
 11 **not an author of, but they were filed. I'm not**  
 12 **aware of the absolute design and content, I just**  
 13 **know that they exist.**  
 14 Q But is it fair to attribute statements  
 15 made in amicus briefs filed on behalf of the  
 16 American College of Pediatricians to the views of  
 17 the American College of Pediatricians?  
 18 MR. CORRIGAN: Object to form of the  
 19 question.  
 20 Go ahead.  
 21 **A Yes.**  
 22 **BY MR. BLOCK:**

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

181	1 Q So is it the belief of the American 2 College of Pediatricians that, quote, it's not 3 beyond the scope of a court to acknowledge the moral 4 foundation of God's laws when considering the 5 institution of marriage, unquote? 6 MR. CORRIGAN: Object to form. 7 A That is a philosophical, beneficial 8 concept that is -- it's looked at from its 9 scientific validity to have a benefit to the patient 10 or the family that marriage has a historical 11 construct that is based on society and most often 12 verified and sanctified by a religious faith germane 13 to the population, and that is to the benefit of the 14 child to have -- to come from an intact family, and 15 that anything that can be done to promote intact 16 biologic families is probably the most ideal of 17 circumstances. And if something is less than ideal, 18 so be it, but if you're trying to promote what is 19 ideal, you label that as ideal. 20 BY MR. BLOCK: 21 Q Does the moral foundation of God's law 22 have any relevance to the treatment of transgender	183	1 A Yes, they did. 2 BY MR. BLOCK: 3 Q Do you agree with that? 4 A The point was, again, the concept of what 5 is best for children is an intact biologic family. 6 That does not have any potential for increased 7 adverse outcomes for the child. And so, again, it's 8 the foundation of the family in that regard and that 9 opinion that the College chose to say what is best 10 for children in an ideal circumstance, the ideal was 11 that the Obergefell decision should not be -- should 12 be ignored at the Alabama court level. 13 Q And you think that if a court says that 14 the school board in this case should let transgender 15 students use restrooms in line with their gender 16 identity that the school board should ignore that 17 court decision? 18 MR. CORRIGAN: Object to form, object to 19 foundation. 20 A I would not make that statement. 21 MR. CORRIGAN: Witness not being called 22 for that purpose.
182	1 people? 2 A No, I'm basing it on -- purely on science. 3 I don't -- I think the way it would be looking at a 4 theologic concept is it is appropriate to harm 5 children, and if that is -- if your faith structure 6 or your theology suggests that there is harm to be 7 done to a patient and you are doing harm, perhaps 8 that's not within the precepts of what your faith 9 might guide you to do, so that's how it comes into 10 play. 11 Like it does -- it's an ethical structure 12 to be sure that we are paying attention and 13 validating what we do on science and not falling 14 into a trap of validating something on popularity or 15 social pressure. 16 Q Is it true that the American College of 17 Pediatricians told the Alabama Supreme Court it 18 should ignore the opinion of the Supreme Court in 19 Obergefell? 20 THE REPORTER: Supreme Court in... 21 MR. CORRIGAN: Obergefell. Obergefell. 22 MR. BLOCK: O-B-E-R-G-E-F-E-L-L.	184	1 Go ahead. 2 A I would not make -- I would not tell the 3 school to go against a court decision. 4 BY MR. BLOCK: 5 Q So if there's a conflict between what the 6 law requires and what your medical views are, you 7 would think that the school board would need to do 8 what the law requires, right? 9 MR. CORRIGAN: Object to form. 10 Go ahead. 11 A The school board should do what the law 12 requires, and if they are at odds with that law, 13 they should file suit and take it through legal 14 proceedings. 15 BY MR. BLOCK: 16 Q Going back to Exhibit 5 just one more 17 time, that's the On the Promotion of Homosexuality 18 in Schools. I just need to know is there anything 19 in this statement that you disagree with? I just 20 want to have that on the record. 21 MR. CORRIGAN: Object to form, object to 22 foundation.

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">185</p> <p>1 Go ahead.</p> <p>2 <b>A I'm going to carefully go through each</b></p> <p>3 <b>point.</b></p> <p>4 <b>BY MR. BLOCK:</b></p> <p>5 Q Yes, sir, take a minute.</p> <p>6 <b>A Okay, I concur with all points.</b></p> <p>7 Q Thank you.</p> <p>8 I want to take a couple minutes to revisit</p> <p>9 what we were talking about before about these 12</p> <p>10 patients that you've been treating over the past two</p> <p>11 to three years related to gender dysphoria.</p> <p>12 Is there -- was there any precipitating</p> <p>13 event that you're aware of that caused people to</p> <p>14 start coming to you two to three years ago for</p> <p>15 treatment in connection with gender dysphoria?</p> <p>16 <b>A Nothing that I perceived as a specific</b></p> <p>17 <b>event. I thought it reflected just a general</b></p> <p>18 <b>increase in the number of transgender clinics and</b></p> <p>19 <b>the online presence of transgender-promoting</b></p> <p>20 <b>websites and blogs that would be responsible, but</b></p> <p>21 <b>that is my perception without any basis on</b></p> <p>22 <b>scientific research.</b></p>	<p style="text-align: right;">187</p> <p>1 <b>it happened to coincide with the time that the Emory</b></p> <p>2 <b>University medical campus opened their transgender</b></p> <p>3 <b>clinic.</b></p> <p>4 Q So before -- in the time period before you</p> <p>5 started identifying yourself as a practitioner who</p> <p>6 provides treatment for gender dysphoria, the only</p> <p>7 transgender patient who had come to see you was this</p> <p>8 one in 1993; is that right?</p> <p>9 <b>A That is correct.</b></p> <p>10 Q Now, when you describe yourself as a</p> <p>11 practitioner who provides treatment for gender</p> <p>12 dysphoria, do you include in that description</p> <p>13 your -- what your views are with respect to</p> <p>14 providing gender-affirming hormone therapy?</p> <p>15 <b>A The people that I talk to professionally</b></p> <p>16 <b>who know me as endocrinology colleagues know how I</b></p> <p>17 <b>feel because I've spoken in front of them, so I am</b></p> <p>18 <b>assuming everyone knows how I feel.</b></p> <p>19 Q Is there, like, insurance networks or your</p> <p>20 medical groups that you're associated with, is there</p> <p>21 like a lookup feature where patients can find a</p> <p>22 doctor in an area that provides treatment for gender</p>
<p style="text-align: right;">186</p> <p>1 Q Do you identify yourself within your</p> <p>2 medical network as an endocrinologist who provides</p> <p>3 treatment for gender dysphoria?</p> <p>4 <b>A Yes.</b></p> <p>5 Q And when did you start identifying</p> <p>6 yourself that way?</p> <p>7 <b>A When I began accepting patients and</b></p> <p>8 <b>getting feedback from practitioners, when I began</b></p> <p>9 <b>discussing things amongst my endocrine peers, that's</b></p> <p>10 <b>when I began to make sure that people knew that I</b></p> <p>11 <b>was very willing and able to have these patients</b></p> <p>12 <b>come to my office for evaluation.</b></p> <p>13 Q And did you start describing yourself as</p> <p>14 someone who provides treatment for gender dysphoria</p> <p>15 before or after the first of these 12 patients came</p> <p>16 to see you?</p> <p>17 <b>A I was -- I was quiet and didn't say much</b></p> <p>18 <b>because I was gathering information, so it was until</b></p> <p>19 <b>actually perhaps a year before the first patient</b></p> <p>20 <b>came in at a time when I had put together enough of</b></p> <p>21 <b>my own review of the literature to feel very</b></p> <p>22 <b>strongly that there was a need for this service, and</b></p>	<p style="text-align: right;">188</p> <p>1 dysphoria, and certain people's names pop up if they</p> <p>2 identify as that sort of certain practitioner?</p> <p>3 <b>A I am not aware I am on such a list.</b></p> <p>4 Q Is it on your website?</p> <p>5 <b>A No, it is not.</b></p> <p>6 Q So of the 12 patients that come to you,</p> <p>7 about how many were referred to you by -- referred</p> <p>8 to you specifically?</p> <p>9 <b>A About half of them are referred, and the</b></p> <p>10 <b>other half spontaneously found me.</b></p> <p>11 Q The half who spontaneously found you, to</p> <p>12 the best of your knowledge, were they aware of your</p> <p>13 views with respect to gender-affirming therapy?</p> <p>14 <b>A I was aware at least two of those. One of</b></p> <p>15 <b>the parents sought me specifically because they had</b></p> <p>16 <b>seen one of my talks on YouTube.</b></p> <p>17 Q For the ones that were referred -- for the</p> <p>18 patients who were referred specifically to you, who</p> <p>19 made those referrals?</p> <p>20 <b>A Pediatricians.</b></p> <p>21 Q Pediatricians that you knew?</p> <p>22 <b>A Yes.</b></p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">189</p> <p>1 Q In what capacity did you know them?</p> <p>2 <b>A From prior referrals from endocrine</b></p> <p>3 <b>patients over the span of the last 28 years. Up to</b></p> <p>4 <b>28 years.</b></p> <p>5 Q Did those pediatricians -- do you know</p> <p>6 whether those pediatricians shared your views with</p> <p>7 respect to gender-affirming therapy?</p> <p>8 <b>A I do not.</b></p> <p>9 Q Do you know whether they knew those views</p> <p>10 at the time they referred the patients specifically</p> <p>11 to you?</p> <p>12 <b>A I do not.</b></p> <p>13 Q You said that two of the patients you</p> <p>14 think have had success in resolving their dysphoria,</p> <p>15 and 10 are work in progress; is that right?</p> <p>16 <b>A That's correct. One of them moved out of</b></p> <p>17 <b>the area, and I don't know what has happened in</b></p> <p>18 <b>follow-up with that patient.</b></p> <p>19 Q Are there -- are there any patients who</p> <p>20 saw you for an initial consultation but then decided</p> <p>21 to seek treatment with someone else instead of</p> <p>22 continuing to follow up with you?</p>	<p style="text-align: right;">191</p> <p>1 <b>majority of them are back to being -- living in</b></p> <p>2 <b>their biologic body as that gender at least</b></p> <p>3 <b>outwardly for the school and for purposes of other</b></p> <p>4 <b>people outside the family. But the family is</b></p> <p>5 <b>working within the family to work these kids through</b></p> <p>6 <b>that process and to do healing amongst themselves.</b></p> <p>7 Q For the follow-up visits after the initial</p> <p>8 visit with these patients, do you conduct a medical</p> <p>9 exam on the follow-up visit?</p> <p>10 <b>A I conduct a medical exam if I sense that</b></p> <p>11 <b>something is going wrong. For instance, several of</b></p> <p>12 <b>these children are obese and are increasing their</b></p> <p>13 <b>body weight significantly because every patient that</b></p> <p>14 <b>comes in is weighed and measured, and I want to</b></p> <p>15 <b>address that issue because it's a co-morbidity in</b></p> <p>16 <b>some ways, but it's also innate for them to become</b></p> <p>17 <b>obese. So I'm aware of, in kids like that, that I</b></p> <p>18 <b>want to pay attention to those issues.</b></p> <p>19 <b>If the parents describe something that</b></p> <p>20 <b>they think is puberty that's happening, I'll do a</b></p> <p>21 <b>physical exam. So it is very much case by case.</b></p> <p>22 Q But there's some patients that for the</p>
<p style="text-align: right;">190</p> <p>1 <b>A I am unaware of any.</b></p> <p>2 Q And so the 10 that are in -- that are a</p> <p>3 work in progress -- or are there nine that are a</p> <p>4 work in progress? I just want to get the number</p> <p>5 right.</p> <p>6 <b>A That's correct, it's nine.</b></p> <p>7 Q Nine. The nine that are a work in</p> <p>8 progress, have they reported any lessening of their</p> <p>9 symptoms of gender dysphoria?</p> <p>10 <b>A They are working through issues and seem</b></p> <p>11 <b>to be in better mental health, but some of them are</b></p> <p>12 <b>still struggling with issues. Some of them are</b></p> <p>13 <b>young, so some of them are coming back and just we</b></p> <p>14 <b>are revisiting the same overall view, and they're</b></p> <p>15 <b>works in progress.</b></p> <p>16 Q So did I get it right that some have shown</p> <p>17 improvement with respect to depression and anxiety,</p> <p>18 but at the same time not showing improvement in</p> <p>19 resolving their feelings of gender discordance?</p> <p>20 <b>A I'm trying to specifically categorize</b></p> <p>21 <b>those which are not living affirming the</b></p> <p>22 <b>gender-incongruent lifestyle, and I think the</b></p>	<p style="text-align: right;">192</p> <p>1 follow-up visits you don't conduct a medical</p> <p>2 examination, correct?</p> <p>3 <b>A If it's -- particularly since the visits</b></p> <p>4 <b>are designed to try to be three months apart and</b></p> <p>5 <b>nothing physically is changing, I would sort of</b></p> <p>6 <b>mandatorily do a full physical exam at least once a</b></p> <p>7 <b>year.</b></p> <p>8 Q So what happens at a visit like that where</p> <p>9 there's no medical examination, it's a check-up</p> <p>10 after three months?</p> <p>11 <b>A First it's an interview with everybody in</b></p> <p>12 <b>the room, and then it is permission to have the</b></p> <p>13 <b>child and either parent. If the parents are not --</b></p> <p>14 <b>are not functional together, I will interview the</b></p> <p>15 <b>parents individually, I will then sort of</b></p> <p>16 <b>reinterview them together to discuss the things that</b></p> <p>17 <b>I have permission to talk about between the two of</b></p> <p>18 <b>them that might be constructive of things that I</b></p> <p>19 <b>might learn about that situation, and then I ask</b></p> <p>20 <b>permission to interview the child individually</b></p> <p>21 <b>without the parents in the room.</b></p> <p>22 Q And what do you bill that as to insurance?</p>



Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

193	<p>1 <b>A That's as a counseling visit as a parent</b> 2 <b>conference. It usually is about a 30-minute visit.</b> 3 <b>Sometimes it's longer if things are sort of opening</b> 4 <b>up and there are re-questions and re-education, or</b> 5 <b>in the case of a split family if it's the first time</b> 6 <b>I've been able to actually interview or take -- get</b> 7 <b>information from a parent who had previously been</b> 8 <b>absent it takes longer, so it's all based on time.</b> 9 <b>But it's done as a parent conference visit.</b> 10 Q Do you have a license to provide 11 counseling? 12 <b>A I have a license to provide evaluation of</b> 13 <b>children's health.</b> 14 Q After the initial evaluation when you're 15 providing continued visits, is it -- would 16 counseling be a fair description of what occurs in 17 those visits? 18 <b>A No, it's basically information gathering.</b> 19 Q And what do you do with the information 20 that you gather? 21 <b>A I record it in the record. If there is</b> 22 <b>education to be done in terms of questions and</b></p>	195	<p>1 (Recess 2:59-3:02 p.m.) 2 BY MR. BLOCK: 3 Q So when you said before that you at some 4 point made it be known that you were interested in 5 seeing patients that were seeking care for gender 6 dysphoria, how did you communicate that to others? 7 <b>A By word of mouth at regional meetings</b> 8 <b>mostly.</b> 9 Q Regional meetings of endocrinologists? 10 <b>A Yes.</b> 11 Q Do any patients get referred to you 12 through the American College of Pediatricians? 13 <b>A I -- I actually don't believe I've had a</b> 14 <b>patient come specifically referred from the College.</b> 15 <b>We do have a referral base for pediatricians who are</b> 16 <b>members so that if a family calls and said, is there</b> 17 <b>a pediatrician in my area who's a member of the</b> 18 <b>College, we can tell them who is in their geographic</b> 19 <b>region and hook the two of them up. So that is --</b> 20 <b>I'm not aware of actually having a family come to me</b> 21 <b>referred by the College.</b> 22 Q Are you aware of having a family come to</p>
194	<p>1 <b>answers about the medical side, those are explained,</b> 2 <b>reexplained.</b> 3 <b>Often because of the nature of the visits</b> 4 <b>there's a lot of emotional tension, and there's not</b> 5 <b>necessarily a lot of constructive listening, so I go</b> 6 <b>back over again and be sure that everyone</b> 7 <b>understands the medical aspects of what's going on</b> 8 <b>and what they might have read on the Internet, what</b> 9 <b>they might have new concerns about, and I address</b> 10 <b>those things, but I do not do counseling for</b> 11 <b>depression and anxiety.</b> 12 Q You said you spoke about 13 transgender-related issues to the International 14 Association of Therapeutic Choice; is that right? 15 <b>A That's correct.</b> 16 Q How did you come to become familiar with 17 the International Association of Therapeutic Choice? 18 <b>A I was approached by their director and</b> 19 <b>asked if I would be willing to come and talk on the</b> 20 <b>history of transgender health in the United States.</b> 21 MR. BLOCK: If you'll just give me a 22 minute. We can go off the record for a second.</p>	196	<p>1 you being referred by a pediatrician who's a member 2 of the College? 3 <b>A Yes, because there are members in Georgia,</b> 4 <b>and I would -- I would guess that, yes, that has</b> 5 <b>happened, but I can't -- I don't have a</b> 6 <b>documentation of an individual's name.</b> 7 Q So during the first visit when someone 8 comes to you for treatment for gender dysphoria, do 9 you conduct an examination to determine how far 10 along in puberty the patient is? 11 <b>A Absolutely, yes.</b> 12 Q And so what's the purpose of doing that if 13 you're going to not provide hormone therapy 14 regardless of what stage of puberty the individual 15 is in? 16 <b>A Well, staging of puberty is in the DNA of</b> 17 <b>being an endocrinologist so that at any visit that</b> 18 <b>we do, whether they have a diagnosis of type 1</b> 19 <b>diabetes or hypothyroidism or vitamin D deficiency,</b> 20 <b>rickets, staging them in puberty is exceedingly</b> 21 <b>important because it's part of what affects their</b> 22 <b>growth.</b></p>

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Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

197

1 **Human growth, statural, and weight gain**  
 2 **are related and timed with puberty and are affected**  
 3 **by puberty, and so it is essentially, as I said, in**  
 4 **our DNA as endocrinologists to be sure we have**  
 5 **staged puberty no matter the age of the patient.**  
 6 **We do not assume that just because the**  
 7 **concept of a pubertal-related symptom is not brought**  
 8 **up that we should not verify that the patient is**  
 9 **indeed not pubertal or is pubertal and is in what**  
 10 **stage of puberty and how they are growing and how**  
 11 **they have grown before if we can gather the data and**  
 12 **watch them grow as they move forward.**  
 13 Q So you do this initial evaluation, you  
 14 have a discussion where you warn the patients about  
 15 harms associated with gender-affirming therapy, you  
 16 encourage them to see a counselor, and then what's  
 17 the explanation you give for why they should come  
 18 back for a check-up in three months?  
 19 MR. CORRIGAN: Object to form.  
 20 Go ahead.  
 21 A My story to them is that I am there to  
 22 care for them, and that I will dedicate my time and

198

1 effort to absolutely everything that is beneficial  
 2 to them, and that I know this is a confusing,  
 3 painful experience for them, and that it is my job  
 4 to monitor how they are doing and how we are moving  
 5 in the direction that is to their greatest benefit,  
 6 and so that's why they come back.  
 7 And I say it's easy to get lost in the  
 8 woodwork, and if I don't -- it's the same thing I do  
 9 with my diabetic patients who don't come back for  
 10 follow-up, we contact them and make sure that they  
 11 do come back because we know there is a necessity  
 12 for them to be followed to be sure all is going as  
 13 beneficially as it possibly can be, so that's the  
 14 same principle.  
 15 BY MR. BLOCK:  
 16 Q But why followed by you instead of by the  
 17 psychologist or psychiatrist that you're referring  
 18 them to?  
 19 A The psychiatry part is one part of the  
 20 equation. The questions about what to do in terms  
 21 of endocrinologic intervention are always hovering  
 22 around the edge, and the psychologist is very

199

1 definitely interested in anchoring them back to me  
 2 to discuss anything that -- any questions the  
 3 parents may have. Particularly with the advent of  
 4 Internet access, the parents read over and over  
 5 again about new ideas, new concepts. They need  
 6 somebody to anchor to that talks about hormones and  
 7 the effects of hormones, and that's why they come  
 8 back.  
 9 Q So even after the first visit, a parent  
 10 might come back to you with repeated questions about  
 11 hormones possibly being a good course of treatment,  
 12 and you have to explain to the parent repeatedly why  
 13 they're not; is that right?  
 14 A In part, but it's also because most of  
 15 these families are split families, and one parent  
 16 will see doubt in the mind of the parent who is the  
 17 one who's been bringing them in, and the parent  
 18 needs to come back and be reassured, or the other  
 19 parent wants to come and hear what I have to say,  
 20 and we have not talked before.  
 21 So this is such a -- this is not something  
 22 where you have a sit down, one discussion, send them

200

1 to the counselor and you're done. This is a  
 2 multifaceted approach for a very complex  
 3 psychological issue that involves a lot of pain and  
 4 agony, and the patient -- here is the poor patient  
 5 in the middle trying to figure out what to do, what  
 6 the answer is.  
 7 And if they know that somebody is  
 8 dedicated to them from the medical side as well as  
 9 from the counseling side, it is our hope that that  
 10 gives them some place to hang on to and a sense that  
 11 somebody really does care, even if they don't  
 12 necessarily agree with the patient, that they want  
 13 them to be -- to understand how dedicated we are to  
 14 their welfare and how compassionate we really are.  
 15 It's very difficult to talk to a very  
 16 sullen 14- or 15-year-old who sees you for the first  
 17 time and convince them that you're on their team,  
 18 and so it takes time.  
 19 Q But from the very first meeting, though,  
 20 you make clear to the parents that under no  
 21 circumstances will you be recommending  
 22 gender-affirming hormones, right?

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

201	<p>1 <b>A That's correct.</b></p> <p>2 Q And are there any other conditions that</p> <p>3 you treat in which you have the series of follow-up</p> <p>4 conferences without providing medical treatment as</p> <p>5 part of it?</p> <p>6 <b>A It's not often, but diabetes would be one</b></p> <p>7 <b>of them. There is so much overlay of issues with</b></p> <p>8 <b>compliance and whatnot that don't have to do with</b></p> <p>9 <b>physical wellness at the moment that require visits</b></p> <p>10 <b>to come back and predominantly talk about behavioral</b></p> <p>11 <b>responses and things that are germane to our</b></p> <p>12 <b>clinical experience in the field of diabetes, so</b></p> <p>13 <b>those kids, we'll bring them back.</b></p> <p>14 Normally they're every three months, but</p> <p>15 it is not uncommon in the adolescent years for us to</p> <p>16 see them back a month after they've been seen before</p> <p>17 to give them a pep talk, try to give them the</p> <p>18 responsibility for managing their diabetes, set them</p> <p>19 up for success with telephone contact and office</p> <p>20 website secure communications so that we can try to</p> <p>21 invest this child back in their diabetes care.</p> <p>22 <b>There are often points in time where the</b></p>	203
202	<p>1 <b>mental health issues are so overwhelming that we</b></p> <p>2 <b>literally jettison to primarily back to an</b></p> <p>3 <b>aggressive mental health intervention scheme and let</b></p> <p>4 <b>the diabetes kind of go for a while because it's</b></p> <p>5 <b>impossible for those kids to get their blood sugars</b></p> <p>6 <b>in control or even care about managing their</b></p> <p>7 <b>diabetes when they're overwhelmed with depression,</b></p> <p>8 <b>so that's another circumstance where often the visit</b></p> <p>9 <b>will be predominantly information gathering, team</b></p> <p>10 <b>building, putting together things like that.</b></p> <p>11 Q And you said before that one of the</p> <p>12 reasons why you decided you wanted to start making</p> <p>13 it known that you would provide -- that you would</p> <p>14 see patients seeking care for gender dysphoria was</p> <p>15 because you thought there was a need for it; is that</p> <p>16 right?</p> <p>17 <b>A That is correct.</b></p> <p>18 Q To the best of your knowledge, is there</p> <p>19 any other pediatric endocrinologist that you're</p> <p>20 aware of that provides the same course of office</p> <p>21 visits that you do to patients who have come to you</p> <p>22 seeking care for gender dysphoria?</p>	204
	<p>1 <b>A It's very limited because the guidelines</b></p> <p>2 <b>have been so pervasive, and what happens is that --</b></p> <p>3 <b>and this was an admission by a number of the</b></p> <p>4 <b>pediatricians in our regional meeting last month in</b></p> <p>5 <b>Orlando is they say, I don't take care of these</b></p> <p>6 <b>patients, I send them to the centers. So that's --</b></p> <p>7 <b>they kind of punt. And they are -- they were</b></p> <p>8 <b>relieved.</b></p> <p>9 My presentation of a case study of one</p> <p>10 particular patient just all of a sudden brought into</p> <p>11 their minds, and they shared this with me, thank</p> <p>12 goodness. Thank goodness. How do we do this? How</p> <p>13 do we do this? What have you got written? Can you</p> <p>14 come talk to us in Birmingham? Can you give us a</p> <p>15 presentation for pediatricians where we can -- we</p> <p>16 can get the people in the community to understand</p> <p>17 that there are other avenues than the transgender</p> <p>18 clinics as they now exist?</p> <p>19 Q But in terms -- but as far as you're</p> <p>20 aware, are there any other endocrinologists that you</p> <p>21 are aware of who provide the same course of</p> <p>22 treatment for gender dysphoria that you provide?</p>	

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

205	<p>1 So it's hard to get -- it's hard to get</p> <p>2 colleagues unless you literally spend the time of</p> <p>3 contacting them individually and saying, let us tell</p> <p>4 you our experience.</p> <p>5 I share my -- the paper that I've</p> <p>6 submitted for publication with other</p> <p>7 endocrinologists to let them know. When I presented</p> <p>8 in Orlando, the positive feedback from the community</p> <p>9 was about three out of four people coming to me</p> <p>10 afterwards saying, please tell us more, please tell</p> <p>11 us more, so that's it.</p> <p>12 It's a slow -- this movement is just</p> <p>13 beginning to get an anchor because of the validity</p> <p>14 in science that we've been able to prove.</p> <p>15 Q What's your understanding about why these</p> <p>16 organizations refuse to let you provide a</p> <p>17 presentation on the course of treatment you provide?</p> <p>18 A I have -- sheer conjecture. I have not</p> <p>19 been able to talk to the meeting directors directly.</p> <p>20 I have communicated one way with them most recently</p> <p>21 both by e-mail and telephone message, and that</p> <p>22 individual for the meeting of the American</p>	207	<p>1 gender dysphoria as a mental disorder?</p> <p>2 A I'm not a mental health practitioner. I</p> <p>3 really find it difficult to sometimes use the</p> <p>4 correct words without offending people who are</p> <p>5 licensed and trained in mental health issues.</p> <p>6 I learned actually from Dr. Zucker that</p> <p>7 the word "disorder" is very specifically chosen and</p> <p>8 cherished in the mental health community for very</p> <p>9 specific purposes. Prior to that conversation with</p> <p>10 him I would -- was thinking that anybody who had</p> <p>11 transgender or gender incongruence had the disorder,</p> <p>12 and that, I learned, is not the case. It is sort of</p> <p>13 living a delusion, but not living with a delusional</p> <p>14 disorder. So I find that the removal of the "gender</p> <p>15 identity disorder" is a disservice to the patients.</p> <p>16 So did Dr. Zucker, from indirect</p> <p>17 conversation as I learned in between my statement to</p> <p>18 the Carcano case and this that when the APA group,</p> <p>19 again, it doesn't represent all psychiatrists, but</p> <p>20 it's the group that develops the criteria, and they</p> <p>21 are -- they're parsed into interest groups, they</p> <p>22 pushed very strongly to eliminate any pathologic</p>
206	<p>1 Association of Clinical Endocrinologists in Los</p> <p>2 Angeles, I believe it's next week, that person chose</p> <p>3 not to communicate back with me.</p> <p>4 Q In your declaration if you go to paragraph</p> <p>5 29 of it, going back to Exhibit 1. Are you at that</p> <p>6 page now?</p> <p>7 A I am.</p> <p>8 Q Great. The paragraph 29 says: Up until</p> <p>9 recent -- up until the recent revision of DSM-IV</p> <p>10 criteria, the American Psychological Association</p> <p>11 held that gender identity disorder (GID) was the</p> <p>12 mental disorder described as a discordance between</p> <p>13 the natal sex and gender identity of the patient.</p> <p>14 Is that right?</p> <p>15 A That's true except there is a</p> <p>16 misstatement. It's the American Psychiatric</p> <p>17 Association, and I apologize for that inaccuracy.</p> <p>18 They both have the same initials, APA, but it is the</p> <p>19 American Psychiatric Association that generates the</p> <p>20 DSM criteria.</p> <p>21 Q And do you have any opinion on whether it</p> <p>22 was appropriate for the APA to no longer describe</p>	208	<p>1 reference to gender identity issues.</p> <p>2 And Dr. Zucker argued -- and, again, this</p> <p>3 is not from a conversation with him, but through</p> <p>4 second parties who talked to him about this</p> <p>5 personally, he argued that if you remove it, the</p> <p>6 suffering is going to be legendary as it is, and</p> <p>7 it's going to be ignored and will not be allowed to</p> <p>8 be treated by third -- and covered as a service by</p> <p>9 third parties who cover healthcare costs, insurance</p> <p>10 mainly, and that medications then wouldn't be</p> <p>11 covered.</p> <p>12 And it was a disservice to the patients to</p> <p>13 eliminate the disorder, but if they were going to</p> <p>14 pressure to do that, would they please replace it</p> <p>15 with "gender dysphoria" so that there was a medical</p> <p>16 condition that would allow that patient to seek and</p> <p>17 be treated and have that as covered services by</p> <p>18 government entities and private insurance.</p> <p>19 Q So did I hear you right that one of</p> <p>20 Dr. Zucker's reasons was to ensure that medicines</p> <p>21 would be covered?</p> <p>22 A That treatment of any kind would be</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

209

1 covered.  
 2 Q But including hormone therapy, correct?  
 3 A I assume that, yes, but, again, I didn't  
 4 write that policy, and I didn't talk to him directly  
 5 to know.  
 6 Q Have you ever talked to Dr. Zucker  
 7 directly?  
 8 A No, I have not.  
 9 Q So do you have any views on the APA's  
 10 decision to remove homosexuality as a mental  
 11 disorder?  
 12 MR. CORRIGAN: Now we're getting far  
 13 afield again --  
 14 A I do not.  
 15 MR. CORRIGAN: -- with the conversation  
 16 about homosexuality. We're not here to talk about  
 17 homosexuality. Has nothing to do with our case.  
 18 Go ahead.  
 19 A I do not have any issues with the removal.  
 20 My issue is that the mental health issues are being  
 21 overlooked, and that's a disservice to people who  
 22 are gay and lesbian, and that we should do

210

1 everything we can to help these individuals and  
 2 advocate for them to recognize things that need  
 3 treatment instead of pretending that they are not  
 4 there, and therefore worsening the quality of their  
 5 life overall.  
 6 BY MR. BLOCK:  
 7 Q Going back briefly to the formation of  
 8 American College of Pediatricians, is it accurate to  
 9 say that the catalyzing event for forming the  
 10 American College of Pediatricians was the AAP's  
 11 position on children raised by same-sex parents?  
 12 A As I understand it historically, it was.  
 13 Q One more minute. I may come back and  
 14 finish.  
 15 (Brief recess.)  
 16 BY MR. BLOCK:  
 17 Q One more line of questions. In terms of  
 18 the issues in this case with Mr. Grimm, do you think  
 19 that by preventing Mr. Grimm from being allowed to  
 20 use the boys' restroom, that that was actually  
 21 something that was to his medical and mental benefit  
 22 to prevent him from using the restroom?

211

1 A In the sense that it was an affirmation, I  
 2 personally believe that affirmation is harmful,  
 3 so -- that I would say that was a harmful concept to  
 4 let him use the bathroom of the sex he wished he  
 5 were.  
 6 Q So when the board decided to stop letting  
 7 him use the bathroom, you think that -- the bathroom  
 8 consistent with his gender identity, you think that  
 9 was to his benefit?  
 10 A Yes.  
 11 Q Is that right?  
 12 A Yes.  
 13 Q Okay. And is that because you think by  
 14 not affirming him, by not letting him use the  
 15 restroom, the school was making it any less likely  
 16 that he would continue to be transgender?  
 17 MR. CORRIGAN: Object to form of the  
 18 question.  
 19 A Can you restate the question again?  
 20 BY MR. BLOCK:  
 21 Q Sure. Is it your opinion that by not  
 22 allowing Mr. Grimm to use the boys' restroom, that

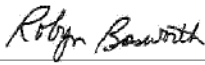
212

1 the school was making it less likely that he would  
 2 continue to identify as being transgender?  
 3 A That would be a -- an opinion of mine  
 4 personally based on the fact that anything that  
 5 pushes affirmation ends up pushing the patient  
 6 farther along on a spectrum which will inevitably  
 7 involve cross-sex hormones and eventually surgical  
 8 mutilation.  
 9 Q But -- so in Mr. Grimm's case, since he  
 10 has already had cross-sex hormones and already had  
 11 surgical chest surgery, and -- is it still your view  
 12 that preventing him from using the boys' restroom  
 13 would make it less likely that he would continue to  
 14 identify as being transgender?  
 15 MR. CORRIGAN: Object to form of the  
 16 question, beyond the scope.  
 17 Go ahead.  
 18 A So the concept is that, as Dr. Zucker has  
 19 pointed out in his opinions as well, is that  
 20 anything that you do that affirms the patient,  
 21 because there is no -- there's no avenue that is  
 22 successful up to that point in time in bringing the

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

213	<p>1 patient to desistance, that you're essentially</p> <p>2 pushing for ongoing mental health issues that need</p> <p>3 to be continually addressed.</p> <p>4 And I would say that anything that does</p> <p>5 harm to that child -- the continuation of cross-sex</p> <p>6 hormones, the acute effects are masculinization of</p> <p>7 the body, the long-term effects for Mr. Grimm are</p> <p>8 going to be increased risk for medical conditions</p> <p>9 that he would not otherwise have as a result of that</p> <p>10 continued treatment.</p> <p>11 So anything that pushes him to continue</p> <p>12 the hormone therapy, feeling that it is the only</p> <p>13 avenue or the only beneficial avenue, is to his</p> <p>14 harm. And therefore I would say if the school chose</p> <p>15 to not affirm him with a bathroom, that gives him a</p> <p>16 concept that perhaps there is not benefit in that,</p> <p>17 there's no proven benefit, no proven harm as an</p> <p>18 isolated event, but if it's part of the big picture</p> <p>19 of affirmation, that the Gloucester County School</p> <p>20 System should have no part of it.</p> <p>21 BY MR. BLOCK:</p> <p>22 Q But focused specifically on someone who is</p>	215	<p>1 identified with the opposite sex and has -- and</p> <p>2 other therapies have proven not to be successful,</p> <p>3 they are a junior or senior in high school, does</p> <p>4 Dr. Zucker's views provide any support for</p> <p>5 continuing to exclude that individual from using the</p> <p>6 boys' restroom, that transgender boy?</p> <p>7 MR. CORRIGAN: Object to the form of the</p> <p>8 question.</p> <p>9 Go ahead.</p> <p>10 A I would say at any point during -- I</p> <p>11 disagree with Dr. Zucker. If that's -- if that is</p> <p>12 truly his opinion that the only route left is</p> <p>13 affirmation, and nothing else should be done to deal</p> <p>14 with that patient, then you let them go, I would</p> <p>15 personally disagree based on the long-term effects</p> <p>16 of affirmation and long-term hormones because</p> <p>17 without persistence of the incongruity as a concept,</p> <p>18 that patient is going to have to require the hormone</p> <p>19 therapy that's eventually going to be causing them a</p> <p>20 significant medical morbidity.</p> <p>21 BY MR. BLOCK:</p> <p>22 Q What if a patient has -- is 18 and has had</p>
214	<p>1 17 or 18 -- which Dr. Zucker does not think that</p> <p>2 hormones should be precluded for someone who is 17</p> <p>3 and 18, correct?</p> <p>4 MR. CORRIGAN: Object to form.</p> <p>5 Go ahead.</p> <p>6 A Dr. Zucker is not an endocrinologist. I'm</p> <p>7 an endocrinologist. I know about the harmful</p> <p>8 effects of hormones, and I disagree with that, that</p> <p>9 opinion of his, if that's what he agrees at this</p> <p>10 point in time.</p> <p>11 Dr. Zucker's opinion on the persistence of</p> <p>12 the -- of gender dysphoria has to do with children</p> <p>13 who have started from young childhood and progressed</p> <p>14 up through adolescence and, despite constant and</p> <p>15 significant intervention, do not desist. He was not</p> <p>16 in general talking about kids who in their mid teens</p> <p>17 make a decision that they are now transgender and</p> <p>18 are essentially wishing to be the opposite sex. So</p> <p>19 it's comparing apples to oranges here.</p> <p>20 BY MR. BLOCK:</p> <p>21 Q So assuming that we're dealing with</p> <p>22 someone who has consistently from an early age</p>	216	<p>1 genital surgery so that they no longer have -- it's</p> <p>2 a transgender woman and no longer has their male</p> <p>3 gonads and needs hormones, in that case would you</p> <p>4 still oppose gender-affirming hormone therapy for</p> <p>5 that individual?</p> <p>6 A I recommend that that patient go back on</p> <p>7 the physiologic levels of their natal sex hormones</p> <p>8 at that age to maintain their body's health without</p> <p>9 harm.</p> <p>10 Q And that would also be your view if the</p> <p>11 patient were 40 instead of 18, right?</p> <p>12 A Yes. Yes.</p> <p>13 Q And you think that when it comes to the</p> <p>14 issues of providing hormones, you are in a better</p> <p>15 position to make judgments about the benefits and</p> <p>16 risks than Dr. Zucker is because you are a trained</p> <p>17 endocrinologist, and he's not; is that right?</p> <p>18 A That is correct.</p> <p>19 Q And so would the converse be true, that a</p> <p>20 trained psychologist is in a better position to make</p> <p>21 decisions about what psychological care a</p> <p>22 transgender individual needs than an endocrinologist</p>

Transcript of Dr. Quentin Van Meter  
Conducted on March 18, 2019

<p style="text-align: right;">217</p> <p>1 is?</p> <p>2 <b>A Yes.</b></p> <p>3 MR. BLOCK: Okay. That's all the</p> <p>4 questions I have.</p> <p>5 MR. CORRIGAN: He'll read.</p> <p>6 (Off the record at 3:31 p.m.)</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	<p style="text-align: right;">219</p> <p>1 CERTIFICATE</p> <p>2 I, Robyn Bosworth, RPR, CRR, CRC,</p> <p>3 CCR-B-2138, do hereby certify that the witness was</p> <p>4 first duly sworn by me pursuant to stipulation of</p> <p>5 counsel and that I was authorized to and did report</p> <p>6 said proceedings.</p> <p>7 I further certify that the foregoing</p> <p>8 transcript is a true and correct record of the</p> <p>9 proceedings; that said proceedings were taken by me</p> <p>10 stenographically and thereafter reduced to</p> <p>11 typewriting under my supervision; that review was</p> <p>12 not waived; and that I am neither attorney nor</p> <p>13 counsel for, nor related to or employed by, any of</p> <p>14 the parties to the action in which this deposition</p> <p>15 was taken; and that I have no interest, financial or</p> <p>16 otherwise, in this case.</p> <p>17 IN WITNESS WHEREOF, I have hereunto set my</p> <p>18 hand this 22nd day of March, 2019.</p> <p>19</p> <p>20 </p> <p>21 _____</p> <p>22 ROBYN BOSWORTH, RPR, CRR, CRC, CCR-B-2138</p>
<p style="text-align: right;">218</p> <p>1 ACKNOWLEDGEMENT OF DEPONENT</p> <p>2 I, DR. QUENTIN VAN METER, do hereby acknowledge</p> <p>3 that I have read and examined the foregoing</p> <p>4 testimony, and the same is a true, correct and</p> <p>5 complete transcription of the testimony given by me,</p> <p>6 and any corrections appear on the attached errata</p> <p>7 sheet signed by me.</p> <p>8</p> <p>9 _____</p> <p>10 (DATE) (SIGNATURE)</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	

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**REPORTER'S RECORD  
VOLUME 2 OF 4 VOLUMES  
TRIAL COURT CAUSE NO. D-1-GN-22-002569**

PFLAG, INC., ET AL., ) IN THE DISTRICT COURT  
Plaintiffs, )  
VS. ) TRAVIS COUNTY, TEXAS  
GREG ABBOTT, ET EL., )  
Defendants. ) 459TH JUDICIAL DISTRICT

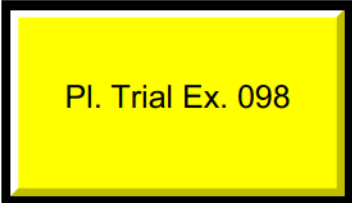
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**HEARING ON MOTION FOR TEMPORARY INJUNCTION**

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On the 6th day of July, 2022, the following proceedings came on to be heard in the above-entitled and numbered cause before the Honorable Amy Clark Meachum, Judge Presiding, held in Austin, Travis County, Texas:

Proceedings reported by machine shorthand.





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1	<b>INDEX</b>			
2	<b>VOLUME 1</b>			
3	<b>HEARING ON MOTION FOR TEMPORARY INJUNCTION</b>			
4				
5	<b><u>JULY 7, 2021</u></b>			
6			<b><u>Page</u></b>	<b><u>Vol.</u></b>
7	Announcements.....		10	1
8	Motion to Exclude Investigation Reports..		14	1
9	Argument by Mr. Castillo.....		14	1
10	Argument by Ms. Corbello.....		17	1
11	Opening Statement by Mr. Castillo.....		26	1
12	Opening Statement by Ms. Corbello.....		28	1
13				
14	<b><u>PLAINTIFFS' WITNESSES</u></b>			
15		<b><u>Direct</u></b>	<b><u>Cross</u></b>	<b><u>Vol.</u></b>
16	<b>MIRABEL VOE</b>			
17	By Ms. Samant	32		1
18	By Ms. Corbello		54	1
19	<b>BRIAN BOND</b>			
20	By Mr. Cook	59		1
21	By Ms. Corbello		76	1
22	<b>CASSANDRA BRADY, M.D.</b>			
23	By Mr. Gonzalez-Pagan	82		1
24	By Mr. Stone		111	1
25	<b>RANDA MULANAX</b>			
26	By Mr. Klosterboer	131		1
27	By Ms. Corbello		141	1
28	<b>WANDA ROE</b>			
29	By Mr. Guillory	145		1
30	By Ms. Corbello		151	1

## INDEX CONTINUED

DEFENDANTS' WITNESSES

	<u>Direct</u>	<u>Cross</u>	<u>Vol.</u>
<b>JAMES CANTOR, PH.D.</b>			
By Mr. Stone	157		1
By Mr. Gonzalez-Pagan		162	1
By Mr. Stone	171		1
By Mr. Gonzalez-Pagan		205	1
<b>MARTA TALBERT</b>			
By Mr. Stone	215		1

	<u>Page</u>	<u>Vol.</u>
Rule 76a Temporary Sealing Order Hearing.	239	1
COURT'S RULING ON RULE 76A		
TEMPORARY SEALING ORDER HEARING.....	251	1

DEFENDANTS' WITNESSES

	<u>Direct</u>	<u>Cross</u>	<u>Vol.</u>
<b>MARTA TALBERT</b>			
By Mr. Stone	257		1
By Mr. Cook		263	1

1 opinions on the science related to the treatment of  
2 gender dysphoria in minors to give in this case?

3 A. Yes, I do.

4 Q. Okay.

5 MR. STONE: At this time, Your Honor,  
6 defendants designate Dr. Cantor as an expert on the  
7 science relating to the treatment of gender dysphoria  
8 in minors.

9 MR. GONZALEZ-PAGAN: Objection,  
10 Your Honor. Pursuant to Rule 705(b) of the Rules of  
11 Evidence, we're allowed to conduct a voir dire. I  
12 don't believe that enough has been presented.

13 THE COURT: You can conduct a voir dire  
14 at this moment, yes.

15 MR. GONZALEZ-PAGAN: And, Counsel, have  
16 you shared the exhibits with -- plaintiffs' exhibits  
17 with Dr. Cantor?

18 MR. STONE: We shared the exhibits that  
19 you provided to us previously.

20 **VOIR DIRE EXAMINATION**

21 BY MR. GONZALEZ-PAGAN:

22 Q. Good afternoon, Dr. Cantor.

23 A. Good afternoon.

24 Q. You're not a physician, correct?

25 A. Correct.

1 Q. You do not hold any medical degree; is that  
2 right?

3 A. Correct.

4 Q. You have only practiced clinical psychology in  
5 Canada; is that right?

6 A. Correct.

7 Q. Earlier you referenced that you provided  
8 testimony in a transgender rights -- in a case  
9 involving transgender youth. Do you recall that?

10 A. Yes.

11 Q. Are you familiar with the *Eknes-Tucker v. Ivey*  
12 case in Alabama?

13 A. Yes.

14 Q. You testified in a hearing in that case; is  
15 that correct?

16 A. Yes.

17 Q. Dr. Cantor, if you can open what's been  
18 designated as Plaintiffs' Exhibit 37.

19 MR. STONE: Yeah. Your Honor --

20 THE WITNESS: 37.

21 MR. STONE: -- we don't have 37. We've  
22 never been provided a copy of 37. This is one of --  
23 this is one of the supplemental things that came in  
24 this morning, and we -- we don't -- we don't even have  
25 a copy of it.

1 THE COURT: Let me see if I do.

2 MR. GONZALEZ-PAGAN: Just to clarify,  
3 Your Honor, counsel has been provided a copy. They  
4 were rebuttal exhibits that in the interest of Cantor  
5 were --

6 THE COURT: Well, I don't think you can  
7 do rebuttal -- I also think it's not probably not  
8 proper on a voir dire to --

9 MR. GONZALEZ-PAGAN: Well, it goes -- it  
10 just goes to his qualifications, Your Honor.

11 MR. STONE: But --

12 MR. GONZALEZ-PAGAN: I can just -- I can  
13 ask the direct question without relying on the exhibit.

14 THE COURT: Yeah. Just -- let's not  
15 admit an exhibit at this time.

16 MR. GONZALEZ-PAGAN: Yeah. Your Honor --

17 THE COURT: Why don't you just ask  
18 questions.

19 Q. (BY MR. GONZALEZ-PAGAN) Dr. Cantor, have you  
20 reviewed the Court's decision in *Eknes-Tucker*?

21 A. Portions of it. Not in its entirety, no.

22 Q. Did you review the portions relating to  
23 yourself?

24 A. Yes.

25 Q. Okay. In the Court decision in *Eknes-Tucker*,

1 the Court stated, Dr. Cantor admitted that his patients  
2 are on average 30 years old. He had never provided  
3 care to trans- -- to a transgender minor under the age  
4 of 16. He had never diagnosed a child or adolescent  
5 with gender dysphoria. He had never treated a child or  
6 adolescent with gender -- for gender dysphoria. He had  
7 no personal experience monitoring patients receiving  
8 transitioning medications, and he had no personal  
9 knowledge of the assessments or treatment methodologies  
10 used at any Alabama gender clinic.

11 Do you recall that portion of the  
12 *Eknes-Tucker* decision?

13 A. Yes, roughly.

14 Q. Do you dispute the Court's description of your  
15 experience?

16 A. I can't say that that's a complete --

17 Q. Is anything in --

18 A. I -- I -- the content of it is complete, but  
19 removed from the context around it isn't exactly the  
20 full story.

21 Q. It is not an incorrect representation; is that  
22 right?

23 A. Of that content of the decision, yes.

24 Q. Okay. And to follow up, do you have any  
25 personal knowledge of the assessments or treatment



1 methodologies used in Texas gender clinics?

2 A. I don't believe any has made any official --  
3 oh. Yes, there would -- no. There was a  
4 recently-closed clinic in Texas which published a  
5 report of the methods that it used, and it said it  
6 used, I think it was, the Endocrine Society guidelines.

7 Q. But you don't have any personal knowledge.  
8 This is something you read in a study; is that correct?

9 A. Personal knowledge? No.

10 Q. And you have not con- -- conducted any  
11 original scientific research on the efficacy or safety  
12 of the medical treatment of gender dysphoria; is that  
13 right?

14 A. Not on that specific question for original  
15 research, no. I've conducted comprehensive reviews of  
16 the research in order to make theoretical conclusions  
17 about it.

18 MR. GONZALEZ-PAGAN: Your Honor, at this  
19 point in time, we would object to the qualification of  
20 Dr. Cantor as an expert. As the Court concluded in  
21 *Eknes-Tucker*, which involved similar issues to the case  
22 at hand, the Court gave very little weight to  
23 Dr. Cantor's opinion regarding the treatment of gender  
24 dysphoria.

25 THE COURT: Well, but you just said

1 going to take a ten-minute break, and I'll see  
2 everybody back at 3:10.

3 MR. GONZALEZ-PAGAN: Thank you,  
4 Your Honor.

5 THE COURT: Thanks.

6 *(Recess was taken.)*

7 THE COURT: Dr. Cantor, if you're still  
8 with us, we're now going to have cross-examination.

9 MR. GONZALEZ-PAGAN: Thank you,  
10 Your Honor.

11 **CROSS-EXAMINATION**

12 BY MR. GONZALEZ-PAGAN:

13 Q. Dr. Cantor, can you hear me?

14 A. Yes, I can.

15 Q. Thank you. Earlier today you expressed some  
16 opinions pertaining to when a child with gender  
17 dysphoria will desist in their -- in their gender  
18 identification; is that right?

19 A. Yes, roughly.

20 Q. No medical treatment is recommended under any  
21 care model prior to Tanner Stage 2 of puberty; is that  
22 correct?

23 A. It depends on what you consider a medical  
24 intervention.

25 Q. No puberty blockers are recommended prior to

1 Tanner Stage 2 of puberty; is that correct?

2 A. Correct.

3 Q. No hormone treatment is recommended prior to  
4 Tanner Stage 2 of -- of puberty; is that correct?

5 A. Correct.

6 Q. No surgery is recommended prior to Tanner --  
7 prior to puberty; is that correct?

8 A. Correct.

9 Q. Okay. The desistance studies to which you  
10 referred, and I believe there were 11, all pertained to  
11 prepubescent children; is that right?

12 A. Well, I wouldn't call them a desistance study.  
13 There were follow-up studies no matter what happened.

14 Q. Did they all pertain to prepubescent children?

15 A. The first set of 11 cohorts studies, yes.

16 Q. Okay. Isn't it correct that these studies --  
17 the -- the youth that were the subjects of these  
18 studies were not diagnosed with gender dysphoria under  
19 the DSM-V?

20 A. That's kind of a misleading question. The --  
21 there were several DSMs under effect over the past  
22 30 years, and the outcomes from the DSM-III, III-R, IV,  
23 and IV-TR were the same.

24 Q. It --

25 A. It takes --

1 Q. All right.

2 A. -- 10 to 15 years to --

3 Q. Dr. Cantor, if you can --

4 MR. GONZALEZ-PAGAN: I'm going to object  
5 based on narrative.

6 Q. (BY MR. GONZALEZ-PAGAN) Dr. Cantor, the  
7 question is --

8 MR. STONE: Your Honor --

9 THE COURT: I -- I mean, I think the  
10 objection was nonresponsive, which I would sustain and  
11 narrative, yes.

12 MR. GONZALEZ-PAGAN: Thank you,  
13 Your Honor.

14 THE COURT: So the objection is  
15 sustained.

16 Q. (BY MR. GONZALEZ-PAGAN) Dr. Cantor, I -- I  
17 understand that there are various DSMs. I'm asking a  
18 very direct question. The desistance stu- -- the  
19 studies in which -- that follow prepubescent children  
20 that you indicated in support of desistance rates, the  
21 subject of those studies were not diagnosed with gender  
22 dysphoria under the DSM-V, correct?

23 A. That's correct.

24 Q. They were diagnosed with gender identity  
25 dis- -- disorder under prior DSM versions; is that

1 correct?

2 A. Yes.

3 Q. And the diagnostic criteria of gender  
4 dysphoria under the DSM-V differs from the diagnostic  
5 criteria of gender identity disorder under those prior  
6 DSM versions; is that right?

7 A. Slightly, yes.

8 Q. Okay. Dr. Cantor, do you agree that the  
9 number and percentage of adolescents with gender  
10 dysphoria who do not go on to identify as transgender  
11 is currently unknown?

12 A. Yes.

13 Q. Dr. Cantor, would you agree that under mo- --  
14 any of the models of care, including the Dutch model,  
15 puberty blockers and hormone treatments are not  
16 recommended to be started until after the onset of --  
17 of puberty; is that correct?

18 A. Correct.

19 Q. Dr. Cantor, sexual orientation and gender  
20 identity are distinct concepts; is that correct?

21 A. Yes.

22 Q. And a transgender person may identify as gay  
23 or lesbian; is that correct?

24 A. Yes.

25 Q. Dr. Cantor, you also made reference to a

1 in the affirmative?

2 A. Again, I can't remember the exact question and  
3 answer then, but the context -- but the authors of that  
4 study themselves were -- noted that psychotherapy --  
5 that they themselves couldn't use their own data to  
6 suggest improvement because it was people who were  
7 already doing well -- continuing to do well rather than  
8 people who were doing poorly, then coming to do well.

9 Q. Okay. Dr. Cantor, you cannot cite to any  
10 study showing that psychotherapy alone can resolve an  
11 adolescent's gender dysphoria; is that correct?

12 A. That's correct.

13 MR. GONZALEZ-PAGAN: That's it for  
14 plaintiffs on cross, Your Honor.

15 THE COURT: Anything further from you?

16 MR. STONE: No, Your Honor.

17 THE COURT: Okay. Then, Doctor, you are  
18 excused. You are free to disconnect yourself and free  
19 to go. Thank you.

20 MR. STONE: Thank you, Dr. Cantor.

21 THE WITNESS: My pleasure. Good luck,  
22 everyone.

23 MR. STONE: And, Your Honor, could I get  
24 a time check before we call our -- this is our last  
25 witness.

## Omar Gonzalez-Pagan

---

**From:** Publications <publications@endocrine.org>  
**Sent:** Tuesday, April 4, 2023 8:22 AM  
**To:** Omar Gonzalez-Pagan  
**Subject:** RE: Question re peer-review process at JCEM

Dear Dr. Gonzalez-Pagan,

Thank you for your email. Usually the handling editor will make a decision on a Letter to the Editor without peer review, but occasionally an external reviewer will be invited. It is at the editor's discretion.

If a Letter to the Editor is accepted, the authors of the original article the letter is regarding will be invited to submit a response.

Please let me know if you have any other questions.

Best regards,  
Lisa Tetrault  
JCEM Editorial Office



### PUBLICATIONS

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---

**From:** Omar Gonzalez-Pagan <ogonzalez-pagan@lambdalegal.org>  
**Sent:** Monday, April 3, 2023 4:58 PM  
**To:** Publications <publications@endocrine.org>  
**Subject:** Question re peer-review process at JCEM

Good afternoon,

I am writing to inquire about the review process for letters to the editor published in JCEM. Are these letters externally peer-reviewed?

Thank you in advance for your attention to this matter.

Regards,

Omar Gonzalez-Pagan  
Counsel and Health Care Strategist\*  
Pronouns: He/Him/His  
Lambda Legal  
120 Wall Street, 19th Floor  
New York, New York 10005-3919  
Work: 212-809-8585, ext. 2211 | Mobile: (617) 686-3464

Email: [ogonzalez-pagan@lambdalegal.org](mailto:ogonzalez-pagan@lambdalegal.org) | Fax: (212) 658-9721

<http://www.lambdalegal.org>

\* *Admitted in Massachusetts and New York.*



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**From:** "James Shupe (Formerly Jamie Shupe)"  
**Sent:** 3/30/2020 7:03:50 PM  
**To:** "Julianne Young" <julianneyoung@gmail.com>, "QUENTIN VAN METER" <kidendo@comcast.net>  
**Cc:** "Michelle Cretella" <drcretella@gmail.com>, "Dr. Fred Deutsch" <drfred@deutschclinic.com>, "Kelsey Coalition" <kelseycoalition@gmail.com>, "Mary McAlister" <mmcalister@childparentrights.org>, "Natasha Chart" <natasha.chart@gmail.com>, "Richard Mast" <rmast@lc.org>, "Steve Smith" <steve@stevesmithlaw.com>, "David Pickup" <davidpickuplmft@gmail.com>, "Eunie Smith" <alaeagle@charter.net>, "Gary McCaleb" <mccgsm@gmail.com>, "Glenn Ridder" <glenn.ridder@outlook.com>, "Horvath Hacs" <birdcatcher9@yahoo.com>, "Michael Laidlaw" <mike@drlaidlaw.com>, "Jane Robbins" <rlrobb123@gmail.com>, "Lappert Patrick" <patrick@lappertplasticsurgery.com>, "MD Paul Hruz PhD" <hruz\_p007@att.net>, "Margaret Clarke" <margaretclarke317@icloud.com>, "Matt Sharp" <msharp@adflegal.org>, "McHugh Paul" <pmchugh1@jhmi.edu>, "Monique Robles MD" <pamosa27@comcast.net>, "Roger Brooks" <rbrooks@adflegal.org>, "Timothy Millea MD" <tmillea@qcora.com>, "Vernadette Broyles" <vbroyles@childparentrights.org>, "Walt Heyer" <waltsbook@yahoo.com>, "William Malone" <malone.will@gmail.com>, "Scott, Greg" <greg.scott@heritage.org>, sjvick@senate.idaho.gov  
**Bcc:**  
**Subject:** Re: Idaho Vital Statistics Integrity Act - short window for comments - by Friday, January 24

Julianne,

Such wonderful news in otherwise dark times. I've been making a point to pray each day, asking that the Governor would sign these bills, and those prayers have now been answered. But stay strong, please, because a lot of hate will no doubt be coming your way as the problematic elements of the media feign outrage.

Blessings, and many thanks for all of your hard work and courage to pass this historic legislation.

James

On Monday, March 30, 2020, 09:23:10 PM EDT, QUENTIN VAN METER <kidendo@comcast.net> wrote:

God is with us!

Quentin

On March 30, 2020 at 8:26 PM Julianne Young <julianneyoung@gmail.com> wrote:

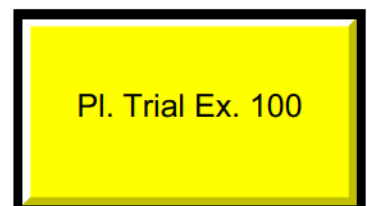
Dear Friends,

I cannot thank you enough for your help and support! It is official-- Governor Little signed both H500 and H509 today! Many tears and prayers of gratitude! The fight goes on!

With love and gratitude,  
Julianne Young

On Fri, Mar 27, 2020 at 12:27 PM Julianne Young <julianneyoung@gmail.com> wrote:

Thanks to Arthur for forwarding the email below. It is imperative that we keep our governor hearing our support for these bills.  
208-334-2100 | [governor@gov.idaho.gov](mailto:governor@gov.idaho.gov)



Julianne Young

**From:** Arthur Schaper <[Arthur@massresistance.org](mailto:Arthur@massresistance.org)>  
**Sent:** Friday, March 27, 2020 10:32 AM  
**To:** Representative Julianne Young <[JYoung@house.idaho.gov](mailto:JYoung@house.idaho.gov)>  
**Subject:** Fw: URGENT: In a pandemic, anti-LGBTQ extremists in Idaho attack transgender youth

Hey Julianne:

This organization is based in Massachusetts, and they are also targeting the Governor of Idaho.

We are still going after the Governor, though, to make sure that he signs or at least allow the bills to become law.

Arthur Schaper, Organization Director  
Website: [MassResistance.org](http://MassResistance.org)  
Email: [arthur@massresistance.org](mailto:arthur@massresistance.org)  
(781) 890-6001  
@MassResistance  
@CAMassResistanc

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**From:** Hannah Willard, Freedom for All Americans <[editor@freedomforallamericans.org](mailto:editor@freedomforallamericans.org)>  
**Sent:** Thursday, March 26, 2020 5:03 AM  
**To:** Arthur Schaper  
**Subject:** URGENT: In a pandemic, anti-LGBTQ extremists in Idaho attack transgender youth

Bad bill alert in Idaho, Friend:

**The *first and only* anti-transgender student athlete bill to pass this year is on the Governor's desk there *right now*.**

That's right—while many state governments are trying to help people suffering in this pandemic, Idaho lawmakers are trying to hurt vulnerable youth. The cruelty is *extreme*, friend, and really shows just how determined anti-LGBTQ forces are to hurt our community.

The Governor is skeptical about the bill, so there's a chance he'll veto. But we're not leaving this up to chance: We're running online ads into Idaho right now, activating Idahoans to call for his veto. And we're coordinating local businesses to call for a veto too.

**Idaho's Governor has until the middle of next week to veto. *If you're able*, and *if you've already supported those who are suffering in your***

community right now, will you chip in \$8 to our state campaigns team ASAP so we can keep the pressure on him?

If he vetoes, it will be a huge victory for our movement. But even then, *dozens* of similar bills are still active in legislatures across the country—and legislative sessions this year could drag on, into the summer or longer.

While some legislatures have gaveled out, or have suspended other work to deal with the public health crisis, some haven't. And when the pandemic is contained, weeks or even months from now, and lawmakers are back at work, anti-LGBTQ legislation could be at the top of their agenda.

**Our state leaders need to focus on what matters—containing the virus, increasing testing, bolstering the economy, helping families, and ensuring children are able to learn from home. Not attacking our most vulnerable youth.**

Help us fight anti-transgender legislation, in Idaho and across the country, for as long as it takes. If you can, chip in \$8 to our state campaigns team.

Thanks,

Hannah Willard,  
Senior Director of Campaigns



[FreedomforAllAmericans.org](http://FreedomforAllAmericans.org)  
If your name has changed, click here to update it.  
If you'd no longer like to receive these emails, click here.

On Fri, Mar 27, 2020 at 6:26 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

At the end of the day yesterday the newly posted information on the governor's website showed that there are only 30 bills left awaiting action. H500 (Fairness in Women's Sports-protecting biological males from competing in women's sports) and H509 (The Idaho Vital Statistics Act) are among those which have been left without action. These are subject to possible veto or signing through the 31st. If they are not vetoed before 6:33 PM on the 31st they can become law even if they are not signed. We need to continue letting the governor know that these are important to us. Thank you.

Julianne Young

On Tue, Mar 24, 2020 at 8:18 PM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

My sincere apologies to all, but the governor's office decided at around noon today that they had until the 31st to act on these bills. We now have until the 31st to continue expressing public support!

On Mon, Mar 23, 2020 at 1:20 PM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

One more post on time frames: Apparently since H509 was transmitted to the governor before we adjourned, the 5 days still applies. That means that he has until tomorrow afternoon at 2:40 pm to act on it. As of last night he hadn't addressed it yet.

On Sat, Mar 21, 2020 at 8:58 AM James Shupe (Formerly Jamie Shupe) <[jamie.shupe@yahoo.com](mailto:jamie.shupe@yahoo.com)> wrote:

Fred,

I've wrestled with whether or not I should bite my tongue or in a military-style "after actions review" kinda way, I should chime in with how I saw things play out.

Okay, so first off, I'm grateful for your courage to do this bill because it's a big strike in the right direction. I'm also saddened that you're taking a lot of heat, but that was to be expected and you knew that was coming going into the fight. All that said, there were, however, in my view some serious problems in, for a lack of a better word, the "campaign" to pass the legislation. As I stated previously, I thought it was a horribly bad idea to have folks that are still trans-identifying testifying or otherwise involved. You have to consider that if you were to somehow piss them off, they could turn all of our emails over the ACLU, etc. That was literally like having people testifying "don't do this, even though I'm doing it because it's lifesaving." And, of course, the argument from your foes was "we can help people like those folks do it even better, and without the surgeries, because we got them young when they most needed the help." So that was an all-around bad idea. Next up, as I understood it, and please correct me if I'm wrong, but your platform was that you weren't against adults transitioning. Let's all be honest, there's no such thing as transitioning, and the harm in that approach is it's being complicit in unleashing these folks on females. By condoning the creation of these trans adults, it's being complicit in allowing them to compete in female sports, invade women's spaces such as bathrooms, locker rooms, homeless shelters, prisons, the compelled speech, pronoun issues, etc. There's real harm in that and it's something I've stood against even before I desisted.

In the future, I think a better approach in this regard is to say we support adults having autonomy over their bodies but we refuse to participate in the delusion that they've changed sex because of gender identity or because of the medical treatments. Further, these adults have to take responsibility for the changes they've made to their bodies in regard to how they navigate society and even the medical system. To be crass, cutting my penis off doesn't warrant me getting into a female bathroom because it's a choice I made as an adult with autonomy over my body.

So again, Fred, I am truly grateful for your hard work and willingness to do this because it's put the language and framework into place for other states to hopefully be successful. I just hope they come at it differently.

For those of you that haven't updated my email address yet, please change it to [james.shupe.fl@gmail.com](mailto:james.shupe.fl@gmail.com)

I'm legally back to James now, so it's time to put Jamie to rest, forever. Jamie was a failed medical and psychiatric experiment, nothing more.

Blessings,

James

On Thursday, March 19, 2020, 03:32:54 PM EDT, Dr. Fred Deutsch <[drfred@deutschclinic.com](mailto:drfred@deutschclinic.com)> wrote:

Thank you for your courage. Though our session in SD is now over and our efforts to protect gender-confused vulnerable children failed, I continue to receive ugly email and social media posts. America needs more state legislators like you. — Fred Deutsch, South Dakota Rep.

From: Julianne Young <juliannehyoung@gmail.com>  
Sent: Thursday, March 19, 2020 11:19 AM  
To: Michelle Cretella <dmcretella@gmail.com>  
Cc: Kelsey Coalition <kelseycoalition@gmail.com>; James Shupe (Formerly Jamie Shupe) <jamie.shupe@yahoo.com>; Mary McAlister <mmcalister@childparentrights.org>; Natasha Chart <natasha.chart@gmail.com>; Richard Mast <RMast@c.org>; Steve Smith <steve@stevensmithlaw.com>; Dr. Fred Deutsch <dfred@deutschclinic.com>; David Pickup <davidpickupmfl@gmail.com>; Eunie Smith <slaeagle@charter.net>; Gary McCaleb <mccgsm@gmail.com>; Glenn Ridder <glenn.ridder@outlook.com>; Horvath Hacsí <birdcatcher@yahoo.com>; Michael Laidlaw <mike@drlaidlaw.com>; Jane Robbins <rrobb123@gmail.com>; Lappert Patrick <patrick@lappertplasticsurgery.com>; MD Paul Hruz PhD <hruz\_p007@att.net>; Margaret Clarke <margaretclarke317@cloud.com>; Matt Sharp <msham@adllegal.org>; McHugh Paul <pmchugh1@hmi.edu>; Monique Robles MD <pamosa27@comcast.net>; Quentin Van Meter <kidendo@comcast.net>; Roger Brooks <rbrooks@adllegal.org>; Timothy Millea MD <TMillea@qcora.com>; Vernadette Broyles <vbroyles@childparentrights.org>; Walt Heyer <waltshook@yahoo.com>; William Malone <malone.will@gmail.com>; Scott, Greg <Greg.Scott@heritage.org>; slvick@senate.idaho.gov  
Subject: Re: Idaho Vital Statistics Integrity Act - short window for comments - by Friday, January 24

H509 passed the Senate 27-6 with the support of every Republican Senator. The governor is receiving national pressure to veto. Any support that can be communicated is helpful: [governor@gov.idaho.gov](mailto:governor@gov.idaho.gov)

Here is a link to my Facebook page where I posted my comments, as I provided them to CNN, along with a link to their 'news coverage' of H509. <https://www.facebook.com/YoungForIdahoHouse/>

Thank you again for your help and support in this effort. Prayers for the governor and his staff now!

Julianne Young

On Tue, Mar 17, 2020 at 7:34 AM Julianne Young <juliannehyoung@gmail.com> wrote:

Yesterday H500, a bill protecting female athletes from being displaced by biological males, was debated in the Senate and passed 11 to 24. I believe the vote will be similar on H509. It is now about bill number 30 on the Senate third reading calendar. I continue to pray that we get a vote before we are disbanded due to the coronavirus. If we adjourn, it will die. It could be late today if bills move quickly or, perhaps, tomorrow.

Julianne Young

On Sat, Mar 14, 2020 at 8:51 AM Julianne Young <juliannehyoung@gmail.com> wrote:

Our committee hearing went well and we came through Senate State Affairs with a party line vote. 509 has been hanging on the Senate third reading calendar waiting for a floor vote for several days and they are not moving business through very quickly. There are more than 50 bills ahead of us and they are talking about adjourning mid-week next week because of the corona virus. We have the support of leadership but the Democrats will be attempting to use the time pressure against us. Your prayers are appreciated.

On Thu, Mar 5, 2020 at 8:13 AM Julianne Young <juliannehyoung@gmail.com> wrote:

It has been confirmed that we will get a hearing toward the beginning of next week.

On Wed, Mar 4, 2020 at 8:49 AM Julianne Young <juliannehyoung@gmail.com> wrote:

I believe that our ability to address the negative AG opinion which came out Friday (after H509 passed the House) will be critical. I'm attaching the opinion (with my scribbles). Your criticism and suggestions are appreciated. Thanks.

On Wed, Mar 4, 2020 at 7:44 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

I heard from the Speaker last night that we will have a hearing for H509 on the Senate side. I will be more confident in this when I hear it from the chairman, but I have good reason to hope. It's time to think about what we will present and who might be able to testify. I will let you know as soon as I have more information.

On Sat, Feb 22, 2020 at 2:50 PM <[dmcretella@gmail.com](mailto:dmcretella@gmail.com)> wrote:

Yes. This must be personalized!

Stories - not facts - move people to act!

Sent from my iPhone

On Feb 22, 2020, at 4:25 PM, Kelsey Coalition <[kelseycoalition@gmail.com](mailto:kelseycoalition@gmail.com)> wrote:

Although we all know this whole thing is ridiculous and it is Orwellian that we have to have a bill to say that  $1+1=2$ , I think sometimes people can see this issue more clearly when we can personalize the issue.

Consider if you are a mother of a daughter. One day your daughter could decide without your involvement to change her birth certificate. This legal document would now say that you gave birth to a son. You have zero say. This document is a lie about your personal life and your health history and is happening to KC parents in many states. <https://transgenderlawcenter.org/resources/id/state-by-state-overview-changing-gender-markers-on-birth-certificates>

On Sat, Feb 22, 2020 at 2:57 PM James Shupe (Formerly Jamie Shupe) <[jamie.shupe@yahoo.com](mailto:jamie.shupe@yahoo.com)> wrote:

As these bills are advanced, I think it's important to do at least some education on the history of gender identity, even if just briefly, because I don't believe there are very many lawmakers that are actually knowledgeable on the topic. No doubt many of them will find it disturbing to learn they're older than the quack theories behind the whole sham.

James

On Saturday, February 22, 2020, 02:48:38 PM EST, Michelle Cretella <[dmcretella@gmail.com](mailto:dmcretella@gmail.com)> wrote:

But it is even worse than any other example in history in the sense that the State is forcing people to participate in a lie akin to  $2+2=5$  ... I mean NO ONE should have to appeal to their "Freedom of Religion/Conscience" to stand up against  $2+2=5$  / a man is NOT a woman! If this is not the definition of insane I don't know what is!

On Sat, Feb 22, 2020 at 2:14 PM Mary McAlister <[mmcalister@childparentingrights.org](mailto:mmcalister@childparentingrights.org)> wrote:  
> Excellent point Dr. C. That is one of the arguments we are making regarding the school affirmation policies, i.e., the state is compelling students to utter a false statement, which violates free speech and free exercise rights (or rights of conscience generally). That's underlying pronoun policies and privacy facilities use policies requiring children to affirm classmates are girls when

**Attachment:**

**From:** Margaret Clarke  
**Sent:** 3/19/2020 12:18:47 PM  
**To:** "James Shupe (Formerly Jamie Shupe)" <jamie.shupe@yahoo.com>  
**Cc:**  
**Subject:** Thank you Fred  
**Attachments:** [image004.jpg](#)

---

Begin forwarded message:

**From:** Margaret Clarke <margaretclarke317@icloud.com>  
**Subject:** Re: Idaho Vital Statistics Integrity Act - short window for comments - by Friday, January 24  
**Date:** March 19, 2020 at 3:17:11 PM CDT  
**To:** "Dr. Fred Deutsch" <drfred@deutschclinic.com>  
**Cc:** Julianne Young <julianneyoung@gmail.com>, Michelle Cretella <drcretella@gmail.com>, Katherine Cave <kelseycoalition@gmail.com>, "James Shupe (Formerly Jamie Shupe)" <jamie.shupe@yahoo.com>, Mary McAlister <mmcalister@childparentrights.org>, Natasha Chart <natasha.chart@gmail.com>, Mast Richard <RMast@lc.org>, Steve Smith <steve@stevesmithlaw.com>, David Pickup <davidpickuplmt@gmail.com>, Eunie Smith <alaeagle@charter.net>, McCaleb Gary <mccgsm@gmail.com>, Glenn Ridder <glenn.ridder@outlook.com>, Horvath Hacsí <birdcatcher9@yahoo.com>, Laidlaw Michael <mike@drdavidlaw.com>, Jane Robbins <rjrobb123@gmail.com>, Patrick Lappert <patrick@lappertplasticsurgery.com>, MD Paul Hruz PhD <hruz\_p007@att.net>, Matt Sharp <msharp@adfflegal.org>, McHugh Paul <pmchugh1@jhmi.edu>, Monique Robles MD <pamosa27@comcast.net>, Quentin Van Meter <kidendo@comcast.net>, Brooks Roger <rbrooks@adfflegal.org>, Timothy Millea MD <TMillea@qcora.com>, Vernadette Broyles <vbroyles@childparentrights.org>, Kaycee Heyer <waltzbook@yahoo.com>, William Malone <malone.will@gmail.com>, "Scott, Greg" <Greg.Scott@heritage.org>, "sjvick@senate.idaho.gov" <sjvick@senate.idaho.gov>

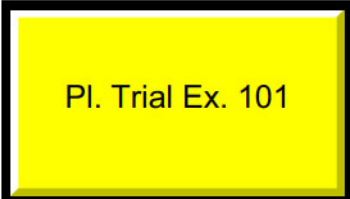
Dear Fred,

Please do not say that the South Dakota effort failed!!

You successfully inspired, encouraged and counseled numerous VCAP efforts around the country. You brought together the brightest most experienced professions from coast to coast to sacrificially and generously provide numerous white papers to persuade reticent legislators. You established the ideal witness list that we are all still following in our individual states. You lead the way with creative media efforts that each of us have tailored to our individual states and speakers. Your sacrifice of time, energy and resources was the epitome of servant leadership. Your courage to confront this growing abomination in spite of the attacks has fortified many other witnesses and legislative sponsors who have been attached knowing that you have gone before us. And, most importantly you connected us all to each other.

This is just beginning.

Thank you Fred, et. All.  
Margaret Clarke, General Counsel





Eagle Forum of Alabama

Leading the pro-family movement since 1972

205.879.7096 office

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On Mar 19, 2020, at 2:32 PM, Dr. Fred Deutsch <[drfred@deutschclinic.com](mailto:drfred@deutschclinic.com)> wrote:

Thank you for your courage. Though our session in SD is now over and our efforts to protect gender-confused vulnerable children failed, I continue to receive ugly email and social media posts. America needs more state legislators like you. - Fred Deutsch, South Dakota Rep.

From: Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)>

Sent: Thursday, March 19, 2020 11:19 AM

To: Michelle Cretella <[drmcretella@gmail.com](mailto:drmcretella@gmail.com)>

Cc: Kelsey Coalition <[kelseycoalition@gmail.com](mailto:kelseycoalition@gmail.com)>; James Shupe (Formerly Jamie Shupe) <[jamie.shupe@yahoo.com](mailto:jamie.shupe@yahoo.com)>; Mary McAlister <[mmcalister@childparentrights.org](mailto:mmcalister@childparentrights.org)>; Natasha Chart <[patasha.chart@gmail.com](mailto:patasha.chart@gmail.com)>; Richard Mast <[RMast@lc.org](mailto:RMast@lc.org)>; Steve Smith <[steve@stevesmithlaw.com](mailto:steve@stevesmithlaw.com)>; Dr. Fred Deutsch <[drfred@deutschclinic.com](mailto:drfred@deutschclinic.com)>; David Pickup <[davidpickuplmft@gmail.com](mailto:davidpickuplmft@gmail.com)>; Eunie Smith <[alaeagle@charter.net](mailto:alaeagle@charter.net)>; Gary McCaleb <[mccgsm@gmail.com](mailto:mccgsm@gmail.com)>; Glenn Ridder <[glenn.ridder@outlook.com](mailto:glenn.ridder@outlook.com)>; Horvath Hacsí <[birdcatcher9@yahoo.com](mailto:birdcatcher9@yahoo.com)>; Michael Laidlaw <[mikedrlaidlaw.com](mailto:mikedrlaidlaw.com)>; Jane Robbins <[rjrobb123@gmail.com](mailto:rjrobb123@gmail.com)>; Lappert Patrick <[patrick@lappertplasticsurgery.com](mailto:patrick@lappertplasticsurgery.com)>; MD Paul Hruz PhD <[hruz\\_p007@att.net](mailto:hruz_p007@att.net)>; Margaret Clarke <[margaretclarke317@icloud.com](mailto:margaretclarke317@icloud.com)>; Matt Sharp <[msharp@adflegal.org](mailto:msharp@adflegal.org)>; McHugh Paul <[pmchugh1@jhmi.edu](mailto:pmchugh1@jhmi.edu)>; Monique Robles MD <[pamosa27@comcast.net](mailto:pamosa27@comcast.net)>; Quentin Van Meter <[kidendo@comcast.net](mailto:kidendo@comcast.net)>; Roger Brooks <[rbrooks@adflegal.org](mailto:rbrooks@adflegal.org)>; Timothy Millea MD <[TMillea@qcora.com](mailto:TMillea@qcora.com)>; Vernadette Broyles <[vbroyles@childparentrights.org](mailto:vbroyles@childparentrights.org)>; Walt Heyer <[waltsbook@yahoo.com](mailto:waltsbook@yahoo.com)>; William Malone <[malone.will@gmail.com](mailto:malone.will@gmail.com)>; Scott, Greg <[Greg.Scott@heritage.org](mailto:Greg.Scott@heritage.org)>; [sjvick@senate.idaho.gov](mailto:sjvick@senate.idaho.gov)

Subject: Re: Idaho Vital Statistics Integrity Act - short window for comments - by Friday, January 24

H509 passed the Senate 27-6 with the support of every Republican Senator. The governor is receiving national pressure to veto. Any support that can be communicated is helpful: [governor@gov.idaho.gov](mailto:governor@gov.idaho.gov)

Here is a link to my Facebook page where I posted my comments, as I provided them to CNN, along with a link to their 'news coverage' of H509. <https://www.facebook.com/YoungForIdahoHouse/>

Thank you again for your help and support in this effort. Prayers for the governor and his staff now!

Julianne Young

On Tue, Mar 17, 2020 at 7:34 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

Yesterday H500, a bill protecting female athletes from being displaced by biological males, was debated in the Senate and passed 11 to 24. I believe the vote will be similar on H509. It is now about bill number 30 on the

Senate third reading calendar. I continue to pray that we get a vote before we are disbanded due to the coronavirus. If we adjourn, it will die. It could be late today if bills move quickly or, perhaps, tomorrow.

Julianne Young

On Sat, Mar 14, 2020 at 8:51 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:  
Our committee hearing went well and we came through Senate State Affairs with a party line vote. 509 has been hanging on the Senate third reading calendar waiting for a floor vote for several days and they are not moving business through very quickly. There are more than 50 bills ahead of us and they are talking about adjourning mid-week next week because of the corona virus. We have the support of leadership but the Democrats will be attempting to use the time pressure against us. Your prayers are appreciated.

On Thu, Mar 5, 2020 at 8:13 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:  
It has been confirmed that we will get a hearing toward the beginning of next week.

On Wed, Mar 4, 2020 at 8:49 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:  
I believe that our ability to address the negative AG opinion which came out Friday (after H509 passed the House) will be critical. I'm attaching the opinion (with my scribbles). Your criticism and suggestions are appreciated. Thanks.

On Wed, Mar 4, 2020 at 7:44 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:  
I heard from the Speaker last night that we will have a hearing for H509 on the Senate side. I will be more confident in this when I hear it from the chairman, but I have good reason to hope. It's time to think about what we will present and who might be able to testify. I will let you know as soon as I have more information.

On Sat, Feb 22, 2020 at 2:50 PM <[drmcretella@gmail.com](mailto:drmcretella@gmail.com)> wrote:  
Yes. This must be personalized!  
Stories - not facts - move people to act!

Sent from my iPhone

On Feb 22, 2020, at 4:25 PM, Kelsey Coalition <[kelseycoalition@gmail.com](mailto:kelseycoalition@gmail.com)> wrote:

Although we all know this whole thing is ridiculous and it is Orwellian that we have to have a bill to say that 1+1=2, I think sometimes people can see this issue more clearly when we can personalize the issue.

Consider if you are a mother of a daughter. One day your daughter could decide without your involvement to change her birth certificate. This legal document would now say that you gave birth to a son. You have zero say. This document is a lie about your personal life and your health history and is happening to KC parents in many states. <https://transgenderlawcenter.org/resources/id/state-by-state-overview-changing-gender-markers-on-birth-certificates>

On Sat, Feb 22, 2020 at 2:57 PM James Shupe (Formerly Jamie Shupe) <[jamie.shupe@yahoo.com](mailto:jamie.shupe@yahoo.com)> wrote:  
As these bills are advanced, I think it's important to do at least some education on the history of gender identity, even if just briefly, because I don't believe there are very many lawmakers that are actually knowledgeable on the topic. No doubt many of them will find it disturbing to learn they're older than the quack theories behind the whole sham.

James

On Saturday, February 22, 2020, 02:48:38 PM EST, Michelle Cretella <[drmcretella@gmail.com](mailto:drmcretella@gmail.com)> wrote:

But it is even worse than any other example in history in the sense that the State is forcing people to participate in a lie akin to  $2+2=5$  ... I mean NO ONE should have to appeal to their "Freedom of Religion/Conscience" to stand up against  $2+2=5$  / a man is NOT a woman! If this is not the definition of insane I don't know what is!

On Sat, Feb 22, 2020 at 2:14 PM Mary McAlister <[mmcalister@childparentrights.org](mailto:mmcalister@childparentrights.org)> wrote:

> Excellent point Dr. C. That is one of the arguments we are making regarding the school affirmation policies, i.e., the state is compelling students to utter a false statement, which violates free speech and free exercise rights (or rights of conscience generally). That's underlying pronoun policies and privacy facilities use policies requiring children to affirm classmates are girls when they are boys.

>  
> Mary E. McAlister, Esq.  
> Senior Litigation Counsel  
> Child & Parental Rights Campaign  
> P.O. Box 637  
> Monroe, VA 24574  
> 434 610-0873  
> [mmcalister@childparentrights.org](mailto:mmcalister@childparentrights.org)  
> [childparentrights.org](http://childparentrights.org)

> On Sat, Feb 22, 2020, 1:36 PM Kelsey Coalition <[kelseycoalition@gmail.com](mailto:kelseycoalition@gmail.com)> wrote:

>> Just to expand a bit on the parent argument...it not simply the state being complicit in a legal fiction (that a girl was actually born a boy), but it is the state compelling an unwilling party to party to that legal fiction...parents whose legal records state they gave birth to a son when they really gave birth to a daughter.

>>  
>> Haven't had a chance to watch the hearing, but was this argument part of the testimony?

>>  
>>  
>>

>> On Sat, Feb 22, 2020 at 11:22 AM Kelsey Coalition <[kelseycoalition@gmail.com](mailto:kelseycoalition@gmail.com)> wrote:

>>> Thank you, Julianne. Have you considered the argument from the parent perspective? When birth certificates are changed, they create a legal fiction involving unwilling parents: That a mother who gave birth to a daughter gave birth to a son, and vice versa. As recently as last month, a mother wrote to us expressing absolute shock that her young adult daughter can change her birth certificate without her permission. As she stated, she and her husband do not want their names connected to a "blatant lie."

>>>  
>>> FYI, to encourage people to write to Idaho House members, I tweeted out a link to the bill and the House Members' emails here:

>>> <https://twitter.com/CoalitionKelsey/status/1231246802189475842?s=20>

>>>

>>> If any of you are on twitter, please retweet. Thank you! -K

>>>

>>> On Sat, Feb 22, 2020 at 9:42 AM Julianne Young <[julianneyoung@gmail.com](mailto:julianneyoung@gmail.com)> wrote:

>>>> The House State Affairs committee sent our bill to the floor on a party line vote with a do-pass recommendation.

>>>>

>>>> We had some great testimony (in opposition) from the National Organization of Women representative, Janelle Winterstein. Janelle opposed the bill, suggesting that it is uncharacteristic of the acceptance and kindness she has felt from Idahoans, including many of the more conservative members of the state affairs committee. It seems that this testimony would be a great benefit should a court be seeking evidence that this bill is motivated by animus.

>>>>

>>>> Our strongest opposition came from the Lambda Legal Attorney who represented the plaintiffs in F.V. v Barron (a very tall woman if you're skimming the video looking for her testimony). She countered some of my statements which suggested that this issue has not been robustly examined based on it's impacts on public policy and the state generally because the state conceded everything and the arguments made (based on the West Law minutes) addressed only the interests of the agency and not the public at large. She argued that everything I brought up had already been heard and considered by the court and that they have already decided this issue. By passing this bill, we are placing the DHW in a position to be found in contempt of court. This argument, coupled with the court costs may sway moderate republicans in the House and could stop the bill in the Senate if we don't have a strong counter-argument on the House floor. It could be up for debate on the floor as soon as next Tuesday and must be transmitted to the Senate by the end of the week.

>>>>

>>>> The video of the hearing is available here:

<https://legislature.idaho.gov/sessioninfo/2020/standingcommittees/HSTA/> . It does take awhile to open. It was about a 2 hour hearing. There was a very short bill right before mine but it only took a couple of minutes. Most of the file is our bill.

>>>>

>>>> Counter arguments I am considering include:

>>>>

>>>> The proposed statute complies with the requirement of the injunction in that the statute does not automatically reject applications to amend this category of material facts, but establishes a process by which those applications may be reviewed and considered. This process protects the interest of the state in ensuring the accuracy of material statistics.

>>>>

>>>> The legislature rejects the argument that biological sex is gender identity. Courts are required to observe the definitions established in the law. The legislative branch, including on the federal level, has consistently acted on a biological definition of sex. Yet, this court relied upon the conflation of sex and gender identity in issuing their ruling. The conflation of these terms in the law severely undermines the compelling interest of the state and jeopardizes the health and safety of all Idahoans. Sex specific policies have been upheld by the courts for decades specifically because of the material distinctions between male and female, statistically speaking. If we accept the premise that these distinctions are irrelevant, that sex is gender identity irrespective of biological fact, we must also find that all sex-based distinctions are discriminatory.

>>>>

>>>> I would sincerely appreciate legal feedback and suggestions.

>>>>

>>>> Julianne Young

>>>>

>>>>

>>>>

>>>>

>>>>

>>>> On Thu, Feb 20, 2020 at 7:34 AM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>> The Idaho Vital Statistics Act will be heard tomorrow morning in State Affairs. Our meetings are usually at 9 but I won't be surprised if we start at 8 AM. It will be available live online or recorded if any are interested in listening. We may get some ideas that will help as we head to the Senate.

>>>>>

>>>>> On Wed, Feb 12, 2020 at 2:59 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>> Does anyone have a contact in the research and statistics world or someone in the insurance industry (medical or car) that could provide a statement explaining the value of accurate information regarding biological sex as a qualifying characteristic for sex specific differences in policies, etc? These are research based private policies. When we fundamentally alter the legal definition of sex we undercut their ability to effectively implement those research-based policies.

>>>>>>

>>>>>> On Tue, Feb 11, 2020 at 6:05 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>> Hello all,

>>>>>>>

>>>>>>> I am adding Senator Steve Vick to this email group. He will be carrying the bill on the Senate side. We are on the agenda to print the bill in House State Affairs on Thursday and are working toward a full hearing a week from Wednesday. Welcome Senator Vick! We are glad to have you on board!

>>>>>>>

>>>>>>> Julianne Young

>>>>>>>

>>>>>>> On Mon, Feb 10, 2020 at 9:54 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>>> And one last document-- This is an op-ed/ press statement if it passes muster:

[https://docs.google.com/document/d/1Z8k-zehU6\\_j9JN-iHbG5-NV1LeOrlddM3Cryl\\_LXzFw/edit](https://docs.google.com/document/d/1Z8k-zehU6_j9JN-iHbG5-NV1LeOrlddM3Cryl_LXzFw/edit)

>>>>>>>>

>>>>>>>> Feel free to comment on it and mark it up.

>>>>>>>>

>>>>>>>> On Mon, Feb 10, 2020 at 4:31 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>>>> Thank you all so much for your help and input. Here is an outline of talking points. Please weigh in and share cautions, resources, or additional ideas. Our full hearing will be a week from Wednesday.

>>>>>>>>>

>>>>>>>>> <https://docs.google.com/document/d/1FckO5aKuniUTqJ8psNrWRRiYTNzn84uqLvOWRyJ4FGI/edit>

>>>>>>>>>

>>>>>>>>> On Mon, Feb 10, 2020 at 8:12 AM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>>>>> Dear Friends,

>>>>>>>>>>

>>>>>>>>>>> Attached below is the draft which we RS'd on Friday. The Lord is blessing our efforts! We anticipate a print hearing in House State Affairs this Wednesday and a full hearing towards the beginning of next week. I am working on talking points and a press release. We need to keep our messaging very controlled. Also, I would welcome input on plans for public testimony at the hearing. I am working on some drafts which I will post ASAP.

>>>>>>>>>>>

>>>>>>>>>>> Julianne Young

>>>>>>>>>>>

>>>>>>>>>>> On Fri, Feb 7, 2020 at 1:38 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>>>>>>> Any last comments are invited. We'll RS at the end of the day.

>>>>>>>>>>>>

>>>>>>>>>>>> On Thu, Feb 6, 2020 at 2:27 PM Julianne Young <[juliannehyoung@gmail.com](mailto:juliannehyoung@gmail.com)> wrote:

>>>>>>>>>>>>> And one more small change from our attorney general in 39-245A (1) (iv) and (v).

>>>>>>>>>>>>>>



**Attachment:**

**From:** Vernadette Broyles  
**Sent:** 10/30/2019 7:40:08 AM  
**To:** "Fred Deutsch" <Fred.Deutsch@sdlegislature.gov>, "Cretella Michelle" <drmcretella@gmail.com>, "Michael Laidlaw" <mike@drlaidlaw.com>, "MD Paul Hruz PhD" <hruz\_p007@att.net>, "Monique Robles MD" <pamosa27@comcast.net>, "McHugh Paul" <pmchugh1@jhmi.edu>, "William Malone" <malone.will@gmail.com>, "Matt Sharp" <msharp@adflegal.org>, "Brooks Roger" <rbrooks@adflegal.org>, "Gary McCaleb" <gmccaleb@adflegal.org>, "Shafer Jeff" <jshafer@adflegal.org>, "Keller Jonathan" <jonathank@californiafamily.org>, "Burt Greg" <gregb@californiafamily.org>, "Laura Haynes" <laurahaynesphd3333@gmail.com>, "Jax Rene" <renejaxiwritebooks@gmail.com>, "Horvath Hacsí" <birdcatcher9@yahoo.com>, "Grossman Miriam" <miriamgrossmanmd@hotmail.com>, "Andre Van Mol" <95andrev@gmail.com>, "James Shupe" <jamie.shupe@yahoo.com>  
**Cc:** "Mary McAlister" <mmcalister@childparentrights.org>, "Quentin Van Meter" <kidendo@comcast.net>, "Jane Robbins" <rlrobb123@gmail.com>  
**Subject:** Fwd: GA bill  
**Attachments:** PastedGraphic-13.png, PRESS RELEASE - EHRHART - VULNERABLE CHILD PROTECTION ACT.pdf

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Team

Truth is arising in Georgia! Representative Earhart, with whom Jane Robbins and I met a couple of weeks ago, released this press statement today. She is filing our bill this legislative session in Georgia.

Kudos to Quentin, who makes a powerful statement in support of this bill right out the starting gate! You all should know that Ginny (Rep. Earhart) beat her Democratic opponent last year in a very purple district within the city limits of Atlanta who was a trans-activist parent campaigning on this issue. Ginny stood passionately and courageously on the truth and beat her. She is a fantastic God-choice to carry this bill forward. And she's working with Fred too.

Am stoked for what God is doing in Georgia including a stall to the trans activist agenda in Pickens County (we're on it)! And intercessors are praying. Please add us and Rep. Ginny Earhart to your prayer teams around the country.

Quentin may need your help on Pickens County - will be in touch.

Blessings to all!

Vernadette

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[www.childparentrights.org](http://www.childparentrights.org)

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**From:** QUENTIN VAN METER  
**Sent:** 2/4/2020 7:56:26 AM  
**To:** "Kelsey Coalition" <kelseycoalition@gmail.com>, "Natasha Chart" <natasha.chart@gmail.com>  
**Cc:** "Julianne Young" <julianneyoung@gmail.com>, "Richard Mast" <RMast@lc.org>, "Steve Smith" <steve@stevesmithlaw.com>, "Fred Deutsch" <drfred@deutschclinic.com>, "Mary McAlister" <mmcalister@childparentrights.org>, "David Pickup" <davidpickuplmft@gmail.com>, "Eunie Smith" <alaeagle@charter.net>, "Gary McCaleb" <mccgsm@gmail.com>, "Glenn Ridder" <glenn.ridder@outlook.com>, "Horvath Hacs" <birdcatcher9@yahoo.com>, "Hudson, MD Bernard" <loyolamd82@gmail.com>, "James Shupe (Formerly Jamie Shupe)" <jamie.shupe@yahoo.com>, "Michelle Cretella" <drcretella@gmail.com>, mike@drlaidlaw.com, "Jane Robbins" <rlrobb123@gmail.com>, "Lappert Patrick" <patrick@lappertplasticsurgery.com>, "MD Paul Hruz PhD" <hruz\_p007@att.net>, "Margaret Clarke" <margaretclarke317@icloud.com>, "Matt Sharp" <msharp@adfllegal.org>, "McHugh Paul" <pmchugh1@jhmi.edu>, "Monique Robles MD" <pamosa27@comcast.net>, "Roger Brooks" <rbrooks@adfllegal.org>, "Scott, Greg" <Greg.Scott@heritage.org>, "Timothy Millea MD" <TMillea@qcora.com>, "Vernadette Broyles" <vbroyles@childparentrights.org>, "Walt Heyer" <waltsbook@yahoo.com>, "William Malone" <malone.will@gmail.com>  
**Subject:** Re: Idaho Vital Statistics Integrity Act - short window for comments - by Friday, January 24

I agree that adopting use of cis-gender only validates transgender as a healthy variant which it is clearly not.

Quentin

On February 4, 2020 at 10:44 AM Kelsey Coalition <kelseycoalition@gmail.com> wrote:

Looks great! My only concern is with the quote from SEGM. Will, would you consider this? First, the reference "cisgender-identifying individuals." I believe there is way to make this point, without using a word like "cis" which indirectly endorses the ideology upon which transgender identities are based.

My other suggestion with the quote is to add non-binary. Even though transgender has become an umbrella term covering both, some nonbinary individuals do not say they are transgender. Many forms offer both categories for people to check when they identify themselves.

Will, could SEGM consider rewording this -- something like "not only transgender individuals, but ALL persons" as well as add a reference to nonbinary? ~KC

On Tue, Feb 4, 2020 at 10:35 AM Natasha Chart <natasha.chart@gmail.com> wrote:

This is great, I love it. Thank you for doing this.

On Tue, Feb 4, 2020, 9:43 AM Julianne Young <julianneyoung@gmail.com> wrote:

After visiting with Stephen Smith last night I have determined that the best way to counter the arguments raised in the law-suit is the insert some additional language into our legislative intent, rather than addressing another section of code. My additions are highlighted below. Your feedback is sincerely appreciated.

The legislature finds a compelling interest in maintaining accurate, quantitative, biology-based statistics on Idaho certificates of birth which provide vital statistics fundamental to the performance of government functions that secure the public health and safety, including, but not limited to, identifying public health trends, assessing risks, conducting criminal investigations, and helping individuals determine their biological lineage, citizenship, or susceptibility to genetic disorders; and,

The equality clause prohibits purposeful discrimination and not facially neutral laws of general applicability such as a biology-based definition of sex which has been consistently applied since our nation's founding.

Decades of court opinion have upheld the argument that the biological distinctions between male and female justify separate but equal treatment under the law and a defined category of sex which relies on biological fact is the only category which can be demonstrated to have obvious, immutable, and distinguishable characteristics.

The definitional erasure of biological sex significantly impacts the rights of others and would constitute manifest injustice in undermining the implementation of many policies which have been advanced to secure the privacy and interests of individuals specific to their biological sex.

The erasure of biological sex negatively impacts the health and safety of all individuals. For example, the Society for Evidence-Based Gender Medicine has declared that "the conflation of sex and gender in healthcare is alarming and is poised to subject hundreds of thousands of transgender and cisgender-identifying individuals to unintended medical harm from receiving incorrect diagnoses and being subjected to incorrect treatments. It will also greatly impede scientific research, not only in the area of transgender treatments, which sorely lacks quality long-term outcome evidence, but also in other areas of medical research."

"Vital statistics" is defined in Idaho Code Section 39-241(21) as "data" (being the plural of "datum") which is a known fact; and,

Idaho certificates of birth are of an evidentiary character and prima facie evidence of the facts recited therein (Code Section 39-274); and,

Age and Sex, unlike the names of natural parents whose rights have been terminated, are legally applicable facts fundamental to the performance of public and private policies and contracts.

The failure to maintain accurate, quantitative vital statistics and legal definitions upon which government and others may with confidence rely constitutes a breach of the public trust; and

Government has a compelling interest in maintaining the public trust and confidence and a duty to fulfill, to the best of its ability, those functions which rely on accurate vital statistics; and,

Therefore, the legislature directs that an Idaho certificate of birth documents specific quantitative, material facts at the time of birth: time of birth, date of birth, place of birth and biological sex.

On Tue, Jan 21, 2020 at 10:34 AM Richard Mast <[RMast@lc.org](mailto:RMast@lc.org)> wrote:

All,

Please meet Steve Smith, an Idaho allied attorney, and Idaho Representative Julianne Young. They have been working on a birth certificate protection bill, to reverse a recent court decision striking down sex-based birth certificates in Idaho. This will restore the status quo, making Idaho one of four states that require birth certificates to reflect sex, along with Kansas, Ohio, and Tennessee.

Julianne has a short window to receive comments (especially desired from the medical experts).

Matt Sharp provided ADF factual findings for the recitals and some edits. I have accepted his changes; made a few suggested edits of my own, and thus open it up to you all for any input for Julianne and Steve.

There may be an opportunity for expert testimony, but I leave the details on that to Rep. Young.

Thanks,

**Richard L. Mast, Esq.\***  
*Senior Litigation Counsel*  
**Liberty Counsel**

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 **The Kelsey Coalition**  
Restoring History and Environmental Stewardship  
[www.KelseyCoalition.org](http://www.KelseyCoalition.org)

[Civil Rights & Social Justice](#)  
[Government & Politics](#)  
[Health Care](#)

## A Texas judge ruled this doctor was not an expert. A Pennsylvania Republican invited him to testify on trans health care

By: [Stephen Caruso](#) - September 15, 2020 7:24 am



Dr. Quentin Van Meter testified at a March 12, 2020 House hearing on trans youth health issues. (Pa. House feed)

A physician testifying before a House panel Monday as part of a “fact-finding mission” on gender-affirming care was disqualified by a judge earlier this year as an expert on trans health care.

Dr. Quentin Van Meter, an Atlanta-based doctor and president of a conservative pediatric group, was one of three medical practitioners who testified before the Pennsylvania House Health Committee on the science behind gender dysphoria, or the feeling of being misaligned with the sex you were born with.

The first two Pennsylvania-based experts argued that gender-affirming care, including puberty-blocking drugs, were a safe way to help a young person grappling with their identity.

Then, lawmakers heard from Van Meter, who has previously called such treatment “medical experimentation based on wishful social theory,” but in a February 2020 court ruling, was “discredited as an expert” on hormone treatment.

The ruling came in a Texas divorce case overseen by [Judge Germaine Tanner](#) of Harris County.

She found that Van Meter could not offer expert testimony on “the legal question of whether an adolescent transgender child should be administered puberty blockers and whether affirmation of an incongruent gender in a child is harmful or not,” according to a court document acquired by the Capital-Star.

The case is now sealed, but Douglas Ray York, an attorney in the case, confirmed the document’s authenticity to the Capital-Star.

The divorce case involved a child who was undergoing gender-affirming treatment. The mother wanted to end the treatment, the father did not.

York said that Van Meter’s testimony was thrown out because he did not offer a fact-driven opinion on the impact of puberty blocking drugs.

“He says all transgender youth are delusional and need psychiatric help, and the court took that and said wait a minute, his opinion tended to be more agenda driven than scientific driven,” York told the Capital-Star earlier this year.

He compared Van Meter’s testimony to a “chocolate easter bunny. It looks great on the outside, but you penetrate it, it’s hollow.”

Van Meter spoke for just about 25 minutes Monday.

“No adolescent is capable of making a decision, with informed consent ... of what that adolescent will feel like when they are an adult, and they are infertile, their genitalia [doesn’t] work,” Van Meter testified.

It was his second appearance before the House Health Committee this year. In [March](#), he appeared at a nearly three-hour long hearing alongside Dr. Stephen Levine, a Case Western Reserve University professor who has also been [skeptical](#) of hormone treatment.

The hearings were organized by Rep. Paul Schemel, R-Franklin, chair of the subcommittee on health care, because Pennsylvania’s CHIP program pays for gender-affirming care for children in low-income families.

The experts picked to support gender-affirming care were suggested by state Health Secretary Dr. Rachel Levine, who is a trans woman, Schemel said. She was originally supposed to testify herself, but had to cancel due to the COVID-19 pandemic.

Schemel added he was aware of the Texas judge's ruling, and disagreed with it.

"I think that the judge had actually not analyzed all of Dr. Van Meter's work," Schemel said, adding: "The only thing that would disqualify him in the eyes of some is that he has a divergent opinion."

Van Meter did not reply to a request for comment.

This isn't the only controversial stance Van Meter has taken. He also has advocated for [conversion therapy](#), or trying to change someone's sexual orientation from homosexual to heterosexual. The practice is opposed by most mainstream medical groups, [such as](#) the American Psychiatric Association.

In neighboring Ohio, Van Meter is also being used as an expert in a lawsuit demanding that the state allow trans individuals to change their birth sex on their birth certificate, as reported by the [Ohio Capital Journal](#), a sibling site of the Capital-Star.

He also is the current president of the American College of Pediatricians. The Southern Poverty Law Center has also named the [organization](#) a hate group for "calling homosexual relationships promiscuous, a danger to children, unstable, and claiming that LGBTQ people experience 'shortened lifespans.'"

Speaking to the news site [Christian Headlines](#) in 2014, Van Meter said ACP was not religiously affiliated, but said members were "moral people who are like-minded, and want truth, and want what's best for children."

[Studies show](#) that LGBTQ, and in particular transgender teens, are more likely to contemplate and commit suicide.

For example, according to the Trevor Project, a national LGBTQ youth suicide prevention organization, 35 percent of LGBTQ people under 25 had [attempted suicide](#), compared to 7 percent of cisgendered individuals in the same age range.

Speaking Monday, Van Meter downplayed those statistics, saying they were the result of a skewed sample.

"We are basically being blackmailed by the concept that these kids will kill themselves," without gender affirming care, Van Meter told the committee.

But [Dr. Katharine Dalke](#), a psychiatrist focused on LGBTQ health at Penn State Hershey Medical Center, argued that the support and acceptance of their parents, as well as access to puberty blocking drugs could address the mental health concerns.

"The problems are not intrinsic to being transgender, but rather due to a combination of gender incongruence and social stigma," Dalke said.

The prescriptions do not "cause permanent changes in an adolescent's body. Instead, it pauses puberty, providing time to determine if a child's gender identity is long lasting. It also gives children and their families time to think about or plan for the psychological, medical, developmental, social and legal issues ahead," [according](#) to the Mayo Clinic.

The drugs also can minimize the need for costly medical operations down the line for people to transition to their preferred gender later in life, Dalke added.

Republican lawmakers peppered both Dalke and another witness, Nadia Dowshen of the Children's Hospital of Philadelphia, with questions about the earliest age they would prescribe hormone therapy or conduct any medical procedures.

Both Dalke and Dowshen said that teens between the aged of 14 and 16 would likely be the start date for any hormone use, and only after rounds of therapy and with the consent of parents. Surgical options wouldn't be considered until the gender non-conforming individual was an adult, they added.

Speaking after the meeting, Schemel said he did not have any policy goals in mind, and reminded lawmakers throughout the meeting that no votes were yet scheduled.

Van Meter did not recommend any specific policy Monday. But in his native Georgia, he did back [at least one proposal](#): Making it a felony to provide hormone treatment to a minor.



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First, do no harm: thinking through transgender issues | MercatorNet

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## First, do no harm: thinking through transgender issues

by [Joseph Zanga](#) Aug 1, 2018/Apr 22, 2021 / 3 mins /



*First, do no harm.*

Four simple words taught early and often in medical school. Words to live by, and practice by, we're taught. But can we? Is it possible? After all, almost everything we do as physicians carries some risk of harm. It may be minor as in the pain after successful surgery. It can be life-altering or even life-threatening as in our failure to report a suspicion of child maltreatment for a variety of truly inconsequential reasons.

Bear with me though as I present a current controversy with respect to children not adults. Keep an open mind and reflect deeply on those four words.

Let's begin, though, with something non-controversial.

When is the human brain fully mature? Socrates knew it to be the mid-20s, as did Shakespeare. Science waited until the late 20th Century to declare correct these observant men. This was an important admission since it made clear that children, even through their adolescent years, don't have the mental capacity to make long-term, life-altering decisions. That's why parents consent to have their children receive needed surgery, unpleasant cancer chemotherapy, and the like.

Now the controversy, chosen because it surfaces almost daily in the media and in the halls of medicine. I write of the transgender issue.

First, do no harm! While it's always been true, and non-controversial, that little boys sometimes dress in girls' clothes, and little girls sometimes would rather play with trucks than dolls, it has never before meant that their sex designation was wrong. Another

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non-controversy is that chromosomes determine sex and they are unalterable. A child can no more make him or herself someone of the opposite sex than they could become chimpanzees.

Moreover, these feelings are transient and, if not supported and/or encouraged, extinguish by late adolescence. That's why the American Psychiatric Association calls this (for the present at least) "gender dysphoria", a treatable mental health condition.

But children's brains are plastic and can be molded by experience, by parents dressing them as the opposite sex, calling them an opposite sex name, and insisting that all others do the same. They become, in their brains, the sex others create for them.

First, do no harm! **Hanne Gaby Odiele**, a true intersex person, speaks forcefully about the harmful physical and emotional effects of the surgical procedures physicians told her were necessary. Her advocacy work encourages therapy and peer support rather than medical and surgical treatment that is often irreversible and sometimes unnecessary.

How much truer this is for the otherwise simply questioning child. Yet we increasingly seem to have no qualms about accepting the decisions of a child incapable of making those decisions. We also seem to support media and political (non-medical) imperatives to accept these immature decisions. And so we prescribe, or send children to colleagues who prescribe, puberty blocking hormones, followed by medications to modify secondary sex characteristics, followed by surgery, all for a condition which usually (90+%) cures itself by late adolescence (though some children, and their families, will require counselling in the interim).

When children refuse potentially life-saving chemotherapy we take them or their parents to court. When an adolescent is anorexic, believes him or herself to be overweight, or suffers from a similar body image problem, we counsel rather than prescribe appetite suppressants. When a family refuses immunizations we discharge them from our practices. When parents want growth hormone or anabolic steroids prescribed so their child can be (more) competitive in the child's favourite sport, we refuse.

We do what is best for the patient even if it displeases them or family. It's imperative then that we treat the transgender thinking child in the same way.

Puberty is a normal, natural occurrence. Puberty-blocking drugs create an abnormal condition. Cross-sex hormones (testosterone and estrogen) are associated with health risks including high blood pressure, blood clots, stroke, and cancer. In addition, rates of suicide are 20 times greater among adults who've used cross- sex hormones and/or have undergone sex reassignment surgery, even in Sweden which is among the most transgender-affirming countries.

So we arrive at a crossroads. Do we stand firm in the practice of medicine or do we follow the crowd? Endorsing sex reassignment for children as normal in our offices, or via the media and public policy, will inevitably lead more children to puberty-blocking drugs. This, in turn, virtually ensures they will "choose" a lifetime of carcinogenic and toxic cross-sex hormones, and likely consider surgical mutilation of their healthy body parts — all to avoid perhaps some counselling, parental support for their genetic sex, and a period of watchful waiting.

First, do no harm! Think about it.

*Joseph Zanga, MD, FCP is a founder and past president of the American College of Pediatricians.*



**Joseph Zanga**

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First, Do No Harm Joseph Zanga, MD, FAAP

Four simple words taught early and often in Medical School. Words to live by, and practice by; the ethical way we're taught. But can we? Is it possible? After all, almost everything we do as physicians carries some risk of harm. It may be unavoidable as in the pain after successful surgery. It can be life altering or even life threatening as in our failure to report a suspicion of child maltreatment for a variety of truly inconsequential reasons. Bear with me though as I present a current controversy with respect to **children** not adults. Keep an open mind and reflect deeply on those four words. *First do no harm.*

Let's begin though with something non-controversial. When is the human brain fully mature? Socrates knew it to be the mid-twenties, as did Shakespeare. Science waited until the late 20th century to declare correct these observant men. This was an important admission since it made clear that children, even through the adolescent years, don't have the mental capacity to make long term, life altering decisions. That's why parents' must give consent to have their children receive needed surgery, unpleasant cancer chemotherapy, and the like.

Now the controversy, chosen because it surfaces almost daily in the media and in the Halls of Medicine. I write of the Transgender issue.

First, do no harm! While it's always been true, and non-controversial, that little boys sometimes dress in girls' clothes, and little girls sometimes would rather play with trucks than dolls, it has never before meant that their sex designation was wrong. Another non-controversy is that chromosomes determine sex and they are unalterable. A child can no more make him or herself someone of the opposite sex than they could become chimpanzees. Moreover, these feelings are transient and, if not supported and/or encouraged, extinguish by late adolescence. That's why the APA calls this (for the present at least) Gender Dysphoria, a treatable mental health condition. But children's brains are plastic and can be molded by experience, by parents or teachers dressing them as the opposite sex, calling them an opposite sex name, and insisting that all others do the same. They become, in their brains, the sex others create for them.

First, do no harm. Lately a number of transsexual people have spoken forcefully about the harmful physical and emotional effects of the medical and surgical procedures physicians told them were necessary. They have encouraged therapy for the usual underlying problem(s) and peer support rather than medical and surgical treatment "that is often irreversible and sometimes unnecessary". Yet we increasingly seem to have no qualms about accepting the decisions of a child incapable of making those decisions. We also seem to support media and political (non-medical) imperatives to accept these immature decisions. And so we prescribe, or send children to colleagues who prescribe, puberty blocking hormones, followed by medications to modify secondary sex characteristics, followed by surgery, all for a condition which usually (90+%) cures itself by late adolescence (though some children, and their families, will require counseling in the interim).

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**First, do no harm!** Think about it.