

Doc. 557-21
Defendants' Summary
Judgment Exhibit 21
(Redacted)

CONFIDENTIAL

Page 1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

BRIANNA BOE, et al.,)
Plaintiffs,) Civil Action No.
UNITED STATES OF AMERICA,) 2:22-cv-184-LCB
Intervenor Plaintiff,)
v.)
HON. STEVE MARSHALL, in his)
official capacity as Attorney)
General, of the State of)
Alabama, et al.,)
Defendants.) (Pages 1-299)

-----)
THIS TRANSCRIPT IS DEEMED CONFIDENTIAL
VIDEOTAPED DEPOSITION OF
ELI COLEMAN, PH.D.
FRIDAY, MAY 3, 2024
8:04 A.M.

REPORTED BY:
SUSAN NELSON
C.S.R. No. 3202
JOB NO. 6669137

CONFIDENTIAL

Page 2	<p>1 Videotaped deposition of ELI COLEMAN, PH.D., the 2 witness, taken on behalf of Defendants, commencing at 3 8:04 A.M., on FRIDAY, MAY 3, 2024, at Cathedral City, 4 California, before SUSAN NELSON, C.S.R. No. 3202. 5 6 APPEARANCES OF COUNSEL 7 8 FOR PRIVATE PLAINTIFFS: 9 NATIONAL CENTER FOR LESBIAN RIGHTS 10 BY: AMY WHELAN, ESQ. 11 SHANNON MINTER, ESQ. 12 (APPEARING REMOTELY) 13 870 Market Street, Suite 370 14 San Francisco, California 94102 15 (415) 365-1338 16 awhelan@nclrights.org 17 sminter@nclrights.org 18 19 FOR PLAINTIFF INTERVENOR (APPEARING REMOTELY): 20 U.S. DEPARTMENT OF JUSTICE 21 BY: RENEE WILLIAMS, ESQ. 22 150 M Street, N.E. 23 Washington, D.C. 20004 24 (202) 598-1480 25 renee.williams3@usdoj.gov</p>	Page 4
Page 3	<p>1 APPEARANCES OF COUNSEL (CONTINUED) 2 FOR DEFENDANTS: 3 ALLIANCE DEFENDING FREEDOM 4 BY: ROGER G. BROOKS, ESQ. 5 LAURENCE WILKINSON, ESQ. 6 440 First Street, NW, Suite 600 7 Washington, D.C. 20001 8 (202) 393-8690 9 rbrooks@adflegal.org 10 lwilkinson@adflegal.org 11 FOR THE WITNESS: 12 COVINGTON & BURLING LLP 13 BY: CORTLIN H. LANNIN, ESQ. 14 415 Mission Street, Suite 5400 15 San Francisco, California 94105-2533 16 (415) 591-7078 17 clannin@cov.com 18 -- and -- 19 COVINGTON & BURLING LLP 20 BY: NOAH S. GOLDBERG, ESQ. 21 One CityCenter, 850 Tenth Street NW 22 Washington, D.C. 20001-4956 23 (202) 662-5179 24 ngoldberg@cov.com 25 ALSO APPEARING: ROBERT CASTILLO, VIDEOGRAPHER</p>	Page 5

I N D E X

	WITNESS	EXAMINATION	PAGE
3	ELI COLEMAN, PH.D.		
4	By Mr. Brooks		10
5	P.M. Session		170
6			
7	QUESTIONS INSTRUCTED TO NOT ANSWER		
8	(NONE)		
9			
10	E X H I B I T S		
11	NO.	PAGE	DESCRIPTION
12	Exhibit 1	10	Toward Version 7 Article
13			(7 Pages)
14	Exhibit 2	30	Standards of Care, Version 8
15			(99 Pages)
16	Exhibit 3	32	Interview of Eli Coleman, Ph.D.
17			(36 Pages)
18	Exhibit 4	51	Endocrine Treatment of
19			Gender-Dysphoric, et al.,
20			Guideline
21			(3869-3903)
22	Exhibit 5	58	The Mental Health
23			Establishment is Failing
24			Trans Kids
25			(5 Pages)

CONFIDENTIAL

Page 6			Page 8		
1	EXHIBITS		1	CATHEDRAL CITY, CALIFORNIA;	
2	NO. PAGE DESCRIPTION		2	FRIDAY, MAY 3, 2024;	
3	Exhibit 13 153 Update & Further Steps		3	8:04 A.M.	
4	(BOEAL_WPATH_020387-0390)		4		
5	Exhibit 14 163 Please Review-SOC8 Updates		5	THE VIDEOGRAPHER: Good morning. We are	
6	(BOEAL_WPATH_109285-9297)		6	going on the record at 8:04 a.m. Pacific Time on 08:04:07	
7	Exhibit 15 170 Standards of Care, Version 8		7	May 3rd, 2024. Please note that the microphones are 08:04:15	
8	(9 Pages)		8	sensitive and may pick up whispering and private 08:04:21	
9	Exhibit 16 199 Standards of Care, Version 8		9	conversations. Please mute your phones at this time. 08:04:24	
10	(16 Pages)		10	Audio and video recording will continue to take place 08:04:30	
11	Exhibit 17 203 Clinical Practice Guidelines		11	unless all parties agree to go off the record. 08:04:34	
12	We Can Trust		12	This is media unit one of the video-recorded 08:04:36	
13	(52 Pages)		13	deposition of Dr. Eli Coleman taken by counsel for 08:04:40	
14	Exhibit 18 203 WHO Handbook for Guideline		14	Defendant in the matter of Brianna Boe, et al., 08:04:46	
15	Development, 2nd Edition		15	versus Steven T. Marshall, et al., filed in the 08:04:49	
16	(31 Pages)		16	United States District Court for the Middle District 08:04:55	
17	Exhibit 19 204 December 2018 Emails		17	of Alabama Northern Division. The case number is 08:04:58	
18	(JHU_0000001539-1543)		18	2:22-CV-184-LCB. 08:05:05	
19	Exhibit 20 219 WPATH Policy for Disclosures of		19	The location of the deposition is 67711 30th 08:05:11	
20	Interests and Management		20	Avenue, Cathedral City, California 92234. 08:05:19	
21	of Conflicts		21	My name is Robert Castillo, representing 08:05:25	
22	(BOEAL_WPATH_001011-1013)		22	Veritext and I'm the videographer. The court 08:05:30	
23	Exhibit 21 243 Eli Coleman Institute		23	reporter is Susan Nelson from the firm Veritext. 08:05:32	
24	Annual Report 2023		24	I am not authorized to administer an oath, I 08:05:34	
25	(19 Pages)		25	am not related to any party in this action, nor am I 08:05:39	
Page 7			Page 9		
1	EXHIBITS		1	financially interested in the outcome. If there are 08:05:41	
2	NO. PAGE DESCRIPTION		2	any objections to proceeding, please state them at 08:05:44	
3	Exhibit 22 255 Re: The Imminent Release of		3	the time of your appearance. 08:05:47	
4	SOC8		4	Counsel and all present, including remotely, 08:05:49	
5	(BOEAL_WPATH_105494-5498)		5	will now state their appearances and affiliations for 08:05:52	
6	Exhibit 23 260 SOC 8 Strategy Emails		6	the record, beginning with the noticing attorney. 08:05:55	
7	(BOEAL_WPATH_091211-1218)		7	MR. BROOKS: I'm Roger Brooks with Alliance 08:05:58	
8	Exhibit 24 269 Adolscnt SOC8 Next Steps		8	Defending Freedom, counsel for the defendants. 08:06:02	
9	(BOEAL_WPATH_105297-5302)		9	MR. WILKINSON: Laurence Wilkinson, Alliance 08:06:05	
10	Exhibit 25 273 International Journal of		10	defensing -- Defending Freedom, counsel for the 08:06:05	
11	Transgender Health		11	defendants. 08:06:10	
12	(BOEAL_WPATH_105851-5936)		12	MR. LANNIN: Cortlin Lannin of Covington & 08:06:12	
13	Exhibit 26 278 Some Feedback from Member of		13	Burling here for the nonparty witness 08:06:16	
14	Adm Levine's Staff		14	Dr. Eli Coleman. And I'm also joined by my colleague 08:06:18	
15	(BOEAL_WPATH_105499-5504)		15	Noah Goldberg. 08:06:21	
16	Exhibit 27 281 Feedback Regarding the Age		16	MS. WHELAN: Amy Whelan from the National 08:06:23	
17	Statement in Adolescent SOC8		17	Center for Lesbian Rights on behalf of the private 08:06:25	
18	(BOEAL_WPATH_105505-5507)		18	plaintiffs. 08:06:28	
19	Exhibit 28 286 SOC8 of WPATH - Minimal Ages		19	THE VIDEOGRAPHER: And the parties online? 08:06:30	
20	for Adolescents		20	MS. WILLIAMS: Good morning. I'm Renee 08:06:36	
21	(BOEAL_WPATH_072964-2965)		21	Williams representing the United States. Thank you. 08:06:37	
22	Exhibit 29 289 Confidential - AAP		22	THE REPORTER: And Shannon? 08:06:45	
23	Communication to WPATH		23	THE VIDEOGRAPHER: Ms. Minter? 08:06:45	
24	(BOEAL_WPATH_105822-5831)		24	Will the court reporter please swear the 08:06:54	
25			25	witness and then counsel may proceed. 08:06:54	

3 (Pages 6 - 9)

CONFIDENTIAL

Page 10	Page 12
<p>1 THE REPORTER: If you'll raise your right 10:01:54 2 hand, please, I will swear you in. 3 4 ELI COLEMAN, PH.D., 5 having been first duly sworn, was 6 examined and testified as follows: 7 8 THE REPORTER: Thank you. Please proceed. 9 10 EXAMINATION 11 12 MR. BROOKS: Good morning, Dr. Coleman. 08:07:11 13 Thank you for being here. 08:07:12 14 I'm going to ask the reporter to mark as 08:07:14 15 Exhibit 1 an article that I believe you wrote in 2009 08:07:17 16 entitled "Toward Version 7 of the World Professional 08:07:23 17 Association For Transgender Health's Standards of 08:07:26 18 Care." 08:07:28 19 And, I'm sorry, I didn't expect this many 08:07:37 20 folks, and I -- have to share the copy there. 08:07:39 21 (The document referred to was 08:07:39 22 marked as Exhibit 1.) 08:07:37 23 BY MR. BROOKS: 08:07:37 24 Q. Dr. Coleman, first, let me ask whether this 08:07:43 25 is in fact an article that you wrote back about 2009? 08:07:45</p>	<p>1 second column, you'll find, oh, 2 inches down, a 08:09:00 2 paragraph that begins: 08:09:00 3 "The most radical change in the 08:09:00 4 standard came about in Version 5, 08:09:08 5 Levine, et al." 08:09:10 6 Do you see that paragraph? 08:09:11 7 A. Yes. 08:09:12 8 Q. And it goes on to say that the revision 08:09:13 9 committee was headed by psychiatrist Stephen Levine 08:09:18 10 and that the committee included George Brown, 08:09:19 11 yourself Eli Coleman, Peggy Cohen-Kettenis -- I may 08:09:22 12 be saying her name wrong, I apologize -- Joris -- how 08:09:27 13 do I say that next name? 08:09:32 14 A. Joris. 08:09:33 15 Q. Joris Hage? 08:09:34 16 A. Hm-hm. 08:09:36 17 Q. And some other -- some other names there. 08:09:36 18 Let me ask, this is a relatively small 08:09:40 19 committee, certainly compared to the list of 08:09:42 20 coauthors on SOC-8. Were these all individuals who 08:09:46 21 at the time were considered to have kind of 08:09:49 22 world-leading clinical experience? 08:09:53 23 MR. LANNIN: Object to the form. 08:09:54 24 THE WITNESS: Yes. 08:10:02 25 BY MR. BROOKS: 08:10:03</p>
Page 11	Page 13
<p>1 A. Yes. 08:07:51 2 Q. And it recounts to some extent that, at 08:07:51 3 least part of the history of the evolution of the 08:07:56 4 multiple versions of the standard of care of which 08:07:58 5 you chair the most recent Version 8. Am I correct? 08:08:02 6 A. That's correct. 08:08:06 7 MR. LANNIN: Object to the form. 08:08:07 8 So this is a good reminder, Eli. Just give 08:08:08 9 me a half beat to object to a question if I'm going 08:08:09 10 to before you answer a question. 08:08:12 11 BY MR. BROOKS: 08:08:14 12 Q. Before I ask you some questions based on 08:08:15 13 this article, let me ask you when you personally 08:08:17 14 first became involved in treating individuals who 08:08:20 15 identified as transgender or who suffered from gender 08:08:26 16 dysphoria? 08:08:29 17 A. Probably in the early 1980s. 08:08:31 18 Q. And when, if ever, did you first become 08:08:35 19 involved in treating children or adolescents who 08:08:40 20 suffered from gender dysphoria? 08:08:43 21 A. I've never treated children or adolescents. 08:08:45 22 Q. Let me ask you some questions about your 08:08:48 23 involvement in prior SOC versions leading up to the 08:08:52 24 present. 08:08:56 25 If you turn to page 2 of this article and 08:08:57</p>	<p>1 Q. And how was this committee chosen? 08:10:05 2 A. The committee was chosen by the board of 08:10:09 3 directors of the -- of then Harry Benjamin and 08:10:14 4 National Gender Dysphoria Association. 08:10:19 5 Q. And were you any part of the leadership of 08:10:22 6 that association at that time? 08:10:25 7 A. No. 08:10:29 8 Q. Do you have an understanding as to how you 08:10:29 9 came to be selected to be part of the SOC-5 team? 08:10:30 10 A. Not exactly. 08:10:37 11 Q. Did Dr. Levine recruit you to assist in that 08:10:39 12 project? 08:10:43 13 MR. LANNIN: Object to the form. 08:10:43 14 THE WITNESS: I don't recall whether 08:10:47 15 Dr. Levine recommended me or how I was recommended 08:10:49 16 exactly. 08:10:53 17 BY MR. BROOKS: 08:10:54 18 Q. Have you had professional interactions on 08:10:57 19 issues relating to gender dysphoria with Dr. Levine 08:10:59 20 for multiple decades now? 08:11:03 21 A. I was involved in this committee with 08:11:05 22 Dr. Levine. 08:11:11 23 Q. Is he somebody that you've interacted in a 08:11:13 24 variety of contexts -- 08:11:16 25 A. Yes. 08:11:17</p>

CONFIDENTIAL

Page 14			Page 16		
1	Q. -- across the decades?	08:11:17	1	administering puberty-delaying	08:13:35
2	A. Yes.	08:11:18	2	hormones was introduced and further	08:13:36
3	Q. You both, frankly, are -- were early	08:11:19	3	guidelines for initiating cross-sex	08:13:38
4	pioneers in the field. Am I correct?	08:11:22	4	feminization and/or masculinization	08:13:41
5	MR. LANNIN: Object to form.	08:11:24	5	hormonal treatments were	08:13:43
6	THE WITNESS: We've been around for a long	08:11:27	6	articulated."	08:13:44
7	time.	08:11:27	7	Do you see that language?	08:13:46
8	BY MR. BROOKS:	08:11:27	8	A. Yes.	08:13:47
9	Q. You're of a similar age and both of you	08:11:29	9	Q. And am I correct that you, Dr. Levine, and	08:13:48
10	began working in this area long before it was	08:11:31	10	Dr. Cohen-Kettenis were among this small committee	08:13:51
11	well-known. Am I correct?	08:11:35	11	that was entrusted by the Harry Benjamin Society to	08:13:54
12	MR. LANNIN: Object to the form.	08:11:36	12	develop the very first guidelines for treatment of	08:13:57
13	THE WITNESS: I'm trying to remember when I	08:11:38	13	gender dysphoria in children and adolescents?	08:14:00
14	actually met Dr. Levine. But he is the -- he and I	08:11:46	14	MR. LANNIN: Object to the form.	08:14:05
15	both have been involved in a number of different	08:11:54	15	THE WITNESS: In Standards of Care 5, yes.	08:14:06
16	professional organizations over the years, including	08:11:57	16	BY MR. BROOKS:	08:14:08
17	Harry Benjamin.	08:12:02	17	Q. On page 3 in column 2 there is -- the second	08:14:36
18	BY MR. BROOKS:	08:12:02	18	full paragraph begins "There was an important	08:14:39
19	Q. And, just to be clear for the record, the	08:12:03	19	clarification."	08:14:41
20	Harry Benjamin Society that you've mentioned	08:12:06	20	Do you see that?	08:14:43
21	continue -- simply became renamed as WPATH.	08:12:10	21	A. Yes.	08:14:44
22	Am I correct?	08:12:14	22	Q. It reads:	08:14:45
23	A. That's correct.	08:12:16	23	"There was an important	08:14:45
24	Q. They're not different organizations?	08:12:16	24	clarification made in this version	08:14:46
25	A. No.	08:12:19	25	that psychotherapy, though not a	08:14:48
Page 15			Page 17		
1	Q. All right. If today I accidentally refer to	08:12:19	1	requirement for hormonal or sex	08:14:52
2	the Harry Benjamin Society as WPATH you can correct	08:12:21	2	reassignment, was strongly	08:14:54
3	me, or you can let it slide, whichever you find more	08:12:25	3	recommended in order to assist 'to	08:14:55
4	appropriate.	08:12:28	4	create a long-term stable lifestyle	08:14:58
5	And is Dr. Levine somebody who has had	08:12:29	5	with realistic chances for success	08:15:00
6	significant publications in the area of gender	08:12:32	6	in relationships, education, work,	08:15:03
7	dysphoria since at least the seventies?	08:12:36	7	and gender identity and role," and	08:15:06
8	MR. LANNIN: Object to the form.	08:12:42	8	it cites Levine, et al., the SOC-5.	08:15:08
9	THE WITNESS: I don't know when his first	08:12:44	9	Do you see that language?	08:15:13
10	publication was, but he has numerous publications in	08:12:46	10	A. Yes.	08:15:14
11	this field.	08:12:50	11	Q. And am I correct that there you are -- the	08:15:17
12	BY MR. BROOKS:	08:12:51	12	language in quotation marks is from the SOC-5 itself	08:15:23
13	Q. And given your interactions with him, am I	08:12:51	13	of which you're a coauthor.	08:15:28
14	correct that you have never considered him,	08:12:56	14	Am I correct?	08:15:30
15	Dr. Levine, to be a transphobe?	08:12:58	15	A. I can't say with --	08:15:30
16	MR. LANNIN: Object to the form.	08:13:02	16	MR. LANNIN: Object to the form.	08:15:31
17	THE WITNESS: I've only recognized him as a	08:13:04	17	THE WITNESS: -- any -- that -- any	08:15:32
18	scholar in this field.	08:13:13	18	certainty.	08:15:34
19	BY MR. BROOKS:	08:13:14	19	BY MR. BROOKS:	08:15:35
20	Q. At the very bottom of this second column on	08:13:20	20	Q. Okay. Do you agree now that the clinician's	08:15:35
21	page 2, the last complete sentence reads:	08:13:22	21	goal in treating a gender-dysphoric child or	08:15:43
22	"A significant departure	08:13:26	22	adolescent, whether by psychotherapy or hormonal	08:15:48
23	contained new sections of the	08:13:29	23	interventions, must be to create a long-term stable	08:15:52
24	treatment for children and	08:13:30	24	lifestyle with realistic chances for success in the	08:15:57
25	adolescents. The concept of	08:13:33	25	categories listed there?	08:16:01

CONFIDENTIAL

Page 18		Page 20	
1	A. Where are you referring to here?	08:16:03	1 she works with a gender-dysphoric child or adolescent
2	Q. Column 3, the second full paragraph --	08:16:05	2 to focus solely on what the child wants now rather
3	A. Uh-huh.	08:16:08	3 than the long-term happiness and well-being of that
4	Q. -- you'll see -- let me just ask you to read	08:16:09	4 child?
5	that paragraph.	08:16:12	5 A. The role of the -- of the assessor of a
6	A. Oh, I see.	08:16:12	6 child and adolescent is to really understand their
7	Q. Let me just ask you to read that whole	08:16:14	7 unique gender identity, their -- their -- their
8	paragraph to yourself if you would.	08:16:16	8 cognitive and emotional maturity to make any kind of
9	A. Sure.	08:16:18	9 informed consent procedure -- process and to develop
10	Q. Tell me when you've done that.	08:16:18	10 a individualized treatment plan that might help
11	A. Are you talking about the chapter -- the	08:16:25	11 alleviate their gender dysphoria.
12	paragraph "Another significant development"?	08:16:27	12 They're also required to do a mental health
13	Q. No, I'm talking --	08:16:30	13 assessment to examine the possibility of any other
14	A. Oh.	08:16:30	14 psychological disorders and to address them as part
15	Q. -- the paragraph that begins "There was an	08:16:31	15 of the overall treatment plan.
16	important clar-" --	08:16:32	16 BY MR. BROOKS:
17	A. Oh, okay.	08:16:33	17 Q. And my question is, do you consider it to
18	Q. -- "clarification."	08:16:34	18 be -- a mental health professional could be
19	A. Yes. Hm-hm.	08:16:35	19 fulfilling his or her professional obligations in
20	Okay. And what was your question?	08:16:44	20 working with that child if the mental health
21	Q. My question was, do you agree now that the	08:16:45	21 professional focuses only on short-term alleviation
22	clinician's goal in treating a gender-dysphoric child	08:16:50	22 of distress without considering a path that will
23	or adolescent must be to create a long-term stable	08:16:54	23 create a long-term stable life child -- lifestyle for
24	lifestyle with realistic chances for success in	08:16:58	24 that child?
25	relationships, education, work, gender identity, and	08:17:01	25 MR. LANNIN: Object to the form.
Page 19		Page 21	
1	role?	08:17:04	1 THE WITNESS: The assessor has to take many
2	MR. LANNIN: Object to the form.	08:17:06	2 things into consideration in developing that
3	You can answer.	08:17:08	3 treatment plan in what might be best for that
4	THE WITNESS: The clear goal of any of the	08:17:09	4 individual in the short term as well as the long
5	treatments, including psychotherapy, was really to	08:17:14	5 term.
6	assist in creating that long-term stable lifestyle	08:17:18	6 BY MR. BROOKS:
7	and success, et cetera.	08:17:22	7 Q. A little farther down in that same column,
8	BY MR. BROOKS:	08:17:24	8 you introduce -- a new committee was formed to
9	Q. And you would agree, would you not, that	08:17:24	9 consider further revisions of the SOC as we're moving
10	it's not consistent with the professional obligations	08:17:26	10 into SOC-6, I believe. And at the time that that
11	of a mental health professional working with a	08:17:29	11 project was initiated, if I understand the article
12	gender-dysphoric child or adolescent to focus solely	08:17:33	12 correctly, you were president of the Harry Benjamin
13	on what that child wants now, rather than their	08:17:36	13 Society.
14	long-term happiness?	08:17:40	14 Is that correct?
15	MR. LANNIN: Object to the form.	08:17:41	15 A. I became president in 2001.
16	THE WITNESS: I don't understand that	08:17:51	16 Q. And I don't -- the second sentence of the
17	question. It sounds like two different questions.	08:17:52	17 paragraph -- I'm not playing any tricks -- says,
18	BY MR. BROOKS:	08:17:52	18 "under the direction of Eli Coleman, the new
19	Q. Let me ask it again, and then if there's	08:17:59	19 president of the association." And I just want to
20	something --	08:18:00	20 get --
21	A. Yeah.	08:18:01	21 A. Yeah.
22	Q. -- unclear, perhaps you can point that out	08:18:01	22 Q. -- clear on the record that, as the SOC-6
23	to me.	08:18:03	23 project got underway, you were president of the
24	Do you agree that it is not consistent with	08:18:03	24 Harry Benjamin Association -- Society.
25	the mental health professional's obligations as he or	08:18:08	25 A. I believe that to be true.

CONFIDENTIAL

	Page 22	Page 24
<p>1 Q. Okay. And did you in fact -- was it your 08:21:12 2 decision to initiate at that time a new revision of 08:21:16 3 the standard of care? 08:21:19 4 A. It wasn't my -- my decis- -- my idea. That 08:21:21 5 came from a number of concerns that were raised in -- 08:21:26 6 in response to Standards of Care 5. And it was felt 08:21:31 7 that it would be important to reconvene a new 08:21:38 8 committee to examine the -- those potential changes, 08:21:43 9 and -- and they were deemed at that time to probably 08:21:49 10 be very minor and not a major overhaul was needed. 08:21:55 11 But there were some things that were -- it was felt 08:22:02 12 that should be clarified. 08:22:05 13 BY MR. BROOKS: 08:22:07 14 Q. Well, let me ask you about one that you call 08:22:07 15 out in the very bottom of this page. The paragraph 08:22:09 16 begins "There were several notable changes." And you 08:22:13 17 go on to write: 08:22:16 18 "The requirements for 08:22:17 19 recommendation for hormonal therapy 08:22:18 20 were clarified: Age 18 years, 08:22:20 21 exceptions can be made; three 08:22:26 22 months of real-life experience or a 08:22:30 23 minimum of three months of 08:22:32 24 psychotherapy; informed consent; 08:22:34 25 and one letter from a behavioral 08:22:35</p>	<p>1 BY MR. BROOKS: 08:24:15 2 Q. And did you believe at the time that an age 08:24:15 3 18 default cutoff for cross-sex hormones reflected a 08:24:18 4 reasonable balancing of potential benefits and 08:24:23 5 potential harms for young people? 08:24:26 6 A. Yes. 08:24:28 7 Q. And do you still think that that was a 08:24:29 8 reasonable position for the WPATH guideline to take? 08:24:31 9 MR. LANNIN: Object to the form. 08:24:35 10 THE WITNESS: I think -- I think that we 08:24:36 11 have come to realize that that arbitrary age does not 08:24:38 12 reflect an individual's particular, you know, 08:24:43 13 psychosexual development. And so as we -- as the 08:24:53 14 Standards of Care have evolved over time, and clearly 08:24:57 15 you see in Standards of Care 8, that we moved to 08:25:01 16 clear -- a criteria of the psychological, physical, 08:25:09 17 you know, considerations that could not -- a single 08:25:18 18 number could not be put upon. 08:25:24 19 BY MR. BROOKS: 08:25:26 20 Q. Thank you, Doctor. I guess my question -- 08:25:28 21 my intended question was, do you believe today that 08:25:31 22 the 18-year default cutoff for cross-sex hormones was 08:25:34 23 a reasonable line for WPATH to draw at the time SOC-6 08:25:39 24 was developed? 08:25:45 25 A. At that time, yes. 08:25:47</p>	
<p>1 clinician to a physician." 08:22:37 2 08:22:37 3 Have I read that language correctly? 08:22:38 4 A. Yes. 08:22:40 5 Q. How did the committee settle on age 18 as 08:22:41 6 the default minimum age for hormonal interventions? 08:22:47 7 MR. LANNIN: Object to the form. 08:22:51 8 You can answer. 08:22:52 9 THE WITNESS: I wouldn't re- -- I wouldn't 08:22:57 10 recall all of the rationale for that, but it -- I 08:22:59 11 think at that time it was felt that that would be an 08:23:12 12 appropriate age for initiation of, and I think this 08:23:17 13 really meant, cross-sex hormonal treatment. 08:23:25 14 BY MR. BROOKS: 08:23:31 15 Q. And am I correct that in this time period 08:23:31 16 around 2000, little, if any, data was available on 08:23:33 17 long-term mental and physical health outcomes for 08:23:40 18 adolescents who received cross-sex hormones while 08:23:46 19 adolescent development was still going on. 08:23:50 20 MR. LANNIN: Object to the form. 08:23:52 21 THE WITNESS: Well, I think there -- there 08:23:53 22 were -- there was lit- -- there was research that 08:23:54 23 helped support that, but it also was based upon 08:24:01 24 expert opinion of -- of those involved in the 08:24:05 25 development of those revised standards. 08:24:10</p>	<p>1 Q. Let's move on to SOC-7. And if you turn to 08:25:48 2 page 4 in column 2, there's a heading for Version 7. 08:26:02 3 And the second paragraph there says that the then 08:26:09 4 president of the Harry Benjamin Society, Stan 08:26:16 5 Monstrey, asked you to chair the SOC-7 project. 08:26:20 6 And am I correct that, at that time, like, 08:26:26 7 you had had no personal experience in treatment of 08:26:33 8 minors or adolescents? 08:26:36 9 A. No. 08:26:38 10 Q. Okay. 08:26:39 11 MR. LANNIN: Object to the form. 08:26:39 12 BY MR. BROOKS: 08:26:40 13 Q. Pardon me. Am I correct that, at that time, 08:26:41 14 you had no personal experience in treating minors or 08:26:44 15 adolescents? 08:26:48 16 MR. LANNIN: Object to the form. 08:26:49 17 THE WITNESS: That is correct. 08:26:50 18 BY MR. BROOKS: 08:26:51 19 Q. Thank you. I, my question was perhaps 08:26:52 20 inartful. That's what he objects to the form about. 08:26:55 21 MR. LANNIN: Among other things. 08:26:59 22 BY MR. BROOKS: 08:27:03 23 Q. And at the first column on page 5, as we 08:27:04 24 continue, the second complete sentence reads: 08:27:10 25 "I felt that it was time to 08:27:14</p>	

CONFIDENTIAL

Page 26	Page 28
1 reference the standards and to make 08:27:15	1 let me start again. 08:29:27
2 clear the evidence base for the 08:27:18	2 Why did you think it was important to make 08:29:28
3 standards even if" -- 08:27:20	3 that distinction clear? 08:29:30
4 A. I'm sorry. I lost track of where you are. 08:27:21	4 A. I think that we would be able to point to 08:29:36
5 Q. Page 5, column 1, top of the column, second 08:27:23	5 the evidence based in the -- in the research 08:29:46
6 full sentence. 08:27:27	6 literature, and when that didn't exist, that we could 08:29:50
7 A. Yup. 08:27:28	7 acknowledge that this was based upon an expert 08:29:58
8 Q. Quote: "I felt that it was time" -- 08:27:29	8 consensus. 08:30:02
9 A. Yes, I got it. I got it. 08:27:31	9 Q. You go on in the next paragraph to say that 08:30:03
10 Q. -- "to reference the standards and 08:27:33	10 you asked people to review the existing sections and 08:30:08
11 to make clear the evidence base" -- 08:27:34	11 to write review papers. 08:30:12
12 A. Yes. 08:27:35	12 And what do you mean by "review papers" in 08:30:15
13 Q. -- "for the standards" -- 08:27:36	13 this article? What were you referring to? 08:30:18
14 A. Yeah. 08:27:37	14 A. To examine -- to systematically review the 08:30:21
15 Q. -- "even if that base was only on 08:27:37	15 literature in the various aspects of the Standards of 08:30:26
16 expert consensus." 08:27:39	16 Care. 08:30:30
17 A. Yeah. 08:27:40	17 Q. Okay. And the folks you asked to do this 08:30:30
18 Q. Pardon me. Sometimes I read the text just 08:27:41	18 included Dr. Cohen-Kettenis whose name we've seen 08:30:33
19 so it's in the record. I know you can read perfectly 08:27:42	19 before, Dr. Stephen Levine whose name we've seen 08:30:38
20 well, but we need it in the transcript, so. 08:27:45	20 before. Also Ken Zucker. 08:30:41
21 THE REPORTER: And I write the words the 08:27:51	21 What were your criteria for selecting these 08:30:43
22 order they come in, so. 08:27:51	22 individuals as your core group to perform these 08:30:46
23 MR. BROOKS: So if you interject, then it 08:27:51	23 systematic or thorough reviews? 08:30:50
24 becomes quite the interesting transcript. 08:27:53	24 MR. LANNIN: Object to the form. 08:30:54
25 THE REPORTER: Thank you. 08:27:55	25 THE WITNESS: These were individuals that 08:30:55
Page 27	Page 29
1 MR. LANNIN: So the moral of the story is, 08:27:56	1 were not only familiar with -- with the research 08:30:57
2 Dr. Coleman, please let counsel finish his question 08:27:59	2 literature, but also had published in this area as 08:31:04
3 or recitation of the document in the record before 08:28:01	3 well. 08:31:10
4 answering any questions about it. 08:28:04	4 BY MR. BROOKS: 08:31:11
5 THE WITNESS: I'll try. 08:28:08	5 Q. And were each one of these individuals whose 08:31:11
6 MR. LANNIN: Thank you. 08:28:09	6 scientific integrity you personally respected? 08:31:13
7 BY MR. BROOKS: 08:28:09	7 A. Yes. 08:31:13
8 Q. Why did you consider at this time that it 08:28:10	8 Q. Among others, you did at the time and do 08:31:21
9 was important to make clear where the SOC -- the new 08:28:13	9 respect Ken Zucker as a careful and serious 08:31:23
10 SOC was based on evidence and where it was based on 08:28:18	10 researcher? 08:31:25
11 expert consensus? 08:28:23	11 A. Yes. 08:31:26
12 A. Well, I think at this time there was much 08:28:27	12 MR. LANNIN: Object to the form. 08:31:29
13 more research that was available, and we should 08:28:32	13 BY MR. BROOKS: 08:31:29
14 really review that -- that literature and -- and use 08:28:36	14 Q. And what topic did you ask Dr. Levine to 08:31:30
15 that as part of our decision making for making 08:28:43	15 undertake a review paper on as part of the SOC-7 08:31:33
16 recommendations in the Standards of Care, along with 08:28:49	16 development process? 08:31:38
17 using expert consensus. 08:28:54	17 A. I cannot recall. 08:31:42
18 Q. And did you consider that it was important 08:28:57	18 Q. And did you at the time you asked him to 08:31:54
19 to be clear which recommendations were based on what 08:29:01	19 undertake this task and do you today consider 08:31:58
20 you've referred to as evidence and which were based 08:29:05	20 Dr. Stephen Levine to be a serious and careful 08:32:01
21 on expert consensus? 08:29:08	21 researcher? 08:32:04
22 MR. LANNIN: Object to the form. 08:29:11	22 MR. LANNIN: Object to the form. 08:32:04
23 THE WITNESS: That was the intent. 08:29:12	23 You can answer. 08:32:05
24 BY MR. BROOKS: 08:29:24	24 THE WITNESS: Yes, I consider him that way. 08:32:12
25 Q. Why did you think that was important to -- 08:29:25	25 MR. BROOKS: Let me ask the reporter to mark 08:32:16

CONFIDENTIAL

Page 30	Page 32
<p>1 as Exhibit 2 a subset of the SOC Version 8 so as not 08:32:17 2 to burden the record too much. This includes a 08:32:24 3 number of complete chapters. I frankly don't recall 08:32:28 4 which, but it includes a number of complete chapters. 08:32:33 5 We'll get that clear on the record as we go. 08:32:45 6 (The document referred to was 08:32:45 7 marked as Exhibit 2.) 08:32:45 8 BY MR. BROOKS: 08:32:45 9 Q. And, Dr. Coleman, you were asked -- after 08:33:01 10 chairing the SOC-7 project, you were asked again to 08:33:05 11 chair the SOC-8 project. Am I correct? 08:33:08 12 A. That's correct. 08:33:11 13 Q. Along with -- you had cochairs, as it were, 08:33:12 14 working under you, Asa Radix, if I'm saying the name 08:33:15 15 correctly? 08:33:18 16 A. (Nods head.) 08:33:19 17 Q. And Jon -- 08:33:20 18 A. Asa. 08:33:21 19 Q. Asa Radix and Jon Arcelus? 08:33:21 20 A. Yes. 08:33:21 21 Q. Were the three of you cochairs or were you 08:33:26 22 chair and they were kind of co- -- co-vice chairs? 08:33:31 23 A. I was -- 08:33:34 24 MR. LANNIN: Object to the form. 08:33:34 25 THE WITNESS: I was chair and they were 08:33:35</p>	<p>1 there was an extensive process of -- of applications, 08:35:21 2 reviewing their curriculum vitae, you know, examining 08:35:28 3 their credentials, and -- and, based on that, then 08:35:32 4 there was a -- there was a rating system. And we 08:35:38 5 looked at that rating, and that -- and using the 08:35:43 6 different cochairs and -- and the chapter leads, the 08:35:48 7 final members of each of the -- of the committees 08:35:53 8 were -- were selected. 08:36:00 9 BY MR. BROOKS: 08:36:02 10 Q. Do you personally know Dr. Edwards-Leeper? 08:36:02 11 A. I don't know her that well. 08:36:06 12 Q. Okay. Do you know anything about her 08:36:10 13 reputation as an expert clinician in dealing with 08:36:12 14 gender dysphoria? 08:36:16 15 A. She's very well-respected. 08:36:17 16 MR. BROOKS: Let me have 52. 08:36:24 17 Let me ask the reporter to mark as Exhibit 3 08:36:30 18 a document entitled -- well, it says "Eli Coleman, 08:36:32 19 Narrator, Academic Health Center, Oral History 08:36:39 20 Project, University of Minnesota." 08:36:43 21 (The document referred to was 08:36:43 22 marked as Exhibit 3.) 08:37:03 23 BY MR. BROOKS: 08:37:03 24 Q. Dr. Coleman, let me ask, do you recognize 08:37:04 25 this document? 08:37:06</p>
Page 31	Page 33
<p>1 cochairs. 08:33:37 2 BY MR. BROOKS: 08:33:38 3 Q. Okay. So the list of coauthors on the SOC-8 08:33:39 4 is substantially longer than on any previous version. 08:33:47 5 Tell me how that came about or what the reason was. 08:33:51 6 A. Well, as you saw from the evolution, I think 08:33:55 7 that our methodology continued to become more and 08:34:00 8 more robust. And a critical decision was made in 08:34:04 9 SOC-8 to have a much more transparent process and to 08:34:14 10 invite anyone to apply for membership in -- in the 08:34:19 11 committee, compared to in SOC -- well, any of the 08:34:28 12 previous versions, they were selected by the board of 08:34:34 13 directors, approved by the board of directors, and 08:34:39 14 they were people that were just known to everyone as 08:34:41 15 experts in the field. 08:34:47 16 And so this was an effort to really make 08:34:49 17 sure that we -- we had a much more wider 08:34:54 18 representation of people that -- again, there were 08:34:59 19 many of these people that I didn't even -- I wasn't 08:35:05 20 even familiar with. 08:35:08 21 Q. Okay. So you -- you couldn't personally 08:35:09 22 vouch for the reputations of all these coauthors? 08:35:12 23 A. Not -- 08:35:16 24 MR. LANNIN: Object to the form. 08:35:16 25 THE WITNESS: Not just by their name, but 08:35:17</p>	<p>1 A. Yes. 08:37:06 2 Q. Okay. It's clear to me you've been 08:37:08 3 interviewed, but whether you'd ever seen the results 08:37:11 4 is another question. 08:37:13 5 So you have seen it and you -- does this in 08:37:14 6 fact represent the transcript of an interview that 08:37:17 7 you gave -- well, first of all, does it represent the 08:37:20 8 transcript of an interview that you gave? 08:37:27 9 A. It appears so. 08:37:28 10 Q. And it says on page 4 that this interview 08:37:30 11 was conducted in July of 2012. And does that 08:37:35 12 generally fit with your memory? 08:37:39 13 A. Sounds about right. 08:37:44 14 Q. That's how my memory works. 08:37:47 15 Let me ask you -- I'm not going to spend 08:37:54 16 long on this. Let me ask you to turn to page 28 -- 08:37:56 17 let me ask you to turn to page 31, pardon me. 08:38:02 18 A. Okay. 08:38:10 19 Q. And there, a third of the way down, is an 08:38:11 20 "EC." I take it that's Eli Coleman. You chuckled, 08:38:16 21 and you referred to the gender committee. 08:38:20 22 And, frankly, I think that the transcription 08:38:29 23 here has things backwards. 08:38:32 24 A. It appears so. 08:38:34 25 Q. And that, while it's generally correct 08:38:35</p>

CONFIDENTIAL

Page 34	Page 36
1 there, the "EC: [chuckles]" is -- should be "EV" and 08:38:39	1 all the bases seemed to be covered. 08:41:28
2 that the following paragraph should be "EC," 08:38:42	2 Q. That still seems important to you today, 08:41:32
3 reflecting you talking. 08:38:45	3 does it not? 08:41:35
4 Do you agree with me on that? 08:38:46	4 A. Yes. 08:41:35
5 A. I would agree with you. 08:38:47	5 MR. LANNIN: Object to the form. 08:41:36
6 Q. Okay. Can you explain for the record within 08:38:48	6 THE WITNESS: Yes. 08:41:39
7 the -- within the program in -- that the PHS at 08:38:53	7 BY MR. BROOKS: 08:41:42
8 University of Minnesota, what did "PHS" stand for? 08:39:02	8 Q. On page 32 an inch-and-a-half down, it's 08:41:43
9 A. Program in human sexuality. 08:39:05	9 hard to find, is a sentence that begins at the very 08:41:52
10 Q. And within that, what was the gender 08:39:07	10 end of the line: 08:41:54
11 committee? 08:39:10	11 "I haven't been on the gender 08:41:55
12 A. The gender committee was a subset of the 08:39:10	12 committee for, I think, 08:41:56
13 overall program in human sexuality. The program in 08:39:16	13 fifteen years or something like 08:41:58
14 human sexuality was involved in education, teaching, 08:39:22	14 that. It's kind of a mystery 08:41:59
15 research, and patient care. And so -- and under the 08:39:25	15 what's really going on." 08:42:02
16 broader patient care umbrella, there were patients 08:39:32	16 Do you see that? 08:42:04
17 who were treated with gender dysphoria, and there was 08:39:39	17 And if I ask you to turn to page 34, there's 08:42:07
18 a gender committee that reviewed decisions regarding 08:39:44	18 a related statement I wanted to ask you about. At 08:42:14
19 hormonal or surgical affirmation. 08:39:51	19 the very bottom of the page at the end of the last 08:42:19
20 Q. And that was a multidisciplinary committee? 08:39:55	20 full paragraph, you say: 08:42:22
21 A. Yes. 08:39:59	21 "Since I've not -- since I've 08:42:25
22 Q. So that committee, you would -- you would 08:39:59	22 been really not treating people for 08:42:28
23 discuss it amongst a multidisciplinary team before 08:40:02	23 a long time, I don't know." 08:42:30
24 you approved hormonal interventions or surgery? 08:40:05	24 So let me ask -- this is 2012, this 08:42:32
25 A. Yes. 08:40:07	25 interview was, and you -- you said you hadn't been on 08:42:35
Page 35	Page 37
1 MR. LANNIN: Object to the form. 08:40:08	1 the committee for some -- the gender committee for 08:42:38
2 BY MR. BROOKS: 08:40:08	2 fifteen years or something like that, and that you 08:42:41
3 Q. And -- 08:40:08	3 hadn't really been treating people for a long time. 08:42:44
4 MR. LANNIN: Again, Dr. Coleman -- 08:40:09	4 Let me ask you this. When did you last, in 08:42:46
5 THE WITNESS: Oh, sorry. 08:40:10	5 your professional capacity, actually treat any 08:42:51
6 MR. LANNIN: Excuse me, Counsel. 08:40:10	6 individual for gender dysphoria? 08:42:55
7 -- just give me one second to object. 08:40:11	7 MR. LANNIN: Object to the form. 08:42:58
8 THE WITNESS: Yeah, sorry. 08:40:12	8 THE WITNESS: I -- I couldn't recall. 08:42:58
9 MR. LANNIN: I appreciate it. 08:40:13	9 BY MR. BROOKS: 08:43:01
10 BY MR. BROOKS: 08:40:14	10 Q. Was it earlier than 2012? 08:43:02
11 Q. I tell my witnesses that, if I have to jump 08:40:15	11 MR. LANNIN: Same objection. 08:43:07
12 in like that, they should consider that I have 08:40:17	12 THE WITNESS: I really have no idea. 08:43:11
13 stomped on their toes under the table, the virtual 08:40:21	13 BY MR. BROOKS: 08:43:12
14 toe stomp. 08:40:23	14 Q. It hasn't been recently. 08:43:13
15 And why did you consider it important to 08:40:25	15 A. No. 08:43:14
16 have those decisions vetted by a multidisciplinary 08:40:28	16 Q. At the very bottom of page 34, you said: 08:43:15
17 committee before they were approved? 08:40:33	17 "If I ever went back to -- into 08:43:23
18 A. I think we felt at that time that it was 08:40:35	18 seeing people, I think I'd need 08:43:25
19 good to examine the -- the patient -- or the 08:40:43	19 some help to get my bearings again 08:43:27
20 committee did not examine the patient. They reviewed 08:40:55	20 about what's the best way of doing 08:43:29
21 the record and were able to weigh in on the de- -- on 08:41:00	21 it. I feel out of it." 08:43:30
22 the decision. 08:41:06	22 After the time of this interview, did you 08:43:33
23 So, you know, the therapist involved in the 08:41:07	23 ever in fact make the effort to get your bearings 08:43:35
24 case, I think it was important to also consider what 08:41:13	24 again about the best practices for treating gender 08:43:40
25 was going on with them medically, and make sure that 08:41:25	25 dysphoria? 08:43:44

CONFIDENTIAL

Page 38			Page 40		
1	MR. LANNIN: Object to the form.	08:43:45	1	Q. Okay. Above that in the first full	08:46:49
2	You can answer.	08:43:46	2	paragraph with an "EC" that begins "Not very well,"	08:46:58
3	THE WITNESS: I -- I didn't go back into	08:43:48	3	you said in the third sentence, quote:	08:47:05
4	treating individuals with gender dysphoria. I should	08:43:52	4	"I think that's one of the	08:47:08
5	clarify that I probably saw patients who were	08:43:55	5	contributions that Sharon had,	08:47:09
6	transgender or gender diverse, but I was treating	08:44:00	6	although controversial. Today	08:47:11
7	them for other conditions.	08:44:03	7	really encouraging much more	08:47:14
8	BY MR. BROOKS:	08:44:05	8	therapy in recognition of	08:47:16
9	Q. Understood. Thank you. That's a good	08:44:05	9	psychiatric comorbidity, not that	08:47:18
10	helpful clarification.	08:44:06	10	that's causing the gender	08:47:20
11	Let me take you back to page 28.	08:44:14	11	dysphoria, but in terms of	08:47:22
12	I think this is a tangent, but let me just	08:44:24	12	adjustment and adaptation with	08:47:23
13	check. In the -- halfway down the page, there's a	08:44:32	13	people."	08:47:25
14	short paragraph that says, "I did that with the	08:44:39	14	Do you see that language?	08:47:25
15	cross-dressers."	08:44:41	15	A. Yes.	08:47:25
16	Do you see that paragraph? Pretty short.	08:44:42	16	Q. And can you explain to me why you considered	08:47:31
17	A. I have to -- where is it? Towards the --	08:44:45	17	it an important contribution of Dr. Satterfield that	08:47:33
18	Q. Page 28, halfway down.	08:44:46	18	she moved the PHS work with transgender patients in	08:47:41
19	A. Oh, I'm on 27. Halfway down. Okay.	08:44:47	19	the direction of encouraging much more therapy in	08:47:49
20	Q. Let me ask you to read that two- -- or	08:44:54	20	recognition of psychiatric comorbidity?	08:47:52
21	three-sentence paragraph.	08:44:58	21	MR. LANNIN: Objection to the form.	08:47:55
22	A. "I did that with cross-dressers. They were	08:44:58	22	THE WITNESS: You're asking why she --	08:48:00
23	so isolated." Yeah.	08:45:00	23	BY MR. BROOKS:	08:48:02
24	Q. So my question for you is, first, is it	08:45:03	24	Q. Why did you consider that to be an important	08:48:03
25	correct that you were instrumental informing a -- an	08:45:05	25	contribution of Dr. Satterfield?	08:48:06
Page 39			Page 41		
1	association or an organization that was entitled	08:45:11	1	A. Well, the early work at the University of	08:48:07
2	"City of Lakes Crossdressers"?	08:45:13	2	Minnesota in evaluating their patients for what was	08:48:15
3	MR. LANNIN: Object to the form.	08:45:14	3	then called "sex reassignment" was really mainly an	08:48:24
4	THE WITNESS: I did not form that	08:45:16	4	evaluation to determine whether they had gender	08:48:29
5	organization.	08:45:20	5	dysphoria or not. And -- and psychotherapy was not	08:48:33
6	BY MR. BROOKS:	08:45:24	6	really a part of that, really, that process.	08:48:43
7	Q. Okay. When you said in this interview --	08:45:25	7	And I think Dr. Satterfield recognized that	08:48:50
8	and I recognize it's been twelve years, you may not	08:45:27	8	some of these individuals had other psychiatric	08:48:54
9	recall. When you said, "I did that with the	08:45:29	9	issues that needed to be dealt with. But probably	08:49:00
10	cross-dressers," what was it you were saying that you	08:45:32	10	the biggest thing is that she was very aware that	08:49:06
11	had done with this cross-dressing group?	08:45:35	11	these people were rather isolated, and that it was --	08:49:11
12	A. We -- we invited them to attend potluck	08:45:42	12	it was very helpful for them to socialize with	08:49:17
13	dinner so that they had an opportunity to socialize,	08:45:45	13	others.	08:49:26
14	get to know other cross-dressers. Oftentimes, that	08:45:51	14	She created group therapy as a means of	08:49:27
15	they were very isolated.	08:45:55	15	really helping them explore their gender identity,	08:49:32
16	Q. And did that group -- was your interaction	08:45:58	16	talked about all the ways of dealing with that, you	08:49:37
17	with that group related to your work with gender	08:46:04	17	know, beyond just hormonal or, you know, any kind of	08:49:43
18	dysphoria, or are they really two separate issues?	08:46:09	18	medical treatments.	08:49:48
19	MR. LANNIN: Object to the form.	08:46:10	19	There were issues of dealing with their	08:49:54
20	THE WITNESS: These were individuals that	08:46:20	20	family, their relationships, their work situation	08:49:56
21	usually, I can't say for sure, did not meet criteria	08:46:25	21	that they could use the assistance of -- of therapy,	08:50:02
22	for gender dysphoria. They were natal men who were	08:46:29	22	yeah.	08:50:06
23	engaging in cross-dressing which is different from	08:46:38	23	Q. Turn to page 34, if you would. I'll follow	08:50:06
24	individuals with gender dysphoria.	08:46:43	24	up a little bit about Dr. Satterfield's initiative.	08:50:10
25	BY MR. BROOKS:	08:46:44	25	Towards the bottom of the page is a long	08:50:20

CONFIDENTIAL

Page 42		Page 44		
1	paragraph. And you refer to we're dealing with a	08:50:21	1 Q. Now, when you referred to "post the high"	08:53:09
2	pronoun here, "her," and let me ask you to check and	08:50:31	2 and "train wrecks," what were you referring to?	08:53:12
3	make sure that I'm correct in believing that to refer	08:50:34	3 MR. LANNIN: Object to the form.	08:53:15
4	to Dr. Satterfield?	08:50:39	4 THE WITNESS: I think at that time it was	08:53:16
5	A. I'm not sure where you are again.	08:50:43	5 very difficult for people to be accepted in this new	08:53:21
6	Q. At the bottom of page 34 is a large	08:50:44	6 role, whether it's in -- at work or in family.	08:53:33
7	paragraph that begins "I'll tell you something" --	08:50:47	7 And -- and she felt strongly that -- that it was --	08:53:41
8	A. Yeah.	08:50:49	8 it would be helpful to them -- for them to get	08:53:50
9	Q. -- "that I still," and it goes on to refer	08:50:49	9 assistance with -- with those issues, and -- and that	08:53:53
10	to, quote, "her capriciousness," but then you say,	08:50:53	10 might really improve the -- you know, the outcome	08:54:03
11	quote:	08:50:57	11 later on.	08:54:09
12	"She was also very insistent on	08:50:57	12 BY MR. BROOKS:	08:54:10
13	people really dealing with a lot of	08:50:59	13 Q. And you agreed with that judgment?	08:54:10
14	their issues before readiness for	08:51:01	14 A. At that time, yes.	08:54:12
15	hormones," close quote.	08:51:03	15 Q. Do you disagree with it today?	08:54:14
16	Do you see that?	08:51:05	16 A. I think we came to realize that -- that	08:54:16
17	A. Yes.	08:51:05	17 there were -- the world changed. People were more --	08:54:21
18	Q. And do you believe that the "she" in	08:51:06	18 much more accepting. They were able to navigate	08:54:27
19	question is Dr. Satterfield?	08:51:08	19 these changes much more effectively, and there wasn't	08:54:32
20	MR. LANNIN: Object to the form.	08:51:09	20 any clear evidence that psychotherapy was -- was	08:54:37
21	THE WITNESS: Yes.	08:51:11	21 needed in every case.	08:54:45
22	BY MR. BROOKS:	08:51:12	22 And so -- and I think -- so I think our	08:54:47
23	Q. And you go on to say, two lines down, quote:	08:51:14	23 approach at that time was I would say very	08:54:55
24	"We saw so many train wrecks,	08:51:25	24 conservative, you know, trying to do, you know,	08:55:04
25	you know, two years post the high,	08:51:27	25 everything possible to help with a positive outcome.	08:55:15
Page 43		Page 45		
1	and people were so unprepared.	08:51:28	1 But we were learning that many people were doing	08:55:25
2	They transitioned, they lost their	08:51:31	2 this. And even the original patients that were	08:55:31
3	job, they lost their family. We	08:51:33	3 treated in the Department of Psychiatry and the --	08:55:37
4	really felt that they needed to	08:51:36	4 you know, the outcome study that was published in	08:55:41
5	kind of deal with all their issues	08:51:37	5 1978, you know, showed that these were -- these	08:55:45
6	and not see hormones and surgery as	08:51:39	6 people were doing very well, and they had no	08:55:49
7	the solution to a lot of their	08:51:42	7 psychotherapy.	08:55:52
8	problems, but really more as the	08:51:44	8 So we had to be -- we were -- we had to be a	08:55:55
9	icing on the cake."	08:51:47	9 little humble. While we thought it was helpful, we	08:56:01
10	Do you see that language?	08:51:48	10 couldn't say with absolute certainty that that was	08:56:04
11	A. Yes.	08:51:49	11 required in every case. So we really moved -- and	08:56:10
12	Q. And can you explain to me -- early in the	08:51:50	12 that's reflected in the Standards of Care is that	08:56:13
13	part I read, you said, "We saw so many train wrecks,	08:51:58	13 that be considered and we certainly suggested that it	08:56:18
14	you know, two years post the high." Can you explain	08:52:02	14 could be helpful, but we couldn't point to, you	08:56:22
15	to me what you were referring to as the -- when you	08:52:05	15 know -- and I'm talking mostly about, you know,	08:56:34
16	use the phrase "the high"?	08:52:08	16 adults because, at that time, we were treating mostly	08:56:40
17	A. Many individuals, you know, at that time --	08:52:15	17 adults.	08:56:44
18	and I want to put that in context, "at that time" --	08:52:19	18 Q. On page 35, if I could ask you to turn to	08:56:46
19	would oftentimes feel enormous relief of their gender	08:52:24	19 that.	08:56:50
20	dysphoria. And so they would be very happy to --	08:52:33	20 A. Can I get some Kleenex?	08:56:53
21	whether it was going on hormones and saw the changes	08:52:44	21 Q. You're right -- you're right in a wind here.	08:56:57
22	or had gender-affirmation surgery, they oftentimes	08:52:47	22 A. I'm here in a wind tunnel, and last night --	08:57:01
23	felt very relieved after usually a very long period	08:52:53	23 I don't usually have allergies, but, boy, they kicked	08:57:03
24	of trying to obtain those kinds of treatments and the	08:53:00	24 up last night.	08:57:08
25	barriers that were there for them.	08:53:06	25 THE REPORTER: This is the reporter. There	08:57:09

CONFIDENTIAL

Page 46	Page 48
<p>1 is a box of Kleenex in that cupboard on the right 08:57:09 2 where the lock is. Next cupboard over. Open that 08:57:09 3 one. 08:57:09 4 MR. BROOKS: Perfect. 08:57:22 5 THE WITNESS: Thank you. Thank you. 08:57:22 6 MR. BROOKS: You're not supposed to have 08:57:26 7 allergies out here in the desert. 08:57:28 8 THE WITNESS: Never had them before, but I 08:57:30 9 have them. 08:57:32 10 BY MR. BROOKS: 08:57:32 11 Q. All right. Page 35. You make here in the 08:57:33 12 interview I think part of the point you've just made. 08:57:38 13 It says -- you said, according to the transcript: 08:57:42 14 "Certainly from the Standards 08:57:46 15 of Care, we have no requirements 08:57:47 16 for psychotherapy even though I 08:57:48 17 believe in it. I'm an advocate for 08:57:50 18 that." 08:57:52 19 A. Hm-hm. 08:57:53 20 Q. "I really believe in therapy. 08:57:53 21 But there is no scientific evidence 08:57:55 22 that shows that that is necessary," 08:57:56 23 close quote. 08:57:58 24 Q. Have I read that correctly? 08:58:00 25 A. Yes. 08:58:01</p>	<p>1 THE WITNESS: If you'll try to ask that 08:59:19 2 again. 08:59:22 3 BY MR. BROOKS: 08:59:24 4 Q. Am I correct that even though you had been 08:59:24 5 chair of the SOC-7 project, you didn't consider those 08:59:27 6 guidelines to state a binding definition of what 08:59:32 7 constituted reasonable and responsible care? 08:59:38 8 MR. LANNIN: Same objection. 08:59:42 9 THE WITNESS: I still am not -- let me try 08:59:44 10 to explain. 08:59:46 11 So there wasn't clear evidence that 08:59:49 12 psychotherapy was absolutely necessary. In Standards 08:59:52 13 of Care 7, there's a whole section on the value of 08:59:58 14 psychotherapy and what that can do. And -- and 09:00:04 15 certainly in Standards of Care 7, there was the 09:00:10 16 recognition of -- that part of the assessment should 09:00:15 17 be an assessment for any other mental health issues 09:00:20 18 and those should be assessed and managed. 09:00:25 19 There are many ways of managing that. And 09:00:28 20 psychotherapy is one of those methods. 09:00:34 21 BY MR. BROOKS: 09:00:39 22 Q. You stated there is no scientific evidence 09:00:40 23 that shows that psychotherapy is necessary. 09:00:43 24 Was it also true, at the time of this 09:00:48 25 interview, that there simply were no long-term cohort 09:00:51</p>
Page 47	Page 49
<p>1 Q. And at the time of this interview, SOC-7 08:58:02 2 which you have chaired, was out. And yet -- and if 08:58:08 3 you -- let me just read another line. In the very 08:58:18 4 next answer, you said, quote: 08:58:21 5 "So that's the way it is, but I 08:58:23 6 think if I'm going to take 08:58:24 7 responsibility, I'm going to 08:58:26 8 probably choose to want people to 08:58:27 9 do more therapy than minimally 08:58:29 10 really is required," close quote. 08:58:31 11 Do you see that? 08:58:33 12 A. Yes. 08:58:33 13 Q. And so even after chairing the development 08:58:34 14 of SOC-7 that did not require psychotherapy, your 08:58:39 15 personal view was that, if it was a patient that you 08:58:43 16 were responsible for, you were going to require or 08:58:45 17 urge psychotherapy. Correct? 08:58:49 18 MR. LANNIN: Object to the form. 08:58:50 19 THE WITNESS: I -- I would encourage it. 08:58:51 20 BY MR. BROOKS: 08:58:55 21 Q. And am I correct, then, that you didn't 08:58:56 22 consider the then extant standard of care from WPATH 08:59:03 23 to state a binding definition of the only reasonable, 08:59:11 24 responsible path of care. Correct? 08:59:14 25 MR. LANNIN: Object to the form. 08:59:18</p>	<p>1 studies of outcomes for any course of treatment of 09:01:00 2 gender dysphoria in which the patients had not 09:01:06 3 received psychotherapy? 09:01:09 4 MR. LANNIN: Object to the form. 09:01:11 5 THE WITNESS: There were clearly long-term 09:01:11 6 follow-up studies at that time showing that -- that 09:01:15 7 gender-affirmation interventions were helpful. 09:01:24 8 BY MR. BROOKS: 09:01:27 9 Q. And my question was, is it correct that in 09:01:28 10 all of those then existing long-term studies the 09:01:35 11 patients had received psychotherapeutic support? 09:01:37 12 MR. LANNIN: Object to the form. 09:01:42 13 THE WITNESS: I don't know that that was 09:01:43 14 parceled out. 09:01:48 15 BY MR. BROOKS: 09:01:51 16 Q. If that wasn't parceled out, is it fair to 09:01:52 17 say that, while there was no scientific evidence that 09:01:56 18 showed psychotherapy was necessary, there was also no 09:01:59 19 scientific evidence that showed that it was not 09:02:02 20 necessary? 09:02:04 21 MR. LANNIN: Object to the form. 09:02:05 22 THE WITNESS: There was not sufficient 09:02:07 23 evidence to say that that was an absolute 09:02:11 24 requirement. 09:02:16 25 BY MR. BROOKS: 09:02:17</p>

CONFIDENTIAL

Page 50	Page 52
<p>1 Q. Is it equally fair to say that there was not 09:02:18 2 sufficient evidence to say that psychotherapy had not 09:02:21 3 been a contributing factor in the well-being of the 09:02:24 4 participants in those studies? 09:02:27 5 MR. LANNIN: Object to the form. 09:02:29 6 THE WITNESS: I -- I -- I don't know that I 09:02:32 7 can comment on that. 09:02:35 8 BY MR. BROOKS: 09:02:36 9 Q. All right. 32, back a little bit if we 09:02:36 10 could. Well, actually, let's just move on from 09:02:48 11 there. Pardon me. And you can put this exhibit on 09:03:00 12 one side. What was that? Exhibit 3. 09:03:09 13 MR. LANNIN: Counsel, it happens we've been 09:03:15 14 going for an hour, so may -- 09:03:16 15 MR. Brooks: If you would like to take a 09:03:17 16 break, we certainly can. 09:03:18 17 MR. LANNIN: May we take a quick break? 09:03:20 18 MR. Brooks: Good idea. 09:03:22 19 THE VIDEOGRAPHER: Okay. The time is 09:03:23 20 9:03 a.m., and we are now off the record. 09:03:26 21 (Recess taken.) 09:03:29 22 THE VIDEOGRAPHER: The time is 9:14 a.m., 09:14:05 23 and we are now back on the record. 09:14:13 24 MR. BROOKS: And let me ask the reporter to 09:14:16 25 mark as Exhibit 4 the 2017 Endocrine Society 09:14:18</p>	<p>1 "Disclaimer." And beginning with the second sentence 09:15:52 2 in that disclaimer, it's -- the Endocrine Society 09:15:57 3 states: 09:16:02 4 "The guidelines should not be 09:16:03 5 considered inclusive of all proper 09:16:04 6 approaches or methods or exclusive 09:16:06 7 of others. The guidelines cannot 09:16:08 8 guarantee any specific outcome, nor 09:16:11 9 do they establish a standard of 09:16:13 10 care." 09:16:17 11 Do you see that language? 09:16:17 12 A. No, I'm sorry, I'm missing that. Where 09:16:18 13 is -- 09:16:21 14 Q. 3895 -- 09:16:21 15 A. Yeah. 09:16:22 16 Q. -- down at the bottom of the second column, 09:16:23 17 it says -- 09:16:24 18 A. Right. 09:16:25 19 Q. -- "Acknowledgments" and -- 09:16:25 20 A. Yes. 09:16:26 21 Q. -- then it says "Disclaimer"? 09:16:27 22 A. Yeah. 09:16:28 23 Q. And the second and third full sentences are 09:16:29 24 what I just read. 09:16:31 25 A. Okay. Yes. 09:16:32</p>
Page 51	Page 53
<p>1 Guidelines for treatment of gender-dysphoric persons. 09:14:27 2 (The document referred to was 09:14:27 3 marked as Exhibit 4.) 09:14:27 4 BY MR. BROOKS: 09:14:27 5 Q. Dr. Coleman, am I correct that you're very 09:14:42 6 familiar with these Endocrine Society guidelines? 09:14:44 7 MR. LANNIN: Object to form. 09:14:44 8 THE WITNESS: I'm familiar. 09:14:48 9 BY MR. BROOKS: 09:14:49 10 Q. Does that mean you don't feel very familiar? 09:14:51 11 A. I don't feel very familiar. 09:14:54 12 Q. Okay. The Endocrine Society guidelines that 09:14:55 13 you're holding overlap to a considerable extent in 09:15:01 14 subject matter with the SOC-7 and SOC-8 guidelines. 09:15:04 15 Correct? 09:15:04 16 A. They mainly overlap in -- in terms of the 09:15:13 17 chapter on hormonal treatments. 09:15:16 18 Q. Including puberty blockers. Correct? 09:15:20 19 A. That's correct. 09:15:25 20 Q. Let me ask you to turn to page 3895, the 09:15:25 21 last textual page. 09:15:31 22 A. Okay. 09:15:41 23 Q. And what I want to do is call your attention 09:15:42 24 to a statement at the bottom of the second column. 09:15:45 25 Under "Acknowledgments" there's a section headed 09:15:49</p>	<p>1 Q. Do you see that language now? 09:16:35 2 A. Yes. 09:16:37 3 Q. So that's the Endocrine Society's statement 09:16:39 4 about the meaning of -- of their guidelines. 09:16:42 5 Let me ask you this, and let's start with 09:16:47 6 SOC-5. When the Harry Benjamin Society Committee, 09:16:51 7 under Dr. Stephen Levine's leadership and your 09:16:59 8 participation, finalized the SOC, am I correct that 09:17:02 9 it was not your view as a member of commit- -- of 09:17:09 10 that committee that that new version spelled out -- 09:17:12 11 let me start again. I apologize. 09:17:20 12 A. That's all right. 09:17:22 13 Q. This is -- sometimes it gets complicated. 09:17:22 14 When the SOC-5 was finalized by a committee 09:17:25 15 of which you were a member, am I correct that it was 09:17:30 16 your view that that SOC outlined a responsible course 09:17:34 17 of addressing gender dysphoria, but not necessarily 09:17:44 18 the only responsible course of addressing gender 09:17:47 19 dysphoria? 09:17:51 20 MR. LANNIN: Object to the form. 09:17:51 21 You can answer. 09:17:52 22 THE WITNESS: SOC-5 was our -- our -- you 09:17:52 23 know, our consensus of recommendations of what should 09:18:00 24 be the Standards of Care for individuals with gender 09:18:04 25 dysphoria. 09:18:10</p>

CONFIDENTIAL

Page 54	Page 56
<p>1 BY MR. BROOKS: 09:18:12</p> <p>2 Q. And did that mean that on every 09:18:12</p> <p>3 recommendation the committee was unanimous in their 09:18:14</p> <p>4 vote? 09:18:18</p> <p>5 MR. LANNIN: Object to the form. 09:18:20</p> <p>6 THE WITNESS: Everything that was in SOC-5 09:18:23</p> <p>7 was -- was achieved by consensus. And we all agreed 09:18:27</p> <p>8 in the end, and we were to be authors of that, we had 09:18:37</p> <p>9 to agree with that in -- in total. 09:18:42</p> <p>10 There was a lot of debate and discussion 09:18:48</p> <p>11 about these -- these issues and -- but, in the end, 09:18:50</p> <p>12 we were able to come to some consensus. 09:18:57</p> <p>13 BY MR. BROOKS: 09:19:01</p> <p>14 Q. But based on that debate and discussion 09:19:02</p> <p>15 experience, it was your understanding that reasonable 09:19:05</p> <p>16 clinicians and scientists could and did differ with 09:19:11</p> <p>17 regard to some of those recommendations? 09:19:16</p> <p>18 MR. LANNIN: Object to the form. 09:19:18</p> <p>19 THE WITNESS: I'm sure that there would be 09:19:20</p> <p>20 some people that would have objected or viewed things 09:19:22</p> <p>21 differently. 09:19:29</p> <p>22 BY MR. BROOKS: 09:19:30</p> <p>23 Q. And was your belief, as the committee issued 09:19:30</p> <p>24 SOC-5, that that document outlined the only 09:19:36</p> <p>25 responsible approach to treatment of gender 09:19:41</p>	<p>1 criteria up -- over and above these minimal 09:21:25</p> <p>2 standards. But these were the -- were considered the 09:21:33</p> <p>3 minimal standards that people should follow. And if 09:21:39</p> <p>4 they did not follow them, they had to have a 09:21:42</p> <p>5 significant rationale for why that was appropriate in 09:21:46</p> <p>6 that particular case. 09:21:51</p> <p>7 BY MR. BROOKS: 09:21:53</p> <p>8 Q. Does what you've just said in respect to 09:21:55</p> <p>9 SOC-5 continue to be true with respect to SOC-8? 09:21:59</p> <p>10 A. Yes. 09:21:59</p> <p>11 Q. And, again, in the course of developing 09:22:06</p> <p>12 SOC-8, among the many coauthors, am I correct there 09:22:13</p> <p>13 was significant at least initial debate and differing 09:22:20</p> <p>14 views on some of the recommendations? 09:22:24</p> <p>15 MR. LANNIN: Object to the form. 09:22:26</p> <p>16 THE WITNESS: There was a lot of discussion 09:22:27</p> <p>17 and debate within those committees. 09:22:31</p> <p>18 Ah, ah, sorry. A Charley horse. 09:22:39</p> <p>19 BY MR. BROOKS: 09:22:41</p> <p>20 Q. Okay. 09:22:42</p> <p>21 A. Yeah, fine. 09:22:42</p> <p>22 Yeah, there was -- there was a lot of 09:22:45</p> <p>23 discussion and debate. And -- and that was I think a 09:22:50</p> <p>24 very healthy process. 09:22:56</p> <p>25 Q. So as that -- as that group of clinicians, 09:22:59</p>
<p>Page 55</p> <p>1 dysphoria, or, rather, that it outlined one, possibly 09:19:45</p> <p>2 among others, responsible approaches to addressing 09:19:51</p> <p>3 gender dysphoria? 09:19:55</p> <p>4 MR. LANNIN: Object to the form. 09:19:56</p> <p>5 THE WITNESS: Our task was to simply develop 09:19:57</p> <p>6 the best avail- -- the best guidelines based upon the 09:19:59</p> <p>7 evidence, and that's what we did. 09:20:05</p> <p>8 BY MR. BROOKS: 09:20:08</p> <p>9 Q. Did you believe, Dr. Coleman, that the 09:20:11</p> <p>10 Standards of Care outlined the only responsible path 09:20:14</p> <p>11 that a clinician could take in treating gender 09:20:18</p> <p>12 dysphoria, or, on the contrary, did you believe that 09:20:21</p> <p>13 there might also be other responsible paths for 09:20:24</p> <p>14 treating gender dysphoria? 09:20:27</p> <p>15 A. Well, one -- 09:20:29</p> <p>16 MR. LANNIN: Object to the form. 09:20:29</p> <p>17 THE WITNESS: One -- one thing is, again, 09:20:31</p> <p>18 these were deemed as minimal standards. And so it 09:20:33</p> <p>19 recognized that these guidelines were -- should be 09:20:41</p> <p>20 flexible and -- and based upon individual 09:20:48</p> <p>21 circumstances and perhaps again a clinician's view 09:20:54</p> <p>22 that -- you know, for example, that they would like 09:21:04</p> <p>23 to see a course of psychotherapy that -- that 09:21:11</p> <p>24 recognized that -- the standards recognized that 09:21:18</p> <p>25 somebody could have some more -- other kind of 09:21:21</p>	<p>Page 57</p> <p>1 researchers was pulled together, despite the 09:23:02</p> <p>2 existence of SOC-7, as they came together, there was 09:23:09</p> <p>3 still significant disagreements as they walked in the 09:23:12</p> <p>4 door, so to speak, on proper -- on best practices for 09:23:15</p> <p>5 dealing with gender dysphoria. 09:23:20</p> <p>6 MR. LANNIN: Object to the form. 09:23:23</p> <p>7 THE WITNESS: I think that some people had 09:23:24</p> <p>8 different viewpoints when they came into the process, 09:23:27</p> <p>9 and we learned a lot from one another. And we 09:23:31</p> <p>10 learned a lot from examining, you know, the 09:23:35</p> <p>11 literature and what the literature said. 09:23:39</p> <p>12 BY MR. BROOKS: 09:23:42</p> <p>13 Q. And did -- 09:23:43</p> <p>14 A. And so minds -- 09:23:43</p> <p>15 Q. Pardon me. 09:23:44</p> <p>16 A. So minds, you know, were -- were changed. 09:23:44</p> <p>17 Or, again, the -- the -- there was the development of 09:23:51</p> <p>18 recommendations that everybody could agree with. 09:23:56</p> <p>19 Q. Well, in fact, the Delphi process that was 09:24:00</p> <p>20 used for finalizing recommendations did not require 09:24:04</p> <p>21 unanimity, did not require everybody to agree, did 09:24:07</p> <p>22 it? 09:24:10</p> <p>23 A. That's correct. 09:24:11</p> <p>24 Q. And, as you sit here today, do you know 09:24:11</p> <p>25 which recommendations were approved unanimously and 09:24:14</p>

CONFIDENTIAL

Page 58		Page 60	
1	which were not? 09:24:17	1	MR. LANNIN: Object to the form. 09:27:45
2	A. No. 09:24:18	2	THE WITNESS: There was quite a bit of 09:27:47
3	MR. BROOKS: Let me ask the reporter to mark 09:24:21	3	discussion and concern that -- that this may have 09:27:50
4	as Exhibit 6 -- 5 an article entitled "The mental 09:24:22	4	been an overreaction, but not everyone held these 09:28:01
5	health establishment the failing trans kids" by Laura 09:24:43	5	same views. 09:28:09
6	Edwards-Leeper and Erica Anderson. 09:24:48	6	BY MR. BROOKS: 09:28:11
7	(The document referred to was 09:24:48	7	Q. Well, let me ask precisely that on some of 09:28:11
8	marked as Exhibit 5.) 09:25:12	8	these. If you would turn to the first text page, 09:28:14
9	BY MR. BROOKS: 09:25:12	9	down at the bottom, there's a reference to Canada at 09:28:19
10	Q. And, Dr. Coleman, is this an opinion piece 09:25:12	10	the very last three lines. It says: 09:28:24
11	with which you are well familiar? 09:25:17	11	"Canada too is following our 09:28:27
12	MR. LANNIN: Object to the form. 09:25:18	12	lead. A study of ten pediatric 09:28:28
13	THE WITNESS: No. 09:25:21	13	gender clinics there found that 09:28:32
14	BY MR. BROOKS: 09:25:23	14	half do not require psychological 09:28:32
15	Q. No. You didn't participate in substantial 09:25:24	15	assessments before initiating 09:28:37
16	discussions about this article within WPATH? 09:25:27	16	puberty blockers or hormones," 09:28:37
17	MR. LANNIN: Object to the form. 09:25:32	17	close quote. 09:28:38
18	THE WITNESS: I recall discussions that -- 09:25:33	18	Now, that's referring to a study of Canadian 09:28:40
19	that happened in response to this article. 09:25:36	19	clinics. Did you in this -- were you in this time 09:28:44
20	BY MR. BROOKS: 09:25:42	20	period aware of gender clinics in the U.S. that were 09:28:48
21	Q. It came out, it indicates on -- in November 09:25:42	21	not requiring psychological assessments before 09:28:56
22	of 2021. And did you read it on or about the time 09:25:47	22	initiating puberty blockers? 09:29:02
23	that it came out? 09:25:53	23	MR. LANNIN: Object to the form. 09:29:02
24	A. I don't recall. 09:25:55	24	THE WITNESS: No, but an assessment of 09:29:03
25	Q. The coauthor -- we've mentioned 09:25:57	25	mental health conditions was a requirement for 09:29:11
Page 59		Page 61	
1	Dr. Edwards-Leeper. The coauthor is Dr. Erica 09:26:06	1	initiation of puberty-blocking hormones. 09:29:16
2	Anderson. What positions within WPATH or its U.S. 09:26:11	2	BY MR. BROOKS: 09:29:19
3	branch, the USPATH, have Dr. Anderson held by this 09:26:19	3	Q. It was stated as a requirement in SOC-8. 09:29:20
4	time 2021? 09:26:24	4	Correct? 09:29:20
5	A. She was president of USPATH, and I can't 09:26:26	5	A. Yes. 09:29:24
6	recall whether it was before, during. I don't think 09:26:33	6	Q. And my question is, in this time period, did 09:29:25
7	it was after. 09:26:38	7	you become aware of reports that there were pediatric 09:29:28
8	Q. Do you know Dr. Anderson personally? 09:26:43	8	gender clinics that were simply not following that 09:29:33
9	A. I do, not -- well, I've met her at 09:26:45	9	and were not requiring a psychological assessment 09:29:36
10	conferences. We're not friends, but we have met and 09:26:48	10	before approving puberty-blocking drugs? 09:29:40
11	we've had some conversations with each other. 09:26:52	11	MR. LANNIN: Object to the form. 09:29:46
12	Q. And Dr. Anderson is indeed transgender. Am 09:26:55	12	THE WITNESS: I think I heard that some 09:29:47
13	I correct? 09:26:55	13	people were not following the Standards of Care. 09:29:48
14	A. Yes. 09:27:06	14	BY MR. BROOKS: 09:29:51
15	Q. And is a psychologist who specializes in 09:27:06	15	Q. Did that cause you concern for the 09:29:51
16	addressing gender dysphoria. Am I correct? 09:27:14	16	well-being of the affected children? 09:29:53
17	A. That's correct. 09:27:15	17	A. Yes. 09:29:53
18	Q. And what do you consider Dr. Anderson's 09:27:15	18	Q. Dr. Edwards-Leeper and Dr. Anderson wrote 09:29:56
19	reputation in the field to be? 09:27:18	19	just two lines up that many providers were engaging 09:30:06
20	A. I think it's -- has been considered good. 09:27:20	20	in what they referred to as, quote, "sloppy, 09:30:14
21	Q. Let me ask you, just walk through some of 09:27:27	21	dangerous care." 09:30:17
22	these statements. Well, let me -- let me ask this. 09:27:34	22	In 2021, did you share a concern that 09:30:19
23	Is it fair to say that the publication of 09:27:36	23	providers around the nation were engaging in sloppy, 09:30:23
24	this op ed stirred up a great deal of heated 09:27:39	24	dangerous care? 09:30:28
25	discussion within WPATH leadership? 09:27:43	25	MR. LANNIN: Object to the form. 09:30:29

CONFIDENTIAL

Page 62	Page 64
<p>1 THE WITNESS: I -- I didn't share that -- 09:30:30 2 that view, but it's -- but, upon hearing those 09:30:34 3 reports, again, I was certainly concerned if that 09:30:38 4 was -- if that was the case. 09:30:43 5 BY MR. BROOKS: 09:30:45 6 Q. But personally you just didn't know one way 09:30:45 7 or the other whether that was the case? 09:30:47 8 A. Exactly. 09:30:49 9 Q. Okay. Let me ask you to turn to the second 09:30:54 10 text page. There are no page numbers on this 09:30:55 11 document. I apologize. 09:30:57 12 A. That's all right. 09:30:58 13 Q. And there's a paragraph that begins with a 09:30:59 14 big cap A, "American opinions." 09:31:03 15 A. Hm-hm. 09:31:05 16 Q. And the third sentence in that paragraph, 09:31:06 17 these authors have written, quote: 09:31:09 18 "Now the treatment pushed by 09:31:11 19 activists, recommended by some 09:31:12 20 providers and taught in many 09:31:15 21 training workshops is to affirm 09:31:17 22 without question," close quote. 09:31:19 23 In this 2021 time period, did you have any 09:31:24 24 opinion as to whether it was true that activists and 09:31:29 25 some providers were pushing an approach that involved 09:31:33</p>	<p>1 are transgender is transgender and 09:32:54 2 needs medical interventions 09:32:55 3 immediately, yet we know this is 09:32:58 4 not always true," period. 09:32:59 5 Did you, in 2021, share the belief that a 09:33:08 6 young person who declares they are transgender is not 09:33:13 7 always correct in that self-assessment? 09:33:17 8 MR. LANNIN: Object to the form. 09:33:20 9 THE WITNESS: I think that adolescents 09:33:22 10 could -- can be confused about their gender identity, 09:33:27 11 their overall sexual identity, and that's why we 09:33:34 12 insist on a careful assessment by a trained 09:33:39 13 professional. 09:33:45 14 BY MR. BROOKS: 09:33:46 15 Q. And, in your opinion, what experience 09:33:47 16 qualifications does that professional need to have? 09:33:51 17 A. A minimum of a master's degree in a -- in a 09:33:53 18 field of mental health. 09:34:00 19 Q. Does that include social work? 09:34:01 20 A. There are different types of social workers 09:34:07 21 and some have a clinical training background. 09:34:09 22 Q. In your opinion, does a master's degree in 09:34:13 23 social work, including some clinical aspects, provide 09:34:23 24 sufficient expertise to evaluate a child and approve 09:34:27 25 puberty blockers or cross-sex hormones? 09:34:34</p>
<p>Page 63</p> <p>1 affirming transgender identity, quote, "without 09:31:39 2 question"? 09:31:43 3 MR. LANNIN: Object to the form. 09:31:43 4 THE WITNESS: I was not aware that that was 09:31:44 5 happening at that time. This certainly concerned me 09:31:50 6 that she was -- that people were saying that that was 09:31:53 7 happening. 09:31:58 8 BY MR. BROOKS: 09:31:58 9 Q. That is, if it was happening, that concerned 09:31:58 10 you? 09:32:00 11 A. Yes. And I think that that led to, you 09:32:00 12 know, our strengthening the recommendations for 09:32:05 13 mental health assessment, careful assessment, 09:32:11 14 especially with -- with adolescents when we were 09:32:17 15 considering puberty-blocking hormones or -- or 09:32:22 16 hormonal treatments. 09:32:27 17 Q. Let me ask you to turn to the next page. 09:32:29 18 And two-thirds of the way down is a paragraph that 09:32:37 19 begins "Some providers may move quickly." Let me ask 09:32:40 20 you to find that paragraph. 09:32:42 21 A. Yes. 09:32:43 22 Q. And there I'm going to start with the second 09:32:46 23 sentence, quote: 09:32:49 24 "Some assume that a person with 09:32:50 25 gender dysphoria who declares they 09:32:53</p>	<p>Page 65</p> <p>1 MR. LANNIN: Object to the form. 09:34:36 2 THE WITNESS: It depends on their particular 09:34:38 3 training and expertise. And that is spelled out in 09:34:42 4 our assessment chapter what those requirements are. 09:34:46 5 BY MR. BROOKS: 09:34:51 6 Q. And are you personally comfortable with the 09:34:51 7 idea of a child receiving a prescription for puberty 09:34:52 8 blockers or cross-sex hormones without an evaluation 09:34:57 9 by an experienced psychologist? 09:34:59 10 A. Not -- 09:35:03 11 MR. LANNIN: Object to the form. 09:35:03 12 THE WITNESS: Not only -- that assessment of 09:35:03 13 child -- children for hormonal treatment requires a 09:35:10 14 multidisciplinary team to make that decision. 09:35:18 15 BY MR. BROOKS: 09:35:23 16 Q. Including a psychologist? 09:35:24 17 A. I think that if there is a psychiatrist, a 09:35:30 18 psychologist, a trained clinical social worker that 09:35:35 19 can examine the psychological aspects of that 09:35:39 20 individual, that would be sufficient, along with a 09:35:45 21 physician, other -- that it really needs a 09:35:52 22 multidisciplinary team approach. 09:35:56 23 Q. Let me ask more precisely perhaps. 09:35:57 24 A. Yeah. 09:36:00 25 Q. Are you personally comfortable with the idea 09:36:01</p>

CONFIDENTIAL

Page 66	Page 68
1 of a child receiving a prescription for body-altering 09:36:02	1 THE WITNESS: I don't remember anything like 09:38:36
2 puberty blockers or cross-sex hormones without an 09:36:08	2 that. 09:38:38
3 evaluation conducted by a psychologist or a 09:36:10	3 BY MR. BROOKS: 09:38:39
4 psychiatrist? 09:36:14	4 Q. And were you aware of any efforts within 09:38:39
5 MR. LANNIN: Object to the form. 09:36:16	5 WPATH to silence or muzzle public debate about the 09:38:42
6 THE WITNESS: I think that people with 09:36:18	6 quality of care being delivered to minors with gender 09:38:50
7 different degrees -- social work, marriage and 09:36:23	7 dysphoria? 09:38:55
8 family -- can have similar training and experience to 09:36:26	8 MR. LANNIN: Object to the form. 09:38:55
9 be able to make those kinds of assessments and 09:36:31	9 THE WITNESS: No. There was clearly concern 09:38:56
10 determination. 09:36:38	10 about -- we -- we were seeing an increase in cases of 09:39:04
11 BY MR. BROOKS: 09:36:38	11 regret and that individuals were going through a -- 09:39:10
12 Q. Let me ask you to turn to the final page of 09:36:42	12 some individuals were going through a detransition. 09:39:20
13 this op ed. At the very top, Dr. Anderson and 09:36:45	13 And so, clearly, one of our intents in SOC-8 09:39:24
14 Dr. Edwards-Leeper write, quote: 09:36:54	14 was to address the needs of those individuals and -- 09:39:30
15 "Longer term longitudinal 09:36:57	15 and outline some of the -- the evaluation that should 09:39:42
16 studies are needed to better 09:36:59	16 be done more -- even more carefully than as they 09:39:49
17 understand the role of medical 09:37:00	17 might consider to, you know, obviously shouldn't want 09:39:59
18 interventions on lifetime 09:37:02	18 to have them keep going back and forth. 09:40:05
19 psychological health, particularly 09:37:04	19 BY MR. BROOKS: 09:40:07
20 with the newer subset of 09:37:05	20 Q. And with regard to individuals who desire to 09:40:07
21 adolescents presenting with no 09:37:08	21 detransition, am I correct that you feel strongly 09:40:14
22 childhood dysphoria and significant 09:37:09	22 that those individuals should receive mental health 09:40:18
23 mental health concerns," close 09:37:13	23 support as they work through that process? 09:40:23
24 quote. 09:37:14	24 MR. LANNIN: Object to the form. 09:40:26
25 Do you see that? 09:37:14	25 THE WITNESS: The -- the requirement for 09:40:31
Page 67	Page 69
1 A. Hm-hm. 09:37:15	1 adolescents is that they are assessed. There's a 09:40:38
2 Q. Do you agree with that statement? 09:37:15	2 mental health assessment, there's a multidisciplinary 09:40:43
3 A. I think that we need a lot more research 09:37:17	3 team, and that is whether they are considering to go 09:40:46
4 looking at the long term effects. And we state that 09:37:21	4 on hormones or have surgical interventions or they 09:40:49
5 very clearly in SOC-8. 09:37:29	5 are considering to detransition. 09:40:56
6 Q. We'll look at this topic a little bit more, 09:37:37	6 BY MR. BROOKS: 09:41:01
7 but let me ask you to look at the second full 09:37:40	7 Q. Well, putting aside exact language in the 09:41:01
8 paragraph on this final page that begins with -- I'm 09:37:45	8 SOC, am I correct that you feel strongly that 09:41:03
9 sorry -- the final -- the third full paragraph begins 09:37:51	9 individuals who are considering detransition should 09:41:05
10 "The pressure by activist." 09:37:58	10 receive, have a right to mental health support as 09:41:12
11 Do you see that? 09:38:00	11 they work through that decision and process? 09:41:16
12 A. Hm-hm, yes. 09:38:00	12 MR. LANNIN: Object to the form. 09:41:19
13 Q. And there these authors have written, quote: 09:38:01	13 THE WITNESS: That their -- their mental 09:41:27
14 "The pressure by activist 09:38:03	14 health issues need to be assessed and an 09:41:29
15 medical and mental medical health 09:38:05	15 individualized treatment plan should be 09:41:36
16 providers, along with some national 09:38:06	16 addressed to -- should be developed to meet the needs 09:41:39
17 LGBT organizations, to silence the 09:38:10	17 of that individual so that they are able to make 09:41:42
18 voices of detransitioners and 09:38:11	18 the -- a -- an adequate decision for themselves. And 09:41:49
19 sabotage the discussion around what 09:38:14	19 that is clearly spelled out in SOC-8. 09:41:56
20 is occurring in the field is 09:38:15	20 MR. BROOKS: Let me ask the reporter to mark 09:42:05
21 unconscionable," period. 09:38:16	21 as Exhibit 6 an article by Dr. Stephen Levine, 2017, 09:42:06
22 In this time period, 2021, were you aware of 09:38:20	22 entitled "Ethical Concerns About Emerging Treatment 09:42:17
23 anything that you considered to be efforts to silence 09:38:25	23 Paradigms for Gender Dysphoria." 09:42:21
24 the voices of detransitioners? 09:38:31	24 (The document referred to was 09:42:21
25 MR. LANNIN: Object to the form. 09:38:35	25 marked as Exhibit 6.) 09:42:32

CONFIDENTIAL

Page 70	Page 72
1 BY MR. BROOKS: 09:42:32	1 patients significantly decrease? 09:45:37
2 Q. And -- and first I'll ask you, Dr. Coleman, 09:42:36	2 MR. LANNIN: Object to the form. 09:45:40
3 whether you believe you've ever read this article by 09:42:39	3 THE WITNESS: I don't think we know that for 09:45:43
4 Dr. Levine. 09:42:43	4 sure. Again, clinically, we have seen that 09:45:44
5 A. I -- I couldn't say for sure. 09:42:43	5 phenomena, but we see other cases where they just 09:45:50
6 Q. I'll just ask you about a few of his 09:42:47	6 continue to thrive. 09:45:54
7 propositions as a springboard to get your 09:42:51	7 BY MR. BROOKS: 09:45:58
8 understandings. 09:42:54	8 Q. And I said for some patients. I understand 09:45:58
9 So let me ask you to turn to page 3. And 09:42:57	9 that it's -- 09:46:00
10 towards the bottom of page 3 in the final paragraph 09:43:10	10 A. Yes. 09:46:01
11 is a sentence that begins "Many surgeons, hormone 09:43:17	11 Q. -- diverse -- a diverse world out there. 09:46:01
12 prescribers." Tell me when you've found that 09:43:21	12 A. Yes. 09:46:03
13 sentence. 09:43:23	13 Q. At the very end of page 3 is a sentence that 09:46:07
14 A. Yes, I found it. 09:43:24	14 runs into page 4 and says: 09:46:09
15 Q. All right. Let me read that into the 09:43:25	15 "In the United States it is 09:46:12
16 record. Quote: "Many surgeons, hormone 09:43:26	16 extremely difficult to 09:46:14
17 providers" -- let me start again, do it correctly. 09:43:27	17 longitudinally follow cohort 09:46:16
18 "Many surgeons, hormone 09:43:30	18 patients" -- 09:46:19
19 prescribers, and mental health 09:43:33	19 A. Wait a minute, I'm not following. Sorry. 09:46:19
20 gender specialists promulgate these 09:43:35	20 What page again? 09:46:22
21 assumptions. Their convictions are 09:43:37	21 Q. Page 3, running into page 4. 09:46:23
22 reinforced by the fact that they 09:43:40	22 A. Okay. 09:46:25
23 usually work with individuals at 09:43:41	23 Q. "In the United States it is 09:46:25
24 the beginning phases of their 09:43:43	24 extremely difficult to" -- 09:46:27
25 transitions. These are 09:43:45	25 A. Still not seeing, I'm sorry, but the bottom 09:46:28
Page 71	Page 73
1 hope-dominated times followed by 09:43:47	1 says "The duration of these improvements." 09:46:32
2 the giddy delight of having 09:43:50	2 Q. The very last six rows -- 09:46:38
3 transitioned socially, hormonally, 09:43:52	3 A. Oh, "In the United States," okay. 09:46:40
4 or surgically," period. 09:43:54	4 Q. Thanks. Now let me just -- 09:46:42
5 Now Dr. Levine refers to hope-dominated 09:43:59	5 A. Yeah. 09:46:44
6 times in the beginning phases of transitions. You in 09:44:03	6 Q. "In the United States it is 09:46:45
7 your earlier article referred to a post -- a post 09:44:11	7 extremely difficult to 09:46:47
8 high to a high period and a post high period, am I 09:44:15	8 longitudinally follow cohorts of 09:46:48
9 correct that, from your own experience in what you've 09:44:21	9 patients to determine what becomes 09:46:50
10 seen in the field, that the early times, a year, two 09:44:24	10 of these initially pleased and 09:46:52
11 years, after a medical transition, whether hormonal 09:44:28	11 grateful people." 09:46:56
12 or surgical, patients tend to be optimistic and 09:44:32	12 First, do you agree with me that, given the 09:46:58
13 hopeful about the effects of that transition on their 09:44:37	13 nature of our health care system, it is extremely 09:47:00
14 lives? 09:44:42	14 difficult to longitudinally follow cohorts of 09:47:05
15 MR. LANNIN: Object to the form. 09:44:43	15 patients for long periods of years? 09:47:09
16 THE WITNESS: I think I stated earlier is 09:44:44	16 MR. LANNIN: Object to the form. 09:47:11
17 that many, many people who have finally received 09:44:55	17 THE WITNESS: Yes. 09:47:13
18 treatment that they have sought for a very long time 09:44:58	18 BY MR. BROOKS: 09:47:19
19 in many cases feel an enormous relief of their gender 09:45:03	19 Q. And do you agree with Dr. Levine that, as a 09:47:19
20 dysphoria and that makes them very happy. 09:45:11	20 result perhaps of that difficulty, it remains an 09:47:22
21 BY MR. BROOKS: 09:45:16	21 unanswered question what percentage of patients 09:47:28
22 Q. And is it also consistent with what you've 09:45:17	22 remain satisfied with transition in the long term, 09:47:31
23 observed that, after a period of years, patients' 09:45:19	23 let's say a decade or more? 09:47:38
24 happiness and optimism about the benefits the 09:45:27	24 MR. LANNIN: Object to the form. 09:47:40
25 transition is going to bring to them, for some 09:45:32	25 THE WITNESS: Without more of those kinds of 09:47:46

CONFIDENTIAL

Page 74	Page 76
1 longitudinal follow-up studies, we could not answer 09:47:48	1 therefore may be focused on what Dr. Levine called a 09:50:36
2 an exact percentage of people that are satisfied with 09:47:53	2 hope-dominated time and you refer to as an initial 09:50:42
3 their transition or return to their natal gender, 09:47:58	3 high. 09:50:45
4 et cetera, yeah. 09:48:05	4 MR. LANNIN: Object to the form. 09:50:45
5 BY MR. BROOKS: 09:48:06	5 THE WITNESS: I think that there are 09:50:48
6 Q. And, well, "et cetera" meaning that it 09:48:06	6 longer-term follow-up studies that have been 09:50:50
7 remains an unanswered question what percentages of 09:48:08	7 conducted than two -- that two-year length. But, as 09:50:52
8 those who are initially happy about their transition 09:48:11	8 you said, it is very difficult to carry out long-term 09:50:58
9 are able to sustain stabilized and intimate 09:48:13	9 longitudinal kinds of studies, given our health care 09:51:06
10 relationships across adult years of life. Correct? 09:48:18	10 system, and very importantly resources to support 09:51:09
11 MR. LANNIN: Object to the form. 09:48:22	11 that kind of research. 09:51:14
12 THE WITNESS: Overall the existing research 09:48:23	12 BY MR. BROOKS: 09:51:16
13 shows that there is -- there is an overall 09:48:25	13 Q. But, to be specific, it is consistent with 09:51:17
14 improvement, and -- but we can't say exactly what 09:48:28	14 your knowledge that many of the prospective lateral 09:51:21
15 that exact percentage is. 09:48:36	15 studies that have been published to date focus on a 09:51:25
16 BY MR. BROOKS: 09:48:39	16 period of two years or less and so maybe focusing on 09:51:29
17 Q. When you say an "overall improvement," in 09:48:39	17 a period when the patient is still in what Dr. Levine 09:51:35
18 what? 09:48:41	18 called hope-dominated time and you referred to as an 09:51:38
19 A. In their overall satisfaction with their 09:48:41	19 initial high? 09:51:42
20 decision, the resolution of their gender dysphoria, 09:48:50	20 MR. LANNIN: Object to the form. 09:51:43
21 and their ability to have meaningful intimate 09:48:54	21 THE WITNESS: There are those kinds of 09:51:44
22 relationships. 09:49:03	22 studies and there are longer-term follow-up studies, 09:51:47
23 Q. Well, you're not aware of any data, are you, 09:49:04	23 and I think that the longer-term follow-up studies 09:51:51
24 that gives an answer to the question of what 09:49:06	24 are also consistent with those shorter-term follow-up 09:51:56
25 percentage of individuals who have transitioned 09:49:11	25 studies. 09:52:01
Page 75	Page 77
1 medically are able to sustain stable intimate 09:49:18	1 BY MR. BROOKS: 09:52:01
2 relationships twenty years down the road? 09:49:23	2 Q. A little farther down on page 4, Dr. Levine 09:52:07
3 MR. LANNIN: Object to the form. 09:49:25	3 writes, and I'm taking the last sentence out of the 09:52:10
4 THE WITNESS: There are long-term follow-up 09:49:27	4 first full paragraph, quote: 09:52:14
5 studies that have given us evidence that this -- that 09:49:34	5 "Ideally the mental health 09:52:18
6 they are -- that this is helpful to them. 09:49:39	6 professional grapples with six 09:52:19
7 MR. BROOKS: Let me ask the reporter to read 09:49:47	7 tasks which vary with the patient's 09:52:21
8 back my question. 09:49:48	8 age and socioeconomic 09:52:24
9 THE REPORTER: One moment, please. 13:11:09	9 circumstances." 09:52:25
10 (Record read as follows: 13:11:09	10 Do you see that? 09:52:26
11 "QUESTION: Well, you're not 09:49:04	11 A. Yes. 09:52:26
12 aware of any data, are you, that 09:49:05	12 Q. And then he has a list. 09:52:27
13 gives an answer to the question of 09:49:08	13 A. Yes. 09:52:29
14 what percentage of individuals who 09:49:10	14 Q. The first item on his list is to ascertain 09:52:32
15 have transitioned medically are 09:49:17	15 if criteria for gender dysphoria are met. And I -- 09:52:35
16 able to sustain stable intimate 09:49:19	16 I'll ask, I'm not entitled to assume at a deposition, 09:52:40
17 relationships twenty years down the 09:49:23	17 but you agree that that is one question a mental 09:52:43
18 road?") 09:50:08	18 health professional to whom a young person has been 09:52:48
19 MR. LANNIN: Same objection. 09:50:08	19 referred for possible gender dysphoria will want to 09:52:53
20 THE WITNESS: No. 09:50:10	20 evaluate? 09:52:58
21 BY MR. BROOKS: 09:50:10	21 MR. LANNIN: Object to the form. 09:52:59
22 Q. And it's consistent with your understanding, 09:50:23	22 THE WITNESS: That is consistent with the 09:52:59
23 is it not, that a great many studies have been 09:50:24	23 requirements of SOC-8, although the world does not 09:53:04
24 published up to the present that purport to follow 09:50:30	24 always use the American Psychiatric Association. 09:53:08
25 patients have a duration of two years or less and 09:50:32	25 They also use the International Classification of 09:53:12

CONFIDENTIAL

Page 78	Page 80
<p>1 Diseases. 09:53:16</p> <p>2 But, again, the criteria is that -- that 09:53:17</p> <p>3 they meet criteria for gender dysphoria or, in the 09:53:21</p> <p>4 case of ICD-11, it's gender incongruence. 09:53:25</p> <p>5 BY MR. BROOKS: 09:53:32</p> <p>6 Q. Do you also agree with Dr. Levine that that 09:53:32</p> <p>7 responsible mental health professional confronted 09:53:35</p> <p>8 with a child or adolescent will want to diagnose any 09:53:37</p> <p>9 psychiatric comorbidities? 09:53:43</p> <p>10 A. Yes. 09:53:48</p> <p>11 Q. And would you consider that an important 09:53:49</p> <p>12 step to take before prescribing any form of medical 09:53:51</p> <p>13 intervention? 09:53:56</p> <p>14 MR. LANNIN: Object to the form. 09:53:56</p> <p>15 THE WITNESS: Yes. 09:53:57</p> <p>16 BY MR. BROOKS: 09:53:57</p> <p>17 Q. And do you agree with Dr. Levine that 09:53:59</p> <p>18 it's -- a responsible mental health professional 09:54:01</p> <p>19 confronted with this child or adolescent would want 09:54:05</p> <p>20 to assess the family situation? 09:54:08</p> <p>21 MR. LANNIN: Object to the form. 09:54:12</p> <p>22 THE WITNESS: In the case of -- of 09:54:13</p> <p>23 adolescents and consideration of medical 09:54:17</p> <p>24 interventions, that is a requirement in SOC-8. 09:54:20</p> <p>25 BY MR. BROOKS: 09:54:25</p>	<p>1 Do you see that? 09:55:44</p> <p>2 A. Yes. 09:55:44</p> <p>3 Q. You don't consider it to be unreasonable or 09:55:46</p> <p>4 contrary to science for a mental health professional 09:55:49</p> <p>5 seeing a child or adolescent who may suffer from 09:55:51</p> <p>6 gender dysphoria, may have psychiatric comorbidities, 09:55:56</p> <p>7 to recommend a wait-and-see attitude with a follow-up 09:55:59</p> <p>8 appointment in six to twelve months, do you? 09:56:03</p> <p>9 MR. LANNIN: Object to the form. 09:56:06</p> <p>10 THE WITNESS: The Standards of Care, you 09:56:07</p> <p>11 know, recommend that there be an assessment and a 09:56:10</p> <p>12 case-by-case analysis of what the best treatment plan 09:56:15</p> <p>13 might be. In some cases, it might be this exact kind 09:56:19</p> <p>14 of treatment plan. But SOC does not specify the 09:56:28</p> <p>15 exact treatment plan for every individual, so. But 09:56:33</p> <p>16 to adequately assess and to see that gender dysphoria 09:56:43</p> <p>17 is sustained, that's one of the criteria, that there 09:56:49</p> <p>18 is assessment of comorbid psychiatric issues and 09:56:54</p> <p>19 looking at issues of family involvement, and getting 09:57:00</p> <p>20 parental sens- -- parental consent usually takes some 09:57:09</p> <p>21 time. 09:57:19</p> <p>22 MR. BROOKS: Let me ask the reporter to mark 09:57:25</p> <p>23 as Exhibit 7 a document comprising the youth-related 09:57:26</p> <p>24 chapters from SOC-7. 09:57:35</p> <p>25 (The document referred to was 09:57:35</p>
Page 79	Page 81
<p>1 Q. Looking at item 5, do you agree with 09:54:26</p> <p>2 Dr. Levine that that responsible mental health 09:54:30</p> <p>3 professional will want to ascertain what the patient 09:54:33</p> <p>4 actually comprehends about both the short-term and 09:54:38</p> <p>5 long-term potential negative consequences of gender 09:54:41</p> <p>6 change? 09:54:47</p> <p>7 MR. LANNIN: Object to the form. 09:54:47</p> <p>8 THE WITNESS: Yes. 09:54:49</p> <p>9 BY MR. BROOKS: 09:54:50</p> <p>10 Q. And, similarly, looking back at item 4, that 09:54:50</p> <p>11 the mental health professional will want to 09:54:55</p> <p>12 understand what benefits the patient expects to 09:54:57</p> <p>13 receive and help the patient understand whether those 09:54:59</p> <p>14 are realistic. Correct? 09:55:03</p> <p>15 MR. LANNIN: Object to the -- object to the 09:55:05</p> <p>16 form. 09:55:06</p> <p>17 THE WITNESS: Yes. 09:55:06</p> <p>18 BY MR. BROOKS: 09:55:07</p> <p>19 Q. And Dr. Levine in item 6 there says the 09:55:13</p> <p>20 mental health professional will want to decide with 09:55:21</p> <p>21 the patient on the next step, and he provides 09:55:23</p> <p>22 alternatives that might be considered, one of which, 09:55:27</p> <p>23 item 6, is "to recommend a wait-and-see attitude to 09:55:34</p> <p>24 allow for further developments with a follow-up 09:55:39</p> <p>25 appointment in six to twelve months." 09:55:41</p>	<p>1 marked as Exhibit 7.) 09:57:51</p> <p>2 BY MR. BROOKS: 09:58:00</p> <p>3 Q. And, again, here I have excerpted entire 09:58:00</p> <p>4 chapters, nothing deleted from the chapters, but not 09:58:03</p> <p>5 the entire book, simply to lighten the burden on the 09:58:06</p> <p>6 record. 09:58:10</p> <p>7 Dr. Coleman, I've included the table of 09:58:10</p> <p>8 contents, the initial page. Does this appear to be 09:58:15</p> <p>9 chapters from SOC-7 of which you were the chairman? 09:58:18</p> <p>10 A. Yes. 09:58:23</p> <p>11 Q. Let me ask you to turn to page 11. Oh, I 09:58:26</p> <p>12 stole your copy. 09:58:37</p> <p>13 And there, under the heading "Differences 09:58:39</p> <p>14 Between Children and Adolescents With Gender 09:58:45</p> <p>15 Dysphoria," the third sentence reads: 09:58:49</p> <p>16 "In follow-up studies of 09:58:54</p> <p>17 prepubertal children, mainly boys, 09:58:56</p> <p>18 who were referred to clinics for 09:58:58</p> <p>19 assessments of gender dysphoria, 09:59:01</p> <p>20 the dysphoria persisted into 09:59:02</p> <p>21 adulthood for only 6 to 23 percent 09:59:05</p> <p>22 of children." 09:59:08</p> <p>23 And you cite Cohen-Kettenis and Zucker and 09:59:09</p> <p>24 Bradley. And it continues, quote: 09:59:12</p> <p>25 "Boys in these studies were 09:59:15</p>

CONFIDENTIAL

Page 82	Page 84
1 more likely to identify as gay in 09:59:16	1 described in your answer before approving puberty 10:02:55
2 adulthood then as transgender." 09:59:19	2 blockers, do you? 10:02:59
3 Do you see that? 09:59:21	3 MR. LANNIN: Object to the form. 10:02:59
4 A. Yes. 09:59:21	4 THE WITNESS: No. 10:03:00
5 Q. And let me ask, do you share the concern 09:59:23	5 BY MR. BROOKS: 10:03:01
6 that someone articulated that the recent practice of 09:59:27	6 Q. And it is not possible to determine with 10:03:02
7 administering puberty blockers and cross-sex hormones 09:59:31	7 confidence at Tanner Stage 2 the very earliest 10:03:11
8 to minors may for some children be turning boys who 09:59:35	8 visible beginnings of puberty the future sexual 10:03:16
9 would have grown into gay adults into permanent 09:59:39	9 orientation of a boy. Correct? 10:03:20
10 patients dependent on hormonal treatments for the 09:59:43	10 MR. LANNIN: Object to the form. 10:03:23
11 rest of their lives? 09:59:47	11 THE WITNESS: I think it would be difficult 10:03:35
12 MR. LANNIN: Object to the form. 09:59:48	12 to predict the sexual orientation. 10:03:39
13 THE WITNESS: In order to recommend 09:59:49	13 BY MR. BROOKS: 10:03:43
14 puberty-blocking hormones, there has to be sustained 09:59:58	14 Q. Therefore let me go back and ask my question 10:03:44
15 gender dysphoria, and we also carefully assess the 10:00:01	15 again. 10:03:46
16 different aspects of sexual identity, including 10:00:11	16 Do you, to some extent, share the concern 10:03:46
17 sexual orientation. 10:00:15	17 that multiple authors have articulated that the 10:03:49
18 And so, you know, because of this research, 10:00:16	18 practice of administering puberty blockers beginning 10:03:52
19 we -- we would examine that issue of whether an 10:00:21	19 at Tanner 2 may in some cases be turning children who 10:03:56
20 individual might be confused about their sexual 10:00:25	20 would have matured into gay men instead into 10:04:02
21 orientation versus their gender identity. 10:00:29	21 permanent patients dependent on hormonal treatments 10:04:07
22 But -- and we can -- the -- you know, the 10:00:36	22 for the rest of their lives? 10:04:10
23 children that are put on puberty-blocking hormones 10:00:45	23 MR. LANNIN: Object to the form. 10:04:11
24 are, again, a -- these are really a selected group of 10:00:50	24 THE WITNESS: I don't share that view. 10:04:13
25 individuals that are experiencing, you know, severe 10:00:56	25 BY MR. BROOKS: 10:04:15
Page 83	Page 85
1 distress over their gender dysphoria. And so this 10:01:07	1 Q. And you have no such concern? 10:04:17
2 decision is not made lightly, but it has shown to be 10:01:19	2 A. Always concerned about everything in the 10:04:20
3 an effective way of relieving some of their gender 10:01:26	3 well-being of the child. 10:04:23
4 dysphoria and giving an opportunity for them to 10:01:33	4 You know, one of the things that, it's not 10:04:25
5 further clarify their gender identity before more 10:01:36	5 only physicians, is "do no harm." And so we develop 10:04:29
6 permanent interventions are employed. 10:01:42	6 these recommendations with only the best interests of 10:04:39
7 And so this has been found to be a very 10:01:48	7 that child, based upon what we know at this time. 10:04:42
8 effective approach in dealing with -- with 10:01:53	8 Q. Dr. Coleman, have you -- let me back up one 10:04:48
9 adolescents that have severe gender dysphoria. 10:02:01	9 moment. 10:04:56
10 BY MR. BROOKS: 10:02:08	10 Have you talked to anybody associated with 10:04:56
11 Q. Well, let me break up some questions. 10:02:09	11 University of Alabama Birmingham Pediatric Gender 10:05:00
12 You're aware, are you not, that multiple 10:02:11	12 Clinic about their practices? 10:05:06
13 published papers have reported that well in excess of 10:02:15	13 A. No. 10:05:08
14 90 percent of the children who are put on puberty 10:02:19	14 Q. Do you have any knowledge as to the 10:05:08
15 blockers proceed to cross-sex hormones? 10:02:22	15 practices of any gender clinic in Alabama? 10:05:11
16 MR. LANNIN: Object to the form. 10:02:24	16 A. No. 10:05:15
17 THE WITNESS: Yes. 10:02:27	17 Q. Have you had, in connection with this case 10:05:16
18 BY MR. BROOKS: 10:02:28	18 or otherwise, any conversations with anybody 10:05:23
19 Q. And you're aware, I take it, that WPATH 10:02:28	19 associated with the gender clinic in Alabama? 10:05:27
20 SOC-8 recommends beginning puberty blockers at 10:02:35	20 A. No. 10:05:30
21 Tanner Stage 2. Correct? 10:02:40	21 Q. From any source, have you yourself 10:05:31
22 A. That's correct. 10:02:41	22 encountered credible reports of minors receiving 10:05:36
23 Q. You don't have any personal knowledge as to 10:02:42	23 prescriptions for puberty blockers or cross-sex 10:05:40
24 whether clinics around the country are engaging in 10:02:48	24 hormones after just one visit to a gender clinic? 10:05:43
25 the type of rigorous screening that you've just 10:02:51	25 MR. LANNIN: Object to the form. 10:05:47

CONFIDENTIAL

	Page 86		Page 88
1	THE WITNESS: I have not. 10:05:48	1	assessed the situation and I said, "Yes, these 10:08:27
2	BY MR. BROOKS: 10:05:48	2	procedures were followed." 10:08:31
3	Q. You have not had any one of your colleagues 10:05:49	3	In the other case, they were not followed, 10:08:33
4	tell you that -- 10:05:51	4	and I testified that that was not proper, according 10:08:35
5	A. I have heard people say that that happens, 10:05:52	5	to the Standards of Care. 10:08:39
6	but I -- I don't have any evidence that that's -- I 10:05:56	6	Q. And where were those cases? 10:08:40
7	mean, I've asked some of the clinics what their 10:06:01	7	A. One was in Utah, and I think the other one 10:08:45
8	procedures are, and I've never heard that that is how 10:06:05	8	was in California. 10:08:50
9	it is done. And if it is done in that manner, they 10:06:10	9	Q. Do you possess transcripts of your 10:08:53
10	are not in compliance with Standards of Care. 10:06:17	10	deposition and hearing testimony? 10:08:56
11	Q. And indeed if clinics in this nation are 10:06:20	11	A. No. And I was never deposed in either of 10:08:58
12	prescribing puberty blockers or cross-sex hormones 10:06:25	12	those cases. I provided expert opinion. 10:09:01
13	after a single visit with a child or adolescent, does 10:06:27	13	Q. Did you testify live in any hearing? 10:09:07
14	that horrify you? 10:06:31	14	A. No. 10:09:10
15	MR. LANNIN: Object to the form. 10:06:33	15	Q. So you submitted a written declaration? 10:09:10
16	THE WITNESS: It concerns me greatly. And 10:06:34	16	A. Yes. 10:09:12
17	that's why we articulate the criteria that we do in 10:06:42	17	Q. And you were not deposed? 10:09:13
18	Standards of Care so that there is a -- there is a 10:06:47	18	A. No. 10:09:15
19	standard, there is a rigor in that assessment. 10:06:53	19	Q. I guess I wasn't representing the other 10:09:15
20	And in the case of adolescents, how could 10:06:56	20	side. 10:09:19
21	you have a multidisciplinary assessment in one 10:06:59	21	A. What? 10:09:19
22	session? Can't do it. And I've been involved in 10:07:02	22	Q. I evidently wasn't representing the other 10:09:20
23	cases where, again, somebody has not followed the 10:07:11	23	side. I would never let a witness get away 10:09:22
24	Standards of Care and -- and I've called them out on 10:07:16	24	un-deposed. 10:09:26
25	it. 10:07:19	25	Have you yourself heard what you consider 10:09:28
Page 87		Page 89	
1	BY MR. BROOKS: 10:07:20	1	credible reports from peers or colleagues that 10:09:31
2	Q. When you say "cases," do you mean 10:07:20	2	adolescents who present at gender clinics sometimes 10:09:35
3	litigations? 10:07:21	3	deliver prepared accounts that they think will get 10:09:40
4	A. Yes. 10:07:22	4	them hormones, but that do not in fact accurately 10:09:42
5	Q. And in the capacity as a testifying expert? 10:07:24	5	describe their own life experiences? 10:09:45
6	A. As an expert, yes. 10:07:27	6	MR. LANNIN: Object to the form. 10:09:47
7	Q. When was the last such case that you were 10:07:29	7	THE WITNESS: I think there is -- been an 10:09:48
8	involved in? 10:07:33	8	awareness and concern that some individuals present 10:09:57
9	A. Seems like it's four or five years ago. 10:07:37	9	to clinicians with a narrative that would fit what 10:10:02
10	Q. And what was that -- 10:07:39	10	they think would be meeting the criteria in order 10:10:09
11	A. Maybe longer. 10:07:40	11	to -- to obtain the services that they want. 10:10:13
12	Q. What was that case and in what court? 10:07:41	12	BY MR. BROOKS: 10:10:17
13	A. Well, let me say that I -- I can recall two 10:07:44	13	Q. A narrative that they'd learned from 10:10:18
14	cases back then. 10:07:46	14	somewhere that does not accurately describe their 10:10:20
15	Q. All right. Then tell me what those cases 10:07:48	15	personal experience? 10:10:23
16	were. 10:07:52	16	A. Right. 10:10:23
17	A. One involved a case of -- of an individual 10:07:52	17	MR. BROOKS: Let me mark -- oh, is it C? 10:10:36
18	who regretted their -- their transition and had a 10:07:56	18	Let me mark as Exhibit 8 a document -- and 10:10:52
19	breast reduction and -- 10:08:05	19	this is the first such -- that's designated 10:10:54
20	Q. As a minor? 10:08:08	20	confidential under the protective order, bearing 10:10:56
21	A. No, as an adult. 10:08:09	21	Bates number -- I don't know why these Bates numbers 10:10:59
22	Q. All right. 10:08:10	22	are so complicated -- BOEAL_WPATH_061094 through 098 10:11:02
23	A. Both of these cases were of adults. 10:08:11	23	which is an email chain headed "Doctors Have Failed 10:11:15
24	And in the one -- one case, the clinician 10:08:16	24	Them, Say Those With Transgender Regret." 10:11:20
25	clearly followed the Standards of Care, and I 10:08:23	25	(The document referred to was 10:11:20

CONFIDENTIAL

Page 90

1 marked as Exhibit 8.) 10:11:34
 2 BY MR. BROOKS: 10:11:34
 3 Q. And my first question, Dr. Coleman, of 10:11:40
 4 course, there's all sorts of names redacted, but let 10:11:43
 5 me ask you to turn -- first question is, looking at 10:11:49
 6 what there is of this that hasn't been redacted, do 10:11:56
 7 you believe that you've seen this chain before today? 10:11:57
 8 A. I don't recall. 10:12:01
 9 [REDACTED]

Page 91

[REDACTED]

19 Q. Okay. 10:13:54
 20 A. Yeah. 10:13:55
 21 Q. I was afraid, there was quite a number -- 10:13:57
 22 A. Yeah. 10:14:00
 23 Q. -- so I can't sort it down by line. 10:14:00
 24 A. Yeah. 10:14:03
 25 Q. Let me ask you to turn to page ending in 10:14:03

Page 92

1 097. And you will find there a line that says: 10:14:06
 2 "Here is a new JSMT article 10:14:11
 3 Stephen Levine just published 10:14:14
 4 online." 10:14:16
 5 Do you see that? 097. 10:14:16
 6 A. 097, where is -- 10:14:16
 7 Q. Use the little numbers at the bottom of the 10:14:25
 8 page. 10:14:28
 9 A. Oh, I see. 10:14:28
 10 Q. And -- 10:14:28
 11 A. Line 7, oh, it's on the back. Okay. 10:14:29
 12 Q. All I want to point out is that the chain 10:14:32
 13 was attaching or included a link to an article 10:14:34
 14 published by Stephen Levine. 10:14:38
 15 A. Hm-hm. 10:14:38
 16 Q. And now I'll ask you to turn back to the 10:14:40
 17 page -- previous page ending in 096 where an author 10:14:43
 18 apparently from Holland or Belgium writes, quote: 10:14:52
 19 "Just another adult 10:14:55
 20 psychiatrist jumping on the band 10:14:58
 21 wagon." 10:14:59
 22 Do you see that? 10:15:00
 23 A. Uh-huh. 10:15:01
 24 Q. Given the background and experience and long 10:15:01
 25 experience of Dr. Stephen Levine that we've 10:15:08

Page 93

1 discussed, you yourself would by no means describe 10:15:11
 2 Dr. Levine as somebody who, in 2022, was, quote, 10:15:17
 3 "jumping on the band wagon," would you? 10:15:22
 4 MR. LANNIN: Object to the form. 10:15:25
 5 THE WITNESS: Jumping on the band wagon of 10:15:30
 6 what? 10:15:32
 7 BY MR. BROOKS: 10:15:39
 8 Q. Anything relating to transgender medicine. 10:15:40
 9 MR. LANNIN: Object to the form. 10:15:42
 10 THE WITNESS: Let me just -- I think I 10:15:43
 11 should just state that, again, I've worked with 10:15:51
 12 Dr. Levine, and I've certainly listened to his talks 10:15:55
 13 and I know his views. And as he was a part of SOC-5, 10:16:00
 14 chaired that, you know, came -- was part of that 10:16:09
 15 conclusion that psychotherapy was not a clear 10:16:20
 16 criteria that one had to meet. 10:16:22
 17 Now, he believes, as I did back then, that 10:16:28
 18 psychotherapy could be very helpful, and I think that 10:16:31
 19 his views have -- have even strengthened over time 10:16:35
 20 that psychotherapy should be used much more even to 10:16:42
 21 resolve psychotherapy in the absence of really any 10:16:52
 22 data to really support that. 10:17:04
 23 And I think that that has concerned many of 10:17:10
 24 us, is that people, you know, recommend that 10:17:14
 25 psychotherapy be used to treat gender dysphoria where 10:17:20

CONFIDENTIAL

Page 94	Page 96
1 there just isn't -- first of all, there's -- there 10:17:27	1 Dr. Levine raised some serious and difficult 10:20:38
2 isn't any evidence for that. The evidence for 10:17:30	2 questions that clinicians need to answer as they 10:20:42
3 hormonal or surgical reassignment is much more 10:17:34	3 address gender dysphoria in children? 10:20:45
4 compelling. And I think his -- his views have just 10:17:39	4 MR. LANNIN: Object to the form. 10:20:47
5 stayed very -- again, Dr. Levine is a psycho- -- 10:17:44	5 THE WITNESS: There are many points in that 10:20:48
6 trained psychoanalyst, and those theories have not 10:17:51	6 article that I would agree with and we agree in many, 10:20:51
7 been supported over time in the treatment of gender 10:18:03	7 many respects. 10:20:57
8 dysphoria. 10:18:11	8 I think he has some views that have -- he 10:20:58
9 And, so, but I think he's stuck to and 10:18:11	9 would recommend as -- as that one point, you know, 10:21:06
10 almost kind of become more -- more fervent in his 10:18:16	10 trying to specify a particular protocol or treatment 10:21:11
11 view that that should be used much more without much 10:18:24	11 plan that would be applicable to everyone, and that 10:21:16
12 evidence to support that, even as he reviewed that in 10:18:31	12 is his stated opinion, maybe shared by others, that 10:21:22
13 SOC-5. 10:18:36	13 are not necessarily shared by the vast majority of 10:21:29
14 BY MR. BROOKS: 10:18:37	14 people that are working in this field. 10:21:33
15 Q. Is it your view that clinical practice with 10:18:38	15 MR. BROOKS: 9. 10:21:41
16 regard to treatment of gender dysphoria in minors 10:18:41	16 MR. LANNIN: Counsel, if we're moving on, 10:21:41
17 should be based only on solid evidence? 10:18:44	17 we've been going for more than hour at this point, so 10:21:43
18 MR. LANNIN: Object to the form. 10:18:56	18 whenever we reach a good point. 10:21:45
19 THE WITNESS: I'm sorry. Ask -- ask that 10:18:58	19 MR. BROOKS: Now is a good point. 10:21:46
20 question again. 10:19:01	20 MR. LANNIN: Great. 10:21:47
21 BY MR. BROOKS: 10:19:02	21 MR. BROOKS: I too drank coffee this 10:21:51
22 Q. Is it your view that treatment choices for 10:19:03	22 morning. 10:21:52
23 gender dysphoria in minors must be based only on 10:19:07	23 THE VIDEOGRAPHER: The time is 10:21 a.m., 10:21:52
24 solid evidence? 10:19:11	24 and we are now off the record. 10:21:55
25 A. On the best available evidence, which 10:19:11	25 (Recess taken.) 10:21:57
Page 95	Page 97
1 includes scientific reports as well as expert 10:19:16	1 THE VIDEOGRAPHER: The time is 10:34 a.m. 10:21:57
2 opinion, people who have been working in this field 10:19:25	2 We are now back on the record. 10:34:14
3 for a very long time. 10:19:28	3 BY MR. BROOKS: 10:34:15
4 Q. Dr. Coleman, expert opinion is not evidence, 10:19:31	4 Q. Dr. Coleman, you have in front of you what's 10:34:20
5 is it? 10:19:34	5 been marked as Exhibit 9, an email chain bearing 10:34:22
6 A. Yes, it is. 10:19:34	6 Bates numbers BOEAL_WPATH_105187 through 2002 10:34:26
7 Q. Well, let me take us back to page 96. The 10:19:50	7 entitled -- 10:34:26
8 language in this internal email gets a little 10:19:55	8 MR. LANNIN: Counsel -- 10:34:26
9 confrontational, as we sometimes do in internal 10:19:59	9 MR. BROOKS: -- "Medscape article with new 10:34:41
10 emails. The author writes, referring to this paper: 10:20:02	10 comments from Dr. Anderson." 10:34:42
11 "JSMT," Journal of -- 10:20:05	11 MR. LANNIN: Forgive me. Do you have a 10:34:44
12 A. Sex and Marital Therapy. 10:20:05	12 copy? 10:34:45
13 Q. -- Marital -- Sex and Marital Therapy -- 10:20:11	13 MR. BROOKS: I do have one. Sorry about 10:34:46
14 "will publish any s*** because 10:20:11	14 that. 10:34:51
15 they're really struggling to 10:20:18	15 (The document referred to was 10:34:51
16 publish proper research." 10:20:20	16 marked as Exhibit 9.) 10:34:54
17 Do you see that? 10:20:22	17 BY MR. BROOKS: 10:34:54
18 A. Yes. 10:20:22	18 Q. And, Dr. Coleman, this has some unredacted 10:34:54
19 Q. Now, you would not characterize Dr. Levine's 10:20:23	19 names, many redacted names. I don't see your name on 10:34:57
20 2017 article that you and I spent a few minutes 10:20:28	20 it. I want to ask you about two of the names I do 10:35:00
21 looking at as "shit," would you? 10:20:31	21 see. 10:35:03
22 MR. LANNIN: Object to the form. 10:20:33	22 First, in various places, Madeline Deutsch 10:35:06
23 THE WITNESS: No. 10:20:34	23 shows up. Am I correct that in 2021 this email is 10:35:10
24 BY MR. BROOKS: 10:20:36	24 dated -- the chain is -- all occurs within November 10:35:16
25 Q. Indeed, you agree that in that paper 10:20:36	25 of 2021, but Madeline Deutsch was both a chapter lead 10:35:19

CONFIDENTIAL

Page 98	Page 100
1 for the SOC-8 project and a member of the WPATH 10:35:26	1 A. No. 10:38:11
2 board? 10:35:30	2 Q. Okay. You chaired the SOC project, but you 10:38:11
3 MR. LANNIN: Object to the form. 10:35:32	3 didn't hold any other position at WPATH at that time? 10:38:16
4 THE WITNESS: She was a member of -- she was 10:35:32	4 A. No. 10:38:18
5 a chapter lead, and she -- I don't know if she was a 10:35:34	5 Q. Okay. Towards the top of the page ending in 10:38:22
6 member of the board. She was certainly affiliated 10:35:42	6 192 you will see an email sent by Madeline Deutsch 10:38:24
7 with USPATH. 10:35:45	7 which attaches a link to a new article from 10:38:30
8 BY MR. BROOKS: 10:35:48	8 Dr. Anderson in which she defends her comments to 10:38:35
9 Q. Okay. 10:35:49	9 Abigail Shrier. 10:38:38
10 A. And, but I can't remember her exact 10:35:49	10 Do you see that? 10:38:40
11 positions. 10:35:52	11 A. Yes. 10:38:40
12 Q. And if you turn to page that ends in 192, at 10:35:53	12 Q. Do you recall discussion about an article by 10:38:41
13 the very bottom, you will see a reference to Marci 10:36:06	13 Dr. Anderson in which she defended comments that she 10:38:43
14 Bowers, two lines from the bottom on 192. And really 10:36:12	14 made to Abigail Shrier? 10:38:46
15 my question at the moment is simply am I correct that 10:36:21	15 A. No. 10:38:49
16 in 2021 Marci Bowers was president of WPATH? 10:36:23	16 Q. Okay. Back up to page 190. And, if you 10:38:51
17 MR. LANNIN: Object to the form. 10:36:28	17 don't mind, I'll just stick with using the last three 10:39:09
18 THE WITNESS: She became president in 10:36:29	18 digits of these things. 190, halfway down begins an 10:39:12
19 September of '22. 10:36:33	19 email that is copied to Madeline Deutsch. We can't 10:39:24
20 BY MR. BROOKS: 10:36:35	20 see who the author was, and I have no particular 10:39:26
21 Q. Okay. So at this time Dr. Bouman was 10:36:36	21 reason to believe that you received it, given your 10:39:29
22 president. 10:36:36	22 testimony. But since there's so much redacted, let 10:39:32
23 A. Okay. 10:36:36	23 me just take you to a line in the text three-quarters 10:39:38
24 Q. And what role did Marci Bowers have in the 10:36:41	24 of the way down where this author, copying various 10:39:41
25 SOC-8 project? 10:36:44	25 folks, including Dr. Deutsch writes: 10:39:45
Page 99	Page 101
1 A. She was a member of the committee in the 10:36:46	1 "There's no assessment tool 10:39:48
2 surgical chapter. 10:36:52	2 that captures all the ways internal 10:39:49
3 Q. And let's go back to the first page of the 10:36:53	3 signals can sometimes be misread as 10:39:52
4 document. Halfway down the page is a redacted -- it 10:36:57	4 related to gender when they're not 10:39:54
5 says, "I do agree with" redacted, and it's a short 10:37:04	5 or not completely, as can happen 10:39:56
6 name. And my question is did you receive this email? 10:37:08	6 with borderline personality and 10:39:58
7 Do you believe that that's a reference to Eli? 10:37:14	7 other identity-related conditions 10:40:01
8 MR. LANNIN: Object to the form. 10:37:17	8 and which is occurring more often, 10:40:04
9 THE WITNESS: Where are you referring? 10:37:19	9 in my observation, as 10:40:06
10 BY MR. BROOKS: 10:37:21	10 trans/nonbinary identities are more 10:40:09
11 Q. Midway down the first page. 10:37:21	11 visible, available, and, yay, 10:40:12
12 A. Midway? 10:37:22	12 accepted" 10:40:15
13 Q. Yes. 10:37:22	13 Do you see that language? 10:40:16
14 A. "To share my own thoughts on the subjects"? 10:37:23	14 A. Yes. 10:40:17
15 Q. "I do agree with" blank. It's a very short 10:37:26	15 Q. Do you agree with this author writing to 10:40:22
16 blank. And my question for you is, do you recall 10:37:29	16 WPATH board members according to the language we saw 10:40:25
17 receiving this chain? 10:37:31	17 that adolescents sometimes misunderstand themselves 10:40:29
18 A. I don't. 10:37:33	18 and interpret some distress or disorders such as 10:40:36
19 Q. Well, let me -- I'm going to ask you a few 10:37:35	19 bipo- -- bipolar -- 10:40:40
20 questions and see if it refreshes your recollection 10:37:44	20 A. I think that that is -- 10:40:44
21 since it seems to be a fairly significant chain. 10:37:46	21 Q. Pardon me. 10:40:46
22 Turn back to that page ending in 192. And 10:37:50	22 -- borderline personality disorder as 10:40:53
23 let me ask. In 2021 were you a member -- did you 10:38:03	23 indicating they're a transgender when they're not? 10:40:57
24 hold any board or executive position in either USPATH 10:38:06	24 MR. LANNIN: Object to the form. 10:41:00
25 or WPATH? 10:38:09	25 THE WITNESS: Yes, I -- I agree that, again, 10:41:05

CONFIDENTIAL

Page 102	Page 104
1 that sometimes they can misread as -- as is said 10:41:10	1 Q. And do you agree with this author that 10:44:41
2 and -- and especially when there are other -- other 10:41:19	2 across time and perhaps across different 10:44:49
3 disorders that that could be confusing for -- for the 10:41:24	3 developmental stages, quote, "different genders fit 10:44:51
4 individual. And that is the -- that's why we -- we 10:41:31	4 people better at different times and these things are 10:44:56
5 insist on, you know, a good assessment to -- and in 10:41:35	5 fluid," close quote. 10:44:59
6 the case of when there is especially multiple 10:41:42	6 MR. LANNIN: Object to the form. 10:45:01
7 diagnoses that might interfere in that ability to 10:41:48	7 THE WITNESS: I'm not sure what this person 10:45:02
8 clarify and to know, that that needs to -- there has 10:41:52	8 is really saying here, so I'm not sure that I can -- 10:45:07
9 to be much more careful assessment. 10:41:59	9 I can, you know, agree or not -- not agree. 10:45:12
10 BY MR. BROOKS: 10:42:02	10 BY MR. BROOKS: 10:45:16
11 Q. And consistent with what this author wrote 10:42:03	11 Q. All right. Let me detach -- oh, I'm sorry, 10:45:16
12 internally, were you hearing reports that that type 10:42:08	12 I don't mean to interrupt. 10:45:18
13 of self-misdiagnosis by teens was happening more 10:42:11	13 If it's helpful, I'm happy to restate the 10:45:24
14 often in the 2021 time period than had been observed 10:42:19	14 question detached from agreeing with an anonymous 10:45:27
15 in earlier years? 10:42:23	15 author. 10:45:30
16 MR. LANNIN: Object to the form. 10:42:24	16 A. Yeah. 10:45:30
17 THE WITNESS: I -- I was not aware that it 10:42:29	17 Q. All right. Is it consistent with your 10:45:31
18 was necessarily more. We were aware that more -- 10:42:32	18 understanding that for some patients, across time and 10:45:35
19 more people were coming to treatment, so you would 10:42:36	19 perhaps across different developmental stages 10:45:43
20 naturally have more people with complicated histories 10:42:40	20 different genders fit people better at different 10:45:49
21 that needed to be sorted through. 10:42:45	21 times and gender identity can be fluid? 10:45:52
22 BY MR. BROOKS: 10:42:49	22 MR. LANNIN: Object to the form. 10:45:57
23 Q. Let me ask you to turn to page -- the 10:42:50	23 THE WITNESS: I don't know if I can agree 10:46:06
24 previous page ending in 189. And, as best I 10:42:52	24 with that. I think that people have a gender 10:46:07
25 understand the redactions, I -- we're not able to 10:43:00	25 identity that's really rather stable. How they 10:46:11
Page 103	Page 105
1 tell who this is from and all we can tell is one 10:43:04	1 express that, what they decide to do about that can 10:46:14
2 recipient is again Madeline Deutsch. 10:43:07	2 differ over time. 10:46:18
3 So the unknown author writes, quote: 10:43:09	3 BY MR. BROOKS: 10:46:24
4 "De/retransitioners have always 10:43:16	4 Q. Let me ask you to turn to page end- -- the 10:46:26
5 been a part of my community, and to 10:43:20	5 previous page ending in 188. Maybe that's a couple 10:46:28
6 a lesser degree my medical 10:43:23	6 of pages back. And here we have an email that is 10:46:32
7 practice. There's some idea that 10:43:25	7 written by Dr. Deutsch. And the substance of that 10:46:38
8 people either essentially are or 10:43:27	8 email begins: 10:46:47
9 are not trans that these people are 10:43:30	9 "I see three issues here. One 10:46:49
10 running with, which is so dangerous 10:43:32	10 is that Erica has now given another 10:46:51
11 to people who de/retransition, and 10:43:34	11 press interview on this topic." 10:46:53
12 not the idea that different genders 10:43:38	12 Do you see that section? 10:46:56
13 fit people better at different 10:43:43	13 A. Yes. 10:47:04
14 times and those things are fluid." 10:43:44	14 Q. And Dr. Deutsch goes on to say that 10:47:04
15 So I want to ask you it's correct, is it 10:43:48	15 Dr. Anderson has given this interview, quote, 10:47:10
16 not, that for years you and other leaders in SOC 10:43:55	16 "without notifying or consulting with the board even 10:47:12
17 development have been well aware of the existence of 10:44:04	17 after her recent letter of reprimand." 10:47:15
18 individuals who change their minds or their 10:44:08	18 Were you aware that the WPATH board or 10:47:20
19 self-perception after undergoing irreversible medical 10:44:11	19 leadership sent a letter of reprimand to 10:47:25
20 procedures and do or attempt to detransition back to 10:44:16	20 Dr. Erica Anderson following -- well, period. 10:47:27
21 an identity aligned with their biology? 10:44:24	21 Are you aware that the board or other 10:47:33
22 MR. LANNIN: Object to the form. 10:44:29	22 leadership sent a letter of reprimand to 10:47:36
23 THE WITNESS: We were aware of such cases, 10:44:29	23 Dr. Anderson? 10:47:39
24 but they were very few and far between. 10:44:37	24 MR. LANNIN: Object to the form. 10:47:40
25 BY MR. BROOKS: 10:44:40	25 THE WITNESS: I seem to recall that. 10:47:40

CONFIDENTIAL

Page 106	Page 108
1 BY MR. BROOKS: 10:47:42	1 try to prevent that individual from talking publicly 10:50:51
2 Q. Did you see that letter? 10:47:43	2 about those harms to children? 10:50:55
3 A. No. 10:47:43	3 MR. LANNIN: Object to the form. 10:50:57
4 Q. Do you know specifically what prompted that 10:47:44	4 THE WITNESS: I have no idea about their 10:51:00
5 letter of reprimand? 10:47:47	5 policies and whether this was an appropriate decision 10:51:03
6 MR. LANNIN: Object to the form. 10:47:51	6 or not, but there was a clear vehicle for anyone to 10:51:06
7 THE WITNESS: I really don't know the 10:47:55	7 express their views to the Standards of Care 10:51:11
8 details of that as I was not on the board of 10:47:56	8 committee. 10:51:17
9 directors at that time. 10:47:59	9 Dr. Anderson was not a member of the 10:51:19
10 BY MR. BROOKS: 10:48:00	10 committee, but she certainly was well aware of 10:51:21
11 Q. Dr. Deutsch writes with regard to Erica 10:48:07	11 committee members and certainly anyone with concerns, 10:51:27
12 giving another press interview, quote: 10:48:12	12 you know, had -- knew of vehicles to really express 10:51:37
13 "This requires action by the 10:48:14	13 that. 10:51:41
14 board in my view. I will ask blank 10:48:15	14 BY MR. BROOKS: 10:51:42
15 to weigh in, but I would in the 10:48:19	15 Q. Well, if Dr. Anderson and Dr. Edwards-Leeper 10:51:42
16 least want to consider removing her 10:48:21	16 for that matter had concerns that children were being 10:51:46
17 from her past president role." 10:48:23	17 harmed by sloppy practice, which is a separate 10:51:50
18 Do you see that language? 10:48:26	18 question from what the SOC says, that would be 10:51:53
19 A. Yes. 10:48:26	19 important information for parents, for patients, for 10:51:58
20 Q. Were you part of any discussions about the 10:48:32	20 clinicians to know, would it not? 10:52:02
21 possibility of removing Dr. Anderson from her past 10:48:35	21 MR. LANNIN: Object to the form. 10:52:04
22 president role or otherwise disciplining her for her 10:48:41	22 THE WITNESS: I think bringing attention to 10:52:09
23 statements made to the press? 10:48:47	23 if there were certain clinics or individuals, you 10:52:16
24 MR. LANNIN: Object to the form. 10:48:49	24 know, that were not following the Standards of Care, 10:52:21
25 THE WITNESS: I was not involved with any of 10:48:49	25 I think that that would be good to raise as an issue. 10:52:24
Page 107	Page 109
1 those discussions or decisions that were made by the 10:48:52	1 BY MR. BROOKS: 10:52:30
2 board of directors. 10:48:58	2 Q. Publicly -- correct? -- so that parents and 10:52:31
3 BY MR. BROOKS: 10:49:01	3 clinicians and policy makers could be aware of that 10:52:37
4 Q. Do you yourself consider it appropriate for 10:49:13	4 problem? 10:52:40
5 WPATH leadership to try to prevent members from 10:49:17	5 MR. LANNIN: Object to the form. 10:52:41
6 talking about concerns of harms to children with the 10:49:22	6 THE WITNESS: I'm not always sure that the 10:52:41
7 media? 10:49:29	7 best vehicle -- you know, we have -- we have 10:52:44
8 MR. LANNIN: Object to the form. 10:49:30	8 disciplinary boards that monitor our practice. And 10:52:51
9 THE WITNESS: I think that the -- the issue 10:49:37	9 so I think that oftentimes those are really good 10:52:55
10 is sometimes the problem of when someone is an 10:49:40	10 vehicles to examine and -- rather than relying on 10:53:05
11 officer and whether they are speaking for themselves 10:49:46	11 some sort of hearsay or how a journalist might -- 10:53:11
12 as an individual or for the organization. 10:49:54	12 might interpret what is -- what is being said. 10:53:16
13 And so I don't know if WPATH had policies 10:49:58	13 BY MR. BROOKS: 10:53:21
14 about that, but I've been involved in organizations 10:50:03	14 Q. Well, let me get your view on this quite 10:53:21
15 where, again, it's not appropriate for an officer to 10:50:06	15 clear. If Dr. Anderson and Dr. Edwards-Leeper were 10:53:24
16 speak and use their affiliation. That could be 10:50:13	16 of the opinion that children on an ongoing basis were 10:53:27
17 misconstrued as -- as a -- as here's an official 10:50:19	17 being harmed by sloppy care in clinics, is it your 10:53:30
18 statement of the organization rather than their 10:50:26	18 testimony that they should not have made that concern 10:53:34
19 personal views. 10:50:29	19 public even though children were being harmed on an 10:53:38
20 BY MR. BROOKS: 10:50:30	20 ongoing basis? 10:53:43
21 Q. Well, let me bring that into focus. 10:50:30	21 MR. LANNIN: Object to the form. 10:53:44
22 If a WPATH or USPATH officer had concerns 10:50:33	22 THE WITNESS: I think that they -- I think 10:53:48
23 that children were being harmed as a result of sloppy 10:50:40	23 the issue with -- with -- with Dr. Anderson was, 10:53:50
24 care in gender clinics, do you believe it would be 10:50:44	24 again, given her role as -- as USPATH president 10:54:01
25 inappropriate or appropriate for WPATH leadership to 10:50:48	25 and -- and, again, obviously the board felt that she 10:54:08

CONFIDENTIAL

Page 110	Page 112
1 was -- that was not appropriate as an officer to 10:54:15	1 was, as of 2021, a wave of treatment-on-demand 10:57:18
2 express that in the media. But, again, I wasn't 10:54:20	2 clinics and proponents. And my question for you is, 10:57:24
3 involved in the rationale for that. But expressing, 10:54:25	3 as of that time period as you were working on SOC-8, 10:57:26
4 you know, one's view and basic concerns, I think that 10:54:33	4 do you recall members of that committee expressing 10:57:30
5 that is -- is reasonable for anyone to do that. 10:54:37	5 the concern that out in the real world there was a 10:57:35
6 And -- and certainly when we saw the article, we were 10:54:42	6 wave of treatment-on-demand clinics? 10:57:38
7 concerned about what she was saying. 10:54:56	7 MR. LANNIN: Object to the form. 10:57:43
8 BY MR. BROOKS: 10:54:58	8 THE WITNESS: There was concern about 10:57:46
9 Q. Let's look at the first page, the bulk of 10:55:00	9 whether there was -- that people were following the 10:57:49
10 which appears to be an email written by Dr. Deutsch. 10:55:05	10 Standards of Care carefully. And to describe it as a 10:57:55
11 And, I apologize, I should know this. Is -- is 10:55:10	11 wave, I'm not sure that I -- I had that assessment. 10:58:05
12 Madeline Deutsch in fact a doctor? 10:55:13	12 BY MR. BROOKS: 10:58:09
13 A. Yes. 10:55:13	13 Q. Did Dr. Deutsch ever raise that concern with 10:58:09
14 Q. All right. I like to use appropriate 10:55:16	14 you? 10:58:11
15 titles, but not to award Ph.D.s or M.D.s 10:55:21	15 A. No, not directly. 10:58:13
16 spontaneously. 10:55:27	16 Q. Did Dr. Deutsch or others express, raise 10:58:14
17 So Dr. Deutsch writes: 10:55:27	17 with you a concern that the standard of care had 10:58:23
18 "I do agree with blank and 10:55:30	18 swung too far away from rigorous assessment prior to 10:58:26
19 would go a step further to the say 10:55:32	19 medical interventions? 10:58:30
20 that I do have concerns about how 10:55:34	20 MR. LANNIN: Object to the form. 10:58:32
21 the door has swung away from more 10:55:36	21 THE WITNESS: She did not express that to 10:58:33
22 rigorous assessment in general over 10:55:38	22 me. 10:58:36
23 time." 10:55:38	23 BY MR. BROOKS: 10:58:36
24 And she goes on to say that: 10:55:41	24 Q. In the last paragraph on that page, and, of 10:58:38
25 "The reaction to restricted 10:55:43	25 course, things are not yet final when this is 10:58:43
Page 111	Page 113
1 access and barriers has been a wave 10:55:46	1 written, but in the sentence beginning in the middle 10:58:46
2 of treatment-on-demand clinics and 10:55:49	2 of that paragraph, four lines down into the last 10:58:50
3 proponents." 10:55:52	3 paragraph, Dr. Deutsch wrote, quote: 10:58:52
4 Do you see that? 10:55:52	4 "As it stands, the assessment 10:58:54
5 A. I'm sorry, I'm not finding it again. 10:56:03	5 chapter for SOC-8 has removed all 10:58:56
6 Q. I think your counsel can probably point you 10:56:05	6 presurgical assessment and 10:59:00
7 to it. 10:56:07	7 requirements for adults, besides a 10:59:02
8 A. Okay. 10:56:08	8 'suggestion' of six months on 10:59:04
9 MR. LANNIN: Apologies, wrong page again. 10:56:11	9 hormone therapy. In addition to 10:59:07
10 THE WITNESS: See, it's the wrong page. 10:56:13	10 being bad medicine in my view, I 10:59:10
11 MR. BROOKS: That makes it hard. 10:56:14	11 think this will add great fuel to 10:59:13
12 MR. LANNIN: First page. Correct, Counsel? 10:56:16	12 the fire we're dealing with and 10:59:15
13 MR. BROOKS: Yes, that's right. 10:56:18	13 ultimately weaken WPATH and the 10:59:17
14 THE WITNESS: Oh, okay. Yeah. 10:56:19	14 strength of the SOCs." 10:59:19
15 BY MR. BROOKS: 10:56:21	15 Do you see that language? 10:59:22
16 Q. And halfway down begins this email from 10:56:22	16 A. Hm-hm. Yes. 10:59:24
17 Madeline Deutsch. Why don't you just read that first 10:56:24	17 Q. And so in 2021 an SOC-8 chapter head and -- 10:59:25
18 paragraph to yourself and tell me when you've done 10:56:27	18 well, chapter head at least, believed that having no 10:59:33
19 that. 10:56:27	19 requirement for presurgical assessment was simply bad 10:59:41
20 MR. LANNIN: Beginning with "To share." 10:56:31	20 medicine. Correct? 10:59:46
21 MR. BROOKS: "To share," yes, sir, thank 10:56:32	21 MR. LANNIN: Object to the form. 10:59:47
22 you. 10:56:34	22 THE WITNESS: That's what she seems to be 10:59:52
23 THE WITNESS: Okay. 10:57:15	23 saying here. 10:59:54
24 BY MR. BROOKS: 10:57:15	24 BY MR. BROOKS: 10:59:55
25 Q. So Dr. Deutsch expressed the view that there 10:57:16	25 Q. And, in fact, that language that is merely a 10:59:55

CONFIDENTIAL

Page 114	Page 116
<p>1 suggestion of six months on hormone therapy before 11:00:01</p> <p>2 surgery remained in the final SOC-8 project -- 11:00:05</p> <p>3 product. Correct? 11:00:10</p> <p>4 MR. LANNIN: Object to the form. 11:00:11</p> <p>5 THE WITNESS: First of all, I do not recall 11:00:12</p> <p>6 the -- that there was ever a draft that had removed 11:00:16</p> <p>7 all presurgical assessment requirements for adults. 11:00:21</p> <p>8 It always had the requirement of an assessment for 11:00:28</p> <p>9 adults. 11:00:33</p> <p>10 There was the issue of the requirement for 11:00:38</p> <p>11 hormone therapy before surgery and generally that 11:00:45</p> <p>12 that is advisable for a better surgical outcome. But 11:00:49</p> <p>13 some people, it's contraindicated because of their 11:00:57</p> <p>14 medical condition or their own personal beliefs about 11:01:02</p> <p>15 taking medications, and that needed to be taken into 11:01:08</p> <p>16 consideration so that there was never an absolute. 11:01:16</p> <p>17 I think there's a caveat in the 11:01:23</p> <p>18 recommendation of where it's contraindicated or 11:01:26</p> <p>19 against the will of the patient. 11:01:31</p> <p>20 BY MR. BROOKS: 11:01:34</p> <p>21 Q. At the top of the next page, Dr. Deutsch 11:01:35</p> <p>22 goes on to say, quote: 11:01:37</p> <p>23 "I do know that there has been 11:01:39</p> <p>24 a great deal of pressure placed on 11:01:40</p> <p>25 that chapter," the assessment 11:01:44</p>	<p>1 the patient? 11:03:33</p> <p>2 MR. LANNIN: Object to the form. 11:03:35</p> <p>3 THE WITNESS: Yes. 11:03:38</p> <p>4 BY MR. BROOKS: 11:03:39</p> <p>5 Q. Let me take you to the first email in 11:03:40</p> <p>6 this -- well, I should say the last email in this 11:03:43</p> <p>7 chain at the top of page 187, first page of the 11:03:46</p> <p>8 document, again, from a mystery author to -- directly 11:03:50</p> <p>9 to Madeline Deutsch. And let me ask you to read that 11:03:55</p> <p>10 paragraph to yourself and tell me when you've done 11:03:59</p> <p>11 that. 11:04:02</p> <p>12 A. Yes, I've read it. 11:04:51</p> <p>13 Q. That paragraph contains memorable language, 11:04:53</p> <p>14 including the line, "Everyone, we have a problem." 11:04:56</p> <p>15 Let me just ask again. I told you we'd see 11:05:00</p> <p>16 if it prompted your memory. Do you believe that 11:05:03</p> <p>17 you've seen that paragraph before today? 11:05:05</p> <p>18 A. I don't remember seeing this paragraph. 11:05:09</p> <p>19 Q. Okay. Was it consistent -- towards the end 11:05:10</p> <p>20 of the paragraph, this author says, quote: 11:05:22</p> <p>21 "Science is great, but medicine 11:05:27</p> <p>22 is promulgated by Dr. Google and 11:05:29</p> <p>23 the ill-informed profiteers taking 11:05:31</p> <p>24 advantage of trouble youth -- 11:05:34</p> <p>25 troubled youth with little 11:05:35</p>
Page 115	Page 117
<p>1 chapter, "and on the editors by a 11:01:46</p> <p>2 wing of the community who want to 11:01:50</p> <p>3 have everything done on demand or 11:01:51</p> <p>4 it is otherwise transphobic or 11:01:54</p> <p>5 denying autonomy." 11:01:56</p> <p>6 Were you aware of pressure being placed on 11:02:01</p> <p>7 the assessment committee, chapter committee, by WPATH 11:02:04</p> <p>8 members who felt strongly that surgery should be 11:02:12</p> <p>9 available on demand? 11:02:16</p> <p>10 MR. LANNIN: Object to the form. 11:02:18</p> <p>11 THE WITNESS: Well, there were individuals 11:02:18</p> <p>12 that expressed the opinion that -- that people had a 11:02:21</p> <p>13 right to bodily autonomy and that was the main 11:02:28</p> <p>14 criteria. If they wanted to do this, they should 11:02:32</p> <p>15 have a right -- right to -- right to do it. And 11:02:37</p> <p>16 there are jurisdictions in the world that don't 11:02:47</p> <p>17 require any kind of assessment. And so there's 11:02:50</p> <p>18 differences of opinion regarding that. But, as you 11:02:57</p> <p>19 see in SOC-8, that was not the final consensus. 11:03:01</p> <p>20 BY MR. BROOKS: 11:03:06</p> <p>21 Q. And do you believe that a doctor or mental 11:03:08</p> <p>22 health practitioner dealing with a patient who wants 11:03:12</p> <p>23 surgery has an independent ethical obligation not to 11:03:16</p> <p>24 proceed with such surgery if the professional does 11:03:22</p> <p>25 not believe it's in the long-term best interest of 11:03:29</p>	<p>1 reputable resource." 11:05:38</p> <p>2 Now my question for you is, was it 11:05:41</p> <p>3 consistent with what you were hearing in 2021 that 11:05:45</p> <p>4 ill-informed profiteers in the trans medical 11:05:49</p> <p>5 community were taking advantage of troubled youth? 11:05:55</p> <p>6 A. I think we were concerned generally that -- 11:05:58</p> <p>7 that, you know, the criteria of people assessing and 11:06:07</p> <p>8 treating individuals, that there needed to be a 11:06:12</p> <p>9 heightened standard of training and experience and 11:06:22</p> <p>10 that there were some individuals -- again, hearsay, 11:06:31</p> <p>11 anecdotes kind of thing that were going on -- that 11:06:39</p> <p>12 they may not have that level of training that we 11:06:45</p> <p>13 recommended. 11:06:49</p> <p>14 And one of the things that we -- I mean, one 11:06:49</p> <p>15 of the things that we did in Standards of Care 8 was 11:06:55</p> <p>16 create a whole chapter on education to highlight the 11:06:59</p> <p>17 importance of proper training to address this 11:07:06</p> <p>18 population. And almost in just about every chapter, 11:07:12</p> <p>19 there was a recommendation for proper training and 11:07:20</p> <p>20 continuing education for individuals providing this 11:07:27</p> <p>21 type of care. And I think that that might have been 11:07:30</p> <p>22 in response to people perceiving that there were 11:07:36</p> <p>23 individuals that were doing this work with -- without 11:07:44</p> <p>24 the kind of training and -- and expertise that we 11:07:49</p> <p>25 felt was optimal. 11:07:57</p>

CONFIDENTIAL

Page 118	Page 120
1 Q. You began that answer saying that "we were 11:08:02	1 Marci Bowers? 11:11:15
2 concerned." Let me put an edge on it. 11:08:07	2 A. Yes. 11:11:15
3 Did you at any point in your chairmanship of 11:08:11	3 Q. And in terms of what's being referred to by 11:11:16
4 WPATH, in your leadership of the SOC-7 project or the 11:08:14	4 "we have a problem," let me ask you a few questions 11:11:21
5 SOC-8 project have colleagues come to you and say, 11:08:19	5 about the article that was attached at the very 11:11:22
6 "Eli, there's some bad stuff going on out there in 11:08:23	6 beginning of this chain which begins at page 192 and 11:11:24
7 the real world with sloppy medicine and hasty 11:08:26	7 continues for several pages. We won't by any means 11:11:30
8 transition of children"? 11:08:29	8 read it all. 11:11:33
9 MR. LANNIN: Object to the form. 11:08:33	9 So if you would find that article, page 192. 11:11:34
10 BY MR. BROOKS: 11:08:34	10 It's entitled "Transgender Docs Warn About Gender 11:11:43
11 Q. Or words to that effect, strong words. 11:08:35	11 Affirmative Care For Youth." 11:11:47
12 MR. LANNIN: Same objection. 11:08:37	12 And if you look in the next page, 193, 11:12:00
13 THE WITNESS: I -- I don't recall -- I mean, 11:08:38	13 there's just a few propositions I want to ask -- get 11:12:10
14 I recall reading Erica's comments and -- and those 11:08:39	14 your views on. 11:12:15
15 strong statements. I remember the main concern is 11:08:48	15 If you turn to page 193, two-thirds of the 11:12:19
16 that we were concerned that people were getting into 11:08:54	16 way down is a paragraph that begins "Anderson, a 11:12:23
17 this field that didn't have as much training and 11:08:56	17 clinical psychologist, told Shrier." Tell me when 11:12:27
18 experience that we thought was necessary. 11:09:01	18 you've found that. Two-thirds of the way down. 11:12:31
19 And it's one of the reasons that WPATH 11:09:04	19 A. Ah. 11:12:48
20 started to really develop training programs for 11:09:09	20 Q. Let me read it into the record: 11:12:49
21 individuals to create a pathway for receiving that 11:09:13	21 "Anderson, a clinical 11:12:51
22 kind of education and certifying individuals with -- 11:09:19	22 psychologist, told Shrier that 'due 11:12:52
23 with that -- that training, and that they would be -- 11:09:30	23 to some of the I'll just -- I'll 11:12:56
24 one of the key parts of that training is the 11:09:35	24 call it just "sloppy" health care 11:12:59
25 knowledge and awareness of the Standards of Care. I 11:09:39	25 work that we're going to have more 11:13:01
Page 119	Page 121
1 remember those concerns. 11:09:44	1 young adults who will regret having 11:13:04
2 People, there were people that were 11:09:47	2 gone through this process." 11:13:06
3 sometimes operating on Standards of Care 5 and were 11:09:53	3 And my question for you is, today do you 11:13:08
4 not up-to-date in -- in -- in their -- in their 11:10:00	4 have a concern that, due to sloppy work going on in 11:13:12
5 awareness of -- of current standards. And so WPATH 11:10:06	5 some clinics, we're going to be seeing more adults 11:13:17
6 as an organization was addressing that to improve 11:10:16	6 who regret transitions they went to as minors? 11:13:22
7 education opportunities for -- for everyone. And 11:10:21	7 MR. LANNIN: Object to the form. 11:13:28
8 also it was very much emphasized in Standards of 11:10:27	8 THE WITNESS: You know, in many ways even 11:13:32
9 Care 8 that it wasn't just anybody that could do this 11:10:34	9 before this, I think that -- that we were all 11:13:34
10 work. 11:10:36	10 concerned that there were more people that were 11:13:40
11 BY MR. BROOKS: 11:10:38	11 entering this field without adequate training and 11:13:42
12 Q. Let me -- in this first paragraph at the top 11:10:39	12 experience. And so we were determined to strengthen 11:13:47
13 of the chain on 5187, this author writing to 11:10:42	13 the standards in terms of professionals, what they 11:13:58
14 Dr. Deutsch and others, writes: 11:10:48	14 needed to -- who they were and what kind of training 11:14:03
15 "Everyone, we have a problem. 11:10:51	15 that they should have and what kind of continuing 11:14:09
16 Erica and Marci know it and so does 11:10:53	16 education they should have. 11:14:11
17 Maddie thankfully." 11:10:56	17 And so, you know, our ultimate, you know, 11:14:16
18 Do you understand "Maddie" to refer to 11:10:58	18 goal is, again, providing the best available care. 11:14:22
19 Madeline Deutsch? 11:11:00	19 And I think we have, you know, a problem in many -- 11:14:26
20 MR. LANNIN: Object to the form. 11:11:01	20 many fields of -- of medicine that I'm not sure that 11:14:32
21 BY MR. BROOKS: 11:11:02	21 all people always get the -- the best -- best care, 11:14:35
22 Q. Does Dr. Deutsch go by "Maddie"? 11:11:03	22 and, like everyone, we wanted to really improve that. 11:14:41
23 A. Yes. 11:11:03	23 And obviously if there wasn't, you know, proper 11:14:46
24 Q. And you would expect, looking at this, that 11:11:06	24 training, yes, you could have more -- more problems 11:14:50
25 "Erica" and "Marci" refers to Erica Anderson and 11:11:12	25 down the line. 11:14:54

CONFIDENTIAL

Page 122	Page 124
1 BY MR. BROOKS: 11:14:54	1 THE REPORTER: Doctor, if you could raise 11:17:53
2 Q. That's a concern you have today about what's 11:14:55	2 your microphone up a little bit. It's about to fall 11:17:53
3 going on in the real world today in treatment of 11:14:57	3 off. 11:17:55
4 children. Correct? 11:15:00	4 THE WITNESS: Sure. Okay. 11:17:55
5 MR. LANNIN: Object to the form. 11:15:00	5 BY MR. BROOKS: 11:18:01
6 THE WITNESS: I think your -- I have the 11:15:01	6 Q. 194. Down towards the bottom, three 11:18:01
7 concern that we need to provide and make sure that 11:15:07	7 paragraphs from the bottom reads: 11:18:05
8 people that are assessing and treating individuals 11:15:11	8 "It disturbs me a great deal, 11:18:09
9 have the proper qualifications and training and 11:15:15	9 which is why I'm speaking out, even 11:18:11
10 experience as clearly expressed in -- in SOC-8. 11:15:19	10 though I've incurred the ire of 11:18:13
11 BY MR. BROOKS: 11:15:24	11 some people who think that just by 11:18:14
12 Q. Well, let me ask my question, which is, 11:15:25	12 speaking out I'm causing problems," 11:18:16
13 today, do you have a concern that because of sloppy 11:15:28	13 says Anderson. 11:18:17
14 practice in the real world we are going to be seeing 11:15:31	14 And then the next paragraph reads: 11:18:18
15 more young adults who regret having undergone medical 11:15:33	15 "Bowers, a gynecologic surgeon, 11:18:20
16 transition as minors? 11:15:37	16 has felt similar pressure. She 11:18:25
17 MR. LANNIN: Object to the form. 11:15:38	17 told Shrier: "There are definitely 11:18:26
18 THE WITNESS: I don't know if we have clear 11:15:39	18 people who are trying to keep out 11:18:28
19 evidence of sloppy practice. I think there's a 11:15:43	19 anyone who doesn't absolutely buy 11:18:30
20 concern expressed. And -- and so we are really 11:15:49	20 the party line that everything 11:18:31
21 trying to make it very, very clear in SOC-8 that 11:15:55	21 should be affirming and there's no 11:18:34
22 these are -- are -- are standards that everyone 11:16:01	22 room for dissent." 11:18:35
23 really needs to adhere to. 11:16:05	23 Now, Anderson and, at this point, WPATH 11:18:39
24 BY MR. BROOKS: 11:16:08	24 President-Elect Bowers have both here and elsewhere 11:18:44
25 Q. Well, to be clear on the scope of your 11:16:08	25 expressed concern about attempts to silence dissent 11:18:48
Page 123	Page 125
1 knowledge, we've seen -- you're aware of articles in 11:16:12	1 about what constitutes best practice for treating 11:18:52
2 which Dr. Edwards-Leeper and Dr. Anderson have 11:16:15	2 gender dysphoria. 11:19:00
3 expressed concern about ill-informed profiteers, 11:16:19	3 Is it your testimony that you yourself have 11:19:00
4 about sloppy medicine. And you've seen this email 11:16:24	4 not been aware of any efforts to silence dissent 11:19:03
5 which somebody writing to Madeline Deutsch says, 11:16:27	5 within WPATH? 11:19:06
6 "Erica and Marci and Maddie know that we have a 11:16:33	6 MR. LANNIN: Object to form. 11:19:06
7 problem." 11:16:38	7 THE WITNESS: I think that there have been 11:19:07
8 Is it your testimony that, as of 2021, you 11:16:39	8 people that -- and that have expressed the concern 11:19:08
9 personally didn't feel that you knew whether or not 11:16:43	9 about people speaking out, especially in the public 11:19:15
10 there was a problem with sloppy care resulting in 11:16:45	10 and in the media, that would undermine the public's 11:19:26
11 overhasty transition of children? 11:16:50	11 confidence in the appropriate treatment and care of 11:19:39
12 MR. LANNIN: Object to the form. 11:16:52	12 individuals. 11:19:45
13 THE WITNESS: I think I was certainly aware 11:16:54	13 You know, we can have differences of 11:19:47
14 that some people were not -- were not getting the -- 11:16:58	14 opinion, but -- and I think in my view what was 11:19:52
15 they were not getting care by people that were 11:17:04	15 happening at this time is that this -- this whole 11:19:57
16 qualified and -- and following -- following the 11:17:10	16 issue of care, especially for adolescents, was -- you 11:20:02
17 Standards of Care. And that's -- that's -- the 11:17:18	17 know, it was -- it was juicy journalistic material to 11:20:09
18 importance of these standards is to make it very 11:17:22	18 work with. And so I'm not sure that that reporting 11:20:14
19 clear to professionals, to everyone, to people 11:17:26	19 was always as objective as we would like it to be. 11:20:24
20 seeking care that professionals are adhering to these 11:17:30	20 And our job as the Standards of Care is to 11:20:30
21 Standards of Care and have some assurance that that 11:17:33	21 really stick to the science and to develop guidelines 11:20:33
22 clinician is adequately trained to do what they're 11:17:42	22 that were not necessarily influenced by one 11:20:41
23 doing. 11:17:46	23 individual expressing that opinion or another. 11:20:47
24 BY MR. BROOKS: 11:17:46	24 But, again, we had 119 people viewing these 11:20:53
25 Q. If you would turn to the next page, 194. 11:17:47	25 recommendations, voting on them in a Delphi process. 11:21:03

CONFIDENTIAL

Page 126		Page 128			
1	So there was a whole rigorous methodology that	11:21:08	1	MR. LANNIN: Object to the form.	11:24:07
2	insured that there were checks and balances, and, in	11:21:12	2	THE WITNESS: Say that again. I'm sorry.	11:24:09
3	the end, no one person would say this is -- this is	11:21:18	3	BY MR. BROOKS:	11:24:10
4	the way it should be.	11:21:23	4	Q. Do you believe that the view that puberty	11:24:11
5	So, I don't know if I've answered your	11:21:31	5	blockers should not be administered as early as	11:24:15
6	question, but --	11:21:32	6	Tanner Stage 2 is one which an informed and	11:24:18
7	BY MR. BROOKS:	11:21:32	7	reasonable physician can hold?	11:24:22
8	Q. Long ago. In the next -- in the very last	11:21:33	8	MR. LANNIN: Same objection.	11:24:24
9	sentence on this page quotes Dr. Bowers as saying	11:21:38	9	THE WITNESS: They should not be	11:24:25
10	that she was, quote, "not a fan," close quote, of	11:21:42	10	administered before Tanner Stage 2.	11:24:26
11	administering puberty blockers at Tanner 2 stage of	11:21:45	11	BY MR. BROOKS:	11:24:30
12	puberty.	11:21:51	12	Q. Let me ask the reporter to read back the	11:24:31
13	Have you heard before now that Dr. Bowers	11:21:52	13	question.	11:24:33
14	has expressed her opposition to administering puberty	11:21:54	14	A. Okay.	11:24:33
15	blockers at Tanner 2?	11:21:57	15	THE REPORTER: One moment, please.	13:11:09
16	MR. LANNIN: Object to the form.	11:21:58	16	(Record read as follows:	13:11:09
17	THE WITNESS: I believe that that would be	11:21:59	17	"QUESTION: Do you believe that	11:24:11
18	mischaracterizing her statement. She expressed some	11:22:05	18	the view that puberty blockers	11:24:12
19	concern.	11:22:08	19	should not be administered as early	11:24:15
20	BY MR. BROOKS:	11:22:11	20	as Tanner Stage 2 is one which an	11:24:18
21	Q. Dr. Bowers has a fair amount of internal	11:22:11	21	informed and reasonable physician	11:24:22
22	emails after some of her public statements, but I've	11:22:14	22	can hold?")	11:24:23
23	never seen one in which she claimed to have been	11:22:17	23	MR. LANNIN: Object to the form.	11:24:54
24	misquoted. What's the quote here is that she told	11:22:20	24	THE WITNESS: I'm not -- I'm still not sure	11:24:59
25	Abigail Shrier that she, Dr. Bowers, was not a fan of	11:22:25	25	that I really get it right. But in Standards of	11:25:00
Page 127		Page 129			
1	administering puberty blockers at Tanner 2.	11:22:29	1	Care, we clearly specify that the patient should have	11:25:10
2	Have you heard Dr. Bowers express that	11:22:32	2	achieved Tanner Stage 2. There are many other	11:25:15
3	opinion?	11:22:35	3	considerations and -- and one of the considerations	11:25:19
4	MR. LANNIN: Object to the form.	11:22:35	4	is explaining to patients that this might have some	11:25:23
5	THE WITNESS: I've heard her express the	11:22:36	5	implications later and part of the informed consent	11:25:29
6	concern about the implications of administering	11:22:38	6	process essentially communicating to that patient	11:25:34
7	puberty-blocking hormones at that stage.	11:22:50	7	some of the concerns that Dr. Bowers has, and, for	11:25:40
8	BY MR. BROOKS:	11:22:50	8	example, this may limit the type of surgeries that	11:25:47
9	Q. And you've heard her express the view that	11:22:51	9	might be available to you because of the effects of	11:25:52
10	she didn't think it was a good idea. Correct?	11:22:52	10	the -- of that intervention at that time.	11:25:58
11	MR. LANNIN: Object to the form.	11:22:55	11	BY MR. BROOKS:	11:26:01
12	THE WITNESS: I'm not sure that she's ever	11:22:57	12	Q. Dr. Coleman, you're not answering my	11:26:02
13	expressed it as just things should be carefully	11:22:59	13	question.	11:26:04
14	considered, and -- and, in some cases, it -- it can	11:23:04	14	Do you believe that the view that puberty	11:26:05
15	complicate what she can do as a surgeon later on.	11:23:14	15	blockers should not be administered to children as	11:26:08
16	BY MR. BROOKS:	11:23:25	16	early as Tanner 2 is one that an informed and	11:26:10
17	Q. Okay.	11:23:26	17	responsible physician can hold?	11:26:15
18	A. And not that that can't be dealt with, but	11:23:26	18	MR. LANNIN: Object to the form.	11:26:18
19	it sometimes limits the types of procedures that she	11:23:34	19	THE WITNESS: I don't think that there is	11:26:19
20	could use to achieve what you would feel is an	11:23:40	20	the -- the evidence overall that this is -- is --	11:26:21
21	optimal result for the patient.	11:23:44	21	that may be an opinion of an individual, but it is	11:26:28
22	Q. Do you believe that the view that puberty	11:23:46	22	not the opinion of -- of a -- of -- that's not the	11:26:34
23	blockers should not be administered as early as	11:23:58	23	consensus.	11:26:38
24	Tanner Stage 2 is one that a responsible and	11:24:00	24	BY MR. BROOKS:	11:26:38
25	reasonable physician can hold?	11:24:04	25	Q. I didn't ask that. I asked whether in your	11:26:38

CONFIDENTIAL

Page 130	Page 132
1 view that's an opinion which an informed, responsible 11:26:41	1 invited Dr. Zucker to be a part of SOC-8. 11:29:41
2 and reasonable physician can hold? 11:26:44	2 A. Hm-hm. 11:29:43
3 MR. LANNIN: Object to the form. 11:26:48	3 Q. He declined, I take it? 11:29:44
4 THE WITNESS: They can hold that position 11:26:51	4 A. No, he -- he agreed initially. 11:29:45
5 and that point of view and they decide that that's 11:26:53	5 Q. And then what happened? 11:29:48
6 how they practice. But a physician must explain, and 11:26:57	6 A. And then the board developed this different 11:29:49
7 that's clearly specified, what various treatments 11:27:05	7 methodology and wanted to have a much more 11:29:56
8 are, what is the evidence risk and benefits, and they 11:27:11	8 transparent process in selecting members, and so 11:30:02
9 might say, "In my opinion, I don't -- I don't like 11:27:15	9 people had to apply for that membership. And, for 11:30:08
10 that." 11:27:21	10 whatever reason, he did not apply. 11:30:14
11 BY MR. BROOKS: 11:27:22	11 Q. After you had invited Dr. Zucker to 11:30:16
12 Q. Do you consider Dr. Bowers to be an 11:27:22	12 participate, did any of your colleagues within WPATH 11:30:23
13 informed, responsible and reasonable physician? 11:27:25	13 come to you and express opposition to his 11:30:28
14 A. Yes. 11:27:27	14 involvement? 11:30:31
15 Q. You talked -- we've talked a bit about 11:27:34	15 MR. LANNIN: Object to the form. 11:30:31
16 voicing concerns about care of transgender minors to 11:27:38	16 THE WITNESS: I think there were some people 11:30:33
17 the public. Let me ask you a question not about the 11:27:43	17 that were not too happy that I invited him. 11:30:34
18 public. 11:27:45	18 BY MR. BROOKS: 11:30:38
19 Do you recall an incident at which a W- -- 11:27:46	19 Q. Who told -- from whom did you hear that 11:30:38
20 at which at a WPATH conference a presentation that 11:27:51	20 unhappiness? Who came to you and expressed that? 11:30:41
21 would have included Dr. Zucker and others was 11:27:55	21 A. I wouldn't -- I wouldn't remember exactly 11:30:43
22 canceled at the last minute due to expressions of 11:28:00	22 who that -- that was. But he was a controversial 11:30:45
23 opposition by a group of WPATH members? 11:28:03	23 figure at that time. But he had been the -- you 11:30:51
24 MR. LANNIN: Object to the form. 11:28:08	24 know, he was main author of -- of that -- of that 11:30:59
25 THE WITNESS: I -- I know about that 11:28:09	25 child and adolescent section in SOC-7 and certainly 11:31:06
Page 131	Page 133
1 incident. I was not there to witness it. 11:28:12	1 was extremely knowledgeable about the -- the 11:31:11
2 BY MR. BROOKS: 11:28:15	2 literature, and so I -- I certainly respected his -- 11:31:15
3 Q. At the time that happened, which, if I'm 11:28:17	3 his input. 11:31:22
4 recalling correctly, was perhaps 2017 or 2019, did 11:28:19	4 MR. BROOKS: Let me ask the reporter to mark 11:31:28
5 you hold any position in WPATH or USPATH? 11:28:24	5 as Exhibit 10 an email chain bearing Bates numbers 11:31:30
6 A. No. 11:28:27	6 BOEAL_WPATH_105071 through 079, headed at the top 11:31:35
7 Q. And did it cause you concern that, even 11:28:28	7 "Friday Agenda for Mental Health Mentors." 11:31:42
8 within WPATH meeting itself, that the voices of 11:28:34	8 (The document referred to was 11:31:42
9 respected researchers were being silenced? 11:28:41	9 marked as Exhibit 10.) 11:32:00
10 MR. LANNIN: Object to the form. 11:28:44	10 BY MR. BROOKS: 11:32:00
11 THE WITNESS: Yes, I was very concerned. 11:28:45	11 Q. And, Dr. Coleman, if I'm not mistaken, I 11:32:06
12 BY MR. BROOKS: 11:28:47	12 don't know that your name appears on this document, 11:32:09
13 Q. Did you express that view to anyone? 11:28:47	13 so I will keep that in mind. 11:32:16
14 A. I'm sure I did. 11:28:50	14 Let me ask, the final email that is the 11:32:18
15 Q. Did you consider that it impairs WPATH's 11:28:51	15 first one at the top of the first page, is from 11:32:21
16 ability to operate as a scientific organization if 11:29:05	16 Lin Fraser. Am I correct that Lin Fraser was at this 11:32:28
17 the voices of researchers are silenced even within 11:29:10	17 time, which is October of 2021, also a past president 11:32:31
18 WPATH discussions? 11:29:14	18 of WPATH? 11:32:36
19 MR. LANNIN: Object to the form. 11:29:15	19 A. She was a past president of WPATH. 11:32:38
20 THE WITNESS: I agree with that. 11:29:15	20 Q. How long is the term? 11:32:40
21 I should note that I -- I invited Dr. Zucker 11:29:29	21 A. It is two years. 11:32:44
22 to be a part of SOC-8. 11:29:32	22 Q. Okay. I thought it must be something like 11:32:45
23 BY MR. BROOKS: 11:29:32	23 that. There was a lot of -- there are a lot of past 11:32:45
24 Q. I -- I recall that. Well, I'm sorry, 11:29:36	24 presidents hanging around. 11:32:49
25 actually, that was talking about an earlier one. You 11:29:38	25 A. And I don't know -- I don't know if she was 11:32:49

CONFIDENTIAL

Page 134	Page 136
1 still past president at that time or not. 11:32:50	1 consensus recommendations and that continued. And we 11:36:07
2 Q. All right. Then let me clarify that. 11:32:56	2 had consensus in SOC-7 and we have consensus in 8. 11:36:14
3 Is "past president" an official title that 11:33:00	3 So I don't know what this person's talking about. 11:36:18
4 refers to the person who was most recently president? 11:33:01	4 BY MR. BROOKS: 11:36:21
5 MR. LANNIN: Object to the form. 11:33:05	5 Q. You don't know as you sit here today whether 11:36:22
6 THE WITNESS: We sometimes use "immediate 11:33:05	6 the voting consensus in the Delphi process was 11:36:25
7 past president" to distinguish a past president 11:33:07	7 unanimous. Correct? 11:36:28
8 versus an immediate. 11:33:12	8 MR. LANNIN: Object to the form. 11:36:30
9 BY MR. BROOKS: 11:33:13	9 THE WITNESS: On -- on what exactly? 11:36:33
10 Q. Okay. 11:33:14	10 BY MR. BROOKS: 11:36:35
11 A. And the immediate past president is an 11:33:14	11 Q. On the recomm- -- 11:36:36
12 officer of the association. 11:33:17	12 A. There's a variety of -- 11:36:41
13 Q. That's helpful. 11:33:19	13 Q. -- on the recommendation -- 11:36:41
14 A. Past president is not. 11:33:21	14 THE REPORTER: Hold on.
15 Q. There are a couple of statements in here 11:33:23	15 THE WITNESS: Yup.
16 that I would just like to contrast and ask your view 11:33:38	16 THE REPORTER: Somebody start and --
17 about. 11:33:42	17 THE WITNESS: Thank you.
18 If you turn to page 10574, we have an 11:33:43	18 THE REPORTER: Too many voices.
19 unknown author writing to unknown recipients, and I 11:33:58	19 BY MR. BROOKS:
20 would apologize for that, but WPATH chose to do the 11:34:03	20 Q. Let me finish my question -- 11:36:41
21 redaction, so it's out of my control. 11:34:07	21 A. Yeah. 11:36:42
22 This author writes, five lines from the 11:34:09	22 Q. -- or restate it. 11:36:42
23 bottom, quote: 11:34:14	23 A. Yeah. 11:36:44
24 "We all know that blockers are 11:34:15	24 Q. As you sit here, you don't know, you don't 11:36:44
25 a good thing for kids and we know 11:34:17	25 recall whether the Delphi vote on the recommendations 11:36:47
Page 135	Page 137
1 that ROGD is not a thing," close 11:34:19	1 contained in SOC-8 concerning the use of puberty 11:36:52
2 quote. 11:34:19	2 blockers were unanimous? 11:36:57
3 Do you see that? 11:34:23	3 MR. LANNIN: Object to the form. 11:36:59
4 A. Yes. 11:34:23	4 THE WITNESS: I'm sure that they were not a 11:37:00
5 Q. And then if you turn -- let's see here -- to 11:34:25	5 hundred percent. The range seemed to go from 75 to 11:37:02
6 72, 72, two pages earlier. At the top of the page -- 11:34:48	6 97 percent, or something like that. So I don't know 11:37:08
7 A. 72, top of the page. 11:34:57	7 what that percentage was for that particular 11:37:13
8 Q. Okay. Again, as best I can tell, from 11:35:00	8 recommendation. 11:37:19
9 unknown author to unknown recipient, a member of this 11:35:05	9 BY MR. BROOKS: 11:37:21
10 chain, WPATH insider, writes, quote: 11:35:10	10 Q. And the one author and language I read said, 11:37:22
11 "My understanding is that a 11:35:12	11 quote, "We know that ROGD is not a thing." 11:37:27
12 global consensus on puberty 11:35:14	12 Are you familiar with the term with "rapid 11:37:31
13 blockers does not exist." 11:35:16	13 onset gender dysphoria"? 11:37:33
14 I want to ask you, Dr. Coleman, is it your 11:35:18	14 A. Yes. 11:37:35
15 view that within WPATH there's universal agreement 11:35:25	15 Q. Are you familiar with the term "adolescent 11:37:35
16 that blockers are a good thing for kids, or, on the 11:35:31	16 onset gender dysphoria"? 11:37:38
17 contrary, is it your view that within WPATH there's 11:35:34	17 A. Less so. 11:37:39
18 not a global consensus about the use of puberty 11:35:37	18 Q. "Late onset gender dysphoria"? 11:37:40
19 blockers? 11:35:44	19 A. I've heard that used. 11:37:43
20 MR. LANNIN: Object to the form. 11:35:44	20 Q. Do you have a view, or, given your lack of 11:37:45
21 THE WITNESS: I'm not sure what this person 11:35:44	21 practice with adolescents, do you consider it outside 11:37:53
22 is referring to as a global consensus. But, you 11:35:47	22 your personal expertise as to whether rapid onset 11:37:56
23 know, starting in SOC-5, as we discussed, the use of 11:35:52	23 gender dysphoria is an actual phenomenon? 11:38:01
24 puberty blockers and the criteria for using those 11:35:59	24 MR. LANNIN: Object to the form. 11:38:05
25 were clearly articulated and were accepted as 11:36:02	25 THE WITNESS: I think there's a lot of 11:38:06

CONFIDENTIAL

Page 138	Page 140
1 debate about the existence of that phenomenon or if 11:38:07	1 this email up at the top of the chain. 11:50:46
2 that is even the correct term to really use, you 11:38:13	2 A. Hm-hm. 11:50:48
3 know, versus the recognition that some -- some people 11:38:20	3 Q. And indeed also in this penultimate email 11:50:49
4 may first present with gender dysphoria later in 11:38:25	4 which shows up on the first page as well. And the 11:50:59
5 adolescence and even in adulthood. 11:38:31	5 chain appears to be a document sent by 11:51:02
6 And so, but the existence of a clinical 11:38:36	6 Dr. Edwards-Leeper, the document appearing -- the 11:51:10
7 phenomenon has been -- it has been suggested by some 11:38:51	7 text appearing on pages 281 to 282 forwarded by 11:51:14
8 people and -- but there's been a lot of criticism of 11:38:58	8 Dr. Leeper at 1:30 a.m. on December 1st, 2021. And 11:51:21
9 that research, and there's certainly no consistent -- 11:39:03	9 then there is a couple of back-and-forths. 11:51:28
10 consensus that that is a clinical entity. 11:39:10	10 So let me ask you to look at this and tell 11:51:30
11 BY MR. BROOKS: 11:39:15	11 me whether you recall seeing this email chain. 11:51:34
12 Q. And my question wasn't consensus. My 11:39:15	12 A. I don't recall it, you know, specifically 11:51:39
13 question was -- 11:39:18	13 or -- 11:51:45
14 A. Yeah. 11:39:18	14 Q. We clearly have some time zone issues here 11:51:45
15 Q. -- you, do you have an opinion of your own 11:39:18	15 since the second email is time-stamped earlier than 11:51:59
16 or do you consider it to be outside your expertise 11:39:22	16 the first email, but that happens in life. 11:52:03
17 whether rapid onset gender dysphoria is a real 11:39:25	17 A. Yeah, in time zones. 11:52:05
18 phenomenon or not? 11:39:28	18 Q. In the email at the bottom of the 11:52:07
19 A. I would say that's outside my expertise. 11:39:29	19 page ending in 279, the first page, 11:52:11
20 Q. All right. 11:39:31	20 Dr. Edwards-Leeper, writing to various folks 11:52:15
21 MR. LANNIN: Counsel, we've been going for 11:39:37	21 including you, says, among other things, quote: 11:52:20
22 more than an hour, believe it or not. 11:39:37	22 "I've decided to go ahead and 11:52:28
23 THE WITNESS: Again? 11:39:37	23 send what I wrote to the people 11:52:29
24 MR. BROOKS: Well, I'm going to suggest this 11:39:39	24 included on this email as I know 11:52:31
25 because the afternoon always is rough, so to speak, 11:39:40	25 them all personally. I'll leave it 11:52:33
Page 139	Page 141
1 and that is we take a break and then we run till, 11:39:43	1 to you to share with the other 11:52:35
2 like, 12:30 and break for lunch. 11:39:47	2 WPATH leaders," close quote. 11:52:37
3 Does that seem good? 11:39:49	3 Whether or not you remember this specific 11:52:41
4 MR. LANNIN: Works for me, but it's the 11:39:50	4 chain, let me ask you to look at the document, the 11:52:44
5 witness's decision. 11:39:52	5 essay, the whatever we want to call it on page 281 11:52:48
6 MR. BROOKS: It's always attractive to stop 11:39:53	6 and whether -- ask whether you recall reading that. 11:52:53
7 for an early lunch, but then you regret it later, 11:39:55	7 A. Again, I don't recall. 11:53:01
8 speaking of regret. 11:39:58	8 Q. Okay. 11:53:01
9 THE WITNESS: I'm fine with. 11:40:00	9 A. I must have read it, but I don't -- 11:53:03
10 MR. BROOKS: We can go off the record, I 11:40:02	10 Q. You don't specifically remember? 11:53:06
11 think. We're going to break. 11:40:03	11 A. -- recall, no. 11:53:07
12 THE VIDEOGRAPHER: Okay. The time is 11:40:05	12 Q. Back on the first page, 279, 11:53:07
13 11:40 a.m., and we are now off the record. 11:40:07	13 Dr. Edwards-Leeper -- and let me just note that the 11:53:13
14 (Recess taken.) 11:40:37	14 copyees include you, marcib, which I assume -- am 11:53:19
15 THE VIDEOGRAPHER: The time is 11:50 a.m., 11:49:49	15 I -- is it fair to assume that that's Marci Bowers? 11:53:25
16 and we are now back on the record. 11:50:05	16 A. I think that's a fair assumption. 11:53:29
17 MR. BROOKS: Let me ask the reporter to mark 11:50:09	17 Q. And what role did Loren Schechter and 11:53:30
18 as Exhibit 11 a document bearing Bates number 11:50:10	18 Stephen Rosenthal have at this time? 11:53:34
19 BOEAL_WPATH_105279 through 282, an email chain headed 11:50:15	19 A. Loren was a member of the Standards of Care 11:53:37
20 "Important info re: Recent Washington Post Article." 11:50:23	20 committee and was in the surgical chapter. Stephen 11:53:40
21 (The document referred to was 11:50:23	21 Rosenthal was on the committee and he was in the 11:53:48
22 marked as Exhibit 11.) 11:50:39	22 hormone chapter. I can't remember if he was also 11:53:55
23 BY MR. BROOKS: 11:50:39	23 part of the adolescent chapter. 11:54:01
24 Q. And, Dr. Coleman, I'll call to your 11:50:40	24 Q. All right. Dr. Edwards-Leeper goes on to 11:54:04
25 attention the fact that you're one of the copyees of 11:50:43	25 state, quote: 11:54:10

CONFIDENTIAL

Page 142			Page 144		
1	"My fear is that if WPATH	11:54:10	1	BY MR. BROOKS:	11:57:43
2	continues to muzzle clinicians and	11:54:12	2	Q. If you look at the essay on page 281, middle	11:57:44
3	relay the message to the public	11:54:14	3	of the page is a paragraph that begins "I only	11:58:00
4	that they have no right to know	11:54:15	4	recently started a Twitter account."	11:58:03
5	about the debate, WPATH will become	11:54:17	5	Do you see that?	11:58:05
6	the bad guy and not the trusted	11:54:19	6	A. Yes.	11:58:05
7	source," close quote.	11:54:22	7	Q. And more than halfway down in that paragraph	11:58:06
8	Do you see that?	11:54:23	8	is a sentence that reads, quote:	11:58:12
9	A. Yes.	11:54:24	9	"There's a list serve I'm on,	11:58:14
10	Q. In late 2021, December of 2021, late in the	11:54:29	10	mostly pediatric trans medical	11:58:18
11	SOC-8 development process, Dr. Edwards-Leeper	11:54:33	11	doctors, and I've had medical and	11:58:20
12	expressed her concern to you and to others that WPATH	11:54:40	12	mental health providers from that	11:58:23
13	had muzzled clinicians and her concern that they	11:54:47	13	group privately message thanking me	11:58:24
14	might continue to muzzle clinicians. Correct?	11:54:50	14	and telling me they are too afraid	11:58:26
15	MR. LANNIN: Object to the form.	11:54:54	15	to share their feelings with the	11:58:28
16	THE WITNESS: I'm sorry. Are you quoting	11:54:55	16	entire group," close quote.	11:58:28
17	something from here?	11:55:01	17	Do you see that?	11:58:31
18	BY MR. BROOKS:	11:55:01	18	A. Yes.	11:58:31
19	Q. I'm asking you to look at the first page.	11:55:02	19	Q. Do you now recall Dr. Edwards-Leeper telling	11:58:33
20	A. Yeah.	11:55:03	20	you that she was finding that physicians were afraid	11:58:38
21	Q. And four lines up from the bottom of the	11:55:04	21	to express their actual views within WPATH	11:58:45
22	email, the bottom email on that page,	11:55:08	22	discussions?	11:58:52
23	Dr. Edwards-Leeper refers to her, quote, "fear that	11:55:12	23	MR. LANNIN: Object to the form.	11:58:52
24	if WPATH continues to muzzle clinicians." And my	11:55:16	24	THE WITNESS: I remember her expressing that	11:58:53
25	question is, do you recall in this time period, late	11:55:20	25	concern and that was -- that was certainly	11:58:59
Page 143			Page 145		
1	in the SOC-8 development project, Dr. Edwards-Leeper	11:55:24	1	disconcerting.	11:59:01
2	expressing to you and others her concern that WPATH	11:55:31	2	BY MR. BROOKS:	11:59:03
3	was muzzling clinicians and that it was going to harm	11:55:36	3	Q. Okay. And at the beginning of the next	11:59:03
4	WPATH?	11:55:41	4	paragraph, Dr. Edwards-Leeper wrote, quote:	11:59:15
5	MR. LANNIN: Object to the form.	11:55:42	5	"I fear the WPATH's recent	11:59:17
6	THE WITNESS: I don't remember specifically.	11:55:44	6	stance to shut down this	11:59:20
7	You know, I remember this whole concern about	11:55:46	7	conversation was a huge mistake,"	11:59:22
8	muzzling, you know, people expressing views, but	11:55:51	8	close quote.	11:59:24
9	particularly there was concerns about expressing this	11:55:57	9	Do you believe you understand what	11:59:29
10	in the media. But, you know, I think this is a	11:56:00	10	Dr. Edwards-Leeper was referring to in this email	11:59:31
11	really good example of -- of people expressing their	11:56:08	11	that she copied you on when she described WPATH as	11:59:34
12	concerns, alerting me as part of the -- as chair of	11:56:16	12	shutting down this conversation?	11:59:38
13	the committee of these -- these issues.	11:56:22	13	MR. LANNIN: Object to the form.	11:59:41
14	But most of the -- you know, the issue of	11:56:26	14	THE WITNESS: I'm not sure. I can only	11:59:43
15	muzzling, you know, was -- were, you know, decisions	11:56:29	15	speculate, you know, that it had to do with Dr. --	11:59:47
16	of the board. And certainly the committee, we were	11:56:36	16	you know, Dr. Anderson and what the board did and --	11:59:53
17	interested in hearing all views, all concerns. We	11:56:43	17	BY MR. BROOKS:	11:59:57
18	entertained vigorous debates within all of the	11:56:50	18	Q. That is the censor letter --	11:59:57
19	committees and we had that public comment period. We	11:56:56	19	A. Yes.	12:00:00
20	sent this out to organizations. We wanted to hear	11:57:03	20	Q. -- sent to Dr. Anderson?	12:00:01
21	from people any of their suggestions, their concerns.	11:57:07	21	A. I'm assuming, but I haven't -- I'm not sure.	12:00:03
22	And we wanted to have a very transparent process.	11:57:12	22	Q. And did the board in fact remove from	12:00:05
23	So I was never in favor of any kind of	11:57:21	23	Dr. Anderson the title of past president?	12:00:10
24	muzzling of any -- any opinions. And I know that	11:57:23	24	MR. LANNIN: Object to the form.	12:00:13
25	there was -- every opinion was really listened to.	11:57:34	25	THE WITNESS: I don't know that.	12:00:14

CONFIDENTIAL

Page 146	Page 148
1 BY MR. BROOKS: 12:00:15	1 And then she goes on to write, quote: 12:04:15
2 Q. Did you yourself ever, whether by 12:00:24	2 "What the explanation for this 12:04:18
3 conversation or otherwise, discourage any 12:00:29	3 increase is, is unknown and also 12:04:19
4 practitioner or researcher from taking concerns about 12:00:31	4 methodologically challenging to 12:04:22
5 transgender health care to the media? 12:00:39	5 study; social factors likely play a 12:04:24
6 MR. LANNIN: Object to the form. 12:00:41	6 role." 12:04:28
7 THE WITNESS: I don't recall that, but I'm 12:00:41	7 And, in response to that, if we flip to the 12:04:36
8 sure that I might have had concerns. I think we 12:00:47	8 previous page, 509, Dr. Leibowitz says -- his email 12:04:40
9 wanted to have lively discussions within the 12:00:51	9 begins "I couldn't agree with Annelou more." 12:04:52
10 committee and -- and come to our conclusions. 12:00:56	10 Do you see that? 12:04:55
11 BY MR. BROOKS: 12:01:10	11 A. Hm-hm. 12:04:55
12 Q. So you might have had such conversations? 12:01:16	12 Q. Okay. So he says, quote: 12:04:56
13 A. I might have. 12:01:19	13 "I couldn't agree with Annelou 12:04:57
14 MR. BROOKS: Let me ask the reporter to mark 12:01:35	14 more. We cannot outright dismiss 12:04:59
15 as Exhibit 13 -- I just can't get it right -- 12 a 12:01:36	15 the fact that social factors, also 12:05:01
16 document bearing Bates numbers 105 -- I'm sorry -- 12:01:48	16 don't like the word contagion, 12:05:04
17 BOEAL_WPATH_105508 through 512 an email chain headed 12:01:51	17 impact identity development and 12:05:07
18 at the top "The American Academy of Pediatrics' 12:01:59	18 decision making in adolescents." 12:05:09
19 Dubious Transgender Science - The Wall Street 12:02:02	19 Do you agree with Dr. de Vries and 12:05:19
20 Journal." 12:02:05	20 Dr. Leibowitz or do you consider it outside your 12:05:22
21 (The document referred to was 12:02:05	21 personal expertise that social factors impact 12:05:25
22 marked as Exhibit 12.) 12:02:31	22 identity development as well as decision making in 12:05:31
23 BY MR. BROOKS: 12:02:31	23 adolescents? 12:05:34
24 Q. And the various emails in this chain, you 12:02:32	24 MR. LANNIN: Object to the form. 12:05:34
25 are the author of. Correct? 12:02:35	25 THE WITNESS: We -- we acknowledge that 12:05:35
Page 147	Page 149
1 A. Yes. 12:02:37	1 social factors could have an impact and that should 12:05:42
2 Q. To be fair to your memory, I'll ask this. 12:02:37	2 be examined as part of assessment. 12:05:46
3 Looking at this, do you recall receiving and sending 12:02:44	3 BY MR. BROOKS: 12:05:49
4 the emails reflected in this chain? 12:02:48	4 Q. And my question for you was, do you have a 12:05:49
5 A. I don't re- -- I wouldn't say that I 12:03:03	5 personal opinion as to whether that's true, or do you 12:05:52
6 remember, you know, sending this, but it's clear that 12:03:05	6 consider it to be outside your expertise? 12:05:54
7 I sent it. 12:03:09	7 MR. LANNIN: Object to the form. 12:05:57
8 Q. Okay. If you scan over this, you will see 12:03:10	8 THE WITNESS: It is -- it's probably safer 12:06:06
9 that senders and recipients include Dr. Leibowitz, 12:03:17	9 to say that it's outside of my -- my -- my area of 12:06:07
10 Dr. de Vries. Those two were cochairs of the 12:03:22	10 expertise. But being familiar with what was written 12:06:13
11 adolescent chapter. Correct? 12:03:25	11 by that committee and concerns expressed, I would 12:06:19
12 A. That's correct. 12:03:26	12 ag- -- and as -- and I have a background and training 12:06:24
13 Q. Yourself, Dr. Bouman who was both a member 12:03:27	13 in developmental psychology, and so, yes, we 12:06:29
14 of the SOC-8 committee and at the time president of 12:03:37	14 recognize that adolescents can be influenced by 12:06:37
15 WPATH. Correct? 12:03:40	15 social forces. 12:06:39
16 A. That's correct. 12:03:41	16 BY MR. BROOKS: 12:06:41
17 Q. Okay. Let me ask you to turn to page ending 12:03:52	17 Q. Looking a little farther down in 12:06:43
18 in 510 which consists of an email written by 12:03:55	18 Dr. Leibowitz's email on page ending in 509, he 12:06:45
19 Dr. de Vries. Do you see that? 12:04:02	19 writes, quote: 12:06:48
20 A. Yes. 12:04:02	20 "Some adolescents who have 12:06:50
21 Q. And at the end of the first full paragraph, 12:04:06	21 certain psychological 12:06:52
22 she writes, quote: 12:04:09	22 vulnerabilities feel comfortable 12:06:54
23 "For sure is that increasing 12:04:10	23 within a marginalized community 12:06:55
24 numbers are asking for medical 12:04:12	24 space and come to feel it's a safe 12:06:58
25 affirming treatment." 12:04:14	25 space for them." 12:06:59

CONFIDENTIAL

Page 150	Page 152
<p>1 My question is, do you agree with 12:07:02</p> <p>2 Dr. Leibowitz that some adolescents who start with 12:07:04</p> <p>3 psychological vulnerabilities seek out an identity 12:07:08</p> <p>4 that aligns them with a marginalized community 12:07:13</p> <p>5 because that feels like a safe space for them? 12:07:15</p> <p>6 MR. LANNIN: Object to the form. 12:07:18</p> <p>7 THE WITNESS: Again, this is outside of my 12:07:25</p> <p>8 expertise. 12:07:27</p> <p>9 BY MR. BROOKS: 12:07:28</p> <p>10 Q. All right. And the next sentence, he writes 12:07:28</p> <p>11 for other adolescents he's referring to, quote: 12:07:36</p> <p>12 "Gender serves a different 12:07:39</p> <p>13 function, not necessarily one that 12:07:42</p> <p>14 is about their gender identity even 12:07:44</p> <p>15 though they may feel it is about 12:07:46</p> <p>16 their identity in the moment." 12:07:48</p> <p>17 And do you agree with Dr. Leibowitz or 12:07:50</p> <p>18 consider it outside your expertise that some 12:07:54</p> <p>19 adolescents who claim a transgender identity are in 12:07:56</p> <p>20 fact reacting to some other psychological need that 12:07:59</p> <p>21 is not actually about their gender identity? 12:08:03</p> <p>22 MR. LANNIN: Object to the form. 12:08:06</p> <p>23 THE WITNESS: I highly respect Dr. Leibowitz 12:08:08</p> <p>24 and his expertise in this area. And, again, that was 12:08:09</p> <p>25 the consensus of that adolescent chapter to recognize 12:08:17</p>	<p>1 experiencing? 12:10:11</p> <p>2 MR. LANNIN: Object to the form. 12:10:11</p> <p>3 THE WITNESS: I think that that is -- is 12:10:14</p> <p>4 possible and that is why, especially with 12:10:16</p> <p>5 adolescents, that we require this careful assessment, 12:10:26</p> <p>6 and a good clinician can sort out those issues. And 12:10:30</p> <p>7 so I think that is -- it's -- it's possible. 12:10:40</p> <p>8 But I would say that, again, a transgender 12:10:45</p> <p>9 identity is still a very stigmatized identity, and I 12:10:48</p> <p>10 don't think many people really take on that 12:10:55</p> <p>11 stigmatized identity for some sort of social 12:10:58</p> <p>12 acceptance. It defies that. It is -- it's -- 12:11:08</p> <p>13 it's -- in general, it is not socially acceptable. 12:11:13</p> <p>14 And so people come forward, you know -- so 12:11:18</p> <p>15 can there be cases like that? Possibly, and 12:11:29</p> <p>16 that's -- that's what an assessment is for. But I 12:11:33</p> <p>17 would say that, again, for the most part, again, 12:11:36</p> <p>18 people don't adopt that identity or identify that way 12:11:44</p> <p>19 because it's fashionable. 12:11:51</p> <p>20 BY MR. BROOKS: 12:11:51</p> <p>21 Q. You've heard reports, Dr. Coleman, of 12:12:01</p> <p>22 multiple teen girls within a so-called friend group 12:12:07</p> <p>23 within a short period of time deciding, each one of 12:12:11</p> <p>24 them, that she's transgender. Correct? You've heard 12:12:14</p> <p>25 those reports? 12:12:17</p>
<p>Page 151</p> <p>1 that that is a possibility and that should be looked 12:08:21</p> <p>2 at in terms of a careful assessment. 12:08:26</p> <p>3 BY MR. BROOKS: 12:08:30</p> <p>4 Q. But my question wasn't about consensus or 12:08:31</p> <p>5 about your respect for Dr. Leibowitz. 12:08:36</p> <p>6 My question was do you agree with him in 12:08:38</p> <p>7 that regard, or do you consider it to be outside your 12:08:41</p> <p>8 expertise? 12:08:46</p> <p>9 MR. LANNIN: Object to the form. 12:08:47</p> <p>10 THE WITNESS: I really think you're forcing 12:09:07</p> <p>11 me into an either/or kind of position. I mean, I 12:09:09</p> <p>12 have expertise in really evaluating, you know, 12:09:14</p> <p>13 people's work and -- and their opinions, and -- and 12:09:18</p> <p>14 so, you know, I -- everything that I've -- that I've 12:09:24</p> <p>15 read, everything that I've listened to, I agree with 12:09:31</p> <p>16 that statement. 12:09:34</p> <p>17 BY MR. BROOKS: 12:09:36</p> <p>18 Q. All right. I don't think I mean to enforce 12:09:38</p> <p>19 an either/or. This is not -- there's nothing I'm 12:09:42</p> <p>20 going to point you to in this email, but it's a 12:09:48</p> <p>21 related question. 12:09:50</p> <p>22 Do you believe that in some cases 12:09:50</p> <p>23 adolescents are attracted to a transgender identity 12:09:55</p> <p>24 because of their own discomfort with or societal 12:10:00</p> <p>25 disapproval of same-sex attractions that they're 12:10:05</p>	<p>Page 153</p> <p>1 MR. LANNIN: Object to the form. 12:12:18</p> <p>2 THE WITNESS: I've heard reports of that, 12:12:19</p> <p>3 yes. 12:12:22</p> <p>4 BY MR. BROOKS: 12:12:23</p> <p>5 Q. How do you explain that phenomena, given 12:12:24</p> <p>6 what you've just testified? 12:12:26</p> <p>7 A. I don't know. They're -- they're -- they're 12:12:28</p> <p>8 an -- they seem to be anecdotal reports, so I don't 12:12:31</p> <p>9 know where it's really coming from, and I don't know 12:12:34</p> <p>10 whether it's true or not. 12:12:37</p> <p>11 MR. BROOKS: Let me ask the reporter to mark 12:12:43</p> <p>12 as Exhibit 13 a document, an email chain, bearing 12:12:45</p> <p>13 Bates numbers BOEAL_WPATH_020387 through 390, headed 12:12:50</p> <p>14 at the top "Update & Further Steps." 12:12:59</p> <p>15 (The document referred to was 12:12:59</p> <p>16 marked as Exhibit 13.) 12:13:20</p> <p>17 BY MR. BROOKS: 12:13:20</p> <p>18 Q. First, Dr. Coleman, at the top, the sender 12:13:21</p> <p>19 and recipients are redacted except for a -- what I 12:13:24</p> <p>20 take it as a -- I'm not technique -- tech savvy. I 12:13:28</p> <p>21 probably won't use the right term -- a list serve or 12:13:33</p> <p>22 a group email name "nonbinary SOC 8." 12:13:38</p> <p>23 Do you see that? 12:13:38</p> <p>24 A. Yes. 12:13:39</p> <p>25 Q. Were there list serves or group emails 12:13:39</p>

CONFIDENTIAL

Page 154	Page 156
<p>1 established for each chapter group? 12:13:45</p> <p>2 A. That is correct. 12:13:46</p> <p>3 Q. And were you as chairman copied on all such 12:13:47</p> <p>4 groups, a member of all such groups? 12:13:51</p> <p>5 A. No. 12:13:53</p> <p>6 Q. So then let me just ask. Will you take a 12:13:54</p> <p>7 look at this and see whether you think that you 12:14:00</p> <p>8 received this back when it was sent in September of 12:14:02</p> <p>9 2021. 12:14:04</p> <p>10 A. Your question is do you think that I 12:14:17</p> <p>11 received this? 12:14:19</p> <p>12 Q. Yes. 12:14:20</p> <p>13 A. I don't know. 12:14:21</p> <p>14 Q. All right. 12:14:22</p> <p>15 A. There was -- you know, the email, the group 12:14:26</p> <p>16 ones, were designed to -- for communication among the 12:14:29</p> <p>17 chapter members. And that was one vehicle that I 12:14:35</p> <p>18 could communicate with all members of a committee 12:14:42</p> <p>19 using that email, but we were not automatically 12:14:44</p> <p>20 copied on all of those e- -- all of those emails. If 12:14:51</p> <p>21 they wanted to communicate to us, they would have 12:14:57</p> <p>22 copied us on those. 12:15:00</p> <p>23 Q. Okay. Then in this email, within the 12:15:02</p> <p>24 nonbinary SOC-8 chapter, and there was indeed -- 12:15:06</p> <p>25 there's a chapter in SOC-8 for the first time dealing 12:15:10</p>	<p>1 position in court? 12:16:57</p> <p>2 MR. LANNIN: Object to the form. 12:16:58</p> <p>3 THE WITNESS: The main thing that I would 12:17:05</p> <p>4 say is that, you know, lots of different people, lots 12:17:13</p> <p>5 of different opinions, and everything was -- was 12:17:16</p> <p>6 listened to. But that was the beauty of our 12:17:24</p> <p>7 methodology, that we had such a rigorous process of, 12:17:29</p> <p>8 you know, checks and balances and so that no one 12:17:36</p> <p>9 individual would be able to dictate, you know, the 12:17:40</p> <p>10 outcome or the -- it would be heard, but that that 12:17:44</p> <p>11 would not be able to be held sway in the process. 12:17:51</p> <p>12 And not only within the committee, but then going to 12:17:59</p> <p>13 the Delphi process involving all committee members 12:18:04</p> <p>14 and then public comment period. 12:18:09</p> <p>15 And so, yeah, I think that some -- some 12:18:11</p> <p>16 individuals might have wanted certain things for 12:18:20</p> <p>17 whatever reasons, but we always stuck to the science, 12:18:24</p> <p>18 and we stuck to a consensus process in arriving at 12:18:29</p> <p>19 the final recommendations. 12:18:35</p> <p>20 BY MR. BROOKS: 12:18:36</p> <p>21 Q. Did you consider it consistent with ethics 12:18:36</p> <p>22 and conflict-of-interest principles for WPATH members 12:18:42</p> <p>23 who were actively serving as expert witnesses in 12:18:49</p> <p>24 ongoing litigation to be permitted to advocate for 12:18:52</p> <p>25 changes to guideline language specifically in order 12:18:56</p>
<p data-bbox="792 1052 873 1073">Page 155</p> <p>1 with nonbinary. Correct? 12:15:13</p> <p>2 A. Yes. 12:15:14</p> <p>3 [REDACTED]</p> <p>4 [REDACTED]</p> <p>5 [REDACTED]</p> <p>6 [REDACTED]</p> <p>7 [REDACTED]</p> <p>8 [REDACTED]</p> <p>9 [REDACTED]</p> <p>10 Q. Okay. Whoever wrote the final email, the 12:15:48</p> <p>11 one at the top, expresses concern about language in 12:15:51</p> <p>12 the draft referring to, quote, "insufficient evidence 12:15:57</p> <p>13 and limited data." And goes on to say: 12:16:00</p> <p>14 "I say this from the 12:16:03</p> <p>15 perspective of current legal 12:16:05</p> <p>16 challenges in the U.S." 12:16:07</p> <p>17 And this author goes on to mention, quote: 12:16:10</p> <p>18 "This is based on two recent 12:16:13</p> <p>19 federal cases in which I'm an 12:16:15</p> <p>20 expert witness," close quote. 12:16:16</p> <p>21 Did you, as chair of the SOC-8 project, 12:16:32</p> <p>22 consider it ethical and consistent with good practice 12:16:37</p> <p>23 for the development of evidence-based guidelines for 12:16:43</p> <p>24 an actively serving expert witness to advocate for 12:16:47</p> <p>25 changes in guideline language to strengthen his 12:16:52</p>	<p data-bbox="1442 1052 1523 1073">Page 157</p> <p>1 to strengthen their arguments in court? 12:19:02</p> <p>2 MR. LANNIN: Object to the form. 12:19:04</p> <p>3 THE WITNESS: I think that it's -- it's -- 12:19:12</p> <p>4 it's good that this individual sort of acknowledges 12:19:14</p> <p>5 their -- why they feel that way, and we could take 12:19:19</p> <p>6 their comments under that kind of consideration. 12:19:25</p> <p>7 But, as I said, I think we really tried to be, you 12:19:29</p> <p>8 know, apolitical, and we really tried to stick to the 12:19:35</p> <p>9 science. 12:19:41</p> <p>10 And -- and one thing that was of a big 12:19:42</p> <p>11 concern is that these guidelines would not be written 12:19:46</p> <p>12 for U.S. courts or U.S. health care systems. Not 12:19:51</p> <p>13 that we weren't aware of that and the implications of 12:19:56</p> <p>14 that, but these were global guidelines. And so we 12:19:59</p> <p>15 continued to really challenge that this is -- this is 12:20:05</p> <p>16 not being, you know, written for a particular 12:20:10</p> <p>17 jurisdiction or insurance company or anything like 12:20:18</p> <p>18 that. We were just really trying to get to the best 12:20:24</p> <p>19 available recommendations -- I mean recommendations 12:20:29</p> <p>20 based on the best available evidence. 12:20:34</p> <p>21 BY MR. BROOKS: 12:20:37</p> <p>22 Q. And my question is not about your goals -- 12:20:37</p> <p>23 A. Yeah. 12:20:40</p> <p>24 Q. -- or about your overall process. 12:20:40</p> <p>25 Did you consider it to be consistent with 12:20:43</p>

CONFIDENTIAL

Page 158	Page 160
1 ethics and conflict-of-interest principles to allow 12:20:45	1 language if it didn't seem to fit this -- you know, 12:23:25
2 WPATH committee members who were then serving as 12:20:50	2 the evidence, the scientific evidence. 12:23:31
3 expert witnesses to advocate for language changes to 12:20:54	3 And so, again, in that checks and balance 12:23:35
4 strengthen their position in court? 12:20:58	4 way with our rigorous, you know, methodology, I think 12:23:38
5 MR. LANNIN: Object to the form. 12:20:59	5 we -- I can't remember anyone -- it -- it -- a 12:23:44
6 THE WITNESS: I think that, again, in 12:21:00	6 recommendation of change of the language might have 12:23:52
7 situations of -- of conflict of interest, that you 12:21:12	7 been made by something like that. But, again, 12:23:54
8 have management strategies and one of the management 12:21:21	8 some -- in so many situations, we said yes, we said 12:23:58
9 strategies is that, again, this person was not 12:21:23	9 no, it was debated, and no one ruled the day. 12:24:02
10 writing one -- it could not be the -- the decision 12:21:27	10 BY MR. BROOKS: 12:24:09
11 maker. 12:21:34	11 Q. Did you ever consider or discuss with 12:24:09
12 So I think it's very good that the -- we 12:21:34	12 anybody issuing an instruction that no one who was 12:24:12
13 were aware of this and -- and, again, would -- would 12:21:41	13 actively serving as an expert witness should sit on a 12:24:17
14 view any of their recommendations in light of their 12:21:43	14 chapter committee that dealt with the subject matter 12:24:22
15 potential conflict of interest. 12:21:48	15 of their then ongoing expert engagement? 12:24:26
16 BY MR. BROOKS: 12:21:50	16 A. That was never a clear requirement. 12:24:29
17 Q. Does that mean it is your view that, yes, it 12:21:50	17 Q. Did you ever consider making that a 12:24:33
18 was consistent with ethical principles and 12:21:53	18 requirement? 12:24:37
19 conflict-of-interest principles to have a committee 12:21:56	19 MR. LANNIN: Object to the form. 12:24:37
20 member who was actively serving as an expert witness 12:21:59	20 THE WITNESS: Not that I recall. 12:24:37
21 advocate for language changes to strengthen his 12:22:02	21 BY MR. BROOKS: 12:24:38
22 position in court? 12:22:05	22 Q. Later in this -- the next paragraph in this 12:24:43
23 MR. LANNIN: Object to the form. 12:22:06	23 document on page 387, the same author says: 12:24:44
24 THE WITNESS: I think -- I think it would be 12:22:07	24 "I'm wondering if we should be 12:24:48
25 ethically justifiable. 12:22:10	25 less specific about listing 12:24:49
Page 159	Page 161
1 BY MR. BROOKS: 12:22:12	1 procedures." 12:24:51
2 Q. And is it your testimony that no language 12:22:12	2 And his point, as he says at the end of that 12:24:52
3 changes were accepted in the course of WPATH drafting 12:22:16	3 paragraph is: 12:24:58
4 at the recommendation of those who were actively 12:22:21	4 "Thinking within the framework 12:24:59
5 serving as expert witnesses on the affected topic? 12:22:24	5 of the current U.S. legal system, 12:25:00
6 MR. LANNIN: Object to the form. 12:22:28	6 if we leave a procedure out, that 12:25:02
7 THE WITNESS: I'm sorry. You're going to 12:22:29	7 may allow insurance companies to 12:25:04
8 have to -- it was a long question. 12:22:34	8 deny coverage." 12:25:06
9 MR. BROOKS: I'll ask the reporter to read 12:22:36	9 Do you see that? It's on the very first 12:25:07
10 it back. 12:22:36	10 page of the document. 12:25:09
11 THE REPORTER: One moment, please. 13:11:09	11 A. Oh, back there. 12:25:10
12 (Record read as follows: 13:11:09	12 Q. It's paragraph numbered 2 of the -- 12:25:11
13 "QUESTION: And is it your 12:22:12	13 A. Okay. Hm. 12:25:16
14 testimony that no language changes 12:22:13	14 Q. And you've -- in your previous answer, 12:25:18
15 were accepted in the course of 12:22:16	15 you've mentioned that you always were guided by the 12:25:25
16 WPATH drafting at the 12:22:19	16 science. 12:25:31
17 recommendation of those who are 12:22:22	17 And my question is, is it your testimony 12:25:31
18 actively serving as expert 12:22:24	18 that in no case in the drafting of SOC-8 was the 12:25:32
19 witnesses on the affected topic?") 12:22:26	19 committee -- did the committee adopt or modify 12:25:39
20 MR. LANNIN: Same objection. 12:22:56	20 language for the purpose of increasing the chances of 12:25:44
21 THE WITNESS: I certainly don't recall a 12:22:57	21 being able to obtain insurance coverage? 12:25:52
22 situation where someone like this that we change 12:23:02	22 MR. LANNIN: Object to the form. 12:25:55
23 lang- -- we could only change language as if it was a 12:23:07	23 THE WITNESS: I don't know if I've said this 12:25:58
24 consensus of the -- the -- the chapter. And -- and 12:23:11	24 before, but, again, the -- the language and the 12:26:06
25 also, as chairs, we also could challenge some of the 12:23:19	25 recommendations needed to be supported by the 12:26:18

CONFIDENTIAL

Page 162	Page 164
1 evidence. 12:26:21	1 A. Yes. 12:30:19
2 In some cases, people challenged the way 12:26:24	2 MR. BROOKS: I'm going for the record, while 12:30:38
3 that we wrote things may not have been as clear and 12:26:28	3 it doesn't show up on the copies, the document does 12:30:40
4 may have suggested language that might better express 12:26:37	4 have a Bates number, and let me put that in the 12:30:43
5 the -- the meaning that was intended and that could 12:26:47	5 record. BOEAL_WPATH_109285 through 297. 12:30:47
6 be understood by practitioners, could be understood 12:26:52	6 And I apologize that just happens sometimes 12:30:53
7 by legal experts, because we were certainly aware 12:26:58	7 in photocopying. So we'll find our way through it 12:30:56
8 that these standards were being used in different 12:27:02	8 without that. 12:31:01
9 court proceedings. 12:27:07	9 BY MR. BROOKS: 12:31:01
10 So we paid attention to language that -- 12:27:08	10 Q. Let me ask you to turn to the fourth page of 12:31:29
11 that clearly reflected what we meant by what we said. 12:27:16	11 the document. And, I apologize, I think you've told 12:31:34
12 And so that was the main objective, is to make things 12:27:23	12 me and I've forgotten. What position did Dr. Karasic 12:31:43
13 clear, as clear as possible. 12:27:31	13 have in this process? 12:31:47
14 BY MR. BROOKS: 12:27:35	14 A. He was the chair of the mental health 12:31:48
15 Q. Dr. Coleman, is it your testimony that in no 12:27:36	15 chapter. 12:31:51
16 case was SOC-8 language drafted specifically with a 12:27:40	16 Q. So he writes an email on August 27th that to 12:31:51
17 view towards improving the chances of obtaining 12:27:45	17 folks, including you, the others are redacted, quote: 12:32:00
18 insurance coverage? 12:27:49	18 "On a related note, medical 12:32:04
19 MR. LANNIN: Object to the form. 12:27:51	19 necessity for youth care - puberty 12:32:06
20 THE WITNESS: I -- I can't recall where we 12:28:07	20 blockers and chest surgery for 12:32:09
21 wrote something simply based on trying to get 12:28:10	21 transmasculine youth - is often 12:32:12
22 insurance coverage. 12:28:13	22 challenged by U.S. insurance 12:32:13
23 BY MR. BROOKS: 12:28:15	23 companies. I wonder whether, 12:32:15
24 Q. Do you know who Chase Strangio is? 12:28:16	24 redacted, and the adolescent 12:32:19
25 A. Who? 12:28:18	25 committee might consider adding a 12:32:20
Page 163	Page 165
1 Q. Chase Strangio? 12:28:19	1 medical necessity statement for 12:32:22
2 A. No. 12:28:20	2 care of minors?" 12:32:24
3 Q. Or Strangio? 12:28:21	3 Do you see that language? 12:32:27
4 A. No. 12:28:22	4 A. Yes. 12:32:27
5 Q. You don't know that name? 12:28:22	5 Q. And do you believe that you received this 12:32:28
6 A. No. 12:28:23	6 about -- 12:32:31
7 Q. Okay. 12:28:23	7 A. Yes. 12:32:32
8 MR. BROOKS: Shall we break for lunch? Do 12:28:27	8 Q. -- at the time indicated? 12:32:32
9 you want to go longer? I can always flip tabs. 12:28:28	9 And here, Dr. Karasic requests that a 12:32:34
10 MR. LANNIN: Do you want to call it or go 12:28:33	10 medical necessity statement relating to both hormones 12:32:41
11 another ten? Up to you. 12:28:36	11 and surgery on minors be added to SOC-8 for the 12:32:48
12 THE WITNESS: Let's go another ten. 12:28:36	12 express purpose of increasing the chances of getting 12:32:51
13 MR. BROOKS: All right. 12:28:37	13 reinsurance -- insurance reimbursement. 12:32:58
14 Let me ask the reporter to mark as 12:29:07	14 Am I Correct? 12:33:01
15 Exhibit 14 an email chain recently produced without 12:29:09	15 MR. LANNIN: Object to the form. 12:33:02
16 Bates numbers headed "Please Review - SOC8 Updates - 12:29:14	16 THE WITNESS: I'm sorry, what is the 12:33:10
17 Timeline, chapter Tracking Sheet," the final email 12:29:21	17 question? 12:33:25
18 being from Dan Karasic to Dr. Coleman, dated 12:29:26	18 BY MR. BROOKS: 12:33:25
19 August 28, 2021. 12:29:30	19 Q. I'm going to ask you to read it back.
20 (The document referred to was 12:29:30	20 THE REPORTER: "And here, Dr. Karasic
21 marked as Exhibit 14.) 12:29:30	21 requests that a mindful necessity statement relating
22 BY MR. BROOKS: 12:29:30	22 to" --
23 Q. And first, Dr. Coleman, let me ask you to 12:30:11	23 MR. BROOKS: All right. I'll start again.
24 look at this and tell me whether this indeed appears 12:30:13	24 THE REPORTER: Yeah, I said, "check
25 to be an email chain in which you were a participant. 12:30:16	25 document." Thank you.

CONFIDENTIAL

Page 166	Page 168
<p>1 BY MR. BROOKS:</p> <p>2 Q. Here, Dr. Karasic specifically requests that 12:33:28</p> <p>3 SOC-8 add a medical necessity statement relating to 12:33:35</p> <p>4 both hormonal and surgical procedures on minors for 12:33:40</p> <p>5 the express purpose of improving the odds of getting 12:33:45</p> <p>6 insurance reimbursement. Correct? 12:33:49</p> <p>7 MR. LANNIN: Object to the form. 12:33:51</p> <p>8 THE WITNESS: Yes. 12:33:52</p> <p>9 BY MR. BROOKS: 12:33:52</p> <p>10 Q. And what -- does WPATH have a definition of 12:33:53</p> <p>11 the term "medically necessary"? 12:34:07</p> <p>12 A. No. 12:34:10</p> <p>13 Q. What do you understand personally to be 12:34:10</p> <p>14 meant by "medically necessary"? 12:34:14</p> <p>15 A. You know, I don't know who invented the 12:34:16</p> <p>16 term, but it seems it's a term that is -- is used a 12:34:22</p> <p>17 lot by insurance companies here in the U.S. to 12:34:28</p> <p>18 distinguish what is really kind of optional, 12:34:34</p> <p>19 cosmetic, versus that there is a clear clinical 12:34:40</p> <p>20 entity, and this is designed to alleviate that 12:34:51</p> <p>21 problem. 12:34:54</p> <p>22 And that, thus, when you can demonstrate 12:34:57</p> <p>23 that it is meeting that kind of criteria, they're 12:35:00</p> <p>24 willing to cover that. But if you want, you know, 12:35:05</p> <p>25 this or that and there's no clear indication for why 12:35:09</p>	<p>1 to distinguish between cosmetic procedures versus 12:37:06</p> <p>2 medically neces- -- necessary, and we wanted to make 12:37:09</p> <p>3 it very clear which of those -- those procedures 12:37:14</p> <p>4 were -- met that criteria being medically necessary 12:37:23</p> <p>5 rather than cosmetic. 12:37:26</p> <p>6 Q. From the point of view of physicians and 12:37:28</p> <p>7 mental health practitioners, the SOC-8 team never 12:37:32</p> <p>8 devised, articulated a definition of medically 12:37:41</p> <p>9 neces- -- "medical necessity." Am I correct? 12:37:45</p> <p>10 MR. LANNIN: Object to the form. 12:37:47</p> <p>11 THE WITNESS: No. We developed a policy 12:37:50</p> <p>12 statement to -- or a statement that it is important 12:37:56</p> <p>13 to recognize that gender dysphoria is a clinical 12:38:05</p> <p>14 condition and is deserving of medical health care 12:38:10</p> <p>15 intervention, and that it was not some sort of 12:38:18</p> <p>16 cosmetic procedure but really procedures that were 12:38:22</p> <p>17 designed to alleviate that particular condition. 12:38:28</p> <p>18 MR. BROOKS: How long do want you to go? 12:38:51</p> <p>19 MR. LANNIN: We can call it now if you like. 12:38:53</p> <p>20 Take lunch? 12:38:54</p> <p>21 MR. BROOKS: That's probably a good 12:38:54</p> <p>22 breakpoint, otherwise it's going to run past one 12:38:56</p> <p>23 before we hit another breaking point. 12:38:59</p> <p>24 MR. LANNIN: Oh, yeah. 12:39:02</p> <p>25 THE WITNESS: Yeah. 12:39:02</p>
Page 167	Page 169
<p>1 that is, the insurance company is not going to cover 12:35:15</p> <p>2 it. 12:35:20</p> <p>3 Q. Well, you -- your team was not drafting as 12:35:20</p> <p>4 experts in insurance law, were they? 12:35:25</p> <p>5 MR. LANNIN: Object to the form. 12:35:26</p> <p>6 THE WITNESS: No. 12:35:27</p> <p>7 BY MR. BROOKS: 12:35:28</p> <p>8 Q. You were trying to make scientific 12:35:29</p> <p>9 statements? 12:35:33</p> <p>10 A. Yes. 12:35:33</p> <p>11 MR. LANNIN: Same objections. 12:35:34</p> <p>12 BY MR. BROOKS: 12:35:35</p> <p>13 Q. And, in your understanding as chair of the 12:35:35</p> <p>14 SOC-8 project, what was the scientific definition of 12:35:38</p> <p>15 "medically necessary" when you put in SOC-8 that a 12:35:42</p> <p>16 certain procedure or treatment was, quote, "medically 12:35:46</p> <p>17 necessary"? 12:35:49</p> <p>18 A. We were simply using the -- the definition 12:35:57</p> <p>19 or the common use of the term "medically necessary." 12:35:59</p> <p>20 And to -- to recognize that gender dysphoria was a 12:36:07</p> <p>21 known clinical entity and that it was deserving of 12:36:25</p> <p>22 necessary medical intervention or psychological 12:36:31</p> <p>23 intervention to alleviate that disorder. 12:36:38</p> <p>24 I think that we were aware that some -- you 12:36:46</p> <p>25 know, to distinguish things -- it was very important 12:37:01</p>	<p>1 THE VIDEOGRAPHER: All right. The time is 12:39:02</p> <p>2 12:39 p.m., and we are now off the record. 12:39:04</p> <p>3 (Whereupon at 12:39 p.m., the</p> <p>4 videotaped deposition of ELI</p> <p>5 COLEMAN, PH.D., was adjourned for</p> <p>6 noon recess.)</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>23</p> <p>24</p> <p>25</p>

CONFIDENTIAL

Page 170	Page 172
1 (Whereupon, at 1:35 P.M., the	1 quote: 13:38:03
2 videotaped deposition of ELI	2 "This identity-based definition 13:38:03
3 COLEMAN, PH.D., was reconvened.)	3 for those who embrace the term 13:38:06
4	4 'eunuch' does not include others, 13:38:08
5 THE VIDEOGRAPHER: The time is 1:35 p.m., 13:35:01	5 such as men who have been treated 13:38:10
6 and we are now back on the record. 13:35:28	6 for advanced prostate cancer and 13:38:11
7 13:35:28	7 reject the designation of eunuch." 13:38:14
8 EXAMINATION (CONTINUED) 13:35:28	8 Correct me if I'm wrong, when I look at 13:38:18
9 13:35:28	9 these two sentences, it seems to me that the 13:38:20
10 MR. BROOKS: I'm going to ask the reporter 13:35:32	10 definition of this identity-based -- what's referred 13:38:23
11 to mark as Exhibit 15 Chapter 9 of SOC-8. 13:35:34	11 to as identity-based definition turns on nothing more 13:38:26
12 (The document referred to was 13:35:34	12 nor less than those who wish to use the term found in 13:38:32
13 marked as Exhibit 15.) 13:35:34	13 the guideline to eliminate masculine genitals, along 13:38:39
14 BY MR. BROOKS: 13:35:34	14 perhaps with other masculine features. 13:38:44
15 Q. And, Dr. Coleman, before we broke, we were 13:35:50	15 Is that correct? 13:38:47
16 talking about medical necessity and scientific basis. 13:35:51	16 MR. LANNIN: Object to the form. 13:38:47
17 And I've handed you Chapter 9 of the SOC-8 which is 13:35:58	17 THE WITNESS: Yes. 13:38:49
18 the chapter entitled "Eunuchs." 13:36:03	18 BY MR. BROOKS: 13:38:50
19 Do you see that? 13:36:07	19 Q. And there is no medical test, no DSM 13:38:50
20 A. Yes. 13:36:07	20 diagnostic criteria to determine who is or is not a 13:38:56
21 Q. And am I correct that SOC-9 was the -- 13:36:07	21 eunuch, according to this WPATH definition. Correct? 13:39:00
22 SOC-8, pardon me, was the first version of the WPATH 13:36:10	22 MR. LANNIN: Object to the form. 13:39:05
23 SOC-8 that included any discussion of eunuchs? 13:36:14	23 THE WITNESS: No, we defined it here. But 13:39:07
24 A. That's correct. 13:36:18	24 this is not a recognized particular classification 13:39:10
25 Q. And am I correct that, for this to be 13:36:19	25 in -- in either the DSM or ICD. 13:39:18
Page 171	Page 173
1 finalized and approved, your vetting and approval was 13:36:28	1 BY MR. BROOKS: 13:39:22
2 part of that process? 13:36:34	2 Q. It's not a medical malady. Correct? 13:39:23
3 A. Yes. 13:36:35	3 A. It is -- again, there -- there's always a 13:39:28
4 Q. Who first suggested adding a chapter on 13:36:41	4 category of, you know, not otherwise specified 13:39:31
5 eunuchs and for what reasons? 13:36:45	5 variations of gender identity disorders. And so 13:39:38
6 A. I think it was first suggested when we 13:36:48	6 this -- this would fall under, you know, some subset 13:39:43
7 were -- I don't know if we had concluded SOC-7, but I 13:36:53	7 of a particular kind of syndrome that is not -- you 13:39:50
8 think there was immediately some -- some urging to 13:37:00	8 know, there's not necessarily that many of them to -- 13:39:55
9 consider addressing the issue of eunuchs in the next 13:37:10	9 and so it's not as clearly -- clearly defined or 13:40:00
10 revision of SOC-8. 13:37:17	10 clearly researched. 13:40:08
11 Q. Let me ask you to look at the beginning of 13:37:29	11 Q. You were referring to language in the DSM. 13:40:09
12 the chapter, which I've included the table of 13:37:32	12 Am I correct? 13:40:09
13 contents and whatnot, but it looks like you found 13:37:36	13 A. Yes. 13:40:13
14 that. 13:37:37	14 Q. Which is diagnostic manual for mental health 13:40:13
15 The second paragraph of -- at the beginning 13:37:38	15 disorders. Right? 13:40:18
16 of the chapter begins with the definition of "eunuch" 13:37:40	16 A. That's correct. 13:40:19
17 as follows, quote: 13:37:46	17 Q. The status of eunuch is not a -- is not 13:40:20
18 "Eunuch individuals are those 13:37:47	18 characterized by any physical illness of the body, is 13:40:25
19 assigned male at birth and wish to 13:37:48	19 it? 13:40:30
20 eliminate masculine physical 13:37:53	20 A. No. 13:40:31
21 features, masculine genitals, or 13:37:53	21 Q. And nor is it, I think you've said, defined 13:40:31
22 genital functioning." 13:37:55	22 by any set of established mental health criteria? 13:40:36
23 Do you see that? 13:37:57	23 MR. LANNIN: Object to the form. 13:40:45
24 A. Yes. 13:37:58	24 THE WITNESS: Not in any of those 13:40:46
25 Q. And it goes on a few lines down to say, 13:37:59	25 classification systems, no. 13:40:52

CONFIDENTIAL

Page 174	Page 176
1 BY MR. BROOKS: 13:40:53	1 be the same for anyone with any kind of gender 13:44:09
2 Q. It goes on in the third paragraph to read: 13:40:56	2 identity concern. 13:44:12
3 "As with other gender diverse 13:41:01	3 BY MR. BROOKS: 13:44:14
4 individuals, eunuchs may also seek 13:41:03	4 Q. You talked earlier about limiting your 13:44:15
5 castration to better align their 13:41:06	5 recommendations to those that are supported by 13:44:17
6 bodies with their gender identity. 13:41:07	6 scientific evidence. 13:44:20
7 As such, eunuch individuals are 13:41:09	7 A. Hm-hm. 13:44:21
8 gender non-conforming individuals 13:41:13	8 Q. Are you aware of any study that has 13:44:22
9 who have needs requiring medically 13:41:14	9 determined that those who seek castration because 13:44:26
10 necessary care." 13:41:17	10 they qualify as eunuchs, according to this 13:44:30
11 Do you see that language? 13:41:18	11 definition, will in fact be happier in the long run 13:44:32
12 A. Yes. 13:41:19	12 if they're castrated? 13:44:37
13 Q. And we have -- we, WPATH has earlier defined 13:41:21	13 A. Yes, there's been research -- 13:44:38
14 eunuchs as those who wish to eliminate masculine 13:41:25	14 Q. What -- 13:44:43
15 features, including genitals. And am I correct that 13:41:30	15 A. -- demonstrating that. 13:44:43
16 the WPATH official position, as stated in Chapter 9 13:41:36	16 Q. What -- what study do you have in mind in 13:44:44
17 here, is that if a male wishes to eliminate his male 13:41:39	17 that answer? 13:44:45
18 genitals and seeks castration, then castration is 13:41:45	18 A. I don't -- I can't recall the particular 13:44:46
19 medically necessary care? 13:41:49	19 study that is demonstrated, but the studies that have 13:44:49
20 MR. LANNIN: Object to the form. 13:41:51	20 been done are referenced in this chapter. 13:44:56
21 THE WITNESS: It can be, if they meet the 13:41:51	21 Q. In -- on page 89 in the first column, it 13:44:59
22 diagnostic criteria and have been carefully evaluated 13:41:56	22 reads, quote: 13:45:09
23 and this is clearly distressing for them. And -- and 13:42:02	23 "Some other eunuch individuals 13:45:11
24 so then that can be -- that is considered, again, a 13:42:13	24 feel acute discomfort with their 13:45:14
25 medically necessary treatment. 13:42:24	25 male genitals and need to have them 13:45:16
Page 175	Page 177
1 BY MR. BROOKS: 13:42:26	1 removed to feel comfortable in 13:45:18
2 Q. You said if they meet the diagnostic 13:42:26	2 their bodies." 13:45:19
3 criteria. I earlier read the definition of "eunuch." 13:42:28	3 Do you see that language? 13:45:21
4 What criteria do you have in mind when you 13:42:37	4 A. Yes. 13:45:21
5 gave that answer? 13:42:39	5 Q. Am I correct that WPATH is, in this 13:45:23
6 MR. LANNIN: Object to the form. 13:42:42	6 document, declaring it to be medically necessary to 13:45:28
7 THE WITNESS: People that have this 13:42:49	7 castrate physically healthy mental -- men if they 13:45:33
8 persistent desire, similar to people who have a 13:42:51	8 wish to eliminate male genitals so that they can feel 13:45:37
9 persistent and distressing desire to go through 13:42:56	9 comfortable in their bodies? 13:45:41
10 gender-affirmation surgery. So, in many ways, they 13:43:06	10 MR. LANNIN: Object to the form. 13:45:42
11 are -- they are similar in that -- that persistent 13:43:09	11 THE WITNESS: I think your use of "wish" and 13:45:44
12 desire and having those particular, you know, body 13:43:14	12 even our language there is -- could be easily 13:45:50
13 parts is really quite distressing. 13:43:20	13 misconstrued. 13:45:56
14 BY MR. BROOKS: 13:43:23	14 This is a very strong desire on the part of 13:45:57
15 Q. Do you believe that anywhere in Chapter 9 13:43:24	15 these individuals. There is -- these people go to 13:46:02
16 there's a discussion of persistent desire? 13:43:25	16 quite serious lengths to self-castrate themselves or 13:46:08
17 A. I -- it's clearly in the -- they'd have to 13:43:29	17 to go to people who will perform this that are not 13:46:17
18 meet the criteria in the assessment chapter which is 13:43:35	18 even qualified to -- to do these procedures. 13:46:25
19 "persistent." 13:43:40	19 And, clearly, the intent of this chapter is 13:46:29
20 Q. And the assessment chapter specifically 13:43:42	20 to outline some guidelines of how to manage these 13:46:33
21 discusses eunuchs? 13:43:49	21 individuals that heretofore have really been 13:46:40
22 MR. LANNIN: Object to the form. 13:43:50	22 neglected and -- by the medical system. 13:46:44
23 THE WITNESS: Either -- in the eunuch 13:43:56	23 And so we wanted to really try to address 13:46:50
24 chapter, there is reference to, again, needing to go 13:43:57	24 this particular population, and -- and we ended up 13:46:58
25 through these assessment procedures, and those would 13:44:01	25 recommending that, again, they should follow the 13:47:07

CONFIDENTIAL

Page 178	Page 180
1 kinds of assessments that are -- are recommended for 13:47:11	1 guidelines so that they could get the best available 13:50:50
2 any -- any case of gender identity concerns. 13:47:17	2 professional care rather than resorting to 13:50:56
3 BY MR. BROOKS: 13:47:21	3 self-castration or going to people who will perform 13:51:01
4 Q. Well, Dr. Coleman, you'll agree that the 13:47:21	4 those procedures upon them. 13:51:07
5 word "wish" is not one that I've introduced into the 13:47:23	5 BY MR. BROOKS: 13:51:08
6 conversation, but rather your chapter committee 13:47:26	6 Q. Are you aware of any information as to what 13:51:08
7 defined "eunuchs" as those who wish to eliminate 13:47:31	7 proportion of men who experience a strong wish to be 13:51:12
8 masculine physical features at the very head of this 13:47:36	8 castrated actually follow through and engage in some 13:51:16
9 chapter. Correct? 13:47:40	9 form of self-castration? 13:51:22
10 A. That is correct. 13:47:41	10 A. Not exactly, but, based upon the -- on the 13:51:24
11 Q. And at the very bottom of the second column 13:47:41	11 research or surveys of these individuals, it's a -- 13:51:27
12 of page 88, your committee chapter, again, in 13:47:44	12 they commonly report that they have made those 13:51:32
13 describing eunuchs, described them as people who wish 13:47:52	13 attempts. 13:51:35
14 for a body that is compatible with their eunuch 13:47:54	14 Q. And let me ask you to turn to page S90. 13:51:36
15 identity. Correct? 13:47:57	15 And this first full paragraph begins about 13:51:59
16 A. Yes. 13:47:58	16 an inch -- inch-and-a-half down the page, begins: 13:52:02
17 Q. Now, speaking of science, are you aware of 13:47:58	17 "The large literature on 13:52:06
18 data as to how many men in America qualify as 13:48:05	18 prostate cancer patients who have 13:52:08
19 eunuchs, according to the WPATH definition? 13:48:15	19 been medically or surgically 13:52:10
20 A. How many what? I'm sorry. 13:48:20	20 castrated provides information on 13:52:12
21 Q. Men in America. 13:48:21	21 some of the effects of 13:52:14
22 A. No, we have -- we don't have an exact -- we 13:48:23	22 post-pubertal castration, such as 13:52:16
23 don't have that data. 13:48:29	23 potential osteoporosis, depression, 13:52:18
24 Q. And do you have any information at all as to 13:48:30	24 or metabolic syndrome," close 13:52:22
25 how many men actually engage in either physical or 13:48:34	25 quote. 13:52:26
Page 179	Page 181
1 chemical self-castration each year? 13:48:39	1 Do you see that? 13:52:26
2 A. No. 13:48:39	2 A. Yes. 13:52:26
3 Q. Nor do you have any data as to how many men 13:48:47	3 Q. So you agree with me, I take it, that WPATH 13:52:26
4 have castrations performed by what WPATH considers to 13:48:51	4 is and was, when this chapter was prepared, aware of 13:52:29
5 be unqualified practitioners, do you? 13:48:57	5 a -- what's referred to as a large body of literature 13:52:31
6 MR. LANNIN: Object to the form. 13:49:00	6 about negative bodily and mental health impacts from 13:52:36
7 THE WITNESS: What we know, based upon the 13:49:02	7 castration of adult men. Correct? 13:52:41
8 literature that it has, is that this is an unusual 13:49:04	8 MR. LANNIN: Object to the form. 13:52:44
9 manifestation, clinical manifestation. And so while 13:49:12	9 THE WITNESS: I don't know that -- certainly 13:52:51
10 we don't have any clear estimate of what this 13:49:18	10 aware of the -- the literature on -- on castration of 13:52:52
11 population is, we have concern that many of these 13:49:23	11 prostate cancer patients and some of the negative 13:53:03
12 individuals are -- have -- who have -- and it's 13:49:32	12 effects as well as some of the positive effects. 13:53:10
13 described in the literature -- who have sought 13:49:36	13 Obviously, the reduction of -- of -- increasing the 13:53:13
14 medical interventions have not been felt like 13:49:39	14 negative effects of the cancer. 13:53:21
15 they've -- their concerns have really been heard or 13:49:48	15 MR. BROOKS: Let me ask the reporter to read 13:53:23
16 validated. 13:49:51	16 back my question. 13:53:23
17 And so there's been a reluctance of these 13:49:53	17 THE WITNESS: Yeah. 13:53:23
18 individuals to seek proper medical evaluation or 13:49:59	18 THE REPORTER: One moment, please. 13:11:09
19 consideration for medical treatments or psychological 13:50:07	19 (Record read as follows: 13:11:09
20 treatments. And even though this is a -- probably a 13:50:13	20 "QUESTION: So you agree with 13:52:27
21 small population, there's enough evidence that 13:50:20	21 me, I take it, that WPATH is and 13:52:27
22 there's quite a few of these individuals that -- that 13:50:25	22 was, when this chapter was 13:52:29
23 we feel that really we should make it aware that 13:50:31	23 prepared, aware of a -- what's 13:52:31
24 these people can get some help and assess -- 13:50:38	24 referred to as a large body of 13:52:34
25 assessment and -- and that we would provide 13:50:44	25 literature about negative bodily 13:52:35

CONFIDENTIAL

Page 182			Page 184		
1	and mental health impacts from	13:52:38	1	MR. LANNIN: Object to the form.	13:56:24
2	castration of adult men.	13:52:41	2	THE WITNESS: I think that we have learned	13:56:24
3	Correct?")	13:52:43	3	and understood that depression is -- is oftentimes	13:56:26
4	THE WITNESS: Yes.	13:53:48	4	biologically based and --	13:56:33
5	MR. LANNIN: Same objection.	13:53:48	5	BY MR. BROOKS:	13:56:37
6	BY MR. BROOKS:	13:53:49	6	Q. Okay.	13:56:38
7	Q. And one of those is osteoporosis, that is,	13:53:53	7	A. -- is not simply in the mind --	13:56:38
8	weakening of bone strength. Correct?	13:53:59	8	Q. Fair enough.	13:56:40
9	A. One of those is potential osteoporosis.	13:54:01	9	A. -- in the thought.	13:56:41
10	Q. And as a -- one would expect the same effect	13:54:06	10	Q. Fair enough.	13:56:42
11	on boys who are chemically castrated as a treatment	13:54:10	11	The sentence that I read continues to say:	13:56:45
12	for puberty -- for gender dysphoria. Correct?	13:54:15	12	"But voluntary eunuchs may	13:56:51
13	MR. LANNIN: Object to the form.	13:54:26	13	interpret the results very	13:56:53
14	THE WITNESS: I think that we're describing	13:54:31	14	differently from those castrated	13:56:54
15	here that these are some of the potential negative	13:54:33	15	for medical reasons."	13:56:55
16	side effects that have to be weighed in terms of the	13:54:40	16	Do you see that language?	13:56:56
17	potential positive effects of this procedure.	13:54:43	17	A. Yes.	13:56:56
18	BY MR. BROOKS:	13:54:47	18	Q. So WPATH is here drawing a line between	13:57:07
19	Q. I understand. And my question was, it is --	13:54:47	19	those who are castrated for medical reasons, on the	13:57:10
20	if this is a potential negative effect for men who	13:54:51	20	one hand, and those who are castrated to conform	13:57:13
21	are castrated, you would agree, would you not, that	13:54:55	21	their bodies to a eunuch identity, on the other hand.	13:57:17
22	osteoporosis also has to be weighed as a potential	13:54:57	22	Correct?	13:57:20
23	negative effect for boys who are chemically castrated	13:55:00	23	MR. LANNIN: Object to the form.	13:57:20
24	as a treatment for gender dysphoria?	13:55:05	24	THE WITNESS: I'm not sure I understand	13:57:25
25	MR. LANNIN: Object to the form.	13:55:07	25	that. We were trying to make the distinction that	13:57:27
Page 183			Page 185		
1	THE WITNESS: That is a potential impact and	13:55:09	1	many of the eunuchs that go through, this while there	13:57:34
2	has to be weighed and -- and certainly monitored.	13:55:13	2	may be some potential of some of these negative side	13:57:38
3	BY MR. BROOKS:	13:55:17	3	effects, one, those oftentimes can be managed, but	13:57:45
4	Q. What is metabolic syndrome, if you know?	13:55:18	4	the -- the relief that they feel oftentimes outweighs	13:57:51
5	A. Metabolic syndrome is a combination of -- of	13:55:21	5	any negative feelings about the negative side	13:57:59
6	high sugar, high blood pressure, weight. And so	13:55:27	6	effects.	13:58:02
7	it's -- it's a -- it's an overall syndrome that kind	13:55:33	7	BY MR. BROOKS:	13:58:02
8	of combines a number of medical conditions.	13:55:39	8	Q. Well, certainly whether the castration	13:58:03
9	Q. And am I correct that metabolic syndrome is	13:55:41	9	causes osteoporosis or not doesn't depend on how a	13:58:06
10	known to increase the risk of heart disease and	13:55:45	10	eunuch interprets things, does it?	13:58:10
11	stroke?	13:55:47	11	MR. LANNIN: Object to the form.	13:58:13
12	A. That is my understanding.	13:55:48	12	THE WITNESS: I'm not sure I understand	13:58:17
13	Q. As well as of Type 2 diabetes?	13:55:49	13	that.	13:58:18
14	A. Yeah.	13:55:52	14	BY MR. BROOKS:	13:58:19
15	Q. And, similarly, if that is a potential	13:55:54	15	Q. Well, the statement here says voluntary	13:58:19
16	negative effect of castration of adult men, you would	13:55:56	16	eunuchs following -- pardon me -- following on the	13:58:21
17	have to expect that to be a potential negative effect	13:55:59	17	list of potential negative effects, the statement	13:58:25
18	of chemical castration of boys as well, would you	13:56:03	18	here in SOC-8 says:	13:58:29
19	not?	13:56:06	19	"But voluntary eunuchs may	13:58:31
20	MR. LANNIN: Object to the form.	13:56:07	20	interpret the results very	13:58:33
21	THE WITNESS: That potential exists.	13:56:08	21	differently from those castrated	13:58:34
22	BY MR. BROOKS:	13:56:17	22	for medical reasons."	13:58:36
23	Q. And then there's depression, which, unlike	13:56:17	23	And my question is, how a eunuch interprets	13:58:37
24	the other two, is strictly a mental health condition.	13:56:19	24	the castration you would not expect to have any	13:58:42
25	Correct?	13:56:22	25	effect one way or the other as to whether that	13:58:46

CONFIDENTIAL

Page 186	Page 188
1 castration causes osteoporosis, would you? 13:58:49	1 osteoporosis on a male does not 14:00:49
2 A. I mean, the main distinction we're talking 13:58:52	2 turn in any degree on whether that 14:00:53
3 about here is that the -- the eunuch welcomes this 13:58:54	3 individual welcomes or regrets the 14:00:54
4 castration. A prostate cancer patient is not so 13:59:00	4 procedure, does it?") 14:00:57
5 happy about losing what they perceive as a masculine 13:59:05	5 THE WITNESS: I would not agree with that 14:01:26
6 attribute, just as a woman going through a mastectomy 13:59:12	6 statement. I'm not even sure what it means. 14:01:28
7 as a result of breast cancer. And -- and, yet, a 13:59:17	7 BY MR. BROOKS: 14:01:30
8 transgender person that is dysphoric about their 13:59:24	8 Q. And whether castration will inflict 14:01:32
9 breasts welcomes that. So they interpret that 13:59:28	9 metabolic syndrome on a male doesn't turn in any 14:01:36
10 procedure very differently. 13:59:33	10 extent on whether that male welcomes or regrets the 14:01:41
11 Q. Dr. Coleman, the paragraph that I've called 13:59:36	11 castration, does it? 14:01:46
12 your attention to is discussing negative effects. 13:59:37	12 MR. LANNIN: Object to the form. 14:01:47
13 A. Uh-huh. 13:59:41	13 THE WITNESS: What's being said here and 14:01:49
14 Q. And whether or not the eunuch welcomes the 13:59:41	14 what I'm trying to say is that the eunuch would 14:01:59
15 surgery has no effect on the risk that that surgery 13:59:45	15 perceive the procedure or any potential negative 14:02:03
16 will inflict osteoporosis on that individual, does 13:59:49	16 effects differently than a prostate cancer patient. 14:02:09
17 it? 13:59:53	17 BY MR. BROOKS: 14:02:15
18 MR. LANNIN: Object to the form. 13:59:53	18 Q. I know what you're trying to say, but you 14:02:15
19 THE WITNESS: I think I explained this just 13:59:54	19 have an obligation to answer the question that I ask, 14:02:16
20 before too. Not only do they experience the 13:59:58	20 and that's not the question I asked. 14:02:18
21 procedure of castration differently, but they would 14:00:01	21 A. Well -- 14:02:18
22 interpret or perceive any potential side effects the 14:00:07	22 Q. Would you like to hear it one more time? 14:02:21
23 positive, while the prostate cancer patient may be 14:00:13	23 A. You can ask it again, but I'm trying to 14:02:23
24 concerned about some -- any potential negative side 14:00:19	24 answer it to the best of my ability. 14:02:26
25 effect. The eunuch, the overriding thing is that 14:00:26	25 Q. No, you're talking about what you want to 14:02:27
Page 187	Page 189
1 they are extremely relieved that they do not have to 14:00:28	1 talk about. I'd like you to answer my question. 14:02:29
2 deal with what has been castrated. 14:00:33	2 MR. LANNIN: Counsel, you're badgering the 14:02:31
3 BY MR. BROOKS: 14:00:37	3 witness. He's trying to answer your question. 14:02:32
4 Q. Are you unable to answer my question? 14:00:37	4 MR. BROOKS: No, the witness is not trying 14:02:33
5 A. I'm trying my best to answer it. 14:00:40	5 to answer my question. The witness is trying to 14:02:34
6 Q. Let me ask it once more. 14:00:41	6 evade my question. 14:02:36
7 A. Okay. 14:00:43	7 BY MR. BROOKS: 14:02:36
8 Q. Whether a castration does or does not 14:00:44	8 Q. Dr. Coleman, you would agree with me, would 14:02:39
9 inflict osteoporosis on a male does not turn in any 14:00:48	9 you not, that whether castration will inflict 14:02:41
10 degree on whether that individual welcomes or regrets 14:00:54	10 metabolic syndrome on a patient does not depend on 14:02:46
11 the procedure, does it? 14:00:57	11 whether the patient desires the castration or not. 14:02:48
12 A. I don't know. 14:00:58	12 MR. LANNIN: Object to the form. 14:02:53
13 MR. LANNIN: Object to the form. 14:00:59	13 You can answer if you understand. 14:02:55
14 THE WITNESS: That's your statement, not 14:01:00	14 THE WITNESS: I don't understand. 14:03:03
15 mine. 14:01:01	15 BY MR. BROOKS: 14:03:04
16 BY MR. BROOKS: 14:01:01	16 Q. Well, maybe you'll understand it better in 14:03:05
17 Q. It is my statement. And my question is do 14:01:02	17 court. 14:03:06
18 you believe that to be a true statement? 14:01:04	18 Now, the statement that the eunuch may 14:03:14
19 Let me ask the reporter to read it back. 14:01:08	19 interpret the results very differently cites no 14:03:16
20 THE REPORTER: One moment, please. Just 14:01:08	20 science. Is there any scientific evidence that 14:03:21
21 your -- 14:01:08	21 you're aware of as to how a eunuch who has been 14:03:26
22 MR. BROOKS: My question. 13:11:09	22 castrated will evaluate or interpret osteoporosis, 14:03:32
23 (Record read as follows: 13:11:09	23 depression, or metabolic syndrome that that 14:03:40
24 "QUESTION: Whether a 14:00:46	24 individual suffers as a result of the castration? 14:03:42
25 castration does or does not inflict 14:00:46	25 MR. LANNIN: Object to the form. 14:03:44

CONFIDENTIAL

Page 190	Page 192
1 THE WITNESS: These statements are derived 14:03:46	1 THE WITNESS: I think that there -- these 14:06:23
2 from the -- the research that is cited there, and, in 14:03:55	2 are people at completely different ages of -- of -- 14:06:36
3 that research, that's what these researchers found. 14:04:00	3 of development. And, again, I'm not an 14:06:42
4 That they -- they view and they perceive things 14:04:05	4 endocrinologist, so this was based upon the evidence 14:06:47
5 differently than individuals that go through 14:04:10	5 of -- of individuals, and the language here is -- 14:06:51
6 treatment -- that kind of treatment for cancer. 14:04:16	6 matches what happens to adult males going through 14:06:59
7 BY MR. BROOKS: 14:04:19	7 this procedure, and, in many cases, the -- any kind 14:07:03
8 Q. At the top of page 91, the first full 14:04:22	8 of negative effects can be reversible in an adult 14:07:10
9 paragraph reads: 14:04:26	9 male. 14:07:14
10 "When desired, castration can 14:04:28	10 BY MR. BROOKS: 14:07:15
11 be achieved either chemically or 14:04:30	11 Q. Well, is the evidence, so far as you're 14:07:15
12 surgically." 14:04:32	12 aware, that chemical castration is fully reversible 14:07:19
13 A. I'm sorry. Let's -- 14:04:33	13 as WPATH states in the adolescent chapter or that 14:07:26
14 Q. It's the very first paragraph at the top of 14:04:35	14 it's only usually reversible at WPATH states in the 14:07:30
15 page 91, if you go on to the next page. 14:04:37	15 eunuch chapter? 14:07:34
16 A. "When desired," okay. 14:04:42	16 MR. LANNIN: Object to the form. 14:07:35
17 Q. "When desired, castration can 14:04:43	17 THE WITNESS: It is usually reversible in -- 14:07:40
18 be achieved either chemically or 14:04:45	18 in the case of adolescents. 14:07:47
19 surgically. For some, chemical 14:04:47	19 BY MR. BROOKS: 14:07:50
20 castration can be an appropriate 14:04:50	20 Q. On page 90 is the "Recommendation," column 14:07:57
21 trial prior to undergoing surgical 14:04:51	21 2, clearly headed "Statement 9.2" and it states, 14:08:05
22 castration to determine how the 14:04:54	22 quote: 14:08:09
23 individual feels when hypogonadal. 14:04:57	23 "We recommend health care 14:08:09
24 Chemical castration is usually 14:05:02	24 professionals consider medical 14:08:12
25 reversible if the medications are 14:05:03	25 intervention, surgical 14:08:14
Page 191	Page 193
1 discontinued." 14:05:06	1 intervention, or both, for eunuch 14:08:15
2 Do you see that language? 14:05:08	2 individuals when there's a high 14:08:17
3 A. Yes. 14:05:08	3 risk that withholding treatment 14:08:20
4 Q. The reference to supposedly reversible 14:05:11	4 will cause individuals harm through 14:08:22
5 chemical castration is referring to the use of GNRH 14:05:14	5 self-surgery, surgery by 14:08:24
6 agonists. Correct? 14:05:18	6 unqualified practitioners, or 14:08:26
7 A. That's correct. 14:05:19	7 unsupervised use of medications 14:08:29
8 Q. And most commonly Lupron? 14:05:20	8 that affect hormones." 14:08:30
9 A. That's correct. 14:05:22	9 Do you see that language? 14:08:31
10 Q. And the statement here says that: 14:05:23	10 A. Yes. 14:08:32
11 "Even among adult men who have 14:05:28	11 Q. Now, WPATH does not recommend or, for that 14:08:34
12 gone through full male puberty and 14:05:32	12 matter, suggest medical intervention for eunuchs 14:08:40
13 fertility development chemical 14:05:35	13 unless there's a high risk that withholding that will 14:08:47
14 castration by application of 14:05:37	14 cause harm through -- physical harm through 14:08:51
15 Lupron, or some other GNRH agonist, 14:05:40	15 self-surgery, surgery by unqualified practitioners, 14:08:56
16 is only," and I quote, "usually 14:05:43	16 or unsupervised use of hormones. Correct? 14:08:58
17 reversible," close quote. 14:05:44	17 MR. LANNIN: Object to the form. 14:09:03
18 Do you see that? 14:05:46	18 THE WITNESS: I think that that's what this 14:09:07
19 A. Yes. 14:05:47	19 states here. 14:09:08
20 Q. And let me ask this. If in the eunuch 14:05:48	20 BY MR. BROOKS: 14:09:09
21 chapter WPATH states that chemical castration by use 14:05:57	21 Q. I think that. And it's -- am I correct that 14:09:10
22 of Lupron is only -- usually reversible, how is it 14:06:04	22 the mere fact that a eunuch feels distressed. A 14:09:14
23 that you permitted SOC-8 adolescent chapters to refer 14:06:09	23 eunuch defined, according to this, is not as somebody 14:09:19
24 to puberty blocker use as, quote, "fully reversible"? 14:06:14	24 who's been castrated, but as somebody who wishes to 14:09:23
25 MR. LANNIN: Object to the form. 14:06:22	25 be. 14:09:26

CONFIDENTIAL

Page 194	Page 196
1 A. Yeah. 14:09:26	1 gender identity he desires.") 14:11:34
2 Q. The mere fact that a eunuch feels distress 14:09:26	2 MR. LANNIN: Object to the form. 14:12:23
3 and has felt distressed for a long time does not, 14:09:29	3 THE WITNESS: I think that there could be 14:12:24
4 according to SOC-8, justify surgery, does it? 14:09:30	4 cases where they don't have these kinds of things and 14:12:26
5 A. Not in and of itself. 14:09:33	5 they have that persistent desire. They have not 14:12:34
6 Q. A strong desire to conform one's body to 14:09:35	6 sought self-surgery or surgery by unqualified persons 14:12:42
7 one's gender identity as eunuch does not justify 14:09:42	7 and have come in good faith to really get evaluated, 14:12:50
8 medical intervention, according to SOC-8. Correct? 14:09:46	8 get the best available treatment, that it may be 14:12:55
9 MR. LANNIN: Object to the form. 14:09:49	9 indicated that that individual would benefit and 14:13:00
10 THE WITNESS: Can you say that again. 14:09:52	10 would be medically necessary to perform that 14:13:05
11 BY MR. BROOKS: 14:09:52	11 procedure. 14:13:10
12 Q. I can try. The mere fact that an individual 14:09:54	12 BY MR. BROOKS: 14:13:11
13 wishes to conform his body with his eunuch identity 14:10:00	13 Q. So even though the SOC-8 statement 9.2 14:13:11
14 through castration and has had that wish for a long 14:10:08	14 recommends medical intervention only on the condition 14:13:19
15 time does not justify a practitioner in performing 14:10:13	15 that there's a high risk of self-harm, you sitting 14:13:26
16 surgery or hormonal interventions on a eunuch, 14:10:20	16 here today say that, in fact, maybe medical 14:13:30
17 according to SOC-8. Correct? 14:10:23	17 intervention could be appropriate even when there's 14:13:35
18 MR. LANNIN: Object to the form. 14:10:25	18 not a high risk of self-harm? 14:13:38
19 THE WITNESS: It might if, again, the 14:10:26	19 A. I don't -- 14:13:40
20 professional should consider those medical 14:10:32	20 MR. LANNIN: Object to the form. 14:13:40
21 interventions and this individual needs to go through 14:10:39	21 THE WITNESS: -- interpretate that statement 14:13:41
22 an extensive evaluation and education of what this 14:10:41	22 in the same way you do. 14:13:43
23 might mean, positive and negative, for them. Right? 14:10:49	23 BY MR. BROOKS: 14:13:46
24 BY MR. BROOKS: 14:10:54	24 Q. Okay. Is there any discussion in SOC-8 as 14:13:47
25 Q. Well, the reser- -- the recommendation turns 14:10:56	25 to how WPATH balanced the risks and the benefits of 14:13:55
Page 195	Page 197
1 on whether physical self-harm is -- there's a high 14:10:58	1 castration of men who suffer from no physical or 14:14:00
2 risk of physical self-harm. Correct? 14:11:03	2 recognized mental health condition in the case of 14:14:06
3 A. That -- again, that's a clear criteria, but 14:11:05	3 recommendations about eunuchs? 14:14:10
4 the recommendation says consider medical 14:11:07	4 A. State that again. I'm sorry. Was there -- 14:14:15
5 intervention. 14:11:13	5 Q. Is there any discussion in -- 14:14:17
6 Q. And my point is, absent a finding of high 14:11:14	6 A. Right, hm-hm. 14:14:17
7 risk of physical harm self-inflicted, then SOC-8 does 14:11:18	7 Q. -- this chapter or anywhere else in SOC-8 14:14:20
8 not recommend surgical or hormonal intervention to 14:11:25	8 that explains how WPATH balanced the risks of harms 14:14:27
9 enable a eunuch to conform his body to the gender 14:11:30	9 from castration against the potential benefits of 14:14:31
10 identity he desires. 14:11:35	10 castration for men who suffer from no physical malady 14:14:33
11 MR. LANNIN: Object to the form. 14:11:36	11 or recognized mental health condition? 14:14:39
12 THE WITNESS: I'm not sure that I understand 14:11:47	12 A. Well, I think it talks about, again, the 14:14:47
13 what you're saying here, but. 14:11:51	13 potential negative side effects and is part -- and 14:14:49
14 BY MR. BROOKS: 14:11:53	14 this chapter refers to the assessment chapter which 14:14:54
15 Q. We can hear the question back if that would 14:11:53	15 requires a very careful assessment of these 14:14:59
16 be helpful? 14:11:55	16 individuals, oftentimes recommending that they go 14:15:02
17 A. Let's try that. 14:11:56	17 through hormonal interventions before any kind of 14:15:06
18 THE REPORTER: One moment, please. 13:11:09	18 permanent surgical interventions. And in an informed 14:15:13
19 (Record read as follows: 13:11:09	19 consent process where they are thoroughly educated on 14:15:23
20 "QUESTION: And my point is, 14:11:14	20 the risks and the benefits so that they can make the 14:15:31
21 absent a finding of high risk of 14:11:16	21 best informed decision and that that health care 14:15:33
22 physical harm self-inflicted, then 14:11:19	22 professional can deem that as a medically necessary 14:15:39
23 SOC-8 does not recommend surgical 14:11:24	23 procedure. 14:15:44
24 or hormonal intervention to enable 14:11:27	24 Q. Dr. Coleman, SOC-8 nowhere provides the 14:15:45
25 a eunuch to conform his body to the 14:11:30	25 slightest guidance as to how a practitioner can 14:15:50

CONFIDENTIAL

Page 198	Page 200
1 determine whether a man who wishes to be castrated is 14:15:53	1 sentence that says, "The main differences in the 14:19:54
2 actually at high risk of self-harm through 14:15:58	2 methodology of the SOC-8 when compared with other 14:19:57
3 self-castration or otherwise, does it? 14:16:04	3 versions of the SOC are," and then there's a long 14:20:01
4 MR. LANNIN: Object to the form. 14:16:06	4 list. And one of the those in the list is 14:20:06
5 THE WITNESS: If it is not explicitly 14:16:09	5 "Management of Conflicts of Interest." 14:20:07
6 stated, that is implied in the informed consent 14:16:15	6 Do you see that? 14:20:09
7 process. 14:16:17	7 A. Yes. 14:20:09
8 BY MR. BROOKS: 14:16:19	8 Q. Am I correct that in SOC-7 and before there 14:20:11
9 Q. I'm sorry. My question was, SOC-8 provides 14:16:19	9 was neither internal reporting nor external 14:20:15
10 no guidance whatsoever as to how a practitioner could 14:16:23	10 disclosure relating to conflicts of interest? 14:20:19
11 go about determining which individual who presents as 14:16:28	11 A. There was -- I'm sorry. Say that -- 14:20:22
12 a eunuch is actually at high risk of self-harm, does 14:16:30	12 Q. There was neither internal disclosure nor 14:20:24
13 it? 14:16:34	13 external reporting of conflicts of interests of 14:20:28
14 MR. LANNIN: Object to the form. 14:16:35	14 participants in the project -- 14:20:32
15 THE WITNESS: The -- the Standards of Care 14:16:36	15 MR. LANNIN: Object to the form. 14:20:33
16 do not go into all of the procedures one goes through 14:16:39	16 BY MR. BROOKS: 14:20:35
17 in assessment and treatment. It is a Standards of 14:16:44	17 Q. -- SOC-7 and before. 14:20:35
18 Care. It is not a complete textbook or guidance step 14:16:49	18 MR. LANNIN: Object to the form. 14:20:36
19 by step of what the clinicians must -- must do. 14:16:54	19 THE WITNESS: Oh. SOC-7 before, that is 14:20:37
20 So I think that that is consistent with how 14:17:02	20 correct. 14:20:40
21 the rest of the standards were written. 14:17:11	21 BY MR. BROOKS: 14:20:40
22 BY MR. BROOKS: 14:17:16	22 Q. Okay. And whose decision was it to add that 14:20:41
23 Q. And your opinion is, in the case of a 14:17:17	23 for SOC-8? 14:20:47
24 physically healthy mean with no recognized mental 14:17:18	24 A. That was part of the recommendation of Karen 14:20:48
25 health conditions and who presents as a eunuch 14:17:22	25 Robinson who guided us in developing the entire 14:20:52
Page 199	Page 201
1 seeking castration, but no finding is made that he's 14:17:26	1 methodology for SOC-8. 14:20:58
2 actually at high risk of self-castration, 14:17:33	2 Q. Earlier in -- at the first paragraph, the 14:21:01
3 nevertheless, WPATH's official position is that that 14:17:38	3 introduction of the methodology, it states at the 14:21:10
4 castration may be a medically necessary procedure? 14:17:41	4 bottom of the paragraph, quote: 14:21:13
5 A. That's correct. 14:17:44	5 "The process for development of 14:21:15
6 MR. BROOKS: I'm going to ask the reporter 14:18:33	6 the SOC-8 incorporated 14:21:18
7 to mark as Exhibit 16 what is the Appendix A 14:18:35	7 recommendations on clinical 14:21:20
8 Methodology Document of SOC-8. 14:18:43	8 practice guideline development from 14:21:21
9 (The document referred to was 14:18:43	9 the National Academies of Medicine 14:21:24
10 marked as Exhibit 16.) 14:18:43	10 and the World Health Organization 14:21:26
11 BY MR. BROOKS: 14:18:43	11 that addressed transparency, the 14:21:29
12 Q. Dr. Coleman, let me ask you to look at this 14:19:11	12 conflict of interest policy, 14:21:31
13 and just confirm that what I have here is the 14:19:13	13 committee composition, and group 14:21:32
14 methodology appendix to the SOC-8. 14:19:15	14 process." 14:21:34
15 A. Yes. It also includes the appendix -- some 14:19:22	15 Do you see that language? 14:21:35
16 appendices, but yes -- 14:19:27	16 A. Yes. 14:21:36
17 Q. Oh, I may have gotten carried away. 14:19:31	17 Q. And is that -- is that accurate? 14:21:37
18 A. -- the methodology is here. 14:19:32	18 A. Yes. 14:21:37
19 Q. All right. Let me ask you to turn to 14:19:34	19 Q. And did you have occasion to look at and to 14:21:41
20 page S247 -- 14:19:38	20 any extent familiarize yourself with the documents 14:21:45
21 A. 247. 14:19:42	21 from the Institute of Medicine and the World Health 14:21:49
22 Q. -- which is the beginning of the methodology 14:19:43	22 Organization that are referenced there? 14:21:54
23 appendix. 14:19:44	23 A. I didn't study them in-depth, but, again, we 14:21:56
24 A. Right. 14:19:45	24 discussed, you know, the various methodologies that 14:21:59
25 Q. And at the bottom of the first column is a 14:19:45	25 could be employed. And then, again, through the 14:22:04

CONFIDENTIAL

Page 202	Page 204
1 guidance of Karen Robinson, we arrived at this -- 14:22:09	1 the WHO guidelines that you referred to in the first 14:25:29
2 this methodology that was probably an amalgam of some 14:22:15	2 paragraph of the SOC-8 methodology? 14:25:32
3 of these recommendations. 14:22:19	3 MR. LANNIN: Object to the form, but you can 14:25:41
4 There's different -- lots of different 14:22:20	4 answer. 14:25:42
5 methodologies for developing clinical guide- -- 14:22:23	5 THE WITNESS: Pardon? 14:25:43
6 guidelines, and so I think each clinical guideline 14:22:26	6 MR. LANNIN: I objected to the form, but you 14:25:43
7 that is developed is developed a bit differently, 14:22:32	7 can answer. 14:25:45
8 depending upon the subject area, or whatever, of many 14:22:36	8 THE WITNESS: Oh. It appears so, yes. 14:25:46
9 different kinds of considerations. 14:22:41	9 MR. BROOKS: All right. 14:25:56
10 Q. And was it your intention and belief that 14:22:43	10 Let me ask the reporter to mark as 14:26:00
11 when it came to conflict of interest that, in the 14:22:47	11 Exhibit 19 an email from -- it's a chain, actually, 14:26:03
12 course of developing SOC-8, WPATH did follow the 14:22:50	12 of course -- Karen Robinson to named individuals and 14:26:08
13 recommendations of these two documents that you've 14:22:56	13 an Education SOC-8 group at -- did I say as 14:26:14
14 referred to in the methodology section? 14:23:01	14 Exhibit 19. 14:26:20
15 A. As far as I know, yes. 14:23:04	15 (The document referred to was 14:26:20
16 Q. And indeed you told the world that you 14:23:06	16 marked as Exhibit 19.) 14:26:31
17 referred to those documents for recommendations as to 14:23:10	17 BY MR. BROOKS: 14:26:31
18 conflict of interest and transparency. Correct? 14:23:15	18 Q. And, here, again, I don't want confusion. 14:26:47
19 A. Yes. 14:23:18	19 Do you believe -- I don't think I see your name on 14:26:49
20 MR. BROOKS: I'm going to make sure that 14:23:21	20 this. I believe that I see SOC -- Education SOC-8. 14:26:52
21 we -- that I know what those documents are. 14:23:22	21 And you talked about how your group -- well, I think 14:26:58
22 Let me ask the reporter to mark as 14:23:25	22 there's an education chapter, you also received 14:27:02
23 Exhibit -- I'm not the only one -- 17 a document put 14:23:34	23 education from Karen Robinson. 14:27:04
24 out by the Institute of Medicine titled "Clinical 14:23:37	24 Do you believe that you were part of an 14:27:06
25 Practice Guidelines We Can Trust." 14:23:40	25 email group titled "Education SOC-8"? 14:27:07
Page 203	Page 205
1 (The document referred to was 14:23:40	1 A. I don't think I was. 14:27:11
2 marked as Exhibit 17.) 14:23:40	2 Q. Okay. And I'll just ask you a conceptual 14:27:28
3 BY MR. BROOKS: 14:23:40	3 question, but on page 1541, Gail Knudsen -- let me 14:27:30
4 Q. And, just to avoid confusion, you 14:24:02	4 ask. Who is Gail Knudsen, if you know? 14:27:37
5 understand, do you not, that the Institute of 14:24:04	5 A. Gail was a cochair of the education chapter. 14:27:41
6 Medicine is another name for the National Academy of 14:24:06	6 Q. Okay. Gail writes to various people: 14:27:44
7 Medicine? 14:24:10	7 "The form originated from Karen 14:27:49
8 A. Yes. 14:24:10	8 and she expects that people will 14:27:52
9 Q. Do you believe this to be the Institute of 14:24:20	9 have conflicts of interest. The 14:27:54
10 Medicine or National Academy of Medicine 14:24:22	10 point is not to disqualify people, 14:27:55
11 recommendations for guideline development that is 14:24:27	11 it is to promote transparency." 14:27:59
12 referenced in the paragraph we've been looking at? 14:24:29	12 And my question for you is, was it 14:28:01
13 A. Apparently so. 14:24:33	13 consistent with your understanding of the conflict 14:28:03
14 MR. BROOKS: And let me ask the reporter to 14:24:35	14 disclosure process that the point was to promote 14:28:05
15 mark as -- 37, whatever you want -- 18, a document 14:24:37	15 transparency, not to disqualify people from 14:28:08
16 entitled "WHO Handbook For Guideline Development, 14:24:45	16 participating? 14:28:12
17 Second Edition." 14:24:49	17 MR. LANNIN: Object to the form. 14:28:13
18 (The document referred to was 14:24:49	18 THE WITNESS: There was a potential that 14:28:14
19 marked as Exhibit 18.) 14:25:00	19 there would be disqualification. But, again, it was 14:28:20
20 BY MR. BROOKS: 14:25:00	20 recognized that -- that many of the -- many of the 14:28:25
21 Q. And I will just note, since it's a second 14:25:00	21 members would have some -- some level of conflict of 14:28:31
22 edition, that the copyright information suggests a 14:25:02	22 interest. 14:28:36
23 copyright date of 2014. 14:25:04	23 BY MR. BROOKS: 14:28:37
24 I'm just wanting to label it. That was 18. 14:25:19	24 Q. Let me ask you to take Exhibit 17, which is 14:28:38
25 And let me ask whether you believe this is 14:25:27	25 the IOM "Clinical Practice Guidance We Can Trust," 14:28:45

CONFIDENTIAL

Page 206	Page 208
1 and I -- again, I've included table of contents and 14:28:49	1 Okay. 14:31:32
2 some preliminary pages just to ensure that we had 14:28:52	2 Q. And my question is, are those statements of 14:31:32
3 appropriate context. 14:28:56	3 what constitutes a conflict of interest consistent 14:31:37
4 Let me ask you to turn to page 78. 14:29:01	4 with the understanding you developed in the course of 14:31:41
5 A. Okay. 14:29:22	5 your work on the SOC-8 project with Karen Robinson? 14:31:43
6 Q. And there, under the heading "Management of 14:29:22	6 A. Yes. 14:31:47
7 Conflicts of Interest," starting perhaps eight lines 14:29:30	7 Q. I should say Dr. Karen Robinson. 14:31:48
8 down is a, what is referred to as "complementary 14:29:34	8 Who made the decision to retain Dr. Robinson 14:31:53
9 descriptions of COI." 14:29:40	9 and her team at Johns Hopkins to, as you said, guide 14:31:55
10 Do you understand "COI" to refer to conflict 14:29:42	10 the process? 14:32:02
11 of interest? 14:29:46	11 MR. LANNIN: Object to the form. 14:32:02
12 A. Yes. 14:29:46	12 THE WITNESS: I don't know how many clinical 14:32:03
13 Q. And in quotes it says a divergence that is a 14:29:46	13 guidance organizations were contacted, but I remember 14:32:07
14 COI is: 14:29:49	14 we were down to like two, Mayo and Johns Hopkins. 14:32:14
15 "A divergence between an 14:29:49	15 And so certainly the -- the board -- I don't 14:32:19
16 individual's private interests and 14:29:51	16 know who on the board, whether it was a 14:32:26
17 his or her professional obligations 14:29:52	17 subcommittee -- was reviewing those proposals, but we 14:32:28
18 such that an independent observer 14:29:55	18 were -- as chairs and cochairs were invited to, you 14:32:34
19 might reasonably question whether 14:29:57	19 know, weigh in on that decision. Ultimately, it was 14:32:43
20 the individual's professional 14:29:58	20 a decision of the board of directors. 14:32:46
21 actions or decisions are motivated 14:30:00	21 BY MR. BROOKS: 14:32:48
22 by personal gain such as financial, 14:30:03	22 Q. Okay. Let me ask you to turn to page 76. 14:32:48
23 academic advancement, clinical 14:30:07	23 And there's a heading that says "Establishing 14:32:59
24 revenue streams, or community 14:30:09	24 Transparency." 14:33:02
25 standing, and a financial or 14:30:11	25 A. Hm-hm. 14:33:03
Page 207	Page 209
1 intellectual relationship that may 14:30:15	1 Q. And that paragraph begins: 14:33:03
2 impact an individual's ability to 14:30:17	2 "Transparency connotes the 14:33:05
3 approach a scientific question with 14:30:19	3 provision of information to CPG 14:33:06
4 an open mind," close quote. 14:30:21	4 users that enables them to 14:33:10
5 Is that consistent with the understanding of 14:30:25	5 understand how recommendations were 14:33:11
6 what constitutes a conflict of interest that you 14:30:28	6 derived and who developed them." 14:33:13
7 learned through the course of your work on this 14:30:32	7 And you understand "CPG" to refer to 14:33:15
8 project and interactions with Karen Robinson? 14:30:34	8 clinical practice guidelines? 14:33:18
9 MR. LANNIN: Object to the form. 14:30:38	9 A. Yes. 14:33:20
10 THE WITNESS: Okay. I need to go back to 14:30:39	10 Q. Do you agree, is it your opinion that 14:33:23
11 what you read on the -- can you point to the part -- 14:30:42	11 transparency with respect to the process of standards 14:33:32
12 BY MR. BROOKS: 14:30:46	12 development and who participated in them and any 14:33:37
13 Q. I can hold it up and point. 14:30:46	13 conflicts of interest those individuals might have to 14:33:40
14 A. -- or show me. 14:30:49	14 users of those clinical practice guidelines is 14:33:46
15 Q. Yeah. Starts -- 14:30:49	15 important? 14:33:50
16 A. Because I was listening, but I didn't -- 14:30:49	16 A. Yes. And that's why we developed our 14:33:53
17 BY MR. BROOKS: 14:30:51	17 rigorous process of select- -- transparently of 14:33:56
18 Q. I understand. Starts seven lines down 14:30:51	18 selecting committee members, reviewing conflict of 14:34:03
19 into -- 14:30:55	19 interests, and the whole very rigorous methodology 14:34:11
20 A. "A divergence"? 14:30:56	20 with all of its checks and balances, and the fact 14:34:17
21 Q. Right. 14:30:57	21 that we -- once the committee was formed, those names 14:34:29
22 A. Where it starts with "A divergence"? 14:31:00	22 were displayed on the Web site, pictures where they 14:34:31
23 Q. That is the -- the definition starts there 14:31:05	23 worked, et cetera. And in the -- and in the 14:34:37
24 with the quote, yes. 14:31:07	24 publication of the Standards of Care, you know, 14:34:44
25 A. Okay. 14:31:07	25 itself, all authors are listed and their affiliations 14:34:46

CONFIDENTIAL

Page 210		Page 212	
1	so that there was a very transparent process. 14:34:51	1	grant directly related to 14:38:05
2	The methodology was available as soon as we 14:34:55	2	recommendations under 14:38:06
3	defined that on the website. Everyone could really 14:34:59	3	consideration." 14:38:07
4	see that. 14:35:03	4	And my question is, is that statement 14:38:09
5	So I feel it was a very transparent process. 14:35:04	5	consistent with your understanding of what 14:38:12
6	And, as we talked about before, we didn't have that 14:35:10	6	constitutes an intellectual conflict of interest 14:38:13
7	level of rigor in developing Standards of Care 7, so. 14:35:14	7	requiring disclosure and management? 14:38:18
8	I actually don't know of any -- any clinical 14:35:21	8	A. Yes. 14:38:20
9	guidelines for care of transgender and gender-diverse 14:35:30	9	Q. Let me ask you now to find Exhibit 18, the 14:38:32
10	people that has this level of rigor in their 14:35:33	10	WHO -- the WHO handbook. 14:38:35
11	methodology. 14:35:37	11	A. Yeah. 14:38:38
12	Q. Let me take you to page 79. 14:35:38	12	Q. And all these other things, perhaps you 14:38:39
13	A. Wait a minute. I'm going which -- 14:35:53	13	could set them over by your counsel and he can help 14:38:41
14	Q. 79. We're still in -- 14:35:55	14	avoid chaos in front of you there. With rare 14:38:45
15	A. Oh, we're actually in IOM. 14:35:57	15	exceptions, we won't come back to them. 14:38:54
16	Q. We're still in IOM, yes. 14:35:57	16	A. Okay. I think we got most of them out of 14:38:57
17	A. Yeah. 14:35:57	17	the way. Hm-hm. 14:38:59
18	Q. "Clinical Practice Guidelines We Can Trust." 14:36:01	18	Q. And I believe you've testified that you 14:39:04
19	A. Yeah. 14:36:02	19	believe this is the WHO publication that's referred 14:39:07
20	Q. Page 79, six lines down at the end begins an 14:36:03	20	to in Appendix A Methodology. Correct? 14:39:09
21	explanation of what constitutes direct financial 14:36:08	21	A. Yes. 14:39:13
22	commercial activities. And let me ask you to read 14:36:13	22	Q. Okay. Let me ask you to turn in this 14:39:18
23	that sentence to yourself. It's a rather long one. 14:36:23	23	document to page 63. And there's a heading that 14:39:19
24	Tell me when you've done that. 14:36:29	24	reads "What Interests Need to Be Disclosed." And it 14:39:31
25	A. Okay. 14:36:58	25	says there -- 14:39:35
Page 211		Page 213	
1	Q. And does the definition of direct financial 14:36:58	1	A. Sorry, I'm not there. 14:39:36
2	commercial activities that constitutes a conflict of 14:37:02	2	Q. Oh, of course. 63. 14:39:37
3	interest that's given here consistent with your 14:37:09	3	A. Okay. 14:39:41
4	understanding? 14:37:12	4	Q. It says in the second sentence under "What 14:39:42
5	MR. LANNIN: Object to the form. 14:37:14	5	Interests Need to Be Disclosed," quote: 14:39:47
6	THE WITNESS: Yes. 14:37:15	6	"A financial conflict of 14:39:49
7	BY MR. BROOKS: 14:37:15	7	interest arises when an individual 14:39:50
8	Q. And that includes clinical services from 14:37:18	8	or organization receives income or 14:39:52
9	which a committee member derives a substantial 14:37:22	9	monetary support that is related to 14:39:55
10	portion of his or her income. Correct? 14:37:25	10	or could be affected by the 14:39:58
11	A. Yes. 14:37:27	11	outcomes of the WHO meeting or 14:40:00
12	Q. It includes serving as a paid expert 14:37:27	12	activity in which they are 14:40:03
13	witness. Correct? 14:37:31	13	involved." 14:40:05
14	A. Yes. 14:37:31	14	Now, this document is drafted as -- for 14:40:05
15	Q. If we go down a little farther, two 14:37:31	15	those who were doing work for WHO, but if we can put 14:40:07
16	sentences down, and it reads, quote: 14:37:43	16	that on one side, is that statement also consistent 14:40:12
17	"A person whose work or 14:37:44	17	with your understanding of what constituted a 14:40:15
18	professional group fundamentally is 14:37:47	18	financial conflict of interest? 14:40:18
19	jeopardized or enhanced by a 14:37:49	19	A. Yes. 14:40:19
20	guideline recommendation is said to 14:37:52	20	Q. And, so far as you're aware, there's -- 14:40:21
21	have intellectual conflict of 14:37:54	21	there seems to be congruence between the substance of 14:40:24
22	interest. Intellectual conflict of 14:37:57	22	the WHO definition and the substance of the National 14:40:28
23	interest includes authoring a 14:38:00	23	Institute of Medicine's -- 14:40:36
24	publication or acting as an 14:38:02	24	A. Yes. 14:40:36
25	investigator on a peer-reviewed 14:38:03	25	Q. -- definition? 14:40:36

CONFIDENTIAL

Page 214	Page 216
1 And in the WHO document, continuing a few 14:40:41	1 Q. I'll just -- I'll reask it perhaps better. 14:43:03
2 lines down, it gives examples of financial interests 14:40:48	2 A. Yes, sorry. 14:43:06
3 in bullet points, one of which is personal financial 14:40:52	3 Q. When SOC-8 was finalized, was it your belief 14:43:07
4 gain such as paid work. Correct? 14:40:54	4 that WPATH had complied with that aspect that we just 14:43:14
5 A. That's correct. 14:40:57	5 read of the WHO definition of what constituted a 14:43:22
6 Q. Farther down the page begins a paragraph 14:40:57	6 financial or intellectual conflict of interest 14:43:27
7 that says "Nonfinancial Interests Include," and it 14:41:09	7 requiring disclosure? 14:43:30
8 goes on. Do you see that? 14:41:12	8 MR. LANNIN: Object to the form. 14:43:31
9 A. Yes. 14:41:12	9 THE WITNESS: I -- I believe that we 14:43:35
10 Q. It says then "Examples of roles or positions 14:41:15	10 attempted to make sure that people disclosed any 14:43:37
11 that might interfere with the objective assessment of 14:41:20	11 financial interests or nonfinancial interests. 14:43:41
12 a body of evidence include," and it has a bullet 14:41:22	12 BY MR. BROOKS: 14:43:47
13 point list again. Right? 14:41:25	13 Q. Turning with me, if you would, to page 71 14:43:49
14 A. Yes. 14:41:30	14 in the WHO document. And, just for reference, the 14:43:54
15 Q. One of which is prior publication of a study 14:41:30	15 previous page, we're in a major heading, 6.10, 14:43:58
16 or systematic review that is part of the evidence 14:41:35	16 entitled "Managing Conflicts of Interest at the Group 14:44:02
17 base under consideration in the guideline. Right? 14:41:38	17 Level." That's on the previous page just for your -- 14:44:04
18 A. That's correct. 14:41:40	18 A. Okay. 14:44:10
19 Q. According to the WHO document, a 14:41:41	19 Q. -- context of where we are. And then I will 14:44:10
20 nonfinancial interest could also be created by prior 14:41:47	20 ask you to turn to page 71. 14:44:15
21 public declaration of a firm opinion or position. 14:41:50	21 A. Go ahead. 14:44:22
22 And it gives examples including statements made in 14:41:55	22 Q. At the top of page 71, the WHO guidance, 14:44:23
23 the judicial process, in a journal, or in an 14:41:58	23 recommendations, state, quote: 14:44:30
24 editorial. Correct? 14:42:02	24 "The chair, cochair or 14:44:31
25 MR. LANNIN: Object to the form. 14:42:03	25 vice-chair of a GDG," that is 14:44:33
Page 215	Page 217
1 THE WITNESS: Yes. 14:42:04	1 guideline development group, 14:44:37
2 BY MR. BROOKS: 14:42:04	2 "should not have any financial 14:44:39
3 Q. And, finally, it says membership in a 14:42:06	3 conflict of interest." 14:44:41
4 professional -- well, it says: 14:42:10	4 Do you see that language? 14:44:41
5 "A professional or personal 14:42:11	5 A. Yes. 14:44:41
6 affiliation with an organization 14:42:12	6 Q. What steps, if any, did you take to make 14:44:46
7 advocating for products or services 14:42:15	7 sure that yourself, Asa Radix, Walter Bouman -- 14:44:49
8 relating to the subject guideline." 14:42:16	8 pardon me, not Water Bouman -- and Jon Arcelus did 14:44:56
9 Correct? 14:42:16	9 not have any financial conflict of interest as 14:45:00
10 A. That's correct. 14:42:19	10 defined by WHO or the Institute of Medicine? 14:45:02
11 Q. And you were aware of and you understood the 14:42:20	11 MR. LANNIN: Object to the form. 14:45:09
12 WHO definition of both financial and intellectual 14:42:24	12 THE WITNESS: Again, it was understood from 14:45:10
13 conflict of interest, were you not? 14:42:30	13 the beginning when Karen Robinson helped us develop 14:45:14
14 A. Yes. 14:42:30	14 that there would be these kinds of conflicts of 14:45:19
15 MR. LANNIN: Object to the form. 14:42:31	15 interest, whether it's among the chairs or any of the 14:45:22
16 THE WITNESS: Yes. 14:42:31	16 committee members, because many of us were involved 14:45:25
17 BY MR. BROOKS: 14:42:32	17 in the care of individuals, doing research in this 14:45:31
18 Q. Is it your belief that, in creating SOC-8, 14:42:38	18 area, had academic positions related to -- to this 14:45:36
19 WPATH complied with that aspect of WHO principles 14:42:42	19 field. And, as like the development of most clinical 14:45:46
20 concerning what constitutes a conflict of interest 14:42:52	20 guidelines, it is very customary that the committee 14:45:54
21 requiring disclosure? 14:42:54	21 members or those involved in developing the 14:46:06
22 MR. LANNIN: Object to the form. 14:42:55	22 guidelines are involved in that care and that 14:46:08
23 THE WITNESS: I want to understand that 14:43:00	23 treatment, that they are part of the evidence, their 14:46:15
24 question. Again, please. 14:43:01	24 clinical expertise. 14:46:26
25 BY MR. BROOKS: 14:43:03	25 Again, I think that if you wanted to develop 14:46:30

CONFIDENTIAL

Page 218	Page 220
1 guidelines about the treatment of prostate cancer, 14:46:34	1 point. I simply have it here as an exemplar. 14:59:37
2 you would want to have urologists that are involved 14:46:38	2 Do you recognize this as the -- a conflict 14:59:41
3 in that -- in that treatment, and that is an inherent 14:46:42	3 of interest form that was circulated to members of 14:59:45
4 conflict of interest and cannot be avoided. It can 14:46:50	4 the SOC committee in December of 2018? 14:59:50
5 be managed, but it cannot be avoided. 14:46:59	5 A. Yes, I do. 14:59:55
6 BY MR. BROOKS: 14:47:03	6 Q. And did you yourself fill out such a form? 14:59:56
7 Q. I believe that part of what you just told me 14:47:05	7 A. Yes. 14:59:56
8 is that, at the time the SOC-8 guidelines were being 14:47:07	8 Q. And, likewise, your cochairs and the heads 15:00:16
9 developed and were finalized, you knew that you and 14:47:12	9 of each chapter committee, the chapter group? 15:00:20
10 the two cochairs both had conflicts of inter- -- all 14:47:17	10 A. I assume so. Everyone was -- 15:00:27
11 three had conflicts of interest. Correct? 14:47:24	11 Q. Was -- was -- was the intent that all 15:00:28
12 MR. LANNIN: Object to the form. 14:47:27	12 participants in the process were to fill one out? 15:00:31
13 THE WITNESS: In that broad sense of what 14:47:28	13 A. Yes. 15:00:33
14 constitutes a conflict of interest, yes. 14:47:32	14 Q. And was any other disclosure form circulated 15:00:33
15 BY MR. BROOKS: 14:47:35	15 to SOC-8 participants to ensure compliance with 15:00:37
16 Q. And you didn't disclose that anywhere in the 14:47:35	16 principles of transparency and management of 15:00:42
17 guidelines, did you? 14:47:37	17 conflicts of interest? 15:00:45
18 MR. LANNIN: Object to the form. 14:47:38	18 A. Not that -- 15:00:47
19 THE WITNESS: Our -- our -- our positions 14:47:41	19 MR. LANNIN: Object to the form. 15:00:48
20 and -- were -- were clearly disclosed. 14:47:47	20 THE WITNESS: Not that I recall. 15:00:48
21 BY MR. BROOKS: 14:47:52	21 BY MR. BROOKS: 15:00:51
22 Q. Where in the guidelines, if anywhere, was it 14:47:52	22 Q. This says on it "Please complete and sign by 15:00:54
23 disclosed that you had conflicts of interest, you the 14:47:54	23 December 22, 2018." Do you see that? 15:00:58
24 chair and the two cochairs? 14:47:58	24 A. Yes. 15:00:58
25 MR. LANNIN: Object to the form. 14:48:01	25 Q. And am I correct that this was in fact 15:01:02
Page 219	Page 221
1 THE WITNESS: There was no section that -- 14:48:02	1 circulated sometime earlier than that, but in 15:01:05
2 going individual by individual that we reported every 14:48:10	2 December of 2018? 15:01:09
3 conflict of interest. 14:48:14	3 A. I wouldn't -- I wouldn't remember when it 15:01:10
4 MR. LANNIN: Counsel, we've been at it for 14:48:17	4 was actually distributed. 15:01:16
5 an hour plus. 14:48:19	5 Q. Okay. At any rate, members were not 15:01:18
6 MR. BROOKS: And having fun the whole time. 14:48:20	6 required to return it filled out prior to 15:01:27
7 We can take a break. 14:48:24	7 December 22, 2018. Is that right? 15:01:32
8 THE WITNESS: Not too bad. 14:48:25	8 MR. LANNIN: Object to the form. 15:01:34
9 MR. LANNIN: Let go off. 14:48:27	9 THE WITNESS: I'm sorry. What -- 15:01:34
10 THE VIDEOGRAPHER: All right. The time is 14:48:29	10 BY MR. BROOKS: 15:01:38
11 2:48 p.m., and we are now off the record. 14:48:32	11 Q. The members were not asked to complete and 15:01:39
12 (Recess taken.) 14:48:35	12 return these forms at any point earlier than 15:01:41
13 THE VIDEOGRAPHER: The time is 2:58 p.m., 14:58:32	13 December 22, 2018. Am I right? 15:01:44
14 and we are now back on the record. 14:58:44	14 A. Not that I'm aware of. 15:01:46
15 MR. BROOKS: All right. I'm going to ask 14:58:46	15 Q. And when were you appointed to chair the 15:01:48
16 the reporter to mark as Exhibit 20 a document headed 14:58:48	16 whole project? 15:01:52
17 "WPATH Policy for Disclosures of Interest and 14:58:52	17 A. In 2015. 15:01:54
18 Management of Conflicts," bearing Bates numbers 14:58:54	18 Q. When were the chairs of the chapter groups 15:01:57
19 BOEAL_WPATH_001011 through 013. 14:58:58	19 selected? 15:02:02
20 (The document referred to was 14:58:58	20 A. In probably around May of 2015? No, no, no. 15:02:03
21 marked as Exhibit 20.) 14:59:26	21 Of '17, '18, '18. 15:02:16
22 BY MR. BROOKS: 14:59:26	22 Q. '18, so just a few months before this form 15:02:18
23 Q. Now, Dr. Coleman, this is a redacted version 14:59:28	23 was due. Or was it perhaps '17? 15:02:24
24 of a form actually filled out by somebody. We can't 14:59:30	24 A. I can't remember. 15:02:33
25 tell who and I don't really care. That's not the 14:59:34	25 Q. Okay. When were the nonchair members of the 15:02:35

CONFIDENTIAL

Page 222	Page 224
1 whole selected? 15:02:42	1 Q. And do you believe that your understanding 15:05:25
2 A. After the chapter leads were selected. And 15:02:45	2 that point in time was generally consistent with the 15:05:29
3 how long after those chapter leads, within a month or 15:02:54	3 definitions that we looked at in the IOM and WHO 15:05:31
4 two, it seems. 15:03:00	4 documents? 15:05:35
5 Q. Well, as we go, if anything prompts your 15:03:01	5 MR. LANNIN: Object to the form. 15:05:36
6 recall of what year the chapter leads were selected 15:03:03	6 THE WITNESS: I want to say that again, 15:05:36
7 in, if you'd let me know -- 15:03:06	7 those -- those guidelines are in the ideal sense. I 15:05:39
8 A. Yeah. 15:03:08	8 know for a fact that many clinical guidelines are -- 15:05:52
9 Q. -- I'd appreciate that. I certainly 15:03:08	9 are -- do not follow those guidelines. 15:05:59
10 understand it's been a little while. 15:03:10	10 In fact, WHO right now is developing 15:06:03
11 Prior to the selection -- to your selection, 15:03:11	11 guidelines for transgender health care, and I know 15:06:08
12 the cochair selection and the chapter lead selection, 15:03:18	12 the committee members, and I know they have conflicts 15:06:12
13 was -- were the candidates for those positions asked 15:03:21	13 of interest that don't follow their own guidelines. 15:06:18
14 for any written disclosure of conflicts of any type? 15:03:24	14 BY MR. BROOKS: 15:06:21
15 A. Other than this form? 15:03:33	15 Q. My only question was, at the time of your 15:06:22
16 Q. Well, this form happened in December of 15:03:35	16 application to be chair or a cochair or a committee 15:06:25
17 2018, and you've testified, I believe, that you were 15:03:38	17 head, was your understanding of what constitutes a 15:06:30
18 selected back in fif- -- years earlier. 15:03:42	18 gui- -- a conflict generally in line with the 15:06:34
19 A. Oh, yes. 15:03:45	19 language that we looked at in the IOM and WHO 15:06:36
20 Q. So let me reask my question. 15:03:45	20 documents? 15:06:40
21 Before you and your cochairs and the 15:03:48	21 A. Generally speaking -- 15:06:40
22 committee heads were selected, were you folks asked 15:03:52	22 Q. Okay. 15:06:42
23 to make any written submission identifying conflicts 15:03:57	23 A. -- yes. Not to every point. 15:06:42
24 of interest? 15:04:02	24 Q. Fair enough. Let me ask you to take this -- 15:06:45
25 A. In the application, there was an application 15:04:02	25 the WPATH conflict disclosure form -- 15:06:49
Page 223	Page 225
1 form other than this form. And, in that form, people 15:04:05	1 A. And let's clar- -- I mean, I must clarify 15:06:54
2 were asked to declare any potential conflict of 15:04:12	2 that you're -- you're triggering that. Again, in 15:06:56
3 interest. 15:04:16	3 2015 when I was appointed, we didn't have the 15:06:59
4 Q. Did it provide any more detail than a 15:04:16	4 methodology that in- -- that included a declaration 15:07:06
5 request to disclose conflict of interest? 15:04:20	5 of -- I didn't fill out any kind of form like that. 15:07:10
6 MR. LANNIN: Object to the form. 15:04:22	6 And all I said I did -- I think I did. I don't -- 15:07:15
7 THE WITNESS: I cannot recall, but I don't 15:04:23	7 you know, I can't recall. But that was the procedure 15:07:21
8 think it was as detailed as this. 15:04:25	8 for, you know, all the committee members to fill this 15:07:25
9 BY MR. BROOKS: 15:04:28	9 form out. 15:07:31
10 Q. And, at that time, you and your colleagues 15:04:28	10 Q. Let me ask you to turn to the second page of 15:07:32
11 had never been through a conflict of interest 15:04:30	11 Coleman Exhibit 20. And if you look at 2,3, this 15:07:40
12 disclosure process for WPATH before. Am I correct? 15:04:32	12 asks about research grants or contracts from an 15:08:08
13 MR. LANNIN: Object to the form. 15:04:36	13 organization that has interests or activities related 15:08:14
14 THE WITNESS: In the previous revisions of 15:04:37	14 to the content of SOC-8. 15:08:17
15 the Standards of Care, that's correct. 15:04:43	15 Did you understand contracts with an 15:08:21
16 BY MR. BROOKS: 15:04:45	16 organization that has interest or activities relating 15:08:25
17 Q. And, at that time, you hadn't yet been 15:04:45	17 to the content of SOC-8 to include employment by a 15:08:27
18 educated about more widely accepted conflict of 15:04:47	18 organiza- -- a clinic or other organization that 15:08:34
19 interest principles by Dr. Robinson, had you? 15:04:56	19 treated gender dysphoria? 15:08:38
20 A. I think most of the committee members, we 15:04:59	20 MR. LANNIN: Object to the form. 15:08:45
21 have to report our conflict of interests in so many 15:05:03	21 THE WITNESS: I think it -- again, as I 15:08:45
22 different ways and so many times. Every time we give 15:05:08	22 would read this is, I wouldn't think of my -- my 15:08:51
23 a presentation, every time we have a publication, 15:05:11	23 employer, but this has to do with those with research 15:08:57
24 whatever, that is so common. So we're -- we're 15:05:16	24 grants or contracts from outside entities, and -- and 15:09:02
25 relatively well-versed on what that really means. 15:05:21	25 like this individual reported a number of 15:09:07

CONFIDENTIAL

Page 226	Page 228
1 organization that he must have -- or she must have 15:09:13	1 professional services for treatment of gender 15:11:52
2 had research grants or contracts. 15:09:16	2 dysphoria constituted a substantial portion of the 15:11:55
3 BY MR. BROOKS: 15:09:20	3 income of the respondent, is there? 15:11:58
4 Q. Okay. That's -- 15:09:20	4 MR. LANNIN: Object to the form. 15:12:00
5 A. Yeah. 15:09:21	5 THE WITNESS: No. 15:12:01
6 Q. -- that's why I was asking 'cause -- 15:09:22	6 BY MR. BROOKS: 15:12:01
7 A. Yeah. 15:09:23	7 Q. Do you recall whether any of the -- well, 15:12:07
8 Q. -- it was unclear to me. 15:09:23	8 let me -- let me ask this. 15:12:10
9 Similarly, 2.4 refers to fees or salary from 15:09:25	9 This respondent says, in 3.1, "I have over 15:12:11
10 an organization that has interest or activities 15:09:34	10 30 peer-reviewed publications in the field of 15:12:17
11 relating to the contents. And then it has a list 15:09:36	11 transgender health" -- and the nature of the 15:12:21
12 that includes board member, adviser, consultant, 15:09:41	12 production is that I -- I can't read the whole 15:12:23
13 speakers bureaus, expert testimony, but does not 15:09:45	13 answer, but such is life. 15:12:25
14 include salary or ordinary professional income. 15:09:48	14 Was it unusual for participants in the SOC-8 15:12:31
15 And then I look at 2.5 and that asks about 15:09:52	15 process to have many published articles already on 15:12:35
16 other financial interests. 15:09:55	16 topics relating to gender dysphoria? 15:12:43
17 In your understanding, what part, if any, of 15:09:58	17 A. It was not unusual at all. It was 15:12:45
18 this form asked the respondent to disclose income 15:10:00	18 actually -- I mean, we looked for people that had 15:12:51
19 received from providing services, medical or mental 15:10:06	19 peer-reviewed publications. That would have been not 15:12:54
20 health, that could be affected by SOC-8? 15:10:13	20 the only criteria, but that would be a big plus to -- 15:12:56
21 MR. LANNIN: Object to the form. 15:10:15	21 to have someone that has -- anyone who has published 15:13:02
22 THE WITNESS: I don't see it in these -- 15:10:18	22 peer-reviewed literature is also -- has to be very 15:13:07
23 these first four. 15:10:20	23 aware of other literature to be able to write 15:13:10
24 BY MR. BROOKS: 15:10:21	24 their -- their articles. So this would be -- this 15:13:15
25 Q. Okay. Certainly there's nothing in this 15:10:21	25 would be seen as a -- as a plus. 15:13:20
Page 227	Page 229
1 form, so far as you recall or see, that asks the 15:10:28	1 Q. Am I correct that by -- am I correct that 15:13:22
2 participant to disclose the amount that they earn 15:10:34	2 WPATH itself has issued position statements 15:13:29
3 from providing medical or mental Health Services that 15:10:38	3 denouncing laws prohibiting hormonal and surgical 15:13:38
4 could be affected by the standard of care, does it? 15:10:41	4 interventions on minors such as that passed by 15:13:42
5 MR. LANNIN: Object to the form. 15:10:44	5 Alabama? 15:13:44
6 THE WITNESS: I'm sorry. I got distracted 15:10:48	6 MR. LANNIN: Object to the form. 15:13:45
7 looking at something else. 15:10:50	7 THE WITNESS: I'm not -- I'm -- I'm not 15:13:48
8 BY MR. BROOKS: 15:10:51	8 aware. Maybe they have. I don't know. 15:13:49
9 Q. I understand. 15:10:51	9 BY MR. BROOKS: 15:13:52
10 A. So, yeah. 15:10:52	10 Q. Okay. This participant -- this respondent 15:13:52
11 Q. I can't find, and I just want to make sure 15:10:53	11 on the last page, line 3.6, says -- 15:13:56
12 I'm not misreading something -- 15:10:55	12 A. 1-6. 15:14:01
13 A. Yeah. 15:10:57	13 Q. 3.6 is on the last page of the document. 15:14:02
14 Q. -- there's nothing in this form that asked 15:10:57	14 A. Oh, sorry, yes. Look at the numbers, yeah. 15:14:07
15 the respondent to disclose the amount that he or she 15:10:59	15 Q. The question is, "Do you have any other 15:14:09
16 receives from providing medical or mental Health 15:11:03	16 nonfinancial interest?" 15:14:13
17 Services to treat gender dysphoria, is there? 15:11:07	17 And this respondent said, "I do not 15:14:15
18 A. No. But, again, I bring your attention to 15:11:09	18 understand this question. Everyone involved in the 15:14:17
19 the employer is listed on -- on the first page. And 15:11:16	19 SOC process has a nonfinancial interest." And 15:14:19
20 so then, again, it is clear that this person is 15:11:22	20 neither you nor I can tell whether the answer 15:14:23
21 employed by someone, receiving a salary. 15:11:27	21 continued after that. 15:14:27
22 Q. And the -- oh, pardon me. 15:11:31	22 Is it consistent with your understanding of 15:14:27
23 There's nothing on this form that asks 15:11:34	23 the folks who had been recruited to participate in 15:14:30
24 the -- that would enable WPATH management, or you as 15:11:41	24 the SOC-8 process that everyone involved had a 15:14:34
25 chair reviewing it, to determine whether fees from 15:11:46	25 nonfinancial conflict of interest? 15:14:37

CONFIDENTIAL

Page 230	Page 232
1 MR. LANNIN: Object to the form. 15:14:40	1 A. That's correct. 15:17:15
2 THE WITNESS: I don't know that everyone had 15:14:44	2 Q. Does it appear to be -- the recipients that 15:17:16
3 a nonfinancial interest. As we talked about before, 15:14:48	3 show Feldman, Vella, et cetera, those are all members 15:17:23
4 when Karen Robinson helped us develop our methodology 15:14:55	4 of the SOC-8 process. Am I correct? 15:17:28
5 and guided us in developing this conflict of interest 15:15:02	5 MR. LANNIN: Object to the form. 15:17:31
6 declaration form assumed that many of the committee 15:15:07	6 THE WITNESS: These were all committee 15:17:33
7 members would have a financial or nonfinancial 15:15:16	7 members, as far as I can tell, except Blaine Vella 15:17:39
8 interest. And so for this person to say for sure 15:15:18	8 who was the executive director of WPATH. 15:17:44
9 that everyone involved, I -- I -- I'm not sure that 15:15:24	9 MR. BROOKS: Okay. Thank you. 15:17:49
10 that's true, but that was their -- their pra -- 15:15:29	10 THE REPORTER: Of who? 15:17:49
11 their opinion. 15:15:34	11 THE WITNESS: Of WPATH. 15:17:50
12 I think that he probably assumed, or she, 15:15:36	12 BY MR. BROOKS: 15:17:51
13 they, implied that many of them would have had 15:15:40	13 Q. Was any individual excluded from service on 15:18:04
14 publications, grants, and so, on that assumption, 15:15:45	14 any committee as a result of conflicts of interest? 15:18:07
15 those would be nonfinancial interests. 15:15:51	15 A. Not that I'm aware of. 15:18:11
16 BY MR. BROOKS: 15:15:55	16 Q. Dr. Robinson states in this email, which is 15:18:12
17 Q. At any rate, it was your -- given the 15:15:57	17 written, I think, a day before the due date that we 15:18:25
18 criteria that were used for recruiting or accepting 15:16:01	18 saw for turning in those forms, says that internal 15:18:29
19 members, it was your understanding at the time that 15:16:05	19 disclosure and "management of conflicts, should take 15:18:37
20 at least most participants in the SOC-8 process had 15:16:08	20 place prior to the selection of guideline members. 15:18:40
21 financial and/or nonfinancial conflicts of interest. 15:16:12	21 Unfortunately, this was not done." 15:18:44
22 Correct? 15:16:12	22 Is that consistent with your understanding 15:18:48
23 A. Yes. 15:16:16	23 that conflict disclosures had not been gathered prior 15:18:50
24 MR. LANNIN: Object to the form. 15:16:16	24 to selection of committee members and chairs? 15:18:54
25 BY MR. BROOKS: 15:16:17	25 MR. LANNIN: Object to the form. 15:18:58
Page 231	Page 233
1 Q. Let me ask you to find -- I'm sorry, I said 15:16:18	1 THE WITNESS: You know, I really don't 15:19:05
2 we didn't do this much -- but Coleman 19, Exhibit 19, 15:16:21	2 recall, but, again, this does trigger that we 15:19:06
3 which looks -- 15:16:30	3 obviously had this issue, and -- and Karen was aware 15:19:08
4 A. Ah, there, yes, hm-hm. 15:16:30	4 of that, and, you know, the circumstances of why we 15:19:11
5 Q. -- which looks like this. Okay. 15:16:31	5 were not able to do that in every case or some people 15:19:19
6 A. Got it. 15:16:31	6 were late, or whatever. 15:19:23
7 Q. And I want to call your attention to the 15:16:32	7 But I can tell you that all of those -- 15:19:29
8 email from Karen Robinson that is at the top of the 15:16:35	8 these things were reviewed by Karen, and we never 15:19:33
9 chain, December 21, 2018. And she says in the second 15:16:38	9 moved ahead with anything without, you know, her 15:19:41
10 paragraph: 15:16:43	10 blessing on things. 15:19:47
11 "Disclosure, and any necessary 15:16:44	11 And -- and, as I said, there's ideal ways 15:19:50
12 management of potential conflicts, 15:16:46	12 and -- but there's different ways, and one has to 15:19:55
13 should take place prior to the 15:16:47	13 accommodate to different circumstances, you know, 15:20:00
14 selection of guideline members. 15:16:49	14 trying to put together the best available guidelines. 15:20:04
15 Unfortunately, this was not done 15:16:51	15 The fact that we really did go through a 15:20:10
16 here but the decision was made to 15:16:53	16 process of disclosure -- and we could have removed 15:20:14
17 adhere as much as possible to best 15:16:54	17 any member if we had discovered that there was a 15:20:19
18 practice for guideline development. 15:16:57	18 situation where we didn't feel like that that could 15:20:27
19 To that end, disclosures are being 15:16:59	19 be, you know, managed, we could have removed a member 15:20:30
20 collected now from SOC-8 members." 15:17:01	20 from the committee. Fortunately, we never had to do 15:20:36
21 Do you see that language? 15:17:04	21 that for any ethical or whatever kinds of reasons. 15:20:41
22 A. Yes. 15:17:04	22 We lost some members due to their work 15:20:44
23 Q. And, just to confirm, I think you testified 15:17:06	23 circumstances or, even in one case, death, so -- but 15:20:49
24 earlier that you're not sure whether you ever saw 15:17:10	24 we never had to dismiss anyone. 15:20:55
25 this email. Is that right? 15:17:13	25 BY MR. BROOKS: 15:20:57

CONFIDENTIAL

Page 234	Page 236
1 Q. Let me ask you to find again the "Clinical 15:20:57	1 Do you see that language? 15:23:28
2 Practice Guidelines We Can Trust," Exhibit 17. 15:21:00	2 A. Yes. 15:23:30
3 A. Yes. 15:21:05	3 Q. That language is certainly consistent with 15:23:30
4 Q. And if you would turn to page 83. And tell 15:21:07	4 some of the remarks you've made about other 15:23:33
5 me when you have that. 15:21:20	5 guidelines out there in the world. But would you 15:23:35
6 A. I have that. 15:21:29	6 find it concerning if an organization that was 15:23:42
7 Q. At the bottom of page 82 is a heading, 15:21:29	7 creating and publishing guidelines fails to disclose 15:23:46
8 "Management of Conflict of Interest." And the very 15:21:33	8 information about financial conflicts of interest or 15:23:50
9 last item in that list which is mostly found on 15:21:38	9 intellectual conflicts of interest of the primary 15:23:57
10 page 83 states: 15:21:42	10 sponsors of the project? 15:23:59
11 "Funders should have no role in 15:21:45	11 MR. LANNIN: Object to the form. 15:24:00
12 clinical practice guideline 15:21:47	12 THE WITNESS: What -- what do you mean by 15:24:08
13 development." 15:21:48	13 the primary sponsor? 15:24:09
14 Do you see that? 15:21:49	14 BY MR. BROOKS: 15:24:11
15 A. Is that on the second page? 15:21:54	15 Q. If there was -- a lot of the examples they 15:24:12
16 Q. It's on page 83. It is the last -- very 15:21:55	16 talk about are pharmaceutical companies who are 15:24:16
17 last bullet. 15:22:00	17 funding. I just mean if there is one largest sponsor 15:24:18
18 A. Okay. Yes, I see that. 15:22:01	18 funder of a clinical practice guideline development 15:24:24
19 Q. It says -- and it's under heading of 15:22:02	19 project, would you find it concerning if the 15:24:26
20 "Exclusions," which perhaps is -- goes beyond 15:22:04	20 organization that created and published the 15:24:30
21 management. And it says: 15:22:09	21 guidelines failed to disclose information about 15:24:32
22 "Funders should have no role in 15:22:10	22 financial or intellectual conflicts of interest of 15:24:35
23 clinical practice guideline 15:22:12	23 that primary sponsor? 15:24:39
24 development." 15:22:13	24 MR. LANNIN: Object to the form. 15:24:44
25 Correct? 15:22:13	25 THE WITNESS: I think it's -- as it's stated 15:24:47
Page 235	Page 237
1 A. That's what it says. 15:22:15	1 here, there's different reporting of conflicts of 15:24:55
2 Q. Now, let me ask you to find page 78. 15:22:16	2 interest. And I think that we did an outstanding job 15:25:00
3 A. Okay. 15:22:39	3 of really being transparent of who was involved in 15:25:06
4 Q. Down at the very bottom, the penultimate 15:22:40	4 the -- in the process and the methodology and the 15:25:12
5 sentence -- only lawyers get to use that word. 15:22:50	5 evidence on which our recommendations were made. 15:25:19
6 MR. LANNIN: I'm not sure what it means. 15:22:53	6 So could we have gone further? But most 15:25:25
7 BY MR. BROOKS: 15:22:55	7 clinical guidelines do not explicitly state every 15:25:30
8 Q. Reads: 15:22:56	8 conflict of interest of every individual or entity 15:25:35
9 "Furthermore, an investigation 15:22:58	9 that is involved in the development of the 15:25:40
10 of more than 200 clinical practice 15:22:58	10 guidelines. 15:25:42
11 guidelines sent" -- 15:23:01	11 BY MR. BROOKS: 15:25:42
12 A. I'm sorry. I'm not there. 15:23:01	12 Q. Well, and my question was very specific and 15:25:43
13 Q. Very bottom of the page, next-to-the-last 15:23:04	13 not about every individual. But if an organization 15:25:45
14 sentence. 15:23:07	14 develops clinical guidelines in a project that is 15:25:51
15 A. Oh, the next-to-the-last one. Okay. 15:23:07	15 largely funded by one sponsor, would it concern you 15:25:59
16 "Furthermore," yes. 15:23:09	16 if in connection with those guidelines the 15:26:06
17 Q. "Furthermore, an investigation 15:23:10	17 organization failed to disclose intellectual or 15:26:09
18 of more than 200 clinical practice 15:23:12	18 financial conflicts of interest of the sponsor? 15:26:12
19 guidelines within the National 15:23:15	19 MR. LANNIN: Object to the form. 15:26:16
20 Guideline Clearinghouse determined 15:23:16	20 THE WITNESS: I don't know exactly where, 15:26:17
21 that greater than half included no 15:23:18	21 but, again, this was funded in a large part by the 15:26:20
22 information about financial 15:23:21	22 Tawani Foundation. And that was disclosed. 15:26:32
23 sponsors of guidelines or financial 15:23:23	23 BY MR. BROOKS: 15:26:33
24 conflicts of interest of guideline 15:23:26	24 Q. My -- my question isn't about disclosing who 15:26:33
25 authors." 15:23:27	25 the funder was. My question was, would it concern 15:26:36

CONFIDENTIAL

Page 238	Page 240
1 you if a organization developing clinical practice 15:26:40	1 and no one was really paid for any of the work. So 15:28:39
2 guidelines failed to disclose intellectual or 15:26:44	2 all of the -- the funds that -- that were received 15:28:43
3 financial conflicts of interest of the funder? 15:26:48	3 from the Tawani Foundation, I think almost all of it 15:28:48
4 A. Of the -- 15:26:53	4 went to pay Johns Hopkins. 15:28:52
5 MR. LANNIN: Object to the form. 15:26:53	5 There was additional costs, you know, as we 15:28:57
6 THE WITNESS: Who the funder is or what 15:26:55	6 went along and were in -- were incurred in this very 15:29:01
7 their -- 15:26:57	7 long and -- and delayed process that were covered by 15:29:08
8 BY MR. BROOKS: 15:26:58	8 operating -- as I understand, operating funds of 15:29:12
9 Q. Intellectual or financial conflicts of 15:26:59	9 WPATH. 15:29:16
10 interest of the funding entity or person. 15:27:01	10 Q. Did -- 15:29:17
11 MR. LANNIN: Object to the form. 15:27:04	11 A. But I don't know of any other, you know, 15:29:18
12 THE WITNESS: I don't -- I'd never seen that 15:27:10	12 outside funding agency that -- that supported us. 15:29:21
13 happen. 15:27:12	13 Q. But the great bulk of the out-of-pocket 15:29:26
14 BY MR. BROOKS: 15:27:12	14 expense of developing SOC-8 was funded by the Tawani 15:29:30
15 Q. All right. Let me ask you to find -- what 15:27:13	15 Foundation. 15:29:32
16 exhibit is this? 2. All right. Down at bottom. 15:27:18	16 A. That's correct. 15:29:32
17 It's the multiple chapters of SOC-8. Not the 15:27:25	17 Q. And who is behind the Tawani Foundation? 15:29:33
18 appendix, not the eunuch, way back at the bottom of 15:27:29	18 MR. LANNIN: Object to the form. 15:29:36
19 the stack, Exhibit Number 2. 15:27:34	19 BY MR. BROOKS: 15:29:39
20 A. Oh, okay. 15:27:35	20 Q. Who controls that foundation? 15:29:39
21 Q. And we will go look at the disclosure that 15:27:40	21 A. The -- 15:29:41
22 you just mentioned. 15:27:41	22 MR. LANNIN: Same objection. 15:29:41
23 That looks like it would be it. 15:27:51	23 THE WITNESS: Sorry? 15:29:42
24 If you turn to the very last page that I've 15:27:52	24 MR. LANNIN: I was objecting for the record. 15:29:42
25 included which, God willing, is page 177. 15:27:55	25 You can answer. 15:29:44
Page 239	Page 241
1 A. The last page? 15:27:59	1 THE WITNESS: Oh, okay. The chair -- 15:29:45
2 Q. The last page. 15:28:00	2 MR. BROOKS: Don't pay attention to that 15:29:45
3 A. Yeah. 15:28:01	3 man. 15:29:47
4 Q. Check me, that's 177. 15:28:01	4 THE WITNESS: The chair of the Tawani 15:29:47
5 A. Yeah. 15:28:03	5 Foundation is Jennifer Pritzker. 15:29:51
6 Q. There's a statement that says "Funding." 15:28:04	6 BY MR. BROOKS: 15:29:51
7 A. Yeah. 15:28:06	7 Q. And Jennifer Pritzker is frequently referred 15:29:51
8 Q. And it says: 15:28:06	8 to as the first transgender billionaire. Am I 15:29:55
9 "This project was partly funded 15:28:07	9 correct? 15:29:58
10 from a grant of the Tawani 15:28:08	10 MR. LANNIN: Object to the form. 15:29:58
11 Foundation. Most of the expenses 15:28:11	11 THE WITNESS: Jennifer has been referred to 15:30:01
12 went to pay the evidence-based 15:28:12	12 as the probably -- yeah, probably the first openly 15:30:04
13 practice center of Johns Hopkins 15:28:14	13 out transgender billionaire. 15:30:10
14 University for their work." 15:28:17	14 BY MR. BROOKS: 15:30:17
15 A. Hm-hm. 15:28:18	15 Q. And, to your knowledge, Pritzker has 15:30:17
16 Q. Am I correct that indeed the great bulk of 15:28:19	16 strongly held views regarding transgender medicine. 15:30:24
17 the expenses -- of the out-of-pocket expenses 15:28:23	17 Correct? 15:30:27
18 actually incurred in this project were the payments 15:28:25	18 MR. LANNIN: Object to the form. 15:30:27
19 made to Johns Hopkins University? 15:28:27	19 THE WITNESS: The one thing I know about 15:30:32
20 MR. LANNIN: Object to the form. 15:28:29	20 Jennifer is that she is a firm believer in science. 15:30:34
21 THE WITNESS: Yes. 15:28:31	21 And even her career in the military is -- she's a 15:30:43
22 BY MR. BROOKS: 15:28:31	22 strong believer that you win by military science. 15:30:52
23 Q. Because the participants were not paid for 15:28:32	23 BY MR. BROOKS: 15:30:57
24 their time. Right? 15:28:33	24 Q. And that -- just to connect the records, 15:30:57
25 A. Right. These were -- everyone was volunteer 15:28:34	25 that career in the military was under the name James 15:31:00

CONFIDENTIAL

Page 242	Page 244
1 Pritzker? 15:31:03	1 in your honor. Am I correct? 15:34:27
2 A. That's correct. 15:31:04	2 A. That is correct. 15:34:29
3 Q. Am I correct in assuming that you personally 15:31:04	3 Q. And indeed much of your professional life 15:34:29
4 interacted with Jennifer Pritzker to obtain grants 15:31:11	4 was spent working with this institute. 15:34:32
5 that helped fund this SOC-8 project? 15:31:16	5 MR. LANNIN: Object to the form. 15:34:34
6 A. I did not. 15:31:19	6 THE WITNESS: Exclusively. 15:34:35
7 MR. LANNIN: Object to the form. 15:31:20	7 BY MR. BROOKS: 15:34:36
8 BY MR. BROOKS: 15:31:20	8 Q. And under what name or names did it go 15:34:36
9 Q. You did not. Do you know whether Pritzker 15:31:21	9 previously? 15:34:38
10 had any opportunity to review any draft of any -- of 15:31:26	10 A. Originally it was called The Program in 15:34:40
11 the whole or any part of SOC-8 before it was 15:31:31	11 Human Sexuality. And then in 2020-'21, we renamed it 15:34:43
12 published? 15:31:34	12 The Institute For Sexual and Gender Health. And then 15:34:53
13 A. Only if she responded to the public comment 15:31:35	13 shortly after my retirement, they added my name to 15:34:58
14 period. She was never given any drafts or had any 15:31:38	14 the institute's name. 15:35:07
15 input into the methodology or anything. And I 15:31:43	15 Q. It was -- was it originally affiliated with 15:35:08
16 reviewed all those public comments, and people had to 15:31:52	16 the University of Minnesota? 15:35:11
17 identify who they were, and to my best of my recall, 15:31:54	17 A. Always affiliated with the University of 15:35:12
18 I don't remember her making a comment. 15:31:59	18 Minnesota. 15:35:14
19 Q. Was there any grant from either Pritzker or 15:32:03	19 Q. Is that true up to the present? 15:35:14
20 the Tawani Foundation or any other Tawani entity in 15:32:06	20 A. Yes. 15:35:15
21 connection with the development of SOC-7? 15:32:11	21 Q. Okay. I didn't know whether it had spun 15:35:15
22 A. SOC-7. That's a good question that I can't 15:32:18	22 out. 15:35:18
23 remember. I know that WPATH had received -- has 15:32:26	23 A. No. 15:35:18
24 received other funds from Tawani Foundation 15:32:33	24 Q. Such things do sometimes. 15:35:19
25 supporting the symposia. I cannot recall if we 15:32:37	25 A. No, I know. 15:35:20
Page 243	Page 245
1 received any funding for -- I remember SOC-7, you 15:32:42	1 Q. Okay. Let me ask you, take you back to 15:35:21
2 know, just being down on a shoe string and all 15:32:49	2 page 28. And there, as is true in so many such 15:35:22
3 volunteer kinds of efforts. So no, no, you're 15:32:53	3 disclosures of gifts, there's a largest category gift 15:35:28
4 triggering though. 15:33:01	4 of \$1 million plus. 15:35:33
5 We had a major expense -- major when I think 15:33:01	5 And just to make sure I understand this 15:35:36
6 of it. I think it was \$25,000 that we hired a 15:33:04	6 correctly, is this reporting gifts made in 2023, or 15:35:38
7 technical editor. And was that funded in part or by 15:33:08	7 is this cumulative across some period of time? 15:35:43
8 a grant by Tawani? I'm not sure. 15:33:17	8 A. My understanding is that they did a 15:35:46
9 MR. BROOKS: Let me ask the reporter to mark 15:33:24	9 cumulative of all -- from the beginning of our 15:35:50
10 as Exhibit 21 a document titled "Eli Coleman 15:33:25	10 fundraising efforts. 15:35:54
11 Institute for Sexual and Gender Health, Annual Report 15:33:30	11 Q. Okay. And there -- or under the 15:35:55
12 2023." 15:33:32	12 1-million-plus category, there are four unanimous 15:35:59
13 (The document referred to was 15:33:32	13 donors. Do you know who any of those are? 15:36:02
14 marked as Exhibit 21.) 15:33:45	14 A. I am not -- I would not know. My -- we 15:36:05
15 BY MR. BROOKS: 15:33:45	15 didn't have that many million-plus donors -- 15:36:14
16 Q. And is this in fact an annual report of the 15:33:45	16 Q. I understand, probably not. 15:36:17
17 Eli Coleman Institute that you have seen before 15:33:49	17 A. -- certainly, and so I don't know about 15:36:18
18 today? 15:33:51	18 that. 15:36:22
19 A. That is correct. 15:33:53	19 Q. Well, let's come at it backwards. 15:36:26
20 Q. Let me ask you to turn to page 28 which is 15:33:56	20 A. Yeah. 15:36:28
21 in the "Endowments and Philanthropic Funds" section. 15:34:09	21 Q. Three of the million-dollar-plus gifts that 15:36:29
22 A. Yeah. 15:34:13	22 are recognized here are either from Pritzker or an 15:36:31
23 Q. And let me just understand. This institute 15:34:14	23 enterprise or foundation associated with Pritzker. 15:36:38
24 is one that you spent many years of your professional 15:34:21	24 Correct? 15:36:38
25 life building up, but which was only recently renamed 15:34:23	25 A. Yeah, Tawani Enterprise is the for-profit 15:36:41

CONFIDENTIAL

Page 246	Page 248
<p>1 aspect of -- of Colonel Pritzker's enterprise. 15:36:47</p> <p>2 Q. So Colonel Pritzker gave individually 15:36:55</p> <p>3 through the Tawani Enterprise and through the Tawani 15:37:00</p> <p>4 Foundation -- correct? -- in each case more than a 15:37:05</p> <p>5 million dollars, or a million dollars or more I 15:37:07</p> <p>6 should say. 15:37:08</p> <p>7 MR. LANNIN: Object to the form. 15:37:09</p> <p>8 THE WITNESS: To my knowledge, again, I'm -- 15:37:18</p> <p>9 I -- this -- this was after I left and produced this, 15:37:21</p> <p>10 but I cannot recall that Jennifer and Erin Solaro 15:37:28</p> <p>11 ever gave that much money personally. Most of it 15:37:35</p> <p>12 came from Tawani Foundation, and some of it may have 15:37:40</p> <p>13 come from Tawani Enterprises. 15:37:47</p> <p>14 Sometimes the way that the foundation works 15:37:50</p> <p>15 is that, let's say you -- your -- your firm donated a 15:37:58</p> <p>16 million dollars to us. That would be wonderful. 15:38:07</p> <p>17 BY MR. BROOKS: 15:38:10</p> <p>18 Q. Unlikely, but we'll work with the 15:38:11</p> <p>19 hypothesis. 15:38:11</p> <p>20 A. You might be a credit, what we call a soft 15:38:12</p> <p>21 credit -- 15:38:17</p> <p>22 Q. I understand. 15:38:18</p> <p>23 A. -- that you may have or helped arrange that 15:38:21</p> <p>24 gift. 15:38:24</p> <p>25 Q. I understand. 15:38:24</p>	<p>2 BY MR. BROOKS: 15:39:48</p> <p>3 Q. At any rate, it is true, is it not, that 15:40:02</p> <p>4 over time by far the largest individual donor to your 15:40:04</p> <p>5 institute was Colonel Pritzker individually or 15:40:08</p> <p>6 through controlled enterprises? 15:40:11</p> <p>7 MR. LANNIN: Objection. 15:40:11</p> <p>8 THE WITNESS: Clearly. 15:40:14</p> <p>9 BY MR. BROOKS: 15:40:14</p> <p>10 Q. Okay. Dr. Coleman, summing up -- we've 15:40:16</p> <p>11 wandered around about a bit -- it's the case, is it 15:40:33</p> <p>12 not, that, to your knowledge, many participants in 15:40:34</p> <p>13 the SOC-8 development project earned a substantial 15:40:37</p> <p>14 percentage of their income from providing services 15:40:40</p> <p>15 relating to gender dysphoria to which the Standards 15:40:43</p> <p>16 of Care could be relevant? 15:40:49</p> <p>17 MR. LANNIN: Object to form. 15:40:50</p> <p>18 THE WITNESS: I would not know that for sure 15:40:51</p> <p>19 because many -- many individuals, you know, were 15:40:57</p> <p>20 involved in clinical care, and there -- there might 15:41:06</p> <p>21 have been a substan- -- you know, a significant, but 15:41:11</p> <p>22 to say that the majority of their -- their income 15:41:15</p> <p>23 derived from that, I don't know if that's -- was the 15:41:24</p> <p>24 case at all. 15:41:30</p> <p>25 BY MR. BROOKS: 15:41:31</p>
Page 247	Page 249
<p>1 A. And that's the only explanation that I can 15:38:25</p> <p>2 make because, again, up until I left, you know, any 15:38:28</p> <p>3 of those big donations, I had a -- I wasn't aware of 15:38:34</p> <p>4 it, and I just don't recall them giving indiv- -- 15:38:40</p> <p>5 that individually. It was all through the 15:38:46</p> <p>6 foundation. 15:38:49</p> <p>7 Q. Well, am I -- am I correct that over time 15:38:49</p> <p>8 you yourself cultivated a relationship with 15:38:53</p> <p>9 Colonel Pritzker in connection with fundraising for 15:38:57</p> <p>10 the institute? 15:38:59</p> <p>11 A. Yes. 15:39:00</p> <p>12 MR. LANNIN: Object to the form. 15:39:01</p> <p>13 BY MR. BROOKS: 15:39:02</p> <p>14 Q. And other than Pritzker, do you not recall 15:39:03</p> <p>15 anybody else of those who gave a million dollars or 15:39:07</p> <p>16 more? 15:39:11</p> <p>17 A. I -- I think I may know one of those 15:39:17</p> <p>18 anonymous donors, but I don't recall four of them. 15:39:20</p> <p>19 Q. Well, your counsel will be free to designate 15:39:27</p> <p>20 the relevant portion of the transcript as 15:39:32</p> <p>21 confidential -- 15:39:32</p> <p>22 A. Yeah. 15:39:32</p> <p>23 Q. -- but who is the one that you recall? 15:39:33</p> <p>24 MR. LANNIN: You can answer. 15:39:35</p>	<p>1 Q. A number of the participants were employed 15:41:32</p> <p>2 by pediatric gender clinics that derived the bulk of 15:41:33</p> <p>3 their revenue from services that could be affected by 15:41:37</p> <p>4 the Standards of Care. Correct? 15:41:39</p> <p>5 MR. LANNIN: Object to the form. 15:41:41</p> <p>6 THE WITNESS: To their entire department? 15:41:42</p> <p>7 Or -- 15:41:46</p> <p>8 BY MR. BROOKS: 15:41:49</p> <p>9 Q. Multiple participants in the SOC development 15:41:49</p> <p>10 process were employed by gender clinics that derived 15:41:51</p> <p>11 the bulk of their revenue from services that could be 15:41:57</p> <p>12 affected by the Standards of Care. Correct? 15:42:00</p> <p>13 MR. LANNIN: Same objection. Same 15:42:02</p> <p>14 objection. 15:42:06</p> <p>15 THE WITNESS: Several of the members I would 15:42:06</p> <p>16 say probably did. You know, the bulk of their work 15:42:09</p> <p>17 was adolescent transgender health care. 15:42:13</p> <p>18 BY MR. BROOKS: 15:42:19</p> <p>19 Q. And, to your knowledge, several participants 15:42:19</p> <p>20 had served or were -- during the time that SOC-8 was 15:42:25</p> <p>21 developed were serving as paid expert witnesses in 15:42:28</p> <p>22 litigation relating to transgender medicine. 15:42:31</p> <p>23 Correct? 15:42:34</p> <p>24 MR. LANNIN: Object to the form. 15:42:35</p> <p>25 THE WITNESS: They -- they might have been. 15:42:36</p>

CONFIDENTIAL

Page 250	Page 252
1 I -- I'm not aware of, you know, each case of that. 15:42:39	1 you and I discussed, conflicts of interest often call 15:45:23
2 But oftentimes we have been called -- you know, we 15:42:41	2 for disclosure, not necessarily exclusion. Correct? 15:45:28
3 get called to, as I told you, you know, serve as an 15:42:45	3 MR. LANNIN: Object to the form. 15:45:32
4 expert, fact witness, or me get involved in 15:42:50	4 THE WITNESS: Disclosure, right, and 15:45:33
5 litigation, but -- 15:42:56	5 management of that conflict. 15:45:36
6 BY MR. BROOKS: 15:42:56	6 BY MR. BROOKS: 15:45:39
7 Q. It's also the ca- -- 15:42:56	7 Q. And my question is -- well, let me ask this. 15:45:39
8 A. -- I don't think that any of them make a 15:43:00	8 Did Karen Robinson sign off on the statement 15:45:41
9 living at that. 15:43:03	9 that no conflicts of interest were deemed significant 15:45:44
10 Q. It's also the case that the primary funder 15:43:05	10 or consequential? 15:45:46
11 of the SOC-8 project and the largest donor to your 15:43:08	11 A. She did not sign off on this public- -- 15:45:50
12 institute is a transgender individual who has been 15:43:13	12 she's not an author on this publication. 15:45:54
13 referred to as the world's first transgender 15:43:18	13 Q. Who made the decision to declare to the 15:45:56
14 billionaire. Correct? 15:43:22	14 world that no conflicts of interest of any 15:45:58
15 MR. LANNIN: Object to the form. 15:43:23	15 participant in the SOC-8 project were significant or 15:46:01
16 THE WITNESS: That is correct. 15:43:23	16 consequential? 15:46:05
17 BY MR. BROOKS: 15:43:24	17 MR. LANNIN: Object to the form. 15:46:05
18 Q. Back to Exhibit 2. Let me ask you to turn 15:43:48	18 THE WITNESS: I mean, that's -- that's true, 15:46:08
19 back to page 177, the last page of Exhibit 2. It's 15:43:50	19 or we would have excluded those -- those people. 15:46:11
20 the big fat SOC excerpt. 15:43:59	20 This is a statement of fact. 15:46:17
21 A. Yes, thank you. And what page? 15:44:02	21 BY MR. BROOKS: 15:46:18
22 Q. The very last page. 15:44:03	22 Q. Who made the decision to assert that no 15:46:18
23 A. Okay. 15:44:05	23 conflicts of interest were deemed significant or 15:46:21
24 Q. And there's a short section entitled 15:44:09	24 consequential? 15:46:23
25 "Conflicts of Interest." 15:44:12	25 MR. LANNIN: Object to the form. 15:46:24
Page 251	Page 253
1 A. Hm-hm. 15:44:12	1 THE WITNESS: That was language that was 15:46:29
2 Q. And it says: 15:44:13	2 approved by the authors of the Standards of Care 8. 15:46:30
3 "Conflicts of interest were 15:44:16	3 BY MR. BROOKS: 15:46:33
4 reviewed as part of the selection 15:44:16	4 Q. Not all the authors were involved in the 15:46:34
5 process for committee members and 15:44:18	5 process of evaluating conflicts, were they? 15:46:36
6 at the end of the process before 15:44:20	6 A. No. 15:46:39
7 publication. No conflicts of 15:44:21	7 Q. Who made the decision to represent to the 15:46:39
8 interest were deemed significant or 15:44:24	8 world that no conflicts of interest were deemed 15:46:42
9 consequential." 15:44:25	9 significant or consequential? 15:46:47
10 Let me ask you this, Dr. Coleman. 15:44:28	10 MR. LANNIN: Object to the form. 15:46:49
11 In light of the numerous and extensive 15:44:29	11 THE WITNESS: We reported what -- what we 15:46:57
12 conflicts of interest that we've discussed, how did 15:44:34	12 knew. 15:46:58
13 you conclude, how were you comfortable stating to the 15:44:37	13 BY MR. BROOKS: 15:46:58
14 world, that no conflict of interests were deemed 15:44:41	14 Q. Somebody evaluated that and somebody drafted 15:46:58
15 significant or consequential? 15:44:44	15 that sentence. Who made the decision to tell the 15:47:00
16 MR. LANNIN: Object to the form. 15:44:47	16 world that no conflicts of interest were significant 15:47:02
17 THE WITNESS: Again, we entered into this 15:44:48	17 or consequential? 15:47:04
18 knowing that people would have conflicts of interest. 15:44:51	18 MR. LANNIN: Object to the form. 15:47:05
19 We did not deem any of those -- again, given the 15:44:57	19 THE WITNESS: As I said, we reviewed 15:47:07
20 guidance that we received from Karen Robinson -- that 15:45:02	20 everyone's conflict of interest, and we did not find 15:47:10
21 would fall into a category of significant or 15:45:07	21 that there was any reason that those conflicts of 15:47:16
22 consequential that would make us decide not to 15:45:11	22 interest couldn't be managed. And we were very 15:47:25
23 include someone on the committee. 15:45:17	23 transparent with -- with that process and who was 15:47:29
24 BY MR. BROOKS: 15:45:20	24 involved and their affiliations. 15:47:34
25 Q. Well, as we saw in an earlier email and as 15:45:22	25 I think we went very extensively to be 15:47:38

CONFIDENTIAL

Page 254	Page 256
1 transparent about our process and who was involved. 15:47:44	1 In this case, we see two-thirds of the way 15:50:47
2 Did we report every aspect? As I said, no. But, 15:47:51	2 down, page 497, that it's addressed to the AMA: 15:50:50
3 again, those things were reviewed, and if we had 15:47:55	3 "We, as WPATH would be most 15:50:55
4 serious question, we would have -- we would have -- 15:47:57	4 grateful if the AMA would be 15:50:57
5 and I remember, again, talking about some of those 15:48:03	5 willing to support or endorse the 15:50:59
6 with -- with Karen. 15:48:07	6 SOC-8." 15:51:01
7 BY MR. BROOKS: 15:48:09	7 Do you see that? 15:51:02
8 Q. Well, this is -- I was going to say there 15:48:09	8 A. Not yet. 15:51:04
9 was a lot of passive voice there and "we." 15:48:10	9 Q. On this page, it is yay far down. 15:51:05
10 You've said that not all the members 15:48:13	10 A. Right there, okay. Yes, I see that now. 15:51:13
11 participated in the conflict review process. 15:48:15	11 Q. Just so we know what we're talking about. 15:51:15
12 Everybody had to submit -- 15:48:18	12 A. Yup. 15:51:17
13 A. No, it -- 15:48:20	13 Q. And on the next page, you'll see that 15:51:18
14 Q. -- exposure. 15:48:21	14 things -- you know, footers get added to emails and 15:51:21
15 A. It was the -- 15:48:21	15 this one's got, on the next page, "AMA" all over it. 15:51:24
16 Q. Who is "we"? 15:48:21	16 At any rate, did you at any point see 15:51:31
17 A. It was the steering committee. It was 15:48:21	17 Dr. Bouman's email to the AMA requesting their 15:51:35
18 Karen, myself, Asa, and Jon. 15:48:24	18 endorsement or support of SOC-8? 15:51:41
19 Q. But it is not your testimony that Karen 15:48:27	19 MR. LANNIN: Object to the form. 15:51:45
20 signed off on the representation that none of the 15:48:30	20 THE WITNESS: Not that I recall. 15:51:47
21 identified conflicts were consequential or 15:48:32	21 BY MR. BROOKS: 15:51:50
22 significant. 15:48:35	22 Q. Were you aware that Dr. Bouman sent letters 15:51:51
23 MR. LANNIN: Object to the form. 15:48:36	23 to a number of medical organizations, including the 15:51:54
24 THE WITNESS: She knew and never raised -- 15:48:37	24 American Medical Association, requesting their 15:51:58
25 that was -- she understood that we had reviewed the 15:48:42	25 support or endorsement of SOC-8? 15:52:00
Page 255	Page 257
1 conflicts of interest and felt satisfied with that. 15:48:50	1 MR. LANNIN: Object to the form. 15:52:03
2 Her contract had ended by the time that we 15:48:56	2 THE WITNESS: I'm aware that we reached out 15:52:05
3 were -- and she was not -- and she was not a -- and 15:48:59	3 to organizations like this to see if we could gain 15:52:07
4 shouldn't have been an author of the Standards of 15:49:07	4 their support. 15:52:13
5 Care. She was the methodologist. 15:49:09	5 BY MR. BROOKS: 15:52:13
6 MR. BROOKS: Let me ask the reporter to mark 15:49:15	6 Q. Does this appear to you to be an email from 15:52:16
7 as Exhibit 22 an email chain bearing Bates numbers 15:49:16	7 Dr. Bouman to the AMA? 15:52:21
8 BOEL -- BOEAL_WPATH_105494 through 498, a chain 15:49:25	8 A. Yes. 15:52:22
9 titled "The Eminent Release of the SOC-8, and please 15:49:35	9 Q. Okay. 15:52:23
10 be so kind as to give us your support or 15:49:38	10 MR. LANNIN: Object to the form. 15:52:24
11 endorsement." 15:49:42	11 BY MR. BROOKS: 15:52:25
12 (The document referred to was 15:49:42	12 Q. And if you look on the page ending in 496, 15:52:25
13 marked as Exhibit 22.) 15:49:58	13 at the top, we have a response -- and tell me, do you 15:52:34
14 BY MR. BROOKS: 15:49:58	14 have 496? 15:52:38
15 Q. Let me take you to the beginning of this 15:50:01	15 A. Yes. 15:52:38
16 chain which starts on page 105496. 15:50:04	16 Q. At the top we have a response from somebody 15:52:40
17 A. Okay. 15:50:15	17 to Dr. Bouman that says, quote: 15:52:42
18 Q. And at the bottom there begins an email from 15:50:15	18 "Thank you for your outreach to 15:52:45
19 Walter Bouman, who is, in 2022, the president of 15:50:18	19 the American Medical Association. 15:52:47
20 WPATH. Correct? 15:50:22	20 Blank asked me to reply on their 15:52:50
21 A. That's correct. 15:50:23	21 behalf. While we appreciate your 15:52:52
22 Q. To redacted addressees. And if you turn the 15:50:23	22 efforts on the SOC-8, the AMA does 15:52:55
23 page, you will see that it is an email requesting 15:50:34	23 not endorse or support Standards of 15:52:57
24 that the addressee organization officially endorse 15:50:37	24 Care. That falls outside our 15:52:59
25 SOC-8. 15:50:45	25 expertise," close quote. 15:53:00

CONFIDENTIAL

Page 258	Page 260
1 Do you see that language? 15:53:02	1 numbers BOEAL_WPATH_091211 through 218 headed "SOC-8 15:55:38
2 A. Yes. 15:53:02	2 Strategy." 15:55:47
3 Q. Do you recall learning in the summer of 2022 15:53:05	3 (The document referred to was 15:55:47
4 or thereabouts that the AMA had declined to endorse 15:53:07	4 marked as Exhibit 23.) 15:56:10
5 or support SOC-8? 15:53:12	5 BY MR. BROOKS: 15:56:10
6 A. I don't recall specifically, no. 15:53:13	6 Q. And, Dr. Coleman, the -- halfway down the 15:56:11
7 Q. If you go to the first page, 494, there 15:53:31	7 first page is an email that is in fact sent by you. 15:56:15
8 Asa Radix forwards an email from Dr. Bouman, WPATH 15:53:41	8 Correct? 15:56:27
9 Chair. Do you see that? 15:53:45	9 Have I got the wrong version here? Well, at 15:56:28
10 A. Yes. 15:53:45	10 any rate, we'll take it backwards. 15:56:33
11 Q. And Dr. Bouman writes after sharing the -- 15:53:49	11 Turn to page ending in 213 which is headed 15:56:34
12 well, let me just -- let me just ask for clarity. 15:53:55	12 "Draft 12 Point Strategic Plan to Advance 15:56:41
13 One of the cc's of this chain is WPATH EC 15:53:57	13 Gender-Affirming Care Through Strengthening the WPATH 15:56:46
14 2022. Do you understand that to refer to the 15:54:02	14 SOC-8." 15:56:49
15 executive committee? 15:54:05	15 Is that a document you wrote? 15:56:49
16 A. That's correct. 15:54:05	16 A. Yes. 15:56:50
17 Q. Which you are not a member of at this time. 15:54:06	17 Q. And am I correct that preceding this we have 15:56:51
18 Correct? 15:54:06	18 an email that you sent, circulating this memorandum 15:56:56
19 A. That's correct. 15:54:09	19 to a number of your colleagues? 15:57:00
20 Q. Okay. Dr. Bouman writes and Dr. Radix sends 15:54:09	20 A. Yes. 15:57:03
21 out to the executive committee, quote: 15:54:15	21 Q. And to whom did you send it? 15:57:04
22 "It annoyed the hell out of me 15:54:18	22 A. Who did I send it to? I would imagine that 15:57:07
23 and I had to stop my impulsivity to 15:54:21	23 I sent this to the -- the -- either minimally the EC 15:57:11
24 not respond with a very, very rude 15:54:24	24 of -- of WPATH or the entire board. 15:57:22
25 email response to the AMA and its 15:54:26	25 Q. Okay. Let me ask you to turn in the memo 15:57:24
Page 259	Page 261
1 current custodians." 15:54:28	1 that you wrote to page 215. Actually, let's turn 15:57:27
2 Do you see that? 15:54:30	2 first to 214 where the first of your 12-point plan is 15:57:38
3 A. Yes. 15:54:30	3 endorsements. Correct? 15:57:45
4 Q. And Dr. Bouman, president of the WPATH, goes 15:54:30	4 A. Yes. 15:57:46
5 on to describe the AMA leadership as, quote: 15:54:38	5 Q. And you say there: 15:57:47
6 "Probably some white cisgender 15:54:42	6 "As far as I know, we have 15:57:48
7 heterosexual hillbillies from 15:54:46	7 endorsements of the SOC-8 from the 15:57:49
8 nowhere," close quote. 15:54:46	8 World Association For Sexual Health 15:57:52
9 Do you see that? 15:54:48	9 and the International Society For 15:57:54
10 A. Yes. 15:54:48	10 Sexual Medicine." 15:57:56
11 Q. Do you consider the leadership of the AMA to 15:54:50	11 Correct? 15:57:56
12 be a bunch of white cisgender heterosexual 15:54:53	12 A. That's correct. 15:57:58
13 hillbillies from nowhere? 15:54:56	13 Q. And you note farther down that, quote: 15:57:59
14 A. No. 15:54:56	14 "I don't know what happened to 15:58:07
15 MR. LANNIN: Object to the form. 15:54:57	15 our efforts to get more support 15:58:08
16 BY MR. BROOKS: 15:54:58	16 from the American Academy of 15:58:09
17 Q. Do you consider Dr. Bouman to be a serious, 15:54:58	17 Pediatrics." 15:58:12
18 careful scientist who makes decisions based on 15:55:01	18 Do you see that? 15:58:12
19 science rather than ideology? 15:55:04	19 A. Yes. 15:58:13
20 MR. LANNIN: Object to the form. 15:55:06	20 Q. And, in fact, the American Academy of 15:58:13
21 THE WITNESS: I do. 15:55:06	21 Pediatrics has never endorsed SOC-8. Am I correct? 15:58:16
22 BY MR. BROOKS: 15:55:08	22 MR. LANNIN: Object to the form. 15:58:21
23 Q. Do you recall -- strike that. 15:55:18	23 THE WITNESS: As far as I know, that's 15:58:22
24 MR. BROOKS: Let me ask the reporter to mark 15:55:30	24 correct. 15:58:24
25 as Exhibit 23 an email chain headed -- bearing Bates 15:55:31	25 BY MR. BROOKS: 15:58:24

CONFIDENTIAL

Page 262	Page 264
1 Q. And we've seen that the AMA did not endorse 15:58:24	1 organizations did endorse SOC-7"? 16:00:39
2 SOC-8. Correct? 15:58:28	2 MR. LANNIN: Object to the form. 16:00:42
3 A. That's correct. 15:58:29	3 THE WITNESS: No. I mean, that -- this was 16:00:43
4 Q. Other than the two that you list in the 15:58:30	4 my point is that I read that many organizations had 16:00:46
5 opening paragraph, are you aware of any significant 15:58:32	5 either endorsed or supported SOC-7, but I thought it 16:00:52
6 medical organization that has endorsed SOC-8? 15:58:35	6 would be -- I didn't know where that really came 16:01:03
7 MR. LANNIN: Object to the form. 15:58:38	7 from. 16:01:05
8 THE WITNESS: I -- I am not. 15:58:39	8 BY MR. BROOKS: 16:01:06
9 BY MR. BROOKS: 15:58:42	9 Q. As far as you know, it's just not true. 16:01:06
10 Q. Let me ask you to turn now to 215, the next 15:58:43	10 Correct? 16:01:08
11 page. Tell me when you have that. 15:58:46	11 MR. LANNIN: Object to the form. 16:01:09
12 A. Oh, sorry. 15? 15:58:53	12 THE WITNESS: No, I assumed it to be true. 16:01:09
13 Q. 215? 15:58:56	13 BY MR. BROOKS: 16:01:11
14 A. Yup. 15:58:57	14 Q. Why do you assume it to be true? 16:01:12
15 Q. And in the second paragraph, you write: 15:58:58	15 A. It's written over and over again and stated 16:01:14
16 "I have no idea how it was ever 15:59:04	16 in even legal, you know, documents. 16:01:19
17 said that so many medical 15:59:07	17 Q. Oh, my. You have great faith in lawyers. 16:01:22
18 organizations have endorsed SOC-7. 15:59:09	18 However, you are not aware of facts that 16:01:28
19 This statement is made in many 15:59:12	19 would support that this proposition that many medical 16:01:30
20 legal briefs and court proceedings, 15:59:14	20 organizations endorsed or supported SOC-7, are you? 16:01:36
21 but is that true? How did that 15:59:15	21 MR. LANNIN: Object to the form. 16:01:41
22 ever come about?" Close quote. 15:59:18	22 THE WITNESS: Only the fact that I -- I -- I 16:01:41
23 Do you see that language? 15:59:20	23 stated. 16:01:44
24 A. Yes. 15:59:21	24 BY MR. BROOKS: 16:01:47
25 Q. How did you come to learn that it had been 15:59:22	25 Q. Sorry. That it was -- that you read it in 16:01:47
Page 263	Page 265
1 said in many of the legal briefs and in court that 15:59:26	1 briefs? 16:01:48
2 many medical organizations had endorsed SOC-7? 15:59:31	2 MR. LANNIN: Object to the form. 16:01:50
3 MR. LANNIN: Object to the form. 15:59:35	3 THE WITNESS: (Nods head.) 16:01:51
4 THE WITNESS: How did I what? I'm sorry. 15:59:37	4 MR. BROOKS: All right. 16:01:52
5 BY MR. BROOKS: 15:59:39	5 MR. LANNIN: Counsel, we've been going for 16:01:55
6 Q. How did you learn that it had been said in 15:59:39	6 another hour, believe it or not. Take our final 16:01:57
7 many legal briefs and court proceedings that many 15:59:42	7 break? 16:01:59
8 medical organizations have endorsed SOC-7? 15:59:46	8 MR. BROOKS: Take a final break, yes. 16:01:59
9 A. I read it in these various documents. 15:59:50	9 MR. LANNIN: Okay. 16:02:01
10 Q. You -- for fun you read legal briefs from 15:59:53	10 THE VIDEOGRAPHER: Okay. The time is 16:02:02
11 time to time. 15:59:58	11 4:02 p.m., and we are now off the record. 16:02:05
12 A. Time to time. 15:59:58	12 (Recess taken.) 16:02:08
13 Q. I'm sorry. 15:59:58	13 THE VIDEOGRAPHER: The time is 4:18 p.m., 16:18:15
14 And you were the chairman of the SOC-7 16:00:03	14 and we are now back on the record. 16:18:36
15 process? 16:00:07	15 MR. BROOKS: Pardon me one moment. 16:18:36
16 A. That's correct. 16:00:08	16 BY MR. BROOKS: 16:18:36
17 Q. You believe you would know if medical 16:00:09	17 Q. I've asked you to find Exhibit 16, the 16:19:03
18 organizations have endor- -- had endorsed SOC-7, do 16:00:15	18 methodology appendix. I'm going to take you back to 16:19:06
19 you not? 16:00:18	19 the beginning of that where there's discussion about 16:19:09
20 A. Not necessarily. 16:00:18	20 the methodological innovations of SOC-8 as compared 16:19:13
21 Q. After you circulated this memo to the 16:00:20	21 to its predecessors. And one of those that's 16:19:17
22 executive committee and perhaps the whole board 16:00:24	22 identified in the bullet point list that goes from 16:19:25
23 questioning whether it was true that many medical 16:00:27	23 the bottom of the first column to the second is, 16:19:27
24 organizations had endorsed SOC-7, did anybody come to 16:00:31	24 quote: 16:19:29
25 you and say, "Dr. Coleman, the following 16:00:35	25 "The use of a Delphi process to 16:19:29

CONFIDENTIAL

Page 266			Page 268		
1	reach agreement on the	16:19:31	1	they -- they wrote comments about why they were	16:22:39
2	recommendations among SOC-8	16:19:32	2	supporting or why they were -- had some concerns or	16:22:43
3	committee members."	16:19:34	3	made recommendations about different ways of stating	16:22:47
4	Do you see that?	16:19:36	4	the recommendation.	16:22:54
5	A. Yes.	16:19:36	5	Q. Let me take you to what -- the more detail	16:22:54
6	Q. And, in fact, earlier in column 1, an	16:19:37	6	that you wrote about that. Page 250 at the bottom of	16:22:57
7	inch-and-a-half up, is a similar statement that says:	16:19:42	7	column 1, there's a Section 3.8 headed "Approval of	16:23:01
8	"Consensus of the final	16:19:46	8	the Recommendations Using the Delphi Process."	16:23:04
9	recommendations was attained using	16:19:47	9	Now first let me ask, were both suggestions	16:23:07
10	a Delphi process that included all	16:19:47	10	and recommendations approved by the Delphi process?	16:23:10
11	members of the Standards of Care	16:19:52	11	A. All recommen- -- all statements were first	16:23:17
12	revision committee and required	16:19:53	12	approved or disapproved by the Delphi process, so it	16:23:22
13	that recommendation statement were	16:19:55	13	added that.	16:23:25
14	approved by 75 percent of members."	16:19:57	14	Q. It was statements you -- you mean to include	16:23:25
15	Do you see that?	16:19:59	15	both, quote, "suggestions and recommendations"?	16:23:26
16	A. Yes.	16:20:01	16	A. Didn't matter. All of them.	16:23:29
17	Q. Why did you consider the use of the Delphi	16:20:02	17	Q. Okay.	16:23:32
18	process to adopt recommendations to be important?	16:20:06	18	A. They didn't -- the whole committee did not	16:23:33
19	A. First of all, that was the recommendation of	16:20:12	19	vote on the strength of the recommendation.	16:23:35
20	Dr. Robinson that we use that process. And this is a	16:20:19	20	Q. Okay. I just wanted to get clear since the	16:23:38
21	well-known, you know, process of achieving, you know,	16:20:31	21	term is used in a formal --	16:23:42
22	consensus about clinical guidelines, and so we felt	16:20:37	22	A. Yeah.	16:23:42
23	that that was a good process to use and was	16:20:47	23	Q. -- sense and a more flexible sense, I	16:23:44
24	recommended to us and that's what we did.	16:20:51	24	believe.	16:23:47
25	It was a way of -- you know, let's say	16:20:55	25	A. Yup.	16:23:47
Page 267			Page 269		
1	compared to SOC-7, you know, that -- I mean there was	16:21:00	1	Q. It says in the -- at the beginning of this	16:23:48
2	a check-and-balance system in that, is that draft	16:21:06	2	Section 3.8:	16:23:50
3	articles were written by usually just an individual,	16:21:12	3	"Formal consensus for all	16:23:51
4	but then we put it through a peer-review process, but	16:21:17	4	statements was obtained using the	16:23:53
5	that may only involve three other individuals	16:21:22	5	Delphi process."	16:23:55
6	reviewing that work, and, in this process, we've got	16:21:26	6	And it goes on, I'm skipping a	16:23:56
7	119 people reviewing that work.	16:21:30	7	parenthetical:	16:23:56
8	Q. And am I correct that in the Delphi process	16:21:33	8	"For a recommendation to be	16:23:59
9	voting to approve or disapprove a proposed statement	16:21:37	9	approved, a minimum of 75 percent	16:24:00
10	is done anonymously?	16:21:42	10	of the voters -- of the voters had	16:24:02
11	MR. LANNIN: Object to the form.	16:21:44	11	to approve that statement."	16:24:07
12	THE WITNESS: I don't know that that's true.	16:21:45	12	How did you decide on the 75 percent	16:24:08
13	BY MR. BROOKS:	16:21:57	13	threshold?	16:24:10
14	Q. Let me -- fine. Let me take you to	16:21:58	14	A. That was at the recommendation of Karen	16:24:13
15	page 250- --	16:22:02	15	Robinson.	16:24:14
16	A. I don't think we saw the -- I think I --	16:22:03	16	Q. Okay.	16:24:15
17	Q. All right.	16:22:11	17	MR. BROOKS: Let me ask the reporter to mark	16:24:24
18	A. Yeah, I don't -- I don't -- I'm not sure.	16:22:12	18	as Exhibit 24 a document bearing Bates numbers	16:24:25
19	Q. Okay.	16:22:12	19	BOEL -- BOEAL_WPATH_105297 through 302.	16:24:36
20	A. I know we -- Loren looked at those results	16:22:13	20	(The document referred to was	16:24:36
21	and those percentages and we looked at all the	16:22:18	21	marked as Exhibit 24.)	16:24:45
22	comments. I think there must have been a mechanism	16:22:21	22	THE WITNESS: Thank you.	16:24:45
23	that we needed to view whatever comment, where was	16:22:24	23	BY MR. BROOKS:	16:24:45
24	that coming from, and to -- to understand the context	16:22:29	24	Q. So far as I'm aware, Dr. Coleman, this	16:25:09
25	of the comments. Because not only did they vote,	16:22:35	25	email chain entitled "Adolescent SOC-8 next steps"	16:25:13

CONFIDENTIAL

Page 270	Page 272
1 includes Dr. Edwards-Leeper, adolescent cochair 16:25:19	1 to put those through Delphi. 16:27:48
2 Dr. Leibowitz and Dr. de Vries. As far as I'm aware, 16:25:23	2 Q. Okay. At any rate, here on December 23rd, 16:27:50
3 you didn't receive it, but let me ask if you 16:25:25	3 '21, Dr. Leibowitz, cochair of the adolescent 16:27:57
4 recognize it. 16:25:28	4 chapter, writes to the adolescent SOC-8 team the 16:28:01
5 A. I -- I don't right off the bat, no. 16:25:30	5 statements themselves are not changing as they went 16:28:04
6 Q. Okay. If you turn to page 300, and if you 16:25:32	6 through Delphi. 16:28:06
7 look at the immediately preceding page at the bottom, 16:25:45	7 Is it at least fair to say that, at that 16:28:08
8 you'll see that this is an email from Scott 16:25:48	8 stage, if one wanted to change a statement, you would 16:28:10
9 Leibowitz. On page 299 you'll see that. 16:25:52	9 have to, as you've just described, submit a different 16:28:12
10 A. Yes. Oh, I see how it goes, yes. 16:26:03	10 statement through Delphi? 16:28:15
11 Q. Documents used to be simpler before email 16:26:07	11 MR. LANNIN: Object to the form. 16:28:16
12 chains. 16:26:11	12 THE WITNESS: It was -- if it meant a 16:28:19
13 A. Sorry. 16:26:11	13 substantial revision. There were some cases where 16:28:23
14 Q. He says, halfway down the page on page 300, 16:26:11	14 there was minor edits, you know, like grammar or 16:28:27
15 and I quote partway through: 16:26:18	15 something like that. We did not send those through 16:28:34
16 "We do have a good amount of 16:26:20	16 another Delphi. But if it was -- yeah, we -- that's 16:28:38
17 feedback to start looking at." 16:26:21	17 how we did it. 16:28:45
18 He's referring to the comment period. He 16:26:23	18 MR. BROOKS: All right. 16:28:45
19 says in bold: 16:26:25	19 Let me ask the reporter to mark as 16:28:52
20 "The statements themselves are 16:26:26	20 Exhibit 26 a document bearing Bates numbers 16:28:56
21 not changing as they went through 16:26:27	21 BOEAL_WPATH_105851 through 936, which is a version of 16:28:58
22 Delphi. However there may be 16:26:29	22 SOC-8. And I'll represent to you, and we'll look, 16:29:09
23 opportunities to strengthen the 16:26:31	23 that I think it's not the final version. 16:29:09
24 chapter by adjusting the text." 16:26:32	24 THE REPORTER: Exhibit 25, I believe. 16:29:25
25 Am I correct that the explanatory text was 16:26:35	25 MR. BROOKS: Sounds right. Thank you. I 16:29:25
Page 271	Page 273
1 not approved through a Delphi process? 16:26:39	1 don't -- have no idea what I said. 16:29:25
2 A. That's correct. 16:26:42	2 (The document referred to was 16:29:25
3 Q. Nor did you feel it was required to be? 16:26:43	3 marked as Exhibit 25.) 16:29:26
4 A. That's correct. 16:26:44	4 BY MR. BROOKS: 16:29:26
5 Q. But the statements, recommendations, 16:26:45	5 Q. Dr. Coleman, let me ask if you recognize 16:29:39
6 suggestions were approved by a vote of 75 percent 16:26:47	6 this text that appears to have been published in 16:29:41
7 through the Delphi process? 16:26:53	7 September 2022 in the International Journal of 16:29:43
8 A. Yes. 16:26:54	8 Transgender Health as a near final version of SOC-8? 16:29:48
9 Q. And is it consistent with your understanding 16:26:55	9 MR. LANNIN: Object to the form. 16:29:55
10 of the process that that Delphi process happened 16:26:56	10 BY MR. BROOKS: 16:30:02
11 before the public comment period, and those 16:27:05	11 Q. And, to avoid any confusion, let me point 16:30:02
12 Delphi-approved statements were not going to be 16:27:08	12 out to you that on page ending in 919 there are 16:30:05
13 changed based on public comment? 16:27:09	13 minimum ages proposed for certain procedures. 16:30:10
14 MR. LANNIN: Object to the form. 16:27:12	14 A. What page is that on? 16:30:15
15 THE WITNESS: They could have been. In 16:27:13	15 Q. That's on 919. 16:30:17
16 fact, we sent three new -- new statements through 16:27:17	16 A. Yeah. Yes. 16:30:19
17 Delphi based upon the feedback, public comment 16:27:24	17 Q. I'd just -- I'd ask you to identify what 16:30:19
18 period. 16:27:30	18 this document is. 16:30:21
19 BY MR. BROOKS: 16:27:30	19 A. Yeah, this is the unfortunate online 16:30:23
20 Q. In what chapter areas? 16:27:31	20 publication that shouldn't have been -- shouldn't 16:30:32
21 A. Don't recall. 16:27:33	21 have appeared, and that was the error of the 16:30:36
22 Q. Okay. 16:27:34	22 publisher because we had clearly stopped this process 16:30:40
23 A. But there were several new statements that, 16:27:35	23 and we had revisions before it fin- -- was to be 16:30:47
24 based upon the public comment, that we felt could 16:27:38	24 finalized. 16:30:53
25 have used some clarity or whatever, and it was agreed 16:27:44	25 Q. All right. So this was late stage. This 16:30:53

CONFIDENTIAL

Page 274	Page 276
1 was, if I'm correct, after completion of all Delphi 16:30:55	1 A. Yes. 16:33:35
2 processes, but it was before you intended it to go 16:30:59	2 Q. And am I correct that each of those age 16:33:35
3 out the door, is what you're telling me. 16:31:03	3 limits, minimum age limits, had been approved through 16:33:38
4 A. That's correct. 16:31:04	4 the Delphi process? 16:33:42
5 Q. Okay. And it's the case that this version 16:31:05	5 A. This -- the age limits were a subset of one 16:33:46
6 that went out in September -- let me ask. I know how 16:31:10	6 of the recommendation statements, statement 6.12. 16:33:55
7 journals work. It says September 2022. 16:31:15	7 Q. So those were part of what had been vetted 16:34:00
8 Did it come out in September 2022 or when -- 16:31:18	8 through the Delphi process? 16:34:03
9 A. Yes, it came out in September 2022. 16:31:21	9 A. Yes. 16:34:04
10 Q. Sometimes journal dates are fictitious, so 16:31:23	10 Q. And voted by more than 75 percent of the 16:34:04
11 I -- 16:31:28	11 respondents? 16:34:07
12 A. No. 16:31:28	12 A. That's correct. 16:34:07
13 Q. -- thought I should ask. 16:31:28	13 Q. If you turn -- well, don't turn. The second 16:34:24
14 A. Yeah. 16:31:28	14 column of page S65, which is the Bates number ending 16:34:26
15 Q. Okay. And if we go to the -- page 921, 16:31:31	15 in 919, down at the very bottom, it says, second 16:34:32
16 there's -- well, there's highlighting in your copy 16:31:55	16 column: 16:34:36
17 huh? 16:31:59	17 "The age criteria set forth in 16:34:36
18 A. Hm-hm. 16:31:59	18 these guidelines are younger than 16:34:38
19 Q. All right. Well, I can't tell you what it 16:32:00	19 the ages stipulated in previous 16:34:40
20 all signifies. It should signify nothing. And let's 16:32:04	20 guidelines and are intended to 16:34:42
21 get clear on the record that that highlighting is not 16:32:09	21 facilitate youths' access to 16:34:44
22 original to the publication. Correct? 16:32:10	22 gender-affirming treatments." 16:34:48
23 A. That is correct. 16:32:13	23 Do you see that? 16:34:49
24 Q. All right. However, it will make it easier 16:32:13	24 A. Yes. 16:34:49
25 for me to call your attention to language of the 16:32:16	25 Q. And is it -- was it true that the lower age 16:34:50
Page 275	Page 277
1 bottom of the second column that is highlighted in 16:32:18	1 limits set out in this version of SOC-8 were lower in 16:34:54
2 the version you have that reads: 16:32:21	2 each case than had been contained in previous WPATH 16:35:00
3 "Age recommendations for 16:32:23	3 guidelines? 16:35:04
4 irreversible surgical procedures 16:32:25	4 MR. LANNIN: Object to the form. 16:35:05
5 were determined by a review of 16:32:26	5 THE WITNESS: In some cases, yes. In some 16:35:08
6 existing literature and the expert 16:32:28	6 cases, no. 16:35:10
7 consensus of mental health 16:32:30	7 BY MR. BROOKS: 16:35:11
8 providers, medical providers, and 16:32:32	8 Q. Which and which? 16:35:11
9 surgeons highly experienced in 16:32:35	9 A. It was the same, 16, for breast -- breast 16:35:15
10 providing care to TGD adolescents." 16:32:36	10 augmentation, chest mass, it was the same as in 16:35:21
11 A. Yes. 16:32:41	11 SOC-7. But the other -- in SOC-7, just trying to 16:35:28
12 Q. Was that statement true? 16:32:41	12 clarify, is that we simply used the age of majority 16:35:37
13 MR. LANNIN: Object to the form. 16:32:47	13 which here in the United States was 18. 16:35:45
14 THE WITNESS: Yes. 16:32:47	14 Q. In most jurisdictions. 16:35:49
15 BY MR. BROOKS: 16:32:48	15 A. In many other jurisdictions, it can be 12, 16:35:51
16 Q. Let me ask you to turn to page 19. I'm 16:32:52	16 it can be 16, or whatever. And so using that 16:35:54
17 sorry, 919, the final three digits. 16:33:03	17 terminology, we were -- we thought that we should 16:36:04
18 A. Okay. 16:33:08	18 really look at another way of really setting the 16:36:07
19 Q. And there I'm taking you back to the section 16:33:09	19 criteria regarding age and -- 16:36:11
20 that has age limits. And, again, I apologize for the 16:33:12	20 Q. Let me ask -- oh, I'm sorry. 16:36:15
21 highlighting on the page, which is, I'll represent, 16:33:16	21 A. -- and there was a lot of discussion, again, 16:36:17
22 not original to the document as produced. 16:33:19	22 is that age is not a number -- it's just a number, 16:36:21
23 And there we see for various procedures 16:33:24	23 and that it may not really reflect -- I mean the 16:36:27
24 minimum ages of 14, 15, 16, 17 and 18 years for 16:33:28	24 adolescents mature at very different rates and age 16:36:34
25 different varying procedures. Correct? 16:33:32	25 is -- 16:36:38

CONFIDENTIAL

Page 278		Page 280	
1	Q. I'm sorry, Dr. Coleman. 16:36:38	1	staff had requested with some urgency that the 16:39:10
2	A. Yeah. 16:36:39	2	minimum ages be taken out? 16:39:15
3	Q. My time is short. All I asked you -- 16:36:40	3	A. Yes. 16:39:15
4	A. Right. Okay. 16:36:40	4	Q. And if we go back to page 501 that is a 16:39:21
5	Q. -- was were those numbers lower? I don't -- 16:36:43	5	little bit later in the chain, we have an email in 16:39:24
6	I just -- I need my time. 16:36:45	6	the middle of the page from Asa Radix, cochair of the 16:39:28
7	A. Okay. 16:36:45	7	SOC-8, who writes, quote: 16:39:34
8	MR. LANNIN: Counselor, let the witness 16:36:46	8	"I am a little surprised that 16:39:40
9	finish the question. 16:36:47	9	we would be asked to do this after 16:39:41
10	MR. BROOKS: No, not in that case. He's not 16:36:48	10	all the care and endless 16:39:43
11	entitled to finish a lecture not responsive to my 16:36:51	11	discussions by experts to reach 16:39:45
12	question. 16:36:53	12	this consensus on ages for 16:39:46
13	Let me ask the reporter to mark as 16:36:54	13	surgeries. Is Sarah a 16:39:48
14	Exhibit 25 -- 26 a document bearing Bates numbers 16:36:56	14	clinician/surgeon? I wouldn't make 16:39:53
15	BOEAL_WPATH_105499 through 504 an email chain headed 16:37:05	15	any changes unless the relevant 16:39:54
16	"Some Feedback From a Member of Admiral Levine's 16:37:15	16	chapters found some new evidence to 16:39:56
17	Staff." 16:37:18	17	support age change to 18." 16:39:57
18	(The document referred to was 16:37:18	18	Do you see that? 16:40:01
19	marked as Exhibit 26.) 16:37:30	19	A. Yes. 16:40:02
20	BY MR. BROOKS: 16:37:30	20	Q. And did you become aware in this July -- 16:40:02
21	Q. And if you turn to the page ending in 501, 16:37:39	21	July time period that Asa Radix was opposed to making 16:40:11
22	you will see that at that stage in the chain, you 16:37:43	22	changes to the recommendation that had passed through 16:40:14
23	were -- you were one of the recipients if you look 16:37:49	23	Delphi? 16:40:19
24	down at the bottom of page 501. I just call your 16:37:52	24	A. Yes. 16:40:20
25	attention to that. 16:37:57	25	MR. LANNIN: Object to the form. 16:40:20
Page 279		Page 281	
1	A. Yes. 16:37:57	1	BY MR. BROOKS: 16:40:21
2	Q. And without speaking to the things above 16:37:58	2	Q. And at the very beginning of this chain, 16:40:22
3	that, beneath that in the chain was forwarding a 16:38:02	3	Dr. Bouman, president of WPATH, writes -- well, 16:40:36
4	email from someone that says, that begins at the 16:38:09	4	below -- yes, writes, quote: 16:40:44
5	bottom of page 502: 16:38:12	5	"It's disappointing that 16:40:46
6	"I just got off the phone with 16:38:14	6	politics always trumps common sense 16:40:47
7	Sarah Boetang who is Adm. Levine's 16:38:15	7	and what is best for patients." 16:40:49
8	chief of staff." 16:38:21	8	And my question for you is, did you in the 16:40:51
9	Do you see that? 16:38:22	9	same time period become aware that Dr. Bouman was 16:40:54
10	A. Yes. 16:38:22	10	opposed to removing the minimum age limits? 16:40:56
11	Q. And do you in fact remember receiving that 16:38:23	11	A. Yes. 16:41:00
12	email and being alerted to this conversation with 16:38:25	12	MR. LANNIN: Objection to the form. 16:41:00
13	Sarah Boetang? 16:38:28	13	MR. BROOKS: Let me ask the reporter to mark 16:41:10
14	A. Yes. 16:38:29	14	as Exhibit 27 an email chain bearing Bates numbers 16:41:11
15	Q. And she told whoever it was that, quote: 16:38:31	15	BOEAL_WPATH_105508 through 507 an email chain 16:41:18
16	"Her biggest concern is the 16:38:37	16	entitled "Feedback regarding the age statement in 16:41:24
17	section below in adolescent chapter 16:38:39	17	adolescent SOC-8 chapter." 16:41:28
18	that lists specific minimum ages 16:38:42	18	(The document referred to was 16:41:28
19	for treatment" -- and she says, 16:38:43	19	marked as Exhibit 27.) 16:41:38
20	jumping ahead, "She wonders if the 16:38:49	20	BY MR. BROOKS: 16:41:38
21	specific ages can be taken out." 16:38:51	21	Q. And this is an email that Dr. Leibowitz sent 16:41:47
22	Do you see that? 16:38:52	22	or forwarded to a number of people, including you and 16:41:56
23	A. Yes. 16:38:52	23	cochair -- cochairs Asa Radix and Jon Arcelus. 16:42:01
24	Q. If we look back on page -- and, in fact, do 16:39:03	24	Correct? 16:42:06
25	you recall being told that Adm. Levine's chief of 16:39:06	25	A. Yes. 16:42:07

CONFIDENTIAL

Page 282	Page 284
1 Q. And also to his Chapter Cochair Annalou de 16:42:08	1 guidelines that went through 16:44:37
2 Vries. Correct? 16:42:13	2 Delphi," close quote. 16:44:38
3 A. Yes. 16:42:14	3 How at this time period did you feel about 16:44:40
4 Q. And at the bottom is -- and we're missing 16:42:16	4 allowing U.S. politics and advocacy out of 16:44:42
5 some of the redacted information, but it's titled 16:42:22	5 Adm. Levine's office to dictate changes to 16:44:51
6 "Transcript of Conversation about the Placement of 16:42:24	6 international clinical guidelines? 16:44:55
7 Age Criteria in the Adolescent Chapter Among the 16:42:27	7 MR. LANNIN: Object to the form. 16:44:57
8 Seven Members of the Working Group." 16:42:32	8 THE WITNESS: Well, I think that this 16:44:58
9 Do you understand "the working group" to 16:42:34	9 really, you know, reflects this ongoing discussion 16:44:59
10 refer to the adolescent chapter working group? 16:42:35	10 about is this a good idea or a bad idea, or, as Scott 16:45:04
11 MR. LANNIN: Object to the form. 16:42:39	11 says, there's no right or wrong here. But, you know, 16:45:10
12 THE WITNESS: Yes. 16:42:50	12 in the end, you know, we had thought it best to 16:45:17
13 BY MR. BROOKS: 16:42:51	13 include those ages. 16:45:22
14 Q. And on the next page, 506, there's a number 16:42:53	14 And -- and that thing that we heard from 16:45:25
15 of comments that are not attributed to an individual 16:42:59	15 Adm. Levine was sufficient for us to decide to remove 16:45:32
16 and then indication of responses, many of them 16:43:02	16 those ages, and I agreed with that decision at 16:45:37
17 indicated from co-lead. 16:43:08	17 that -- at that time. 16:45:41
18 If I understand correctly, "co-lead" could 16:43:09	18 BY MR. BROOKS: 16:45:42
19 [REDACTED]	19 Q. And did this co-lead -- I'm sorry. Let me 16:45:42
20 MR. LANNIN: Object to the form. 16:43:15	20 not misattribute. This says -- 16:45:46
21 THE WITNESS: I assume. 16:43:19	21 A. Yeah. 16:45:46
22 BY MR. BROOKS: 16:43:20	22 Q. -- response from another working group 16:45:49
23 Q. Well, and you saw this document about the 16:43:20	23 member says it is a large change. 16:45:50
24 time, about August 1st. Am I correct? 16:43:22	24 Did you agree that the request to remove 16:45:55
25 MR. LANNIN: Object to the form. 16:43:26	25 minimum age limits was a large change to the 16:45:58
Page 283	Page 285
1 THE WITNESS: When it -- it looks like 16:43:30	1 Delphi-approved statement? 16:46:02
2 that's when it was sent, yes. 16:43:32	2 MR. LANNIN: Object to the form. 16:46:04
3 BY MR. BROOKS: 16:43:33	3 THE WITNESS: It certainly was a change, 16:46:05
4 Q. Okay. One of the co-leads says about 16:43:33	4 but, again, the -- this was a subset of the -- the 16:46:09
5 two inches down from the top of page 506: 16:43:35	5 main recommendation that went through Delphi. And so 16:46:15
6 "I really think the main 16:43:38	6 it was a -- it was certainly a big decision. I don't 16:46:22
7 argument for ages is access 16:43:39	7 know if I characterize it as a big decision. 16:46:27
8 insurance." 16:43:42	8 Really one of the things that we started to 16:46:32
9 Do you see that? Two inches from the top. 16:43:42	9 become aware of at this time is that these ages were 16:46:35
10 A. Yes. 16:43:51	10 being looked at and that the -- that the more 16:46:43
11 Q. Were you aware that the co-leads of the 16:43:54	11 important criteria that we were establishing seemed 16:46:49
12 adolescent chapter, at least one co-lead of the 16:43:57	12 to be getting overlooked. 16:46:53
13 adolescent chapter thought the main argument for 16:44:00	13 And so we didn't decide to remove those ages 16:46:56
14 including minimum ages in SOC-8 was to gain access 16:44:01	14 at that point, given Adm. Levine's, you know, 16:47:05
15 and insurance? 16:44:08	15 suggestion. 16:47:13
16 MR. LANNIN: Object to the form. 16:44:08	16 BY MR. BROOKS: 16:47:19
17 THE WITNESS: I think it -- this was -- this 16:44:11	17 Q. Dr. Coleman, again, let me -- 16:47:19
18 was their -- their concern or their perception of 16:44:16	18 A. Yeah. 16:47:20
19 what this would mean. 16:44:23	19 Q. I want to walk through the story 16:47:21
20 BY MR. BROOKS: 16:44:26	20 sequentially -- 16:47:24
21 Q. And the same co-lead, and we don't know 16:44:26	21 A. Sure. 16:47:24
22 which it is, said, "I don't" -- quote: 16:44:29	22 Q. -- and let's take it one step at a time. 16:47:25
23 "I don't know how I feel about 16:44:31	23 MR. BROOKS: We just looked at the 16:47:28
24 allowing U.S. politics to dictate 16:44:32	24 discussion about the request out of Adm. Levine's 16:47:29
25 international professional clinical 16:44:35	25 office. And I would now like to ask the reporter to 16:47:34

CONFIDENTIAL

Page 286	Page 288
1 mark as Exhibit 28 a document bearing Bates numbers 16:47:36	1 MR. LANNIN: Object to the form. 16:49:39
2 BOEAL_WPATH_072964 through 965 entitled "SOC-8 of 16:47:43	2 THE WITNESS: It appears so. 16:49:40
3 WPATH Minimum Ages For Adolescents." 16:47:51	3 BY MR. BROOKS: 16:49:41
4 (The document referred to was 16:47:51	4 Q. And recalling the context, can you tell me 16:49:42
5 marked as Exhibit 28.) 16:48:01	5 who the signatory of this letter was? 16:49:47
6 BY MR. BROOKS: 16:48:07	6 A. I assume it was Walter Bouman. 16:49:51
7 Q. The sender and recipient are blanked out. 16:48:07	7 Q. All right. What he -- what Walter Bouman 16:49:54
8 Does this appear to -- well, let me ask 16:48:11	8 says to Adm. Levine is in the second paragraph of the 16:50:00
9 this. 16:48:12	9 letter: 16:50:05
10 At the bottom it's signed "in servitude," 16:48:12	10 "Given the re- -- that the 16:50:06
11 which strikes me as having been signed by not a 16:48:17	11 recommendations for minimal ages 16:50:08
12 native English speaker. 16:48:19	12 for the various gender-affirming 16:50:10
13 Are you -- is that a citation that you have 16:48:21	13 medical and surgical interventions 16:50:12
14 seen one of your colleagues use before now? 16:48:23	14 are consensus based, we could not 16:50:13
15 A. No, not very much. No. 16:48:25	15 remove them from the document." 16:50:15
16 Q. Well, who have you ever seen sign anything 16:48:27	16 Do you see that? 16:50:16
17 "in servitude"? 16:48:30	17 A. Yes. 16:50:17
18 MR. LANNIN: Object to the form. 16:48:31	18 Q. So after a contact from Adm. Levine's chief 16:50:18
19 THE WITNESS: I don't know if I've never 16:48:32	19 of staff after an in-person meeting with Adm. Levine, 16:50:24
20 seen it, but it's unusual. 16:48:35	20 the SOC-8 team or Walter Bouman on behalf of the team 16:50:27
21 BY MR. BROOKS: 16:48:37	21 told them about -- told Adm. Levine that, because the 16:50:32
22 Q. Well, did any one of your Dutch-speaking 16:48:38	22 age limits were consensus based, they could not be 16:50:37
23 colleagues sometimes sign things "in servitude"? 16:48:40	23 removed at that late stage from the document. 16:50:41
24 A. I can't recall. It's not a common thing -- 16:48:45	24 Correct? 16:50:44
25 Q. Okay. 16:48:45	25 MR. LANNIN: Object to the form. 16:50:44
Page 287	Page 289
1 A. -- about anybody. 16:48:51	1 THE WITNESS: That was what -- that's what 16:50:47
2 Q. It just makes you wonder about whether it 16:48:51	2 he reported to -- to her. I think we could have. 16:50:49
3 belongs with the S&M chapter, but that's another 16:48:54	3 BY MR. BROOKS: 16:50:55
4 topic. 16:48:57	4 Q. Well, what Adm. Levine was told was that you 16:50:56
5 The document says: 16:48:58	5 couldn't because these were consensus based and had 16:51:00
6 "I would be grateful if you 16:49:00	6 already been approved. Right? 16:51:03
7 could convey the following message 16:49:01	7 MR. LANNIN: Object to the form. 16:51:05
8 to blank." 16:49:03	8 THE WITNESS: I think that that was one of 16:51:08
9 And it says: 16:49:05	9 the -- one of the arguments. But, again, I think we 16:51:10
10 "It was a pleasure to meet with 16:49:07	10 considered this issue, and I didn't feel that she 16:51:19
11 you and your staff on Tuesday 26 16:49:08	11 presented any evidence that would, you know, cause us 16:51:22
12 July to discuss the SOC-8." 16:49:10	12 to really reconsider that decision at the time. 16:51:28
13 Did representatives of WPATH meet with 16:49:13	13 BY MR. BROOKS: 16:51:28
14 Adm. Levine and staff in late July? 16:49:17	14 Q. And, in fact, you told Adm. Levine that 16:51:33
15 MR. LANNIN: Object to the form. 16:49:20	15 those ages could not -- those minimum ages could not 16:51:37
16 THE WITNESS: We met with Adm. Levine and 16:49:24	16 be removed. Correct? 16:51:40
17 their staff, yes. 16:49:26	17 A. That's what Walter Bouman told her. 16:51:41
18 BY MR. BROOKS: 16:49:27	18 MR. BROOKS: Let me ask the reporter to mark 16:51:44
19 Q. In that time period? 16:49:27	19 an email chain as Exhibit 29 bearing Bates numbers 16:51:46
20 A. Yes. 16:49:28	20 BOEAL_WPATH_105822 through 831, headed "Confidential 16:51:53
21 Q. Were you part of that meeting? 16:49:28	21 - AAP Communication to WPATH." 16:52:00
22 A. Yes. 16:49:29	22 (The document referred to was 16:52:00
23 Q. And this letter which -- do you believe this 16:49:30	23 marked as Exhibit 29.) 16:52:17
24 to be a letter with a message that was intended to be 16:49:34	24 THE WITNESS: Thank you. 16:52:17
25 forwarded to Adm. Levine? 16:49:37	25 BY MR. BROOKS: 16:52:20

CONFIDENTIAL

Page 290	Page 292
1 Q. And, Dr. Coleman, first let me ask you, is 16:52:20	1 Do you see that? 16:55:25
2 this an email chain that you received in September of 16:52:22	2 A. Yes. 16:55:25
3 2022? 16:52:25	3 Q. And the message that you got that you 16:55:27
4 A. It appears so. 16:52:26	4 understood was that they were not going to support 16:55:32
5 Q. Do you generally recall this email chain? 16:52:27	5 SOC-8 if it contained minimum ages for surgeries. 16:55:36
6 A. Not immediately, no. 16:52:27	6 Correct? 16:55:42
7 Q. You recall that there was a sudden and 16:52:38	7 MR. LANNIN: Object to the form. 16:55:42
8 major -- what shall we say? -- blow-up within the 16:52:39	8 THE WITNESS: They had that concern and they 16:55:42
9 SOC-8 team as a result of communications from the AAP 16:52:44	9 had a few other concerns. 16:55:44
10 in this time period. Correct? 16:52:48	10 BY MR. BROOKS: 16:55:46
11 MR. LANNIN: Object to the form. 16:52:50	11 Q. Now, when it came to the minimum ages for 16:55:47
12 THE WITNESS: What happened is that we had 16:52:54	12 surgery, AAP did not submit to you or the adolescent 16:55:50
13 received communication from AAP, and that caused us 16:52:57	13 committee any new science, did they? 16:55:56
14 to, once again, listen to -- listen to people, this 16:53:02	14 MR. LANNIN: Object to the form. 16:55:58
15 checks and balances, always listening to dissenting 16:53:13	15 THE WITNESS: They referred to their own 16:56:02
16 opinion and go back to the science, go back to our 16:53:20	16 guidelines. 16:56:04
17 evidence and make a decision. And in some cases, 16:53:25	17 BY MR. BROOKS: 16:56:05
18 based upon sound feedback, we made a -- we made 16:53:29	18 Q. That's not new science, is it? 16:56:06
19 decisions to either change things or disagree and 16:53:34	19 MR. LANNIN: Object to the form. 16:56:07
20 stick with what we had decided before. 16:53:41	20 THE WITNESS: It's a summation of their 16:56:08
21 BY MR. BROOKS: 16:53:43	21 review of the science. 16:56:10
22 Q. Let me ask you, at the back of this chain is 16:53:44	22 BY MR. BROOKS: 16:56:13
23 an email from you -- pardon me -- an email from 16:53:48	23 Q. Did they call to your attention any new 16:56:13
24 Dr. Bouman which attaches a large number of links, 16:53:59	24 science that you were not previously aware of when 16:56:15
25 perhaps to articles. 16:54:05	25 the guidelines were passed through -- 16:56:17
Page 291	Page 293
1 Do you see that? 16:54:07	1 A. No. 16:56:19
2 A. Yes. 16:54:07	2 Q. -- Delphi? 16:56:19
3 Q. And in each one there's something redacted 16:54:09	3 A. No. 16:56:19
4 which makes it impossible to follow the link. 16:54:11	4 Q. Let me ask you to find what is Exhibit C59. 16:56:20
5 What were these links to? 16:54:13	5 That's, yeah, Exhibit 25 which is to say the draft or 16:56:29
6 A. I have no idea. 16:54:14	6 the pre-published SOC-8. Let me ask you to find 16:56:35
7 Q. All right. Needless to say, we'll be asking 16:54:15	7 that. There it -- 16:56:38
8 for unredacted copies of those pages. 16:54:23	8 A. Yes, hm-hm. 16:56:39
9 At the first page, we see that, in the very 16:54:30	9 Q. And you'll see as you look, for instance, at 16:56:40
10 first email from adolescent chapter -- I'm sorry -- 16:54:40	10 pages -- page ending in 919 that there are various 16:56:44
11 from SOC-8 Cochair Jon Arcelus to Scott Leibowitz and 16:54:44	11 numbered notes. And if you turn the page over, 16:56:49
12 you and others, that Marci -- that would be Marci 16:54:49	12 you'll see annotations. 16:56:52
13 Bowers. Correct? First page, very first page. 16:54:53	13 A. Yes. 16:56:57
14 The last email in the chain, the -- which is 16:54:59	14 Q. Did these markings reflect comments or 16:57:00
15 to say the one at the top, is from Jon Arcelus to 16:55:01	15 changes proposed by AAP? 16:57:08
16 you, Scott Leibowitz, Walter Bouman, Asa Radix. 16:55:06	16 A. I -- this looks like, again, their comments 16:57:15
17 Correct? 16:55:06	17 were the concerns that they were expressing. 16:57:20
18 A. Yes. 16:55:09	18 Q. That is, the things that are flagged seem to 16:57:26
19 Q. And in it, Jon says, "Marci" -- and that -- 16:55:09	19 be the -- the concerns they raised? 16:57:28
20 we would understand that to be Marci Bowers. 16:55:17	20 A. That's what it appears to be. 16:57:31
21 Correct? 16:55:17	21 Q. Okay. Okay. 16:57:33
22 A. Yes. 16:55:18	22 MR. LANNIN: Counsel, you have two minutes. 16:57:36
23 Q. -- "informed some people on 16:55:19	23 MR. BROOKS: So I do. 16:57:38
24 Monday that AAP were not going to 16:55:20	24 BY MR. BROOKS: 16:57:38
25 support the SOC-8." 16:55:22	25 Q. Let me ask you this, Dr. Coleman. After 16:57:41

CONFIDENTIAL

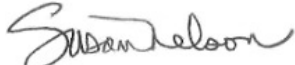
Page 294	Page 296
1 receiving the news that the AAP would not support 16:57:46	1 transcript -- designate the transcript confidential. 17:00:05
2 SOC-8 unless minimum ages for hormones and surgery 16:57:51	2 We will ask, given the nature of this deposition, 17:00:07
3 were removed, in fact, the SOC team did remove those 16:57:56	3 that you promptly narrow that to those substantial 17:00:09
4 minimums ages from the final version. Correct? 16:58:04	4 portions that discuss confidential documents. 17:00:14
5 A. That is correct. 16:58:06	5 MR. LANNIN: Yes, so we will -- 17:00:16
6 Q. And it did that without repassing that 16:58:06	6 MR. BROOKS: There were more in the 17:00:18
7 statement through a Delphi process. Correct? 16:58:10	7 afternoon than in the morning. 17:00:19
8 A. That's correct. 16:58:12	8 MR. LANNIN: Yeah, we will -- so we'll 17:00:20
9 Q. And it did that, so far as you recall, 16:58:14	9 designate the transcript confidential provisionally, 17:00:22
10 without being presented any new science of which the 16:58:16	10 subject to whatever the PO says, and we'll look at it 17:00:25
11 committee was previously unaware? 16:58:19	11 in whatever timeframe is contemplated by the PO and 17:00:28
12 MR. LANNIN: Object to the form. 16:58:20	12 in consultation with the State -- 17:00:32
13 THE WITNESS: That is correct. 16:58:22	13 MR. BROOKS: And -- 17:00:33
14 BY MR. BROOKS: 16:58:26	14 MR. LANNIN: -- and review it. 17:00:33
15 Q. Dr. Coleman, the representation in the 16:58:30	15 MR. BROOKS: -- no doubt with WPATH, 17:00:34
16 methodology statement that we looked at earlier that 16:58:33	16 since -- 17:00:36
17 said formal consensus for all statements was obtained 16:58:36	17 MR. LANNIN: And no doubt with our client 17:00:36
18 using the Delphi process was just false with respect 16:58:38	18 and Dr. Coleman and WPATH and everyone else -- 17:00:38
19 to removing all minimum age limits from WPATH's 16:58:43	19 MR. BROOKS: And everyone else who may be -- 17:00:38
20 recommendations regarding performing sterilizing 16:58:48	20 MR. LANNIN: -- who has an interest in this 17:00:41
21 surgeries on minors. 16:58:53	21 deposition. Thank you. 17:00:43
22 Correct? 16:58:54	22 MR. BROOKS: Okay. Thank you for your 17:00:43
23 MR. LANNIN: Object to the form. 16:58:54	23 time -- 17:00:43
24 THE WITNESS: I'm sorry. I -- can you 16:58:55	24 THE WITNESS: Thank you. 17:00:43
25 repeat that. 16:59:00	25 MR. BROOKS: -- and giving me occasion to 17:00:46
Page 295	Page 297
1 BY MR. BROOKS: 16:59:00	1 come to fabulous Palm Springs. Unfortunately, I have 17:00:47
2 Q. I can. The representation that we looked at 16:59:00	2 to go now, catch a red-eye to get out of here, but 17:00:50
3 in the methodology appendix that stated, quote, 16:59:03	3 that's cruel life. 17:00:55
4 "Formal consensus for all statements was obtained 16:59:08	4 THE REPORTER: Off record, Counsel? 17:00:55
5 using the Delphi process," close quote -- 16:59:10	5 MR. BROOKS: Yes. 17:00:56
6 A. Yes. 16:59:12	6 THE VIDEOGRAPHER: Okay. This concludes the 17:00:58
7 Q. -- was false with respect to the removal of 16:59:12	7 deposition of Eli -- Dr. Eli Coleman. The time is 17:01:00
8 minimum age limits from WPATH's SOC-8 recommendations 16:59:16	8 5:01 p.m., and we are now off the record. 17:01:05
9 regarding performing sterilization -- sterilizing 16:59:20	9 (Whereupon, at 5:01 P.M., the
10 surgeries such as castration and hysterectomy on 16:59:24	10 videotaped deposition of ELI
11 minors. Correct? 16:59:30	11 COLEMAN, PH.D., was adjourned.)
12 MR. LANNIN: Object to the -- object to the 16:59:30	12
13 form. 16:59:33	13
14 THE WITNESS: I'm not sure whether I'm 16:59:33	14
15 tired. I'm not following it completely, but we did 16:59:35	15
16 not submit that change to Delphi at the end. 16:59:37	16
17 MR. BROOKS: Thank you. I have no further 16:59:46	17
18 questions. I also have no further time. 16:59:47	18
19 MR. LANNIN: Do the plaintiffs have any 16:59:50	19
20 questions? 16:59:52	20
21 MS. WHELAN: We, do not. 16:59:53	21
22 MR. LANNIN: Nor do we. I confess I'm not 16:59:55	22
23 familiar with the protective order, but I assume we 16:59:59	23
24 can designate the transcript confidential. 17:00:01	24
25 MR. BROOKS: You can temporarily 17:00:03	25

CONFIDENTIAL

Page 298

1 STATE OF CALIFORNIA)
 2 COUNTY OF LOS ANGELES) ss.
 3
 4
 5 I, ELI COLEMAN, PH.D., hereby declare under
 6 the penalties of perjury of the laws of the United
 7 States that the foregoing is true and correct.
 8 Executed this _____ day of
 9 _____, 2024, at
 10 _____, California.
 11
 12
 13 _____
 14 ELI COLEMAN, PH.D.
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 299

1 STATE OF CALIFORNIA)
 2 COUNTY OF LOS ANGELES) ss.
 3 I, SUSAN NELSON, C.S.R. 3202, in and for the
 4 State of California, do hereby certify:
 5 That, prior to being examined, the witness named
 6 in the foregoing videotaped deposition was by me duly
 7 sworn to testify the truth, the whole truth and
 8 nothing but the truth;
 9 That said videotaped deposition was taken down
 10 by me stenographically at the time and place therein
 11 named, and thereafter transcribed via computer-aided
 12 transcription under my direction, and the same is a
 13 true, correct and complete transcript of said
 14 proceedings;
 15 Before completion of the videotaped deposition,
 16 review of the transcript [] was [X] was not
 17 requested. If requested, any changes made by the
 18 deponent (and provided to the reporter) during the
 19 period allowed are appended hereto.
 20 I further certify that I am not interested in
 21 the event of the action.
 22 Witness my hand this 10th day of May, 2024.
 23

 24 Susan NELSON, C.S.R. NO. 3202
 Certified Shorthand Reporter
 25 State of California