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1 l a i n t i 2 2 s ,

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- E S - ' E R U) - E D : E , e t a l . ,

D e 2 e n d a n t s .

TRANSCRIPT OF BENCH TRIAL - VOLUME 7
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A 1 1 E A R A (C E S 3

+ n O e ; a l 2 o 2 t ; e 1 l a i n t i 2 2 s 3

5 R . C * A S E S) R A (: ' + , A t t o r n e < a t - a =
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A m e r i c a n C i v i l - i n t e r n a t i o n a l U n i o n
1 & " 0 r o a d S t r e e t , S u i t e 1 8 0 0
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5 S . O R E E A (> A - A S , A t t o r n e < a t - a =
> a l a s - a = , i r 6 , 1 - - C
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5 R . A . ' . S . * A - 1 E R (, A t t o r n e < a t - a =
5 S . - A U R A K A O - E R + S > E - - , A t t o r n e < a t - a =
S u l l i a n C C r o 6 = e l l , - - 1
1 8 B 0 E 6 7 a r c a d e r o R o a d
1 a l o A l t o , C a l i 2 o r n i a @ \$ 8 0 8

A p p e a r a n c e s c o n t i n u i n g . . .

A11EARA(CES C+())' (UED3

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- 5R. ARU(0+DA1A)' , Attorne< at -a=
 5S. -AURE(5. :+-DS5')* , Attorne< at -a=
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 1&" 0road Street, Suite &\$&\$
 (e= /or9, (/ 1000\$%&\$@8
- 5R. DA('E- 4. R'C*ARDS+(, Attorne< at -a=
 Sulli an C Cro6=ell --1
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 -egal Di ision
 @0\$ >est &nd Street, Suite +ne
 -ittle Roc9, AR B&&01
- 5S. S*AR+(E-'DA0E)* EC*+-S, Attorne< at -a=
 :ill Ragon +=en 1.A.
 \$&" >est Capitol A enue
 Suite 8800
 -ittle Roc9, AR B&&01%&\$18

+n 0e;al2 o2 t;e De2endants3

- 5R. D/-A(4AC+0S, Attorne< at -a=
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 8&8 Center Street, Suite &00
 -ittle Roc9, Ar9ansas B&&01

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INDEX - VOLUME 7 (11/30/22)

WITNESSES FOR THE DEFENDANTS:	D !"# \$	C!%&&	R" ' !"# \$	R"#!%&&
R+: ER *' A))	10@0	1111	111@	
-AURA S5A-)S	11&0	11"8	1160	
0' -- / OUR-E' : *	1161	11@B		

!1roceedings continuing in open court at 83"8 A5.#

) *E C+UR)3 0ac9 on t;e record. /Eall can call <our ne?t =itness.

5R. 4AC+0S3 /our *onor, 7e2ore =e get to t;at, t;ereEs a 6atter t;at =e =anted to 7ring up regarding Dr. *ruAEs testi6on< on);ursda<. >e =ere going to address it to6orro=.);e plaiinti22s indicated t;e< =anted to address it toda<, =;ic; is 2ine =it; us, so t;is goes to t;e =;ole ;esitate to call it seFuestration o2 =itnesses, in t;at Dr. *ruA =ill testi2< t;at t;e 2irst =ee9 o2 trial, so prior to 5s. Cooper as9ing on t;e ,rida< 7e2ore trial 2or clarification 2ro6 t;e Court a7out =;et;er =itnesses not 7eing present in t;e courtroo6 also enco6passes transcripts.

>e didnEt %% or ' personall<, ' did not read t;e partiesE pretrial order to enco6pass t;at until t;e Court claried it, so Dr. *ruA =ill testi2< t;at ;e spent a 7rie2 period o2 ti6e prior to t;at reading a portion o2 t;e transcript o2 t;e 2irst =ee9 o2 trial.

) *E C+UR)3 's *ruA an e?pert or a 2act =itnessG

1 J Are you licensed to practice medicine in any other
& states?

8 A Yes, Tennessee.

\$ J Any other?

" A (not currently).

6 J What does a child and adolescent psychiatrist do in your
B experience?

8 A A child and adolescent psychiatrist works with kids and
@ teenagers who are dealing with anxiety issues, depression,
10 anxiety, psychosis, child abuse, aggression.

11 J How long have you been a child and adolescent
1& psychiatrist?

18 A Been over 20 years now.

1\$ J I'd like to talk a little bit with you about your
1" background. Can you briefly tell the Court about your
16 educational background?

1B A Sure.

18 I'm going to ask you a few questions, your honor. Dr. [Name] has
1@ not been disclosed as an expert witness or provided an expert
&0 report in this case. He has been disclosed as a fact witness
&1 witness in the [State] case for enacting the SAFE Act
&& and was treated as such during discovery, so plaintiffs would
&8 object to Dr. [Name] providing any testimony as an expert
&\$ witness including offering general opinions regarding
&" gender-affirming medical care, gender dysphoria treatment, and

conclusions drawn from his experience, training or research, and should assist the trier of fact in its fact-finding as required by Rule 701.

Q *E C+UR)3 's that correct, is it a fact as opposed to an expert witness?

A Yes. -A(D3);at is correct, /our *onor.

Q *E C+UR)3 'E6 still going to let it talk about the background.

A Yes. -A(D3 And just for the record, /our *onor, it is relevant to the fact finding today.

Q/ 5S. -A(D3

J :o ahead, Dr. *iatt. Just briefly tell us about your education.

A Sure. After graduating high school, I graduated from college. At that point I attended the University of Tennessee Medical School for two years. After that, I engaged in residency training in psychiatry at the University of Arkansas for Medical Sciences, three years of general training followed by two years of child and adolescent specialty training.

J);an9 <ou. Can <ou briefly describe your career path since your residency?

1 t;erapeutic 2oster care, and transitional independent li ing.
&);en ' too9 a position at t;e 1ro o Can<on Sc;ool in Uta; 2or
8 appro?i6atel< 2our <ears.

\$)*E C+UR)3 >;at sc;oolG

")*E >')(ESS3 1ro o Can<on Sc;ool.

6)*E C+UR)3 :ot it.);an9 <ou.

B)*E >')(ESS3 'n Uta; 2or appro?i6atel< 2our <ears.

8 And ' currentl<, 2or t;e past t;ree and a ;al2 <ears, ;a e 7een
@ =or9ing =it; 1eri6eter 0e;a ioral *ealt; in >est 5e6p;is,
10 Ar9ansas and in 4ac9son,)ennessee.

11 0/ 5S. -A(D3

1& J);an9 <ou. /ou are currentl< e6plo<ed at 1eri6eter, is
18 t;at =;at <ou Hust testi2ied toG

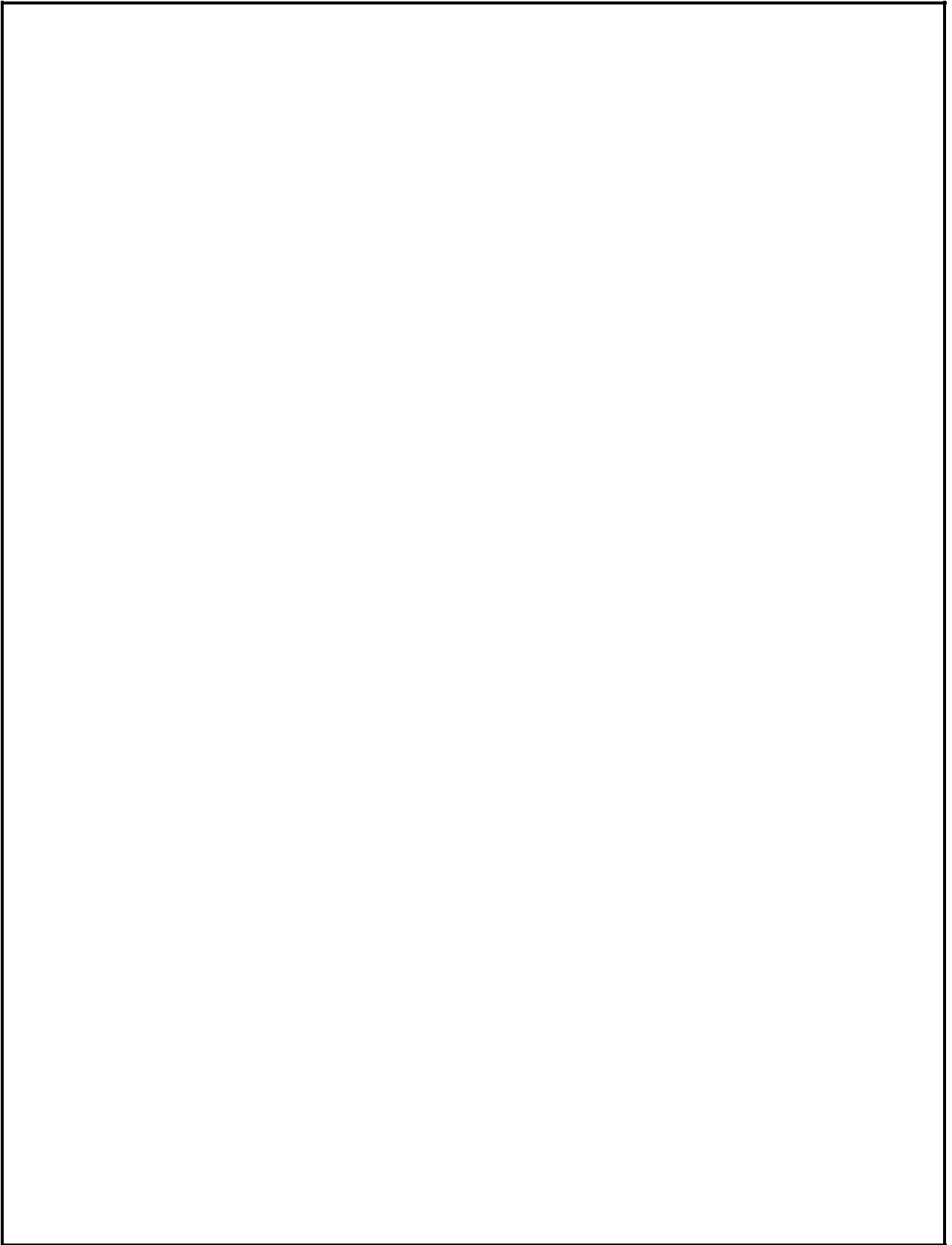
1\$ A);at is correct.

1" J >;at is <our position t;ereG

16 A 'E6 t;e 6edical director.

1B J Can <ou tell us =;at <our Ho7 duties are as 6edical
18 director at 1eri6eterG

1@ A /es. So in >est 5e6p;is, ' a6 responsi7le 2or t;e
&0 residential treat6ent progra6. >e ;a e 18 2e6ale c;ild and
&1 adolescent patients t;ere. 'n 4ac9son,)ennessee, 'E6 t;e
&& 6edical director o2 t;e entire ;ospital. ' =or9 =it; t=o
&8 ad anced practice nurses =;o ;a e t;eir specialt< training in
&\$ ps<c;iatr<, and t;e t;ree o2 us =or9 =it; all t;e acute
&" patients, appro?i6atel< 8& acute =;ic; is s;ort ter6



<our understanding o2 t;at ter6 Kgender d<sp;oriaK isG
5S. >A-AS3 +7Hection, /our *onor, calls 2or e?pert
testi6on<.

) *E C+UR)3 + erruled.);at 6eans <ou can ans=er,
'E6 sorr<.

) *E >')(ESS3 So gender d<sp;oria is %% t;e
essential c;aracteristic o2 gender d<sp;oria is t;at a person
=;o ;as a c;ro6oso6al 6a9eup o2 one gender identi2ies as t;e
opposite gender.);e pre ious ter6 2or t;is =as :ender
'dentit< Disorder. Out t;atEs at t;e core.

0/ 5S. -A(D3

J);an9 <ou. Si6ilar Fuestion 7ut =it; respect to t;e ter6
Ktransgender,K ' 6ig;t as9 <ou a 2e= Fuestions t;at contain
t;at ter6. And can <ou tell us =;at <our understan

diagnosed =it; gender d<sp;oriaG

A /es, at least &00 no=.

J Can <ou ela7orate a little 7it 6ore on =;at e?perience
t;at isG

A So =e ;a e patients =;o present 2or treat6ent o2 t;e

' 2irst ca6e in &018, and currentl< a7out 10 percent o2 all 6< patients identi2< t;at =a<.

J At 1eri6eterG

A /es.

J 4ust to clari2<, at <our e6plo<6ent =it; Centers 2or /out; and ,a6ilies, ;o= long =ere <ou %%

A ' =as t;ere 2or 18 <ears.

1 5S. -A(D3 /es.
 &)*E C+UR)3 ,or purposes o2 t;e discussion, gi e us
 8 an age range.
 \$)*E >')(ESS3 1& to t;e 18t; 7irt;da<.
 ")*E C+UR)3);an9 <ou.
 6 0/ 5S. -A(D3
 B J);an9 <ou. At 1ro o Can<on Sc;ool, appro?i6atel< ;o=
 8 6an< patients did <ou o7ser e t;ere =;o ;ad a diagnosis o2
 @ gender d<sp;oriaG
 10 A A7out 100.
 11 J >ere t;ose all c;ildren or adolescentsG
 1& A /es, pri6aril< adolescents.
 18 J (one o2 t;e6 =ere adults, correctG
 1\$ A Correct.
 1")*E C+UR)3 Doctor, i2 ' 6a< as9 <ou a Fuestion,
 16 =;en 5s. -and as9ed <ou to de2ine =;at <ou considered
 1B transgender, =e tal9ed a7out c;ro6osofes and e er<t;ing, 7ut
 18 'E6 not sure ' got t;e end o2 t;e de2inition, so to spea9. Do
 1@ <ou consider an<7od< t;at identi2ies ot;er t;an t;eir 7irt;
 &0 gender or se? transgenderG /ou tal9ed a7out t;e di22erent
 &1 identit<, 7ut =eE e ;ad a lot o2 2loating de2initions depending
 && on =;o =eEre tal9ing a7out, a7out =;at is identit< ersus
 &8 transgender and =;atnot.
 &\$,or purposes o2 <our discussion ;ere, are <ou tal9ing
 &" a7out %% =;en <ou tal9 a7out transgender people, are <ou

tal9ing a7out an<7od< t;at identi2ies ot;er t;an t;eir 7irt;
se? or genderG

) *E >') (ESS3 So t;ereEs t=o issues at ;and.

) *E C+UR)3 ' Hust =ant to 9no= ;en <ou tal9 a7out
transgender, ;o= a6 ' to understand t;e categor< <ouEre tal9ing
a7out, 7ecause it c;anges 2ro6 =itness to =itnessG

) *E >') (ESS3 Rig;t.

) *E C+UR)3 So t;atEs all 'E6 tr<ing to 2igure out.

) *E >') (ESS3)o 6e, ;en ' discuss transgender, an
indi idual =;o identi2ies as a gender ot;er t;an t;eir
7iological c;ro6oso6al se?, t;at, to 6e, is transgender.);e
scienti2ic ter6 is %%

) *E C+UR)3);atEs all ' needed to 9no=, ;at <our
de2inition o2 it =as so ' can appl< ;at <ouEre telling us.
' tEs a co66unication issue =it; 6e.

) *E >') (ESS3 Sure.

0/ 5S. -. 50937(s) (.) 8. 51057() 8. 5. 51057() 8. 51058. 51057() 8. 51e057() 8.

A So as ' mentioned, ' too9 on acute ser vice a7out a <ear ago in 4ac9son and t;at turno er is a lot 2aster t;an residential, so let 6e ta9e a 6o6ent and gi e <ou 7est esti6ate. 'E6 going to sa< a7out a t;ousand.

J /ou said t;at <ou ;a e o7ser ed patients at 1erimeter =;o ;a e a diagnosis o2 gender d<sp;oriaG

A);atEs rig;t, approac;ing a ;undred no= at 1erimeter 7et=een t;e t=o 2acilities, >est 5e6p;is and 4ac9son.

J Did <ou diagnose t;ose patients =it; gender d<sp;oriaG

A So6e co6e =it; t;at diagnosis, ot;ers =e diagnose 7ased on t;e presentation and ;istor<.

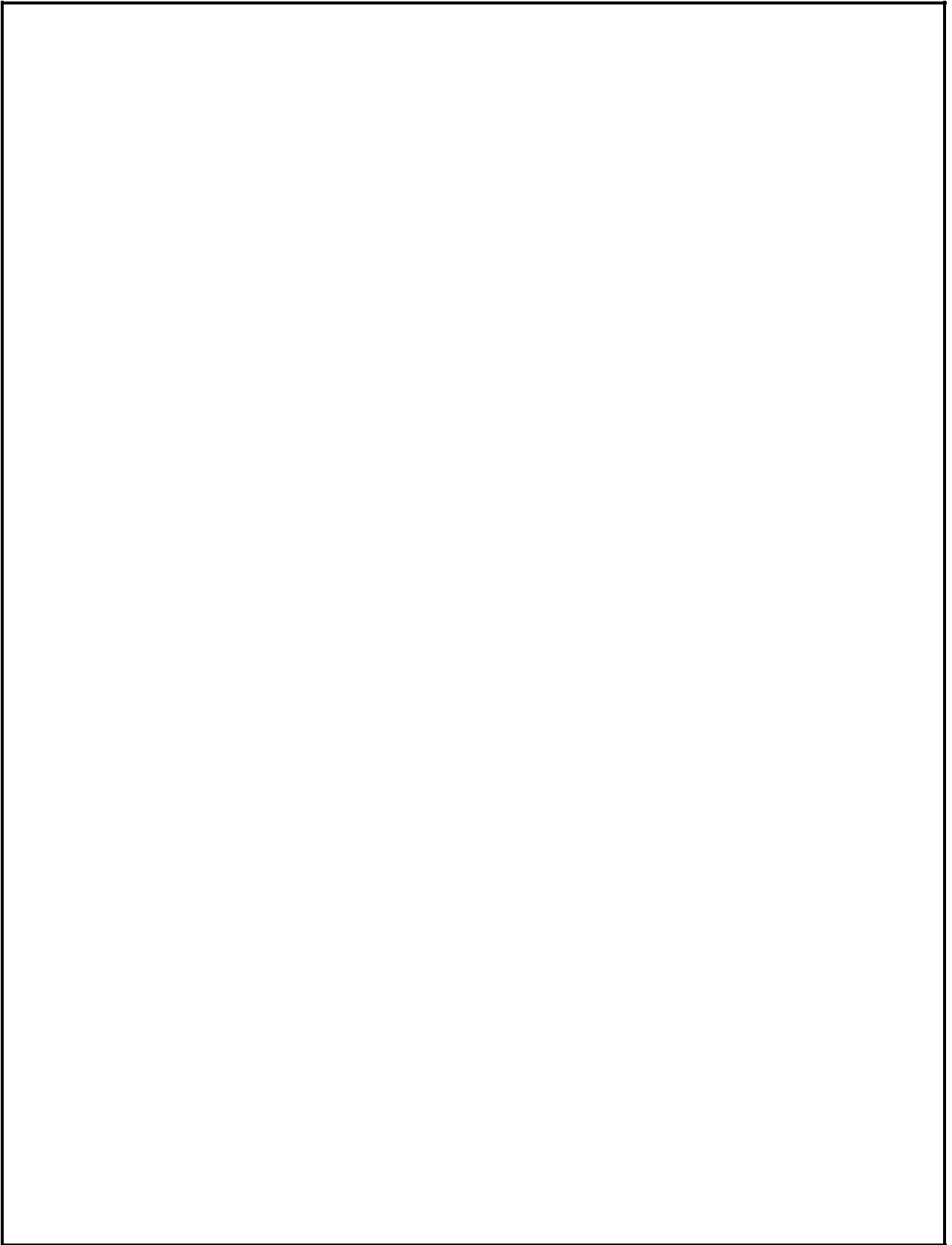
J >o is =eG

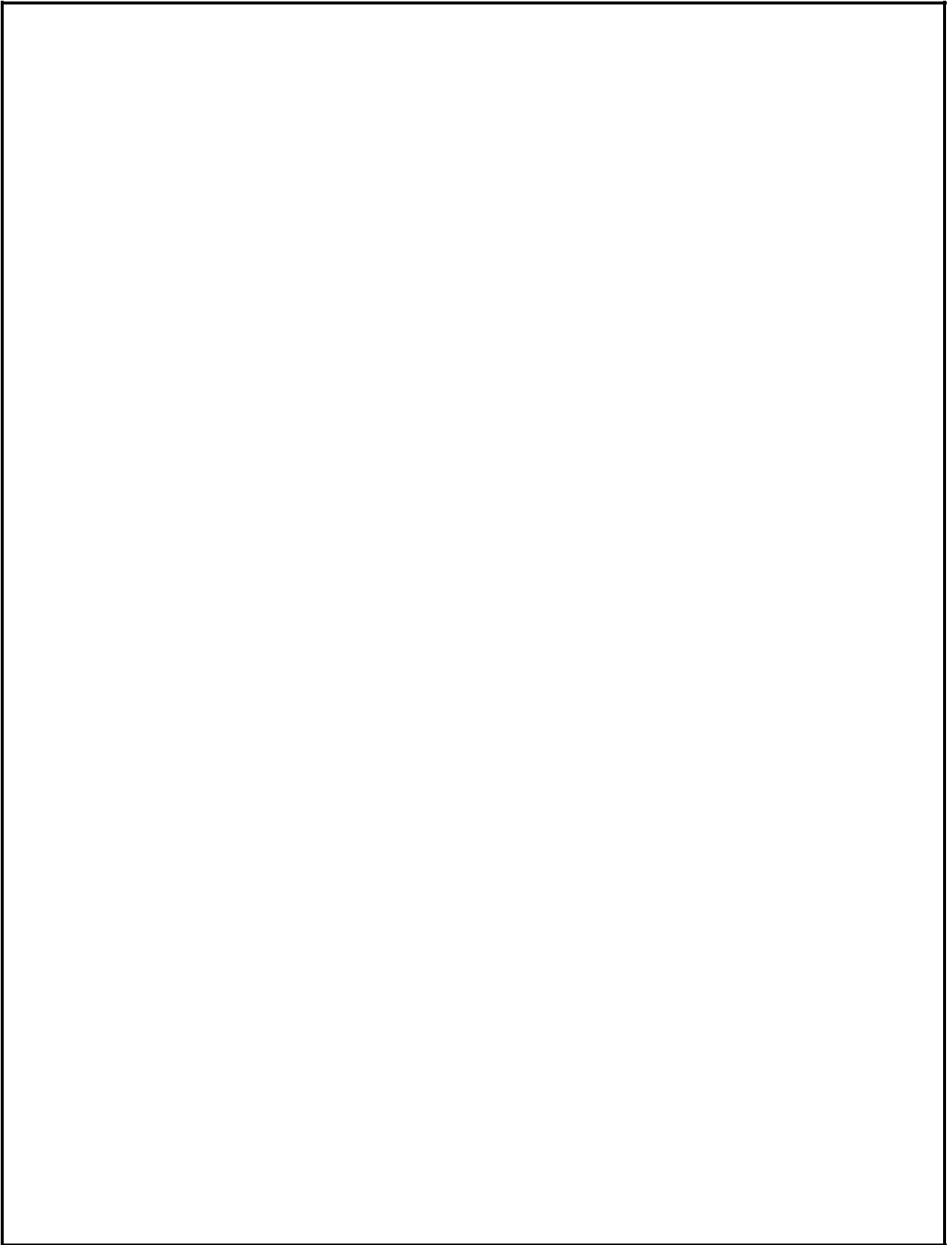
A >ell, ' guess ' =ould sa< 6e. 'E6 t;e one =;o ul6itel< descri7es t;e diagnosis o2 t;e patients. >e ;a e a treat6ent tea6 t;at ;as input 7ut 937(=)8.50937(o)8.50laG

AG

8.50937(&8.50937(")]TJn119.2581178(6)8.51178(e)8.511u97(&)]TJn368.4093

Arn.





c;aracteriAe residentialG

) *E >') (ESS3);e residential 2acilit< is in t;e

1 A /es, usuall<.

& J Do <ou ad6inister an< ot;er t<pes o2 6edicationG

8 A /es.

\$ J >;at are t;oseG

" A >ell, i2 t;e< ;a e ast;6a, t;e< get t;eir ast;6a
6 medicine. '2 t;e< ;a e dia7etes, t;e< get t;eir 6edicine.

B);ings o2 t;at nature.

8 J '2 t;e< are recei ing ;or6one t;erap<, =ould <ou
@ ad6inister t;atG

10 A So =eEre tal9ing a7out pu7ert< 7loc9ers or cross%se?
11 ;or6onesG

1& J 0ot; .

18 A '2 itEs prescri7ed 7< an outside p;<sician, t;en t;at
1\$ continues.

1" J >;< is t;atG

16 A 0ecause t;atEs t;e 6edicine t;at =as prescri7ed to t;e6.

1B J >;at ;a e <ou 2ound in <our personal e?perience to 7e t;e
18 6ost e22ecti e course o2 treat6ent 2or t;e patients t;at are at
1@ 1eri6eterG

&0 A ' 2ind t;at t;e 6ost appropriate and 6ost success2ul
&1 approac; is to identi2< t;e core issues pre enting t;e c;ild or
&& adolescent 2ro6 2unctioning in t;e co66unit< and addressing
&8 t;ose issues ;ead on. And =it; regard speci2icall< to t;e
&\$ transgender identit< issue, 'E6 totall< co62orta7le sa<ing t;at
&" t;e appropriate =a< to address t;at is 7< =atc;2ull< =aiting %%

1 5S. >A-AS3 +7Hection, /our *onor. *eEs steering
& into e?pert testi6on< 7e<ond t;e scope o2 =;at ;is e?perience
8 =as at 1eri6eter.

\$)*E C+UR)3 Doctor, 'E6 going to as9 <ou to con2ine
" <our co66ents to ;o= <ou do it or ;o= <ou ;a e done it is a
6 7etter %%

B)*E >')(ESS3 ' =atc;2ull< =ait.

8 0/ 5S. -A(D3

@ J >;en <ou sa< core issues, can <ou clari2< =;at <ou 6ean
10 7< t;at or gi e an e?a6pleG

11 A)r< to o erdose, tr< to s;oot t;eir 6o6, tr< to run into
1& tra22ic, ;earing oices, seeing t;ings.

18 J /ou said <ou ;a e a 2e= patients under <our care rig; t
1\$ no= =;o do ;a e t;at diagnosis o2 gender d<sp;oriaG

1" A /es.

16 J -oo9ing 7ac9 at <our practice since <ouE e 7een at
1B 1eri6eter, can <ou gi e us so6e e?a6ples o2 indi iduals in t;e
18 particular circu6stances <ouE e o7ser ed =it; t;eir gender
1@ d<sp;oria and t;eir ot;er diagnosesG

&0 A Sure. A patient currentl< =;o ;as 7een =it; us a7out si?
&1 6ont;s, ad6itted =it; depression, suicidalit<, identi2ied as
&& transgender 7orn =it; t=o I c;ro6oso6es 7ut identi2ied as 6ale,
&8 =ent 7< a nic9na6e =;ic; =e respected.

&\$ J -etEs not na6e an< na6es, o2 course.

&" A Rig; t, 'E6 not going to. And a7out a 6ont; ago a2ter

being it; us about 2 in 6 months, this patient came to office and announced that she's no longer going to identify as transgender but rather female, lesbian. Because of this, she's not a transgender identity disclosure. Out this patient's history described is not uniform. She probably had at least a dozen doctors.

J Tell us what happens when you've seen this particular patient, what did you proceed to do in terms of our treatment?

A What did she proceed to do?

J Yes.

1 preferred nickname. - i9e i2 a 9id co6es in as >alter and =ants
 & to 7e called >alt, =e tr< to call ;i6 >alt. ' see a di22erence
 8 7et=een t;at and a pronoun situation so ' c;oose not to use an<
 \$ pronouns =it; an< o2 6< patients.

" J Are <ou 2a6iliar =it; t;e ter6 KdesistKG

6 A /es.

B J >at is <our understanding o2 t;at ter6G

8 5S. >A-AS3 +7Hection, /our *onor. Strea6ing into
 @ e?pert testi6on<.

10)*E C+UR)3 + eruled. /ou can tell us =;at <ou
 11 t;in9 desist is, Doctor.

1&)*E >')(ESS3 Desistance, as ' understand it, is

18 t;at an indi idual =;o ;as a transgender identit< at so6e point
 1\$ desists, in ot;er =ords, t;e< a7andon t;e transgender identit<
 1" and e67race t;e gender identit< o2 t;eir c;ro6oso6e 7iological
 16 se?.

1B O/ 5S. -A(D3

18 J);e patient <ou Hust testi2ied as an e?a6ple a 2e=
 1@ 6minutes ago, =ould <ou classi2< t;at patient as ;a ing
 &0 desistedG

&1 A A7solutel<.

&& J 's t;at 7ecause t;e< 6eet t;e de2inition o2 =;at <our
 &8 understanding is o2 t;at ter6G

&\$ A);atEs correct.

&" J *a e <ou o7ser ed and treated an< ot;er c;ildren =;o <ou

A (o.

J And you gave a deposition in this case in late April of this year, and did you once again reiterate that deposition ahead of our testimony today?

A Yes.

J); at that time you came up later so Hust wanted to get that out of the way ahead of time. (o=, you're a residential and hospital-based psychiatrist, right?

A Correct.

J); the reasons children and adolescents are referred to our hospital or the residential program is safety issues, suicidal, homicidal, depression, anxiety, and trauma, correct?

A); these are the main ones.

conditions that resulted in their admission to the hospital,
correctG

A Right.

J And our patients; a few outpatient doctors to address

1 A Rig; t.

& J);e Ar9ansas :eneral Asse67l<G

8 A Correct.

\$ J -et 6e clari2< t;at. /ouEre not a 6e67er o2 t;e Ar9ansas

" :eneral Asse67l<G

6 A ' a6 not.

B J And <ou =erenEt in ol ed =it; dra2ting Act 6&6, correctG

8 A);atEs correct.

@ J And <ou did not pro ide an< input eit;er pro2essionall<

10 or personall< into t;e language o2 t;e 7illG

11 A Correct.

1& J And <ou ;ad no 9no=ledge o2 t;e 7illEs e?istence prior to

18 5arc; 1&t; o2 &0&1, correctG

1\$ A);atEs rig; t.

1" J);e *ouse o2 Representati es ;ad alread< passed t;e 7ill

16 7e2ore <ou e en 7eca6e a=are o2 it, correctG

1B A Correct.

18 J And on 5arc; 1& o2 &0&1, t;atEs =;en 4err< Co?, t;e

1@ president o2 , a6il< Council and Representati e Ro7in

&0 -undstru6Es liaison, reac;ed out to <ou and as9ed <ou to

&1 testi2< at t;e Senate %%

&& 5S. -A(D3 +7Hection to ;earsa<, /our *onor. *e

&8 canEt testi2< to =;at ot;er people ;a e told ;i6.

&\$)*E C+UR)3 Co6plete <our Fuestion and t;en 'Ell

&" 2igure out ;o= to deal =it; t;e o7Hection.

1 0/ 5S. >A-AS3
 & J);atEs =;en ;e reac;ed out and as9ed <ou to testi2< at
 8 t;e Senate 1u7lic *ealt; Co66ittee ;earing and to =rite a
 \$ letter supporting t;e 7illG
 ")*E C+UR)3 + erruled. 'E6 going to let ;i6 %%
 6 o erruled.
 B 5S. -A(D3 +7Hection to rele ance as =ell.
 8)*E C+UR)3 ' donEt 9no= i2 itEs rele ant or not.
 @ >eEll 2ind out. + erruled 2or no=. 's t;at =;en 4err< Co?
 10 contacted <ouG
 11)*E >')(ESS3 /es.
 1&)*E C+UR)3 +t;er t;an ti6ing o2 ;is 9no=ledge and
 18 =;en ;e testi2ied, =;< is t;e 2act t;at 4err< Co? contacted ;i6
 1\$ rele antG
 1" 5S. >A-AS3);at ;e =as Representati e Ro7in
 16 -undstru6Es liaison, /our *onor, t;atEs ;o= ;e =as descri7ed in
 1B ;is deposition and t;atEs ;o= ;e =as contacted t;roug; t;e
 18 6e67er o2 t;e :eneral Asse67l< to co6e testi2<.
 1@)*E C+UR)3 'E6 assu6ing t;at %%
 &0 5S. -A(D3 'Ell o7Hect to t;e c;aracteriAation o2
 &1 t;at.
 &&)*E C+UR)3 'E6 assu6ing t;at ;o=e er ;e got to
 &8 testi2< =as at t;e 7e;est o2 t;e :eneral Asse67l<. Unless ;eEs
 &\$ going to sa< no, ' Hust 7egged 6< =a< in t;ere. >e need to
 &" 6o e past t;at 7ecause 'E6 assu6ing unless <ou =ant to correct

6e, Doctor, t;at <ou =ere in ited to testi2< on t;at issue as opposed to %%

) *E >') (ESS3 ' =as in ited 7< t;e :eneral Asse67l< to testi2<.

0/ 5S. >A-AS3

J /ou testi2ied t;at <ou re ie=ed <our deposition a;ead o2 toda<G

A Se eral =ee9s 7ac9, <es.

J Out <ou recall gi ing a deposition in t;is 6atterG

A +; , <es.

J So <ou ;a e religious 7elie2s a7out people t;at ;a e 7een diagnosed =it; gender d<sp;oria, rig; tG

5S. -A(D3 +7Hection to rele ance. *is religious 7elie2s are not rele ant and itEs outside t;e scope o2 direct e?a6ination.

) *E C+UR) 3 Sustained.

5S. >A-AS3 /our *onor, itEs rele ant 7ecause it goes to ;is in2luence and 7ias and it also goes to t;e care t;at ;e pro ides as part o2 ;is treat6ent at 1eri6eter and in t;e course o2 ;is 6edical career. And ;e ;as pro ided t;at testi6on< and so =;at goes into ;is care and ;o= ;e pro ides t;at care, and t;e 2ollo=%up Fuestions to t;is s;o= t;e rele ance o2 t;is testi6on<, /our *onor.

5S. -A(D3 /our *onor, ;e ;as not testi2ied t;at ;is

1 irrele ant.

& 5S. >A-AS3 /our *onor also addressed t;e rele ance
8 o2 t;e 7ias in so6e o2 t;e 6otions in li6ine and it =as allo=ed
in.

) *E C+UR)3 'E6 going to stic9 =it; 6< ruling.

0/ 5S. >A-AS3

J /ou sent a letter to :o ernor *utc;inson in support o2
t;e SA, E Act, correctG

A /es.

J And :enesis 1&B is t;e na6e o2 t;e letter t;at <ou ga e
t;e docu6ent or t;e na6e <ou ga e t;at docu6ent t;at <ou sent
to t;e go ernor, correctG

5S. -A(D3 +7Hection to rele ance, /our *onor.

) *E C+UR)3 + erruled. 'E6 going to let ;i6
testi2<. :o a;ead.

) *E >')(ESS3 /es.

0/ 5S. >A-AS3

J >at is :enesis 1&BG

5S. -A(D3 +7Hection to rele ance.

5S. >A-AS3 /our *onor, ;e titled t;e letter ;e sent
to t;e go ernor :enesis 1&B. So =eEre Hust 2ollo=ing up.

) *E >')(ESS3)o clari2<, ' titled %%

) *E C+UR)3 *ang on a second, Doctor, 7e2ore <ou go
t;ere. 'tEs a Fuote 2ro6 t;e Oi7le t;at t;e Court can read, so
letEs 6o e on past t;at. 'E6 assu6ing t;at t;atEs =;at <ou

referred to as Genesis 1&B =as a scripture 2ro6 t;e 0i7le. 's
t;at t;e : Genesis <ou =ere referring toG

) *E >') (ESS3 /es.

) *E C+UR) 3 +9a<. ' ;a e one and ' can read it.

5S. >A-AS3 ' 2 ' 6a< ;a e a secoASs1057(S) 8. 51-78 roASs1057(S)

36 Tdn[()) 8. 51057(*) 050937() 8/50937() 8 50937() 8. 51057(.) 8

1 o2 Ar9ansasEs 7asis 2or enacting t;e SA,E Act and pro ided
& testi6on< regarding t;e care t;at ;e pro ided and t;e reasons
8 7e; ind it.

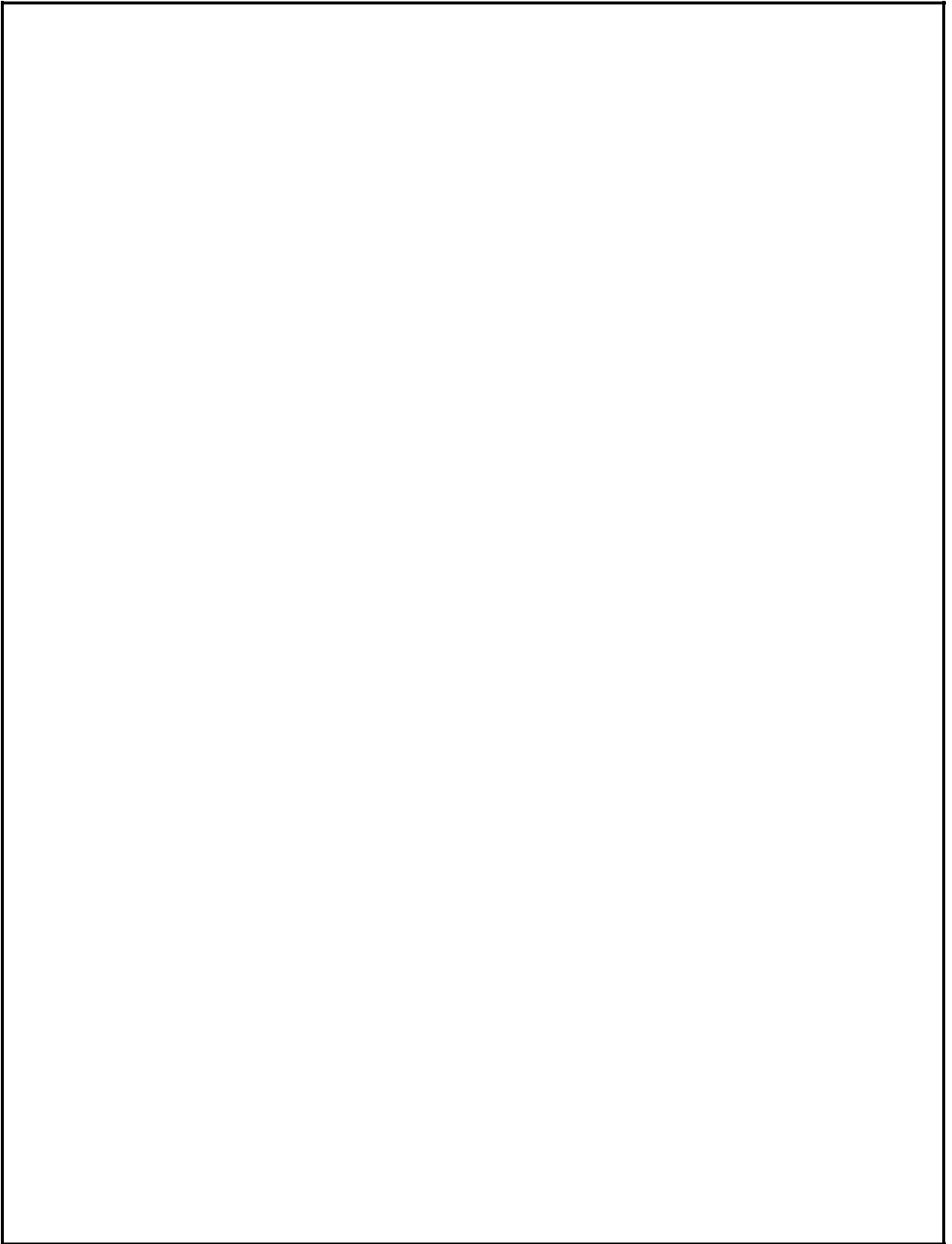
\$)*E C+UR)3 So 'E6 going to sustain t;e o7Hection
" 7ecause t;is doesnEt go to ;is credi7ilit< as to =;at ;e does
6 or doesnEt do. 't goes to t;e reasons =;< ;e does =;at ;e does
B or doesnEt do, so 'E6 going to sustain t;e o7Hection 7ecause
8 itEs not a credi7ilit< Fuestion. 'tEs a 7asis 2or =;< ;e does
@ =;at ;e does, i2 ' can 6a9e t;e distinction. So t;e 2act t;at
10 ;e does or doesnEt prescri7e an<t;ing, <ouEre not i6peac;ing
11 ;i6 on t;e 2act t;at ;e treats people ot;er t;an ;o= ;eEs
1& testi2ied, and ;eEs a 2act =itness, so 'E6 going to sustain t;e
18 o7Hection.

1\$ 5S. >A-AS3 /our *onor, one 6o6ent, please. >eEIl
1" pass t;e =itness, /our *onor.

16)*E C+UR)3 5s. -and.
1B RED' REC) EIA5' (A)' +(

18 0/ 5S. -A(D3
1@ J 4ust one clari2<ing Fuestion, s;ould 7e.)o clari2<,
&0 so6e o2 t;e patients =;o <ouE e seen =;o =ere alread< on
&1 ;or6one t;erap< =ere still su22ering 2ro6 t;eir core issues,
&& rig;tG

&8 A Correct.
&\$ J);an9 <ou.
&" (o 2urt;er Fuestions, /our *onor.



1 7ac9ground. ,irst o2 all, ;o= old are <ouG
 & A 'E6 \$0.
 8 J >;ere did <ou gro= upG
 \$ A 'n 0artles ille, +9la;o6a.
 " J /ou still li e in +9la;o6aG
 6 A /es. ' li e in +9la;o6a Cit< no=.
 B J Did <ou ;a e an< 7rot;ers or sisters gro=ing upG
 8 A /es, ' ;ad one 7rot;er and one sister.
 @ J >;atEs <our occupationG
 10 A ' =or9 in 6inistr<.
 11 J *o= long ;a e <ou done t;atG
 1& A ' started in &01@ o22icial<. ' did so6e spea9ing 7e2ore
 18 t;at.
 1\$ J *a e <ou pre iousl< su76itted a declaration in t;is caseG
 1" A /es.
 16 J);at =as also under <our 6aiden na6e -aura 1err<,
 1B correctG
 18 A);atEs correct.
 1@ J Can <ou tell t;e Court =;at gender <ou identi2< =it;
 &0 toda<G
 &1 A ,e6ale.
 && J >ere <ou 7orn 2e6aleG
 &8 A /es, ' =as.
 &\$ J *a e <ou identi2ied as 2e6ale <our =;ole li2eG
 &" A (o.

J Can you explain

A /ea; . ' identified as male prior to 2015, and ' pictured himself as male prior to 2015; however, in the culture at the time, 'Ed never heard of transgender so ' didn't know to say that word, didn't really tell anybody.

J Well get into that in a minute. Outgoing to the word transgender, can you just tell us what your basic understanding of that word is?

A);at ' lied as ' transitioned to 8. 50997(c) 8. 50997(t) 8. 51057(c)

1 Zelt at t;at ti6e, and =;at 6ade <ou realiAe <ou ;ad gender
& issuesG

8 A ' didnEt see a lot o2 t;e connection at t;e ti6e =;en '
\$ transitioned, ' Hust re6e67ered 2eeling t;at =a<. Out ' loo9ed
" 7ac9 and ' didnEt ;a e a real good relations;ip =it; 6< 6o6. '
6 =as er< Healous o2 ;er relations;ip =it; 6< 7rot;er t;at
B see6ed 6uc; closer. And s;e ;ad 6iscarried t=o 7o<s 7et=een 6<
8 7rot;er and ', and ' 7egan to t;in9 t;at 6a<7e 5o6 =is;ed ' ;ad
@ 7een one o2 t;e 7o<s instead. Out ' =as also er< to67o<, '
10 didnEt get along =ell =it; girls, and ' =as er< close to 6<
11 dad.

1& J So t;ose t;oug;ts =ere 9ind o2 =;at eFuated to <ou =;en
18 <ou =ere around t;e ti6e o2 " <ears old t;in9ing t;at <ou
1\$ =anted to 7e a 7o< and per;aps =ere transgender e en t;oug; <ou
1" didnEt 9no= t;at =ord at t;e ti6eG

16 A /es, and ' t;in9 it got =orse =;en ' =ent to sc;ool and
1B 7egan to see t;at ' ;ad trou7le relating to t;e girls and 2elt
18 li9e ' didnEt 2it in =it; t;e6.

1@ J Did t;is 2eeling persist past t;e age o2 "G

&0 A /es.

&1 J /ou Hust testi2ied a little 7it a7out ;o= <ou learned o2
&& t;e =ord KtransgenderK. Can <ou ela7orate on t;at a little 7it
&8 6oreG

&\$ A /ea;. ' re6e67er loo9ing up stories, and ' donEt
&" re6e67er t;e speci2ics o2 =;at ' sa=, 7ut ' ;eard people

identifying as transgender, and then I found a support group in
)ulsa where I was living at the time and I went to a support
 group meeting and that's where I met the first transgender
 people.

J > at 6ade <ou 2inall< decide to do research; into %% tell
 us ;o= <ou ca6e to :oogling, ' t;in9 =as <our =ord, t;is ter6.
 A ' ;ad 7een %% ' ;ad 2elt li9e t;at a lot o2 6< li2e 7ut,
 again, 7ecause 'Ed ne er ;eard t;e =ord, ' ;ad ne er e en
 reall< ;eard t;at concept ot;er t;an ' ;ad ;eard o2 drag, 7ut
 it =as Hust so6et;ing ' dealt =it; internall<. Out in college,
 ' =as in a lot o2 se?ual relations; ips, a lot o2 relations; ips
 t;at didnEt go =ell, ' 2elt reHected, a7used, and used Fuite a

1 depressed t;an =;en =e got t;ere 6ost o2 t;e ti6e.
 & J >;en <ou said <ou =anted to 9no= ;o= to 6a9e t;at ;appen,
 8 =;at do <ou 6ean 7< t;atG
 \$ A);e transition process.
 " J >eEII get to t;at in Hust a 6o6ent.);roug;out t;e ti6e
 6 t;at <ou =ere attending t;is support group, did <ou do an<t;ing
 B else in an e22ort to transition <ou sa< ot;er t;an doing <our
 8 o=n researc;G
 @ A Can <ou clari2<G 4ust during t;e ti6e ' attended t;e
 10 support group or t;roug;out t;e =;ole processG
 11 J During t;e ti6e <ou attended t;e support group.
 1& A During t;e ti6e ' attended t;e support group, ' 7egan
 18 transitioning =it; ;or6one t;erap< and e entuall< ;ad 6< na6e
 1\$ legall< c;anged.
 1" J Did <ou present as 6ale at an< ti6e t;roug;out t;is
 16 processG
 1B A ' did. ,ro6 t;e er< 2irst 6eeting, ' =al9ed in and '
 18 ;ad cut 6< ;air and =as =earing 6ore 6asculine clot;ing.
 1@ J >;en did <ou start doing t;atG
 &0 A);at =ould ;a e 7een ' guess eit;er late Septe67er, 6a<7e
 &1 earl< +cto7er o2 &00B.
 && J So a7out =;en <ou =ere &"G
 &8 A /es.
 &\$)*E C+UR)3 5s. S6alts, <ou said K=eK Fuit going.
 &" >;o are <ou re2erring toG

) *E >') (ESS3 Sorr<. ' e entuall< dated and ;ad a
long%ter6 relations; ip =it; one o2 t;e people in t;e support
group. >e =ere 7ot; transgender. *e =as 6ale to 2

1 A ' did. ' donEt 9no= t;e e?act ti6eline o2 ;o= long it
& =as. ' initiall< started presenting =;en ' =as in college. '
8 =as still %% ' =as a little 7it older, 7ut ' started college a
\$ little 7it later, and t;en ' ca6e out to 6< 7est 2riend in
" Dece67er o2 t;at <ear.

6 J /our 7est 2riend =as t;e 2irst person <ou told outside o2
B t;e support groupG

8 A Rig; t.

@ J Did <ou tell <our 2a6il<G

10 A (ot initiall<. ' =asnEt in close contact =it; 6< 2a6il<
11 at t;e ti6e.);e< 2ound out in 4ul< o2 &008.

1& J Did <ou e er recei e a diagnosis related to <our gender
18 issuesG

1\$ A >ell, ' =as reFuired to go to a licensed t;erapist, and '
1" didnEt =ant t;erap<, ' didnEt t;in9 ' needed t;erap<, ' didnEt
16 =ant to c;ange t;e 6ind to 7e in align6ent =it; 6< 7od<, 7ut 6<
1B ' =as reFuired to go in order to start t;e process. And s;e
18 told 6e at t;e ti6e t;at s;e diagnosed 6e =it; gender d<sp;oria
1@ disorder, 7ut t;en later ' 2ound out t;at s;e ne er 2iled an<
&0 9ind o2 paper=or9. ' t =as Hust as 2ar as t;ere =as ne er an
&1 o22icial diagnosis.

&& J +n a piece o2 paperG

&8 A Rig; t. ' 6ean, ' t;in9 it =as li9e in t;e o22ice notes.

&\$ Out t;e reason ' 7ring t;at up, ' didnEt 9no= until <ears later
&" ' =as appl<ing 2or a Ho7 and ' ;ad to put =;et;er 'Ed e er 7een

diagnosed =it; a mental disorder, and ' ;ad ahead< put t;at on t;e 2or6 and s;e said <ou didnEt ;a e to put t;at on t;ere, ' ne er o22iciall< diagnosed <ou.

J And <ou said <ou =ere reFuired to go to t;erap<. >;o reFuired <ou to do t;atG

A At t;e ti6e, ' donEt 9no= i2 it =as a legal reFuire6ent as 2ar as on t;e la= 7oo9s, 7ut it =as part o2 t;e >1A)* standards. ' t =as sort o2 t;e process t;at 6ost doctors =ould reFuire in order to start ;or6one t;erap< at t;e ti6e. So ' =as a7le to ta9e t;is letter stating t;at ' ;ad %% 7ecause s;e =rote 6e a letter stating ' ;ad 7een diagnosed =it; t;is :ender ' dentit< Disorder and ta9e t;at to a doctor to start ;or6one t;erap<.

J +9a<. And did <ou, in 2act, go to t;erap<G

A /ou 6ean ;or6one t;erap< or are <ou tal9ing a7out t;e counseling t;erap<G

J Counseling t;erap<.

A /ea; , ' =as reFuired to attend t;ree sessions and t;en ' later ;ad to do one additional session in order to get 6< surger< letter and t;at =as all t;e counseling ' recei e057(<)8. r

1 A ' didn't want to be a male. ' didn't want to
& bring the mind into alignment with it; but not. ' wanted to be
8 male.

\$ J 's that the first time in our life you had attended an
" type of counseling

6 A /es, as far as an individual licensed therapist. ' had
B grown up in the church. ' probably had talked to ministers at
8 some point, but ' had never shared anything about gender
@ struggles.

10 J And when you attended those counseling sessions that you
11 referred to, did you share your gender struggles in those
1& sessions?

18 A /es. 'n the first meeting, ' told her that that was
1\$ ' was there, that ' was wanting to transition to male.

1" J Just so 're confirming the timeline is correct, are you
16 still about the age of " when this is happening?

1B A /es.

18 J After those counseling sessions, when did you proceed to
1@ do?

&0 A After the counseling sessions, ' took the letter that '
&1 was given stating that ' had been diagnosed with Gender Identity
&& Disorder. The doctor, there was only one in Tulsa that ' knew
&8 of at the time that was seeing transgender patients, ' couldn't
&\$ get in to see. Not soon after, but a few weeks after, '
&" found out that the doctor that ' had been going to for years

1 =as treating another trans patient so ' as9ed ; i6 and ; e
& started 6e on ; or6one t; erap<.

8 J Similar Fuestion, <ou =ere still a7out &" <ears old a7out
\$ t; is ti6eG

" A /es, correct.

6 J)ell us a7out ; o= <ou 6ade t; e decision to go on ; or6one
B t; erap<. >at =ent into <our decision%6a9ing processG

8 A At t; at point ' =anted to 7e 6ale 6ore t; an ' cared a7out
@ an< t; ing else in li2e, so =; ate er t; at too9 is =; at ' =anted
10 to do. ' ; ad planned to transition 2ull<, =; ate er t; at 6eant,
11 an< surgeries or ; or6ones or ' =anted to %% ' didn't e en =ant
1& to identi2< as transgender. ' =anted to 7e a 6an and reall<
18 erase t; e e?istence o2 -aura.

1\$ J *o= long ; ad t; e idea o2 transitioning 7een on <our 6indG

1" A +nl< since 'Ed ; eard a7out it in t; e 2all o2 &00B. -i9e
16 ' said, ' ; ad struggled in c;ild;ood 7ut ' ; ad ne er e en ; eard
1B o2 t; at concept.

18 J 0< 2all o2 &00B, are <ou re2erring to t; e support groupG

1@ A /es.

&0 J +9a<.

&1 A And t; e initial researc; , =; ic; =as around t; e sa6e ti6e,
&& =it; in da<s.

&8) *E C+UR) 3 5s. -and, ; o= long do <ou t; in9 <ouEre
&\$ going to 7e on <our directG

&" 5S. -A(D3 ' 2 t; e CourtEs =anting to ta9e a 7rea9,

1 no= =ould 7e a 2ine ti6e.
 &) *E C+UR) 3 ' tEs 6ore o2 a 6atter o2 need t; an
 8 desire, 7ut ' donEt =ant to 7rea9 up <our direct i2 <ouE e got
 \$ anot;er 1" or &0 6inutes, 7ut i2 itEs going to 7e 7e<ond t; at,
 " 'E6 not sure ' can =ait t; at out.
 6 5S. -A(D3 ' donEt 9no=, 7ut 'E6 2ine %%
 B) *E C+UR) 3 -etEs ta9e a 7rea9, 7ecause ' need one.
 8 >eEre going to 7e in recess until 10380.
 @ !Recess 2ro6 10308 A5 until 1038& A5.#
 10 0/ 5S. -A(D3
 11 J 5s. S6alts, =e =ere discussing t; at t; e idea o2
 1& transitioning ; ad 7een on <our 6ind, and ' 7elie e <ou
 18 testi2ied t; at <ou ; ad or <ou used t; e ter6 transition 2ull<.
 1\$ Can <ou descri7e =; at t; at 6eans to <ouG
 1" A) o transition 2ull< 6eant ; a ing =; ate er surgeries '
 16 needed. ' reall< didnEt 9no= at t; e ti6e, so ' ; ad %% ' didnEt
 1B 9no= =; at all surgeries =ere a aila7le, 7ut ' =anted to
 18 transition to 2ull< 6ale. ' reall< didnEt 9no= =; at t; at 6eant
 1@ at t; e ti6e, 7ut ' ; ad ; eard o2, li9e, c; est surger< and t; en
 &0 genital reassign6ent surger< and <ears o2 ; or6ones, 7ut
 &1 =; ate er ' could do in order to 7eco6e 6ale.
 && J *o= did <ou 9no= a7out t; ose t; ingsG
 &8 A); roug; t; e support group and t; roug; on%line in2or6ation
 &\$ as =ell, 7ut ' learned a lot t; roug; t; e support group.
 &" J >ere <ou prepared to ta9e all o2 t; ose steps to

transitionG

A /es, 7ut ' donEt 9no= %% ' ;adnEt researc;ed it 2ull< at t;e ti6e, so ' ;ad a so6e=;at a=areness, 7ut ' =as not 2ull< a=are o2, li9e, =;at surgeries =ere o22ered. 'n ot;er =ords, ' planned to ;a e genital reassign6ent surger<, 7ut ' didnEt 9no= t;e details.

J Did <ou e entuall< learnG

A /es, and ' =as ;orri2ied.

J Did <ou discuss t;at =it; a doctorG

A (o.

J *o= did <ou learn itG

A);roug; 6< researc; on t;e internet.

J Did <ou e er discuss an< o2 t;e steps t;at <ou intended to ta9e to transition =it; a p;<sicianG

A 'nitiall< Hust t;e ;or6one t;erap< and t;en t;e letter 2or surger< t;at ' ;ad 2ro6 t;e t;erapist t;at ' too9 to a

referred, =; en did <ou approach; a doctor =it; t;at letter
 A ' can't recall t;e exact timeline. Around t;e time t;at
 ' was researching it, t;e doctor refused t;is letter and so '
 contacted t;e therapist =it; in around t;e same time, but '
 sought out one of t;e world's most renowned surgeons for a
 to be a chest surgeon.

J So are <ou saying t;at <ou were attending t;erapist and
 seeing t;is other physician to get <our <or one t;erapist at t;e
 same time?

A Well, sorry, ' ;ad % t;is was about two <ears after '
 initially went to t;e therapist, ' ;ad t;ree one%our sessions
 =it; ;er initially to get t;e diagnosis. ' only saw ;er one
 additional time in order to get t;e letter t;at ' needed to
 take to t;e surgeon.

J +9a<. >; en <ou went and saw t;e doctor for t;e <or one
 t;erapist, were <ou required to <a <e any type of documentation
 for <our t;erapist to get t;at <or one t;erapist?

A Just t;e initial letter. >;ere were two letters, sorry.
 >;e initial letter stated t;at ' ;ad been diagnosed

1 t;e ;or6ones.

& J >ould it ;a e 7een a couple 6ont;s a2ter <ou sa= t;e

8 t;erapistG

\$ A lossi7l<. ' =anted to start initiall<, 7ut no7od< 9ne=

" o2 an< ot;er doctors in to=n t;at =ere treating transgender

6 people and it =asnEt a popular t;ing to call and as9 doctors.

B ' =as a little ner ous, 7ut ' 9ept as9ing around and t;en '

8 disco ered t;at 6< o=n pri6ar< care p;<sician =as treating

@ trans people.

10 J So a couple 6ont;s later, <ou go to <our doctor, and tell

11 6e =;at ;appened.

1& A ' presented ;i6 t;e letter and ' told ;i6 =;at ' ;ad 7een

18 struggling =it;. And ' 6ean, ;e ;ad 9no=n 6e 2or <ears, ' ;ad

1\$ ne er 6entioned t;is struggle 7e2ore, 7ut ;e loo9ed at 6e and

1" ;e t;oug;t ;e sa= signs o2 %% ;e said, <ou 9no=, signs o2 li9e

16 6ore 6asculine c;aracteristics =;ic; ' t;in9 =ere er<

1B super2icial, 7ut li9e a 6ore 6asculine pu7ic ;air pattern,

18 li9e, <ou 9no=, er< si6ple t;ings. Out ' guess ;e =as tr<ing

1@ to encourage 6e. And t;en ;e said, 's t;is =;at <ou reall<

&0 =antG And ' said, /es, t;is is =;at ' =ant. So ;e started 6e

&1 on a %% ;e prescri7ed ;or6one t;erap<.);e initial s;ot ;e

&& ga e 6e t;ere in t;e o22ice and t;en prescri7ed 6e needles and

&8 t;e 6edication to do on 6< o=n.

&\$ J >as t;at at <our 2irst isit regarding t;is issueG

&" A Regarding t;is issue, it =as, <es.

J *o= long ;ad <ou 7een seeing t;is doctorG

A Se eral <ears.

J Did <ou continue to ad6inister ;or6one t;erap< to
<oursel2 li9e <ou Hust descri7edG

A ' did. 5ostl< 6< partner did 6< inHections 2or 6e, 7ut
eit;er 6<sel2 or ;i6 did.

J *o= long did <ou do t;atG

A Until t;e spring o2 &01\$.

J >eElI get into t;at in a 6minute. *o= soon a2ter t;e
decision to %%

A Sorr< ' 6isstated. Spring o2 &016 =as =;en ' stopped
;or6ones.

J *o= soon a2ter going to t;e p;<sician 2or t;e ;or6one
t;erap< did t;e surger< ta9e placeG /ouE e re2erenced t;e
surgeon.

A 5< 2irst surger< =as in Septe67er o2 &00@, so a <ear and
a ;al2 to t=o <ears later.

J So s=itc;ing 7ac9 to t;e ;or6one t;erap<, tell us ;o=
t;at =ent 2or <ou. *o= did it 6a9e <ou 2eelG

A 5ade 6e 2eel great at 2irst. 't see6ed to ;elp resol e

1 J >at =as t;e reason 2or t;e ti6e 7et=een t;ose
& proceduresG

8 A 'nitiall< ' didnEt see a reason to ;a e t;e 2e6ale organs
\$ re6o ed. 5< 2e6ale c<cles ;ad prett< 6uc; stopped, 7ut 6ine
" ;ad 7een %% ' ;ad 7een diagnosed =it; pol<c<stic o arian
6 s<ndro6e earlier in 6< li2e and it ;ad caused 6e a lot o2 pain
B in ;ig; sc;ool, 7ut 2or <ears, ' ;ad Hust not reall< ;ad a lot
8 o2, Fuote, s<6pto6s o2 6< 2e6ale s<ste6. ' reall< =asnEt
@ dealing =it; 15S and periods and t;ings li9e t;at, so ' didnEt
10 see an< reason initiall<, 7ut t;en once in a =;ile 6< c<cles
11 ca6e 7ac9 and ' couldnEt ;andle it, so ' Hust =anted to get rid
1& o2 it.

18 J >at do <ou 6ean <ou couldnEt ;andle itG

1\$ A E6otionall<, 7ecause ' ;ad 7een li ing as 6ale and all
1" t;e sudden 'E6 ;a ing a period, and it =as Hust de astating.

16 J Did t;e sa6e p;<sician per2or6 all o2 t;ose procedures
1B <ou descri7edG

18 A (o. ' ;ad s=itc;ed pri6ar< care p;<sicians. ' later got
1@ in to t;e p;<sician t;at =as 9no=n 2or treating trans people,
&0 it =as ;er specialt<, and s;e re2erred 6e to an +0M / (surgeon.
&1 J ,or <our latter t=o proceduresG
&& A Correct.
&8 J Did <ou e?perience an< i66ediate side e22ects a2ter t;ose
&\$ proceduresG
&" A ' ;ad a lot o2 pain. 'nitiall< ot;er t;an a lot o2 pain

and disco62ort, ' didnEt notice a =;ole lot, 7ut ' did start
;a ing 6ore gastrointestinal issues.);at got =orse.

J A2ter =; ic; procedureG

A A2ter t;e ;<sterecto6<.

J Did <ou e?perience an< long ter6 side e22ectsG

A /es. ' didnEt realiAe at t;e ti6e, 7ut 'E e ;ad se ere
gastrointestinal issues =; ic; 'E e 7een told can 7e related to
;<sterecto6<. Out 6ore speci2icall<, once ' got 6arried,e()8.51057(d)8

1 J Did eit;er o2 t;e p;<sicians =;o per2or6ed t;e procedures
& re2er <ou to an< ot;er 6ental ;ealt; pro2essionalsG

8 A (o. ' ne er told t;e6. ' 7elie ed at t;e ti6e t;at
\$ an<one =;o sa= a counselor =as 6entall< ill or ' didnEt %% '
" ;ad 7elie ed a lot o2 t;e stig6a a7out 6ental ;ealt; t;erap< so
6 ' didnEt =ant to ad6it to an<one t;at ' =as %% and ' t;in9 t;at
B =as t;e 7iggest t;ing, ' didnEt =ant to ad6it to an<one ' =as
8 struggling. ' =anted e er<one to 7elie e t;at ' =as ;app< and
@ t;at t;is =as =onder2ul.

10 J Did <ou s;are an< o2 t;at =it; eit;er o2 t;e p;<sicians
11 =;o per2or6ed t;e proceduresG

1& A (o, ' did not.

18 J >;< is t;atG

1\$ A Again, ' didnEt =ant an<one to 9no= ' =as struggling
1" 7ecause struggling =as ad6itting t;at t;is =asnEt =or9ing. '
16 =anted t;is to 7e true. ' =anted to 7eco6e a 6an and ' didnEt
1B =ant t;e6 to 7e leer< o2 doing an< 2urt;er procedures.

18 J);e< didnEt as9 <ou i2 an< o2 t;ose %%

1@ A (o, t;e< didnEt.

&0 J Did <ou e?perience an< p;<sical 'Ell sa< 7ene2it a2ter
&1 <our proceduresG

&& A >ell, initiall< a2ter t;e c;est surger<, 6< c;est =as
&8 6uc; lig;ter, so ' ;ad so6e relie2 t;ere. ' also ;ad 7een
&\$;a ing se ere 7ac9 pro7le6s 2ro6 t;e c;est 7inders. ' ;ad 7een
&" =earing t;e6 &\$;ours a da< prett< 6uc; e?cept to s;o=er

1 because ' didn't want to be a partner, so she was trans
 & obviously, but ' didn't want to see her as a woman, so '
 8 more than all the time she went to sleep. And her was
 \$ suffering a lot of damage. So not wanting to hear the cost
 " finds another did help her initially, but ' said she '
 6 still said her problems to this day she is in her.
 B J said she was her life after her surgery and
 8 after her started this morning presenting as a man
 @ A initially it was a lot better. Again, ' lived a
 10 more masculine cost, ' lived not wanting to deal with female
 11 clothes, ' lived a long time partner that said her as a man. '
 1& lived a long time here ' was only known as a man. And
 18 socially felt her ' was doing better, but over time, it began
 1\$ to hurt her because ' realized that ' was she ' she was
 1" still biologically female, ' she was that ' was not a man. As
 16 much as ' felt her a man, as much as ' wanted to be a man, '
 1B her feelings all her, but ' she was biologically
 18 female. And ' began to feel her ' was living a lie. ' began
 1@ to torment her.
 &0 ' said to reinvent her life all the time because ' was not
 &1 open to transgender, so ' said this her here no one she was
 && transgender. And ' said to reinvent her life. '
 &8 said to live a whole new world. And ' couldn't have a
 &\$ normal conversation with someone, especially when ' met someone
 &" initially because all ' could do was do the best, said the

1 figured it out, do t;e 7elie e 'E6 a 6an. And t;en ' =ould
& li9e, i2 ' =as telling a stor< a7out c;ild;ood, it =as li9e, o;
8 6< goodness, ' couldnEt ;a e 7een in girl scouts, ' ;ad to ;a e
\$ 7een in 7o< scouts, t;ings li9e t;at. ' ;ad to lie.

")*E C+UR)3 Can <ou slo= do=n a little 7itG

6)*E >')(ESS3 Sorr<.

B)*E C+UR)3 5< court reporterEs tr<ing to ta9e do=n
8 e er<t;ing <ou sa<. Continue.

@)*E >')(ESS3 Sorr<. So ' Hust 2elt li9e ' =as
10 li ing one 7ig lie and ' =as constantl< tr<ing to co er 6<
11 lies. And ' reall< 7egan to 7e tor6ented. E en t;ings li9e
1& e entuall< ' =as getting 6ore and 6ore depressed and ' tried to
18 2ind =a<s to 2ill 6< li2e =it; a lot o2 entertain6ent. '
1\$ started going to lots o2 car races and ;oc9e< ga6es and t;ings
1" tr<ing to sort o2 entertain 6< li2e a=a<.

16 And Hust si6ple t;ings people ne er t;in9 o2, li9e ' ;ad
1B t;is prost;etic genitalia t;at ' =as using, and stepping o er
18 people in t;e cro=d, it =ould get out o2 place and al6ost 2all
1@ out o2 6< s;orts.);ere =ere t;ings t;at Hust 7egan to ;aunt
&0 6e and tor6ent 6e, 7eing =orried a7out 7eing e?posed in t;e
&1 7at;roo6s. And t;ese t;ings Hust 7egan to li e in so 6uc; 2ear
&& and tor6ent.

&8 0/ 5S. -A(D3

&\$ J *o= long did t;ese 2eelings persistG

&" A);e< started creeping in a2ter 6< c;est surger< in &00@.

Out ' 9ept dis6issing it. ' 9ept t;in9ing t;at t;is =ill get
 7etter. Especiall< ' 2igured t;at once ' transitioned 6ore,
 once ' =as sort o2 2ull< 6ale, t;en all t;at =ould get 7etter,
 and ' started loo9ing into t;e genital reassign6ent surgeries
 a2ter 6< ;<sterecto6<. And ' ;ad al=a<s planned on ;a ing
 t;at. ' 9ne= it =as e?pensi e so ' =as sa ing 6one<. ' didnEt
 realiAe ;o= e?pensi e, and ' 9ne= ' =ould ne er 7e a7le to
 a22ord it. Out ' =as ;orri2ied =;en ' started loo9ing at t;e
 genital reassign6ent surgeries. ' realiAed t;at it =as

A);ere =ere ti6es ' =as suicidal, and 6< partner and '
used to ;a e t;ese rando6 con ersations. ' t;in9 =

isnEt real, t;is is ne er going to 6a9e 6e a 6an. '

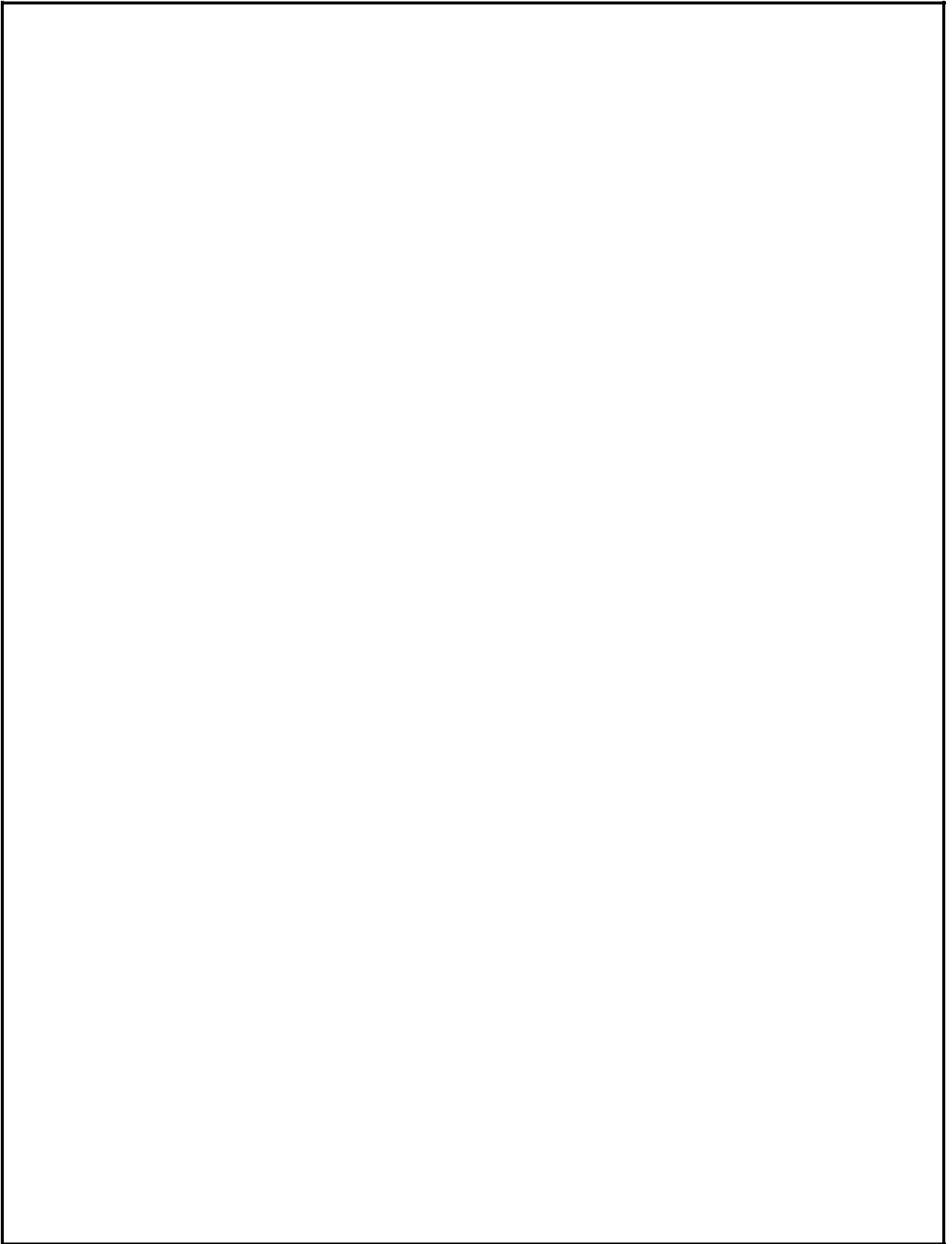
realiAed %%

)*E C+UR)3 ' need to as9 <ou to slo= do=n again.

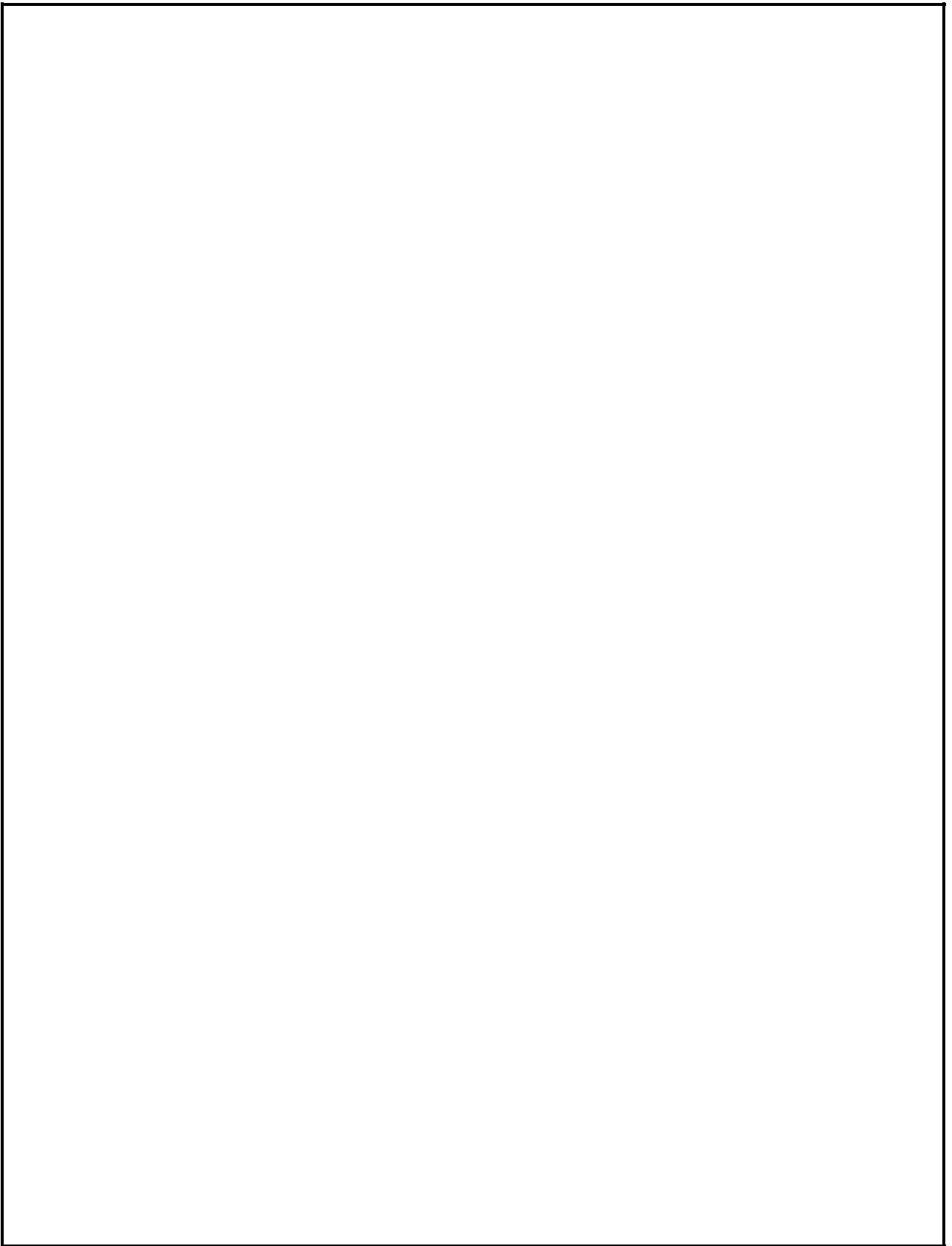
)*E >')(ESS3 Sorr<. ' re6e67er t;e da< t;at '

realiAed t;at ' =as ne er going to 7e a7le to 2at;er a c;ild

and ' ;ad Hust ne er t;oug;t t;at t;roug;. ' =as de astated.



Karen Dellinger, RDR, CRR, CCR



J Did <ou e?perience an< s;ort ter6 side e22ects 2ro6
undergoing t;ose procedures to detransitionG

A /es.);e 7reast i6plants ;a e 7een er< 2rustrating.
'E6 grate2ul in a sense, and ' li9e t;e 6ore 2e6inine s;ape,

1 ; a e c;ildren. Out a2ter ' got 6arried, t;at desire =as so
& intense and ' ; a e cried so 6an< nig;ts and grie ed o er t;e
8 2act t;at ' canEt ; a e 6< o=n c;ildren.

\$ And t;at =ould 7e 7ad enoug; 7ecause ' 9no= t;ere are
" ot;er =o6en t;at struggle =it; t;is, 7ut t;e 2act t;at ' did
6 t;is to 6<sel2 is Hust a grie2 t;at ' canEt get o er, and
B t;ereEs not;ing ' can do a7out it. /ou 9no=, e en i2 '
8 adopted, 'Ell ne er 9no= =;at t;e 2ace o2 a c;ild 2ro6 6<
@ ;us7and and ' =ould loo9 li9e. +r t;ereEs so 6an< t;ings 'E e
10 t;oug;t a7out t;at 'Ell ne er 9no= and t;ereEs no solution to
11 t;at.);ereEs not;ing ' can do a7out it 2or t;e rest o2 6<
1& li2e.

18 J >;at ;as <our e?perience 7een =it; support 2ro6 2a6il<
1\$ and 2riends t;roug;out t;is ti6eG

1" A 5ostl< 6< 2a6il< ;as 7een er< supporti e. 5< parents
16 ; a e 7een e?tre6el< supporti e.);e<E e Hust 7een 6< 7iggest
1B c;eerleaders, e en t;oug; at t;at ti6e a lot o2 ot;er people
18 =ould ; a e said t;e< =erenEt supporti e, 7ecause t;e< =ouldnEt
1@ use t;e na6e and pronouns ' =anted, 7ut t;e< lo ed 6e
&0 t;roug;out t;is entire process and 'E e gro=n so close to t;e6.
&1 Out all t;e people t;at ' 9ne= in t;e trans co66unit<, all o2
&& t;e6 are gone. >e didnEt sta< 2riends a2ter t;at.

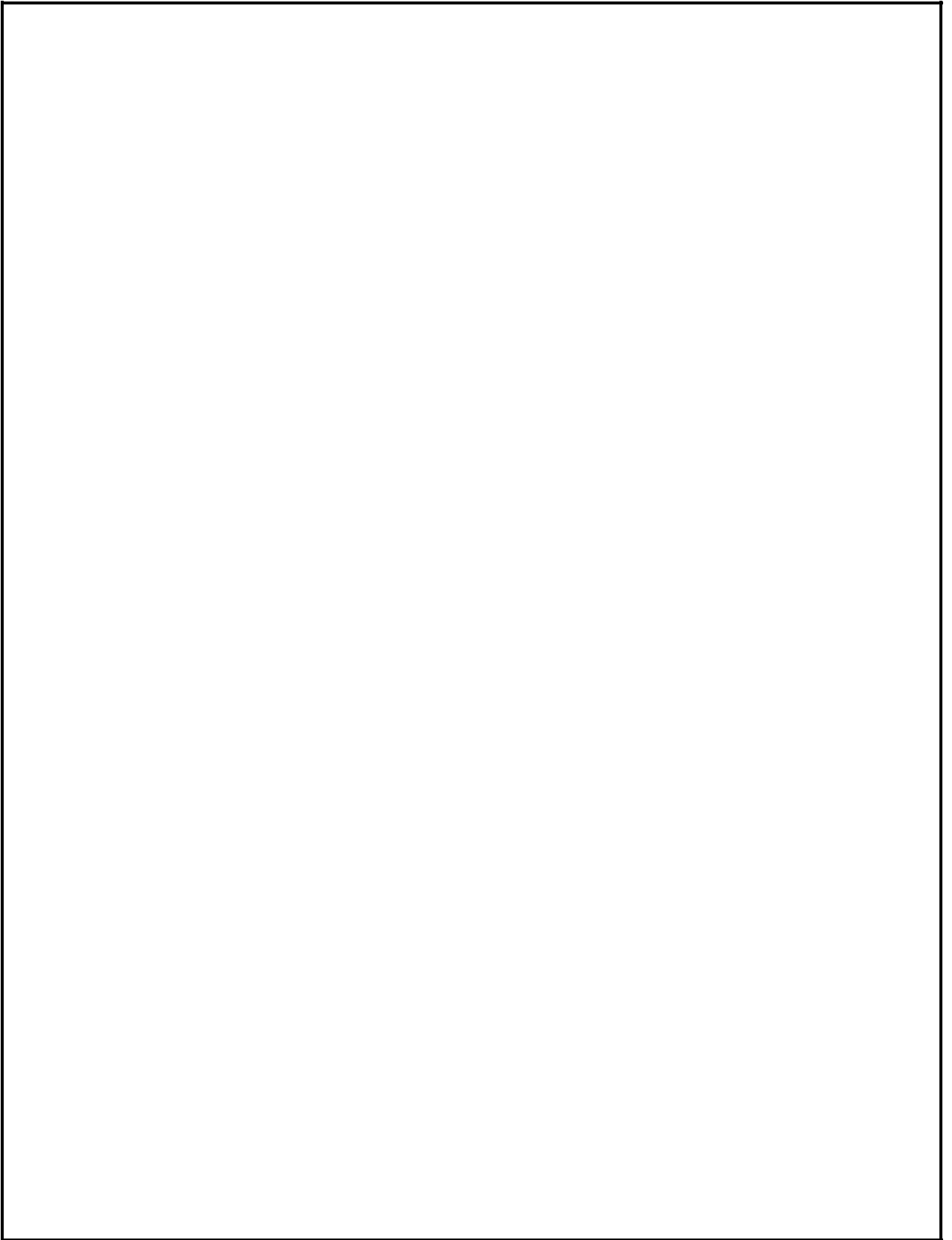
&8 J >;< notG

&\$ A >ell, initiall< =e ;ad le2t t;e support group 6eetings
&" an<=a<, 7ut =e stac ed in contact so6e. Out o er t;e <ears, and

' 2ind t;is a lot, 'E6 sure itEs not al=a<s true, 7ut ' t;in9
 t;e 6ore <ou li e as transgender, t;e 6ore <ou donEt =ant
 people or <ou donEt =ant an< re6inders t;at <ouEre transgender,
 7ecause <ouEre tr<ing to 7eco6e t;is ot;er person, and so ' =as
 tr<ing as ;ard as ' could to get rid o2 an< e idence, to get
 rid o2 an< re6inder t;at ' =as transgender. So e en 7eing in
 t;e co66unit< re6inded 6e t;at ' =as transgender. Out '
 contacted so6e o2 t;e6 a2ter ' ca6e out to tell t;e6 =;at ;ad
 ;appened to 6e. *e<, ' Hust =anted to tell <ou =;at ' 2ound
 and t;at t;is ;as reall< ;elped 6e, and ' didnEt ;ear 7ac9.
);e< =ouldnEt e en respond.

J Are <ou recei ing 2ollo=%up care toda< currentl< as a
 result o2 <our detransition processG

A >ell, ' =or9 2or a 6inistr<, and as a part o2 idrettot;ainn



detransitionedG

A ' couldn't say. ' ; a lot of acquaintances, people
' E e get. As far as ones that are close, just a ; and ul, and
then several that ' E e talked to several times, so there's a
range of ; o= close ' a6, but as far as people ' E e get, Iite a
7it.

J +9a<. ' s there an<ting <ou =ould do differentl< today
regarding <our transition or detransitionG

A Can <ou clarify<G An<ting ' =ould do different <ou're
sayingG

J /es.

A >ell, ' =is; ' ;ad never transitioned in the first place.
' =ould do an<ting to ; a e 7ac9 the ability< to ; a e < o= n
children. ' can deal =it; the 7reasts, but there's no solution
for that. ' Ed give an<ting to go 7ac9 and to not deal =it;
the 2acial ;air. ' E6 sorry<, ' did forget that ' E6 going
through electro<sis as =ell to re6o e 2acial ;air.

J Currentl<G

A /es.

J *o= long ; a e <ou 7een doing thatG

A ' started sometime last <ear, about a <ear ago<.

J *o= often do <ou do thatG

A ' t depends on < travel sc<edule. Out ' tr< to do it
time a <ont; .

A S;e said ' pro7a7l< needed "0 to 100 treat6ents and 'E e
;ad roug;l< &0 to 80 6a<7e. 1ro7a7l< a7out &0.

5S. -A(D3 'EII pass t;e =itness.

CR+SS%EIA5' (A)' +(

0/ 5R. *A-1ER(3

J 5s. 1err<, 6< na6eEs A i *alpern. ' represent t;e
plainti22s. 4ust a couple 7ac9ground Fuestions 2ir

J 5s. 1err<, <ou testi2ied %% sorr<, 5s. S6alts. See,
t;ere ' a6. 5s. S6alts, <ou testi2ied on direct a7out se eral
;ar6s t;at <ou su22ered. ' 9no= t;at discussing so6e o2 t;ese

1 A);at is correct.

& J And t;ose =ere 6edicall< necessar< to treat <our
8 pol<c<stic o arian s<ndro6eG

\$ A 't 6a< ;a e 7een. 't 6a< not ;a e 7een 6edicall<
" necessar< to do it as soon as it =as, 7ut <ea; .

6 J 5s. 1err<, it =as 6edicall< necessar< to treat <our
B pol<c<stic o arian s<ndro6eG

8 A /es.

@ J >;ic; is =;< it =as co ered 7< insuranceG

10 A Correct.

11 J);e surger< =as e22ecti e at treating <our pol<c<stic
1& o arian s<ndro6eG

18 A /es, it =as.

1\$ J 0ecause <our s<6pto6s =ent a=a<G 'E6 sorr<, =as t;at a
1" <esG

16 A /es.

1B J 5s. 1err< %% sorr<, 5s. S6alts, <ou testi2ied also t;at
18 <ou ;ad so6e prett< se ere gut issues a2ter t;e surgeries as
1@ =ell as ot;er issuesG

&0 A /es.

&1 J Out <ou ;a enEt ;ad an< diagnosis o2 t;ose issues 7eing
&& caused 7< ;or6ones or t;e surgeries, correctG

&8 A (o. (o.

&\$ J 5ost doctors t;at <ouE e tal9ed to a7out t;is donEt
&" reall< 9no= =;at it 6ig;t 7e related toG

A);atEs correct.

J /ou testi2ied at <our deposition t;at <ou 2eel t;at in a sense, <our li2e is 7etter 7ecause <ou donEt ;a e to deal =it; t;at painG

A);atEs true.

J 'snEt it true t;at i2 <ou ;adnEt gotten t;e ;<sterecto6< in &01&, <ou =ould ;a e needed to get one at so6e point 7ecause o2 t;e pol<c<stic o arian s<ndro6eG

A);atEs correct.

J (o=, 5s. S6alts, Hust to clear up so6e o2 t;e ti6eline, <ou =ere assigned 2e6ale at 7irt;G

A ' =as 7orn 2e6ale, <es.

1 A /es.

& J And Hust to 7e clear, <ouEre not 2ro6 Ar9ansasG

8 A (o.

\$ J /ou ne er soug;t gender%a22ir6ing 6edical care ;ereG

" A (o.

6 J /ou did not recei e an< o2 t;e 6edical care associated
B =it; <our transition ;ereG

8 A (o.

@ J /ou donEt 9no= ;o= doctors in Ar9ansas e aluate or treat
10 adolescent patients =it; gender d<sp;oria ;ereG

11 A (o.

1& J ' =ant to get to t;e 6ain part o2 our discussion. And
18 itEs going to 7e 7rie2 7ecause ' onl< =ant to 2ocus on one
1\$ issue =;ic; is =;< <ou 6ade t;at personal decision to
1" detransition. /ou detransitioned 7ecause <ou ;eard :od spea9
16 to <ouG

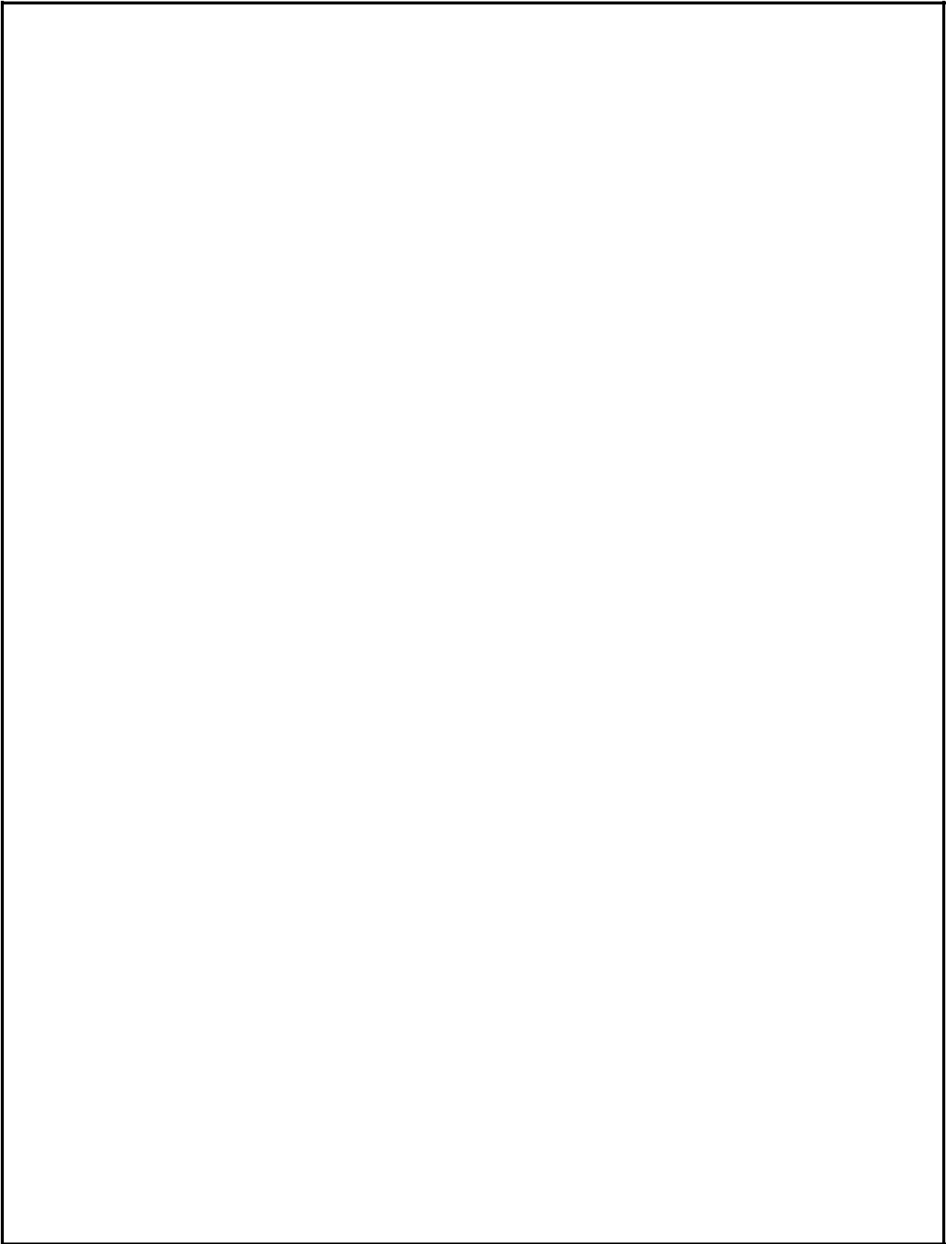
1B 5S. -A(D3 +7Hection to rele ance.

18)*E C+UR)3 + erruled.

1@ 5S. -A(D3 Also o7Hection to using e idence o2 ;er
&0 religious 7elie2s to tr< and attac9 ;er credi7ilit<.

&1)*E C+UR)3 S;e 7roug;t all t;at out on ;er o=n
&& during direct, so ' t;in9 itEs 2air ga6e, 5s. -and.

&8 5R. *A-1ER(3 Additionall<, /our *onor, it =as t;e
&\$ su7Hect o2 a 6otion in li6ine =;ic; ;as alread< 7een 7rie2ed
&" and <ouE e alread< ruled on. Apologies.



Karen Dellinger, RDR, CRR, CCR

1 0/ 5R. *A- 1ER(3
 & J -et 6e as9 t;at again. 4ust to clari2<, t;e onl< reason
 8 t;at <ou detransitioned =as 7ecause o2 <our relations;ip to
 \$ 4esus C; rist, correctG
 " A /es.
 6 J E en a2ter t;at con ersation, <ou struggled =it; =;at :od
 B ;ad as9ed <ou to doG
 8 A ' did.
 @ J ,or e?a6ple, a 2e= =ee9s a2ter <our con ersation =it;
 10 :od, <ou =ent clot;es s;opping to prepare 2or li2e as a =o6anG
 11 A /es.
 1& J And =;en <ou =ent clot;es s;opping, <ou =ere struggling
 18 =it; t;e realit< o2 7eing a =o6anG
 1\$ A ' =as.
 1" J /ou =anted to s;o= ;o= co66itted <ou =ere to :od and <our
 16 parentsG
 1B A /es.
 18 J 't =as i6portant 2or <ou to o7e< :od and present as a
 1@ 2e6ale 7< =earing 2e6inine clot;es and He=elr<G
 &0 A 't =as.
 &1 J /ou 7elie ed t;at t;at e?perience =ould teac; <ou to den<
 && <our 2eelings and =al9 7< 2ait; aloneG
 &8 A /es.
 &\$ J ' appreciate <our =illingness to s;are t;at personal
 &" stor<. (o=, <ou no= 7elie e t;at so6eone =;o identi2ies as

1 transgender reflects :odes creation, correctG
 & A ' do.
 8 J 5s. S6alts, <ou =ould agree =it; 6e t;at <ou canEt spea9
 \$ to t;e e?perience o2 all transgender people, rig;tG
 " A);atEs correct.
 6 5R. *A-1ER(3 lass t;e =itness, /our *onor.
 B RED' REC) EIA5' (A)' +()
 8 0/ 5S. -A(D3
 @ J 5s. S6alts, =ould <ou ;a e gotten <our surgical
 10 procedures regardless o2 <our ot;er 6edical diagnosesG
 11 A /es, ' =ould ;a e.
 1& J >;< is t;atG
 18 A 0ecause ' =anted %% ' didnEt =ant an< part o2 6e le2t as
 1\$ 2e6ale. ' 7elie e ' e en 6entioned t;at in t;e 7oo9 and
 1" certainl< in ot;er testi6on<, t;at ' didnEt =ant an< part o2 6<
 16 2e6ale 7od< to re6ain.
 1B 5S. -A(D3);an9 <ou, /our *onor. (o 2urt;er
 18 Fuestions.
 1@)*E C+UR)3 5s. S6alts, =;at 7oo9 are <ou re2erring
 &0 toG
 &1)*E >')(ESS3 ' apologiAe, t;e 7oo9 t;at ' =rote
 && t;at ;e =as re2erencing, Transgender to Transformed.
 &8)*E C+UR)3 +9a<. An<t;ing 2urt;er 2ro6 t;is
 &\$ =itnessG
 &" 5S. -A(D3 (o, /our *onor.

) *E C+UR) 3 5a< s; e 7e e?cusedG

5S. -A(D3 /es.

) *E C+UR) 3 Call <our ne?t =itness.

5S. -A(D3);e state calls Oill< Ourleig; .

J Orie2l< descri7e to us =;at <our educational 7ac9ground
is.

A ' ;a e a 7ac;elorEs in 6ec;anical engineering, a 6asterEs
in 6ec;anical engineering =it; additional course =or9 and
testing. ' ;a e o7tained certi2ication as a 2fluid po=er
;<draulic s<ste6s designer and a 2fluid po=er engineer t;roug;
t;e 'nternational ,luid 1o=er Societ<. And 'E6 also a licensed
engineer.

J >;ere did <ou o7tain <our degreesG

A -ouisiana State Uni ersit< in Oaton Rouge, -ouisiana.

J Oot; <our 7ac;elorEs and <our 6asterEsG

A /es, 6aEa6.

1 A (o, 6aEa6.

& J Can <ou e?plain t;atG

8 A /es, ' can. So =;en ' =as a c;ild, ' actual< ;ad t;is
 \$ t;oug;t t;at :od 6ade a 6ista9e, ' =as a girl. And t;at =as a
 " t;oug;t t;at ga e 6e a lot o2 trou7le later in li2e. ' did
 6 transition to presenting as 2e6ale and presented as 2e6ale 2or
 B a7out se en <ears, and it didnEt resol e 6< issues.

8 J >eElI get into all o2 t;ose details in Hust a little 7it.
 @ Are <ou 2a6iliar =it; t;e ter6 KtransgenderKG

10 A /es, 6aEa6, ' a6.

11 J So =eElI pro7a7l< use t;at ter6 a little 7it in <our
 1& testi6on< toda<, so tell us =;at <our understanding o2 t;at
 18 ter6 is.

1\$ A 5< understanding o2 t;at ter6 is t;at li9e in 6< case, '
 1" =as 6ale and t;en ' identi2ied in 6< 6ind as 2e6ale and so '
 16 =as transgender 7ecause ' =as 7orn one gender and t;en
 1B identi2ied as t;e opposite gender.

18 J >ould <ou c;aracteriAe <oursel2 as ;a ing identi2ied as
 1@ transgenderG

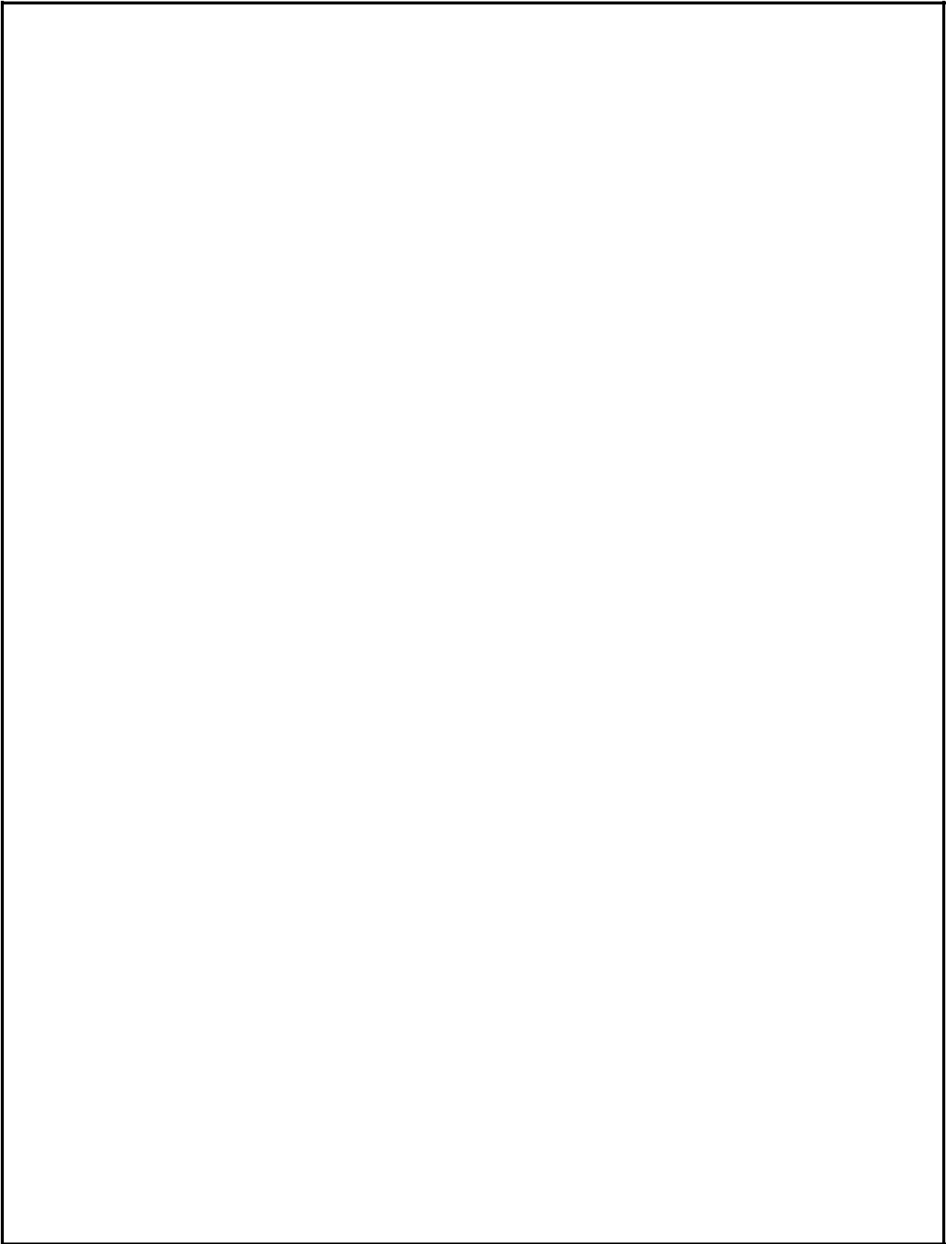
&0 A /es.

&1 J Can <ou tell us =;at ages <ou identi2ied as transgenderG

&& A /es, 6aEa6. ' ;a e 6e6ories going 7ac9 to a7out t;e age
 &8 o2 " in t;e 2irst grade and t;atEs =;en ' started 7elie ing
 &\$ t;at :od 6ade a 6ista9e, ' =as a girl. E en t;oug; at t;at
 &" ti6e, ' did not 9no= an<t;ing a7out t;is or =;at t;e =ord

1 transgender =as or an<t;ing until ' got into college.
 & J /ou testi2ied t;at no= <ou identi2< as 6ale. So a7out
 8 =;at age =ere <ou =;en <ou no longer identi2ied as transgenderG
 \$ A ' got to t;in9 a7out t;at in 6< 6ind 7ecause t;e <ear =as
 " &00@%is; , so =;at =ould t;at 7eG
 6 J A7out \$0G Does t;at sound rig;tG
 B A A7out 8@, <es, 6aEa6.
 8) *E C+UR) 3 4ust so 'E6 clear, <ou transitioned in
 @ college. >ere <ou a7out t;e sa6e age as t;e a erage college
 10 personG +r sounds li9e <ou =ere s6art enoug; to s9ip so6e
 11 grades, 7ut 'E6 not going to assu6e t;at. *o= old =ere <ou in
 1& collegeG
 18) *E >') (ESS3 ' didnEt %%
 1\$) *E C+UR) 3 >;en <ou transitioned.
 1") *E >') (ESS3 >;en ' transitioned, ' started on
 16 estrogen, started 6< transition =;en ' =as a7out &8 and out o2
 1B college.
 18) *E C+UR) 3 +9a<, ' 6isunderstood. >;at ;appened in
 1@ collegeG
 &0) *E >') (ESS3 'n college is =;en ' started to ;a e a
 &1 7rea9do=n, a co6e%apart, and ' tried to 2igure out =;at =as
 && going on. So t;atEs =;en ' %%
 &8) *E C+UR) 3 So it =as at age &@G
 &\$) *E >') (ESS3 ' started on estrogen and testosterone
 &" 7loc9er around t;e age o2 &8 and ' started into t;erap< around

1 t;e age o2 &1.
 &)*E C+UR)3);an9 <ou.
 8 0/ 5S. -A(D3
 \$ J /ou testi2ied t;at <our 2eelings regarding <our gender
 " issues started around t;e age o2 ". Can <ou tell us =;at <our
 6 c;ild;ood =as li9e starting around t;at ti6e =it; respect to
 B <our gender issuesG
 8 A /es. At t;at ti6e, ' =as a er< s9inn< 9id, o2ten 7eing
 @ pic9ed on 7ecause o2 ;o= s9inn< ' =as. +ne o2 t;e taunts =as
 10 KClit2ton t;e s9eleton, not;ing 7ut 7ones.K A lot o2 t;e 9ids
 11 =ould sa< t;at. ' ;ad learning di22iculties. ' actual<
 1& didnEt learn ;o= to read until ' =as a7out in t;e "t; grade
 18 7ecause ' al=a<s turned letters and =ords around in 6< 6ind,
 1\$ and it =as =it; t;e ;elp o2 a =onder2ul teac;er and so6e
 1" reading eFuip6ent, ;a ing to go to a reading la7 t;at '
 16 actual< started to learn ;o= to read around t;e age o2 in t;e
 1B "t; grade.
 18 And t;en ' ;ad a speec; i6pedi6ent as =ell.);at =as
 1@ anot;er reason =;< 9ids =ould taunt 6e. And t;en also ' =asnEt
 &0 er< coordinated or at;letic, so o2ten pic9ed last 2or sports
 &1 at sc;ool. And so ' 9ept to 6<sel2 a good 7it as a 9id.
 && J >;en <ou sa< 9id, =;at ages are <ou tal9ing a7outG
 &8 A All t;e =a< up t;roug; a7out t;e @t; grade. So t;at
 &\$ =ould 7e around t;e age o2 1& or so 7ecause %% no, going into
 &" t;e @t; grade, ' =as a7out 1". So at t;at ti6e, ' actual<



coping =it; 6< distress, 6< situation, =as to re6o e t;e pain
out o2 6< 6ind and into t;e 7od<.

And an< ti6e ' ;ad struggles in 6< 6ind, ' =ould =or9
out, and t;e ti6es 2or =;ic; ' reall< =as engaged =it; t;e
struggles t<picall< =ere in do=n ti6es =;ere ' ;ad ti6e Hust to
da<drea6, and t;en also going to sleep at nig;t. Out 7<
s=i66ing and engaging in t;at sport so 6uc; , ' no longer ;ad
an< do=n ti6e and ' =as reall< tired =;en ' got into 7ed at
nig;t and =ent reall< Fuic9 to sleep.

J So =;ile t;ese issues =ere going on and <our struggle
t;at <ouE e testi2ied to, did <ou spea9 to an< 6ental ;ealt;
pro2essionals or p;<sicians a7out t;ese issuesG

A 5< 6o6 recogniAed t;at so6et;ing =as going on, and so in
;ig; sc;ool, s;e 6ade an appoint6ent =it; a t;erapist, a
ps<c;iatrist, ' 7elie e, 7ut 'E6 not certain =;at t;at personEs
titlero2es<re oed

to a therapist, she actually at that time diagnosed her as having
 like a performance disorder. And after that, she said that open
 focus training would be good for her.

Just because she doesn't have a little bit. Performance
 disorder, that is our understanding of that term.

All right, she says that the therapist described it, she
 says; psychiatrist, she describes a well-known, and she described
 it as is a lot of things; she trains, she does things,
 performance on the front side of the course toward the top, and
 then there's a test or a competition or a game, she
 actually has her performance up toward the top of the course

1 Louisiana, ' as er< unco62orta7le =it; s;aring 6< 7attle =it;
 & a7solutel< an<7od<. E en t;at t;erapist. ' as se?uall<
 8 a7used during t;e su66er 7et=een t;e "t; and 6t; grade, and '
 \$ didnEt e en s;are t;at =it; t;at t;erapist. So =it; t;e
 " Fuestions ;e =as as9ing, ' ga e ;i6 in2or6ation, 7ut in no =a<
 6 did ' di ulge e er<t;ing t;at =as going on inside 6< 6ind. '
 B protected 6<sel2.

8 J So to su66ariAe, <ou did not disclose to t;is
 @ pro2essional <ou =ere seeing at t;e ti6e an<t;ing regarding
 10 <our gender issues t;at <ou =ere e?periencingG

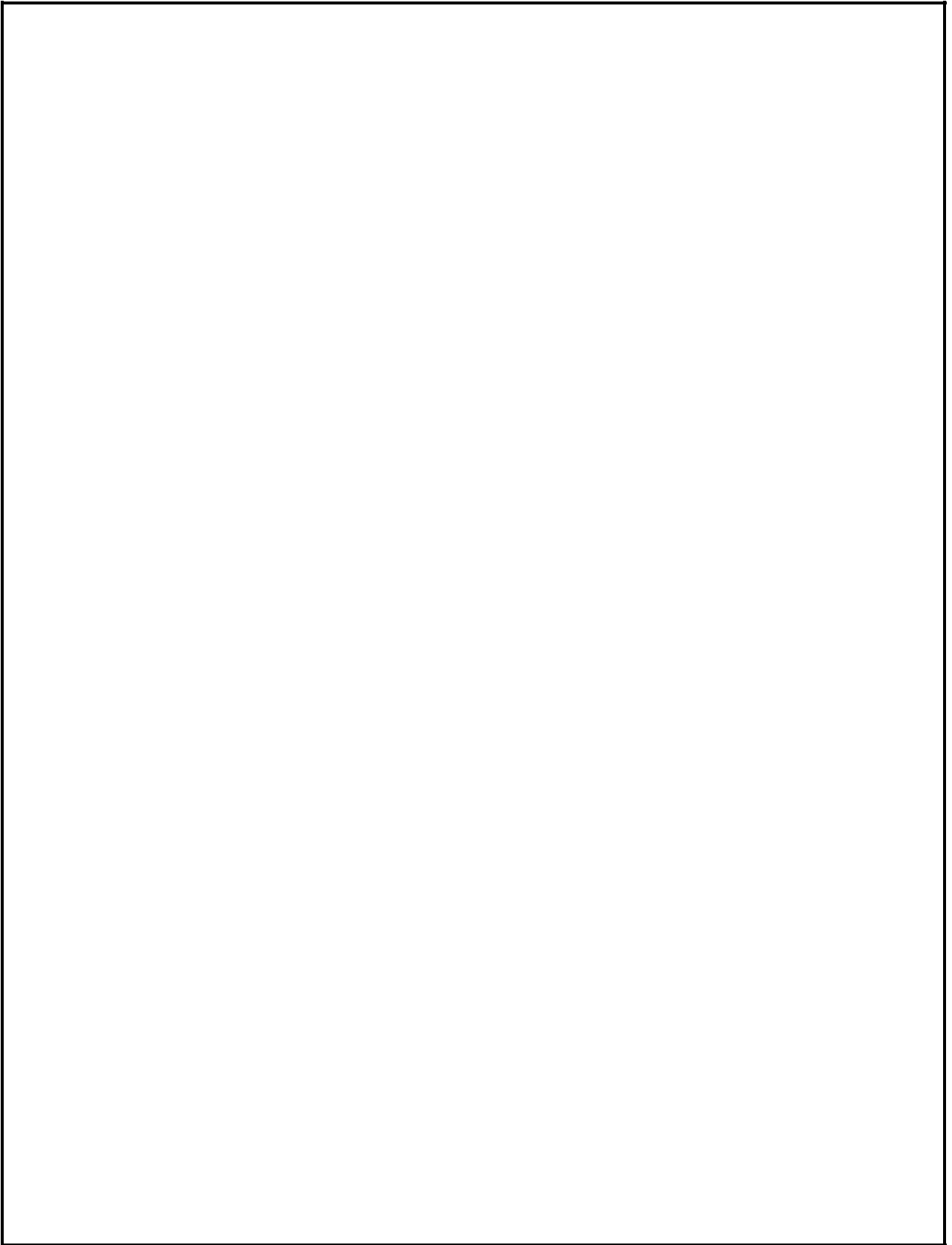
11 A (o, 6aEa6, ' did not.

1& J 4ust to 6a9e sure t;e recordEs clear, can <ou 7rie2l<
 18 descri7e =;at <our understanding o2 open 2ocus training isG

1\$ A +pen 2ocus training is t;at =;en ' tr< er< ;ard, ' 2ocus
 1" in on so6et;ing. ' tEs al6ost li9e tunnel ision. And so ' a6
 16 deter6ined and ' a6 going to get t;ere. So itEs as t;oug; 'E6
 1B 9eeping 6< e<es on =;ere ' =ant to go and not loo9ing at t;e
 18 perip;eral. So =it; open 2ocus training, it =as a t<pe o2
 1@ training, a t<pe o2 6editation 2or =;ic; <ou actual< open t;at
 &0 scope, t;at lens, so t;at <ou see 6ore o2 t;e 7ig picture
 &1 instead o2 t;e narro= picture and to rela?. And so t;at =as
 && =;at t;e training =as tr<ing to ;elp 6e =it;.

&8 J Did it ;elpG

&\$ A 't did. 't did in t;at respect 7ecause ' still ;a e a
 &" tendenc< to ;a e tunnel ision. 'E6 deter6ined, and o2ten '



1 transgender because you didn't really know it as at the
 & time. Did you eventually learn
 8 A Yes, I did.
 \$ J When was that?
 " A It was actually in college.
 6 J Was it around that same time?
 B A (So, it was about a year. 'E6 talking this. About a
 8 year to two years before that time.) The reason being is
 @ because wanting on a engineering degree, I did; and a few
 10 electives for me; I could take in psychology and other areas
 11 to satisfy those credits that I needed. And one of the classes
 1& I took was a human sexuality class because I had questions.
 18 And growing up I didn't ask a lot of questions. So it was a
 1\$ great opportunity for me to learn more about the biology of a
 1" woman, biology of a man, and a lot of other things.
 16 And it was actually in that class for me; I actually
 1B first learned the word transgender, transsexual, and I
 18 learned in on it because 'E6, like, that's what I got, that's
 1@ what's going on with me, and then at that point, I definitely
 &0 do it into a better and tried to start doing supplemental
 &1 reading to better understand what that was. So at that point I
 && was better equipped to be able to articulate what was going on
 &8 in my mind. So it was about two years, a year, two years that
 &\$ I took that class before I confided in my sister that I was
 &" going a little apart.

1 J *o= did it 6a9e <ou 2eel =;en <ou too9 t;at class and
& learned a7out t;e t;ings <ou Hust descri7edG

8 A ' 2elt enlig;tened. ' =as engaged in a 7attle and t;ings
\$ =ere going on. ' ;ad t;is t;oug;t and 2ull< 7elie ed t;at :od
" 6ade a 6ista9e, ' =as a girl. Out de2initel< 6< 7od< =as
6 telling 6e di22erentl<. ' t =as er< con2using. So learning
B a7out t;at, ' =as enlig;tened in 2inall< 2iguring out =;at '
8 ;ad, =;at =as going on.);ere =as a ter6 2or it, it is
@ de2ined. And t;at ga e 6e at least a direction to start
10 stud<ing and loo9ing into.

11 J /our sister =as t;e 2irst person <ou toldG

1& A /es, 6aEa6, 6< older sister.

18 J >;at did <ou tell ;erG

1\$ A 't =as a er<, er< s;ort con ersation, and ' re6e67er
1" telling ;er t;at 'E6 a girl, 7ut 'E6 not a girl. And '
16 stuttered and =as, li9e, 7ut 'E6 a girl. 'E6 li9e, ' donEt
1B 9no= =;atEs going on in 6< 6ind and ' need ;elp. And s;e said,
18 Oill<, =e can 2ind so6e7od< to ;elp <ou. And so s;e got 6e an
1@ appoint6ent =it; a se?ualit<, i2 ' said t;at correctl<,
&0 t;erapist, and s;e got t;at 2irst appoint6ent 2or 6e and t;en '
&1 =ent to t;at t;erapist.

&& J /ou =ent to t;at appoint6ent t;at s;e set 2or <ouG

&8 A ' did. S;e set up t;at appoint6ent 2or 6e and t;en ' set
&\$ up all t;e 2ollo=ing appoint6ents, 7ut s;e 6ade t;at 2irst
&" appoint6ent 2or 6e.

1 J Must to keep our timeline straight, can you refer
& about me at age you were me; in that conversation it; your sister
8 occurred?

\$ A Around age 1.

" J How soon after that conversation did you actually see
6 that first appointment it; the therapist?

B A , I recall. And wasn't that at all before ' was
8 able to get in and see the therapist.

@ J Did you see it; is the therapist anticipating your
10 gender-related issues?

11 A ' did. And at that time, ' had something to articulate
1& and to communicate. So ' said it; her that ' believed ' was
18 a girl, but ' wasn't a girl, and that ' was transgender and
1\$ that or at least ' thought ' was transgender from ' was
1" reading. And so that's the beginning of the path, the stor-
16 that ' had it; that therapist.

1B J How did you tell your therapist that, was it the
18 therapist's response or reaction?

1@ A Her reaction was neutral. She started asking questions
&0 and she asked many questions, and that actually went on for
&1 years and asking questions. Out she had started to try to
&& prove and ask the questions me; in did ' first experience or see
&8 that thought that ' was a girl, and she started going through
&\$ things.

&" J How long did you see the therapist?

1 A 'sa= t; is t; erapist 2or a total o2 a7out nine <ears 2ro6
& 7eginning to end.

8 J >eE11 7rea9 do=n t; ose <ears in Hust a 6o6ent. Did <ou
\$ see an< ot; er t; erapists at t; is ti6eG

" A (ot at t; is ti6e, no, 6aEa6.

6 J /ou testi2ied t; at t; ere =ere a lot o2 Fuestions on t; e
B part o2 t; e t; erapist during t; ese sessions. Can <ou 7e a
8 little 6ore speci2ic a7out =; at <ou and t; e t; erapist =or9ed on
@ during t; ese sessions in ter6s o2 issues t; at <ou =ere ;a ingG

10 A ' donEt ;a e an< 6e6ories or detailed 6e6ories o2 t; e
11 session ot; er t; an 7eing in t; e sessions and s; e as9ing 6e a
1& lot o2 Fuestions a7out a lot o2 di22erent t; ings and o2ten not
18 all t; e ti6e, 7ut so6eti6es ' =ould 7e on t; e 2loor leaning up
1\$ against a couc; =it; a pillo= ;ugging 6< c; est and Hust
1" 7a=ling, not 9no=ing =; at =as going on.

16 J ' guess anot; er =a< o2 as9ing t; at Fuestion is did <ou
1B and t; is t; erapist discuss an< ot; er 6ental ;ealt; issues t; at
18 <ou 6a< ;a e 7een ;a ing separate and apart 2ro6 <our 2eeling
1@ or <our identit< as 7eing transgenderG

&0 A (o. And to 6< recollection, =e ne er did di e into an<
&1 o2 t; e trauma t; at ' ;ad or an< t; ing t; at 6a< ;a e resulted
&& 2ro6 t; e se?ual a7use or an< t; ing else as 2ro6 6< c; ild; ood and
&8 7eing pic9ed on.

&\$ J So not; ing a7out <our speec; i6pedi6ent t; at <ou said <ou
&" ;adG

A (o, 6aEa6, not; ing a7out t;e spec; i6pedi6ent, t;e learning disorder, not reall< 2itting in =it; t;e ot;er 7o<s er< 6uc;. As 2ar as sports goes, =e didnEt di e into t;at and tear t;at apart.

J Did <ou e er 7ring it upG

A ' canEt recall i2 ' did.

J Did <ou e er go to an< group t;erap<G

A);ere =as one ti6e ' did go to group t;erap< and t;at =as later in t;e %% a2ter ' decided to transition.

J >;en did <ou decide to %% 2irst o2 all, de2ine %% gi e us <our de2inition o2 t;e ter6 KtransitionK and =;at it 6eans to <ou.

A So ' sa= t;e t;erapist 2or a7out 2i e <ears. ' con2ided in t;is lad< ' =as in lo e =it; a7out t;is 7attle and ' tried to 7rea9 up =it; ;er.

J -et 6e as9 a 7etter Fuestion. '2 <ou =ere using t;e ter6 transition, =;at do <ou 6ean 7< t;atG

A +9a<. ' =as in t;is 7attle and ' =as deter6ined to re6ain 6ale and t;atEs also =;at ' told t;e girl at t;at ti6e, t;at ' =anted to o erco6e and deal =it; =;ate er =as going on in 6< 6ind and re6ain 6ale. And so ' =as in t;erap< 2or roug;l< 2our to 2i e <ears 7e2ore ' actuall< 6ade t;e decision

1 t;e road to transition to 2e6ale and to present as 2e6ale.

& So a2ter 6a9ing t;at 6ental decision, ' actual< told 6<
8 t;erapist t;at ' =anted to transition, s;e ga e 6e a ;ug. S;e
\$ told 6e, 0ill<, ' 9ne= <ou =ere going to reac; t;is decision
" one da<, ' didnEt 9no= it =as going to ta9e t;is long. And s;e
6 ga e 6e a note at t;at point to ta9e to an endocrinologist in
B (e= +rleans to start on testosterone 7loc9er and on estrogen
8 and progesterone.

@ J *o= old =ere <ou =;en t;at ;appened, t;e initial
10 co66unication to <our t;erapist t;at <ou ;ad 6ade t;e decision
11 to transitionG

1& A So6e=;ere around t;e age o2 &B to &8 is =;en ' 6ade t;at
18 decision to transition.

1\$ J So ;elp 6e =it; 6< 6at;. A7out ;o= 6an< <ears ;ad <ou
1" 7een in t;erap< 7et=een t;e ti6e <ou initiall< started going to
16 t;is t;erapist and t;e ti6e <ou decided to transitionG

1B A +9a<, so ' started going =;en ' =as &1 and ' decided to
18 transition so6e=;ere around t;e age o2 &B. So t;at =ould 7e
1@ a7out si? <ears, 2i e, si? <ears in t;ere.

&0 J Can <ou gi e us so6e insig;t into %% =ell, <our t;erapist
&1 told <ou 'E6 surprised t;at t;is too9 <ou t;is long. Do <ou
&& ;a e an< insig;t into t;e nu67er o2 <ears t;at it too9 <ou or
&8 =;< it too9 <ou so 6an< <ears so to spea9G

&\$ A So ' started seeing t;e t;erapist rig;t around t;e age o2
&" &1. ' actual< ca6e to ;er and told ;er t;at ' =anted to

1 transition so6e=;ere around t;e age o2 &B. S;e =as a se?ualit<
 & t;erapist so s;e ;ad patients 7ot; in Oaton Rouge and in (e=
 8 +rleans and 6an< o2 t;e6 =ere transitioning. S;e =as actual<
 \$;elping t;e6 transition. So s;e ;ad Fuite a 2e= clients. And
 " ' =ould i6agine, ' donEt 9no=, 7ut ' =as t;e one t;at too9 suc;
 6 a long ti6e 2or 6e to decide to transition. And at t;at ti6e
 B =it; 6< t;erapist, s;e =asnEt pus;ing 6e, s;e =as as9ing 6e
 8 Fuestions and s;e 9ne= t;at ' =anted to o erco6e in t;is
 @ 7attle, so s;e Hust 9ept as9ing Fuestions and Fuestions and
 10 Fuestions.

11 Out leading up to t;e point =;ere ' told ;er ' =anted to
 1& transition, ' started ;a ing suicidal t;oug;ts. ' =asnEt
 18 suicidal, 7ut ' =as ;a ing t;ese suicidal t;oug;ts and so '
 1\$ didnEt %% ' ne er told ;er a7out t;at. Out t;e reason =;< s;e
 1" said ' didnEt 9no= it =as going to ta9e <ou t;is long ' =ould
 16 i6agine is 7ecause ;er ot;er clients did not ta9e nearl< as
 1B long as ' did. And ' ;ope ' ans=ered t;e Fuestion.

18 J /ou did. Can <ou clari2< =;at <ou 6ean =;en <ou
 1@ testi2ied t;at <ou =erenEt suicidal 7ut <ou =ere ;a ing
 &0 suicidal t;oug;tsG E?plain t;e di22erence 7et=een t;ose t=o
 &1 t;ings, as <ou understand t;e6.

&& A /es. So ' 9ne= t;at :od e?isted, ' =as pra<ing, and
 &8 ;a ing gro=n up in t;e Ro6an Cat;olic 2ait; , ' 9ne= t;at :od
 &\$ =as t;ere, ' 9ne= t;at 4esus =as t;ere, and ' =as pra<ing, 7ut
 &" ' also 7elie ed t;at i2 ' did 6< eart;l< 7est, ;e =ould do 6<

;ea enl< 7est. And e en t;oug; ' didnEt 9no= ;i6, ' =asnEt
prepared to 6eet ;i6. So ' alued li2e and t;ere =as %% '
didnEt =ant to destro< 6< li2e, 7ut ' =as destro<ing 6< li2e
and t;ese t;oug;ts a7out ;o= to destro< 6< li2e =ere dri ing

ne?t step, t;at ' needed to go to a doctor to get ;or6ones and
also an<t;ing else ' needed 7ecause ' didnEt understand
e er<t;ing t;at ' needed. Out t;at letter =as a letter 2ro6
t;e t;erapist sa<ing t;at 0ill< ;as 7een diagnosed or
identi2ied as ;a ing or 7eing transgender and is starting to
transition as a 2e6ale and t;us needs to get on testosterone
7loc9er and estrogen and progesterone. So s;e ga e 6e t;at

actual< decided to start transitioning.

0/ 5S. -A(D3

1 testosterone, and estrogen and progesterone.

& J I would like to see the

8 endocrinologist

\$ A Right around that, in that part.

" J So when the time that you discussed this decision to

6 transition with your therapist and the time that she wrote the

B letter to you, she was the time that period of

8 time and when you went to the endocrinologist

@ A I sort period of time. She was able to have an

10 appointment for her and it wasn't long in the period

11 when she was consulting in with the therapist about wanting to

1& transition, her giving her the letter, and her seeing the doctor.

18 't was pretty quick.

1\$ J I would like to see as being a couple months or a

1" couple weeks

16 A I was a couple of weeks.

1B J And the endocrinologist who testified wrote you a

18 prescription, did you, in fact, end up taking the medications

1@ the endocrinologist prescribed

&0 A I did.

&1 J I was right about that

&& A I did. I went and I got the prescriptions filled and

&8 started taking the medication right about that.

&\$ J I was able to get that, but did you have any other

&" other social contacts presenting as male or female at this time

1 A ' =as still presenting as 6ale. 0ecause o2 ;o= at;letic
 & ' =as, ' ;ad suc; a lo= 7od< 2at and ' =as decentl< de2ined,
 8 not o erl<, not an endurance at;lete. ' =as er< 6uc;
 \$ recogniAed as a 6ale. :etting on to t;e testosterone 7loc9er
 " and on t;e estrogen, ' =as ;oping t;at t;e 6edication =ould
 6 =or9 Fuic9l< to so2ten 6< 2eatures. 0ecause ot;er=ise i2 '
 B started presenting i66ediatel<, ' =ould ;a e er< 6uc; and er<
 8 Fuic9l< ;a e 7een identi2ied as a 6ale in a dress, so to sa<.
 @ J Did <ou e er present as 2e6ale a2ter t;at pointG
 10 A /es. ' t =as a7out %% it =as 7e2ore 6< 7otto6 surger< and
 11 it =as 7e2ore, a good 7it 7e2ore t;e 7otto6 surger< 7ecause '
 1& ;ad to present. ' ;ad to present as 2e6ale. And so '
 18 actual< %% t;e er< 2irst ti6e ' presented as 2e6ale =as at a
 1\$ 2riend o2 6ineEs =edding, a lot o2 triat;lon 2riends.
 1")*E C+UR)3 A lot o2 =;atG
 16)*E >')(ESS3)riat;lon. ' =as a triat;lete and 6<
 1B social circle =as triat;letes. So t=o o2 t;e6 =ere getting
 18 6arried and t;at =as t;e 2irst ti6e a6ongst 2riends.
 1@ 0/ 5S. -A(D3
 &0 J +nce <ou started <our 6edication, can <ou tell us ;o= <ou
 &1 2elt 7ot; e6otionall< and p;<sicall<G
 && A 1;<sicall<, t;e 6edication started =or9ing prett<
 &8 Fuic9l<, so t;e testosterone 7loc9er actual< started =or9ing
 &\$ prett< Fuic9l< on 6< 6ale genitalia. And t;e estrogen and
 &" progesterone too9 a little 7it o2 ti6e 2or it to =or9 and

so2ten 6< 2eatures. ' =as also %% =;en ' 6ade t;e

1 J -etEs tal9 a7out <our surgeries. *o= 6an< did <ou ;a e
& to transitionG

8 A 5an<, 6an<. ' ;ad %% 7otto6 surger< =as actual< t=o
\$ surgeries, so instead o2 Hust gi ing <ou a nu67er, 'E6 going to
" ;a e to go t;roug; t;e6 and count t;e6. So 6< 2irst surger<
6 =as 7otto6 surger<, and t;at =as a penile in ersion =it; an
B Ada6Es apple s;a e and a 7ro= s;a e.);at =as t;e 2irst one.
8);e second one =as anot;er 7otto6 surger<, la7ioplast<. And
@ t;en ' ;ad r;inoplast<. And t;en ' ;ad a oice surger< =it;
10 anot;er trac;ea s;a e. So at t;at point, 2our surgeries.
11 -ater ' ;ad 2acial 2e6iniAation. And t;en ' also ;ad a
1& p;alloplast< and anot;er surger< to re erse t;e p;alloplast<.
18 So si? surgeries. And t;en a ;ealt; issue t;at ' ;ad t;at '
1\$ 2orgot to 6ention during t;e deposition, 7ut a ;ealt; issue '
1" ;ad =as a gall7ladder surger<. ' ;ad gallstones, gall sludge,
16 so eig;t surgeries.

1B J *o= old =ere <ou =;en <ou ;ad <our 2irst surger< 2or <our
18 transitionG

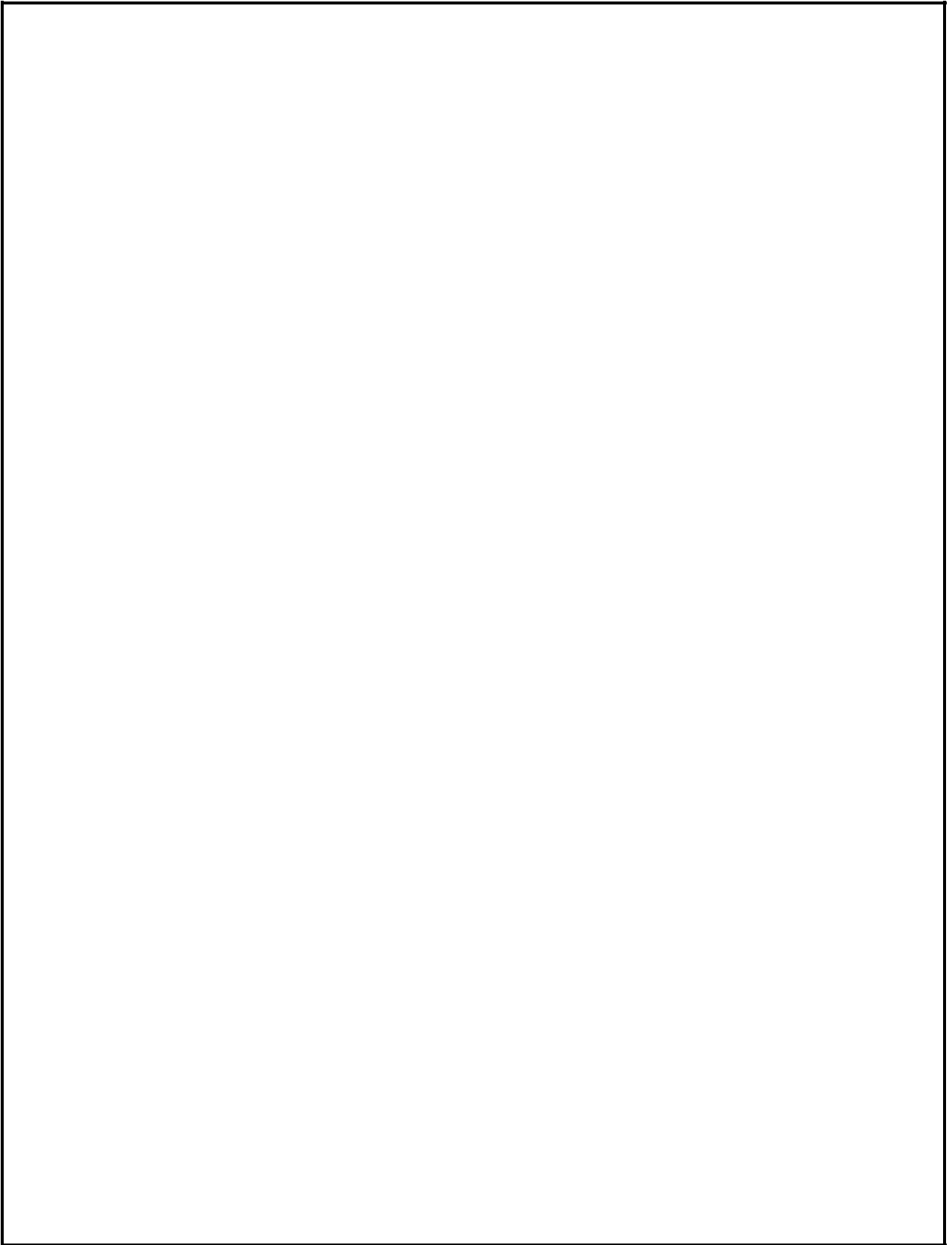
1@ A A7out t;e age o2 81.

&0 J 4ust to clari2<, =;ic; surger< =as t;atG

&1 A);at =as t;e penile in ersion, Ada6Es apple s;a e, and
&& 7ro= s;a e.

&8 J >;at =as t;e reco er< li9e =it; t;at surger<G

&\$ A);e reco er< 2ro6 t;at surger< =as er< di22icult. ' =as
&" t;an92ul =;en ' ca6e out o2 surger< and =as co6ing out o2



1 doneG

& A So t;e oice surger< =it; t;e Ada6Es apple s;a e and t;e
 8 r;inoplast< =as done 2airl< soon a2ter t;e 2irst surger<. ' '
 \$ 9ne= t;at ' needed additional ;elp to 7e a7le to pass to 7e
 " recogniAed as a =o6an. So =it; t;e oice surger<, ' actuall<
 6 2le= out to=ard +regon, ' 7elie e it =as in +regon 2or =;ic; '
 B ;ad t;at surger< and t;e trac; s;a ed. And t;at =as done under
 8 t=ilig;t anest;esia. And t;en ' ;ad t;e r;inoplast< in
 @ Oir6ing;a6, Ala7a6a. So all o2 t;at =as done =it; in a t=0%ear
 10 period o2 6< 2irst surgeries.

11 J >at =as t;e purpose o2 t;e oice surger<G

1& A ' actuall< ;ad a er< deep 6ale oice, and e en t;oug; '
 18 =as practicing to 7e a7le to pass =it; a so2ter oice, ' =as
 1\$;a ing di22iculties. So ' =as reading on oice surgeries t;at
 1" =ould actuall< increase t;e pitc; o2 a personEs or a 6aleEs
 16 oice. And t;at surger< =as actuall< ta9ing sutures and =it;
 1B t;e ocal cords suturing t;ose and pulling t;e6, 6a9ing t;e6
 18 tig;ter. So t;e surgeon actuall< ;ad to ;a e 6e a=a9e during
 1@ t;at procedure so ' could tal9 =;ile ;e =as tig;tening t;ose
 &0 sutures. And it =or9ed, 7ecause co6ing out o2 surger< and t;e
 &1 t=0 6ont;s or so t;at ' ;ad to 7e silent a2ter t;e surger<, it
 && sounded as t;oug; ' ;ad in;aled a lot o2 ;eliu6. So t;e doctor
 &8 =arned 6e a7out t;is outco6e and t;at it =ould ta9e a7out si?
 &\$ 6ont;s 2or t;e ocal cords to rela? and to co6e do=n to 6ore o2
 &" a 2e6inine range. So t;at =as t;e oice surger< and t;e

purpose =as to ;elp 6e pass.

J >;at =as t;e reco er< li9e 2or <our ot;er procedures,
speci2icall< t;e r;inoplast<, t;e 7ro= s;a e, and t;e Ada6Es
apple s;a eG

t;e lo=er range, so ' =or9ed ;ard on t;at. And t;en also a little 7it later on, ' 6ade t;e decision t;at ' needed to c;ange 6< docu6entation, and 7< docu6entation, ' E6 re2erring to 6< dri erEs license and 6< passport 7ecause ' ne er did c;ange 6< 7irt; certi2icate. So in t;e state o2 Ala7a6a, t;e< actual< ;ad 6e in t;eir records as 2e6ale and t;e< =ould not let 6e c;ange 7ac9 to 6ale unless ' ;ad so6e t<pe o2 docu6entation t;at ' =as 6ale. So ' needed a surger< and a doctorEs note to ta9e to t;e state, t;e D5., to transition to 2e6ale, a 2e6ale 6ar9er.

So in 6< 6ind, and 6< t;erapist t;at ' =as seeing at t;e ti6e didnEt sa< ot;er=ise, ' needed anot;er surger< to trans2or6 6e 7ac9 to 6ale so t;at ' could present as 6ale on all 6< docu6entation. So at t;at point, ' =ent 2or a p;alloplast< up in 1enns<l ania, and t;en ' got a docu6ent sa<ing t;at ' =as surgicall< altered 2ro6 2e6ale to 6ale.

J)ell us =;at t;at surger< =as li9e.

A);at =as t;e =orst surger< o2 t;e6 all.);at surger< =as er<, er< pain2ul 7ecause in tal9ing to t;e surgeon 7e2ore ' =ent, ' let ;i6 9no= t;at ' =as a 6arat;on runner,

=as concerned because in the pictures and the information ' =as seeing on ;is =e7site and =;at ' =as reading is ;at <ou need so6e 7od< 2at to create a nice p;allic.

*e s;ared =it; 6e, <ea; , <ou ;a e lo= 7od< 2at, 7ut <ouEII 7e o9a<, and ;at ;e also s;ared =it; 6e ;at ;is der6a 6aterial could 7e used to actual< gi e 6e 6ore ;ic9ness to the p;allic ;at ;e =ould create. ' donEt re6e67er ;e technical na6e o2 it, 7ut ;is der6a 6aterial is o2ten used in ;ernia operations. So ' s;ared =it; ;i6 at the presurger< 6eeting ;at ' do not =ant an<ting 2oreign in 6< 7od< at all, ;at i2 ' donEt ;a e enoug; 7od< 2at, ' donEt =ant ;is surger< and not;ing 2oreign in 6< 7od<. *e assured 6e ;at ' =as a good candidate.

< 7(r)8. 50937(t)8. 50937(s)8. 50937()8. 50937(r)8. 50937(e)8. 50937(a)8. 50937(;)8. 50937(a)8. 50937(t)]TJn368. 495 937(a)8

1 so6e o2 t;e der6a 6aterial t;at ;e rolled up and stuc9 in
 & started to e?trude out o2 t;e tip o2 t;e p;allic t;at ;e
 8 created. So ' tried to see9 6edical ;elp 2ro6 urologists or
 \$ so6e7od< to ;elp 6e =it; t;is situation. ' called t;e doctor
 " or t;e surgeon and ;e =asnEt a7le to ;elp 6e or re2er 6e to
 6 an<7od<. So ' called Fuite a 2e= doctors and 2inall< t;ere =as
 B one in a to=n t;at =asnEt too 2ar a=a< t;at =as =illing to ;elp
 8 6e. So ;e loo9ed at =;at =as going on, ;e too9 so6e scissors,
 @ surgical scissors, steriliAed, ;e tri66ed o22 t;e der6a
 10 6aterial, and t;en instead o2 an< suturing, ;e actual< too9
 11 so6e 7utter2l< 7and%aids to pull it toget;er and ;e ga e 6e
 1& so6e 6edication to ta9e ;o6e =it; 6e as =ell.

18 And so t;at =as a ;orrendous, ;orrendous e?perience =it;
 1\$ t;at surger<. And it =as so 7ad and ' ;ad suc; di22icult<
 1" loo9ing in t;e 6irror a2ter t;at t;at ' actual< ;ad to call
 16 t;e surgeon a7out a <ear or so later and tell ;i6 ' =anted to
 1B re erse t;e surger<, ' =anted t;at s9in put 7ac9 on 6< lo=er
 18 a7do6en. *e s;ared =it; 6e, 0ill<, <ou =ant to 7eco6e a =o6an
 1@ againG And 'E6 li9e, (o, t;is is reall< 7ad, ' canEt loo9 in
 &0 t;e 6irror. ' need t;at s9in 7ac9 on 6< lo=er a7do6en i2 itEs
 &1 possi7le to put it 7ac9. And ;e =as, li9e, So <ou =ant to
 && 7eco6e a =o6anG 'E6 li9e, /es, ' =ant to 7eco6e a =o6an again.
 &8 And so it didnEt see6 li9e ;e =ould do t;e surger< unless '
 &\$ agreed =it; ;i6.

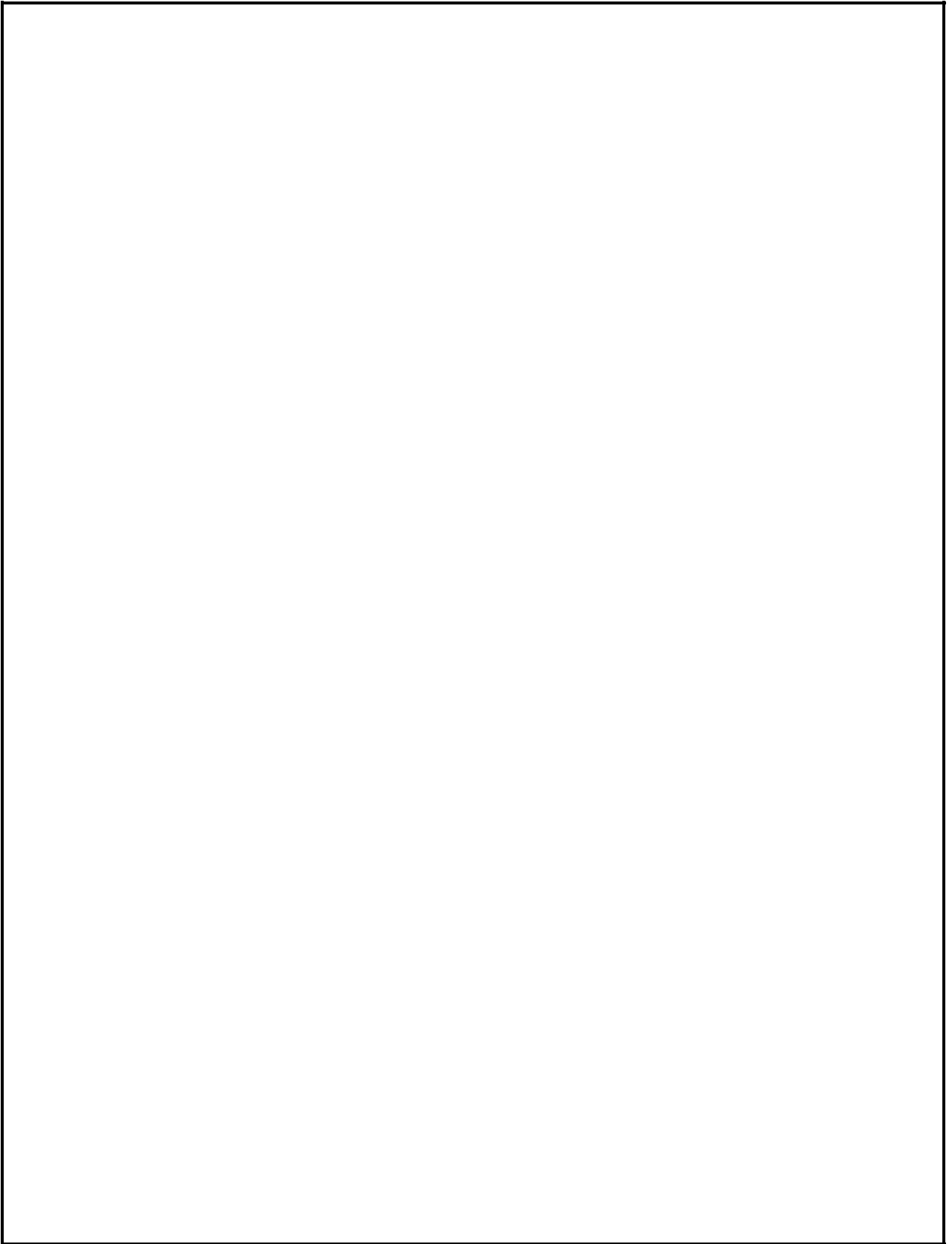
&" So ' =ent 7ac9 up to 1;iladelp;ia. 't too9 a long ti6e

7ecause ' =as t;e er< 2irst patient t;at ;e e er ;ad t;at
 actual< =anted t;at procedure re ersed. So ;e ;ad to 2igure
 it out. So t;e surger< too9 longer t;an ;e anticipated. And
 2ortunatel<, t;e results =ere good 7ecause ;e =as a7le to
 un2old t;e p;allic, re6o e t;e der6a 6aterial, and put t;at
 s9in 7ac9 on 6< lo=er a7do6en. 'tEs prett< scarred up rig;t
 no=, 7ut itEs 6uc; 7etter t;an t;e =a< it =as.

J Did <ou ;a e an< ot;er proceduresG

((u) 18. 3692(r) 8. 50937(e) 8. 50q) 8. 50937(7() 8. 519. 50937(t) 8. 50937(e) 8. 50

1 out o2 t;at surger< %% and in t;at surger< %% =;at ' ;ad done
 & is ' ;ad anot;er 7ro= s;a e, ' ;ad c;ee9 i6plants, and t;en '
 8 also ;ad a Ha= %% 6< Ha= s;a en. Co6ing out o2 t;at surger<
 \$ and loo9ing in t;e 6irror, ' =as li9e, 0ill<, =;at are <ou
 " doing, t;is is craA<, t;is is ridiculous, <ouE e done t;is.
 6 And so ' actual< ca6e out o2 t;at surger< and =it; additional
 B ;elp, ' ;a e 7een a7le to o erco6e 6< 6ental 7attles and ' a6
 8 presenting as 6ale co6pletel<. ' ;a e ;ad no ot;er surgeries
 @ since t;at ti6e and 'E6 2ree. 'E6 done =it; t;e 7attle.
 10 J 's t;ere an< ot;er 2ollo=%up =it; a 6edical pro2essional
 11 t;at <ouEre continuing to undergo toda<G
 1& A /es. So ' a6 de2initel< seeing t;erapists to get t;e
 18 letters 2or t;e p;alloplast<. ' a6 no longer seeing an<
 1\$ t;erapists toda<, 7ut 7ecause o2 e er<t;ing t;at 'E e done and
 1" losing 6< testicles =;ic; actual< produced and ga e 6e t;e
 16 testosterone t;at 6< 7od< needed to 7alance ;or6ones, '
 1B continuousl< and e er since t;at 2irst operation, 'E e ;ad to
 18 continuousl< go to an endocrinologist or 7e under 6edical care
 1@ to ;a e 6< ;or6one 7alance 6onitored. And 'E e 7een on
 &0 ;or6ones 7e it =;ile ' =as presenting as a =o6an and ' =as on
 &1 estrogen, t;en as a 6an, 'E6 7ac9 on testosterone. So ' ;a e
 && to do =ee9l< inHections, inter6uscular inHections in 6< gluteus
 &8 e er< =ee9. And t;e endocrinologist ' ;a e to go to a7out
 &\$ e er< si? to nine 6ont;s to ;a e 7lood =or9 done and t;e< ;a e
 &" t;ose le els 6onitored and s;e does ;a e to adHust 6< dosage



1 at trialG

& A (o, sir. ' ;a e purposed< sta<ed a=a< 2ro6 an< articles
8 or an<t;ing spea9ing o2 or tal9ing a7out t;is trial.

\$ J (o=, 5r. Ourleig; , <ou discussed a lot o2 t;is on direct,
" 7ut Hust to 6a9e sure ' ;a e t;ings straig;t, 'Ed li9e to go

6 t;roug; so6e o2 t;e ti6eline o2 t;e e ents t;at led to <ou

B transitioning. ' 7elie e <ou said <ou 2irst started ;a ing t;e

8 t;oug;t t;at <ou =ere a girl =;en <ou =ere in t;e 2irst gradeG

@ A /es, sir.

10 J And t;at t;oug;t persisted t;roug;out <our c;ild;ood into
11 adult;ood past collegeG

1& A /es, sir.

18 J And, 5r. Ourleig; , <ou t;en ;ad around 2i e <ears o2

1\$ t;erap< as an adult to address <our gender identit< issues

1" 7e2ore <ou decided to start ;or6one treat6entG

16 A);erea7outs 2ro6 &1 to =;en ' %% 2ro6 =;en ' =as a7out

1B age &1 to a7out age &B, &8.

18 J And ' 7elie e <ou testi2ied on direct <our t;erapist

1@ didnEt pus; <ou to transition or ;a e t;at gender%a22ir6ing

&0 6edical care, rig;tG

&1 A);at is correct, <es, sir.);atEs correct.

&& J 'n 2act, s;e Hust 9ept as9ing Fuestions as <ou put itG

&8 A /es, sir.

&\$ J And ' 7elie e <ou said t;at =;en <ou 6ade t;e decisions

&" to undergo t;e surgeries a little later, <ou said t;at <ou 6ade

t;at decision <ourse12G

A ' did 6a9e t;e decision 6<sel2.

J (o=, 5r. Ourleig; , <ou didnEt recei e an< o2 t;at
gender%a22ir6ing 6edical care until a2ter age 18, correctG

A 'E6 con2used =it; t;e Fuestion 7ecause gender%a22ir6ing
6edical care, are <ou tal9ing a7out t;erap< or t;e actual
doctorsG

1 7ut t;at =as a ;ealt; issue t;at ' did ;a e.

& J So <ou donEt 9no= o2 an< ad erse p;<sical e22ects t;at

8 <ou could attri7ute to t;e ;or6one treat6ent t;oug; , rig;tG

\$ A (o, sir, not directl<.

" J And ' 7elie e <ou testi2ied =;en <ou =ere on t;at

6 estrogen and progesterone, <ou =ere on it 2or roug;l< a decade,

B ' 7elie e <ou saidG

8 A /es, sir.

@ J (e?t, 5r. Ourleig; , 'Ed li9e to as9 a 2e= Fuestions a7out

10 t;e surgeries <ou =ere Hust discussing. So ' 7elie e <ou said

11 <ou ;ad <our 2irst transition%related surger< a7out t;ree <ears

1& a2ter <ou started t;e ;or6one t;erap<G

18 A);erea7outs. So ' =as a7out &B, &8 <ears old and ' ;ad

1\$ t;at 2irst surger< a7out =;en ' =as 81%is; .

1" J :ot it. /ou said t;at t;at 2irst surger< in ol ed a

16 penile in ersion, aginoplast<G

1B A /es, sir.

18 J /ou 6entioned t;at <ou e?perienced so6e co6plications

1@ during t;at surger<G

&0 A /es, sir.

&1 J 5r. Ourleig; , <ou =ere in2or6ed o2 t;ose potential

&& co6plications prior to recei ing t;e surger<, rig;tG

&8 A ' pro7a7l< =as. 5ost li9el< ' =as. Out ' donEt re6e67er

&\$ 7ecause ' =as so dead set on ;a ing t;e surger<, ' didnEt care.

&" J +9a<. Out <ou 7elie e 6ost li9el< <ou =ere in2or6ed o2

t;ose potential co6plicationsG

A /es, sir, ' do 7elie e so.

J And on direct, <ou 6mentioned a 2e= ot;er surgeries. /ou 7elie e <ou =ere properl< in2or6ed o2 t;e potential side e22ects o2 t;ose ot;er surgeries, rig;tG

A All e?cept 2or t;e p;alloplast<, ' 7elie ed t;at ' =as not adeFuatel< in2or6ed at all o2 t;e ris9s co6ing out o2 t;at and t;e potential pro7le6s.);e surgeon and ' ;ad a direct con ersation a7out not using an< der6a 6aterial and so =e ne er did tal9 a7out an< co6plications o2 using t;e der6a 6aterial, and t;at =as a co6plication t;at ' ;ad co6ing out o2 t;at surger<.

J So as 2or t;e surgeries t;at =ere 2or <our transition to 2e6ale, <ou 7elie e <ou =ere properl< in2or6ed o2 all t;e side e22ectsG

A ' 7elie e 6ost li9el< ' =as.

J /ou didnEt e?perience long ter6 or ad erse side e22ects on <our ;ealt; 2ro6 t;ose surgeries to transition to 2e6ale, rig;tG

A >it; t;e penile in ersion and =;en ' ;ad to dilate, ' =ould o2ten 7leed 2ro6 6< agina =;ic; caused 6e not to dilate.

And ' actuall< =ent to an +0M/i(t;e address t;e 7leeding. 51057(1) 8. 51057

1 all t;e =a< up until t;e 6an%6ade agina Hust co6pletel< closed
& up. Oecause =;en ' 7led ' =ouldnEt dilate.

8 J /ou =ould descri7e t;at as an ad erse ;ealt; side e22ectG

\$ A /es.

" J 5r. Ourleig; , do <ou recall 7eing deposed in t;is 6atterG

6 A /es.

B J);at =as, ' 7elie e, in a7out April o2 t;is <earG

8 A /es, sir.

@ J Can =e pull up t;e deposition transcript to a7out page

10 1"&G '2 =e could Hust start on page 1 real Fuic9 so =e can

11 con2ir6 itEs 5r. Ourleig;Es deposition. So do <ou recall

1& pro iding s=orn testi6on< at t;is depositionG

18 A /es, sir.

1\$ J /ou s=ore to tell t;e trut; co6pletel< and accuratel< to

1" t;e 7est o2 <our a7ilitiesG

16 A /es, sir.

1B J -etEs return to page 1"&. 'Ell read starting 2ro6 line

18 &, t;is ;ig;lig;ted portion. Juestion 7< 5r. Rogerson. K+9a<.

1@ All rig;t. 5r. Ourleig; , did <ou e?perience an< side e22ects

&0 2ro6 <our surgeries, ad erse e22ectsG Ans=er3 ' did not

&1 e?perience an< ;ealt; side e22ects, ;ealt; ad erse side e22ects

&& i2 t;atEs =;at <ou 6ean.K

&8 5r. Ourleig; , =as t;at <our s=orn testi6on< at <our

&\$ deposition earlier t;is <earG

&" A /es, sir, it is 6< s=orn testi6on< and ' 6ade t;at

1 state6ent.

& J 5r. Ourleig; , <ou donEt place an< 7la6e on t;e 6edical
8 pro iders =;o ;elped <ou transition to 2e6ale, do <ouG

\$ A (o, ' do not place an< 7la6e on t;e 6edical pro iders.

" J 5r. Ourleig; , <ou decided to detransition =;en <ou =ere
6 a7out 88 <ears old, rig;tG

B A /es, sir.

8 J Around &00@ as <ou testi2ied on directG

@ A /es, sir.

10 J 5r. Ourleig; , isnEt it true t;at t;e start o2 <our road
11 to transitioning 7ac9 to 6ale 7egan =;en <ou ga e <our li2e to
1& 4esus and started stud<ing t;e 0i7leG

18 5S. -A(D3 +7Hection to rele ance.

1\$)*E >') (ESS3 /es.

1")*E C+UR)3 + erruled.

16)*E >') (ESS3 /es. >ell, no. 'E6 t;in9ing a7out

1B t;e ti6eline. ' ga e 6< li2e to 4esus around t;e <ear &00",

18 &006, and ;e too9 6e on a road to e?plore. >;en ' le2t 0aton

1@ Rouge 2or t;e Ho7 at (ASA in &008, April &008, ' =as still

&0 presenting as 2e6ale, and it =as actual< =;en ' =as in

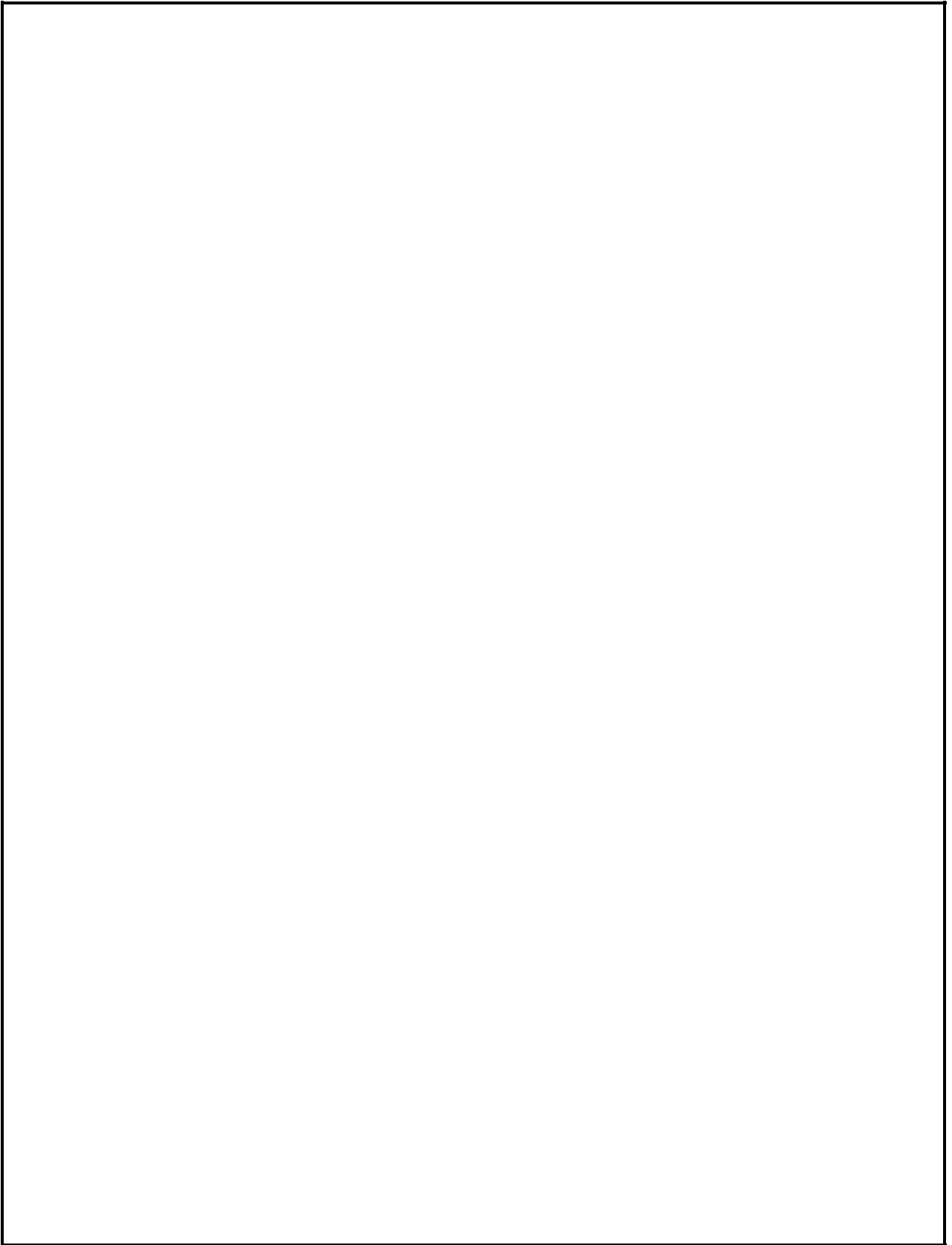
&1 *unts ille, Ala7a6a t;at ' 6ade t;e decision to detransition.

&& So gi ing 6< li2e to C;rist =as a pi otal 6o6ent, 7ut it =asnEt

&8 at t;at point t;at ' 6ade t;e decision to transition or

&\$ detransition 7ac9 to 6ale.

&" 0/ 5R. 0+DA1A)' 3



1 A /es, sir, t;at is 6< =ritten testi6on< ' actual<
 & su76itted to and spo9e and ga e to t;e ,lorida 7oard. ' ;ad no
 8 6ore t;an t;ree 6inutes to spea9 and to s;are 6< entire li2e
 \$ Hourne< to t;e ,lorida 5edical 0oard, and so ' ;ad to
 " parap;rase 6< entire Hourne<. Out in t;is case in t;is
 6 courtroo6 =it; 7eing gi en additional ti6e to actual< la< out
 B t;e co6plete road 6ap, 'E6 s;aring =it; <ou t;at t;at is
 8 accurate 2or a t;ree%6inute testi6on< and t;e in2or6ation 'E6
 @ gi ing <ou is 6ore accurate.

10 J 5r. Ourleig; , t;at =as <our =ritten testi6on< t;oug; ,
 11 rig; tG

1& A /es, sir, t;at is.

18 J (o=, 5r. Ourleig; , <our decision to detransition ca6e
 1\$ a2ter a 6o6ent =;ere <ou 7ro9e do=n and called out to :od 2or
 1" ;elpG

16 A >ould <ou repeat t;e FuestionG

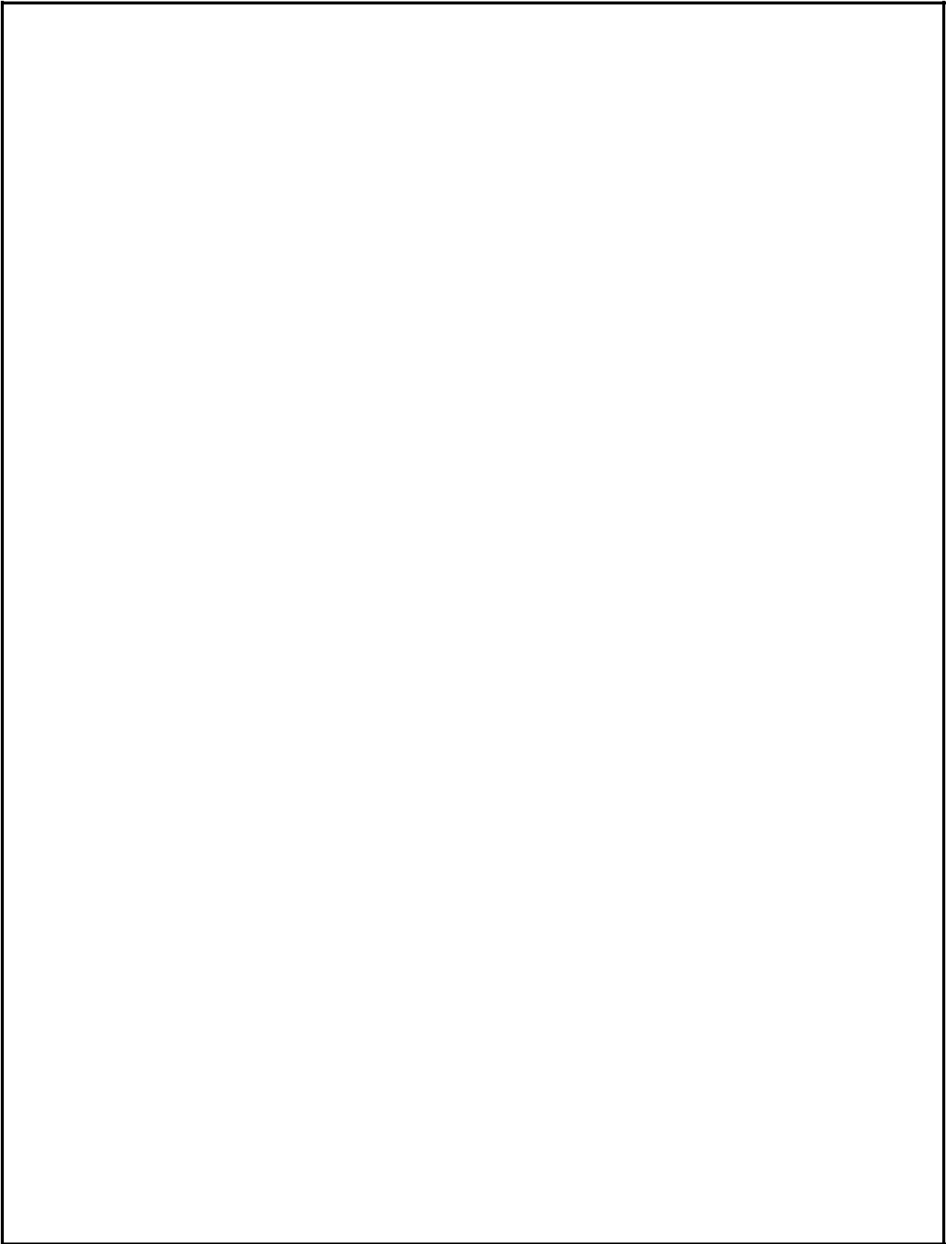
1B J /ea; . /our decision to detransition ca6e a2ter a 6o6ent
 18 =;ere <ou 7ro9e do=n and called out to :od 2or ;elpG

1@ A /es, sir, er< 6uc; so. And i2 <ou =ould 6ind 6e a
 &0 little 7it o2 lee=a<, ' could tr< to e?plain to <ou =;at =as
 &1 going on at t;at ti6e.

&& J 'Ell Hust as9 anot;er Fuestion. 't =as around t;at ti6e
 &8 t;at <ou Hoined a c;urc; group called t;e 7od<7uildersG

&\$ A /es, sir, it =as.

&" J And ' t;in9 <ou 9ind o2 6entioned t;is a 2e= Fuestions



A /es, sir.

J Out ' 7elie e <ou also testi2ied t;at =it; additional
;elp <ou =ere a7le to o erco6e t;ose 6ental strugglesG

A /es, sir.

J A 6937(a)8. 50937(l)8. 50937()8. 50937(s)1111111111gl

J 5r. Ourleig; , <ou testi2ied in support o2 *ouse 0ill 1"B0
=; ic; 7eca6e t;e la= at issue in t;is case at a *ouse co66ittee
;earing, rig; tG

A /es, sir.

J /ouE e also testi2ied in support o2 si6ilar 7ills in at
least t;ree ot;er states, rig; tG

A /es, sir.

J Uta; , 'da;o, and AriAonaG

A /es, sir.

J And as =e Hust discussed, <ou also testi2ied 7e2ore t;e
, lorida 5edical 0oardG

A /es, sir.

J (o=, in all o2 t;ose instances, t;e 7ills or proposed
regulations ai6ed to pre ent 6edical and surgical transitioning
under t;e age o2 18, rig; tG

5S. -A(D3 +7Hection to rele ance. >eEre discussing

trade out a court reporter.

5S. -A(D3 (ot; ing 2urt;er, /our *onor.

) *E C+UR)3 /ouEre 2ree to go, sir. Are <Eall going to ;a e an< 6ore =itnesses toda<G

5R. 4AC+0S3 (o, /our *onor. De2endants are planning to call Dr. *ruA in t;e 6orning and t;en =eEII 7e done =it; our case.

) *E C+UR)3 /Eall are in recess t;en.

!Recess at 1&3"8 15.#