

EXHIBIT 18
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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

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

CONFIDENTIAL-ATTORNEY'S EYES ONLY
VIDEO-RECORDED DEPOSITION OF MARCI L. BOWERS, M.D.

Friday, May 3, 2024
San Francisco, California

Stenographically Reported By:
Hanna Kim, CLR, CSR No. 13083
Job No. 6671323

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<p style="text-align: right;">Page 2</p> <p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE MIDDLE DISTRICT OF ALABAMA 3 NORTHERN DIVISION 4 5 BRIANNA BOE, et al.,) Civil Action No.) 2:22-cv-184-LCB 6 Plaintiffs,)) 7 UNITED STATES OF AMERICA,)) 8 Intervenor Plaintiff,)) 9 v.)) 10 HON. STEVE MARSHALL, in his)) official capacity as Attorney) 11 General, of the State of)) Alabama, et al.,) 12)) Defendants.) 13 _____) 14 CONFIDENTIAL-ATTORNEY'S EYES ONLY 15 Video-recorded deposition of MARCI L. 16 BOWERS, M.D., taken on behalf of the Defendants, on 17 Friday, May 3, 2024, taken place at the law offices 18 of Covington & Burling, 415 Mission Street, 19 Salesforce Tower, San Francisco, California 94105, 20 before Hanna Kim, CLR, Certified Shorthand Reporter, 21 No. 13083. 22 23 24 25</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES OF COUNSEL: (CONTINUED) 2 3 For Private Plaintiff: 4 NATIONAL CENTER FOR LESBIAN RIGHTS 5 BY: CHRISTOPHER F. STOLL, ESQ. 6 (APPEARING VIA ZOOM VIDEOCONFERENCE) 7 870 Market Street, Suite 370 8 San Francisco, California 94102 9 415.392.6257 10 cstoll@nclrights.org 11 12 13 For Plaintiff Intervenor: 14 U.S. DEPARTMENT OF JUSTICE 15 BY: COTY RAE MONTAG, ESQ. 16 (APPEARING VIA ZOOM VIDEOCONFERENCE) 17 150 M Street, N.E. (4Con) 18 Washington, D.C. 20530-0001 19 202.598.1580 20 coty.montag@usdoj.gov 21 22 23 24 25</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES OF COUNSEL: 2 3 For the Witness, Marci L. Bowers, M.D.: 4 COVINGTON & BURLING LLP 5 BY: D. JEAN VETA, ESQ. 6 BY: JAVIER ANDUJAR, ESQ. 7 One CityCenter 8 850 Tenth Street, N.W. 9 Washington, D.C. 20001-4956 10 202.662.6000 11 jveta@cov.com 12 jandujar@cov.com 13 14 15 For Private Plaintiffs: 16 GLBTQ LEGAL ADVOCATES & DEFENDERS 17 BY: JENNIFER LEVI, ESQ. 18 18 Tremont Street, Suite 950 19 Boston, Massachusetts 02108 20 617.388.5140 21 jlevi@glad.org 22 23 24 25</p>	<p style="text-align: right;">Page 5</p> <p>1 APPEARANCES OF COUNSEL: (CONTINUED) 2 3 For Defendants: 4 OFFICE OF THE ATTORNEY GENERAL STATE OF 5 ALABAMA 6 BY: A. BARRETT BOWDRE, ESQ. 7 501 Washington Avenue 8 Post Office Box 300152 9 Montgomery, Alabama 36130-0152 10 334.242.7300 11 barrett.bowdre@alabamaag.gov 12 -AND- 13 COOPER & KIRK, PLLC 14 BY: BRIAN W. BARNES, ESQ. 15 1523 New Hampshire Ave., NW 16 Washington, D.C. 20036 17 202.220.9600 18 bbarnes@cooperkirk.com 19 20 21 22 23 24 25</p>

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Page 6	Page 8
<p>1 APPEARANCES OF COUNSEL: (CONTINUED)</p> <p>2</p> <p>3 For Defendants:</p> <p>4 SPERO LAW LLC</p> <p>5 BY: CHRISTOPHER MILLS, ESQ.</p> <p>6 (APPEARING VIA ZOOM VIDEOCONFERENCE)</p> <p>7 557 East Bay Street, #22251</p> <p>8 Charleston, South Carolina 29413</p> <p>9 843.606.0640</p> <p>10 cmills@spero.law</p> <p>11</p> <p>12</p> <p>13 Also Present:</p> <p>14 PETER YAROSCHUK, Video Operator</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>	<p>1 INDEX OF EXHIBITS</p> <p>2</p> <p>3 BOWERS DEPOSITION EXHIBITS PAGE</p> <p>4 Exhibit 1 Curriculum vitae of Marci L. 37</p> <p>5 Bowers, M.D.; 4 pages</p> <p>6 Exhibit 2 "Age Is Just a Number: 68</p> <p>7 WPATH-Affiliated Surgeons'</p> <p>8 Experiences and Attitudes</p> <p>9 Toward Vaginoplasty in</p> <p>10 Transgender Females Under 18</p> <p>11 Years of Age in the United</p> <p>12 States"; 11 pages</p> <p>13 Exhibit 3 Excerpts from the Standard of 73</p> <p>14 Care 7; 16 pages</p> <p>15 Exhibit 4 Excerpts of Standards of Care 100</p> <p>16 8; 89 pages</p> <p>17 Exhibit 5 Printout from website, 117</p> <p>18 "Establishing the soc8</p> <p>19 Revision committee"; 6 pages</p> <p>20 Exhibit 6 Part of the WPATH website 168</p> <p>21 which is titled "Methodology</p> <p>22 for the development of</p> <p>23 SOC-8"; 10 pages</p> <p>24</p> <p>25</p>
Page 7	Page 9
<p>1 INDEX OF EXAMINATION</p> <p>2</p> <p>3 WITNESS: MARCI L. BOWERS, M.D.</p> <p>4 EXAMINATION PAGE</p> <p>5 BY MR. BOWDRE: 17</p> <p>6</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>	<p>1 INDEX OF EXHIBITS: (CONTINUED)</p> <p>2</p> <p>3 BOWERS DEPOSITION EXHIBITS PAGE</p> <p>4 Exhibit 7 "Policy and procedures 174</p> <p>5 regarding the use of WPATH</p> <p>6 SOC-8 data revised</p> <p>7 August 2020"; Bates nos. JHU</p> <p>8 000003195 through JHU</p> <p>9 000003201</p> <p>10 Exhibit 8 Letter dated August 26, 2020; 180</p> <p>11 Bates nos. JHU 000003732</p> <p>12 through JHU 000003734</p> <p>13 Exhibit 9 E-mail from Karen Robinson to 187</p> <p>14 Jamie Feldman, December 21,</p> <p>15 2018; Bates nos. JHU</p> <p>16 000001539 through JHU</p> <p>17 000001543</p> <p>18 Exhibit 10 "WPATH Executive Committee 195</p> <p>19 Minutes Wednesday,</p> <p>20 September 1, 2021"; Bates</p> <p>21 nos. BOEAL_WPATH_ 109485</p> <p>22 through BOEAL_WPATH_ 109487</p> <p>23</p> <p>24</p> <p>25</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

Page 10	<p>1 INDEX OF EXHIBITS: (CONTINUED)</p> <p>2</p> <p>3 BOWERS DEPOSITION EXHIBITS PAGE</p> <p>4 Exhibit 11 E-mail set, "Fwd: We have 205 5 finished SOC-8"; Bates nos. 6 BOEAL_WPATH_ 127620 through 7 BOEAL_WPATH_ 127622</p> <p>8 Exhibit 12 E-mail set, "Re: Some 207 9 Feedback from Member of Adm 10 Levine's Staff"; Bates nos. 11 BOEAL_ WPATH_ 131962 through 12 BOEAL_ WPATH_ 131966</p> <p>13 Exhibit 13 E-mail, "ages and treatment 218 14 in the adolescent chapter, I 15 need your opinion"; Bates 16 nos. BOEAL_WPATH_072114 17 through BOEAL_WPATH_072115</p> <p>18 Exhibit 14 E-mail, "Re: Feedback 221 19 regarding the age statement 20 in Adolescent SOCS chapter"; 21 Bates nos. BOEAL_WPATH_ 22 132079 through BOEAL_WPATH_ 23 132082</p> <p>24 25</p>	Page 12
Page 11	<p>1 INDEX OF EXHIBITS: (CONTINUED)</p> <p>2</p> <p>3 BOWERS DEPOSITION EXHIBITS PAGE</p> <p>4 Exhibit 15 E-mail, "Re: SOCS of WPATH - 224 5 Minimal ages for 6 Adolescents"; Bates nos. 7 BOEAL_WPATH_072964 through 8 BOEAL_WPATH_072965</p> <p>9 Exhibit 16 E-mail set, "Re: Admiral 226 10 Levine"; Bates nos. 11 BOEAL_BOWERS_ 000117 through 12 BOEAL_BOWERS_ 000118</p> <p>13 Exhibit 17 E-mail set, "Re: Call 228 14 today?"; Bates nos. 15 BOEAL_BOWERS_ 000162</p> <p>16 Exhibit 18 E-mail set, "CONFIDENTIAL - 230 17 FW: AAP Communication to 18 WPATH (Confidential)"; Bates 19 nos. BOEAL_WPATH_ 134970 20 through BOEAL_WPATH_ 134972</p> <p>21 Exhibit 19 Letter from American Academy 231 22 of Pediatrics, September 8, 23 2022; Bates nos. 24 BOEAL_WPATH_077707 through 25 BOEAL_WPATH_077708</p>	Page 13
Page 10	<p>1 INDEX OF EXHIBITS: (CONTINUED)</p> <p>2</p> <p>3 BOWERS DEPOSITION EXHIBITS PAGE</p> <p>4 Exhibit 20 E-mail set, "Re: Last version 234 5 with changes"; Bates nos. 6 BOEAL_WPATH_ 136501 through 7 BOEAL_WPATH_ 136503</p> <p>8 Exhibit 21 E-mail set, "Re: New York 237 9 Post article"; Bates nos. 10 BOEAL_WPATH_ 137429 through 11 BOEAL_WPATH_ 137432</p> <p>12 Exhibit 22 "Clinical Policy: Puberty 246 13 suppressing hormones (PSH) 14 for children and young people 15 who have gender incongruence 16 / gender dysphoria [1927]"; 4 17 pages</p> <p>18 Exhibit 23 "Scotland Pauses Gender 253 19 Medications for Minors," 20 April 18, 2024; 3 pages</p> <p>21 Exhibit 24 "The Cass review: An 258 22 opportunity to unite behind 23 evidence informed 24 care in gender medicine," by 25 Kamran Abbasi; 2 pages</p>	Page 13

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Page 14	<p>1 San Francisco, California</p> <p>2 Friday, May 3, 2024</p> <p>3 9:07 a.m., Pacific Daylight Time</p> <p>4 --o0o--</p> <p>5 THE VIDEOGRAPHER: Good morning. We are</p> <p>6 going on the record at 9:07 a.m., on May 3rd, 2024.</p> <p>7 Please note that microphones are sensitive</p> <p>8 and may pick up whispering, private conversations,</p> <p>9 and cellular interference.</p> <p>10 Please turn off all cell phones or place</p> <p>11 them away from the microphones, as they can</p> <p>12 interfere with the deposition audio.</p> <p>13 Audio and video recording will continue to</p> <p>14 take place unless all parties agree to go off the</p> <p>15 record.</p> <p>16 This is Media Number 1 of the</p> <p>17 video-recorded deposition of Marci Bowers, taken by</p> <p>18 counsel for Defendant --</p> <p>19 MR. BOWDRE: Defendants.</p> <p>20 THE VIDEOGRAPHER: -- in the matter of</p> <p>21 Brianna Boe versus Honorable Steve Marshall, filed</p> <p>22 in the United States District Court, for the Middle</p> <p>23 District of Alabama, Northern Division, Case</p> <p>24 Number 2:22-cv-184-LCB.</p> <p>25 This deposition is being held at 415</p>	Page 16	<p>1 MR. MILLS: Christopher Mills, Spero Law</p> <p>2 LLC, also representing the State Defendants.</p> <p>3 MS. VETA: I'm Jean Veta from Covington &</p> <p>4 Burling representing the witness, Dr. Bowers.</p> <p>5 MR. ANDUJAR: I'm Javier Andujar from</p> <p>6 Covington & Burling representing the witness, Marci</p> <p>7 Bowers.</p> <p>8 MS. LEVI: I'm Jennifer Levi from GLBTQ</p> <p>9 Legal Advocates & Defenders representing the Private</p> <p>10 Plaintiffs.</p> <p>11 MR. STOLL: Chris Stoll from the National</p> <p>12 Center for Lesbian Rights representing Private</p> <p>13 Plaintiffs.</p> <p>14 MS. MONTAG: Coty Montag representing the</p> <p>15 Plaintiff Intervenor United States of America.</p> <p>16 THE VIDEOGRAPHER: Thank you.</p> <p>17 Would the court reporter please swear in</p> <p>18 the witness.</p> <p>19 ///</p> <p>20 ///</p> <p>21 ///</p> <p>22 ///</p> <p>23 ///</p> <p>24 ///</p> <p>25 ///</p>
Page 15	<p>1 Mission Street, Salesforce Tower, Suite 5400,</p> <p>2 San Francisco, California 94105, and on a Zoom</p> <p>3 videoconference.</p> <p>4 My name is Peter Yaroschuk from the firm</p> <p>5 Veritext. I am the videographer.</p> <p>6 The court reporter is Hanna Kim, from the</p> <p>7 firm Veritext.</p> <p>8 I am not related to any party in this</p> <p>9 action, nor am I financially interested in the</p> <p>10 outcome.</p> <p>11 Counsel, all present in the room, everyone</p> <p>12 attending remotely, please now state your</p> <p>13 appearances and affiliations for the record.</p> <p>14 If there are any objections to proceeding,</p> <p>15 please state them at the time of your appearance,</p> <p>16 beginning with the noticing attorney.</p> <p>17 MR. BOWDRE: My name is Barrett Bowdre for</p> <p>18 the -- I'm at the Alabama Attorney General's Office</p> <p>19 representing the State Defendants.</p> <p>20 MR. BARNES: I'm Brian Barnes from</p> <p>21 Cooper & Kirk, also representing the State</p> <p>22 Defendants.</p> <p>23 MS. VETA: I'm Jean Veta from Cov- --</p> <p>24 MR. MILLS: Christopher Mills --</p> <p>25 MS. VETA: Sorry.</p>	Page 17	<p>1 MARCI BOWERS, M.D.,</p> <p>2 having been duly administered an oath,</p> <p>3 was examined and testified as follows:</p> <p>4</p> <p>5 EXAMINATION</p> <p>6 BY MR. BOWDRE:</p> <p>7 Q. Dr. Bowers, thank you very much for being</p> <p>8 here today.</p> <p>9 Have you ever given a deposition before?</p> <p>10 A. Yes, I have.</p> <p>11 Q. What cases have you given a deposition in?</p> <p>12 A. I've represented -- or I've -- I've spoken</p> <p>13 as an expert on cases involving medical malpractice</p> <p>14 on three or four occasions.</p> <p>15 Q. Do you recall the names of those cases?</p> <p>16 A. I don't recall the names of the cases.</p> <p>17 Q. Do you recall approximately when they</p> <p>18 were?</p> <p>19 A. I've been in practice for 34 years, so</p> <p>20 this would be over the -- primarily over the last --</p> <p>21 let's see. I can -- I can think of -- as long ago</p> <p>22 as 1998 and as recently as 2021.</p> <p>23 Q. Okay. In the 2021 case, what was that</p> <p>24 case about?</p> <p>25 A. There was a -- a case of a -- of an</p>

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<p style="text-align: right;">Page 18</p> <p>1 OB/GYNE [verbatim] who --</p> <p>2 THE COURT REPORTER: I'm sorry, "OB/GYNE"?</p> <p>3 THE WITNESS: Yeah,</p> <p>4 obstetrician/gynecologist who had a taken a patient</p> <p>5 of mine to the operating room and performed a</p> <p>6 procedure that caused the patient to lose</p> <p>7 continence. And so it was a -- a case representing</p> <p>8 the -- the plaintiff, actually.</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. Have you ever served as an expert in a</p> <p>11 case relating to transitioning treatments?</p> <p>12 A. That was -- that was essentially a -- a</p> <p>13 complication of transitioning treatments --</p> <p>14 Q. Okay.</p> <p>15 A. -- if you -- if you will, with that</p> <p>16 language.</p> <p>17 Q. Have you served as an expert, aside from</p> <p>18 that case, in a case involving transitioning</p> <p>19 treatments?</p> <p>20 A. Let's see. Did we go to deposition?</p> <p>21 I have served as an -- I -- I've been</p> <p>22 included as a -- as a witness for a -- a case coming</p> <p>23 up that -- involving someone also who had</p> <p>24 substandard care. And -- and I know that -- that</p> <p>25 the -- so...</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. Plaintiff or a defendant.</p> <p>2 A. Yes.</p> <p>3 Q. Okay. And what was -- what was that?</p> <p>4 A. There -- there -- I mean, I've practiced a</p> <p>5 long time, so -- it's a litigious [verbatim]</p> <p>6 society, so we -- I have been a defendant on four</p> <p>7 cases.</p> <p>8 Q. Okay. Do you recall the names of any of</p> <p>9 those cases?</p> <p>10 A. Yes. There was Lawrence versus Bowers,</p> <p>11 Foreman versus Bowers, Green versus Bowers, and</p> <p>12 Davis versus Bowers.</p> <p>13 Q. Okay. And let's start with the first one,</p> <p>14 Lawrence.</p> <p>15 Do you recall what the outcome of that</p> <p>16 case was?</p> <p>17 A. It was settled.</p> <p>18 Q. All right.</p> <p>19 The second case that you mentioned, what</p> <p>20 was the outcome of that one?</p> <p>21 A. It was settled.</p> <p>22 Q. The third case?</p> <p>23 A. Settled.</p> <p>24 Q. The fourth case?</p> <p>25 A. Settled.</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. And you said that case is coming up?</p> <p>2 A. It -- it's scheduled for -- for -- to go</p> <p>3 to court at some point, and so I anticipate there</p> <p>4 will be a deposition as part of that case.</p> <p>5 Q. Okay. Have you provided an expert report</p> <p>6 in that case?</p> <p>7 A. I have -- I have done a -- a -- a review</p> <p>8 of the case, yes.</p> <p>9 Q. And did you write an expert report that</p> <p>10 you turned over to the attorneys in --</p> <p>11 A. I did not write an expert report.</p> <p>12 THE COURT REPORTER: One second.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. Okay. Do --</p> <p>15 THE COURT REPORTER: I need to have --</p> <p>16 MR. BOWDRE: Sorry.</p> <p>17 THE COURT REPORTER: -- two -- one person</p> <p>18 speaking at a time, please.</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. Do you know the name of that case?</p> <p>21 A. I know the plaintiff is named -- I'm</p> <p>22 sorry, the defendant is named Sinclair.</p> <p>23 Q. Okay. Have you yourself ever been a party</p> <p>24 in any lawsuits?</p> <p>25 A. As a -- as a defendant?</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Okay. How did you become a witness in</p> <p>2 this case?</p> <p>3 A. I was -- I was asked by the -- by Blaine</p> <p>4 Vella, our executive director, if I would be willing</p> <p>5 to -- to work with the Plaintiff and -- and look at</p> <p>6 the facts of the case.</p> <p>7 Q. Did you have any knowledge of this case</p> <p>8 before Blaine Vella asked you to become a witness?</p> <p>9 A. No.</p> <p>10 Q. Do you know how Blaine Vella was asked --</p> <p>11 or do you know how Blaine Vella -- how it came about</p> <p>12 that Blaine Vella asked you to become a witness?</p> <p>13 A. I'm not sure.</p> <p>14 Q. Okay. What do you plan to testify about</p> <p>15 on this case?</p> <p>16 MS. VETA: Object to the form.</p> <p>17 BY MR. BOWDRE:</p> <p>18 Q. You can still answer, if you can.</p> <p>19 A. I'm just going to answer questions as best</p> <p>20 I can to be helpful.</p> <p>21 Q. Why did you agree to testify?</p> <p>22 A. Because I'm interested in -- in the truth,</p> <p>23 and I'm about transparency and clarifying facts</p> <p>24 and -- and mistruths.</p> <p>25 Q. Do you know of any mistruths that -- in</p>

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<p style="text-align: right;">Page 22</p> <p>1 this case that you would need to clarify? 2 A. No. 3 Q. What did you do to prepare for this 4 deposition today? 5 MS. VETA: Object to the form. 6 THE WITNESS: I met on -- I met with my -- 7 my attorney on two or three -- three occasions. 8 BY MR. BOWDRE: 9 Q. Did you meet with anyone who is not your 10 attorney? 11 A. No. 12 Q. Did you have any conversations about the 13 deposition with anyone other than your attorney? 14 A. No. 15 Q. Have you spoken with any of the witnesses 16 in this case about this case? 17 A. No. 18 Q. And just to drill down, does that mean you 19 have not spoken with Dr. Karasic about this case? 20 A. No. 21 Q. Dr. Coleman? 22 A. No. 23 Q. Dr. McNamara? 24 A. No. 25 Q. Okay. Did you review any documents ahead</p>	<p style="text-align: right;">Page 24</p> <p>1 those documents at the time that we -- they were 2 produced? 3 A. All of them? 4 Q. Any of them. 5 A. Yeah, certain -- certain -- they were my 6 e-mails, many of them. 7 Q. Okay. What about the documents that were 8 produced by WPATH, were you aware of those when they 9 were produced? 10 MS. VETA: Object to the form. 11 THE WITNESS: I mean, it depends which 12 ones. Like e-mails that in- -- were -- that I was 13 included in, yes. E-mails that I wasn't included 14 in, no. 15 BY MR. BOWDRE: 16 Q. Do you have any firsthand knowledge of 17 transitioning care in Alabama? 18 A. Can you clarify what you mean by 19 "transitioning care"? 20 Q. How would you define "transitioning care"? 21 A. I would call it gender-affirming care. 22 Q. Okay. Do you have any firsthand knowledge 23 of gender-affirming care in Alabama? 24 A. No, I do not. 25 Q. And what is gender-affirming care?</p>
<p style="text-align: right;">Page 23</p> <p>1 of this deposition? 2 A. I reviewed the -- the e-mails and the 3 doc- -- and the documents that the -- that counsel 4 had provided me. 5 Q. Okay. What documents were those? 6 MS. VETA: Counsel, I'll represent that 7 whatever documents Dr. Bowers reviewed have all been 8 produced. 9 MR. BOWDRE: Okay. So those were the 10 documents that WPATH produced in discovery? 11 THE COURT REPORTER: Those are the 12 documents what? I'm sorry, I didn't hear you. 13 MR. BOWDRE: Sorry, that WPATH and I guess 14 Dr. Bowers produced in discovery? 15 MS. VETA: That's correct. 16 MR. BOWDRE: Okay. 17 THE COURT REPORTER: Counsel, could you 18 raise your mic 2 inches towards your chin, please. 19 Thank you. 20 BY MR. BOWDRE: 21 Q. Have you read any of the expert reports in 22 this case? 23 A. I have not. 24 Q. So the documents that you reviewed that 25 were produced to us in discovery, were you aware of</p>	<p style="text-align: right;">Page 25</p> <p>1 A. Gender-affirming care is meeting pa- -- 2 meeting patients where they are in terms of 3 respecting their gender identity by affirming 4 pronouns and -- and their gender identities, but it 5 does not mean necessarily surgery or hormones or -- 6 or therapy of any kind. 7 It's really providing healthcare to an 8 individual who is gender by diverse. 9 Q. So if I refer to "transitioning 10 treatments" today, what I have in mind is cross-sex 11 hormones, puberty blockers, or surgeries done for 12 the purpose of gender transition. 13 Can we agree to -- to use that -- or if I 14 use that term, will you understand what I mean? 15 A. It's not a term that's something that's 16 used typically among providers of that type of care. 17 But if it helps you to refer to it, certainly. 18 Q. Thank you. 19 Have you ever been to the UAB pediatric 20 gender clinic? 21 A. I have not. 22 Q. Have you ever had any contact with any of 23 the doctors at that clinic? 24 A. Not that I know of. 25 Q. Dr. Bowers, what do you do professionally?</p>

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Page 26	<p>1 A. I'm a reconstructive and gynecologic 2 surgeon. I -- here in the Bay Area. 3 Q. What percentage of your work is devoted to 4 providing transitioning surgeries? 5 A. Gender-affirming surgery? 6 Q. Can you define what is "gender-affirming 7 surgery"? 8 A. So it's surgery to -- that helps bring 9 bodies into congruence with a patient's gender 10 identity. 11 Q. Okay. And that is what I mean by 12 transitioning surgeries as well. 13 A. All right. Okay. 14 Q. So what percentage of your work is devoted 15 to providing gender-affirming surgeries? 16 A. My -- that work is 85 percent of my 17 practice. 18 Q. Okay. And what is the other 15 percent? 19 A. 10 percent is related to the sensory 20 restoration of the clitoris after female genital 21 mutilation. And 5 percent is devoted to the care 22 and management of the clitoral and vulvar injuries 23 in cisgender women. 24 Q. Why is surgical transition important? 25 A. Surgical transition is -- well, surgical</p>	Page 28	<p>1 A. Zero. 2 Q. Okay. And the same question for 2022. 3 A. Zero. 4 Q. Okay. Have you ever performed 5 transitioning surgeries on a patient under 18? 6 A. Yes, I have. 7 Q. Approximately how many over the course of 8 your career? 9 A. Less than ten. 10 Q. And approximately how many transitioning 11 surgeries total do you think you've performed over 12 the course of your career? 13 A. Easily more than 5,000. 14 Q. Before performing transitioning surgeries, 15 you were a practicing OB/GYN; is that right? 16 A. Correct. 17 Q. When did you begin providing transitioning 18 surgeries? 19 A. I began performing gender-affirming 20 surgery in the mid-1990s -- early 1990s. 21 Q. And how did you learn that field? 22 A. I'm trained as a -- as a gynecologist, and 23 so some of the -- some of the gender affirming 24 surgery can include things like -- like -- and it's 25 not always surgery. Sometimes it was evaluation of</p>
Page 27	<p>1 confirmation is important because it allows the 2 individual to find peace in alleviating gender 3 dysphoria, a- -- allowing them to -- to a- -- align 4 their body with their gender identity. 5 Q. Would you agree that full social 6 transition is impossible without transitioning 7 surgery? 8 A. Not at all. Social transition is what 9 society sees. And, you know, when you pass someone 10 on the street, you don't know what the status of 11 their -- their body parts are. You look at them and 12 you make an assessment based on what you see, and 13 that is social transition. 14 Q. Approximately how many transitioning 15 surgeries did you perform last year? 16 A. Somewhere between 200 and 250. 17 Q. Is that about average for the last decade 18 or so? 19 A. I have -- I've been in practice for many, 20 many years, and the number has declined slightly 21 through my own desire to be, frankly, less busy. 22 Q. Of the transitioning surgeries that you 23 performed last year, approximately how many of those 24 surgeries were on patients who were under 18 at the 25 time?</p>	Page 29	<p>1 postoperative patients. 2 But -- but in terms of the surgery, a 3 hysterectomy would be considered a gender-affirming 4 surgery for someone who is trans masculine, right. 5 Q. And so -- 6 A. And -- and a hysterectomy is -- is a 7 core -- a -- a core skill of a practicing 8 gynecologist. 9 Q. So I assume that there were other 10 surgeries that you were not performing as a 11 practicing gynecologist that you now perform; is 12 that right? 13 A. Yes. 14 Q. Okay. So how did you learn those 15 surgeries? 16 A. I mentored with -- with who -- a person 17 who is known as the father of transgender surgery in 18 the United States. 19 Q. And who is that? 20 A. Dr. Stanley Biber. 21 Q. And where did you go to mentor with 22 Dr. Biber? 23 A. I worked side by side with him in 24 Trinidad, Colorado. 25 Q. Was he at a medical center there?</p>

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<p style="text-align: right;">Page 30</p> <p>1 A. Yes.</p> <p>2 Q. Was it a medical center affiliated with a</p> <p>3 [verbatim] academic center?</p> <p>4 A. No, it was not.</p> <p>5 Q. Okay. At the time, were there many</p> <p>6 surgeons performing transitioning surgeon --</p> <p>7 surgeries?</p> <p>8 A. No. There were very few.</p> <p>9 Q. Do you know -- I mean, approximately how</p> <p>10 many in the United States at the time?</p> <p>11 A. In 2003, when I began, there were, at</p> <p>12 most, five actively practicing surgeons perform- --</p> <p>13 performing gender-affirming surgery on a regular</p> <p>14 basis.</p> <p>15 Q. Did -- over the course of your career,</p> <p>16 have you yourself developed any surgical techniques</p> <p>17 that you did not learn from Dr. Biber or anyone</p> <p>18 else?</p> <p>19 A. Absolutely.</p> <p>20 Q. Okay. What kind of techniques are those?</p> <p>21 A. I have improved and worked on a number of</p> <p>22 techniques in pretty much every surgery I perform,</p> <p>23 many of which I -- or several of which I was the --</p> <p>24 was the creator of.</p> <p>25 Q. How did you go about creating those</p>	<p style="text-align: right;">Page 32</p> <p>1 skill, does it take knowledge, absolutely.</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. Do you agree that your patients at the</p> <p>4 time were able to give informed consent to those</p> <p>5 surgical procedures even though they had not been</p> <p>6 performed on anybody else at the time?</p> <p>7 MS. VETA: Object to the form.</p> <p>8 THE WITNESS: Yes. I was -- you know, I</p> <p>9 was very, very -- very, very frank and transparent</p> <p>10 with my patients on every occasion and did my very</p> <p>11 best to give them the opportunity not only to -- to</p> <p>12 choose, but also to be involved in -- in those -- in</p> <p>13 those types of innovations and advances in the</p> <p>14 field.</p> <p>15 BY MR. BOWDRE:</p> <p>16 Q. Did you consider the innovative surgical</p> <p>17 techniques to be medically necessary for your</p> <p>18 patients?</p> <p>19 A. That feels like two different questions to</p> <p>20 me.</p> <p>21 Q. Okay. I'll try and break it down.</p> <p>22 So let's say that the first time that you</p> <p>23 performed one of these innovative surgical</p> <p>24 techniques on a patient, did you consider that</p> <p>25 surgery to be medically necessary for that patient?</p>
<p style="text-align: right;">Page 31</p> <p>1 surgical techniques that you had not learned from</p> <p>2 anybody else?</p> <p>3 A. I was a practicing gynecologic surgeon for</p> <p>4 many years and had skill and knowledge of -- of --</p> <p>5 of that particular part of the anatomy and developed</p> <p>6 many skills that were supportive of that -- that</p> <p>7 innovation.</p> <p>8 Q. Is it fair to say that at the time when</p> <p>9 you were learning these surgeries, these surgeries</p> <p>10 were not being performed at major medical centers in</p> <p>11 the United States?</p> <p>12 A. There were -- there were at least two</p> <p>13 major medical centers that were performing the</p> <p>14 surgeries, but for the most part they were performed</p> <p>15 in private settings.</p> <p>16 Q. So when you were creating the surgical</p> <p>17 techniques that you had not learned from anyone else</p> <p>18 when -- why did you feel comfortable experimenting</p> <p>19 with those techniques on patients?</p> <p>20 MS. VETA: Object to the form.</p> <p>21 THE WITNESS: Yeah, I certainly wouldn't</p> <p>22 call it experimenting. When you have a -- when you</p> <p>23 have skill and experience, this is how innovation</p> <p>24 occurs in medicine.</p> <p>25 And does it take courage, does it take</p>	<p style="text-align: right;">Page 33</p> <p>1 A. You know, in the sense that -- that that</p> <p>2 surgery was a gender-affirming surgery and was going</p> <p>3 to -- to be therapeutic in the -- in the surgical</p> <p>4 sense, yes.</p> <p>5 Q. If Alabama had banned transitioning</p> <p>6 surgeries at the time when you were learning the</p> <p>7 field, is it fair to say that you had -- have</p> <p>8 opposed that ban at the time?</p> <p>9 MS. VETA: Object to the form.</p> <p>10 THE WITNESS: I mean, I think it's -- I</p> <p>11 think it would be cruel to deny someone a surgical</p> <p>12 opportunity when that -- when that skill existed.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. Is that true also of the innovative</p> <p>15 surgical techniques that had not existed before you</p> <p>16 created them?</p> <p>17 A. I don't understand.</p> <p>18 Q. If -- let's say that Alabama or any state</p> <p>19 had banned transitioning surgeries that had not been</p> <p>20 performed up until that time, so innovative surgical</p> <p>21 techniques for --</p> <p>22 A. Mm-hmm.</p> <p>23 Q. -- transitioning surgeries, is it fair to</p> <p>24 say that you would have opposed that ban as well?</p> <p>25 A. I'm not sure I understand that question,</p>

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<p style="text-align: right;">Page 34</p> <p>1 but -- but I can say that, you know, if -- in any 2 field, and whether it's general surgery or ENT or 3 orthopaedic surgery, there are advances made all the 4 time, and people push the limits of technology. 5 Let's say when a new device is created, 6 it's usually created as a collaboration between the 7 surgeon with the knowledge and the history of what 8 they've done and a medical device company, let's 9 say. 10 And so when they -- when they combine 11 forces, you're creating an advance in technique 12 potentially, which is how medicine has evolved. 13 This is one of the reasons why this 14 country has exceptionally good medical care, because 15 of the courage and the advances and the 16 collaboration of physicians and let's say device 17 makers or -- or hospitals in -- in putting forth new 18 techniques. 19 Q. When did you first perform a transitioning 20 surgery on a patient younger than 18? 21 A. I -- the late 2000s. Probably 2008. 22 Q. Okay. Do you recall what surgery that 23 was? 24 A. It was a trans-feminine vaginoplasty. 25 Q. Did you consider that surgery to be</p>	<p style="text-align: right;">Page 36</p> <p>1 but -- but I do believe there is a place in severe 2 cases and -- and -- yeah. 3 BY MR. BOWDRE: 4 Q. And so in those severe cases, is -- is 5 there medical literature to support -- at -- was 6 there medical literature at the time to support 7 providing the transitioning treatment to the minor? 8 A. I mean, I feel like this is a chicken and 9 the egg question. 10 At a certain point you have to make 11 your -- this is part of what evidence-based medicine 12 is. It is using not just literature, but also 13 clinical experience to -- to inform a -- an 14 evidence-based approach. 15 And there was enough evidence from adult 16 populations that someone who had matured socially 17 and physically enough, that surgical intervention 18 would have been a -- a -- a positive thing. And 19 indeed it was. 20 Q. Did you perform that surgical intervention 21 as part of any formal research protocol? 22 A. I did not. 23 Q. Did you ever publish your findings with 24 regard to that patient? 25 A. I did not.</p>
<p style="text-align: right;">Page 35</p> <p>1 medically necessary for that patient at that time? 2 A. I did. 3 Q. And what evidence did you rely on at that 4 time to determine that the surgery was medically 5 necessary for that patient? 6 A. I mean, fortunately, we have decades of 7 experience in -- in -- with -- with patients of all 8 ages -- well, adult patients of all ages and that -- 9 that the -- that surgical confirmation results in -- 10 in improved self-image, psychosocial function, 11 reduced suicidality, reduced substance use, 12 et cetera, et cetera. 13 So we knew there was proven efficacy in 14 adult populations and in someone who had socially 15 transitioned at a very young age and had -- had -- 16 had insisted on their gender identity as being 17 different than their assigned birth gender and 18 persisted for a number of years, then we were, yes, 19 quite confident that this would be a beneficial 20 procedure for that individual. 21 Q. Did you have evidence at the time that 22 surgical transitions would be beneficial for minors? 23 MS. VETA: Object to the form. 24 THE WITNESS: I mean, once again, we -- we 25 in general do not perform surgeries on minors today,</p>	<p style="text-align: right;">Page 37</p> <p>1 Q. For this past year, what percentage of 2 your income was derived from providing transitioning 3 surgeries? 4 A. I mean, we don't charge for our -- the 5 restorative work we do for the clitoris, and I do 6 quite a bit of pro -- pro bono work. So the vast 7 majority of my income would be related to -- to the 8 surgical work that I do. 9 Q. Okay. And what was your income last year? 10 A. I actually don't recall, but I -- I don't 11 really do my own taxes, so... But it was -- it was 12 more than a million dollars in terms of the -- of my 13 net income. 14 Q. Okay. All right. 15 MR. BOWDRE: Can you give me one -- or, 16 I'm sorry, two. 17 Can you mark that as Exhibit 1, please. 18 (Bowers Deposition Exhibit 1 was marked 19 for identification.) 20 MS. VETA: Thank you. 21 THE WITNESS: Okay. Thanks. 22 BY MR. BOWDRE: 23 Q. Okay. I have handed you what the court 24 reporter has marked as Exhibit 1, which is a 25 curriculum vitae that I downloaded from your</p>

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<p style="text-align: right;">Page 38</p> <p>1 website.</p> <p>2 Is this, in fact, your curriculum vitae?</p> <p>3 A. Yes, it appears to be so.</p> <p>4 Q. All right.</p> <p>5 Let's look at the first page.</p> <p>6 A. Okay.</p> <p>7 Q. Does this first page look current?</p> <p>8 A. (Witness reviews.)</p> <p>9 Yes, it does.</p> <p>10 Q. Okay. Let's go to page 2.</p> <p>11 A. There is one other professional</p> <p>12 membership. I'm also a member of the San Francisco</p> <p>13 Gynecological Association.</p> <p>14 Q. Okay. Thank you for that.</p> <p>15 A. Page 2.</p> <p>16 Q. All right.</p> <p>17 And I want to look under "COMMITTEES."</p> <p>18 A. Yes.</p> <p>19 Q. And the sixth entry is the board of</p> <p>20 directors for GLAAD, G-L-A-A-D, and it says</p> <p>21 January 2011 through 2018.</p> <p>22 Is that correct? Is that accurate?</p> <p>23 A. Yes, it is.</p> <p>24 Q. Okay. And what does GLAAD do?</p> <p>25 A. GLAAD is a -- an organization that looks</p>	<p style="text-align: right;">Page 40</p> <p>1 The next entry is the -- well, let's skip</p> <p>2 down. We'll come back to WPATH.</p> <p>3 So board of directors for the Trevor</p> <p>4 Project, July 2021 through present.</p> <p>5 Do you see that entry?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. And is that still accurate?</p> <p>8 A. Yes.</p> <p>9 Q. What does The Trevor Project do?</p> <p>10 A. The Trevor Project is the largest suicide</p> <p>11 prevention organization for GLBTQ u- -- use in the</p> <p>12 world.</p> <p>13 Q. And what do you do as a board member for</p> <p>14 The Trevor Project?</p> <p>15 A. Again, we -- we do -- we help with policy</p> <p>16 directives and -- and advice to the -- to the</p> <p>17 organization.</p> <p>18 Q. Okay. When did you join WPATH?</p> <p>19 A. I joined WPATH in 2001.</p> <p>20 Q. And what is WPATH?</p> <p>21 A. WPATH is a -- is a professional</p> <p>22 association of -- that -- that establishes</p> <p>23 evidence-based and scientifically directed</p> <p>24 guidelines for the practice of -- and -- of</p> <p>25 gender-affirming care.</p>
<p style="text-align: right;">Page 39</p> <p>1 for positive media portrayals of GLBTQ persons.</p> <p>2 Q. What did you do as a board member for</p> <p>3 GLAAD?</p> <p>4 A. We -- we advise the -- the president and</p> <p>5 the GLAAD organization on -- on policy and -- and</p> <p>6 directives in -- in terms of their operations.</p> <p>7 Q. Have you been involved in GLAAD since</p> <p>8 2018?</p> <p>9 MS. VETA: Object to the form.</p> <p>10 THE WITNESS: I've attended a -- a couple</p> <p>11 of their social functions, yes.</p> <p>12 BY MR. BOWDRE:</p> <p>13 Q. Okay. But you've not served in any</p> <p>14 official capacity since 2018?</p> <p>15 A. No.</p> <p>16 Q. Okay. Right below that entry is an entry</p> <p>17 for board of directors for Transgender Law Center</p> <p>18 from 2011 through 2018.</p> <p>19 Is that accurate?</p> <p>20 A. I -- yes, I believe so.</p> <p>21 Q. And what does the Transgender Law Center</p> <p>22 do?</p> <p>23 A. They provide legal work for -- for trans</p> <p>24 and gender diverse causes.</p> <p>25 Q. All right.</p>	<p style="text-align: right;">Page 41</p> <p>1 Q. So you joined WPATH in 2001? Is that what</p> <p>2 you said?</p> <p>3 A. Yes.</p> <p>4 Q. All right.</p> <p>5 When did you enter leadership in WPATH?</p> <p>6 A. I believe I joined the board of directors</p> <p>7 in 2018.</p> <p>8 Q. And do you recall what position that was</p> <p>9 for, or was it an open position on the board?</p> <p>10 A. It was an open position on the board,</p> <p>11 yeah.</p> <p>12 Q. And then when did you become -- am I</p> <p>13 correct that then you became president-elect of</p> <p>14 WPATH?</p> <p>15 A. Oh, let me see. 2018, 20- -- yeah. So in</p> <p>16 2020, I became president-elect.</p> <p>17 Q. Okay. And then when did you become</p> <p>18 president of WPATH?</p> <p>19 A. September 2022.</p> <p>20 Q. And am I correct that there was a time in</p> <p>21 which you were acting president?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. When was that?</p> <p>24 A. That was in -- in approximately February</p> <p>25 of 2022.</p>

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<p style="text-align: right;">Page 42</p> <p>1 Q. It was just for that month?</p> <p>2 A. No, it was -- there were several months.</p> <p>3 Probably -- it was probably about six months,</p> <p>4 actually.</p> <p>5 Q. So does -- did that take you -- what --</p> <p>6 A. No, there was -- then the -- the --</p> <p>7 MS. VETA: Let Mr. Bowdre --</p> <p>8 THE WITNESS: Sorry.</p> <p>9 MS. VETA: -- ask his question.</p> <p>10 THE WITNESS: I'm sorry.</p> <p>11 BY MR. BOWDRE:</p> <p>12 Q. I think we were going in the same</p> <p>13 direction --</p> <p>14 A. Yeah.</p> <p>15 Q. -- but was there a gap between your -- you</p> <p>16 being acting president and then you becoming</p> <p>17 president?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. And when was that?</p> <p>20 A. I don't remember Dr. Bouman's return, but</p> <p>21 I believe he came back in May or June of 2022.</p> <p>22 Q. Okay.</p> <p>23 A. So it may have been actually about January</p> <p>24 'til -- 'til May or June --</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 44</p> <p>1 sorry. APA is American Psychological Association or</p> <p>2 the ASPS, which is American Society of Plastic</p> <p>3 Surgeries, there's a -- there's a little bit of</p> <p>4 advocacy.</p> <p>5 Let's say -- so let's say in plastic</p> <p>6 surgery you'd have someone -- you know, they --</p> <p>7 it -- you know, it took a long time to get -- they</p> <p>8 can advocate sometimes for their patients, but -- so</p> <p>9 in the sense that there's a small amount of</p> <p>10 advocacy.</p> <p>11 Q. Okay. And is that advocacy in the public</p> <p>12 policy realm?</p> <p>13 A. No, I wouldn't say that.</p> <p>14 Q. Okay. I'm just trying to understand, what</p> <p>15 do -- what do you mean by "advocacy"?</p> <p>16 A. Advocacy just means you're speaking on</p> <p>17 behalf of your clients, you know, you're --</p> <p>18 you're -- but -- yeah.</p> <p>19 Q. Okay. So what is an example of, you know,</p> <p>20 WPATH's realm in advocacy?</p> <p>21 A. It would be -- it would be making --</p> <p>22 reacting to, let's say, media statements of -- of --</p> <p>23 that would be criticizing transgender healthcare</p> <p>24 or -- or unfairly characterizing transgender</p> <p>25 healthcare, let's say.</p>
<p style="text-align: right;">Page 43</p> <p>1 A. -- that I was acting president.</p> <p>2 Q. Did you -- or how does the election -- or</p> <p>3 let me take a step back.</p> <p>4 How does someone become president of</p> <p>5 WPATH?</p> <p>6 A. It is an elected position.</p> <p>7 Q. Did you campaign for that position?</p> <p>8 A. I did not.</p> <p>9 Q. Did you nominate yourself for that</p> <p>10 position?</p> <p>11 A. No. I was nominated by the -- by the</p> <p>12 president-elect at the time.</p> <p>13 Q. Okay. So you talked a little bit about</p> <p>14 what WPATH is.</p> <p>15 How would you compare WPATH's mission to</p> <p>16 GLAAD's mission, for instance?</p> <p>17 A. I mean, the two organizations are</p> <p>18 completely different. WPATH is a -- is a</p> <p>19 professional organization that is a -- a -- science</p> <p>20 based and sets global standards for -- for</p> <p>21 transgender healthcare.</p> <p>22 Q. Does WPATH do anything other than create</p> <p>23 clinical guidelines for transgender health?</p> <p>24 A. Like any organization, whether it's the</p> <p>25 APA or -- which is the Pla- -- American Plastic --</p>	<p style="text-align: right;">Page 45</p> <p>1 As the science- and evidence-based</p> <p>2 organization that we are, we have a -- a -- I</p> <p>3 believe a fiduciary respons- -- we have a</p> <p>4 responsibility to our stakeholders to -- to state</p> <p>5 the -- the -- the evidence as it is.</p> <p>6 Q. Does WPATH -- does WPATH ever lobby or act</p> <p>7 to try and change laws related to transgender</p> <p>8 healthcare?</p> <p>9 A. We do not.</p> <p>10 Q. Okay. You said that WPATH is a</p> <p>11 professional members organization. Are all members</p> <p>12 of WPATH professionals?</p> <p>13 A. No. We are also inclusive of members of</p> <p>14 the community as well. Generally they have to have</p> <p>15 some sort of professional designation, but we</p> <p>16 include mental health specialists, endocrinologists,</p> <p>17 pediatricians, surgeons.</p> <p>18 Generally they're clinicians or mental</p> <p>19 healthcare people, but attorneys can be a member,</p> <p>20 let's say, et cetera.</p> <p>21 Q. Okay. Are there members of WPATH who do</p> <p>22 not themselves provide care for transgender</p> <p>23 individuals?</p> <p>24 A. Yes.</p> <p>25 Q. What is USPATH?</p>

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<p style="text-align: right;">Page 46</p> <p>1 A. USPATH is a subsidiary of -- an 2 independent subsi- -- subsidiary of WPATH. 3 Q. Have you ever served in the leadership in 4 USPATH? 5 A. I have not. 6 Q. Are you a member of USPATH? 7 A. I am because I'm a member of -- of -- I 8 should say I'm a member -- when you join one of the 9 subsidiaries, you become a member of WPATH. 10 So let's see. There's an organization 11 called EPATH. EPATH would include a membership 12 of -- with WPATH. So WPATH is the parent 13 organization. 14 Q. Okay. 15 A. But they do not fall under our 16 jurisdiction. 17 Q. Is there -- so what is the relationship 18 between WPATH and USPATH? 19 A. I mean, they're a subsidiary. 20 Q. Can WPATH overrule decisions that USPATH 21 makes? 22 A. We don't, but we -- we do like 23 collaboration. 24 Q. All right. 25 A. We operate independently.</p>	<p style="text-align: right;">Page 48</p> <p>1 And the -- and the -- the article I'm 2 working on is reclassifying the WHO classification 3 for female genital mutilation. 4 Q. Okay. Have you ever published any papers 5 related to puberty blockers used as part of 6 gender-affirming care? 7 A. I have not. 8 Q. Have you ever published any papers related 9 cross-sex hormones used as part of gender-affirming 10 care? 11 A. I have not. 12 Q. All right. 13 This next section is entitled "MEDIA 14 APPEARANCE BIOGRAPHY." 15 A. Mm-hmm. 16 Q. And I'm not going to ask you to bring me 17 up to date there, but does this generally look 18 right, at least up until 2022? 19 A. I'm sure there are many omissions. 20 Q. Okay. 21 A. But -- but as far as I can tell, yes. 22 Q. Looking at this, is it fair to say that 23 you do a lot of popular media appearances? 24 MS. VETA: Object to the form. 25 THE WITNESS: I believe that this is a --</p>
<p style="text-align: right;">Page 47</p> <p>1 Q. Is there anything that USPATH has to go to 2 WPATH to seek permission or approval for USPATH to 3 do? 4 A. No. But it's encouraged that we work 5 together. 6 Q. Okay. Looking at this list under 7 "COMMITTEES," are there any other organizations that 8 you are a -- currently a member of? 9 A. Not that I can recall offhand. 10 Q. Okay. Let's go to page 3 in the section 11 called "PUBLICATIONS." 12 A. Yes. 13 Q. Could you take a second and look at that 14 and tell me if it looks current to you? 15 A. (Witness reviews.) 16 There are a couple of ongoing book 17 chapters that I'm writing right now and a -- 18 another -- a publication on FGM; but, otherwise, it 19 looks current. 20 Q. Okay. And what are the book chapters 21 about? 22 A. On -- one is on gender-affirming 23 vaginoplasty and my personal technique, which is 24 highly sought after. And also a chapter on the 25 history of -- of transgender surgery.</p>	<p style="text-align: right;">Page 49</p> <p>1 a -- a process that many in the public don't 2 understand, but it is a part of humanity. And I 3 think it is my role as a -- as a trusted and 4 longstanding member of the -- of the surgical and 5 medical community that we -- that we educate and 6 explain the relevance and the -- the efficacy of the 7 procedures and principles that we stand for. 8 BY MR. BOWDRE: 9 Q. Okay. Dr. Bowers, are you a psychologist? 10 A. No, I am not. 11 Q. Are you a neurologist? 12 A. No. 13 Q. Do you consider yourself an expert in 14 neurological development? 15 A. I am not. 16 Q. Do you consider yourself an expert in 17 cognition or the study of cognitive development? 18 A. No, I am not. 19 Q. Do you consider yourself an expert in 20 suicide or suicidality? 21 A. I have gained a great deal of insight 22 af- -- from being on The Trevor Project board, but I 23 am not what I would call an expert. 24 Q. Okay. Are you a medical ethicist? 25 A. I serve on the -- I guess that wasn't</p>

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<p style="text-align: right;">Page 50</p> <p>1 included.</p> <p>2 I serve on the WPATH ethics committee.</p> <p>3 Q. What does the WPATH ethics committee do?</p> <p>4 A. We -- we discuss ethical issues that come</p> <p>5 up as a part of gender-affirming care.</p> <p>6 Q. How long have you served on that</p> <p>7 committee?</p> <p>8 A. Two years.</p> <p>9 Q. Do you consider yourself an expert in</p> <p>10 general adolescent medicine?</p> <p>11 A. No.</p> <p>12 Q. All right.</p> <p>13 Let's talk a little bit more about the --</p> <p>14 your practice.</p> <p>15 So what gender-affirming or transitioning</p> <p>16 surgeries do you perform?</p> <p>17 A. You'd like the complete list of those?</p> <p>18 Q. Yes.</p> <p>19 A. I perform gender-affirming vaginoplasty,</p> <p>20 labiaplasty, urethromeatoplasty, clitoroplasty --</p> <p>21 THE COURT REPORTER: Can you slow down a</p> <p>22 little bit?</p> <p>23 THE WITNESS: Sorry. Yeah.</p> <p>24 THE COURT REPORTER: Clitoroplasty?</p> <p>25 THE WITNESS: -- urethromeatoplasty,</p>	<p style="text-align: right;">Page 52</p> <p>1 clitoris is freed from its labial minora</p> <p>2 attachments. And either a urethra is created from a</p> <p>3 part of the inner labial mucosa and a portion of the</p> <p>4 vagina.</p> <p>5 Or, in the simple metoidioplasty case, it</p> <p>6 is just the -- the -- portions of the clitoral body</p> <p>7 and the supportive tissues are brought and the --</p> <p>8 the phallus tubularized to create a penis.</p> <p>9 Q. And approximately how many metoidioplasty</p> <p>10 surgeries have you performed?</p> <p>11 A. Approximately 400.</p> <p>12 Q. Have any of those been on a patient under</p> <p>13 18?</p> <p>14 A. No.</p> <p>15 Q. I think you also said orchiectomy.</p> <p>16 What is that?</p> <p>17 A. It's removing the testicles.</p> <p>18 Q. And approximately how many orchiectomies</p> <p>19 have you performed?</p> <p>20 A. As a solo procedure?</p> <p>21 Q. What -- is it part of other procedures as</p> <p>22 well?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. What other procedures is it part</p> <p>25 of?</p>
<p style="text-align: right;">Page 51</p> <p>1 clitoroplasty, orchiectomy, O-R-C-H-I-E-C-T-O-M-Y.</p> <p>2 Let's see.</p> <p>3 Tracheal shaving or -- or</p> <p>4 chondrolaryngoplasty, C-H-R- -- C-H- --</p> <p>5 C-H-O-N-D-R-O-A -- L-A-R-Y-N-G-O-P-L-A-S-T-Y.</p> <p>6 I perform hysterectomy, oophorectomy.</p> <p>7 I perform simple metoidioplasty --</p> <p>8 M-E-T- -- M-E-T-O-I-D-I-O-P-L-A-S-T-Y -- ring</p> <p>9 metoidioplasty, scrotoplasty, monsplasty.</p> <p>10 I think that's a pretty -- a pretty close</p> <p>11 list.</p> <p>12 BY MR. BOWDRE:</p> <p>13 Q. Thank you.</p> <p>14 A. You're welcome.</p> <p>15 Q. Let's just go through a couple of those.</p> <p>16 What is a -- a -- and I apologize if I</p> <p>17 mispronounce these, which I surely will.</p> <p>18 What is a metoidioplasty?</p> <p>19 A. A metoidioplasty is creating a -- a</p> <p>20 phallus from a -- a testosterone-enlarged clitoris</p> <p>21 in someone who is assigned female.</p> <p>22 Q. Okay. So how -- can you walk me through</p> <p>23 how that procedure works?</p> <p>24 A. Sure.</p> <p>25 The -- the -- the enlarged neophallus or</p>	<p style="text-align: right;">Page 53</p> <p>1 A. It's generally done as part of a -- of a</p> <p>2 male to female -- or I should say trans-feminine</p> <p>3 gender-affirming vaginoplasty.</p> <p>4 Q. Okay. Well, let's -- yeah.</p> <p>5 So how many independent orchiec- -- you</p> <p>6 know, standalone orchiectomies do you think you have</p> <p>7 performed?</p> <p>8 MS. VETA: Object to the form.</p> <p>9 THE WITNESS: So as a solo -- as a solo</p> <p>10 procedure, how many orchiectomies have I performed?</p> <p>11 BY MR. BOWDRE:</p> <p>12 Q. Yes.</p> <p>13 A. Probably 250.</p> <p>14 Q. Okay. And then you said it is sometimes</p> <p>15 or typically part of a gender-affirming</p> <p>16 vaginoplasty; is that correct?</p> <p>17 A. Generally, yes, unless they've had a prior</p> <p>18 orchiectomy.</p> <p>19 Q. Okay. And so what is -- what is a</p> <p>20 vaginoplasty surgery?</p> <p>21 A. Vaginoplasty is creating a -- a neovagina</p> <p>22 in someone who is assigned male at birth --</p> <p>23 Q. Okay.</p> <p>24 A. -- and identifies as trans feminine.</p> <p>25 Q. Can you walk me through that procedure?</p>

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<p style="text-align: right;">Page 54</p> <p>1 A. The -- again, an orchiectomy is performed, 2 and part of the scrotal skin and part of the 3 inverted penile skin is used to create a neovagina. 4 The sensory portions are retained and 5 a neoclitoris and labia minora formed from the 6 remainder. 7 THE COURT REPORTER: Could you slow down 8 just a little bit? 9 THE WITNESS: I am so sorry. 10 THE COURT REPORTER: "The sensory portions 11 are retained in a"? 12 Go ahead. 13 THE WITNESS: The sensory portions are 14 retained and used to create the neoclitoris, and 15 portions of the perineum are used to create the 16 labia minora. 17 BY MR. BOWDRE: 18 Q. Is a vaginoplasty always performed on a 19 natal female? Excuse me. They're normally 20 performed on natal males, is that correct, as part 21 of a transitioning treatment from male to female? 22 MS. VETA: Object to the form. 23 THE WITNESS: I mean, there is a certain 24 percentage of our patients that are -- that I would 25 call intersex as well. It's a small percentage,</p>	<p style="text-align: right;">Page 56</p> <p>1 record. 2 BY MR. BOWDRE: 3 Q. Dr. Bowers, I think we were talking about 4 the vaginoplasty procedure before we took a break, 5 and you had mentioned that in the past two years you 6 had not performed a transitioning vaginoplasty 7 procedure on someone under 18; is that correct? 8 A. Correct. 9 Q. Okay. Why is that? 10 A. Our hospital system, Sutter Health, was 11 awaiting the SOC-8 guidelines before -- because 12 there are other providers of gender-affirming care 13 within the Sutter system, they wanted a systemwide 14 policy. 15 And with myself in a position of 16 leadership, I said that it was probably wise that we 17 wait until we set a standard with the -- with the 18 new SOC-8, S-O-C-8, and -- so when we -- so by 19 setting the standards as -- as age of mature -- age 20 of majority being 18, I -- I decided that it was 21 important that we just respect that. 22 I still would -- I still would perform 23 those procedures, possibly, but -- but -- but we 24 said 18. 25 Q. Okay. So is that -- is the hospital's</p>
<p style="text-align: right;">Page 55</p> <p>1 but -- so -- and -- so sometimes those patients 2 actually, you would say, would be chromosomally 3 female. 4 BY MR. BOWDRE: 5 Q. Does the surgery differ between those two 6 patient categories? 7 A. Only -- only slightly in the degree of 8 material that's there to work with. And in someone 9 who was -- who was -- would have two X chromosomes 10 would not have testicles. 11 MS. VETA: Mr. Bowdre, if you're about to 12 start a new topic, would be -- this be a good time 13 for a break? 14 MR. BOWDRE: Yeah, why don't we take a 15 break. 16 THE VIDEOGRAPHER: I'll switch media. 17 This marks the end of Media Number 1 in 18 the deposition of Marci Bowers. 19 The time is 10:02 a.m., and we are off the 20 record. 21 (Short recess taken.) 22 THE VIDEOGRAPHER: This marks the 23 beginning of Media Number 2 in the deposition of 24 Marci Bowers. 25 The time is 10:17 a.m. We are on the</p>	<p style="text-align: right;">Page 57</p> <p>1 policy of only allowing for transitioning surgeries 2 for someone who's the age of majority, is that 3 policy consistent with the WPATH's Standards of Care 4 8? 5 A. Yes. 6 Q. And why is that? 7 A. Why is it consistent with the SOC-8? 8 Be- -- 9 Q. Or how -- how is it consistent? 10 A. Because the -- the hospital, at my -- 11 yeah, at my advice, was to -- was to adopt the -- 12 the SOC-8 guidelines. 13 Q. And does the Standards of Care 8 require 14 that a patient be the age of majority -- 15 THE COURT REPORTER: Can you say a little 16 louder, please. 17 MR. BOWDRE: Sorry. 18 BY MR. BOWDRE: 19 Q. Does the Standards of Care 8 require that 20 a patient reach the age of majority to receive 21 transitioning surgery? 22 A. Except in -- in individual circumstances 23 and under severe circumstances. 24 So, in other words, if -- if someone 25 wanted to have the surgery before the age of 18, it</p>

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<p style="text-align: right;">Page 58</p> <p>1 would require a review of the -- of the hospital. 2 Q. Is that true for -- in the -- is that true 3 for all transitioning surgeries? 4 MS. VETA: Object to the form. 5 THE WITNESS: I -- I mean, if -- if you 6 wanted to go through case by case -- I -- I mean -- 7 I mean, surgery by surgery, I -- I suppose it would 8 be. But, in general, that -- that's the way the 9 SOC-8 reads; so, yes. 10 BY MR. BOWDRE: 11 Q. In -- in the past, you have performed 12 transitioning vaginoplasties on a patient -- 13 patients who are under 18; correct? 14 A. Yes. 15 Q. And were any of those patients -- had any 16 of those patients had their puberty arrested at 17 Tanner Stage 2? 18 A. I -- I believe so, yes. 19 Q. Is the vaginoplasty surgery different, in 20 any way, if the patient had puberty blocked at 21 Tanner Stage 2? 22 A. It can be more difficult. Because at 23 Tanner Stage 2, this limits development of the -- of 24 the genital tissues making it potentially more 25 difficult to -- to achieve a surgical result.</p>	<p style="text-align: right;">Page 60</p> <p>1 other sources of tissue typically coming from? 2 A. One is called the tunica vaginalis. 3 Q. What is that? 4 A. That is a -- a -- a -- it is peritoneum 5 that is -- that is drawn down with the descent of 6 the testes through the inguinal ring. And that -- 7 so that tissue is true peritoneum, so that can be 8 harvested. 9 A second source could be a peritoneal 10 harvest either by a graft or by a pedicle. 11 The third place might be skin from the 12 lower abdomen or the thigh. 13 A fourth could be what's called a split 14 thickness skin graft, which is usually taken from 15 the buttocks area, and it's a very thin portion that 16 it -- can be used. 17 And -- and you can also use what's called 18 an allograft, which is a -- which is usually a 19 cadaver, a non-immunologically inert piece of -- 20 of -- of skin that's nonnative. So it's -- it's -- 21 so it's -- so it's an allograft, so it's from 22 outside the body. It's from pooled sources of -- of 23 skin. 24 Q. Have you had any patients over 18 who had 25 their puberty arrested at Tanner Stage 2?</p>
<p style="text-align: right;">Page 59</p> <p>1 Q. And so, what are the surgical options to 2 work around that problem if a patient had their 3 pub- -- puberty blocked at Tanner Stage 2? 4 MS. VETA: Object to the form. 5 THE WITNESS: What are the surgical 6 options? Can you explain -- 7 BY MR. BOWDRE: 8 Q. Well, you -- 9 A. -- what you're looking for? 10 BY MR. BOWDRE: 11 Q. Yeah. I mean, you said that it would be 12 more complicated because there would be, you know, 13 less tissue to work with. And so, what -- what do 14 you do to overcome that problem? 15 A. Sometimes -- not every time, mind you. 16 Sometimes there are patients who are block -- 17 blocked at Tanner 2 that do have enough tissue to 18 work with in a traditional sense. So we use 19 additional methods of -- of -- we need to find other 20 sources of material in order to align that vagina. 21 Q. And that's sources of material other than 22 the -- than the penile tissue from the patient; is 23 that right? 24 A. The penile tissue and the scrotal tissue. 25 Q. Okay. And so, where -- where are those</p>	<p style="text-align: right;">Page 61</p> <p>1 A. Yes. 2 Q. And is it fair to say that those patients 3 would also have these issues that you've just 4 described? 5 MS. VETA: Object to the form. 6 THE WITNESS: That is correct. 7 BY MR. BOWDRE: 8 Q. Approximately how many patients have you 9 seen who have had their puberty blocked at Tanner 10 Stage 2? 11 A. Probably close to 90. 12 Q. Has that -- 13 MS. VETA: I'm sorry, I didn't understand 14 the answer. You said -- 15 THE WITNESS: 90 or so. 90 patients who 16 have had their puberty blocked at Tanner Stage 2 and 17 then presented for surgery. 18 BY MR. BOWDRE: 19 Q. Has that number increased in your practice 20 in the last five years or so? 21 A. Yes. 22 Q. And do you know why that is? 23 A. Yes. 24 Q. And why is it? 25 A. Because the use of puberty blockers at</p>

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<p style="text-align: right;">Page 62</p> <p>1 Tanner Stage 2 became increasingly recommended in 2 the late 2000s, and those patients are coming of 3 age. 4 Q. If someone has their puberty blocked at 5 Tanner Stage 2 and without going through natural 6 puberty, comes to you for a vaginoplasty procedure, 7 which is then performed, is it correct to say that 8 that person will not be fertile? 9 A. Okay. So it depends -- what are you 10 asking there? 11 Q. I -- I think just what I asked. So I'm 12 not sure -- 13 A. Well, if you were to -- let's say, if they 14 were -- if they were -- if they had gone through 15 therapy, just a year or two before, they -- we could 16 potentially stop their -- their treatment, and they 17 would regain fertility. 18 Q. Yeah. So I think part of my question was, 19 you know, you have a patient who starts puberty 20 blockers at Tanner Stage 2, and then, you know, 21 maybe moves on to cross-sex hormones. And without 22 taking a break, without going through natural 23 puberty, then comes to you for vaginoplasty 24 procedure. Is it safe to say that if the procedure 25 is performed then, that that person would be</p>	<p style="text-align: right;">Page 64</p> <p>1 I've had as much experience as anyone probably in 2 the United States in this population. 3 And as a result of my talking about this 4 over many years, it seems as though the potential to 5 have orgasm is still there. And so, if patients are 6 counseled and -- and attention is paid with that 7 goal of orgasm in mind, that it is still possible. 8 Q. Have you had patients who had their 9 puberty blocked at Tanner Stage 2, did not go 10 through natural puberty, had a vaginoplasty 11 procedure done, have you had patients who have 12 experienced orgasm? 13 A. Yes. 14 Q. How -- how many? 15 A. I don't -- I haven't quantified that 16 amongst our patient group, but it's -- it is better 17 than my initial clinical impression. 18 Q. Okay. 19 A. In other words, this was a fear of mine, 20 and some of those fears have been allayed. 21 Q. Have some of those fears not been allayed? 22 A. I mean, there are some patients who -- but 23 being unable to orgasm is -- is not uncommon amongst 24 cisgender women, as well. So -- so is the -- so 25 it's hard to say if there is any greater sexual</p>
<p style="text-align: right;">Page 63</p> <p>1 infertile? 2 A. If the procedure was performed, yes, the 3 patient would be infertile. 4 Q. Okay. Do you perform procedures for 5 patients in that scenario? Meaning you emphasize if 6 the -- if the procedure is performed then, do you 7 take a break? Like, do you require that patient to 8 go through puberty before performing the 9 vaginoplasty? 10 A. No, we do not. 11 Q. Okay. 12 A. No, we would go -- we would go forward. 13 So by definition, they would be fertile as a result 14 of the surgery -- or infertile as a result of the 15 surgery. 16 Q. Okay. So same scenario with that patient 17 who is -- starts taking puberty blockers at Tanner 18 Stage 2, moves on to cross-sex hormones, and then 19 comes to see you. Whether as an adult or as right 20 around 18, has not gone through natural puberty, 21 seeks a vaginoplasty procedure that -- that you 22 perform. Is it safe to say that that person would 23 not be able to experience orgasm? 24 A. There -- there -- there was some question 25 of that based on my clinical experience. Mind you,</p>	<p style="text-align: right;">Page 65</p> <p>1 dysfunction or lack of function on a -- a puberty 2 blocked group or not. 3 Q. Do you still consider the lack of sexual 4 function to be a risk for this patient population? 5 MS. VETA: Object to the form. 6 THE WITNESS: I -- what I consider is a 7 measure that needs to be tracked and followed. It 8 needs to -- it's an important part of -- of 9 adulthood. And -- and so, if we're going to be 10 honest about surgical outcomes and -- and treating 11 these patients, that that is a measure that needs to 12 be followed. 13 BY MR. BOWDRE: 14 Q. Do you track and follow your patients that 15 fit into this patient population that we've been 16 discussing? 17 A. Loosely so, yes. And, you know, it's a 18 group that's been -- it's been -- they've been 19 queried. But -- but it isn't something that we 20 check in with on a regular basis. 21 Q. Okay. So how -- how do you track and 22 follow them? 23 A. When -- when -- if there are -- is a -- if 24 there's a research -- a -- a protocol that wants 25 to -- that wants to pool data of information,</p>

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<p style="text-align: right;">Page 66</p> <p>1 then -- then our patients would be contacted 2 potentially to assess that -- that aspect. 3 Q. Okay. But you independently, you know, 4 don't follow up with your -- with your patients 5 every year, every two years to -- to track this 6 information; is that correct? 7 A. I have -- I have actually -- in this 8 particular group, I have actually personally 9 contacted them sometime in the future, a year or 10 more to see how they're doing. I'm a -- I'm a bit 11 of a mother hen. And so, I'm interested in the 12 outcomes of my patients. 13 Q. And have the majority of the patients that 14 you have -- that fall within this patient population 15 that we've been talking about who had their puberty 16 arrested at Tanner Stage 2, have the majority of 17 those patients that you followed up with been able 18 to orgasm? 19 A. I wouldn't say a majority. And I would 20 say the -- the data is incomplete. As much as I've 21 tried, it's -- I would say actually reaching those 22 patients and finding out the actual information 23 is -- is not something I've been very good at 24 or been able to, for whatever reason, find answers 25 to.</p>	<p style="text-align: right;">Page 68</p> <p>1 but we do encourage it. 2 Q. Okay. 3 MR. BOWDRE: Can you give me 5? Sorry, 5. 4 MS. VETA: Thank you. 5 (Bowers Deposition Exhibit 2 was marked 6 for identification.) 7 THE WITNESS: Thank you. Are we done with 8 this? 9 MS. VEDA: Yes. 10 THE WITNESS: Okay. 11 BY MR. BOWDRE: 12 Q. The court reporter has handed you what is, 13 I think, marked as Exhibit 2, which is a paper 14 published in the Journal of Sexual Medicine entitled 15 "Age Is Just a Number: WPATH-Affiliated Surgeons' 16 Experience and Attitudes Towards Vaginoplasty in 17 Transgender Females Under 18 Years of Age in the 18 United States." [As read] 19 Are you familiar with this paper? 20 A. Yes. I was -- I may have read it. It 21 was -- but I don't -- I don't recall details of it 22 without reading it again. 23 Q. Do you -- do you know if you were 24 interviewed for this paper? 25 A. I believe I was.</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. Do you lose contact with some of your 2 patients? 3 A. I do. Patients move on in their lives, 4 and they sometimes don't respond. 5 Q. Given these possible side effects that 6 we've been discussing with the patient population, 7 again, starting arresting puberty at Tanner Stage 2, 8 would you expect that the -- the patient's provider 9 who provides the puberty blockers then, would you 10 expect that provider to discuss these possible risks 11 with the patient at that time? 12 A. You know, I can't speak for what I -- my 13 expectations were about a provider. But I can say 14 that, you know, it's an important -- it's an 15 important measure to be -- to be followed. And I 16 think that some of my well-known public and private 17 discussion of this issue has raised awareness so 18 that I think it is a -- it is a -- that is something 19 that we're talking about. 20 You have to keep in mind that, you know, 21 talking about sexual function with a -- with an 22 11-year-old or something in front of their parents 23 is not an easy thing to do. And so, I always 24 respect that. That that's not a -- that's not an 25 easy thing for a -- a pediatric specialist to do,</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. All right. And are you familiar with the 2 authors, Christine Milrod and Dan Karasic? 3 A. I know them, yes. 4 Q. If you go to the second page -- I'm sorry, 5 the -- looking at the top page numbers, go to page 6 626. 7 And do you see the table on the bottom 8 right? Table 1? 9 A. Oh, yes. Got it. 10 Q. And this is a paper that is based on 11 interviews of 20 WPATH-affiliated surgeons in the 12 United States. Is that your general recollection of 13 this paper? 14 A. I mean, it is what you see there, yes. 15 Q. Okay. Okay. 16 And at the very bottom, it lists the 17 numbers that performed vaginoplasty on a transgender 18 minor, and the answer "yes" was 11 and "no" was 9. 19 And this was during the time in which the 20 Standards of Care 7 were operative; is that correct? 21 THE COURT REPORTER: I'm sorry, during the 22 time what? 23 BY MR. BOWDRE: 24 Q. During the time in which the Standards of 25 Care 7 were operative; is that right?</p>

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<p style="text-align: right;">Page 70</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And under the Standards of Care 7,</p> <p>3 patients were required to reach the age of majority</p> <p>4 before receiving transitioning treatments; is that</p> <p>5 correct?</p> <p>6 MS. VETA: Object to the form.</p> <p>7 THE WITNESS: Except in severe cases and</p> <p>8 under specific -- under individual protocols.</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. Okay. So on the --</p> <p>11 A. So there's always an exception. There has</p> <p>12 been an exception. Possible.</p> <p>13 Q. So under "INTRODUCTION," this is on</p> <p>14 page 625 --</p> <p>15 A. Yes.</p> <p>16 Q. -- maybe two-thirds through the first</p> <p>17 paragraph --</p> <p>18 A. Mm-hmm.</p> <p>19 Q. -- there's a sentence that begins "The</p> <p>20 current SOC."</p> <p>21 Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. It reads, "The current SOC provides some</p> <p>24 flexibility in the minimum age requirement for chest</p> <p>25 reconstruction in male-affirmed adolescents,</p>	<p style="text-align: right;">Page 72</p> <p>1 surgery, that is not what it says.</p> <p>2 Q. Could you go to page 626 for me.</p> <p>3 A. Mm-hmm.</p> <p>4 Q. I'm sorry. This is on page 627 at the</p> <p>5 very top.</p> <p>6 A. Mm-hmm.</p> <p>7 Q. That first sentence reads, "Surgeon 16</p> <p>8 quantified a shift in the general age group of</p> <p>9 patients: "When I first started my practice, I</p> <p>10 would estimate that 85% of patients were older than</p> <p>11 25. Now, I would say that only 40% of my patients</p> <p>12 are older than 25 in the last nine years." [As</p> <p>13 written]</p> <p>14 My question for you is, have you</p> <p>15 experienced a similar shift in your patient</p> <p>16 population?</p> <p>17 A. Yes.</p> <p>18 Q. And approximately what percentage of your</p> <p>19 patients this past year were under 25?</p> <p>20 A. I mean, that -- this would be an estimate,</p> <p>21 of course. But I would say no more than 20 percent.</p> <p>22 Q. Okay. And of those patients,</p> <p>23 approximately how many would you say had either</p> <p>24 puberty blockers or cross-sex hormones before the</p> <p>25 age of 18?</p>
<p style="text-align: right;">Page 71</p> <p>1 although it could be argued that this procedure is</p> <p>2 practically irreversible. Conversely,</p> <p>3 female-affirmed teenagers must defer orchiectomy</p> <p>4 and/or vaginoplasty until 18 years of age to stay</p> <p>5 compliant with the SOC and the legal age of majority</p> <p>6 in the United States." [As read]</p> <p>7 Do you disagree that this correctly tells</p> <p>8 us what the SOC-7 requirements are?</p> <p>9 A. Yes.</p> <p>10 MS. VETA: Object to the form. And also,</p> <p>11 if you're going to ask Dr. Bowers questions about</p> <p>12 this article, then let's give her a chance to read</p> <p>13 it.</p> <p>14 THE WITNESS: Oh, yeah, I suppose I</p> <p>15 should.</p> <p>16 Do you -- do you want to take -- should I</p> <p>17 take a couple minutes to read the whole thing?</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. Do you need to read the whole thing to</p> <p>20 understand that [verbatim] two sentences that I've</p> <p>21 read to you?</p> <p>22 A. Well, that -- you know, what you need to</p> <p>23 refer to is the SOC.</p> <p>24 Q. Okay.</p> <p>25 A. So if you read the SOC under -- under</p>	<p style="text-align: right;">Page 73</p> <p>1 A. Of that 20 percent; is that what you're</p> <p>2 asking?</p> <p>3 Q. Yes.</p> <p>4 A. I would say 10 percent at most.</p> <p>5 Q. Okay.</p> <p>6 MR. BOWDRE: Could you hand me 5 -- I'm</p> <p>7 sorry, 4.</p> <p>8 THE COURT REPORTER: Exhibit 3.</p> <p>9 MR. BOWDRE: Exhibit 3.</p> <p>10 (Bowers Deposition Exhibit 3 was marked</p> <p>11 for identification.)</p> <p>12 BY MR. BOWDRE:</p> <p>13 Q. Okay. Those are excerpts from the</p> <p>14 Standards of Care 7; is that correct?</p> <p>15 A. Yes.</p> <p>16 Q. You're familiar with this document?</p> <p>17 A. Mm-hmm.</p> <p>18 Q. Okay. Could you please --</p> <p>19 THE COURT REPORTER: Yes? Is that yes?</p> <p>20 THE WITNESS: Yes. Sorry.</p> <p>21 BY MR. BOWDRE:</p> <p>22 Q. Could you please go to page 60 --</p> <p>23 A. Mm-hmm.</p> <p>24 Q. -- where it states, "Criteria for</p> <p>25 metoidioplasty or phalloplasty in female-to-male</p>

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<p style="text-align: right;">Page 74</p> <p>1 patients and for vaginoplasty in 2 male-to-female patients." [As read] 3 A. Okay. 4 Q. And then Criteria Number 3 is "Age of 5 majority in a given country." 6 Do you agree that under the Standards of 7 Care 7, it was, in fact, a criteria for patients to 8 be the age of majority to receive a vaginoplasty? 9 MS. VETA: Object to the form. 10 THE WITNESS: No. It is well known that, 11 you know, it -- there is a discussion. I would have 12 to probably find it. But the -- the SOC is designed 13 to allow for flexibility where there are severe 14 cases and -- and where there are individual practice 15 patterns that -- that -- where expertise feels 16 that -- that surgery before the age of majority 17 is -- is indicated. 18 BY MR. BOWDRE: 19 Q. Okay. Okay. 20 Let's go back to Exhibit 2, which was the 21 Milrod and Karasic paper. 22 A. Okay. 23 Q. I just have a couple more questions about 24 this, and then we'll move on. 25 If you go to page 628, and on the very</p>	<p style="text-align: right;">Page 76</p> <p>1 is a new norm, versus what they really want. I have 2 seen some of my patients' children go through phases 3 of in and out, of thinking transgender. So that 4 would be my concern - is it because it is popular 5 now?" [As read] 6 Do you agree that this participant's 7 concern is valid? 8 MS. VETA: Object to the form. 9 THE WITNESS: I mean, what we look for 10 before undergoing surgery is that we like to see 11 insistence and persistence. So we like to see, you 12 know -- you know, some of these quotes are actually 13 from me. I won't identify which ones. But -- 14 because I can't remember. 15 But -- but we -- we like to see a very 16 long period of -- of consistent, sustained 17 cross-gender identification. You know, we're -- 18 we -- we want patients to do well with these 19 surgeries. And so, we're -- we're looking for this 20 to -- to be something that is meaningful and 21 appreciated and -- and effective in -- in reducing 22 the individual's gender dysphoria and improving 23 their life. 24 BY MR. BOWDRE: 25 Q. Have you, in your practice, seen any of</p>
<p style="text-align: right;">Page 75</p> <p>1 bottom of the left-hand column, there is a sentence 2 that begins, "Depending on how old they are." 3 A. 628. 4 MS. VETA: 628. 5 BY MR. BOWDRE: 6 Q. Do you see that? 7 A. 628. 8 MS. VETA: I'm sorry, Mr. Bowdre, can you 9 say again where you are? 10 MR. BOWDRE: Yeah. Sorry. Page 628 -- 11 MS. VETA: Yeah. 12 MR. BOWDRE: -- the very bottom of the 13 left-hand column, there's a sentence that begins, 14 "Depending on -- 15 THE WITNESS: Oh, I see it. 16 BY MR. BOWDRE: 17 Q. -- how old they are." 18 And this is a comment from someone who's 19 identified as Surgeon 19. 20 A. Mm-hmm. 21 Q. And that person states, "Depending on how 22 old they are, there are" -- "are a lot of classes 23 that adolescents, even preadolescents in elementary 24 schools, are getting these days. And they are 25 trying to figure out if they are doing it because it</p>	<p style="text-align: right;">Page 77</p> <p>1 your patients go through phases with regard to their 2 transgender identity? 3 A. Fortunately -- I shouldn't -- shouldn't 4 say that. In my practice, we see patients at the 5 end of the line, in the sense that they have been 6 through a long period of -- of evaluation and -- and 7 management with their primary care provider, 8 their -- their pediatric endocrinologist or -- or 9 treating physician. So we have a -- usually a 10 lot -- long defined history before they present for 11 surgery. 12 And these -- this is the -- this is the 13 process of these checks and balances that we provide 14 that are -- that assure -- that help assure that a 15 patient's going to make a -- a reasonably informed 16 choice that they're going to benefit from. 17 Q. So have you ever had a patient that you 18 saw going through phases of -- with regard to their 19 transgender identity? 20 A. No. Again, I don't really -- we -- we 21 don't really see -- we see patients that -- that -- 22 when our patients come in, this is -- they've been 23 a -- usually at a very stable gender identity for a 24 long period of time. And that is why we put these 25 checks and balances in, besides the fact that I --</p>

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<p style="text-align: right;">Page 78</p> <p>1 that I have a very long, long waiting list in my 2 clinical practice. 3 Q. How long is your waiting list? 4 A. Currently, it's between two and three 5 years. 6 Q. How do people come to you? 7 A. I have a decent reputation in the 8 community. And I'm well known, so -- as providing 9 safe and competent care. 10 Q. How often do you meet with your patients 11 before performing the actual surgery? 12 A. It depends on -- somewhat on their 13 transition history. And for the young -- for any 14 patients who have undergone early puberty blockers, 15 we see them at least annually. For adult patients, 16 we see them at least -- at least once. And if 17 possible, more -- you know, well in advance of 18 surgery. 19 Q. So the patients that have received puberty 20 blockers, you said that you see them annually. Is 21 that before the surgery? 22 A. Before the surgery. 23 Q. Okay. So they get on your waiting list, 24 and then you -- you meet with them each year until 25 the actual surgery?</p>	<p style="text-align: right;">Page 80</p> <p>1 patients? 2 A. I do. Except the -- the -- the history 3 and physicals are reviewed by my staff. 4 Q. All right. So you require -- you said 5 letters. How many letters do you require for a 6 patient? 7 A. Historically, it's been two. And so, 8 there's usually a -- a psychiatrist or a 9 psychologist as the primary letter. And then 10 there's a -- some sort of mental health ex- -- 11 expert in addition, that it does a supportive 12 letter. 13 Q. You said historically. Is that still your 14 practice to require two letters? 15 A. The -- the Standards of Care have reduced 16 the need for a second letter now. 17 Q. Do you contact a patient's mental health 18 provider? 19 A. We sometimes do, yes. 20 Q. Is it standard practice for you to do 21 that? 22 A. Not if -- if -- not if -- I mean, it 23 depends on the situation. So certainly, if there 24 were any concerns we had or anything 25 post-operatively, they -- they may be contacted. If</p>
<p style="text-align: right;">Page 79</p> <p>1 A. Yeah, I mean, you -- six months to a year, 2 every six months to a year. Especially the -- 3 especially the -- the younger patients. 4 Q. Okay. And so, you will be meeting with 5 minors, and then at least within the last two years, 6 those -- those patients wait until the age of 7 majority to receive the surgery; is that right? 8 A. Yes. 9 MS. VETA: Object to the form. 10 BY MR. BOWDRE: 11 Q. And then for your adult patients, you said 12 sometimes that you might just have one meeting with 13 that patient before the surgery; is that right? 14 A. It depends on where they're coming from. 15 Let's say, if someone's coming from overseas, so 16 long -- we have other checks and balances as well. 17 But, you know, they're -- they are still required to 18 undergo -- you know, to have their full evaluation 19 and to receive letters. And we review their 20 histories and physicals and make sure that it's a -- 21 consistent with a -- with a solid process, as it is 22 here in the U.S. 23 Q. Okay. And so, how many -- what -- excuse 24 me. 25 Who does the evaluation for those</p>	<p style="text-align: right;">Page 81</p> <p>1 there were -- especially if there were any mental 2 health im- -- implications. But -- but if 3 everything prior to surgery seems in order, we don't 4 normally contact them. 5 Q. Do you have the patient's mental health 6 records or just the letter? 7 A. We have a letter, but it is quite 8 comprehensive regarding their mental health. I 9 mean, they're required to go through all of the 10 axis -- the DSM categories to -- to get a letter of 11 clearance. 12 Q. How long is a typical letter? 13 A. Three pages, single spaced. I mean, 14 they're often quite extensive. 15 Q. Do you have contact with the -- any of the 16 other -- excuse me. 17 Do you have contact with any of the 18 patient's other providers? 19 A. Sometimes we do. 20 Q. Do you -- how -- how often would -- would 21 that happen? 22 A. Oh, it -- it's completely individual. 23 Q. Would you say that more than half of your 24 patients you have reached out to one of their 25 providers?</p>

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Page 82	<p>1 A. No, I wouldn't say that much.</p> <p>2 Q. She mentions that you require the letter</p> <p>3 that you receive from the mental health provider to</p> <p>4 go through the DSM-5 criteria; is that right?</p> <p>5 A. They're -- they do a -- what do they call</p> <p>6 that? -- an -- an Axis IV. I'm not a psychologist,</p> <p>7 so... But there are a number of axes [verbatim]</p> <p>8 that they include as part of the -- the mental</p> <p>9 health evaluation.</p> <p>10 Q. Do you require a diagnosis of gender</p> <p>11 dysphoria under the DSM-5?</p> <p>12 A. I mean, it -- for what?</p> <p>13 Q. To provide transitioning surgery for the</p> <p>14 patient.</p> <p>15 A. Again, I do -- you know, you have to keep</p> <p>16 in mind I -- I -- I'm an expert in this area of</p> <p>17 medicine, and sometimes there are cisgender people</p> <p>18 who have -- they may be -- they're -- let's say they</p> <p>19 have intersex conditions, so they wouldn't</p> <p>20 necessarily have to go through a mental health</p> <p>21 evaluation in order to -- to -- to have surgery.</p> <p>22 And if you want to call it transition</p> <p>23 surgery, that's fine, but we're -- what we do in</p> <p>24 those cases is we -- we offer surgical confirmation</p> <p>25 of their gender identity, which happens to -- it</p>	Page 84	<p>1 that, but...</p> <p>2 Q. Well, why do you use -- why do you require</p> <p>3 a diagnosis of gender dysphoria under the DSM-5</p> <p>4 rather than using gender incongruence under the</p> <p>5 ICD-11?</p> <p>6 A. Oh, well, I'm sorry. Yeah, you're --</p> <p>7 you're absolutely right. You -- you trapped me</p> <p>8 there.</p> <p>9 It's a -- it's a -- it's an ICD-9 -- or</p> <p>10 ICD-11 diagnosis.</p> <p>11 Q. Okay. So you do not require a diagnosis</p> <p>12 of gender dysphoria under the DSM-5; is that</p> <p>13 correct?</p> <p>14 MS. VETA: Object to the form.</p> <p>15 THE WITNESS: Yeah, I mean, it's a</p> <p>16 circular argument. I mean, the -- what we're</p> <p>17 treating is gender dysphoria, but the ICD-9 is --</p> <p>18 or, sorry, ICD-11 can -- is a -- you know, is the --</p> <p>19 is the diagnostic and statistical manual --</p> <p>20 BY MR. BOWDRE:</p> <p>21 Q. Well, I'm not a --</p> <p>22 A. -- and -- so --</p> <p>23 Q. I'm sorry.</p> <p>24 A. So there are surgeries in which a -- a</p> <p>25 person can be gender diverse or gender incongruent</p>
Page 83	<p>1 happens to be what they were assigned at birth. And</p> <p>2 that is because intersex conditions are not</p> <p>3 uncommon.</p> <p>4 Q. What percentage of your patients have</p> <p>5 intersex conditions?</p> <p>6 A. I can just say that in -- you know, if you</p> <p>7 look at the general population, it's 1 in 50</p> <p>8 persons. So -- so -- so -- but a surgically</p> <p>9 correctable case of intersex would be fewer than a</p> <p>10 couple of percentage of our -- of our total</p> <p>11 population.</p> <p>12 Q. Okay. And of your patient population,</p> <p>13 what percentage would have intersex conditions?</p> <p>14 A. It could be -- you know, it's 1 in 50 in</p> <p>15 the general population, so that's 2 percent. So</p> <p>16 it -- it -- it -- I probably would say somewhere</p> <p>17 around that percentage.</p> <p>18 Q. Okay. So removing that 2 percent from</p> <p>19 your patient population, do you require a diagnosis</p> <p>20 of gender dysphoria per the DSM-5 to provide a</p> <p>21 transitioning surgery to a patient?</p> <p>22 A. Yes, that is the standard.</p> <p>23 Q. Have you ever --</p> <p>24 A. I can't think of any exception. I mean,</p> <p>25 I'm trying to think of what would be an exception to</p>	Page 85	<p>1 and -- so usually there is some dysphoria associated</p> <p>2 with that.</p> <p>3 Q. So that -- I think that is getting to my</p> <p>4 question. That -- my understanding is that the</p> <p>5 difference between gender incongruence in the ICD-11</p> <p>6 and gender dysphoria in the DSM-5 is the requirement</p> <p>7 that there be dysphoria caused by the gender</p> <p>8 incongruence in the DSM-5; is that correct?</p> <p>9 A. I mean, I think that's -- I think it's a</p> <p>10 bit of a circular argument, but they're -- they're</p> <p>11 basically saying the same thing.</p> <p>12 So you have someone whose body doesn't</p> <p>13 align with their gender identity, and so these are</p> <p>14 surgeries that allow that to be possible.</p> <p>15 Q. All right.</p> <p>16 In your understanding, does the ICD-11</p> <p>17 diagnosis require dysphoria caused from the gender</p> <p>18 incongruence?</p> <p>19 MS. VETA: Object to the form.</p> <p>20 THE WITNESS: Yeah, I don't -- I don't</p> <p>21 know the answer to that.</p> <p>22 BY MR. BOWDRE:</p> <p>23 Q. Okay. On page 630 -- and this is back to</p> <p>24 Exhibit 2, the Millrod paper --</p> <p>25 A. Mm-hmm.</p>

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<p style="text-align: right;">Page 86</p> <p>1 Q. -- at the very top, there's a -- on the 2 left side, there's a sentence that begins "I believe 3 that anyone." 4 Do you see that? 5 A. Mm-hmm. 6 Q. And this is a comment from Surgeon 14 who 7 states, "I believe that anyone who is performing 8 vulvoplasty should have a fellowship training that 9 is at least one year. It is going to be a rough 10 period figuring that out, but I think we will get 11 there eventually. I have seen horrific unethical 12 practices by surgeons who lie about their experience 13 and horrific results surgically as a result of that. 14 We are using transgender people as guinea pigs and 15 the medical profession allows this to happen. WPATH 16 has the ability to have some teeth and regulate this 17 more. But we don't." 18 THE WITNESS: Should I read the rest of 19 that whole paragraph? 20 MS. VETA: Go ahead. 21 BY MR. BOWDRE: 22 Q. Yeah. Sure. 23 Let me know when you have finished. 24 A. Mm-hmm. 25 (Witness reviews.)</p>	<p style="text-align: right;">Page 88</p> <p>1 Fortunately, I was known as a very good 2 surgeon. I learn quickly. Not complication-free, 3 but I was able to autocorrect, self-correct, because 4 I was smart enough and brave enough and 5 knowledgeable enough. 6 But there's no reason today we should -- 7 we should have that level of care. 8 Patients need access to care, and -- and 9 this is what I'm trying to establish. 10 Q. Do you have patients that come to you 11 after having complications from another surgeon? 12 A. Yes. 13 Q. How often does that happen? 14 A. Weekly. 15 Q. And you mentioned earlier that you are 16 involved in a case currently in which the patient 17 had a -- I think you said botched surgical -- 18 A. I didn't say "botched." 19 Q. -- procedure? 20 Did you -- I'm sorry. I don't mean to put 21 words in your mouth. 22 A surgical procedure that -- you tell me, 23 what is that case about? 24 A. It was a case that -- that had a poor 25 outcome.</p>
<p style="text-align: right;">Page 87</p> <p>1 Okay. 2 Q. Okay. So my question is, have you, in 3 your practice, seen what you might consider to be 4 unethical practices by surgeons with regard to the 5 providing of transitioning treatments? 6 A. I think like any -- like any surgical 7 field, there are those who -- who enter the field 8 for the wrong reasons. And -- and especially when 9 there's a -- there's a -- a lack of access to care. 10 And when surgeons have two-, three-, 11 four-year waiting lists, five years, like I once 12 had, that we need more surgeons, and we need better 13 standards. 14 So -- so this has been part of my 15 professional work over the years, as I have -- I 16 initiated training programs in Tel-Aviv, Israel; at 17 Mount Sinai in New York; at Denver Health in Denver; 18 the University of Toronto; the University of 19 Southern California Children's Hospital in LA. 20 Emory is going to be possibly adding a program, 21 et cetera. 22 So that has been part of my surgical 23 mission over the last ten years, is to -- is to make 24 the quality of care better and to not have surgeons 25 trained like I was, which was simply by mentorship.</p>	<p style="text-align: right;">Page 89</p> <p>1 Q. Okay. And that was related to a 2 transitioning surgery? 3 A. That -- it -- yes, it was a -- it was a 4 trans-feminine vaginoplasty. 5 Q. Okay. And was that performed by a surgeon 6 in the United States? 7 A. Yes. 8 Q. Is this participant correct, that WPATH 9 does not regulate providers who provide care that 10 might not need WPATH guidelines? 11 MS. VETA: Object to the form. 12 THE WITNESS: Yeah, WPATH is not in a 13 position to -- it is not a -- a -- a governing body 14 of surgery, so that's not in our scope of -- of -- 15 of -- we don't have authority over that kind of 16 thing. 17 BY MR. BOWDRE: 18 Q. Okay. 19 A. I wish we did. 20 Q. Why is that? 21 A. That I wish we did? 22 Q. Yeah, why -- why do you wish that you did? 23 A. Because I think we'd all like to see 24 better standards, greater access, and the highest 25 quality possible for patients.</p>

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<p style="text-align: right;">Page 90</p> <p>1 Q. Approximately what percentage of the 2 patients that you saw in the last year had a 3 co-occurring psychological co-morbidity such as 4 autism or bipolar disorder? 5 A. Just those two? 6 Q. No, any psychological co-morbidity. 7 MS. VETA: Object to the form. 8 THE WITNESS: Can you ask the question 9 again? 10 BY MR. BOWDRE: 11 Q. Approximately what percentage of patients 12 that you saw in the last year had a co-occurring 13 psychological co-morbidity that you were aware of? 14 A. It would just -- it would -- it would be 15 an estimate to make such a guess. 16 But we know this population has a higher 17 incidence of psychological co-mo- -- co-morbidity, 18 as you say, because it is a -- it is a difficult 19 place to exist. 20 In a world that doesn't have access to 21 care, that discriminates, they're a -- a large 22 percentage. 20 percent, maybe, have -- have anxiety 23 that is associated with this. 24 As far as major co-morbidities, you know, 25 very, very few.</p>	<p style="text-align: right;">Page 92</p> <p>1 that is the -- that is the assessment that -- that's 2 summarized in the letter, is that comprehensive 3 psych- -- biopsychosocial assessment. 4 Q. Okay. So to -- 5 A. I mean, presumably -- presumably well 6 after the patient's been followed, you know. 7 MR. BOWDRE: I'm about to change topics. 8 We can take a break now -- 9 MS. VETA: That would be great. 10 MR. BOWDRE: -- or wait? 11 Okay. 12 MS. VETA: Thank you. 13 THE VIDEOGRAPHER: This marks the end of 14 Media Number 2 in the deposition of Marci Bowers. 15 The time is 11:07 a.m. We are off the 16 record. 17 (Short recess taken.) 18 THE VIDEOGRAPHER: This marks the 19 beginning of Media Number 3 in the deposition of 20 Marci Bowers. 21 The time is 11:19 a.m. We are on the 22 record. 23 BY MR. BOWDRE: 24 Q. Dr. Bowers, your -- do most of your 25 patients have private insurance?</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. So I know that you receive a letter from 2 the patient's mental health provider. 3 Is that what you are relying on to 4 determine whether they have these major 5 co-morbidities? 6 A. Yes, we like a comprehensive psycho- -- 7 biopsychosocial assessment. I mean, that's part of 8 the WCATH [verbatim] -- PATH standards. And -- and 9 that is an important first step in evaluating a 10 patient. 11 Q. And you don't perform that comprehensive 12 psychosocial assessment, do you? 13 A. Correct. 14 Q. Okay. So do you have access to that 15 assessment? 16 A. Yes, I do. 17 Q. For all of your patients? 18 A. Yes, I do. 19 Q. Who does that come from? 20 A. That comes from the psychological 21 provider. 22 Q. All right. 23 So that would be in addition to the 24 letter? 25 A. Well, that is the letter. That is the --</p>	<p style="text-align: right;">Page 93</p> <p>1 A. Currently, the majority do, yes. 2 Q. And do most insurance -- insurers cover 3 the transitioning treatments that you provide? 4 A. I -- I don't know that. Specifically, I 5 don't -- 6 Q. Okay. 7 A. -- get into that level. But -- but most 8 do have coverage. 9 Q. Okay. Do you know if your patient 10 population differs in any way from the patient 11 populations of other surgeons in this area? 12 A. I don't really know. 13 Q. Okay. Were you involved in the creation 14 of the Standards of Care 7? 15 A. No, I was not. 16 Q. Were you involved in the creation of 17 Standards of Care 8? 18 A. Yes. 19 Q. When did you personally become involved in 20 Standards of Care 8? 21 A. I was involved around the time I joined 22 the WPATH board, which I think -- what was it? 23 2018. 24 Q. And what was your involvement in the 25 creation of Standards of Care 8?</p>

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<p style="text-align: right;">Page 94</p> <p>1 A. I was on the surgical subcommittee. 2 Q. Aside -- and sometimes I'll just say 3 "SOC-8." I mean Standards of Care 8. 4 A. Yes. 5 Q. Is that okay? Okay. 6 Aside from SOC-8, have you been involved 7 in the creation of any other clinical guidelines? 8 A. I'm currently drafting a -- a change to 9 how FGM is categorized. 10 Q. Sorry, and what is "FGM"? 11 A. Female genital mutilation. 12 Q. And you're currently drafting -- sorry. 13 For what are you involved in? 14 A. I'm the principal author of -- of the 15 paper. 16 Q. Is that paper -- is that paper affiliated 17 with an organization? 18 A. Not per se, other than -- actually, the 19 University of Nairobi. 20 Q. Okay. And will that be a clinical 21 guideline? 22 A. We hope it will be, yes. 23 Q. Who else is involved in that clinical 24 guideline? 25 A. Several other members of the medical</p>	<p style="text-align: right;">Page 96</p> <p>1 currently treated? 2 A. What the -- the guidelines are a -- a -- a 3 summation, if you will, of the existing evidence. 4 Scientist -- science, systematic reviews, background 5 information, and clinical expertise summarized in a 6 document that can be accessed globally. 7 Q. Do you think that there's a problem with 8 some doctors in the United States not treating 9 gender incongruence in a sufficiently 10 gender-affirming way? 11 MS. VETA: Object to the form. 12 THE WITNESS: Can you ask that in a 13 different way? 14 BY MR. BOWDRE: 15 Q. Do you think some doctors in the United 16 States do not provide gender-affirming care in a 17 sufficiently affirming way? 18 MS. VETA: Object to the form. 19 THE WITNESS: I mean, that's an -- that's 20 an odd question because I -- I can't speak for every 21 doctor around the United States. 22 BY MR. BOWDRE: 23 Q. In your experience. 24 A. I mean, doctors, no matter what the field, 25 practice differently according to their own --</p>
<p style="text-align: right;">Page 95</p> <p>1 community and -- and -- who have provided input on 2 the paper. 3 Q. Do you have any training in the creation 4 of clinical guidelines? 5 A. I do not. 6 Q. Did the Johns Hopkins evidence review team 7 provide any training to the SOC-8 authors? 8 A. I don't know that. 9 Q. What would you say is the purpose of 10 SOC-8? 11 A. It is a -- it is a -- the intended purpose 12 is to establish science- and evidence-based 13 guidelines for the management and care of trans and 14 gender diverse persons. 15 Q. Are the guidelines prescriptive, or are 16 they merely descriptive of what the care already is? 17 A. I don't understand why you would say that. 18 Q. Do the guidelines simply describe the care 19 as it already exists? 20 MS. VETA: Object to the form. 21 THE WITNESS: I mean, what you're asking 22 doesn't really make sense to me. 23 BY MR. BOWDRE: 24 Q. Okay. What about change -- do the 25 guidelines seek to change how gender incongruence is</p>	<p style="text-align: right;">Page 97</p> <p>1 according to many different factors. And certainly 2 those can -- can influence how they might approach a 3 patient. 4 Q. Are you familiar with the Grading of 5 Recommendations, Assessment, Development, and 6 Evaluations, or GRADE framework? 7 A. Somewhat, yes. 8 Q. Do you agree that GRADE is one of the 9 leading frameworks for the development of clinical 10 guidelines? 11 A. It is just -- GRADIng is just one of many. 12 I mean, it -- the -- the problem with using GRADIng 13 is that no -- or, I should say, most of our clinical 14 guidelines, whether it's -- whether it's general 15 surgery, plastic surgery, diabetes care, are not 16 guided by -- are not helped by high-quality 17 evidence, say, from -- on the GRADIng-type system. 18 Q. So -- I think I understand that, but would 19 you agree that this -- so the GRADE framework is a 20 system for creating guidelines; is that fair? 21 A. It's a way to evaluate the evidence that 22 supports the recommendation. 23 Q. Okay. And would you agree that that GRADE 24 framework is one of the leading frameworks for 25 developing clinical guidelines?</p>

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<p style="text-align: right;">Page 98</p> <p>1 A. Like I said, it's one of the frameworks 2 that are used to -- to assess the strength of a 3 recommendation based on the evidence. 4 Q. Okay. Did WPATH apply the GRADE framework 5 in developing SOC-8? 6 A. Yes, it did. 7 Q. And do you think WPATH applied that GRADE 8 framework fully and correctly in the development of 9 SOC-8? 10 A. I wasn't a part of that -- you know, that 11 specific detail, but my understanding is that we 12 used a -- a -- you know, collective judgment in -- 13 in -- in utilizing any and all relevant evidence to 14 arrive at that a -- assessment, yes. 15 Q. Do you know of any ways in which WPATH 16 deviated from the standard GRADE framework in the 17 development of SOC-8? 18 A. No. 19 Q. What is an informed consent model of care? 20 A. That would -- an informed consent model of 21 care would imply that it is a -- a -- a summary of 22 expectations, risks, and potential complications 23 in -- as a -- a primary means of okaying a -- a 24 procedure or intervention. 25 Q. Would you agree that an -- an informed</p>	<p style="text-align: right;">Page 100</p> <p>1 would be an example of where it was less than an 2 informed concept model. 3 MR. BOWDRE: Can you give me 18? 18. 4 THE COURT REPORTER: Exhibit 4. 5 (Bowers Deposition Exhibit 4 was marked 6 for identification.) 7 THE WITNESS: Okay. Thank you. 8 BY MR. BOWDRE: 9 Q. Okay. I have provided you what is marked 10 as Exhibit 4, which is excerpts of Standards of Care 11 8. 12 Do you recognize this document? 13 A. Yes, I do. 14 Q. You're familiar with it? 15 A. (Witness reviews.) 16 Q. Could you go to -- near the back -- 17 A. Uh-huh. 18 Q. -- page S247? 19 A. Okay. 20 Q. And you see on the right-hand column 21 there's a section that is Number 3, "Overview of 22 SOC-8 development Process"? 23 A. Yes, I see it. 24 Q. So I just want to go through these. And 25 so let's start at the first one, which is</p>
<p style="text-align: right;">Page 99</p> <p>1 consent model of care emphasizes the patient's 2 decision-making? 3 A. That is the intent, is to -- is to empower 4 the patient to have more say about what they 5 actually go through. 6 Q. Would you agree that SOC-8 implements an 7 informed consent model of care to a greater extent 8 than did SOC-7? 9 A. It was intended to do something of that 10 nature, is to -- is to recognize that patients, like 11 they do in other areas of surgical consent, have 12 more say about their -- their -- the care that 13 they're going to receive rather than -- yeah. So 14 I'd leave it at that, mm-hmm. 15 Q. You mentioned "other areas of surgical 16 consent." What would be an example of that? 17 A. Well, say, for example, someone who wanted 18 a tubal ligation, they could come and ask for that 19 simply by the informed consent model. They agreed 20 to that, other than, you know, Medicaid would make 21 them wait 30 days. So they put a -- they put a 22 little bit of a -- a barrier in front of patients if 23 they're on Medicaid so that they haven't -- they 24 don't feel coerced. 25 So there are some in our -- yeah, so that</p>	<p style="text-align: right;">Page 101</p> <p>1 "Establishing Guideline Steering Committee including 2 Chair, and Co-Chairs" in July 19, 2017. [As read] 3 Were you involved in that process? 4 A. No, I was not. 5 Q. Do you have any personal knowledge about 6 that process? 7 A. I was aware it was happening. 8 Q. And you were aware at the time that it was 9 happening? 10 A. I don't remember. 11 Q. The second one, "Determining chapters 12 (scope of guidelines)," were you involved in that 13 process? 14 A. No, I was not. 15 Q. Do you have any personal knowledge about 16 that process? 17 A. No, I do not. 18 Q. Third is "Selecting Chapter Members based 19 upon expertise (March 2018)." 20 Were you involved in that process? 21 A. No, I was not. 22 Q. Any personal knowledge about that process? 23 A. No, although I believe that is how I was 24 asked to be on the surgical subcommittee -- surgical 25 chapter committee.</p>

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<p style="text-align: right;">Page 102</p> <p>1 Q. You were on the receiving end of that 2 process? 3 A. That's correct. 4 Q. Okay. And as best as you can recall, that 5 was around May 2018? 6 A. When I was asked? I think it was -- 7 Q. Yes. 8 A. -- I think it was later in the year -- 9 Q. Okay. 10 A. -- if I'm not mistaken. 11 Q. Did you nominate yourself as a -- for -- 12 to be part of the surgical chapter? 13 A. No. 14 Q. All right. 15 The fourth is "Selecting the Evidence 16 Review Team: Johns Hopkins University (May 2018)." 17 Were you involved in that process? 18 A. No. 19 Q. Any personal knowledge about that process? 20 A. I knew that it was one of our tools that 21 we were going to be using to evaluate the evidence, 22 yes. 23 Q. Is that about the extent of your personal 24 knowledge of that process? 25 A. Yes.</p>	<p style="text-align: right;">Page 104</p> <p>1 Thank you. 2 BY MR. BOWDRE: 3 Q. Number 7, "Drafting the recommendation 4 statements." 5 Were you involved in that process? 6 A. Yes. 7 Q. Was that -- please -- well, yeah. 8 Tell me how you were involved in that 9 process. 10 A. I was asked to review the -- the 11 recommendation statements. 12 Q. For all the chapters? 13 A. For the surgical subcommittee -- sub -- 14 subsection. 15 Q. At that time, did you review any of the 16 recommendation statements for any of the other 17 chapters or -- 18 A. No, I didn't. 19 THE COURT REPORTER: I didn't get the full 20 question. 21 BY MR. BOWDRE: 22 Q. Let me -- 23 MS. VETA: Let Mr. Bowdre finish his 24 question. 25 THE WITNESS: Yeah, sorry.</p>
<p style="text-align: right;">Page 103</p> <p>1 Q. And as far as you are aware, did that 2 happen in May 2018? 3 A. I don't know. 4 Q. Number 5, "Refining topics included in the 5 SOC-8 and review questions for systematic reviews." 6 Were you involved in that process? 7 A. No. 8 Q. Any personal knowledge about that process? 9 A. No. 10 Q. Number 6, "Conducting systematic reviews 11 (March 2019)." 12 Were you involved in that process? 13 A. No, I wasn't. 14 Q. Any personal knowledge about that process? 15 A. No. 16 Q. Do you know if that occurred in 17 March 2019? 18 A. I'm not sure. 19 Q. Number 6, "Con-" -- sorry. 20 Number 7, "Voting on the recommendation 21 statements using a Delphi" -- 22 MS. VETA: I think that's Number 8. 23 THE WITNESS: Yeah, Mr. Bowdre, you 24 skipped 7. 25 MR. BOWDRE: I did skip 7. I'm sorry.</p>	<p style="text-align: right;">Page 105</p> <p>1 BY MR. BOWDRE: 2 Q. That was my fault. There was a pause. 3 THE COURT REPORTER: I didn't get the full 4 question, just letting you know. 5 MR. BOWDRE: Okay. 6 BY MR. BOWDRE: 7 Q. Were you -- at the time, did you review 8 any of the recommendation statements for any of the 9 other chapters or subcommittees? 10 A. No, I did not. 11 Q. And what was your involvement with the -- 12 with regard to the recommendations for the surgical 13 subcommittee? 14 A. I reviewed the recommendation statements. 15 Q. Did you provide feedback on those 16 statements? 17 A. I believe I did. 18 Q. Would that have been to the chapter chair? 19 A. That's correct. 20 Q. Do you have any personal knowledge of the 21 recommendation statements at the time for the other 22 chapters? 23 A. No, I do not. 24 Q. All right. 25 8, "Voting on the recommendation</p>

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<p style="text-align: right;">Page 106</p> <p>1 statements using a Delphi process (September 2019 to 2 February 2022.)"</p> <p>3 Were you involved in that process?</p> <p>4 A. Yes, I was.</p> <p>5 Q. How were you involved?</p> <p>6 A. I was one of the surgery chapter members, 7 who voted on the Delphi process statements.</p> <p>8 Q. So when you voted, was that only for the 9 surgery chapter statements?</p> <p>10 A. That's correct.</p> <p>11 Q. You did not vote --</p> <p>12 A. Yes, I -- I believe that's correct.</p> <p>13 Q. You don't think that you voted on any of 14 the other chapter recommendations?</p> <p>15 A. That's right.</p> <p>16 Q. Do you know if the Delphi voting was 17 available in -- for the other chapter 18 recommendations?</p> <p>19 MS. VETA: Object to the form.</p> <p>20 BY MR. BOWDRE:</p> <p>21 Q. I mean, did you have the opportunity to 22 vote on the recommendations for the other chapters?</p> <p>23 A. No, I did not.</p> <p>24 Q. Is that true, as far as you are aware 25 that, you know, the -- the authors of the adolescent</p>	<p style="text-align: right;">Page 108</p> <p>1 the statements."</p> <p>2 Were you involved in that process?</p> <p>3 A. Yes, I was.</p> <p>4 Q. How were you involved?</p> <p>5 A. In approving the language and the written 6 recommendation itself.</p> <p>7 Q. Was that just for the surgery chapter?</p> <p>8 A. Just for the surgery chapter.</p> <p>9 Q. Do you have any personal knowledge about 10 that process with regard to any of the other 11 chapters besides the surgery chapter?</p> <p>12 A. No, I don't.</p> <p>13 Q. Number 11, "Independently validating the 14 references used in the supportive text."</p> <p>15 Were you involved in that process?</p> <p>16 A. No, I was not.</p> <p>17 Q. Do you have any personal knowledge about 18 that process?</p> <p>19 A. No, I do not.</p> <p>20 Q. Number 12, "Finalizing a draft SOC-8 21 (December 1, 2021.)"</p> <p>22 Were you involved in that process?</p> <p>23 A. Not specifically, no.</p> <p>24 Q. Do you have any personal knowledge about 25 that process?</p>
<p style="text-align: right;">Page 107</p> <p>1 section were not voting on the recommendations for 2 the surgery chapter?</p> <p>3 A. I think that's the -- that was the intent; 4 correct.</p> <p>5 Q. And is this correct as far as you know, 6 that all the Delphi voting occurred between 7 September 2019 and February 2022?</p> <p>8 A. As far as I know.</p> <p>9 Q. All right.</p> <p>10 Number 9, "Grading of the recommendation 11 statements."</p> <p>12 Were you involved in that process?</p> <p>13 A. No, I was not.</p> <p>14 Q. Do you have any personal knowledge about 15 that process?</p> <p>16 A. I just knew of it -- of its existence that 17 we -- that it was another part of the assessment of 18 the recommendations.</p> <p>19 Q. Do you know who did the grading of the 20 recommendations?</p> <p>21 A. No, I am not sure.</p> <p>22 Q. Do you know, would that have been the 23 chapter chair's responsibility, or do you know?</p> <p>24 A. I'm not sure.</p> <p>25 Q. Number 10, "Writing the text supporting</p>	<p style="text-align: right;">Page 109</p> <p>1 A. I just knew that I was aware of the -- of 2 the complete -- of the -- the goal to finalize the 3 chapter, the -- the -- the -- the -- the -- the 4 piece. The -- the SOC.</p> <p>5 Q. Did you review the draft of the SOC-8 at 6 that time?</p> <p>7 A. No, I did not.</p> <p>8 Q. Number 13, "Feedback on the statements by 9 International Advisory Committee."</p> <p>10 Were you involved in that process?</p> <p>11 A. No, I wasn't.</p> <p>12 Q. Do you have any personal knowledge about 13 that process?</p> <p>14 A. No, I do not.</p> <p>15 Q. Do you know how the International Advisory 16 Committee was chosen?</p> <p>17 A. I am not certain.</p> <p>18 Q. You said you're not certain; is that --</p> <p>19 A. I am not -- I am not certain.</p> <p>20 Q. Do you have some idea?</p> <p>21 A. No.</p> <p>22 Q. Number 14, "Feedback on the entire draft 23 of the SOC-8 during a public comment period 24 (November 2021 to January 2022)."</p> <p>25 Were you involved in that process?</p>

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<p style="text-align: right;">Page 110</p> <p>1 A. Yes, I was.</p> <p>2 Q. How were you involved?</p> <p>3 A. I was invited to provide feedback on the</p> <p>4 SOC.</p> <p>5 Q. Did you provide feedback?</p> <p>6 A. Yes, I did, in certain sections where I</p> <p>7 had -- where I had some opinion.</p> <p>8 Q. Do you recall what sections you provided</p> <p>9 feedback for?</p> <p>10 A. I provided feedback in the -- in the -- I</p> <p>11 believe the surgery chapter, and I believe on the</p> <p>12 adolescent chapter.</p> <p>13 Q. Do you recall generally what your feedback</p> <p>14 was for the surgery chapter?</p> <p>15 A. I -- in -- there was -- there was a little</p> <p>16 bit on the wording. I don't remember the specific</p> <p>17 details on -- I just don't.</p> <p>18 Q. Okay.</p> <p>19 A. And I also provided some feedback on the</p> <p>20 adolescent chapter.</p> <p>21 Q. Do you recall what your feedback was,</p> <p>22 generally speaking, on the adolescent chapter?</p> <p>23 A. Yes. I had some -- I expressed some of my</p> <p>24 interest in -- in the surgical expectations and some</p> <p>25 comments around blockers.</p>	<p style="text-align: right;">Page 112</p> <p>1 adolescent?</p> <p>2 A. Not that I recall.</p> <p>3 Q. Do you agree -- as -- as far as you</p> <p>4 recall, does this timeline of November 2021 to</p> <p>5 January '22, is that correct for the public feedback</p> <p>6 section?</p> <p>7 A. Yeah, I -- I thought it -- we opened it --</p> <p>8 I thought we extended the comment period, but I</p> <p>9 could be wrong. I -- seems to me it was later in</p> <p>10 the year that it ended, but I guess I could be</p> <p>11 wrong.</p> <p>12 Q. When do you think it ended?</p> <p>13 A. I'm not really sure.</p> <p>14 Q. Number 15, "Revision of Final Draft based</p> <p>15 on comments (January '22, to May 2022)." [As read]</p> <p>16 A. Mm-hmm.</p> <p>17 Q. Were you involved in that process?</p> <p>18 A. No, I was not.</p> <p>19 Q. Do you have any personal knowledge about</p> <p>20 that process?</p> <p>21 A. Other than its existence, no, I do not.</p> <p>22 Q. And do you know whether that timeline is</p> <p>23 correct, from January 2022 --</p> <p>24 A. I assume so --</p> <p>25 Q. -- to --</p>
<p style="text-align: right;">Page 111</p> <p>1 Q. Can you provide me with a summary of the</p> <p>2 first category that you just mentioned?</p> <p>3 A. I just -- I wanted to make sure that we</p> <p>4 were going to be mentioning something about -- about</p> <p>5 the effect that blockers would have with the</p> <p>6 expectations for surgery.</p> <p>7 Q. And what did you want the adolescent</p> <p>8 chapter to mention with regard to the connection</p> <p>9 between blockers and surgery?</p> <p>10 A. I just wanted to make sure that the --</p> <p>11 that there was attention paid to the outcomes in</p> <p>12 this group, and that I had expressed some concern --</p> <p>13 I don't know if it was actually in this -- in this</p> <p>14 document. But there were -- there were times when I</p> <p>15 was expressing this idea that -- that, you know, we</p> <p>16 had -- we had these -- the Tanner 2 blocker kids</p> <p>17 were coming of age, and we needed to assess their</p> <p>18 outcomes from surgery.</p> <p>19 Q. Do you recall any other suggestions you</p> <p>20 made to the adolescent chapter?</p> <p>21 A. And I also mentioned the -- the -- the</p> <p>22 issue of -- of orgasm and that that be a measure</p> <p>23 that be followed -- that should be followed.</p> <p>24 Q. As far as you're aware, did you provide</p> <p>25 any feedback for any chapters other than surgery and</p>	<p style="text-align: right;">Page 113</p> <p>1 MS. VETA: Let -- let Mr. Bowdre --</p> <p>2 THE WITNESS: Sorry.</p> <p>3 MS. VETA: -- ask his question.</p> <p>4 BY MR. BOWDRE:</p> <p>5 Q. Do you know if that listed timeline is</p> <p>6 correct?</p> <p>7 A. I -- I can only assume so.</p> <p>8 Q. "Approval of Final Draft by Chair and</p> <p>9 Co-Chairs (June 10, 2022)."</p> <p>10 Did you have any involvement in that</p> <p>11 process?</p> <p>12 A. No, I did not.</p> <p>13 Q. Do you have any personal knowledge about</p> <p>14 that process?</p> <p>15 A. I was aware of the approval, yes.</p> <p>16 Q. Is that the extent of your personal</p> <p>17 knowledge?</p> <p>18 A. Yes.</p> <p>19 Q. Do you have any reason to doubt that</p> <p>20 timeline, that it happened on June 10, 2022?</p> <p>21 A. I do not.</p> <p>22 Q. Number 17, "Approval by the WPATH Board of</p> <p>23 Directors."</p> <p>24 Were you involved in that process?</p> <p>25 A. Yes, I was.</p>

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<p style="text-align: right;">Page 114</p> <p>1 Q. And what was your involvement?</p> <p>2 A. At that -- at that time, I was the interim</p> <p>3 president, I believe, in that -- at or around that</p> <p>4 time and -- or at least president elect.</p> <p>5 And so, I -- as -- as a member of the</p> <p>6 board of directors, I was involved in the -- in the</p> <p>7 approval of the final draft.</p> <p>8 Q. Do you recall when the board of directors</p> <p>9 voted to approve the SOC-8?</p> <p>10 A. No. But it looked -- it -- it -- it</p> <p>11 appears to be in the summer of 2022.</p> <p>12 Q. Did the board of directors make any</p> <p>13 changes to the draft that the chairs had approved?</p> <p>14 A. I mean, that's a -- the -- usually the --</p> <p>15 well, the board of directors, no, per se, no. It</p> <p>16 wouldn't have come from -- changes wouldn't have</p> <p>17 come from the board of directors.</p> <p>18 Q. Okay. Were there -- let's go to Number</p> <p>19 18, the "Publication of the SOC-8."</p> <p>20 A. Mm-hmm.</p> <p>21 Q. Were you involved in that process?</p> <p>22 A. I mean, I wa- -- I was on the board and</p> <p>23 pre- -- president elect. So I was aware that it was</p> <p>24 happening, yes.</p> <p>25 Q. Was that the extent of your involvement,</p>	<p style="text-align: right;">Page 116</p> <p>1 chapters, including the ethics chapter. And so, it</p> <p>2 was felt that it was -- so that was it.</p> <p>3 Q. Has that ethics chapter been published</p> <p>4 outside of the SOC-8?</p> <p>5 A. No, it has -- not to -- not to my</p> <p>6 knowledge.</p> <p>7 Q. All right. Number 19, "Dissemination and</p> <p>8 translation of the SOC-8."</p> <p>9 Were you involved in that process?</p> <p>10 A. I was aware of its dissemination and</p> <p>11 the -- and the translation into multiple languages,</p> <p>12 yes.</p> <p>13 Q. Is that the extent of your involvement?</p> <p>14 A. Yes.</p> <p>15 Q. Is there anything related to your</p> <p>16 involvement in the Standards of Care 8 that we have</p> <p>17 not touched on?</p> <p>18 A. Not that I -- not that I can think of.</p> <p>19 Q. Anything related to your personal</p> <p>20 knowledge of the Standards of Care 8 that we have</p> <p>21 not touched on?</p> <p>22 A. Not that I'm -- not that I can think of.</p> <p>23 MR. BOWDRE: Could you give me 20.</p> <p>24 BY MR. BOWDRE:</p> <p>25 Q. I'm going to give you another document.</p>
<p style="text-align: right;">Page 115</p> <p>1 simply that you were aware that it was happening?</p> <p>2 A. Well, I didn't publish it myself, yes.</p> <p>3 Q. Sure. Okay.</p> <p>4 So between the approval of the final draft</p> <p>5 by chair and co-chairs on June 10, 2022, and</p> <p>6 publication of the SOC-8, were any changes made to</p> <p>7 the SOC-8?</p> <p>8 A. Yes.</p> <p>9 Q. And who made those changes?</p> <p>10 A. On the -- the executive committee made a</p> <p>11 couple of -- of changes.</p> <p>12 Q. And what were those changes?</p> <p>13 A. We -- we had set age guidelines initially</p> <p>14 at earlier ages in -- in adolescence for the</p> <p>15 surgical chapter. And we opted to remove those and</p> <p>16 fall back to the more conservative SOC-7 language.</p> <p>17 And then secondly, we -- we removed a</p> <p>18 chapter on ethics and a chapter on -- yeah, we</p> <p>19 removed an ethics chapter.</p> <p>20 Q. Why did you remove the ethics chapter?</p> <p>21 A. The -- it was brought to the -- in the --</p> <p>22 in the review of the document, in looking for</p> <p>23 consistent language throughout the -- the entire</p> <p>24 text, there were in- -- inconsistencies in some of</p> <p>25 the statements between -- between two of the</p>	<p style="text-align: right;">Page 117</p> <p>1 But if you could keep that, we're going to keep</p> <p>2 coming back to that.</p> <p>3 A. Sure.</p> <p>4 MS. VETA: Thank you.</p> <p>5 THE COURT REPORTER: Exhibit 5.</p> <p>6 MR. BOWDRE: Exhibit 5.</p> <p>7 (Bowers Deposition Exhibit 5 was marked</p> <p>8 for identification.)</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. This is a section I printed from the WPATH</p> <p>11 website entitled, "Establishing the soc8 Revision</p> <p>12 committee." [As written]</p> <p>13 Have you seen this part of the website?</p> <p>14 A. Yes, I have. I haven't -- I can say I</p> <p>15 haven't read this entire -- I don't remember reading</p> <p>16 this entire process -- process. But I'm aware of</p> <p>17 it.</p> <p>18 Q. Okay. So on the second page, near the</p> <p>19 bottom, there's a section that is 2.1.2.1.</p> <p>20 A. Got it.</p> <p>21 Q. "Key Criteria Used for the Selection of</p> <p>22 Co-Chair on the SOC8 Revision Committee." [As</p> <p>23 written]</p> <p>24 And I understand that you were not</p> <p>25 personally involved in this process; right?</p>

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<p style="text-align: right;">Page 118</p> <p>1 A. That is correct.</p> <p>2 Q. Okay. So the second bullet point for</p> <p>3 the -- under the key criteria, it is -- says "Well</p> <p>4 recognized advocate for WPATH and SOC." [As</p> <p>5 written]</p> <p>6 And I was wondering if you knew why it was</p> <p>7 important for the co-chairs to be well-recognized</p> <p>8 advocates for WPATH?</p> <p>9 MS. VETA: Object to the form.</p> <p>10 THE WITNESS: Well, advocacy in any</p> <p>11 surgical specialty or any medical specialty for that</p> <p>12 matter is -- is important as part of the process.</p> <p>13 Let's say, for -- for breast cancer treatment. For</p> <p>14 a long time, breast reconstruction was not</p> <p>15 considered medically necessary by the insurance</p> <p>16 ind- -- industry. And so, members of the plastic</p> <p>17 surgery society had to advocate for that to be</p> <p>18 included.</p> <p>19 And this is a field that has a lot of</p> <p>20 misunderstanding and -- and lack of access and</p> <p>21 minimized care. And so -- so this is what advocacy</p> <p>22 is all about in the field of medicine. It happens</p> <p>23 in all specialties.</p> <p>24 BY MR. BOWDRE:</p> <p>25 Q. Why is it -- so I understand why you would</p>	<p style="text-align: right;">Page 120</p> <p>1 unfamiliar with the care -- I don't know. It -- it</p> <p>2 just doesn't -- I don't think there's any tension</p> <p>3 between the two. So...</p> <p>4 BY MR. BOWDRE:</p> <p>5 Q. So why would you not want to pick someone</p> <p>6 who is known to be an impartial arbiter in medical</p> <p>7 literature and trained in making clinical guidelines</p> <p>8 regardless of their advocacy history with regard to</p> <p>9 the treatments at issue?</p> <p>10 A. Well, you're -- you seem to be</p> <p>11 highlighting the advocacy issue because, you know,</p> <p>12 it doesn't really come into play when I think about</p> <p>13 setting standards for something.</p> <p>14 Advocacy just means that you have a -- you</p> <p>15 have an empathy for the population, and you're</p> <p>16 trying to represent that population in -- in</p> <p>17 receiving the best care possible. So to me, that's</p> <p>18 what advocacy means. So maybe it's a lack of</p> <p>19 understanding -- or lack of agreement in what we</p> <p>20 both mean by advocacy.</p> <p>21 Q. Do you know what the -- the people who</p> <p>22 selected the co-chairs, do you know what they meant</p> <p>23 or understood it to mean, this criteria, that the</p> <p>24 person be a well-recognized advocate for WPATH in</p> <p>25 the SOC?</p>
<p style="text-align: right;">Page 119</p> <p>1 want some advocacy. But why is it important when</p> <p>2 you're creating clinical guidelines to have someone</p> <p>3 who's an advocate already for that care?</p> <p>4 A. I'm not sure.</p> <p>5 Q. Okay.</p> <p>6 A. Other than the answer I already gave you.</p> <p>7 Q. Sure. I guess, why is this not putting</p> <p>8 the cart before the horse? Like, the clinical</p> <p>9 guidelines, it seems to me, are to evaluate the</p> <p>10 literature as it exists and then to create</p> <p>11 guidelines, for lack of a better word.</p> <p>12 A. Mm-hmm.</p> <p>13 Q. And then it would seem to me that you --</p> <p>14 having created the guidelines, then you would go and</p> <p>15 advocate for them.</p> <p>16 And so, I'm just wondering, do you see any</p> <p>17 tension between those two purposes?</p> <p>18 MS. VETA: Object to the form.</p> <p>19 THE WITNESS: I guess I see your point.</p> <p>20 But I don't -- I don't think -- I don't think that</p> <p>21 that -- it puts those in tension. I think you --</p> <p>22 you -- in order to be, you know, let's say -- you</p> <p>23 wouldn't want, you know -- I'm just -- I guess I</p> <p>24 would be speculating here. But, you know, you</p> <p>25 wouldn't be -- you wouldn't want someone who was</p>	<p style="text-align: right;">Page 121</p> <p>1 A. Well, I think it's just as I told you. I</p> <p>2 think it's a -- a -- we are -- we are -- we want to</p> <p>3 have the -- the highest quality, most evidence-based</p> <p>4 standards for our patients. And so, in that sense,</p> <p>5 we are advocates for that kind of legitimacy and</p> <p>6 scientific rigor.</p> <p>7 Q. And you think it was important for someone</p> <p>8 to be an advocate for those treatments before the</p> <p>9 guidelines were created?</p> <p>10 A. Well, absolutely, because this would be --</p> <p>11 in any field, this would be important. In other</p> <p>12 words, you know, you wouldn't want -- if you -- I'm</p> <p>13 trying to think of a -- of an example in another</p> <p>14 surgical specialty, but it happens in every -- every</p> <p>15 specialty. The same kind of advocacy.</p> <p>16 Q. Am I correct in thinking that there are</p> <p>17 some clinical practice guidelines that are created</p> <p>18 by methodologists or epidemiologists who don't --</p> <p>19 are not specialists in that field?</p> <p>20 A. Well, why would you get someone who isn't</p> <p>21 familiar with the field to be writing clinical</p> <p>22 guidelines? It doesn't make any sense.</p> <p>23 Q. Let me rephrase.</p> <p>24 Am I correct that there are some clinical</p> <p>25 guidelines that are created by methodologists or</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

Page 122

1 epidemiologists who do not provide the care that is
 2 on -- at issue in that clinical guideline?
 3 A. I don't know why that would make any sense
 4 because you -- you -- you know, if you have somebody
 5 who's creating guidelines for the care of a dia- --
 6 of diabetes, you would want someone who is an expert
 7 in the care of diabetes. Would you not?
 8 Q. Do you think that only people who are --
 9 who provide the care at issue should be involved in
 10 the creation of a clinical guideline?
 11 MS. VETA: Object to the form.
 12 THE WITNESS: I think there are many ways
 13 to provide -- to come up with guidelines. And --
 14 for example, it's also important to listen to your
 15 constituency in creating -- just as we did in breast
 16 cancer care. If you didn't -- if you didn't listen
 17 to your patients, then you would simply do a
 18 mastectomy on a woman for breast cancer and say
 19 you're done because you've cured cancer, forgetting
 20 about her emotional and -- and physical wellbeing.
 21 So this is why, you know, the advocacy was so
 22 important in -- in that particular example, in -- in
 23 getting insurance coverage to reconstruct the --
 24 the -- the breast.
 25 BY MR. BOWDRE:

Page 123

1 Q. Could you flip the page to the section
 2 that is 2.1.4.1. And that is "Key Criteria for
 3 Chapter Workgroup Member."
 4 Do you see that?
 5 A. Yes.
 6 Q. Okay. And then the first criteria
 7 underneath that is, "WPATH Full Member in good
 8 standing."
 9 Why do you think it was important for
 10 every single contributing author of SOC-8 to be a
 11 full member of WPATH?
 12 A. I mean, that would be speculation.
 13 Q. You -- you don't know?
 14 A. I mean, it -- it doesn't -- it doesn't
 15 jump out at -- it doesn't pull any red flags for me.
 16 You know, WPATH has -- is -- is a very diverse
 17 organization. And I think you -- it -- when -- when
 18 you're a member of WPATH, you gain familiarity with
 19 the -- the key workings and aspects of what we do.
 20 And so, having that insight, I would think is
 21 important for a criteria for a -- a workgroup member
 22 writing the revision.
 23 Q. When creating a clinical guideline, do you
 24 think it's important to have any professional
 25 members of the committee who do not pr- -- provide

Page 124

1 the care in question?
 2 A. We -- yes, we -- you know, there is some
 3 of that, absolutely.
 4 Q. In SOC-8?
 5 A. In SOC-8. Not so much writing the
 6 guidelines, but providing input into the -- into the
 7 drafting of the guidelines.
 8 Q. How do they provide input?
 9 A. Through their -- through their
 10 affiliate -- through their comments to -- to members
 11 and to those who -- who draft the guidelines.
 12 Q. Am I correct that all professional members
 13 of the adolescent chapter, when they were selected,
 14 were already part of a care team that provided
 15 medicalized transitioning treatments to minors?
 16 A. I actually don't know that.
 17 Q. Okay. And on the next page, there's a
 18 Section 2.1.6, "Selection of the evidence review
 19 team."
 20 And it says that "The Board received four
 21 complete proposals in response to the RPF" -- "RFP."
 22 [As read] Excuse me.
 23 Do you know who, other than Johns Hopkins,
 24 submitted proposals to be the evidence review team
 25 for SOC-8?

Page 125

1 A. I'm sorry, I don't -- I don't know that.
 2 Q. Did you have interactions with the Johns
 3 Hopkins team that was chosen?
 4 A. Not personally, no.
 5 Q. Do you know what that team was hired to
 6 do?
 7 A. The -- the Hopkins team was assigned the
 8 task of reviewing the -- the evidence and the
 9 references that were included in the document so
 10 that -- to see -- to assure that the recommendations
 11 were supported by available evidence.
 12 Q. And is it your understanding that
 13 Dr. Karen Robinson and her team at Johns Hopkins
 14 conducted systematic-evidence reviews for SOC-8?
 15 A. I don't know the nature of the review, but
 16 it was an evidence review, yes.
 17 Q. Has WPATH published those reviews?
 18 A. I mean, I don't know what you mean.
 19 Q. Has --
 20 A. I mean, the SOC-8 is a -- the SOC-8 is a
 21 product of that review process.
 22 Q. So did Dr. Robinson and her team provide
 23 evidence tables to the authors of SOC-8?
 24 A. I'm not really sure.
 25 Q. And do you know if Dr. Robinson provided

CONFIDENTIAL-ATTORNEY'S EYES ONLY

<p style="text-align: right;">Page 126</p> <p>1 the systematic evidence reviews to the members of 2 SOC-8? 3 A. I am not certain. 4 Q. And outside of SOC-8, am I correct that 5 WPATH has not made any of the systematic reviews or 6 evidence tables publicly available? 7 A. I'm not aware of anything. 8 Q. Do you know if Dr. Robinson had ever 9 treated someone with gender dysphoria? 10 A. I'm not certain about that. 11 Q. Was Dr. Robinson an existing member of 12 WPATH when she was selected, do you know? 13 A. Not that I know of. 14 Q. So given that Dr. Robinson was not an 15 existing member of WPATH, do you know why the -- 16 whoever chose her were comfortable choosing her and 17 her team to have such a prominent role in drafting 18 SOC-8? 19 MS. VETA: Object to the form. 20 THE WITNESS: You know, we -- we wanted 21 an -- we wanted an outside review. We wanted 22 someone -- as you had suggested earlier, someone 23 with -- with respect and objectivity that could look 24 at the document as it was and see how -- and -- 25 and -- and -- and assess the -- the correlation of</p>	<p style="text-align: right;">Page 128</p> <p>1 A. No, I wasn't. 2 Q. Do you know who drafted this statement? 3 A. I'm not sure. 4 Is -- does it say in the chapter right -- 5 I'm not sure. Global -- no, I'm not sure who wrote 6 that. 7 Q. Do you agree that the purpose of this 8 section is to define gender-affirming care as 9 medically necessary so that insurance companies will 10 pay for that care? 11 MS. VETA: Object to the form. 12 THE WITNESS: Oh, no. You know, the 13 standards of care were written to summarize the 14 avail- -- the medical evidence. The -- you know, 15 it's an evidence-based guideline looking at the 16 available reviews, background information, and 17 clinical expertise. 18 And insurers look to the standards for 19 their -- to set criteria for their members to be 20 covered, but insurance wouldn't be the tail that 21 wags the dog, no. 22 BY MR. BOWDRE: 23 Q. I'm not asking -- well, let me take that 24 back. 25 A. Mm-hmm.</p>
<p style="text-align: right;">Page 127</p> <p>1 the evidence with the recommendations that were 2 made. 3 BY MR. BOWDRE: 4 Q. Did WPATH regard Dr. Robinson and her team 5 as experts in assessing the evidence of the safety 6 and efficacy of gender-affirming care? 7 MS. VETA: Object to the form. 8 THE WITNESS: I'm not really sure. 9 BY MR. BOWDRE: 10 Q. All right. 11 Let's go back to the WPATH standards, 12 which are Exhibit 4. 13 A. Mm-hmm. 14 Q. And near the beginning, on page S16 -- 15 A. Okay. 16 Q. -- there's -- on the right-hand column, 17 sort of near the bottom, there's "Statement 2.1." 18 Do you see that? 19 A. Yes, I do, mm-hmm. 20 Q. And it reads, "We recommend health care 21 systems should provide medically necessary 22 gender-affirming health care for transgender and 23 gender diverse people." 24 Were you involved in drafting any part of 25 this section?</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. Let's look at -- on the next page, S17 -- 2 A. Mm-hmm. 3 Q. -- on the right column, underneath the 4 statements, there's a first full paragraph, "Medical 5 necessity." 6 Do you see that? 7 A. At 2.1? 8 Q. Sorry, on S17 -- 9 A. Yep. 10 Q. Yes, under 2.1, but on the next page, 11 "Medical necessity is central to payment, subsidy, 12 and/or reimbursement for health care in parts of the 13 world." 14 Do you see that? 15 A. I'm sorry, is it on S17? 16 Q. S17. 17 A. In which -- 18 Q. Underneath the box. 19 A. Underneath the box. Okay. 20 Oh, okay. 21 Q. On the right -- the first full 22 paragraph -- 23 A. Okay. 24 Q. -- on the right side. 25 A. Okay. Yeah. "Medical necessity is</p>

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<p style="text-align: right;">Page 130</p> <p>1 central to payment"; is that what you're asking? 2 Q. Yes. 3 A. Okay. 4 Q. So I'm just asking, do you agree that this 5 payment, the subsidy or reimbursement, was one aim 6 of this statement to ensure that the treatments that 7 you thought were medically necessary would, in fact, 8 be covered by payors? 9 MS. VETA: Object to the form. 10 THE WITNESS: I mean, it -- it feels to me 11 like you're getting the cart before the horse here. 12 You know, we write -- we write guidelines 13 based on the evidence supported by clinical 14 expertise. Insurance coverage is insurance 15 coverage. And we set guidelines that they look to 16 that are evidence based in forming medical 17 necessity. 18 And -- and insurers then decide if they 19 feel it's -- it is something that is going to be 20 medically beneficial to their clientele. 21 BY MR. BOWDRE: 22 Q. Okay. Let's go to the next page, S 23 eight- -- excuse me, S18. 24 And the second full paragraph on the 25 left-hand column near the bottom begins</p>	<p style="text-align: right;">Page 132</p> <p>1 decades of experience that -- that support the 2 concept that gender-affirming interventions are 3 beneficial and reduced -- reduce -- improve body 4 image, improve psychosocial functioning, reduce 5 substance use, and -- and suicidality. 6 BY MR. BOWDRE: 7 Q. So my question was specifically about 8 transitioning surgeries for gender-dysphoric youth 9 under 18. 10 MS. VETA: Object to the form. 11 BY MR. BOWDRE: 12 Q. Do you agree that this statement applies 13 truthfully to that category of interventions? 14 MS. VETA: Object to the form. 15 THE WITNESS: Yeah, you know, there's no 16 reason it wouldn't apply. I mean, again, if it's 17 done for the right reasons and the right clinical 18 situation, individualized, there are cases in -- 19 where surgery under the 18 can be absolutely 20 beneficial. And we have evidence from older 21 populations. 22 In other words, age is really just a -- 23 yeah. Age -- yeah, it's -- it -- it's 24 individualized, and -- and that's the point. 25 BY MR. BOWDRE:</p>
<p style="text-align: right;">Page 131</p> <p>1 "Gender-affirming interventions." 2 Do you see that? 3 A. Yes. 4 Q. It says, "Gender-affirming interventions 5 are based on decades of clinical experience and 6 research; therefore, they are not considered 7 experimental, cosmetic, or for the mere convenience 8 of a patient." 9 A. Okay. 10 Q. In your experience, do you consider this 11 statement to be true for gender -- excuse me, for 12 transitioning surgeries for gender-dysphoric youth 13 younger than 18? 14 THE COURT REPORTER: Can you say that 15 again? I didn't hear you very well. 16 MR. BOWDRE: Yep. 17 BY MR. BOWDRE: 18 Q. Do you consider the statement to be true 19 for transitioning surgeries for gender-dysphoric 20 youth younger than 18? 21 MS. VETA: Object to the form. 22 THE WITNESS: Again, for the -- for the 23 most part, we -- there is no surgery performed on -- 24 on -- on adolescents, so anyone under 18, except in 25 rare clinical situations, so -- but we -- we have</p>	<p style="text-align: right;">Page 133</p> <p>1 Q. Do you consider this statement to be true 2 for vaginoplasty surgery for patients whose puberty 3 was blocked at Tanner Stage 2? 4 A. Again, it depends on the -- the situation. 5 We really -- we don't operate on patients that are 6 not of age -- not of -- not more than age -- age 18 7 as a rule, so -- so that it's a bit of a moot point, 8 but -- yeah. 9 Q. Do you think it's true for vaginoplasty 10 surgery for a 19-year-old patient whose puberty was 11 blocked at Tanner Stage 2? 12 A. Yes. It -- it -- it's quite clear that -- 13 that the preponderance -- the evidence that we have 14 suggests that when you align body with gender 15 identity, that patients' lives are improved. 16 Q. Is the evidence specifically on this 17 patient population with regard to vaginoplasty 18 surgeries and patients who are blocked at Tanner 19 Stage 2? 20 A. There -- again, the evidence is right now 21 primarily extrapolated from adult populations, 22 but -- but certainly there is preliminary evidence 23 that we -- that that same high level of -- of 24 satisfaction exists. 25 Q. Do you consider this statement to be true</p>

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<p style="text-align: right;">Page 134</p> <p>1 for using cross-sex hormones as a transitioning 2 treatment for gender-dysphoric youth who did not 3 have childhood-onset gender dysphoria? 4 MS. VETA: Object to the form. 5 THE WITNESS: I mean, that's a very 6 complicated question. 7 Can you -- can you break that down at all? 8 BY MR. BOWDRE: 9 Q. Do you not understand the question as I 10 asked it? 11 A. It's a -- are you asking about -- are you 12 asking about hormonal intervention as a -- as to 13 whether or not it's beneficial? 14 Q. I'm asking whether this statement is true 15 with -- with regard to hormonal interventions for 16 patients who did -- for adolescent patients who did 17 not have childhood-onset gender dysphoria. 18 A. Okay. So you're asking if -- I mean, 19 who -- who are you asking about who we're treating? 20 Are you talking about children prior to the age of 21 puberty, or are you talking about adolescence after 22 the onset of puberty? 23 Q. Sure. 24 So I am talking about adolescents who have 25 started puberty, but -- well, let me ask it this</p>	<p style="text-align: right;">Page 136</p> <p>1 of the answer to that question? 2 MS. VETA: Object to the form. 3 THE WITNESS: I mean, the -- you know, 4 there's no -- in the -- in the United States, 5 interventions with puberty blockers and hormones 6 have been -- have been -- have become an important 7 intervention since the late 2000s, primarily, so -- 8 yeah. 9 MS. VETA: Mr. Bowdre, is this a good time 10 to take a break for lunch? 11 MR. BOWDRE: I think so. Let's go ahead, 12 yeah. 13 Thank you. 14 THE VIDEOGRAPHER: This marks the end of 15 Media Number 3 in the deposition of Marci Bowers. 16 The time is 12:21 p.m. We are off the 17 record. 18 (Lunch recess taken.) 19 THE VIDEOGRAPHER: This marks the 20 beginning of Media Number 4 in the deposition of 21 Marci Bowers. 22 The time is 12:58 p.m. We are on the 23 record. 24 BY MR. BOWDRE: 25 Q. Dr. Bowers, do you still have Exhibit 4,</p>
<p style="text-align: right;">Page 135</p> <p>1 way: If an adolescent has gender-dysphoria 2 diagnosis or symptoms for the first time in 3 adolescence and did not have childhood-onset gender 4 dysphoria, prepubertal gender dysphoria, do you 5 think that this statement is true for that patient 6 population receiving cross-sex hormones? 7 A. Yes, as there's decades of experience that 8 would suggest that it's -- that it -- there -- it 9 provides some benefit, yes. 10 Q. And do you have an example of the decades 11 of experience for that patient population? 12 A. The best evidence we have is out of 13 Amsterdam and -- but there is also -- there are also 14 supportive studies that are even since the standards 15 of care were written that suggests that this 16 population benefits from cross-sex hormones. 17 Q. So isn't it true that in the Amsterdam 18 population that those clinicians required 19 childhood-onset prepubertal gender dysphoria and did 20 not provide cross-sex hormones to adolescents who 21 first experienced gender dysphoria in adolescence? 22 A. I mean, you're -- you're -- I mean, you'd 23 have to show me the paper, but -- yeah, I -- you -- 24 you'd have to show me what you're talking about. 25 Q. So as you sit here today, you're not sure</p>	<p style="text-align: right;">Page 137</p> <p>1 the SOC-8, before you? 2 A. I -- yes, I do. 3 Q. Okay. Could you go to page S18? 4 A. Okay. 5 Q. And on the right-hand column, the second 6 full paragraph right before Statement 2.2, there's a 7 sentence that begins "Medically necessary 8 gender-affirming interventions." 9 Do you see that? 10 A. Yes. 11 Q. Okay. So it states, "Medically necessary 12 gender-affirming interventions are discussed in 13 SOC-8. These include but are not limited to," and 14 then it lists many different treatments. 15 A. Yes. 16 Q. The language "is not limited to," that -- 17 am I correct that in reading that to say that this 18 is not a complete list of treatments that could be 19 medically necessary gender-affirming interventions? 20 A. It may not be a complete list, correct. 21 Q. Do you know if a complete list of 22 medically necessary gender-affirming interventions 23 exist as propounded by WPATH? I can rephrase that. 24 Do you know if WPATH has ever propounded a 25 list of all the medically necessary gender-affirming</p>

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<p style="text-align: right;">Page 138</p> <p>1 interventions?</p> <p>2 A. Well, there -- I mean, there -- I -- you</p> <p>3 know, I can think of at least one that wouldn't be</p> <p>4 on here.</p> <p>5 MS. VETA: No, what --</p> <p>6 THE WITNESS: But I don't think that's the</p> <p>7 question, is it?</p> <p>8 MS. VETA: No.</p> <p>9 THE WITNESS: I mean, what -- what --</p> <p>10 MS. VETA: Do you want to ask your</p> <p>11 question again?</p> <p>12 THE WITNESS: Are you trying to get a full</p> <p>13 list?</p> <p>14 MS. VETA: Just listen to his question.</p> <p>15 THE WITNESS: Okay.</p> <p>16 BY MR. BOWDRE:</p> <p>17 Q. I am asking, has WPATH ever in -- as far</p> <p>18 as you are aware, has WPATH ever provided a list of</p> <p>19 all medically necessary gender-affirming</p> <p>20 interventions?</p> <p>21 A. I mean, not as a -- no, I don't -- not</p> <p>22 that I know of.</p> <p>23 Q. Okay. And you mentioned that there was</p> <p>24 one that you could think of that is not on this</p> <p>25 list.</p>	<p style="text-align: right;">Page 140</p> <p>1 A. I mean, when we make a -- a medical</p> <p>2 diagnosis and there's a treatment that is -- that</p> <p>3 can -- can improve or alleviate or eliminate that</p> <p>4 diagnosis, then I think that meets the definition of</p> <p>5 medical necessity.</p> <p>6 So does a doctor make an assessment of</p> <p>7 that medical necessity, yes.</p> <p>8 Q. Does that determination ever depend on the</p> <p>9 preferences of the patient?</p> <p>10 A. I mean, I -- you're asking me to speculate</p> <p>11 on something I've never -- I've never seen anything</p> <p>12 like that written, and that wouldn't really make</p> <p>13 sense. Yeah.</p> <p>14 Q. When you provide transitioning surgery to</p> <p>15 a patient, you determine that that surgery is</p> <p>16 medically necessary for that patient; right?</p> <p>17 A. Yes.</p> <p>18 Q. And if a patient did -- who is -- had</p> <p>19 gender dysphoria, but did not want the surgery, am I</p> <p>20 correct in thinking that you would not think that</p> <p>21 that surgery is medically necessary for that</p> <p>22 patient?</p> <p>23 A. Well, medical necessity just is a -- you</p> <p>24 know, it -- it allows that treatment to move</p> <p>25 forward, but ultimately it is the -- it is the</p>
<p style="text-align: right;">Page 139</p> <p>1 What was that that you were thinking of?</p> <p>2 A. Well, I don't know that it would even be</p> <p>3 medically necessary, so I'm not even going to</p> <p>4 mention it because you could argue, you know --</p> <p>5 medical necessity is -- is intended to -- is -- is</p> <p>6 medical intervention that im- -- im- -- improves</p> <p>7 the -- the diagnosis in question.</p> <p>8 So when it's medically indicated, it</p> <p>9 benefits the individual. But I'm not sure what</p> <p>10 you're actually looking for.</p> <p>11 Q. Who determines whether a treatment is</p> <p>12 medically necessary?</p> <p>13 A. I mean, medical necessity is a -- is a --</p> <p>14 I mean, that's a -- that's a good question, but</p> <p>15 the -- medical necessity comes as a result of an</p> <p>16 intervention that is -- that improves the life of an</p> <p>17 individual.</p> <p>18 So if there is a -- a diagnosis and a --</p> <p>19 a -- a medical intervention can improve that</p> <p>20 diagnosis, then it is considered medically</p> <p>21 necessary. But I'm not sure who the -- the judge</p> <p>22 and arbiter of that -- of that medical necessity is.</p> <p>23 Q. Does the doctor -- the providing doctor</p> <p>24 have to think that the treatment in question is</p> <p>25 medically necessary for that patient?</p>	<p style="text-align: right;">Page 141</p> <p>1 patient and the informed consent process that</p> <p>2 determines whether or not the patient actually</p> <p>3 agrees to that -- that -- that treatment under the</p> <p>4 guise of medical necessity.</p> <p>5 Q. So I understand that a patient can always</p> <p>6 reject a treatment, and my question is, before --</p> <p>7 before that, do you -- do you consider the patient's</p> <p>8 preferences or desire for the surgery in coming to</p> <p>9 your conclusion whether a surgery is medically</p> <p>10 necessary?</p> <p>11 You know, I understand that the patient</p> <p>12 could then reject your recommendation, but my --</p> <p>13 A. Sure.</p> <p>14 Q. -- question is on front end.</p> <p>15 A. The patients don't determine medical</p> <p>16 necessity. That's a -- that is a clinical</p> <p>17 assessment based on the judgment of the -- of the</p> <p>18 treating clinician.</p> <p>19 Q. So is it correct, then, that a -- a</p> <p>20 surgery -- a transitioning surgery could be</p> <p>21 medically necessary for a patient, but the patient</p> <p>22 does not want that surgery?</p> <p>23 A. Yes.</p> <p>24 Q. Is the same true for puberty blockers</p> <p>25 as --</p>

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<p style="text-align: right;">Page 142</p> <p>1 A. Yes.</p> <p>2 Q. -- part of gender-affirming care?</p> <p>3 A. Certainly.</p> <p>4 Q. And the same is true for cross-sex</p> <p>5 hormones --</p> <p>6 A. Yes.</p> <p>7 Q. -- as part of gender-affirming care?</p> <p>8 THE COURT REPORTER: Oh, wait --</p> <p>9 MS. VETA: Let -- let him finish his</p> <p>10 question.</p> <p>11 THE WITNESS: Sorry.</p> <p>12 MS. VETA: Just slow down.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. Sorry.</p> <p>15 The same is true for cross-sex hormones as</p> <p>16 part of gender-affirming care?</p> <p>17 A. That -- that -- that a patient could</p> <p>18 decide against cross-sex hormones even though it was</p> <p>19 considered medically necessary?</p> <p>20 Q. That -- that a doctor would be -- could</p> <p>21 properly determine that cross-sex hormones was</p> <p>22 medically necessary for a patient even though the</p> <p>23 patient did not want those hormones.</p> <p>24 A. In theory, yes.</p> <p>25 Q. Do you know if that happens in practice?</p>	<p style="text-align: right;">Page 144</p> <p>1 Q. Why is it not for you to say?</p> <p>2 A. You're talking about someone who is not --</p> <p>3 you're -- you're talking a cisgender female who's</p> <p>4 uncomfortable about her body and her -- and her</p> <p>5 breasts and -- and requesting breast augmentation?</p> <p>6 Q. As part of gender-affirming care.</p> <p>7 A. Well, if she's not -- if she's not gender</p> <p>8 dysphoric -- you're saying this is a non-transgender</p> <p>9 patient?</p> <p>10 Q. Yeah. So -- maybe let's take a step back.</p> <p>11 A. Sorry.</p> <p>12 Q. Would you consider that part of</p> <p>13 gender-affirming care, a cisgender natal female</p> <p>14 uncomfortable in her body wanting breast</p> <p>15 augmentation?</p> <p>16 MS. VETA: Object to the form.</p> <p>17 THE WITNESS: Yeah, why would she be</p> <p>18 asking for gender-affirming surgery?</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. My -- I -- my question is, if a natal</p> <p>21 female, uncomfortable in her body, wants breast</p> <p>22 augmentation, do you consider that part of</p> <p>23 gender-affirming care?</p> <p>24 A. No.</p> <p>25 Q. Is gender-affirming care limited to people</p>
<p style="text-align: right;">Page 143</p> <p>1 A. Oh, certainly it does, uh-huh.</p> <p>2 Q. And in those instances, do you know if the</p> <p>3 doctor recommends hormones for that patient?</p> <p>4 A. You know, they -- what -- you know, I --</p> <p>5 I'm not on that end of the treatment process, so I'm</p> <p>6 just going to stop there. I -- I don't prescribe</p> <p>7 hormones, so I'm going to just stop there.</p> <p>8 Q. Okay. And do you know if under the SOC-8</p> <p>9 a doctor should ad- -- advise the patient that those</p> <p>10 hormones would be medically necessary even though</p> <p>11 the patient did not want them?</p> <p>12 MS. VETA: Object to the form.</p> <p>13 THE WITNESS: I mean, I think you're -- I</p> <p>14 don't -- I don't know why -- well, this -- it</p> <p>15 just -- it seems like speculation. I -- I -- you</p> <p>16 know, it's a hypothetical question that I don't</p> <p>17 think it's fair for me to speculate about.</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. Okay. Could breast augmentation surgery</p> <p>20 be medically necessary gender-affirming care for a</p> <p>21 natal female desiring the surgery because she is</p> <p>22 uncomfortable in her body?</p> <p>23 A. Again, that -- it would be speculation,</p> <p>24 but I'll -- you know, that -- it's -- that's not for</p> <p>25 me to say.</p>	<p style="text-align: right;">Page 145</p> <p>1 with gender dysphoria or gender incongruence?</p> <p>2 A. In -- I think that is the intent, yes.</p> <p>3 Q. Do you agree that castration could be</p> <p>4 medically necessary gender-affirming care for a</p> <p>5 17-year-old who identifies as eunuch?</p> <p>6 MS. VETA: Object to the form.</p> <p>7 THE WITNESS: That's a hypothetical</p> <p>8 question and a clinical situation that I've never</p> <p>9 seen.</p> <p>10 BY MR. BOWDRE:</p> <p>11 Q. I want to go back to earlier you had</p> <p>12 mentioned that the ethics -- the draft ethics</p> <p>13 chapter was removed from the final version of SOC-8.</p> <p>14 Do you recall that?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And why was the ethics chapter</p> <p>17 removed?</p> <p>18 MS. VETA: Object to the form.</p> <p>19 THE WITNESS: The ethics chapter was</p> <p>20 re- -- removed because, as I understand it, the --</p> <p>21 the -- in doing the -- the -- the -- the final</p> <p>22 reviews, that the -- in -- the language consistency</p> <p>23 showed some conflict between two of the chapters,</p> <p>24 and so it was decided that it was best to remove the</p> <p>25 chapter.</p>

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<p style="text-align: right;">Page 146</p> <p>1 BY MR. BOWDRE: 2 Q. Do you recall or do you know what those 3 conflicts were? 4 A. I actually do not. 5 Q. And then you had mentioned that you had 6 made suggestions to the adolescent chapter; is that 7 correct? 8 A. Mm-hmm. 9 Q. And I just want to make sure that I 10 understand, you know, what those suggestions were. 11 Could you tell me what those suggestions 12 were? 13 A. I mean, I answered that earlier, I 14 thought. 15 But -- but I had -- I had expressed some 16 concerns about the -- about the effect of puberty 17 blockers on later surgery and -- and also the -- the 18 orgas- -- I -- I felt like the orgasmic capacity and 19 the results of -- of -- of later surgery were 20 important to be followed and documented. 21 Q. Okay. And those -- that is -- that 22 encompasses the suggestions that you made to ad- -- 23 to the adolescent chapter? 24 A. Is -- that -- that's -- in so many words, 25 yes.</p>	<p style="text-align: right;">Page 148</p> <p>1 it? 2 A. We make statements of recommendations in 3 the chapter. To be honest, I have actually not read 4 this chapter. 5 Q. So do you know if you agree with the 6 recommendations in this chapter? 7 A. Can I read the recommendations? 8 MS. VETA: Object to the form. 9 BY MR. BOWDRE: 10 Q. Well, let's take it sort of a step at a 11 time. 12 On page S88 -- 13 A. Mm-hmm. 14 Q. The second paragraph -- this is on the 15 left-hand column. 16 A. S88. 17 Q. It begins "Eunuch individuals." 18 A. Yes. 19 Q. Do you see that? 20 A. Yes. 21 Q. "Eunuch individuals are those assigned 22 male at birth and wish to eliminate masculine 23 physical features, masculine genitals, or genital 24 functioning." [As read] 25 A. Mm-hmm.</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. Okay. Thank you. Thanks for revisiting 2 that. 3 A. Sure. 4 Q. Could you turn to page S88? 5 A. Sure. 6 Okay. 7 Q. Okay. And this is Chapter 9 of SOC-8, 8 which is the eunuch chapter. 9 As a board member, am I correct that you 10 voted to approve this chapter? 11 A. I mean, we -- we voted to approve the -- 12 the SOC as it stands. 13 Q. And that would have included this chapter? 14 A. That would have included this chapter, 15 mm-hmm. 16 Q. And am I right that this is the first time 17 that WPATH has made recommendations for 18 gender-affirming care for eunuchs? 19 MS. VETA: Object to the form. 20 THE WITNESS: I don't think we call it 21 gender-affirming care. And I could be wrong. But 22 there's -- there's recommendations, but we don't 23 call it -- I don't think we call it this. 24 BY MR. BOWDRE: 25 Q. If it's not gender-affirming care, what is</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. And then skipping a sentence, it 2 continues, "This identity-based definition for those 3 who embrace the term eunuch does not include others, 4 such as men who have been treated for advanced 5 prostate cancer and reject the designation of 6 eunuch." 7 Do you agree that the definition of a 8 eunuch is simply someone who wishes to eliminate 9 masculine genitals, genital functioning -- 10 THE COURT REPORTER: Can you slow down 11 just a little bit, please. 12 BY MR. BOWDRE: 13 Q. Yes. Sorry. 14 Do you agree with this definition that the 15 definition of a eunuch is simply someone who wishes 16 to eliminate masculine genitals, genital functioning 17 or masculine physical features? 18 MS. VETA: Object to the form. 19 THE WITNESS: I mean -- I mean that would 20 be speculation, but eunuchs have been around since 21 the time of Jesus, for example. I mean, the Bible 22 has many references to eunuchs. And -- yeah. 23 BY MR. BOWDRE: 24 Q. Well, would you agree that this definition 25 is a little bit different in that it encompasses</p>

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<p style="text-align: right;">Page 150</p> <p>1 individuals who wish to eliminate those mas- --</p> <p>2 masculine physical features but have not actually</p> <p>3 done so?</p> <p>4 MS. VETA: Object to the form.</p> <p>5 THE WITNESS: I mean, that sounds like</p> <p>6 speculation to me.</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. So you don't -- looking at this</p> <p>9 definition, you don't know if -- you don't have any</p> <p>10 opinion on whether what I just said is consistent</p> <p>11 with that definition?</p> <p>12 A. I don't really treat eunuchs in my</p> <p>13 clinical practice.</p> <p>14 Q. Do you know if eunuch is a medical</p> <p>15 diagnosis?</p> <p>16 MS. VETA: Object to the form.</p> <p>17 THE WITNESS: I think it's an established</p> <p>18 word or identity, but I have -- I -- I don't -- I</p> <p>19 don't -- I don't have any knowledge of its presence</p> <p>20 as a diagnosis.</p> <p>21 BY MR. BOWDRE:</p> <p>22 Q. Okay. Do you know if it's a mental health</p> <p>23 diagnosis?</p> <p>24 A. I'm not sure.</p> <p>25 Q. Do you know if it appears in the DSM-5 or</p>	<p style="text-align: right;">Page 152</p> <p>1 book by the name of Castration that suggests that --</p> <p>2 that males who undergo castration live an average of</p> <p>3 11 years longer than their non-castrated</p> <p>4 counterparts.</p> <p>5 BY MR. BOWDRE:</p> <p>6 Q. So is -- is that an example of a study</p> <p>7 that has determined that those who seek castration</p> <p>8 will, in fact, be healthier in the long run if</p> <p>9 they're castrated to align with their eunuch</p> <p>10 identity?</p> <p>11 A. The book is well --</p> <p>12 MS. VETA: Object to the form.</p> <p>13 THE WITNESS: The book is well-referenced.</p> <p>14 BY MR. BOWDRE:</p> <p>15 Q. Could you go to page S90.</p> <p>16 A. Mm-hmm.</p> <p>17 Q. And this is Statement 9.2.</p> <p>18 A. Uh-huh.</p> <p>19 Q. And it says, "We recommend health care</p> <p>20 professionals consider medical intervention,</p> <p>21 surgical intervention, or both for eunuch</p> <p>22 individuals when there is a high risk that</p> <p>23 withholding treatment will cause individuals harm</p> <p>24 through self-surgery, surgery by" -- "by unqualified</p> <p>25 practitioners, or unsupervised use of medications</p>
<p style="text-align: right;">Page 151</p> <p>1 the ICD-11?</p> <p>2 A. I'm not sure.</p> <p>3 Q. The third paragraph reads, "As with other</p> <p>4 gender diverse individuals, eunuchs may also seek</p> <p>5 castration to better align their bodies with their</p> <p>6 gender identity. As such, eunuch individuals are</p> <p>7 gender nonconforming individuals who have needs</p> <p>8 requiring medically necessary gender-affirming</p> <p>9 care."</p> <p>10 Am I correct that WPATH's official</p> <p>11 position is that if a male wishes to eliminate</p> <p>12 genitals and seeks castration, then castration may</p> <p>13 be medically necessary for that patient?</p> <p>14 MS. VETA: Object to the form.</p> <p>15 THE WITNESS: I mean, it's written in --</p> <p>16 it's written here. And I don't see any trouble with</p> <p>17 the -- with the -- with the -- I don't have a</p> <p>18 problem with -- with how this reads.</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. Okay. Do you know what, if any, study has</p> <p>21 determined that those who seek castration will, in</p> <p>22 fact, be healthier in the long run if they are</p> <p>23 castrated to align with their eunuch identity?</p> <p>24 MS. VETA: Object to the form.</p> <p>25 THE WITNESS: Mm-hmm. There is actually a</p>	<p style="text-align: right;">Page 153</p> <p>1 that affect hormones." [As written]</p> <p>2 Are you aware of any discussion in SOC-8</p> <p>3 as to how WPATH balanced the risks and benefits of</p> <p>4 castration of men identifying as eunuch?</p> <p>5 A. Bal- --</p> <p>6 MS. VETA: Object to the form.</p> <p>7 THE WITNESS: I'm sorry, balance to what?</p> <p>8 BY MR. BOWDRE:</p> <p>9 Q. I'll repeat the question.</p> <p>10 Are you aware of any discussion in SOC-8</p> <p>11 as to how WPATH balanced the risks and benefits of</p> <p>12 castration of men identifying as eunuch?</p> <p>13 MS. VETA: Object to the form.</p> <p>14 THE WITNESS: Yeah, I -- I don't</p> <p>15 understand that as a question. But I -- I don't</p> <p>16 know the answer to that, if it is a question.</p> <p>17 BY MR. BOWDRE:</p> <p>18 Q. Well, I assume that in making the</p> <p>19 recommendation, that someone -- you know, to make</p> <p>20 the recommendation for the intervention, I would</p> <p>21 assume that someone said, you know, this is -- the</p> <p>22 balance is that this is going to be a positive</p> <p>23 intervention and that the benefits outweigh the</p> <p>24 risks. Is that fair?</p> <p>25 MS. VETA: Object to the form.</p>

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<p style="text-align: right;">Page 154</p> <p>1 THE WITNESS: I mean, you're asking me to 2 speculate about that question, I think. 3 BY MR. BOWDRE: 4 Q. Do you not know the answer to that 5 question? 6 A. You're -- can you ask it again? 7 Q. So in -- in making the recommendation, do 8 you know if someone in WPATH balanced the risks and 9 the benefits in making the recommendation? 10 A. You're -- you're asking me to speculate, 11 and I don't know the answer. 12 Q. Okay. And do you know of a discussion of 13 the risk and benefits with regard to this 14 recommendation for eunuchs in SOC-8? 15 MS. VETA: Object to the form. 16 THE WITNESS: I -- I don't know. 17 BY MR. BOWDRE: 18 Q. Do you think that the evidence -- let me 19 take a step back. 20 Can you go to page S250, near the end. 21 A. Sure. 22 Q. And on the right-hand column under 3.9, 23 the "Grading criteria for statements." 24 A. Mm-hmm. 25 Q. And then underneath the first bullet</p>	<p style="text-align: right;">Page 156</p> <p>1 A. Yeah. 2 Q. The third bullet point under strong 3 recommendations said, "There are few downsides of 4 therapy/intervention/strategy." [As written] 5 Do you agree that there are few downsides 6 of castration for self-identifying eunuchs? 7 MS. VETA: Object to the form. 8 THE WITNESS: I mean, I don't treat 9 eunuchs. And that would be speculation to answer 10 the question. 11 BY MR. BOWDRE: 12 Q. And then the final bullet point is, "There 13 is a high degree of acceptance among providers and 14 patients or those for whom the recommendation 15 applies." 16 Do you agree that there is a high degree 17 of acceptance for castration of self-identified 18 eunuchs? 19 MS. VETA: Object to the form. 20 THE WITNESS: That would be speculation 21 again. 22 BY MR. BOWDRE: 23 Q. So as a -- as a surgeon practicing in this 24 area, you don't know whether castration for eunuchs 25 is widely accepted among your peers?</p>
<p style="text-align: right;">Page 155</p> <p>1 points there's a sentence that reads, "The 2 statements were classified as:" And then it states, 3 "Strong recommendations ('we recommend') are for 4 those interventions/therapy/strategies where: The 5 evidence is of high quality." [As written] 6 Do you consider the evidence to be of high 7 quality for this recommendation for castration for 8 eunuchs? 9 MS. VETA: Object to the form. 10 THE WITNESS: I mean, again, there is a -- 11 if you'd like the name of the book, I'm happy to 12 refer you to it. But there are also -- there is 13 also some experience with this population over time. 14 It's been around forever. And I don't know the -- I 15 don't know the level of evidence myself personally. 16 BY MR. BOWDRE: 17 Q. Do you know if any randomized control 18 trials have been performed comparing -- looking at 19 castration for eunuchs? 20 A. I don't know that. Yeah. 21 Q. Do you know if a systematic re- -- review 22 was done that supports this statement? 23 A. I don't know that. 24 Q. So let's go back to S250 -- and you may 25 still be there.</p>	<p style="text-align: right;">Page 157</p> <p>1 MS. VETA: Object to the form. 2 THE WITNESS: I -- I haven't raised the 3 question with anyone -- 4 BY MR. BOWDRE: 5 Q. Okay. 6 A. -- no. 7 Q. Could you go to S251. 8 A. Mm-hmm. 9 Q. The third paragraph is 3.13, "Distribute 10 Standards of Care for review by international 11 advisors." 12 Do you see that? 13 A. Yes. 14 Q. And I'm -- I'm correct that you had no 15 personal involvement in this process? 16 A. Correct. 17 Q. Okay. And you don't know how these 18 organizations were selected to -- to review the 19 draft SOC-8? 20 A. That's right. Mm-hmm. 21 Q. Looking at these organizations, is it fair 22 to say that all of these organizations advocate for 23 transitioning treatments? 24 MS. VETA: Object to the form. 25 THE WITNESS: I mean, that doesn't --</p>

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<p style="text-align: right;">Page 158</p> <p>1 that -- I would be speculating to suggest anything 2 more. 3 BY MR. BOWDRE: 4 Q. Are you familiar with all of these 5 organizations? 6 A. Some, yes. Some, no. 7 Q. Of the ones that you are familiar with, do 8 you see any that do not recommend transitioning 9 treatments? 10 MS. VETA: Object to the form. 11 THE WITNESS: I don't think any -- yeah, 12 that -- that just seems like an odd -- I mean, what 13 they're asked to do here was to review the 14 recommendations. I don't think this was a -- this 15 is a question of advocating for any sort of 16 treatment. I mean, the -- these are very, very 17 diverse -- this is a very diverse group from around 18 the world. And the intent was to get a -- a global 19 weight and -- and review of the document. There was 20 no aspect of advocacy here. 21 BY MR. BOWDRE: 22 Q. Well, these groups are -- included the 23 Asia Pacific Transgender Network, the Global Action 24 For Transgender Equality, the International Lesbian, 25 Gay, Bisexual, Transgender, Intersex Association,</p>	<p style="text-align: right;">Page 160</p> <p>1 comment period." 2 Do you know why SOC-8 was sent to legal 3 experts to review? 4 A. I -- documents of this sort are typically 5 reviewed by legal experts to -- you know, to be 6 legally compliant. And so, I think it makes -- I 7 think it makes a perfect amount of sense. 8 Q. So in your understanding, medical clinical 9 guidelines are typically sent to -- for legal 10 review -- 11 MS. VETA: Object to the form. 12 BY MR. BOWDRE: 13 Q. -- before being published? 14 MS. VETA: Sorry. 15 THE WITNESS: Yeah, I don't know every -- 16 I don't know every medical guideline, but I would be 17 surprised if they weren't. These days, it seems 18 like everything we do in medicine is reviewed by 19 legal. 20 BY MR. BOWDRE: 21 Q. Do you know what, if any, comments the 22 legal reviewers had for WPATH? 23 A. I don't. 24 Q. Would you agree that transparently -- 25 excuse me.</p>
<p style="text-align: right;">Page 159</p> <p>1 and Transgender Europe. 2 So would you agree that all of these 3 organizations are in some way involved in 4 transgender healthcare? 5 MS. VETA: Object to the form. 6 THE WITNESS: Yeah, I don't -- you know, I 7 don't really don't know all of the -- all of 8 their -- I don't know their core statements or 9 anything really -- 10 BY MR. BOWDRE: 11 Q. Okay. 12 A. -- in depth about any of these. 13 Q. Could you go to S247. 14 A. Yes. 15 Okay. 16 Q. And on the left-hand column, the third 17 paragraph starting on the second sentence -- 18 A. Mm-hmm. 19 Q. -- which states, "Additional input to the 20 guidelines." 21 Do you see that? 22 A. Yes. 23 Q. "Additional input to the guidelines was 24 provided by an international advisory committee, 25 legal experts, and feedback received during a public</p>	<p style="text-align: right;">Page 161</p> <p>1 Would you agree that transparency and 2 guideline creation is important? 3 A. Absolutely. 4 Q. Why is that? 5 A. Because the -- it's important that the 6 truth be evident. And if you're going to put out 7 guidelines that are going to affect, you know, a 8 significant -- you know, if you're going to affect 9 patient care, you're going to want to have 10 transparency in the process. 11 Q. In what areas is it important for a 12 clinical guideline to be transparent? 13 MS. VETA: Object to the form. 14 THE WITNESS: I mean, in what areas? I -- 15 I mean -- I mean, we put the doc- -- we put the 16 entire document out for public review to all 17 membership. I mean, it -- it probably should be 18 contained to -- to -- I'm just speculating there. I 19 mean, it's -- it's an open process. And -- and this 20 is why we had the open comment period. 21 BY MR. BOWDRE: 22 Q. Do you think that open process should be 23 restricted in some way? 24 MS. VETA: Object to the form. 25 THE WITNESS: Yeah, I'm not sure what</p>

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<p style="text-align: right;">Page 162</p> <p>1 that -- what you're -- what you're asking. 2 BY MR. BOWDRE: 3 Q. Do you think that all parts of the 4 guideline creation should be disclosed to the 5 public? 6 MS. VETA: Object to the form. 7 THE WITNESS: To the public or to -- or to 8 relevant parties? 9 BY MR. BOWDRE: 10 Q. How would you define "relevant parties"? 11 A. Members of WPATH. 12 Q. Okay. So -- 13 A. So, in other words, you're not going to -- 14 if you're going to -- if you're going to release 15 guidelines about how a -- an automobile is made, 16 you're -- you're going to -- are you going to 17 release them to the entire public? I don't know. I 18 don't -- I don't know. I'm not sure that's the 19 right analogy, actually, but... 20 Q. So speaking of medical clinical 21 guidelines, do you -- do you think it is important 22 to be transparent not only to the WPATH members or 23 the members of that organization, but also to the 24 public? 25 MS. VETA: Object to the form.</p>	<p style="text-align: right;">Page 164</p> <p>1 should be reviewed. Sure. 2 Q. Do you think it was important for WPATH, 3 in the creation of SOC-8, to use systematic methods 4 to search for the evidence that was used? 5 MS. VETA: Object to the form. 6 THE WITNESS: What do you mean by system 7 method -- "systematic method"? 8 BY MR. BOWDRE: 9 Q. Do you understand what a systematic 10 literature review is? 11 A. Of course. 12 Q. What is a systematic literature review? 13 A. You're looking for all -- especially peer 14 reviewed and -- and evidence of -- scientific 15 evidence that is -- that is a placebo and blinded. 16 Q. Are you familiar with the AGREE II process 17 for evaluating guidelines? 18 A. Not -- not terribly, no. 19 Q. Do you know if WPATH relied on the AGREE 20 II process in creating W -- in -- in creating SOC-8? 21 A. I'm not certain. 22 Q. Do you know if the AGREE II process is a 23 well-accepted process for evaluating clinical 24 guidelines? 25 MS. VETA: Object to the form.</p>
<p style="text-align: right;">Page 163</p> <p>1 THE WITNESS: Well, you're asking me to 2 speculate about whether we would re- -- do -- do 3 organizations release -- I -- you know, I don't -- 4 you know, I think that's anything in life. Do they 5 release to the public how they make hot dogs? I 6 don't think so. 7 I mean, there are some things that have 8 relevancy. And -- and this document is about as 9 in-depth and exhaustively reviewed and peer 10 reviewed, you know, backed by evidence, double 11 checked. I mean, you mentioned legal. And then the 12 open comment period. I mean, I -- it -- it -- I 13 think it's a remarkable document. 14 BY MR. BOWDRE: 15 Q. Do you agree that it's important to use 16 systematic methods to search for evidence that is 17 used for the guideline? 18 MS. VETA: Object to the form. 19 THE WITNESS: I mean, it's -- it's 20 speculative. And -- 21 BY MR. BOWDRE: 22 Q. Why is that speculative? 23 A. You -- you're -- you're putting it -- I 24 should say you're putting it in a hypothetical -- 25 you know, what, that I'm -- that the -- the document</p>	<p style="text-align: right;">Page 165</p> <p>1 THE WITNESS: I don't know that. 2 MS. VETA: Actually, could we -- we could 3 we take a short break? 4 MR. BOWDRE: Sure. 5 MS. VETA: Thanks. 6 THE VIDEOGRAPHER: This marks the end of 7 Media Number 4 in the deposition of Marci Bowers. 8 The time is 1:38 p.m. We're off the record. 9 (Short recess taken.) 10 THE VIDEOGRAPHER: This marks the 11 beginning of Media Number 5 in the deposition of 12 Marci Bowers. The time is 1:54 p.m. We are on the 13 record. 14 BY MR. BOWDRE: 15 Q. Dr. Bowers, do you know if it is an 16 accepted component of guideline creation for 17 guidelines to describe the criteria for selecting 18 the evidence that they consider? 19 MS. VETA: Object to the form. 20 THE WITNESS: Yeah, I mean, I'm a -- I was 21 a participant in the -- in the development of the 22 guidelines, not a -- I wasn't one of their 23 organizers or creators. 24 BY MR. BOWDRE: 25 Q. So is the answer to my question that you</p>

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<p style="text-align: right;">Page 166</p> <p>1 don't know?</p> <p>2 A. I don't know.</p> <p>3 Q. Do you know if it is an accepted part of</p> <p>4 guideline creation for the guideline to detail the</p> <p>5 search strategy for the evidence that it considered</p> <p>6 in sufficient detail that someone can replicate that</p> <p>7 search?</p> <p>8 MS. VETA: Object to the form.</p> <p>9 THE WITNESS: I don't know.</p> <p>10 BY MR. BOWDRE:</p> <p>11 Q. Do you know if WPATH attempted to detail</p> <p>12 the search strategy that it used in creation of</p> <p>13 SOC-8 in sufficient detail that someone could</p> <p>14 replicate that search?</p> <p>15 A. I wouldn't know.</p> <p>16 Q. Do you have -- do you know whether it's an</p> <p>17 important part of guideline creation for the</p> <p>18 guideline to describe how the authors assessed the</p> <p>19 risk of bias in the studies that they considered?</p> <p>20 A. I wouldn't know that.</p> <p>21 Q. Do you know if it is an important part or</p> <p>22 an accepted part of guideline creation for the</p> <p>23 guideline to have an explicit link between the</p> <p>24 guideline's recommendation and the evidence that</p> <p>25 supports that recommendation?</p>	<p style="text-align: right;">Page 168</p> <p>1 Do you know if SOC-8 was reviewed by</p> <p>2 external methodologists who were not involved in the</p> <p>3 creation of SOC-8 before it was published?</p> <p>4 A. I mean, the Hopkins review was a -- was a</p> <p>5 part of that, but I don't -- you know, I don't know</p> <p>6 the answer specifically to your question.</p> <p>7 Q. Okay. And just to be clear, I was trying</p> <p>8 to exclude the Hopkins team that was involved in the</p> <p>9 creation. So do you know if any --</p> <p>10 A. No.</p> <p>11 Q. -- methodologists outside --</p> <p>12 MS. VETA: Let him finish his question,</p> <p>13 and then you can answer.</p> <p>14 BY MR. BOWDRE:</p> <p>15 Q. Sorry.</p> <p>16 Do you know if any methodologists outside</p> <p>17 of the Hopkins team reviewed SOC-8 before it was</p> <p>18 published?</p> <p>19 A. I don't know.</p> <p>20 MR. BOWDRE: Could you give me 19.</p> <p>21 MS. VETA: Thank you.</p> <p>22 THE COURT REPORTER: Exhibit 6.</p> <p>23 (Bowers Deposition Exhibit 6 was marked</p> <p>24 for identification.)</p> <p>25 MS. VETA: Oops.</p>
<p style="text-align: right;">Page 167</p> <p>1 A. I wouldn't know that.</p> <p>2 Q. Do you know if it is an important part of</p> <p>3 guideline -- excuse me.</p> <p>4 Do you know if it is an accepted part of</p> <p>5 guideline creation that when a recommendation is</p> <p>6 informed primarily by expert consensus, that that</p> <p>7 fact should be clearly stated for that particular</p> <p>8 recommendation?</p> <p>9 MS. VETA: Object to the form.</p> <p>10 THE WITNESS: I -- I wouldn't know that.</p> <p>11 BY MR. BOWDRE:</p> <p>12 Q. Do you know if WPATH tried to create or</p> <p>13 explain an explicit link -- excuse me.</p> <p>14 Do you know if WPATH tried to make it</p> <p>15 clear which recommendations were supported only by</p> <p>16 consensus recommendations?</p> <p>17 A. I mean, you have the guidelines. I --</p> <p>18 Q. Do you know the answer to my question?</p> <p>19 A. No, I don't.</p> <p>20 Q. Do you know if SOC-8 was reviewed by</p> <p>21 external methodologists before it was published?</p> <p>22 A. I think there's some reference to that in</p> <p>23 here, but I don't know the -- the answer</p> <p>24 specifically.</p> <p>25 Q. Okay. Let me rephrase that.</p>	<p style="text-align: right;">Page 169</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. Okay. I have marked as -- or the court</p> <p>3 reporter has marked as Exhibit 6, a part of the</p> <p>4 WPATH website, which is titled "methodology for the</p> <p>5 development of soc8." [As written]</p> <p>6 Have you seen this?</p> <p>7 A. Yeah, I -- yes, I have.</p> <p>8 Q. Okay. Do you know if this was an earlier</p> <p>9 version of the methodology section that appears in</p> <p>10 SOC-8?</p> <p>11 A. I don't know.</p> <p>12 Q. Could you go to the -- it's a few pages</p> <p>13 in, at the very bottom it says, "2.5 Editing of the</p> <p>14 SOC8." [As written]</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And so, right above that, there's a</p> <p>17 paragraph that says, "To maintain difference and</p> <p>18 help readers distinguish between recommendations</p> <p>19 informed by systematic reviews and those not, the</p> <p>20 statements should be followed by certainty of</p> <p>21 evidence for those informed by systematic literature</p> <p>22 reviews."</p> <p>23 And then it says, "Only statements</p> <p>24 supported by the systematic literature review should</p> <p>25 be followed by:" And then it says, "Four crosses,</p>

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Page 170	Page 172
<p>1 strong certainty of evidence; three crosses, 2 moderate certainty of evidence; two crosses, low 3 certainty of evidence; and one cross, very low 4 certainty of evidence." [As read] 5 Would you agree that the final SOC-8 does 6 not include these indicators of the quality of 7 evidence supporting each recommendation? 8 MS. VETA: Object to the form. 9 THE WITNESS: I don't know. 10 BY MR. BOWDRE: 11 Q. You don't know if SOC-8 includes these 12 markers of quality? 13 A. No. 14 Q. And so if SOC-8 does not include these 15 markers of quality, do you know what happened to 16 them? 17 MS. VETA: Object to the form. 18 THE WITNESS: I mean, take a specific 19 section and -- but I -- I don't know. 20 BY MR. BOWDRE: 21 Q. Okay. The next sentence, "The level of 22 agreement from the final round of Delphi should be 23 presented for each as an appendix at the end of the 24 document (such as in a table)." 25 Do you know if WPATH has ever published to</p>	<p>1 the evidence supporting the recommendation 2 statements, should I take that to mean that that 3 recommendation was not supported by a systematic 4 literature review? 5 MS. VETA: Object to the form. 6 THE WITNESS: You're speculating, but as 7 far as I know, the methodology was followed for each 8 recommendation. 9 BY MR. BOWDRE: 10 Q. Okay. And do -- I mean, do you know of 11 any statements in SOC-8 in which there is a 12 statement showing the quality of the evidence 13 supporting it? 14 A. I mean, it is -- the document is as it 15 stands. I mean, you can see what's there. It -- 16 recommendations are -- are stated, and the quality 17 of the evidence is stated. 18 Q. Where is -- well, let -- I mean, let's 19 take a look at a recommendation statement. 20 Do you have the SOC-8 in front of you? 21 A. I do. 22 Q. I'm sorry. And that is Exhibit Number 4. 23 Why don't you turn to page S48. And this 24 is the box of "Statement of Recommendations" for 25 gender-diverse adolescents; correct?</p>
Page 171	Page 173
<p>1 the public the level of agreement from the final 2 round of Delphi for the recommendations in SOC-8? 3 A. I'm not sure. 4 Q. And if it has not, do you know why it has 5 not done that? 6 MS. VETA: Object to the form. 7 THE WITNESS: I wouldn't know that. 8 BY MR. BOWDRE: 9 Q. As president, if it -- excuse me. 10 If it is the case that these 11 recommendations and statements in SOC-8 are not 12 followed by statements showing their level -- the 13 quality of evidence that supports them, as 14 president, do you think it would be important for 15 WPATH to make that information available to the 16 public? 17 MS. VETA: Object to the form. 18 THE WITNESS: I -- I think, you know, 19 it -- our methodology was laid out here. And, as 20 far as I know, it was followed. 21 BY MR. BOWDRE: 22 Q. So if -- if in SOC-8 there are 23 recommendation statements and there are not 24 indicators, you know, these four crosses or three 25 crosses, these indicators to indicate the quality of</p>	<p>1 A. Okay. 2 Q. And do you see any statements of the 3 quality of evidence following these recommendations? 4 MS. VETA: Object to the form. 5 THE WITNESS: I mean, you would have to 6 ask the chapter lead for this. 7 BY MR. BOWDRE: 8 Q. Well, I thought we just read that if a 9 statement is supported by a systematic literature 10 review, it should be followed by, you know, four 11 crosses for strong certainty of evidence. 12 And I don't see any crosses in this box, 13 do you? 14 MS. VETA: Object to the form. 15 THE WITNESS: It would be speculation for 16 how the final chapter evolved from how the 17 methodology was -- was designed. But my 18 understanding is that the methodology was followed 19 as it was suggested. 20 BY MR. BOWDRE: 21 Q. And what do you base that understanding 22 on? 23 A. From knowledge of the chapter leads and 24 the chapter I was involved in. 25 Q. Does -- do you know if the surgery chapter</p>

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<p style="text-align: right;">Page 174</p> <p>1 provides indicators of the quality of evidence 2 supporting its recommendations? 3 A. I am not sure. 4 Q. As part of the -- your work on the surgery 5 chapter, did you receive individual evidence tables 6 from the Johns Hopkins evidence review team? 7 A. I don't remember. 8 Q. Do you know if the Johns Hopkins evidence 9 review team provided the chapter authors with 10 evidence tables? 11 A. I'm not certain. 12 Q. Do you know if WPATH imposed any 13 limitations on the ability of Dr. Robinson's 14 evidence review team at Johns Hopkins to publish 15 their findings? 16 A. I'm not aware of any limitations, no. 17 MR. BOWDRE: Can you give me 21? 18 THE COURT REPORTER: Exhibit 7. 19 (Bowers Deposition Exhibit 7 was marked 20 for identification.) 21 BY MR. BOWDRE: 22 Q. So Exhibit 7 is titled "Policy & 23 Procedures Regarding the Use of WPATH SOC8 Data," 24 "Revised August 2020." 25 It is Johns Hopkins Bates Number '3195</p>	<p style="text-align: right;">Page 176</p> <p>1 research, education, respect, dignity, and equality 2 for transgender people globally." 3 Do you agree that this policy had the 4 effect of limiting the public availability of the 5 evidence reviews that Johns Hopkins performed? 6 MS. VETA: Object to the form. 7 THE WITNESS: I'm not sure why -- why 8 would it do that? I don't see anything in here that 9 would -- would limit the availability. 10 BY MR. BOWDRE: 11 Q. Then why did WPATH have this policy? 12 MS. VETA: Object to the form. 13 THE WITNESS: I'm not sure. 14 BY MR. BOWDRE: 15 Q. Okay. The paragraph below that -- well, a 16 couple of paragraphs below that, section c involves 17 the work group leader. 18 Do you see that? 19 A. Yes. 20 Q. And at the top it is "WPATH grants access 21 to the data to any interested party, which," and 22 then one of the requirements is "involves the Work 23 Group Leader of the Chapter or, alternatively, a 24 designated representative of that specific SOC8 25 Chapter, or alternatively the Chair or Co-Chairs of</p>
<p style="text-align: right;">Page 175</p> <p>1 through '3201. 2 Have you ever seen this policy before? 3 A. I -- I'm vaguely aware of this. I... 4 Q. So at the bottom it says "Approved by 5 WPATH Board of Directors - August 2020." 6 A. Yeah, I'm -- 7 Q. Were you -- were you on the board of 8 directors in August 2020? 9 A. Yes, I was. 10 Q. Do you know if you voted to approve this 11 policy? 12 A. I believe I did. 13 Q. So if you would flip to the second page -- 14 A. Mm-hmm. 15 Q. -- under the second paragraph under the 16 bold "Aim of the Policy" -- 17 A. Mm-hmm. 18 Q. -- there's a paragraph that begins 19 "Therefore"? 20 A. Mm-hmm. 21 Q. And it says, "Therefore, the aim is of 22 this policy is to develop and to describe a process 23 to ensure that any manuscripts developed from the 24 systematic literature reviews commissioned by WPATH 25 benefit transgender healthcare and promote health,</p>	<p style="text-align: right;">Page 177</p> <p>1 the SOC8 in the design, drafting of the article, and 2 final approval of the article;" [As read] 3 Do you know why this requirement was 4 instituted? 5 A. I don't. 6 Q. Do you agree that this would limit the 7 Johns Hopkins team from publishing their findings if 8 it was not approved by a chapter lead or someone 9 involved in the chapter? 10 MS. VETA: Object to the form. 11 THE WITNESS: Yeah, I have no idea, but I 12 don't see anything that -- here that says that. 13 BY MR. BOWDRE: 14 Q. Well, the last sentence requires the final 15 approval of the article by the member of the work 16 group leader of the chapter or his designee; 17 correct? 18 A. I wasn't the work group leader or the 19 chapter lead. 20 Q. But -- but you voted to approve this 21 policy; right? 22 A. Yes. 23 Q. So did you not understand what this 24 paragraph meant? 25 A. No, we understood it.</p>

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Page 178	Page 180
<p>1 Q. Okay. And so --</p> <p>2 A. And it is -- it is as it says.</p> <p>3 Q. And so it -- it is the case that the --</p> <p>4 the chapter lead or his designee would need to have</p> <p>5 final approval of any article published by the Johns</p> <p>6 Hopkins team; right?</p> <p>7 MS. VETA: Object to the form.</p> <p>8 THE WITNESS: I'm not sure what you're</p> <p>9 getting at. But, I mean, this reads as it states.</p> <p>10 BY MR. BOWDRE:</p> <p>11 Q. Do you agree that I have stated it</p> <p>12 correctly?</p> <p>13 A. I mean, if -- if -- what is written here</p> <p>14 is what was intended.</p> <p>15 Q. Okay. And so why did you vote for a</p> <p>16 provision that requires the work group leader of the</p> <p>17 chapters, his -- or his designee to have final</p> <p>18 approval of any article by the Johns Hopkins team</p> <p>19 before they could publish it?</p> <p>20 MS. VETA: Object to the form.</p> <p>21 THE WITNESS: It would be specula- --</p> <p>22 speculation of me to say.</p> <p>23 BY MR. BOWDRE:</p> <p>24 Q. You don't know why you voted to approve</p> <p>25 this document?</p>	<p>1 MR. BOWDRE: Can you hand me 24?</p> <p>2 (Bowers Deposition Exhibit 8 was marked</p> <p>3 for identification.)</p> <p>4 MS. VETA: Thank you.</p> <p>5 MR. BOWDRE: Sorry.</p> <p>6 THE COURT REPORTER: 8.</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. All right.</p> <p>9 I have handed you what is Bates stamped</p> <p>10 from Johns Hopkins '3732 through '3734, which is a</p> <p>11 letter to Dr. Robinson dated August 26th, 2020.</p> <p>12 Do you recognize this letter?</p> <p>13 A. I don't remember it, no.</p> <p>14 Q. So about halfway through the first page</p> <p>15 there's a paragraph that begins "In essence."</p> <p>16 Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. And it says, "In essence, the 2</p> <p>19 manuscript -- -scripts were evaluated on as per our</p> <p>20 Policy & Procedures Regarding the Use of WPATH SOC8</p> <p>21 Data and the outcome of this evaluation was that the</p> <p>22 2 manuscripts do not adhere to our Policy &</p> <p>23 Procedures Regarding the Use of WPATH SOC8 Data."</p> <p>24 So am I correct that this was a rejection</p> <p>25 of WPATH's -- excuse me, of the Johns Hopkins team</p>
Page 179	Page 181
<p>1 A. You know, it -- it would be -- yeah -- no,</p> <p>2 I -- we -- we approve the document as it states.</p> <p>3 And, you know, this is a -- we -- we would want to</p> <p>4 see -- we felt it was important. We see a doc- --</p> <p>5 we see the -- the final product if -- whatever they</p> <p>6 wrote. I don't think it's -- it doesn't seem that</p> <p>7 complicated.</p> <p>8 Q. So why was it --</p> <p>9 A. It certainly doesn't involve suppression</p> <p>10 of information.</p> <p>11 Q. Well, you would agree with -- by the fact</p> <p>12 that Johns Hopkins had to come seek approval from</p> <p>13 WPATH, that it could have the effect of limiting</p> <p>14 what was published; right?</p> <p>15 MS. VETA: Object to the form.</p> <p>16 THE WITNESS: I mean, that's your</p> <p>17 interpretation, but I don't see that written -- I</p> <p>18 don't see that here, that that would be a problem.</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. Am I correct that when Johns Hopkins</p> <p>21 initially sought WPATH's permission to publish a</p> <p>22 manuscript based on the evidence review that it did</p> <p>23 for SOC-8, that the board of directors denied that</p> <p>24 request?</p> <p>25 A. I -- I don't recall.</p>	<p>1 request to publish a manuscript based on their</p> <p>2 evidence reviews?</p> <p>3 MS. VETA: Object to the form.</p> <p>4 THE WITNESS: My under- -- my recollection</p> <p>5 is that this was a -- an issue of proprietary</p> <p>6 control over the document.</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. It was WPATH exercising proprietary</p> <p>9 control of the literature review that Dr. Robinson</p> <p>10 had done?</p> <p>11 MS. VETA: Object to the form.</p> <p>12 THE WITNESS: There was no issue with the</p> <p>13 review. There was just -- it was just the -- WPATH</p> <p>14 had the right of refusal. And I don't recall the --</p> <p>15 the details of -- this was earlier on, and I really</p> <p>16 don't recall the details of this. But it was not to</p> <p>17 suppress the -- the information.</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. Well, the result was that Johns Hopkins</p> <p>20 could not publish its manuscript at that time;</p> <p>21 right?</p> <p>22 MS. VETA: Object to the form.</p> <p>23 THE WITNESS: It had nothing to do with</p> <p>24 suppressing the -- the -- the -- the findings.</p> <p>25 BY MR. BOWDRE:</p>

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<p style="text-align: right;">Page 182</p> <p>1 Q. So the -- again, the result of this letter 2 was that Johns Hopkins could not publish its 3 manuscript at that time; correct? 4 A. My recollection -- recollection is that 5 there was a -- there was a financial conflict 6 between WPATH and Johns Hopkins. And I'm afraid 7 you'd have to ask someone else for details on this. 8 Q. If WPATH has the systematic evidence 9 reviews that the Johns Hopkins team did for SOC-8 -- 10 A. Mm-hmm. 11 Q. -- as president would you be in favor of 12 making those available to the public? 13 MS. VETA: Object to the form. 14 THE WITNESS: I -- it was never brought to 15 my attention, and I don't see why it would. 16 BY MR. BOWDRE: 17 Q. So I'm not sure I understand the answer. 18 So if -- if -- 19 A. It wasn't brought to my attention. 20 Q. Okay. So as you sit here today, if it is 21 the case that WPATH has in its possession the -- the 22 systematic literature reviews that Dr. Robinson and 23 her team did for SOC-8, would you be in favor of 24 WPATH making those available to the public? 25 A. That --</p>	<p style="text-align: right;">Page 184</p> <p>1 BY MR. BOWDRE: 2 Q. Who would I ask? 3 A. I don't know that. 4 Q. Okay. So as -- as president, you don't 5 know -- as president, would you be able to -- to 6 encourage WPATH to make the systematic literature 7 reviews available to the public? 8 MS. VETA: Object to the form. 9 THE WITNESS: There was an issue with 10 the -- with Johns Hopkins and the chapter -- the 11 chapter leads, and -- and principal authors made 12 these decisions. I was not really a part of that. 13 BY MR. BOWDRE: 14 Q. So I -- I think I understand that, but 15 today, if it's the case that WPATH has in its 16 possession the evidence reviews, as president, would 17 you encourage WPATH to make those reviews available 18 to the public today? 19 MS. VETA: Ob- -- object to the form. 20 THE WITNESS: If there was anything in the 21 evidence reviews that were relevant beyond what's 22 published in the WPATH standards, there would be no 23 reason we wouldn't release them. 24 BY MR. BOWDRE: 25 Q. So why -- why haven't you released them?</p>
<p style="text-align: right;">Page 183</p> <p>1 MS. VETA: Object -- object to the form. 2 THE WITNESS: That would be speculation. 3 BY MR. BOWDRE: 4 Q. It's speculation as to whether you would 5 be in favor of making those available to the public? 6 A. That's right. It's -- it -- it's not an 7 issue that has come -- that -- that would come to my 8 attention. 9 Q. Do you see any reason why those literature 10 reviews should not be made available to the public? 11 MS. VETA: Object to the form. 12 THE WITNESS: That's certainly -- there 13 was no ill intent, but there was also no reason to 14 release them to the public. 15 BY MR. BOWDRE: 16 Q. Why is there no reason to release the 17 literature reviews on which SOC-8 was based to the 18 public? 19 A. It wasn't something that I can comment. I 20 don't know anything about it. 21 Q. But it's -- it's something that WPATH 22 could do today if it wanted to; right? 23 MS. VETA: Object to the form. 24 THE WITNESS: You'd probably better off -- 25 be better off be asking someone else.</p>	<p style="text-align: right;">Page 185</p> <p>1 A. Because there isn't anything there that 2 goes beyond the -- the -- not that I'm aware of, 3 that -- anything there that needs to be discussed. 4 Q. Have you seen the systematic evidence 5 review? 6 A. I have not. 7 Q. Do you know how conflicts of interest were 8 resolved in the authorship of SOC-8? 9 A. No, I'm not. 10 Q. Did the board at any time have any role in 11 reviewing conflict disclosure forms? 12 A. Not that I'm aware of. 13 Q. As far as you are aware, did WPATH -- has 14 WPATH ever publicly disclosed any conflicts of 15 interest among the SOC-8 authorship? 16 A. I believe that there was -- I believe 17 there was something in the -- in the conflict of 18 interest declarations that -- that was dealt with by 19 the chapter leads and the -- the SOC organizers. 20 Q. Do you know what a conflict of interest 21 might be in the creation of a clinical practice 22 guideline? 23 A. I mean, there are many examples, but I 24 wouldn't know of a good example for you. 25 Q. Would you think that you yourself had a</p>

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<p style="text-align: right;">Page 186</p> <p>1 conflict of interest in creating practice guidelines 2 for surgeries that you perform and are fina- -- 3 financially reliant on? 4 A. I mean, that -- that -- that is an absurd 5 statement, anymore than, you know, a -- a 6 diabetologist. No, it doesn't make any sense. 7 Q. So you -- you do not think that you had 8 any conflict of interest as an author of SOC-8? 9 A. Absolutely not. 10 Q. Do you know what standard SOC-8 used to 11 define conflict of interest? 12 MS. VETA: Object to the form. 13 THE WITNESS: No, I don't. But if you're 14 going -- if you're going to make a -- a guide- -- 15 practice guidelines about diabetic care, you would 16 want diabetic care specialists to write that 17 guideline. 18 So as a surgeon who performs surgery, 19 you're going to ask surgeons to help draft that 20 guidelines [verbatim]. 21 You want expertise establishing standards. 22 BY MR. BOWDRE: 23 Q. Do you know if any of the authors of SOC-8 24 had conflicts of interest? 25 A. I don't.</p>	<p style="text-align: right;">Page 188</p> <p>1 guidelines or which readers or users of the 2 guideline might reasonably wish to know." 3 And then the final sentence of that 4 paragraph reads, "We would expect many, if not most, 5 SOC8 members to have competing interests." 6 Were you aware that Dr. Robinson expected 7 that most members of SOC-8 would have competing 8 interests? 9 MS. VETA: Object to the form. 10 THE WITNESS: I've never seen this 11 document. 12 BY MR. BOWDRE: 13 Q. So outside of this document, were you 14 aware that Dr. Robinson had stated that she expected 15 that many, if not most, SOC members would have 16 competing interests? 17 MS. VETA: Object to the form. 18 THE WITNESS: I'm not aware of this 19 e-mail, no. 20 BY MR. BOWDRE: 21 Q. So not to belabor it, but my question was, 22 outside of this e-mail, did you have any knowledge 23 that Dr. Robinson had raised her concern that she 24 would expect that many, if not most -- 25 A. No.</p>
<p style="text-align: right;">Page 187</p> <p>1 Q. Would you expect at least some members of 2 SOC-8 to have conflicts of interest? 3 MS. VETA: Object to the form. 4 THE WITNESS: I'm not sure why that would 5 be. 6 BY MR. BOWDRE: 7 Q. Okay. Do you know if the -- well -- 8 MR. BOWDRE: Can you give me 22? 9 THE WITNESS: Thank you. 10 THE COURT REPORTER: Exhibit 9. 11 (Bowers Deposition Exhibit 9 was marked 12 for identification.) 13 BY MR. BOWDRE: 14 Q. Exhibit 9. 15 I've handed you an e-mail from Karen -- 16 Karen Robinson to Jamie Feldman on December 21, 17 2018, that was produced to us as Johns Hopkins Bates 18 Number '1539. 19 And the first paragraph reads, "It is 20 important that competing interests are disclosed. 21 Competing interests include financial and 22 non-financial interests and relationships that might 23 be considered likely to interfere with, or could 24 reasonably be perceived as interfering with, full 25 and objective decision-making and presentation of</p>	<p style="text-align: right;">Page 189</p> <p>1 Q. -- SOC-8 members -- 2 A. Sorry. 3 Q. -- to have competing interests? 4 A. Sorry. 5 No. 6 Q. Okay. And is it fair to say that you 7 disagree with that concern? 8 MS. VETA: Object to the form. 9 THE WITNESS: I would say that we -- all 10 of us signed a nondisclosure agreement as part of 11 our participation in the process. 12 BY MR. BOWDRE: 13 Q. It's -- so what does -- sorry. 14 What does the nondisclosure agreement have 15 to do with the conflict disclosures? 16 A. We signed a -- a -- I'm sorry. 17 We signed a conflict of interest 18 statement. 19 Q. And -- so in the next paragraph 20 Dr. Robinson says, "Disclosure, and any necessary 21 management of potential conflicts, should take place 22 prior to the selection of guideline members. 23 Unfortunately, this was not done here." [As read] 24 Is -- do you have any knowledge about when 25 the authors of SOC-8 filled out the conflict</p>

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<p style="text-align: right;">Page 190</p> <p>1 disclosure forms that you mentioned?</p> <p>2 A. I don't recall.</p> <p>3 Q. Okay. And you don't recall whether that</p> <p>4 was before or after you were selected as a</p> <p>5 [verbatim] author?</p> <p>6 A. I'm not sure when the timing was, no.</p> <p>7 Q. Okay. And do you know what happened --</p> <p>8 well, let me -- where did you submit your conflict</p> <p>9 disclosure form?</p> <p>10 A. I don't recall.</p> <p>11 Q. And do you know what happened to those</p> <p>12 forms?</p> <p>13 A. I wouldn't --</p> <p>14 Q. Do you know who -- excuse me.</p> <p>15 A. I wouldn't know --</p> <p>16 Q. Okay.</p> <p>17 A. -- where those went.</p> <p>18 Q. And you don't know who reviewed them?</p> <p>19 A. No, I have no -- not specifically, no.</p> <p>20 Q. Could you go back to Exhibit 4, which is</p> <p>21 SOC-8.</p> <p>22 A. Mm-hmm.</p> <p>23 Q. And turn to page S177. On the right-hand</p> <p>24 side under "Funding" -- do you see that paragraph,</p> <p>25 "Funding"?</p>	<p style="text-align: right;">Page 192</p> <p>1 disclosed in SOC-8?</p> <p>2 MS. VETA: Object to the form.</p> <p>3 THE WITNESS: I mean, you'd have to ask</p> <p>4 someone else about that.</p> <p>5 BY MR. BOWDRE:</p> <p>6 Q. And why is that?</p> <p>7 A. Because I don't know anything -- I don't</p> <p>8 know anything about that.</p> <p>9 Q. Did you have any discussions with anyone</p> <p>10 at the TAWANI Foundation about SOC-8?</p> <p>11 A. No, I did not.</p> <p>12 Q. Do you know if the TAWANI Foundation</p> <p>13 reviewed any drafts of SOC-8 before it was</p> <p>14 published?</p> <p>15 A. I don't know, one way or the other.</p> <p>16 Q. Given Dr. Robinson's statement that we</p> <p>17 reviewed that she suspected that most, if not all,</p> <p>18 members of SOC-8 would have conflicts of some sort,</p> <p>19 would you agree that an objective observer could</p> <p>20 have reasonable doubts about the objectivity of</p> <p>21 SOC-8?</p> <p>22 MS. VETA: Object to the form.</p> <p>23 THE WITNESS: I mean, throughout medicine,</p> <p>24 any specialty, you have experts who write the</p> <p>25 standards. That just is common sense.</p>
<p style="text-align: right;">Page 191</p> <p>1 A. Yes. Yes.</p> <p>2 Q. And it says, "This project was partly</p> <p>3 funded from a grant of the Tawani Foundation."</p> <p>4 A. Mm-hmm.</p> <p>5 Q. What is the Tawani Foundation, if you</p> <p>6 know?</p> <p>7 A. It was a found- -- it is a foundation</p> <p>8 supported by the family of Jennifer Pritzker.</p> <p>9 Q. Have you had interactions with the</p> <p>10 foundation personally?</p> <p>11 A. It is -- it is one of our supporting</p> <p>12 foundations, yes.</p> <p>13 Q. Have you had interactions with Jennifer</p> <p>14 Pritzker personally?</p> <p>15 A. I know her on a -- socially. I've met her</p> <p>16 a couple of times.</p> <p>17 Q. Do you know what the mission of the TAWANI</p> <p>18 Foundation is?</p> <p>19 A. I don't.</p> <p>20 Q. Are you aware that the TAWANI Foundation</p> <p>21 has provided million of dollars in grants to Dr. Eli</p> <p>22 Coleman's institute at the University of Minnesota?</p> <p>23 A. I'm not -- I'm not certain about that.</p> <p>24 Q. If that were true, would you agree that</p> <p>25 that would be a potential conflict that should be</p>	<p style="text-align: right;">Page 193</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. As far as you know, did anyone at WPATH</p> <p>3 have contact with U.S. Government officials</p> <p>4 regarding SOC-8?</p> <p>5 A. Government officials?</p> <p>6 Q. Yes.</p> <p>7 A. So the executive committee and myself</p> <p>8 were -- did have a conversation with Rachel Levine.</p> <p>9 Q. Anyone else within the U.S. Government</p> <p>10 that -- anyone involved in U.S. -- in SOC-8 had</p> <p>11 conversations with, that you're aware of?</p> <p>12 A. Not that I'm aware of.</p> <p>13 Q. Were you part of the conversations with</p> <p>14 Rachel Levine?</p> <p>15 MS. VETA: Object to the form.</p> <p>16 THE WITNESS: Yes, I was part of the</p> <p>17 discussion there.</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. And how many times did you discuss SOC-8</p> <p>20 with Rachel Levine?</p> <p>21 A. I believe on two occasions.</p> <p>22 Q. And what did you discuss with Admiral</p> <p>23 Levine?</p> <p>24 A. We discussed the progress of the SOC and</p> <p>25 its development and -- and alleviating --</p>

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Page 194

1 alleviating any concerns of -- that she had in -- as
 2 the document was nearing completion.
 3 Q. And did Admiral Levine raise any concerns
 4 with you?
 5 A. Yes. We had a discussion about the -- the
 6 age -- the setting of the age limits. And that was
 7 primarily the -- the concern.
 8 Q. And what was [verbatim] Admiral Levine's
 9 concerns about the age limits?
 10 A. She was concerned that by setting age
 11 limits, that it would have an -- the unintended
 12 effect of enabling surgical participation, rather
 13 than being set as a minimum criteria.
 14 Q. And what was WPATH's response to Admiral
 15 Levine's concerns about the age limits?
 16 A. Well, we -- we talked personally
 17 Admiral Levine -- Dr. Levine and myself. And then
 18 we -- we opted to invite her to the executive
 19 committee, where the discussion was continued
 20 further.
 21 Q. And what did she say to the executive
 22 committee?
 23 A. I don't recall every detail of the
 24 conversation. But, again, the age limit question
 25 came up and -- as part of the overall discussion.

Page 195

1 And -- and she just -- we -- we had some discussion
 2 back and forth about what that -- setting the age
 3 limit would mean.
 4 Q. Do you recall when this took place?
 5 A. I believe it was in the summer of 2022.
 6 MR. BOWDRE: Can you give me 30.
 7 THE COURT REPORTER: Exhibit 10.
 8 MR. BOWDRE: Exhibit 10.
 9 (Bowers Deposition Exhibit 10 was marked
 10 for identification.)
 11 BY MR. BOWDRE:
 12 Q. Okay. Exhibit 10 is WPATH Bates Stamp
 13 '109485 through '87. And it appears to be
 14 "Executive Committee Min" -- "Minutes" from
 15 September 1, 2021.
 16 And, Dr. Bowers, you would agree that you
 17 are listed as an attendee?
 18 A. Correct.
 19 Q. So first I want to go -- on the second
 20 page --
 21 MS. VETA: First, why don't you let
 22 Dr. Bowers take a look at the document --
 23 THE WITNESS: Yeah.
 24 MS. VETA: -- to familiarize herself.
 25 THE WITNESS: That would be great.

Page 196

1 BY MR. BOWDRE:
 2 Q. Let me know when you're ready, Dr. Bowers.
 3 A. Okay. Thank you.
 4 (Witness reviews.)
 5 Q. And I only have questions about two
 6 aspects, so there's -- once you sort of skim --
 7 A. Okay. Got it.
 8 Q. Okay. On the second page, at the very
 9 bottom --
 10 A. Uh-huh.
 11 Q. -- Section VII, "Religious Statement."
 12 A. Yes.
 13 Q. And it says, "Marci shared a revised
 14 statement and the group discussed it."
 15 I assume that is a reference to you; is
 16 that correct?
 17 A. That's correct.
 18 Q. Okay. And what was the religious
 19 statement?
 20 A. At the time, I felt that based on
 21 discussions within our ethics committee, that the --
 22 that the -- that WPATH should have a -- a statement
 23 in its charter recognizing religiosity as a -- an
 24 important part of people's lives. And drawing it
 25 back within the context of someone who was trans and

Page 197

1 gender diverse.
 2 Q. Has that -- was that statement ever
 3 approved?
 4 A. We opted not to put it in for a variety of
 5 reasons.
 6 Q. It was -- you had submitted it to be part
 7 of SOC-8?
 8 A. Not part of SOC-8.
 9 Q. Okay. What -- you said that WPATH opted
 10 not to put it in.
 11 A. Into the -- into its -- into the charter,
 12 into its --
 13 Q. I'm sorry.
 14 A. -- into its --
 15 Q. You said --
 16 (Simultaneous speaking.)
 17 A. -- into its position basically in its
 18 website.
 19 Q. Okay. And so, that statement has never
 20 been made public, as far as you're aware?
 21 A. That's correct.
 22 Q. Okay. If you would turn back to the first
 23 page, Section III, the "Rachel Levine Update."
 24 A. Yes.
 25 Q. And it says, "Rachel Levine Update" --

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<p style="text-align: right;">Page 198</p> <p>1 redacted -- "gave an update on his discussion 2 with" -- redacted -- "and her staff, some takeaways: 3 She offered to help WPATH in way she could. She 4 said if an SOC8 launch at the White House was not 5 possible, one at the Health Department is likely. 6 She will make an introduction to WHO" -- the World 7 Health Organization -- "and suggest they 8 endorse/ratify the SOC8. And she was invited to be 9 the Keynote Speaker for WPATH 2022 in Montreal, we 10 are waiting to hear back." [As read] 11 Do you agree that this is an accurate 12 summary of the discussion at the meeting regarding 13 Ad- -- Admiral Levine? 14 A. Yes. We discussed a lot of congratulatory 15 sorts of things. I mean, the anticipation and -- 16 and execution of SOC-8 was a major accomplishment. 17 And -- and so, that was all part of the discussion. 18 But the -- the -- the -- the -- the age question 19 wasn't included in this. 20 Q. Sure. And this is from September 2021. 21 So about a year before SOC-8 was published; right? 22 A. Oh, this is 2021? 23 Oh, so this wasn't when the age question 24 was raised. I'm -- I'm so sorry. 25 Q. Do you recall who gave the update?</p>	<p style="text-align: right;">Page 200</p> <p>1 the World Health Organization that they endorse or 2 ratify the SOC-8? 3 A. I'm not certain. 4 Q. At this point, in September 2021, had 5 Admiral Levine expressed concerns that the delay in 6 SOC-8 were [verbatim] causing barriers in her job at 7 HHS? 8 A. Not that I know of. 9 Q. Am I correct that Admiral Levine was 10 provided an embargoed copy of the near final draft 11 of SOC-8 before it was made public? 12 A. I'm not aware of that. 13 Q. Do you know who was provided an embargoed 14 draft of the SOC-8 after the time that the public 15 had commented, but before the final version was made 16 public? 17 A. I don't -- 18 MS. VETA: Object to the form. 19 THE WITNESS: I'm really not sure. 20 MR. BOWDRE: Do you want to take a break 21 right now? 22 MS. VETA: Yeah. 23 THE VIDEOGRAPHER: This marks the end of 24 Media Number 5 in the deposition of Marci Bowers. 25 The time is 2:48 p.m. We're off the record.</p>
<p style="text-align: right;">Page 199</p> <p>1 A. So this is probably a much more acc- -- 2 this is more accurate than my recollection. 3 Who gave the update? 4 No, I don't. 5 Q. Okay. Do you recall what ways Admiral 6 Levine offered to help WPATH? 7 A. I do -- I do -- well, in -- in -- in 8 disseminating -- yes, she talked about disseminating 9 the content and the -- the rollout in terms of the 10 methodology and the -- and the -- and the -- I 11 shouldn't say the method- -- let me back up. 12 She offered to introduce SOC-8 as an 13 update to our internationally recognized scientific 14 guidelines. 15 Q. Sorry. Introduce SOC-8 to whom? 16 A. To general audiences. Dr. Levine makes 17 public appearances. And in her role, she felt that 18 she could be -- she could help educate persons 19 perhaps around the issue of trans and gender diverse 20 care. 21 Q. Do you know if Dr. Levine did, in fact, 22 make an introduction to the World Health 23 Organization? 24 A. I'm not sure. 25 Q. Do you know if Admiral Levine suggested to</p>	<p style="text-align: right;">Page 201</p> <p>1 (Short recess taken.) 2 THE VIDEOGRAPHER: This marks the 3 beginning of Media Number 6 in the deposition of 4 Marci Bowers. The time is 3:08 p.m. We are on the 5 record. 6 BY MR. BOWDRE: 7 Q. Dr. Bowers, could you go back to 8 Exhibit 4, which is the SOC-8 standards. 9 A. Yes. 10 Q. And could you flip to near the end, page 11 S251. 12 A. Okay. I've got it. 13 Q. And on the right-hand side, Statement 14 3.1.7, "Approval by the WPATH Board of Directors." 15 Do you see that? 16 A. Yes, I do. 17 Q. And it states, "The final document was 18 presented to the WPATH Board of Directors for 19 approval and it was approved on the 20th of June 20 2022." 21 Is that correct? 22 A. Yes. 23 Q. And then am I correct that WPATH SOC-8 was 24 released in final form on September 15, 2022? 25 A. That is correct.</p>

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<p style="text-align: right;">Page 202</p> <p>1 Q. And between June 20th, 2022, and 2 September 15, 2022, did the board approve any 3 substantive changes to SOC-8? 4 A. Yes. 5 Q. And what were those changes? 6 A. By my recollection, we -- we opted to 7 remove the ethics chapter. And we opted to revert 8 to a more conservative version in the -- in setting 9 the age criteria for surgery. 10 Q. And did -- as -- as far as you are aware, 11 did SOC-8 disclose that substantive changes had been 12 made after the final document was presented and 13 approved by the board on June 20, 2022? 14 A. Did they release that? 15 Q. Did they publicly disclose that changes 16 were made after what Statement 3.1.7 says was the 17 final approval by the WPATH board? 18 A. I don't know what you mean by "publicly," 19 but I'm not aware of anything. 20 Q. Do you know why WPATH has not disclosed 21 that there were changes made after June 20, 2022? 22 A. I don't think we'd been -- I don't think 23 we've been silent or -- or opaque about it. But we 24 released the final version as it was when it was 25 completed.</p>	<p style="text-align: right;">Page 204</p> <p>1 actually -- I don't think it was actually explained 2 in print. So this is a -- this is a printed 3 version. But what we did is, you know, we had a 4 document, and -- and -- and it was amended late in 5 the process. 6 And a formal -- you know, there was -- 7 the -- the attempt was to get the document out. I 8 mean, we -- it was a lot of work, a lot of effort 9 went into it. It was -- there were -- you know, 10 very, very good contributions, and the literature 11 review -- review was exhaustive. So we felt it was 12 important to -- to release the document. 13 BY MR. BOWDRE: 14 Q. Okay. So do you agree that the document 15 that was approved on June 20, 2022, was not the 16 final document? 17 MS. VETA: Object to the form. 18 THE WITNESS: Yes, I suppose you could 19 take out the -- the -- I don't know how you would 20 amend that to make it different. But, I mean, this 21 wasn't corrected. When the final, final document 22 was -- was approved, I don't know how you could have 23 explained that differently. But, yes. 24 BY MR. BOWDRE: 25 Q. Okay.</p>
<p style="text-align: right;">Page 203</p> <p>1 Q. So you said that you don't think you'd 2 been silent about it. Can you think of any examples 3 in which WPATH has disclosed that substantive 4 changes were made after June 20, 2022? 5 A. I mean, it's -- it's -- it's open in -- 6 you know, amongst anyone in the membership. Anyone 7 knows that that was -- I shouldn't say anyone. I 8 should say that there has been no attempt to -- 9 to -- to obscure that fact. 10 We received a lot of input on the 11 document, both during the open comment period and -- 12 and sub- -- and subsequent to that. And so, as -- 13 as is true of many things as you approach a 14 deadline, sometimes you make last minute changes or 15 substantive changes that we've -- that we think are 16 called for. 17 Q. I understand that. 18 I guess my confusion is the way that this 19 statement is worded and when it says "the final 20 document was presented and approved by the board on 21 June 20, 2022," and, in fact, that was not the final 22 document; correct? 23 MS. VETA: Object to the form. 24 THE WITNESS: Yes. I think -- is this -- 25 is this the act- -- yeah, I don't know that that was</p>	<p style="text-align: right;">Page 205</p> <p>1 A. But there certainly wasn't an effort to 2 obscure the fact that we made changes. 3 MR. BOWDRE: Could you hand me 32. 4 THE COURT REPORTER: Exhibit 11. 5 (Bowers Deposition Exhibit 11 was marked 6 for identification.) 7 BY MR. BOWDRE: 8 Q. Okay. Exhibit 11 is an e-mail entitled 9 "Fwd: We have finished SOC-8." And it was sent -- 10 it appears to have been sent to sarahboateng@hhs.gov 11 on May 31, 2022. 12 Are you familiar with this e-mail? 13 A. I don't believe I'm included on this 14 e-mail, no. 15 Q. Okay. But you -- you yourself did have 16 some interactions with Sarah Boateng; correct? 17 MS. VETA: Object to the form. 18 THE WITNESS: I believe Sarah Boateng was 19 the secretary for Admiral Levine. 20 BY MR. BOWDRE: 21 Q. Okay. And the first sentence reads, "I 22 would be grateful if you could convey the message to 23 Admiral Levine that - as of today - the SOC8 has 24 been completed." [As written] 25 And then the next paragraph is, "We hope</p>

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<p style="text-align: right;">Page 206</p> <p>1 to send you the final version of the SOC8 within the</p> <p>2 next week or so, as discussed and promised</p> <p>3 previously."</p> <p>4 Were you aware that Admiral Levine was</p> <p>5 being sent a copy of the finalized version of SOC-8</p> <p>6 in June 2022?</p> <p>7 A. Not that I recall.</p> <p>8 Q. Do you know why Admiral Levine was sent a</p> <p>9 copy of the final -- or what was then considered to</p> <p>10 be the final version of SOC-8?</p> <p>11 MS. VETA: Object to the form.</p> <p>12 THE WITNESS: I mean, she's -- she is a --</p> <p>13 a cabinet member of the -- or I'm sorry, she's a</p> <p>14 cabinet level member of the HHS, and I -- it would</p> <p>15 be speculation to know exactly why we sent it to</p> <p>16 her.</p> <p>17 BY MR. BOWDRE:</p> <p>18 Q. The last full paragraph, the first</p> <p>19 sentence reads, "It will be extremely helpful if you</p> <p>20 could help us to identify funds for both</p> <p>21 dissemination and funds to create and develop a free</p> <p>22 app to download the SOC8."</p> <p>23 Do you know if Admiral Levine ever acted</p> <p>24 on that request?</p> <p>25 A. She declined to -- it wasn't something</p>	<p style="text-align: right;">Page 208</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. Sorry. Bates '131965.</p> <p>3 So when it says, "Dear EC, SOC8 Co-chairs</p> <p>4 and Adolescent Chapter Leads," am I correct that you</p> <p>5 were a member of the EC, the executive committee?</p> <p>6 A. At which date?</p> <p>7 Q. Looks like that is dated July 1, 2022.</p> <p>8 A. Yes.</p> <p>9 Q. And then if you look above, you see an</p> <p>10 e-mail from yourself?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. So to go back to '131965, the first</p> <p>13 sentence under the introduction reads, "I just got</p> <p>14 off the phone with Sarah Boetang, who is Adm.</p> <p>15 Levine's chief of staff." [As written]</p> <p>16 And the final sentence of the next</p> <p>17 paragraph states, "She wonders if the specific ages</p> <p>18 can be taken out." [As read]</p> <p>19 And then beneath that is a screenshot of</p> <p>20 what was then Statement 6.12h in SOC-8; is that</p> <p>21 correct?</p> <p>22 A. I'm sorry --</p> <p>23 MS. VETA: Object to the form.</p> <p>24 THE WITNESS: Okay. You -- you said -- go</p> <p>25 ahead, say -- say that again.</p>
<p style="text-align: right;">Page 207</p> <p>1 that -- that they could do as part of HHS.</p> <p>2 MR. BOWDRE: Can you give me 33.</p> <p>3 THE COURT REPORTER: Exhibit 12.</p> <p>4 (Bowers Deposition Exhibit 12 was marked</p> <p>5 for identification.)</p> <p>6 BY MR. BOWDRE:</p> <p>7 Q. So Exhibit 12 is an e-mail titled "Some</p> <p>8 Feedback From Member of Adm Levine's Staff," dated</p> <p>9 July 1, 2022, which is a Friday.</p> <p>10 A. Okay.</p> <p>11 MS. VETA: Why don't you let Dr. Bowers</p> <p>12 take a look at the whole e-mail.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. Well, let's go -- if you could just flip</p> <p>15 to the last page, I think we can take it section by</p> <p>16 section. I'll make sure that you're familiar with</p> <p>17 those sections I want to talk about.</p> <p>18 A. Okay. Which page?</p> <p>19 Q. The last page that begins "Dear EC, SOC8</p> <p>20 Co-chairs."</p> <p>21 Do you see that? Bates Stamp '131 --</p> <p>22 A. Yes.</p> <p>23 Q. -- 965.</p> <p>24 THE COURT REPORTER: One second. Bates --</p> <p>25 could you repeat that?</p>	<p style="text-align: right;">Page 209</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. Okay. So is it correct that this -- this</p> <p>3 screenshot, this box --</p> <p>4 A. Mm-hmm.</p> <p>5 Q. -- that appears to be Statement 6.12h,</p> <p>6 that is how that statement appeared at the time in</p> <p>7 SOC-8; is that right?</p> <p>8 A. I -- I'm assuming so, based on this -- the</p> <p>9 inclusion here at this time on this e-mail.</p> <p>10 Q. Okay. And so, the fourth recommendation</p> <p>11 there is that "The adolescent is the following age</p> <p>12 for each treatment:" And then it says, "17 and</p> <p>13 above for metoidioplasty, orchidectomy,</p> <p>14 vaginoplasty, hysterectomy and fronto-orbital</p> <p>15 remodeling as part of gender-affirming treatment</p> <p>16 unless there are significant, compelling reasons to</p> <p>17 take an individualized approach when considering the</p> <p>18 factors unique to the adolescent treatment time</p> <p>19 frame."</p> <p>20 And so, I just want to be clear that --</p> <p>21 how I read that is that someone -- for patients who</p> <p>22 receive a vaginoplasty, for instance, the patient</p> <p>23 has to be at least 17 years old, unless there are</p> <p>24 compelling reasons to perform a surgery for someone</p> <p>25 younger. Is that a correct reading?</p>

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<p style="text-align: right;">Page 210</p> <p>1 A. Yes. An individualized approach could be 2 younger or older. But 17 was set as a minimum 3 criteria. 4 Q. Right. And you agree that this -- these 5 age criteria was what Admiral Levine wanted removed 6 from SOC-8; is that right? 7 MS. VETA: Object to the form. 8 THE WITNESS: Yeah, how I would phrase it 9 is that -- that Admiral Levine was concerned that -- 10 that this could be -- this could be misconstrued 11 and -- and instead of protecting patients by setting 12 minimal standards, this could actually -- this could 13 inadvertently put the onus on the -- on the 14 clinician to provide these services and effectively 15 entitle patients to expect this kind of treatment as 16 soon as they'd reached a certain age. 17 And it was a -- it was a viewpoint that I 18 came around to and -- and saw as probably not 19 helpful, in that it could lead to per- -- perhaps 20 more people getting -- getting gender-affirming 21 surgery at this age. So we felt that -- that it was 22 better to take a more conservative approach with the 23 age by going -- by going back to the standard that 24 we had set in SOC-7. 25 BY MR. BOWDRE:</p>	<p style="text-align: right;">Page 212</p> <p>1 to SOC-7. 2 BY MR. BOWDRE: 3 Q. So is it your understanding that in SO- -- 4 in SOC-8, someone has to be 18 to receive a 5 vaginoplasty? 6 A. In SOC-8? 7 Q. Yes. 8 A. In the current -- in the current standard, 9 un- -- unless there are clinical practices or severe 10 cases that could -- that -- that -- where an 11 individualized approach would take precedent. 12 Q. Okay. And so, the sentence that we read, 13 "She wonders if the specific ages can be taken out," 14 would you agree that Admiral Levine was not asking 15 for an age minimum of 18? 16 MS. VETA: Object to the form. 17 THE WITNESS: Admiral Levine, no. That -- 18 that -- you're -- this is taken out of context. So 19 in the terms of the broader cons- -- discussion, it 20 was clear that age of majority meant 18. 21 BY MR. BOWDRE: 22 Q. What -- so what does "taken out" mean? 23 A. It would -- in other words, this box of -- 24 of putting these minimum -- putting these minimum 25 criteria in would have -- would have lowered the bar</p>
<p style="text-align: right;">Page 211</p> <p>1 Q. Well, we had read earlier that the 2 standard set in SOC-7 was that someone had to be the 3 age of majority to receive a vaginoplasty; right? 4 MS. VETA: Object to the form. 5 THE WITNESS: That's correct. So that 6 would be a more conservative -- conservative age 7 criteria. 8 BY MR. BOWDRE: 9 Q. But Admiral Levine, at least according to 10 this e-mail, was not requesting that you institute 11 18 as a requirement for someone to receive 12 vaginoplasty, but is instead requesting that the 13 ages be taken out entirely; right? 14 MS. VETA: Object to the form. 15 THE WITNESS: No. The -- the -- the -- 16 the -- it was age -- it was the age of majority that 17 was the -- that was the preferred -- preferred age, 18 that if it was just taken out all together, you 19 know, that would be -- that would be mayhem, and 20 there would just be individualized approach for 21 everything, and it could be -- we needed to set 22 standards. We needed to set minimum criteria. 23 And so, it was either this that you see in 24 the box or the more conservative approach, which is 25 what we eventually took, which was to revert to --</p>	<p style="text-align: right;">Page 213</p> <p>1 for people. And -- and what Admiral Levine was 2 looking for -- and by -- by no means was she the 3 only voice. But the -- the thought being that -- 4 that age of majority was -- was a -- a more proper 5 default position. 6 Q. Okay. Could you go back to Exhibit 4, 7 which is SOC-8. 8 A. Sure. 9 Q. And turn to page S66. Actually, go to 10 S65, please. 11 A. Okay. 12 Q. Do you see the heading "Consideration of 13 ages for gender-affirming medical and surgical 14 treatment for adolescents"? 15 A. I see it. 16 Q. And are you familiar with this section? 17 A. Yes, I am. 18 Q. And then if you could turn the page to 19 S66. 20 A. I might want to review it, though. I 21 don't remember every word. 22 Q. Sure. 23 The right-hand column, the sentence that 24 begins "Data are limited" -- 25 A. Okay.</p>

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<p style="text-align: right;">Page 214</p> <p>1 Q. -- do you see that?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. So it says, "Data are limited on</p> <p>4 the optimal timing for initiating other</p> <p>5 gender-affirming surgical treatment in adolescents."</p> <p>6 And then a few sentences later it states,</p> <p>7 "While the sample sizes are small, these studies</p> <p>8 suggest that there may be a benefit for some</p> <p>9 adolescents to having these procedures performed</p> <p>10 before the age of 18."</p> <p>11 And so my question is, as I read this,</p> <p>12 this is suggesting that there are times in which</p> <p>13 someone under 18 should receive these treatments.</p> <p>14 And I don't see anywhere in which it suggests that</p> <p>15 someone should be 18 to receive these treatments.</p> <p>16 Can you point me to a -- a spot that</p> <p>17 suggests that someone should be 18 to receive a</p> <p>18 vaginoplasty?</p> <p>19 MS. VETA: Object to the form.</p> <p>20 THE WITNESS: I mean, should be -- I mean,</p> <p>21 it -- "should" is probably not the right word to</p> <p>22 use, but what we -- what we set are -- are minimum</p> <p>23 standards. So an age -- you know, it -- care is</p> <p>24 individualized. And there are many that feel that</p> <p>25 it should be a combination of a social and -- and</p>	<p style="text-align: right;">Page 216</p> <p>1 under 18 at this time." [As read]</p> <p>2 I guess my confusion is is I read at least</p> <p>3 the adolescent chapter, the only limit -- the only</p> <p>4 age minimum that I see for any surgical procedure is</p> <p>5 that someone seeking a phalloplasty should be 18.</p> <p>6 MS. VETA: Object to the form.</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. Am I misreading this?</p> <p>9 A. Yes. I mean, I -- it's -- it is widely</p> <p>10 understood that age of majority or -- or age 18 in</p> <p>11 the United States, at least, is the -- is the set</p> <p>12 criteria.</p> <p>13 Q. And can you point me to anywhere in the</p> <p>14 adolescent chapter that says that?</p> <p>15 MS. VETA: Object to the form.</p> <p>16 THE WITNESS: Well, I didn't -- I wasn't</p> <p>17 an author on the adolescent chapter, so I'm probably</p> <p>18 not the person to ask.</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. Okay. Do you agree that this section was</p> <p>21 where those age minimums that we looked at that were</p> <p>22 in Sarah Boateng's e-mail, that's where they were in</p> <p>23 the draft at the time; is that right?</p> <p>24 MS. VETA: Object to the form.</p> <p>25 THE WITNESS: As far as I recall, they</p>
<p style="text-align: right;">Page 215</p> <p>1 physical maturity -- sorry, mental and physical</p> <p>2 maturity rather than a set age for determining the</p> <p>3 sort of minimum criteria.</p> <p>4 But -- but we -- but age is what we have,</p> <p>5 and so the -- the standard has been around the world</p> <p>6 age of majority.</p> <p>7 Now, 18, it's not just 18. So in certain</p> <p>8 countries the age of majority is age 15. In some</p> <p>9 countries it's 16. But we felt that -- that age of</p> <p>10 majority gave the maximum amount of flexibility</p> <p>11 while -- while also emphasizing this idea of an</p> <p>12 individualized approach.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. And so where in this document would</p> <p>15 someone know that the standard is age of majority?</p> <p>16 A. Because it's written in the standards of</p> <p>17 care -- I mean, it's written in the -- in the -- in</p> <p>18 the criteria section, I believe in the surgery</p> <p>19 section.</p> <p>20 Q. Okay. Let's look at the last sentence of</p> <p>21 this paragraph. "Given the complexity of</p> <p>22 phalloplasty, and current high rates of</p> <p>23 complications in comparison to other</p> <p>24 gender-affirming surgical treatments, it is not</p> <p>25 recommended this surgery be considered in youth</p>	<p style="text-align: right;">Page 217</p> <p>1 were in the surgery section.</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. Okay. Do you still have that e-mail in</p> <p>4 front of you?</p> <p>5 A. I do.</p> <p>6 Q. And in it, do you see the box?</p> <p>7 A. Yeah.</p> <p>8 Q. And it says "Statement 6.12h"</p> <p>9 A. Oh, it wouldn't -- is that under the --</p> <p>10 MS. VETA: Hold on. Hold on. Let him --</p> <p>11 THE WITNESS: Yeah.</p> <p>12 MS. VETA: -- ask his question.</p> <p>13 THE WITNESS: Sorry.</p> <p>14 BY MR. BOWDRE:</p> <p>15 Q. Do you see where it says "Statement</p> <p>16 6.12h"?</p> <p>17 A. I do.</p> <p>18 Q. And so if you flip in your Standards of</p> <p>19 Care 8 to S64, we are in -- you know, this is right</p> <p>20 below Statement 6.12g.</p> <p>21 A. Okay.</p> <p>22 Q. So do you agree that that box was in this</p> <p>23 area?</p> <p>24 A. It --</p> <p>25 MS. VETA: Object to the form.</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

Page 218	Page 220
<p>1 THE WITNESS: It appears that it could 2 have been. I do believe it also appeared in the 3 surgery section. 4 BY MR. BOWDRE: 5 Q. Okay. 6 A. And the surgery section is where I had 7 most familiarity. 8 MR. BOWDRE: Can you hand me 34? 9 THE COURT REPORTER: Exhibit 13. 10 (Bowers Deposition Exhibit 13 was marked 11 for identification.) 12 MS. VETA: I'm sorry, what was the number? 13 THE COURT REPORTER: 13. 14 MS. VETA: Thanks. 15 BY MR. BOWDRE: 16 Q. So Exhibit 13 is marked Bates stamp Bowers 17 165, and it appears to be an e-mail from Sarah 18 Boateng to you, Dr. Bowers, on Monday, 19 September 5th, 2022. 20 Do you see that? 21 A. Where? Actually, I don't even -- 22 Q. Am I on the wrong -- I am so sorry. 23 Do you have Bates -- WPATH Bates '72114? 24 Is that the document -- 25 MS. VETA: Yes.</p>	<p>1 Q. Okay. That conversation would have been 2 the week before July 29, 2022? 3 A. It's quite possible, yes. 4 Q. Okay. So two paragraphs below that 5 paragraph that I read, it states, "You remember that 6 ages in the document were a 'suggestion' not a 7 'recommendation' as we had no evidence to recommend 8 that, but in the document it has become a 9 'recommendation' as it is part of the criteria. 10 "What is clear is that we do not want to 11 remove the ages from the whole document, in fact, I 12 thought that we needed to have the ages for young 13 people to have access to care in the USA... 14 "And so one solution we thought will be to 15 make the ages criteria a 'suggestion' as it is in 16 the document attached." 17 [As read] 18 Were you aware that this was a solution 19 made -- changing the age criteria from a 20 recommendation to a suggestion, are you aware that 21 that was a solution that was being recommended to 22 the adolescent chapter after receiving feedback from 23 Admiral Levine? 24 MS. VETA: Object to the form. 25 THE WITNESS: Well, there was no like quid</p>
Page 219	Page 221
<p>1 BY MR. BOWDRE: 2 Q. -- that you have? 3 Okay. I'm sorry about that. 4 A. Mm-hmm. 5 Q. Okay. So this is an e-mail that was sent 6 to the adolescent chapter July 29, 2022; correct? 7 A. Okay. 8 Q. Have you ever seen this e-mail before? 9 A. I -- I have not. 10 Q. So the third paragraph reads, "We sent the 11 document to Admiral Levine, Minister of Health for 12 the USA, for their views. We had a meeting on Zoom 13 last week as she wanted to give us her feedback. 14 She liked the SOC-8 very much but she was very 15 concerned that having ages (mainly for surgery) will 16 affect access to health care for trans youth and 17 maybe adults too. Apparently the situation in the 18 USA is terrible and she and the Biden administration 19 worried that having ages in the document will make 20 matters worse. She asked us to remove them." 21 Were you part of the -- that Zoom 22 conversation that is referenced in that paragraph? 23 A. Does it mention a -- the executive 24 committee? We did -- we did meet during the summer, 25 so...</p>	<p>1 pro quo. There was nothing -- is that the right 2 term? I don't really know. 3 But it was -- there was no -- there was 4 not necessarily a -- a cause and effect here. It 5 was -- again, there was a lot of feedback, and -- 6 and the age criteria that was ultimately decided 7 upon was the criteria set forth in SOC-7. 8 BY MR. BOWDRE: 9 Q. So my question was, were -- were you aware 10 at the time, in late July of 2022, that it was 11 suggested to the adolescent committee that based on 12 the conversation with Admiral Levine, that they were 13 suggesting removing -- or transforming the 14 recommendation for the age criteria to a suggestion? 15 A. Yeah, suggestion would imply that it is a 16 lower level of evidence rather than a 17 recommendation. But I'm not aware of the context, 18 and I wasn't part of this discussion here. 19 Q. Okay. 20 MR. BOWDRE: Can you hand me 35? 21 THE COURT REPORTER: Exhibit 14. 22 (Bowers Deposition Exhibit 14 was marked 23 for identification.) 24 THE WITNESS: Ah, thank you. 25 THE COURT REPORTER: You're welcome.</p>

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Page 222	Page 224
<p>1 MS. VETA: Oh, thank you.</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. Okay. Exhibit 14 is Bates stamped</p> <p>4 WPATH_132079.</p> <p>5 Do you recognize this document?</p> <p>6 A. No, I don't.</p> <p>7 Q. Okay.</p> <p>8 A. Would it be okay if I read it? Or how</p> <p>9 much of it would you like me to read?</p> <p>10 Q. I am going to stick to the first</p> <p>11 question -- or the first page.</p> <p>12 A. Okay.</p> <p>13 Q. So if you want to review just the first</p> <p>14 page, that would be great.</p> <p>15 A. Okay.</p> <p>16 (Witness reviews.)</p> <p>17 Okay.</p> <p>18 Q. So I'm going to start with the paragraph</p> <p>19 at the -- at the bottom, which is dated August 1,</p> <p>20 2022 --</p> <p>21 A. Mm-hmm.</p> <p>22 Q. -- and reads, "Dear Chairs: We</p> <p>23 appreciated having the opportunity to discuss the</p> <p>24 recent request regarding the placement and wording</p> <p>25 of the age criteria statement for the Adolescent</p>	<p>1 change.</p> <p>2 MR. BOWDRE: All right. 36.</p> <p>3 THE COURT REPORTER: Exhibit --</p> <p>4 MR. BOWDRE: I handed you the stack</p> <p>5 instead of the individual. I'm sorry.</p> <p>6 THE COURT REPORTER: That's all right.</p> <p>7 Exhibit 15.</p> <p>8 (Bowers Deposition Exhibit 15 was marked</p> <p>9 for identification.)</p> <p>10 MS. VETA: Thank you.</p> <p>11 BY MR. BOWDRE:</p> <p>12 Q. All right.</p> <p>13 Exhibit 15 is WPATH_072964, an e-mail</p> <p>14 August 5th, 2022. And the second full paragraph</p> <p>15 reads, "It was a pleasure to meet with you and your</p> <p>16 staff on Tuesday, July 26th, to discuss the SOC8.</p> <p>17 We appreciate your constructive comments and are</p> <p>18 fully aware how certain aspects of the SOC8 will</p> <p>19 affect the lives of many TGD people and their</p> <p>20 families in the US. More specifically we heard your</p> <p>21 comments regarding the minimal age criteria for</p> <p>22 transgender health adolescents;" [As read]</p> <p>23 And then the next paragraph reads,</p> <p>24 "Consequently, we have made changes to the SOC8 in</p> <p>25 this respect. Given that the recommendations for</p>
Page 223	Page 225
<p>1 chapter. Instead of giving you a definitive answer,</p> <p>2 since quite honestly there is no right or wrong</p> <p>3 here, we all agreed to provide you with a</p> <p>4 transcription of the conversation that our workgroup</p> <p>5 members had regarding the issue by secure chat."</p> <p>6 And then above that, someone responds --</p> <p>7 this is on August 2nd -- "Thank you. This is very</p> <p>8 helpful. In view of this and the email conversation</p> <p>9 we had with the chairs and the president, we will</p> <p>10 write the age statement as a suggestion in the text</p> <p>11 and in the criteria."</p> <p>12 When it says in view of the conversations</p> <p>13 with the president, was that you at the time?</p> <p>14 A. I presume so.</p> <p>15 Q. Okay. Do you recall having conversations</p> <p>16 about the adolescent chapter agreeing to downgrade</p> <p>17 the age recommendation to a suggestion?</p> <p>18 A. I mean, we had -- we had many, many</p> <p>19 conversations, but this -- this sounds familiar.</p> <p>20 Q. Do you know if the board approved</p> <p>21 downgrading the age minimums to a recommendation?</p> <p>22 MS. VETA: Object to the form.</p> <p>23 THE WITNESS: As far as I understand it, I</p> <p>24 don't believe there was any specific individual</p> <p>25 board approval that was received for that specific</p>	<p>1 minimal ages for the various gender affirming</p> <p>2 medical and surgical intervention are</p> <p>3 consensus-based, we could not remove them from the</p> <p>4 document. Therefore, we have made changes as to how</p> <p>5 the minimal ages are presented in the document.</p> <p>6 They are now not a recommendation from the SOC8</p> <p>7 anymore, but they have been written only as</p> <p>8 suggested minimal ages as long as the adolescent</p> <p>9 fulfills all the criteria for gender affirming</p> <p>10 medical and surgical interventions."</p> <p>11 Were you aware of this e-mail?</p> <p>12 A. No, I am not -- no, I was not.</p> <p>13 Q. Do you agree that it appears to be</p> <p>14 addressed to someone in Admiral Levine's office?</p> <p>15 MS. VETA: Object to the form.</p> <p>16 THE WITNESS: I wouldn't know about that.</p> <p>17 BY MR. BOWDRE:</p> <p>18 Q. Okay. Do you agree that the change from</p> <p>19 "recommendation" to "suggestion" appears to be a</p> <p>20 direct result of Admiral Levine's suggestion?</p> <p>21 MS. VETA: Object to the form.</p> <p>22 THE WITNESS: I -- I -- I am quite --</p> <p>23 well, I would be -- I don't know.</p> <p>24 BY MR. BOWDRE:</p> <p>25 Q. Okay. So that e-mail was dated</p>

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Page 226	Page 228
<p>1 August 5th, 2022.</p> <p>2 MR. BOWDRE: And if you could give me 37.</p> <p>3 THE COURT REPORTER: Exhibit 16.</p> <p>4 (Bowers Deposition Exhibit 16 was marked</p> <p>5 for identification.)</p> <p>6 THE WITNESS: Okay.</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. And Exhibit 16 is Bates stamped BOWERS</p> <p>9 '117.</p> <p>10 And if you could go to page 2. And on</p> <p>11 August 7, 2022, it appears that you write, "Hi all-</p> <p>12 Not much notice on this but ADMIRAL LEVINE reached</p> <p>13 out to me in order to have a one-on-one conversation</p> <p>14 tomorrow morning- only 30 minutes but strategizing,</p> <p>15 I suppose. I will of course support the SOC as it</p> <p>16 will be presented, no compromises."</p> <p>17 This is an e-mail that you wrote; correct?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. And did you, in fact, have a</p> <p>20 meeting with Admiral Levine the following day?</p> <p>21 A. I believe so, yes.</p> <p>22 Q. And what did you discuss with Admiral</p> <p>23 Levine that -- during that meeting?</p> <p>24 MS. VETA: Object to the form.</p> <p>25 THE WITNESS: I -- as I recall, our</p>	<p>1 A. I believe that was in the discussion, but</p> <p>2 I don't recall specifically.</p> <p>3 MR. BOWDRE: Can you give me 38?</p> <p>4 THE COURT REPORTER: Exhibit --</p> <p>5 MR. BOWDRE: I switched it again. I'm</p> <p>6 sorry, but --</p> <p>7 THE COURT REPORTER: Exhibit 17.</p> <p>8 (Bowers Deposition Exhibit 17 was marked</p> <p>9 for identification.)</p> <p>10 BY MR. BOWDRE:</p> <p>11 Q. Okay. Exhibit 17 is Bates stamped BOWERS</p> <p>12 '162, and the bottom e-mail appears to be an e-mail</p> <p>13 from Sarah Boateng to you on September 3rd, 2022,</p> <p>14 asking if you would be available for a call that day</p> <p>15 with Dr. Levine.</p> <p>16 Do you recall that?</p> <p>17 A. It's possible, yes.</p> <p>18 Q. Okay. And then looking at your response</p> <p>19 sent Saturday, September 3rd.</p> <p>20 So -- so is it fair to say that Dr. --</p> <p>21 that Admiral Levine reached out to you on a</p> <p>22 Saturday?</p> <p>23 A. It appears so.</p> <p>24 Q. Did you find that unusual?</p> <p>25 MS. VETA: Object to the form.</p>
Page 227	Page 229
<p>1 meeting was summarizing the process that had gone</p> <p>2 into SOC and congratulations and -- about nearing</p> <p>3 its completion, but, again, addressing her concerns</p> <p>4 about the age minimums.</p> <p>5 And as I've mentioned previously, we</p> <p>6 considered it -- it from many angles. And I heard</p> <p>7 her concerns about the age -- the criteria for age</p> <p>8 being set at a -- at a level that would potentially</p> <p>9 jeopardize the -- the ability of someone to -- to</p> <p>10 feel -- well, we would put a -- people in a position</p> <p>11 that they would be induced to go through surgery</p> <p>12 rather than as a minimum criper- [verbatim] --</p> <p>13 criteria by which they could be considered for</p> <p>14 surgery.</p> <p>15 In other words, we didn't want to -- we --</p> <p>16 we didn't like the feeling of it being an</p> <p>17 entitlement just because they've crossed a certain</p> <p>18 threshold in age and --</p> <p>19 BY MR. BOWDRE:</p> <p>20 Q. So -- sorry, I didn't mean to cut you off.</p> <p>21 A. No, I'm sorry. No, I'm finished.</p> <p>22 Q. Did Admiral Levine tell you that her</p> <p>23 concerns were not alleviated by simply downgrading</p> <p>24 the recommendation to the suggestion for the age</p> <p>25 minimums?</p>	<p>1 THE WITNESS: I mean, I work a seven-day</p> <p>2 workweek. I'm sure there's a lot on -- on -- I</p> <p>3 mean, we all have a lot on our plate, but I week a</p> <p>4 seven-day week.</p> <p>5 BY MR. BOWDRE:</p> <p>6 Q. All right.</p> <p>7 What did you discuss during this meeting?</p> <p>8 Do you recall?</p> <p>9 A. I -- I don't specifically other than it</p> <p>10 was a con- -- I believe it was a continuation of</p> <p>11 what had been discussed previously, but with the --</p> <p>12 with an executive committee meeting at least in</p> <p>13 the -- in the interval.</p> <p>14 Q. So you think you discussed age limits</p> <p>15 again with Admiral Levine?</p> <p>16 A. I don't recall the second meeting exactly,</p> <p>17 but my guess is that we -- we were nearing the final</p> <p>18 release, and so it's quite possible.</p> <p>19 Q. Do you know if you had another meeting</p> <p>20 with Admiral Levine after this?</p> <p>21 A. If it -- only if it's in the record. I</p> <p>22 honestly don't remember.</p> <p>23 MR. BOWDRE: 41.</p> <p>24 THE WITNESS: Thank you.</p> <p>25 THE COURT REPORTER: Exhibit 18.</p>

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<p style="text-align: right;">Page 230</p> <p>1 (Bowers Deposition Exhibit 18 was marked 2 for identification.) 3 BY MR. BOWDRE: 4 Q. All right. 5 Exhibit 18 is WPATH Bates stamp '134970, 6 and it appears to be an e-mail -- let's start at the 7 earlier e-mail, so if you would flip to the second 8 page. 9 A. Okay. 10 Q. And this appears to be an e-mail dated 11 September 5th, 2022, to Jeff Hudson, copying Eli 12 Coleman, and it says, "Dear Jeff, It was good to 13 meet with you today and thank you for being 14 available at such short notice (on a public 15 holiday). 16 "I'm very grateful that you want to help 17 us with a short and efficient turnaround of 18 whichever the issues of your expert panel feel are 19 the issues with the current version of the SOC8." 20 [As read] 21 So my first question is, were you at the 22 meeting that is referenced that occurred with AAP on 23 September 5th, 2022? 24 A. Not that I know of. 25 Q. Did you know of that meeting at the time?</p>	<p style="text-align: right;">Page 232</p> <p>1 2022. 2 You received this letter; correct? 3 A. If it was addressed to me, yes. 4 Q. Well, I don't know who it is addressed to 5 because that is redacted. But if you will go back 6 to Exhibit 18, which is the e-mail we just looked 7 at -- 8 A. Right. 9 Q. -- and it has the attachments and it says 10 "Letter" -- 11 A. Oh, sure. 12 Q. -- "to WPATH." [As read] 13 A. Oh, if this is the letter, then yes. 14 Q. Okay. 15 And do you recall seeing this letter? 16 A. I -- I think I do. 17 Q. And in this letter AAP also recommended 18 removing the age minimums; correct? 19 A. (Witness reviews.) 20 Yes. This is -- this is kind of a 21 two-part concern. But, yes, I do believe that 22 with -- they are -- they are pointing out a conflict 23 between AAP policy and the SOC-8 as written in the 24 earlier finalized version. 25 Q. Do you have an understanding of what AAP</p>
<p style="text-align: right;">Page 231</p> <p>1 A. Not specifically, no. 2 Q. And so you don't know what was discussed 3 at that meeting? 4 A. I don't recall if I was there or not, 5 yeah. 6 Q. Okay. If you would flip back to the first 7 page. And at the top, under the CC -- or under 8 the -- yeah, I think under the CC "WPATH EC 2022" -- 9 A. Mm-hmm. 10 Q. -- is it fair to say that you would have 11 been included in this -- 12 A. Yes. 13 Q. -- e-mail chain? 14 And so that is forwarding a letter that 15 Jeff Hudson sent on September 8th, 2022; correct? 16 A. It appears so, yes. 17 MR. BOWDRE: Could you give me 42? 18 THE COURT REPORTER: Exhibit 19. 19 THE WITNESS: Okay. 20 (Bowers Deposition Exhibit 19 was marked 21 for identification.) 22 BY MR. BOWDRE: 23 Q. Exhibit 19 is WPATH '77707. 24 And it appears to be a letter from the 25 American Academy of Pediatrics dated September 8th,</p>	<p style="text-align: right;">Page 233</p> <p>1 would do if WPATH did not remove the age minimums 2 from SOC-8? 3 A. What they would do? 4 Q. Yes. 5 A. I mean, that would be speculation, but 6 we -- we do -- we do always seek their approval and 7 endorsement of the -- of -- of the SOC. 8 Q. Do you recall if AAP stated that it would 9 publicly oppose the SOC-8 if the age minimums were 10 not removed? 11 A. There was some rumor of that. I don't 12 know if it was actually a stated policy by AAP, so 13 that would be speculation to -- to know what they 14 actually intended. 15 Q. Did you understand at the time that AAP 16 might publicly oppose SOC-8 if the age minimums were 17 not removed? 18 A. I don't know if that -- again, I don't 19 know if that was stated policy, but there was some 20 rumor to that effect. But it wasn't a threat. I 21 didn't perceive it as a threat. 22 Q. Is it fair to say that if AAP had publicly 23 opposed SOC-8, that would be a problem for WPATH? 24 MS. VETA: Object to the form. 25 THE WITNESS: I mean, that -- that's</p>

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<p style="text-align: right;">Page 234</p> <p>1 speculation. I...</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. You don't -- I mean, do you not think it</p> <p>4 would have been problematic for WPATH if AAP had</p> <p>5 come out against SOC-8?</p> <p>6 MS. VETA: Object to the form.</p> <p>7 THE WITNESS: We -- we see consensus.</p> <p>8 And, I mean, we -- we seek opin- -- we seek input</p> <p>9 from a wide variety of sources, AAP being one of</p> <p>10 them. And of course we're looking for approval.</p> <p>11 MR. BOWDRE: 43.</p> <p>12 THE COURT REPORTER: Exhibit 20.</p> <p>13 (Bowers Deposition Exhibit 20 was marked</p> <p>14 for identification.)</p> <p>15 BY MR. BOWDRE:</p> <p>16 Q. All right.</p> <p>17 Exhibit 20 is Bates stamped WPATH_136501,</p> <p>18 and it appears to be an e-mail to Jeff Hudson dated</p> <p>19 Saturday, September 10, 2022.</p> <p>20 It reads, "Dear jeff, Thank you very much</p> <p>21 for todays meeting and the support through the</p> <p>22 process. We have just finished our meeting and we</p> <p>23 have agreed to remove the ages and to add the</p> <p>24 sentence we agreed. I hope that by doing this AAP</p> <p>25 will be able to endorse the SOC8 or at least to</p>	<p style="text-align: right;">Page 236</p> <p>1 another Delphi process, another Delphi vote for the</p> <p>2 authorship to vote on removing the age</p> <p>3 recommendations?</p> <p>4 A. That was raised as a suggestion, and no</p> <p>5 doubt it was debated. But it was felt that our --</p> <p>6 by moving to a more conservative position rather</p> <p>7 than a more aggressive reduction of the age</p> <p>8 criteria, that we -- it wouldn't have made sense to</p> <p>9 go through the Delphi process and delay the release</p> <p>10 of the SOC-8 even further.</p> <p>11 Q. Okay. Am I correct that the Delphi</p> <p>12 process -- I'm sorry.</p> <p>13 Am I correct that the age minimums had</p> <p>14 been voted on and approved in the Delphi process; is</p> <p>15 that right?</p> <p>16 A. That is correct.</p> <p>17 Q. Okay. And then they were removed without</p> <p>18 going through the Delphi process?</p> <p>19 A. That is correct.</p> <p>20 Q. And was it -- do you know if WPATH ever</p> <p>21 disclosed publicly that -- that recommendation had</p> <p>22 been removed without going through the Delphi</p> <p>23 process?</p> <p>24 A. It was -- it was widely known, but it</p> <p>25 wasn't -- like, there wasn't a -- it wasn't</p>
<p style="text-align: right;">Page 235</p> <p>1 support it." [As written]</p> <p>2 Did you know at the time of this e-mail to</p> <p>3 AAP?</p> <p>4 A. I mean, I'm aware of the conversations</p> <p>5 that were being had in many circles and -- so, yes.</p> <p>6 Q. Okay. And is this an accurate recounting</p> <p>7 of the -- let me -- let me take that back.</p> <p>8 When it states, "We have just finished our</p> <p>9 meeting," do you know what meeting that refers to?</p> <p>10 A. No, I am not sure.</p> <p>11 Q. Okay. Did the board meet to consider</p> <p>12 removing the age minimums?</p> <p>13 A. It was -- you know, we -- we meet</p> <p>14 regularly as an executive committee, and we</p> <p>15 certainly did talk about the age minimum change.</p> <p>16 Q. And did the board vote to remove the age</p> <p>17 minimums?</p> <p>18 A. I don't recall -- I don't recall final</p> <p>19 board approval. My presumption is that, yes, it was</p> <p>20 done, but there were a lot of suggestions. And it</p> <p>21 was very -- you know, what -- what we did is, we --</p> <p>22 we -- we fell back to a more conservative position</p> <p>23 which -- which we felt was important to satisfy all</p> <p>24 vested parties.</p> <p>25 Q. And do you know if the -- the -- was there</p>	<p style="text-align: right;">Page 237</p> <p>1 announced with any fanfare, no.</p> <p>2 Q. It was widely known within WPATH that --</p> <p>3 that the age minimums were removed without going</p> <p>4 through Delphi?</p> <p>5 A. I mean, we -- we changed the age limit.</p> <p>6 And the -- the Delphi question wasn't specifically</p> <p>7 asked, again, because we moved to a more</p> <p>8 conservative position. And so, we didn't feel that</p> <p>9 it was necessary to be -- to go through that process</p> <p>10 and delay the release.</p> <p>11 MR. BOWDRE: Can you hand me 58.</p> <p>12 MR. BARNES: Sorry?</p> <p>13 MR. BOWDRE: 58. The very last one.</p> <p>14 THE COURT REPORTER: Exhibit 21.</p> <p>15 (Bowers Deposition Exhibit 21 was marked</p> <p>16 for identification.)</p> <p>17 BY MR. BOWDRE:</p> <p>18 Q. All right. Exhibit 21 is Bates stamped</p> <p>19 WPATH_137429 [verbatim]. And if you look just on</p> <p>20 the second page, there is an e-mail to or from you.</p> <p>21 A. Mm-hmm.</p> <p>22 Q. It looks like from you. So is it fair to</p> <p>23 say that you were included on this e-mail chain?</p> <p>24 A. Looks to be, so yes. Which -- which</p> <p>25 e-mail?</p>

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<p style="text-align: right;">Page 238</p> <p>1 Q. On the second page, which is '137430.</p> <p>2 A. Okay.</p> <p>3 Q. Do you see an e-mail that is from you?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. So I have a question about on the</p> <p>6 first page, and on October 3rd, 2022, someone</p> <p>7 writes, "Hi everyone, I thought that removing the</p> <p>8 age criteria led to AAP's endorsement. Did they</p> <p>9 take their endorsement back?"</p> <p>10 Do you see where I am? I'm sorry.</p> <p>11 A. Okay, yeah.</p> <p>12 Q. On the very first page.</p> <p>13 A. Yeah.</p> <p>14 Q. I'll start over. On the second paragraph,</p> <p>15 October 3rd, 2022, "Hi everyone, I thought that</p> <p>16 removing the age criteria led to AAP's endorsement.</p> <p>17 Did they take their endorsement back? I am also</p> <p>18 under the impression that this is highly, highly</p> <p>19 confidential." [As read]</p> <p>20 And then Eli Coleman on Monday,</p> <p>21 October 3rd, 2022, responds, "It led to them</p> <p>22 formally not opposing the SOC. Yes this is highly</p> <p>23 confidential." [As written]</p> <p>24 Do you agree that it was confidential at</p> <p>25 the time that removing the age minimums led AAP not</p>	<p style="text-align: right;">Page 240</p> <p>1 disclose publicly today that -- you know, AAP's</p> <p>2 involvement in having the age minimums removed from</p> <p>3 SOC-8?</p> <p>4 MS. VETA: Object to the form.</p> <p>5 THE WITNESS: Why would we do that?</p> <p>6 BY MR. BOWDRE:</p> <p>7 Q. Do you -- you tell me.</p> <p>8 A. The AAPs [verbatim] wanted to -- they</p> <p>9 want -- they do their own independent reviews. They</p> <p>10 come up with their own recommendations. There's no</p> <p>11 question that they use the WPATH, the SOC as a -- as</p> <p>12 a benchmark, as a guidepost in forming their own</p> <p>13 conclusions, but they do their own conclusions, and</p> <p>14 they make their own recommendations for</p> <p>15 gender-affirming care.</p> <p>16 Q. And so, do you think that in the interest</p> <p>17 of transparency, that readers of the clinical</p> <p>18 guideline should be able to know that age minimums</p> <p>19 were -- that had gone through Delphi were removed</p> <p>20 without going through Delphi?</p> <p>21 MS. VETA: Object to the form.</p> <p>22 THE WITNESS: We fell back to a more</p> <p>23 conservative position regarding the age criteria,</p> <p>24 and -- but there's been no effort to dis- -- to</p> <p>25 obscure or -- or hide -- hide that -- that decision.</p>
<p style="text-align: right;">Page 239</p> <p>1 to formally oppose the SOC?</p> <p>2 A. I can't --</p> <p>3 MS. VETA: Object to the form.</p> <p>4 THE WITNESS: Yeah, I can't -- I can't</p> <p>5 speak for what the AAP was thinking. But they did</p> <p>6 not oppose --</p> <p>7 BY MR. BOWDRE:</p> <p>8 Q. Okay.</p> <p>9 A. -- the SOC.</p> <p>10 Q. And do you agree with Dr. Coleman that --</p> <p>11 that regardless of the reasons for AAP, that that</p> <p>12 process was highly confidential?</p> <p>13 MS. VETA: Object to the form.</p> <p>14 THE WITNESS: You would have to ask</p> <p>15 Dr. Coleman.</p> <p>16 BY MR. BOWDRE:</p> <p>17 Q. I was asking if you agree with him?</p> <p>18 A. Do I agree that it was highly</p> <p>19 confidential?</p> <p>20 Q. Yes.</p> <p>21 A. I mean, I tend to be a very open and</p> <p>22 transparent person, so I -- I would probably</p> <p>23 disclose anything. But this is -- this was his</p> <p>24 opinion; not mine.</p> <p>25 Q. Okay. So do you think that WPATH should</p>	<p style="text-align: right;">Page 241</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. But have you ever -- has WPATH ever</p> <p>3 publicly disclosed these series of events that we</p> <p>4 just went through?</p> <p>5 A. I mean, we haven't made a formal</p> <p>6 announcement. But we've been under attack from a</p> <p>7 lot of fronts. We have a lot else on our plate.</p> <p>8 This was -- this --</p> <p>9 THE COURT REPORTER: We have a lot of</p> <p>10 what?</p> <p>11 THE WITNESS: We have a lot -- we have --</p> <p>12 we have other things on our plate that -- that are</p> <p>13 much more pressioned. And this was -- this is a</p> <p>14 fallback to a more conservative position. And</p> <p>15 nothing I -- I -- I don't think -- I think there's</p> <p>16 less controversy in this than -- than not</p> <p>17 disclosing, that it -- that it happened.</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. So all these documents that we just went</p> <p>20 through were produced to us under a protective</p> <p>21 order, and much of it is redacted.</p> <p>22 Are you worried about any of that becoming</p> <p>23 public?</p> <p>24 MS. VETA: Object to the form.</p> <p>25 THE WITNESS: I have no reason to be</p>

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Page 242	Page 244
<p>1 worried.</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. Do you think that it should become public?</p> <p>4 A. I'm --</p> <p>5 MS. VETA: Object to the form.</p> <p>6 THE WITNESS: I'm not sure what that would</p> <p>7 accomplish, but -- but I -- again, it -- we -- we</p> <p>8 moved to what we felt was a responsible position</p> <p>9 based on a lot of feedback, including an open public</p> <p>10 comment period, input from many organizations, and</p> <p>11 we -- we opted to a position that was established</p> <p>12 with SOC-7.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. So given that you have -- given your</p> <p>15 statements about the importance of transparency with</p> <p>16 regard to SOC-8, would you oppose these documents</p> <p>17 becoming public?</p> <p>18 MS. VETA: Object to the form.</p> <p>19 THE WITNESS: I mean, that's speculation</p> <p>20 because it doesn't -- it -- it's -- it's -- it's</p> <p>21 nothing that we're hiding from.</p> <p>22 BY MR. BOWDRE:</p> <p>23 Q. So would you oppose them becoming public?</p> <p>24 MS. VETA: Object to the form.</p> <p>25 THE WITNESS: I -- I -- someone -- is</p>	<p>1 Q. Do you know what organizations WPATH has</p> <p>2 sought endorsement from?</p> <p>3 A. Not definitively. So I'm not -- I -- I</p> <p>4 wasn't the one that wrote those requests, but I do</p> <p>5 believe we've reached out, yes.</p> <p>6 Q. Do you know -- even if this is not a</p> <p>7 definitive list, do you know some of the</p> <p>8 organizations that WPATH has requested formal</p> <p>9 endorsement from?</p> <p>10 A. I believe so. I think they -- I think</p> <p>11 they did reach out to the AAP, the AMA, the ASPS,</p> <p>12 The Endocrine Society.</p> <p>13 Q. Sorry, what was the third one, the ASPS?</p> <p>14 A. ASPS, Amer- -- Amer- -- American Society</p> <p>15 of Plastic Surgery. [Verbatim]</p> <p>16 Q. Okay. And do you know if the AAP has</p> <p>17 formally endorsed SOC-8?</p> <p>18 A. I don't know that for a fact. But I know</p> <p>19 that they like to do their own recommendations for</p> <p>20 transgender care. And so, as you may know, they</p> <p>21 have done a formal review, as has the AMA and both</p> <p>22 organizations have -- have -- I'm sorry, the A- --</p> <p>23 the APA, American Psychological Association, and the</p> <p>24 AAP have both done reviews and have -- have</p> <p>25 re-endorsed gender-affirming care for -- for</p>
Page 243	Page 245
<p>1 someone proposing that they become public?</p> <p>2 BY MR. BOWDRE:</p> <p>3 Q. If I propose that they become public,</p> <p>4 would you object to that?</p> <p>5 MS. VETA: Object to the form.</p> <p>6 THE WITNESS: I mean, this is -- this is</p> <p>7 redacted -- this is -- you know, this is -- I have</p> <p>8 no opinion.</p> <p>9 MS. VETA: Mr. Bowdre, is this a good --</p> <p>10 MR. BOWDRE: You want to take a break?</p> <p>11 MS. VETA: Yeah.</p> <p>12 THE VIDEOGRAPHER: I'll switch media.</p> <p>13 This marks the ends of Media Number 6 of the</p> <p>14 deposition of Marci Bowers. The time is 4:12 p.m.</p> <p>15 We're off the record.</p> <p>16 (Short recess taken.)</p> <p>17 THE VIDEOGRAPHER: This marks the</p> <p>18 beginning of Media Number 7 in the deposition of</p> <p>19 Marci Bowers. The time is 4:31 p.m. We are on the</p> <p>20 record.</p> <p>21 BY MR. BOWDRE:</p> <p>22 Q. Dr. Bowers, do you know if WPATH has</p> <p>23 requested formal endorsement of SOC-8 from any</p> <p>24 medical organizations?</p> <p>25 A. I believe it has, yes.</p>	<p>1 adolescents.</p> <p>2 Q. But you don't know if AAP has formally</p> <p>3 endorsed SOC-8?</p> <p>4 MS. VETA: Object to the form.</p> <p>5 THE WITNESS: I don't know that, yeah.</p> <p>6 BY MR. BOWDRE:</p> <p>7 Q. The American Medical Association, do you</p> <p>8 know if they have formally endorsed SOC-8?</p> <p>9 A. I -- there are former presidents who were</p> <p>10 more aggressive about getting endorsements. And it</p> <p>11 is something that we've had in the past. It just</p> <p>12 hasn't been -- it hasn't been at the top of my list</p> <p>13 in -- in pursuing these sorts of things.</p> <p>14 Q. Sure. So do you know if the AMA has</p> <p>15 formally endorsed SOC-8 --</p> <p>16 A. I don't know.</p> <p>17 Q. Do you know if the American Society of</p> <p>18 Plastic Surgeons has formally endorsed SOC-8?</p> <p>19 A. I do not know that.</p> <p>20 Q. Do you know if The Endocrine Society has</p> <p>21 formally endorsed SOC-8?</p> <p>22 A. I don't know that for a fact.</p> <p>23 Q. And do you know if the American Psychology</p> <p>24 Association has endorsed --</p> <p>25 A. Psychological Association.</p>

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Page 246	Page 248
<p>1 Q. I'm sorry.</p> <p>2 The American Psychological Association, do</p> <p>3 you know if it has formally endorsed SOC-8?</p> <p>4 A. I don't know for a fact, no.</p> <p>5 MR. BOWDRE: Give me 47.</p> <p>6 THE COURT REPORTER: Exhibit 22.</p> <p>7 (Bowers Deposition Exhibit 22 was marked</p> <p>8 for identification.)</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. I've handed you Exhibit 22, which is</p> <p>11 Clin- -- "Clinical Policy: Puberty suppressing</p> <p>12 hormones for children and young people who have</p> <p>13 gender incongruence/gender dysphoria," dated March</p> <p>14 12, 2024.</p> <p>15 Are you familiar with this document?</p> <p>16 A. I'm not familiar with this document,</p> <p>17 per se, but I'm familiar with the pol- -- with many</p> <p>18 of the recent reports out of the UK.</p> <p>19 Q. Okay. Are you familiar with the policy of</p> <p>20 the NHS in England regarding puberty blockers for</p> <p>21 minors suffering from gender dysphoria?</p> <p>22 A. I have a general idea, but I haven't read</p> <p>23 this policy.</p> <p>24 Q. Okay. So the first paragraph under</p> <p>25 "Commissioning Position" reads, "Puberty suppressing</p>	<p>1 that un- -- unlike certain states here in the U.S.,</p> <p>2 puberty blockers are still prescribed both in the</p> <p>3 NHS and privately.</p> <p>4 BY MR. BOWDRE:</p> <p>5 Q. And your understanding is that puberty</p> <p>6 blockers are being prescribed currently within the</p> <p>7 NHS?</p> <p>8 A. Yes.</p> <p>9 Q. Would you agree that this policy conflicts</p> <p>10 with WPATH SOC-8?</p> <p>11 MS. VETA: Object to the form.</p> <p>12 THE WITNESS: The UK -- the NHS has made</p> <p>13 their own policy. They are not the only prescriber</p> <p>14 in the UK. They do -- they do things differently</p> <p>15 than we do. They have, as part of their treatment</p> <p>16 protocols, though, for patients that are treated,</p> <p>17 require compulsory research participation, which</p> <p>18 here in the U.S., we would consider that to be</p> <p>19 unethical.</p> <p>20 BY MR. BOWDRE:</p> <p>21 Q. So is it your understanding that any</p> <p>22 patient who receives puberty blockers from an NHS</p> <p>23 provider in the UK has to be part of a formal</p> <p>24 research protocol?</p> <p>25 MS. VETA: Object to the form.</p>
Page 247	Page 249
<p>1 hormones are not available as a routine</p> <p>2 commissioning treatment option for treatment of</p> <p>3 children and young people who have gender</p> <p>4 incongruence/gender dysphoria." [As read]</p> <p>5 Is it your understanding that in England,</p> <p>6 this policy prohibits NHS providers from prescribing</p> <p>7 puberty blockers to treat gender dysphoria in</p> <p>8 minors?</p> <p>9 MS. VETA: Object to the form.</p> <p>10 THE WITNESS: Yeah, that is not true.</p> <p>11 They do not prohibit the -- the prescription either</p> <p>12 in the NHS or in the -- in the private sector.</p> <p>13 BY MR. BOWDRE:</p> <p>14 Q. Under what circumstances can someone</p> <p>15 prescribe puberty blockers within the NHS?</p> <p>16 A. You would have to consult with them. I</p> <p>17 mean, I -- you -- you can read it here, or you</p> <p>18 can -- it's not -- I didn't come up with those</p> <p>19 criteria.</p> <p>20 Q. And so, you don't -- do you not know when</p> <p>21 puberty blockers can be prescribed to treat gender</p> <p>22 dysphoria in minors in the NHS?</p> <p>23 MS. VETA: Object to the form.</p> <p>24 THE WITNESS: I don't prescribe hormones,</p> <p>25 and I don't work in the UK, but I do know that --</p>	<p>1 THE WITNESS: Again, I'm not a prescriber</p> <p>2 there. I imagine there can be exceptions. They</p> <p>3 have their own policy. And I'm not familiar with</p> <p>4 every detail about it. But I have a general</p> <p>5 understanding including having been to the UK, in</p> <p>6 Manchester last year, and know several prescribe --</p> <p>7 pre- -- prescribing physicians there in the UK that</p> <p>8 work with the NHS.</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. Do you know if the UK currently has a</p> <p>11 research protocol that is up and running now</p> <p>12 studying puberty blocker treatment for minors with</p> <p>13 gender dysphoria?</p> <p>14 MS. VETA: Object to the form.</p> <p>15 THE WITNESS: I don't know that, but that</p> <p>16 is the public -- that is the -- that is the public</p> <p>17 statement that I've read.</p> <p>18 BY MR. BOWDRE:</p> <p>19 Q. Could you turn to page 3 of this document</p> <p>20 at the very top.</p> <p>21 "We have concluded that there is not</p> <p>22 enough evidence to support the safety or clinical</p> <p>23 effectiveness of PSH to make the treatment routinely</p> <p>24 available at this time."</p> <p>25 Would you agree that that statement</p>

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<p style="text-align: right;">Page 250</p> <p>1 conflicts with WPATH SOC-8? 2 MS. VETA: Object to the form. 3 THE WITNESS: This is -- this is a 4 statement that -- that -- that someone made. And 5 the fact is, is that treatment still continues. 6 It's -- research is publicly funded, and there are 7 many who dispute this. They -- they discarded 8 clinical evidence and published evidence of efficacy 9 for treatment of this group for this specific 10 indication because it didn't meet the highest level 11 of evidence. And that's it. 12 And, in fact, there is evidence, it's just 13 that they opted to -- to sidestep that, and -- 14 because it wasn't -- it didn't include a placebo and 15 randomized double blinded type of research study, 16 which would have -- which is required by -- by -- 17 for a high level of evidence. Which is the same 18 issue that most fields in medicine, at -- at least 19 here in the U.S., also face. Most of the ev- -- 20 most of the prescribing treatment protocols that we 21 practice and accept as standard of care here are 22 also not guided by high levels of evidence. 23 BY MR. BOWDRE: 24 Q. So my question was, do you agree that this 25 statement conflicts with WPATH SOC-8?</p>	<p style="text-align: right;">Page 252</p> <p>1 Q. And does that include this matter? 2 A. I -- 3 MS. VETA: Object to the form. 4 THE WITNESS: Yeah, I think it's 5 hypothetical. It doesn't -- it -- it's -- it's -- 6 that's impractical to answer a question like that. 7 It's -- it's impossible to answer that question. 8 BY MR. BOWDRE: 9 Q. You don't know if reasonable people could 10 conclude that there is not enough evidence to 11 support the safety or clinical effectiveness of 12 puberty blockers? 13 MS. VETA: Object to the form. 14 THE WITNESS: There's not enough high 15 level evidence. Yes, you can -- you can -- you can 16 say that. But it is not in contradiction with -- 17 there is evidence, and that's the point. Whether 18 their interpretation of evidence comes to this 19 conclusion, I can't speak to that. 20 BY MR. BOWDRE: 21 Q. You wrote a letter opposing this policy; 22 didn't you? 23 A. I was a signer of the letter, yes. 24 Q. Okay. And so, it's safe to say that you 25 disagree with this policy?</p>
<p style="text-align: right;">Page 251</p> <p>1 MS. VETA: Object to the form. 2 THE WITNESS: They are independent 3 assessments. I don't think that puts them in 4 conflict. 5 BY MR. BOWDRE: 6 Q. Do you think that this statement is 7 consistent with SOC-8? 8 MS. VETA: Object to the form. 9 THE WITNESS: It -- it -- it's neither 10 consistent nor inconsistent. It's -- it -- it -- 11 it's independent -- it's an independent statement. 12 There are many criticisms, if you want to get into 13 the weeds on this. But it doesn't mean the care is 14 outlawed. And the research that does come from 15 this, don't be surprised if it doesn't support 16 gender-affirming care, including hormone blockers in 17 these specific age groups. 18 BY MR. BOWDRE: 19 Q. Do you agree that reasonable people can 20 come to this conclusion? 21 MS. VETA: Object to the form. 22 THE WITNESS: I believe that reasonable -- 23 reasonable people can come to their own conclusions 24 on any matter of matters. 25 BY MR. BOWDRE:</p>	<p style="text-align: right;">Page 253</p> <p>1 A. We were concerned by its -- by its 2 release, yes. And we -- we -- we respectfully 3 disagreed. 4 MR. BOWDRE: Can you give me 53. 5 THE COURT REPORTER: Exhibit 23. 6 (Bowers Deposition Exhibit 23 was marked 7 for identification.) 8 MS. VETA: Thank you. 9 BY MR. BOWDRE: 10 Q. Exhibit 23 is a article from the New York 11 Times entitled, "Scotland Pauses Gender Medi-" -- 12 "Medications For Minors" [as read] from April 18, 13 2024. 14 And the first paragraph reads, "Scotland's 15 National Health Service has stopped all new 16 prescriptions of puberty-blocking drugs and other 17 hormone treatments for minors, citing a sweeping 18 review of youth gender services released in England 19 last week. It is the sixth country in Europe to 20 limit such treatments, and its changes are among the 21 most restrictive." 22 And going down two paragraphs, it 23 continues, "Scotland's new changes go further, 24 pausing prescriptions of puberty blockers while also 25 restricting hormone therapies until teenagers turn</p>

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Page 254

1 18."
 2 Are you aware of the -- Scotland's
 3 National Health Service policy?
 4 A. I'm aware of this article, yes.
 5 Q. Was the -- does this article accurately
 6 describe your understanding of the Scotland policy?
 7 MS. VETA: Object to the form.
 8 THE WITNESS: I haven't reviewed
 9 Scotland's policy.
 10 BY MR. BOWDRE:
 11 Q. Would you agree that at least as presented
 12 in this article, the Scotland National Health
 13 Service has prohibited the prescriptions of puberty
 14 blockers and hormone therapies until teenagers turn
 15 18?
 16 MS. VETA: Object to the -- object to the
 17 form.
 18 THE WITNESS: Gender-affirming treatments
 19 have been under attack in a lot of corners, and this
 20 is another reflection of that. Was it based on
 21 science or good medicine or -- or understanding of
 22 patient population? Likely not. Dr. Cass is a
 23 retired pediatrician, who -- who doesn't even treat
 24 this population.
 25 BY MR. BOWDRE:

Page 255

1 Q. You would agree that if this -- if
 2 Scotland's policies presented accurately in this
 3 article, that that policy would conflict with WPATH
 4 SOC-8?
 5 MS. VETA: Object to the form.
 6 THE WITNESS: This policy doesn't affect
 7 WPATH recommendations. WPATH stands by its
 8 recommendations and sees no reason that -- there --
 9 there are a lot of flaws in the Cass report, and
 10 WPATH -- WPATH set standards and not Dr. Cass.
 11 BY MR. BOWDRE:
 12 Q. So my question was simply whether it's
 13 true that SOC-8 in this Scotland's National Health
 14 Service policy conflict?
 15 MS. VETA: Object to the form.
 16 THE WITNESS: They come to different
 17 conclusions. I'll agree to that.
 18 BY MR. BOWDRE:
 19 Q. And different recommendations for
 20 treatment of gender dysphoric minors?
 21 A. That's right.
 22 Q. So you mentioned Dr. Cass. Who is
 23 Dr. Cass?
 24 A. Hilary Cass is a retired pediatrician, who
 25 has never treated transgender diverse individuals.

Page 256

1 Q. And she has been leading a review of
 2 gender identity services in England; is that right?
 3 A. As far as I know, yes.
 4 Q. Okay. And so, given that she has not
 5 herself treated gender dysphoric individuals, do you
 6 not think that she was trustworthy to lead that
 7 review?
 8 MS. VETA: Object to the form.
 9 THE WITNESS: She received -- I -- I --
 10 that would be speculating as to what her -- her
 11 input is. But as I'm -- as -- my understanding is
 12 that she had a lot of input. And most of it was
 13 not -- and, of course, none of it was from having
 14 experience treating this population.
 15 BY MR. BOWDRE:
 16 Q. Do you think that someone has to treat
 17 this -- you know -- excuse me.
 18 Do you think that someone would have to
 19 treat gender dysphoric youth to come to a reasonable
 20 conclusion regarding the safety and efficacy of
 21 treatments for gender dysphoric minors?
 22 A. No, but I think they have to know the
 23 population.
 24 Q. Do you not think that Dr. Cass knew the
 25 population?

Page 257

1 A. That's right.
 2 Q. Do you think that Dr. Cass is approaching
 3 these questions in good faith?
 4 MS. VETA: Object to the form.
 5 THE WITNESS: That would be speculation.
 6 BY MR. BOWDRE:
 7 Q. I'm asking for your opinion.
 8 MS. VETA: Object to the form.
 9 THE WITNESS: I -- how would I know that?
 10 BY MR. BOWDRE:
 11 Q. How would you know your opinion?
 12 A. How would I know that she's approaching it
 13 with good faith?
 14 Q. You -- so you just don't have an opinion
 15 as to that?
 16 A. I've heard that she met with the members
 17 of the -- the DeSantis commission that outlawed
 18 gender-affirming care in Florida prior to making her
 19 recommendations. So does that make it politically
 20 tainted, you know, you be the judge.
 21 Q. Do you think that Dr. Cass is a competent
 22 scientist?
 23 A. I wouldn't know that.
 24 Q. Have you read Dr. Cass's report?
 25 A. I have read much of it, yes.

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<p style="text-align: right;">Page 258</p> <p>1 Q. Are you familiar with the British Medical 2 Journal? 3 A. I know of it, yes. 4 Q. Do you consider the British Medical 5 Journal to be a -- a trustworthy's [verbatim] 6 publication? 7 A. It's one of many scientific journals. 8 Q. Do you consider it to be a mainstream 9 publication? 10 A. I have no opinion about that. 11 MR. BOWDRE: Could you give me 50? 12 THE COURT REPORTER: Exhibit 24. 13 (Bowers Deposition Exhibit 24 was marked 14 for identification.) 15 BY MR. BOWDRE: 16 Q. So Exhibit 24 is a [verbatim] article by 17 Kamran Abbasi, the editor in chief of the DMJ, 18 called "The Cass review: an opportunity to unite 19 behind evidence informed care in gender medicine." 20 Have you read this article? 21 A. I have not read this article. 22 Would you like me to do so? 23 Q. No. I just have a couple of questions 24 that I want to ask you about it, and I don't 25 think -- they do not require a comprehensive</p>	<p style="text-align: right;">Page 260</p> <p>1 MS. VETA: But feel free to take your time 2 to read the article. 3 THE WITNESS: Okay. Okay. 4 (Witness reviews.) 5 BY MR. BOWDRE: 6 Q. Are you ready? I just have two questions 7 about this paragraph. 8 A. Well, I haven't -- you want to read the 9 whole -- I was going to read the whole thing. I 10 can -- 11 Q. Just -- I mean, just that paragraph. I 12 think it is independent -- 13 A. Well, if I can -- if I can just point out, 14 you know, you -- you know, you -- you -- when 15 someone's going to do a review, you would like to 16 think it's not going to be politicized. 17 And in 2022, a proposed law that would 18 have made it easier for transgender people to change 19 gender markers on identification -- 20 THE COURT REPORTER: I'm sorry, Doctor, 21 could you slow down if you're reading into the 22 record, please. 23 THE WITNESS: Sorry about that. 24 -- would have made it easier for 25 transgender people to change gender markers on</p>
<p style="text-align: right;">Page 259</p> <p>1 understanding of the -- of the article. 2 MS. VETA: Well, why don't you let 3 Dr. Bowers take a look at the article since she's 4 never seen it before. 5 MR. BOWDRE: Well, if -- 6 MS. VETA: But you can focus her on which 7 part you're going to be asking -- 8 THE WITNESS: Well, I mean -- I mean, 9 let's just -- 10 MS. VETA: Hold on. 11 You can tell her what parts you're going 12 to asking her questions about; but, I mean, 13 otherwise -- to kind of focus her, but give her a 14 chance to read the -- the article. 15 MR. BOWDRE: Sure. 16 BY MR. BOWDRE: 17 Q. And I'm going to ask you questions about 18 the fourth paragraph on the -- the first -- 19 left-hand column of the first page. 20 A. Okay. 21 (Witness reviews.) 22 Q. Let me know when you've read that 23 paragraph. 24 A. Which? The "One emerging criticism"? 25 Q. Yes.</p>	<p style="text-align: right;">Page 261</p> <p>1 identification documents in Scotland galvanized a 2 coalition of conservative lawmakers and feminists 3 pushing for the exclusion of transgender women from 4 women's spaces. [As read] 5 BY MR. BOWDRE: 6 Q. Okay. 7 A. Top health officials in -- so I'm just -- 8 yeah. 9 Q. Can we turn to Exhibit 24? 10 A. Yes. 11 Q. The fourth paragraph reads, "One emerging 12 criticism of the Cass review is that it sets the 13 methodological bar too high for research to be 14 included in its analysis and discarded too many 15 studies on the basis of quality. In fact, the 16 reality is different: studies in general medicine 17 fall woefully short in terms of methodological 18 rigour; the methodological bar for gender medicine 19 studies was set too low, generating" -- "generating 20 research findings that are therefore hard to 21 interpret." [As written] 22 My question is, do you think that that is 23 an assessment that a reasonable person reviewing the 24 evidence could come to? 25 MS. VETA: Object to the form.</p>

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<p style="text-align: right;">Page 262</p> <p>1 THE WITNESS: What they've done is -- is 2 decide to exclude studies on the basis of their own 3 opinion. 4 If you look up above, what they're looking 5 for is a randomized con- -- they -- that -- it 6 says, "To be clear, intervention 7 studies-particularly of" drudge [verbatim] -- "drug 8 and surgical interventions" in a -- "should include 9 an appropriate control group, ideally randomised, 10 ensure concealment of treatment allocation, and be 11 designed with relevant" -- "with" -- "to evaluate 12 relevant outcomes with adequate follow-up." [As 13 read] 14 Once again, reaching this high bar that 15 isn't required of other specialties throughout 16 surgery and medicine. The same standard is not used 17 for diabetes care. The same standard is not used 18 for clef palate treatment or -- or diabetes or -- or 19 cancer care. 20 So using another yard stick that is, 21 frankly, discriminatory is -- is why these 22 criticisms of the Cass report remain. 23 BY MR. BOWDRE: 24 Q. Do you think that the editor in chief of 25 the B- -- BMJ was being discriminatory in making</p>	<p style="text-align: right;">Page 264</p> <p>1 THE WITNESS: The -- the drug has been -- 2 the drug has been use -- in use in the same 3 population for 60 years. 4 BY MR. BOWDRE: 5 Q. So is it your testimony that puberty 6 blockers have been used to treat gender-dysphoric 7 adolescents for 60 years? 8 MS. VETA: Object to the form. 9 THE WITNESS: They've been used in the 10 same age group for precocious puberty. 11 BY MR. BOWDRE: 12 Q. Okay. Is that the same clinical 13 population? 14 A. It's a different clinical population, but 15 I -- but it's pretty clear that this -- -- that -- 16 that the safety issues that seem to be questioned by 17 this have already been asked and answered. 18 Q. So do you think that the science has 19 settled on this matter? 20 MS. VETA: Object to the form. 21 THE WITNESS: I -- I would argue that 22 science is never settled, that it is always open to 23 new input, new debate, new ideas, and new protocol. 24 But making patients wait -- 1,110 children 25 on the waiting list for youth gender services, some</p>
<p style="text-align: right;">Page 263</p> <p>1 this conclusion? 2 MS. VETA: Object to the form. 3 THE WITNESS: I can't say. 4 BY MR. BOWDRE: 5 Q. The next sentence, "The methodological 6 quality of research matters because a drug efficacy 7 study in humans with an inappropriate or no control 8 group is a potential breach of research ethics. 9 Offering treatments without an adequate 10 understanding of benefits and harms is unethical." 11 Do you think that that is a conclusion 12 that a reasonable person could come to? 13 MS. VETA: Object to the form. 14 THE WITNESS: The same medication, in the 15 same age group, for the indication of precocious 16 puberty has been utilized since the 1970s and shows 17 clear efficacy and safety. 18 Do you think that the -- do you think that 19 the drug is -- could you -- would a reasonable 20 person conclude that the drug is safe? 21 BY MR. BOWDRE: 22 Q. So do you think that this conclusion is 23 unreasonable? 24 A. I -- 25 MS. VETA: Object to the form.</p>	<p style="text-align: right;">Page 265</p> <p>1 waiting for more than four years to be seen, is 2 unethical. 3 MR. BOWDRE: Could you give me 7? 4 THE COURT REPORTER: Exhibit 25. 5 (Bowers Deposition Exhibit 25 was marked 6 for identification.) 7 BY MR. BOWDRE: 8 Q. Exhibit 25 is an article from the New York 9 Times entitled "The Battle Over Gender Therapy" by 10 Emily Bazelon from June 15, 2022. 11 Are you familiar with this article? 12 A. Yes, I am. 13 Q. You spoke with Ms. Bazelon about this 14 article -- or for this article? 15 A. Yes, I did. 16 Q. You were quoted in the article, do you 17 recall? 18 A. I believe so, yes. 19 Q. Is it correct that WPATH gave Ms. Bazelon 20 exclusive access to the near final draft of SOC-8 21 for this article? 22 MS. VETA: Object to the form. 23 THE WITNESS: I'm not certain. 24 BY MR. BOWDRE: 25 Q. Okay. Can you turn to page 2?</p>

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<p style="text-align: right;">Page 266</p> <p>1 A. Mm-hmm.</p> <p>2 Q. On the -- paragraph four, "Over" --</p> <p>3 A. Okay.</p> <p>4 Q. -- "Over the eight months I reported on</p> <p>5 this story, I talked to more than 60 clinicians,</p> <p>6 researchers, activists and historians, as well as</p> <p>7 more than two dozen young people and about the same</p> <p>8 number of parents. WPATH gave me exclusive access</p> <p>9 to the final SOC8," and then after the paren --</p> <p>10 parenthetical, it concludes "and lifted some of the</p> <p>11 confidentiality agreements the authors signed."</p> <p>12 THE COURT REPORTER: "The authors"? I</p> <p>13 didn't hear you.</p> <p>14 MR. BOWDRE: Excuse me, "the authors</p> <p>15 signed."</p> <p>16 BY MR. BOWDRE:</p> <p>17 Q. Does that -- does that generally comport</p> <p>18 with your understanding?</p> <p>19 A. I -- I had forgotten that she had received</p> <p>20 a -- a copy of the SOC; but, yes.</p> <p>21 Q. Okay. Were you involved in the fact-check</p> <p>22 process from WPATH's side of things?</p> <p>23 A. No, I was not.</p> <p>24 Q. Were you aware that fact checkers at the</p> <p>25 New York Times submitted questions to WPATH, which</p>	<p style="text-align: right;">Page 268</p> <p>1 Q. All of it.</p> <p>2 A. The WPATH standards can be acc- -- can be</p> <p>3 downloaded by going online. It's open access.</p> <p>4 Would you like me to review --</p> <p>5 Q. If you could --</p> <p>6 A. -- the entire article brief- --</p> <p>7 MS. VETA: Just --</p> <p>8 THE WITNESS: Okay. Sorry.</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. If you could keep that. I'm going to --</p> <p>11 I -- we may end up returning to that --</p> <p>12 A. Okay.</p> <p>13 Q. -- But I'm going to give you another</p> <p>14 exhibit.</p> <p>15 MR. BOWDRE: Which is 8.</p> <p>16 THE COURT REPORTER: 26.</p> <p>17 MR. BOWDRE: Okay --</p> <p>18 THE COURT REPORTER: One second, please.</p> <p>19 MR. BOWDRE: Sorry.</p> <p>20 (Bowers Deposition Exhibit 26 was marked</p> <p>21 for identification.)</p> <p>22 BY MR. BOWDRE:</p> <p>23 Q. I'm handing you what is marked as</p> <p>24 Exhibit 26, which is an op-ed by Laura</p> <p>25 Edwards-Leeper and Erica Anderson, November 24,</p>
<p style="text-align: right;">Page 267</p> <p>1 WPATH answered for this article?</p> <p>2 A. No, I'm not aware of that.</p> <p>3 Q. Do you think that this article is</p> <p>4 generally accurate?</p> <p>5 MS. VETA: Object to the form.</p> <p>6 THE WITNESS: I would have to reread the</p> <p>7 article again.</p> <p>8 BY MR. BOWDRE:</p> <p>9 Q. As you sit here today, having not reread</p> <p>10 it, is there anything that comes to mind that you</p> <p>11 recall being inaccurate about this article?</p> <p>12 A. The New York Times has published a</p> <p>13 signifi- -- a large number of articles, and there</p> <p>14 are most certainly some areas that we were -- that</p> <p>15 we were troubled by.</p> <p>16 Q. Do you recall if this article was one that</p> <p>17 you were troubled by?</p> <p>18 A. This was less concerning than others</p> <p>19 because they actually talked to WPATH experts.</p> <p>20 Q. Do you think it's important for the public</p> <p>21 to have access to the information that the reporter</p> <p>22 reports in this article?</p> <p>23 MS. VETA: Object to the form.</p> <p>24 THE WITNESS: Which -- which information?</p> <p>25 BY MR. BOWDRE:</p>	<p style="text-align: right;">Page 269</p> <p>1 2021.</p> <p>2 Are you familiar with this?</p> <p>3 A. Yes, vaguely.</p> <p>4 Q. An do you know the authors?</p> <p>5 A. I do.</p> <p>6 Q. Dr. Laura Edwards-Leeper, do you respect</p> <p>7 her work?</p> <p>8 A. I think she is -- she is well recognized</p> <p>9 in the mental health field. Yes.</p> <p>10 Q. And Dr. Erica Anderson, do you respect her</p> <p>11 work?</p> <p>12 A. I have concerns about some of her</p> <p>13 conclusions, but -- and methodology, but personally</p> <p>14 I respect her.</p> <p>15 Q. All right.</p> <p>16 And she's the former president of USPATH;</p> <p>17 right?</p> <p>18 A. Correct.</p> <p>19 Q. If you could go to page 2, at the -- the</p> <p>20 last couple sentences of the second full paragraph</p> <p>21 starting with "Providers and their behavior."</p> <p>22 Do you see that?</p> <p>23 A. I'm sorry, which -- page 2.</p> <p>24 Q. Page 2, right before the big "A."</p> <p>25 A. Okay.</p>

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<p style="text-align: right;">Page 270</p> <p>1 Q. Do you see the big "A"?</p> <p>2 A. I see it. Okay.</p> <p>3 Q. And a couple of sentences above that.</p> <p>4 A. Okay. All right.</p> <p>5 Q. "Providers and their behavior have not</p> <p>6 been closely studied, but we find evidence every</p> <p>7 single day, from our peers across the country and</p> <p>8 concerned parents who reach out, that the field has</p> <p>9 moved from a more nuanced, individualized and</p> <p>10 developmentally appropriate assessment process to</p> <p>11 one where every problem looks like a medical one</p> <p>12 that can be solved quickly with medication or,</p> <p>13 ultimately, surgery. As a result, we may be harming</p> <p>14 some of the young people we strive to support -</p> <p>15 people who may not be prepared for the gen-" --</p> <p>16 "gender transitions they are being rushed into." [As</p> <p>17 read]</p> <p>18 In your opinion, is this concern that they</p> <p>19 have stated, is that a reasonable concern?</p> <p>20 MS. VETA: Object to the form.</p> <p>21 THE WITNESS: I respectfully disagree with</p> <p>22 the -- the authors on these points. There is no</p> <p>23 question that -- that there is a -- a lack of access</p> <p>24 to care, and this can prevent -- this can present</p> <p>25 challenges meeting the needs of the population.</p>	<p style="text-align: right;">Page 272</p> <p>1 BY MR. BOWDRE:</p> <p>2 Q. And their concern was that they find</p> <p>3 evidence every single day that that standard was not</p> <p>4 being met; right?</p> <p>5 MS. VETA: Object to the form.</p> <p>6 THE WITNESS: Well, that's -- that's their</p> <p>7 opinion. Again, it highlights -- to me what it</p> <p>8 highlights is the fact that we have a -- we have</p> <p>9 a -- a lack of access to care and that we need to</p> <p>10 have providers follow the WPATH standards.</p> <p>11 BY MR. BOWDRE:</p> <p>12 Q. Do you disagree with their assessment that</p> <p>13 many providers are not providing a nuanced,</p> <p>14 individualized, and developmentally appropriate</p> <p>15 assessment process?</p> <p>16 A. I'm not a -- in the mental health field,</p> <p>17 but, from my perspective, where patients have to</p> <p>18 wait years before they come in for surgery, they are</p> <p>19 very, very well cared for, evaluated, and persistent</p> <p>20 in their -- in their gender identity.</p> <p>21 Q. Do you recall what the reaction within</p> <p>22 WPATH to the publication of this article was like?</p> <p>23 A. I couldn't say. I didn't hear anything</p> <p>24 specifically.</p> <p>25 Q. Do you recall what your reaction was when</p>
<p style="text-align: right;">Page 271</p> <p>1 But the vast majority of mental health</p> <p>2 providers in the country that I'm familiar with</p> <p>3 follow the WPATH standards of care.</p> <p>4 BY MR. BOWDRE:</p> <p>5 Q. Do you think that someone approaching this</p> <p>6 field in good faith could come to the conclusions</p> <p>7 that Dr. Edwards-Leeper and Dr. Anderson did?</p> <p>8 MS. VETA: Object to the form.</p> <p>9 THE WITNESS: I would say that if they</p> <p>10 know the providers that -- that -- that I know, who</p> <p>11 are WPATH members practicing in the field of mental</p> <p>12 health, practice a very -- as they say, a very</p> <p>13 "nuanced, individualized and"</p> <p>14 developmentally [verbatim] a- -- "developmentally</p> <p>15 appropriate assessment process."</p> <p>16 The lack of access and the overwhelming</p> <p>17 numbers have -- like any field in medicine, there</p> <p>18 are people that may practice outside the standards</p> <p>19 of care.</p> <p>20 But the care that they're referring to,</p> <p>21 the "nuanced, individualized and developmentally</p> <p>22 appropriate assessment process," is what is</p> <p>23 recommended and followed if you follow the WPATH</p> <p>24 standards of care. So their concerns were for</p> <p>25 people outside of that standard.</p>	<p style="text-align: right;">Page 273</p> <p>1 this article was published?</p> <p>2 A. It -- it -- it was consistent with a -- a</p> <p>3 viewpoint that -- you know, I was -- I was paired</p> <p>4 with her in another article and -- Dr. Anderson,</p> <p>5 that is, and I don't think she has it quite right.</p> <p>6 Instead of trying to explain the rise in</p> <p>7 the numbers as something that is to be understood,</p> <p>8 she comes to an incorrect -- what I feel is an</p> <p>9 incorrect conclusion.</p> <p>10 Q. And what is that conclusion?</p> <p>11 A. That -- that patients are being</p> <p>12 inappropriately brought through the process. We</p> <p>13 do -- we -- all of us share the same concern,</p> <p>14 though, and that is, that we want patients to go</p> <p>15 through that nuanced, individualized, deliberate</p> <p>16 slow process that WPATH's standards of care</p> <p>17 advocate. So in that sense I agree.</p> <p>18 Q. And is it fair to say that you disagree</p> <p>19 with her assessment that many patients are not going</p> <p>20 through that process?</p> <p>21 MS. VETA: Object to the form.</p> <p>22 THE WITNESS: Well, to me, her assessment</p> <p>23 assigns blame and -- and unfairly paints mental</p> <p>24 health providers as doing poor quality work. And</p> <p>25 from my perspective, that's not what I see.</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

<p style="text-align: right;">Page 274</p> <p>1 What I see are patients having to ha --</p> <p>2 having long wait times, having limited access to</p> <p>3 care, and, therefore, putting pressure on going to</p> <p>4 other sources that are outside the standards of</p> <p>5 care.</p> <p>6 BY MR. BOWDRE:</p> <p>7 Q. Dr. Edwards-Leeper and Dr. Anderson are</p> <p>8 mental health providers; right?</p> <p>9 A. That is correct.</p> <p>10 MR. BOWDRE: 5.</p> <p>11 THE COURT REPORTER: Exhibit 27.</p> <p>12 (Bowers Deposition Exhibit 27 was marked</p> <p>13 for identification.)</p> <p>14 BY MR. BOWDRE:</p> <p>15 Q. So let's -- so Exhibit 27 is an article</p> <p>16 from The Free Press, "Top Trans Doctors Blow the</p> <p>17 Whistle on 'Sloppy' Care."</p> <p>18 Is this the article --</p> <p>19 THE COURT REPORTER: Say that again.</p> <p>20 MR. BOWDRE: I'm sorry, "Top Trans Doctors</p> <p>21 Blow the Whistle on 'Sloppy' Care."</p> <p>22 BY MR. BOWDRE:</p> <p>23 Q. Is this the article you referenced earlier</p> <p>24 that you were interviewed with along with</p> <p>25 Dr. Anderson?</p>	<p style="text-align: right;">Page 276</p> <p>1 where there is not a lot of published data, not a</p> <p>2 lot of studies, the field is in its infancy, you see</p> <p>3 people sometimes selling protocols like puberty</p> <p>4 blockers in a dogmatic fashion, like, "This is just</p> <p>5 what we do," Bowers told me."</p> <p>6 Did you say that?</p> <p>7 A. Again, this is taken out of context. And</p> <p>8 my -- my point in this is that there is -- there is</p> <p>9 emerging data, and you have to be -- you have to</p> <p>10 be -- you have to hold skepticism and be deliberate</p> <p>11 and cautious when you are -- when you are treating</p> <p>12 this population.</p> <p>13 It doesn't mean that the -- that the --</p> <p>14 the population needs to be denied access to care or</p> <p>15 denied treatment, but you need to follow the</p> <p>16 population, you need to study the population, and</p> <p>17 you need to publish that data.</p> <p>18 Q. So the next paragraph, "Once an adolescent</p> <p>19 has halted normal puberty and adopted an</p> <p>20 opposite-sex name, Bowers said:" Quote, "'You're</p> <p>21 going to socially'" -- "'You're'" -- excuse me,</p> <p>22 "'You're going to go socially to school as a girl,</p> <p>23 and you've made this commitment. How do you back</p> <p>24 out of that?'"</p> <p>25 Did you say that?</p>
<p style="text-align: right;">Page 275</p> <p>1 A. Correct.</p> <p>2 Q. Could you go to page 4?</p> <p>3 Two paragraphs above the three red stars</p> <p>4 or crosses --</p> <p>5 A. Mm-hmm.</p> <p>6 Q. -- it states, "I asked Bowers whether she</p> <p>7 believed WPATH had been welcoming to a wide variety</p> <p>8 of doctors viewpoints' - including those concerned</p> <p>9 about risks, skeptical of puberty blockers, and</p> <p>10 maybe even critical of some of the surgical</p> <p>11 procedures?"</p> <p>12 Quote, "'There are definitely people who</p> <p>13 are trying to keep out anyone who doesn't absolutely</p> <p>14 buy the party line that everything should be</p> <p>15 affirming, and that there's no room for dissent,'</p> <p>16 Bowers said. 'I think that's a mistake.'"</p> <p>17 Did you say that?</p> <p>18 A. I said that quote. But, again, it was --</p> <p>19 it was -- well, I should say it was -- we had a wide</p> <p>20 ranging interview and that quote was taken out of</p> <p>21 context.</p> <p>22 Q. Okay. Could you go to page 8?</p> <p>23 A. Mm-hmm.</p> <p>24 Q. And two paragraphs from the bottom, second</p> <p>25 sentence, quote, "'When you enter a field like this</p>	<p style="text-align: right;">Page 277</p> <p>1 A. Yes. And it -- it -- it -- it recognizes</p> <p>2 the fact that there is -- that it is difficult to --</p> <p>3 the -- the act of -- of social transition is not a</p> <p>4 neutral act, and that you have to be careful that</p> <p>5 when you assess this population and the benefits of</p> <p>6 social transition, that -- that you're not -- that</p> <p>7 the -- the act of social transition doesn't cause</p> <p>8 itself to perpetuate.</p> <p>9 This is just me being cautious, which is</p> <p>10 how I practice.</p> <p>11 Q. Do you know what the reaction within WPATH</p> <p>12 was to this article's publication?</p> <p>13 A. Within WPATH, I -- I don't know.</p> <p>14 Q. Did you receive any negative feedback from</p> <p>15 members of WPATH for your interview with the author?</p> <p>16 A. Oh, certainly, I did.</p> <p>17 Q. After the article was published, did you</p> <p>18 change your approach to speaking to the press?</p> <p>19 A. After the publication of this article?</p> <p>20 Q. Yes.</p> <p>21 A. No. I -- you know, I wouldn't be</p> <p>22 president if I -- if I wasn't afraid to -- to answer</p> <p>23 the hard questions and -- and be transparent. My</p> <p>24 inclination is always to be transparent, and I like</p> <p>25 to talk to everyone.</p>

70 (Pages 274 - 277)

CONFIDENTIAL-ATTORNEY'S EYES ONLY

Page 278

1 Am I -- am I disappointed at having things
 2 brought out of context or juxtaposed next to
 3 individuals that I don't agree with or in -- yeah, I
 4 was disappointed in that. I didn't get a chance to
 5 review this article and fact-check it, because it
 6 would have printed differently had I done so.
 7 Q. Were you aware of any reactions within
 8 WPATH of Dr. Anderson's comments to the author of
 9 this article?
 10 A. To the article itself? No, I was not.
 11 Q. You did not hear any criticism by -- by
 12 WPATH members of Dr. Anderson providing this
 13 interview?
 14 A. Oh, yes, I did hear that.
 15 Q. You did. Okay.
 16 And what was that criticism?
 17 A. Again, that she threw the mental health
 18 community who treats this population under the bus.
 19 And, again, echoed my concerns that instead of
 20 explaining the rise in the numbers, she attributed
 21 it to being -- to people being rushed through the
 22 process, which isn't what the majority of us
 23 understand to be the case.
 24 The majority -- the vast majority of the
 25 popu- -- the -- of the mental health providers that

Page 279

1 we are familiar with practice that deliberate,
 2 nuanced, individualized approach.
 3 Q. Am I correct that Dr. Anderson was
 4 censured by USPATH as a result of this article?
 5 A. I don't think it was just solely about
 6 this article. I think she had -- I think there were
 7 a series of high publicity public statements that
 8 she made. And -- and I don't know when that
 9 censor -- cens- -- censure came; but, yes, I was
 10 aware of that censure.
 11 Q. So why was she censured?
 12 MS. VETA: Object to the form.
 13 THE WITNESS: I'm not a mem- -- I --
 14 although I'm on the WPATH -- I was on the WPATH
 15 board as -- at the time, I'm not sure why they
 16 censured her.
 17 BY MR. BOWDRE:
 18 Q. Did you receive a copy of the censure at
 19 the time?
 20 A. No. But someone -- someone who received
 21 it forwarded it to me as a member of the executive
 22 committee.
 23 Q. All right.
 24 Do you know if WPATH considered censoring
 25 you for talking with Abigail Shrier in this article?

Page 280

1 A. Why would they do that?
 2 Q. I guess for -- presumably for similar
 3 reasons that Dr. Anderson was censured for talking
 4 with the author of this article.
 5 A. Well, I spoke about my clinical
 6 experience, and -- which I had been done -- doing
 7 openly for years. Dr. Anderson, it was judged,
 8 spoke inaccurately, we felt -- or some felt. It
 9 wasn't my opinion, but many felt that -- that she
 10 spoke out of the blue about something that she had
 11 never raised previously.
 12 Q. And so, are members required to raise
 13 their concerns internally before speaking about them
 14 publicly?
 15 MS. VETA: Object to the form.
 16 THE WITNESS: I mean, that would be
 17 situational. I'm not sure I have an answer to that.
 18 BY MR. BOWDRE:
 19 Q. Well, if Dr. Anderson was censured because
 20 she had not raised those concerns internally before
 21 speaking publicly, would it be fair to say that that
 22 is an expectation within at least USPATH?
 23 MS. VETA: Object to the form.
 24 THE WITNESS: The executive committee did
 25 not believe that she should have been censured.

Page 281

1 We -- we felt that it should have been worked out
 2 internally and discussed openly.
 3 BY MR. BOWDRE:
 4 Q. Did you raise those concerns with USPATH?
 5 A. Yes, I did.
 6 Q. But WPATH could not stop the censure by
 7 the USPATH board; is that right?
 8 A. USPATH operates independently, but...
 9 Q. Why do you think that Dr. Anderson should
 10 not have been censured?
 11 A. We felt that the -- the -- the -- her --
 12 her line of -- we felt that she should have been
 13 allowed to defend herself and that her -- that there
 14 should have been a dialogue with USPATH.
 15 MR. BOWDRE: Could you give me 13.
 16 MS. VETA: Is this a good time to take a
 17 break?
 18 MR. BOWDRE: If you would like a break.
 19 I'm perfectly content to keep going, but if --
 20 MS. VETA: Okay.
 21 MR. BOWDRE: -- you would like a break --
 22 MS. VETA: How much -- we've been going
 23 for about an hour. But so...
 24 MR. BOWDRE: Well, I think I only have
 25 about 30 minutes.

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<p style="text-align: right;">Page 282</p> <p>1 MS. VETA: Well, then why don't we take a 2 short break. 3 MR. BOWDRE: Okay. 4 THE VIDEOGRAPHER: This marks the end of 5 Media Number 7 of the deposition of Marci Bowers. 6 The time is 5:28 p.m., and we're off the record. 7 (Short recess taken.) 8 THE VIDEOGRAPHER: This marks the 9 beginning of Media Number 8 in the deposition of 10 Marci Bowers. The time is 5:40 p.m. We are on the 11 record. 12 BY MR. BOWDRE: 13 Q. Am I correct that shortly after 14 Dr. Anderson was censured by USPATH, that she 15 resigned? 16 A. Yes, that's correct. 17 Q. Do you know why she resigned? 18 A. She felt a -- a -- she felt a -- 19 victimized by the process and didn't want to fight. 20 She kind of clammed up and just refused to have 21 that -- you know, so it was -- it's hard to say all 22 the parties involved, but -- yeah. 23 MR. BOWDRE: Could you give me 13. We're 24 almost done. 25 THE COURT REPORTER: Exhibit 28.</p>	<p style="text-align: right;">Page 284</p> <p>1 THE WITNESS: -- voted against it. 2 Sorry. Sorry. 3 MS. VETA: No worries. 4 THE WITNESS: I don't recall what my vote 5 was, but I didn't agree with all of it. 6 BY MR. BOWDRE: 7 Q. What parts do you not agree with? 8 A. I didn't agree with the -- the insinuation 9 that, you know, it seemed to be a reaction to the -- 10 to the Shrier article. "Opposing the use of a lay 11 press, either partial or impartial or any political 12 slant or viewpoint as a forum" -- [As read] 13 THE COURT REPORTER: Can you slow down 14 just a little bit, please. 15 THE WITNESS: Oh, sorry. So that 16 sentence, "The USPATH and WPATH oppose the use of 17 the lay press." [As read] 18 Q. And just so that we're clear, that 19 sentence reads, "USPATH and WPATH oppose the use of 20 the lay press, either impartial or of any political 21 slant or viewpoint as a forum for the scientific 22 debate of these issues, or the politicization of 23 these issues in any way." 24 So what parts of that did you disagree 25 with?</p>
<p style="text-align: right;">Page 283</p> <p>1 (Bowers Deposition Exhibit 28 was marked 2 for identification.) 3 THE WITNESS: Mm-hmm. 4 BY MR. BOWDRE: 5 Q. Exhibit 28 is entitled, "joint Letter from 6 USPATH and WPATH." 7 Do you recognize this? 8 A. Yes. Let's see. 9 Q. Do you recall voting on this letter? 10 A. Let me just read it again, if I can. 11 (Witness reviews.) 12 Q. Let me know when you're done. 13 A. I agreed with parts of this letter, but 14 not all of it. 15 Q. Do you recall voting on the letter? 16 A. I don't recall what my vote was. 17 Q. But -- okay. 18 Am I correct that there was a vote to 19 publish this letter? 20 A. I don't recall, but I believe it was -- I 21 believe it passed, yes. 22 Q. Okay. And do you recall if you voted 23 against this letter? 24 A. I don't know that I -- 25 MS. VETA: Object --</p>	<p style="text-align: right;">Page 285</p> <p>1 A. I -- I did agree that -- that -- you know, 2 that it -- it -- it isn't -- it is -- the lay press 3 is not a place where we do scientific debate. 4 But -- but not expressing viewpoints with the lay 5 press, I think it -- it creates a -- an atmosphere 6 of -- of opacity that is not beneficial to the 7 organization. 8 Q. Do you also agree, though, that this 9 restriction would not be beneficial to members of 10 the public trying to understand gender-affirming 11 care? 12 MS. VETA: Object to the form. 13 THE WITNESS: You know, as in any field of 14 medicine, scientific discussions should be conducted 15 amongst the people that -- we debate things all the 16 time internally, and that happens in every field of 17 medicine. 18 I'm a member of other organizations, and 19 this is where it happens. It's a healthy part of 20 dialogue, that -- that -- that furthers the -- the 21 field. You need to have an open and honest. But 22 everything that we discussed doesn't necessarily -- 23 shouldn't come out to the public. 24 BY MR. BOWDRE: 25 Q. And why is that?</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

<p style="text-align: right;">Page 286</p> <p>1 A. No more than the public needs to know 2 what -- how hot dogs are made. You know, there are 3 just some things that -- most things that -- I 4 should say that scientific debate should not be 5 impeded by trying to polish the appearance for 6 consumption by the public. These are usually -- 7 these are internal discussions, and they happen at 8 every level of medicine. 9 Q. Do you think that the public should be 10 made aware that these debates on the use of puberty 11 delay in hormonal therapy for transgender and gender 12 diverse youth are occurring? 13 A. Should they know that they're occurring? 14 Q. Yes. 15 A. Well, I think that's a -- I think -- I 16 think that would be a good thing that -- that there 17 is -- there is a healthy debate, as there is in any 18 other field of medicine for any other treatment. 19 You know, take cancer -- cancer treatment, 20 I mean, there are protocols that differ regionally. 21 People have different opinions, and those are -- 22 those are usually internal discussions. And that's 23 where they should belong. 24 Q. And so, do you agree that the lay press, 25 either impartial or of any political slant or</p>	<p style="text-align: right;">Page 288</p> <p>1 public in the interest of transparency? 2 A. I think I -- I think I just answered the 3 question. I mean, it doesn't -- it isn't really 4 meant for public consumption. 5 You know, did -- do -- you -- you don't 6 discuss your fam- -- family -- you know, 7 disciplining your children with the public. You 8 know, there are a lot of things that are better kept 9 internally, and that's where I'd leave it. 10 Q. Okay. When this letter was issued, did 11 any WPATH members approach you with concerns that 12 WPATH was muzzling clinicians? 13 A. Which letter? 14 Q. This letter that we've been discussing. 15 A. No. But -- other people, no. 16 Q. Did you have concerns that WPATH or USPATH 17 was muzzling clinicians? 18 MS. VETA: Object to the form. 19 THE WITNESS: I don't like the idea of 20 transparency. But, again, I'm not talking 21 methodological debate about puberty blockers. I'm 22 talking about being open and honest and interviewing 23 in -- with -- with reporters or -- or media that -- 24 that approach and have an interest in -- in the 25 goings-on of what we do. In that respect, I believe</p>
<p style="text-align: right;">Page 287</p> <p>1 viewpoint is not a proper forum for the scientific 2 debate of the use of pubertal delay and hormonal 3 therapy for transgender and gender diverse youth? 4 A. Yes, I don't think that's a place for -- 5 for public discussion. 6 Q. And do you think that the result of that 7 stance would be that the public has less 8 understanding of the use of pubertal -- excuse me -- 9 of pubertal delay in hormone therapy for transgender 10 youth? 11 MS. VETA: Object to the form. 12 THE WITNESS: I mean, that doesn't make 13 sense. I think, you know, internal discussion leads 14 to better recommendations because you get clarity. 15 You get independent viewpoints. You get discussion. 16 And you get nuanced shifts in -- in -- in protocols, 17 and you get clinical information that's introduced. 18 And the -- the public doesn't -- shouldn't 19 and -- and doesn't need to sort through all of that, 20 anymore than it needs to sort through debates and 21 the treatment of diabetes or cancer or other areas 22 of medicine. 23 BY MR. BOWDRE: 24 Q. So why should the public not -- or why 25 should those debates not be made available to the</p>	<p style="text-align: right;">Page 289</p> <p>1 in transparency. 2 BY MR. BOWDRE: 3 Q. Aside from this joint letter, did WPATH 4 adopt any sort of media policy for its members? 5 A. I [verbatim] did. 6 Q. What is that policy? 7 A. I would just be paraphrasing it by my 8 recollection, which basically is that -- that -- 9 that the -- at least the executive committee needs 10 to be notified when there is a media request. 11 Q. Is that before any WPATH member can speak 12 to the press? 13 A. No. 14 MS. VETA: Object to the form. 15 THE WITNESS: No. It -- it re- -- really 16 refers to the -- the WPATH officers that -- that we 17 be careful about who we go to the press with. 18 BY MR. BOWDRE: 19 Q. So if that policy had been in place at the 20 time that Dr. Anderson and Dr. Edwards-Leeper wrote 21 their op-ed that we reviewed, would they have had to 22 come to the executive committee before publishing? 23 MS. VETA: Object to the form. 24 THE WITNESS: I don't -- you know, 25 whether -- I'm not sure if it was to U.S. -- I think</p>

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<p style="text-align: right;">Page 290</p> <p>1 it was to the executive committee. But I think 2 there was some check like that that they wanted to 3 be -- they at least wanted the author or the 4 interviewer to be vetted so that stories aren't just 5 taken out -- quotes aren't just taken out of 6 context. 7 BY MR. BOWDRE: 8 Q. So do you know -- do you know the answer 9 to my question of whether Dr. Anderson would've had 10 to seek approval before writing her article in The 11 Washington Post, had the media policy been in place 12 at that time? 13 MS. VETA: Object to the form. 14 THE WITNESS: I mean, that's a 15 hypothetical question. It -- you know, we can't 16 answer. 17 BY MR. BOWDRE: 18 Q. Is that because you don't know what the 19 media policy is? 20 A. No. It's just presumably, it would be 21 something that would have had to have been checked. 22 And she would have had to go, you know, and -- to 23 clear that, I suppose. 24 Q. And if you had -- if that article had come 25 to you to be cleared, would you have voted to allow</p>	<p style="text-align: right;">Page 292</p> <p>1 BY MR. BOWDRE: 2 Q. And if you are -- when you no longer are 3 the WPATH president, would you still make those 4 decisions without having to go through WPATH? 5 A. I -- I've learned a little bit, that 6 things can be taken out of context if -- by people 7 who have structural bias in their own reporting. 8 And so, it -- it -- for me, it was a good education. 9 Q. The New York Times op-ed that you just 10 mentioned, do you recall that? 11 A. Yes. 12 Q. Do you recall citing to the Cornell 13 University literature review in that op-ed? 14 A. Probably so, yes. 15 Q. And that literature review was from 2018; 16 is that right? 17 A. Yes. 18 Q. Okay. And I -- am I correct that that 19 literature review looked only at adults. It does 20 not look at minors? 21 A. That's correct. 22 Q. And at this time, Johns Hopkins had 23 completed a number of literature reviews for WPATH 24 SOC-8; right? 25 A. As part of the -- the -- the SOC-8 --</p>
<p style="text-align: right;">Page 291</p> <p>1 Dr. Anderson to publish that article in The 2 Washington Post? 3 MS. VETA: Object to the form. 4 THE WITNESS: I -- I'm not the mediating 5 body for that -- for those decisions. 6 BY MR. BOWDRE: 7 Q. Who's the mediating body? 8 A. The executive committee or -- or the -- or 9 now we have a -- a -- a public relations firm that 10 works with us. 11 Q. Are you part of the executive committee? 12 A. Yes. 13 Q. So it is possible that if someone within 14 WPATH wants to write an article, they would come to 15 your committee to seek approval to do that? 16 MS. VETA: Object to the form. 17 THE WITNESS: Possibly, but, I mean, 18 I've -- I've written a full page op-ed in the -- in 19 The New York Times. Out of courtesy, I let the 20 executive committee know, but I didn't -- I 21 didn't -- they didn't edit it for me. I wrote the 22 article. And -- and I -- I mean, I've appeared on 23 Face The Nation. And I -- I'm happy to -- in 24 general, I make the decisions about who I talk to 25 and who I don't.</p>	<p style="text-align: right;">Page 293</p> <p>1 Q. Yes. 2 A. -- review, yes. Presumably so, yes. 3 Q. So why did you not cite to one of those 4 more current reviews rather than the 2018 review 5 looking only at adults? 6 A. I wasn't -- I -- I never saw anything 7 actually written that -- that -- from Hopkins 8 that -- that was usable. I certainly would have 9 done so, had I had access to it. I didn't see 10 anything. 11 Q. Okay. 12 MR. BOWDRE: Could you give me 14. 13 THE COURT REPORTER: Exhibit 29. 14 (Bowers Deposition Exhibit 29 was marked 15 for identification.) 16 BY MR. BOWDRE: 17 Q. Okay. Exhibit 29 is a "New York Times 18 Sign on Letter." 19 A. Mm-hmm. 20 Q. Are you familiar with this? 21 A. Yes. 22 Q. Did you sign this letter? 23 A. I believe I did. 24 Q. And just to confirm, on page 10 -- 25 A. Did I...</p>

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<p style="text-align: right;">Page 294</p> <p>1 Yep, I sure did.</p> <p>2 Q. Do you see that?</p> <p>3 And then if you could keep going to page</p> <p>4 14.</p> <p>5 A. Mm-hmm.</p> <p>6 Q. At the very bottom, it looks like WPATH</p> <p>7 also signed this letter?</p> <p>8 A. Yes.</p> <p>9 Q. Did you -- was it your decision for WPATH</p> <p>10 to sign this letter?</p> <p>11 A. I believe it was a -- a decision of the</p> <p>12 executive committee and quite possibly the board.</p> <p>13 Q. Do you recall if you voted to approve</p> <p>14 WPATH's signing this letter?</p> <p>15 A. Well, I would, since I signed the other --</p> <p>16 the letter myself, personally.</p> <p>17 Q. And this letter, this is a letter to The</p> <p>18 New York Times complaining of this coverage of</p> <p>19 transitioning treatments; is that a fair assessment?</p> <p>20 A. Yes.</p> <p>21 Q. And on page 2, the final paragraph, it</p> <p>22 mentions the Emily Bazelon article from June 2022.</p> <p>23 Is that an article that you had in mind as unfair</p> <p>24 treatment of transitioning treatments?</p> <p>25 MS. VETA: Object to the form.</p>	<p style="text-align: right;">Page 296</p> <p>1 treatments?</p> <p>2 MS. VETA: Object to the form.</p> <p>3 THE WITNESS: Yeah, I mean, that's just --</p> <p>4 you're just guessing there.</p> <p>5 BY MR. BOWDRE:</p> <p>6 Q. Well, what did you have in mind when you</p> <p>7 agreed to this paragraph?</p> <p>8 A. When I agreed to sign on the letter?</p> <p>9 Q. Yeah.</p> <p>10 A. I -- when you -- when you do irresponsible</p> <p>11 journalism, it gets picked up.</p> <p>12 Q. So do you consider the Bazelon 2022 report</p> <p>13 to be irresponsible journalism because it was used</p> <p>14 by Texas?</p> <p>15 A. Not at all. And just because we --</p> <p>16 because I disagree with the aspects of what was</p> <p>17 presented.</p> <p>18 MR. BOWDRE: Let's go to 15.</p> <p>19 THE COURT REPORTER: Exhibit 30.</p> <p>20 (Bowers Deposition Exhibit 30 was marked</p> <p>21 for identification.)</p> <p>22 THE WITNESS: Mm-hmm.</p> <p>23 BY MR. BOWDRE:</p> <p>24 Q. Exhibit 30 is an open letter regarding the</p> <p>25 "Archives of Sexual Behavior" dated May 5th, 2023.</p>
<p style="text-align: right;">Page 295</p> <p>1 THE WITNESS: I mean, there were a number</p> <p>2 of articles. The Bazelon -- Bazelon article was</p> <p>3 less toxic than most of the articles that they've</p> <p>4 published over the last several years.</p> <p>5 And so, there was a Pulitzer prize</p> <p>6 winning -- what's her name? It's been a long day.</p> <p>7 There are other -- there are a lot of</p> <p>8 others, yes.</p> <p>9 BY MR. BOWDRE:</p> <p>10 Q. So the paragraph reads -- and this is at</p> <p>11 the bottom of page 2. "Think your stories are</p> <p>12 innocently 'just asking questions'? The State of</p> <p>13 Texas quoted Emily Bazelon's June 2022 report in The</p> <p>14 New York Times Magazine to further target families</p> <p>15 of trans youth in court documents over their</p> <p>16 private, evidence-based healthcare decisions."</p> <p>17 A. Where are you reading that?</p> <p>18 Q. Turn to the final paragraph of -- of</p> <p>19 page 2 --</p> <p>20 A. Okay.</p> <p>21 Q. -- the beginning of that paragraph.</p> <p>22 A. Oh, okay.</p> <p>23 Q. Do you think it was wrong of The New York</p> <p>24 Times to publish that report because it could have</p> <p>25 been used by states that limit transitioning</p>	<p style="text-align: right;">Page 297</p> <p>1 Do you recognize this letter?</p> <p>2 A. Yes, I do.</p> <p>3 Q. Am I correct that you signed this letter?</p> <p>4 Page 10.</p> <p>5 A. Yes. I mean, yes, I -- I did sign it,</p> <p>6 I -- I -- as I recall. It was somewhat -- it was</p> <p>7 somewhat regretting that I did.</p> <p>8 Q. Why did you regret signing this letter?</p> <p>9 A. Because I don't like the idea of -- of</p> <p>10 ever censuring people or -- or -- I -- I think that</p> <p>11 there is room for a healthy debate. And -- although</p> <p>12 I respectfully disagree to the core with Dr. Zucker</p> <p>13 in many issues, I don't like a situation in which</p> <p>14 threats are made against an individual.</p> <p>15 Q. And so, what was this letter calling for?</p> <p>16 A. I would have to reread it.</p> <p>17 Q. On page 1, the second full paragraph --</p> <p>18 A. Mm-hmm.</p> <p>19 Q. -- it notes, "With this letter, we are</p> <p>20 informing you that we will no longer submit to the</p> <p>21 journal, act as peer reviewers, or serve in an</p> <p>22 editorial capacity until Dr. Zucker is replaced with</p> <p>23 an editor who has a demonstrated record of integrity</p> <p>24 on LGBTQ+ matters and, especially, trans matters."</p> <p>25 Do you agree that Dr. Zucker has not</p>

CONFIDENTIAL-ATTORNEY'S EYES ONLY

Page 298	Page 300
<p>1 demonstrated a record of integrity on trans matters? 2 MS. VETA: Object to the form. 3 THE WITNESS: I -- I disagree with a lot 4 of Dr. Zucker's conclusions, but I don't think 5 that -- but I don't agree that censorship is the 6 answer. 7 BY MR. BOWDRE: 8 Q. And to take a step back, who is 9 Dr. Zucker? 10 A. I believe Dr. Zucker is a clinical 11 psychologist who was working in -- at, I think, 12 McGill University in Toronto. 13 Q. And he was a [verbatim] author on WPATH 14 SOC-7; right? 15 MS. VETA: Object to the form. 16 THE WITNESS: I -- I don't know that 17 for -- probably so -- perhaps so. 18 BY MR. BOWDRE: 19 Q. Were you at the USPATH conference in 2017 20 when Dr. Zucker presented? 21 A. Which question would you like me to 22 answer? 23 Q. Were you at the USPATH conference in 2017 24 when Dr. Zucker presented? 25 MS. VETA: Object to the form.</p>	<p>1 picketing. 2 BY MR. BOWDRE: 3 Q. Are you aware of protesters? 4 A. No, I'm not. 5 MS. VETA: Object to the form. Let me -- 6 THE WITNESS: Sorry. 7 MS. VETA: Give me some room to -- 8 THE WITNESS: Sorry. I'll give you some 9 room. 10 BY MR. BOWDRE: 11 Q. Were you at the meeting that occurred 12 after his presentation, in which leaders from WPATH 13 met with advocates? 14 A. No, I was not there. 15 Q. Are you aware that that meeting occurred? 16 A. Yes, I heard something about it. Yes. 17 Q. And is it accurate, as far as you know, 18 that Jamison Green apologized for Dr. Zucker's 19 president -- presence at the conference? 20 MS. VETA: Object to the form. 21 THE WITNESS: You would have to ask 22 Dr. Green. 23 BY MR. BOWDRE: 24 Q. You have no knowledge of that? 25 A. I am not aware of it, no.</p>
Page 299	Page 301
<p>1 THE WITNESS: Okay. I was at the USPATH 2 conference in 2017. 3 BY MR. BOWDRE: 4 Q. Okay. Were you aware that Dr. Zucker 5 presented at that conference? 6 A. Yes, I was. 7 Q. Were you aware at his presentation? 8 A. No, I was not -- 9 Q. Are you aware that his -- 10 A. -- until the very, very end. 11 Q. And what happened at the very end? 12 A. It happened prior to my arrival. And so, 13 I would have to defer to the people that were there. 14 Q. You have no understanding of what 15 happened? 16 A. No, I do not. I know there was a 17 conflict, and -- and Dr. Zucker was at the -- the 18 heart of the controversy. 19 Q. And do you know why he was at the heart of 20 the controversy? 21 A. I do not. 22 Q. Is it fair to say that his panel was 23 picketed by protesters at the 2017 conference? 24 MS. VETA: Object to the form. 25 THE WITNESS: I'm not aware of any</p>	<p>1 Q. Or any public apology? 2 A. No. 3 Q. Do you know if Dr. Zucker has been invited 4 to any WPATH conference since 2017? 5 A. I saw Dr. -- I saw and spoke with 6 Dr. Zucker in Montreal in 2022. 7 Q. Did he present at that conference? 8 A. I don't know that. 9 Q. Have you ever tried to publish any letters 10 in the Archives of Sexual Behavior? 11 A. I have not. 12 Q. Have you ever tried to publish anything in 13 the Archives of Sexual Behavior? 14 A. I have not, no. 15 Q. Could you go to page 4. 16 A. Yes. 17 Q. In the middle of the paragraph, there's a 18 sentence right after the parenthetical with 1, 2, 19 and it says, "Dr. Zucker's editor" -- "editorship is 20 further called into question by his collaborative 21 proximity to individuals and groups who militate 22 against access to gender-affirming care." [As read] 23 What is "collaborative proximity"? 24 MS. VETA: Object to the form. 25 THE WITNESS: I don't know. You -- you</p>

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<p style="text-align: right;">Page 302</p> <p>1 know, it's a -- I -- I -- it's a term I'm not 2 familiar with. 3 BY MR. BOWDRE: 4 Q. So you signed the letter even though you 5 were not familiar with that term? 6 A. That specific -- you know, to me, I can -- 7 I can tell you what collaborative and I can tell you 8 what proximity means. So I do understand those 9 sorts of things, but -- 10 Q. All right. 11 Well, let's continue reading. 12 "The Society for Evidence-Based Gender 13 Medicine, whose members have collaborated with 14 religious conservative groups towards criminalizing 15 gender-affirming care, has also paid for the open 16 access fee of numerous articles in Archives of 17 Sexual Behavior, including the recent article by 18 Suzanna Diaz & J. Michael Bailey. Dr. Zucker's not 19 a member of SEGM and the behavior of collaborators 20 cannot be attributed to him. However, his 21 collaborative proximity raises legitimate fears of 22 bias, especially since some of these individuals and 23 organizations were involved as co-authors or funding 24 sources in some form in Archives of Sexual 25 Behavior's poor editorial decisions." [As read]</p>	<p style="text-align: right;">Page 304</p> <p>1 Dr. Zucker to publish authors who are critical of 2 medicalized gender-affirming care for minors? 3 MS. VETA: Object to the form. 4 THE WITNESS: I think if an article is -- 5 is scientifically sound, then I'm in favor of open 6 access and -- and open publication. 7 When articles are published that have -- 8 that have bias and contain misinformation, then I 9 have a problem with that. 10 BY MR. BOWDRE: 11 Q. And do you think that Dr. Zucker has 12 published articles that contain misinformation as 13 editor of the Archives of Sexual Behavior? 14 A. I wouldn't know that. I haven't reviewed 15 his articles. 16 MS. VETA: Mr. Bowdre, I just want to make 17 sure you're mindful of the time, and you have less 18 than ten minutes left. 19 MR. BOWDRE: Thank you. 20 BY MR. BOWDRE: 21 Q. Have you ever had a patient of yours tell 22 you that they regretted the surgery that they 23 received? 24 A. Yes, I have. And the word wasn't even so 25 much regret, as it was they -- they felt that --</p>
<p style="text-align: right;">Page 303</p> <p>1 Do you agree that a -- well, first, do you 2 agree with this critique of Dr. Zucker? 3 MS. VETA: Object to the form. 4 THE WITNESS: It -- it is not my critique, 5 and I disagree with Dr. Zucker in a number of his 6 theories. But, as I said, I think that the -- 7 the -- the idea of censoring [verbatim] an 8 individual for expressing their personal views is 9 probably not beneficial. 10 BY MR. BOWDRE: 11 Q. Do you know if WPATH has ever paid 12 open-access fees for the Archives of Sexual 13 Behavior? 14 A. I have no idea. 15 Q. Do you know if WPATH members have ever 16 published in the Archives of Sexual Behavior? 17 A. I wouldn't know that. 18 Q. If they had, would that establish 19 collaborative proximity between Dr. Zucker and 20 WPATH? 21 MS. VETA: Object to the form. 22 THE WITNESS: I mean, I don't -- I'm not 23 sure what -- why that would. 24 BY MR. BOWDRE: 25 Q. Okay. Do you think it is unacceptable for</p>	<p style="text-align: right;">Page 305</p> <p>1 that they wanted to detransition. 2 Q. Did you help that patient detransition? 3 A. So, once again, I just want to re- -- 4 rephrase that. They did not regret their decision, 5 but they found themselves in a -- in a position that 6 they wanted to -- to return to their birth gender. 7 Q. Did you help that patient return to their 8 birth gender? 9 A. I gave them ops [verbatim] -- options if 10 they sought surgical restoration, but I don't know 11 the outcomes beyond that. 12 Q. You had mentioned, when you were talking 13 about the ages in SOC-8, that when the -- the age 14 minimums were removed, it was to go back to a more 15 conservative standard. 16 Do you recall that? 17 A. Yes. 18 Q. And what do you mean by a "more 19 conservative standard"? 20 A. A standard that was -- that established an 21 age that was higher than what was initially 22 proposed. 23 Q. And why is that more conservative? 24 A. More conservative because presumably it 25 would not enable patients to feel that they were</p>

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Page 306

1 entitled to surgery when they met a minimum
 2 threshold for age.
 3 So, in other words, if you set the age at
 4 15 or 17, you weren't -- you wouldn't be inducing
 5 people to -- to -- to go forward -- to -- to demand
 6 surgery. By keeping it at -- at -- at the age of
 7 majority, they -- in -- unless the case -- unless
 8 there were exceptions and the case was severe, they
 9 would normally reach that age before they went
 10 through the process.
 11 Q. And the removal of the age restrictions
 12 also applied to hormonal treatments; right?
 13 A. There were some guidelines for that, yes.
 14 But the guideline -- the -- the guidelines for --
 15 for hormones are -- are different. I mean,
 16 that's -- that's not set -- yeah, the guidelines for
 17 hormones are different.
 18 Q. Is there an age minimum for the providing
 19 of hormones?
 20 A. I'm not a -- I'm not an author on that
 21 chapter, so I'll decline.
 22 Q. At the beginning, I asked you how you
 23 became involved in this case, and you said that you
 24 had a conversation with Blaine Vella.
 25 Do you recall that?

Page 307

1 A. Of this case?
 2 Q. In this case.
 3 A. Yes.
 4 Q. And what -- could you tell me what that
 5 conversation was?
 6 A. They were -- that there was a -- a -- a --
 7 an individual who was being denied care in the state
 8 of Alabama and would I be willing to testify.
 9 Q. And did she ask to -- you know, did she
 10 explain what you would be testifying about?
 11 A. No.
 12 Q. All right.
 13 So you -- and then you just said, "Yes, I
 14 agree to testify"?
 15 A. I was -- yes. I mean, the -- I don't
 16 recall the details of what was -- what was
 17 discussed, no.
 18 Q. All right.
 19 MR. BOWDRE: Can we take a short break?
 20 MS. VETA: Sure.
 21 THE VIDEOGRAPHER: Okay --
 22 MR. BOWDRE: Can you tell me how many
 23 minutes I have left?
 24 Three [verbatim] minutes.
 25 THE VIDEOGRAPHER: This marks the end of

Page 308

1 Media Number 8 in the deposition of Marci Bowers.
 2 The time is 6:16 p.m. We are off the
 3 record.
 4 (Short recess taken.)
 5 THE VIDEOGRAPHER: This marks the
 6 beginning of Media Number 9 in the deposition of
 7 Marci Bowers.
 8 The time is 4- -- or, sorry, 6:21 p.m. --
 9 p.m. We are on the record.
 10 MR. BOWDRE: Dr. Bowers, I very much thank
 11 you for your time today. I don't have any further
 12 questions at this time.
 13 THE WITNESS: Oh, thank you. Thank you.
 14 I appreciate the conversation.
 15 MS. VETA: Thank you very much.
 16 MR. BOWDRE: Thank you.
 17 MS. VETA: Thank you.
 18 THE VIDEOGRAPHER: We'll conclude.
 19 This concludes today's deposition of Marci
 20 Bowers. The number of media used was nine. The
 21 time is 6:23 p.m. We're off the record.
 22 (Proceedings concluded, 6:23 p.m., May 3,
 23 2024.)
 24
 25

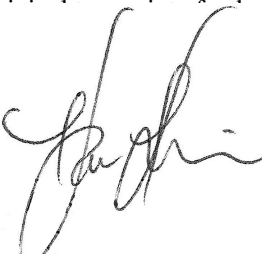
Page 309

1 JURAT
 2
 3 I, MARCI L. BOWERS, M.D., do hereby
 4 certify under penalty of perjury that I have read
 5 the foregoing transcript of my deposition taken on
 6 Friday, May 3, 2024; that I have made such
 7 corrections as appear noted herein in ink, initialed
 8 by me; that my testimony as contained herein, as
 9 corrected, is true and correct.
 10
 11 Dated this ____ day of _____, 2024,
 12 at _____.
 13
 14
 15
 16
 17
 18 _____
 19 MARCI L. BOWERS, M.D.
 20
 21
 22
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 24
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Page 310

1 CERTIFICATE OF REPORTER
 2 I, Hanna Kim, a Certified Shorthand
 3 Reporter, do hereby certify:
 4 That prior to being examined, the witness
 5 in the foregoing proceedings was by me duly sworn to
 6 testify to the truth, the whole truth, and nothing
 7 but the truth;
 8 That said proceedings were taken before me
 9 at the time and place therein set forth and were
 10 taken down by me in shorthand and thereafter
 11 transcribed into typewriting under my direction and
 12 supervision;
 13 I further certify that I am neither
 14 counsel for, nor related to, any party to said
 15 proceedings, not in anywise interested in the
 16 outcome thereof.
 17 Further, that if the foregoing pertains to
 18 the c... position in a federal
 19 case proceedings, review
 20 of th s not requested.
 21 2024
 22
 23
 24
 25



Hanna Kim CLK, CSR No. 13083

Page 312

1 Javier Andujar, Esquire
 2 jandujar@cov.com
 3 May 8, 2024
 4 RE: Boe, Brianna v. Marshall, Steven T.
 5 5/3/2024, Marci Bowers, M.D. (#6671323)
 6 The above-referenced transcript is available for
 7 review.
 8 Within the applicable timeframe, the witness should
 9 read the testimony to verify its accuracy. If there are
 10 any changes, the witness should note those with the
 11 reason, on the attached Errata Sheet.
 12 The witness should sign the Acknowledgment of
 13 Deponent and Errata and return to the deposing attorney.
 14 Copies should be sent to all counsel, and to Veritext at
 15 cs-southeast@veritext.com
 16 Return completed errata within 30 days from
 17 receipt of testimony.
 18 If the witness fails to do so within the time
 19 allotted, the transcript may be used as if signed.
 20
 21
 22 Yours,
 23 Veritext Legal Solutions
 24
 25

Page 311

1 ERRATA SHEET FOR THE TRANSCRIPT OF:
 2 Case Name: BOE, ET AL. vs. HON. STEVE MARSHALL
 3 Job No. AL6671323
 4 MAY 3, 2024 Deponent: MARCI L. BOWERS, M.D.
 5 CORRECTIONS:
 6 Pg. Ln. Now Reads Should Read Reason
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
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 14 _____
 15 _____
 16 _____
 17 _____
 18 _____
 19
 20 Signature of Deponent
 21 SUBSCRIBED AND SWORN BEFORE ME
 22 THIS ___ DAY OF _____, 2024.
 23 _____
 24 (Notary Public) MY COMMISSION
 25 EXPIRES: _____

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