

Exhibit 5

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION**

AUGUST DEKKER, et al.,)
)
 Plaintiffs,) Case No: 4:22cv325
)
 v.) Tallahassee, Florida
) October 12, 2022
SIMONE MARSTILLER, et al.,)
) 9:33 AM
 Defendants.)
_____)

**TRANSCRIPT OF PRELIMINARY INJUNCTION PROCEEDINGS
BEFORE THE HONORABLE ROBERT L. HINKLE
UNITED STATES CHIEF DISTRICT JUDGE
(Pages 1 through 120)**

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*Proceedings reported by stenotype reporter.
Transcript produced by Computer-Aided Transcription.*

Direct Examination - Dr. Laidlaw

1 like to call Dr. Michael K. Laidlaw --

2 THE COURT: All right.

3 MR. PERKO: -- by remote -- or video.

4 THE COURT: All right. And for what it's worth, I've
5 read Dr. Laidlaw's declaration, so I've seen some of what he has
6 to say.

7 MR. PERKO: Good morning, Dr. Laidlaw. Can you hear
8 me?

9 THE WITNESS: I can hear you okay.

10 THE COURT: I need to speak with him first.

11 Dr. Laidlaw, are you there in a room by yourself?

12 THE WITNESS: I am.

13 THE COURT: All right. You should be by yourself
14 while you're testifying. If anyone else comes into the room
15 where you are, if you'd stop and let me know, we'll address it.
16 If you would, please, raise your right hand.

17 **DR. MICHAEL K. LAIDLAW, DEFENSE WITNESS, DULY SWORN**

18 THE COURT: Please tell us your full name, and spell
19 your last name for the record for our record.

20 THE WITNESS: Michael K. Laidlaw. That's spelled
21 L-a-i-d, as in David, L-a-w.

22 THE COURT: All right. And the lawyers will have some
23 questions for you.

24 MR. PERKO: Thank you, Your Honor.

25 DIRECT EXAMINATION

Voir dire Examination - Dr. Laidlaw

1 Q. Are you a member of any professional associations?

2 A. I am a member of the Endocrine Society.

3 MR. PERKO: Your Honor, at this time we'd proffer
4 Dr. Laidlaw as an expert in endocrinology.

5 MR. CHARLES: Objection, Your Honor. I'd like to voir
6 dire the witness.

7 THE COURT: You may certainly voir dire the witness.

8 MR. CHARLES: May it please the Court, Your Honor. My
9 name is Carl Charles for the plaintiffs.

10 VOIR DIRE EXAMINATION

11 BY MR. CHARLES:

12 Q. Dr. Laidlaw, can you hear me?

13 A. Yes.

14 Q. Okay. Dr. Laidlaw, you wrote a declaration that was filed
15 in this case; correct?

16 A. Correct.

17 Q. And as a part of that declaration, you submitted a CV
18 entitled "Exhibit A"?

19 A. Yes.

20 Q. And you're not a practicing psychiatrist; is that correct,
21 Dr. Laidlaw?

22 A. That is correct.

23 Q. You are not a licensed mental health care provider; is that
24 correct?

25 A. That's correct.

Voir dire Examination - Dr. Laidlaw

1 Q. And you're not a psychologist; is that correct?

2 A. That is correct.

3 Q. And, Dr. Laidlaw, you're not an obstetrician; is that
4 correct?

5 A. That is correct.

6 Q. And, Dr. Laidlaw, you're not a gynecologist; is that
7 correct?

8 A. That is correct.

9 Q. And you're not a surgeon, Dr. Laidlaw; is that correct?

10 A. That's correct.

11 Q. And you're not a pediatric endocrinologist; is that
12 correct?

13 A. That is correct.

14 Q. Less than 5 percent of your patients are under the age of
15 18; is that correct?

16 A. Yes.

17 Q. And you're not a bioethicist; is that correct?

18 A. I have no formal training other than an IRB certification
19 many years ago.

20 Q. Okay. So you don't practice as a bioethicist; is that
21 correct?

22 A. That's correct.

23 Q. And you haven't done any primary research on fertility; is
24 that correct?

25 A. No primary research on fertility; that's correct.

Voir dire Examination - Dr. Laidlaw

1 Q. And you haven't done any primary research on sterility; is
2 that correct?

3 A. That is correct.

4 Q. And you haven't written any articles which have been
5 subjected to a confirmed peer-review process about fertility; is
6 that correct?

7 A. I -- specifically about fertility -- I don't know what the
8 peer review -- I had a paper in *The American Journal of*
9 *Bioethics*. I don't know what the peer-review process was.

10 Q. Okay. So you -- again, you have not written any articles
11 which have been subjected to a peer review for process which you
12 can confirm about fertility; is that correct?

13 A. Not that I can confirm.

14 Q. And you haven't written any articles that have been
15 subjected to a confirmed peer-review process about sterility; is
16 that correct?

17 A. Correct.

18 Q. And you haven't performed any primary research about
19 medical ethics; is that correct?

20 A. That's correct.

21 Q. And you haven't written any confirmed peer-reviewed
22 publications about medical ethics; is that correct?

23 A. I have not independent -- there is the article that I
24 mentioned. I have not independently confirmed the peer-review
25 process.

Voir dire Examination - Dr. Laidlaw

1 Q. Okay. You cannot confirm that that article has been peer
2 reviewed?

3 A. I cannot confirm.

4 Q. And you have not performed any primary research about
5 informed consent; is that correct?

6 A. That's correct.

7 Q. And you have not written any articles confirmed to be peer
8 reviewed regarding parents' ability to consent for treatment for
9 their minor children; is that correct?

10 A. I have not written a peer reviewed article on that topic.

11 Q. And none of the publications listed in your CV attached to
12 your declaration are based on original primary research; is that
13 correct?

14 A. That's correct.

15 Q. And you haven't done any primary research about transgender
16 people; is that correct?

17 A. Just to clarify, when you say "primary research," you're
18 talking about using human subjects in the research -- as part of
19 the research rather than a review of the literature; is that
20 correct?

21 Q. You haven't done any original primary research about
22 transgender people; is that correct?

23 A. In the context of working with human subjects, that is
24 correct.

25 Q. And that includes any research about children and

Voir dire Examination - Dr. Laidlaw

1 adolescents; isn't that correct?

2 A. Yes. With regard to human subjects, that is correct.

3 Q. And you haven't received any grants to support research
4 into endocrine treatments for gender dysphoria; is that correct?

5 A. That is correct.

6 Q. And you have not done any original primary research about
7 the treatment of gender dysphoria; is that correct?

8 A. Not with human subjects; that's correct.

9 Q. And you haven't performed any original primary research
10 into the frequency of gender -- into how frequently gender
11 dysphoria occurs; is that correct?

12 A. I have not done primary research involving which -- human
13 subjects on that matter.

14 Q. And you haven't -- and you have not done any original
15 primary research about the phenomenon of desistance; is that
16 correct?

17 A. I have not done primary research with human subjects on
18 that condition -- for that condition.

19 Q. And you've never diagnosed anyone with gender dysphoria; is
20 that correct?

21 A. That is correct.

22 Q. And you've previously testified under oath that you've only
23 provided care to one transgender patient related to the
24 treatment of gender dysphoria; is that correct?

25 A. I have worked with patients with gender incongruence in the

Voir dire Examination - Dr. Laidlaw

1 context of my practice, but as far as providing hormones, there
2 was -- someone with gender dysphoria, there was one.

3 Q. And it was only to provide that patient with a refill of
4 estrogen; is that correct?

5 A. There was an evaluation. There was an office visit, and
6 there was necessity for a refill of estrogen in that case.

7 Q. Okay. And so you did not deny the patient the refill of
8 the estrogen?

9 A. That's correct.

10 Q. So you have utilized the Endocrine Society guidelines for
11 the treatment of gender dysphoria once; is that correct?

12 A. This was -- this preceded the Endocrine Society guidelines.

13 Q. What year was the treatment of that patient?

14 A. It was in the early 2000s. It was prior to -- it was prior
15 to 2009, which is when the first Endocrine Society guidelines
16 were published.

17 Q. In your private practice, Dr. Laidlaw, you do not contract
18 with California Medicaid insurance; is that correct?

19 A. That's correct.

20 Q. And you have not spoken with any transgender Florida
21 Medicaid beneficiaries; is that correct?

22 A. Yeah, not that I'm aware of.

23 Q. And that would include the plaintiffs in this matter; is
24 that correct?

25 A. That's correct.

Direct Examination - Dr. Laidlaw

CONTINUED DIRECT EXAMINATION

1
2 BY MR. PERKO:

3 Q. Dr. Laidlaw, you submitted a declaration in this matter,
4 didn't you?

5 A. I did.

6 Q. And have you reviewed the declarations -- rebuttal
7 declarations that the plaintiffs submitted in response to your
8 declaration?

9 A. Yes.

10 Q. And do you stand by the opinions in your declaration,
11 notwithstanding those rebuttal reports?

12 A. Yes, I do stand by those opinions.

13 Q. What were your opinions expressed in your declaration based
14 on?

15 A. My opinions are based on my education and clinical
16 experience in endocrinology, my work with gender incongruent
17 patients in the context of my practice, including a
18 detransitioner, my extensive evaluation of the scientific
19 literature regarding the treatment of gender dysphoria, gender
20 incongruence for adults and minors, and also my review of all
21 the plaintiffs' declarations and the medical records provided to
22 me.

23 Q. Dr. Laidlaw, you stated that you had limited experience
24 with gender dysphoria. But have you reviewed the literature
25 with regard to gender dysphoria in the gender-affirming care?

Direct Examination - Dr. Laidlaw

1 A. I have reviewed the literature extensively over the last at
2 least four years.

3 Q. And why is that?

4 A. Well, for a few reasons. One is that these treatments that
5 they advocate for involve hormones and raising hormone levels to
6 sometimes very high levels or very low levels. So I've taken an
7 interest in the risk-and-benefit ratio of these types of
8 treatments, and this is something I do every day in
9 endocrinology.

10 Furthermore, before my colleagues and I are to follow any
11 sort of treatment protocol, I think it's essential that these
12 studies and so forth are evaluated to determine the risk-benefit
13 profile before any of us use these treatments.

14 Q. And, Dr. Laidlaw, what exactly is gender dysphoria?

15 A. Gender dysphoria is -- well, there's a couple of terms that
16 would be helpful. Gender identity is a person's internal or
17 mental sense of being male or female or perhaps some other
18 designation, and there's an incongruence or mismatch in these
19 cases with their physical body. For example, a person may
20 identify as a female but have been born with a male body, and so
21 there is resulting distress and impairment of function. There's
22 different definitions from there on as to how long it lasts and
23 slight differences for adults versus children and adolescents.

24 Q. And is gender dysphoria an endocrine disorder?

25 A. It's not an endocrine disorder. It's a disorder found in

Direct Examination - Dr. Laidlaw

1 A. No.

2 Q. And why is that?

3 A. Well, I think that it's proved by the desistance,
4 particularly with young people. Children have high desistance
5 rates. There are many detransitioners who are adults, including
6 one patient of mine, which proves that this gender identity is
7 not immutable.

8 Q. Doctor, switching gears a little bit, you say in your
9 declaration that hormone treatment for gender dysphoria can lead
10 to infertility.

11 Is that always the case?

12 MR. CHARLES: Objection, Your Honor.

13 The witness has already stated he's not qualified to
14 opine about this subject.

15 MR. PERKO: I don't believe that's the case,
16 Your Honor. He's talking about hormone therapy, and he's an
17 endocrinologist.

18 THE COURT: I'll overrule the objection. I'm going to
19 be the finder of fact.

20 When Dr. Laidlaw has knowledge because of his actual
21 medical practice, as opposed to having read some stuff over the
22 last four years, you might want to point it out, because he's
23 not going to persuade me very much -- he may persuade me, but
24 he's less likely to persuade me when all he is telling me is
25 what he has read and not what he has applied in his practice.

Cross-Examination - Dr. Laidlaw

1 Q. Psychological conditions?

2 A. I do not make diagnoses, but we're trained in psychology
3 and psychiatry. It's part of our medical licensing.

4 Q. Okay. But you are not a practicing psychologist?

5 A. That's correct.

6 Q. And you're not a practicing psychiatrist?

7 A. That's correct.

8 Q. And you have not met with any of the plaintiffs in this
9 matter --

10 THE COURT: Mr. Charles, I sat through the voir dire.
11 I'm not going to sit through it again on cross. You get one
12 chance to ask some questions. You've asked those. Let's ask
13 some new ones.

14 MR. CHARLES: Thank you, Your Honor.

15 BY MR. CHARLES:

16 Q. Dr. Laidlaw, you stated you don't follow the WPATH
17 standards of care; is that right?

18 A. Yes.

19 Q. But you testified earlier you don't treat gender dysphoria;
20 is that correct?

21 A. I don't treat gender dysphoria with hormones and surgeries.

22 Q. Dr. Laidlaw, are you aware that your opposition to
23 gender-affirming care for the treatment of gender dysphoria in
24 youth and adults is contrary to the vast majority of medical
25 associations' recommendations?

Cross-Examination - Dr. Laidlaw

1 A. Yes.

2 Q. Dr. Laidlaw, can you see the screen share that I've just
3 enabled?

4 A. Yes, I can.

5 MR. CHARLES: Your Honor, can you see that as well?

6 THE COURT: I can. It's hiding under the table up
7 here, but I've got it.

8 MR. CHARLES: Okay.

9 BY MR. CHARLES:

10 Q. Dr. Laidlaw, are you aware that the American Academy of
11 Child and Adolescent Psychiatry supports gender-affirming care
12 for youth?

13 A. I haven't looked at that specifically.

14 Q. Okay. And looking at the document here, I'll --

15 MR. CHARLES: Let me ensure -- Defense Counsel, can
16 you view this document?

17 MR. PERKO: Yes.

18 MR. CHARLES: Okay. So I'd like to enter this as
19 Exhibit P1.

20 BY MR. CHARLES:

21 Q. This is the -- Dr. Laidlaw, this is the "American Academy
22 of Child and Adolescent Psychiatry Statement Responding to
23 Efforts to Ban Evidence-Based Care for Transgender and
24 Gender-Diverse Youth."

25 Do you see that?

Cross-Examination - Dr. Laidlaw

1 Q. Yes, let's start with that one.

2 A. Well, I'm just reading it now for the first time, so it
3 must be -- it was 2019 -- unless they have changed their
4 opinion.

5 Q. Okay. But you don't have any --

6 THE COURT: Let me just back up. I'm going to exclude
7 the exhibit. I did require things to be disclosed, and you
8 can't come up to the hearing and bring up a new exhibit that you
9 didn't timely disclose.

10 MR. CHARLES: Okay.

11 THE COURT: So Plaintiffs' 1 is excluded.

12 The scheduling order is ECF No. 32.

13 MR. CHARLES: Okay. Thank you, Your Honor.

14 Ms. Markley, you can unpublish, please. Thank you.

15 BY MR. CHARLES:

16 Q. Dr. Laidlaw, are you aware that the American Academy of
17 Family Physicians supports gender-affirming care for youth and
18 adults?

19 A. Supports gender-affirming care for youth and adults?

20 Q. Yes. Do you need to me to repeat? Did you hear that?

21 A. They probably do. I don't know their exact statement.

22 Q. Okay. Are you aware that the American Academy of Family
23 Physicians published a policy statement in July of 2022,
24 approved by their board of directors, entitled "Care for the
25 Transgender and Gender Nonbinary Patient"?

Cross-Examination - Dr. Laidlaw

1 A. I have not read that particular document -- Family Practice
2 Document.

3 Q. Okay. Are you aware that the American Academy of Family
4 Physicians supports gender-affirming care as an
5 evidence-informed intervention that can promote permanent health
6 equity for gender-diverse individuals?

7 MR. PERKO: Your Honor, I would object for the same
8 reasons. He's essentially reading from an exhibit that was not
9 disclosed.

10 THE COURT: He's now exploring the witness's knowledge
11 of the situation in the field. The objection is overruled.

12 BY MR. CHARLES:

13 Q. Dr. Laidlaw --

14 A. I'm not a family practice physician, so I don't keep up
15 with --

16 Q. Just a moment. Sorry. Let me start over.

17 A. -- the literature of that organization.

18 Q. I'm sorry. Can you please repeat that?

19 A. I said I'm not a family practice physician; I'm an
20 endocrinologist, so I don't keep up with whatever they're
21 publishing.

22 Q. Okay. So I -- let me just ask you one more question about
23 that brief -- or policy statement. Excuse me.

24 Are you aware that the American Academy of Family
25 Physicians asserts the full spectrum of gender-affirming health

Cross-Examination - Dr. Laidlaw

1 care should be legal and should remain a treatment decision
2 between a physician and their patient?

3 A. I'm not surprised.

4 Q. Can -- so does that mean you are or are not aware?

5 A. I don't read the Family Practice documents, unless they are
6 provided to me.

7 Q. Dr. Laidlaw, are you aware the American Academy of
8 Pediatrics supports gender-affirming care for youth?

9 A. Yes.

10 Q. Dr. Laidlaw, are you aware that the American College of
11 Obstetricians and Gynecologists has recommendations and
12 conclusions that support gender-affirming care for youth and
13 adults?

14 A. I'm not -- again, I'm not surprised, but I don't read their
15 literature regularly for that purpose.

16 Q. Okay. Are you aware that the American College of
17 Obstetricians and Gynecologists has conclusions that
18 gender-affirming hormone therapy is not effective contraception?

19 A. That gender-affirming therapy is not effective
20 contraception?

21 Q. Correct.

22 A. I have read that. I'm not sure if it was theirs or someone
23 else who is publishing that. I'm aware of that concept.

24 Q. Can you repeat your answer? I didn't understand you.

25 A. I said I haven't read their statements specifically, but

Cross-Examination - Dr. Laidlaw

1 I'm aware of the concept or proposition that gender-affirming
2 hormones are not effective contraception.

3 Q. Okay. So you're not aware of the American College of
4 Obstetricians and Gynecologists conclusion that it is not
5 effective contraception?

6 A. I have not read their particular conclusion.

7 Q. Are you aware that the American College of Physicians, the
8 largest medical specialty society in the world with 160,000
9 internal medicine and subspecialty members, supports public and
10 private health care coverage of gender-affirming care?

11 A. I'm not aware that all 160,000 members voted to approve
12 such a thing, but I'm aware that they have issued a statement
13 like that.

14 Q. You are aware they issued such a statement?

15 A. Yes.

16 Q. Are you aware that in 2022, the American College of
17 Physicians issued a brief supporting access to gender-affirming
18 care and opposing discriminatory policies enforced against LGBTQ
19 people and objected, in particular, to the interference with the
20 physician-patient relationship and the penalization of
21 evidence-based care?

22 A. I may have read that particular statement from that
23 organization.

24 Q. Are you aware that the American Medical Association
25 supports gender-affirming medical care for youth and adults?

Cross-Examination - Dr. Laidlaw

1 A. Yes.

2 Q. Are you aware that in April of 2021, the American Medical
3 Association wrote a letter to the National Governors Association
4 objecting to the interference with health care of transgender
5 children?

6 A. I believe I had come across that headline.

7 Q. Are you aware that the American Medical Association, in
8 conjunction with GLMA, has issued a brief in support of public
9 and private insurance coverage of gender-affirming care?

10 A. I'm not a member of the American Medical Association. I
11 think only 20 percent of physicians in the nation are even a
12 member. So I don't follow everything they say, but I do believe
13 I read that document.

14 Q. Do you have evidence to support your assertion that only 20
15 percent of medical practitioners in the United States are
16 members of the AMA?

17 A. I don't have a piece of paper with evidence, but that's my
18 general understanding. I'm not a member.

19 Q. But you don't have any evidence today to point to to
20 support that assertion?

21 A. No.

22 Q. Are you aware that in 2022, the American Medical
23 Association reaffirmed it's resolution in support of private and
24 public health care coverage for the treatment of gender
25 dysphoria as recommended by a patient's physician in Resolution

Cross-Examination - Dr. Laidlaw

1 Number 158.950?

2 A. I have not read that resolution.

3 Q. Are you aware, Dr. Laidlaw, that the American Psychological
4 Association has guidelines that support access to
5 gender-affirming care for youth and adults?

6 A. Yes.

7 Q. Are you aware that the American Psychological Association
8 opposes gender-identity change efforts as a broad practice
9 described as a range of techniques used by mental health
10 professionals and nonprofessionals with the goal of changing
11 gender identity, gender expression, or associated components of
12 these, to be in alignment with gender role behaviors
13 stereotypically associated with their sex assigned at birth?

14 A. Yes, I am aware.

15 Q. Are you aware that the American Psychiatric Association
16 supports gender-affirming medical care for youth specifically?

17 A. Yes.

18 Q. Are you aware that the American Psychiatric Association has
19 a position statement from 2018, supporting access to care for
20 transgender and gender-variant individuals broadly?

21 A. Yes, I believe so.

22 Q. Are you aware that the Endocrine Society and the Pediatric
23 Endocrine Society take the position that there is a durable
24 biological underpinning to gender identity that should be
25 considered in policy determinations?

Cross-Examination - Dr. Laidlaw

1 A. I would have to read -- I have not read that particular
2 statement from the Endocrine Society. I would like to see that
3 before I make a -- conclude anything.

4 Q. Okay. Are you aware this determination was included in a
5 position statement published in December of 2020?

6 A. I have read that position statement.

7 Q. And are you aware that the Endocrine Society and the
8 Pediatric Endocrine Society take the position that medical
9 intervention for transgender youth and adults is effective,
10 relatively safe when appropriately monitored, and has been
11 established as the standard of care?

12 A. Well, they wrote that it was not the standard of care in
13 2017, so they're contradicting themselves.

14 Q. Dr. Laidlaw, are you aware that that statement is contained
15 in the transgender health position statement issued
16 December 2020?

17 A. I believe I read that.

18 Q. And are you aware that the Endocrine Society and the
19 Pediatric Endocrine Society take the position that federal and
20 private insurers should cover such interventions as prescribed
21 by a physician, as well as the appropriate medical screenings
22 that are recommended for all body tissues that a person may
23 have?

24 A. I believe I read something along those lines.

25 Q. Are you aware that the Pediatric Endocrine Society supports

Cross-Examination - Dr. Laidlaw

1 gender-affirming care for youth?

2 A. Yes.

3 Q. Are you aware they published a position statement to that
4 effect in April of 2021?

5 A. Yes. I wrote an article describing why their conclusions
6 are false or incorrect.

7 Q. Are you aware the Pediatric Endocrine Society recommends an
8 affirmative model of care that supports one's gender identity
9 and follows a multidisciplinary approach that includes
10 involvement of mental health professionals, patients and their
11 families. Puberty suppression and/or gender-affirming hormone
12 therapy is recommended within this evidence-based approach on a
13 case-by-case basis as medically necessary and potentially
14 lifesaving.

15 Are you aware that was contained in the Pediatric Endocrine
16 Society statement?

17 A. I am aware that it's contained. I don't agree with it,
18 but, yes, I'm aware.

19 THE COURT: If we're leading up to something, you can
20 go ahead with all of this. If all you're doing is publishing
21 stuff I've already read --

22 MR. CHARLES: No, Your Honor.

23 THE COURT: You're welcome to make a closing argument
24 later and to go through all of this, but if -- this is an
25 incredibly inefficient way to publish material.

Redirect Examination - Dr. Laidlaw

1 example, the thyroid is a gland that makes thyroid hormone.
2 When people have very high levels of thyroid hormone, we call
3 that hyperthyroidism. They can have physical effects like fast
4 heart rates, heart palpitations, tremors, but they can also have
5 mental effects like anxiety and even psychosis. This can occur
6 because their body develops too much thyroid hormone, or they
7 may be taking too high of a dose of thyroid hormone.

8 So I have to distinguish if a mental health condition
9 is related to a hormone imbalance versus a native psychological
10 condition, or both sometimes.

11 BY MR. PERKO:

12 Q. Dr. Laidlaw, one final question.

13 How many patients a year do you treat with hormone
14 treatments?

15 A. For hormone treatments?

16 Q. Yes.

17 A. Well, all of them, for the most part. I'd have to make an
18 estimate. I see about 50 patient visits a week 50 weeks or so
19 out of the year.

20 MR. PERKO: Thank you, Your Honor. No further
21 questions.

22 THE COURT: Dr. Laidlaw, I want to ask you a question,
23 and to do it, I need to define a couple of terms. These may not
24 be the best definitions. They are my definition for purposes of
25 my question.

1 I'm going to refer to natal identity as the identity
2 at birth, and then I'm going to refer to gender identity as a
3 person's perceived identity, the identity the person believes is
4 the correct identity for the person.

5 Here's my question. In your opinion, is it ever
6 appropriate for any medical professional in any specialty to
7 support a person's decision to live in the person's gender
8 identity instead of in the person's natal identity?

9 THE WITNESS: Ever under any circumstances, is that
10 what you are saying?

11 I think my determination is that, in general, the
12 risks of the hormones that are required and surgeries outweigh
13 the benefits for the majority of people. I recognize there's
14 some small degree of adults, perhaps, who are living this way.
15 There are risks to mental health and things like that. So I'm
16 not opposed to personal autonomy, but I am concerned about risks
17 versus benefits, particularly for minors and youth.

18 THE COURT: So is the answer no?

19 THE WITNESS: I guess no.

20 THE COURT: Questions to follow up on mine?

21 MR. PERKO: No, Your Honor.

22 MR. CHARLES: No, Your Honor.

23 THE COURT: Thank you, Dr. Laidlaw. That concludes
24 your testimony.

25 THE WITNESS: Thank you.

1 irreparable harm. It's their burden to establish irreparable
2 harm for the four individual plaintiffs. We've got declarations
3 from the four individual plaintiffs, but we don't have any of
4 the treating physicians for any of the four individual
5 plaintiffs providing any opinions to this Court.

6 We have Dr. Laidlaw who is an endocrinologist who
7 prescribes hormones and puberty blockers.

8 THE COURT: And has an opinion about sex reassignment
9 surgery. What is his expertise to talk about these surgeries?

10 MR. JAZIL: Your Honor, he's someone who's tracking
11 the literature. He is advising people who go into his clinic.
12 And I take Your Honor's point that if it's something that he's
13 not experienced with as a clinician, you're going to give it
14 little weight.

15 THE COURT: And he's a doctor who says a person with
16 gender dysphoria should not be treated in a way affirmative of
17 the person's perceived gender by any medical professional. So a
18 psychiatrist, psychologist, therapist should never say to a
19 natal male, for example, that it's okay to live as a female.

20 Now, how far off the standard, the general view in the
21 medical profession, is that?

22 MR. JAZIL: Your Honor, two points on that: One, his
23 answer there was a little confusing. He -- and Your Honor asked
24 a follow-up question to him. When he initially gave an answer,
25 he said, I could think of possibly some instances where it would