

EXHIBIT D



Deposition of:
Patrick Lappert, M.D.

September 30, 2021

In the Matter of:
Kadel, et al vs. Folwell

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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

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7 CIVIL ACTION NO.: 1:19-cv-272-LCB-LPA

8
9 MAXWELL KADEL, et al.

10 Plaintiffs

11
12 v.

13
14 DALE FOLWELL, et al.

15 Defendants

16
17
18 REMOTE VIDEOTAPED VIDEOCONFERENCE

19 DEPOSITION TESTIMONY OF:

20 PATRICK LAPPERT, M.D.

21 September 30, 2021

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A P P E A R A N C E S

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videoconference):

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15
16
17 ALSO PRESENT (via remote
18 videoconference):

19
20 Andrew Baker, Videographer

21
22
23

1 I, Lane C. Butler, a Court
2 Reporter and Notary Public, State of
3 Alabama at Large, acting as Notary,
4 certify that on this date, pursuant to
5 the Federal Rules of Civil Procedure,
6 there came before me via remote
7 videoconference from Decatur, Alabama,
8 commencing at approximately 8:30 a.m.
9 Central, on the 30th day of September,
10 2021, PATRICK LAPPER, M.D., witness in
11 the above cause, for oral examination,
12 whereupon the following proceedings were
13 had:

14
15 THE VIDEOGRAPHER: Good morning.
16 We are going on the record at 8:31 a.m.,
17 Thursday, September 30th, 2021. This is
18 Media Unit 1 of the videorecorded
19 deposition of Dr. Patrick Lappert as
20 taken by counsel for plaintiff in the
21 matter of Kadel, et al. v. Folwell, et
22 al., filed in the United States District
23 Court for the Middle District of North

1 Carolina, Civil Action No.

2 1:19-cv-272-LCB-LPA.

3 This deposition is being
4 recorded remote via Zoom located in
5 Decatur, Alabama. My name is Andrew
6 Baker from the firm Veritext Legal
7 Solutions. I am the videographer. The
8 court reporter is Lane Butler, also from
9 Veritext Legal Solutions.

10 Will counsel now state their
11 appearance and affiliations for the
12 record. The court reporter will swear in
13 the witness. Thank you. We may proceed.

14 MR. TISHYEVICH: This is Dmitriy
15 Tishyevich from McDermott, Will & Emery,
16 LLP, for plaintiffs.

17 MR. KNEPPER: My name is John
18 Knepper. I represent three of the
19 defendants in this matter: the North
20 Carolina State Health Plan for Teachers
21 and State Employees; Dale Folwell, the
22 treasurer for the State of North
23 Carolina; and Dee Jones, the executive

1 administrator of the North Carolina State
2 Health Plan. I'll be defending Dr.
3 Lappert's deposition.
4

5 PATRICK LAPPERT, M.D.,
6 having first been duly sworn,
7 was examined and testified as follows:
8

9 EXAMINATION BY MR. TISHYEVICH:

10 Q. Good morning, Doctor.

11 A. Good morning, sir.

12 Q. State your full name for the
13 record.

14 A. Patrick Walter Lappert.

15 Q. Any reason you're not able to
16 give complete and truthful testimony
17 today?

18 A. There is no reason.

19 Q. You've been retained as an
20 expert by defendants in this case;
21 correct?

22 A. I have.

23 Q. You've prepared an expert

1 serving as an expert in another case,
2 Brandt v. Rutledge. B-R-A-N-D-T.
3 Correct?

4 A. Yes.

5 Q. That's a case pending in federal
6 court in Arkansas; right?

7 A. Correct.

8 Q. In that case, you were retained
9 by the defendants, by the State of
10 Arkansas; right?

11 A. Yes.

12 Q. Dr. Hruz, who is one of the
13 defendants -- strike that. Dr. Hruz, who
14 is one of the experts in this case, is
15 also serving as an expert for defendants
16 in that Brandt case; right?

17 A. That's my understanding, yes.

18 Q. And the same is true for Dr.
19 Levine; right?

20 A. I didn't know about Dr. Levine,
21 but.

22 Q. And you submitted an expert
23 declaration in that Brandt case in July

1 of this year; correct?

2 A. I believe that was when I
3 submitted it, yes.

4 Q. All right. Let's look at it.
5 And let me know when you get the exhibit,
6 Doctor.

7 (Exhibit 3 was marked for identification
8 and is attached.)

9 A. Here it is. Let's see. All
10 right.

11 Q. All right. Page 1 says,
12 "Declaration of Dr. Patrick Lappert."
13 That's you; right?

14 A. Yes.

15 Q. Fair to say that there is at
16 least some overlap between the opinions
17 that you're offering in this case and the
18 opinions that you're offering in that
19 Brandt case; right?

20 MR. KNEPPER: Form.

21 A. Well, given that the subject
22 matter is the same, I would expect some
23 overlap, yes, sir.

1 Q. Go to page 5 of that
2 declaration.

3 A. All right. I'm there.

4 Q. You say under Section II,
5 "'Gender affirming' treatments are
6 experimental." Right?

7 A. Yes.

8 Q. It's basically the same opinion
9 that you offered in this case; right?

10 A. Yes, sir.

11 Q. Go to page 29 of your
12 declaration. See there's a paragraph 63?

13 A. Yes, sir.

14 Q. And toward the end of that
15 paragraph, you talk about the national
16 reviews in England, Sweden, and Finland
17 and other reviews like Cochrane, Griffin,
18 and Carmichael. You see that?

19 A. Yes, sir.

20 Q. You relied -- you relied on all
21 those studies for your opinions in this
22 case as well; right?

23 A. I did.

1 Q. Look at the next sentence. It
2 says, "Every major expert medical
3 association recognizes that
4 gender-affirming care for transgender
5 minors may be medically appropriate and
6 necessary to improve the physical and
7 mental health of transgender people."

8 That's what it says; right?

9 A. That's what it says, yes, sir.

10 Q. That's also contrary to the
11 opinions that you and Dr. Hruz and Dr.
12 Levine are offering in both these cases;
13 right?

14 A. Yes, it certainly is.

15 Q. In fact, according to this
16 order, every major expert medical
17 association disagrees with you because
18 they've all taken a position that this
19 treatment is in fact medically necessary;
20 right?

21 MR. KNEPPER: Objection to form.

22 A. Apparently so, yes.

23 Q. All right. Look at page 6.

1 medical treatment to anyone under
2 eighteen; correct?

3 A. Yes.

4 Q. You yourself support these kind
5 of state law bans; right?

6 MR. KNEPPER: Objection, form,
7 scope.

8 A. I do support a control over
9 these kinds of therapies, yes, I do.

10 Q. Well, not -- not just control,
11 because Arkansas says it will criminally
12 prosecute doctors that do it; right?

13 A. Right.

14 MR. KNEPPER: Objection to form,
15 scope.

16 Q. And you think that's a good
17 idea; right?

18 A. I do.

19 MR. KNEPPER: Objection to form,
20 scope.

21 Q. You think that other states
22 outside of Arkansas should be passing
23 similar bans; right?

1 Q. Go to page 17.

2 A. Okay.

3 Q. The bottom of the page says,
4 "Patrick Lappert, M.D."

5 A. Yes.

6 Q. That's you; right?

7 A. Yes.

8 Q. So at some point earlier this
9 year, you were providing information to
10 the Utah State Legislature to support the
11 potential enactment of a ban on
12 gender-affirming healthcare for minors;
13 right?

14 MR. KNEPPER: Objection, form.

15 A. Yes.

16 Q. Look at the fourth name from the
17 bottom on page 17.

18 A. Fourth name -- I'm sorry?

19 Q. Fourth name from the bottom.

20 A. Paul Hruz. Yes.

21 Q. That's the same Dr. Hruz who's
22 an expert in this case; right?

23 A. Yes.

1 Q. Go to page 18. The second name
2 from the top is Stephen B. Levine M.D.;
3 right?

4 A. Yes.

5 Q. Same Dr. Levine who is an expert
6 in this case; right?

7 A. Yes. I think so, yes.

8 Q. And the next name is Paul
9 McHugh, M.D.; right?

10 A. Yes.

11 Q. The same Dr. McHugh who is an
12 expert in this case; right?

13 A. Yes.

14 Q. All four of you were providing
15 information to the Utah State Legislature
16 to support this potential ban; right?

17 MR. KNEPPER: Objection to form.

18 A. Yes.

19 Q. How did you get involved with
20 providing this information to the Utah
21 State Legislature?

22 A. I don't recall. My -- my
23 suspicion is I may have been contacted by

1 e-mail or some other such thing. In
2 fact, I'm fairly confident it was an
3 e-mail request for assistance, probably.

4 Q. Do you remember who the e-mail
5 was from?

6 A. I do not.

7 Q. Do you remember who at the Utah
8 State Legislature or anyone affiliated
9 with them you were communicating with in
10 this respect?

11 A. I don't remember, no.

12 Q. All right. Let's see what you
13 were telling the state legislature in
14 this report. Go to page 5. See there's
15 a section near the top titled "Sex
16 reassignment surgeries"?

17 A. Yes.

18 Q. There's some language in quotes
19 -- in quotes and italicized. Do you see
20 that?

21 A. I do.

22 Q. And the first portion of the
23 paragraph says: "Sex reassignment

1 surgery' is a massive misrepresentation
2 of what these operations actually do.
3 You can't change a person's sex. All
4 that is happening is that the patient is
5 undergoing an intentional mutilation in
6 order to create a counterfeit appearance
7 of the other sex."

8 Do you see that?

9 A. I do.

10 Q. And underneath, it says,
11 "Patrick Lappert, M.D." Right?

12 A. Yes.

13 Q. These are your words, Dr.
14 Lappert; right?

15 A. Yes.

16 Q. You consider gender reassignment
17 surgery to be an intentional mutilation;
18 right?

19 A. I do. Absolutely.

20 MR. KNEPPER: Form.

21 Q. And calling gender reassignment
22 surgery, quote, intentional mutilation,
23 is that commonly accepted terminology in

1 this field, Doctor?

2 A. I expect not.

3 Q. And then you say that when a
4 patient undergoes gender reassignment
5 surgery, all that is happening is, quote,
6 a counterfeit appearance of the other
7 sex; right?

8 A. Yes.

9 Q. This phrase, "counterfeit
10 appearance," do you think that's an
11 appropriate term for a doctor to use?

12 A. Absolutely.

13 Q. And you stand by these words;
14 right?

15 A. I do.

16 Q. All right. So, we've talked
17 about Arkansas, we've talked about Utah.
18 Now, I know there is currently a number
19 of other states that are considering
20 passing similar bans. Outside of Utah,
21 have you done any work whatsoever in
22 connection with these potential bans in
23 other states?

1 MR. KNEPPER: Objection, form,
2 scope.

3 A. I have.

4 Q. Which states?

5 A. Alabama, Texas.

6 Q. What else?

7 A. Texas. I don't know if there
8 were any in the Northwest or not. I
9 think that's all of them. I may be
10 wrong, but I think that's all. Alabama
11 and Texas I would just add to your list.

12 Q. Okay.

13 A. There may been something in
14 Arizona. I'm not certain about Arizona
15 as well, but --

16 Q. Now let me introduce another
17 exhibit. Okay. Let me know when you get
18 this one.

19 (Exhibit 6 was marked for identification
20 and is attached.)

21 A. I've got it.

22 Q. All right. This article is
23 titled, "Alabama bill that would

1 criminalize treatment for transgender
2 minors headed to full Alabama Senate."

3 You see that?

4 A. I do.

5 Q. Alabama, your home state, was
6 considering a ban very similar to
7 Arkansas just this year; correct?

8 A. Actually over the last couple of
9 years.

10 Q. Okay. The first paragraph says,
11 "The Alabama Senate Health Committee on
12 Wednesday approved a bill that would
13 outlaw puberty-blocking medications and
14 gender-affirming care for minors,
15 giving" -- "giving it a favorable report
16 in an 11-2 vote." You see that?

17 A. I do.

18 Q. Then it says, "An Alabama House
19 committee heard testimony in a public
20 hearing on a companion bill, but the
21 committee did not vote on the" -- "on the
22 measure." You see that?

23 A. I do.

1 Q. You testified in support of this
2 bill; right?

3 A. Yes, sir.

4 Q. Go to page 2.

5 A. Okay.

6 Q. Look at the second paragraph
7 from the bottom.

8 A. Second from the bottom. Yes.

9 Q. It says, "Dr. Patrick Lappert, a
10 Decatur plastic surgeon, spoke in favor
11 of the bill."

12 That's you; right?

13 A. That's right.

14 Q. Go to page 3.

15 A. Okay.

16 Q. And look at the third paragraph.
17 It says that you've "spoken against the
18 use of medicine and surgery for
19 transgender people as a Catholic deacon
20 in his local diocese." See that?

21 A. Yes.

22 Q. You don't deny that you've
23 spoken against the use of medical and

1 of, psychologically, the -- the quality
2 of the -- sort of a transformative power
3 of cosmetic surgery.

4 And then the third criteria
5 would be that they -- they see something
6 that you don't see. They see a defect
7 that you don't see. And that's probably
8 the key diagnostic criteria. For
9 example, a man who presents seeking a
10 modification to his nose who has evidence
11 of living a life of social isolation who
12 is adamant that by changing his -- the
13 appearance of his nose, he will -- he
14 will have a much better life. And
15 hearing that, of course, the alarm bells
16 go off and then examining the patient and
17 seeing that there's no objectively
18 definable deformity, only a normal
19 variation that one would expect to see on
20 a man's face.

21 Those are all red flags. And --
22 and based upon that, it is -- it
23 is definitely the -- has been

1 historically the recommendation of the
2 likes of Dr. Mark Gorney and other
3 leaders in the American Society of
4 Plastic Surgery to not offer surgery, but
5 rather to offer referral for
6 psychiatric/psychological support and
7 evaluation.

8 Q. These diag- -- these diagnostic
9 criteria that you mentioned, where do
10 they come from?

11 A. They -- I think you can find
12 much of that in the DSM book, if -- if --
13 if that's the route you want to go. You
14 find it in the literature. There are --
15 there are references in the scientific
16 literature about it dating back to I
17 think the 1920s. I included some of
18 those, I think, in my discussion, if not
19 on this one, in the Arkansas case.

20 But -- but there have been
21 papers published through the years that
22 describe the condition and make
23 recommendations about care, and again,

1 course, who presents for body
2 modification. That -- that's a fairly
3 readily and obvious one.

4 But no, I'm not a -- I'm not
5 formally trained in psychiatry or
6 psychology.

7 Q. You do not have -- you do not
8 hold yourself out as an expert in
9 diagnosing mental health conditions
10 outside, potentially, of body dysmorphic
11 disorder; right?

12 A. Correct.

13 Q. You do not have specialist
14 training or expertise in treating mental
15 health conditions; right?

16 A. No.

17 Q. You would refer that person to a
18 qualified mental health professional;
19 right?

20 A. I would. I would.

21 Q. Because you yourself are not a
22 qualified mental health professional;
23 correct?

1 A. Correct.

2 Q. All right. You've also
3 published an op-ed in May of this year
4 supporting this Alabama ban; correct?

5 A. Yes.

6 Q. And you said that Alabama
7 legislators should enact this ban because
8 they have a duty to protect the
9 vulnerable population of gender-confused
10 children. Does that sound familiar?

11 A. Yes.

12 Q. So again, earlier you said you
13 had a preference for professional
14 societies dealing with this, but you're
15 out there publishing op-eds calling on
16 state legislatures to pass these bans;
17 right?

18 MR. KNEPPER: Objection, form.

19 A. Right. Yes, sir.

20 Q. All right. How about Texas?
21 Tell me what work you've done supporting
22 this kind of a ban in Texas?

23 A. It's been similar. I've been in

1 because it's the same problem, the same
2 science, the same language. All of it's
3 the same.

4 Q. So earlier, we saw that in
5 addition to you, Dr. Hruz and Dr. Levine
6 and Dr. McHugh were also involved with
7 those Utah legislative efforts; right?

8 MR. KNEPPER: Objection, form.

9 A. I -- I don't know their
10 involvement in -- in Texas. I'm -- I'm
11 not aware.

12 Q. Yeah. Do you know whether any
13 of them have been involved with any of
14 these efforts in any other state?

15 A. I don't. I don't know.

16 Q. Okay. Fair to say that you have
17 some strong personal opinions on whether
18 doctors should be providing
19 gender-affirming treatment to minors?

20 MR. KNEPPER: Objection to form.

21 A. Very fair to -- very fair to
22 say, yes.

23 MR. TISHYEVICH: Let's go off

1 a -- the opinion that the present state
2 of transgender medicine and surgery is
3 not in the interest of the patients or
4 the families.

5 Q. The ADF has moral objections to
6 doctors performing this kind of surgery
7 and treatment; right?

8 MR. KNEPPER: Objection, form,
9 scope.

10 A. I would -- I would characterize
11 the ADF's position as more than just a
12 moral objection. It's both moral and
13 objective scientific objections.

14 So the -- the -- the sense I got
15 from that conference was that most of the
16 invited speakers came to speak about --
17 for example, Dr. Hruz was there, and he
18 spoke about endocrinology and the
19 endocrinol- -- endocrinologic basis for
20 sex/gender. And he spoke about the
21 effects of -- the endocrinological
22 effects, the objective changes that are
23 caused by, for example, puberty-blocking

1 heart of the presentation was what's the
2 state of the science and where is the
3 reliable science coming from and what is
4 it -- what is it showing us, so. But
5 they also -- the audience wanted to have
6 an understanding of what these plastic
7 surgery interventions were. So there was
8 an extensive discussion of the
9 particulars of the surgeries, the details
10 about the surgeries, the typical outcomes
11 of the surgeries, so.

12 Q. I want to -- strike that.

13 One of the topics of discussion
14 at that meeting was about the need to
15 have expert witnesses for litigation;
16 right?

17 MR. KNEPPER: Objection, form,
18 scope.

19 A. I remember -- I remember a
20 fairly long discussion about the poverty
21 of people who are willing to testify
22 because of the risk that they take in
23 testifying. That was a -- that was a

1 fairly long discussion. And the
2 difficulty that that -- that people have
3 in finding expert witnesses because of
4 the risks they place themselves in, in
5 testifying.

6 Q. And people at that meeting were
7 asked whether they would be willing to
8 participate as expert witnesses; right?

9 A. Yes.

10 Q. Before that meeting, you had
11 never testified as an expert witness?

12 A. Before this moment, I never
13 testified as an expert witness.

14 Q. Who made the introductory
15 remarks at the beginning of this meeting?

16 MR. KNEPPER: Objection, form,
17 scope.

18 A. I'm trying to remember. It was
19 a -- it was an attorney whose first name
20 is Jeff, and I'm trying to remember what
21 his last name was. But he seemed to be
22 the -- the -- kind of the emcee, if you
23 will. Yeah, Jeff. I'll see if, in the

1 language used by the other professional
2 organizations, and essentially, the
3 language takes the position that surgical
4 intervention for a subjective problem is
5 medically indicated. And that's the
6 difficulty that I'm having here, is that
7 in this document the ASPS does not --
8 does not provide medical scientific
9 support. They essentially admit that the
10 surgery is for help with a psychological
11 problem of perception on the part of the
12 patient. So essentially what -- what the
13 ASPS firmly believes in is the use of
14 surgery to manage a psychological
15 problem. And -- and this is -- this is
16 consonant with the -- with the -- the
17 consensus opinions that were offered by
18 the other professional organizations that
19 you listed earlier.

20 Q. The AS- -- ASPS does not agree
21 with your opinions that gender-affirming
22 surgery is experimental; correct?

23 MR. KNEPPER: Objection, form.

1 A. They don't -- let's see, do they
2 say anything about experimental in here?
3 No, they don't. So yeah, I would agree.

4 Q. Do you agree? Yeah.

5 A. I would agree, yeah, sure.

6 Q. Look at the last sentence. It
7 says, "ASPS will continue its efforts to
8 advocate across state legislatures for
9 full access to medically necessary
10 transition care." Do you see that?

11 A. Yeah. I don't find that
12 statement at all surprising. No.

13 Q. Yeah.

14 A. I do see that, yeah. Not
15 surprising. This is legislative --

16 Q. The ASPS --

17 A. -- legislative advocacy by the
18 ASPS.

19 Q. The ASPS considers transition
20 care to be medically necessary; right?

21 MR. KNEPPER: Objection, form.

22 A. Again, that returns -- returns
23 to that -- that inherent and

1 A. Right. That's -- that's my
2 understanding, yes.

3 Q. You personally have never been
4 part of this kind of a multidisciplinary
5 team for any patient with gender
6 dysphoria; correct?

7 A. No. I have always -- I have
8 always turned away personal -- for per-
9 -- well, my understanding of those
10 procedures has caused me to reject
11 offering them to my patients because I
12 don't see them as beneficial. So
13 clearly, I wouldn't want to participate
14 in a multidisciplinary team that's
15 offering therapies that I consider to be
16 incorrect treatments for a condition that
17 deserves our care, so.

18 Q. All right.

19 A. If you want, I can give you a
20 shorter answer. No.

21 Q. Yeah, let's -- you personally
22 have never treated a single patient for
23 gender dysphoria; correct?

1 A. I have never treated a patient
2 with gender dysphoria surgically.

3 Q. Okay.

4 A. Other than the detransitioner.
5 I -- I suspect they were still suffering
6 from dysphoria even though they were
7 detransitioning, but I didn't treat them
8 with surgery to -- per se for that
9 condition the way the transgender teams
10 do. Yeah.

11 Q. When you were providing laser
12 hair removal to trans women, is that
13 providing gender-affirming care?

14 MR. KNEPPER: Objection, form.

15 A. I don't get into the affirmation
16 side of the treatment. I'm simply
17 providing a service to -- to people who
18 -- who I want to have as friends.
19 Believe it or not, it's true. I -- I
20 don't turn anyone away whose -- whose
21 request is -- is within the scope of what
22 I consider moral practice of medicine and
23 surgery, so.

1 transition, acne doesn't enter into it.
2 But certainly laser hair removal, yeah.

3 Q. You personally have never sat in
4 any meetings between a provider and a
5 patient where the doctor was trying to
6 diagnose whether the patient has gender
7 dysphoria; correct?

8 A. Correct.

9 Q. You have never sat in any
10 meetings between a provider and a patient
11 discussing their potential treatment
12 options for gender dysphoria; correct?

13 A. No.

14 Q. All right. You're not an
15 endocrinologist; right?

16 A. Correct.

17 Q. You're not a psychiatrist;
18 right?

19 A. Correct.

20 Q. You're not a licensed mental
21 healthcare provider of any kind; right?

22 A. Correct.

23 Q. In your professional day-to-day

1 vaginoplasty for a transgender patient?

2 A. No.

3 Q. You have never performed a
4 metoidioplasty for any transgender
5 patient?

6 A. No.

7 Q. You've never performed what's
8 colloquially known as bottom surgery for
9 any transgender patient; correct?

10 A. Correct.

11 Q. Fair to say you've never
12 performed any kind of gender-affirming
13 surgery in transgender patients; right?

14 A. Correct.

15 Q. And fair to say you don't have
16 recent and substantive experience in
17 performing gender-affirming -- -affirming
18 surgery for transgender patients;
19 correct?

20 MR. KNEPPER: Form.

21 A. I have -- I have substantive
22 experience with all the actual -- the
23 nature of the particular operations but

1 Q. The latest publicly available
2 standard of care is Version 7; correct?

3 A. Correct.

4 Q. And that was published in 2012;
5 right?

6 A. That's right.

7 Q. All right. Before you wrote
8 your report, did you sit down and review
9 the Standards of Care, Version 7 that
10 you're criticizing?

11 A. Yes, I did.

12 Q. All right. You yourself are not
13 part of the WPATH; correct?

14 A. No, I am not.

15 Q. You've never been part of the
16 WPATH; right?

17 A. I would never be part of the
18 WPATH.

19 Q. You've never advised the WPATH
20 in any capacity; right?

21 A. They've never asked my opinion.
22 No.

23 Q. You've never advised the WPATH

1 in any capacity; correct?

2 A. I have not.

3 Q. You personally have not been
4 involved with the development of WPATH's
5 Standards of Care, Version 7; correct?

6 A. Correct.

7 Q. You don't know what year the
8 WPATH started working on Version 7;
9 right?

10 A. My understanding was it was in
11 2007, but I could be wrong. I think it
12 was 2007. I think it was a five-year
13 process, but I could be wrong on that.

14 Q. You don't know for sure?

15 A. I don't know for sure.

16 Q. You don't know how many
17 different work groups at the WPATH were
18 involved with working on Version 7;
19 correct?

20 MR. KNEPPER: Objection, form.

21 A. In reading the -- the
22 introduction to the document, the number
23 nine pops into my mind, but I can't swear

1 to that.

2 Q. Okay. You don't know what kind
3 of scientific literature the WPATH
4 conducted as part of drafting Version 7;
5 right?

6 A. As far as naming the particular
7 papers that they may have reviewed, I
8 can't do that for you because those
9 are -- that happens in closed committee.
10 I -- all I can say to you is my -- based
11 upon my reading of the product and the
12 verbiage that it's used, my suspicion is
13 that it's pretty heavily weighted towards
14 the American literature and -- and does
15 not bring in particular document -- well,
16 being that it was published in 2012, the
17 big inflection point in 2011 probably
18 wasn't available to the committee when
19 they were writing that document.

20 So given that the document is
21 already out of date and it's -- and the
22 subsequent WPATH 8, no one knows when
23 it's going to come out, yeah, it's --

1 it's almost -- it's almost irrelevant
2 because of the change in the literature
3 that happened since it was published, so.
4 In particular, the 2011 article by
5 Dhejne, Cecilia Dhejne, and -- and others
6 that kind of changed the view of the
7 scientific evidence.

8 So yeah, it's an out-of-date
9 document by the standards of what are
10 called standards of care. It's not a
11 standards of care document. It's a --
12 it's a treatment guideline document is
13 really what it is, and it's a poorly
14 supported treatment guideline at that,
15 so -- gosh, I wandered off.

16 Did I -- did I answer your
17 question?

18 Q. Yeah, you anticipated my
19 objection.

20 MR. TISHYEVICH: Which, again,
21 I'll move to strike most of that as
22 nonresponsive.

23 Q. Because here's my question. You

1 don't personally know what kind of
2 scientific literature the WPATH conducted
3 as part of drafting Version 7; correct?

4 MR. KNEPPER: Objection, form.

5 A. No. Again, a closed session, so
6 I don't know what documents they used.

7 Q. You don't know what kind of
8 outside experts the WPATH may have
9 consulted in drafting Version 7; right?

10 A. No.

11 Q. You don't know what kind of peer
12 review the WPATH may have conducted as
13 part of developing Version 7; right?

14 MR. KNEPPER: Objection, form.

15 A. No.

16 Q. You don't know what kind of
17 public comments the WPATH may have
18 solicited as part of developing Version
19 7.

20 MR. KNEPPER: Objection, form.

21 Q. Right?

22 A. No.

23 Q. You don't know how many

1 different drafts the Version 7 went
2 through before it was finalized; right?

3 A. No.

4 Q. You don't know how many
5 different meetings or conferences the
6 WPATH had to discuss the development of
7 Version 7; right?

8 A. Correct.

9 Q. You have no idea what may have
10 gone on during those meetings or
11 conferences; correct?

12 MR. KNEPPER: Objection, form.

13 A. No. I was not a part of the
14 conferences that produced the product.

15 Q. Yeah, you are not an expert in
16 how Version 7 of the WPATH was developed;
17 right?

18 A. Correct.

19 Q. And we can go through all these
20 questions again individually for Version
21 8, but maybe we can shortcut this.

22 A. Well, no one knows what's in
23 Version 8 except the people who are in

1 the committee. It's a -- it's a
2 privileged document. There's no one in
3 plastic surgery who knows it apart from
4 the people who serve as members of the
5 WPATH, so that would be the case.

6 Q. Okay.

7 A. It's a -- it -- yeah.

8 Q. So just so we have it on the
9 record, you don't hold yourself out as an
10 expert on how Version 8 of the WPATH
11 Standards of Care are currently being
12 developed; fair?

13 A. Fair.

14 Q. Okay. We talked earlier about
15 the DSM; right?

16 A. Yes.

17 Q. In your day-to-day practice, you
18 don't use the DSM-5; correct?

19 A. No.

20 Q. But you do know the DSM-5 is
21 widely used by psychiatrists; correct?

22 A. Yes.

23 Q. The DSM-5 was published in 2013;

1 correct?

2 A. I don't know the publication
3 date, but it sounds about right.

4 Q. Do you know that it was
5 developed by the American Psychiatric
6 Association?

7 A. Yes.

8 Q. You're not a member of the APA;
9 right?

10 A. Correct.

11 Q. You personally have not been
12 involved with the development of DSM-5;
13 right?

14 A. No.

15 Q. You don't know how many
16 different working groups were involved
17 with developing the DSM-5; right?

18 MR. KNEPPER: Objection, form.

19 A. Correct.

20 Q. You don't know how many
21 different members those working groups
22 had; right?

23 MR. KNEPPER: Objection, form.

1 A. No.

2 Q. Or how they were selected;
3 right?

4 MR. KNEPPER: Objection, form.

5 A. Correct.

6 Q. You don't know how many
7 different authors contributed to the
8 development of DSM-5; correct?

9 A. Correct.

10 MR. KNEPPER: Objection, form.

11 Q. You don't know what kind of
12 scientific literature review was done by
13 different work groups as part of
14 developing the DSM-5; correct?

15 MR. KNEPPER: Objection, form.

16 A. Correct.

17 Q. You don't know what kind of
18 public comments the APA may have
19 solicited in developing the DSM-5;
20 correct?

21 MR. KNEPPER: Objection, form.

22 A. Correct.

23 Q. You don't know how many

1 different drafts the DSM-5 went through
2 before it was finalized; correct?

3 MR. KNEPPER: Objection, form.

4 A. Correct.

5 Q. You don't know how many
6 different meetings or conferences or
7 telephonic conferences the working groups
8 had to discuss the development of the
9 DSM-5; right?

10 MR. KNEPPER: Objection, form.

11 A. Right.

12 Q. You have no idea what was
13 discussed during any of those meetings;
14 right?

15 A. Right.

16 Q. Let me ask you specifically
17 about the Sexual and Gender Identity
18 Disorders Work Group. First of all,
19 before today, did you know that the APA
20 had a Sexual and Gender Identity
21 Disorders Work Group as part of the
22 development of the DSM-5?

23 MR. KNEPPER: Objection, form.

1 A. Yes.

2 Q. Do you know how many members
3 were in that work group?

4 A. No.

5 Q. You don't know --

6 MR. KNEPPER: Objection.

7 Q. -- how those members were
8 selected; right?

9 MR. KNEPPER: Objection to form.

10 A. Correct.

11 Q. You don't know their expertise;
12 right?

13 A. Correct.

14 Q. You do not have expert firsthand
15 knowledge of how the DSM-5 was developed;
16 fair?

17 MR. KNEPPER: Objection, form.

18 A. Fair.

19 Q. Are you aware that the DSM-4
20 used the term "gender identity disorder"
21 instead of "gender dysphoria"?

22 A. Yes.

23 Q. Do you know the reason for that

1 faces is that having done that, there's
2 no mechanism for providing the services
3 that they felt that the patients needed,
4 so there had to be a diagnose -- a
5 diagnostic code in order to get
6 thirty-part -- third-party payers to pay.
7 So it's a de-pathologize but maintain a
8 diagnostic -- diagnostic code. That's my
9 understanding of it.

10 Again, I wasn't there. But
11 again, reading the writings of people who
12 could only have gleaned it from having
13 been present because it's closed session,
14 that's my understanding.

15 Q. Understood. All right. Do you
16 know what the Endo- -- Endocrine Society
17 guidelines for treatment of
18 gender-dysphoric or gender-incongruent
19 persons are?

20 A. Do I know what they are?

21 Q. Yeah.

22 A. Yes.

23 Q. Do you know when they were

1 initially published?

2 A. No.

3 Q. Do you know when they were last
4 revised?

5 A. I think it was just a couple of
6 years ago, but I don't know the exact
7 date.

8 Q. If I tell you it's 2017, does
9 that sound right?

10 A. That wouldn't -- it wouldn't
11 surprise me if that were true. I -- just
12 within the last couple of years. I think
13 theirs are current, and the expectation
14 is that these standards of care or
15 treatment guidelines will have a
16 five-year revision. So given that
17 they're current, they couldn't be any
18 older than, say, 2017. So I suspect that
19 -- yeah.

20 Q. All right. Did you review the
21 latest available version of those
22 Endocrine Society guidelines before
23 forming your opinions in this case?

1 A. Yes. I have read them, yes.

2 Q. Okay. You yourself are not part
3 of the Endocrine Society; right?

4 A. Correct.

5 Q. Have never been part of that
6 society; right?

7 A. Correct.

8 Q. You've never advised the
9 Endocrine Society in any capacity;
10 correct?

11 A. Correct.

12 Q. You personally were not involved
13 with the development of these original
14 guidelines; correct?

15 A. That's correct.

16 Q. Not personally involved with the
17 development of the updated guidelines in
18 2017; right?

19 A. Correct.

20 Q. Do you know how many people at
21 the Endocrine Society were involved with
22 those 2017 updates?

23 A. I do not know that number.

1 Q. And you don't know how they were
2 selected to work on the 2017 updates;
3 correct?

4 A. Correct.

5 Q. You personally don't know what
6 kind of scientific literature review the
7 Endocrine Society conducted in developing
8 those updates; correct?

9 MR. KNEPPER: Objection to form.

10 A. Correct.

11 Q. You don't know what kind of
12 outside experts they may have used;
13 right?

14 A. What kind of outside experts? I
15 would imagine they were all
16 endocrinologists. Or are you asking did
17 they have plastic surgeon input or --

18 Q. Do you know specifically whether
19 the Endocrine Society used any outside
20 experts in updating the -- in
21 implementing the 2017 updates?

22 A. Well --

23 MR. KNEPPER: Objection, form.

1 A. I can only infer that they
2 would, because such -- such statements,
3 in order to be valid, demand review by
4 outside parties to -- to obviate
5 conflicts of interest, whether financial
6 or professional. Those are all issues
7 when generating standards of care, so of
8 necessity, they would have had to have
9 had outside experts to come in, yes.

10 Q. Okay. Do you know what kind of
11 public comments the Endocrine Society may
12 have solicited as part of developing the
13 2017 updates?

14 A. I don't.

15 MR. KNEPPER: Objection to form.

16 Q. You don't know how many
17 different drafts there were of those 2017
18 updates before they were finalized;
19 right?

20 A. No.

21 MR. KNEPPER: Objection to form.

22 A. No, I don't.

23 Q. Again, you haven't been to any

1 meetings or conferences or telephonic
2 conferences where those 2017 updates were
3 discussed, where the development of those
4 2017 updates was discussed; correct?

5 MR. KNEPPER: Objection to form.

6 A. Correct.

7 Q. You don't know what went on
8 during those meetings or conferences;
9 right?

10 MR. KNEPPER: Objection, form.

11 A. I do not.

12 Q. You -- you're not an expert in
13 how the Endocrine Society developed the
14 original 2009 guidelines for treating
15 gender dysphoria; correct?

16 MR. KNEPPER: Objection to form.

17 A. That's not -- that's not my area
18 of expertise. That's correct.

19 Q. Right. And you're also not an
20 expert in how the Endocrine Society then
21 developed the 2017 updates back to those
22 guidelines; correct?

23 A. Correct.

1 endocrinologists, yes.

2 Q. Right. You have no specialized
3 training or expertise in endocrinology;
4 correct?

5 A. Correct.

6 Q. You don't hold yourself out as
7 an expert in endocrinology; correct?

8 A. No, I do not.

9 Q. You're not planning on offering
10 any expert opinions in endocrinology in
11 this case because that's outside your
12 scope of expertise; right?

13 A. Yes.

14 MR. KNEPPER: Objection to form.

15 Q. All right. Earlier, you said
16 you have never prescribed
17 puberty-blocking agents to anyone, so I
18 take it you have no experience, no
19 firsthand experience with advising your
20 patients about potential risks and
21 benefits of puberty blockers; right?

22 MR. KNEPPER: Objection, form.

23 A. Well, I have talked to patients

1 A. Yes.

2 Q. For transgender women, estrogen
3 is a hormone that's typically prescribed;
4 right?

5 A. Yes.

6 Q. For transgender men,
7 testosterone is the hormone that's
8 typically prescribed; right?

9 A. Right.

10 Q. You've never prescribed
11 cross-sex hormones for treatment of
12 gender dysphoria to anyone; correct?

13 A. Correct.

14 Q. You have no firsthand experience
15 with advising your patients about
16 potential risks and benefits of cross-sex
17 hormones when used for treatment of
18 gender dysphoria; correct?

19 A. Correct.

20 Q. You personally don't know what
21 doctors who do prescribe estrogen or
22 testosterone to their patients for gender
23 dysphoria tell those patients about the

1 Okay.

2 Q. So the first two bullets say,
3 "Why must we consider first the nature of
4 the human person?" Then it says,
5 "Defines the 'end' of medical and
6 surgical care."

7 A. Yes.

8 Q. What does it mean that it
9 "defines the 'end' of medical and
10 surgical care"?

11 MR. KNEPPER: Objection, form,
12 scope.

13 A. Okay. So that's a -- that's a
14 term that dates back to Aristotelian
15 philosophy. And what it has to do is
16 what is the purpose or what is the
17 ultimate arc of a particular thing. So
18 the "end" meaning what are you seeking to
19 accomplish, what is the final goal of
20 that -- of that medical or surgical
21 treatment.

22 So -- and the examples I use are
23 you have to have an understanding, for

1 Q. The top left says, "Shaping the
2 Conversation, & Grooming a Generation."

3 A. Right.

4 Q. You see that?

5 A. Right.

6 Q. What do you mean by "grooming a
7 generation"?

8 A. Grooming is a -- is a process by
9 which ideas are introduced that make
10 subsequent actions possible, so that's
11 what -- that's what grooming is, yeah.

12 Q. Grooming is sometimes used to
13 refer to preparing to -- strike that.

14 Grooming is sometimes used as
15 preparing children for sexual abuse.
16 Isn't that true?

17 A. That's one of the --

18 MR. KNEPPER: Objection, form,
19 scope.

20 A. That's one of the uses of
21 grooming, yeah, but it's not exclusive
22 use of grooming. Yeah. And I discuss
23 this in this -- in this slide. Yes, I

1 do.

2 Q. And you think that discussing
3 gender identity issues with children
4 means sexualizing them; right?

5 A. Yes, I do. Absolutely, I do.

6 MR. KNEPPER: Objection, form,
7 scope.

8 Q. And you think that discussing
9 gender identity issues with children
10 means grooming them for potential later
11 sexual abuse; right?

12 MR. KNEPPER: Objection, form,
13 scope.

14 A. No. No. What we're talking
15 about here is grooming them for -- for
16 future -- what's the word I would want to
17 choose carefully? It's preparing them
18 for these interventions is what it does.
19 It lays the groundwork for it by
20 sexualizing their thoughts in a way
21 that's -- is not consonant with their
22 best interest. That's what this slide is
23 about, so --

1 may be sexual but not necessarily sexual.
2 And so this is -- one of the things I
3 talk about in that slide is -- is for the
4 people who are care providers,
5 counselors, school administrators, to be
6 alert to that possibility.

7 So I'm sorry, we were going to
8 move on to the next one.

9 Q. Do you have the next exhibit?

10 A. And that is Exhibit 34?

11 Q. Yeah.

12 A. Okay.

13 Q. All right. This is a printout
14 from LifeSite, and the title is "Plastic
15 surgeon: Sex-change operation 'utterly
16 unacceptable' and a form of 'child
17 abuse.'" Right?

18 A. Yes.

19 Q. And it says, "Dr. Patrick
20 Lappert, a Catholic deacon in Alabama,
21 says changing a person's sex is a lie and
22 also a moral violation for a physician."
23 Right?

1 A. Yes.

2 Q. And you hold those views --

3 A. I do.

4 Q. -- correct?

5 A. I do.

6 MR. KNEPPER: Objection, form,
7 scope.

8 Q. Go to page 2.

9 A. Okay.

10 Q. This was published in September
11 2019; right?

12 A. Yes.

13 Q. This is reporting on you
14 appearing on a broadcast of something
15 called the "Relevant Radio's Trending
16 With Timmerie."

17 A. Yes.

18 Q. Right?

19 A. Yes.

20 Q. You made that appearance; right?

21 A. On the radio, yes.

22 Q. Okay. Look -- look to the fifth
23 paragraph on page 2.

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

2 STATE OF ALABAMA)

3 COUNTY OF JEFFERSON)

4 I hereby certify that the above
5 and foregoing proceeding was taken down
6 by me by stenographic means, and that the
7 content herein was produced in transcript
8 form by computer aid under my
9 supervision, and that the foregoing
10 represents, to the best of my ability, a
11 true and correct transcript of the
12 proceedings occurring on said date at
13 said time.

14 I further certify that I am
15 neither of counsel nor of kin to the
16 parties to the action; nor am I in
17 anywise interested in the result of said
18 case.

19 /s/ Lane C. Butler

20 LANE C. BUTLER, RPR, CRR, CCR

21 CCR# 418 -- Expires 9/30/22

22 Commissioner, State of Alabama

23 My Commission Expires: 2/11/25

1 John G. Knepper, Esquire

2 john@knepperllc.com

3 October 13, 2021

4 RE: Kadel, Et Al v. Folwell

5 9/30/2021, Patrick Lappert, M.D. (#4814384)

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 erratas-cs@veritext.com

16
17 Return completed errata within 30 days from
18 receipt of transcript.

19 If the witness fails to do so within the time
20 allotted, the transcript may be used as if signed.

21
22 Yours,

23 Veritext Legal Solutions
24
25

1 Kadel, Et Al v. Folwell

2 Patrick Lappert, M.D. (#4814384)

3 E R R A T A S H E E T

4 PAGE_____ LINE_____ CHANGE_____

5 _____

6 REASON_____

7 PAGE_____ LINE_____ CHANGE_____

8 _____

9 REASON_____

10 PAGE_____ LINE_____ CHANGE_____

11 _____

12 REASON_____

13 PAGE_____ LINE_____ CHANGE_____

14 _____

15 REASON_____

16 PAGE_____ LINE_____ CHANGE_____

17 _____

18 REASON_____

19 PAGE_____ LINE_____ CHANGE_____

20 _____

21 REASON_____

22 _____

23 _____

24 Patrick Lappert, M.D.

Date

25

1 Kadel, Et Al v. Folwell

2 Patrick Lappert, M.D. (#4814384)

3 ACKNOWLEDGEMENT OF DEPONENT

4 I, Patrick Lappert, M.D., do hereby declare that I
5 have read the foregoing transcript, I have made any
6 corrections, additions, or changes I deemed necessary as
7 noted above to be appended hereto, and that the same is
8 a true, correct and complete transcript of the testimony
9 given by me.

10

11

12 Patrick Lappert, M.D.

_____ Date

13 *If notary is required

14 SUBSCRIBED AND SWORN TO BEFORE ME THIS

15 _____ DAY OF _____, 20____.

16

17

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19 NOTARY PUBLIC

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate.

The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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