1 UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
2
TALLAHASSEE DIVISION
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4 AUGUST DEKKER, et al.,)
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5)
Plaintiffs,)
6)
vs.) Case No. 4:22-cv-00325-RH-MAF
7)
JASON WEIDA, et al.,)
8)
)
9 Defendants.)
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14 Remote Deposition of JOSEPH ZANGA, M.D.
15 (Taken by Plaintiffs)
16 Sanford, North Carolina
17 Friday, March 24, 2023
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24 Reported in Stenotype by
Lauren M. McIntee, RPR, CRR
25 Transcript produced by computer-aided transcription

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21 REMOTE DEPOSITION OF JOSEPH ZANGA, M.D., a witness
22 called on behalf of Plaintiffs, before Lauren M.
23 McIntee, Court Reporter and Notary Public, in and for
24 the State of North Carolina, in Sanford, North Carolina,
25 on Friday, March 24, 2023, commencing at 10:05 a.m.

1 any facts or data that you considered when you were
2 writing your report?
3 A. Not that I recall.
4 Q. Did counsel for defendants provide you with
5 any assumptions that you relied on in writing your
6 report?
7 A. No.
8 Q. And did anyone else provide you with any
9 information that you considered when writing your
10 report?
11 A. What do you mean "anybody else providing me
12 information"?
13 Q. Did you consult with anyone, anyone at all
14 while you were writing this report?
15 A. No.
16 Q. When you were writing your report, did you
17 review any documents?
18 A. Yes.
19 Q. Okay. What documents did you review?
20 A. I reviewed information about the American
21 Academy of Pediatrics Annual Chapter Forum or Annual
22 Leadership Forum it's now called. I reviewed my report,
23 opinion information submitted to the local chapter of
24 the American -- of the Ped- -- excuse me, of the Medical
25 Society of Georgia where I was writing at the time, and

1 also to the section of the American Academy of
2 Pediatrics for publication.
3 Q. Okay. So before we move on, you said you
4 reviewed information about the AAP Annual Leadership
5 Forum. What documents specifically did you review?
6 A. The documents from the AAP website as to
7 the -- the manner in which the forum is conducted, about
8 the reference committees, and rules for submission of
9 resolutions to the chapter forum.
10 Q. And did you cite those documents in your
11 expert report?
12 A. I don't believe so.
13 Q. And why not?
14 A. Wasn't necessary.
15 Q. Can you explain what you mean, that it wasn't
16 necessary?
17 A. The documents were available for almost
18 anyone to read. And I wasn't commenting on the
19 documents, but I was commenting on the result of the
20 actions at the Annual Chapter Forum -- Annual Leadership
21 Forum.
22 Q. And for the report you mentioned that you
23 reviewed that you submitted to the Medical Society of
24 Georgia, what -- what document is that?
25 A. That's the -- my document entitled "First, Do

1 No Harm."
2 Q. And I understand -- is it correct that there
3 are two iterations of that document?
4 A. Yes.
5 Q. And which did you review for purposes of
6 creating for this report?
7 A. Actually, both of them.
8 Q. Did you review any other documents other than
9 the information on the AAP website about the Annual
10 Leadership Forum and the report that you submitted to
11 the Medical Society of Georgia?
12 A. Not specifically for this -- for my report
13 here.
14 Q. When you say "not specifically," can you just
15 clarify what you mean?
16 A. I'm a -- I'm a pediatrician. I'm a
17 scientist. I'm a teacher. I am constantly reviewing
18 information. I read multiple journals, medical
19 journals, as well as non-medical journals that comment
20 on medical issues. So I'm constantly reading, studying.
21 Q. Did you provide a bibliography for your
22 report in this case?
23 A. No.
24 Q. And why did you not provide a bibliography
25 for this?

1 A. Because I wasn't citing any specific material
2 on any journal or article or text or other document.
3 Q. But did -- did you rely on any of the
4 documents that you just mentioned as support for the
5 opinions that you provided in this report?
6 A. I relied on no one specific or two specific
7 documents. I relied on what I have absorbed over my
8 career and what I have read over my career.
9 Q. Are you aware that when we asked defendants'
10 counsel for a bibliography with regard to your report,
11 they informed us that your opinions were based on your
12 personal knowledge and experience?
13 A. Yes.
14 Q. And is that an accurate representation?
15 A. Yes.
16 Q. Dr. Zanga, how did you first become aware of
17 this case?
18 A. I believe I was contacted by the firm and
19 asked if I would be willing to lend an opinion.
20 Q. And when you say "the firm," what firm are
21 you referring to?
22 A. That's the Holtzman -- Holtzman firm. I
23 don't have the whole name committed to memory.
24 Q. No problem. And do you recall who from the
25 Holtzman Vogel firm contacted you?

1 What did you do to prepare for your
2 deposition today?
3 A. I reviewed my article, "First, Do No Harm,"
4 and gave a great deal of thought to the kind of things I
5 had read over the course of years, to patients I have
6 seen, related to what I wrote in the "First, Do No
7 Harm," and really just continued reading the kinds of
8 things that I have been reading from both medical and
9 non-medical sources.
10 Q. Did you review any of the plaintiffs' expert
11 rebuttal reports in this case?
12 A. I briefly had occasion yesterday to look at I
13 think three rebuttal reports --
14 Q. And which ones were those --
15 A. -- specific -- excuse me?
16 Q. I apologize. I didn't mean to interrupt. I
17 was asking which ones.
18 A. I didn't mean to interrupt you.
19 I do not have their names in front of me, and
20 frankly, I have them on my computer, but I'm afraid if I
21 try and find them on my computer, I'm going to lose you.
22 Q. No worries. That's okay.
23 Did you review any articles in preparing for
24 your deposition today?
25 A. No. No.

1 Q. You had mentioned a moment ago that you --
2 that you reviewed some of the medical sources and
3 non-medical sources that you typically review. Can you
4 tell me what medical sources you reviewed?
5 A. Okay. Let's try it. Materials written by
6 the American Academy of Pediatrics, literature on, both
7 direct from the source and commentaries on nations
8 outside the United States that have made restrictions on
9 the -- on transgender accommodation, information about
10 genetics, about brain development, about differences in
11 males and females beside -- outside the external
12 appearance.
13 Q. Okay. When you said you "reviewed
14 commentaries on nations outside the US that restricted
15 transgender accommodations," what do you mean
16 by "transgender accommodation"?
17 A. The articles pertain to pauses in the then
18 generally accepted approach to dealing with children who
19 had transgender ideation.
20 Q. Okay. Let me rephrase my question. What --
21 what would you -- how do you define the word -- the
22 phrase "transgender accommodation"? What did you mean
23 by that?
24 A. If a child has transgender ideation, some of
25 the literature describes how we accommodate to affirm,

1 if you wish, that ideation.
2 Q. How to accommodate, okay. And would it be
3 fair to say you're referring to medical treatment?
4 A. In general, that's the thrust of one side of
5 the question.
6 Q. And can you tell me specifically what
7 literature you're referring to when you say you reviewed
8 commentaries on nations outside the US that restrict
9 transgender accommodation?
10 A. There are probably 50 or more articles that
11 I've read over the last 20 years that information from
12 which I have stored in my library, in my head, and use
13 when I need to when writing or speaking about this --
14 this question.
15 Q. And can you name the sources specifically?
16 A. Well, I mentioned the American Academy of
17 Pediatrics. I did review what they have written on this
18 subject.
19 Q. Thank you. And as for the, you mentioned
20 reviewing information about genetics, brain development,
21 and -- well, I'm sorry. I'll take them one at a time.
22 Regarding information on genetics, what sources did you
23 review?
24 A. Oh, gosh. I cannot name for you a specific
25 source.

1 Q. What about for the information you reviewed
2 on brain development?
3 A. Yes. I went back over the information,
4 publications by Jay Giedd, and I don't know how to spell
5 that, who was the earliest investigator, using
6 functional MRI to determine when children were capable
7 of making life-changing decisions.
8 Q. Okay. Jay Giedd, thank you. And what about
9 the information you reviewed regarding the differences
10 between males and females other than external factors?
11 A. Oh, no, there's nothing -- there's no one
12 specific thing that I could point you to.
13 Q. Okay. Thank you. And do you know whether
14 the resource or the materials that you reviewed on these
15 topics were peer-reviewed?
16 A. I know that the material that I have
17 imprinted in my brain are from peer-reviewed resources
18 with the exception of non-medical reports about
19 transgender -- transgender issues.
20 Q. What sort of non-medical reports do you
21 review regarding transgender issues?
22 A. I regularly read Time Magazine. I read, you
23 know, local newspaper. I peruse what's on the AOL news
24 sites. There's a, oh -- there's a website called
25 Freedoms Journal. Those are all I can think of offhand.

1 Q. When was the last time you were engaged in
2 the active practice of pediatrics?
3 A. Probably in 2018.
4 Q. Okay. And what were you doing at that time?
5 A. It could have been 2019. Sorry. I was
6 providing coverage for a local pediatrician in Columbus.
7 Q. When you say "coverage," you mean seeing --
8 A. I was -- I was in her office seeing patients
9 while she was away on vacation.
10 Q. And do you have an active license to practice
11 medicine?
12 A. I am licensed currently, active license in
13 the State of North Carolina. I do not have active
14 licenses in the other states.
15 Q. Are you currently a member of any
16 professional medical associations or organizations?
17 A. I am a member of the American Academy of
18 Pediatrics and a member of the North Carolina Medical
19 Society. I am still on a mailing list for the Muskogee
20 County Medical Society in Georgia as well as the Medical
21 Association of Georgia and -- as both as an emeritus
22 member. And I am a member of the American College of
23 Pediatricians.
24 Q. We will come back to those in a bit. You
25 were the first president of the American College of

1 Pediatricians; is that correct?
2 A. Yes.
3 Q. And are you -- you mentioned that you're
4 still an active member. What -- what is your role
5 currently?
6 A. Member and occasional advisor to the board.
7 Q. Okay. All right. We will come back to
8 the -- these organizations in a bit. In terms of your
9 work history, just to get a better understanding of your
10 career, you completed your ambulatory pediatric
11 fellowship in 1995; is that correct?
12 A. If that's what my CV says, yes, I did.
13 Q. And is that the same thing that you
14 referenced in your report where you say "this led me to
15 an academic career beginning with a further year of
16 education as a fellow in community pediatrics"?
17 A. Yes.
18 Q. Can you explain the focus of that fellowship?
19 A. Yes. The focus was to develop an expertise
20 as a primary care physician in an office-based practice,
21 while at the same time being an advocate for the health
22 and well-being of children in the immediate community
23 and larger community outside the specific city or county
24 in which I resided, dealing with problems in food
25 deserts and food supplies, school issues for the -- the

1 children, family -- family concerns with or for their
2 children, and providing teaching for medical students,
3 interns, and residents in medicine as well as in -- in
4 certain nursing -- nursing venues.
5 Q. So Dr. Zanga, you've never been board
6 certified in psychiatry; is that correct?
7 A. That's correct.
8 Q. And you've never been board certified in
9 endocrinology; is that correct?
10 A. That is correct.
11 Q. You've never been board certified in
12 adolescent medicine; is that correct?
13 A. I probably could have been. I set up the
14 adolescent program at the University of Virginia, but
15 no, you're right.
16 Q. No board certification. And you've never
17 been board certified in plastic surgery; is that
18 correct?
19 A. That is correct.
20 Q. And lastly, you've never been board certified
21 in neurology; is that correct?
22 A. That is correct.
23 Q. When you were practicing medicine and seeing
24 patients, did you treat any transgender patients?
25 A. Yes.

1 Q. How many transgender patients?
2 A. Probably two or three.
3 Q. And how old were these patients?
4 A. How old?
5 Q. Yes.
6 A. Young to mid adolescence.
7 Q. And --
8 A. Young, meaning out of -- just into their
9 adolescence to 15, 16 years of age.
10 Q. Okay. And when was this?
11 A. This was actually in my last few years of
12 practice. So in the, you know, early -- early to --
13 2000 to 2010, '11, '12.
14 Q. What did you treat them for?
15 A. Well, in general, I treated them for cold,
16 sore throats, and runny noses, for development issues,
17 and ultimately as they gained trust in me, the question
18 of their transgender ideation.
19 Q. And when you say you "treated them for their
20 transgender ideation," what -- what does that mean?
21 A. It means I talked to them and to their
22 parents about what this meant to or for them and some
23 timelines, and because I'm not a psychiatrist, I offered
24 to continue to meet with the children -- child and
25 family, discuss this issue further, but requested that

1 Q. Okay. So you would agree that you weren't in
2 the best position to recommend a course of action
3 regarding gender dysphoria for these patients?
4 A. If they asked me, I would tell them, but I
5 deferred generally, exclusively in these cases, to the
6 mental health professional.
7 Q. When you say "if they asked you, you would
8 tell them," you would tell them what?
9 A. To generalize, I would tell them that I found
10 their dilemma interesting, their concerns not unique,
11 and that this is something that needs careful thought,
12 consideration over a period of time, and that time is
13 variable depending upon the individual and family.
14 Q. Did you ever prescribe GnRH agonists to treat
15 gender dysphoria in these patients?
16 A. No.
17 Q. And why not?
18 A. Because they and I were not convinced that
19 that was the right course. In addition, there are
20 complications associated with those medications, and I
21 did not presume to enforce that on vulnerable children.
22 Q. And did you ever prescribe hormone therapy
23 for the treatment of gender dysphoria for any of your
24 patients?
25 A. No, for the same reasons.

1 Q. Did -- have you ever conducted research on
2 the development of gender identity?
3 A. Conducted, no.
4 Q. Have you ever conducted research on the
5 etiology of gender dysphoria?
6 A. Could you explain what "ideology" means?
7 Q. I'm sorry, etiology.
8 A. Etiology.
9 Q. Etiology, thank you.
10 A. Thank you.
11 Q. Etiology.
12 A. I have not conducted research, no.
13 Q. Have you ever published a peer-reviewed
14 article on the development of gender identity?
15 A. No.
16 Q. Have you ever published a peer-reviewed
17 article on the assessment of treatment of gender
18 dysphoria?
19 A. To the extent that I included that in
20 my "First, Do No Harm," no. Or yes, depending upon
21 whether you consider that dealing with the treatment of
22 gender dysphoria.
23 Q. Are you -- is it your position that the --
24 strike that. I'll come back to that.
25 Would you agree that you have no clinical

1 experience in the treatment of gender dysphoria?
2 A. What do you mean, "experience in the
3 treatment of gender dysphoria"?
4 Q. So with the few individuals you mentioned
5 previously, transgender patients that you had, you
6 referred them to a mental health provider; is that
7 correct?
8 A. Correct.
9 Q. And so you don't have experience in treating
10 their gender dysphoria?
11 A. I did not specifically provide the treatment
12 for their gender dysphoria, correct.
13 Q. Okay. In your expert report, you discussed
14 your work in direct programs and child abuse and Child
15 Protective Services, as you mentioned earlier. Why did
16 you think it was important to note that experience for
17 this report?
18 A. In dealing with questions of child abuse and
19 neglect, and maybe more specifically neglect, but it did
20 fall into the abuse category as well, parents sometimes
21 did or didn't do things to or for their children, which
22 could be considered abuse or neglect. Providing or not
23 providing insulin for a diabetic patient, asthma therapy
24 for a child with asthma, blowing smoke in the children's
25 faces when they have asthma, things such as that are

1 considered abusive or neglectful.
2 Q. Understood. But for the context of this
3 report, which is focused on the -- the -- AHCA's, the
4 defendants' exclusion of coverage for treatment of
5 gender dysphoria, how is that experience relevant here?
6 A. The medications that we use for delaying of
7 puberty for the transition to a different sex are
8 potentially deleterious to the health, long-term health
9 and wellbeing of the child.
10 Q. Let me ask --
11 A. Until we have definitive -- go ahead.
12 Q. So would you have -- do you consider
13 treatment for gender dysphoria to be child abuse or
14 neglect?
15 A. Yes.
16 Q. Okay. We've been going for about an hour, so
17 if it's okay with everyone, maybe we'll just take a
18 five-minute break and then reconvene. Does that sound
19 okay to you, Dr. Zanga?
20 A. Five minutes is fine. When will you -- when
21 are you predicting lunch?
22 Q. Maybe about an hour after that. Or what --
23 A. So around 11 -- about 12:15?
24 Q. Maybe closer to 12:30, does that work for
25 you?

1 other hand, it could be referred to the committee on
2 bioethics, and that's a decision of the board. So yes
3 and no.
4 Q. Moving down to Paragraph 13 where you talk
5 about, the voting board is composed of 17 members with
6 one elected by fellows in each of the 10 AAP geographic
7 districts. There are three members elected nationally
8 and a 5-member executive committee, etc. Would -- you
9 would agree that most of the AAP's board of directors
10 are elected by its membership, right?
11 A. Yes.
12 Q. And this includes anyone elected as president
13 elect, which includes the president and president elect?
14 A. In AAP elections, fewer than 40 percent of
15 the fellows vote, cast a vote. And as I mentioned
16 previously in my statement, when the AAP says they have
17 70 -- 67,000 members, that's exactly true. They have
18 67,000 members. Not all of them are fellows.
19 The section -- excuse me, yeah, the resident
20 section, the medical student section, section on
21 dentistry, and a number of others are not AAP fellows.
22 They are simply members. And only fellows vote. So of
23 the 67,000, there's probably fewer than 60,000 who are
24 voting members or fellows of the academy, and fewer than
25 40 percent of them vote in any AAP elections.

1 Q. But they're not voting in these elections by
2 choice, right?
3 A. I don't understand the question.
4 Q. Are they permitted to vote in the elections?
5 A. Every fellow of the American Academy of
6 Pediatrics is permitted and encouraged to vote.
7 Q. Okay. So the AAP isn't excluding them from
8 voting. Simply only 40 percent of them choose do choose
9 to vote?
10 A. Fewer than 40 percent.
11 Q. Okay. But all are permitted to vote?
12 A. Correct.
13 Q. Okay. So the board of directors is a
14 representative body, correct?
15 A. To the extent that people have voted for
16 them, yes.
17 Q. Let's look at Paragraph 14 here where you
18 discuss the Annual Leadership Forum and the resolution
19 process. Do you know if the resolution process is the
20 same as it was when you were president?
21 A. It's a little larger than it was. More
22 people are involved, but the -- and there have been some
23 rule changes, but according to what we hear at the Past
24 Presidents Advisory Committee, it is the same.
25 Q. And moving down to Paragraph 15 where you

1 talk about the resolution submitted to the ALF in 2021
2 and 2022, did you attend the ALF in both of those years?
3 A. No.
4 Q. Did you attend in either of those years?
5 A. No.
6 Q. Did you assist in the drafting of Resolution
7 Number 33?
8 A. No.
9 Q. Do you know who drafted it?
10 A. I did, but do not know now. Do not recall.
11 Q. Did Resolution 33 ask the AAP rescind its
12 2018 policy statement on transgender and gender-diverse
13 children?
14 A. No. It was -- it was asked to study the --
15 as I said, study the science of the issue. This is a
16 children issue, currently presented as AAP policy.
17 Q. Did you include a citation to or access to
18 Resolution 33 in your expert report?
19 A. No.
20 Q. Do chapters, committees, or sections ever
21 endorse resolutions?
22 A. In general, currently, that is the only way a
23 resolution can be considered.
24 Q. And did a chapter, committee, or section
25 endorse Resolution Number 33?

1 A. Yes.
2 Q. One moment.
3 Which -- which chapter, committee, or section
4 endorsed Resolution Number 33?
5 A. I cannot tell you.
6 Q. You don't -- don't know?
7 A. It's not something I committed to memory,
8 correct.
9 Q. Generally, who is on the various reference
10 committees?
11 A. The committee proper, four or five members,
12 are selected by the chapter forum or chapter --
13 annual -- Leadership Forum Committee, which is a formal
14 committee of the American Academy of Pediatrics. One of
15 those people is chosen, excuse me, as the chair of the
16 committee. The reference committees are attended by the
17 attendees at the Annual Leadership Forum, and they
18 self-select for the reference committees that they wish
19 to attend.
20 Q. And who decides which committees review which
21 resolutions?
22 A. The board, or the issues with the Annual
23 Chapter Forum, Annual Leadership Forum Committee.
24 Q. Were you on Reference Committee B?
25 A. I did not attend the meeting, so no.

1 Q. Is there a way for us to verify the substance
2 of Resolution 33?
3 A. You might be able to ask the American Academy
4 of Pediatrics to give you that.
5 Q. You don't have a copy of it?
6 A. I do -- if I did, I do not have a copy any
7 longer. I may have received it by the way online from
8 the AAP.
9 Q. And how do you know which -- or how -- strike
10 that.
11 How do you know how the members of Reference
12 Committee B voted on Resolution 33?
13 A. That, I got from the American Academy of
14 Pediatrics.
15 Q. And how did you get that from them?
16 A. I asked.
17 Q. Who did you ask specifically?
18 A. I might have asked through membership, but I
19 may have simply, because I'm a past president, I may
20 have contacted the staff person for the -- who provided
21 support for the annual -- for the, excuse me, for the
22 Past Presidents Advisory Committee who obtained that
23 information and got it to me. She's no longer with the
24 academy.
25 Q. And why did you ask about the voting on this

1 particular resolution?
2 A. Because I read about it when it occurred, and
3 I was curious as to why a resolution received 50 yes
4 votes, only 12 no votes, and what is sounded like was 10
5 abstentions. So that's a significant majority. And in
6 looking at the resolutions in Reference B, as I cited
7 here on 15, it had the highest support of any resolution
8 in Reference B.
9 Q. So my question was, I understand that you're
10 telling me the information you received concerned you,
11 but what led you to request that information? Because
12 you didn't know the numbers, the breakdown of the votes
13 prior to asking.
14 A. Because as a member of the academy, I receive
15 information about the resolutions. And as I said, we
16 get a report from the -- at the Past Presidents Advisory
17 Committee after the leadership forum, and I was curious
18 that a resolution simply asking for further study was --
19 disappeared. It was not brought to the -- the main body
20 of the forum despite the fact that it received such
21 support in the reference committee.
22 Q. We're going to come back in a moment to what
23 you just mentioned, the resolution disappearing. But
24 quickly, was the "she" that you referred to earlier when
25 you said you requested the information from someone and

1 you couldn't remember her name, was that potential
2 Michelle Cretella?
3 A. Oh, no, no, no.
4 Q. No?
5 A. Michelle is with the American College of
6 Pediatricians, not with the American Academy of
7 Pediatrics.
8 Q. Is it fair to say you have no first-hand
9 knowledge of the proceedings that we're discussing here?
10 A. I was not there, you're right.
11 Q. And do you have any documentation of the
12 information that you were provided when you asked?
13 A. No, I -- I do not store every piece of
14 information that I get. I use what I need to use and
15 file it in a round file.
16 Q. So looking at Paragraph 16 here -- or I
17 apologize, Paragraph 15. You say -- I'm sorry,
18 Paragraph 16. I was right the first time. Where you
19 say that there seem to be little controversy about the
20 resolution. Do you mean within Reference Committee B?
21 A. That's the only place it was discussed, yes.
22 Q. And what's the basis for that statement?
23 A. If 50 people -- excuse me. If 85 percent of
24 the voting people in Reference B voted to have it
25 presented to the main body of the ALF, that says to me

1 that there was a significant support for further
2 discussion of that resolution.
3 Q. But again, the basis for your knowledge on
4 these things is, you asked others and they relayed to
5 you? You weren't -- you weren't there to experience
6 this first-hand, correct?
7 A. I asked for an official report of the
8 proceedings for Reference B, and I received that. So
9 that's about as official as you can get.
10 Q. And did you cite to that official response in
11 your report?
12 A. The statistics that I presented were from
13 that report. Otherwise, I could not have presented
14 those statistics.
15 Q. Right. But those statistics that you relied
16 upon came from a report, and you did not cite that
17 report in your expert report, correct?
18 A. There was no citation of that. There was no
19 footnote, you're correct.
20 Q. And are you saying there's no footnote, as in
21 you did not reference it in here or there is no -- there
22 is no official report that exists?
23 A. There is an official report that exists.
24 Q. Okay.
25 A. I told you that you can get that, you should

1 be able to get that report from the American Academy of
2 Pediatrics.
3 Q. Right, okay. But you did not cite that in
4 your report or provide it in a bibliography?
5 A. No.
6 Q. Okay. Going back to Paragraph 15 where you
7 say that the reference committee had no recommendation
8 neither for nor against it being presented to the entire
9 ALF. Do you know why Reference Committee B had no
10 recommendation?
11 A. No. I tried to find out that information,
12 and it was not provided to me. However, my experience
13 over a long time, because I get these reports every year
14 after the ALF, that has never occurred where the
15 majority of the reference committee wanted it presented
16 to the main body and it was not.
17 Q. But you don't know the basis for why the
18 reference committee had no recommendation?
19 A. No. That -- that is not recorded, to my
20 knowledge, anywhere. And as I said, I questioned and
21 received no comment, no information.
22 Q. You go on to say that the resolution then
23 disappeared, never apparently brought to the main voting
24 section. What do you mean by that?
25 A. I don't know how else I can say it. It --

1 there was a Resolution 33. It was supported by 80, over
2 80 percent of the attendees in Reference B. Therefore,
3 it should have been presented to the body of the Annual
4 Chapter Forum; in other words, the attendees of the
5 forum who were in other reference committees, so that
6 they could discuss it. But it never appeared on the
7 final agenda for the Annual Leadership Forum, never
8 brought to the main voting section.
9 Q. Generally --
10 A. For --
11 Q. Apologies. Go ahead.
12 A. No, go ahead.
13 Q. Generally, if a reference committee has no
14 recommendation, is the resolution brought to the main
15 voting section -- session?
16 A. With 85 percent of the people supporting it,
17 it -- yes, it would have been brought to the -- it's
18 only if the reference committee said, no, do not present
19 this, would it not have been presented.
20 Q. I am going to show you what we're going to
21 mark as Exhibit 3.
22 (Whereupon, Exhibit 3 was marked for
23 identification.)
24 BY MS. CHRISS:
25 Q. All right. Do you recognize this document?

1 A. Yes.
2 Q. Okay. So if we could mark as Exhibit 3 the
3 American Academy of Pediatrics statement titled "AAP
4 continues to support care of transgender youths as more
5 states push restrictions." And if we could scroll down
6 to -- are you aware that the AAP has stated that the
7 resolution was soundly defeated by the voting members at
8 the AAP leadership conference?
9 A. Could you show me that, please?
10 Q. Yes. So it states that it was "not endorsed
11 by any chapter, committee, council, section or district.
12 Only 57 out of the AAP's 67,000 members commented in
13 support of the resolution. Ultimately, the resolution
14 was soundly defeated by the voting members at the AAP
15 leadership conference."
16 A. That's a -- obviously, a different
17 resolution. It's not the one calling for a study of the
18 issue. This is a -- this is a resolution whose title
19 deals with prescribing. It was very specific. At the
20 bottom of your -- of your scroll, in 2021, submitted a
21 resolution and any member -- submitted a resolution as
22 part of the Annual Leadership Conference, titled
23 "Addressing alternatives to the use of hormone therapies
24 for gender dysphoric youth." That's not the resolution
25 calling for a study of the issue. It was also not

1 endorsed by any chapter, committee, council, or section.
2 Therefore, it was not even considered at the AAP.
3 Q. So are you saying this article is discussing
4 the other resolution that you cited in your --
5 A. Discussing -- discussing a different
6 resolution.
7 Q. So you cited to Resolutions 27 and 33 in your
8 expert report; is that correct?
9 A. The -- in 2021, Resolution 33. And then in
10 the other resolution in 2022 whose number you apparently
11 have and I don't, was not considered because there was a
12 rule change and it had to be -- it could not be
13 submitted by a member. It had to be submitted and
14 endorsed. In the past, a member could submit a
15 resolution, and the Annual Leadership Forum Committee
16 decided whether it could be presented or not.
17 Q. Okay. So taking a step back for a moment,
18 because there aren't references or citations in your
19 report, I just want to be sure that -- that -- can you
20 tell me at least the name of Resolution Number 33?
21 A. I do not have that written. It asks the AAP
22 to study further the science of this children's issue
23 currently presented as AAP policy.
24 Q. And do you have any way of verifying to us
25 that that was what Resolution 33 was about?

1 A. I could call the AAP and ask them. I guess I
2 could do that. But that's the information -- that's the
3 information by the way that I was given by the AAP, that
4 this was what the resolution called for.
5 Q. Okay. But you have no documentation that you
6 could provide to authenticate that?
7 A. At this moment, no.
8 Q. Okay. So then let's assume that this, this
9 article is talking about the 2021 resolution that you
10 mentioned or the -- hold on one moment. Apologies. So
11 this is a different 2021 resolution related to gender
12 dysphoria, is your position here?
13 A. It appears so.
14 Q. Okay. And you're aware that this resolution
15 then was defeated by the voting member, soundly by the
16 voting member, the AAP leadership conference, correct?
17 A. Please ask that question again.
18 Q. I said, so you're -- are you aware of the
19 fact that this 2021 resolution related to gender
20 dysphoria was soundly defeated by the voting members at
21 the AAP Leadership Conference?
22 A. No. It says that it was not endorsed by any
23 chapter, committee, council, section or district. And
24 the -- what this says -- yes, you're correct. It says
25 ultimately this resolution was soundly defeated by the

1 voting members of the AAP Leadership Conference. The
2 information that I have is that it never made it to the
3 Annual Leadership main body, Leadership Forum main body.
4 And that was information from the AAP.
5 Q. Okay. And are you aware, based on this
6 information also from the AAP, that it says only 57 out
7 of the AAP 67,000 members commented in support, and then
8 further down that it says the resolution was
9 overwhelmingly voted down in a clear statement that the
10 majority of AAP leaders and experts believe that
11 gender-affirming care is evidence-based, medically
12 necessary care?
13 A. I've lost you.
14 Q. Apologies. I wish I could highlight --
15 A. No --
16 Q. There, I can.
17 A. No, it's not that I'm -- not that I'm -- here
18 we go. I touched something on the screen --
19 Q. Oh, you literally lost us.
20 A. -- and everything disappeared.
21 Q. No problem. Apologies. The -- the line that
22 I read is the one highlighted here, that it was
23 overwhelmingly voted down in a clear statement that the
24 majority of AAP leaders and experts believe that
25 gender-affirming care is evidence-based, medically

1 necessary care.
2 A. Okay. I do not have information related to
3 that effect. And by the way, you asked about the 57
4 people who made comment. That doesn't surprise me.
5 Very few people made comment.
6 Q. And that's because very few people choose to
7 do so, correct?
8 A. That's correct.
9 Q. Okay. So you go on -- we'll go back to
10 Exhibit 2. You go on to say a similar resolution in
11 2022 was rejected on procedural grounds and never
12 presented to the ALF. Do you -- did you draft that
13 resolution?
14 A. No.
15 Q. Do you know who drafted it?
16 A. I did know. I do not have that name.
17 Q. Did the 2022 resolution ask the AAP to
18 rescind its 2018 policy statement on transgender and
19 gender-diverse children?
20 A. No. It asked the AAP to study the issue.
21 Q. And how do you know that -- scratch that.
22 I'm now going to show you what will be marked
23 as Plaintiff's Exhibit 4. Do you recognize this
24 document?
25 (Whereupon, Exhibit 4 was marked for

1 identification.)
2 A. Yes, I do.
3 BY MS. CHRISS:
4 Q. What does this appear to be?
5 A. This appears to be a report or commentary,
6 comment, article on the I guess then president of the
7 American Academy of Pediatrics.
8 Q. Okay. If we could scroll down. Are you
9 aware that the five pediatricians who authored the
10 resolution in 2022 were unable to recruit a sponsor?
11 A. Yes. That was why it was not considered.
12 Q. Okay. And you're aware that the resolution
13 didn't advance because it didn't receive a second vote
14 on the floor?
15 A. Yes.
16 Q. And isn't it true that other resolutions
17 pertaining to gender-affirming care were considered
18 during the 2022 meeting?
19 A. I -- no, I don't know that.
20 Q. If I told you that at the 2022, meeting a
21 resolution was adopted by the same body that called for
22 expanding education and training for pediatricians on
23 gender-affirming care, would that sound right to you?
24 A. It would not surprise me.
25 Q. So turning back to your report. In

1 Paragraph 16, you talk about your past experience with
2 the AAP and the ALF, then called the ACF. You say,
3 "It's quite opposite, your past appearance with the AAP
4 and ALF, as in the past there was always vigorous
5 discussion of controversial issues." Are you referring
6 to when you were president in 1997 to 1998?
7 A. I started going to the Annual Chapter Forum
8 when it was called the Annual Chapter Forum, probably
9 ten years or more before that, and continued to attend
10 that meeting for a number of years thereafter as a
11 section chair and for other reasons, and there was
12 always vigorous discussion of controversial issues.
13 Q. And can I just ask, when did you last attend
14 the ALF or ACF?
15 A. I -- I can't tell you that.
16 Q. Would you say last -- in the last 10 years?
17 A. In the last 10 years I have probably not -- I
18 have not attended the Annual Chapter Forum. I receive
19 reports on it every year.
20 Q. But you haven't attended for the last
21 10 years. Would you say you've attended in the last
22 20 years?
23 A. Yes.
24 Q. What kinds of controversial issues are you
25 referring to that were vigorously discussed previously?

1 A. It means exactly what it says, transitioning.
2 Q. And --
3 A. There are, as you pointed out, there are a
4 number of things that are considered transitioning, and
5 I'm using the global term rather than specific. It can
6 mean any transitioning.
7 Q. So my question is, what do you, as the author
8 of this statement, mean when you use the
9 word "transitioning"?
10 A. Any transitioning.
11 Q. Does that contemplate then social transition?
12 A. If you consider that transitioning, and I do,
13 yes.
14 Q. Okay, you do. Great. Okay. So let's turn
15 to what will be marked as Exhibit 5.
16 (Whereupon, Exhibit 5 was marked for
17 identification.)
18 BY MS. CHRISS:
19 Q. Is this -- do you recognize this document?
20 Sorry. Let me go to the page with your report.
21 A. Is this from the -- this from the Georgia
22 chapter or, excuse me, Muskogee County Medical
23 Society --
24 Q. Yes.
25 A. -- is that correct?

1 Q. Yes. Is this the report --
2 A. Yes, it is.
3 Q. Okay. And is this the report that you were
4 referencing in your -- in your expert report?
5 A. Yes. "First, Do No Harm," that's correct.
6 Q. And this is an article in interest of the --
7 what was the publication that you said?
8 A. I believe it's the Muskogee County Medical
9 Society, the local medical society of the community in
10 which I lived and worked in Georgia.
11 Q. In your expert report, you said that this was
12 your, quote, first written statement on the issue. What
13 issue are you referring to?
14 A. Could you enlarge it?
15 Q. Absolutely.
16 A. And the issue that I would be referring to is
17 the thing I address throughout this, and that is the
18 issue of gender dysphoria and transitioning.
19 Q. Okay. And so this would --
20 A. With children.
21 Q. Okay. And this was the first time that you
22 wrote about your first written statement on the issue of
23 gender dysphoria in children?
24 A. I believe so, yes.
25 Q. And you specify children. Have you written

1 other things about gender dysphoria in adults?
2 A. Not as far as I know.
3 Q. Okay. This was published in the -- the local
4 medical society newsletter. Is that a peer-reviewed
5 publication?
6 A. Not in the -- yes and no. Again, it's -- it
7 is reviewed by the editors of the newsletter. I
8 won't -- I don't consider that journal peer review.
9 Q. All right. And then you stated in your
10 report that this was updated and republished in the
11 spring 2020 AAP senior bulletin; is that correct?
12 A. That is correct.
13 Q. Is there a difference between this version
14 and the 2020 version?
15 A. There may have been a few word changes, but
16 it's basically the same article.
17 Q. Okay. I know it says Exhibit 7, but we're
18 going to label this Exhibit 6 because that's what we're
19 on.
20 (Whereupon, Exhibit 6 was marked for
21 identification.)
22 BY MS. CHRISS:
23 Q. Is this the updated version that -- that was
24 published?
25 A. I don't remember seeing that picture with the

1 publication of my -- my paper.
2 Q. Do you see your name here as the author?
3 Apologies. I'll blow it up.
4 A. Yes, I do.
5 Q. And is this the title of your article?
6 A. No.
7 Q. "First, Do No Harm, thinking through
8 trans-" --
9 A. "First, Do No Harm." I never put "Thinking
10 through transgender issues."
11 Q. Okay. Well, looking at it, does this appear
12 to be the substance of the article that you published?
13 A. From below the picture, again, I cannot read
14 the article. It seems to be what I wrote.
15 Q. Okay.
16 A. I cannot, however, because I cannot read it,
17 swear that it is.
18 Q. So let's do this, then. I'm going to pull
19 up -- I wasn't trying to do three -- three of these, but
20 this is the exact version that was sent to us by Gary
21 Perko, counsel for defendants.
22 A. Uh-huh.
23 Q. Would you agree that this is the correct
24 version, the version of this report that -- that you
25 feel comfortable saying is your work?

1 A. Yes.
2 Q. All right. I'm sorry, so can we mark this as
3 Exhibit 7? Should have just left it as it was.
4 (Whereupon, Exhibit 7 was marked for
5 identification.)
6 BY MS. CHRISS:
7 Q. Was this statement ever published at any
8 point in a peer-reviewed publication?
9 A. Only to the extent that I described to you
10 before.
11 Q. Okay. So no. You say in your report that
12 you wrote this article, quote, after much research.
13 What kind of research did you do?
14 A. Over the course of years, as I said earlier,
15 I've reviewed everything I can find on the subject. I
16 know I have reviewed at least 40 or 50 mostly
17 peer-reviewed publications, some additional
18 government-related or government-published materials.
19 And those are medical-related issues or journals,
20 papers. And then, you know, whatever I read in the --
21 in the lay literature.
22 Q. And where are those references cited that you
23 relied on in writing this article?
24 A. They are right here in my head.
25 Q. Okay. So there's no place where we can

1 review those references, citations?
2 A. This is an opinion piece.
3 Q. Right.
4 A. Based on my -- based on my research and
5 experience.
6 Q. And did you take any notes while you did your
7 research?
8 A. No. Or if I did, likely did, I don't have
9 them anymore.
10 Q. In your statement you say, "While it's" --
11 let's go to this part. Beginning here (gestures).
12 "While it's always been true, and non-controversial,
13 that little boys sometimes dress in little girls clothes
14 and little girls sometimes would rather play with trucks
15 than dolls, it has never before meant that their sex
16 designation was wrong." On what do you rely in support
17 of this statement?
18 A. The statement speaks for itself.
19 Q. So you have no sources for the basis of that
20 opinion?
21 A. I guess I could find some references to
22 little boys dressing as girls and little girls being
23 more happy playing with trucks than dolls, but that's
24 something that we have all experienced as we have gone
25 through childhood and raising children of our own and

1 A. No.
2 Q. And is that, I assume, because the person did
3 not have a medical condition to treat?
4 A. Because the patient did not have a medical
5 condition to treat.
6 Q. Moving down to Paragraph F of your report, do
7 you believe that gender dysphoria is a medical
8 condition?
9 A. I believe it is a mental health condition.
10 Q. So you do believe it is a health condition?
11 A. Depends on how you define "health."
12 Q. Again, the --
13 A. It is not a physical health condition. It is
14 a mental health condition.
15 Q. And mental health conditions are still health
16 conditions, right?
17 A. It is a mental health condition.
18 Q. When you say in this Subparagraph F that,
19 "when a youth requests to transition to the opposite
20 sex," what do you mean by that?
21 A. It means what it says. It says that a youth
22 incapable of making such a decision requests to
23 transition to the opposite sex.
24 Q. And earlier when we were discussing what you
25 meant by "transition" when you used that term

1 throughout, you indicated that it would include social
2 transition; is that correct?
3 A. Yes.
4 Q. And when you say "good studies have shown
5 that the desire to do this disappears in most, 80 to
6 90 percent, after passing through puberty or by late
7 adolescence," what good studies are you referring to?
8 A. The studies that I have read over the course
9 of 20 years.
10 Q. And can you -- did you cite to those studies
11 in this report?
12 A. I did not cite those studies.
13 Q. Can you name those studies for me now?
14 A. No.
15 Q. Can you name one?
16 A. No.
17 Q. If an adolescent has gender dysphoria at the
18 onset of puberty -- scratch that. I keep saying
19 "scratch that." Strike that.
20 Okay. Let's go to 18G here. You said, "As
21 this is our standard for care for almost all other
22 issues," the start of that sentence, do you see that?
23 A. Yes, I do.
24 Q. What are you referring to when you
25 say "this"?

1 A. When a child comes to us for body image
2 problem, anorexia, bulimia, we -- we do not affirm that.
3 When a child comes and says, I think it's a good idea
4 for me to drink and smoke and drive recklessly, we do
5 not affirm that. When a child says, I look so much
6 better with a tan than I do with, you know, my north
7 pasty skin, we don't affirm that.
8 So here a child comes and says, you know,
9 I've been a boy most of my life, but I really think I'm
10 a girl, there's no reason that at that moment we should
11 affirm it.
12 Q. And are there standards of care or
13 peer-reviewed medical literature indicating that it is
14 effective treatment for a child to drink alcohol, use a
15 tanning bad, take weight loss pills, the things that you
16 mentioned?
17 A. Again, I don't understand that question.
18 Q. Is there any peer-reviewed medical literature
19 or standards of care that have been developed that say
20 that any of the things you just mentioned, using a
21 tanning bed, taking weight loss pills, drinking alcohol,
22 that those are effective treatment for the treatment of
23 any condition?
24 A. If a child is experiencing extreme distress
25 because all of his friends are drinking, smoking,

1 whatever, and feels that the only way he can fit in, she
2 fit in, is to do those things, then I guess you could
3 say, yeah, the -- you know, the treatment to ameliorate
4 his distress, her distress, is to say, yeah, go ahead
5 and have some drinks or smokes with your friends.
6 Q. And can you point me to any literature or
7 peer-reviewed studies or standards of care that support
8 that approach?
9 A. Absolutely not.
10 Q. Okay. So you discussed that, you know,
11 studies -- that children can't make this decision and
12 shouldn't be affirmed. Is there -- let me start that
13 sentence over. You mentioned that this disappears, you
14 know, after passing through puberty or by late
15 adolescence. When is the period of time which you
16 consider it is appropriate for the individual to begin
17 receiving treatment for their gender dysphoria?
18 A. In general, when they reach adulthood. As I
19 answered your question earlier, I have no concerns. It
20 is not my place to say anything about adult care, but it
21 is my place to say something about the care of children
22 and adolescents.
23 Q. So does that mean at age 18?
24 A. At that point, I would have to assess the
25 maturity of the child to make that decision. The

1 statements, the science says that it's early to mid 20s
2 before they are capable of making those kinds of
3 decisions. So I would begin an assessment at age 18 or
4 so.
5 Q. So when you said you are not opining on or
6 you have no concern with adults receiving this
7 treatment, you don't mean adults as in over the age of
8 18? You mean adults --
9 A. Depending -- depending upon their level of
10 maturity at age 18.
11 Q. Which you would assess?
12 A. Which I or a mental health professional would
13 assess. There are many laws in this nation and
14 elsewhere that don't consider a person an adult until
15 21. The American Academy of Pediatrics indeed says that
16 these are children until their early 20s.
17 Q. So your statement, and just to clarify
18 earlier when you say you don't have concerns about
19 treatment of gender dysphoria in adults, you mean adults
20 in their 20s who you have assessed and deem --
21 A. I --
22 Q. That's okay.
23 A. I will start assessing them. If they come to
24 me at 18, I will ask questions, as I said before. I
25 will likely send them to a mental health professional,

1 but I will not -- I will not stand in their way if this
2 is what they decide to do.
3 Q. What is the age at which you would deem it
4 appropriate for a child to socially transition?
5 A. I would consider starting at 18, depending
6 upon their maturity.
7 Q. Okay. And again just to be sure that we're
8 using the same -- the term in the same way, social
9 transition, I do not mean any medical interventions.
10 A. The problem that people are ignoring is the
11 fact that a child's brain from the time of conception
12 until the mid 20s is very plastic. And the more you
13 affirm, which is what social transitioning is part of,
14 the more likely it is that the child will persist in
15 this transgender ideation.
16 Q. And do you have any studies or peer-reviewed
17 literature to support that position?
18 A. Again, yes. Do I have the citation to give
19 you today? No, I do not.
20 Q. Okay. Looking at G again. You are aware
21 that no medical treatment is recommended prior to the
22 onset of puberty, correct?
23 A. I know that there is medical treatment
24 prescribed to delay the onset of puberty. So your --
25 I -- there's no way I can exactly answer your question.

1 Q. So would -- can we agree that
2 puberty-blocking medication would be administered at the
3 onset of puberty?
4 A. No. Puberty-blocking medication is often
5 provided to the patient prior to the onset of puberty to
6 prevent the onset of puberty.
7 Q. And do you have any --
8 A. Delay the onset of puberty.
9 Q. -- again, any -- any studies, scientific
10 research, peer-reviewed literature to support the
11 statement that puberty-blocking medication is given to
12 children before the onset of puberty?
13 A. Yes, there is such literature. I cannot cite
14 for you that literature.
15 Q. And that literature is not in your report,
16 correct?
17 A. I have not referenced it in my report.
18 Q. At what Tanner stage is that medication
19 prescribed?
20 A. At the onset of puberty or before.
21 Q. So what Tanner stage would that be?
22 A. No, I'm not going to -- I'm not going to give
23 you a Tanner stage. It's one of those things, you know
24 it when you see it. And it could be Tanner Stage 1,
25 Tanner Stage 2, but certainly before menstruation and

1 other secondary sex characteristics in the male would be
2 the time that puberty blockers would be prescribed.
3 Q. Dr. Zanga, you said the AAP works to prohibit
4 counseling to cure the desire at its root, even to the
5 extent of supporting the legal punishing of counselors
6 who might provide that service, correct?
7 A. Correct.
8 Q. And what do you mean by "cure the desire at
9 its root"?
10 A. As some of, particularly the European
11 literature says, what we should be doing for these
12 children is providing counseling with respect to
13 watchful waiting. And that's what we should be working
14 toward in all of our medical activities, is to work with
15 these children and their families on watchful waiting.
16 Q. What European literature are you referring
17 to?
18 A. From England, Sweden, Finland, France, and
19 probably a few others.
20 Q. And what are the -- what are the studies that
21 you're referring to from those studies?
22 A. Mostly reports from the governments of those
23 countries.
24 Q. And can you provide me the citation for any
25 of those?

1 A. If you would like me to send you some of
2 those, I'm sure you probably have them in your file.
3 Q. But you did not rely on them or cite to them
4 in this report?
5 A. I have not cited them in this report. I have
6 used them in -- as part of my review over the last
7 20 years.
8 Q. And are you aware -- apologies.
9 A. Go ahead.
10 Q. Are you aware that in the -- the rules
11 surrounding the -- the creation of an expert witness
12 report such as yours, that there is a requirement that
13 you provide the facts and information upon which your
14 opinions are based?
15 A. I've never had to do that before in any
16 deposition that I have provided.
17 Q. Did your counsel -- apologies. Did
18 defendants' counsel in this case inform you of the rules
19 surrounding your creation of your expert report?
20 A. They asked me for my expert report and
21 accepted my expert report. No.
22 Q. So they didn't tell you that you needed to
23 cite your -- the basis for your -- the facts and
24 information that you --
25 A. They did not --

1 Q. -- upon which your opinions are based? Okay.
2 A. They did not tell me to include a
3 bibliography, no.
4 Q. Okay. So you claim that appropriate
5 counseling can work to dissipate to gender dysphoria.
6 What's the basis for that statement?
7 A. Again, mental health literature that I have
8 read and, interestingly, the fact that pro-transition
9 groups/people are working so hard to prevent -- prevent
10 this kind of counseling from taking place, that it has
11 to be effective if somebody wants to stop it.
12 Q. Again, can you provide any sources to support
13 the basis for that statement?
14 A. Well, I know 19 states in 2020, and I think
15 it's probably up to a few more than that now, prohibit
16 any kind of counseling that would delay transition, try
17 and convince the children that they don't need to or
18 shouldn't transition. Watchful waiting is discouraged.
19 And even the international association that deals with
20 transgender issues says on, I believe it's Page 20, that
21 they do not recommend this watchful waiting, this --
22 this counseling about gender transition.
23 Q. Are you aware of studies that have
24 demonstrated that this type of counseling to dissuade
25 individuals from a particular sexual orientation or

1 gender identity has been found to be harmful and
2 damaging?
3 A. Actually, what I have found is the concept
4 that this counseling is not so much counseling as
5 aversive therapy, the old kind of, you know, medication
6 or electric shock treatments or whatever that
7 psychiatrists, mental health professionals once used to
8 dissuade people from behaviors they considered
9 deleterious. There are almost no articles that say that
10 what the particular Europeans are proposing of watchful
11 waiting and counseling are dangerous or even
12 ineffective.
13 Q. Dr. Zanga, can you cite to a single study
14 showing that counseling alone is an effective treatment
15 for adolescents with gender dysphoria?
16 A. I have read such, yes.
17 Q. And can you cite to that?
18 A. Again, if you'd like me to send you some
19 citations and the attorneys for whom I am presenting
20 this, I've presented this deposition say that's
21 appropriate, I'll be happy to do that.
22 Q. Mr. Pratt and I can touch base on this
23 afterwards.
24 Okay. So is there any -- is there any study
25 you can cite to, to show that counseling alone is an

1 effective treatment with adults with gender dysphoria?
2 A. I do not deal with adults, so no. I can
3 probably find that, but no, I cannot.
4 Q. Have you previously advocated for therapy as
5 treatment for same-sex attraction?
6 A. Not that I can recall.
7 Q. Do you recall an article that you were
8 involved in from the American Academy of Pediatrics
9 titled "Empowering parents of gender discordant and
10 same-sex attracted children"?
11 A. I know I review, because I am an editor, I
12 have reviewed probably that article and a number of
13 others. So yes, I guess I am aware of it.
14 Q. And are you aware that in that article, that
15 the American College of Pediatricians put out that it
16 stated that same-sex attraction may be prevented when
17 gender identity disorder is treated successfully?
18 A. If it says that, and there are the references
19 that are statements -- the American College of
20 Pediatricians usually has, then yes, I accept that.
21 Q. Paragraph H here states that puberty-delaying
22 or gender-affirming hormone therapy diminishes bone
23 mineral density, at least in the short term. What do
24 you mean by that statement?
25 A. Again, exactly what it says. We know that

1 this, these medications do prevent bone marrow -- bone
2 mineralization, bone deposition, and actually at a very
3 critical time. Adolescence, young adolescence is a time
4 when we really develop strength in our bones to avoid
5 osteoporosis in the future.
6 We don't know what will happen to some of
7 these young people who are using these hormones for a
8 variety of reasons, what will happen to them 30,
9 40 years hence. Will they be developing osteoporosis
10 more often than we do now, people do now? Do they
11 reacquire bone at the efficient -- sufficient rate to
12 make their bones healthy? We know that in the short
13 term, it seems to happen. We do not know the long term.
14 Q. And are you -- is it your position that
15 testosterone and estrogen hormone therapies reduce bone
16 mineral density?
17 A. Most of the hormones that are used in gender
18 transition, but particularly progesterone hormones are
19 the ones that are most deleterious to bone mineral --
20 bone mineralization.
21 Q. And with regard to puberty-delaying and
22 gender-affirming hormone therapy, meaning testosterone
23 and estrogen, do you have any citations upon which that
24 opinion is based?
25 A. Again, yes, I do. No, I don't have them with

1 me today.
2 Q. And when you were practicing medicine, did
3 you prescribe GnRH A to any patient?
4 A. Not that I can recall. I'd have no reason
5 to.
6 Q. Is that not a treatment that is provided for
7 various diagnoses or conditions?
8 A. Sometimes when I encounter some of those
9 conditions, I get consultation from someone who is an
10 expert in endocrinology or, excuse me, in -- excuse me,
11 lunch. An expert in OB-GYN, if it happens to be a woman
12 obviously, girl. So no, I don't generally prescribe
13 those kinds of things.
14 Q. Okay. You state that, here in Subsection 2,
15 that many of the drugs used increase blood pressure,
16 risk of obesity, cardiac disease, blood clots, strokes,
17 diabetes, and cancers. To what drugs are you referring?
18 A. To the drugs that are used in delay of
19 puberty and in treatment of or dealing with gender
20 transition.
21 Q. And again --
22 A. Any of those drugs -- some of those drugs
23 have been pinpointed as drugs that would increase the
24 probability or possibility of the things that I've
25 mentioned.

1 Q. And do you have any --
2 A. Again --
3 Q. I have to ask.
4 A. You have to ask and I have to answer. Happy
5 to send you some of this stuff, but don't have it here
6 in front of me.
7 Q. And are the risks for hormones that you --
8 that you associate with hormones any different because
9 the hormones are being used to treat gender dysphoria?
10 A. Some of them being used to treat other things
11 and general -- and gender dysphoria have the same
12 problem. But we're talking about gender dysphoria right
13 now, and that's what I'm commenting on.
14 Q. Right. Thank you. So, but these risks do
15 exist when those prescriptions are used to treat other
16 conditions as well?
17 A. When to treat -- when used to treat, yes,
18 conditions that require their treatment.
19 Q. Right. Okay. When you were practicing
20 medicine, did you ever prescribe testosterone to a
21 patient?
22 A. No.
23 Q. Is it your opinion that we have no long-term
24 studies on the use of testosterone?
25 A. We have long-term studies on the use of

1 testosterone in adults. I have not found any long-term
2 studies in adolescence because there aren't long-term
3 people yet.
4 Q. And similarly, are you aware of long-term
5 studies on the use of estrogen?
6 A. Again, we don't have sufficient studies on
7 the use of estrogens. Although it's very interesting
8 that with respect to adults -- I do read some things
9 about adults. The treatment of menopausal symptoms
10 using hormones is a controversial issue right now. Some
11 saying yes, some saying no. So there is some concern
12 about use of estrogens even in adult population.
13 Q. Did you ever prescribe estrogen to patient?
14 A. Probably a long time ago. Yeah, not even a
15 long time ago. For girls with difficult menstruation, I
16 would also -- I would often prescribe hormone
17 contraceptives when nothing else worked for a short
18 term. And generally, that was all that was needed.
19 Q. Okay. And were you concerned about the risks
20 that you mentioned with regard to treatment for gender
21 dysphoria with the patient who you prescribed estrogen
22 to that you just mentioned?
23 A. For a short term. And that's the key. I was
24 not putting them on it for years. Usually a few months,
25 five or six months.

1 Q. You also state that many of the drugs used
2 also have deleteriously effects -- did I read that
3 wrong?
4 A. Deleterious effects.
5 Q. -- deleterious effects on the presently
6 immature and malleable brain. To which drugs are you
7 referring?
8 A. According to the literature, which I cannot
9 give you a specific citation for, almost any or all of
10 these do have a deleterious effect on the developing
11 brain. In fact, almost any medicine we prescribe can
12 have.
13 Q. And again, these are not cited in your
14 report, correct?
15 A. They are not. Not cited in my report.
16 Q. When you say "short-term studies and
17 projections from adults are not favorable," again is
18 there a -- do you have any citations or bases for this
19 opinion?
20 A. Sure. I mentioned already the issue of
21 estrogens in menopausal women. There's also a whole set
22 of studies done on using testosterone for a variety of
23 things in adult men and questions raised about the
24 safety and efficacy of testosterone treatment, yes.
25 Q. And are any --

1 A. No, I do not have a citation that I can give
2 you right now.
3 Q. In Paragraph 3, the ease -- where you say
4 that "even the easily observable immediate ill effects
5 seem to be irreversible," you are referring to hormones
6 in GnRH analogs, correct?
7 A. Yes.
8 Q. And you cite no sources for this proposition,
9 correct?
10 A. No, I do not. I have not cited an article or
11 articles.
12 Q. And Subsection 4, when you say, "The basic
13 premise is scientifically impossible and dangerous,"
14 what basic premise are you referring to here?
15 A. We've already discussed this, but it is
16 science from probably Gregor Mendel that boys are XY and
17 girls are XX in their chromosomes. No matter what we do
18 to their external appearance, their attitudes, whatever,
19 we cannot change the chromosomal makeup. Boys will
20 always be boys, and girls will always be girls.
21 Q. And so you, in your opinion as stated at the
22 end of this sentence, "Individuals who identify as
23 transgender are imitating the opposite sex." Is that
24 your position?
25 A. Yes.

1 Q. And --
2 A. Because -- go ahead.
3 Q. No. Go ahead, Dr. Zanga.
4 A. Yes.
5 Q. Returning to your article do no harm, "First,
6 Do No Harm," where you say... Apologies. There's
7 different versions. Hold on, one moment. Just to save
8 time, I'll just ask you. Do you recall in this article
9 stating that a child can no more make him or herself
10 someone of the opposite sex than they could become
11 chimpanzees?
12 A. Yes.
13 Q. And what do you -- do you support that
14 statement?
15 A. Well, up until now, I don't know that anyone
16 has come to a physician or elsewhere as a human and
17 asked to be made into a chimpanzee. I do know that
18 right now that's impossible. I also know that unless we
19 can figure out a way, and who knows, maybe in your
20 lifetime somebody will figure out a way to manipulate
21 chromosomes to change all those XXs into XYs or XYs into
22 XXs, but for now and the foreseeable future, can't do
23 that.
24 So a girl who has had her external appearance
25 surgically modified or even modified by various

1 constraints and dress, is still a girl. She is still in
2 every cell of her body XX, not XY. And she has most of
3 the attributes of the XX, not the XY.
4 Q. So I understand you're making the comparison
5 that someone who identifies as transgender who has been
6 diagnosed with gender dysphoria, the comparison to one
7 can't make himself into a chimpanzee, but just to be
8 clear, you've never diagnosed a child or a person with
9 gender dysphoria, correct?
10 A. No, I have. I told you that. I sent them
11 to -- to mental health counseling or professionals.
12 Q. So I believe your prior statement was, you
13 confirmed their diagnosis of gender dysphoria, but have
14 you provided an initial diagnosis of gender dysphoria
15 for a patient?
16 A. What I said was, the child or parent gives me
17 that diagnosis. The child comes in and says, hi, I may
18 look like a boy, but I think I'm a girl. You know,
19 they're diagnosing their -- their question, problem,
20 condition. Or parents say, you know, he or she has
21 always identified really with the opposite sex. And
22 they are -- they make the diagnosis. In medicine, the
23 key is taking a history. Physical examination is
24 important, but we usually get the diagnosis from the
25 history.

1 Q. But the doctor provides the actual diagnosis,
2 correct?
3 A. The diagnosis writes the diagnosis down,
4 correct. And I have done that.
5 Q. Turning back to your report. We are getting
6 to the end of it here. What -- where you say in
7 Paragraph V, "The increasing numbers of those who have
8 transitioned are attempting to retransition." Again, do
9 you have a citation to support this opinion?
10 A. No. That's mostly in the non-medical
11 literature. So no, I do not.
12 Q. Same question with 6. What is the basis for
13 your statement in this paragraph that the rates of
14 suicide are 20 times greater among adults who've used
15 cross-sex hormones, etc.?
16 A. Mostly from the European literature, and I
17 believe mostly from the Swedish literature. And no, I
18 cannot give you a specific citation.
19 Q. And there's no citation in your report,
20 correct?
21 A. And it's not written in my report.
22 Q. Same for 7, what is the basis for your
23 statement in this paragraph that several developed
24 nations have taken steps to pull back on transgender
25 medical treatments?

1 A. Yes. No, I can't give you a specific
2 reference. I would have to -- I would have to own a
3 library with more shelves than you have behind you to
4 catalog all of the reports that I have read about all of
5 the things that I have treated and dealt with in
6 50 years of practicing pediatrics. No, I do not have
7 that.
8 Q. For purposes of this report, what we are
9 concerned with is the citations for simply what you
10 alleged in this report, the basis for the citations for
11 those statements. Okay. Thank you.
12 And can you -- can you discuss or name any
13 specific policies that France has changed pertaining to
14 the coverage of provision of gender dysphoria
15 treatments?
16 A. I believe most of these countries have said
17 that with certain exceptions, one for example says if
18 the children are part of a research study, some of this
19 is permitted, but otherwise we expect counseling and
20 watchful waiting.
21 Q. And Sweden, medical treatments for gender
22 dysphoria for adolescents are still provided and covered
23 by the government in certain circumstances, as you just
24 alluded to, correct?
25 A. I believe that's correct, yes.

1 Q. And in Sweden, there's been no change with
2 regard to medical treatments for gender dysphoria for
3 adults, correct?
4 A. That is correct. And remember, I'm not
5 commenting on adults.
6 Q. Correct, but are you -- I guess I should have
7 asked this earlier. Are you aware that the rule at
8 issue in this case bans coverage of this treatment for
9 all transgender individuals, minors and adults?
10 A. I do not believe that's the case.
11 Q. Okay.
12 A. I'm concerned with children, not adults.
13 Q. Right.
14 A. I know that they're saying slow down, hold
15 off, do some other non-surgical/medical things for
16 children.
17 Q. And are you -- I'll scratch that.
18 Are you aware that in both Finland and the
19 United Kingdom as well medical treatment for gender
20 dysphoria in adolescents is still provided and covered
21 by the government in certain circumstances?
22 A. I know specifically that in England, if
23 they're part of a research study, research protocol, it
24 can be provided. I do not know of other, any other
25 circumstances.

1 Q. And you're aware that no changes occurred
2 with regard to these medical treatments for transgender
3 adults, correct?
4 A. I haven't studied the adult issue. It's not
5 my concern.
6 Q. Would you be opposed to a rule that excluded
7 these treatments for adults?
8 A. I have no opinion.
9 Q. Have you spoken with doctors who are
10 providing gender-affirming care in either the UK,
11 Sweden, Finland, or France?
12 A. No.
13 Q. And have you ever practiced medicine in any
14 of those countries?
15 A. Excuse me, about?
16 Q. I said have you ever --
17 A. Say again.
18 Q. Have you practiced medicine in any of those
19 countries?
20 A. No.
21 Q. Dr. Zanga, if we could just take maybe a
22 five-minute break, I'm getting pretty close to being
23 done. Is that okay?
24 A. Okay.
25 MS. CHRISS: Great. Is that okay with you,

1 Mr. Pratt?
2 MR. PRATT: Sounds good. Thank you.
3 (Recess taken 2:11 p.m. to 2:19 p.m.)
4 BY MS. CHRISS:
5 Q. Okay. So we are at the moment done going
6 through your report. I'm going to turn now to ask you
7 some questions about the American College of
8 Pediatricians. You were a founding member of that
9 organization; is that correct?
10 A. Yes.
11 Q. And what was your role in the founding of the
12 group?
13 A. I worked with several people who were
14 interested in forming an organization that would deal
15 with science in regard to children's health. And I held
16 the -- I was chair of the organizational meetings and
17 was then elected as their first president.
18 Q. And why did you form this group?
19 A. We were, a number of us, concerned that the
20 American Academy of Pediatrics was in certain areas
21 moving away from science and promoting things that were,
22 as I said earlier, politically correct, and that was not
23 healthful or helpful to children and their families. So
24 we decided to do what other organizations have done.
25 The Society For Adolescent Medicine, the Endocrine

1 Association, a variety of other pediatric-oriented
2 groups that are -- often work with the academy, but are
3 separate from the academy, and have their own officers
4 and position statements and policies. And that's what
5 we are.
6 Q. Was one of the bases upon which you formed
7 the -- do you refer to it as ACOP? How do you refer to
8 the American College of Pediatricians?
9 A. Go ahead. I'm sorry.
10 Q. No, I've seen it referred to as like ACOP and
11 also ACPeds?
12 A. ACPeds. A-C-P-E-D-S, is the abbreviation.
13 Q. Okay. Is one of the reasons that you helped
14 found the ACPeds based on your opposition to the AAP's
15 position on same-sex parenting?
16 A. That was the seminal event, yes.
17 Q. And what do you mean by -- what do you mean
18 by "seminal"?
19 A. It was building. There were a number of
20 things that, and I don't remember all of them, but
21 one person in particular was very concerned about what
22 the academy was saying with respect to same-sex
23 parenting. Interestingly, I was chair or member of the
24 AAP's Section Executive Committee Bioethics at the time.
25 The academy did send that statement to us and