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

REV. PAUL A. EKNES-TUCKER, *
et al., *

Plaintiffs, *

vs. *

KAY IVEY, in her official *
capacity as Governor of the *
State of Alabama, et al., *
Defendant. *

2:22-cv-00184-LCB
May 6, 2022
Montgomery, Alabama
9:00 a.m.

TRANSCRIPT OF PRELIMINARY INJUNCTION HEARING
VOLUME II
BEFORE THE HONORABLE LILES C. BURKE
UNITED STATES DISTRICT JUDGE

Proceedings recorded by OFFICIAL COURT REPORTER, Qualified
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1 BY MS. EAGAN:

2 Q Good afternoon, Dr. Cantor.

3 A Good afternoon.

4 Q Dr. Cantor, you are an adult clinical psychologist,
13:29:15 5 correct?

6 A Yes.

7 Q You are not a medical doctor?

8 A Correct.

9 Q Your private practice -- in your private practice in
13:29:22 10 Toronto, the average age of your patients is 30 to 35 years
11 old?

12 A Average, that would be about right, yes.

13 Q You've not ever provided clinical care to transgender
14 prepubertal children?

13:29:39 15 A Correct.

16 Q You have not provided care to a transgender adolescent
17 under the age of 16?

18 A Correct.

19 Q The extent of your experience, Dr. Cantor, working with
13:29:52 20 transgender adolescents consists of counseling six to eight
21 transgender patients between the ages of 16 and 18; isn't that
22 correct?

23 A Yes.

24 Q So your clinical experience with gender dysphoria really
13:30:09 25 lies in the counseling of adult patients?

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1 A Correct.

2 Q And you acknowledge that gender dysphoria in children does
3 not represent the same phenomenon as adult gender dysphoria,
4 correct?

13:30:24 5 A Correct.

6 Q And, in fact, to use your words, they differ in every
7 known regard, from sexual interest patterns to responses to
8 treatments?

9 A Correct.

13:30:36 10 Q Dr. Cantor, you have never diagnosed a child or an
11 adolescent with gender dysphoria?

12 A Correct.

13 Q Never treated a child or an adolescent for gender
14 dysphoria?

13:30:48 15 A Correct.

16 Q You have no experience personally with monitoring patients
17 who are undergoing puberty-blocking treatment?

18 A Correct.

19 Q You don't know what type of monitoring is typically done
13:31:04 20 or not done on those types of patients; isn't that fair?

21 A No.

22 Q No, that's not fair?

23 A Well, you -- I personally didn't do it, but I am aware of
24 the procedures that are done.

13:31:15 25 Q Okay. But you have no experience with that?

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1 A That's correct.

2 Q Similarly, you have never monitored -- or you have not
3 monitored an adolescent or teenage patient on hormone therapy?

4 A Correct. Until -- well, I wouldn't be monitoring the
13:31:34 5 status in any case, so, yes, that's correct.

6 Q I am going to switch to UAB Children's, the gender clinic
7 here in Alabama.

8 Have you ever spoken to a child or adolescent who was
9 treated at the gender clinic here in Alabama?

13:32:00 10 A No.

11 Q Have you ever spoken to any former patients of the clinic?

12 A No.

13 Q You weren't here yesterday to hear Dr. Ladinsky talk about
14 the treatment protocols they have at children's UAB, were you?

13:32:12 15 A Correct.

16 Q You weren't here to listen to the results of treatments
17 provided to adolescent patients at UAB's Children's in the
18 gender clinic; fair?

19 A Yes. They have never published them.

13:32:27 20 Q And you weren't here to hear them?

21 A Correct.

22 Q Dr. Cantor, you have no personal knowledge of the
23 assessment or the treatment methodologies that are used here in
24 Alabama at UAB Children's Hospital, correct?

13:32:42 25 A Correct. Correct.

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1 regarding the efficacy of puberty blockers and hormone
2 treatments, okay?

3 A Yep.

4 Q As I understand your report and your testimony today, one
13:34:36 5 of the criticisms you have of some of those studies is that it
6 relies on participant's self-assessment I believe is the
7 language that you used.

8 Essentially, it is based upon what socially transitioned
9 youth and their family is reporting about their mental health
13:34:53 10 in these studies?

11 A I would say that's incomplete. My criticisms would be
12 relying on such subjective accounts entirely for all the
13 decision making rather than using it as one part of the
14 decision making.

13:35:08 15 Q In other words, basing your study based upon what the
16 participants in the study tell you how they're feeling at
17 different points in the study?

18 A Being limited to that is a problem, yes.

19 Q And I believe the way that you phrased it, you said,
13:35:22 20 subjective self-reports about how one is doing may not be
21 reflecting reality objectively.

22 A Correct.

23 Q But, Dr. Cantor, self-reports about how one is doing may
24 reflect reality, fair?

13:35:38 25 A That's correct.

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1 Q So when somebody says, I am doing well, my mental state is
2 better, that very well may be the case?

3 A May be the case, yes.

4 Q Another complaint that you have, I believe, is what you
13:35:58 5 call confounded data. And I believe you referred to the de
6 Vries study for that?

7 A The two de Vries's studies, yes. As a matter of fact,
8 it's all but two of all papers in that set of literature.

9 Q And by confounded data, the way that I am understanding
13:36:13 10 it, what you're saying is that you are not able to tell because
11 the data is, quote, confounded, whether one's improved mental
12 health for a minor who has socially transitioned, whether that
13 came from the actual medical services, whether it came from the
14 psychotherapy, or whether it came from the combination of both?

13:36:34 15 A Correct.

16 Q But one thing, Doctor, that you do have to admit is when
17 adolescents with gender dysphoria have transitioned through a
18 combination of medical services and psychotherapy, you have to
19 admit that based upon the studies, their mental health
13:36:55 20 improved, correct?

21 A No. There were several studies that showed no improvement
22 even though -- even though they were receiving both. I've
23 listed them in my report.

24 Q Can you direct me to where in your report those are,
13:37:11 25 please, sir?

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1 So there -- again, I would have to go through and check to
2 be sure that it's not zero. It would be fair to say that there
3 might have been a study which found such a thing. But the
4 majority of studies are finding either no improvements or
13:39:17 5 deteriorations, or it's a situation that we call a failure to
6 replicate.

7 Q Sir, I am a little bit confused, because I want to go to
8 two of your studies that you have actually talked about today,
9 the Costa study and the Achille study.

13:39:33 10 Now, as I understand your testimony today, in those
11 studies, there was -- the studies reported that there was an
12 improvement in mental state for adolescents who were treated
13 with medication and psychological treatment in transition that
14 there was an improvement, but in those, you said you can't tell
13:39:58 15 whether it's from the medication or from the psychological
16 treatment?

17 A No. The Costa study and the Achille study associated the
18 improvement specifically with the psychotherapy and ruled out
19 that the effects were due to the medical interventions.

13:40:13 20 Q Okay. Well, let's pull those studies, Doctor, and let's
21 look at those.

22 If you could, there should be a notebook up there that has
23 plaintiffs' exhibits in it. Is that one plaintiff, sir?

24 If you could please, sir, turn to Plaintiffs' Exhibit 34.

13:40:55 25 A Yes.

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1 Q All right. Plaintiffs' Exhibit 34, is this the -- do you
2 say Costa or Costa?

3 A I'm sorry?

4 Q Do you say Costa?

13:41:05 5 A My guess is Costa. I have never met the person.

6 Q All right. Exhibit 34 that you have in front of you, is
7 that the Costa study?

8 A Yes, it is.

9 Q All right. So, Doctor, I first want to focus in on --
13:41:18 10 well, let me ask this: This study was aimed at assessing
11 gender dysphoric adolescents' global functioning after
12 psychological support and after puberty suppression, correct?

13 A Yes.

14 Q Bear with me. I am going to take this out so I can put it
13:41:42 15 up on the Elmo, sir.

16 All right, sir. I am going to direct your attention to
17 results that I have highlighted on my copy. Okay? According
18 to the abstract here, the results?

19 A Yes.

13:42:18 20 Q At baseline, gender dysphoric adolescents showed poor
21 functioning with -- it defines the mean scores. So baseline
22 means at the start of the study, correct?

23 A Usually it does. I would have to check that that's
24 exactly how they used the term.

13:42:35 25 Q All right. We will get to the details of that in a

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1 minute.

2 Okay. Gender dysphoric adolescents' global functioning
3 improved significantly after six months after psychological
4 support. And then it goes on to say, Moreover, gender
13:42:49 5 dysphoric adolescents receiving also puberty suppression had
6 significantly better psychosocial functioning after 12 months
7 of puberty suppression compared to when they had received only
8 psychological support.

9 Did I read that right, sir?

13:43:07 10 A Yes.

11 Q Do you remember the methodology that was used for this
12 study, sir?

13 A Roughly.

14 Q Pardon?

13:43:14 15 A Yes. Roughly.

16 Q Sorry. I meant to -- all right. And do you recall that
17 the methodology was everybody started at baseline. For the
18 first six months all of the adolescents received psychological
19 counseling. And then for the next 12 months beyond that, one
13:43:36 20 group received puberty blockers, and one group just continued
21 to receive psychological counseling. Do you recall that?

22 A Yes.

23 Q All right. And then I am going to direct you, sir, to
24 page 2211 of the -- if you look at the blue writing on the top,
13:44:12 25 it's page 6 of 9.

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1 A Yes.

2 Q All right. And I am going to direct you, sir, to on the
3 CGAS on follow-up?

4 A Yes.

13:44:32 5 Q All right. And I am going to start at the second
6 paragraph where it says delayed eligible. Do you see where I
7 am talking about?

8 A Yes.

9 Q This is talking about there were three follow-ups, right,
10 at 6 months, at 12 months, and at 18 months for this study; is
11 that correct?

12 A That sounds familiar to me, yes.

13 Q And let's read through that together.

14 Delayed eligible gender dysphoric adolescents, who
13:44:55 15 received only -- and gender delayed, GD adolescents, is your
16 recollection that those were adolescents who were eligible to
17 receive puberty blockers, but they delayed them for six months
18 so that they had everybody at a -- doing psychological study?
19 Do you remember this is the group that gets the puberty
13:45:17 20 blockers?

21 A Yes, that sounds correct.

22 Q Okay. The delayed eligible gender dysphoric adolescents
23 who received only psychological support for the entire duration
24 of the study -- excuse me -- I take that back.

13:45:29 25 This was actually the group that just got the

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1 psychological -- had significantly better psychosocial
2 functioning after six months of psychological support, okay?

3 However, despite scoring better at the following
4 evaluations, they did not show any further significant
13:45:47 5 improvement in their psychosocial functioning.

6 Did I read that right?

7 A Yes.

8 Q Also, the delayed eligible group continued to score lower
9 than a sample of children adolescents without observed
13:46:04 10 psychological psychiatric symptoms even after 18 months of
11 being in psychological support.

12 So what that's saying is after 18 months, they were still
13 below a group that did not have psychological therapy or
14 issues, correct?

13:46:20 15 A Yes.

16 Q On the contrary, the immediately eligible group, who at
17 baseline had a higher, but not significantly different
18 psychosocial functioning than the delayed eligible group, did
19 not show any significant improvement after six months of
13:46:40 20 psychological support. However -- and this is the key --
21 immediately eligible adolescents had a significantly higher
22 psychosocial functioning after 12 months of puberty suppression
23 compared to when they had received only psychological support.

24 Did I read that correctly?

13:47:03 25 A Yes.

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1 Q Then you see at the top of this, there is a chart. And
2 when you look at this chart, the bottom is actually the three
3 different check-ins. Time zero is baseline, when the study
4 started, right?

13:47:18 5 A Yes.

6 Q Time one is the six-month check-in, correct?

7 A Yes.

8 Q And during that six months, both groups are getting just
9 psychotherapy, correct?

13:47:31 10 A Yes, I believe so.

11 Q The rest -- and just to orient us.

12 The red group, the red line is the group of adolescents
13 who only got psychotherapy or psychotherapy through the entire
14 18-month study, right?

13:47:46 15 A Yes.

16 Q The green line that you see that goes up -- goes up and
17 keeps going up, that is the line of adolescents who receive
18 puberty blockers; fair?

19 A Yes.

13:47:59 20 Q And so, Doctor, to get to the ultimate conclusion of this
21 study that you say shows that puberty blockers don't work or
22 don't give any improvement in mental condition over
23 psychotherapy, the conclusion, this study confirms the
24 effectiveness of puberty suppression for gender dysphoric
13:48:37 25 adolescents. Recently, a long-term follow-up evaluation of

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1 puberty suppression among gender dysphoric adolescents after
2 that CSHT, which is hormone therapy and GRS, which is puberty
3 blockers, has demonstrated that gender dysphoric adolescents
4 are able to maintain a good functioning into their adult years.

13:49:00 5 This present study, together with this previous research,
6 indicate that both psychological support and puberty
7 suppression enable young gender dysphoric individuals to reach
8 a psychosocial functioning comparable with their peers.

9 Did I read that conclusion correctly?

13:49:17 10 A Yes.

11 THE COURT: Ms. Eagan, when you reach a comfortable
12 spot, let's take a post-lunch break.

13 MS. EAGAN: Perfect. We're good, Judge. We can go
14 ahead and break now.

13:49:35 15 THE COURT: Okay. I will see you in 15 minutes.

16 (Recess.)

17 THE COURT: Go ahead, Ms. Eagan.

18 MS. EAGAN: Thank you, Your Honor.

19 BY MS. EAGAN:

14:09:00 20 Q Dr. Cantor, my understanding from paragraph 63 of your
21 declaration is that the other study that you point to in
22 support of your assertion that testing revealed that puberty
23 blockers did not improve mental health any more than mental
24 health does on its own is the Achille study you mentioned
14:09:29 25 earlier today; is that right?

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1 A Yes.

2 Q If you, please, sir, could turn to Plaintiffs' Exhibit 42
3 in that binder in front of you, and this would be the
4 plaintiffs' exhibits that we were looking at earlier.

14:09:42 5 A Yep. Got it.

6 Q All right. Is Plaintiffs' Exhibit 42 the Achille study
7 that we just mentioned?

8 A Yes.

9 Q All right.

14:09:59 10 MS. EAGAN: Your Honor, do you mind if I take this off
11 of this?

12 THE COURT: That's fine.

13 BY MS. EAGAN:

14 Q All right. I am going to -- so this is Plaintiffs'
14:10:15 15 Exhibit 42.

16 And the Achille study, again, was -- in this case if we
17 look at the abstract, the background of the study or the
18 purpose of the study was to examine the associations of
19 endocrine intervention puberty suppression and/or cross-sex
14:10:35 20 hormones therapy with depression and quality of life scores
21 over time in transgender youths.

22 That was the purpose of the study, correct?

23 A Yes.

24 Q And looking down to the results section, between 2013 and
14:10:56 25 2018 -- so this went over a five-year period, right?

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1 A Yes.

2 Q And there were 50 participants in the study, correct?

3 A That sounds right, yes.

4 Q All right. And that they received endocrine intervention

14:11:17 5 both -- some were in the form of puberty blockers, and some

6 were in the form of cross-sex hormones, but endocrine -- and

7 over that time period and completed three waves of

8 questionnaires.

9 Is that your recollection of this study?

14:11:30 10 A Yes, roughly.

11 Q Okay. And when that was -- with those treatments, mean

12 depression scores and suicidal ideation decreased over time,

13 which means their depression was -- went down, or they got

14 better. Suicidal ideation went down, which is improvement,

14:11:50 15 correct?

16 A Yes.

17 Q While mean quality of life scores improved over time.

18 And then it goes on to say, When controlling for

19 psychiatric medications and engagement in counseling,

14:12:03 20 regression analysis suggested improvement with endocrine

21 intervention. And then it goes on to say that this reached

22 significance in male to female participants. And the male to

23 female participants, those are ones that were receiving hormone

24 therapy, correct?

14:12:23 25 A I believe they were both receiving hormone therapy. It

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1 was not significant in one group, and so they're just reporting
2 the successful in the other and not reporting the unsuccessful
3 group.

14:12:39 4 Q Well, let's talk about that. Let me pull up paragraph 63
5 of your declaration.

6 When you're discussing this study, here is what you said.
7 You said that upon follow-up, some incremental improvements
8 were noted; however, after -- so, in other words, upon
9 follow-up, they saw improvements.

14:13:07 10 But after statistically adjusting for psychiatric
11 medication and engagement and counseling, quote, most
12 predictors did not reach statistical significance.

13 And that's your basis -- that statement is your basis to
14 say there was not a statistical significance of difference
14:13:26 15 between just counseling versus with meds; is that right?

16 A I'm sorry. Could you say that part again?

17 Q The language that you seize onto, to say that puberty
18 blockers did not improve mental health more than mental
19 healthcare did on its own --

14:13:43 20 A Right.

21 Q -- was the statement in the study that most predictors did
22 not reach statistical significance.

23 A Well, I wouldn't say that I derived that just from that
24 sentence. It's just easier to convey that idea to readers by
14:13:56 25 using the sentence. My evaluation of the study is by those

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1 statistics directly.

2 Q All right. Let's go to the language in the study that
3 they talk about, the regression analysis that you were just
4 referencing there.

14:14:11 5 Okay. And this is here in the regression analysis.

6 Let me first say this: The mean changes over time. And
7 it does say, Mean depression scores decreased. Quality of life
8 improved, but did not reach statistical significance.

9 But then when you go on to the regression analysis, here
14:14:39 10 is what it says. It says, Given our modest sample size --
11 which in this case was 50 people, right?

12 A Yes.

13 Q Given our modest sample size, particularly when stratified
14 by gender, most predictors did not reach statistical
14:14:57 15 significance.

16 So one of the contributing factors to that, of course, was
17 the size of the number of participants, correct?

18 A Yes. In statistics, that's a truism. The precision of
19 the statistics is the direct -- direct result of the sample
14:15:20 20 size.

21 Q Okay. And then it goes on to say, That being said, effect
22 sizes values were notably large in many models. In the male to
23 female participants, only puberty suppression reached a
24 significance level. And it gives the number in one of the
14:15:43 25 sample -- one of the tests, and associations with the two other

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1 scores approached significance.

2 And then it goes on to say, For female to male
3 participants, only cross-sex hormone therapy approached
4 statistical significance.

14:15:57 5 All right. Statistical significance are not -- on all
6 planes, the numbers improved, correct?

7 A No. That's -- the very meaning of determining --
8 factoring in whether something is statistically significant or
9 not.

14:16:15 10 Q Ultimately, the writers of this study stated, if you look
11 at the next paragraph -- or look on the discussion part if you
12 want -- can you see the screen up here?

13 A Oh, I have the same thing on this screen.

14 Q Oh. You have got one. Okay, good.

14:16:31 15 Our results suggest that endocrine intervention is
16 associated with improved mental health among transgender youth.

17 Did I read that right?

18 A Yes. Those are their words.

19 Q Doctor, to be clear, you agree that the U.S.-based medical
14:17:15 20 association guidelines and position statements are in support
21 for the use of medical treatment combined with mental health
22 treatment for adolescents with gender dysphoria, correct?

23 A I don't think I would phrase it quite that strongly. Most
24 of the associations are using relatively vague terms. And it's
14:17:35 25 not clear when they're talking about adults or children, when

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1 Q And the Dutch approach is also, I believe, what you call
2 that watchful waiting approach?

3 A No.

4 Q Okay. The Dutch approach is what is accepted -- I have
14:19:24 5 already said what you said.

6 The Dutch approach says social transition can happen at
7 age 12, puberty blockers may be prescribed at age 12, hormones
8 at age 16, and then resolve other mental health issues before
9 transition. That's the Dutch method?

14:19:43 10 A Yes.

11 Q Do you know how that approach aligns with protocols that
12 are utilized at UAB Children's in Alabama?

13 A I don't know.

14 Q In any event, what you say is internationally the most
14:20:03 15 widely-respected and utilized method for treatment of children
16 who present with gender dysphoria, you would agree that that
17 approach would be a felony in Alabama with this new law,
18 correct?

19 A Yes. It's true that the Alabama law didn't leave an
14:20:26 20 exception for research purposes.

21 Q Okay. So let's talk about the European countries that you
22 mentioned very briefly, the UK, Finland, Sweden and France.

23 When you look at those four European countries, Doctor,
24 not one of them has enacted a ban to puberty blockers and
14:20:46 25 hormone treatments as Alabama has done here, correct?

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1 A No.

2 Q That's not correct?

3 A Correct. That is not correct.

4 Q UK has not fully banned puberty blockers and hormone
14:21:00 5 treatments in youth 18 and younger?

6 A That's correct.

7 Q Finland has not banned -- let me ask it this way: Has
8 Finland banned blockers and hormone treatments in youth ages 18
9 and under for gender dysphoria?

10 A Yes, I believe it has.
14:21:16

11 Q It has?

12 A I believe so.

13 Q A blanket ban? Should I refer you to paragraph 131 of
14 your declaration, sir?

15 A Hang on. That's just where I am now.
14:21:47

16 Q Okay.

17 A Oh, yes, they did leave an exception for hormones. The
18 total ban was on surgery.

19 Q Thank you, sir.

14:22:05 20 Sweden, has Sweden put an absolute ban on puberty
21 blockers?

22 A Yes.

23 Q And bear with me. Have they put a ban on puberty blockers
24 and hormone treatments in youth ages 18 and under for gender
14:22:23 25 dysphoria in Sweden?

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1 A 18 and under?

2 Q Yes, sir.

3 A No. They allowed exceptions for 16 year olds -- 16 year
4 olds within research circumstances.

14:22:32 5 Q Has France banned the use of puberty blockers and hormone
6 treatments for adolescents ages 18 and under?

7 A No.

8 Q Can you point me to a single country, Doctor, in Europe
9 that has put a blanket ban on the use of puberty blockers or
14:22:50 10 hormone treatments for youth ages 18 and under for gender
11 dysphoria?

12 A Blanket ban in the way you're describing it, no.

13 THE COURT: How about any country?

14 THE WITNESS: No, not that I know of.

14:23:04 15 BY MS. EAGAN:

16 Q I want to turn very briefly to the subject of -- I will
17 use your word desistance.

18 If you turn to paragraph 36 of your declaration.

19 A Yes.

14:23:36 20 Q In that -- you state, Among prepubescent children who feel
21 gender dysphoric, the majority cease to want to be the other
22 gender over the course of puberty ranging from 61 to 80 percent
23 desistance across the large prospective studies.

24 I know that's a point that you also raised earlier today.

14:23:59 25 So I want to ask this question: Of those that number, do

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1 you know, Doctor, what percentage of those kids cease to want
2 to be the other gender -- that's using your words -- before or
3 as they enter puberty, in other words, before they actually get
4 into puberty? Do you know how many of those desisters are in
14:24:27 5 that window?

6 A I must not be understanding your question, because it
7 makes me want to say the same number that's in the report, 61
8 to 88 percent. What's different from what I said and what
9 you're asking?

14:24:39 10 Q The 61 to 88 percent, is that children that realign with
11 their birth sex before -- or as they're entering into puberty,
12 that's that number?

13 A Yes.

14 Q Okay. All right. So I want to focus on a different
14:25:01 15 category of youth. Let me ask you this: The medications in
16 the United States, puberty blockers and hormone treatments
17 cannot be given to kids for gender dysphoria until after
18 they've actually entered into puberty, correct?

19 A Very many clinics are doing it as close to the beginning
14:25:23 20 as soon as puberty starts as they are able.

21 Q But it's once they have entered puberty?

22 A Yes.

23 Q So let me ask you about that category of youth.

24 And that is adolescents who have entered into puberty,
14:25:38 25 okay, and who have been -- have suffered from gender dysphoria

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1 persistently, consistently, and insisently in childhood
2 leading up to puberty, okay?

3 A Okay.

4 Q Do you have any data regarding what percentage of those
14:25:58 5 individuals desist after they enter into puberty?

6 A No. I don't think that level of follow-up has yet been
7 conducted.

8 Q And, Doctor, in fact, it's your belief that the
9 majority -- that while the majority of prepubescent kids cease
14:26:35 10 to feel trans, you know, to puberty or during puberty, in other
11 words, as they enter into puberty, the majority of kids who
12 continue to feel trans after puberty rarely cease?

13 A That does seem to be the case, yes.

14 Q Okay. Doctor, are you being paid to be here to testify
14:27:10 15 today?

16 A Yes.

17 Q What's your rate?

18 A 400 an hour.

19 Q Who is paying your fees?

14:27:14 20 A The Alabama state -- State of Alabama.

21 Q Okay. Dr. Cantor, have you attempted to recruit parents
22 in Alabama whose children have gender dysphoria and were
23 prescribed or referred to gender-affirmative treatments, have
24 you tried to recruit them to give a witness statement in this
14:27:38 25 case that they believe the treatments are harmful?

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1 A No.

2 Q Do you tweet?

3 A Yes.

4 MS. EAGAN: Your Honor, may I approach?

14:27:49 5 THE COURT: Yes.

6 BY MS. EAGAN:

7 Q Doctor, I've marked as Plaintiffs' Exhibit 45 a tweet

8 Dr. James Cantor retweeted. And it's -- let me say this: Is

9 this a tweet that you actually did?

14:28:40 10 A No. I --

11 Q You retweeted?

12 A Retweeted, exactly.

13 Q From a group called Genspect, or what's -- I don't tweet.

14 Would you call that a group? I guess it's a group called

14:28:56 15 Genspect?

16 A It's there is a group called Genspect, and this is their

17 Twitter account.

18 Q All right. And then you retweeted it?

19 A Yes.

14:29:03 20 Q And it says, Urgent. Attention. Alabama parents, if your

21 child experienced gender dysphoria and was prescribed or

22 referred to gender-affirmative treatments and you believe these

23 treatments are harmful, please direct message, e-mail us at

24 once. We are looking for witness statements. Can be anon.

14:29:26 25 By anon, I guess that means anonymous, correct?

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1 A That would be my reading, yes.

2 Q All right. Doctor, have you seen a sworn statement under
3 penalty of perjury for any Alabama parent whose kid received
4 puberty blockers or hormones and the parent said the
14:29:50 5 medications hurt their kid more than they helped them?

6 A I'm sorry. Did you ask have I seen such a statement?

7 Q Yes, sir.

8 A Not that I recall.

9 MS. EAGAN: Nothing further.

14:30:05 10 THE COURT: Any redirect?

11 MR. DAVIS: Short.

12 THE COURT: Ms. Eagan, did you intend to offer that
13 into evidence or no?

14 MS. EAGAN: Oh, yes. Thank you, Judge. I offer
14:30:37 15 Plaintiffs' Exhibit 45.

16 THE COURT: It will be admitted.

17 REDIRECT EXAMINATION

18 BY MR. DAVIS:

19 Q Dr. Cantor?

14:30:51 20 A Hi.

21 Q Is it true as a clinician you are not treating anyone who
22 has presented with gender dysphoria as an adult or as a child?

23 A I treat adults with gender dysphoria, not children.

24 Q You are not treating them while they are adolescents or
14:31:09 25 children, you are not currently treating someone who is like

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CERTIFICATE

I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

Christina K Decker

05-08-2022

Christina K. Decker, RMR, CRR

Date

Federal Official Court Reporter

ACCR#: 255