

# EXHIBIT 1

**UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION**

KAYLA GORE; JAIME COMBS; L.G.; and  
K.N.,

*Plaintiffs,*

v.

WILLIAM BYRON LEE, in his official  
capacity as Governor of the State of  
Tennessee; and LISA PIERCEY, in her  
official capacity as Commissioner of the  
Tennessee Department of Health,

*Defendants.*

Case No. 3:19-CV-00328

DISTRICT JUDGE RICHARDSON  
MAGISTRATE JUDGE HOLMES

**DECLARATION OF BRANDT THOMAS ROESSLER IN SUPPORT OF  
PLAINTIFFS' REPLY IN SUPPORT OF THEIR  
MOTION FOR SUMMARY JUDGMENT**

I, Brandt Thomas Roessler, being of legal age and sound mind, do hereby state as follows:

1. I am an associate of Baker Botts L.L.P. and counsel of record for the plaintiffs in this action.
2. I am a member of the bar of the State of New York and have been admitted *pro hac vice* to this court.
3. I submit this declaration, based on my personal knowledge, in support of Plaintiffs' Reply in Support of Their Motion for Summary Judgment.
4. Attached as **Exhibit A** to this declaration is a true and correct copy of the transcript of the April 14, 2020 deposition of Plaintiffs' expert witness Dr. Randi Ettner, Ph.D. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.).

5. Attached as **Exhibit B** to this declaration is a true and correct copy of the transcript of the April 15, 2020 deposition of Plaintiffs' expert witness Dr. Shayne Sebold Taylor, M.D. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.).

6. Attached as **Exhibit C** to this declaration is a true and correct copy of the transcript of the April 13, 2020 deposition of Plaintiff Kayla Gore in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.), redacted to remove confidential information pursuant to the Stipulated Protective Order, Doc. 42.

7. Attached as **Exhibit D** to this declaration is a true and correct copy of the transcript of the April 24, 2020 deposition of Plaintiff Jaime Combs in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.), redacted to remove confidential information pursuant to the Stipulated Protective Order, Doc. 42.

8. Attached as **Exhibit E** to this declaration is a true and correct copy of the transcript of the April 17, 2020 deposition of Plaintiff L.G. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.), redacted to remove confidential information pursuant to the Stipulated Protective Order, Doc. 42, and personally identifiable information pursuant to the Order of Protection Granting Leave for Plaintiff L.G. to Proceed Pseudonymously, Doc. 22.

9. Attached as **Exhibit F** to this declaration is a true and correct copy of the transcript of the May 12, 2020 deposition of Plaintiff K.N. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.), redacted to remove confidential information pursuant to the Stipulated Protective Order, Doc. 42, and personally identifiable information pursuant to the Order of Protection Granting Leave for Plaintiff K.N. to Proceed Pseudonymously, Doc. 23.

10. Attached as **Exhibit G** to this declaration is a true and correct copy of the transcript of the May 21, 2020 deposition of Defendants' expert witness Dr. Anthony Trabue, M.D. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.).

11. Attached as **Exhibit H** to this declaration is a true and correct copy of Exhibit 6 to the deposition transcript of Defendants' expert witness Dr. Anthony Trabue, M.D., the committee opinion on *Care for Transgender Adolescents* as published by the American College of Obstetricians and Gynecologists, dated January 2017.

12. Attached as **Exhibit I** to this declaration is a true and correct copy of the transcript of the May 20, 2020 deposition of Defendants' expert witness Mr. Edward Gray Bishop, III in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.).

13. Attached as **Exhibit J** to this declaration is a true and correct copy of Exhibit 4 to the deposition transcript of Defendants' expert witness Mr. Edward Gray Bishop, III, the *Handbook on Birth Registration and Fetal Death (Stillbirth) Reporting*, as published by the Tennessee Department of Health Policy, Planning and Assessment, Office of Vital Records, dated September 2007.

14. To be filed under seal, pending leave of court, concurrently with this declaration are **Exhibit K**, **Exhibit L**, and **Exhibit M**, which are true and correct copies of certain Certificates of Live Birth as issued by the Tennessee Department of Health and introduced as Exhibits 5, 7, and 8, respectively, to the deposition transcript of Defendants' expert witness Mr. Edward Gray Bishop III.

15. Attached as **Exhibit N** to this declaration is a true and correct copy of Exhibit 13 to the deposition transcript of Defendants' expert witness Mr. Edward Gray Bishop III, a print-

out of the Tennessee Department of Health's webpage entitled "How do I get my certificate corrected?" as printed on May 18, 2020.

16. Attached as **Exhibit O** to this declaration is a true and correct copy of the transcript of the May 22, 2020 deposition of Defendants' expert witness Vanessa Lefler, Ph.D. in *Gore v. Lee*, Case No. 3:19-cv-00328 (M.D. Tenn.).

I declare under penalty of perjury that the foregoing statements are true and correct.

Dated this 29th day of May 2020.

A handwritten signature in black ink, appearing to read "Brandt Thomas Roessler", written over a horizontal line.

Brandt Thomas Roessler

# Exhibit A

Deposition Transcript of Dr. Randi C. Ettner, Ph.D.

**GORE, et al.**

**vs.**

**LEE, et al.**

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**RANDI C. ETTNER, PH.D.**

**April 14, 2020**



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1 UNITED STATES DISTRICT COURT  
2 FOR THE MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

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4 KAYLA GORE; JAIME COMBS;  
5 L.G.; and K.N.,  
6 Plaintiffs,

7 vs.

Case No. 3:19-cv-00328

8 WILLIAM BYRON LEE, in his  
9 official capacity as  
10 Governor of the State of  
11 Tennessee; and LISA  
12 PIERCEY, in her official  
13 capacity as Commissioner  
14 of the Tennessee  
15 Department of Health,

16 Defendants.

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17 Videoconference Deposition of:

18 RANDI C. ETTNER, PH.D.

19 Taken on behalf of Defendants  
20 April 14, 2020

---

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**For the Defendants (via videoconference):**

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S T I P U L A T I O N S

The videoconference deposition of RANDI C. ETTNER, PH.D. was taken by counsel for the Defendants, by Notice, with all participants appearing at their respective locations, on April 14, 2020, for all purposes under the Federal Rules of Civil Procedure.

All objections, except as to the form of the questions, are reserved to the hearing, and that said deposition may be read and used in evidence in said cause of action in any trial thereon or any proceeding herein.

It is agreed that ASHLEY V. MEEKS, LCR, Notary Public and Court Reporter for the State of Tennessee, may swear the witness remotely, and that the reading and signing of the completed deposition by the witness were not waived.

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MR. JONES: Well, before we mute everyone then I think it would be helpful for the court reporter if everyone would announce their name and who they represent. I'll start, and we can go through the defendants first. My name is Matt Jones. I'm here representing the defendants.

MS. SHEW: Dianna Shew on behalf of the defendants.

MS. SEDGWICK: Sara Sedgwick on behalf of the defendants.

MR. LIM: Jae Lim on behalf of the defendants.

MR. JONES: Okay. Plaintiffs.

MR. GONZALEZ-PAGAN: Omar Gonzalez-Pagan on behalf of the plaintiffs.

MR. KOHLI: Puneet Kohli on behalf of the plaintiffs.

MR. ROESSLER: Brandt Roessler on behalf of the plaintiffs.

MS. BUCHERT: Sasha Buchert on behalf of the plaintiffs.

MR. JONES: And I think --

MR. KOHLI: For the record, I'll be the

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1 one making objections. 13:05:53

2 MR. JONES: Okay. Great. 13:05:53

3 So I think for everyone's purpose, if 13:05:54

4 everyone who would not be speaking to go ahead and 13:05:56

5 mute their audio except of course the court reporter 13:06:01

6 at this time. 13:06:09

7 And if you have no objection, Puneet,

8 we'll go ahead with the court reporter and swear in

9 the witness.

10 MR. KOHLI: Sure.

11 MR. JONES: Great. Ms. Meeks, if you

12 would proceed.

13 THE REPORTER: Yes, sir.

14 (The witness was sworn.) 13:06:50

15 MR. JONES: So I understand that the 13:06:50

16 defendants and the plaintiffs had some stipulations. 13:06:52

17 Were those read into the record yesterday? Do we 13:06:54

18 need to put any more stipulations on before we 13:07:07

19 proceed? 13:07:11

20 MS. SHEW: This is Dianna. 13:07:11

21 Yesterday our stipulations were -- that I 13:07:14

22 recall were that the witness was going to be sworn 13:07:17

23 remotely. That would be bound by the oath as if 13:07:18

24 sworn in person. All objections are reserved except 13:07:21

25 as to the form of the question. And we made a 13:07:26

1 general announcement that of course we were all on a 13:07:29  
2 WebEx Meeting. 13:07:32

3 The other thing we discussed was that 13:07:32  
4 although we can all see each other and this is a 13:07:34  
5 video platform, the deposition is simply being 13:07:39  
6 recorded by stenographic means and there's not a 13:07:40  
7 video recording being made. I don't believe any 13:07:45  
8 party has requested that. 13:07:48

9 And then the court reporter actually had 13:07:50  
10 some comments that she wanted to make just for 13:07:53  
11 purposes of keeping everybody on task with the WebEx 13:07:57  
12 and making sure that her transcript was clean. So 13:07:58  
13 Ms. Meeks may want to do that as well. But those  
14 were the only stipulations that I recall from  
15 yesterday.

16 MR. JONES: Thank you. Ms. Meeks.

17 THE REPORTER: Yes, sir.

18 For the sake of the record, I ask any  
19 objecting attorney to also identify themselves when  
20 making their objection.

21 It is very important that one person  
22 speak at a time. So with each question  
23 asked or answer given, please give a short pause  
24 before responding in order to ensure the previous  
25 speaker has finished, as well as giving enough time

1 for potential objections.

2 Please keep in mind that because this is  
3 a video call that's dependent on audio there may be  
4 cases where I may ask for further clarification more  
5 often than normal. I may also ask to go off the  
6 record if I can't hear you.

7 And if everyone again would please place  
8 their audio on mute until they would like to speak.  
9 That's all I have for now.

10 MR. JONES: And if I may, one more thing. 13:09:08  
11 You reminded me, Ms. Meeks, in talking about 13:09:08  
12 attorneys identifying themselves. We had one 13:09:11  
13 attorney for Plaintiffs yesterday who made all the 13:09:14  
14 objections. And I believe that Puneet Kohli has said 13:09:17  
15 that he will make all the objections today, which if 13:09:21  
16 that's the case I think if we stipulate that or if we 13:09:24  
17 say that, then that will make this a little less 13:09:27  
18 cumbersome since he won't need to identify himself on 13:09:27  
19 each occasion. 13:09:27

20 THE REPORTER: I agree. Thank you. 13:09:27

21 MR. JONES: Great. 13:09:44

22 Well, the witness has been sworn. 13:09:44

23 Stipulations have been read into the record. And for 13:09:46

24 the record, I am southern so I speak very slowly 13:09:49

25 anyway. So I will do my best to complete my sentence 13:09:54



1 and, Dr. Ettner, I will do my best to let you finish 13:09:59  
2 your answer before speaking again. 13:10:04

3 But please, if you do not understand my 13:10:06  
4 question, ask me to repeat it and we'll try to get 13:10:13  
5 through this as best we can. I appreciate everyone's  
6 willingness to engage in this manner.

7 With that being said, we can start the  
8 deposition.

9

10 \* \* \*

11 RANDI C. ETTNER, PH.D.,  
12 was called as a witness, and after having been first  
13 duly sworn, testified as follows:

14

15 DIRECT EXAMINATION

16 QUESTIONS BY MR. JONES:

17 Q. Dr. Ettner, if you would give us your full  
18 name?

19 A. Dr. Randi Ettner.

20 Q. And, Dr. Ettner, what is your occupation? 13:10:39

21 A. I'm a clinical and forensic psychologist. 13:10:50

22 Q. And your qualifications have actually been 13:10:54  
23 well documented. We'll get to that in a minute. 13:10:54

24 Just for a matter of housekeeping, I had forwarded a 13:10:57

25 list of five exhibits this morning to plaintiffs' 13:11:03

1 counsel. Did you receive those exhibits and do you 13:11:07  
2 have them accessible to you? 13:11:12  
3 A. I have them. I believe I have everything 13:11:21  
4 accessible. 13:11:25  
5 Q. Great. And we'll get those five on the 13:11:26  
6 record here in a minute, but I just wanted to start 13:11:30  
7 with sort of a general question about your expertise 13:11:43  
8 since your qualifications have been well documented. 13:11:43  
9 What part of your education, training, and experience 13:11:47  
10 are you relying upon to render an opinion in this 13:11:50  
11 case? 13:11:56  
12 A. I'm relying on my education in psychology, my 13:11:56  
13 training in gender and gender conditions after 13:12:13  
14 university, in my doctoral clinical work and in 13:12:20  
15 supervision work and in my clinical experience which 13:12:26  
16 began in the late 1970's. Also, I've relied on the 13:12:33  
17 extensive literature in this area and the World 13:12:41  
18 Professional Association for Transgender Healthcare 13:12:41  
19 Organization and the Standards of Care that they 13:12:56  
20 promulgate. 13:13:02  
21 Q. Great. Thank you. 13:13:03  
22 And what is the subject matter of your 13:13:04  
23 opinion rendered in this case? 13:13:10  
24 A. I've rendered several opinions in this case. 13:13:22  
25 Q. Okay. Is that subject matter limited to the 13:13:25

1 diagnosis and treatment of individuals with gender 13:13:35  
2 dysphoria? 13:13:41  
3 A. No, it's not limited to that. 13:13:43  
4 Q. Okay. And how is it not limited to that? If 13:13:45  
5 you could, define the breadth of your opinions. 13:13:53  
6 A. My opinions are also based on my 13:13:58  
7 understanding of the etiology of gender incongruity 13:14:02  
8 and my expertise in trauma and emotional distress 13:14:11  
9 and, in general, my experience of having worked with 13:14:20  
10 over 3,000 individuals with gender incongruity. 13:14:25  
11 Q. And what documents have you reviewed 13:14:34  
12 concerning the plaintiffs and the allegations in the 13:14:41  
13 present case? 13:14:45  
14 A. I've reviewed the complaints and the amended 13:14:53  
15 complaint. I've not spoken or interviewed the 13:14:56  
16 plaintiffs in this case. 13:15:01  
17 Q. And this may be redundant for that answer. 13:15:02  
18 But just to be sure, you're not expressing any 13:15:06  
19 opinions about the impact of any actions or inactions 13:15:12  
20 of the defendants on these particular plaintiffs? 13:15:16  
21 A. Not on these -- 13:15:23  
22 MR. KHOLI: Objection. Form. 13:15:25  
23 THE WITNESS: -- particular plaintiffs -- 13:15:25  
24 BY MR. JONES: 13:15:25  
25 Q. Okay. 13:15:30

1 A. -- other than the conclusions I've drawn from 13:15:30  
2 what I've read in the complaint. 13:15:32

3 Q. And with that, if we could go ahead and look 13:15:38  
4 at the Amended Complaint which was sent over as 13:15:41  
5 **Exhibit 1**. Let me know when you have that in front 13:15:47  
6 of you. 13:15:47

7 MR. JONES: And, Puneet, I had forwarded 13:16:03  
8 these exhibits premarked in the order that I sent 13:16:06  
9 them. If you have no objection, I'll just refer to 13:16:10  
10 them as Exhibits 1 through 5 as we go through. 13:16:14

11 MR. KOHLI: Sure. And make sure that Dr. 13:16:20  
12 Ettner follows them. So I think the first thing you 13:16:23  
13 were saying, **Exhibit 1** just mentioned what it is and 13:16:25  
14 then hopefully you won't have to repeat -- 13:16:29

15 MR. JONES: Absolutely. Absolutely. 13:16:34

16 BY MR. JONES: 13:16:38

17 Q. Dr. Ettner, do you have **Exhibit 1** in front of 13:16:39  
18 you? 13:16:42

19 A. Amended Complaint for Declaratory and 13:16:43  
20 Injunctive Relief? 13:16:46

21 Q. Yes. 13:16:49

22 A. Yes, I have it in front -- 13:16:50

23 (WHEREUPON, the above-mentioned document 13:16:50  
24 was premarked as **Exhibit Number 1**.) 13:16:50

25 BY MR. JONES: 13:16:50

1 Q. Great. 13:16:51

2 And I just wanted to clarify that you 13:16:52

3 understand this Amended Complaint. These plaintiffs 13:16:59

4 are not seeking any sort of damages that (inaudible) 13:17:05

5 are declaratory -- 13:17:05

6 (Audio outage.) 13:17:21

7 A. Well, not being a lawyer I'm not certain that 13:17:21

8 I entirely do understand that distinction.

9 Q. And based on --

10 THE REPORTER: I'm sorry. I'm --

11 BY MR. JONES:

12 Q. -- prior testimony --

13 THE REPORTER: Excuse me.

14 BY MR. JONES:

15 Q. -- and your experience, you have given 13:17:44

16 testimony in several cases in the past that have 13:17:46

17 involved injuries and -- personal injuries, and you 13:17:50

18 understand what that entails as far as damages, 13:17:51

19 correct? 13:17:55

20 A. Yes. 13:17:55

21 Q. And --

22 THE REPORTER: I'm sorry. I have to

23 interrupt.

24 BY MR. JONES:

25 Q. -- you understand that in --

1 THE REPORTER: Mr. Jones.

2 BY MR. JONES:

3 Q. -- this particular case these plaintiffs are 13:18:04  
4 not seeking those kind of personal injury damages? 13:18:05

5 MR. KOHLI: Objection. Form. 13:18:10

6 THE WITNESS: I now know that because 13:18:12  
7 you've said that. But I didn't previously really 13:18:14  
8 take that into consideration since that wasn't the 13:18:19  
9 scope of my opinions. 13:18:24

10 BY MR. JONES: 13:18:27

11 Q. And that's really what I was trying to get 13:18:27  
12 at. You were not asked to evaluate these plaintiffs 13:18:29  
13 from a perspective of damages that they may have 13:18:33  
14 suffered individually? 13:18:41

15 A. Correct. 13:18:42

16 Q. Great. 13:18:43

17 MR. KOHLI: Objection. 13:18:46

18 Dr. Ettner, just give me a chance to 13:18:49  
19 raise objection -- 13:18:49

20 MR. JONES: Yes. 13:18:49

21 MR. KOHLI: -- to put the objections on 13:18:50  
22 the record. 13:18:52

23 So give me a few minutes -- few seconds 13:18:53  
24 before you answer. 13:18:55

25 MR. JONES: Yes. 13:18:57

1 BY MR. JONES: 13:19:03

2 Q. And so since you -- Dr. Ettner, since you 13:19:03

3 have not evaluated or interviewed the plaintiffs, 13:19:06

4 your opinions are general in nature about the 13:19:12

5 experiences of transgender people. Is that correct? 13:19:16

6 MR. KOHLI: Objection. Form. 13:19:23

7 THE WITNESS: I've also read the 13:19:29

8 narratives that are written in this Amended 13:19:30

9 Complaint. And on that basis I agree that these 13:19:37

10 individuals did suffer some harm; although, I have 13:19:44

11 not spoken to them individually. 13:19:49

12 BY MR. JONES: 13:19:55

13 Q. And also you are not offering any opinions 13:19:55

14 about what actions or inaction the defendants -- what 13:19:59

15 actions the defendants should or should not do with 13:20:06

16 regard to birth certificates, recording or 13:20:13

17 maintaining those certificates in the state of 13:20:16

18 Tennessee? 13:20:20

19 MR. KOHLI: Objection. Form. 13:20:20

20 THE WITNESS: I'm sorry. I didn't 13:20:25

21 understand that question. Could you repeat it? 13:20:26

22 BY MR. JONES: 13:20:28

23 Q. Yes. 13:20:29

24 You are not offering any opinions about what 13:20:29

25 actions the defendants should or should not do with 13:20:33

1 regard to recording or maintaining birth certificates 13:20:38  
2 in the state of Tennessee? 13:20:43

3 MR. KOHLI: Objection. Form. 13:20:46

4 THE WITNESS: I'm offering an opinion as 13:20:49  
5 to the harms that transgender people incur when they 13:20:51  
6 have inaccurate birth certificates. And I believe 13:20:57  
7 that these plaintiffs do have inaccurate birth 13:21:01  
8 certificates. 13:21:08

9 BY MR. JONES: 13:21:08

10 Q. Yes. And I understand that. 13:21:09

11 My question is: Are you offering any 13:21:12  
12 opinions about what actions defendant -- the 13:21:17  
13 defendants should take with regard to these 13:21:23  
14 plaintiffs or any other birth certificates in the 13:21:27  
15 future, specifically? 13:21:31

16 MR. KOHLI: Objection. Form. 13:21:35

17 THE WITNESS: My opinion is that 13:21:41  
18 individuals who have transitioned as these 13:21:43  
19 individuals have, require accurate documentation on 13:21:49  
20 their birth certificates. 13:21:53

21 BY MR. JONES: 13:21:55

22 Q. Now, Dr. Ettner, we are going to go through a 13:21:58  
23 little bit of housekeeping with some of the various 13:22:03  
24 opinions that are out there because they're in 13:22:08  
25 different documents. So we're just going to go 13:22:12



1 through the exhibits that I forwarded or your counsel 13:22:15  
2 has forwarded to you earlier. Okay? 13:22:21

3 The second exhibit that was sent to you -- 13:22:26  
4 and I will identify it -- is the Expert Report of Dr. 13:22:33  
5 Randi C. Ettner, which is on a document that has the 13:22:47  
6 style of this case. And let me go to the end of it 13:22:56  
7 to get the date of it. Looks like it's dated the 9th 13:23:02  
8 of January, 2020. Do you recognize that document as 13:23:06  
9 your expert report? 13:23:10

10 A. Yes. 13:23:14

11 Q. All right. 13:23:15

12 (WHEREUPON, the above-mentioned document 13:23:15  
13 was premarked as Exhibit Number 2.) 13:23:26

14 BY MR. JONES: 13:23:26

15 Q. And moving on to Exhibit 3, which is titled 13:23:26  
16 the Expert Declaration of Dr. Randi C. Ettner, also 13:23:29  
17 on a document with the style of this case, which, 13:23:38  
18 going to the end, is dated the 29th of February, 13:23:42  
19 2020. Do you recognize that document? 13:23:51

20 A. (Respite.) 13:24:12

21 Yes. 13:24:14

22 Q. And Dr. Ettner, this may be just a matter of 13:24:15  
23 semantics because of the way legal proceedings are 13:24:20  
24 done. Those are essentially the same reports 13:24:23  
25 containing the same opinions. Is that correct? 13:24:26

1 MR. KOHLI: Objection. Form. 13:24:30

2 THE WITNESS: Sorry. Excuse me. There 13:24:33

3 was an objection. 13:24:36

4 BY MR. JONES: 13:24:38

5 Q. You can answer. 13:24:40

6 A. My opinions are the same. 13:24:40

7 (WHEREUPON, the above-mentioned document 13:24:40  
8 was premarked as Exhibit Number 3.) 13:24:51

9 BY MR. JONES: 13:24:51

10 Q. And then moving on to Exhibit 4 that was sent 13:24:51

11 to you has a title of Expert Report of Dr. Randi C. 13:24:56

12 Ettner, PhD. It's on a document with the style of 13:25:01

13 the case in the Southern District of Ohio, with the 13:25:10

14 Plaintiff Stacie Ray, and this document, going to the 13:25:12

15 end, is dated July 1st, 2019. 13:25:20

16 Do you recognize that document as an expert 13:25:31

17 report that you prepared in that case? 13:25:35

18 A. Yes. 13:25:39

19 (WHEREUPON, the above-mentioned document 13:25:40  
20 was premarked as Exhibit Number 4.) 13:25:42

21 BY MR. JONES: 13:25:42

22 Q. And with the exception of some updating -- 13:25:43

23 I believe you had updated a couple of things 13:25:46

24 about where you've lectured, some other minor things. 13:25:50

25 -- does that document filed in the Ray case, 13:25:56

1 I will call it, contain essentially the same opinions 13:26:00  
2 that are being rendered in the current case? 13:26:05  
3 MR. KOHLI: Objection. Form. 13:26:11  
4 THE WITNESS: I would like a moment to 13:26:16  
5 review this document. 13:26:17  
6 BY MR. JONES: 13:26:20  
7 Q. Please. 13:26:20  
8 A. (Reviews document.) 13:26:21  
9 My opinions are the same in this document. 13:26:53  
10 Q. Thank you. 13:26:59  
11 And going to the last exhibit, which is 13:27:02  
12 Exhibit 5, is a transcript of a deposition that I 13:27:08  
13 believe where you testified -- and let me find the 13:27:20  
14 date of it. Just a moment. Was a deposition -- 13:27:25  
15 looks like the deposition took place on September 18, 13:27:54  
16 2019, in Chicago, Illinois. 13:28:10  
17 Do you recognize that transcript as the 13:28:14  
18 transcript of your deposition taken that day? 13:28:17  
19 A. Yes. 13:28:24  
20 (WHEREUPON, the above-mentioned document 13:28:24  
21 was premarked as Exhibit Number 5.) 13:28:24  
22 BY MR. JONES: 13:28:25  
23 Q. And, again, I know it's quite a long 13:28:25  
24 deposition. But at the end of the deposition is 13:28:28  
25 actually Page -- I'm trying to find it. Down to Page 13:28:34

1 236. And you can scroll to that if you need to. But 13:28:58  
2 do you recall having an opportunity to read and sign 13:29:06  
3 that deposition? 13:29:09  
4 A. (Reviews document.) 13:29:54  
5 Yes. 13:30:06  
6 Q. And just a general question about that 13:30:08  
7 deposition. I know you may not have had an 13:30:14  
8 opportunity to completely review it again before 13:30:20  
9 today. But as far as you recall, was your testimony 13:30:23  
10 in that deposition truthful and consistent with your 13:30:29  
11 opinions rendered in the expert report that was 13:30:35  
12 prepared in that case? 13:30:38  
13 A. I haven't reviewed the deposition but my 13:30:41  
14 answers were truthful. 13:30:47  
15 Q. Thank you. 13:30:48  
16 And so, Dr. Ettner, having reviewed -- not 13:31:01  
17 having reviewed these various documents and this 13:31:08  
18 deposition, this prior deposition -- and again, I 13:31:12  
19 think your qualifications were very well documented 13:31:16  
20 in that deposition so I'm not going to go back 13:31:20  
21 through them, and instead will focus today on your 13:31:23  
22 opinions and your education and experience with 13:31:29  
23 regard to those opinions. So I would like, if we 13:31:37  
24 could, just start with some basic definitions of 13:31:41  
25 terms that are being used throughout these documents 13:31:45

1 in your opinions. Okay? 13:31:52

2 A. Okay. 13:31:54

3 MR. KOHLI: I just want to add an 13:31:57

4 objection here. Insofar as any definitions that were 13:31:58

5 used in the Ohio transcript or expert report, those 13:32:03

6 are all subject to a standing objection in that 13:32:10

7 transcript. So to the extent any questions that go 13:32:12

8 back to terms used in those -- in that deposition and 13:32:15

9 the expert report, the same objection apply (sic) 13:32:19

10 over here as well. 13:32:26

11 MR. JONES: I understand. And I also 13:32:26

12 understand that there was a discussion yesterday 13:32:29

13 about the party not being bound by certain 13:32:34

14 definitions. And my focus today is just to get 13:32:39

15 Dr. Ettner's understanding of these terms. So with 13:32:45

16 that caveat, I'm just going to ask her for these -- 13:32:48

17 her understanding of these terms. But I understand 13:32:55

18 your objection, Puneet. 13:32:58

19 MR. KOHLI: Thank you. 13:33:03

20 BY MR. JONES: 13:33:03

21 Q. So, Dr. Ettner, if you could define for me 13:33:04

22 what is transgenderism? 13:33:08

23 A. Transgenderism refers to an individual who 13:33:15

24 experiences some incongruity between the sex they're 13:33:20

25 assigned at birth and their gender identity. 13:33:28

1 Q. And if you could, define the term "sex." And 13:33:41  
2 by "sex," I am not looking for the active intercourse 13:33:47  
3 itself but sex as a human characteristic. If you 13:33:55  
4 could, define "sex" as a human characteristic. 13:33:59  
5 A. Yes, I can. 13:34:04  
6 Sex is a composite of chromosomal pairs, 13:34:06  
7 gonads and internal reproductive organs, external 13:34:15  
8 genitalia, sexually dimorphic brain structures, and 13:34:22  
9 the result of gender identity. 13:34:31  
10 Q. And if you could, define the term that I 13:34:36  
11 believe you have used in these opinions, the term of 13:34:41  
12 "true sex." 13:34:47  
13 A. True sex -- 13:34:48  
14 MR. KOHLI: Object to the standing 13:34:51  
15 objections regarding those. 13:34:56  
16 MR. JONES: I agree to your standing 13:34:59  
17 objection, Puneet. It carries forward for all 13:35:02  
18 definitions. I can see that. 13:35:07  
19 BY MR. JONES: 13:35:14  
20 Q. Please, Dr. Ettner. 13:35:15  
21 A. "True sex," I have used to refer to a 13:35:17  
22 person's affirmed gender identity. 13:35:27  
23 Q. And that leads to the next definition of -- 13:35:38  
24 well, let's back up for just one second. 13:35:42  
25 With regard to sex and your definition of 13:35:47

1 sex, how many sexes are there? 13:35:50

2 MR. KOHLI: Objection. Form. 13:36:03

3 THE WITNESS: Well, typically, sex is 13:36:06

4 considered to be binary. Along the binary continuum 13:36:08

5 there are individuals who do not fall into those 13:36:25

6 categories. 13:36:28

7 BY MR. JONES: 13:36:29

8 Q. Is there an accepted number of sexes? 13:36:29

9 MR. KOHLI: Objection. Form. 13:36:39

10 THE WITNESS: I'm not understanding the 13:36:42

11 question the way it's phrased. 13:36:44

12 People typically talk about two 13:36:46

13 categories: Male and female. 13:36:54

14 BY MR. JONES: 13:36:56

15 Q. Okay. Then moving on. You've defined true 13:36:56

16 sex. And in that definition of true sex you've used 13:37:00

17 the word "gender identity." Can you define gender 13:37:05

18 identity? 13:37:11

19 A. Yes. 13:37:12

20 Gender identity is a well established concept 13:37:13

21 in medicine. It refers to an individual deep sense 13:37:17

22 of themselves as belonging to a category, typically 13:37:24

23 male or female. All humans develop an elemental 13:37:32

24 sense which is established early in life and is 13:37:40

25 immutable. 13:37:48

1 Q. And how many -- you say it's belonging to a 13:37:51  
2 category. How many categories of gender identity are 13:37:59  
3 there? 13:38:07

4 A. There are many ways that people can express 13:38:07  
5 their gender identity. 13:38:09

6 Q. Is there -- has there been any effort by your 13:38:16  
7 profession or the medical community or psychiatric 13:38:23  
8 community to come up with a list of categories 13:38:38  
9 regarding the gender identity? 13:38:41

10 MR. KOHLI: Objection. Form. 13:38:45

11 THE WITNESS: I can't speak to what other 13:38:49  
12 organizations have included. The World of 13:38:50  
13 Professional Association of Transgender Health, 13:38:57  
14 WPATH, speaks of gender nonconforming, transgender, 13:39:05  
15 and gender dysphoric individuals. 13:39:10

16 BY MR. JONES: 13:39:17

17 Q. And can you define for me what gender 13:39:17  
18 nonconforming is? 13:39:23

19 A. Yes. 13:39:25

20 Gender nonconforming is a gender presentation 13:39:26  
21 that falls outside of the stereotypically accepted 13:39:32  
22 cultural expectation. So for instance, if a young 13:39:41  
23 girl were to appear boyish, so to speak, what we 13:39:52  
24 typically referred to as a tomboy in the past, that 13:39:59  
25 would be an example of gender nonconformity. 13:40:03



1 Q. And you also -- so gender nonconforming, 13:40:11  
2 transgender, and what was the third? 13:40:18  
3 A. Gender dysphoric or what we used to call 13:40:20  
4 transsexuals, a term that's no longer in use. 13:40:27  
5 Q. And I did want to discuss that history of the 13:40:34  
6 terminology a little later. But if we can, go ahead 13:40:37  
7 and define what is gender dysphoria. 13:40:41  
8 A. Gender dysphoria is a serious medical 13:40:51  
9 condition that's diagnosed when an individual 13:40:56  
10 experiences extreme distress due to the incongruity 13:41:02  
11 between their birth-assigned sex and their gender 13:41:12  
12 identity. And that distress is extreme and severe 13:41:18  
13 enough to reach clinical significance and cause 13:41:23  
14 impairment in some important area of functioning. 13:41:26  
15 Fortunately, it's a treatable condition. 13:41:31  
16 Q. And your expertise has focused mainly, has it 13:41:36  
17 not, on gender dysphoria and the treatment of people 13:41:47  
18 with gender dysphoria. Is that true? 13:41:53  
19 MR. KOHLI: Objection. Form. 13:41:59  
20 THE WITNESS: No. 13:42:02  
21 BY MR. JONES: 13:42:02  
22 Q. Why is that not true? 13:42:02  
23 A. Because my expertise has focused on any and 13:42:03  
24 every aspect of gender variance. 13:42:08  
25 Q. And so, Dr. Ettner, in your experience, your 13:42:18

1 particular experience of having treated -- I believe 13:42:25  
2 you testified to over 3,000 individuals. Is that 13:42:28  
3 correct, over 3,000 individuals? 13:42:35  
4 A. At this point, yes. 13:42:37  
5 Q. In your experience of having treated over 13:42:39  
6 3,000 individuals, have you experienced individuals 13:42:43  
7 who call themselves, for example, agender? 13:42:54  
8 MR. KOHLI: Objection. Form. 13:43:07  
9 BY MR. JONES: 13:43:08  
10 Q. Are you familiar with that term? 13:43:09  
11 A. It's not a term that is commonly used, 13:43:13  
12 although there are terms that are similar that are 13:43:18  
13 used and that I have, indeed, seen in my clinical 13:43:24  
14 practice. 13:43:31  
15 Q. What similar terms? 13:43:31  
16 A. Non-binary, genderqueer would be examples of 13:43:33  
17 the -- what I believe is the example you're offering. 13:43:45  
18 Q. And what -- those terms, what do they denote? 13:43:55  
19 MR. KOHLI: Objection. Form. 13:44:03  
20 THE WITNESS: Individuals who 13:44:09  
21 characterize themselves in that manner don't 13:44:10  
22 necessarily have a gender identity that they believe 13:44:17  
23 is entirely male or entirely female. And they see 13:44:26  
24 themselves as having a more nuanced or unique 13:44:38  
25 identity which they oftentimes attempt to express. 13:44:45

1 BY MR. JONES: 13:44:51

2 Q. And that leads me to questions about the 13:44:52

3 history and evolution of this terminology. For 13:45:02

4 example, you just stated the term "transsexual" is no 13:45:10

5 longer used, correct? 13:45:15

6 A. I stated that, yes. 13:45:17

7 Q. And you've been working in this field for 13:45:18

8 over 40 years, correct? 13:45:22

9 A. I would have to count but it's been many 13:45:27

10 years. 13:45:31

11 Q. Many years. Many years. 13:45:31

12 And in those many years, not only the 13:45:33

13 terminology but the understanding, social 13:45:39

14 understanding and scientific understanding of 13:45:43

15 transgenderism has evolved; has it not? 13:45:53

16 A. Yes, indeed, it has evolved. 13:45:55

17 Q. And is it continuing to evolve? 13:46:00

18 MR. KOHLI: Objection. Form. 13:46:03

19 THE WITNESS: The scientific research is 13:46:07

20 multiplying, and I believe that the understanding by 13:46:17

21 lay people has amplified in recent years. 13:46:21

22 BY MR. JONES: 13:46:32

23 Q. And let's stick to the scientific for just 13:46:33

24 one moment. And I read the descriptions in your 13:46:36

25 prior deposition about the research being done with 13:46:45

1 magnetic resonance imaging, with other types of 13:46:50  
2 empirical studies. But I believe you answered the 13:46:56  
3 question in that deposition that there is no -- 13:47:04  
4 currently there is no test, bureau test to determine 13:47:12  
5 transgenderism. 13:47:22

6 MR. KOHLI: Objection. Form. 13:47:23

7 THE WITNESS: Is that a question? 13:47:24

8 BY MR. JONES: 13:47:26

9 Q. That's the question. Is there a test to 13:47:26  
10 determine transgenderism? 13:47:29

11 A. There is no medical test such as a blood test 13:47:31  
12 or a urinalysis or any other type of laboratory test 13:47:36  
13 that can diagnose gender incongruity. 13:47:48

14 Q. And you may have answered this but I'll just 13:48:09  
15 make sure that I have a complete understanding of 13:48:19  
16 your perspective. 13:48:21

17 What is the state of the science now with 13:48:24  
18 regard to identifying anatomical or physical 13:48:29  
19 differences, brain scans, et cetera of identifying 13:48:41  
20 transgenderism? 13:48:46

21 A. Would you repeat that question, please? 13:48:52

22 Q. Yes. It was kind of long. 13:48:54

23 But the specific question is: What is the 13:48:56  
24 state of the science now with regard to those issues? 13:49:01

25 MR. KOHLI: Objection. Form. 13:49:06

1 THE WITNESS: The information that has 13:49:13  
2 been confirmed by functional magnetic resonance 13:49:17  
3 imagery is that there are basically four brain 13:49:23  
4 phenotypes that can be seen with technology that we 13:49:32  
5 now have that we didn't have previously. And this 13:49:37  
6 technology has allowed us to view the brains of 13:49:45  
7 living individuals. 13:49:51

8 So in 2000 in Amsterdam, autopsy brains 13:49:57  
9 revealed differences in the brains of transgender 13:50:05  
10 individuals and non-transgender individuals. 13:50:10  
11 However, because of the limited amount of brains of 13:50:13  
12 dead people and the inability to understand whether 13:50:20  
13 the change was caused by the hormones or whether they 13:50:31  
14 existed prior to hormones, that data was 13:50:35  
15 inconclusive. 13:50:41

16 Conclusive data came with the advent of 13:50:41  
17 functional magnetic resonance imaging is one element 13:50:47  
18 of the state of science you're talking about. And 13:50:49  
19 that is able to look at brains prior to the 13:50:54  
20 administration of sex steroids and after the 13:51:00  
21 administration of sex steroids and demonstrates that 13:51:06  
22 there are four distinct brain phenotypes and that the 13:51:10  
23 brains of transgender women prior to any hormonal 13:51:16  
24 interventions resembled the brains of non-transgender 13:51:24  
25 women in various areas, predominantly the northern 13:51:32

1 hemisphere of the brain in cortical segment and in 13:51:44  
2 white matter microstructures to name just a few of 13:51:46  
3 these dimorphic areas. 13:51:55

4 Additionally, there have been genetic 13:52:03  
5 studies where individuals in Japan and in Australia 13:52:03  
6 have found genetic links. And I am not a geneticist 13:52:09  
7 so I cannot explain this other than to say that they 13:52:20  
8 have been able to actually identify some genetic 13:52:25  
9 underpinnings that force the neurodevelopmental 13:52:30  
10 cortical basis of the etiology. 13:52:42

11 Now, there are other facts that I could 13:52:45  
12 go into that have been looked at in infants that have 13:52:47  
13 died prenatally, demonstrating some differences that 13:52:53  
14 occur that can actually be seen in these unfortunate 13:53:00  
15 fetuses. 13:53:00

16 BY MR. JONES: 13:53:10

17 Q. And so, Dr. Ettner, regardless of objective 13:53:10  
18 findings that can be viewed through objective tests, 13:53:17  
19 based on your definition of gender identity which 13:53:27  
20 depends on a person's own affirmed identity, the 13:53:35  
21 objective tests would still not determine what a 13:53:46  
22 person's gender identity may or may not be. Would 13:53:52  
23 you agree? 13:53:59

24 MR. KOHLI: Objection. Form. 13:54:01

25 THE WITNESS: I don't think I can agree 13:54:05

1 to the first part of that question so I would ask you 13:54:07  
2 to please rephrase it or ask me that again, if you 13:54:11  
3 will. 13:54:14

4 BY MR. JONES: 13:54:16

5 Q. Regardless of objective findings, a person's 13:54:18  
6 gender identity is still subjective, is it not? 13:54:25

7 MR. KOHLI: Objection. Form. 13:54:31

8 THE WITNESS: An individual's gender 13:54:40  
9 identity is something that that individual discloses. 13:54:43

10 BY MR. JONES: 13:54:53

11 Q. And if that individual is the only one who 13:54:54  
12 can disclose it, it is by nature subjective, is it 13:54:58  
13 not? 13:55:03

14 MR. KOHLI: Objection. Form. 13:55:06

15 THE WITNESS: As I said previously, it is 13:55:09  
16 a deeply felt, internal ubiquitous to all human 13:55:12  
17 beings and an immutable aspect of identity. 13:55:25

18 BY MR. JONES: 13:55:29

19 Q. And the definition of gender incongruity is 13:55:30  
20 that that affirmed or self-affirmed identity does not 13:55:41  
21 match a gender that is assigned at birth. Is that 13:55:46  
22 correct? 13:55:54

23 A. Would you repeat the question? I didn't hear 13:55:54  
24 the first. There was an audio leak there. 13:55:57

25 BY MR. JONES: 13:56:03

1 Q. Yes. 13:56:04

2 That a person's gender incongruity simply 13:56:05  
3 means that a person's self-affirmed gender identity 13:56:11  
4 does not match the gender of the sex assigned at 13:56:17  
5 birth? 13:56:23

6 A. I agree that that would be a definition of 13:56:24  
7 gender incongruity, some diversion in gender identity 13:56:29  
8 and anatomy. 13:56:45

9 Q. And I just want to, if I can, distinguish 13:56:48  
10 between identifying that something is incongruous, 13:56:55  
11 meaning it doesn't match; so gender incongruity, two 13:57:06  
12 things don't match, versus defining what the gender 13:57:11  
13 identity actually is. Those are two different 13:57:19  
14 things, are they not? 13:57:23

15 MR. KOHLI: Objection. Form. 13:57:24

16 THE WITNESS: I don't understand the 13:57:28  
17 question. 13:57:29

18 BY MR. JONES: 13:57:29

19 Q. My question is: That by recognizing that 13:57:31  
20 there is an incongruity, a gender incongruity, that 13:57:39  
21 doesn't necessarily help a person define what their 13:57:48  
22 gender identity is; is that correct? 13:57:53

23 A. I don't know because I don't really 13:58:01  
24 understand the question. What I would say is that 13:58:04  
25 for the majority of people, the vast majority of 13:58:11



1 people, the sex they're assigned at birth is their  
2 lived experience and it is in sync with their gender  
3 identity, and they don't experience gender  
4 incongruity or gender dysphoria.

5 There is, however, a group of people whose  
6 sex assigned at birth is at odds with their sense of  
7 their self and their gender identity and it causes  
8 distress. And for some people the distress is severe  
9 and those people require interventions.

10 Q. Okay. And so I'm just trying to establish  
11 sort of the timeline of how that would happen in a  
12 person's life. The very first step, would you agree,  
13 is coming to the understanding that there is an  
14 incongruity?

15 A. People become aware of gender at an early  
16 age. However, when they understand the concept of  
17 gender incongruity or the concept of the possibility  
18 of gender transition varies from individual to  
19 individual, often depends on their socioeconomic  
20 situation. People from resource-poor environments  
21 may not understand why they feel different, and they  
22 may fight to avoid or deny those feelings. And at  
23 some point they learn that there's a name for the  
24 pain that they've experienced. But they may not be  
25 able to name that or to understand that, and that

1 occurs at various points for different people. 14:01:00

2 Q. And at the point when that occurs, that's 14:01:07

3 when, hopefully, as you discussed, an intervention 14:01:11

4 can happen, a medical intervention? 14:01:17

5 A. Not necessarily. For some people that 14:01:21

6 happens at a very young age. So we have seen, for 14:01:25

7 example, 3-year-old girls who will stand to pee and 14:01:34

8 they've never seen anyone do that. And yet, they may 14:01:39

9 be aware that someone may see that and say, Girls 14:01:46

10 don't do that. Girls use the toilet by sitting. 14:01:51

11 Yet, even though the child is aware of that and that 14:01:56

12 somehow they're different, we don't offer medical 14:02:02

13 interventions to that child. 14:02:08

14 So people make decisions about how to live 14:02:10

15 with gender incongruity when they become aware of it, 14:02:20

16 and those conditions can change from decade to decade 14:02:27

17 with some of those conditions, surgery being 14:02:36

18 irrevocable. 14:02:38

19 Q. Okay. Dr. Ettner, we're going to move on to 14:02:43

20 your opinion expressed in the current case. So I'm 14:02:49

21 going to go through your expert report. We have been 14:02:57

22 going for about an hour now. Does anyone need a 14:03:04

23 break? 14:03:09

24 A. I do. 14:03:12

25 Q. Okay. 5 minutes, 10 minutes, anyone? 14:03:14

1 A. 5 minutes would be good for me. 14:03:20

2 Q. Okay. Great. 5 minutes everyone. 14:03:22

3 MR. KOHLI: 5 minutes. 14:03:49

4 (Short break.) 14:03:49

5 MR. JONES: So we're going to go back on 14:15:26

6 the record then. 14:15:29

7 BY MR. JONES: 14:15:31

8 Q. Dr. Ettner, can you hear me? 14:15:32

9 A. Yes. 14:15:35

10 MR. JONES: Just for the record the court 14:15:36

11 reporter has advised that there may have been an 14:15:38

12 issue with her connectivity, but she believes it was 14:15:40

13 during the point of the deposition that I was going 14:15:47

14 through and basically identifying the exhibits of Dr. 14:15:51

15 Ettner's prior testimony. 14:15:59

16 BY MR. JONES: 14:15:59

17 Q. And so, Dr. Ettner, I apologize for the 14:16:01

18 repetition but just in case, we can clean this up. I 14:16:06

19 had presented you with Exhibit 4 which was your 14:16:10

20 expert report from the Ray case in Ohio. And I 14:16:16

21 believe you testified you recognized that report and 14:16:20

22 it contains your opinions in that case. Is that 14:16:24

23 correct? 14:16:24

24 A. Yes. 14:16:32

25 Q. And I also presented you with the transcript 14:16:32

1 of your deposition from the Ray case. And I believe 14:16:37  
2 you testified that your testimony in that deposition 14:16:42  
3 was truthful and did contain your opinions. Is that 14:16:48  
4 correct? 14:16:54

5 A. Yes. 14:16:54

6 MR. JONES: Well, hopefully that's all 14:16:57  
7 that was, was a matter of housekeeping and that gets 14:16:59  
8 cleared up. The court reporter will let us know if 14:17:04  
9 there were any other gaps. We'll just address that 14:17:09  
10 as best we can. 14:17:14

11 MR. KOHLI: Counsel, could you also 14:17:17  
12 identify the exhibit numbers for the record for the 14:17:19  
13 two documents you just identified? 14:17:25

14 MR. JONES: Yes. 14:17:26

15 The expert report from the Ray case was 14:17:28  
16 Exhibit 4 and the deposition transcript was Exhibit 14:17:32  
17 5. 14:17:35

18 Okay. Are we ready to move forward? 14:17:35  
19 Puneet, are you ready? 14:18:00

20 MR. KOHLI: Just one second. 14:18:00

21 So with regard to objection to, I think, 14:18:02  
22 the way you characterized the exhibits to me, I think 14:18:05  
23 she pointed out -- Dr. Ettner pointed out that she 14:18:11  
24 did not review the transcript but she recalled that 14:18:13  
25 she answered those questions truthfully. 14:18:16

1 MR. JONES: Yes. 14:18:23

2 Okay. Are we ready? 14:18:24

3 MR. KOHLI: Yeah. 14:18:33

4 MR. JONES: Great. 14:18:34

5 BY MR. JONES: 14:18:36

6 Q. Dr. Ettner, I'm going to be referring now to 14:18:38

7 your expert report that was prepared in this case 14:18:41

8 which we have marked as Exhibit 2. If you can get 14:18:44

9 that in front of you. 14:18:49

10 Okay? 14:19:32

11 A. Yes. 14:19:35

12 Q. Okay. I'm actually at paragraph -- at the 14:19:36

13 summary of opinions at Paragraph 16 and 17. And I 14:19:47

14 just wanted to ask you about -- because you had 14:20:00

15 testified earlier that you had several opinions that 14:20:05

16 you were rendering in this case, and I wanted to be 14:20:08

17 sure that we capture all of them. 14:20:11

18 But Paragraph 17, it says, For a transgender 14:20:16

19 person, a birth certificate bearing an incorrect 14:20:25

20 gender marker invades privacy, releases confidential 14:20:30

21 medical information, and places the individual at 14:20:37

22 risk for grave psychological and physical harm. 14:20:41

23 Did I read that correctly? 14:20:46

24 A. Yes. 14:20:48

25 Q. And so previously when we were going through 14:20:48

1 definitions, I attempted to ask you for a definition 14:20:52  
2 that I'm going to ask you for now. What is your 14:20:58  
3 definition of an identity document? 14:21:04

4 A. An identity document to my mind would be the 14:21:09  
5 government-issued document that identifies a person 14:21:23  
6 and allows them to use that document in transactions 14:21:29  
7 where such identification is required. 14:21:40

8 Q. And again, you have treated over 3,000 14:21:49  
9 individuals. And of those 3,000 perhaps if you could 14:21:57  
10 give me a ballpark percentage of how many of those 14:22:09  
11 individuals actually started the process of social 14:22:13  
12 transitioning? 14:22:20

13 MR. KOHLI: Objection. Form. 14:22:21

14 BY MR. JONES: 14:22:21

15 Q. You can answer, if you can. 14:22:32

16 A. Okay. Of course I can't give you a discrete 14:22:37  
17 number. I can tell you that individuals may make 14:22:42  
18 certain steps in social transition and that it may 14:22:57  
19 occur over a period of time. I may see them at some 14:23:04  
20 point during that process, but perhaps not through 14:23:12  
21 their entire transition. But I would say if I had to 14:23:17  
22 estimate, I would say about 50 percent have made some 14:23:25  
23 attempts to modify their gender expression and bring 14:23:44  
24 it more into alignment with their affirmed gender. 14:23:47

25 For instance, in a prison system where I have 14:23:56

1 seen many transgender people there are of course 14:24:01  
2 contextual limitations that prevent people from 14:24:08  
3 making a complete social transition. And so people 14:24:16  
4 will do what's possible given the limitations of 14:24:20  
5 obviously their situation. 14:24:27

6 Q. And in the process of social transitioning -- 14:24:32  
7 and let's set aside the examples of transitioning 14:24:38  
8 within a confined system like a prison system. Let's 14:24:45  
9 talk about in society, other than prison. 14:24:48

10 In the process of social transitioning where 14:24:53  
11 does the effort to change identity documents come 14:25:01  
12 within that process? 14:25:08

13 MR. KOHLI: Objection. Form. 14:25:10

14 THE WITNESS: From my experience people 14:25:14  
15 want to initiate document change when they want to 14:25:18  
16 live in their affirmed gender and be recognized as 14:25:27  
17 belonging to their affirmed gender so that their 14:25:34  
18 documents reflect their appearance and their lived 14:25:39  
19 experience. 14:25:47

20 BY MR. JONES: 14:25:48

21 Q. Is there -- in your experience with patients 14:25:49  
22 who have started that process of changing identity 14:25:56  
23 documents, is there or is there not a place to start? 14:26:00

24 For instance, a driver's license, a passport. What 14:26:08

25 is -- this is multiple questions. I'll put this in a 14:26:15

1 simple form. Where is the easiest place to start? 14:26:22

2 MR. KOHLI: Objection. Form. 14:26:25

3 THE WITNESS: Well, I think it depends on 14:26:27

4 the state where the person lives and the person's 14:26:30

5 intentions and the individual. So I don't have a 14:26:36

6 universal answer for that. I see people and have 14:26:46

7 seen people from all over the country. 14:26:50

8 BY MR. JONES: 14:26:57

9 Q. Have you had experience with patients who 14:26:59

10 because of their particular gender identity, changing 14:27:10

11 identity documents is just not an option? And the 14:27:17

12 example that I'm thinking of is one we discussed 14:27:24

13 earlier about someone who is non-binary. 14:27:27

14 MR. KOHLI: Objection. Form. 14:27:36

15 THE WITNESS: I have seen few non-binary 14:27:39

16 individuals. I have not had requests from those 14:27:47

17 individuals to change identity documents. And 14:27:52

18 there's very little research that I can point to or 14:27:57

19 scholarly articles that I can refer to. But that has 14:28:04

20 not been a very large segment. It's been a very 14:28:11

21 small segment of my -- in my experience. 14:28:20

22 BY MR. JONES: 14:28:27

23 Q. So your experience has been primarily with 14:28:28

24 the binary choice between male and female? 14:28:33

25 A. Yes. 14:28:38



1 Q. Okay. I'm moving on down to Paragraph 30 in 14:28:48  
2 your report where you are discussing the diagnostic 14:28:57  
3 criteria for gender dysphoria in adolescents and 14:29:06  
4 adults. And this is where -- and I'm looking at 14:29:16  
5 A(iv) within those criteria; and where Paragraph A 14:29:41  
6 says, Diagnostic criteria are a marked incongruence 14:29:51  
7 between one's experienced/expressed gender and 14:29:59  
8 assigned gender, of at least six months' duration, as 14:30:03  
9 manifested by at least two of the following. And 14:30:08  
10 within that list is Subparagraph 4 where you wrote, A 14:30:16  
11 strong desire to be of the other gender. And then in 14:30:23  
12 a parenthetical wrote, Or some alternative gender 14:30:32  
13 different from one's assigned gender. 14:30:35

14 And that was my question. What experience 14:30:41  
15 you have (sic) had with that other category of some 14:30:46  
16 alternative gender? 14:30:52

17 A. So although I agree with this, I'm not the 14:30:57  
18 author of this. This is taken verbatim from the 14:31:01  
19 Diagnostic and Statistical Manual. And it indicates 14:31:06  
20 as we previously discussed that there are some 14:31:14  
21 individuals who may identify as non-binary and those 14:31:18  
22 individuals can experience gender dysphoria. And 14:31:26  
23 those individuals may have a strong desire to present 14:31:31  
24 in a unique fashion that they feel expresses their 14:31:43  
25 gender identity. And that's why the DSM-5 has 14:31:51

1 included that language. 14:31:56

2 Q. And just to -- since you bring up the DSM-5, 14:32:08

3 I just wanted to go back for a second to the history 14:32:12

4 of the evolution of these carnes (ph). And the 14:32:18

5 previous DSM-4, I believe, still uses the term 14:32:27

6 "disorder"? 14:32:34

7 A. Gender identity disorder. 14:32:34

8 Q. Correct. 14:32:39

9 MR. KOHLI: Objection. Form. 14:32:39

10 BY MR. JONES: 14:32:39

11 Q. This is not a trick question. But if you 14:32:43

12 remember, when was that changed in the DSM-5 to 14:32:46

13 remove the word "disorder"? 14:32:53

14 A. The DSM-5 was published in 2013. The experts 14:32:55

15 who met would have made a determination prior to 14:33:06

16 publication. So as early as 2011. When the seventh 14:33:09

17 generation of the Standards of Care was being 14:33:20

18 produced, it was clear that the word "disorder" was 14:33:26

19 no longer acceptable and would be eliminated not only 14:33:32

20 from the DSM-5 but from the ICD as well, the 14:33:39

21 International Classification of Disorders. 14:33:46

22 Q. And, Dr. Ettner, in your experience dealing 14:33:51

23 with individuals who get to the stage of first 14:33:59

24 identifying that there is incongruity, seeking 14:34:04

25 treatment, seeking help, starting social transition 14:34:11

1 and then getting to the point of seeking an amendment 14:34:19  
2 of identity documents, that social transition and 14:34:24  
3 seeking amendment of identity documents is part of a 14:34:31  
4 medical intervention, is it not? 14:34:37

5 A. Social transition is considered a medical 14:34:50  
6 intervention. But the components of social 14:34:58  
7 transition themselves, I don't know that we would 14:35:03  
8 regard -- as medical per se, we would regard those as 14:35:09  
9 legal gender-affirming treatments. 14:35:15

10 Q. And I just want to refer back for a moment to 14:35:28  
11 the amended complaint which is Exhibit 1. And give 14:35:35  
12 me a second and I'll find precisely what I'm looking 14:35:43  
13 for. 14:35:47

14 And while I'm looking for it maybe I'll just 14:36:37  
15 ask the question. I believe somewhere in the amended 14:36:41  
16 complaint it says that a -- something to the effect 14:36:45  
17 of that a person's ability to amend their birth 14:36:52  
18 certificate should not be predicated on a diagnosis 14:37:03  
19 of gender dysphoria. Is that something that you 14:37:09  
20 would agree with? 14:37:17

21 A. Yes. 14:37:19

22 MR. KOHLI: Objection. Form. Vague. 14:37:19  
23 Speculative. 14:37:24

24 BY MR. JONES: 14:37:25

25 Q. And my question to you, Dr. Ettner, is since 14:37:26

1 your expert report discusses changing identity 14:37:35  
2 documents in the context of medical treatment after a 14:37:41  
3 diagnosis of gender dysphoria, in your opinion would 14:37:49  
4 it be appropriate for a transgender individual to 14:38:00  
5 seek an amendment of their identity documents without 14:38:05  
6 the assistance of a medical professional? 14:38:10  
7 MR. KOHLI: Objection. Form. 14:38:17  
8 THE WITNESS: I think that is exactly a 14:38:20  
9 compound question. I'm not sure that I can answer 14:38:32  
10 the question the way you phrased it. 14:38:34  
11 BY MR. JONES: 14:38:35  
12 Q. Then, let me try to make it simpler. 14:38:35  
13 A. Thank you. 14:38:40  
14 Q. Would it be appropriate in your opinion for 14:38:41  
15 an individual to seek an amendment of their birth 14:38:44  
16 certificate to change the gender marker without the 14:38:50  
17 input or guidance of a medical professional? 14:38:58  
18 A. Yes. In many cases I have seen people who 14:39:03  
19 have -- who were raised in their affirmed gender, 14:39:16  
20 oftentimes in other countries, who come to this 14:39:20  
21 country and no one is aware that they were actually 14:39:23  
22 assigned to, for instance, a male gender. And these 14:39:29  
23 people have lived their entire life in their affirmed 14:39:38  
24 gender, something we used to call a primary 14:39:42  
25 transsexual, back in the day when that language was 14:39:47

1 that. And those people never even attempted to live 14:39:55  
2 in their assigned sex. And often they've got medical 14:39:58  
3 treatments for who didn't get medical treatments, but 14:40:05  
4 did require appropriate identification to carry out a 14:40:10  
5 normal life in society or may want surgical 14:40:20  
6 interventions but have never been diagnosed by a 14:40:26  
7 medical provider or a mental health provider. 14:40:38

8 Q. Now, Dr. Ettner, you have discussed in your 14:41:26  
9 report and in your prior testimony much of the 14:41:31  
10 difficulty that transgender individuals suffer 14:41:35  
11 throughout their lives, including bullying in school, 14:41:42  
12 other issues that are related to their 14:41:57  
13 transgenderism. My question to you is, getting to 14:42:02  
14 the point of social transition and changing identity 14:42:16  
15 documents, is that a way to alleviate suffering that 14:42:25  
16 has already occurred or is that something in and of 14:42:35  
17 itself which causes suffering? 14:42:41

18 MR. KOHLI: Objection. Form. 14:42:46

19 BY MR. JONES: 14:42:54

20 Q. Do you understand? Maybe I should rephrase. 14:42:55

21 A. Please. 14:42:58

22 Q. Would you agree with me that in your opinion 14:42:58  
23 transgender individuals -- and I'm looking 14:43:02  
24 specifically at Paragraph 32. Actually Paragraph 31. 14:43:09  
25 Without treatment, individuals with gender dysphoria 14:43:27

1 experience anxiety, depression, suicidality, and 14:43:33  
2 other attendant mental health issues and are often 14:43:38  
3 unable to adequately function in occupational, 14:43:43  
4 social, or other areas of life. 14:43:48

5 Did I read that correctly? 14:43:50

6 A. Yes. 14:43:53

7 Q. And why is that, in your experience? 14:43:53

8 A. Why did they experience distress? 14:44:00

9 Q. Yes. 14:44:06

10 A. Experience distress because they violate 14:44:07  
11 social norms and are subject to humiliation, 14:44:16  
12 stigmatization, discrimination, harassment, violence. 14:44:25  
13 These individuals have a 43 percent suicide attempt, 14:44:30  
14 ten times higher than the national average. And in 14:44:37  
15 the case of severely gender dysphoric individuals we 14:44:42  
16 can see a natural progression of the medical 14:44:48  
17 condition. When we look at what happens to 14:44:53  
18 individuals who are incarcerated and do not receive 14:44:56  
19 treatment, one of three trajectory evolves. Either 14:45:03  
20 the individual has complete psychological 14:45:08  
21 decompensation or they attempt surgical self 14:45:15  
22 treatment, the removal of their own testicles, or 14:45:23  
23 they attempt suicide. 14:45:26

24 Q. And so that is the condition or the 14:45:34  
25 experience of transgender individuals independent of 14:45:42

1 what their identity documents say? 14:45:49

2 A. Studies from 2015 and 2020 indicate that 14:45:55  
3 having congruent gender identity documents reduces 14:46:06  
4 psychopathy and suicidal ideation, planning, 14:46:16  
5 significantly. And the 2020 study was, I understand, 14:46:19  
6 22,000 individuals, leading the logics to conclude 14:46:31  
7 that legal gender affirmation is a determinant of 14:46:34  
8 mental health. 14:46:39

9 Q. And the point is that, yes, these individuals 14:46:43  
10 have this condition which causes them these issues 14:46:53  
11 and that having affirming documents may alleviate 14:47:01  
12 those issues but it didn't cause those issues. Is 14:47:09  
13 that correct? 14:47:16

14 A. Revealing incongruent documents does cause 14:47:16  
15 those issues. For example, in my own practice I had 14:47:26  
16 a patient who had to reveal to a civil servant a 14:47:30  
17 document that was not corrected and she was 14:47:38  
18 humiliated publicly, harassed, and went home and shot 14:47:44  
19 herself in the head; committed suicide. So exposure, 14:47:51  
20 violation of privacy, the revelation of information 14:48:04  
21 that an individual wants to keep secret if it is 14:48:08  
22 noncongruent leads to fear, anxiety, or worse. And 14:48:16  
23 that anxiety over time is corrosive to physical and 14:48:22  
24 mental health. 14:48:29

25 Q. Do you recall what that identity document 14:48:40

1 was? 14:48:46

2 A. I don't recall but I believe it was a birth 14:48:48

3 certificate. She had left the state and was moving 14:48:53

4 to a new state and had to produce identity documents. 14:48:56

5 And that's when her, what should have been a mundane 14:49:06

6 transaction actually became a traumatic one with a 14:49:21

7 lethal outcome. 14:49:44

8 Q. And, Dr. Ettner, I want to step back for a 14:49:44

9 moment to the actual preparation of the birth 14:49:49

10 certificate. And I may refer back to your testimony 14:50:07

11 from prior deposition. But is it fair to say that it 14:50:13

12 is not your opinion that there is per se anything 14:50:28

13 wrong with assigning a sex at birth on a birth 14:50:34

14 certificate? 14:50:52

15 A. I'm sorry. Can you repeat? I didn't 14:50:52

16 understand -- 14:50:56

17 Q. Yes. 14:50:56

18 A. -- the reference to prior deposition. 14:50:57

19 Did you want me to refer to a prior 14:51:00

20 deposition? 14:51:03

21 Q. No. I may refer back to it. I apologize. 14:51:03

22 That was a little confusing. 14:51:07

23 Let's ask it this way. Assigning birth -- 14:51:10

24 assigning sex at birth is a medical diagnosis or a 14:51:18

25 medical decision, is it not? 14:51:29



1 A. Not necessarily. 14:51:32  
2 Q. Then what is it? 14:51:34  
3 A. It's a recording that an individual makes. 14:51:37  
4 It could be a doula if someone has delivered at home 14:51:45  
5 for instance. It's not always made by a physician. 14:51:50  
6 Q. And by -- whoever records it, if it be a 14:52:08  
7 doula or a physician, I believe you have testified 14:52:16  
8 that the normal process for assigning sex at birth is 14:52:23  
9 an examination of external genitalia. Is that 14:52:29  
10 correct? 14:52:36  
11 MR. KOHLI: Sorry. Objection. Form. 14:52:36  
12 THE WITNESS: Would you repeat the 14:52:41  
13 question? I'm sorry. 14:52:42  
14 BY MR. JONES: 14:52:45  
15 Q. Yes. The -- 14:52:45  
16 A. I'm having a little auditory -- I'm sorry. 14:52:45  
17 I'm having a little auditory -- it's hard for me to 14:52:47  
18 hear the objections. So I beg your pardon. But 14:52:50  
19 could you repeat the question, please? 14:52:57  
20 Q. Yes. 14:53:00  
21 Whoever makes the -- well, let me ask it this 14:53:04  
22 way. The normal process for assigning sex at birth 14:53:10  
23 is an examination of external genitalia, correct? 14:53:23  
24 A. Yes. 14:53:30  
25 Q. And it is not your opinion that there is 14:53:31

1 anything necessarily wrong with that process? 14:53:38

2 MR. KOHLI: Objection. Form. 14:53:41

3 THE WITNESS: I'm having some trouble 14:53:48

4 with the word "wrong." I think that that is the 14:53:53

5 process that takes place. I agree that that is 14:53:57

6 standard procedure to record the sex at the time of 14:54:03

7 birth based on the appearance of the genitals. 14:54:09

8 BY MR. JONES: 14:54:26

9 Q. Bear with me for a moment. 14:54:26

10 A. Sure. 14:54:33

11 Q. (Reviews documents.) Okay. 14:55:50

12 I apologize. I'm usually much more 14:56:06

13 comfortable dealing with paper. 14:56:09

14 The question -- and I'm looking at Page 128 14:56:23

15 of your prior deposition. And feel free to follow 14:56:29

16 along there? 14:56:42

17 MR. KOHLI: That's Exhibit 5, yeah? 14:56:46

18 MR. JONES: Exhibit 5, yes. I apologize. 14:56:49

19 MR. KOHLI: And could you give the page 14:56:54

20 number again, please? 14:56:56

21 MR. JONES: Yes. I'm actually at Page 14:56:58

22 127 and the question is when a person is born -- 14:57:00

23 THE WITNESS: Would you give me a moment? 14:57:15

24 I'm not quite there. 14:57:16

25 BY MR. JONES: 14:57:19

1 Q. Absolutely. 14:57:19

2 A. And I'm on Page 127. 14:57:42

3 Q. At the very bottom, Question: When a person 14:57:44

4 is born do you have a general understanding of how 14:57:48

5 the sex of that individual is determined? 14:57:50

6 And your answer is: Yes. 14:57:54

7 Question: What is that understanding? 14:57:57

8 And your answer is: A cursory examination of 14:58:01

9 the external genitalia. 14:58:07

10 And the question: When you say "cursory," do 14:58:13

11 you think there should be a more extensive review of 14:58:16

12 a person's genitalia before a medical provider 14:58:20

13 determines male or female? 14:58:23

14 There was an objection and you answered. 14:58:25

15 And the question that I had I believe was 14:58:31

16 posed here at the bottom of Page 128. Do you have an 14:58:41

17 expert opinion on whether or not it would be 14:58:45

18 appropriate for a medical provider to do a more 14:58:48

19 extensive examination of the anatomy of the newborn 14:58:52

20 to determine male or female? 14:58:58

21 And your answer is: Not at the time of 14:59:00

22 birth. 14:59:07

23 Is that still your answer today? 14:59:07

24 A. Yes. 14:59:10

25 MR. KOHLI: Objection. For the record, 14:59:10

1 this is all subject to the standing objection and the 14:59:13  
2 specific objections noted in the prior transcript, 14:59:17  
3 which is now an exhibit here. 14:59:20

4 MR. JONES: Yes. 14:59:23

5 BY MR. JONES: 14:59:29

6 Q. And the next question: Because you used the 14:59:30  
7 word "cursory" I was wondering if you had any idea as 14:59:34  
8 to whether or not they need to do more? 14:59:38

9 Your answer: No. There's nothing more that 14:59:40  
10 can be done other than to glance at it unless there's 14:59:45  
11 some ambiguity about it at birth, and then there 14:59:49  
12 would be a more extensive visual examination done 14:59:51  
13 with later followup attention. 14:59:54

14 Is that still your answer today? 14:59:58

15 MR. KOHLI: Same objection. 14:59:58

16 BY MR. JONES: 15:00:06

17 Q. You can answer. 15:00:07

18 Is that still your answer today? 15:00:10

19 A. Yes, in the (inaudible) preceding questions 15:00:11  
20 and the ones that follow. 15:00:40

21 THE REPORTER: Can you repeat that  
22 answer? There was a word or two that cut out.

23 MR. JONES: Yes. The answer from the  
24 deposition was: No --

25 THE REPORTER: No. The answer from the

1 doctor.

2 MR. JONES: Oh. Her answer?

3 THE REPORTER: Yes, sir.

4 THE WITNESS: My answer is yes, in the 15:00:40  
5 context of the preceding questions and those that 15:00:42  
6 follow. 15:00:47

7 BY MR. JONES: 15:00:50

8 Q. And so the next question in the deposition 15:00:51  
9 was: So even though you describe what generally 15:00:56  
10 happens at birth as cursory, you nevertheless admit, 15:01:00  
11 I mean, that's appropriate as well, at the time of 15:01:08  
12 birth, right? 15:01:13

13 And your answer was: Correct. 15:01:15

14 Is that the same answer today? 15:01:18

15 MR. KOHLI: Same objection as before. 15:01:23

16 THE WITNESS: My answer today is that 15:01:29  
17 examination of the genitals at birth is a proxy for 15:01:34  
18 sex for the majority of people. For some people, 15:01:45  
19 however, evidence that emerges later on makes that 15:01:49  
20 designation inaccurate. 15:02:00

21 BY MR. JONES: 15:02:07

22 Q. And that is in your opinion based on 15:02:07  
23 information which becomes available later? 15:02:10

24 A. Correct. 15:02:16

25 Q. And what information might that be? 15:02:17

1 A. That an individual's gender identity does not 15:02:22  
2 match that designation that was recorded at the time 15:02:28  
3 of birth. And when there is that departure, gender 15:02:33  
4 identity is the determinant of that individual's sex. 15:02:41  
5 Q. And so you would agree that the concept of 15:02:46  
6 sex at birth is different from a person's gender 15:02:51  
7 identity? 15:02:59  
8 MR. KOHLI: Objection. Form. 15:03:00  
9 THE WITNESS: Not for everybody. 15:03:03  
10 BY MR. JONES: 15:03:05  
11 Q. Well, it may form differently for everyone. 15:03:06  
12 But the concept is -- whether it's congruous or 15:03:08  
13 incongruous, the sex at birth, which is determined by 15:03:18  
14 examination of external genitalia, is a concept 15:03:22  
15 different than gender identity which may form later? 15:03:29  
16 MR. KOHLI: Objection. Form. 15:03:40  
17 THE WITNESS: I don't agree that gender 15:03:41  
18 identity is formed later. Gender identity exists. 15:03:43  
19 Our awareness of it becomes apparent later. A baby 15:03:51  
20 cannot talk, and so we use external genitalia as a 15:03:57  
21 proxy for sex. For the vast majority of individuals 15:04:06  
22 that is not problematic. For individuals who have 15:04:10  
23 this rare condition, it is an inaccurate designation. 15:04:17  
24 BY MR. JONES: 15:04:32  
25 Q. Well, the sex at birth is not an inaccurate 15:04:32

1 designation but it's an inaccurate designation of 15:04:37  
2 gender identity. Is that your opinion? 15:04:45

3 THE WITNESS: No. 15:04:50

4 MR. KOHLI: Objection. Form. 15:04:51

5 BY MR. JONES: 15:04:52

6 Q. Okay. Please explain. 15:04:53

7 A. External genitalia are one composite of sex. 15:04:55

8 Basing sex on that one element is accurate and 15:05:05

9 serviceable for the majority of human beings. For 15:05:14

10 some individuals, however, it is inaccurate because 15:05:19

11 when there is a discrepancy, gender identity is the 15:05:27

12 determinant of sex. So that designation requires 15:05:36

13 alteration based on evidence that emerges after 15:05:43

14 birth. And that timeframe differs, as we've 15:05:52

15 discussed, from individual to individual. 15:05:55

16 Q. Now, we have talked about different 15:05:59

17 definitions of sex, true sex, and gender identity. 15:06:04

18 So my question to you is, in your opinion should sex 15:06:15

19 be recorded on a birth certificate? 15:06:28

20 A. My opinions here that observation of external 15:06:32

21 genitalia and the recording of that on the birth 15:06:41

22 certificate is acceptable if there is an 15:06:51

23 understanding that at a future date that may have to 15:06:58

24 be altered if new evidence comes to light in the case 15:07:04

25 of transgender individuals or individuals who have 15:07:08

1 disorders of sexual differentiation. 15:07:13

2 Q. And so should a person's true sex be listed 15:07:20

3 on a birth certificate, in your opinion? 15:07:30

4 A. If they request that, yes. 15:07:34

5 Q. And in your opinion should a person's gender 15:07:44

6 identity be listed on a birth certificate? 15:07:52

7 A. I'm not certain if you're asking me at the 15:07:56

8 time of birth or when a birth certificate is altered 15:08:00

9 because a person has transitioned or has affirmed 15:08:07

10 identity that is other than the sex they were 15:08:14

11 assigned at birth and that is recorded. So I'm not 15:08:19

12 clear which you're asking about. 15:08:24

13 Q. I'm actually asking if in your opinion gender 15:08:27

14 identity should ever be listed on a birth 15:08:34

15 certificate? 15:08:44

16 A. If the gender identity differs from the sex 15:08:44

17 designation on the birth certificate, for instance, 15:08:51

18 if the birth certificate has recorded an infant as 15:08:54

19 male and that individual has a female gender 15:09:03

20 identity, my opinion is that the gender certificate 15:09:09

21 should be altered to have a female gender marker 15:09:14

22 designation as is done in many states, if not most, 15:09:18

23 throughout the country. 15:09:26

24 Q. And I'm not trying to be elusive here. And 15:09:28

25 my question is not whether -- my question is very 15:09:37



1 simply should there be a box on a birth certificate 15:09:50  
2 that records gender identity at all, in your opinion? 15:09:55

3 MR. KOHLI: Objection. Form. 15:10:00

4 Counsel, you're asking questions outside 15:10:02  
5 the scope of the testimony in the declaration. 15:10:04

6 MR. JONES: And that's just what I'm 15:10:10  
7 trying to understand, what the scope of her opinions 15:10:11  
8 will be. And if she has no opinion on that, that is 15:10:15  
9 fine. 15:10:18

10 MR. KOHLI: All right. 15:10:18

11 MR. JONES: I mean, I'm asking if she has 15:10:20  
12 an opinion based on her education, experience, and 15:10:22  
13 training of whether or not gender identity should be 15:10:28  
14 listed at all on a birth certificate. 15:10:34

15 THE WITNESS: When a birth certificate is 15:10:41  
16 altered to conform to gender identity, gender 15:10:43  
17 identity is sex. And so there would be no reason to 15:10:48  
18 list gender identity as a separate marker. The 15:10:53  
19 person is living in the sex that you refer to as true 15:11:00  
20 sex, their lived experience, and their corrected 15:11:12  
21 birth certificate now reflects that, legitimizing 15:11:18  
22 legally and socially their identity. 15:11:22

23 BY MR. JONES: 15:11:29

24 Q. And again, I'm -- I think I'm asking a 15:11:30

25 different question, Dr. Ettner. 15:11:35

1           And maybe we can unpack it this way. Is sex, 15:11:39  
2 true sex, and gender identity a part of who a human 15:11:49  
3 being is? 15:11:59

4           MR. KOHLI: Objection. Form. 15:12:00

5           THE WITNESS: Every human being has a 15:12:03  
6 gender identity. 15:12:05

7 BY MR. JONES: 15:12:08

8 Q. Is it something that in your opinion should 15:12:08  
9 be recorded on identity documents? 15:12:13

10 A. It would be redundant to list that on an 15:12:24  
11 identity document that has been accurately altered to 15:12:30  
12 reflect the sex of the individual. 15:12:35

13 Q. It is now 3:12 by my count. If we can take a 15:12:50  
14 10-minute break, I'll give you the worst lie that 15:12:59  
15 attorneys ever say, which is I only have a few more 15:13:05  
16 questions. But if you can return in 10 minutes I 15:13:10  
17 think we'll be close to wrapping this up. Okay? 15:13:15

18 A. Thank you. 15:13:22

19           MR. JONES: Okay. Off the record for 15:13:22  
20 10 minutes. Thank you. 15:13:24

21           MR. KOHLI: Thank you. 15:13:25

22           (Short break.) 15:13:26

23           MR. JONES: Well, I told you that I was 15:25:51  
24 going to lie to you by saying I only had a few more 15:25:53  
25 questions, and I did lie because actually I have no 15:25:59

1 more questions. So thank you very much for 15:26:04  
2 participating today, and everyone for participating 15:26:09  
3 under these unusual circumstances. And I will pass 15:26:13  
4 the witness if, Puneet, you have any questions. 15:26:18

5 MR. KOHLI: I do. Thank you. Just one 15:26:23  
6 minute. 15:26:27

7 THE WITNESS: Could you speak up, Puneet? 15:26:27  
8 I'm sorry. I'm having a hard time hearing you. 15:26:28

9 MR. KOHLI: Can you hear me now? 15:26:34

10 THE WITNESS: Now I can, yes. 15:26:37

11 15:26:46

12 CROSS-EXAMINATION 15:26:46

13 QUESTIONS BY MR. KOHLI: 15:26:46

14 Q. Dr. Ettner, do you remember being asked that 15:26:48  
15 having incongruent gender identity documents can 15:26:52  
16 cause harm? 15:27:00

17 A. Do I remember being asked that today? 15:27:06

18 Q. Yeah. 15:27:10

19 A. I don't know if I was asked it in exactly 15:27:11  
20 that phrasing. 15:27:15

21 Q. Okay. But let me ask you this. Does having 15:27:19  
22 incongruent gender ID documents, without ever having 15:27:26  
23 to reveal them, by itself cause any harm for 15:27:34  
24 transgender individuals? 15:27:45

25 A. Yes. Yes, indeed. And there have been 15:27:47

1 studies that document that. And we know that the 15:27:52  
2 fear of exposing that can actually increase an 15:27:55  
3 individual's acquiring hypertension due to the 15:28:01  
4 intersectionality of cardiac reactivity and stress. 15:28:16  
5 Q. Do you also recall Counsel indicated that you 15:28:25  
6 have experience with individuals who choose to be 15:28:29  
7 either male or female? 15:28:41  
8 A. Did you say "neither" or "either"? 15:28:42  
9 Q. Either male or female. 15:28:44  
10 So do you recall that there was some 15:28:45  
11 discussion about your experience and in particular 15:28:48  
12 that Counsel mentioned or characterized that you have 15:28:50  
13 experience with individuals who choose to be either 15:28:53  
14 male or female? 15:28:56  
15 A. Yes. But I believe that is a choice. 15:29:00  
16 Q. You already answered my question. 15:29:05  
17 But just for the record, do you think gender 15:29:06  
18 identity is a choice? 15:29:10  
19 A. No. Gender identity, as I thought I answered 15:29:12  
20 earlier, is an innate brain-based, deeply felt, and 15:29:20  
21 universal aspect of identity. 15:29:31  
22 Q. Thank you. 15:29:38  
23 MR. JONES: And I'm sorry. I actually 15:29:39  
24 had an objection to that question but it was on mute. 15:29:42  
25 So I apologize for the delay but she answered anyway. 15:29:46

1 Just to record the objection. 15:29:51

2 MR. KOHLI: Dr. Ettner, give me just one 15:29:58

3 minute. Just one minute, please. 15:30:01

4 Okay. I think that I don't have anymore 15:30:16

5 questions. Thank you so much. 15:30:19

6 MR. JONES: No redirect. So we are done. 15:30:21

7 Thank you very much everyone. 15:30:24

8 MR. KOHLI: Just for the record. 15:30:26

9 MR. JONES: Yes. 15:30:28

10 MR. KOHLI: Do we -- just one last 15:30:29

11 question. Can we -- or I think I want Omar to kind 15:30:31

12 of answer this. Do we want anything to be marked 15:30:38

13 confidential? 15:30:45

14 MR. GONZALEZ-PAGAN: I don't think there 15:30:46

15 was anything to be marked for confidential from this 15:30:46

16 deposition. 15:30:49

17 MR. KOHLI: Okay. I think that's it. We 15:30:53

18 would like to review and sign the transcript. 15:30:54

19 MR. JONES: Yes. 15:31:01

20 MR. KOHLI: Okay. 15:31:01

21 MR. JONES: And we will be in discussion. 15:31:03

22 I guess the court reporter can e-mail us tonight or 15:31:09

23 as soon as possible when she determines if there was 15:31:13

24 a gap in the testimony. And if somehow we need to 15:31:16

25 address that -- I'm not sure that we do, but if we 15:31:24

1 do, we'll just have that discussion when she responds 15:31:26  
2 to us. 15:31:30

3 MR. KOHLI: Okay. That sounds good. And 15:31:31  
4 this would be standard. Would you be able to send us 15:31:35  
5 a rough draft today or tomorrow? 15:31:48

6 THE REPORTER: Yes. 15:31:48

7 MR. KOHLI: Thank you. 15:31:48

8 MR. JONES: Okay. Thank you everyone. 15:31:55

9 THE REPORTER: Mr. Jones, would you like 15:31:55  
10 to order the original? 15:31:56

11 MR. JONES: I'll e-mail you about that. 15:32:00

12 THE REPORTER: Okay. Thank you.

13 (WHEREUPON, this concludes the  
14 deposition.)

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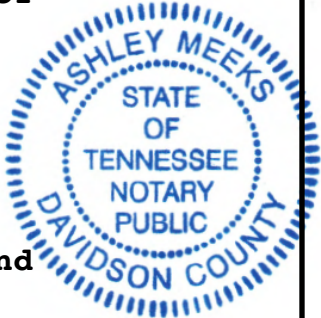
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PAGE	LINE	SHOULD HAVE BEEN
23	9	"result of" should be "resultant"
30	25	"northern" should be "right"
31	1	"segment" should be "thickness"
31	9	"force" should be "reinforce"
32	16	insert "sense" before "ubiquitous"
33	7	"diversion" should be "divergence"
46	3	"for" should be "or"
48	6	"logics" should be "authors"
57	9	insert "an" before "affirmed"
57	20	"gender" should be "birth"
61	15	insert "don't" before "believe"

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# Exhibit B

Deposition Transcript of Dr. Shayne Sebold Taylor, M.D.

**GORE, et al.**

**vs.**

**LEE, et al.**

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**SHAYNE SEBOLD TAYLOR, M.D.**

**April 15, 2020**



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1 UNITED STATES DISTRICT COURT  
2 FOR THE MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

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4 KAYLA GORE; JAIME COMBS;  
5 L.G.; and K.N.,

6 Plaintiffs,

7 vs.

Case No. 3:19-0328

8 WILLIAM BYRON LEE, in his  
9 official capacity as  
10 Governor of the State of  
11 Tennessee; and LISA  
12 PIERCEY, in her official  
13 capacity as Commissioner  
14 of the Tennessee  
15 Department of Health,

16 Defendants.

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17 Videoconference Deposition of:

18 SHAYNE SEBOLD TAYLOR, M.D.

19 Taken on behalf of Defendants  
20 April 15, 2020

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1                                    S T I P U L A T I O N S

2  
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6                                    The videoconference deposition of  
7 SHAYNE SEBOLD TAYLOR, M.D. was taken by counsel for  
8 the Defendants, by Notice, with all participants  
9 appearing at their respective locations, on  
10 April 15, 2020, for all purposes under the Federal  
11 Rules of Civil Procedure.

12                                    All objections, except as to the form of  
13 the question, are reserved for the hearing, and that  
14 said deposition may be read and used in evidence in  
15 said cause of action in any trial thereon or any  
16 proceeding herein.

17                                    It is agreed that LINDSEY R. PERRY, LCR,  
18 RPR, CRR, CSR, Court Reporter for the State of  
19 Tennessee, may swear the witness, and that the  
20 reading and signing of the completed deposition by  
21 the witness are not waived.

1 \* \* \*

2  
3 MS. SHEW: I'm Dianna Shew. I'm with  
4 the Tennessee Attorney General's Office representing  
5 the defendants in this case. Just a couple of  
6 announcements, and then I think the court reporter  
7 might have some announcements.

8 We are conducting this deposition via  
9 Webex. The witness, the court reporter, and all  
10 counsel are appearing through Webex. We have  
11 stipulated that the witness may be sworn remotely  
12 and will be bound by that oath as if sworn in  
13 person.

14 All objections except as to the form of  
15 the question are reserved. Although this is -- this  
16 deposition is being conducted via Webex, which is a  
17 video -- has a video aspect to it, this deposition  
18 is being recorded by normal stenographic means only,  
19 and we are not making a video recording.

20 I think that is it. We have one  
21 objecting attorney who has been identified, so I  
22 believe that it will not be necessary, then, for him  
23 to identify himself each time he makes an objection.  
24 That will make things go more smoothly, and I think  
25 it -- I'm looking -- it looks like we have pretty

1 much everybody else muted.

2 So with that, are there any other  
3 announcements by Plaintiffs' counsel or the court  
4 reporter?

5 MR. GONZALEZ-PAGAN: Not from  
6 Plaintiffs' counsel. Thank you, Dianna.

7 THE REPORTER: I don't think I have any  
8 announcements other than we need to be very aware of  
9 speaking loudly and clearly and one at a time, and  
10 just let me know if anyone has any questions during  
11 the proceedings, but with that, I think we can go  
12 ahead and swear our witness in.

13 MS. SHEW: All right.

14

15 \* \* \*

16 SHAYNE SEBOLD TAYLOR, M.D.  
17 was called as a witness, and after having been first  
18 duly sworn, testified as follows:

19

20 EXAMINATION

21 QUESTIONS BY MS. SHEW:

22 Q. Dr. Taylor, would you state your full name  
23 for the record, please.

24 A. My name is Shayne, S-H-A-Y-N-E. My middle  
25 name is Sebold, S as in Sam, E-B-O-L-D, as in dog.

1 Last name is Taylor, T-A-Y-L-O-R.

2 Q. Thank you.

3 Dr. Taylor, have you ever given a deposition  
4 before?

5 A. I have not.

6 Q. Well, just a couple of ground rules, and  
7 your attorneys have probably covered this, but as  
8 the court reporter said, we're -- it's important  
9 that we not speak over each other. She's creating a  
10 written transcript, and it makes it hard for her to  
11 transcribe. In addition, with the Webex connection,  
12 it makes it hard for us to hear. Everybody gets  
13 garbled, and I will try and follow that same rule  
14 myself.

15 I'm going to ask you a series of questions.  
16 If at any point you don't hear my question or don't  
17 understand my question, please say that, and I will  
18 be glad to restate or rephrase my question for you.

19 This is not an endurance competition, so if  
20 at any point you need a break, please just say so  
21 and we'll take a break. I only ask that you not  
22 request a break if I have an open question on the  
23 table that you have not answered.

24 Any -- any questions about those ground  
25 rules?



1 A. No.

2 Q. Okay. Dr. Taylor, have you ever provided an  
3 expert report or an expert opinion in a lawsuit  
4 prior to this one?

5 A. No, I have not.

6 Q. All right. Today, I'm going to ask you  
7 about a few exhibits. The exhibits I'm -- that I  
8 may ask you about consist of your expert report, an  
9 updated bibliography, and the amended complaint in  
10 this lawsuit.

11 Do you have those documents available to  
12 you?

13 A. I do.

14 Q. Okay. Thank you.

15 Dr. Taylor, what is your primary area of  
16 expertise?

17 A. I am a physician. I'm double board  
18 certified in both internal medicine and pediatrics  
19 by the board -- American Board of Internal Medicine  
20 and the American Board of Pediatrics. I'm a primary  
21 care physician at Vanderbilt University Medical  
22 Center, and my clinical area of interest is taking  
23 care of LGBTQ patients, and I'm the lead clinician  
24 in Vanderbilt Clinic For Transgender Health where I  
25 manage most of the hormone therapy and primary care

1 for transgender patients.

2 Q. All right. Thank you.

3 Let's -- let's start by going through your  
4 report, and I would like the court reporter to go  
5 ahead and mark that as Exhibit 1, please.

6 (WHEREUPON, a document was marked as  
7 Exhibit Number 1.)

8 THE REPORTER: It has been so marked.

9 MS. SHEW: All right. Thank you.

10 BY MS. SHEW:

11 Q. Dr. Taylor, just flipping to the --  
12 Exhibit A of your report is your CV; correct?

13 A. That is correct.

14 Q. Have there been any additions or changes to  
15 this CV since you prepared your report and attached  
16 the CV to the report?

17 A. I have given an additional presentation.

18 Q. Okay. And what was that presentation?

19 A. That presentation was for the American  
20 College of Osteopathic Obstetricians and  
21 Gynecologists. It was regarding clinical care for  
22 the transgender patient.

23 Q. And when was that?

24 A. That was just last week. Very recently,  
25 which is why it was not on this most updated CV.

1 Q. Okay. And did you -- was that presented  
2 live or was it presented in some way virtually?

3 A. The conference ended up being a virtual  
4 conference due to the COVID pandemic.

5 Q. Okay. It was a conference of the American  
6 College of Obstetricians and Gynecologists?

7 A. It was the American College of  
8 Osteopathic --

9 Q. Okay.

10 A. -- Obstetricians and Gynecologists, so  
11 A-C-O-O-G.

12 Q. Thank you.

13 Any other changes, additions, or corrections  
14 to your CV?

15 A. No. I think that otherwise it's pretty up  
16 to date.

17 Q. All right. And then Exhibit B to your  
18 report is a bibliography?

19 A. That's correct.

20 Q. And I understand there has been an addition  
21 to that bibliography since it was filed?

22 A. Yes. It was amended.

23 Q. Okay. Let's -- let's go ahead and mark the  
24 updated bibliography as **Exhibit 2**.

25 (WHEREUPON, a document was marked as

1 Exhibit Number 2.)

2 THE REPORTER: It has been so marked.

3 BY MS. SHEW:

4 Q. Dr. Taylor, can you tell me what was  
5 otherwise added or changed to the amended  
6 bibliography?

7 A. An additional research paper that was just  
8 written was added to the bibliography. Was recently  
9 published.

10 Q. Was that -- I'm looking at the amended  
11 bibliography.

12 Was that Item 48?

13 A. No.

14 Q. Okay. I was just looking for a 2020 study.  
15 Or was it Item -- Item 51? No. Item 51 appears --  
16 you don't know which is the addition?

17 A. I have the -- the -- I have the name of the  
18 citation. I'm wondering if the copy that we have --  
19 that I printed off this morning, it doesn't include  
20 it.

21 Q. What's the name?

22 A. The title of the paper is called  
23 Gender-Concordant Identity Documents and Mental  
24 Health Among Transgender Adults in the United  
25 States. It was published in Lancet. I'm looking

1 through the bibliography, and I'm wondering if it  
2 hasn't been included in this most recent one.

3 Q. Well, the one I have is 59 entries, and the  
4 previous one had 58. So, somewhere, we've added,  
5 but they're listed -- seem to be listed by author's  
6 last name.

7 A. Let me look.

8 MR. LIM: If I may, Dr. Taylor, it's  
9 Paragraph 48.

10 MR. GONZALEZ-PAGAN: Yeah. It's 48 on  
11 the updated, Dianna.

12 Dr. Taylor, this one, actually, that  
13 you're looking at is the updated bibliography, which  
14 is a standalone document and not the one that's  
15 attached to the report.

16 BY MS. SHEW:

17 Q. Right. That's what -- I thought it was 48.  
18 Yeah. 48.

19 A. Oh, I apologize. I have a different copy of  
20 it printed out for me.

21 Q. Okay. Okay.

22 A. I apologize.

23 Q. So Item 48 on the updated bibliography is  
24 the recent addition; correct?

25 A. Let me clarify. Yes, that is correct. I

1 apologize about that.

2 Q. Okay. Dr. Taylor, what documents have you  
3 reviewed regarding this lawsuit or regarding the  
4 plaintiffs in this case?

5 A. Regarding the plaintiffs, the only document  
6 that I have reviewed is the amended complaint and  
7 the documents that are listed in my bibliography  
8 that were helpful in preparing my testimony.

9 Q. Have you reviewed any other documents  
10 regarding this lawsuit or regarding the plaintiffs?

11 A. Yes, actually. I have reviewed the expert  
12 witness [sic] written by Dr. Ettner and by the --  
13 written by the defendant witnesses as well.

14 Q. Anything else that you reviewed?

15 A. Not that I can recall.

16 Q. And you said you'd reviewed items in the  
17 bibliography that you believed were helpful to you  
18 in this case?

19 A. That's correct.

20 Q. So you did not rely on all of the items in  
21 the bibliography in forming your opinions in this  
22 case; is that correct?

23 A. The items in the --

24 MR. GONZALEZ-PAGAN: Objection. Form.

25 //

1 BY MS. SHEW:

2 Q. You can answer.

3 A. The items in the -- okay. Thank you.

4 The items in the bibliography are some of  
5 the most well-established papers in this field. Not  
6 all of them -- the content of all of them did not  
7 make it into the testimony, but they were all  
8 reviewed while preparing my testimony.

9 Q. And you said some of them were what? Some  
10 of the most -- I forget the term you used now. Some  
11 of these are what? Among the most -- I don't think  
12 you said "important," but --

13 A. Often cited.

14 Q. Often cited? And which are those?

15 A. I don't have a specific one that is used  
16 more often than others when -- I don't have a  
17 specific one that's used more often than others.

18 Q. All right. So if I understand your  
19 testimony, you're saying that you reviewed  
20 everything in the bibliography but relied more  
21 heavily on some items than on others; is that  
22 correct?

23 MR. GONZALEZ-PAGAN: Objection. Form.

24 BY MS. SHEW:

25 Q. Is that correct?

1 A. Yes, that is correct.

2 Q. Are there any other documents regarding the  
3 plaintiffs or this lawsuit that you have reviewed?

4 A. None that I can recall.

5 Q. Have you met with any of the plaintiffs in  
6 this case?

7 A. Not regarding this case, no.

8 Q. Okay. But you -- apparently you have met  
9 with one or more of the plaintiffs in this case; is  
10 that correct?

11 A. One of the plaintiffs in this case is a  
12 volunteer at my clinic.

13 Q. And which plaintiff is that?

14 A. That would be Ms. Jaime Combs.

15 Q. Okay. Have you discussed this lawsuit with  
16 Ms. Combs?

17 A. I have not.

18 Q. Have you discussed Ms. Combs' facts as they  
19 are recited in the amended complaint in this lawsuit  
20 with Ms. Combs?

21 A. I have not.

22 Q. Are there any -- have you met or spoken with  
23 any of the other plaintiffs in this case in any  
24 context?

25 A. I have not.



1 Q. Have you in any way provided any counseling  
2 or medical treatment for any of the plaintiffs in  
3 this case?

4 A. I have not. I have not treated any of them  
5 clinically.

6 Q. Dr. Taylor, as I understand the opinions set  
7 forth in your report, you are not offering opinions  
8 regarding any specific harms that these particular  
9 plaintiffs have or have not suffered; is that  
10 correct?

11 MR. GONZALEZ-PAGAN: Objection. Form.

12 THE WITNESS: I have never treated these  
13 patients, so my testimony is not based on the  
14 current Plaintiffs' experiences or the harms that  
15 they have faced.

16 BY MS. SHEW:

17 Q. And, again, as I understand your report and  
18 the opinions set forth in that report, you are not  
19 claiming to have expertise regarding the creation,  
20 amendment, or maintenance of vital records; is that  
21 correct?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: I am a medical physician.  
24 My expertise lies in the treatment of patients and  
25 not in the formation or preservation of vital

1 records.

2 BY MS. SHEW:

3 Q. Did Plaintiffs' counsel provide you any  
4 information regarding this case other than what  
5 you've just described to us?

6 A. No. I believe the documents I described are  
7 the only ones that the plaintiffs' counsel provided  
8 me with.

9 Q. Okay. Did Plaintiffs' counsel ask you to  
10 make any assumptions about the plaintiffs in this  
11 case or about any other things in this case?

12 MR. GONZALEZ-PAGAN: Objection. Form.  
13 Privilege.

14 Dr. Taylor, you may answer to the extent  
15 that it doesn't reveal any privileged information.

16 THE WITNESS: Can you repeat the  
17 question, please?

18 BY MS. SHEW:

19 Q. I asked if Plaintiffs' counsel asked you to  
20 make any assumptions about the plaintiffs or about  
21 any other things in this case.

22 A. No.

23 Q. Dr. Taylor, I would like to ask you to give  
24 us, at least in your expertise, your definition of  
25 some terms that have been used in this lawsuit.

1 First, what is transgender or a transgender  
2 person?

3 MR. GONZALEZ-PAGAN: Objection. Form.

4 THE WITNESS: A transgender person -- a  
5 transgender individual is a person who has a gender  
6 identity that does not match their sex assigned at  
7 birth.

8 BY MS. SHEW:

9 Q. All right. And what is gender identity?

10 A. Gender identity is one's lived experience  
11 and one's identity as either male or female or  
12 neither of the above. It is -- every person has a  
13 gender identity, and it is biologically based and  
14 innate to that individual.

15 Q. So one's gender identity, as you said, might  
16 be male or female or neither of the above; correct?

17 A. That's correct.

18 Q. Okay. If it is neither male nor female,  
19 what options are there?

20 A. Most of my patients identify as either male  
21 or female, but there is a small subset of patients  
22 who do not identify as either male or female or  
23 have -- feel that they possess gender identities  
24 that encompass both genders.

25 Q. Are there particular terms or terminologies

1 that are used by those persons?

2 A. Some terms that are used to describe those  
3 people are gender nonbinary or gender fluid.

4 Genderqueer is another term that's used.

5 Q. Is -- is it accurate to say that those  
6 persons would feel incorrectly identified if  
7 referred to as either male or female?

8 A. I cannot make a generalization as to how  
9 those patients would feel based on how you address  
10 them.

11 Q. Do you -- without making a generalization,  
12 then, do you know of specific examples -- and I'm  
13 not asking you to identify people at all. I'm just  
14 asking if you know of specific examples of persons  
15 who identify neither as male nor female, and with  
16 those examples in mind, would they maintain that  
17 they are incorrectly identified if referred to as  
18 male or female?

19 MR. GONZALEZ-PAGAN: Objection. Form.

20 THE WITNESS: I would say, based on the  
21 limited amount of patients that I have experienced  
22 with -- who do not identify as male or female, they  
23 would object to being identified as either male or  
24 female.

25 BY MS. SHEW:

1 Q. All right. Getting back to -- I was asking  
2 you to give us some definitions.

3 What is sex?

4 A. Sex is a complex multifactorial term, and  
5 many things go into sex. It's generally determined  
6 based on a cursory exam of an infant's external  
7 genitals in the delivery room, but after significant  
8 amount of research and study, we have realized and  
9 understood that it is far more complex than that.  
10 It also incorporates an individual's chromosomal  
11 makeup, their hormonal makeup, the hormones they  
12 were exposed to during fetal development, the  
13 hormones they're exposed to during puberty, their  
14 internal anatomy, their external anatomy and -- in  
15 addition to their gender identity.

16 Q. What is true sex?

17 A. I'm sorry. Can you repeat the question?

18 Q. The phrase "true sex," T-R-U-E, true sex,  
19 what does that mean?

20 A. I am not familiar with that phrase.

21 Q. Okay. What about gender dysphoria?

22 A. Gender dysphoria is a diagnosis where  
23 somebody experiences psychological trauma,  
24 depression, anxiety, and distress over the fact that  
25 their gender identity does not match their sex that

1 was assigned to them at birth.

2 Q. What does the phrase "gender nonconforming"  
3 mean?

4 A. That isn't a term I use regularly, and I  
5 have not defined it in my testimony. I think that  
6 many people have different definitions of that term,  
7 and I don't really feel that I can comment on it.

8 Q. Do you have a working definition?

9 A. It's not really -- that term isn't really in  
10 my vernacular that I use clinically, so, no, I don't  
11 have a working definition of gender nonconformity.

12 Q. Okay. Let's -- I'd like to ask you a few  
13 questions about your report if you want to just get  
14 that handy. Let's start at Paragraph 18.

15 A. Okay.

16 Q. And you testified about this a little bit  
17 just a moment ago. You say the sex of a child is  
18 often determined after delivery based on the visual  
19 appearance of an infant's external genitals, and you  
20 go on to say that that's successful in assigning sex  
21 in an overwhelming majority of individuals.

22 Do you have any opinion that sex at the time  
23 of birth should be -- should be determined in some  
24 different way?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1 THE WITNESS: At this point, I believe  
2 that we should continue to use an infant's genitals  
3 as a proxy for their sex, as we are unable to have  
4 the capacity to do a further diagnostic workup on  
5 every individual that's born. With that said, if an  
6 infant or a child or an individual disagrees with  
7 that proxy that we use and said that it was the  
8 wrong sex, they should not be penalized for that.

9 BY MS. SHEW:

10 Q. And what do you mean by "They should not be  
11 penalized for that"?

12 A. Well, what I'm trying to say is that if --  
13 somebody's gender identity and how they identify is  
14 the determining factor for their sex, not the proxy  
15 that we used when they were in the delivery room  
16 when they were born.

17 Q. Let's flip ahead, Dr. Taylor, to  
18 Paragraph 41 of your report.

19 A. Okay.

20 Q. You describe gender transition for persons  
21 who suffer from gender dysphoria as having three  
22 components: Social transition, medical transition,  
23 and surgical transition; correct? Three possible  
24 components, not three necessary components. Is that  
25 correct?

1 A. Yes. That's what's outlined in my  
2 testimony.

3 Q. Okay. Then at Paragraph 44, you state the  
4 "central aspect of social transition includes having  
5 one's personal documentation match their gender  
6 identity." And "To accomplish this, many  
7 transgender people legally change their names..."

8 Do you have a feel for what percentage of  
9 transgender people legally change their names as  
10 part of transition?

11 MR. GONZALEZ-PAGAN: Objection. Form.

12 THE WITNESS: I couldn't possibly  
13 predict that or pull that number without looking at  
14 all of my patients and trying to make a  
15 generalization.

16 BY MS. SHEW:

17 Q. If you looked at all of your patients, is it  
18 enough to be a reasonable sample size or -- or not?

19 MR. GONZALEZ-PAGAN: Objection. Form.

20 THE WITNESS: Many of my patients  
21 legally changed their name. I cannot speak to  
22 whether or not it would be a reasonable sample size.

23 BY MS. SHEW:

24 Q. Okay. Then you go on to say that "Social  
25 transition includes having one's driver's license,



1 passport, birth certificate, school or employee ID  
2 have the gender marker of the sex with which they  
3 identify."

4 And really my question is the same: Do you  
5 have an opinion as to what percentage of patients  
6 undergoing transition seek to have their identity  
7 documents changed?

8 MR. GONZALEZ-PAGAN: Objection. Form.

9 THE WITNESS: I do not know a  
10 percentage, no. I cannot answer that question.

11 BY MS. SHEW:

12 Q. Okay. Is it fair to say, Dr. Taylor, that  
13 the process of transition is highly individualized  
14 for each person?

15 A. Yes, I would agree with that statement.

16 Q. At -- let's look at Paragraph 52 of your  
17 report. You -- you state that "A person's gender  
18 dysphoria can worsen if the person legally cannot  
19 complete their social transition. Gender dysphoria  
20 can worsen if a transgender person has discordant  
21 documentation, where some documents accurately  
22 reflect their gender identity and others do not."

23 Dr. Taylor, do you have personal experience  
24 with any patients who have had that issue?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1 THE WITNESS: I have.

2 BY MS. SHEW:

3 Q. I'm sorry. You said you do?

4 A. I do.

5 Q. Approximately how many patients have you  
6 seen that have that issue?

7 A. I don't feel like I can provide a number.

8 Q. I mean, you don't know the number or can't  
9 approximate the number?

10 A. I cannot approximate the number.

11 MR. GONZALEZ-PAGAN: Objection. Form.

12 BY MS. SHEW:

13 Q. I'm sorry. Could you repeat that,  
14 Dr. Taylor?

15 A. I don't feel like I can approximate a  
16 number.

17 Q. Okay. Is it -- I'm -- all right. Given  
18 that you don't want to approximate a number, I'm  
19 trying to just get in the ballpark.

20 Is it a lot of people? Some people? A few  
21 people?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: I would say that I have  
24 many patients who gender dysphoria has worsened  
25 because of discordant documentation.

1 BY MS. SHEW:

2 Q. And by "discordant documentation," just to  
3 be clear, we're talking about a situation where the  
4 person has some documents which accurately reflect  
5 their gender identity and other documents which do  
6 not; correct?

7 MR. GONZALEZ-PAGAN: Objection. Form.

8 THE WITNESS: That is one example. The  
9 other example would be a patient who has no  
10 gender -- has no documentation that reflects their  
11 gender identity.

12 BY MS. SHEW:

13 Q. All right. Let's break those down. Let's  
14 talk about those as two categories.

15 Persons with gender dysphoria who have some  
16 identification documents that accurately reflect  
17 their gender identity and other identification  
18 documents that do not accurately reflect their  
19 gender identity, let's start with that category.

20 A. Okay.

21 Q. Have you seen a few people who have their  
22 gender dysphoria worsen because of that? A few?  
23 Significant number? Many? What --

24 MR. GONZALEZ-PAGAN: Objection to form.

25 BY MS. SHEW:

1 Q. -- what sort of numbers are we talking  
2 about?

3 MR. GONZALEZ-PAGAN: Sorry for  
4 interrupting, Dianna. Same objection.

5 MS. SHEW: That's all right.

6 THE WITNESS: I would say that I have --  
7 I would say that I have many patients who fit that  
8 description.

9 BY MS. SHEW:

10 Q. And then of those persons whose gender  
11 dysphoria worsens because they have no documents  
12 that accurately reflect their gender identity, is  
13 that, you know, a few? Some? Many?

14 MR. GONZALEZ-PAGAN: Objection. Form.

15 THE WITNESS: Again, I would say there  
16 are many patients that I have that fall into that  
17 category.

18 BY MS. SHEW:

19 Q. Do you -- do you know in -- in which of  
20 those categories you have more patients that suffer  
21 worsening of their gender dysphoria?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: No, I don't feel like I  
24 can accurately assess that and make an accurate  
25 answer to that question.

1 BY MS. SHEW:

2 Q. Okay. Let's look at Paragraph 53 of your  
3 report. And you're talking about -- following from  
4 52, it looks like you're talking about a worsening  
5 of -- I don't know if you're talking about a  
6 worsening of gender dysphoria or just the impact of  
7 the identification documents, but you said you've  
8 had -- well, I want to find out if these are  
9 actually -- you give an example of "A student  
10 applying to college may not get assigned appropriate  
11 and safe housing if their legal documentation is  
12 incorrect or incongruent."

13 Are you familiar with -- are you personally  
14 familiar with examples of that happening?

15 A. I have many students who are -- college  
16 students who live in communal housing who were given  
17 housing with individuals based on their sex assigned  
18 at birth and not their gender identity.

19 Q. Do you know how -- do you know if -- if  
20 there are any that have not been able to get that  
21 rectified?

22 A. I don't know.

23 Q. Later on in -- then -- oh. Let's -- next  
24 sentence, I suppose, you say it can "lead to  
25 significant anxiety." "... so much so that

1 transgender youth may opt out of applying to college  
2 altogether."

3 Are you personally aware of a situation  
4 where that occurred?

5 A. I am aware of transgender students who have  
6 ended up dropping out of college because of the  
7 challenges being so great. I specifically don't  
8 know of somebody who didn't apply to college because  
9 of these challenges.

10 Q. Okay. And then you say "A transgender woman  
11 with incorrect documentation may be unable to stay  
12 in a women's homeless shelter..."

13 Are you personally aware of any situation in  
14 which that has occurred?

15 A. No.

16 Q. Going down to Paragraph 54, you mention in  
17 this paragraph that your patients frequently report  
18 certain challenges, and I want to go through some of  
19 those.

20 First, they report the challenges they face  
21 at the pharmacy filling prescriptions.

22 What is the challenge they're facing at the  
23 pharmacy?

24 MR. GONZALEZ-PAGAN: Objection. Form.

25 THE WITNESS: Pharmacists questioning

1 why they're on the medications that they're being  
2 prescribed; insurance companies refusing to pay for  
3 those medications because they don't see a medical  
4 indication for it are some examples.

5 BY MS. SHEW:

6 Q. All right. And then what are the challenges  
7 at the DMV?

8 A. Challenges at the DMV could include having a  
9 gender presentation that is different than their  
10 gender marker that is listed on their ID; challenges  
11 that come with trying to change their gender marker  
12 that is listed on their driver's license. Those are  
13 some examples.

14 Q. Going back to the pharmacy issue for a  
15 moment, has -- have you had a patient or have  
16 personal knowledge of anybody who's been asked to  
17 present a birth certificate at a pharmacy?

18 MR. GONZALEZ-PAGAN: Objection. Form.

19 THE WITNESS: No.

20 BY MS. SHEW:

21 Q. And then you said challenges talking to  
22 their health insurance companies.

23 What personal examples can you give with  
24 that -- with respect to that?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1 THE WITNESS: Coverage for certain  
2 preventative health-related procedures; coverage for  
3 their medications; disclosing -- or changing their  
4 gender marker with the insurance company and then  
5 how that leads to -- how that could potentially lead  
6 to downstream lack of coverage for other procedures;  
7 trying to get medications and services covered.

8 BY MS. SHEW:

9 Q. I'm curious. What is the -- what is the  
10 obstacle or obstacles they're facing with respect to  
11 preventative health procedures?

12 A. Every transgender person has their gender  
13 marker changed on their insurance card, their  
14 insurance documentation, so let's say somebody who  
15 was assigned female at birth identifies as male and  
16 has their documentation changed to reflect their  
17 gender identity for their gender -- their insurance  
18 card says that they're male, that insurance company  
19 may, therefore, not pay for a mammogram or a Pap  
20 smear even though the patient still has that anatomy  
21 that still needs to be screened for malignancies.

22 Q. Okay. Thank you.

23 In Paragraph 55, you say "Transgender people  
24 may feel that they're unable to participate in their  
25 communities, neighborhoods, schools, or jobs with



1 without having documentation that reflects their  
2 gender identity."

3 What -- what examples are you aware of?

4 A. I think it's the fact -- I think it's partly  
5 the fact that we have data to suggest that a  
6 transgender person's dysphoria can worsen when they  
7 don't feel that their community or their legal  
8 system or their state recognizes them for who they  
9 really are, and, therefore, they may feel limited in  
10 their ability to participate in their communities  
11 because they do not feel recognized by their  
12 communities.

13 Q. Do you have any more specific examples or is  
14 that what you meant by the statement in  
15 Paragraph 55?

16 MR. GONZALEZ-PAGAN: Objection. Form.

17 THE WITNESS: I would need some more  
18 time to think about a specific example.

19 BY MS. SHEW:

20 Q. Well, we'll come back to that one.

21 Paragraph 56, you refer to a 2015 Canadian  
22 study which "demonstrated that having one or more  
23 identity documents concordant with gender identity  
24 was statistically significantly associated with  
25 reduced suicidal ideations and attempts. Based on

1 this study's results, for every 1,000 people whose  
2 identity documents are correct, 90 episodes of  
3 suicidal ideation and 20 suicide attempts would be  
4 prevented over the course of one year."

5 And you're cited the Bauer study in the  
6 bibliography; correct?

7 A. That's correct.

8 Q. Do you know if that outcome of less suicidal  
9 ideation and less suicidal attempts is enhanced if  
10 there are more identity documents concordant with  
11 gender identity? In other words, the more documents  
12 you have concordant with gender identity, is there  
13 data to show that suicidal ideation or suicidal  
14 attempts are reduced even further?

15 A. Yes, we do have that. The paper that was  
16 added to the bibliography in the amended  
17 bibliography was a study of just that. The authors  
18 reviewed -- and I don't have the paper out in front  
19 of me, so I'll try to summarize it to the best of my  
20 ability, but the authors have shown that based on  
21 the 2015 transgender -- transgender survey -- I  
22 don't have the formal name in front of me. They had  
23 about 22,000 people submit a survey, and less than  
24 11 percent of them had all of their gender identity  
25 documents matching, and of those patients who had

1 all of their gender identity documents concordant  
2 and reflective of their true name and true gender  
3 identity, those patients had a significantly lower  
4 risk of suicide attempts and suicidal ideation.

5 For the patients who had some documents  
6 reflective of their gender identity and the patients  
7 who had no documentations -- or documents reflective  
8 of their gender identity had much higher risks of  
9 suicide and depression and suicide attempts.

10 Again, I don't have the paper in front of  
11 me, so I can't give you the actual raw data that I'd  
12 like to present for you right now, but that was what  
13 that study was showing; that the more documents you  
14 have, the better the outcomes are for the -- for the  
15 individual.

16 Q. And this was the Lancet study that we  
17 discussed earlier in your deposition --

18 A. That's correct.

19 Q. -- correct? Okay.

20 Let's look at Paragraph 60 of your report.  
21 You state -- and I want to read it very exactly from  
22 your report. You state "A patient's right to  
23 privacy includes what they choose to do with their  
24 own documentation."

25 What do you mean by that?

1 A. I mean that it is a deeply personal decision  
2 to change one's documentation, and it is unique for  
3 each person, and that choice that they make is -- is  
4 a private one, and their privacy can be in their --  
5 situations in which they disclose their transgender  
6 status, all of that is a very private and personal  
7 decision, and what they choose to do with their own  
8 documentation is part of their -- is part of their  
9 privacy.

10 Q. Let's go to Paragraph 62 of your report.  
11 The first sentence of Paragraph 62 you state "Aside  
12 from intentionally trying to discriminate against  
13 transgender people and infringing on their rights to  
14 privacy, I can think of no other plausible reason  
15 why the State of Tennessee would refuse to change a  
16 person's gender marker on their birth certificate."

17 Did I read that correctly?

18 A. Yes.

19 Q. Okay. Dr. Taylor, you don't know why the  
20 State of Tennessee won't change the "sex" field on  
21 certain birth certificates, do you?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: Based on the documentation  
24 that I read from the defendant's expert witness,  
25 from what I can understand, they're trying to

1 preserve vital statistics, and that is the main  
2 reason why they have chosen not to grant this for  
3 transgender individuals.

4 BY MS. SHEW:

5 Q. All right. Your statement is that you can  
6 think of no other plausible reason why the state  
7 won't change it except that it's trying to  
8 intentionally discriminate?

9 MR. GONZALEZ-PAGAN: Objection.

10 BY MS. SHEW:

11 Q. That is your statement; correct?

12 A. Yes, that is my statement.

13 Q. Okay. But, in fact, as I understand your  
14 linkage here -- tell me if I'm -- if I misunderstand  
15 your answer -- you've read one or more of  
16 Defendants' expert reports which state that the  
17 State of Tennessee is trying to preserve the  
18 integrity of vital records, and you believe that  
19 that report or that opinion is -- is simply masking  
20 an intent -- an intention to -- an intent to  
21 intentionally discriminate against transgender  
22 persons.

23 Is that what you're saying?

24 THE REPORTER: I'm sorry. This is the  
25 reporter. I didn't catch that objection.

1 MR. GONZALEZ-PAGAN: Sure. Objection.  
2 Form. Mischaracterizes testimony.

3 THE REPORTER: Thank you.

4 MR. GONZALEZ-PAGAN: You may answer,  
5 Dr. Taylor.

6 THE WITNESS: I would say that I -- I  
7 agree with the statement in my -- in my testimony;  
8 that I believe all provisions to prevent a  
9 transgender patient from changing their birth  
10 certificate marker is an act of discrimination.

11 BY MS. SHEW:

12 Q. Regardless of why it is done; is that  
13 correct?

14 MR. GONZALEZ-PAGAN: Objection. Form.

15 THE WITNESS: I -- knowing the fact that  
16 48 other states in the country allow this and also  
17 have a responsibility to uphold vital statistics, I  
18 feel that Tennessee's response is, as mentioned in  
19 my testimony, an act of discrimination infringing on  
20 their rights to privacy.

21 BY MS. SHEW:

22 Q. But -- but to be plain, and, again, I'm  
23 going back to your words, you believe that  
24 Tennessee's stated purpose of preserving its vital  
25 records is a pretense for intentional discrimination

1 against transgender persons; correct?

2 MR. GONZALEZ-PAGAN: Objection. Form.

3 You may answer, Dr. Taylor.

4 THE WITNESS: I -- I -- I -- I might  
5 need you to clarify the statement one more time.

6 BY MS. SHEW:

7 Q. Okay. You -- based on Paragraph 62 of your  
8 report, you believe that Tennessee's stated purpose  
9 of preserving the integrity of vital records is just  
10 a -- it's a pretext or a pretense for intentional  
11 discrimination against transgender persons?

12 MR. GONZALEZ-PAGAN: Objection. Form.

13 THE WITNESS: I'm not sure if I feel  
14 comfortable answering that question. I believe that  
15 the argument of preserving vital statistics is  
16 not -- is not strong in this case, and, you know, I  
17 agree with the -- the statement I'm saying in my  
18 testimony; that I think the -- the policy in  
19 Tennessee is intentionally discriminating against  
20 transgender patients or individuals.

21 BY MS. SHEW:

22 Q. Okay. Let's go to the next part of  
23 Paragraph 62. You reference the Williams Institute  
24 study stating there are approximately 31,000  
25 transgender persons living in the State of

1 Tennessee, which is composed of 6.77 million people,  
2 and then you go on to state "Even if every  
3 transgender Tennessean took advantage of changing  
4 their birth certificates, the likelihood that it  
5 would have any statistically relevant impact on the  
6 state's vital statistics is slim to nonexistent."

7 Is that a correct read of your statement?

8 A. Yes. That's what I wrote.

9 Q. Okay. What's the basis for that opinion?

10 A. The basis for the opinion is that this is  
11 still a relatively small group of people, and of  
12 this relatively small group of people, a relatively  
13 smaller group of people will probably be the ones to  
14 take advantage of changing their names on their  
15 birth certificates, so the likelihood that it would  
16 have impact on any data that the State of Tennessee  
17 is trying to collect is probably not going to be  
18 statistically significant. And then if you review  
19 down to Paragraph 64, it seems as though keeping an  
20 original copy of the patient's birth certificate or  
21 an individual's birth certificate under seal is  
22 still a valid option for maintaining vital  
23 statistics.

24 Q. Okay. Of -- let's look at the numbers you  
25 have in Paragraph 62.



1           Of those roughly 31,000 transgender persons,  
2 you don't know how many might or might not elect to  
3 change the -- the "sex" field on their birth  
4 certificate, do you?

5           A.       No, I don't.

6                   MR. GONZALEZ-PAGAN: Objection. Form.

7           BY MS. SHEW:

8           Q.       You would -- you would agree, would you not,  
9 Dr. Taylor, that even very small variations in  
10 statistical data can become statistically  
11 significant, just as a general proposition?

12          A.       I am not a statistician. I'm a medical  
13 physician who has read quite a bit of literature,  
14 and when you have such large sample sizes, there is  
15 some degree of variability, and small numbers will  
16 have -- have less of an effect when there's -- as a  
17 large population.

18          Q.       Right, but they can still have an effect;  
19 correct?

20                   MR. GONZALEZ-PAGAN: Objection. Form.

21                   THE WITNESS: They could still have an  
22 effect.

23           BY MS. SHEW:

24          Q.       Going to Paragraph 63, you note -- you --  
25 you discuss the fact that other states allow

1 transgender individuals to correct their birth  
2 certificates in a manner consistent with their  
3 gender identity and go on to say that these states  
4 have determined that the overall impact of allowing  
5 transgender people to correct sex designation "was  
6 insignificant for the state and did not negatively  
7 affect the states' interests in ensuring accurate  
8 and useful vital statistics records."

9 Do you have any basis for stating that other  
10 states have undertaken that analysis? That they've  
11 undertaken a statistical analysis and concluded that  
12 it's not statistically significant or, as you say,  
13 was insignificant?

14 MR. GONZALEZ-PAGAN: Objection. Form.

15 THE WITNESS: I don't, but I imagine  
16 that those 48 other states in our country have a  
17 similar goal and interest in collecting data to be  
18 used for research in public health and, you know,  
19 city-wide or state-wide research, and those 48 other  
20 states felt that they could still provide this  
21 service to transgender individuals despite having  
22 the same goals that Tennessee has in maintaining  
23 vital statistics.

24 BY MS. SHEW:

25 Q. But, in fact, Dr. Taylor, you don't know the

1 underlying reasons why these 48 other states and the  
2 District of Columbia and Puerto Rico have passed the  
3 particular laws that they have; is that correct?

4 MR. GONZALEZ-PAGAN: Objection. Form.

5 THE WITNESS: That's correct. I was not  
6 involved in their decisions as to what made them to  
7 decide to allow people to change their birth  
8 certificate.

9 BY MS. SHEW:

10 Q. Let's look at Paragraph 64. And you  
11 mentioned this just a moment ago.

12 You were saying that one solution is that  
13 the State of Tennessee could permit the -- the "sex"  
14 field on the birth certificate to be changed and  
15 then maintain the original document under seal;  
16 correct?

17 A. That's correct.

18 Q. And you conclude by saying that would then  
19 allow transgender people born in Tennessee to have  
20 birth certificates or were -- would not -- it would  
21 allow them to not have to have, I guess, would --  
22 they would not be required to have birth  
23 certificates that are inconsistent with their gender  
24 identity; correct? In other words, the solution you  
25 propose -- the solution you propose in Paragraph 64

1 allows transgender persons to have a birth  
2 certificate which is not inconsistent with their  
3 gender identity; correct?

4 A. Correct. The State of Tennessee allows a  
5 transgender individual to change their gender marker  
6 on their birth certificate, and the State of  
7 Tennessee keeps an original copy under seal to  
8 maintain vital statistics. The individual would be  
9 able to obtain a copy that has the correct gender  
10 marker for their own private purposes while the  
11 state would be able to maintain a copy of the  
12 original birth certificate for their own purposes.

13 Q. I'm curious about your use of the phrase  
14 "not inconsistent" -- or "inconsistent with their  
15 gender identity."

16 So if I identify as female and I have a  
17 birth certificate, whether it's original or changed,  
18 that says female, then my birth certificate is not  
19 inconsistent with my gender identity; correct?

20 MR. GONZALEZ-PAGAN: Object to form.

21 THE WITNESS: Yes. I mean, it's a  
22 double negative, but --

23 BY MS. SHEW:

24 Q. Well, I know. I'm trying to stick with your  
25 phrase.

1           What -- what if -- what if no birth  
2           certificate -- nobody's -- no birth certificate in  
3           the State of Tennessee had a field that showed the  
4           sex of the person? Would that -- so like everyone  
5           else in the State of Tennessee, my birth certificate  
6           does not show male or female. Is that -- and I  
7           identify as female.

8           Is that inconsistent with my gender  
9           identity?

10           MR. GONZALEZ-PAGAN: Objection. Form.  
11           You may answer, Dr. Taylor.

12           THE WITNESS: If -- if the document  
13           doesn't classify -- if nobody's documentation has  
14           any specific mention of gender, then I would say  
15           that it is not -- not inconsistent; that it could be  
16           consistent.

17           BY MS. SHEW:

18           Q.        Okay.

19           A.        I don't see a situation in -- where that  
20           would exist, though. Like a plausible hypothetical.

21           Q.        And why is that?

22           A.        Because the birth certificate, at this  
23           point, has a gender marker on it.

24           Q.        Oh, I understand that. And I was stating a  
25           hypothetical.

1           You've said it's not a plausible  
2 hypothetical, and I'm asking why is it not a  
3 plausible hypothetical?

4           A.       Because nobody's proposing to remove the  
5 gender distinction on a birth certificate at this  
6 point. That's not -- at least not in this case.

7           Q.       Right. That's right. That's why my  
8 question was hypothetical.

9           Dr. Taylor, do you have an -- do you have  
10 any basis or any understanding of what the practical  
11 implications would be for the State of Tennessee to  
12 allow changes to the "sex" field on -- on birth  
13 certificates? I mean, do you understand how that  
14 operates or what the logistics or the burden might  
15 be?

16                   MR. GONZALEZ-PAGAN: Objection. Form.  
17 It also falls outside the scope of the expert's  
18 testimony.

19                   THE WITNESS: I cannot posit on the  
20 burden of the state if they were to allow  
21 transgender patients to change the sex marker on  
22 their birth certificate.

23                   MR. GONZALEZ-PAGAN: Dianna, if I may,  
24 can we take a quick five-minute break? At least I  
25 need one.

1 MS. SHEW: I was just about to suggest  
2 that, so let's break for about five minutes, and I  
3 suggest, as I did the other day, that people not  
4 sign out of the Webex for the break because we --  
5 sooner or later, somebody won't make it back in.

6 So if everybody will just do whatever  
7 you want to -- whatever you want to do to mute, et  
8 cetera, we'll reconvene in about five minutes.

9 Thank you.

10 MR. GONZALEZ-PAGAN: Thank you.

11 (Short break.)

12 BY MS. SHEW:

13 Q. Dr. Taylor, I asked you a little while ago  
14 in the deposition about Paragraph 55 of your report.  
15 If you'll look at that. That said "Transgender  
16 people may feel that they are unable to participate  
17 in their communities, neighborhoods, schools, or  
18 jobs without having documentation that reflects  
19 their gender identity. This can further lead to  
20 social isolation and worsening gender dysphoria."  
21 And I asked you earlier in your deposition if you  
22 knew of specific examples, and you said you would  
23 need to -- some time to think about that.

24 Have you thought of any specific examples?

25 A. I have not thought of any specific examples.

1 Q. Did you have any specific examples in  
2 mind -- do you recall if you had any specific  
3 examples in mind when you authored that particular  
4 paragraph?

5 A. I don't know if I had any specific examples  
6 in mind.

7 MS. SHEW: Okay. That's all the  
8 questions I have.

9 MR. GONZALEZ-PAGAN: Thank you, Dianna.

10 We only have -- Dr. Taylor, we only have  
11 one quick follow-up question.

12

13 EXAMINATION

14 QUESTIONS BY MR. GONZALEZ:

15 Q. Do you recall -- in looking at your report,  
16 Paragraph 54, do you recall being -- testifying as  
17 to problems that people may encounter with regards  
18 to preventative care, such as mammograms or Pap  
19 smears, once they correct the sex marker on their  
20 insurance? Do you recall that line of questioning?

21 A. I do.

22 Q. The fact that people may encounter those  
23 issues with insurance coverage for preventative  
24 care, does that mean that a person should not be  
25 allowed to correct the marker for the sex on their



1 insurance or any other identity document?

2 A. No. I would say patients still should be  
3 able to change their gender marker on their  
4 insurance and their -- any other documentation that  
5 they choose to.

6 MR. GONZALEZ-PAGAN: Thank you. That's  
7 all from us.

8 MS. SHEW: I have no -- I have no  
9 further questions.

10 All right. So we are concluded today.  
11 You will want the witness to read and sign, I'm  
12 guessing?

13 MR. GONZALEZ-PAGAN: That's correct. We  
14 would ask for -- to read and sign.

15 MS. SHEW: All right.

16 THE REPORTER: And, Counsel, may I have  
17 orders on the record, please?

18 MS. SHEW: Transcript orders?

19 THE REPORTER: Yes, please.

20 MS. SHEW: Yes, we -- yes, we've ordered  
21 the transcript.

22 MR. GONZALEZ-PAGAN: And we would order  
23 a standard delivery transcript for the plaintiffs  
24 and I -- Omar Gonzalez-Pagan -- I would receive  
25 that.

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(An off-the-record discussion was held.)

MS. SHEW: Electronic is fine for me.

MR. GONZALEZ-PAGAN: Electronic is fine  
with us, as well.

THE REPORTER: Okay. Great. Thank you.

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E R R A T A P A G E

I, SHAYNE SEBOLD TAYLOR, M.D., having read the foregoing deposition, pages 1 through 50, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

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SHAYNE SEBOLD TAYLOR, M.D.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Reported by: LINDSEY R. PERRY, LCR, RPR, CRR, CSR

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REPORTER'S CERTIFICATE

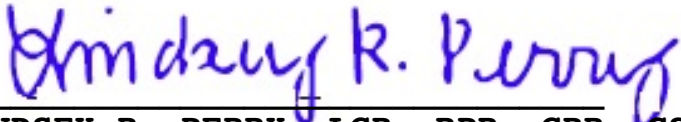
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COUNTY OF WILLIAMSON

I, LINDSEY R. PERRY, licensed court reporter, with offices in Franklin, Tennessee, hereby certify that I reported the foregoing videoconference deposition of SHAYNE SEBOLD TAYLOR, M.D. by machine shorthand to the best of my skills and abilities, and thereafter the same was reduced to typewritten form by me.

I further certify I am not related to any of the parties named herein nor related to their counsel and have no interest, financial or otherwise, in the outcome of the proceedings.

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<hr/> <p style="text-align: center;"><b>Exhibits</b></p> <hr/> <p><b>Ex 01 - Shayne Sebold Taylor, M.D.</b> 4:10 10:5,7</p> <p><b>Ex 02 - Shayne Sebold Taylor, M.D.</b> 4:12 11:24 12:1</p> <hr/> <p style="text-align: center;"><b>1</b></p> <hr/> <p><b>1</b> 10:5,7</p> <p><b>1,000</b> 34:1</p> <p><b>11</b> 34:24</p> <p><b>18</b> 22:14</p> <hr/> <p style="text-align: center;"><b>2</b></p> <hr/> <p><b>2</b> 11:24 12:1</p> <p><b>20</b> 34:3</p> <p><b>2015</b> 33:21 34:21</p> <p><b>2020</b> 12:14</p> <p><b>22,000</b> 34:23</p> <hr/> <p style="text-align: center;"><b>3</b></p> <hr/> <p><b>31,000</b> 39:24 41:1</p> <hr/> <p style="text-align: center;"><b>4</b></p> <hr/> <p><b>41</b> 23:18</p> <p><b>44</b> 24:3</p> <p><b>48</b> 12:12 13:9,10, 17,18,23 38:16 42:16,19 43:1</p> <hr/> <p style="text-align: center;"><b>5</b></p> <hr/> <p><b>51</b> 12:15</p> <p><b>52</b> 25:16 29:4</p> <p><b>53</b> 29:2</p> <p><b>54</b> 30:16 48:16</p>	<p><b>55</b> 32:23 33:15 47:14</p> <p><b>56</b> 33:21</p> <p><b>58</b> 13:4</p> <p><b>59</b> 13:3</p> <hr/> <p style="text-align: center;"><b>6</b></p> <hr/> <p><b>6.77</b> 40:1</p> <p><b>60</b> 35:20</p> <p><b>62</b> 36:10,11 39:7, 23 40:25</p> <p><b>63</b> 41:24</p> <p><b>64</b> 40:19 43:10,25</p> <hr/> <p style="text-align: center;"><b>9</b></p> <hr/> <p><b>90</b> 34:2</p> <hr/> <p style="text-align: center;"><b>A</b></p> <hr/> <p><b>A-C-O-O-G</b> 11:11</p> <p><b>ability</b> 33:10 34:20</p> <p><b>accomplish</b> 24:6</p> <p><b>accurate</b> 20:5 28:24 42:7</p> <p><b>accurately</b> 25:21 27:4,16,18 28:12, 24</p> <p><b>act</b> 38:10,19</p> <p><b>actual</b> 35:11</p> <p><b>added</b> 12:5,8 13:4 34:16</p> <p><b>addition</b> 8:11 11:20 12:16 13:24 21:15</p> <p><b>additional</b> 10:17 12:7</p> <p><b>additions</b> 10:14 11:13</p> <p><b>address</b> 20:9</p> <p><b>Adults</b> 12:24</p>	<p><b>advantage</b> 40:3, 14</p> <p><b>affect</b> 42:7</p> <p><b>agree</b> 25:15 38:7 39:17 41:8</p> <p><b>ahead</b> 7:12 10:5 11:23 23:17</p> <p><b>allowed</b> 48:25</p> <p><b>allowing</b> 42:4</p> <p><b>altogether</b> 30:2</p> <p><b>amended</b> 9:9 11:22 12:5,10 14:6 16:19 34:16</p> <p><b>amendment</b> 17:20</p> <p><b>American</b> 9:19,20 10:19 11:5,7</p> <p><b>amount</b> 20:21 21:8</p> <p><b>analysis</b> 42:10,11</p> <p><b>anatomy</b> 21:14 32:20</p> <p><b>announcements</b> 6:6,7 7:3,8</p> <p><b>answering</b> 39:14</p> <p><b>anxiety</b> 21:24 29:25</p> <p><b>apologize</b> 13:19, 22 14:1</p> <p><b>apparently</b> 16:8</p> <p><b>appearance</b> 22:19</p> <p><b>appearing</b> 6:10</p> <p><b>appears</b> 12:15</p> <p><b>apply</b> 30:8</p> <p><b>applying</b> 29:10 30:1</p> <p><b>approximate</b> 26:9,10,15,18</p> <p><b>approximately</b> 26:5 39:24</p> <p><b>area</b> 9:15,22</p>	<p><b>argument</b> 39:15</p> <p><b>aspect</b> 6:17 24:4</p> <p><b>assess</b> 28:24</p> <p><b>assigned</b> 19:6 22:1 29:10,17 32:15</p> <p><b>assigning</b> 22:20</p> <p><b>assumptions</b> 18:10,20</p> <p><b>attached</b> 10:15 13:15</p> <p><b>attempts</b> 33:25 34:3,9,14 35:4,9</p> <p><b>attorney</b> 6:4,21</p> <p><b>attorneys</b> 8:7</p> <p><b>author's</b> 13:5</p> <p><b>authored</b> 48:3</p> <p><b>authors</b> 34:17,20</p> <p><b>aware</b> 7:8 30:3,5, 13 33:3</p> <hr/> <p style="text-align: center;"><b>B</b></p> <hr/> <p><b>back</b> 21:1 31:14 33:20 38:23 47:5</p> <p><b>ballpark</b> 26:19</p> <p><b>based</b> 17:13 19:13 20:9,20 21:6 22:18 29:17 33:25 34:20 36:23 39:7</p> <p><b>basis</b> 40:9,10 42:9 46:10</p> <p><b>Bauer</b> 34:5</p> <p><b>believed</b> 14:17</p> <p><b>bibliography</b> 9:9 11:18,21,24 12:6, 8,11 13:1,13,23 14:7,17,21 15:4, 20 34:6,16,17</p> <p><b>biologically</b> 19:13</p> <p><b>birth</b> 19:7 22:1,23 25:1 29:18 31:17 32:15 36:16,21</p>
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# Exhibit C

Deposition Transcript of Kayla Gore



**GORE, et al.**

**vs.**

**LEE, et al.**

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**KAYLA GORE**

**April 13, 2020**



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1           **IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE**  
2           **DISTRICT OF TENNESSEE AT NASHVILLE**

---

3           **KAYLA GORE; L.G.; and K.N.,**

4                               **Plaintiffs,**

5           **vs.**

**Case No. 3:19-CV-00328**

6           **WILLIAM BYRON LEE, in his**  
7           **official capacity as Governor**  
8           **of the State of Tennessee; and**  
9           **LISA PIERCEY, in her official**  
  **capacity as Commissioner of the**  
  **Tennessee Department of Health,**

10                               **Defendants.**

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15                               **Videoconference Deposition of:**

16                               **KAYLA GORE**

17                               **Taken on behalf of the Defendant**  
18                               **April 13, 2020**

19  
20  
21  
22  

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  **Nashville, Tennessee**  
25                               **(615)595-0073**

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THE REPORTER: Good afternoon. My name is Michelle Smith. I am a Tennessee licensed reporter with Elite Reporting Services. My LCR number is LCR Number 544.

Today's date is April 13, 2020, and the time is approximately 1:11 p.m. central.

This is the deposition of Kayla Gore in the matter of Gore v. Lee, et al., filed in the United States District Court for the Middle District of Tennessee, Nashville division. The case number is 3:19-CV-00328.

\* \* \*

KAYLA GORE,  
was called as a witness, and after having been duly sworn, testified as follows:

DIRECT EXAMINATION

QUESTIONS BY MS. SHEW:

Q.	All right. Thank you.	01:13:23
	Ms. Gore, you can put your hand down now	01:13:24
	if you'd like. Now, I believe that the best way that	01:13:27
	this will work is for you and I to remain unmuted	01:13:30

1 with our microphones active. And to the extent that 01:13:40  
2 other people can mute, that would be great, because I 01:13:41  
3 do think it's helping the sound quality. 01:13:41

4 Just a couple more announcements before 01:13:43  
5 we begin. Obviously we are here today for the 01:13:46  
6 deposition of the Plaintiff, Kayla Gore. And so that 01:13:49  
7 the record is clear, the witness, counsel and the 01:13:52  
8 court reporter are all participating via WebEx. We 01:13:57  
9 have stipulated that Ms. Gore may be sworn remotely, 01:14:01  
10 and the oath will be binding as if she were sworn in 01:14:04  
11 person. 01:14:08

12 While there is video availability using 01:14:08  
13 WebEx, and as the court reporter pointed out, it's 01:14:12  
14 possible that everybody can see you while this call 01:14:13  
15 is ongoing, we are not making a video recording of 01:14:16  
16 this deposition. It will be recorded by normal 01:14:19  
17 stenographic means only. So there will be a paper 01:14:24  
18 transcript of everything that's said, but we are not 01:14:28  
19 making a video recording. All attorney objections 01:14:31  
20 except to the form of the question are reserved and 01:14:36  
21 don't have to be made at this time, just form of the 01:14:38  
22 question. 01:14:38

23 What I think, I think because we have 01:14:42  
24 this interesting format, I think it would be best, we 01:14:45  
25 don't necessarily need to have a roll call, because I 01:14:49

1 think that's going to just create more sound 01:14:51  
2 confusion, but if we could just, I will announce that 01:14:55  
3 on the call right now, on behalf of the Defendants 01:14:57  
4 are myself, Diana Shew and senior assistant attorney 01:15:00  
5 general, Sara Sedgewick. 01:15:05

6 So if somebody from the Plaintiff's 01:15:06  
7 counsel could just give a listing of who all is 01:15:09  
8 participating either by phone or on this video, that 01:15:13  
9 would be great so the court reporter will have a good 01:15:17  
10 record of who is participating. Does somebody want 01:15:21  
11 to do that? 01:15:36

12 MS. KADIVAR: Hello, can you guys hear 01:15:37  
13 me? 01:15:39

14 MS. SHEW: Yes. 01:15:41

15 MS. KADIVAR: This is Sammy Kadivar from 01:15:41  
16 Baker Botts, and with me is Kathryn Christopherson, 01:15:43  
17 also from Baker Botts, and Brant Roessler also from 01:15:46  
18 Baker Botts. And then we have Sasha Buchert, from 01:15:49  
19 Lambda Legal. 01:15:49

20 MS. SHEW: All right. Thank you. Thank 01:15:56  
21 you. And with that, I believe we are ready to 01:15:57  
22 proceed unless anybody has any more questions or 01:16:01  
23 announcements before we start. All right. Again, I 01:16:04  
24 think it is important to not step on each other's 01:16:10  
25 toes verbally, just because it does mess up the WebEx 01:16:14



1 sound. And certainly if people can remain mute 01:16:18  
2 that's good. If somebody wants to make an objection 01:16:23  
3 and comes in -- comes in a little late because they 01:16:26  
4 had to unmute, that's going to work fine, we're not 01:16:31  
5 going to call you out because you didn't get in fast 01:16:34  
6 enough on an objection, we're not going to do 01:16:35  
7 anything like that so. 01:16:39  
8 BY MS. SHEW: 01:16:39  
9 Q. All right. Ms. Gore, again, my name is 01:16:41  
10 Dianna Shew. Would you just please state your full 01:16:43  
11 name for the record, please. 01:16:46  
12 A. Kayla Renee Gore. 01:16:47  
13 Q. Ms. Gore, I am a senior assistant attorney 01:16:53  
14 general, I represent the Defendants in this lawsuit 01:16:57  
15 that you and other Plaintiffs have filed. Have you 01:16:58  
16 ever given a deposition before? 01:17:01  
17 A. No, ma'am. 01:17:02  
18 Q. Okay. Well, I'm sure your attorneys have 01:17:05  
19 explained this, but just so we can have some ground 01:17:10  
20 rules on the record, as we've talked about, there is 01:17:13  
21 a court reporter who is going to be taking down 01:17:14  
22 everything that everybody says, and creating a paper 01:17:16  
23 transcript, or electronic transcript, but no video. 01:17:18  
24 So it's important that we both give audible 01:17:23  
25 responses, things like yes or no, or you know, 01:17:28

1 sentences, whatever you need to tell the truth and 01:17:31  
2 answer the question. But no head nods or uh-huhs or 01:17:36  
3 huh-huhs because those never -- those just never seem 01:17:40  
4 to come out right. 01:17:41

5 If at any point I ask you a question and 01:17:42  
6 you can't hear the question or you don't understand 01:17:45  
7 my question, please tell me that, and I'll be glad to 01:17:47  
8 restate or rephrase the question for you. The other 01:17:52  
9 thing I would say, is if at any point you need a 01:17:59  
10 break, just say so. This is not an endurance 01:17:59  
11 competition. I just ask that you not ask for a break 01:18:01  
12 when I've got an open question out there that you 01:18:03  
13 haven't answered yet. I don't expect this deposition 01:18:06  
14 is going to take an incredibly long time at all. I 01:18:10  
15 try to be pretty efficient, but again, if at any 01:18:14  
16 point you want or need a break, just say so and we 01:18:16  
17 will take a break. 01:18:21

18 All right. Ms. Gore, what is your 01:18:22  
19 current address? 01:18:25

20 A. [REDACTED] 01:18:26  
21 [REDACTED]. 01:18:34

22 Q. And you have resided in Memphis your entire 01:18:34  
23 life except for one year; correct? 01:18:37

24 A. Yeah. 01:18:41

25 Q. And what is -- sorry, when was the one year 01:18:42

1 that you did not reside in Memphis? 01:18:48

2 A. I can't recall the exact year. 01:18:49

3 Q. Do you know the approximate year? 01:18:54

4 A. I think 2008. 01:18:56

5 Q. Okay. And where did you live during that 01:19:05

6 time period? 01:19:08

7 A. Phoenix, Arizona. 01:19:11

8 Q. What was your reason or motivation for moving 01:19:17

9 to Phoenix at that time? 01:19:22

10 A. I was offered a job at the University of 01:19:25

11 Phoenix, in their call center. 01:19:27

12 Q. Okay. Did you work in that call center for 01:19:30

13 that year? 01:19:34

14 A. I did not. 01:19:34

15 Q. Did you -- but you lived in Phoenix during 01:19:38

16 that time? 01:19:45

17 A. Yes. 01:19:45

18 Q. Okay. Did you attend high school in Memphis? 01:19:46

19 A. Yes. 01:19:55

20 Q. What high school is that? 01:19:58

21 A. Melrose high school. 01:20:00

22 Q. Did you attend college after high school? 01:20:07

23 A. Yes. 01:20:10

24 Q. Where was that? 01:20:10

25 A. Southwest Community College. 01:20:12

1	Q.	Did you obtain a degree there?	01:20:22
2	A.	No.	01:20:24
3	Q.	Okay. What kind of courses were you studying	01:20:25
4		when you were at Southwest Community College?	01:20:29
5	A.	Business administration and sociology.	01:20:32
6	Q.	Did you take any other college courses after	01:20:36
7		leaving Southwest Community College?	01:20:42
8	A.	Yes.	01:20:47
9	Q.	Okay. Can you describe that for me, please?	01:20:49
10	A.	They were online classes with the University	01:20:51
11		of Phoenix.	01:20:57
12	Q.	Okay. What kind of topics were you studying?	01:20:58
13	A.	Business administration.	01:21:02
14	Q.	And did you get any type of degree from the	01:21:06
15		University of Phoenix?	01:21:12
16	A.	No.	01:21:13
17	Q.	Any other college coursework?	01:21:15
18	A.	No.	01:21:18
19	Q.	Okay. Do you have any specialty training	01:21:21
20		outside of college course work, any training that	01:21:28
21		you've taken for specialty types of jobs?	01:21:32
22	A.	Yes.	01:21:37
23	Q.	Okay. Describe that for me, please.	01:21:38
24	A.	I'm a certified HIV tester with the State of	01:21:43
25		Tennessee, through the Department of Health.	01:21:55

1 Q. Did you say a certified -- say that again, 01:21:57  
2 I'm sorry, I didn't hear it. 01:21:59  
3 A. A certified HIV tester. 01:22:00  
4 Q. Tester. Okay. Okay. Anything else? 01:22:03  
5 A. That's all. 01:22:09  
6 Q. Okay. Do you hold any other certificates or 01:22:11  
7 licenses besides that? 01:22:14  
8 A. Certificates, yes. I can't recall them all, 01:22:17  
9 though. 01:22:26  
10 Q. Can you recall any of them? 01:22:26  
11 A. Yes, Building Leaders of Color training 01:22:31  
12 certificate, a completion from NMAC, formerly the 01:22:36  
13 National Minority AIDS Coalition, located in DC. I 01:22:41  
14 think that's about it that I can think of. 01:22:49  
15 Q. Okay. Do you, Ms. Gore, consider yourself an 01:22:51  
16 expert on the distinctions, if any, between sex and 01:23:02  
17 gender? 01:23:08  
18 MS. KADIVAR: Objection to form. 01:23:08  
19 MS. SHEW: What's the form problem? I'm 01:23:16  
20 just asking her if she considers herself an expert. 01:23:16  
21 I'm not challenging her on that. 01:23:19  
22 You may answer, Ms. Gore. 01:23:19  
23 BY MS. SHEW: 01:23:57  
24 Q. Okay. So Ms. Gore, you do not plan to offer 01:23:57  
25 expert testimony on that topic in this lawsuit; is 01:24:03

1 that correct? 01:24:06

2 A. Yes, that is correct. 01:24:06

3 Q. Do you -- do you consider yourself to be an 01:24:10

4 expert or plan to offer expert testimony on any of 01:24:15

5 the other issues that you understand are part of this 01:24:19

6 lawsuit? 01:24:23

7 A. I don't understand what the question is. Ask 01:24:23

8 me again. 01:24:30

9 Q. Okay. Well, I'm -- I'm here primarily today 01:24:30

10 to ask you about facts that you know that are within 01:24:34

11 your personal knowledge, things that you know about 01:24:37

12 the facts of this case. But my question before we 01:24:41

13 sort of dive into the facts is, in addition to being 01:24:44

14 able to tell me about the facts of the case as you 01:24:48

15 know them, do you intend by virtue of training, 01:24:51

16 expertise, et cetera, to offer opinions as an expert 01:24:54

17 on any of these -- on any of these topics, things 01:24:57

18 that -- as an expert things that would be not 01:25:02

19 necessarily within your personal knowledge, but 01:25:04

20 things that you would know by virtue of training or 01:25:09

21 experience? 01:25:15

22 A. I'm not sure how to answer that question, 01:25:17

23 because I don't know what the questions you're going 01:25:20

24 to ask me, and I don't know what my expertise would 01:25:22

25 be for those questions until you ask me those 01:25:24

1 questions. Does that make sense? 01:25:27

2 Q. I think your answer makes sense. And maybe 01:25:29  
3 my question wasn't very clear, because really all I 01:25:31  
4 intend to ask you about are things that are about you 01:25:32  
5 and your knowledge. That's all I can -- I'm asking 01:25:36  
6 if you know things, because your counsel has 01:25:40  
7 experts -- expert witnesses as well, who are going to 01:25:43  
8 talk about things that don't pertain to them as 01:25:47  
9 persons, but things that they know because of their 01:25:50  
10 education, experience and training that they're going 01:25:55  
11 to talk about that don't pertain to them as a person. 01:25:58  
12 And I'm just asking whether you intend to offer any 01:26:00  
13 testimony like that, or if your intended testimony in 01:26:04  
14 this case has to do with you as a person, things that 01:26:07  
15 you know about you as a person that you know you've 01:26:09  
16 experienced or seen or know from your own personal 01:26:13  
17 experience. 01:26:17

18 A. Yes, I will be giving expert testimony on 01:26:18  
19 myself and my personal experiences related to the 01:26:20  
20 case. 01:26:24

21 Q. All right. I think we're on the same page. 01:26:25  
22 Thank you. Ms. Gore, are you married? 01:26:28

23 A. No. Single. 01:26:31

24 Q. Have you ever been married? 01:26:34

25 A. No. 01:26:36

1 Q. Okay. Ms. Gore, you've stated in the 01:26:37  
2 pleadings that you've filed in this case, and in the 01:26:51  
3 declarations that you filed in this case, that you 01:26:54  
4 are a transgender person; correct? 01:26:56  
5 A. Yes, that is correct. 01:27:00  
6 Q. Okay. Do your immediate and/or extended 01:27:01  
7 family know that you are a transgender person? 01:27:07  
8 A. Yes, that is correct. 01:27:15  
9 Q. Okay. So -- yeah, she's got it on mute, 01:27:16  
10 okay. Sorry. So I'm sorry, they do know that you 01:27:22  
11 are a transgender person; correct? 01:27:26  
12 A. Yes. 01:27:30  
13 Q. Okay. How long have they known that? 01:27:30  
14 A. Eight or more years. 01:27:34  
15 Q. Okay. What about your social friends, do 01:27:45  
16 your social friends know that you're a transgender 01:27:49  
17 person? 01:27:53  
18 A. Yes. 01:27:54  
19 Q. And how long have they known that? 01:27:54  
20 A. Various times. 01:27:57  
21 Q. What would you say is the -- if you go back 01:28:06  
22 to the longest point in time that one of your social 01:28:10  
23 friends became aware that you were a transgender 01:28:14  
24 person, when would that have been? 01:28:19  
25 A. Maybe 2008. 01:28:22



1 Q. Okay. Do your professional colleagues and 01:28:42  
2 contacts know that you are a transgender person? 01:28:50  
3 A. Yes. 01:28:53  
4 Q. Okay. And how long have they known that? 01:28:56  
5 A. Different times. A lot of times I'm not as 01:29:16  
6 open initially with people, to retain some of my own 01:29:19  
7 privacy. 01:29:23  
8 Q. Do you currently have professional colleagues 01:29:24  
9 that do not know that you are a transgender 01:29:29  
10 person? 01:29:32  
11 A. I would be speculating, but I am sure there 01:29:33  
12 are some people who do not know. I've had some 01:29:45  
13 colleagues that I've known for years and they've 01:29:48  
14 divulged that when they initially met me they did not 01:29:52  
15 know that I was trans until I told them. So I 01:29:57  
16 couldn't really give you a definitive answer. 01:30:00  
17 Q. Okay. Are there any persons that you, who 01:30:03  
18 you do not want to know or to find out that you are a 01:30:11  
19 transgender person? 01:30:14  
20 A. Yes, there are. 01:30:15  
21 Q. Okay. And who are those persons? 01:30:19  
22 A. People who I do not personally know. 01:30:22  
23 Q. So strangers? 01:30:31  
24 A. Yes, strangers. That could be future 01:30:34  
25 employers, that could be anybody that I don't 01:30:40

1 currently know. 01:30:45

2 Q. Okay. Have you ever attended public events 01:30:45

3 which acknowledge or celebrate the LBGQ community, 01:31:11

4 Pride Parades, any other kinds of celebrations? 01:31:17

5 A. Yes, ma'am. 01:31:19

6 Q. Okay. What types of -- which one, tell me 01:31:19

7 the ones you can recall. 01:31:23

8 A. I have attended several Memphis Pride, I have 01:31:25

9 attended several equality rallies that were specific 01:31:30

10 to a transgender community here in Memphis. I have 01:31:35

11 attended some regional events and some national 01:31:39

12 events as well. 01:31:44

13 Q. All right. I would like to turn now, to some 01:31:45

14 of the documents that we told your counsel we would 01:31:57

15 be using and asking you about in this case. And the 01:32:02

16 first one I would like to look at is the -- 01:32:04

17 A. Your audio was breaking up. 01:32:04

18 Q. I'm sorry. I'll have to pay more attention 01:32:13

19 to where my microphone is. 01:32:18

20 I would like you to look at some of the 01:32:22

21 documents that I think your counsel told us we were 01:32:22

22 going to look at today. The first one I would like 01:32:23

23 to look at is the amended complaint if you've got 01:32:24

24 that where you can refer. 01:32:28

25 A. Yes, I do. 01:32:29

1 Q. First question I would like to ask you is, 01:32:30  
2 did you review this amended complaint before it was 01:32:47  
3 filed with the Court? 01:32:49  
4 A. Yes, I did. 01:32:53  
5 Q. Okay. All right. I would like to turn to 01:32:54  
6 the portion of the amended complaint that actually 01:33:08  
7 deals with your allegations specifically, and that 01:33:10  
8 starts at Paragraph 78, numbered paragraph 78 of that 01:33:13  
9 amended complaint. If you can find that? 01:33:20  
10 A. Uh-huh. 01:33:28  
11 Q. All right. And just looking below that 01:33:30  
12 numbered paragraph 79 it says Ms. Gore wishes to 01:33:36  
13 correct her Tennessee birth certificate which 01:33:44  
14 currently indicates that her sex is a male, to 01:33:46  
15 accurately reflect her sex is female as determined 01:33:49  
16 by her gender identity. Do you see that 01:34:00  
17 Paragraph 79? 01:34:04  
18 A. Yes, I do. 01:34:04  
19 Q. Is it accurate that you wish to correct your 01:34:04  
20 Tennessee birth certificate to refer to your sex as 01:34:06  
21 female? 01:34:10  
22 A. That is correct. 01:34:10  
23 Q. Okay. Have you made any attempts to do that? 01:34:12  
24 A. Yes, I have. 01:34:15  
25 Q. All right. 01:34:19

1 A. Not any attempts specifically for my gender 01:34:21  
2 marker, because it's currently not allowed by law, 01:34:26  
3 but I have made attempts to change my name on my 01:34:30  
4 birth certificate. 01:34:34  
5 Q. And have you been successful? 01:34:35  
6 A. No, I have not. 01:34:41  
7 Q. Okay. Tell me -- tell me how you've 01:34:43  
8 attempted to change the name on your birth 01:34:47  
9 certificate, what steps have you taken? 01:34:50  
10 A. The process -- the process here is there is a 01:34:52  
11 form that you can get from the local health 01:34:56  
12 department, you fill that form out, you accompany 01:34:59  
13 that form with a money order for the actual baby 01:35:02  
14 birth certificate, you mail that to the Tennessee 01:35:07  
15 Department of Records in Nashville, and then they 01:35:09  
16 return you your updated birth certificate within 45 01:35:14  
17 days. Or you can physically take it to the 01:35:20  
18 department of records if you're in the area of 01:35:24  
19 Nashville. 01:35:26  
20 Q. So have you -- have you completed the form 01:35:26  
21 and mailed that to the Office of Vital Records? 01:35:30  
22 A. Yes, ma'am, I have. 01:35:35  
23 Q. And when did you do that? 01:35:36  
24 A. October of last year. 01:35:37  
25 Q. Have you -- have you had any communication 01:35:48

1 with that office since you sent that form? 01:35:53

2 A. No, I have not. 01:35:56

3 Q. Have you tried to inquire why you haven't had 01:36:07

4 a response since October? 01:36:10

5 A. No, I haven't. 01:36:12

6 Q. Have you made any other attempts to change 01:36:26

7 any other information on your birth certificate? 01:36:29

8 A. No. 01:36:32

9 Q. All right. Looking at Paragraph 81 of the 01:36:33

10 amended complaint, it has a list of your different 01:36:48

11 community advocacy efforts, and I wanted to go 01:37:00

12 through those with you. It says presently you are 01:37:04

13 the southern regional organizer with TLC@SONG. 01:37:06

14 What -- how long have you been in that position where 01:37:11

15 you're the southern regional -- a southern regional 01:37:14

16 organizer? 01:37:19

17 A. A little over a year. 01:37:21

18 Q. Okay. And what does that actually involve, 01:37:22

19 what do you do as a southern regional organizer for 01:37:31

20 that organization? 01:37:36

21 A. I work regionally in the south with LGBTQ 01:37:36

22 people around the missions and values of the 01:37:43

23 transgender law center and Southerners on 01:37:43

24 New Ground. 01:37:49

25 Q. Okay. What might that -- what does that look 01:37:49

1 like on an everyday basis? I mean do you meet with 01:37:53  
2 them, do you point them toward help and services, 01:37:57  
3 what -- what -- I mean, what does that actually 01:38:02  
4 entail? 01:38:05  
5 A. In my role as southern regional organizer, we 01:38:06  
6 convene -- southerners convening with queer 01:38:13  
7 southerners throughout the south periodically 01:38:15  
8 throughout the year, organizing around issues that 01:38:18  
9 are specific to their communities. 01:38:22  
10 Q. Is it educational, is it support, is it all 01:38:24  
11 of the above? 01:38:29  
12 A. I would say it's a little bit of all of that. 01:38:29  
13 Q. And then it says prior to your work with 01:38:33  
14 TLC@SONG you worked as a transgender services 01:38:42  
15 specialist at OUTMemphis, a Memphis based community 01:38:46  
16 center that provides education, programming and 01:38:50  
17 services for LGBTQ people in the Mid South. So what 01:38:50  
18 did you do as the transgender services specialist at 01:38:55  
19 OUTMemphis? 01:39:00  
20 A. Oh, a lot of things. 01:39:00  
21 Q. Okay. 01:39:05  
22 A. So we are -- well, we still are OUTMemphis is 01:39:05  
23 the only LGBTQ center within a 200-mile radius in the 01:39:12  
24 Mid South area, so we would serve all of the LGBTQ 01:39:17  
25 folks on a gamut of needs, whether that was direct 01:39:20

1 services, if there was community support in different 01:39:24  
2 ways, helping different events, depending on the 01:39:28  
3 political climate here in Memphis and nationally. 01:39:34  
4 Q. So how long were you in that role? 01:39:40  
5 A. Three years. 01:39:42  
6 Q. Okay. So if I understood you, you said that 01:39:43  
7 that was the only -- that was the only such outreach 01:39:48  
8 within a 200-mile radius of Memphis? 01:39:53  
9 A. That provided the services that we provided 01:39:57  
10 specifically for the LGBTQ community. 01:40:00  
11 Q. Did you reach outside of the state of 01:40:02  
12 Tennessee? I mean because that would encompass east 01:40:07  
13 Arkansas, Mississippi, so were you reaching into 01:40:11  
14 those neighboring states? 01:40:15  
15 A. Yes, Jackson, Tennessee, Jackson -- Jackson, 01:40:17  
16 Tennessee. Southaven, Mississippi, Olive Branch. 01:40:22  
17 West Tennessee in Arkansas, yeah. 01:40:27  
18 Q. Okay. And then finally this paragraph 01:40:31  
19 recites that you are one of the founders and the 01:40:37  
20 director of My Sistah's House, a nonprofit that 01:40:39  
21 provides resources and emergency shelter to 01:40:43  
22 transgender and gender nonconforming people in the 01:40:46  
23 Memphis area. When did you help found My Sistah's 01:40:47  
24 House? 01:40:53  
25 A. In 2017. 01:40:53

1 Q. And are you currently its director? 01:40:58  
2 A. Yes. 01:41:03  
3 Q. Do you get a salary in that role? 01:41:06  
4 A. No. We're completely volunteer. 01:41:19  
5 Q. Okay. Do you -- one of the activities it 01:41:27  
6 lists of course is providing emergency shelter. Do 01:41:41  
7 you have any sort of work or cooperative arrangement 01:41:46  
8 with the Memphis police, the Shelby County Sheriff's 01:41:50  
9 Department or anybody like that, do you get referrals 01:41:54  
10 from law enforcement? 01:41:57  
11 A. No, we don't. Possibly through like -- yeah, 01:41:58  
12 through different channels, yes, but not directly 01:42:07  
13 from the Memphis Police Department or the Sheriff's 01:42:12  
14 Department, you know. 01:42:14  
15 Q. Where would you -- how would a transgender 01:42:15  
16 person or gender nonconforming person who needs some 01:42:20  
17 sort of emergency help from you, how would they find 01:42:24  
18 you, or how would they know about you, how would they 01:42:28  
19 know about My Sistah's House? 01:42:32  
20 A. We have a team of volunteers, maybe upward to 01:42:35  
21 25 volunteers who basically disseminate the 01:42:37  
22 information throughout the community through other 01:42:42  
23 partner organizations that I've like formerly worked 01:42:44  
24 for or with, whether as an employee or a volunteer. 01:42:46  
25 People just know that this is something that I've 01:42:50





1 did you do that, was that -- well, I will just let 01:44:36  
2 you, I won't speculate. How did you begin expressing 01:44:39  
3 your female gender identity again? 01:44:43

4 A. Well, I was grown and I had my own 01:44:46  
5 employment, so I would -- I started experimenting 01:44:55  
6 with the more feminine expressions in the clothes 01:44:58  
7 that I wore, the shoes that I wore, the jewelry that 01:45:01  
8 I wore, just my outward appearance became to be more 01:45:05  
9 feminine presenting time. 01:45:15

10 Q. Okay. Okay. Paragraph 85, "Since beginning 01:45:17  
11 to live openly as a woman, Ms. Gore has taken steps 01:45:17  
12 to bring all aspects of her life into conformity with 01:45:36  
13 her female gender identity, including steps to 01:45:40  
14 socially and medically transition." And I want to 01:45:42  
15 preface my next question by saying that in the 01:45:50  
16 context of your deposition I don't -- I'm not going 01:45:56  
17 to pry deeply into personal information, because 01:46:01  
18 frankly I don't think it's pertinent, but I do want 01:46:09  
19 to ask this one question. 01:46:12

20 And I may ask a couple of more, but again 01:46:15  
21 I just want to before we -- before we have to start a 01:46:18  
22 line of objections that may not be necessary, I just 01:46:21  
23 want to say I'm not going to pry deeply into 01:46:25  
24 anybody's personal information here. But 01:46:27  
25 paragraph -- I'll just tell you and you can look for 01:46:29

1 yourself, but at Paragraph 37 in the amended  
2 complaint it states that the steps a transgender  
3 person could take to transition, as well as to treat  
4 their gender dysphoria vary, but the steps generally  
5 include one or more of the following: And these  
6 three steps are described the same in many of the  
7 documents in this case. One is social transition;  
8 two is hormone therapy; three is gender-confirming  
9 surgery as the -- as the possible steps that one  
10 might elect to take. And my question to you is which  
11 of those three steps, any or all, have you taken in  
12 order to bring the aspects of your life into  
13 conformity with your gender identify.

14 A. Okay. Can you give me a moment to review  
15 37?

16 Q. You bet, as much time as you need.

17 A. I have all three of these. As I stated in my  
18 previous answer to the previous questions, the  
19 beginning stages was the social transition, which was  
20 my gender expression outwardly. And then from there  
21 on, I went through the hormone replacement therapy  
22 and then I've had gender conforming, confirming  
23 surgery.

24 Q. Okay. Looking down at Paragraph 89 it says  
25 that you have corrected your name and gender marker

01:46:31  
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01:47:39  
01:47:41  
01:47:43  
01:47:46  
01:47:52  
01:47:54  
01:47:58  
01:48:03  
01:48:21

1 to be consistent with your female gender identity in 01:48:26  
2 all identity documents except your birth certificate, 01:48:29  
3 and that includes your Tennessee state 01:48:33  
4 identification, your Tennessee voter registration 01:48:33  
5 card, and your Social Security records, do you see 01:48:41  
6 that? 01:48:44  
7 A. Yes. 01:48:44  
8 Q. Are there any other documents where you have 01:48:46  
9 changed the gender marker? And I will just -- I 01:48:49  
10 should have said this earlier, but I'm going to use 01:48:54  
11 the term "gender marker" because it's used in your 01:48:56  
12 complaint and I think it's a term that I perceive 01:48:58  
13 that you are comfortable using. I'm not conceding 01:49:02  
14 that it has a particular term of art, but I'm using 01:49:06  
15 it as it's used in your amended complaint. So do you 01:49:09  
16 have a Tennessee driver's license? 01:49:12  
17 A. I have a state ID. 01:49:14  
18 Q. Okay. But no driver's license? 01:49:20  
19 A. Correct. 01:49:22  
20 Q. Correct. Okay. Do you have a passport? 01:49:23  
21 A. No. 01:49:27  
22 Q. Okay. Are there any other documents you can 01:49:29  
23 recall where you have changed the gender marker 01:49:38  
24 besides your Tennessee state identification card, 01:49:42  
25 your Tennessee voter registration card and your 01:49:46

1 Social Security records? Like if you have licenses, 01:49:50  
2 certificates, and they may not even have a field for 01:49:53  
3 sex or gender, I realize that, but can you think of 01:49:57  
4 any, are there any other documents where there is a 01:50:01  
5 field that says either sex or gender on it and you 01:50:05  
6 have changed that? 01:50:08  
7 A. My health insurance card has a gender marker 01:50:08  
8 on it and I changed that to female. 01:50:19  
9 Q. Okay. 01:50:22  
10 A. Yes, I think that's -- 01:50:27  
11 Q. Any others that you can recall? 01:50:31  
12 A. Oh, I have -- I have a [REDACTED] card, it 01:50:31  
13 identifies me as female. 01:50:33  
14 Q. You have -- I'm sorry, what kind of card? 01:50:35  
15 A. [REDACTED], it's like a supplementary health 01:50:37  
16 insurance card. 01:50:44  
17 Q. Okay. At Paragraph 91 it says, "As a result 01:50:44  
18 of the birth certificate policy, the sex designation 01:51:20  
19 on Ms. Gore's birth certificate still incorrectly 01:51:24  
20 identifies her as male." 01:51:27  
21 I'm going to ask you two questions about 01:51:29  
22 that Paragraph 91. First what -- what does it mean 01:51:32  
23 to you to refer to Tennessee's birth certificate 01:51:38  
24 policy? 01:51:41  
25 MS. KADIVAR: Object to the form. 01:51:53

1 BY MS. SHEW: 01:51:53

2 Q. You're permitted to answer if you can 01:51:56

3 answer. 01:51:58

4 A. I don't necessarily understand what -- yeah, 01:52:00

5 I don't understand the question. 01:52:06

6 Q. Okay. Well, in Paragraph 91 if you see it 01:52:08

7 says as a result of the birth certificate policy, 01:52:15

8 you're incorrectly identified as a male, and there 01:52:16

9 are places, other places and we can get to those a 01:52:20

10 little bit later that refers to Tennessee's, and the 01:52:25

11 words used are "birth certificate policy", and I'm 01:52:27

12 just asking you, what does that term mean to you, 01:52:31

13 what is Tennessee's birth certificate policy as you 01:52:34

14 understand it that is resulting in your sex 01:52:36

15 designation being incorrect? 01:52:42

16 A. It doesn't allow for me to change -- 01:52:49

17 MS. KADIVAR: Objection. 01:52:50

18 THE WITNESS: Sorry. 01:52:53

19 MS. KADIVAR: No, go ahead, Kayla. 01:52:54

20 THE WITNESS: It doesn't allow for me to 01:52:54

21 change my gender marker or anyone for that matter if 01:52:57

22 there was a mistake when it was -- when the document 01:53:00

23 was created at the time of my birth. 01:53:06

24 BY MS. SHEW: 01:53:10

25 Q. Okay. And then again in Paragraph 91 it says 01:53:11

1 the sex designation on your birth certificate still 01:53:25  
2 incorrectly identifies you as a male, and we've 01:53:28  
3 discussed that's actually pled earlier in this 01:53:32  
4 amended complaint that your birth certificate states 01:53:34  
5 that you are male. Do you know -- do you know why 01:53:38  
6 you -- your birth certificate designated that you 01:53:41  
7 were male at the time that it was completed? 01:53:46  
8 MS. KADIVAR: Objection to form. 01:53:50  
9 THE WITNESS: No, I'm not sure. 01:53:54  
10 BY MS. SHEW: 01:53:57  
11 Q. Okay. Do you -- do you have any reason to 01:53:57  
12 believe it was anything other than the appearance of 01:53:59  
13 external -- of your external genitalia at the time 01:54:05  
14 you were born? 01:54:05  
15 A. No, ma'am. 01:54:09  
16 Q. Do you believe that -- is it any reason other 01:54:14  
17 than that? 01:54:15  
18 MS. KADIVAR: Same objection. 01:54:16  
19 THE WITNESS: Could you read back the 01:54:24  
20 question? 01:54:26  
21 BY MS. SHEW: 01:54:28  
22 Q. Sure. Do you have any reason to believe that 01:54:30  
23 your sex designation on your birth certificate at the 01:54:33  
24 time you were born was listed as male for any reason 01:54:38  
25 other than you had male appearing external genitalia 01:54:42

1 at the time of birth? 01:54:48

2 MS. KADIVAR: Objection to form. You can 01:54:51

3 answer, Kayla. 01:54:57

4 THE WITNESS: I think that could be a 01:54:57

5 reason. They didn't look at my gender identity, they 01:55:00

6 only looked at the physical appearance of my body at 01:55:05

7 the time of my birth. 01:55:09

8 BY MS. SHEW: 01:55:11

9 Q. All right. Paragraph 92, it says that 01:55:13

10 Ms. Gore reasonably fears that possessing a birth 01:55:17

11 certificate that fails to reflect her female gender 01:55:21

12 identity increases the likelihood that she will be 01:55:25

13 subjected to invasions of privacy, prejudice, 01:55:28

14 discrimination, distress, harassment, or violence. 01:55:28

15 Tell me -- tell me why you fear that those things 01:55:33

16 will happen. 01:55:36

17 A. I feel that things will happen because of the 01:55:36

18 work that I do in my advocacy, that the stats prove 01:55:43

19 that people who look and identify as I do as a black 01:55:50

20 transgender woman have a likelihood of only surviving 01:55:53

21 to 35, or not surpassing the age of 35. And I 01:55:59

22 believe that not having a birth certificate prevents 01:56:04

23 me from obtaining a job or going to school without 01:56:07

24 the fear of discrimination because someone who 01:56:11

25 otherwise wouldn't know that I'm transgender knows 01:56:16



1 that I'm transgender because my birth certificate 01:56:19  
2 says so. 01:56:25  
3 Q. What are the -- you just gave us an 01:56:31  
4 interesting statistic, that from your work and your 01:56:35  
5 experience as an advocate, the statistics show the 01:56:39  
6 black transgender woman has some risk of not living 01:56:42  
7 beyond age 35, did I understand that correctly? 01:56:49  
8 A. That is correct. 01:57:00  
9 Q. Is it different for white transgender women? 01:57:01  
10 A. Yes, it's very different. 01:57:01  
11 Q. What is the statistic for white transgender 01:57:01  
12 women? 01:57:01  
13 A. I don't believe that there's any data related 01:57:09  
14 specifically to violence to trans women who are not 01:57:14  
15 of color. And I'm not an expert to give that 01:57:14  
16 specific data, but I do know about data that 01:57:19  
17 specifically refers to me and my likelihood of making 01:57:23  
18 it two more years. 01:57:27  
19 Q. And that is due to, you're saying that that 01:57:29  
20 very shortened life expectancy is due to violence 01:57:36  
21 perpetrated against black transgender women? 01:57:41  
22 MS. KADIVAR: Objection form. 01:57:47  
23 THE WITNESS: Can you -- 01:57:49  
24 BY MS. SHEW: 01:57:50  
25 Q. Well, I'm asking -- but as I understand it, 01:57:51

1 what the abbreviated life expectancy, age 35 is a 01:57:53  
2 very abbreviated life expectancy for black 01:57:58  
3 transgender women is a result of violence perpetrated 01:58:01  
4 against black transgender women? I mean it's not, 01:58:05  
5 there's not -- it's not a disease study, it's 01:58:08  
6 not -- I mean, is it violence, is that the reason? 01:58:09

7 A. Yes. It's -- it's violence, but it is also 01:58:12  
8 rooted in a lot of other things that lead up to the 01:58:17  
9 violence. As I stated before, like not having proper 01:58:20  
10 documentation so that I can navigate through life 01:58:24  
11 safely and have like equitable access to everything 01:58:37  
12 else that everyone else has without the fear of 01:58:37  
13 discrimination puts black transgender women in 01:58:38  
14 situations where they are subject to violence. 01:58:44

15 Q. Do you -- have you ever personally been 01:58:46  
16 threatened with death or subject to violence because 01:58:51  
17 you didn't have a birth certificate with where the 01:58:56  
18 sex matched your current, your other current 01:59:02  
19 documents or matched your current appearance to the 01:59:03  
20 world, has that ever happened to you, have you ever 01:59:07  
21 been threatened with violence or been a victim of 01:59:11  
22 violence because of that? 01:59:14

23 MS. KADIVAR: Sorry -- object to any 01:59:16  
24 disputed terms like "sex" is calling for expert 01:59:18  
25 testimony. If we could just stipulate to having that 01:59:21

1 objection, then I don't have to -- because I object 01:59:24  
2 to those words and any other disputed term, I 01:59:25  
3 don't want to have to keep interrupting the 01:59:28  
4 record. 01:59:30

5 MS. SHEW: No, I think that's fine. And 01:59:31  
6 again, I'm trying to use terminology as I read it in 01:59:34  
7 the amended complaint. And I have the same -- none 01:59:35  
8 of us are stipulating to anybody else's terms of art, 01:59:38  
9 shall we say that? And so -- 01:59:43

10 MS. KADIVAR: Okay. That would be great. 01:59:47

11 MS. SHEW: And if I -- if I do want to 01:59:48  
12 ask a technical question I'll be sure, but she's 01:59:51  
13 already said she's not an expert, so I think we're 01:59:52  
14 just moving on, okay? So -- 01:59:54

15 THE WITNESS: Okay. 01:59:57

16 BY MS. SHEW: 01:59:57

17 Q. So Ms. Gore, my question was have you ever 02:00:00  
18 been threatened with violence or been a victim of 02:00:05  
19 violence because the sex field on your birth 02:00:08  
20 certificate which says male either doesn't match 02:00:13  
21 another document that you have, or it doesn't match 02:00:16  
22 your current appearance and identity as a transgender 02:00:22  
23 woman? 02:00:27

24 A. Yes. 02:00:28

25 Q. Okay. Tell me -- tell me when that has 02:00:31

1 happened. 02:00:34

2 A. When I started living my life daily as a 02:00:35  
3 woman openly throughout, trying to apply for jobs, I 02:00:43  
4 was denied because I was transgender. A lot of 02:00:49  
5 people did not want to hire me, so it left me in 02:00:53  
6 situations where I was doing things that would put me 02:00:57  
7 in danger of violence, and I experienced a lot of 02:00:59  
8 violence through those times where I couldn't find 02:01:04  
9 employment because I was transgender because I didn't 02:01:06  
10 have all of the documents I needed to -- to basically 02:01:10  
11 assimilate. 02:01:14

12 Q. And what jobs were you denied because of 02:01:14  
13 that? 02:01:18

14 A. Mostly like fast food restaurant jobs. I was 02:01:22  
15 trying to find jobs mainly that were like family 02:01:26  
16 owned companies or private companies, because I had 02:01:32  
17 seen that when you're working for people who own 02:01:36  
18 their own businesses, they tend to pay you more and 02:01:40  
19 the benefits are a little better versus bigger 02:01:44  
20 corporations. So a lot of those private, privately 02:01:48  
21 owned companies or businesses would not hire me. 02:01:51

22 Q. Okay. Do you remember the name of any 02:01:54  
23 business or company that did not hire you because you 02:01:58  
24 were transgender? 02:02:01

25 A. I can't recall. 02:02:04

1 Q. Do you know that that's -- how do you know or 02:02:24  
2 why do you believe that they did not hire you because 02:02:26  
3 you were transgender? 02:02:28

4 A. Some of those jobs offered telephone 02:02:29  
5 interview as the first interview. And during those 02:02:31  
6 conversations, at the end of those conversations I 02:02:35  
7 felt really good about the interviews. And I had 02:02:38  
8 been told before that I'm a great interviewer, that 02:02:41  
9 was one of my jobs for five years was interviewing. 02:02:45  
10 So once I got to the in-person meetings with these 02:02:47  
11 potential employers, I felt temperature changes, and 02:02:55  
12 I would not get called back. Whether it was you have 02:02:58  
13 the job or you don't have the job, I would not get 02:03:01  
14 called back. 02:03:06

15 Some of those jobs I applied with 02:03:07  
16 friends, and some of my female friends would get 02:03:10  
17 called back because some of these places were 02:03:13  
18 restaurants. Some of my friends would get called 02:03:15  
19 back, even if they didn't get the job, they would get 02:03:18  
20 called back for -- particularly for the restaurant 02:03:22  
21 jobs to verify their ABC licensure, license is up to 02:03:25  
22 date, I wouldn't get those courtesy calls back, when 02:03:32  
23 we both applied for the same companies, but these 02:03:32  
24 people identify as cisgender, whereas I was 02:03:40  
25 transgender. 02:03:42

1 Q. Did your -- did your friends in that context, 02:03:43  
2 you said they were getting ABC licenses verified? 02:03:54  
3 A. They would get -- and this is normally 02:04:00  
4 routine in the process of getting a job at a place 02:04:03  
5 that sells alcohol. You'll do an application, you 02:04:09  
6 may do an interview, after that interview they'll 02:04:13  
7 check your references. And then once they've checked 02:04:16  
8 your references, that the references check out, they 02:04:20  
9 do the extra work of calling you to say, hey, do you 02:04:23  
10 have your ABC license, if you don't, these are the 02:04:26  
11 steps you need to take to get them, you can't start 02:04:28  
12 until you have it. And then soon after that you get 02:04:31  
13 an offer whether you obtain your ABC license or you 02:04:33  
14 already have it. And I wouldn't get those follow-up 02:04:39  
15 calls. 02:04:40  
16 Q. Have you ever had an ABC license? 02:04:40  
17 A. Yes. 02:04:43  
18 Q. When was that? 02:04:44  
19 A. I can't remember. It was a long time ago. 02:04:50  
20 Q. Okay. But you can't recall the name -- can 02:04:54  
21 you recall the name of any employer or potential 02:04:58  
22 employer who either declined to hire you, or 02:05:02  
23 terminated you because you were -- are transgender 02:05:06  
24 other than what you've described for me so far? 02:05:11  
25 A. I can't off of the top of my head. 02:05:14

1 Q. Well, I mean today is my only chance I have 02:05:31  
2 to ask you, so if at some point you remember, I would 02:05:34  
3 ask you to pass that information along to your 02:05:38  
4 counsel, please. 02:05:40

5 Then you said because you were denied 02:05:42  
6 jobs, you were doing things that put you in danger of 02:05:44  
7 violence, what were those things? 02:05:49

8 A. [REDACTED]. 02:05:51

9 Q. [REDACTED] 02:06:06  
10 [REDACTED]. 02:06:10

11 A. [REDACTED] 02:06:12  
12 [REDACTED]. 02:06:21

13 Q. Okay. 02:06:23

14 MS. KADIVAR: I'm sorry, can we designate 02:06:28  
15 this line of questioning as attorneys' eyes only and 02:06:29  
16 confidential? 02:06:34

17 MS. SHEW: Definitely needs to be 02:06:34  
18 confidential, I'm kind of thinking through the 02:06:36  
19 attorneys' eyes only. Because there's -- I don't 02:06:50  
20 know if there's any -- our clients are the 02:06:52  
21 Department of Health -- well, the Commissioner of the 02:06:55  
22 Department of Health and the Governor. I know I 02:06:59  
23 guess what I'm saying is we don't have any 02:07:03  
24 [REDACTED] in this, nor would we in this 02:07:05  
25 context at all. But I don't have any -- I don't have 02:07:09

1 any question about designating it as confidential. 02:07:15

2 Let's talk about the attorneys' eyes 02:07:20

3 only. I mean, I'll consider that, and I understand 02:07:21

4 what your concerns are. But let's -- and I'm not 02:07:24

5 going a whole lot further with it for what that's 02:07:30

6 worth. We already have -- we already have some 02:07:35

7 information about this in the discovery 02:07:38

8 responses. 02:07:40

9 BY MS. SHEW: 02:07:40

10 Q. [REDACTED] 02:07:51

11 [REDACTED] 02:07:54

12 A. [REDACTED]. 02:08:00

13 Q. [REDACTED] 02:08:11

14 [REDACTED] 02:08:15

15 A. [REDACTED] 02:08:17

16 [REDACTED] 02:08:32

17 [REDACTED] 02:08:38

18 Q. Okay. Do you recall what employment it was 02:08:40

19 that you obtained that made you able to get stable 02:08:48

20 housing and -- 02:08:52

21 A. Yes, it was a restaurant on Union Avenue. At 02:08:54

22 that time it was called E's Cafe. 02:09:03

23 Q. I'm sorry, how do you spell that, do you 02:09:08

24 know? 02:09:08

25 A. E, apostrophe S, Cafe. 02:09:20



1 Q. [REDACTED] 02:09:20

2 [REDACTED] 02:09:26

3 A. [REDACTED] 02:09:29

4 Q. Was it -- 02:09:31

5 MS. KADIVAR: Sorry to interrupt. We 02:09:31

6 designated this as attorneys' eyes only in the raw 02:09:34

7 responses, and so I just want to make sure that we're 02:09:37

8 doing the same thing here. If you want to discuss it 02:09:38

9 off line, I'm happy to, but -- 02:09:39

10 MS. SHEW: No, that's fine. That's fine. 02:09:41

11 BY MS. SHEW: 02:09:41

12 Q. [REDACTED] 02:09:45

13 A. [REDACTED] 02:09:57

14 Q. [REDACTED] 02:09:57

15 A. [REDACTED] 02:09:59

16 Q. Okay. Looking at Paragraph 93 of the amended 02:10:07

17 complaint, and we may have -- we may have covered 02:10:35

18 this, but I want to ask anyway. It says, "Ms. Gore 02:10:48

19 has experienced firsthand the discrimination and 02:10:51

20 hostility that many transgender people experience 02:10:55

21 when presenting identification that conflicts with 02:10:56

22 their gender identity." 02:11:00

23 Besides what you've already described, 02:11:02

24 what other instances have you experienced 02:11:04

25 discrimination and/or hostility because you were 02:11:07

1 presenting identification that conflicted with your 02:11:11  
2 gender identity? 02:11:15

3 A. Can you be more specific? Are you referring 02:11:16  
4 to like work or personal life or? 02:11:27

5 Q. Well, really anything. I mean 93 goes on to 02:11:32  
6 say for example you've had -- let's just pick this 02:11:35  
7 apart. "Ms. Gore has had to present her birth 02:11:38  
8 certificate in the context of securing employment. 02:11:41  
9 Because the birth certificate inaccurately states 02:11:47  
10 that she is male, providing this document has led 02:11:51  
11 directly to Ms. Gore being "outed" as a transgender, 02:11:54  
12 and being subjected to awkward, deeply personal, and 02:11:56  
13 invasive questions by prospective employers." 02:12:01

14 So let's just start with employers. What 02:12:04  
15 employers have required you to present a birth 02:12:08  
16 certificate, or potential employers? 02:12:12

17 A. One particular -- one particular employer was 02:12:17  
18 Silky O'Sullivan's, which is a bar and grill located 02:12:25  
19 in Memphis, Tennessee. I was asked to present my 02:12:30  
20 birth certificate. This was after the -- after the 02:12:33  
21 interview where I was offered the job. And there 02:12:36  
22 were people present who worked there that I had 02:12:43  
23 previously worked with who knew of my transgender 02:12:47  
24 status which I felt -- which I felt caused the hiring 02:12:52  
25 manager to ask me for my birth certificate to verify 02:13:05

1 what people had told him. 02:13:06

2 They didn't deny me the job, but I felt -- I 02:13:10

3 felt like all of my information had been told to the 02:13:13

4 entire staff without my knowledge because most of 02:13:17

5 them -- 02:13:22

6 THE REPORTER: One moment, this is the

7 court reporter. Can you hear me?

8 (Off record.)

9 BY MS. SHEW:

10 Q. All right. So Ms. Gore, we're going replot a

11 little ground here. So I think you heard the court

12 reporter say where her transcript leaves off.

13 You, as I understand it, there were, you 02:20:27

14 believe -- you had worked at Silky O'Sullivan's 02:20:27

15 before, there were people who knew of your 02:20:41

16 transgender status, and you believe they told the 02:20:43

17 manager to ask for your birth certificate; is that 02:20:45

18 correct? 02:20:49

19 A. No, I had worked with people at a different 02:20:49

20 job prior to that, who are currently working there, 02:20:53

21 and I felt like I was outed by that employee. At the 02:20:58

22 previous job I was their supervisor, they didn't 02:21:05

23 really like me, and I wasn't speculating because I 02:21:07

24 got to know some of the people who were in that group 02:21:11

25 the day I got hired, and they divulged that a 02:21:14

1 conversation that was had that I was transgender. 02:21:21

2 Q. Okay. 02:21:23

3 A. And that that employee told people, they 02:21:24

4 talked, but they didn't necessarily say that the 02:21:30

5 manager was told to ask for my birth certificate. 02:21:33

6 But I think that was the result of them outing me. 02:21:36

7 And that was the way for him to confirm. 02:21:43

8 Q. Okay. Where did you -- where did you work 02:21:49

9 with that person prior? 02:22:03

10 A. FedExForum. 02:22:05

11 Q. We'll go through that. 02:22:14

12 A. Okay. 02:22:15

13 Q. Go ahead. 02:22:16

14 A. I was just going to say that it was at the 02:22:19

15 FedExForum, but I worked for a private restaurant, 02:22:25

16 privately owned restaurant, a family-owned restaurant 02:22:28

17 inside of the FedExForum. 02:22:33

18 Q. Okay. What was that restaurant? 02:22:35

19 A. Rendezvous. 02:22:44

20 Q. All right. Any other -- any other employers 02:22:47

21 that have required you, or even asked you to give a 02:22:54

22 birth certificate? 02:23:01

23 A. Yes. The FedExForum required it for security 02:23:02

24 reasons. I wasn't employed by them, but for security 02:23:18

25 reasons I have to, required that and my Social to be 02:23:26

1 able to access the event arena. 02:23:31

2 Q. Okay. Did that, did that cause any problems 02:23:35

3 for you, the presenting it to the FedExForum? 02:23:38

4 A. I can't necessarily say that it was related 02:23:42

5 to my birth certificate, so I can't say that the 02:23:59

6 problems that I did have were directly related to me 02:24:02

7 having to submit that document. But most of my 02:24:07

8 problems were around my gender identity. 02:24:11

9 Q. What problems were those? 02:24:14

10 A. I was a supervisor for Rendezvous for one of 02:24:17

11 their fans, which meant I would have to handle their 02:24:27

12 money. And the people in the money room would give 02:24:30

13 me problems and they would communicate over a 02:24:33

14 speaker, very loud speaker through thick glass. And 02:24:40

15 on several occasions as I would walk out of the cash 02:24:46

16 room where they didn't think I could audibly hear 02:24:49

17 them, I could hear them misgendering me if maybe one 02:24:52

18 time I left something in the money room and they 02:24:56

19 would say can you get "him, he" left something. And 02:25:00

20 these people -- I think these folks would have access 02:25:10

21 to that information because that was like a part of 02:25:16

22 the security, part of how that was needed for me to 02:25:18

23 have to submit those two documents, security to get 02:25:23

24 into the building, as well as I was handling the 02:25:27

25 money for one of the fans. 02:25:30

1 Q. So you believe the FedExForum would have 02:25:32  
2 given those employees your birth certificate or 02:25:35  
3 Social Security information? 02:25:39

4 A. Those employees were -- were supervisors, 02:25:40  
5 they were basically supervisors of that operation. 02:25:47

6 Q. But you believe the FedExForum would have 02:25:56  
7 given them your birth certificate and/or Social 02:25:58  
8 Security information? 02:26:02

9 A. I can't necessarily say yes or no, because I 02:26:02  
10 don't know. But I do know that questions I asked 02:26:10  
11 about why these things were requirement -- required 02:26:14  
12 for a company that I didn't necessarily work for, 02:26:18  
13 these are questions I asked my supervisors at 02:26:23  
14 Rendezvous, and they explained to me why these 02:26:25  
15 documents were required. And one of those was for 02:26:30  
16 the security of the arena because they hold -- they 02:26:33  
17 hold sporting events at the FedExForum here with very 02:26:37  
18 high profile people that they want to protect. And 02:26:41  
19 it's just like a security thing ever since -- I guess 02:26:45  
20 they would relate it back to 9/11. 02:26:47

21 And then also because I was a supervisor 02:26:49  
22 and I would be responsible for anywhere from five to 02:26:52  
23 fifteen thousand dollars an event, I had to have 02:26:58  
24 those documents. And that the people in the money 02:27:00  
25 room would have copies of my identification with my 02:27:03

1 photo on it, my birth certificate and my Social on 02:27:09  
2 bio to verify I was the person who was supposed to 02:27:12  
3 pick up and drop off money. 02:27:18  
4 Q. And you believe those people actually had 02:27:19  
5 copies of your birth certificate and your Social 02:27:25  
6 Security documents? 02:27:30  
7 A. That's how it was explained to me, that there 02:27:31  
8 will be copies for the security people and for the 02:27:33  
9 money-handling people. And it was explained to a 02:27:40  
10 group of employees, and these were the questions that 02:27:52  
11 I had aside from the group. 02:27:56  
12 Q. Okay. Let me -- we may have to go mute here 02:27:58  
13 in a minute. So any other employers who either 02:28:12  
14 requested or required you to give a copy of your 02:29:04  
15 birth certificate? 02:29:08  
16 A. I can't recall. 02:29:08  
17 Q. Okay. No -- 02:29:24  
18 A. I can't recall. 02:29:24  
19 Q. Okay. Let's see. At Paragraph 93 it also 02:29:25  
20 said that you were subjected to awkward, deeply 02:29:37  
21 personal and invasive questions by prospective 02:29:42  
22 employers. What types of awkward, deeply personal 02:29:46  
23 and/or invasive questions do you recall? 02:29:49  
24 A. Questions about surgery, about the process of 02:29:53  
25 transitioning, about my sexuality, and that's it. 02:30:01

1 Q. You had employers actually ask you these 02:30:16  
2 questions? 02:30:19  
3 A. Not necessarily like the higher-up managers, 02:30:20  
4 but my immediate supervisors. And these would be 02:30:25  
5 things that would like come up in conversations that 02:30:28  
6 people felt for some reason were appropriate to 02:30:32  
7 ask. 02:30:38  
8 Q. Who -- who would ask you these questions? 02:30:38  
9 I'm not clear on who was asking the questions. 02:30:43  
10 A. Like immediate supervisors, in a 02:30:46  
11 conversational way. 02:30:55  
12 Q. Did you ever feel like you didn't -- you 02:31:18  
13 didn't get a job because you wouldn't participate in 02:31:23  
14 those kinds of conversations? 02:31:28  
15 A. It was never during like a hiring process. 02:31:35  
16 It would be after I had obtained the job, and these 02:31:40  
17 would be general conversations. I have felt 02:31:43  
18 uncomfortable in those work environments after, 02:31:46  
19 feeling like I was obligated to answer those 02:31:50  
20 questions, and that it -- that it was tied to my 02:31:53  
21 employment at those places. 02:31:57  
22 Q. Did you ever complain to a supervisor or 02:31:59  
23 somebody in human resources department about that? 02:32:03  
24 A. Yes. 02:32:05  
25 Q. When -- when was that, describe that for 02:32:06



1 me. 02:32:10

2 A. That was when I was working at Silky 02:32:10

3 O'Sullivan's, I had been there a little over a year 02:32:23

4 and I was having some issues with some of my male 02:32:25

5 coworkers basically jonesing me. And I spoke to my 02:32:27

6 supervisor about it, the same supervisor who asked 02:32:35

7 for my birth certificate when I got the job, and he 02:32:43

8 basically sided with the guys and was like, "I don't 02:32:45

9 see what the problem is, this is what happens, you 02:32:51

10 know, when you work at a bar and grill. You know, 02:32:56

11 this is just the atmosphere." Kind of a if you 02:33:00

12 can't stand the heat, get out of the kitchen type of 02:33:06

13 thing. 02:33:11

14 Q. Are there any other occasions when you 02:33:11

15 complained to a supervisor or a human resources 02:33:15

16 person, whether at that job or at any other job? 02:33:18

17 A. No. 02:33:29

18 Q. Okay. Okay. Any other employers that 02:33:30

19 either -- have we covered every employer that's 02:33:33

20 requested or required that you present a birth 02:33:36

21 certificate? 02:33:40

22 A. That's it. 02:33:48

23 Q. Is there any place that you simply decided 02:33:48

24 not to apply because you didn't want to present a 02:33:52

25 birth certificate? 02:33:56

1 A. Yes. That was really tied to my strategy in 02:33:59  
2 obtaining a job was trying to find people who owned 02:34:10  
3 their own businesses. Because in addition to them 02:34:14  
4 paying more, and more benefits, they were more 02:34:18  
5 relaxed on documentation, and they would really only 02:34:23  
6 require maybe a Social and identification, or just 02:34:31  
7 identification. 02:34:38  
8 Q. Okay. So you -- you had a strategy of 02:34:39  
9 applying at smaller companies or family owned 02:34:43  
10 companies I think you told us that; right? 02:34:46  
11 A. Yes, ma'am. 02:34:49  
12 Q. Okay. Was there any -- any place that you 02:34:50  
13 can recall that you just thought that would be a good 02:34:58  
14 place to work, I would like to work there but I'm 02:35:07  
15 just not even going to apply because they're going to 02:35:11  
16 ask for my birth certificate or they'll make me give 02:35:15  
17 them my birth certificate? 02:35:17  
18 A. Yes, there were places like that. 02:35:19  
19 Q. Okay. What places? 02:35:21  
20 A. Walgreens, Kroger, there were some different 02:35:22  
21 warehouses that I didn't apply to, like UPS. 02:36:07  
22 LeBonheur was a job that I didn't apply to. 02:36:17  
23 Q. What job were you applying for at -- or you 02:36:21  
24 didn't apply for but you wanted to apply for but 02:36:26  
25 didn't at LeBonheur? 02:36:29

1 A. There was a -- they named it like an 02:36:36  
2 internship, it was a type of internship with one of 02:36:39  
3 their community advocacy programs. 02:36:42

4 Q. Okay. Any other employers? We have 02:36:45  
5 Walgreens, Kroger, UPS, LeBonheur, any others? 02:36:56

6 A. The FedExForum, there were some jobs that 02:36:56  
7 just in conversation of working there and talking 02:36:56  
8 with some of the actual FedExForum employees, that I 02:36:56  
9 just didn't want to apply for because I felt like the 02:37:07  
10 whole building would have my information at that 02:37:21  
11 point. 02:37:25

12 Q. Okay. Any others that you just didn't apply? 02:37:25

13 A. No. 02:37:38

14 Q. Okay. At Paragraph 94 of the amended 02:37:43  
15 complaint it says "Ms. Gore is personally aware of 02:37:49  
16 the high incidence of violence and harassment 02:37:54  
17 directed at transgender persons as well as the high 02:37:56  
18 rates of employment and housing discrimination faced 02:37:56  
19 by transgender people, particularly transgender women 02:37:56  
20 of color like herself, in Tennessee." 02:37:56

21 You've described several -- several or 02:38:08  
22 maybe all of these items. My question is, is any 02:38:13  
23 other, it says you are personally aware, violence, 02:38:16  
24 harassment, employment and housing discrimination. 02:38:20  
25 Anything else that is within your personal knowledge, 02:38:25

1 it doesn't have to be about you, but which is within 02:38:29  
2 your personal knowledge that you haven't described 02:38:31  
3 for us yet? 02:38:34

4 A. Are you -- are you asking like a third person 02:38:36  
5 account that has been told to me like in my role as 02:38:44  
6 an advocate here in Memphis, or people's personal 02:38:48  
7 discrimination or incidents of violence related to 02:38:52  
8 not having proper identification? 02:38:55

9 Q. Yeah, I'm just reading Number 94. It says 02:38:58  
10 you're "personally aware of the high incidence of 02:39:01  
11 violence and harassment directed at transgender 02:39:05  
12 persons as well as the high rates of employment and 02:39:09  
13 housing discrimination faced by transgender people, 02:39:12  
14 particularly transgender women of color like herself, 02:39:16  
15 in Tennessee." 02:39:20

16 And I'm just asking you to describe 02:39:20  
17 what is within your personal awareness, what are 02:39:22  
18 the -- what is this paragraph talking about, what is 02:39:25  
19 the high incidence of violence, harassment, 02:39:29  
20 employment and housing discrimination? 02:39:32

21 A. Well, I'm not an expert, but from the work I 02:39:34  
22 do and how it's connected to a lot of different 02:39:42  
23 organizations, there are -- there have been studies 02:39:45  
24 that have been done around the racial violence among 02:39:51  
25 LGBTQ people because some of them are specific as to 02:39:55

1 breaking down to gender and race, which identifies 02:39:58  
2 me, a transgender woman who is black. And as I said 02:40:04  
3 before, our life expectancy is 35 for black 02:40:10  
4 transgender women. 02:40:15  
5 Q. Okay. But besides -- 02:40:18  
6 A. And the incidents of violence, they have 02:40:20  
7 increased yearly. 02:40:25  
8 Q. All right. Have you ever been the victim of 02:40:26  
9 violence or threatened violence because of your 02:40:42  
10 status as a transgender woman and/or a transgender 02:40:43  
11 woman of color? 02:40:48  
12 A. Yes. 02:40:48  
13 Q. Okay. Tell me about that. 02:40:49  
14 A. There are several. Like do you want to know 02:40:51  
15 all of them or is there a specific number of them 02:41:04  
16 that you're looking for? There are a lot. 02:41:08  
17 Q. No. It's as I say, I'm trying to -- all I'm 02:41:10  
18 trying to do is look behind the facts that are 02:41:16  
19 written in this complaint, it says high incidence of 02:41:18  
20 violence, and I'm asking, my question is whether you 02:41:21  
21 yourself have been the victim of violence or 02:41:26  
22 threatened violence. So I guess every -- I need to 02:41:28  
23 know everything you know. 02:41:31  
24 A. Okay. So I would -- the first one that comes 02:41:32  
25 to my mind is being robbed on several different 02:41:38

1 occasions [REDACTED] 02:41:50  
2 [REDACTED]. I lived in Midtown for about five or six 02:41:54  
3 years during the early stages of my transition and 02:42:01  
4 that's supposed to be like this place where LGBTQ 02:42:05  
5 folks can call home here in Memphis, but for black 02:42:08  
6 trans women, we get discriminated against and we get 02:42:12  
7 harassed not only by other citizens, but also by 02:42:13  
8 police officers who patrol that particular area who 02:42:17  
9 do not want us in the area due to gentrification 02:42:20  
10 reasons, high rates of violence and drug use in that 02:42:25  
11 particular area, and them associating it with all 02:42:31  
12 black trans women who are in the area, which is not 02:42:34  
13 true. 02:42:38  
14 I had to move out of that area because of 02:42:39  
15 the increased police harassment just because I'm 02:42:41  
16 walking down the street. Or when I worked at the 02:42:46  
17 FedExForum, catching a trolley home at 10:00 at night 02:42:51  
18 in a uniform, a work uniform, and still being 02:42:54  
19 harassed by police, being accused of [REDACTED] 02:42:56  
20 [REDACTED] doing something illegal when I'm simply walking 02:42:59  
21 home. As I said before, I don't have a driver's 02:43:04  
22 license, so I didn't have any other means of 02:43:07  
23 transportation, and I would say this to the 02:43:09  
24 officers. 02:43:14  
25 I -- the most recent act of violence 02:43:16

1 towards me was maybe four years, five years ago I was 02:43:26  
2 stabbed five times in my left shoulder. Both of my 02:43:32  
3 hands were split open by a butcher knife. I was 02:43:39  
4 threatened to be killed. And this was all in one 02:43:45  
5 incident. The guy who committed the crime against 02:43:55  
6 me, he thought he had killed me, so he called the 02:44:00  
7 police and basically said I think I killed 02:44:04  
8 someone. 02:44:09

9 The State prosecutor would not prosecute 02:44:11  
10 the crime against me because this was during a time 02:44:16  
11 when [REDACTED] so the 02:44:21  
12 district attorney would not prosecute the guy who had 02:44:28  
13 admitted to stabbing me and taking my phone and my 02:44:32  
14 purse. So that was an incidence of violence and 02:44:36  
15 discrimination because I was black and tran, that 02:44:42  
16 they did not want to prosecute a veteran who was 02:44:44  
17 suffering from mental health illnesses and was not on 02:44:50  
18 his medication is what was told to me by the 02:44:55  
19 investigating detective with Memphis Police 02:44:58  
20 Department. 02:45:04

21 I have been sexually assaulted, and the 02:45:07  
22 response from the police was not -- something that I 02:45:10  
23 have grown to know what the processes is for a person 02:45:16  
24 who is claiming they've been sexually assaulted. 02:45:20  
25 There was never a rape kit done on me, I never got 02:45:24

1 connected to any type of advocacy resources related 02:45:29  
2 to that incidence where I was sexually assaulted. It 02:45:32  
3 wasn't taken seriously. I was asked questions like 02:45:37  
4 did I want it, [REDACTED]. It 02:45:41  
5 was very -- it lacked a lot of just the sympathy that 02:45:45  
6 I think that situation warranted. 02:45:52

7 And I also feel like that was an act of 02:45:54  
8 violence and discrimination, which is really very 02:45:58  
9 common for trans people of color, very much so for 02:46:01  
10 black trans women, but for trans people of color in 02:46:04  
11 general, especially in the south for us to go through 02:46:07  
12 incidences of violence and then be faced with 02:46:12  
13 discrimination on the side where we're supposed to be 02:46:15  
14 getting help and resources. 02:46:19

15 Q. This incident you described four or five 02:46:25  
16 years ago you were stabbed, your hands were cut, the 02:46:26  
17 perpetrator thought that he had killed you and called 02:46:29  
18 the police, you're describing all one investigator 02:46:31  
19 said this was a veteran who didn't take his meds, 02:46:36  
20 and we're not going to prosecute, this is one 02:46:39  
21 incident? 02:46:42

22 A. Uh-huh. 02:46:42

23 Q. Okay. I just wanted to make sure. 02:46:43

24 A. Yes, is it. 02:46:46

25 // 02:46:46



1 MS. KADIVAR: Is it okay if we just -- I 02:46:46  
2 mean, I'm happy to take it off the record, but can 02:46:49  
3 we just stipulate that this stuff is attorneys' 02:46:51  
4 eyes only and confidential as it relates to [REDACTED] 02:46:52  
5 [REDACTED]? 02:46:58  
6 MS. SHEW: Sure. I really don't have any 02:47:00  
7 problem with that. 02:47:03  
8 BY MS. SHEW: 02:47:03  
9 Q. Let me go back through a couple of things. 02:47:09  
10 Do you know the name of the person who perpetrated 02:47:12  
11 this crime against you, Ms. Gore? 02:47:16  
12 A. I can't remember. 02:47:19  
13 Q. Do you know what year it was? 02:47:20  
14 A. Maybe 2015, '16, maybe a little longer than 02:47:21  
15 that. I can't remember exactly. 02:47:41  
16 Q. Okay. 02:47:43  
17 A. I do remember it was New Year's Day. 02:47:44  
18 Q. Okay. What other occasions have you been the 02:47:46  
19 victim of violence or threatened violence because you 02:48:01  
20 are a transgender woman or -- and/or transgender 02:48:03  
21 woman of color? 02:48:07  
22 A. Can you repeat the question? 02:48:07  
23 Q. Yes. Just I want to go through each 02:48:14  
24 incidence where you have been a victim of violence or 02:48:16  
25 threatened with violence because you are a 02:48:20

1 transgender woman and/or a black transgender 02:48:23  
2 woman. 02:48:23

3 A. Yeah, hanging out with friends and then 02:48:33  
4 having the sense -- and being approached by guys who 02:48:37  
5 did not know that we were transgender women and then 02:48:44  
6 later being assaulted because we were transgender. 02:48:46  
7 Once there was an incident where a guy pulled a 02:48:48  
8 hammer and hit me up the side of my head with a 02:48:52  
9 sledgehammer. And I still have that hammer somewhere 02:48:56  
10 because I took it from him so he wouldn't hit me 02:48:59  
11 again, but I still have that sledgehammer. 02:49:03

12 A guy hitting me in my face with a rock 02:49:10  
13 because he was trying to I guess like talk to me and 02:49:13  
14 get my like number, and I wasn't interested, he was 02:49:23  
15 drunk and he didn't appreciate me turning him down. 02:49:26  
16 He called me derogatory names related to how I was 02:49:31  
17 presented as a female, and then he hit me in the 02:49:40  
18 face with a rock. He chased me, and then once he 02:49:44  
19 caught up with me, he hit me in the face with a 02:49:48  
20 rock. 02:49:52

21 Q. He called you derogatory names? 02:49:52

22 A. Yes. He called me a faggot, tranny, things 02:49:57  
23 that I don't -- words that I don't normally use that 02:50:02  
24 are seen as foul language. 02:50:08

25 Q. Okay. Them you described just before that 02:50:14

1 you talked about that you were hanging out with your 02:50:17  
2 friends in Midtown and some guys I guess didn't know 02:50:19  
3 that you and/or your friends were transgender and 02:50:27  
4 were unhappy when they discovered that? 02:50:27

5 A. Yes. We were at a -- not a restaurant, a 02:50:27  
6 bar, an LGBTQ place where a lot of people go, and 02:50:42  
7 there's a couple of other bars that are right next to 02:50:43  
8 it and kind of share the same parking lot. And 02:50:48  
9 there's a lot of like mixing of the patrons from the 02:50:51  
10 different restaurant -- well, the restaurant and the 02:50:55  
11 bar. And we were hanging out in the parking lot and 02:50:56  
12 the guys pulled up. We don't know which bar they 02:51:06  
13 were going in, but they pulled up, they saw us, they 02:51:07  
14 talked to us, one of the guys was like you know, just 02:51:08  
15 pointing and like you're a whatchamacallit, you're a 02:51:18  
16 whatchamacallit. 02:51:18

17 And it kind of made me uncomfortable 02:51:22  
18 because I was like -- I didn't understand what he was 02:51:27  
19 saying when he was saying you're a whatchamacallit. 02:51:30  
20 And then another guy was like, "Those are men", and 02:51:33  
21 which start a confrontation between both groups. One 02:51:38  
22 of the guys got a sledgehammer out of his car and hit 02:51:41  
23 me in the face with it. 02:51:45

24 Q. Did you file any charges or call the police? 02:51:50

25 A. The police literally would always be in the 02:51:53

1 area and kind of like as like they were leaving, the 02:52:01  
2 police pulled in and gave me and my friends a 02:52:04  
3 citation. 02:52:09  
4 Q. For what? 02:52:11  
5 A. For loitering. 02:52:13  
6 Q. What about when the guy chased you down and 02:52:16  
7 hit you with a rock, did you call the police? 02:52:29  
8 A. No. 02:52:31  
9 Q. Okay. When did the incident with the hammer 02:52:32  
10 happen? 02:52:40  
11 A. I can't recall the exact date. 02:52:41  
12 Q. Approximate date? 02:52:45  
13 A. I'm sure it was the summertime, maybe 2014, 02:52:47  
14 '13, something like that. Okay. 02:53:07  
15 Q. What about the incident with the rock, do you 02:53:10  
16 know when that happened? 02:53:12  
17 A. Approximately not long after that. After 02:53:14  
18 like having all of the things to happen, the 02:53:26  
19 robberies, the assaults, the sexual violence and the 02:53:29  
20 response from the police department and then talking 02:53:33  
21 with other people who identified like me in the area 02:53:36  
22 and their interactions with the police department, 02:53:40  
23 and how it's just like what's the point. I just 02:53:44  
24 stopped calling the police until the incident where I 02:53:51  
25 was stabbed and cut up. And it was really more for 02:53:54

1 me calling for an ambulance, not the police. 02:54:00

2 Because when the police got there they 02:54:04  
3 made jokes as though I wasn't standing there like 02:54:07  
4 drenched in blood with towels wrapped around my arms 02:54:12  
5 drenched in blood, it was more so a joking thing. 02:54:16  
6 Because they knew me, like I said, I lived in Midtown 02:54:17  
7 for five years. These particular cops, they didn't 02:54:21  
8 rotate like other areas or other communities. These 02:54:25  
9 cops stayed in the area throughout the rotation of 02:54:29  
10 cops, so they knew me, I knew them. Yes, I have 02:54:33  
11 video. 02:54:38

12 Q. The incident where you were stabbed, did you 02:54:39  
13 call the police or did the perpetrator call the 02:54:42  
14 police, or both of you? 02:54:48

15 A. No, I -- both of us. So I called the police 02:54:49  
16 initially because like I said, I was -- I had five 02:54:51  
17 holes in my shoulder, my hands were literally cut 02:54:54  
18 open. My partner called the police for me, called 02:54:58  
19 the ambulance for me. I was taken to the emergency 02:55:02  
20 room, I was admitted. Throughout that time I met 02:55:05  
21 with detectives a few times. And on one of those 02:55:10  
22 occasions they came into my hospital room and said 02:55:14  
23 that they had found the person who stabbed me, and 02:55:17  
24 they explained how they found him, and that was by 02:55:20  
25 him calling the police a day later saying I think I 02:55:24

1 killed someone. 02:55:28

2 Q. Any other -- 02:55:30

3 A. It surprised me that they even -- that they 02:55:31

4 found someone. And I knew it was not by any work of 02:55:36

5 their own, but clearly it was because the guy had 02:55:39

6 some type of guilty conscience and didn't know that 02:55:43

7 we were literally in front of my house when he 02:55:48

8 stabbed me. He just thought maybe it looked 02:55:51

9 like -- yeah, that maybe no one else had found me, or 02:55:54

10 I don't know. 02:55:57

11 Q. Any other times that you have been the victim 02:55:58

12 of violence or threatened violence besides those 02:56:05

13 you've described for us? 02:56:09

14 A. Just robbery at gunpoint, at knife point. 02:56:10

15 Q. And this is when -- the robbery, I think 02:56:22

16 you say you were robbed on several occasions while 02:56:28

17 [REDACTED] 02:56:32

18 [REDACTED] -- 02:56:34

19 A. [REDACTED] 02:56:34

20 Q. Okay. Well, how many times do you believe 02:56:35

21 you were robbed? 02:56:38

22 A. Maybe more than five times. 02:56:39

23 Q. And of those, how many times were [REDACTED] 02:56:49

24 [REDACTED] and how many times not? 02:56:54

25 A. Definitely like two of those times were 02:56:56

1 [REDACTED], and the other times were just like 02:57:08  
2 wrong place wrong time kind of a deal. 02:57:19  
3 Q. Okay. In all of those, the times when [REDACTED] 02:57:19  
4 [REDACTED], do you 02:57:25  
5 believe the robbery had to do -- do any of those 02:57:29  
6 robberies have to do with the fact that you are a 02:57:32  
7 transgender woman? 02:57:35  
8 A. Yes. 02:57:36  
9 Q. And how -- tell me which ones and how you 02:57:37  
10 know that. 02:57:40  
11 A. I would say all of them. All of them either 02:57:40  
12 because of the location we were in, because there are 02:57:47  
13 areas in Memphis that are known for LGBTQ folks to 02:57:55  
14 hang out, like I said, Ms. Hanna's is one of those 02:57:59  
15 areas. So when it happened there, I knew it was 02:58:05  
16 directly related to my gender identity. And meeting 02:58:06  
17 people, I have social apps where my gender identity 02:58:14  
18 is clearly stated in my profile, those people will 02:58:20  
19 come to my home with the intentions to rob me and 02:58:23  
20 cause me harm versus my idea of, oh, I'm just a 02:58:29  
21 person, they're attractive in eyesight, I would like 02:58:34  
22 to get to know this person but their intentions were 02:58:37  
23 totally opposite and malice. 02:58:42  
24 Q. Okay. So on -- your gender identity is 02:58:45  
25 displayed on social apps? 02:58:55

1 A. On some social apps where the purpose is to 02:58:57  
2 date people, whether it is you're looking for 02:59:10  
3 friendship or something more long-term I put it on 02:59:13  
4 there just to notify people of the opposite sex -- or 02:59:17  
5 not opposite sex, but opposite gender, that this is 02:59:23  
6 how I identify to prevent the possibility of 02:59:29  
7 violence. But in most cases I think it makes me 02:59:33  
8 stand out. If a person is looking to do violence 02:59:37  
9 specifically to someone who is transgender, my 02:59:40  
10 profile will stand out. 02:59:45  
11 Q. So your profile says transgender woman; 02:59:47  
12 right? 02:59:52  
13 A. Yes. 02:59:52  
14 Q. Okay. All right. Any other times that you 02:59:53  
15 have been the victim of violence or threatened 03:00:04  
16 violence besides what you've described? Not that 03:00:07  
17 it's not more than enough, trust me. I mean that's 03:00:12  
18 a terrible -- that's a terrible, terrible history, 03:00:15  
19 but... 03:00:19  
20 A. Yes. I don't look like one of those girls. 03:00:20  
21 But yeah, if you were to pull all of the incident 03:00:25  
22 reports with my name on it, there would be like a 03:00:28  
23 stack this high. 03:00:28  
24 Q. Okay. Any others that you recall? You've 03:00:28  
25 described the robberies, you've described being 03:00:28



1 stabbed, the person that hit you with the hammer, the 03:00:42  
2 person that chased you down and hit you with a rock, 03:00:44  
3 any others? 03:00:45  
4 A. That's all of them. 03:00:45  
5 Q. Okay. Have you -- have you ever been the 03:00:47  
6 victim or threatened victim of housing discrimination 03:00:58  
7 because of your status as a transgender woman? 03:01:03  
8 A. Yes. 03:01:11  
9 Q. Okay. Tell me each time that has happened. 03:01:12  
10 A. That was during a time where I didn't 03:01:16  
11 necessarily have a verifiable income. So I didn't 03:01:42  
12 have access to like apartment complexes that had like 03:01:45  
13 a hundred complexes like major, I was dealing with 03:01:50  
14 once again, like private owners who didn't have to 03:01:54  
15 follow any type of guidelines around how they took in 03:02:00  
16 applications or denied applications. A lot of the 03:02:07  
17 places that I could afford, they would have written 03:02:10  
18 policies on renting to transgender women, but a lot 03:02:19  
19 of them just would not. And that was common 03:02:24  
20 knowledge in the community, was like oh, they're not 03:02:25  
21 going to rent to you because you're tran. 03:02:29  
22 Q. Did you ever actually try to rent somewhere 03:02:34  
23 and you were declined? 03:02:38  
24 A. Yeah, a few places, rent places where a few 03:02:45  
25 people, their ads would be on like craigslist or 03:02:47

1 roommates.com. 03:02:52

2 Q. Did they -- here is what I'm -- what I'm 03:03:01  
3 asking, if you actually attempted to rent and the 03:03:06  
4 person just said I'm not going to let you rent here 03:03:13  
5 and it's because you're transgender. 03:03:17

6 A. No one specifically said those are the 03:03:22  
7 reasons. But like I said, the community here is 03:03:25  
8 pretty small and we share a lot of resources, whether 03:03:29  
9 that's like something that's tangible or this is a 03:03:37  
10 bit of information that you should know about this 03:03:42  
11 organization, or this is where you can find housing, 03:03:44  
12 or if this is the person that's over it, he's not 03:03:47  
13 going to allow you to rent there, because of things 03:03:51  
14 that have happened in the past. 03:03:54

15 Q. Okay. Have you ever attempted to rent a 03:03:55  
16 place to live and had them ask for or require your 03:04:13  
17 birth certificate? 03:04:15

18 A. No. Now, when I purchased my home, I did 03:04:16  
19 have to provide both documents during my credit 03:04:32  
20 check. Because when I initially did my credit check 03:04:37  
21 with my lender, I didn't have any credit history 03:04:44  
22 under my new name, so I had to give them a copy of my 03:04:48  
23 birth certificate. And at that time -- well, still 03:04:53  
24 now, but the name hadn't changed, nor the gender 03:04:55  
25 marker. But I had to show them documentation like my 03:05:01

1 birth certificate and my name change order from the 03:05:09  
2 probate court here in Shelby County ordering my name 03:05:18  
3 change to obtain credit history for my then name. 03:05:21  
4 Q. Okay. 03:05:27  
5 A. And that caused problems. 03:05:28  
6 Q. Okay. Tell me about the problems. 03:05:29  
7 A. It just went cold. The -- not the 03:05:31  
8 conversation, but the relationship went cold between 03:05:38  
9 my lender and myself. They would not call me back. 03:05:42  
10 I couldn't get in contact with them. Yeah. And this 03:05:49  
11 was after they called me to say you don't have any 03:05:56  
12 credit history, I explained to them what the 03:05:59  
13 situation was, submitted the documents I needed to 03:06:03  
14 submit, and did not hear anything back from them. 03:06:08  
15 Q. Okay. Did you -- did you ultimately obtain 03:06:12  
16 the loan from that lender? 03:06:16  
17 A. I did. I had to use some like -- some of the 03:06:18  
18 activism, if you will, to just -- yeah, it was. 03:06:29  
19 Yeah, it wasn't like something like strategic. It 03:06:34  
20 was a friend posted something about predatory 03:06:37  
21 lenders, and how they want to create a model that 03:06:41  
22 wasn't predatory for poor and working class folks to 03:06:44  
23 be able to borrow ^for land/or lend without it being 03:06:49  
24 predatory. And I just commented and was like, "There 03:06:53  
25 are some people within our community who are 03:06:57

1 predatory." And my lender was friends with that 03:07:01  
2 person, saw that comment and didn't realize that her 03:07:05  
3 employees had basically -- they weren't doing their 03:07:10  
4 jobs. She didn't know what was happening on that 03:07:15  
5 level of her -- of her company. She rectified that 03:07:18  
6 situation for me and she offered me a product to 03:07:23  
7 purchase my home. 03:07:28  
8 Q. Okay. 03:07:29  
9 A. Which is My Sistah's House. 03:07:30  
10 Q. Which is your home now? 03:07:35  
11 A. Yes. 03:07:37  
12 Q. You bought the home? 03:07:37  
13 A. Yeah. 03:07:38  
14 Q. And live in that home now? Okay. 03:07:39  
15 A. Yes. 03:07:41  
16 Q. Paragraph 95 of the amended complaint says 03:07:41  
17 "Ms. Gore is stigmatized and harmed by Tennessee's 03:07:49  
18 birth certificate policy." Other than things that 03:07:55  
19 we've already talked about today, how are you 03:07:57  
20 stigmatized and harmed by the birth certificate 03:08:01  
21 policy? 03:08:04  
22 A. Well, one, they won't release my birth 03:08:07  
23 certificate whether it has my old or new name, and 03:08:10  
24 that's ^without the gender marker. And I think I 03:08:19  
25 feel personally that it is directly related to this 03:08:19

1 case why they are not releasing my birth certificate 03:08:23  
2 at this time, or refunding me the \$31 that I sent 03:08:24  
3 them a money order for the new birth certificate. 03:08:27

4 And then also just cause me harm when I'm 03:08:32  
5 having to present a birth certificate for whatever it 03:08:37  
6 is, whether it is for resources or services, higher 03:08:41  
7 education, employment, buying a house, renting an 03:08:46  
8 apartment, wherever I would need to submit my birth 03:08:50  
9 certificate, I don't have one that reflects 03:08:54  
10 everything on all of the other identifying documents. 03:08:56

11 Q. Anything else? 03:09:01

12 A. So a lot of those times I just do not, if 03:09:02  
13 that's a requirement, I kind of, you know, do a 03:09:07  
14 case-by-case situation, is it worth me divulging that 03:09:11  
15 I'm transgender and possibly facing discrimination or 03:09:17  
16 harassment because I need this service, I don't feel 03:09:20  
17 that that should be the case. 03:09:29

18 Q. Just going back, you said that they won't 03:09:30  
19 release your birth certificate, what do you mean by 03:09:35  
20 that? 03:09:38

21 A. So one of the things that I did at OUTMemphis 03:09:38  
22 for three years that I kind of continue to do when 03:09:45  
23 time allows, is I assist transgender and gender 03:09:49  
24 nonconforming folks with the legal name change 03:09:51  
25 process here in Shelby County. And also some people 03:09:53

1 in the surrounding areas, we're connecting them to 03:09:57  
2 resources and lawyers. And the process has been 03:10:03  
3 pretty much the same for a lot of individuals I have 03:10:06  
4 assisted with the legal process, and especially with 03:10:09  
5 the birth certificate, it's normally no longer than 03:10:12  
6 45 days you'll have a new birth certificate with your 03:10:16  
7 updated name from the Office of Vital Records in 03:10:20  
8 Nashville, and that hasn't been the case with me. 03:10:26  
9 Q. Okay. So you think that somehow they're 03:10:30  
10 holding back your name change? 03:10:34  
11 A. Yeah. And it could be just me thinking that 03:10:35  
12 way and that it's not actually factual, I'm just 03:10:41  
13 speculating. But I just don't understand why mine is 03:10:43  
14 not as routine as it has been in the past. 03:10:48  
15 Q. Okay. And then you said another part of 03:10:51  
16 this, your response is that you really consider on a 03:10:59  
17 case-by-case basis if you are going to have to turn 03:11:02  
18 over a birth certificate is it worth it, is it worth 03:11:08  
19 it to have to turnover my birth certificate. And 03:11:13  
20 you've described some situations -- 03:11:16  
21 A. I'm sorry. 03:11:18  
22 Q. No, that's all right. You've described some 03:11:20  
23 situations where you have or -- you have had to do 03:11:23  
24 that, some where you didn't want to do that. Are 03:11:27  
25 there others that you haven't told me about yet today 03:11:29

1 where you just decided you know what, whatever it is, 03:11:31  
2 that job, that apartment, that whatever, it's just 03:11:34  
3 not even worth me having to show that person my birth 03:11:38  
4 certificate, I'm not even going to try that. 03:11:41  
5 Anything that you haven't already described for us 03:11:44  
6 today? 03:11:46  
7 A. Yes, incidences where I was in a financial 03:11:48  
8 bind. And there are County services or State 03:11:54  
9 services or Federal services that -- that I qualify 03:12:00  
10 for, especially like anything government related, 03:12:07  
11 whether that's access to food stamps or rental 03:12:10  
12 assistance. Amid this COVID crisis that we're in, 03:12:15  
13 there are a lot of resources that might be beneficial 03:12:19  
14 to me being able to survive. All of our stay at home 03:12:22  
15 orders from our current governor, we, as well as our 03:12:28  
16 county and city mayor, that I may not want to apply 03:12:32  
17 for that could possibly save my life simply because I 03:12:36  
18 don't have a birth certificate with my correct gender 03:12:40  
19 on it. Because mostly it's just like social services 03:12:43  
20 things that you would need to submit a birth 03:12:49  
21 certificate for. 03:12:51  
22 Q. Okay. But what I'm asking is, and I 03:12:51  
23 understand those things are out there. I'm asking 03:12:57  
24 about you in particular, what are things that you 03:13:00  
25 have declined to apply for, or jobs you -- jobs you 03:13:02

1 didn't want to apply for, services you didn't want to  
2 apply for, money that you didn't want to apply for,  
3 specific ones that you have not applied for because  
4 you did not want to show a birth certificate.

5 A. School, I did want to go back to school  
6 because Tennessee had a, I believe it's called the  
7 Tennessee reconnect program, where they pay for two  
8 years of college for individuals who dropped out of  
9 school or did not complete their program. I wanted  
10 to enter back into school through that program and I  
11 had to submit my birth certificate and I just didn't  
12 feel -- I didn't feel whole submitting that, so I  
13 didn't enter into that program.

14 And I'm not 100 percent that's the name of  
15 it, but it's a program that's funded by the State to  
16 help people who were in college, didn't complete it,  
17 get back in college and be able to have it fully paid  
18 for.

19 Q. Okay. Did you have any reason to believe you  
20 would be denied because of your transgender status?

21 A. I don't -- the college that -- the college I  
22 was interested in, I don't think they would have  
23 denied me. They were very interested in me being a  
24 student at that college. However, I felt as though I  
25 wasn't -- I wasn't prepared mentally to go through



1 that process because I didn't know what the outcome 03:14:53  
2 would be, or what their process would look like as 03:14:57  
3 far as how much discrimination am I going to have to 03:15:01  
4 face throughout this, or how many hurdles are going 03:15:05  
5 to be put in front of me because I am transgender. 03:15:09  
6 Q. Okay. But -- but going back to my original 03:15:13  
7 question, I understand the answer you've given, but 03:15:22  
8 you didn't have a reason to believe that the State of 03:15:24  
9 Tennessee was just going to say we're just not 03:15:27  
10 giving, we're just not going to give Kayla Gore that 03:15:30  
11 money because Kayla Gore is a transgender woman? 03:15:32  
12 A. I don't know the answer to that, because I 03:15:35  
13 don't want to speculate what other people would do. 03:15:41  
14 But just by being a resident of the Tennessee -- of 03:15:45  
15 the State of Tennessee for 31 -- 33 years of my life, 03:15:49  
16 yeah, I didn't think that I had a great chance. 03:15:58  
17 Q. Because you are a transgender woman, or for 03:16:01  
18 another reason? 03:16:05  
19 A. Because I'm transgender. 03:16:06  
20 Q. Okay. So and I know the program you're 03:16:08  
21 talking about, and I think it may be called -- I 03:16:14  
22 think you may be right, it's called something like 03:16:17  
23 Tennessee reconnect, or but you, you believe that the 03:16:18  
24 persons considering the Tennessee reconnect program 03:16:21  
25 would have discriminated against you and denied you 03:16:23

1 that funding because you are a transgender woman? 03:16:26

2 A. I don't want to say never, because -- okay. 03:16:29

3 Thank you. I don't want to say that they would have 03:16:34

4 denied me. What I will say that I felt like it was 03:16:37

5 going to be a harder process for me than it would 03:16:44

6 have been for someone who didn't identify the way I 03:16:48

7 do. 03:16:51

8 Q. All right. Let's look, let's see, I think 03:16:51

9 we're done with the amended complaint. 03:17:26

10 MS. KADIVAR: Kayla, do you want to take 03:17:37

11 a break? 03:17:37

12 THE WITNESS: Yeah, we can take a 03:17:39

13 five-minute break. 03:17:41

14 MS. SHEW: Okay. Let's do this. Because 03:17:43

15 I'm afraid if we all sign off, I think we -- just 03:17:47

16 anyone that wants to close their screen can, and mute 03:17:51

17 your mic. And it's 3:17, so let's come back about 03:17:54

18 3:25 or so, just take a quick break. 03:17:54

19 (Short break.) 03:17:54

20 BY MS. SHEW: 03:17:54

21 Q. All right. We're back on the record. 03:38:01

22 Ms. Gore, when we left for the break, we were talking 03:38:03

23 about college. And I had asked you just as a general 03:38:15

24 proposition, about things that you didn't want to 03:38:19

25 even try to apply to do, because you were concerned 03:38:23

1 that you would not -- you would not be successful 03:38:28  
2 because of your status as a transgender woman. And 03:38:33  
3 you talked about school and the Tennessee program 03:38:33  
4 that allows people to enter and complete their 03:38:37  
5 degrees. You had also mentioned, started talking 03:38:40  
6 about school in a detailed manner, you talked about 03:38:47  
7 things like State, Federal, County, local services 03:38:52  
8 like food stamps, rental resources, things available 03:38:54  
9 during the COVID crisis, various kinds of Government 03:38:59  
10 programs. Have you ever not applied for a particular 03:39:06  
11 Government program because you thought you would not 03:39:09  
12 be accepted? 03:39:12

13 A. Yes, for SNAP benefits. 03:39:14

14 Q. Okay. When was that? 03:39:20

15 A. I can't remember the exact year when. I 03:39:22  
16 would say anywhere from 2010 to maybe 2013, '14, 03:39:42  
17 different instances where I found myself unemployed 03:39:51  
18 and those -- needing access to SNAP or food stamp 03:39:54  
19 benefits. And I would always have a hard time 03:39:59  
20 getting those resources, one, because my birth 03:40:06  
21 certificate said male, and just from experience, men 03:40:10  
22 have a harder time getting approved for SNAP 03:40:16  
23 benefits. I've had a hard time before my transition, 03:40:20  
24 getting approved for SNAP benefits. I've had the 03:40:28  
25 people, once they started the process where you 03:40:31

1 didn't have to actually come in and you can do  
2 telephone interviews, I had the counselor who was  
3 supposed to call me after I submitted my birth  
4 certificate to lie and say that she called me when  
5 she didn't call me. I followed up with her  
6 supervisor, and her supervisor did a query. At that  
7 time I didn't know what that meant, but she said she  
8 would do a query on my number, and that was to see if  
9 anyone from that agency had called me. And she said  
10 that no one had called me from that agency. So there  
11 was no way I could possibly miss a telephone  
12 interview where they would call me. She reached back  
13 out to that counselor, asked her to follow up with me  
14 to complete the interview. She informed me she would  
15 complete the interview by that day, she never called  
16 me to complete the interview. I had to call the  
17 supervisor back again. Ultimately the supervisor  
18 ended up giving my case to someone else because this  
19 person just refused to do her job when it -- when it  
20 related to me.

21 Q. And do you believe that had anything to do  
22 with the fact that you are a transgender woman?

23 A. Yes.

24 Q. And why is that?

25 A. Because as I stated, she lied about calling

03:40:33  
03:40:36  
03:40:43  
03:40:44  
03:40:47  
03:40:50  
03:40:55  
03:40:59  
03:41:02  
03:41:06  
03:41:09  
03:41:13  
03:41:16  
03:41:18  
03:41:21  
03:41:24  
03:41:26  
03:41:30  
03:41:34  
03:41:38  
03:41:40  
03:41:46  
03:41:50  
03:41:51  
03:41:53

1 me. All of these things happened after I submitted 03:42:02  
2 the documentation that she required, which was a 03:42:07  
3 termination letter, my birth certificate, photo ID, I 03:42:10  
4 think that is about it. 03:42:17  
5 Q. Okay. Did you ultimately get the benefits? 03:42:18  
6 A. Yes. 03:42:21  
7 Q. Okay. Have you ever -- is there -- are there 03:42:24  
8 any other situations where you had difficulty like 03:42:29  
9 that, or were denied benefits in any sort of 03:42:34  
10 government assistance program? 03:42:38  
11 A. No. 03:42:39  
12 Q. Okay. Okay. Do you carry your birth 03:42:42  
13 certificate with you, you know, on your person, in 03:42:56  
14 your purse, in your jacket? 03:43:01  
15 A. No. 03:43:04  
16 Q. Do you carry your State ID with you? 03:43:04  
17 A. Yes. 03:43:10  
18 Q. Okay. And you do not have a driver's 03:43:14  
19 license; correct? 03:43:21  
20 A. That is correct. 03:43:23  
21 Q. What -- why do you not have a driver's 03:43:24  
22 license? 03:43:27  
23 A. My licenses are suspended. 03:43:28  
24 Q. Okay. Do you know when your license is due 03:43:32  
25 to be reinstated? 03:43:39

1 A. I know there is a process for people whose 03:43:49  
2 licenses have been suspended -- suspended or revoked 03:43:52  
3 or canceled due to financial reasons. I know there 03:43:57  
4 is a process to regain your license if it's been 03:43:59  
5 suspended due to financial reasons, which is the case 03:44:05  
6 for me. But I don't know of a specific date that I'm 03:44:08  
7 eligible to be reinstated. 03:44:14  
8 Q. Okay. Have you ever had any communications 03:44:17  
9 with anybody at the Tennessee Department of Health 03:44:24  
10 about your birth certificate? And by that I mean, it 03:44:29  
11 could be written, e-mail, letter, telephone call, 03:44:33  
12 have you ever communicated with the Tennessee 03:44:37  
13 Department of Health about your birth certificate? 03:44:39  
14 A. No one specific to vital records, but I do 03:44:43  
15 have colleagues that work at the Tennessee Department 03:44:51  
16 of Health. I used to be the chair of the transgender 03:44:54  
17 task force that was housed at the Tennessee 03:45:03  
18 Department of Health, but no one specific to vital 03:45:04  
19 records, and nothing more than just I'm preparing for 03:45:09  
20 this, or nothing that was like let's have a 03:45:14  
21 conversation about birth certificates. Just general 03:45:17  
22 updates of my life, but nothing that was specific to 03:45:21  
23 a conversation around it. 03:45:26  
24 Q. Okay. So you have -- you have friends or 03:45:27  
25 acquaintances at the Tennessee Department of Health, 03:45:31

1 and specifically within the Office of Vital Records; 03:45:34  
2 is that correct? 03:45:37  
3 A. No. 03:45:37  
4 Q. Just the Department of Health? 03:45:38  
5 A. Yes. 03:45:39  
6 Q. Okay. Not in vital records? 03:45:40  
7 A. Correct. 03:45:42  
8 Q. Okay. So if I understand your answer, you 03:45:44  
9 may have had social conversations or general 03:45:44  
10 conversations with persons at the Tennessee 03:45:55  
11 Department of Health who are friends of yours; 03:45:56  
12 correct? 03:45:58  
13 A. Correct. 03:45:58  
14 Q. But as to my question, which is whether 03:45:58  
15 you've ever discussed your birth certificate or your 03:46:10  
16 desire to change your birth certificate or anything 03:46:10  
17 about your birth certificate, you haven't had those 03:46:11  
18 conversations with persons at the Department of 03:46:12  
19 Health; is that correct or not correct? 03:46:14  
20 A. I have had conversations with a person who 03:46:14  
21 works at the Tennessee Department of Health, not in 03:46:36  
22 vital records. She works more so on the infections 03:46:39  
23 and disease side of the Department of Health. And 03:46:40  
24 during a check-in on one of our task force calls, I 03:46:42  
25 stated that I am working on declarations for the case 03:46:47

1 against the Governor. And her response was, "I'm 03:46:52  
2 sorry that that is a thing that you have to go 03:46:58  
3 through in order to have a right to change mistakes 03:47:02  
4 on your birth certificate." And then we moved on to 03:47:06  
5 the actual topic for that call. 03:47:09  
6 Q. Okay. Who was that person? 03:47:11  
7 A. Her name is Katherine ^Bushman. 03:47:21  
8 Q. Do you know how that last name is spelled? 03:47:27  
9 A. No. 03:47:32  
10 Q. Could you say it again? 03:47:32  
11 A. Katherine -- oh, her last name Bushmann, 03:47:34  
12 it's -- yeah, I can't think of it off of the top of 03:47:46  
13 my head, no, how to spell it. 03:47:51  
14 Q. Just say it one more time, I'm sorry, because 03:47:53  
15 it's cutting out a little bit. 03:47:55  
16 A. Bushmann. 03:47:57  
17 Q. Bushmann. Okay. Close enough. And so no 03:48:01  
18 other conversations with anybody at vital records or 03:48:07  
19 at the Department of Health about your birth 03:48:10  
20 certificate? I mean, you told us you sent in a form 03:48:12  
21 requested a name change, but -- and you used to be 03:48:16  
22 the chair of transgender task force that is housed at 03:48:20  
23 the Department of Health, when was that? 03:48:25  
24 A. 2018 to probably the end of 2019. I'm still 03:48:28  
25 a part of the task force, but just not the chair. 03:48:44



1 Q. You guessed my next question, which is 03:48:47  
2 whether you are still part of the task force. 03:48:47  
3 A. Yes. 03:48:47  
4 Q. Where are you currently employed? 03:49:21  
5 A. The Transgender Law Center, and on 03:49:21  
6 Southerners on New Ground. 03:49:21  
7 Q. Transgender Law Center, and what did you say? 03:49:25  
8 A. Southerners on New Ground, or SONG, S-O-N-G. 03:49:25  
9 Q. Okay. Where is the Transgender Law Center 03:49:46  
10 located? 03:49:52  
11 A. In Oakland, California. 03:49:53  
12 Q. Do you ever work in Oakland or do you work in 03:49:55  
13 Memphis? 03:50:05  
14 A. I'm based in Memphis, but I go to Oakland 03:50:05  
15 maybe twice a year at minimal. 03:50:13  
16 Q. How long have you worked there? 03:50:26  
17 A. A little over a year. 03:50:28  
18 Q. And do you get a salary there? 03:50:30  
19 A. Yes. 03:50:35  
20 Q. Okay. Okay. Is Southerners on the Ground a 03:50:37  
21 different organization? 03:51:05  
22 A. Yes. 03:51:07  
23 Q. Okay. And what's your -- well, let's start 03:51:08  
24 with -- well, let's let me go back to Transgender Law 03:51:12  
25 Center first. What is your title there? 03:51:17

1 A. Southern regional organizer. 03:51:19

2 Q. Okay. All right. 03:51:22

3 A. This is a partnership between both 03:51:24

4 organizations, so it's the same title for both, and 03:51:28

5 the same duties and responsibilities for both. 03:51:30

6 Q. Okay. So -- so it's two different 03:51:32

7 organizations but you have the same title and the 03:51:37

8 same responsibilities. So are they sort of jointly 03:51:44

9 employing you; is that accurate? 03:51:45

10 A. Yes. Collaboration. 03:51:48

11 Q. Okay. Do they each pay part of your salary? 03:51:49

12 A. Yes. 03:51:53

13 Q. All right. I think we're, I'm about done, 03:51:55

14 but before I wrap up, I want you to just think 03:52:17

15 through one more time. I know I've probably asked 03:52:22

16 you this five different times, but just one more 03:52:24

17 time, any incidents that you haven't described today 03:52:28

18 where you were looking for a job, a house, a bank 03:52:32

19 loan, anything, and were requested or required to 03:52:39

20 present your birth certificate other than those that 03:52:44

21 you have already told me about today? 03:52:49

22 A. No. 03:52:49

23 Q. All right. Ms. Gore, I believe that's all of 03:54:19

24 the questions I have for you today. Thanks to 03:54:20

25 everybody for your patience with the somewhat 03:54:25

1       cumbersome -- during this via WebEx, and sorry again  
2       for my barking dog. Oh, what are you going to do.  
3       So anyway, we'll, except for Ms. Gore, we'll see some  
4       or all of you tomorrow.

03:54:30

03:54:31

5               THE REPORTER: One moment. This is the  
6       court reporter. I just need to go over a few things.  
7       There were no exhibits marked.

8               MS. SHEW: Oh, I'm sorry. I would like  
9       to mark the amended complaint as Exhibit 1. Thank  
10      you. And that's the only exhibit we need today.

03:54:55

03:54:57

11              (WHEREUPON, a document was marked as  
12      Exhibit Number 1.)

13              THE REPORTER: Okay. And then did you  
14      want to order a copy of the transcript, Ms. Shew?

15              MS. SHEW: Yes.

16              THE REPORTER: Okay. And how about Sasha  
17      and Samoneh, do both of you want copies?

18              MS. KADIVAR: Yes, if we could get copies  
19      and if we could get a rough draft as soon as  
20      possible, that would be great. And then the other  
21      thing I just wanted to state for the record, if we  
22      can agree that all of the personal information that  
23      was talked about in this deposition today, including  
24      Government benefits, you know, the license that's  
25      been held, that kind of stuff, if we can designate

1 all of that as confidential, that would be great. I 03:55:38  
2 don't know, Diana, if you dispute that at all.

3 MS. SHEW: I have no objection to  
4 designating personal information as confidential.

5 THE REPORTER: Okay. Sasha, did you want  
6 to order a copy of the transcript?

7 MS. BUCHERT: Yes, please. That would be 04:02:51  
8 great. Thank you.

9 THE REPORTER: Okay. And let me see  
10 here. Ms. Shew, we're still on for tomorrow, then;  
11 correct?

12 MS. SHEW: Yes.

13 THE REPORTER: Okay.

14 MS. KADIVAR: If you could just give me  
15 one minute, let me just double-check, make sure that  
16 I don't have any questions. If you guys would just  
17 give me two minutes.

18 THE REPORTER: Sure.

19 CROSS-EXAMINATION

20 QUESTIONS BY MS. KADIVAR:

21 Q. I just have one question for you, Ms. Gore. 04:02:55  
22 I know you're not here to testify as an expert, but 04:02:58  
23 in your opinion, is sex the same as gender? 04:03:04

24 A. Can you repeat the question for me? I'm 04:03:09  
25 sorry. 04:03:09

1 Q. I know you're not here testifying as an 04:03:12  
2 expert, but sex is the same as gender in your 04:03:14  
3 opinion; correct? 04:03:16  
4 MS. SHEW: Object to the form. 04:03:21  
5 THE WITNESS: Is sex the same as gender, 04:03:22  
6 is that the question? 04:03:29  
7 BY MS. KADIVAR: 04:03:29  
8 Q. Yes, that's the question. In your opinion. 04:03:32  
9 A. Yes, I believe -- complaint so, yes. 04:03:36  
10 MS. SHEW: I didn't hear the answer, it 04:03:36  
11 broke up. I'm sorry. 04:03:36  
12 THE WITNESS: I said yes, I agree. 04:03:48  
13 MS. KADIVAR: No further questions for 04:03:51  
14 me. 04:06:03  
15 THE REPORTER: Okay. If there are no  
16 other questions, we are going off the record.  
17 MS. SHEW: Give me about two minutes, I  
18 may have a follow-up question based on that question.  
19 THE REPORTER: Yes, ma'am.  
20 REDIRECT EXAMINATION  
21 QUESTIONS BY MS. SHEW:  
22 Q. Ms. Gore, at the beginning of your deposition 04:06:12  
23 you acknowledged that you do not consider yourself to 04:06:15  
24 be an expert on the distinction if any, between sex 04:06:18  
25 and gender; correct? 04:06:21

1 A. Correct, I'm not an expert. 04:06:28  
2 Q. All right. So anything that you're offering 04:06:31  
3 in that regard is simply your opinion as a person; 04:06:33  
4 correct? 04:06:33  
5 A. It will be my opinion based off of my 04:06:46  
6 experience and the work that I do. 04:06:51  
7 Q. Okay. Tell me -- tell me why that experience 04:06:52  
8 makes you different from any other American 04:06:55  
9 that -- well, let me ask it a different way. Do you 04:06:57  
10 have any medical training? 04:07:05  
11 A. No, no formal medical training. 04:07:07  
12 Q. Well, any informal medical training? 04:07:15  
13 A. Can you be more specific when you say 04:07:17  
14 "medical"? 04:07:28  
15 Q. Well, not really. I mean, you said you have 04:07:29  
16 no formal medical training, I'm asking do you have 04:07:38  
17 informal medical training. 04:07:41  
18 A. No. 04:07:42  
19 Q. Okay. That's all I have. 04:07:43  
20 MS. KADIVAR: That's all from us, we'll  
21 read and sign.  
22 FURTHER DEPONENT SAITH NOT  
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**E R R A T A P A G E**

I, **KAYLA GORE**, having read the foregoing videoconference deposition under oath, pages 1 through 85, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

<b>PAGE</b>	<b>LINE</b>	<b>SHOULD HAVE BEEN</b>
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\_\_\_\_\_  
**KAYLA GORE**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

**Reported by: Michelle Smith, RMR, LCR, CCR, FPR, CLR**

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**REPORTER'S CERTIFICATE**

**STATE OF TENNESSEE**

**COUNTY OF SHELBY**

I, MICHELLE SMITH, Licensed Court Reporter, with offices in Nashville, Tennessee, hereby certify that I reported the foregoing videoconference deposition of KAYLA GORE by machine shorthand to the best of my skills and abilities, and thereafter the same was reduced to typewritten form by me.

I am not related to any of the parties named herein, nor their counsel, and have no interest, financial or otherwise, in the outcome of the proceedings.

I further certify that in order for this document to be considered a true and correct copy it must bear my original signature, and that any unauthorized reproduction in whole or in part and/or transfer of this document is not authorized, will not be considered authentic, and will be in violation of Tennessee Code Annotated 39-14-04, Theft of Services.



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E R R A T A P A G E

I, KAYLA GORE, having read the foregoing videoconference deposition under oath, pages 1 through 85, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
<u>40</u>	<u>6</u>	<u>"raw" should be "ROG"</u>
<u>54</u>	<u>15</u>	<u>"tran" should be "trans"</u>
<u>64</u>	<u>21</u>	<u>"tran" should be "trans"</u>
<u>66</u>	<u>23</u>	<u>"^for land/or" should be "for land or"</u>
<u>67</u>	<u>24</u>	<u>"^without" should be "without"</u>
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\_\_\_\_\_  
KAYLA GORE

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Reported by: Michelle Smith, RMR, LCR, CCR, FPR, CLR

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION

KAYLA GORE, JAIME COMBS, L.G., and K.N.,	)	
	)	
<i>Plaintiffs,</i>	)	
	)	Case No. 3:19-cv-00328
v.	)	
	)	
WILIAM BYRON LEE, in his official capacity as Governor of the State of Tennessee and LISA PIERCEY, in her official capacity as Commissioner of the Tennessee Department of Health,	)	Judge Eli J. Richardson Magistrate Judge Barbara Holmes
	)	
<i>Defendants.</i>	)	
	)	

**ERRATA DECLARATION**

I, Kayla Gore, having read the foregoing transcript of my deposition taken on April 13, 2020, pages 1 through 85, do hereby certify under penalty of perjury under the laws of the United States of America that said deposition testimony is a true and accurate transcript, with the changes detailed on the attached errata page.

Executed on this 15 day of May 2020.

*Kayla Gore*  
\_\_\_\_\_  
Kayla Gore

<hr/> <p style="text-align: center;"><b>Exhibits</b></p> <hr/> <p><b>Ex 01 - Kayla Gore</b> 3:13 82:9,12</p> <hr/> <p style="text-align: center;"><b>\$</b></p> <hr/> <p><b>\$31</b> 68:2</p> <hr/> <p style="text-align: center;"><b>1</b></p> <hr/> <p><b>1</b> 82:9,12 <b>100</b> 71:14 <b>10:00</b> 53:17 <b>13</b> 5:7 59:14 <b>14</b> 74:16 <b>16</b> 56:14 <b>1:11</b> 5:8</p> <hr/> <p style="text-align: center;"><b>2</b></p> <hr/> <p><b>20's</b> 24:24 <b>200-mile</b> 21:23 22:8 <b>2008</b> 10:4 15:25 <b>2010</b> 74:16 <b>2012</b> 24:23 <b>2013</b> 74:16 <b>2014</b> 59:13 <b>2015</b> 56:14 <b>2017</b> 22:25 <b>2018</b> 79:24 <b>2019</b> 79:24 <b>2020</b> 5:7 <b>25</b> 23:21 ■■■■ ■■■■</p> <hr/> <p style="text-align: center;"><b>3</b></p> <hr/> <p><b>31</b> 72:15</p>	<p><b>33</b> 72:15 <b>35</b> 31:21 32:7 33:1 52:3 <b>37</b> 26:1,15 ■■■■ ■■■■ <b>3:17</b> 73:17 <b>3:19-CV-00328</b> 5:13 <b>3:25</b> 73:18</p> <hr/> <p style="text-align: center;"><b>4</b></p> <hr/> <p><b>45</b> 19:16 69:6</p> <hr/> <p style="text-align: center;"><b>5</b></p> <hr/> <p><b>544</b> 5:6</p> <hr/> <p style="text-align: center;"><b>7</b></p> <hr/> <p><b>78</b> 18:8 <b>79</b> 18:12,17</p> <hr/> <p style="text-align: center;"><b>8</b></p> <hr/> <p><b>81</b> 20:9 <b>83</b> 24:8 <b>84</b> 24:20 <b>85</b> 25:10 <b>89</b> 26:24</p> <hr/> <p style="text-align: center;"><b>9</b></p> <hr/> <p><b>9/11</b> 45:20 <b>91</b> 28:17,22 29:6, 25 <b>92</b> 31:9 <b>93</b> 40:16 41:5 46:19 <b>94</b> 50:14 51:9 <b>95</b> 67:16</p>	<hr/> <p style="text-align: center;"><b>A</b></p> <hr/> <p><b>abbreviated</b> 33:1,2 <b>ABC</b> 36:21 37:2, 10,13,16 <b>accepted</b> 74:12 <b>access</b> 33:11 44:1,20 64:12 70:11 74:18 <b>accompany</b> 19:12 <b>account</b> 51:5 <b>accurate</b> 18:19 81:9 <b>accurately</b> 18:15 <b>accused</b> 53:19 <b>acknowledge</b> 17:3 <b>acknowledged</b> 84:23 <b>acquaintances</b> 77:25 <b>act</b> 53:25 55:7 <b>active</b> 6:1 <b>activism</b> 66:18 <b>activities</b> 23:5 <b>actual</b> 19:13 50:8 79:5 <b>addition</b> 13:13 49:3 <b>address</b> 9:19 <b>administration</b> 11:5,13 <b>admitted</b> 54:13 60:20 <b>ads</b> 64:25 <b>advocacy</b> 20:11 31:18 50:3 55:1 <b>advocate</b> 32:5 51:6 <b>afford</b> 64:17</p>	<p><b>afraid</b> 73:15 <b>afternoon</b> 5:3 <b>age</b> 31:21 32:7 33:1 <b>agency</b> 75:9,10 <b>agree</b> 82:22 84:12 <b>ahead</b> 29:19 43:13 <b>AIDS</b> 12:13 <b>alcohol</b> 37:5 <b>allegations</b> 18:7 <b>allowed</b> 19:2 <b>ambulance</b> 60:1, 19 <b>amended</b> 17:23 18:2,6,9 20:10 24:7 26:1 27:15 30:4 34:7 40:16 50:14 67:16 73:9 82:9 <b>American</b> 85:8 <b>Amid</b> 70:12 <b>amount</b> 39:12 <b>and/or</b> 15:6 40:25 45:7 46:23 52:10 56:20 57:1 58:3 <b>announce</b> 7:2 <b>announcements</b> 6:4 7:23 <b>anybody's</b> 25:24 <b>apartment</b> 64:12 68:8 70:2 <b>apostrophe</b> 39:25 <b>appearance</b> 25:8 30:12 31:6 33:19 34:22 <b>appearing</b> 30:25 <b>application</b> 37:5 <b>applications</b> 64:16 <b>applied</b> 36:15,23 71:3 74:10</p>
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# Exhibit D

Deposition Transcript of Jaime Combs

**GORE, et al.**

**vs.**

**LEE, et al.**

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**JAIME COMBS**

**April 24, 2020**



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1 UNITED STATES DISTRICT COURT  
2 FOR THE MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

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4 KAYLA GORE; JAIME COMBS;  
5 L.G.; and K.N.,

6 Plaintiffs,

7 vs.

8 Case No. 3:19-0328

9 WILLIAM BYRON LEE, in his  
10 official capacity as  
11 Governor of the State of  
12 Tennessee; and LISA  
13 PIERCEY, in her official  
14 capacity as Commissioner  
15 of the Tennessee  
16 Department of Health,

17 Defendants.

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18 Videoconference Deposition of:

19 JAIME COMBS

20 Taken on behalf of Defendants  
21 April 24, 2020

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I N D E X

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1                                    S T I P U L A T I O N S

2  
3  
4  
5  
6                                    The videoconference deposition of  
7 JAIME COMBS was taken by counsel for the Defendants,  
8 by Notice, with all participants appearing at their  
9 respective locations, on April 24, 2020, for all  
10 purposes under the Federal Rules of Civil Procedure.

11                                   All objections, except as to the form of  
12 the question, are reserved for the hearing, and that  
13 said deposition may be read and used in evidence in  
14 said cause of action in any trial thereon or any  
15 proceeding herein.

16                                   It is agreed that LINDSEY R. PERRY, LCR,  
17 RPR, CRR, CSR, Court Reporter for the State of  
18 Tennessee, may swear the witness, and that the  
19 reading and signing of the completed deposition by  
20 the witness are not waived.



1 \* \* \*

2 JAIME COMBS

3 was called as a witness, and after having been first  
4 duly sworn, testified as follows:

5  
6 EXAMINATION

7 QUESTIONS BY MR. LIM:

8 Q. Good afternoon, Ms. Combs.

9 How are you today?

10 A. I'm doing well. And you?

11 Q. Good. Good. Thank you.

12 Let's see. Let me introduce everybody. I  
13 don't know if you can see everyone, but my name is  
14 Jae Lim, and I'm an assistant attorney general for  
15 the Tennessee Attorney General's Office. I, along  
16 with my colleagues, Matt Jones, who's not here,  
17 Sara Sedgwick, and Dianna Shew, who -- both of them  
18 are here on this deposition, are representing the  
19 defendants in this lawsuit filed by you and three  
20 other plaintiffs, Ms. Combs.

21 And at this point, Sasha, could you go ahead  
22 and identify everyone on your side, please?

23 MS. BUCHERT: Yeah, absolutely. I'm  
24 Sasha Buchert from Lambda Legal representing the  
25 plaintiffs, and also on the line is

1 Omar Gonzalez-Pagan, also from Lambda Legal  
2 representing the plaintiffs, and also on the line is  
3 Brandt Thomas Roessler from Baker Botts representing  
4 the plaintiffs, and lastly, we also have  
5 John Winemiller from Merchant & Gould also  
6 representing the plaintiffs.

7 BY MR. LIM:

8 Q. Okay. I just have a couple of housekeeping  
9 matters before we begin the real fun part of the  
10 deposition.

11 Ms. Combs, although this deposition is on  
12 video, we're not recording it. What we're doing is  
13 we're asking Ms. Perry, the court reporter, to take  
14 a transcript of our -- your testimony here today,  
15 so for anyone reading the transcript to be able to  
16 tell what responses were given, you need to verbally  
17 say "yes" or "no" to any questions that I ask. If  
18 you were to, say, nod in lieu of saying yes or shake  
19 your head in lieu of saying no, that won't be  
20 recorded.

21 Is that clear?

22 A. Yes.

23 Q. Okay. And at any point if you can't hear me  
24 or if you have a difficult time understanding my  
25 question, just say so, and I'll do my best to

1 rephrase the question or repeat the question so you  
2 can answer it, okay?

3 A. Okay.

4 Q. And lastly, let me know if you need a break.  
5 I'll be happy to take one anytime you need one.  
6 Just if you could do me a favor and just don't --  
7 let's not take a break if there's a response  
8 pending. So if I ask a question, let's answer the  
9 question then take a break, okay?

10 A. Understood.

11 Q. Okay. All right. Let's move on.

12 Let's see. Ms. Combs, could you state your  
13 full name for the record, please.

14 A. Jaime Novella Combs.

15 Q. And have you ever used any other names in  
16 the past?

17 A. Yes.

18 Q. What was that name?

19 A. My birth name of [REDACTED].

20 Q. What is your current address?

21 A. [REDACTED]  
22 [REDACTED].

23 Q. And how long have you lived there?

24 A. Approximately three and a half years.

25 Q. Where did you live before that?

1 A. I resided in Maryville, Tennessee.

2 Q. And for how long at that location?

3 A. I lived in Maryville, Tennessee,  
4 approximately 20 years.

5 Q. Were you born in Maryville, Tennessee?

6 A. No.

7 Q. What -- where is your place of birth?

8 A. I was born in Elizabethton, Tennessee.

9 Q. And what is your date of birth?

10 A. [REDACTED].

11 Q. What do you do for a living, Ms. Combs?

12 MS. BUCHERT: Objection.

13 BY MR. LIM:

14 Q. What is your current occupation, if any?

15 A. I currently do volunteer work and I'm  
16 retired.

17 Q. Okay. What type of volunteer work do you  
18 do?

19 MS. BUCHERT: Objection.

20 THE WITNESS: I volunteer for Vanderbilt  
21 Health, and I volunteer for Connectus Health, which  
22 is a community health care center and other  
23 organizations.

24 BY MR. LIM:

25 Q. Any other organizations?

1 MS. BUCHERT: Objection.

2 THE WITNESS: I do volunteer for  
3 Nashville Pride.

4 BY MR. LIM:

5 Q. Let's start with the Vanderbilt volunteer  
6 position.

7 What exactly do you do there?

8 MS. BUCHERT: Objection.

9 THE WITNESS: I volunteer for a program  
10 called Trans Buddy, which assists patients in the  
11 health care system with Vanderbilt Health.

12 BY MR. LIM:

13 Q. And what do you do for Connectus?

14 MS. BUCHERT: Objection.

15 THE WITNESS: With Connectus Health, I  
16 am a volunteer for their personnel committee and a  
17 board member.

18 MR. LIM: Ms. Perry, could you go off  
19 the record for one second?

20 THE REPORTER: Yes.

21 (An off-the-record discussion was held.)

22 BY MR. LIM:

23 Q. How long have you had that volunteer  
24 position with Vanderbilt?

25 A. Approximately three to four months.

1 Q. And what about Connecticut?

2 A. I have been a board member for approximately  
3 two years.

4 Q. You're on the board, you said?

5 A. Correct.

6 MS. BUCHERT: Objection.

7 BY MR. LIM:

8 Q. How did you get on the board of directors  
9 for Connecticut? What -- was there a process? Did  
10 you apply for it? Were you nominated by the board  
11 to be on the board?

12 MS. BUCHERT: Objection.

13 BY MR. LIM:

14 Q. Just tell us how you were -- how you became  
15 involved in that organization.

16 A. The group was seeking out members to --  
17 or -- members of the community to be board members  
18 for them.

19 Q. Okay. You mentioned that you're retired  
20 now.

21 How long have you been retired?

22 A. Approximately three and a half years.

23 Q. Before you became -- before you retired,  
24 what did you retire from? What -- what occupation?  
25 What line of work were you in?

1 A. I was a stylist and owned a hair salon in  
2 Maryville and Alcoa, Tennessee.

3 Q. What was that called?

4 A. Combs Salon.

5 Q. How long did you have that business?

6 A. Approximately seven years.

7 Q. And before that, you were also a stylist?

8 A. That is correct.

9 Q. How long were you a stylist for?

10 A. Approximately 20 years.

11 Q. And to become a stylist, did you obtain any  
12 training or special certificates of any kind?

13 A. Yes.

14 Q. And what are they?

15 A. My cosmetology license through the State of  
16 Tennessee.

17 Q. When did you get that license?

18 A. I received the license approximately 1996.

19 Q. Did you have to go to school for that too?

20 MS. BUCHERT: Objection.

21 THE WITNESS: Yes.

22 BY MR. LIM:

23 Q. And where did you go to school for that?

24 A. I attended Tennessee School of Beauty.

25 Q. When was that?

1 A. Approximately 1995.

2 Q. Where -- what prompted you to move to  
3 Nashville?

4 MS. BUCHERT: Objection.

5 THE WITNESS: I moved to Nashville  
6 because my spouse found employment that seemed  
7 desirable.

8 BY MR. LIM:


9 Q. You said "spouse."

10 How long have you been married?

11 A. Currently for six years.

12 Q. What is the name of your spouse?

13 MS. BUCHERT: Objection.

14 THE WITNESS: The name of my spouse is  
15 .

16 BY MR. LIM:

17 Q. Have you been married before?

18 MS. BUCHERT: Objection.

19 THE WITNESS: Yes.

20 BY MR. LIM:

21 Q. How long were you married in the previous  
22 marriage?

23 A. Approximately seven to eight years.

24 Q. When did you get married? Exactly what  
25 year?



1 A. I believe it was 2000. That paperwork has  
2 been submitted.

3 Q. When you say "paperwork," what type of  
4 documents are you talking about?

5 MS. BUCHERT: Objection.

6 THE WITNESS: My marriage --

7 BY MR. LIM:

8 Q. I didn't get that.

9 A. My marriage license.

10 Q. What was the name of your former spouse?

11 (WHEREUPON, page 14/line 11 to page 15/line  
12 11 were designated as confidential and bound under  
13 separate cover.)

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12 BY MR. LIM:

13 Q. At this point, I want to show you what's  
14 been marked previously as Exhibit 1. That would be  
15 the amended complaint.

16 Ms. Perry, do you have a copy of that?

17 THE REPORTER: Yes, I do.

18 (WHEREUPON, a document was marked as  
19 Exhibit Number 1.)

20 BY MR. LIM:

21 Q. Ms. Combs, do you have a copy of that  
22 amended complaint?

23 A. I do.

24 Q. Okay. I also want to show you what's been  
25 previously marked as Exhibit 2, Declaration of

1 Jaime Combs in Support of Plaintiffs' Motion for  
2 Summary Judgment.

3 Do you have that too, Ms. Perry?

4 THE REPORTER: I do.

5 (WHEREUPON, a document was marked as  
6 Exhibit Number 2.)

7 BY MR. LIM:

8 Q. And, Ms. Combs, do you have that?

9 A. Yes.

10 Q. Okay. In addition to these two documents --  
11 let me rephrase that.

12 Do you know what these documents are,  
13 Ms. Combs?

14 MS. BUCHERT: Objection.

15 THE WITNESS: I realize -- yes.

16 BY MR. LIM:

17 Q. Have you -- have you read them before?

18 A. Yes.

19 Q. And did you have an opportunity to discuss  
20 it with your attorneys and ask any questions that  
21 you may have about those documents?

22 MS. BUCHERT: Objection. This calls  
23 for -- to the extent that this calls for privileged  
24 information, Jaime, I counsel you not to respond to  
25 any conversations that you've had with your

1 attorneys.

2 BY MR. LIM:

3 Q. I'm simply asking you whether you had an  
4 opportunity to talk to your attorneys about those  
5 two documents.

6 MS. BUCHERT: You can answer, Jaime.

7 THE WITNESS: Yes.

8 BY MR. LIM:

9 Q. And you told the truth -- everything  
10 contained in those two documents are true and  
11 accurate to the best of your abilities, right?

12 A. Yes.

13 Q. Okay. I want to direct your attention to  
14 Exhibit 1, the amended complaint, page 23 near the  
15 bottom, Paragraph 114. Let me know when you get  
16 there, Ms. Combs.

17 MS. BUCHERT: And, Jaime, I want to  
18 recommend that you take all the time that you need  
19 to read this and take -- take as much time as you  
20 need.

21 BY MR. LIM:

22 Q. Paragraph 114 says "Ms. Combs' inability to  
23 correct the gender marker on her birth certificate  
24 has negatively affected Ms. Combs in other ways. By  
25 way of example, Ms. Combs was married to a man for

1 seven years. When divorcing, Ms. Combs was told  
2 that Tennessee would not consider her marriage to be  
3 legal because Tennessee did not, at that time,  
4 recognize marriage between same-sex couples and was  
5 threatened with disclosure of her transgender  
6 status. Ms. Combs was, therefore, concerned that if  
7 she contested the divorce, her transgender status  
8 would become publicly known. At that time,  
9 Ms. Combs was not open about her transgender status  
10 and was worried that this would affect her salon  
11 business. As a result, due to these concerns,  
12 Ms. Combs signed uncontested divorce papers allowing  
13 her husband to retain control over all of their  
14 joint assets."

15 Ms. Combs, I have some questions about that  
16 paragraph. Let's see. Where it says "When  
17 divorcing, Ms. Combs was told that," told -- who  
18 told you that?

19 A. My husband told me that.

20 Q. What did he exactly say to you?

21 MS. BUCHERT: Objection.

22 THE WITNESS: My husband told me that my  
23 birth certificate says that I am a male and that no  
24 court in the State of Tennessee would uphold this  
25 marriage and that if I tried to contest this

1 divorce, that he would do everything in his power to  
2 basically smear my name and get this information  
3 released.

4 BY MR. LIM:

5 Q. But you just told me about five minutes ago  
6 that you submitted the paperwork, so you got a  
7 marriage license, no?

8 MS. BUCHERT: Objection.

9 THE WITNESS: I did have a marriage  
10 license.

11 BY MR. LIM:

12 Q. How could you get a marriage license if  
13 Tennessee didn't allow same-sex marriage couples?

14 MS. BUCHERT: Objection.

15 THE WITNESS: I got a marriage license  
16 through the justice of the peace with my husband by  
17 presenting a driver's license and Social Security  
18 card.

19 BY MR. LIM:

20 Q. Was your former husband aware of your  
21 transgender status?

22 MS. BUCHERT: Objection.

23 THE WITNESS: Yes.

24 BY MR. LIM:

25 Q. When -- and -- and you told him this before

1 you got married?

2 MS. BUCHERT: Objection.

3 THE WITNESS: Yes.

4 BY MR. LIM:

5 Q. Okay. So I want to refer your attention  
6 back to the paragraph.

7 At that time, you were not open about your  
8 status and were concerned that his threat would  
9 jeopardize your business; correct?

10 A. That is correct. And he was also concerned  
11 it could jeopardize his business.

12 Q. What was -- what was his business?

13 A. His business was a computer group.

14 Q. So because you had a marriage license and  
15 you were living as a married couple -- let me  
16 rephrase that.

17 You say in the paragraph on top of page 24  
18 that you signed uncontested divorce papers allowing  
19 your husband to retain control over all of your  
20 joint assets.

21 What assets are you talking about in that  
22 paragraph?

23 MS. BUCHERT: Objection.

24 THE WITNESS: While my husband and I  
25 were married, we paid off a house. We purchased a

1 home. We had a fleet of vehicles for his work that  
2 we started together. We had two Corvettes. We  
3 acquired two classic cars. During the length of our  
4 marriage, a third property was bought in addition to  
5 the condo that was owned.

6 BY MR. LIM:

7 Q. Did you file taxes as a married couple?

8 MS. BUCHERT: Objection.

9 BY MR. LIM:

10 Q. Did you file any federal tax returns during  
11 the time that you were married?

12 MS. BUCHERT: Same objection.

13 THE WITNESS: My husband took care of  
14 all finances.

15 BY MR. LIM:

16 Q. Do you have any idea whether you filed as a  
17 married couple?

18 MS. BUCHERT: Objection.

19 THE WITNESS: I am uncertain.

20 BY MR. LIM:

21 Q. How were the properties titled?

22 MS. BUCHERT: Objection.

23 THE WITNESS: The properties were titled  
24 in his name alone.

25 //



1 BY MR. LIM:

2 Q. So when you filed for divorce through the  
3 court in Blount County, if there was no recognizable  
4 marriage between you and your former spouse, how  
5 could there have been a divorce proceeding?

6 MS. BUCHERT: Objection.

7 BY MR. LIM:

8 Q. I'm confused by that, Ms. Combs.  
9 Can you tell us a little bit more about  
10 that?

11 MS. BUCHERT: Objection.

12 THE WITNESS: I'm not an attorney, so I  
13 don't know those things, but I know that we had a  
14 marriage license, and I felt that we had a marriage.

15 BY MR. LIM:

16 Q. You felt that you had a marriage or was it a  
17 marriage?

18 MS. BUCHERT: Objection.

19 THE WITNESS: I was asked to be his  
20 wife. I was asked to marry him.

21 BY MR. LIM:

22 Q. Did you have a wedding?

23 MS. BUCHERT: Objection.

24 THE WITNESS: We went to the justice of  
25 peace and married.

1 BY MR. LIM:

2 Q. Where was the justice of peace?

3 A. The justice of peace was in Sevierville,  
4 Tennessee.

5 Q. Did that person work for the government of  
6 any type?

7 MS. BUCHERT: Objection.

8 THE WITNESS: I am uncertain.

9 BY MR. LIM:

10 Q. Okay. Did you fill out any paperwork during  
11 the time that you were married to [REDACTED] --

12 MS. BUCHERT: Objection.

13 BY MR. LIM:

14 Q. -- that asked for your marital status?

15 MS. BUCHERT: Objection.

16 THE WITNESS: I am unsure. I would  
17 assume so.

18 BY MR. LIM:

19 Q. Let's assume that you did.

20 Would you have -- would you have checked off  
21 "married" --

22 MS. BUCHERT: Objection.

23 BY MR. LIM:

24 Q. -- to those questions? Because like you  
25 said, in your mind, you thought -- you believed that

1 you were married, right?

2 MS. BUCHERT: Objection.

3 THE WITNESS: I would have signed

4 "married."

5 BY MR. LIM:

6 Q. Ms. Combs, I sympathize with what happened  
7 and what your former husband did in taking all of  
8 your joint property. He threatened you with  
9 something very -- very personal; something that he  
10 knew to be a very delicate personal, private matter,  
11 and I understand that you were legitimately  
12 concerned. Concerned enough to give him everything  
13 that he wanted, essentially; is that correct?

14 MS. BUCHERT: Objection.

15 THE WITNESS: I felt I had no choice.

16 BY MR. LIM:

17 Q. But you felt you had no choice because you  
18 didn't want people to know that you were transgender  
19 at that time, right?

20 MS. BUCHERT: Objection.

21 THE WITNESS: There were different  
22 factors in me not wanting people to know.

23 BY MR. LIM:

24 Q. What are some of those factors?

25 MS. BUCHERT: Objection.

1 THE WITNESS: My livelihood at the time  
2 as someone with no assets to their name because of a  
3 divorce.

4 BY MR. LIM:

5 Q. So -- but it had nothing to do with your  
6 birth certificate, though, right?

7 MS. BUCHERT: Objection.

8 THE WITNESS: I disagree.

9 BY MR. LIM:

10 Q. Okay. How so?

11 MS. BUCHERT: Objection. Jae, we're --  
12 this line of questioning is becoming argumentative.

13 MR. LIM: Okay.

14 BY MR. LIM:

15 Q. Let me ask you, Ms. Combs, do you believe  
16 that if you had a birth certificate that reflected  
17 your gender identity with which you have always  
18 identified that your husband would not have  
19 threatened you?

20 MS. BUCHERT: Objection.

21 THE WITNESS: Yes.

22 BY MR. LIM:

23 Q. Okay. I'll move on. Let's talk about  
24 something a little happier. Let's talk about your  
25 current spouse.

1           You said you've been married for about six  
2 years?

3           A.       Yes.

4           Q.       How did you guys meet?

5                    MS. BUCHERT:  Objection.

6                    THE WITNESS:  We met at a support group.

7           BY MR. LIM:

8           Q.       Support group for -- for what?

9                    MS. BUCHERT:  Objection.

10                   THE WITNESS:  For women that -- who are  
11 transgender.

12           BY MR. LIM:

13           Q.       Do you have any children?

14           A.       Yes.

15           Q.       How old are they and what are their names?

16                    MS. BUCHERT:  Objection.

17                    (WHEREUPON, page 26/line 17 to page  
18 27/line 4 were designated as confidential and bound  
19 under separate cover.)

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5 BY MR. LIM:

6 Q. Ms. Combs, in prepping for this deposition,  
7 did you speak with anyone about this lawsuit or this  
8 deposition?

9 A. Can you rephrase that question?

10 Q. Did you speak with anyone other than your  
11 attorneys about this deposition today?

12 A. Yes.

13 Q. Who did you speak to?

14 A. My spouse.

15 Q. Anyone else?

16 MS. BUCHERT: Objection.

17 THE WITNESS: I'm uncertain.

18 BY MR. LIM:

19 Q. You're uncertain as to whether you spoke to  
20 anyone else other than your spouse about this  
21 deposition today?

22 A. That is correct.

23 Q. It's a simple yes or no, Ms. Combs.

24 MS. BUCHERT: Objection.

25 //

1 BY MR. LIM:

2 Q. Did you speak with anyone else besides your  
3 spouse about today's deposition?

4 A. I have spoken about the law. I do not  
5 believe I've spoken about this particular case  
6 today -- this deposition today.

7 Q. And when you say "law," what are you talking  
8 about?

9 MS. BUCHERT: Objection.

10 THE WITNESS: The birth certificate law.

11 BY MR. LIM:

12 Q. And who did you speak to about the lawsuit?

13 MS. BUCHERT: Objection.

14 THE WITNESS: I'm uncertain.

15 BY MR. LIM:

16 Q. Have you met or spoken to any of the other  
17 plaintiffs in this lawsuit?

18 A. I met or saw a fellow plaintiff, I believe,  
19 a year ago. I do not believe there was a  
20 conversation we had, but she was at a press release,  
21 to the best of my knowledge, and that's where I saw  
22 her.

23 Q. Did you speak to her at that time?

24 MS. BUCHERT: Objection.

25 THE WITNESS: Possibly niceties. Not

1 about a case.

2 BY MR. LIM:

3 Q. Have you met or spoken to any of the  
4 other people involved in this lawsuit, including  
5 experts?

6 MS. BUCHERT: Objection.

7 (An off-the-record discussion was held.)

8 (WHEREUPON, the reporter read back the  
9 pending question.)

10 THE WITNESS: I have met one of the  
11 plaintiffs in passing approximately a year ago after  
12 a press release was made.

13 BY MR. LIM:

14 Q. Is that the same person that you just told  
15 us about --

16 MS. BUCHERT: Objection.

17 BY MR. LIM:

18 Q. -- Ms. Combs?

19 A. That is correct.

20 Q. Okay. Anyone else?

21 A. To the best of my knowledge, I do not  
22 believe so.

23 Q. Have you ever met Dr. Shayne Taylor?

24 A. Yes.

25 Q. Did you know that she's an expert in this



1 lawsuit --

2 MS. BUCHERT: Objection.

3 BY MR. LIM:

4 Q. -- for Plaintiffs?

5 A. I was made aware of that approximately five  
6 days ago.

7 Q. Okay. So when I asked you whether you've  
8 met or spoken to anyone involved in this lawsuit  
9 including experts, why didn't you say so?

10 MS. BUCHERT: Objection.

11 THE WITNESS: Because when we met, we  
12 did not discuss law or medicine. We met in passing,  
13 as I would work with some -- volunteer work.

14 BY MR. LIM:

15 Q. Okay. Okay, Ms. Combs, are you -- is it  
16 public knowledge that you are a trans woman today?

17 MS. BUCHERT: Objection.

18 THE WITNESS: There are people who know  
19 I am a woman who is transgender.

20 BY MR. LIM:

21 Q. I want to refer your attention back to  
22 page 22 of the amended complaint, Exhibit 1.

23 So at the bottom, Paragraph 109 stated that  
24 you underwent surgical procedures in 1999; is that  
25 correct?

1 MS. BUCHERT: Objection.

2 THE WITNESS: Yes.

3 BY MR. LIM:

4 Q. Where was the surgery performed?

5 MS. BUCHERT: Objection.

6 THE WITNESS: Neenah, Wisconsin.

7 BY MR. LIM:

8 Q. Do you know the name of the surgeon?

9 MS. BUCHERT: Objection.

10 THE WITNESS: [REDACTED].

11 BY MR. LIM:

12 Q. Can you spell that?

13 A. [REDACTED]. His first name was [REDACTED], I  
14 believe.

15 Q. And when you say "gender-affirming surgery,"  
16 specifically what procedures are you talking about?

17 MS. BUCHERT: Objection.

18 THE WITNESS: He performed a  
19 vaginoplasty.

20 BY MR. LIM:

21 Q. And Paragraph 110, after completing the  
22 surgery, you were able to correct the gender marker  
23 on your driver's license, Social Security card, and  
24 U.S. passport; correct?

25 A. With the exception of challenges to my

1 passport changes.

2 Q. Okay. So let's talk about them one at a  
3 time, okay? Let's talk about your driver's license.

4 When -- what year did you get that changed?

5 A. My driver's license was changed after  
6 surgery.

7 Q. Do you remember where you -- which DMV  
8 location you went to?

9 MS. BUCHERT: Objection.

10 THE WITNESS: To the best of my  
11 knowledge, it was in Knoxville, Tennessee, at the  
12 courthouse.

13 BY MR. LIM:

14 Q. Do you remember what documents you needed to  
15 bring with you to get that done?

16 MS. BUCHERT: Objection.

17 THE WITNESS: To the best of my  
18 knowledge, it was the surgical report from the  
19 doctor. Possibly other documents.

20 BY MR. LIM:

21 Q. And did you have to go more than once to get  
22 that done or were you able to get it the first time?

23 MS. BUCHERT: Objection.

24 THE WITNESS: I believe I was able to  
25 get that done the first time.

1 BY MR. LIM:

2 Q. Okay. Let's talk about Social Security  
3 records.

4 Do you remember what documents you needed to  
5 bring to get that done?

6 MS. BUCHERT: Objection.

7 THE WITNESS: I believe I took my  
8 documentation from the surgeon, which I believe  
9 included birth certificate and different records.

10 BY MR. LIM:

11 Q. And did you have to make multiple trips or  
12 was it the first time you were able to get that  
13 done?

14 MS. BUCHERT: Objection.

15 THE WITNESS: I am uncertain, but I  
16 believe it was one trip.

17 BY MR. LIM:

18 Q. And finally the U.S. passport. So I want to  
19 go to page 23 at the top. Pardon me. I misguided  
20 you there.

21 So can you tell us what happened with the  
22 passport, which I think is described in  
23 Paragraph 113 that's in the middle? You mentioned  
24 that you had to submit documentation from your  
25 primary care physician, as well as a letter

1 documenting the results of a physical exam by a  
2 gynecologist.

3 MS. BUCHERT: Objection.

4 BY MR. LIM:

5 Q. And after -- after you submitted that, you  
6 got the right passport?

7 MS. BUCHERT: Objection.

8 THE WITNESS: The process was not that  
9 simple for me, as there were complications.

10 BY MR. LIM:

11 Q. Uh-huh.

12 A. Being a woman that was -- that is  
13 transgender and having a business, it was very  
14 important for me personally to protect some identity  
15 information. I assumed to get a passport I could  
16 simply have my doctor send in paperwork after my  
17 first passport application was declined, which my  
18 doctor submitted paperwork afterwards. That  
19 paperwork was being also declined. We did a  
20 revision to the paperwork from my physician at the  
21 time, a nurse practitioner, and the paperwork was  
22 also declined and returned.

23 From that point, I was uncertain what to do,  
24 and because I needed a passport for travels and  
25 time -- so much time had passed, I felt like -- or I

1 was told I would have to have a letter from a PhD.  
2 I consulted with a client who had a PhD, and I was  
3 hopeful that he would be discreet and be able to  
4 lead me to a physician that would be able to  
5 complete the paperwork for me. He told me with his  
6 permission he would try to find a colleague of his  
7 that had a PhD in medicine or psychiatry, because  
8 unbeknownst to me, my client had a PhD in psychology  
9 instead of psychiatry.

10 He then returned -- or contacted me within a  
11 week to two weeks, and he said that he was unable to  
12 find any of his colleagues with credentials that  
13 would approve paperwork for me to receive my  
14 passport with correct gender markers even though he  
15 had known me for several years and could testify or  
16 could vouch that I was who I said I was.

17 He then later contacted me with the name of  
18 a gynecologist in the neighboring town, and he said  
19 with my permission that he would contact her because  
20 he felt like she was someone that would be discreet  
21 and hopefully her office and staff workers would be  
22 discreet and allow me to get the documentation  
23 necessary in order to change my passport. So in  
24 order to receive the passport, I was required to  
25 have my genitals examined by a physician for no

1 other purpose.

2 Q. But you were ultimately able to get the  
3 passport corrected?

4 A. The passport is now congruent with my  
5 gender.

6 Q. And you -- when was it -- when did you  
7 obtain the congruent passport, Ms. Combs?

8 A. Approximately seven years ago.

9 Q. And the driver's license was in twenty- --  
10 when did you obtain the correct driver's license  
11 again? 1999?

12 A. I believe that's correct.

13 Q. And the Social Security was shortly  
14 thereafter also?

15 A. That is correct.

16 Q. Okay. From -- okay. Let's talk about the  
17 passport, then. Let's see.

18 So after obtaining the passport, about how  
19 many times have you presented that as an  
20 identification --

21 MS. BUCHERT: Objection.

22 BY MR. LIM:

23 Q. -- since 2013?

24 MS. BUCHERT: Same objection.

25 THE WITNESS: I'm uncertain, although I

1 have used it when traveling.

2 BY MR. LIM:

3 Q. Where have you traveled to in the past seven  
4 years? Anywhere fun?

5 MS. BUCHERT: Objection.

6 THE WITNESS: Yes.

7 BY MR. LIM:

8 Q. Can you tell us a couple examples? When was  
9 the last time you took a vacation abroad?

10 A. February of this year.

11 Q. Okay. Where did you go?

12 A. I went to, I believe, the Western Caribbean.  
13 St. Thomas, St. Martin.

14 Q. And as a form of identification, do you  
15 carry your passport with you or your driver's  
16 license or your Social Security card?

17 MS. BUCHERT: Objection.

18 THE WITNESS: Yes.

19 BY MR. LIM:

20 Q. You carry all three of them on you every  
21 day?

22 MS. BUCHERT: Objection.

23 THE WITNESS: Typically my driver's  
24 license.

25 //



1 BY MR. LIM:

2 Q. Do you ever carry your birth certificate  
3 with you?

4 A. I do not believe so.

5 Q. You do not believe so or you don't?

6 MS. BUCHERT: Objection.

7 THE WITNESS: I traveled with my birth  
8 certificate when I received a copy of it. On a  
9 normal basis, I probably do not carry it.

10 BY MR. LIM:

11 Q. When was the last time you traveled with  
12 your birth certificate?

13 MS. BUCHERT: Objection.

14 THE WITNESS: Probably two months ago.

15 BY MR. LIM:

16 Q. Where do you normally keep your birth  
17 certificate?

18 MS. BUCHERT: Objection.

19 THE WITNESS: At my house.

20 BY MR. LIM:

21 Q. And two months ago when you traveled with  
22 the birth certificate, did you take it so that you  
23 would use it as a form of identification?

24 MS. BUCHERT: Objection.

25 THE WITNESS: I was, to the best of my

1 knowledge, picking up documents, and I picked a copy  
2 of that up.

3 BY MR. LIM:

4 Q. A copy of that? So where's the original?

5 MS. BUCHERT: Objection. Argumentative.

6 THE WITNESS: I am uncertain.

7 BY MR. LIM:

8 Q. You're uncertain -- do you know where your  
9 original copy of the birth certificate is,  
10 Ms. Combs?

11 A. I am uncertain.

12 Q. Where were you picking up this copy of your  
13 birth certificate from?

14 MS. BUCHERT: Objection.

15 THE WITNESS: Knox County, Tennessee.

16 BY MR. LIM:

17 Q. Was it a family member's house?

18 MS. BUCHERT: Objection.

19 THE WITNESS: No.

20 BY MR. LIM:

21 Q. Other than that time that you picked it up,  
22 when was the last time you used your birth  
23 certificate as a form of identification?

24 MS. BUCHERT: Objection.

25 THE WITNESS: Probably when I entered

1 cosmetology school.

2 BY MR. LIM:

3 Q. When was that?

4 A. Approximately 1995.

5 Q. You just told us that in 2013 you submitted  
6 your birth certificate to obtain your passport,  
7 right?

8 MS. BUCHERT: Objection.

9 THE WITNESS: That is correct.

10 BY MR. LIM:

11 Q. Okay. So let me rephrase so we're on the  
12 same page. I'm trying to determine just how often  
13 you use your birth certificate as a form of  
14 identification.

15 After getting your passport for which you  
16 had to submit a copy of that, has there been any  
17 other instance in which you needed to produce a copy  
18 of your birth certificate?

19 MS. BUCHERT: Objection.

20 THE WITNESS: I know of instances before  
21 I received my passport. I am unaware of instances  
22 after I received my passport.

23 BY MR. LIM:

24 Q. So in the past seven years, you haven't used  
25 your birth certificate as a form of identification?

1 MS. BUCHERT: Objection.

2 THE WITNESS: I do not believe so.

3 MR. LIM: Could I take a quick break  
4 here? Could we come back -- it's 1:59 right now.  
5 Could we come back at 2:10, please?

6 MS. BUCHERT: Sounds good.

7 MR. LIM: Thank you.

8 (Short break.)

9 BY MR. LIM:

10 Q. Hi, Ms. Combs.

11 Can you hear me okay?

12 A. Yes.

13 Q. I have to ask you a couple of quick  
14 housekeeping questions.

15 During the break, did you talk to anyone  
16 about this deposition?

17 A. I did not, no.

18 Q. Did you review any documents outside of  
19 those two exhibits I showed you today?

20 A. No, sir.

21 Q. Okay. Fine.

22 I want to refer your attention to Exhibit 2,  
23 the declaration, page 4, Paragraph 19. Let me know  
24 when you're ready, Ms. Combs.

25 MS. BUCHERT: And, Jaime, I would advise

1 you to take as much time as you need.

2 THE WITNESS: Declaration and what --  
3 what page again?

4 BY MR. LIM:

5 Q. Page 4, middle of the page, Paragraph 19.

6 Do you have that?

7 A. Yes.

8 Q. Okay. So in Paragraph 19 of your  
9 declaration, you say, quote, I reasonably fear that  
10 possessing a birth certificate that fails to  
11 accurately reflect my sex consistent with my gender  
12 identity increases the chances that I will be  
13 subjected to invasions of privacy, prejudice,  
14 discrimination, distress, harassment, or violence.

15 I want to ask you to explain to us why you  
16 feel that way.

17 MS. BUCHERT: Objection.

18 THE WITNESS: I do feel that way because  
19 it is painful and difficult for me to have  
20 documentation that is not reflective of me. Because  
21 of my past history and experiences with birth  
22 certificate -- and the birth certificate being  
23 inaccurate to who I am, it has been a source that  
24 could be used against me. I have seen -- I feel  
25 like because of this paper, in the past, I've had to

1 tell my story in situations I did not want to. An  
2 example would be when I was in a bank and they  
3 required this documentation that was no longer  
4 congruent with who I was or other information that I  
5 had, and I felt it necessary to explain why it  
6 didn't match.

7 So at that particular time that -- the  
8 banker was a client of mine that was not aware of  
9 this information, so it was very difficult to -- to  
10 tell and explain because I didn't know what her  
11 response would be. Also being in a small town, I  
12 had to take a chance on do I see a total stranger  
13 and risk this information going out to everyone or,  
14 you know, that time, do I tell someone that I know  
15 that may be more likely to -- to be respectful and,  
16 you know, protect that information. So it -- it  
17 was -- information that was not accurate of me.

18 BY MR. LIM:

19 Q. I think you cut off toward the end there.  
20 Could you repeat the last couple of sentences?

21 THE REPORTER: Thank you.

22 THE WITNESS: It was a little  
23 dehumanizing to me to present this information to  
24 someone that was inaccurate about me.

25 //

1 BY MR. LIM:

2 Q. And you mentioned your experience at the  
3 bank.

4 Do you remember exactly when that was?

5 MS. BUCHERT: Objection.

6 THE WITNESS: I remember that the birth  
7 certificate was a requirement for some type of  
8 business transaction.

9 BY MR. LIM:

10 Q. Do you know when that was?

11 A. That was --

12 MS. BUCHERT: Objection.

13 THE WITNESS: -- approximately 2010.

14 BY MR. LIM:

15 Q. So that was before you got your passport  
16 corrected, right?

17 A. This was before the passport was corrected.

18 Q. Okay. Has there been any other time besides  
19 the examples that you mentioned so far that you've  
20 had to present your birth certificate and you,  
21 quote, reasonably fear that presenting that document  
22 subjected you to harassment and discrimination and  
23 so forth?

24 MS. BUCHERT: Objection.

25 THE WITNESS: When I started my

1 education with Tennessee School of Beauty, knowing  
2 that my name and some information would be changed,  
3 I believe that was another time that my passport was  
4 submitted with other identifying information of me  
5 at the time, so that naturally left me feeling very  
6 vulnerable to reveal this information.

7 BY MR. LIM:

8 Q. Okay. And I want to go to the next  
9 paragraph, Paragraph 20, where you say that "As a  
10 result of Tennessee's birth certificate policy, my  
11 current Tennessee birth certificate reflects the sex  
12 I was," quote, "incorrectly assigned at birth,  
13 erroneously stating that I am male."

14 You state that your sex was incorrectly  
15 assigned at birth.

16 MS. BUCHERT: Objection.

17 BY MR. LIM:

18 Q. Can you think of any reasons why you were  
19 assigned at birth as male?

20 MS. BUCHERT: Objection.

21 THE WITNESS: I'm not a physician, and  
22 I'm unsure of the requirements that they use. You  
23 know, this was 51 years ago, so I wasn't able to be  
24 asked or contribute information. I will say, when I  
25 did have gender-affirming surgery, one of the first



1 words that my physician surgeon told me was that  
2 "you did not form correctly."

3 BY MR. LIM:

4 Q. You just stated that you're not a physician.  
5 Do you have any other training that would  
6 qualify you as an expert on how sex is determined at  
7 birth?

8 MS. BUCHERT: Objection.

9 THE WITNESS: I do not have training.

10 BY MR. LIM:

11 Q. So you're not an expert on that issue?

12 A. I would not be an -- an expert.

13 Q. Ms. Combs, I want to direct your attention  
14 to Exhibit 1, page -- that would be the amended  
15 complaint, page 23. And take your time. Let me  
16 know when you have it. Paragraph 113.

17 MS. BUCHERT: And once again, Jaime, I  
18 want to urge you to take as much time as you need.

19 BY MR. LIM:

20 Q. And this is very similar to the other  
21 paragraph that we just read.

22 Have you ever sub- -- have you ever been  
23 subject to discrimination because of your  
24 incongruent birth certificate at a place of work?

25 MS. BUCHERT: Objection.

1 THE WITNESS: I'm only aware of the  
2 reality of discrimination to people that have  
3 inconsistent documentation on who they are. I've  
4 always known that that is a very real possibility  
5 for me.

6 BY MR. LIM:

7 Q. But you personally have not been subjected  
8 to that?

9 MS. BUCHERT: Objection.

10 THE WITNESS: It is difficult to say.

11 BY MR. LIM:

12 Q. Have you ever been -- pardon me. Have you  
13 ever applied for a job and were denied because of  
14 your transgender status?

15 MS. BUCHERT: Objection.

16 THE WITNESS: It isn't certain, because  
17 Tennessee is a right-to-work state. It is not  
18 uncommon for people who are women that are  
19 transgender to not receive certain positions because  
20 of that status.

21 MR. LIM: I don't have any more  
22 questions today, so that would conclude my portion  
23 of the deposition.

24 Sasha, do you have any questions for  
25 Ms. Combs?

1 MS. BUCHERT: I -- I would like to take  
2 a five-minute break if that's okay for folks.

3 MR. LIM: Okay.

4 MS. BUCHERT: Maybe we can round it off  
5 and take an eight-minute break and come back at 3:30  
6 if that's okay.

7 MR. LIM: Yeah. 2:30 for us.

8 MS. BUCHERT: 2:30. Sorry. Great.

9 (Short break.)

10 EXAMINATION

11 QUESTIONS BY MS. BUCHERT:

12 Q. Jaime, I just have one question for you on  
13 redirect.

14 In your testimony, you testified that when  
15 going -- entering school, beauty school, that you  
16 presented your passport.

17 That was around 1995; is that correct?

18 A. I apologize because I did not have a  
19 passport at that time.

20 Q. So was the document you presented in 1995  
21 your birth certificate?

22 A. It was.

23 MS. BUCHERT: Okay. Thank you. No  
24 further questions.

25 THE REPORTER: Anything else, Mr. Lim?

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MR. LIM: No.

MS. BUCHERT: We do just want to reserve the right to read and sign the transcript before it's final.

(An off-the-record discussion was held.)

THE REPORTER: And, Mr. Lim, would you like this transcript typed up?

MR. LIM: Yes.

THE REPORTER: And, Ms. Buchert, would you like a copy?

MS. BUCHERT: Yes, please.

FURTHER DEPONENT SAITH NOT

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I, Jaime Combs, having read the foregoing deposition, pages 1 through 49, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

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\_\_\_\_\_  
**JAIME COMBS**

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Reported by: Lindsey R. Perry, LCR, RPR, CRR, CSR

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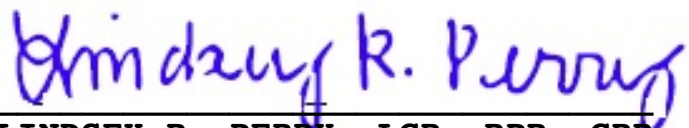
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**Exhibits**

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**Ex 02 -**  
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# Exhibit E

Deposition Transcript of L.G.

**GORE, et al.**

**vs.**

**LEE, et al.**

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**April 17, 2020**



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1 UNITED STATES DISTRICT COURT  
2 FOR THE MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

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4 KAYLA GORE; JAIME COMBS;  
5 L.G.; and K.N.,

6 Plaintiffs,

7 vs.

Case No. 3:19-0328

8 WILLIAM BYRON LEE, in his  
9 official capacity as Governor  
10 of the State of Tennessee;  
11 and LISA PIERCEY, in her official  
12 capacity as Commissioner of the  
13 Tennessee Department of Health,

14 Defendants.

---

15  
16 Videoconference Deposition of:

17 L.G.

18 Taken on behalf of the Defendants  
19 April 17, 2020

20  
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E X H I B I T S

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<b>Exhibit No. 1</b> Amended Complaint for Declaratory and Injunctive Relief	6
<b>Exhibit No. 2</b> Declaration of L.G. in Support of Plaintiffs' Motion for Summary Judgment	6

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S T I P U L A T I O N S

The videoconference deposition of L.G. was taken by counsel for the Defendants, with all participants appearing at their respective locations, on April 17, 2020, for all purposes under the Federal Rules of Civil Procedure.

All objections, except as to the form of the questions, are reserved to the hearing, and that said deposition may be read and used in evidence in said cause of action in any trial thereon or any proceeding herein.

It is agreed that JEANNIE CHAFFIN, LCR, Notary Public and Court Reporter for the State of Tennessee, may swear the witness, and that the reading and signing of the completed deposition by the witness was not waived.

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(WHEREUPON, documents were pre-marked as Exhibits 1 and 2.)

MR. LIM: Good afternoon, everyone. A couple of housekeeping matters before we start. All objections are reserved as to the form of the question. 12:25:19  
12:25:21  
12:25:24  
12:25:27

And I'll be identifying all the participants representing the Defendants in this case. My name Jae Lim, and I'm an Assistant Attorney General for the Tennessee Attorney General's office. And joining me today are my colleagues, Dianna Shew, Sara Sedgwick, and Matt Jones. 12:25:28  
12:25:31  
12:25:33  
12:25:37  
12:25:40  
12:25:46

\* \* \*

L.G., was called as a witness and having first been duly sworn, testified as follows:

EXAMINATION

QUESTIONS BY MR. LIM:

Q. Ms. L.G., how are you today? 12:25:51  
A. I'm sorry, could you repeat that? I couldn't hear. 12:25:55  
12:25:58

1 Q. How are you today? 12:25:59

2 A. I'm doing well. Thank you. 12:26:00

3 MR. LIM: Brandt, could you go ahead and 12:26:05  
4 identify all the attorneys representing the 12:26:07  
5 Plaintiffs today? 12:26:10

6 MR. ROESSLER: I'd be glad to. 12:26:10

7 So I'm Brandt Thomas Roessler from Baker 12:26:10  
8 Botts, representing the Plaintiffs. We also have on 12:26:15  
9 the line John Winemiller, who is from Merchant & 12:26:17  
10 Gould. And from Lambda Legal we have Omar 12:26:21  
11 Gonzalez-Pagan, we have Sasha Buchert. I always 12:26:27  
12 butcher that. Sorry, Sasha. And Tara Borelli. 12:26:32

13 BY MR. LIM: 12:26:40

14 Q. Ms. L.G., have you ever been deposed before? 12:26:40

15 A. No. 12:26:44

16 Q. So I'm going to go over a couple of 12:26:49  
17 preliminary matters that concern how depositions go 12:26:51  
18 so that we're on the same page, okay? 12:26:56

19 Although this deposition is recorded -- 12:27:03  
20 although this deposition is on video, as Brandt 12:27:07  
21 indicated earlier, we're not recording this 12:27:11  
22 deposition. The only recording of this deposition 12:27:13  
23 will be in the transcripts prepared by the court 12:27:16  
24 reporter. So in order for Ms. Jeannie to accurately 12:27:20  
25 record your responses and my questions, you need to 12:27:26

1 answer my questions affirmatively by saying yes or 12:27:28  
2 no. If you motion -- you know, if you shake your 12:27:36  
3 head or nod your head, that's not going to be noted 12:27:38  
4 by the court reporter. Is that clear? 12:27:41  
5 A. It's clear that I should not shake my head or 12:27:50  
6 make gestures; that I should speak my responses. 12:27:55  
7 Q. Yes, thank you. 12:27:59  
8 And if you can't hear me or if you have a 12:28:00  
9 difficult time understanding me, just simply ask me 12:28:02  
10 to repeat the question or to rephrase my question. 12:28:06  
11 I'll be happy to do that. 12:28:09  
12 A. Thank you. 12:28:13  
13 Q. And lastly please let me know at any point if 12:28:15  
14 you'd like to take a break. I'm sure my colleagues 12:28:19  
15 here would be happy to take a break at any time, too, 12:28:23  
16 except for one instance. I would appreciate it if 12:28:26  
17 you wait until you -- finish answering my question. 12:28:30  
18 I would hate to ask the question and then for you 12:28:35  
19 to -- you know, for us to take a break and have your 12:28:38  
20 response hanging out there. Is that okay? 12:28:40  
21 A. That is understood. 12:28:43  
22 Q. Thank you. 12:28:45  
23 Do you have any questions for me before 12:28:45  
24 we start? 12:28:48  
25 A. No. 12:28:49



1 Q. Okay. Could you state your name, full name 12:28:51  
2 for the record, please? 12:28:56  
3 A. . 12:28:56  
4 Q. And have you used any other names in the 12:29:01  
5 past? 12:29:09  
6 A. I -- I've used my legal birth name and my 12:29:12  
7 middle name. 12:29:19  
8 Q. Which were? 12:29:22  
9 A. I believe that's covered in the document. 12:29:27  
10 Yes, all of those questions have been answered in the 12:29:41  
11 documentation provided for the Court. 12:29:44  
12 Q. Yeah, but I'm still asking you the question, 12:29:50  
13 though. Do you know the previous names that you have 12:29:53  
14 used in the past? 12:29:55  
15 A. Yes. 12:29:58  
16 Q. What are they? 12:29:59  
17 A. Those are identified within the documents 12:30:08  
18 that have been provided to the Court. 12:30:10  
19 Q. All right. Let me move on. 12:30:16  
20 What is your current address? 12:30:18  
21 A. [REDACTED] 12:30:21  
22 [REDACTED]. 12:30:28  
23 Q. How long have you lived there? 12:30:31  
24 A. I believe it's been about two years now. 12:30:35  
25 Q. Where did you live before that? 12:30:40

1 A. I lived at an apartment in [REDACTED] 12:30:46  
2 [REDACTED]. 12:30:49  
3 Q. Have you always lived in [REDACTED]? 12:30:50  
4 A. No. 12:30:54  
5 Q. Where else have you lived in the past ten 12:30:56  
6 years, if you could go back? 12:31:00  
7 A. I have lived in the state of [REDACTED]. I 12:31:11  
8 have lived in Tennessee. And I have lived in 12:31:15  
9 [REDACTED]. 12:31:19  
10 Q. When did you move to [REDACTED]? 12:31:21  
11 A. It's about six years ago now. 12:31:25  
12 Q. What brought you to [REDACTED]? 12:31:30  
13 A. I was offered a promotion at my place of 12:31:36  
14 work, and they had a position open here in 12:31:41  
15 [REDACTED]. I applied to transfer and was granted 12:31:48  
16 the promotion and the relocation. 12:31:53  
17 Q. Where was your previous location? 12:31:55  
18 A. Before that I lived and worked in [REDACTED] 12:31:58  
19 Tennessee. 12:32:03  
20 Q. And how long did you live in [REDACTED] 12:32:03  
21 Tennessee? 12:32:05  
22 A. Well, I was born in [REDACTED] Tennessee, and 12:32:12  
23 I moved away for college and education. And then I 12:32:15  
24 returned after graduation in [REDACTED], and I lived there 12:32:21  
25 until I relocated here to [REDACTED]. 12:32:26

1 Q. Does your family still live in [REDACTED] 12:32:30  
2 Tennessee? Your immediate family? 12:32:34  
3 A. Yes. I do still have family in Tennessee and 12:32:38  
4 family in [REDACTED]. 12:32:45  
5 Q. Do you have any siblings? 12:32:47  
6 A. Yes. 12:32:51  
7 Q. How many? 12:32:55  
8 A. [REDACTED] 12:33:02  
9 Q. What are their ages? You don't have to name 12:33:05  
10 them. Can you just identify them as brother, sister, 12:33:09  
11 and their age? 12:33:12  
12 MR. ROESSLER: Objection. 12:33:13  
13 BY MR. LIM: 12:33:15  
14 Q. You may answer. 12:33:15  
15 A. [REDACTED] 12:33:19  
16 [REDACTED] 12:33:26  
17 Q. Are they all still in Tennessee? 12:33:33  
18 A. To my knowledge, yes, they currently live and 12:33:41  
19 reside in Tennessee. 12:33:43  
20 Q. Do you still keep in touch with them? 12:33:46  
21 MR. ROESSLER: Objection. 12:33:51  
22 BY MR. LIM: 12:33:52  
23 Q. You may answer. 12:33:52  
24 A. I am close with my sisters. 12:34:03  
25 Q. And not your brother? 12:34:10

1 MR. ROESSLER: Objection. 12:34:12

2 THE WITNESS: No. 12:34:13

3 BY MR. LIM: 12:34:16

4 Q. You mentioned earlier that your job -- your 12:34:16

5 promotion brought you to [REDACTED]. Who do you work 12:34:19

6 for? 12:34:23

7 A. I'm sorry, could you repeat that question? 12:34:25

8 The audio cut out. 12:34:27

9 Q. You mentioned earlier that a promotion at 12:34:30

10 your job brought you to [REDACTED]. Do you still work 12:34:32

11 there? 12:34:36

12 A. Do I still work in [REDACTED]? 12:34:39

13 Q. Do you still work for the same employer that 12:34:41

14 brought you to [REDACTED]? 12:34:44

15 A. No. 12:34:45

16 Q. Who do you work for now? 12:34:47

17 A. I work as an [REDACTED]. 12:34:52

18 Q. Doing what? 12:34:57

19 A. [REDACTED]. 12:35:00

20 Q. How long have you done that? 12:35:04

21 A. I began this position, I believe, in 12:35:11

22 [REDACTED]. 12:35:14

23 Q. And before [REDACTED], who was 12:35:17

24 your employer? 12:35:20

25 A. That was [REDACTED]. 12:35:25

1 Q. And how long were you at [REDACTED]? 12:35:33  
2 A. It was about [REDACTED]. 12:35:37  
3 Q. What prompted you to leave that position or 12:35:42  
4 that employer? 12:35:47  
5 A. I'm sorry, could you repeat that? 12:35:49  
6 Q. Why did you become an [REDACTED]? 12:35:51  
7 A. The [REDACTED] location here in [REDACTED] 12:35:57  
8 [REDACTED] closed down in [REDACTED]. 12:36:03  
9 Q. And before that, before [REDACTED], 12:36:07  
10 did you work for anyone else? 12:36:11  
11 A. Yes. 12:36:17  
12 Q. Who did you work for and when? 12:36:19  
13 A. I'm sorry, what -- that's a bit of a vague 12:36:25  
14 question. What was -- what was the timeframe you're 12:36:31  
15 referring to? 12:36:34  
16 Q. Immediately before your employment with [REDACTED] 12:36:35  
17 [REDACTED], who did you work for and for how 12:36:40  
18 long? 12:36:46  
19 A. That would be [REDACTED]. And that was a 12:36:46  
20 little -- I want to say around four years. 12:36:57  
21 Q. Any other jobs before that? 12:37:04  
22 A. Yes. 12:37:08  
23 Q. What were they? 12:37:12  
24 A. I worked -- I began working in high school 12:37:19  
25 and continued working through college at various jobs 12:37:26

1 before taking employment with [REDACTED]. 12:37:40

2 Q. Okay. So [REDACTED] was your first job out 12:37:44

3 of college? 12:37:47

4 A. I worked as an [REDACTED] briefly 12:37:54

5 before working with [REDACTED]. And I also worked as 12:37:58

6 [REDACTED]. 12:38:09

7 Q. You mentioned that you left Tennessee to go 12:38:18

8 to [REDACTED] for school. Was that for college? 12:38:20

9 A. I attended college in [REDACTED], yes. 12:38:24

10 Q. And what was the name of the institution? 12:38:31

11 A. [REDACTED]. 12:38:35

12 Q. What did you study? 12:38:37

13 A. I studied [REDACTED] 12:38:43

14 [REDACTED]. 12:38:51

15 Q. Did you get a degree from there? 12:38:54

16 A. Yes. 12:38:57

17 Q. When? 12:38:57

18 A. I graduated in [REDACTED]. 12:38:59

19 Q. What was your degree? 12:39:08

20 A. The degree was a Bachelor's of Arts in 12:39:10

21 [REDACTED] 12:39:15

22 [REDACTED] 12:39:19

23 Q. Where did you go to high school? 12:39:19

24 A. I attended high school in the state of 12:39:23

25 [REDACTED]. 12:39:27

1 Q. What was the name of the high school? 12:39:36  
2 A. [REDACTED] 12:39:38  
3 Q. What year did you graduate from there? 12:39:40  
4 A. I graduated in [REDACTED]. 12:39:45  
5 Q. Were you involved in any extracurriculars in 12:39:54  
6 high school? 12:40:00  
7 A. Yes. 12:40:00  
8 Q. Would you describe them for us? 12:40:01  
9 A. [REDACTED] 12:40:11  
10 [REDACTED] 12:40:20  
11 [REDACTED] 12:40:25  
12 Q. Did you -- 12:40:34  
13 A. Yes. 12:40:35  
14 Q. Did you play any sports? 12:40:36  
15 A. No. 12:40:39  
16 Q. After college did you have any further 12:40:52  
17 training or education? 12:40:56  
18 A. I'm currently in graduate school. 12:41:03  
19 Q. What for and where? 12:41:06  
20 A. I attend [REDACTED] 12:41:12  
21 [REDACTED], and I'm pursuing a Master of Arts in 12:41:20  
22 [REDACTED]. 12:41:26  
23 Q. Do you have any certification or specialty 12:41:26  
24 training in anything other than your BA and your 12:41:28  
25 current master's that you're pursuing? 12:41:33

1 MR. ROESSLER: Objection. 12:41:39

2 THE WITNESS: I'm sorry, I don't 12:41:40

3 understand the question. 12:41:42

4 BY MR. LIM: 12:41:45

5 Q. Strike that, please. 12:41:45

6 Ms. L.G., are you an expert on 12:41:51

7 distinction between, if any, sex and gender? 12:41:55

8 A. I'm not an expert. 12:42:04

9 Q. So you're not -- so you don't plan to offer 12:42:08

10 any expert testimony on that distinction in this 12:42:13

11 lawsuit or in this deposition today, correct? 12:42:17

12 A. I'm not an expert. I'm a Plaintiff in this 12:42:22

13 case. 12:42:26

14 Q. Okay. Are you married? 12:42:26

15 A. No. 12:42:33

16 Q. Have you ever been married? 12:42:34

17 A. No. 12:42:38

18 Q. Do you plan to get married at some point? 12:42:40

19 MR. ROESSLER: Objection. 12:42:45

20 THE WITNESS: I don't know. I couldn't 12:42:49

21 speculate on that. 12:42:51

22 BY MR. LIM: 12:42:55

23 Q. Are you seeing anybody right now? 12:42:55

24 MR. ROESSLER: Objection. 12:42:58

25 THE WITNESS: I'm not sure what you mean 12:43:02



1 by the question. 12:43:04

2 BY MR. LIM: 12:43:04

3 Q. Are you dating anyone right now? 12:43:04

4 MR. ROESSLER: Objection. 12:43:07

5 BY MR. LIM: 12:43:11

6 Q. Are you -- 12:43:11

7 A. No. 12:43:12

8 Q. -- in a romantic relationship with anyone 12:43:13

9 right now? 12:43:16

10 MR. ROESSLER: Objection. 12:43:17

11 THE WITNESS: No. 12:43:19

12 BY MR. LIM: 12:43:19

13 Q. Have you ever had a romantic relationship 12:43:19

14 with anyone else? 12:43:26

15 MR. ROESSLER: Objection. 12:43:27

16 THE WITNESS: Yes. 12:43:31

17 BY MR. LIM: 12:43:39

18 Q. When was the most recent one, and how long 12:43:39

19 did that relationship last? 12:43:43

20 MR. ROESSLER: Objection. 12:43:48

21 THE WITNESS: I'm sorry, but I don't -- I 12:43:52

22 don't understand the question. It's very vague. 12:43:54

23 BY MR. LIM: 12:43:58

24 Q. Let me rephrase. 12:43:58

25 Have you ever had a boyfriend or a 12:44:00

1 girlfriend in the past? 12:44:10

2 MR. ROESSLER: Objection. 12:44:14

3 THE WITNESS: Yes. 12:44:24

4 BY MR. LIM: 12:44:27

5 Q. When was the last time you had a boyfriend or 12:44:27

6 a girlfriend? 12:44:30

7 MR. ROESSLER: Objection. 12:44:34

8 THE WITNESS: I'm not sure about the 12:44:40

9 timeframe on that. 12:44:42

10 BY MR. LIM: 12:44:48

11 Q. Ms. L.G., do you date men or women? 12:44:48

12 MR. ROESSLER: Objection. 12:44:54

13 THE WITNESS: I identify as a lesbian. 12:45:07

14 BY MR. LIM: 12:45:09

15 Q. As a what? Pardon me. I didn't hear you. 12:45:09

16 A. I identify as a lesbian. 12:45:12

17 Q. Do you do any volunteer work? 12:45:19

18 A. Yes. 12:45:25

19 Q. What type of volunteer work do you do? 12:45:27

20 A. I volunteer often with my church. 12:45:34

21 Q. What church is that? 12:45:41

22 A. I attend [REDACTED] 12:45:46

23 [REDACTED]. 12:45:53

24 Q. What kind of volunteer work do you do with 12:45:55

25 the church? 12:45:57

1 A. I support church activities, [REDACTED] 12:46:02

2 [REDACTED] 12:46:07

3 Q. Do you do any volunteer work for the 12:46:13  
4 transgender community? 12:46:20

5 A. Yes. 12:46:22

6 Q. Can you describe them for us? 12:46:27

7 A. Who are you asking about? 12:46:35

8 Q. You mentioned that you've done volunteering 12:46:38  
9 work for transgender communities. Can you describe 12:46:41  
10 to us what organizations you volunteer with, what 12:46:50  
11 types of activities that you do? 12:46:53

12 MR. ROESSLER: Objection. 12:46:56

13 THE WITNESS: That's a very vague 12:47:04  
14 question. 12:47:06

15 BY MR. LIM: 12:47:10

16 Q. Okay. I'll rephrase. 12:47:10

17 Are you a member of any organization that 12:47:11  
18 advocates for the transgender community? 12:47:20

19 MR. ROESSLER: Objection. 12:47:24

20 THE WITNESS: I'm not sure how membership 12:47:31  
21 would be defined. 12:47:33

22 BY MR. LIM: 12:47:38

23 Q. Do you volunteer or contribute money to any 12:47:38  
24 organization that does that? 12:47:42

25 MR. ROESSLER: Objection. 12:47:46

1	Sorry.	12:47:46
2	THE WITNESS: That does what?	12:47:50
3	BY MR. LIM:	12:47:52
4	Q. That advocates for issues related to	12:47:52
5	transgender persons in the community.	12:47:59
6	MR. ROESSLER: Same objection.	12:48:01
7	THE WITNESS: I'm sorry, but I still	12:48:05
8	don't really understand the question.	12:48:07
9	BY MR. LIM:	12:48:18
10	Q. Do you do any volunteer work -- do you spend	12:48:18
11	any time working for or advocating for issues related	12:48:21
12	to transgender persons or the community?	12:48:28
13	MR. ROESSLER: Objection.	12:48:35
14	THE WITNESS: Could you repeat that?	12:48:46
15	BY MR. LIM:	12:48:54
16	Q. Yes, I may. Give me one second.	12:48:54
17	Have you attended any public events like	12:49:05
18	the gay parade or Pride Festival? Ever been to such	12:49:08
19	events like that?	12:49:16
20	MR. ROESSLER: Objection.	12:49:17
21	THE WITNESS: I'm not sure what you mean	12:49:34
22	by the gay parade.	12:49:36
23	BY MR. LIM:	12:49:41
24	Q. Gay parade -- I'm sorry, a parade like at	12:49:41
25	Pride Festival.	12:49:48

1 MR. ROESSLER: Same objection. 12:49:48

2 THE WITNESS: Have I -- have I attended 12:49:50

3 events like a Pride Festival? 12:49:53

4 BY MR. LIM: 12:49:56

5 Q. Yes. 12:49:56

6 A. Is that what you're asking? 12:49:57

7 Q. Yes. 12:49:59

8 A. Yes. 12:50:00

9 Q. Are you friends with any -- let me rephrase 12:50:00

10 that. 12:50:04

11 Do you know of any other transgender 12:50:06

12 persons? 12:50:09

13 MR. ROESSLER: Objection. 12:50:11

14 THE WITNESS: That's a very vague 12:50:16

15 question. 12:50:17

16 BY MR. LIM: 12:50:18

17 Q. No, it's not. I asked you if you know of any 12:50:18

18 other transgender persons in your life. 12:50:22

19 MR. ROESSLER: Same objection. 12:50:28

20 THE WITNESS: You asked me if I know of 12:50:30

21 any transgender persons, and then you asked me if I 12:50:31

22 know of any transgender persons in my life? 12:50:36

23 BY MR. LIM: 12:50:40

24 Q. Yes. 12:50:40

25 A. Which -- which of those questions should I 12:50:43

1 answer? 12:50:48

2 Q. Whichever one you think is less vague. 12:50:49

3 MR. ROESSLER: Objection. 12:50:54

4 THE WITNESS: I'm sorry, but I'm not sure 12:51:00

5 how to respond. 12:51:03

6 BY MR. LIM: 12:51:04

7 Q. Okay. Are you friends with anyone who is 12:51:04

8 transgender? 12:51:07

9 MR. ROESSLER: Objection. 12:51:07

10 BY MR. LIM: 12:51:10

11 Q. Do you want me to define friendship for you? 12:51:10

12 A. I do have friends who identify as 12:51:18

13 transgender. 12:51:21

14 Q. How did you meet them? 12:51:22

15 A. I have met some of my friends through support 12:51:32

16 groups, through educational communities, and through 12:51:37

17 personal contact. 12:51:45

18 Q. And do you do any volunteer work with those 12:51:49

19 organizations? 12:51:54

20 MR. ROESSLER: Objection. 12:51:58

21 THE WITNESS: What organizations are you 12:52:06

22 referring to? 12:52:07

23 BY MR. LIM: 12:52:07

24 Q. The support groups that you just mentioned. 12:52:07

25 A. As far as I can recall, I don't think I have 12:52:26

1 taken on a position of volunteer in an official 12:52:31  
2 capacity with the support groups that I was referring 12:52:42  
3 to, but I can't be sure. 12:52:46  
4 Q. I'll move on. 12:52:52  
5 Do you have any social media? 12:52:53  
6 MR. ROESSLER: Objection. 12:52:58  
7 THE WITNESS: Not often. 12:53:04  
8 BY MR. LIM: 12:53:07  
9 Q. Do you have Facebook? 12:53:07  
10 A. Yes. 12:53:12  
11 Q. Do you identify yourself as a transgender 12:53:16  
12 person on Facebook? 12:53:23  
13 A. I'm sorry, but in what capacity? 12:53:39  
14 Q. Do you identify yourself as a woman on 12:53:45  
15 Facebook? 12:53:48  
16 MR. ROESSLER: Objection. 12:53:50  
17 THE WITNESS: Absolutely, yes. 12:53:51  
18 BY MR. LIM: 12:53:53  
19 Q. And do you identify yourself as a woman on 12:53:53  
20 other social media, if any? 12:53:56  
21 A. I identify as woman in all aspects of my 12:54:02  
22 life. 12:54:06  
23 Q. Okay. Thank you. 12:54:06  
24 Did you review any documents in 12:54:12  
25 preparation for this deposition? 12:54:14

1 A. Yes. 12:54:18

2 Q. What were they? 12:54:20

3 A. I have reviewed the Amended Complaint for 12:54:29

4 Declaration for Declaratory and Injunctive Relief, 12:54:34

5 the Declaration of L.G. in Support of Plaintiffs' 12:54:40

6 Motion for Summary Judgment, and Plaintiff L.G.'s 12:54:43

7 Responses and Objections to Defendants' First Set of 12:54:45

8 Interrogatories. 12:54:49

9 Q. Okay. Did you speak with anyone about your 12:54:49

10 deposition today? 12:54:51

11 A. Yes. 12:54:57

12 Q. Who did you speak with? 12:54:59

13 A. I have been in communication with my legal 12:55:07

14 team regarding today's deposition. 12:55:11

15 Q. Anyone else outside of your legal team? 12:55:14

16 MR. ROESSLER: Objection. 12:55:18

17 THE WITNESS: I believe that I have 12:55:29

18 identified people with knowledge concerning the case 12:55:33

19 in the documents mentioned. 12:55:35

20 BY MR. LIM: 12:55:38

21 Q. The documents you mentioned talk about the 12:55:38

22 complaint. It doesn't talk about the deposition. My 12:55:42

23 question to you was, have you spoken with anyone 12:55:45

24 outside of your legal team about today's deposition? 12:55:48

25 A. The people who have been made aware of my 12:55:56



1 involvement in the case have been named in the 12:56:03  
2 documentation. 12:56:05  
3 Q. Are you -- are you refusing to answer my 12:56:07  
4 question? 12:56:12  
5 A. No. I'm sorry, could you repeat your 12:56:14  
6 question? 12:56:16  
7 Q. I asked you if you have spoken with anyone 12:56:19  
8 outside of your legal team about today's deposition. 12:56:22  
9 A. I will refer to the documents. [REDACTED] 12:56:33  
10 [REDACTED] 12:56:42  
11 [REDACTED] 12:56:51  
12 [REDACTED] 12:56:56  
13 Q. About today's deposition? 12:57:00  
14 A. Yes. 12:57:05  
15 Q. Have you spoken to or made -- let me 12:57:12  
16 rephrase. 12:57:16  
17 Have you spoken to or met any of the 12:57:16  
18 other Plaintiffs in this litigation? 12:57:19  
19 A. No. 12:57:23  
20 Q. Who knows of your transgender status? 12:57:38  
21 MR. ROESSLER: Objection. 12:57:43  
22 THE WITNESS: I'm not sure how to answer 12:57:57  
23 that question. 12:57:58  
24 BY MR. LIM: 12:57:59  
25 Q. Okay. I'll break it down. 12:57:59

1 Does your family know that -- does your 12:58:01  
2 family know of your status as a transgender woman? 12:58:04  
3 MR. ROESSLER: Objection. 12:58:08  
4 THE WITNESS: I'm not sure how to answer 12:58:14  
5 that. 12:58:16  
6 BY MR. LIM: 12:58:17  
7 Q. Do your parents know? 12:58:17  
8 A. My mother knows that I'm a trans woman. And 12:58:24  
9 my father passed away [REDACTED] 12:58:33  
10 [REDACTED] 12:58:40  
11 Q. I'm sorry to hear that. 12:58:43  
12 Do your siblings know? 12:58:46  
13 A. Yes. 12:58:53  
14 Q. Do your colleagues know? 12:58:56  
15 MR. ROESSLER: Objection. 12:58:59  
16 THE WITNESS: What -- what colleagues are 12:59:02  
17 you referring to? 12:59:04  
18 BY MR. LIM: 12:59:05  
19 Q. The previous colleagues at [REDACTED] 12:59:05  
20 [REDACTED]. 12:59:09  
21 A. Co-workers at [REDACTED]? 12:59:11  
22 Q. Yes. 12:59:16  
23 A. I'm not sure if I can speculate on knowledge 12:59:21  
24 that people possess. 12:59:26  
25 Q. Did you tell anyone -- tell any of your 12:59:28

1 co-workers about your status as a trans woman? 12:59:33

2 A. I have come out to my friend, [REDACTED] 12:59:41

3 [REDACTED] -- 12:59:50

4 Q. When was -- 12:59:50

5 A. -- while we were working at [REDACTED]. 12:59:51

6 Q. When did you come out to her? 12:59:58

7 A. That was around August of 2016, I believe. 01:00:02

8 Q. Was that at your school, where you are 01:00:17

9 attending school now? 01:00:25

10 MR. ROESSLER: Objection. 01:00:26

11 THE WITNESS: I'm sorry, could you repeat 01:00:27

12 that? 01:00:29

13 BY MR. LIM: 01:00:30

14 Q. Have you told anyone at your current school, 01:00:30

15 where you're obtaining your master's, of your status 01:00:35

16 as a transgender woman? 01:00:38

17 A. Yes. 01:00:41

18 Q. Who are they? 01:00:46

19 A. I have informed some of my classmates and my 01:00:54

20 immediate cohorts, the professors that I have had, 01:01:02

21 and the director of admissions. 01:01:11

22 Q. Okay. Thank you. 01:01:15

23 When did you first identify yourself as a 01:01:18

24 transgender woman? 01:01:21

25 MR. ROESSLER: Objection. 01:01:37

1	THE WITNESS: I'm not sure how to answer	01:01:38
2	that question.	01:01:39
3	BY MR. LIM:	01:01:46
4	Q. When was -- when was the first time that you	01:01:46
5	can recall that you realized that you are a woman and	01:01:49
6	not a man?	01:01:54
7	MR. ROESSLER: Objection.	01:02:05
8	THE WITNESS: Most of my earliest	01:02:12
9	memories are of discomfort with gender roles and	01:02:13
10	expectations that were placed on me.	01:02:25
11	BY MR. LIM:	01:02:40
12	Q. So you don't know?	01:02:40
13	MR. ROESSLER: Objection.	01:02:43
14	THE WITNESS: I'm sorry, what are you	01:02:48
15	asking?	01:02:50
16	BY MR. LIM:	01:02:51
17	Q. I asked you when was the first time that you	01:02:51
18	can recall that you realized that you are a woman,	01:02:53
19	not a man.	01:02:57
20	MR. ROESSLER: Same objection.	01:03:00
21	THE WITNESS: I'm not sure.	01:03:05
22	BY MR. LIM:	01:03:07
23	Q. Okay. Who was the first person that you	01:03:07
24	told?	01:03:11
25	MR. ROESSLER: Objection.	01:03:14

1 BY MR. LIM: 01:03:21

2 Q. Let me rephrase. 01:03:21

3 Who was the first person that you came 01:03:22

4 out to? 01:03:24

5 MR. ROESSLER: Objection. 01:03:25

6 THE WITNESS: The first person that I 01:03:26

7 came out to in what capacity? 01:03:27

8 BY MR. LIM: 01:03:30

9 Q. Came out to as a trans woman. 01:03:30

10 A. I believe that was my mother. 01:03:49

11 Q. When was that? 01:03:51

12 A. I think that was 2004. 01:04:05

13 Q. How old were you? 01:04:08

14 A. [REDACTED] 01:04:16

15 Q. I want to refer you to what's been previously 01:04:27

16 marked as Exhibit 1. That would be the amended 01:04:31

17 complaint. Ms. L.G., could you go to page 25? 01:04:34

18 That's where the facts as it relate to you begin. 01:04:46

19 So I want to direct your attention to 01:04:56

20 paragraph 125. 01:04:58

21 "From a young age, L.G. has identified as 01:05:00

22 female. L.G. first attempted to come out as 01:05:04

23 transgender and live openly as a girl while in high 01:05:09

24 school, but she experienced negative reactions from 01:05:12

25 her community." 01:05:15

1                   Could you please describe to us what                   01:05:21  
2                   those negative reactions were?                   01:05:23

3           A.           Sorry. Some of this is difficult to talk           01:05:37  
4           about.           01:05:39

5           Q.           I know. I apologize. But I have to ask           01:05:41  
6           these questions because we're trying to learn as much           01:05:44  
7           data about the facts that you have alleged in the           01:05:49  
8           amended complaint. I know these are very personal           01:05:53  
9           and uncomfortable questions. And you have to           01:05:55  
10          remember, I'm -- I'm just trying to do my job. And I           01:06:00  
11          respect that it's very difficult.           01:06:03

12                   So if you need to take a break, I'll be           01:06:07  
13           happy to do that. But I'm going to have ask you some           01:06:10  
14           of these questions, okay?           01:06:18

15          A.           I understand.           01:06:19

16                   I had been grappling with my identity and           01:06:23  
17           was coming to the realization that I was a trans           01:06:32  
18           woman. I had never identified with being a male.           01:06:40  
19           And I had always thought that I was female. And I           01:06:49  
20           did not have the language or terminology to fully           01:06:54  
21           understand or articulate my identity until high           01:07:00  
22           school, when I understood that I was a trans woman.           01:07:08

23                   I wanted to find access to medical care           01:07:17  
24           in order to transition. And I told my mother that I           01:07:24  
25           was trans and that I needed help and that I wanted to           01:07:35

1 see an endocrinologist because it felt like something 01:07:38  
2 was wrong with my hormones. And the puberty was 01:07:44  
3 hurting me in ways that no one else talked about or 01:07:53  
4 described. 01:07:57

5 And my mother told me that you can be 01:07:58  
6 gay, but you can't be that. She said that she didn't 01:08:08  
7 care who I decided to date. If I wanted to date 01:08:12  
8 people, that's fine. But that it was just a phase 01:08:17  
9 and that I was confused and I didn't understand. And 01:08:22  
10 she told me that she would not take me to see a 01:08:30  
11 doctor and that I needed to stop thinking about it. 01:08:33

12 I told my girlfriend at the time that 01:08:40  
13 something was wrong and that I was a woman and that I 01:08:46  
14 was trans. And she said -- she said she didn't want 01:08:51  
15 to be with me anymore because I was a freak; that 01:09:00  
16 that was wrong. 01:09:04

17 And as I began to do what I could to 01:09:10  
18 alleviate my dysphoria and attempted to change my 01:09:20  
19 presentation, I was targeted and harassed. I had 01:09:25  
20 always had effeminate behaviors when I was a child. 01:09:33  
21 Hand gestures and ways of speaking and moving. And I 01:09:38  
22 had been targeted for that in the past and harassed 01:09:43  
23 and told to suppress these things. In high school I 01:09:52  
24 attempted to stop holding my hands that way and to be 01:09:59  
25 more open about how I moved and how I spoke. And I 01:10:08

1 was assaulted and harassed for it. So I decided that 01:10:18  
2 I had to stop. And I needed to try to forget about 01:10:20  
3 all of it. 01:10:24

4 Q. Thank you for that. Do you need a break? 01:10:34

5 A. I can continue. 01:10:47

6 Q. Okay. So I'd like to direct your attention 01:10:48  
7 to the next paragraph, paragraph 126 of the amended 01:10:53  
8 complaint. "By age 24, however, L.G. knew she needed 01:10:57  
9 to be true to herself and began openly identifying as 01:11:01  
10 female. Though L.G. had to, once again, come out to 01:11:06  
11 her family, her parents were more supportive this 01:11:11  
12 time." 01:11:15

13 Can you tell us a bit more about how 01:11:17  
14 supportive your parents were when you came out near 01:11:19  
15 24? 01:11:24

16 A. While I was in college, I had a suicide 01:11:32  
17 attempt. And after surviving, I knew that my life 01:11:39  
18 wouldn't be worth living unless I could be who I was. 01:11:53  
19 My dysphoria and inability to openly identify and 01:11:59  
20 present as a woman and to be recognized as a woman, 01:12:06  
21 the anxiety and depression, were crushing. There 01:12:13  
22 were often times where I could not leave the house. 01:12:19  
23 It interfered with my life in dramatic ways. 01:12:25

24 I was -- I had many difficulties with -- 01:12:29  
25 with work and with interpersonal relationships. It's 01:12:38



1 very difficult to be close to people whenever you 01:12:43  
2 can't be authentic and have to put on a presentation 01:12:48  
3 that doesn't match who you are. 01:12:57

4 Whenever I finally decided to be who I 01:13:05  
5 was and to be -- to live into that fully and to be 01:13:09  
6 okay and accept that, I also began seeking and found 01:13:16  
7 medical treatment in my area. Qualified medical 01:13:23  
8 treatment for the first time in my life. My -- as my 01:13:28  
9 presentation -- as I was more accepting of my 01:13:35  
10 presentation and my identity, my anxiety and my 01:13:40  
11 depression started to lessen. And for the first time 01:13:47  
12 in years, I felt like I could be happy and live a 01:13:52  
13 productive life. 01:14:00

14 I was in close communication with my 01:14:05  
15 mother during that time, and she immediately noticed 01:14:08  
16 that something was different. We would have phone 01:14:13  
17 conversations where we would visit sometimes once a 01:14:18  
18 week or so, and she started commenting that I was 01:14:22  
19 taking care of my appearance and that I looked 01:14:27  
20 happier. 01:14:31

21 And one day she called me and she said -- 01:14:34  
22 she said, something's wrong and I don't know what. 01:14:38  
23 But I'm your mother, and I know something's going on. 01:14:42  
24 I said, what do you mean? And she said -- she said, 01:14:45  
25 you're not talking to me about your anxiety and 01:14:52

1 depression anymore. She said, you haven't talked 01:14:56  
2 about wanting to kill yourself. And I said, no, 01:14:59  
3 because I don't want to anymore. I said, I'm happy 01:15:04  
4 now. And she was really surprised. And she said, 01:15:09  
5 well, I don't know what's going on, but I'm really 01:15:12  
6 glad that you're feeling better now, and I want to 01:15:17  
7 know what's making you happy. I want to know what I 01:15:22  
8 can continue doing to support you. 01:15:25

9 So it was around Christmas, and I went to 01:15:29  
10 go visit her. And I told her that -- that I was 01:15:32  
11 trans and that it's not something that just goes 01:15:43  
12 away; that I needed medical treatment. And that I 01:15:46  
13 had received proper medical care and that my 01:15:50  
14 dysphoria was manageable. 01:15:58

15 And we had a long conversation about the 01:16:09  
16 fears and misconceptions that she -- that she had 01:16:12  
17 about what it meant to be trans and about what my 01:16:16  
18 life would look like. And she had -- she had feared 01:16:19  
19 and obsessed for a long time since my childhood about 01:16:28  
20 what might happen; that I might be killed or that I 01:16:36  
21 might kill myself or that she knew -- she knew that 01:16:41  
22 there were dangers. And she knew about social 01:16:48  
23 attitudes about people who are trans. She told me 01:16:53  
24 that she worried. She didn't want me to be alone for 01:16:56  
25 the rest of my life. And she wanted -- she just 01:16:59

1 wanted me to be happy. 01:17:05

2 And I said, well, you know this is who I 01:17:07

3 am. And I am happy. And I'm not asking for access 01:17:10

4 to medical care now like I was when I was in high 01:17:27

5 school and I came out to you then. But I am asking 01:17:30

6 for your love and support. I want you to be a part 01:17:33

7 of my life. And if -- if you can't do that, then 01:17:36

8 it's going to break my heart, but I'll have to 01:17:43

9 continue being who I am, because I can't be anybody 01:17:47

10 other than who I am anymore. 01:17:51

11 And she -- she told me that she loved me 01:17:53

12 and that it was going to be okay. And she ran into 01:17:58

13 the other room and grabbed all the presents out from 01:18:03

14 underneath the Christmas tree and marked out all -- 01:18:08

15 she got a knife and carved out all the names -- the 01:18:08

16 old names on the presents, and she wrote my real name 01:18:15

17 on the presents. 01:18:19

18 And she asked me if I had -- if I had 01:18:20

19 taken a middle name yet. And I said, no, I wasn't 01:18:26

20 sure. And so she went and got our family Bible, and 01:18:29

21 we sat down and picked out my middle name from the 01:18:33

22 Bible. 01:18:37

23 Q. Thank you, Ms. L.G. 01:18:47

24 Your real name -- you had your name 01:18:52

25 legally changed to reflect your new name. And what 01:18:55

1 is that? 01:18:59

2 A. My name is . 01:19:01

3 Q. Of course, this will be redacted going 01:19:06

4 forward. 01:19:11

5 And when did you have that legally 01:19:12

6 changed? 01:19:17

7 A. I'm sorry, what? 01:19:17

8 Q. When did you legally change your name? 01:19:19

9 A. That was in early 2014. 01:19:23

10 Q. So that was before or after you came out to 01:19:27

11 your mom? 01:19:31

12 A. My legal name change was in 2014. And I came 01:19:37

13 out to my mother for the second time as a trans woman 01:19:47

14 in 2013. 01:19:50

15 Q. And after getting your name changed, you have 01:19:57

16 sought to update the name -- the given name on 01:20:04

17 several documentations, correct? 01:20:11

18 A. Yes. 01:20:15

19 Q. And starting with -- let me rephrase. Give 01:20:16

20 me one second, please. 01:20:28

21 MR. ROESSLER: Counselor, L.G., would 01:20:36

22 this be a good time to take a break or -- 01:20:40

23 THE WITNESS: I'm all right. 01:20:45

24 BY MR. LIM: 01:20:46

25 Q. I'd like to direct your attention to 01:20:46

1 paragraph 133, on page 26. "Following her legal name 01:20:51  
2 change, L.G. changed her name on her birth 01:20:54  
3 certificate, but as a result of Tennessee's birth 01:20:57  
4 certificate policy, was declined on several occasions 01:21:01  
5 when she tried to correct the gender marker on her 01:21:05  
6 certificate." 01:21:08

7 What -- what is Tennessee's birth 01:21:10  
8 certificate policy, Ms. L.G.? 01:21:18

9 MR. ROESSLER: Objection. 01:21:21

10 THE WITNESS: I'm not sure I understand 01:21:30  
11 what you mean by the question. 01:21:33

12 BY MR. LIM: 01:21:34

13 Q. Well, you alleged here in the amended 01:21:34  
14 complaint that because of -- as a result of the 01:21:38  
15 State's policy, you couldn't change the gender marker 01:21:41  
16 on your birth certificate. So what is the policy as 01:21:46  
17 you understand it? 01:21:52

18 MR. ROESSLER: Objection. 01:21:56

19 THE WITNESS: I'm sorry, but I'm not a 01:22:02  
20 lawyer, and I'm not a legislator. All I know is that 01:22:04  
21 the gender marker on my birth certificate is 01:22:10  
22 incorrect. And I've tried to correct that several 01:22:13  
23 times, and the State of Tennessee has not corrected 01:22:16  
24 it. 01:22:18

25 /// 01:22:18

1 BY MR. LIM: 01:22:20

2 Q. Why do you think that the gender marker is 01:22:20

3 incorrect? 01:22:24

4 MR. ROESSLER: Objection. 01:22:27

5 THE WITNESS: It says male, and I'm not 01:22:32

6 male. I'm female. 01:22:37

7 BY MR. LIM: 01:22:44

8 Q. Can you think of any reason why the gender 01:22:44

9 marker on your birth certificate was listed as male 01:22:49

10 at the time of your birth? 01:22:53

11 MR. ROESSLER: Objection. 01:22:55

12 THE WITNESS: I couldn't really speculate 01:23:02

13 on why it was marked incorrectly. 01:23:05

14 BY MR. LIM: 01:23:24

15 Q. Do you think it had anything to do with the 01:23:24

16 external genitalia -- your external genitalia at the 01:23:32

17 time of birth? 01:23:38

18 MR. ROESSLER: Objection. 01:23:39

19 THE WITNESS: I'm not sure. 01:23:40

20 BY MR. LIM: 01:24:08

21 Q. Give me one second. 01:24:08

22 Moving on to 137, page 27 at the top, 01:24:14

23 "L.G. reasonably fears that possessing a birth 01:24:19

24 certificate that fails to reflect her female gender 01:24:28

25 identity increases the likelihood that she will be 01:24:29

1 subjected to invasions of privacy, prejudice, 01:24:32  
2 discrimination, distress, harassment, or violence." 01:24:37

3 Has there ever been a time where not 01:24:42  
4 having a corrected birth certificate that reflects 01:24:49  
5 your gender -- current gender identity has subjected 01:24:53  
6 you to invasions of privacy, prejudice, 01:25:00  
7 discrimination, distress, harassment, or violence? 01:25:03

8 MR. ROESSLER: Objection. 01:25:06

9 THE WITNESS: I'm sorry, that's very 01:25:14  
10 broad. I have experienced -- I have experienced 01:25:17  
11 discrimination and hostility and violence. And there 01:25:25  
12 have been instances where the discrimination has -- 01:25:39  
13 has been directly related to the incongruent 01:25:52  
14 documents. 01:26:06

15 BY MR. LIM: 01:26:08

16 Q. Can you describe in detail what those 01:26:08  
17 instances were? 01:26:12

18 A. There have been many different instances of 01:26:17  
19 hostility and discrimination and violence when I 01:26:24  
20 presented my name change at the Social Security 01:26:31  
21 office to have my name and gender marker changed. 01:26:39  
22 They updated the name, but they said that the letters 01:26:45  
23 that I had were not adequate for the change in gender 01:26:51  
24 marker. 01:26:55

25 I waited for hours to see a clerk, and 01:27:01

1 they would not tell me what I needed in order to 01:27:04  
2 satisfy the requirement for the gender marker change. 01:27:10  
3 They would not show me the documentation. They just 01:27:14  
4 told me that the letter from my doctor I had was 01:27:18  
5 wrong. 01:27:24

6 So I had to go back to my doctor's office 01:27:25  
7 and get a new letter. They told me that I had to 01:27:27  
8 have the physician -- more of the physician's details 01:27:34  
9 posted on the letter. So I went to the doctor's 01:27:39  
10 office, and they changed the letter and said they 01:27:42  
11 never had to do something like that before. 01:27:45

12 And I went back to the Social Security 01:27:47  
13 office, and I waited again for hours to see someone. 01:27:48  
14 And when I did, I explained what was going on and 01:27:54  
15 gave them the letter. And they told me that the 01:27:59  
16 letter was still incorrect and that they weren't 01:28:02  
17 allowed to change it. And I asked them what 01:28:05  
18 correction needed to be made. Because if no one 01:28:10  
19 would show me how to do it or what the requirements 01:28:15  
20 were, then how could I be expected to make sure that 01:28:19  
21 the documentation was accurate? 01:28:24

22 And the clerk who was there said that he 01:28:25  
23 had transferred in, and he said that it's ridiculous 01:28:28  
24 that this was a big issue; and that all of these -- 01:28:34  
25 all of these things should be easy to change. And he 01:28:41



1 showed me the documentation of what the letter should 01:28:45  
2 look like and pointed it out and told me what I 01:28:48  
3 needed to have corrected. 01:28:52

4 So I went to my doctor's office again, 01:28:53  
5 and they corrected the letter. And brought it back 01:28:55  
6 for him. It took me longer to see someone. But I 01:29:00  
7 gave him the letter, and he said that it was 01:29:05  
8 acceptable and changed my documentation. 01:29:08

9 After I corrected my Social Security 01:29:14  
10 marker, they gave me a letter that said that all of 01:29:16  
11 that had been updated. And I took that information 01:29:21  
12 to the DMV located out at Strawberry Plains in 01:29:24  
13 Tennessee. And I showed the documentation to the 01:29:32  
14 clerk who was working at the DMV. 01:29:42

15 I showed him my name change and my birth 01:29:50  
16 certificate and the letter from the Social Security 01:29:53  
17 office. And he said, well, I can change the name, 01:29:58  
18 but I'm not going to change the gender marker. And I 01:30:03  
19 asked him -- I asked him why, and he said, well, have 01:30:07  
20 you -- do you have the correct documentation? And I 01:30:14  
21 asked him what the correct documentation was. And he 01:30:18  
22 said, I need a corrected birth certificate. I need 01:30:23  
23 an amended birth certificate that states that you 01:30:30  
24 are -- that you are female or a letter from the 01:30:34  
25 surgeon. 01:30:38

1                   And he asked me if I had had the surgery. 01:30:40  
2                   And I said, I wasn't sure what qualified as "the 01:30:43  
3                   surgery." And he started describing genitals to me. 01:30:47  
4                   And I said, I don't have any kind of letter from a 01:30:54  
5                   surgeon, but I have my letter from my doctor's 01:31:01  
6                   office. And I'm a woman. I shouldn't have to show 01:31:04  
7                   anybody my body in order to receive a driver's 01:31:10  
8                   license that's correct. 01:31:18  
9                   And then he said -- he said, well, you're 01:31:22  
10                  going to have to provide some kind of documentation. 01:31:33  
11                  And I said, can I see -- can I see where it says 01:31:36  
12                  that? Can you show me the guidelines? And he told 01:31:39  
13                  me that I was going to have to wait for a supervisor. 01:31:44  
14                  So he went and found the supervisor, and 01:31:47  
15                  the supervisor came out. And I said, I want to see 01:31:50  
16                  where it said what I had to have to be able to change 01:31:55  
17                  my gender marker on my driver's license. 01:31:59  
18                  The supervisor went back to the office 01:32:02  
19                  and got a book. And it took probably about 15 to 20 01:32:04  
20                  minutes before the supervisor came back with the 01:32:08  
21                  book. And the supervisor read to me out of the book. 01:32:11  
22                  And I asked if I could have a copy so that I knew 01:32:14  
23                  what I needed to do. And the supervisor said no. So 01:32:19  
24                  I said, well, can I read it? Can I see what it says? 01:32:24  
25                  And I've got some paper here in my purse, can I write 01:32:30

1 down what it says that I need, so that I know what to 01:32:34  
2 do? And the supervisor said, no, that I wasn't 01:32:38  
3 allowed to see it and write things down like that. 01:32:41

4 So I -- I asked if I could just read it 01:32:47  
5 for myself so I knew that it said that. And the 01:32:50  
6 supervisor put the book down on the counter and 01:32:53  
7 pushed it toward me but held onto it like I -- like I 01:32:56  
8 was going to steal it or something. 01:33:02

9 And so I had to read what it said. And 01:33:06  
10 it said that I needed an updated birth certificate or 01:33:10  
11 a letter from a surgeon that said I had sexual 01:33:17  
12 reassignment and that my transition was complete. 01:33:22  
13 And it said I had to have a court order. 01:33:27

14 And I said, they told me at the clerk's 01:33:34  
15 office whenever I was -- whenever I asked about my 01:33:40  
16 birth certificate, they told me they won't change 01:33:45  
17 anything. They said they don't do that here. And 01:33:48  
18 they wouldn't tell me any ways that I could fix it. 01:33:53  
19 So I didn't know what to do. And they said that's 01:33:58  
20 not our problem. 01:34:03

21 So I had to take a picture of my driver's 01:34:04  
22 license. And I had been crying. And that wasn't the 01:34:09  
23 first time that I had a driver's license where I had 01:34:18  
24 to clean up my eyes after crying. Because it kept 01:34:22  
25 happening. I had my driver's license and it has the 01:34:28

1 right name on it, but it still has the wrong gender 01:34:32  
2 marker. And it was supposed to be a really exciting 01:34:37  
3 moment where I finally had documentation that 01:34:42  
4 reflected who I was, but it was still wrong. 01:34:44

5 And I was so ashamed. I didn't want to 01:34:49  
6 show anybody my license. There were times when I had 01:34:52  
7 to and people would stare at me or people would 01:34:57  
8 comment on it, and they would say things like, you 01:35:03  
9 know this is wrong, right? You know somebody made a 01:35:06  
10 mistake on this. And I just had to say, yeah, I 01:35:13  
11 know. I know somebody made a mistake, because they 01:35:17  
12 won't fix it. 01:35:20

13 Q. I apologize that you had to experience that. 01:35:40  
14 And I think we can all agree that people at the DMV, 01:35:45  
15 they really need some training on sensitivity and -- 01:36:07

16 THE REPORTER: I'm sorry to interrupt, 01:36:07  
17 but I'm getting some feedback on your comments. 01:36:07  
18 Could you repeat that? 01:36:07

19 BY MR. LIM: 01:36:08

20 Q. I said I'm really sorry that you had to 01:36:08  
21 experience that. And I think we can all agree that 01:36:11  
22 people at the DMV could use some significant training 01:36:15  
23 on sensitivity and how to be a good, decent human 01:36:21  
24 being in 2020. 01:36:27

25 To be -- should we take a break here? 01:36:31

1 Ms. LG, do you need a break? 01:36:37

2 A. I think I can continue for a little while. 01:36:43

3 Q. Okay. Ms. LG, I'd like to bring your 01:36:46

4 attention to paragraph 137, where you say that you 01:36:56

5 reasonably fear that possessing a birth certificate 01:37:04

6 that fails to reflect your female gender marker 01:37:08

7 increases the likelihood that you would be subject to 01:37:18

8 invasions of privacy, prejudice, discrimination, 01:37:23

9 distress, harassment, and violence. But the 01:37:27

10 instances that you just mentioned didn't involve the 01:37:36

11 birth certificate in any way, no? 01:37:39

12 MR. ROESSLER: Objection. 01:37:44

13 THE WITNESS: When I presented my birth 01:37:51

14 certificate along with all of my documentation and 01:37:54

15 tried to use the documentation to change the gender 01:38:00

16 marker on my driver's license, it was denied. There 01:38:03

17 were other -- there were other experiences -- similar 01:38:16

18 experiences at other DMVs. And there were 01:38:25

19 experiences dealing with law enforcement and medical 01:38:27

20 providers. 01:38:31

21 BY MR. LIM: 01:38:39

22 Q. Do you carry your birth certificate with you? 01:38:39

23 A. I keep my birth certificate locked in a 01:38:46

24 safety deposit box. And it's sealed in an envelope 01:38:51

25 so that no one will ever see it. And my mom is the 01:38:58

1 only other person with a key, and she is supposed to 01:39:05  
2 destroy it if I die. 01:39:09

3 Q. I want to direct your attention to paragraph 01:39:15  
4 138. It mentions that you've experienced firsthand 01:39:19  
5 hostility, discrimination, and harassment that 01:39:26  
6 transgender people often experience when presenting 01:39:29  
7 identification that conflicts with their gender. And 01:39:34  
8 you've described, I think, some of those instances 01:39:40  
9 just now. 01:39:43

10 Are there any other instances that you 01:39:44  
11 can think of where you've presented your 01:39:47  
12 identification and you were subjected to hostility, 01:39:49  
13 discrimination, and harassment? 01:39:58

14 MR. ROESSLER: Objection. 01:40:01

15 THE WITNESS: Whenever I moved to 01:40:09  
16 [REDACTED], I needed a new driver's license. And I -- 01:40:10  
17 I went to the DMV and I presented my documentation. 01:40:17  
18 And I told -- I told the person that I needed to 01:40:33  
19 correct my gender marker, as well as to have a 01:40:37  
20 [REDACTED] driver's license. 01:40:42

21 And the clerk -- the clerk told me that I 01:40:45  
22 needed a birth certificate -- a corrected birth 01:40:59  
23 certificate or a letter from a surgeon. And I said, 01:41:02  
24 I have a doctor's letters. Like, my current 01:41:13  
25 physician had written a letter that -- that I'm 01:41:18

1 female; that I needed my gender markers changed. 01:41:25

2 And they said, we're going to need to get 01:41:32

3 a supervisor. And we'll fax everything off and see 01:41:34

4 if it gets approved, but I don't think this is -- 01:41:39

5 this is going to work. It would be a lot easier if 01:41:43

6 you could just give me a birth certificate. And I 01:41:46

7 said, I really wish that I could, but I don't have -- 01:41:48

8 the State of Tennessee won't correct it. I tried. 01:41:55

9 And so the supervisor went in the other 01:42:01

10 office and had the assistant supervisor there. And 01:42:04

11 they told me to sit down. And then they asked me if 01:42:10

12 I had undergone any surgery. And I asked them what 01:42:15

13 they meant by surgeries. And they asked me if I had 01:42:21

14 a vagina. And they made suggestive comments. And 01:42:29

15 I -- I said that I shouldn't have to be forced to 01:42:47

16 have a surgery to have identity documents that match 01:42:51

17 who I am. 01:42:57

18 And they said, well, we feel really bad 01:43:00

19 for you and everything, but we're not going to fix 01:43:07

20 this until you come back with a letter from a surgeon 01:43:11

21 or a birth certificate. So they sent me back out and 01:43:17

22 closed the door. 01:43:24

23 And I had to go back to the clerk, and 01:43:25

24 the clerk said, if you have a passport, I think I 01:43:28

25 could use a passport, too. So I -- I -- I took all 01:43:33

1 my identity documents back, and they gave me a  
2 [REDACTED] driver's license that still has the  
3 incorrect marker on it. And I had to take that and  
4 use that on several occasions again.

5 It was so shameful to pull that out and  
6 have people ask me questions about my driver's  
7 license being wrong. I had to present it whenever I  
8 was hired at [REDACTED]. And I was really worried  
9 that I wouldn't get a job and that they were going to  
10 scan that and put it on my file and then everybody  
11 would see it.

12 I went to the doctor's office one time at  
13 a new doctor. And I'd asked my general practice  
14 doctor if they were -- if they had trans patients, if  
15 they were friendly. And my doctor said, yeah, I  
16 think that everybody there should know and know how  
17 to treat people who are trans.

18 So I -- I went. And whenever I was  
19 having to pay my co-pays, the person at the desk  
20 looked at my -- looked at my ID and sent everything  
21 off and called me -- called me back up to the desk  
22 and started talking to me about how my documents  
23 didn't match and how the insurance company wasn't  
24 sure what was going on, because the insurance company  
25 had down that I was female and my driver's license

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1 didn't match. And she was talking to me in front of 01:45:34  
2 a whole bunch of people in the room. And that's when 01:45:40  
3 they started to turn around and watch and listen. 01:45:45

4 And I felt really threatened. I felt 01:45:48  
5 scared that people were going to follow me out to the 01:45:52  
6 car or try to hurt me. Because I've seen all the 01:45:55  
7 things about what happens to -- some of the things 01:45:58  
8 that can happen. 01:46:03

9 And whenever I sent everything off to get 01:46:04  
10 a passport, I sent all my documentation off. I sent 01:46:19  
11 me birth certificate and a letter explaining that it 01:46:25  
12 was incorrect and that I couldn't get it changed; 01:46:29  
13 that I tried, and it hadn't been changed. And I was 01:46:33  
14 really worried that something was going to happen or 01:46:38  
15 my passport was going to be denied or that it was 01:46:41  
16 going to be wrong. 01:46:45

17 But when I finally got my passport back, 01:46:46  
18 it had the correct gender marker on it. And I 01:46:50  
19 whipped up some courage to go back to the DMV. And I 01:47:00  
20 went up to the desk whenever I was called, and there 01:47:05  
21 was a lady standing at the desk. And she was in a 01:47:08  
22 good mood. And we -- I said hello. And I asked her 01:47:15  
23 how her day was. And she smiled, and we talked for a 01:47:19  
24 minute. 01:47:25

25 And she asked me what she could do to 01:47:25

1 help. And I said that I needed to -- I showed her my  
2 driver's license. And I said, I've changed -- I've  
3 changed addresses, and I need to update my driver's  
4 license. And she looked at it, and she said -- she  
5 started laughing, and she said, I've never seen this  
6 before. Somebody made a mistake on your driver's  
7 license. It says that you're a male. She said, wow,  
8 we need to fix that. I don't know how that could  
9 have happened. And I said, I know. I've been trying  
10 to get it fixed for years. And I said, I have a  
11 passport here. And she said, well, I need a birth  
12 certificate. That's the easiest way to do it. And I  
13 said, I don't have one. The State of Tennessee won't  
14 change mine. I'm a trans woman.

15 And she stopped making eye contact with  
16 me and backed away from the counter like I was going  
17 to attack her. And she stopped talking to me. And  
18 she walked away, and she went and found her  
19 supervisor. And her supervisor came over and asked  
20 what was going on. And I said -- I said I needed to  
21 change my gender marker and update my driver's  
22 license and that I had a passport. And they said, we  
23 need a birth certificate or a letter from a surgeon.

24 And I grabbed all my documents, and I ran  
25 out and started crying in the parking lot because I

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1 was so frustrated and ashamed. 01:49:21

2 It took me -- it took me a while to end 01:49:33

3 up going back to a DMV. And I decided trying to go 01:49:39

4 to a different DMV. And it was after I had had 01:49:44

5 surgery. And I didn't want to present a letter from 01:49:50

6 the surgeon. I wanted them to just give me the right 01:49:58

7 documentation. 01:50:09

8 And I went in and I talked to the clerk 01:50:09

9 and said that my driver's license needed to be 01:50:16

10 corrected. And the clerk said -- and the clerk said 01:50:19

11 if I had a birth certificate or a letter from a 01:50:32

12 surgeon, that would be fine. And I said, someone 01:50:37

13 told me that a passport would be fine. I said, I 01:50:41

14 have all my documentation here, and I have a letter 01:50:45

15 from a surgeon, and I was told that a passport was 01:50:47

16 okay. And she said, yes, a passport's fine, too. 01:50:51

17 And I said, I tried and they wouldn't 01:50:58

18 change it with a passport, but I'm really glad I can 01:51:04

19 use that now. And she said, well, I still need your 01:51:08

20 letter from a surgeon. And I said, well, since you 01:51:12

21 have my passport and you can use that, why do I need 01:51:21

22 to give you a letter from a surgeon? And she said, 01:51:25

23 the State needs to have it on file that you've had a 01:51:29

24 surgery, just in case something changes in the future 01:51:34

25 and we need to know about your surgery. 01:51:38

1                   And I felt so defeated. I just felt 01:51:43  
2 broken. And I just handed it to her. I didn't say 01:51:47  
3 anything. And she finally gave me my driver's 01:51:51  
4 license, and it was finally right. It finally said 01:51:56  
5 female. And everything has been corrected, except 01:52:04  
6 for my birth certificate. 01:52:11  
7                   I could have just avoided all of this. 01:52:13  
8 And I felt sad. I felt like that at Strawberry 01:52:19  
9 Plains, whenever I had my ID and I was supposed to 01:52:25  
10 just get it naturally, and I didn't. I just -- I 01:52:29  
11 just -- I couldn't feel -- I couldn't feel that. 01:52:35  
12                   I think I need to take a break, please. 01:52:54  
13                   MR. LIM: Okay. Could we come back in 01:52:59  
14 ten minutes? 01:53:01  
15                   MR. ROESSLER: Ten minutes sounds good. 01:53:03  
16                   MR. LIM: It's 2:44 right now, Central 01:53:07  
17 time. We're going off the record. It's 2:45 now. 01:53:10  
18 Let's -- I don't have a whole lot left, so we should 01:53:14  
19 be wrapping up here soon. Thank you. 01:53:18  
20                   (Short break.) 01:53:18  
21                   MR. LIM: Welcome back, everyone. 02:06:33  
22 BY MR. LIM: 02:06:33  
23 Q.               Ms. LG, I need to ask you this. Did you 02:06:36  
24 speak with anyone during the break about this 02:06:39  
25 deposition or about this lawsuit? 02:06:44

1 A. No. 02:06:46

2 Q. I only have a few questions left, so bear 02:06:50

3 with me. 02:06:53

4 Thank you for sharing. I can't even 02:06:54

5 imagine how difficult it must have been for you to go 02:07:00

6 through that and then relive that here today. 02:07:03

7 But I want to accurately know for the 02:07:06

8 record, the day of the incidents that you mentioned 02:07:11

9 that happened in -- 02:07:15

10 A. I'm sorry, your audio cut out. Could you 02:07:21

11 repeat that? 02:07:25

12 Q. Yeah. 02:07:26

13 Your experience with the driver's 02:07:26

14 license, that happened in [REDACTED], no? 02:07:27

15 A. Which experience are you referring to? 02:07:32

16 Q. The last time you went to the DMV, before you 02:07:36

17 could obtain your driver's license. 02:07:44

18 A. Yes. The last time I went to the DMV, it was 02:07:51

19 in [REDACTED]. 02:07:56

20 Q. In fact, the only interaction -- the only 02:07:57

21 incidents involving the Tennessee DMV location was 02:08:00

22 the [REDACTED] location that you mentioned? 02:08:05

23 MR. ROESSLER: Objection. 02:08:09

24 THE WITNESS: I'm sorry, I'm not sure 02:08:14

25 what you're asking. 02:08:16

1 BY MR. LIM: 02:08:18

2 Q. I'll retract that question. 02:08:18

3 Have you attempted to change your birth 02:08:26

4 certificate in Tennessee? 02:08:29

5 A. Yes, I have attempted to change my Tennessee 02:08:38

6 birth certificate. 02:08:43

7 Q. Can you describe to us what steps you have 02:08:44

8 taken to do that? 02:08:47

9 A. Whenever I received my legal name change, I 02:08:53

10 asked the county clerk what the process was, and he 02:08:57

11 let me take notes; that I needed to mail my 02:09:09

12 information -- that I needed to provide a certified 02:09:16

13 copy of my name change to various places where I 02:09:21

14 wanted it changed, and I needed to mail the certified 02:09:24

15 copy alone to the Nashville Department of Vital 02:09:30

16 Records. And whenever I did, I included with my name 02:09:37

17 change, the letter from my medical provider stating 02:09:43

18 that my gender marker needed to be updated. 02:09:48

19 And I waited and received back in the 02:09:55

20 mail the birth certificate with my correct name, but 02:10:04

21 it was just the birth certificate. There was no 02:10:11

22 letter. There was no explanation. And it had the 02:10:13

23 incorrect marker on it still. 02:10:18

24 Whenever I had gotten the name change 02:10:21

25 done, I asked the assistant clerk what I needed to do 02:10:23

1 to get my birth certificate gender marker changed, 02:10:32  
2 because it wasn't made clear how I would get that 02:10:36  
3 changed. And I couldn't find any documentation that 02:10:39  
4 outlined how to do that. And she said, we don't do 02:10:43  
5 that here. That's not going to happen. 02:10:48

6 Q. Once you received your birth certificate with 02:10:57  
7 your name -- after your name change, did you take any 02:11:02  
8 further additional steps to change the gender marker? 02:11:04

9 A. Whenever I received the denial, whenever I 02:11:14  
10 got my birth certificate back and it was still 02:11:22  
11 incorrect, and whenever I was told that it wasn't 02:11:26  
12 going to happen, and whenever people refused to 02:11:33  
13 explain to me ways that I would be able to get it 02:11:37  
14 changed, I felt so hopeless, like it would never be 02:11:42  
15 fixed. And I -- I remember seeing that -- something 02:11:48  
16 in the news about the State not changing it for 02:11:58  
17 anybody -- for trans women like me. 02:12:01

18 And I'm just so scared that I'm going to 02:12:11  
19 have to show it to somebody; that they are going to 02:12:18  
20 ask to see it. I just want it to be fixed. 02:12:24

21 Q. Okay. That concludes my questions. Thank 02:12:38  
22 you, Ms. L.G. I really appreciate your time today. 02:12:43

23 MR. ROESSLER: No redirect from 02:12:48  
24 Plaintiffs' counsel. 02:12:51

25 We do just want to reserve the right to 02:12:52

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read and sign the transcript before it's final.

THE REPORTER: Mr. Lim, do you want to  
order the original?

MR. LIM: Yes, please.

FURTHER DEPONENT SAITH NOT

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**E R R A T A P A G E**

I, L.G., having read the foregoing deposition, Pages 1 through 56, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
_____	_____	_____
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My Commission Expires: \_\_\_\_\_

C E R T I F I C A T E

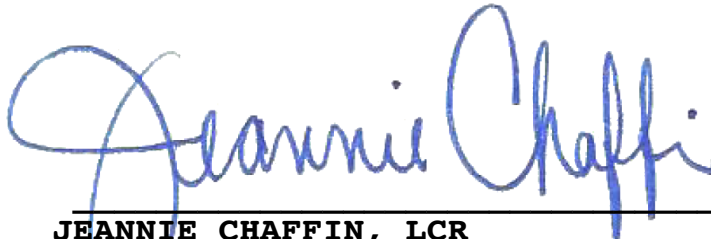
STATE OF TENNESSEE

COUNTY OF SUMNER

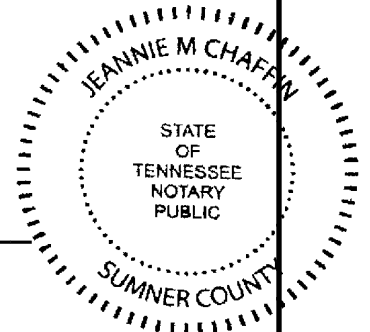
I, JEANNIE CHAFFIN, Licensed Court Reporter, with offices in Portland, Tennessee, hereby certify that I reported the foregoing videoconference deposition of L.G. by machine shorthand to the best of my skills and abilities, and thereafter the same was reduced to typewritten form by me.

I further certify that I am not related to any of the parties named herein, nor their counsel, and have no interest, financial or otherwise, in the outcome of the proceedings.

I further certify that in order for this document to be considered a true and correct copy, it must bear my original signature and that any unauthorized reproduction in whole or in part and/or transfer of this document is not authorized, will not be considered authentic, and will be in violation of Tennessee Code Annotated 39-14-104, Theft of Services.



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E R R A T A P A G E

I, L.G., having read the foregoing deposition, Pages 1 through 56, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
26	10	Insert "--" before "it"
27	20	"cohorts" should be "cohort"
31	2	"the" should be "that"
31	20-21	"child. Hand ..." should be "child, hand ..."
39	19	"violence when" should be "violence. When ..."
39	21-22	"changed. They ..." should be "changed, they ..."
43	21	"of" should be "for"
43	25	"has" should be "had"
44	1	"has" should be "had"
44	11	"because" should be "but"
48	2	"has" should be "had"
49	11	"me" should be "my"
49	19	"whipped" should be "worked"
51	23	"file that" should be "file, that"

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L.G.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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E R R A T A P A G E

I, L.G., having read the foregoing deposition, Pages 1 through 56, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
52	8-10	"And I felt sad. I felt like that at Strawberry Plains, whenever I had my ID and I was supposed to just get it naturally, and I didn't." should be "And I felt sad, I felt like, at Strawberry Plains whenever I got my ID. And I was supposed to finally feel relief. And I didn't."

\_\_\_\_\_  
L.G.

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Notary Public

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# Exhibit F

Deposition Transcript of K.N.

**GORE, et al.**

**vs.**

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**K.N.**

**May 12, 2020**



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1                                   **IN THE UNITED STATES DISTRICT COURT**  
2                                   **FOR THE MIDDLE DISTRICT OF TENNESSEE**  
3                                   **AT NASHVILLE**

---

4                   **KAYLA GORE; L.G.; and K.N.,**

5                                   **Plaintiffs,**

6                   **vs.**

**Case No. 3:19-CV-00328**

7                   **WILLIAM BYRON LEE, in his official**  
8                   **capacity as Governor of the State of**  
9                   **Tennessee; and LISA PIERCEY, in her**  
10                   **official capacity as commissioner of the**  
11                   **Tennessee Department of Health,**

12                                   **Defendants.**

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13  
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15                                   **Teleconference Deposition of:**

16                                   **K.N.**

17                                   **Taken on behalf of the Defendants**  
18                                   **May 12, 2020**

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S T I P U L A T I O N S

The teleconference deposition of K.N. was taken by counsel for the Defendants, with all participants appearing at their respective locations, on May 12, 2020, for all purposes under the Federal Rules of Civil Procedure.

All formalities as to caption, notice, statement of appearance, et cetera, are waived. All objections, except as to the form of the questions, are reserved to the hearing, and that said deposition may be read and used in evidence in said cause of action in any trial thereon or any proceeding herein.

It is agreed that JENNIFER CHECUGA, LCR, RPR, and Court Reporter for the State of Tennessee, may swear the witness, and that the reading and signing of the completed deposition by the witness are not waived.

1 \* \* \*

2 MR. JONES: I am Matt Jones, District  
3 Attorney General of the State of Tennessee. I am  
4 joined today by my colleagues, Sara Sedgwick and Jae  
5 Lim, both representing the Defendants. And Puneet,  
6 if you want to introduce everyone or they want to try  
7 to introduce themselves.

8 MR. KOHLI: Sure. So I am Puneet Kohli  
9 on behalf of the Plaintiffs. I'll be the one making  
10 the objections on the record. I think I'll let  
11 people just introduce themselves.

12 MS. BORELLI: This is Tara Borelli with  
13 Lambda Legal, also on behalf of the Plaintiffs.

14 MR. GONZALEZ-PAGAN: This is Omar  
15 Gonzalez-Pagan with Lambda Legal on behalf of the  
16 Plaintiffs.

17 MR. JONES: Great. Thank you. Kathryn?

18 MS. CHRISTOPHERSON: This is Kathryn  
19 Christopherson with Baker Botts on behalf of the  
20 Plaintiffs.

21 MR. JONES: So it looks like everyone is  
22 logged in, so -- and it looks like everyone is muted  
23 except myself and Puneet and the witness. So just a  
24 couple of housekeeping matters before we get started.

25 One, we have a stipulation that the

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01:15:56  
01:16:00

1 witness can be sworn remotely, as if she was sworn in 01:16:04  
2 person, and all objections are reserved except as to 01:16:09  
3 form. 01:16:14

4 A couple things for counsel and just for 01:16:17  
5 the witness's benefit before we get started. 01:16:18  
6 Obviously, we're doing this by video conference and 01:16:22  
7 there's a little bit of a delay between when words 01:16:26  
8 are spoken and when the sound actually comes through. 01:16:30  
9 So I will do my best to speak slowly and clearly. 01:16:35  
10 I'm using my headphones, so it's a little weird for 01:16:39  
11 me to hear the voice in my head, but I'm trying, but 01:16:43  
12 it'll cut down on feedback. 01:16:46

13 And also, after I ask a question, if the 01:16:48  
14 witness would give Puneet an opportunity to make an 01:16:55  
15 objection, if he does object, that's just for the 01:16:59  
16 record. And unless he instructs you not to answer, 01:17:01  
17 you can go ahead and answer the question after he 01:17:05  
18 poses his objection. And then I will likewise try to 01:17:08  
19 do my best to not begin speaking again until you've 01:17:14  
20 completed your answer. But if you need additional 01:17:17  
21 time to clarify something, just let me know. 01:17:24  
22 Obviously, we're here under a little bit trying 01:17:27  
23 circumstances, but we'll do our best. 01:17:31

24 Puneet, do you have anything to add 01:17:34  
25 before we swear the witness? 01:17:38

1 MR. KOHLI: Yeah. I think I just want to 01:17:38  
2 go ahead and make a standing objection if you agree 01:17:39  
3 to omit the disputed terms of art of biological sex, 01:17:43  
4 gender, you know, dysphoria, things like that which 01:17:45  
5 would cause needless trigger. Do you agree to a 01:17:48  
6 standing objection? 01:17:54

7 MR. JONES: Yes. I believe that 01:17:54  
8 objection has been made throughout the depositions, 01:17:56  
9 so I understand the objection. 01:17:58

10 MR. KOHLI: Okay. Sounds good. 01:18:00

11 MR. JONES: So if the court reporter 01:18:04  
12 could swear in the witness. 01:18:07

13

14 \* \* \*

15 K.N.,  
16 was called as a witness, and having first been duly  
17 sworn, testified as follows:

18

19 EXAMINATION

20 QUESTIONS BY MR. JONES:

21 Q. Okay. I introduced myself previously. My 01:18:24  
22 name is Matt Jones. I'm a district attorney general. 01:18:27  
23 I'll be asking you questions today. I understand 01:18:31  
24 that you're proceeding as a plaintiff in this case 01:18:34  
25 under a pseudonym by initials, and so this will be 01:18:37



1 redacted, but I would ask you to go ahead and 01:18:43  
2 identify yourself by your full name. 01:18:46  
3 A. My full name is K.N. 01:18:47  
4 Q. Right. And I'm not trying to be rude, I'll 01:18:55  
5 just try not to use your name just so the court 01:18:58  
6 reporter doesn't have to redact that. I'm not being 01:19:01  
7 rude by not using your name, just wanted you to be 01:19:06  
8 aware of that. 01:19:10  
9 A. Thank you. 01:19:11  
10 Q. Have you ever been in a deposition before? 01:19:11  
11 A. No, I have not. 01:19:15  
12 Q. Okay. Well, let me just explain. This is 01:19:16  
13 our one and only opportunity to ask you questions 01:19:20  
14 about your allegations in this lawsuit and kind of 01:19:25  
15 the background of your life as it were. 01:19:30  
16 Again, if we can just try to cooperate with 01:19:37  
17 each other. I know it's a little unusual because I'm 01:19:41  
18 not looking at the screen -- I'll be in a different 01:19:44  
19 screen. So just let me know if there's something you 01:19:47  
20 don't understand, if you need me to clarify a 01:19:50  
21 question, I'll be happy to do that. Fair enough? 01:19:52  
22 A. Okay. 01:19:55  
23 Q. Great. 01:19:56  
24 And you've given me your name. And do I 01:19:59  
25 understand correctly that you live in [REDACTED]? 01:20:03

1 A. Yes, I do. 01:20:07  
2 Q. How long have you been in [REDACTED]? 01:20:08  
3 A. I have lived in [REDACTED] since late 01:20:13  
4 2012. 01:20:18  
5 Q. And you are a software engineer? 01:20:20  
6 A. Yes, I am. 01:20:27  
7 Q. Are you employed or are you an independent 01:20:29  
8 contractor? 01:20:33  
9 A. I'm employed. 01:20:34  
10 Q. And how long have you been employed with that 01:20:39  
11 same employer? 01:20:42  
12 A. I have been at my current employer since 01:20:43  
13 October of 2019. 01:20:55  
14 Q. October 2019? I'm sorry, you kind of broke 01:20:56  
15 up. 01:21:01  
16 A. Yes, October 2019. 01:21:01  
17 Q. Okay. And prior to that, were you employed 01:21:03  
18 by another employer? 01:21:07  
19 A. Yes, I was. 01:21:09  
20 Q. How long were you in that previous job? 01:21:12  
21 A. I don't remember the exact amount of time, 01:21:20  
22 but it was a year and a few months. 01:21:25  
23 Q. How many employers have you had since you 01:21:28  
24 moved to [REDACTED] in 2012? 01:21:36  
25 A. Six. 01:21:39

1 Q. And are you married? 01:22:03  
2 A. No. 01:22:09  
3 Q. Are you currently in a relationship with 01:22:12  
4 anyone? 01:22:16  
5 A. Yes. 01:22:17  
6 Q. Your person that you're in a relationship 01:22:20  
7 with, what is their gender identity? 01:22:34  
8 MR. KOHLI: Objection, form. 01:22:38  
9 BY MR. JONES: 01:22:41  
10 Q. You may answer. 01:22:41  
11 A. She is female. 01:22:47  
12 Q. Is she transgender female or is she cisgender 01:22:49  
13 female? 01:22:56  
14 A. She is transgender female. 01:22:58  
15 Q. How long have you been in a relationship? 01:23:09  
16 A. Since March 2018. 01:23:16  
17 Q. Now, I provided your counsel with two 01:23:28  
18 exhibits that I am going to be referring to today. I 01:23:40  
19 provided those to the court reporter, as well. 01:23:45  
20 Did you get those two documents and do you 01:23:49  
21 have them there with you? 01:23:51  
22 A. Can you be more specific? 01:23:53  
23 Q. Yes. The first exhibit that I identified is 01:23:57  
24 the amended complaint. 01:24:03  
25 A. Yes, I have the amended complaint. 01:24:13

1 Q. Okay. And if you would look down in the 01:24:15  
2 amended complaint to Paragraph 148, which I believe 01:24:19  
3 is on Page 29. 01:24:24

4 A. Okay. I have it. 01:24:41

5 Q. And from Paragraph 148 to -- scrolling down 01:24:44  
6 through Paragraph 170, a plaintiff identified as 01:24:52  
7 K.N.; is it your understanding that that K.N. refers 01:24:59  
8 to you? 01:25:02

9 A. Yes. 01:25:03

10 Q. Okay. And the second document that I 01:25:07  
11 identified is titled Declaration of K.N. in Support 01:25:12  
12 of Plaintiff's Motion for Summary Judgement. Do you 01:25:18  
13 have that document in front of you? 01:25:21

14 A. Yes. This would be Exhibit 6? 01:25:23

15 Q. Yes, Exhibit 6 to the motion for summary 01:25:29  
16 judgement, but it will be Exhibit 2 to the deposition 01:25:31  
17 today. 01:25:34

18 And looking down at Page 4, does that appear 01:25:36  
19 to be a document that you signed or initialled on the 01:25:40  
20 27th of February, 2020? 01:25:45

21 A. Yes. 01:25:50

22 Q. Great. 01:25:52

23 (WHEREUPON, documents were marked as 01:25:52  
24 Exhibit Number 1 and Exhibit Number 2.)

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BY MR. JONES:

Q. And if you'll just kind of keep those in front of you, I'm going to try to use those documents as sort of a roadmap for what I'm going to discuss with you today, okay?

A. Okay.

Q. So according to Exhibit 2, which I'll call the affidavit of declaration, says you were born and raised in [REDACTED], Tennessee; is that correct?

A. Yes.

Q. And how long did you live in [REDACTED], Tennessee?

A. I lived there full time until I was 16. After 16, I believe that was still my residence until I was 18 or 19. I forget -- at some point, I went to college and I forget what my legal residence was.

Q. Where did you move when you were 16?

A. I went to a boarding school.

Q. Where was that located?

A. That was located in [REDACTED].

Q. Was it a coed boarding school for a single sex boarding school?

A. It was coed.

Q. And prior to going to that boarding school in [REDACTED], where did you go to school in [REDACTED]

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01:27:20  
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01:27:44  
01:27:48

1 [REDACTED] ? 01:27:53

2 A. I went to the [REDACTED] public school system. 01:27:53

3 I was at [REDACTED]. 01:28:01

4 Q. Let's kind of separate those two. The [REDACTED] 01:28:06

5 [REDACTED] let's talk about it first. 01:28:13

6 When you were at [REDACTED], did 01:28:17

7 you participate in any extracurricular activities at 01:28:23

8 the school? 01:28:27

9 A. Yes, I believe I did; however -- yes, I did. 01:28:36

10 Q. Okay. What were those? 01:28:50

11 MR. KOHLI: Could you repeat the 01:28:51

12 question? I didn't hear that. 01:28:53

13 BY MR. JONES: 01:28:53

14 Q. I just said, what were those? 01:28:56

15 A. I was a member of the Young Democrats. I 01:29:01

16 don't remember too well what I was involved with. I 01:29:07

17 may have been involved in that. 01:29:09

18 Q. Did you date while you were at [REDACTED] 01:29:26

19 [REDACTED] ? 01:29:31

20 MR. KOHLI: I'm sorry, I didn't hear you. 01:29:31

21 Could you repeat the question? 01:29:31

22 MR. JONES: Yes, I asked if he dated -- 01:29:34

23 or she dated, I'm sorry, if she dated when she was in 01:29:36

24 high school. 01:29:39

25 THE WITNESS: No, I did not. 01:29:40

1 BY MR. JONES: 01:29:41

2 Q. And onto the boarding school in 01:29:41

3 [REDACTED], did you engage in extracurricular 01:29:47

4 activities there? 01:29:50

5 A. No; however, the school had programming that 01:30:01

6 would have educational material that could have 01:30:12

7 been -- 01:30:17

8 THE REPORTER: I'm sorry, can you please 01:30:17

9 repeat your answer? 01:30:18

10 THE WITNESS: No, because I would 01:30:24

11 consider any activities outside of academic materials 01:30:26

12 to be part of the overall school. 01:30:32

13 BY MR. JONES: 01:30:34

14 Q. I understand. 01:30:35

15 And was there any -- well, what was the 01:30:35

16 purpose of you going to the boarding school in 01:30:40

17 [REDACTED] as opposed to staying at the public 01:30:43

18 school in [REDACTED]? 01:30:46

19 MR. KOHLI: Objection, form. 01:30:52

20 BY MR. JONES: 01:30:56

21 Q. You can answer. 01:30:56

22 A. Could you be more specific? 01:30:58

23 Q. Sure. For example, was it purely academic 01:30:59

24 reasons or were there any other reasons that you went 01:31:03

25 to -- moved away from home to go to boarding school? 01:31:08

1 MR. KOHLI: Objection, form. 01:31:17

2 THE WITNESS: The school program was 01:31:35

3 therapeutic in nature. [REDACTED] 01:31:37

4 [REDACTED] 01:31:42

5 [REDACTED] 01:31:46

6 [REDACTED] 01:31:53

7 [REDACTED] 01:31:56

8 [REDACTED] 01:32:00

9 [REDACTED] 01:32:06

10 [REDACTED] 01:32:09

11 [REDACTED] 01:32:15

12 BY MR. JONES: 01:32:18

13 Q. And so that leads me to Exhibit 2, the 01:32:18

14 affidavit or the declaration. Paragraph 6, it 01:32:23

15 states, "Although I did not identify as transgender 01:32:29

16 until my adulthood, I was always uncomfortable with 01:32:34

17 my assigned gender at birth." 01:32:37

18 Did I read that correctly? 01:32:40

19 A. Yes. 01:32:41

20 Q. And my question is if you could explain what 01:32:46

21 you mean by uncomfortable and whether -- well, if you 01:32:50

22 could just explain that. 01:32:56

23 A. I would say I never really felt any 01:32:59

24 connection to the gender identity that I was assigned 01:33:13

25 at birth. I felt it was largely pushed upon me by 01:33:17



1 others. And when I began expressing in more 01:33:23  
2 effeminate ways, I was harassed by both children and 01:33:27  
3 adults. I felt a great deal of discomfort and I felt 01:33:35  
4 a great need to hide who I was and I felt a great 01:33:40  
5 deal of uncertainty then of who I was. 01:33:45

6 Q. And did that change at all after you moved to 01:33:49  
7 the boarding school? 01:33:55

8 A. I would say that the boarding school removed 01:33:57  
9 me from an environment that was in some ways much 01:34:10  
10 more hateful and negative towards me. 01:34:14

11 On the other hand, I was forced to do things 01:34:22  
12 in order to conform for fear of being made homeless 01:34:23  
13 or sent to more restrictive programs, such as cut my 01:34:27  
14 hair. And I felt a lot of activities at the boarding 01:34:33  
15 school were designed to make me conform to a certain 01:34:39  
16 gender that were less effeminate and... 01:34:45

17 Q. So at that time, I believe you testified that 01:34:56  
18 your parents decided to send you to the boarding 01:35:06  
19 school. Were your parents being supportive of you at 01:35:12  
20 that time? 01:35:18

21 MR. KOHLI: Objection, form. 01:35:18

22 THE WITNESS: Can you explain what you 01:35:30  
23 mean more? 01:35:33

24 BY MR. JONES: 01:35:33

25 Q. Yes. Did you think your parents were being 01:35:33

1 supportive and trying to help you with, I think you 01:35:35  
2 called it the uncomfortable or the social anxiety 01:35:39  
3 issues you were having? 01:35:45

4 MR. KOHLI: Objection, form. 01:35:47

5 THE WITNESS: I'm not my parents. I 01:35:56  
6 can't speak for them. I do not think it was 01:35:58  
7 necessarily the form of support that I needed at that 01:36:01  
8 time. 01:36:05

9 BY MR. JONES: 01:36:05

10 Q. Are your parents still alive? 01:36:05

11 A. Yes. 01:36:11

12 Q. And do they still live in [REDACTED]? 01:36:12

13 A. Yes, I believe so. 01:36:15

14 Q. Okay. Do you still talk to them? 01:36:20

15 A. Infrequently. I'm in a little bit of contact 01:36:25  
16 with them. 01:36:32

17 Q. Do you have any siblings? 01:36:33

18 A. No, I do not. 01:36:35

19 Q. And I don't think I asked this question about 01:36:42  
20 the boarding school. 01:36:53

21 After you moved to the boarding school -- 01:36:54  
22 first of all, did you complete high school at the 01:37:00  
23 boarding school? 01:37:03

24 MR. KOHLI: Objection, form. 01:37:03

25 THE WITNESS: Can you be more specific? 01:37:08

1 BY MR. JONES: 01:37:09

2 Q. Did you graduate from there? 01:37:09

3 A. Yes. 01:37:11

4 Q. That time that you were at the boarding 01:37:12

5 school, did you date? 01:37:17

6 A. No. 01:37:19

7 Q. After you graduated the boarding school, did 01:37:25

8 you go back to [REDACTED]? 01:37:57

9 A. Yes, I did. For the next two summers, I had 01:37:59

10 an internship at [REDACTED]. 01:38:11

11 Q. And so when did you start college? 01:38:11

12 THE REPORTER: I'm sorry. Where did he 01:38:11

13 have internship at? 01:38:11

14 THE WITNESS: I had a -- I was in -- in a 01:38:28

15 program, an internship program of sorts at [REDACTED] 01:38:28

16 [REDACTED]. 01:38:32

17 BY MR. JONES: 01:38:35

18 Q. And you said that was during the summers. 01:38:35

19 What did you do for the rest of the time? 01:38:38

20 MR. KOHLI: Objection, form. 01:38:46

21 THE WITNESS: Can you clarify that? 01:38:48

22 BY MR. JONES: 01:38:51

23 Q. Yeah, I believe you said -- and I may have 01:38:52

24 misheard, but I believe you said that you had an 01:38:54

25 internship for two summers at [REDACTED]. 01:38:58

1           What did you do during the time that was not           01:39:00  
2           summer?           01:39:03  
3           MR. KOHLI:   Objection, form.           01:39:05  
4           THE WITNESS:   I'm not sure what time           01:39:07  
5           period you're referring to.           01:39:10  
6           BY MR. JONES:  
7           Q.           Okay.   So after you moved back to [REDACTED]           01:39:12  
8           after graduating high school, did you have an           01:39:15  
9           internship that following summer?           01:39:19  
10          A.           Yes.           01:39:22  
11          Q.           How long was that internship?           01:39:24  
12          A.           I don't recall the full length of the           01:39:26  
13          program, but it was most of my summer.           01:39:33  
14          Q.           Okay.   And then after that ended for most of           01:39:35  
15          the summer, what did you do then?   Were you employed           01:39:40  
16          or did you go back to school?           01:39:44  
17          A.           First summer -- after the first summer, I           01:39:46  
18          started school.   And the next summer after my first           01:39:52  
19          year of college, I went back to school.           01:39:55  
20          Q.           Okay.   So you started college after that           01:39:57  
21          first summer internship?           01:40:03  
22          A.           Yes.           01:40:06  
23          Q.           Where?           01:40:10  
24          A.           [REDACTED]           01:40:11  
25          Q.           And your declaration states that you attended           01:40:17

1 [REDACTED], but you studied computer 01:40:43  
2 science. 01:40:49

3 Did you graduate from [REDACTED] 01:40:49  
4 [REDACTED] 01:40:51

5 MR. KOHLI: Objection, form. 01:40:55

6 THE WITNESS: Could you be more specific? 01:40:57

7 BY MR. JONES: 01:41:07

8 Q. Yes. Did you receive a degree from [REDACTED] 01:41:08  
9 [REDACTED]? 01:41:11

10 A. No, I did not. 01:41:12

11 Q. Do you have any college degrees? 01:41:16

12 A. No, I do not. 01:41:26

13 Q. How long were you at [REDACTED] 01:41:36  
14 [REDACTED]? 01:41:38

15 A. I don't remember exact terms, but I was there 01:41:39  
16 for three years. 01:41:52

17 Q. Was there any reason that you did not 01:41:53  
18 complete your degree at [REDACTED]? 01:42:01

19 MR. KOHLI: Objection, form. 01:42:07

20 THE WITNESS: Can you be more specific? 01:42:10

21 BY MR. JONES: 01:42:11

22 Q. Yes. Why did you decide to leave [REDACTED] 01:42:12  
23 [REDACTED] before obtaining a degree? 01:42:16

24 A. I don't have a great recollection of exactly 01:42:25  
25 what my reasonings were. The basics were that I was 01:42:42

1 really in a -- I was not doing well emotionally. I 01:42:45  
2 just did not feel like I was fitting well into the 01:42:51  
3 environment. And I felt like a lot of these issues 01:42:53  
4 around gender were beginning to express themselves 01:42:56  
5 more. 01:42:59

6 I didn't have a great sense of who I was. I 01:43:01  
7 was struggling to keep my life together. It's a very 01:43:04  
8 intense academic environment, and I was finding that 01:43:09  
9 I had enough skills in engineering and business 01:43:13  
10 administration that I would be able to have a career 01:43:20  
11 without finishing the program. 01:43:24

12 Q. And so, what year -- and I'm just trying to 01:43:26  
13 get a time frame in my head without doing the math. 01:43:30  
14 I'm terrible at that. What year was it that you left 01:43:34  
15 [REDACTED]? 01:43:37

16 A. I believe it was in 2009. 01:43:39

17 Q. Okay. So you testified that you moved to [REDACTED] 01:43:49  
18 [REDACTED] in 2012. Where did you live from 2009 to 01:43:57  
19 2012? 01:44:01

20 A. I continued to live in [REDACTED]. 01:44:02

21 Q. Did you live in [REDACTED] until you moved to 01:44:07  
22 [REDACTED]? 01:44:14

23 A. Yes, I did. 01:44:16

24 Q. And did you have [REDACTED] driver's 01:44:20  
25 license? 01:44:22

1 A. No, I did not. 01:44:22

2 Q. Okay. Did you continue -- did you have a 01:44:28  
3 driver's license while you lived in [REDACTED]? 01:44:31

4 A. Yes, I did. 01:44:36

5 Q. What state issued that driver's license? 01:44:37

6 A. Tennessee. 01:44:40

7 Q. Okay. I'm looking back at Paragraph 6 of 01:44:43  
8 your declaration. The next sentence after the one I 01:45:05  
9 read previously says, "Following a lengthy internal 01:45:10  
10 process of accepting my gender identity, I fully 01:45:14  
11 recognized myself in 2016 and I am transgender." 01:45:18

12 If you could, please explain what that 01:45:24  
13 lengthy internal process of accepting your gender 01:45:27  
14 identity involved. 01:45:31

15 A. I would say it was on a lot of fronts. One, 01:45:37  
16 I didn't really understand what it meant to be 01:45:45  
17 transgender. I did not know any details of 01:45:51  
18 transition, and I had only negative ideas that I had 01:45:54  
19 gained just from media and other sources that 01:46:04  
20 generally portray trans people to be very fairly 01:46:06  
21 negative. So it's impossible to have a future with a 01:46:11  
22 whole lot of negative stereotypes. 01:46:14

23 I would say, too, I had a great deal of 01:46:16  
24 personal shame and fear around expressing myself in 01:46:20  
25 any way that was effeminate, particularly given my 01:46:25

1 childhood. I had put up a few walls in adulthood in 01:46:29  
2 order to survive, and I felt a great deal of fear of 01:46:33  
3 adjusting those at all. 01:46:40

4 I was also recognizing that I was in a great 01:46:43  
5 deal of personal pain and I was -- as I moved into 01:46:46  
6 adulthood further, I was seeing that more clearly. 01:46:49  
7 And I was seeing that I was struggling in many 01:46:55  
8 aspects of my personal life and that the only thing 01:46:57  
9 that was meaningful to me was my career. 01:47:00

10 I began personally expressing myself more at 01:47:05  
11 home in feminine ways. I would dress when I was 01:47:13  
12 alone and I began to avoid people more, simply 01:47:16  
13 because I was uncomfortable. It was like I was 01:47:21  
14 wearing a mask in public. 01:47:28

15 I eventually was coming to a point of 01:47:32  
16 accepting the difficulties of transition and to 01:47:39  
17 accepting myself as transgender being what ultimately 01:47:43  
18 happens. 01:47:50

19 Q. And the next paragraph is, "Around that same 01:47:53  
20 time in 2016, my mental health provider diagnosed me 01:48:00  
21 with gender dysphoria." 01:48:07

22 My question is, when did you first start to 01:48:10  
23 see a mental health provider? 01:48:15

24 A. Can you be more specific? 01:48:18

25 Q. Sure. Well, let's start with that mental 01:48:24



1 health provider, because you seem to refer to one 01:48:31  
2 mental health provider that you were seeing at least 01:48:35  
3 in 2016. 01:48:37

4 How long -- when did you first see that 01:48:39  
5 mental health provider? 01:48:43

6 A. I first started seeing her in 2016. I was 01:48:45  
7 beginning -- I was avoidant of medical professionals 01:48:56  
8 in general before that time, given my childhood 01:49:01  
9 experiences, particularly with therapists. And I was 01:49:04  
10 seeing that I was likely trans at that time and 01:49:07  
11 wanted to pursue treatment and understand the 01:49:13  
12 dysphoria that I was feeling. 01:49:19

13 I saw her in early 2016 and I saw her for -- 01:49:21  
14 I forget the full term, but a few months before I 01:49:28  
15 fully had that diagnosis. 01:49:31

16 Q. And what was your previous experience with 01:49:32  
17 therapists? 01:49:36

18 MR. KOHLI: Objection, form. 01:49:37

19 THE WITNESS: Can you be more specific? 01:49:38

20 BY MR. JONES: 01:49:42

21 Q. Yes. You just testified that you were 01:49:43  
22 sceptical of medical professionals because of your 01:49:47  
23 prior history with therapists. And I'm just 01:49:51  
24 wondering what that history was, if you could 01:49:54  
25 explain. 01:49:58

1 MR. KOHLI: Objection, form. 01:50:00

2 THE WITNESS: It was largely around my 01:50:02  
3 childhood experiences before I went to the boarding 01:50:11  
4 school and at that boarding school, which was 01:50:15  
5 intended to be therapeutic. 01:50:18

6 BY MR. JONES: 01:50:20

7 Q. At what age did you start seeing a therapist? 01:50:21

8 A. I don't recall exactly, but I believe it 01:50:25  
9 would have been when I was 12 or 13. 01:50:36

10 Q. And at that time, when you started seeing 01:50:40  
11 this therapist around 12 or 13, did any therapist 01:50:50  
12 give you any sort of diagnosis of the issues you were 01:50:58  
13 having? 01:51:11

14 A. Yes, I received a number of diagnoses. I 01:51:12  
15 think the most central ones were social anxiety, 01:51:27  
16 general anxiety disorder, and depression. 01:51:31

17 Q. And I'm not talking about a medical 01:51:44  
18 diagnosis, but just of your experience. Do you 01:51:50  
19 believe that the social anxiety, general anxiety 01:51:56  
20 disorder and/or depression related to your later 01:52:01  
21 diagnosis of gender dysphoria? 01:52:07

22 MR. KOHLI: Objection, form. 01:52:10

23 THE WITNESS: What do you mean by 01:52:12  
24 related? 01:52:21

25

1 BY MR. JONES: 01:52:23

2 Q. Well, again, I'm not asking for a medical 01:52:23

3 opinion, just your personal opinion, if you think 01:52:26

4 those diagnoses at 12 or 13 had any sort of 01:52:30

5 relationship to what later was diagnosed as gender 01:52:37

6 dysphoria. 01:52:44

7 MR. KOHLI: Objection, form, calls for 01:52:47

8 legal conclusion. 01:52:48

9 BY MR. JONES: 01:52:49

10 Q. You may answer, if you can. 01:52:50

11 A. I'm not a medical expert. I'm certainly 01:52:52

12 aware of the fact that it's a common co-occurrence 01:52:58

13 with gender dysphoria. I personally felt the 01:53:04

14 greatest relief of symptoms in my life when I started 01:53:09

15 HRT from anxiety. I believe anxiety stems from a 01:53:13

16 number of locations, and I certainly believe that 01:53:22

17 gender dysphoria for myself was likely involved. 01:53:26

18 Q. And just for the record, what is HRT? 01:53:29

19 A. Hormone replacement therapy. 01:53:32

20 Q. And did you start that in 2016? 01:53:37

21 A. Yes, I did. 01:53:40

22 Q. And so what's the name of the mental health 01:53:45

23 provider who diagnosed you with gender dysphoria? 01:54:03

24 A. [REDACTED]. 01:54:09

25 Q. And is [REDACTED], I assume, in [REDACTED] 01:54:19

1 [REDACTED]? 01:54:29

2 MR. KOHLI: Objection, form. 01:54:29

3 THE WITNESS: At the time that I saw her, 01:54:34

4 she was in [REDACTED]. 01:54:37

5 BY MR. JONES: 01:54:38

6 Q. And when was the last time you saw 01:54:40

7 [REDACTED]? Is she a doctor, [REDACTED]? 01:54:43

8 A. Yes, she holds a PhD. 01:54:47

9 Q. Okay. And when was the last time you saw 01:54:49

10 [REDACTED]? 01:54:53

11 A. I don't recall exactly. I believe a year 01:54:56

12 ago, maybe longer. 01:55:00

13 Q. And is there any reason that you have not 01:55:05

14 seen [REDACTED] in a year? 01:55:14

15 MR. KOHLI: Again, objection, form. 01:55:22

16 THE WITNESS: Can you be more specific 01:55:29

17 with your question? 01:55:30

18 BY MR. JONES: 01:55:31

19 Q. Yes. Have you completed whatever medical 01:55:31

20 treatment that you were seeing [REDACTED] for? 01:55:36

21 A. I stopped seeing her largely due to just 01:55:42

22 difficulties reaching her office. At that time, we 01:56:07

23 had scaled off therapy as I had gotten over many of 01:56:14

24 the hurdles I had struggled with. I'm -- I don't 01:56:22

25 know if I would agree with the term "completing 01:56:26

1 therapy" or "completing treatment." 01:56:29

2 Q. Have you seen another mental health provider 01:56:31

3 after [REDACTED]? 01:56:35

4 A. Yes, I have. 01:56:37

5 Q. Who? 01:56:37

6 A. I started that relatively recently. Her name 01:56:37

7 is [REDACTED]. I don't recall her last name at this time. 01:56:47

8 I've been seeing her for reasons unrelated to gender 01:56:52

9 dysphoria. 01:56:59

10 Q. And what are those reasons? 01:56:59

11 MR. KOHLI: Objection, form. 01:57:02

12 BY MR. JONES: 01:57:12

13 Q. Actually, strike that. You said they were -- 01:57:12

14 they're unrelated to gender dysphoria, correct? 01:57:14

15 A. Yes. 01:57:17

16 Q. Okay. That's fair enough. 01:57:18

17 And so looking back through both the 01:57:30

18 complaint and your declaration, you began the process 01:57:34

19 of transitioning in 2016; is that correct? 01:57:39

20 A. Yes. 01:57:42

21 MR. KOHLI: Objection, form. 01:57:46

22 BY MR. JONES: 01:57:47

23 Q. Okay. And according to Paragraph 11 of your 01:57:48

24 declaration, it states you also updated your identity 01:57:52

25 documents, including your driver's license, Social 01:57:59

1 Security records, and passport; is that correct? 01:58:01

2 A. Yes, I began that in 2016 and completed it in 01:58:10

3 2017. 01:58:18

4 Q. Okay. And I just want to go into some detail 01:58:19

5 about that. What did you update first? 01:58:22

6 A. I pursued the court order for the name and 01:58:29

7 gender change. 01:58:44

8 Q. Okay. And then of the identity documents 01:58:45

9 that you mentioned here in your declaration, your 01:58:48

10 driver's license, Social Security records, and 01:58:51

11 passport, which of those three did you have updated 01:58:54

12 first? 01:58:58

13 A. I believe Social Security records. 01:59:01

14 Q. And what was -- if you could, just explain 01:59:08

15 what that process involved. 01:59:10

16 A. I don't recall the exact details of what the 01:59:12

17 process was at the time, but I went to the Social 01:59:20

18 Security office with the court order and my identity 01:59:24

19 documents, including my birth certificate, and went 01:59:28

20 through a process with the Social Security office. 01:59:32

21 Q. Was that there in [REDACTED]? 01:59:36

22 A. Yes. 01:59:39

23 Q. And was that process easy or difficult? 01:59:41

24 MR. KOHLI: Objection, form. 01:59:47

25 THE WITNESS: Administratively compared 01:59:51

1 to passport or driver's license, it was the easiest  
2 of the three. I would say in terms of difficulty, it  
3 was quite difficult.

4 I had to present my birth certificate  
5 with my incorrect name and incorrect gender, and I  
6 had to explain myself and I had to explain  
7 Tennessee's policy around this. I think that was  
8 particularly relevant in [REDACTED] where birth  
9 certificates can be updated relatively easily as part  
10 of the court order process.

11 BY MR. JONES:

12 Q. Do you recall any negative interactions with  
13 the staff at Social Security Administration over  
14 changing those documents?

15 MR. KOHLI: Objection, form.

16 THE WITNESS: What do you mean by  
17 negative interactions?

18 BY MR. JONES:

19 Q. Well, do you recall any details of  
20 interactions with Social Security Administration that  
21 you viewed as negative?

22 A. Yeah. I'd say some were sceptical of my  
23 birth certificate in particular. It was a while ago,  
24 so I don't remember all details of that, but I  
25 remember leaving with some uncertainty if I would

1 actually be able to see my documents updated. I felt 02:01:38  
2 somewhat judged at the time, and I found the whole 02:01:42  
3 negative -- I found every aspect of explaining 02:01:49  
4 Tennessee's policy in that instance to be negative. 02:01:54  
5 Q. But was anyone -- any of the staff rude to 02:01:56  
6 you or did anyone make any comments that you remember 02:02:04  
7 in particular, or do you just have a general memory 02:02:08  
8 of the process? 02:02:11  
9 A. I don't recall any specific comments. I 02:02:12  
10 remember it being a little tough for me. 02:02:20  
11 Q. And Paragraph 20 -- well, first, next 02:02:29  
12 question, after your Social Security records, which 02:02:40  
13 did you pursue next, the driver's license or the 02:02:45  
14 passport? 02:02:48  
15 A. I don't recall. 02:02:55  
16 Q. Okay. Well, let's just see what you can 02:02:56  
17 remember about both processes separately. Because 02:03:02  
18 looking at Paragraph 20 of your declaration, it says 02:03:09  
19 you have "faced invasive questioning when updating my 02:03:18  
20 driver's license and passport," and I'm wondering 02:03:22  
21 if -- what details you can provide about that 02:03:28  
22 invasive questioning, as you put it. 02:03:32  
23 MR. KOHLI: Objection, form. 02:03:34  
24 THE WITNESS: Can you be more specific in 02:03:45  
25 what -- in what context you're describing? 02:03:58



1 BY MR. JONES: 02:04:03

2 Q. Yes. Well, it's your declaration which 02:04:03

3 states that you faced "invasive questioning." And my 02:04:05

4 question to you is, what details do you remember 02:04:12

5 about that invasive questioning, as you put it? 02:04:15

6 A. I remember in the passport office, the agent 02:04:23

7 questioned my birth certificate. He pointed out that 02:04:30

8 the man -- the gender did not match my identification 02:04:34

9 documents, and he was asking why this document I 02:04:43

10 needed to prove my identity did not match my name. 02:04:45

11 And at that point, I had to explain Tennessee's 02:04:49

12 policy. 02:04:52

13 I found that quite invasive. I found that to 02:04:56

14 be close in the sense that this was already a 02:05:04

15 delicate process for me, that I felt it was already 02:05:06

16 well in line with expectations, but also because I 02:05:10

17 felt I had to justify Tennessee's policy in this 02:05:15

18 case. 02:05:19

19 Q. And this was at the DMV or whatever it's 02:05:21

20 called in [REDACTED]? 02:05:29

21 A. No. The incident I was just describing was 02:05:32

22 at the passport office. 02:05:39

23 Q. Oh, the passport office, I'm sorry. But that 02:05:41

24 passport office, was that in [REDACTED]? 02:05:44

25 A. Yes. 02:05:46

1 Q. Any other details you remember about that 02:05:49  
2 incident with the person at the passport office? 02:05:54  
3 MR. KOHLI: Objection, form. 02:06:01  
4 THE WITNESS: What sort of details? 02:06:05  
5 BY MR. JONES: 02:06:06  
6 Q. Anything you can provide. 02:06:07  
7 MR. KOHLI: Objection, form. 02:06:08  
8 THE WITNESS: I'm not sure I can answer 02:06:18  
9 without a more specific question. 02:06:19  
10 BY MR. JONES: 02:06:22  
11 Q. Okay. Then let's move on to the driver's 02:06:22  
12 license. 02:06:31  
13 What can -- what do you mean by invasive 02:06:31  
14 questioning, as it states here in Paragraph 20 of 02:06:34  
15 your declaration, regarding your driver's license? 02:06:39  
16 A. I don't recall as much the incident through 02:06:42  
17 the process of changing my driver's license at that 02:06:53  
18 time. I recall that I had my birth certificate with 02:06:55  
19 me. 02:06:59  
20 Q. And you also, at that time, had the court 02:07:02  
21 order which allowed you to change your name and 02:07:05  
22 gender, correct? 02:07:08  
23 A. Yes. 02:07:10  
24 Q. Now, you have testified that you had to 02:07:12  
25 explain, I believe is the word that you used, 02:07:27

1 Tennessee's birth certificate policy. My question 02:07:31  
2 is, first of all, explain -- explain what you mean by 02:07:36  
3 Tennessee's birth certificate policy. 02:07:50  
4 MR. KOHLI: Objection, form. 02:07:54  
5 THE WITNESS: I mean, in particular, that 02:08:08  
6 it was unable to be updated. 02:08:11  
7 BY MR. JONES: 02:08:13  
8 Q. When did you first become aware of 02:08:13  
9 Tennessee's birth certificate policy? 02:08:20  
10 A. I became aware of it in the process of 02:08:23  
11 updating my identity documents. There are standard 02:08:34  
12 resources on how -- describing how to update my -- 02:08:40  
13 all documents and to update documents such as birth 02:08:45  
14 certificates. 02:08:45  
15 I recall the times that I was searching 02:08:49  
16 frantically, trying to understand how to update 02:08:52  
17 Tennessee -- my birth certificate, and that is when I 02:08:54  
18 first discovered Tennessee's full exclusion of 02:08:57  
19 transgender people. And I recall being quite 02:09:04  
20 shocked, given that it's so unique in terms of 02:09:08  
21 states, as well as nationally -- internationally. 02:09:13  
22 Q. And how -- if you recall, how did you 02:09:18  
23 actually learn about the birth certificate policy? 02:09:28  
24 A. I believe I just answered that. Sorry. 02:09:32  
25 Q. You have to be more specific. I mean, did 02:09:50

1 you do your own research or did someone else provide 02:09:53  
2 you with information about the policy, if you recall? 02:09:58  
3 A. I forget what my initial source was. I did 02:10:06  
4 my own research at some point. I recall using the 02:10:09  
5 Transgender Law Center's identity documents as a 02:10:14  
6 general resource. 02:10:20  
7 Q. What is the Transgender Law Center? 02:10:22  
8 A. I'm not sure I can personally explain it 02:10:31  
9 well, but it is a law center that provides resources 02:10:37  
10 for transgender people. 02:10:41  
11 Q. And is that there in [REDACTED]? 02:10:44  
12 A. I believe it's based in Oakland. 02:10:49  
13 Q. Is this an online resource or you actually 02:10:56  
14 visited an office? 02:11:05  
15 A. It was an online resource intended to be of 02:11:10  
16 national use. 02:11:13  
17 Q. You mentioned previously that the person you 02:11:17  
18 were in a relationship with is transgender. How many 02:11:41  
19 transgender people do you know? 02:11:47  
20 MR. KOHLI: Objection, form. 02:11:51  
21 THE WITNESS: I don't think I can answer 02:11:58  
22 that question. Given my own status, I -- I don't 02:12:00  
23 identify my transgender status outside of people I 02:12:05  
24 trust, who are largely close friends and other 02:12:10  
25 situations such as that. I don't know everyone that 02:12:16

1 I come in contact with is transgender because they 02:12:20  
2 don't identify themselves to be as transgender in all 02:12:23  
3 cases. 02:12:27  
4 BY MR. JONES: 02:12:27  
5 Q. Are you, yourself, a part of a transgender 02:12:33  
6 community? 02:12:34  
7 A. I'm not sure what you mean with that 02:12:38  
8 question. 02:12:49  
9 Q. Do you -- now, you say that you've utilized 02:12:49  
10 the services of the Transgender Law Center. Are 02:12:55  
11 there any other organizations, organizations that 02:12:59  
12 work with transgender issues, with whom you have 02:13:06  
13 participated? 02:13:12  
14 MR. KOHLI: Objection, form. 02:13:14  
15 THE WITNESS: What do you mean by 02:13:19  
16 participate? 02:13:21  
17 BY MR. JONES: 02:13:22  
18 Q. That you've contacted, that you've gone to 02:13:22  
19 any meetings of, that you have socialized through, 02:13:25  
20 any sort of contact like that? 02:13:31  
21 MR. KOHLI: Objection, form. 02:13:36  
22 THE WITNESS: I'm not sure I can answer 02:13:47  
23 that question. I've donated to a few organizations. 02:13:48  
24 I have contacted a handful. I don't have full 02:13:53  
25 recollection of those interactions. 02:13:56

1 BY MR. JONES: 02:13:59

2 Q. Are you a member of any organization that's 02:14:00  
3 devoted to transgender issues? 02:14:01

4 A. I don't know if I'm a formal member. As I 02:14:18  
5 said, I donate to organizations. It might mean that 02:14:22  
6 I'm a member in some form. 02:14:27

7 Q. Okay. Who -- what are those organizations 02:14:29  
8 that you've donated to? 02:14:30

9 MR. KOHLI: Objection, form. 02:14:35

10 THE WITNESS: Can you be more specific by 02:14:37  
11 what organization you mean? You mean organizations 02:14:39  
12 that might have any relevance to transgender issues 02:14:44  
13 or -- 02:14:47

14 BY MR. JONES: 02:14:47

15 Q. Yes. Yes, any organization that you have 02:14:47  
16 donated to that may in some form address transgender 02:14:50  
17 issues. 02:14:58

18 MR. KOHLI: Objection, form. 02:15:00

19 THE WITNESS: I feel that's too broad for 02:15:15  
20 me to answer. I can't -- can you be specific about 02:15:16  
21 what type of issues? 02:15:22

22 BY MR. JONES: 02:15:24

23 Q. Well, you testified that there were some 02:15:25  
24 organizations that you donated to. And I'm just 02:15:27  
25 wondering what organizations you had in mind when you 02:15:31

1 answered that question. 02:15:34

2 A. I think primarily Transgender Law Center, 02:15:39

3 Liability Goals, and the ACLU. 02:15:45

4 Q. What is your understanding of the term -- 02:16:07

5 terms "gender identity"? 02:16:14

6 MR. KOHLI: It's subject to the standing 02:16:18

7 objection -- 02:16:23

8 MR. JONES: Yes. 02:16:25

9 THE WITNESS: I'm not an expert on such 02:16:26

10 terms. I use terms such as gender identity, gender, 02:16:29

11 and sex interchangeably. 02:16:33

12 MR. KOHLI: We've been going for an hour. 02:16:52

13 Just wanted to check with the witness if she'll need 02:16:54

14 a break, or are you good? 02:16:56

15 THE WITNESS: I'm okay at the moment. A 02:17:03

16 break in a little bit would be good. 02:17:05

17 MR. JONES: Okay. I may not have that 02:17:05

18 much more. I know that's a lie attorneys tell, but 02:17:07

19 I'll try to speed it up. 02:17:13

20 BY MR. JONES: 02:17:21

21 Q. Looking at Paragraph 168 of the complaint, 02:17:23

22 the amended complaint, the paragraph states, "K.N. 02:17:28

23 objects to the State's message that sex is determined 02:17:38

24 solely by the appearance of external genitals at the 02:17:41

25 time of birth, a message that is inconsistent with 02:17:46

1 scientific and medical understanding of sex." 02:17:52

2 Did I read that correctly? 02:17:54

3 A. Yes, I believe you did. 02:17:57

4 Q. Okay. And my question to you is, do you 02:18:02

5 intend to render any opinions about what the 02:18:09

6 scientific or medical understanding of sex is? 02:18:13

7 A. I am not an expert in that field. 02:18:18

8 Q. I know I had asked a question before about 02:18:25

9 how many, but I'll ask it more generally. Besides 02:18:37

10 the person that you're in a relationship with, do you 02:18:45

11 have any friends or acquaintances who you know are 02:18:48

12 transgender or have a sex that's incongruent with 02:18:55

13 their gender identity? 02:19:00

14 A. Can you be more specific by what you mean by 02:19:03

15 friends? 02:19:15

16 Q. Friends or acquaintances, people that you 02:19:16

17 know, whether, you know, they -- assuming that they 02:19:20

18 disclose their status, do you have friends or 02:19:26

19 acquaintances who you know are transgender or have 02:19:29

20 sex incongruent with the gender identity? 02:19:33

21 MR. KOHLI: Objection, form. 02:19:40

22 THE WITNESS: I'm not sure I'm 02:19:47

23 comfortable in answering that. I'm not certain -- 02:19:48

24 there are certain people I know who are trans who 02:19:52

25 have not necessarily come out to me, simply because I 02:19:55



1 can -- I can identify certain features. 02:19:58

2 BY MR. JONES: 02:20:02

3 Q. I understand. 02:20:02

4 Do you know -- do you have any friends or 02:20:06

5 acquaintances who self identify with a gender 02:20:10

6 identity that is neither male nor female? 02:20:18

7 A. Yes. 02:20:29

8 Q. And how does that person or do those people, 02:20:30

9 how do they identify themselves? 02:20:35

10 A. I don't necessarily know how they identify. 02:20:49

11 I know they prefer "they," "them" pronouns. 02:20:52

12 THE WITNESS: I would ask that we take a 02:20:56

13 break at this point. 02:20:59

14 MR. JONES: Okay, great. Five minutes 02:20:59

15 enough or ten minutes or -- 02:21:01

16 THE WITNESS: Five minutes should be 02:21:03

17 enough. 02:21:05

18 MR. JONES: Okay, great. Back in five 02:21:05

19 minutes. Off the record. 02:21:07

20 (Short break.) 02:21:09

21 BY MR. JONES: 02:21:09

22 Q. When was the last time that you had to show 02:29:55

23 your birth certificate to anyone for official reason, 02:29:58

24 not just to show it to an acquaintance, but when was 02:30:04

25 the last time you had to show your birth certificate 02:30:08

1 as an identity document? 02:30:12

2 A. I believe when updating identity documents in 02:30:14

3 2017. I have avoided using my birth certificate, 02:30:22

4 given that it does not correctly identify me. 02:30:26

5 Q. And you were able to obtain employment, at 02:30:31

6 least this last time, without your birth certificate; 02:30:39

7 is that right? 02:30:43

8 MR. KOHLI: Objection, form. 02:30:45

9 THE WITNESS: I had other documents that 02:30:54

10 were sufficient for the citizenship tests at my last 02:30:56

11 employment; however, I feel that my birth certificate 02:31:01

12 ultimately is in the chain of identity documents that 02:31:06

13 I did use obtaining my passport. 02:31:10

14 BY MR. JONES: 02:31:13

15 Q. Where is your birth certificate now? 02:31:14

16 A. I have a copy of it in a box by our safe in 02:31:17

17 our bedroom, along with other identity documents. 02:31:27

18 Q. I'm looking at Paragraph 164 of the amended 02:31:30

19 complaint, which states, and I'll read it, "K.N. is 02:31:35

20 personally aware of the high incidence of violence 02:31:42

21 and harassment directed at transgender persons." 02:31:47

22 And I'll just stop there. There's another 02:31:54

23 phrase, but I'd like to know what you personally know 02:31:56

24 about a high incidence of violence and harassment 02:32:03

25 directed at transgender persons. 02:32:09

1 MR. KOHLI: Objection, form. 02:32:12

2 THE WITNESS: When you say personally 02:32:17  
3 know, can you be more specific about what information 02:32:18  
4 you're seeking? 02:32:21

5 BY MR. JONES: 02:32:22

6 Q. Well, this is the complaint, the amended 02:32:23  
7 complaint in this cause, and this statement is 02:32:26  
8 attributed to you. It says, "K.N. is personally 02:32:31  
9 aware of the high incidence of violence and 02:32:34  
10 harassment directed at transgender persons." 02:32:38

11 Since that statement is attributable to you, 02:32:43  
12 my question to you is, what personal knowledge do you 02:32:45  
13 have about that -- those issues? 02:32:49

14 A. I would say it's multifold. On one hand, I 02:32:53  
15 have personally been harassed multiple occasions. I 02:33:02  
16 have been physically threatened. My girlfriend has 02:33:06  
17 been assaulted, generally in occasions where it was 02:33:10  
18 clear the reason was solely because I am trans or 02:33:14  
19 that she is trans. 02:33:17

20 I also follow news media around instance of 02:33:20  
21 violence towards trans people. I'm aware of the 02:33:26  
22 murders that are directed at trans -- murders that 02:33:30  
23 are hate crimes as a result of someone's trans 02:33:34  
24 status. And I am aware of situations of violence 02:33:37  
25 that I need to avoid because of those common 02:33:42

1 incidents. And I would say, too, I have used those 02:33:47  
2 cautions to my own good to prevent violence. 02:33:51

3 Q. Have you ever been subjected to violence or 02:33:55  
4 harassment as a result of showing your birth 02:34:00  
5 certificate? 02:34:05

6 A. I described the incidence already where I 02:34:08  
7 showed my birth certificate. I was not physically 02:34:21  
8 assaulted in those instances, but I did feel a 02:34:23  
9 certain violence just in the violation that I did 02:34:27  
10 need to justify the documents. 02:34:31

11 I would also say I have seen harassment for 02:34:35  
12 showing identity documents that do ultimately stem 02:34:39  
13 from my birth certificate. 02:34:43

14 Q. And explain what you mean by that. 02:34:45

15 A. I have a -- before I was able to update the 02:34:52  
16 details like credit cards, my driver's license, 02:34:57  
17 etcetera, I had to use documents that were using 02:35:02  
18 terms that were from my birth certificate, such as my 02:35:07  
19 name and the gender assigned to me at birth. And I 02:35:10  
20 was harassed in instances where I had to use these 02:35:14  
21 just to go about my life. It's not directly showing 02:35:17  
22 my birth certificate, but I feel it stems from it. 02:35:21

23 Q. And what documents were those, your driver's 02:35:27  
24 license or what? 02:35:30

25 A. It would have largely been my driver's 02:35:33

1 license or credit card. 02:35:37

2 Q. And I'm looking at Paragraph 19 of your 02:35:40  
3 declaration. It says you reasonably fear that 02:36:03  
4 possessing a birth certificate that fails to match 02:36:18  
5 your gender identity increases the chances that you 02:36:22  
6 will be subjected to invasions of privacy, prejudice, 02:36:25  
7 discrimination, distress, harassment or violence and 02:36:29  
8 that you have taken steps to reduce those risks. 02:36:34

9 My question to you based on that statement 02:36:40  
10 is, when do you anticipate in the future that you may 02:36:44  
11 have to show your birth certificate to anyone? 02:36:52

12 MR. KOHLI: Objection, form, calls for 02:36:56  
13 speculation. 02:36:59

14 THE WITNESS: I don't have a full account 02:37:10  
15 of all instances in which I might need to show my 02:37:11  
16 birth certificate. I feel that is speculative. 02:37:14

17 Something that comes to mind would be 02:37:19  
18 going back to the DMV to update my driver's license 02:37:21  
19 for real ID requirements. That would be in the near 02:37:25  
20 future. I'm not sure how near, given the COVID 02:37:29  
21 crisis. 02:37:36

22 I would say to that point, I don't know 02:37:37  
23 all instances in which my birth certificate could be 02:37:43  
24 obtained, and I don't know in which instances it 02:37:47  
25 might come back to me. I've taken great efforts to 02:37:49

1 change my -- any identifying information using my 02:37:53  
2 pre -- my full name, or what I sometimes refer to as 02:37:57  
3 dead name, everywhere I could find online or 02:38:01  
4 elsewhere. 02:38:06

5 BY MR. JONES: 02:38:14

6 Q. When was the last time that you were in the 02:38:14  
7 state of Tennessee? 02:38:20

8 A. I'm not sure I recall the exact time, but I 02:38:20  
9 believe it was 2014 or 2015. 02:38:33

10 Q. And so why did you -- and I don't want to 02:38:37  
11 know anything that you discussed with your lawyers, 02:39:11  
12 so no communications with your lawyers, but you 02:39:13  
13 personally, why did you decide to become involved in 02:39:16  
14 this lawsuit? 02:39:22

15 MR. KOHLI: Objection, and only to the 02:39:23  
16 extent that you can do so without revealing any 02:39:26  
17 communications you've had with the lawyers. 02:39:29

18 THE WITNESS: I would say I initially was 02:39:39  
19 interested because I was aware of Tennessee's policy. 02:39:45  
20 I found it unfathomable, to be honest. I don't know 02:39:49  
21 how a policy like this can still exist. I find it 02:39:55  
22 extremely discriminatory. 02:39:58

23 I personally was motivated to become 02:40:03  
24 involved simply because I want to update my own birth 02:40:09  
25 certificate, and I believe that's enough reason on 02:40:16

1 one hand, but I -- I find the policy unfathomable. 02:40:18

2 MR. JONES: Okay. I will pass the 02:40:27

3 witness if you have any questions. 02:40:30

4 MR. KOHLI: So we don't have any 02:40:32

5 questions. I just wanted to put it on the record 02:40:34

6 that we will need confidentiality designations for 02:40:36

7 both personal and medical information that was sought 02:40:40

8 during the deposition. And we also reserve the right 02:40:43

9 to review and sign the deposition. 02:40:47

10 MR. JONES: Thank you. 02:41:00

11 THE REPORTER: Would you like the whole 02:41:00

12 transcript confidential? 02:41:08

13 MR. KOHLI: For now, I think we -- you 02:41:08

14 know, we want to identify whether it's confidential 02:41:10

15 or AEO. So maybe we go with the highest 02:41:16

16 confidentiality for now, and then we can come back 02:41:20

17 and visit it. 02:41:22

18 Is that okay, Matt? 02:41:23

19 MR. JONES: That's okay. 02:41:23

20 MR. KOHLI: Okay, so go with AEO for now. 02:41:26

21 MR. JONES: A caveat to that is we may 02:41:31

22 have to revisit that quickly in light of -- I'm not 02:41:35

23 sure if there's anything, but if there is anything 02:41:40

24 that we need to put in our response to the motion for 02:41:43

25 summary judgement, I have to expedite that 02:41:44

1 designation process. But again, I'm not positive 02:41:50  
2 that that's the case. I don't know that we'll have 02:41:53  
3 the transcript by then, so I just wanted you to -- I 02:41:56  
4 want you to be aware of that. 02:42:02

5 MR. KOHLI: Okay, sounds good. 02:42:03

6 MR. GONZALEZ-PAGAN: And Matt? 02:42:06

7 MR. JONES: Yes. 02:42:06

8 MR. GONZALEZ-PAGAN: This is Omar from 02:42:06  
9 Lambda. To that end, I just wanted to make sure we 02:42:08  
10 ask for a rough of these transcripts so we can have 02:42:11  
11 something in case you all decide to use the 02:42:16  
12 transcript. So I was just wondering for the court 02:42:21  
13 reporter if we -- when would be the estimate that we 02:42:25  
14 could get one. 02:42:27

15 THE REPORTER: My question was, did you 02:42:40  
16 want to order this expedited, Mr. Jones? 02:42:40

17 MR. JONES: I think we should -- 02:42:45

18 THE REPORTER: And when would you like it 02:42:45  
19 expedited as well? 02:42:45

20 MR. JONES: -- in light of our deadline 02:42:45  
21 that's coming up. 02:42:46

22 THE REPORTER: And I have on the e-mail  
23 the 14th. Is that when you would like it?

24 MR. JONES: Yeah, that should be good.

25 THE REPORTER: And for the Plaintiffs'



1 attorneys, is Mr. Kohli, is that when you would like  
2 it, on the 14th, the full copy?

3 MR. KOHLI: Sure.

02:43:07

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**E R R A T A P A G E**

I, K.N., having read the foregoing deposition, Pages 1 through 49, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
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K.N.

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Notary Public

My Commission Expires: \_\_\_\_\_

1 REPORTER'S CERTIFICATE

2  
3 STATE OF TENNESSEE

4 COUNTY OF SUMNER

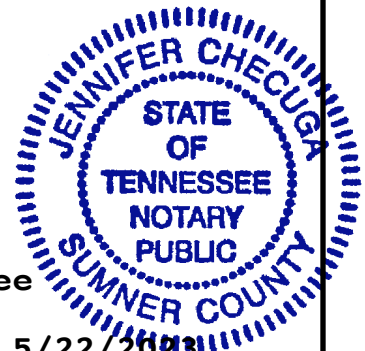
5 I, JENNY CHECUGA, Licensed Court Reporter,  
6 with offices in Nashville, Tennessee, and Registered  
7 Professional Reporter, hereby certify that I reported  
8 the foregoing teleconference deposition of K.N. by  
9 machine shorthand to the best of my skills and  
10 abilities, and thereafter the same was reduced to  
11 typewritten form by me.

12 I further certify that I am not related to  
13 any of the parties named herein, nor their counsel,  
14 and have no interest, financial or otherwise, in the  
15 outcome of the proceedings.

16 I further certify that in order for this  
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E R R A T A P A G E

I, K.N., having read the foregoing deposition, Pages 1 through 49, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
16	6	remove "popping"
17	10	"negative" should be "bigoted"
18	15	"I'm in a little bit of contact with them" should be "limited contact with my parents"
22	9	"business" should be "systems"
23	20-22	remove "fairly"
29	7	████████████████████
33	8	"man" should be "agent"
35	12	"all documents" should be "id documents"
35	21	"nationally - internationally" should be "nationally and internationally"
35	16-17	"how to update Tennessee - my birth certificate" should be "how to update my birth certificate with Tennessee"

K N  
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E R R A T A P A G E

I, K.N., having read the foregoing deposition, Pages 1 through 49, do hereby certify said testimony is a true and accurate transcript, with the following changes (if any):

PAGE	LINE	SHOULD HAVE BEEN
39	3	"Liability Goals" should be "Lambda Legal"
41	11	"they, them" should be "they/them"
42	16	"box by our safe" should be "fire safe"
46	2	"my full name" should be "my previous name"

KN  
K.N.

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Notary Public  
My Commission Expires: \_\_\_\_\_

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION

KAYLA GORE, JAIME COMBS, L.G., and K.N.,	)	
	)	
<i>Plaintiffs,</i>	)	
	)	Case No. 3:19-cv-00328
v.	)	
	)	
WILIAM BYRON LEE, in his official capacity as Governor of the State of Tennessee and LISA PIERCEY, in her official capacity as Commissioner of the Tennessee Department of Health,	)	Judge Eli J. Richardson Magistrate Judge Barbara Holmes
	)	
<i>Defendants.</i>	)	
	)	

**ERRATA DECLARATION**

I, K.N., having read the foregoing transcript of my deposition taken on May 12, 2020, pages 1 through 49, do hereby certify under penalty of perjury under the laws of the United States of America that said deposition testimony is a true and accurate transcript, with the changes detailed on the attached errata page.

Executed on this 14 day of May 2020.

KN  
K.N.

<hr/> <p style="text-align: center;"><b>Exhibits</b></p> <hr/> <p><b>Exhibit 01 - K.N.</b> 4:8 12:24</p> <p><b>Exhibit 02 - K.N.</b> 4:10 12:16,24 13:7 16:13</p> <hr/> <p style="text-align: center;"><b>1</b></p> <hr/> <p><b>1</b> 12:24</p> <p><b>11</b> 29:23</p> <p><b>12</b> 26:9,11 27:4</p> <p><b>13</b> 26:9,11 27:4</p> <p><b>148</b> 12:2,5</p> <p><b>14th</b> 48:23 49:2</p> <p><b>16</b> 13:13,14,17</p> <p><b>164</b> 42:18</p> <p><b>168</b> 39:21</p> <p><b>170</b> 12:6</p> <p><b>18</b> 13:15</p> <p><b>19</b> 13:15 45:2</p> <hr/> <p style="text-align: center;"><b>2</b></p> <hr/> <p><b>2</b> 12:16,24 13:7 16:13</p> <p><b>20</b> 32:11,18 34:14</p> <p><b>2009</b> 22:16,18</p> <p><b>2012</b> 10:4,24 22:18,19</p> <p><b>2014</b> 46:9</p> <p><b>2015</b> 46:9</p> <p><b>2016</b> 23:11 24:20 25:3,6,13 27:20 29:19 30:2</p> <p><b>2017</b> 30:3 42:3</p> <p><b>2018</b> 11:16</p> <p><b>2019</b> 10:13,14,16</p> <p><b>2020</b> 12:20</p> <p><b>27th</b> 12:20</p>	<p><b>29</b> 12:3</p> <hr/> <p style="text-align: center;"><b>4</b></p> <hr/> <p><b>4</b> 12:18</p> <hr/> <p style="text-align: center;"><b>6</b></p> <hr/> <p><b>6</b> 12:14,15 16:14 23:7</p> <hr/> <p style="text-align: center;"><b>A</b></p> <hr/> <p><b>academic</b> 15:11, 23 [REDACTED] 22:8</p> <p><b>accepting</b> 23:10, 13 24:16,17</p> <p><b>account</b> 45:14</p> <p><b>ACLU</b> 39:3</p> <p><b>acquaintance</b> 41:24</p> <p><b>acquaintances</b> 40:11,16,19 41:5</p> <p><b>activities</b> 14:7 15:4,11 17:14</p> <p><b>add</b> 7:24</p> <p><b>additional</b> 7:20</p> <p><b>address</b> 38:16</p> <p><b>adjusting</b> 24:3</p> <p><b>administration</b> 22:10 31:13,20</p> <p><b>Administratively</b> 30:25</p> <p><b>adulthood</b> 16:16 24:1,6</p> <p><b>adults</b> 17:3</p> <p><b>AEO</b> 47:15,20</p> <p><b>affidavit</b> 13:8 16:14</p> <p><b>age</b> 26:7</p> <p><b>agent</b> 33:6</p> <p><b>agree</b> 8:2,5 28:25</p> <p><b>ahead</b> 7:17 8:2 9:1</p>	<p><b>alive</b> 18:10</p> <p><b>allegations</b> 9:14</p> <p><b>allowed</b> 34:21</p> <p><b>amended</b> 11:24, 25 12:2 39:22 42:18 43:6</p> <p><b>amount</b> 10:21</p> <p><b>and/or</b> 26:20</p> <p><b>answering</b> 40:23</p> <p><b>anticipate</b> 45:10</p> <p><b>anxiety</b> [REDACTED] 18:2 26:15,16,19 27:15</p> <p><b>appearance</b> 39:24</p> <p><b>art</b> 8:3</p> <p><b>aspect</b> 32:3</p> <p><b>aspects</b> 24:8</p> <p><b>assaulted</b> 43:17 44:8</p> <p><b>assigned</b> 16:17, 24 44:19</p> <p><b>assume</b> 27:25</p> <p><b>assuming</b> 40:17</p> <p><b>attended</b> 20:25</p> <p><b>attorney</b> 6:3 8:22</p> <p><b>attorneys</b> 39:18 49:1</p> <p><b>attributable</b> 43:11</p> <p><b>attributed</b> 43:8</p> <p><b>avoid</b> 24:12 43:25</p> <p><b>avoidant</b> 25:7</p> <p><b>avoided</b> 42:3</p> <p><b>aware</b> 9:8 27:12 35:8,10 42:20 43:9,21,24 46:19 48:4</p> <hr/> <p style="text-align: center;"><b>B</b></p> <hr/> <p><b>back</b> 19:8 20:7,16,</p>	<p>19 23:7 29:17 41:18 45:18,25 47:16</p> <p><b>background</b> 9:15</p> <p><b>Baker</b> 6:19</p> <p><b>based</b> 36:12 45:9</p> <p><b>basics</b> 21:25</p> <p><b>bedroom</b> 42:17</p> <p><b>began</b> 17:1 24:10, 12 29:18 30:2</p> <p><b>begin</b> 7:19</p> <p><b>beginning</b> 22:4 25:7</p> <p><b>behalf</b> 6:9,13,15, 19</p> <p><b>benefit</b> 7:5</p> <p><b>biological</b> 8:3</p> <p><b>birth</b> 16:17,25 30:19 31:4,8,23 33:7 34:18 35:1,3, 9,13,17,23 39:25 41:23,25 42:3,6, 11,15 44:4,7,13, 18,19,22 45:4,11, 16,23 46:24</p> <p><b>bit</b> 7:7,22 18:15 39:16</p> <p><b>boarding</b> 13:18, 21,22,24 15:2,16, 25 17:7,8,14,18 18:20,21,23 19:4, 7 26:3,4</p> <p><b>Borelli</b> 6:12</p> <p><b>born</b> 13:8</p> <p><b>Botts</b> 6:19</p> <p><b>box</b> 42:16</p> <p><b>break</b> 39:14,16 41:13,20</p> <p><b>broad</b> 38:19</p> <p><b>broke</b> 10:14</p> <p><b>business</b> 22:9</p>
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# Exhibit G

Deposition Transcript of Dr. Anthony Trabue, M.D.



**In The Matter Of:**

*Kayla Gore v.*

*William Byron Lee*

---

*Anthony Traube, PH.D.*

*May 21, 2020*

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*Min-U-Script® with Word Index*

1 UNITED STATES DISTRICT COURT  
2 MIDDLE DISTRICT OF TENNESSEE  
3 NASHVILLE DIVISION

3 -----X

4 KAYLA GORE; JAIME COMBS; :  
5 L.G.; AND K.N., :

6 Plaintiffs, : Case No.

7 v. : 3:19-CV-00328

8 WILLIAM BYRON LEE, in his official :  
9 capacity as Governor of the State of :  
10 Tennessee; and LISA PIERCEY, in her :  
11 official capacity as Commissioner of the :  
12 Tennessee Department of Health, :  
13 Defendants. :

14 -----X

15  
16 REMOTE VIDEOTAPED DEPOSITION OF

17 ANTHONY TRABUE PhD

18 Thursday, May 21, 2020

19 Tennessee

20 12:00 noon

21  
22 Job No.: 2020-85188

23 Pages: 1 - 110

24 STENOGRAPHICALLY REPORTED BY:

25 GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

1                   Deposition of ANTHONY TRABUE, held remotely,  
2 via videoconference at:

3  
4  
5                   Tennessee

6  
7  
8  
9                   Pursuant to agreement, before Giselle  
10 Mitchell-Margerum, Registered Professional Reporter,  
11 Certified Reporting Instructor, Licensed Court Reporter  
12 (TN), Certified Court Reporter (GA), and Notary Public  
13 (Washington, D.C.).  
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1                   **A P P E A R A N C E S**

2   **ON BEHALF OF PLAINTIFFS:**

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4                   **JOHN WINEMILLER, ESQ.**

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15

16   **ALSO PRESENT:**

17                  **OMAR GONZALEZ-PAGAN**

18                  **SASHA BUCHERT**

19                  **PUNEET KOHLI**

20                  **SARA SEDGWICK**

21                  **SUNG JAE LIM**

22                  **DANIEL BURKE**

23

24

25

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1 P R O C E E D I N G S

2 (Witness sworn.)

3 MR. WINEMILLER: Thank you.  
4 Couple stipulations before we start.  
5 Counsel have stipulated that all  
6 objections are reserved, except as to  
7 form.

8 Is that right, Ms. Shew?

9 MS. SHEW: That's correct.

10 MR. WINEMILLER: Okay. And,  
11 also, this deposition will not be  
12 recorded.

13 Dr. Trabue, good afternoon. Would  
14 you --

15 THE WITNESS: Good afternoon.

16 MR. WINEMILLER: I'm John  
17 Winemiller. I represent the plaintiffs  
18 in this matter. And I'm accompanied  
19 today -- at least, virtually, I am, by  
20 Omar Gonzalez-Pagan, Sasha Buchert, and  
21 Puneet Kohli.

22 THE WITNESS: Okay.

23 MR. WINEMILLER: Counsel, would  
24 you make appearances?

25 MS. SHEW: Yes. Dianna Shew,

1 with the Attorney General's office, on  
2 behalf of the defendants. Accompanied  
3 today by my colleagues, Sara Sedgwick,  
4 and Jae Lim.

5 MR. WINEMILLER: All right.

6 ANTHONY TRABUE PhD

7 Having been duly sworn testified as follows:

8 EXAMINATION BY MR. WINEMILLER:

9 Q. Dr. Trabue, would you state your  
10 full name for the record, please?

11 A. Anthony Edward Dupuy -- that's  
12 D-U-P-U-Y -- Trabue. I usually don't use that  
13 last one. That was a bonus given by my  
14 parents in 1948. So I have to own it.

15 Q. Well, it's a good southern name. I  
16 appreciate it.

17 A. Yeah.

18 Q. Would you provide your address for  
19 the record, please?

20 A. It is 2201 Murphy Avenue, Suite 104,  
21 in Nashville.

22 Q. And that's your business address?

23 A. Yes.

24 Q. Thank you. Couple of ground rules  
25 to this deposition, just to try to make it go



1 as smoothly as possible.

2 Probably the first, and most  
3 important one, is that you and I need to work  
4 very hard not to speak on top of each other,  
5 because the court reporter is taking every  
6 word we say down, and we would like to have a  
7 clean record.

8 So, I am going to ask you to  
9 wait to begin your answer until I finish my  
10 question. And I'll attempt to wait until you  
11 are finished with your answer before I ask the  
12 next question.

13 And I understand that with  
14 video, there is sometimes a lag, and I'll  
15 apologize in advance if I step on your toes.  
16 And I'll just be quiet and let you finish your  
17 answer and then proceed.

18 Does that sound good to you?

19 A. I'll try not to step on yours  
20 either. We can get this done.

21 Q. Okay. This isn't a marathon. If  
22 you need to take a break at any time, just  
23 please let me know. The only stipulation I  
24 would have is that we need to have you answer  
25 whatever question is on the floor before we

1 take that break.

2 A. Yes.

3 Q. Okay?

4 A. Yes.

5 Q. Okay. And your attorney, Ms. Shew,  
6 may have some objections. Unless she  
7 instructs you to answer -- excuse me -- not to  
8 answer a question, you need to answer my  
9 questions, even if she objects.

10 Is that clear?

11 A. Clear.

12 Q. Okay. Will you tell me if you do  
13 not understand any question of mine?

14 A. I will.

15 Q. Will you tell me if my question is,  
16 in your mind, ambiguous in any way?

17 A. I will.

18 Q. Will you tell me if you need more  
19 information to answer any question I ask  
20 today?

21 A. Yes.

22 Q. Will you make every effort today to  
23 answer all my questions, fully and completely?

24 A. As much as I can, yes.

25 Q. Thank you. Will you make every

1 effort to answer all my questions accurately  
2 and honestly?

3 A. Yes.

4 Q. Is there any reason why you can't do  
5 all these things I've just asked about?

6 A. None.

7 Q. Have you taken any medications today  
8 that would prevent you from giving true,  
9 accurate, and complete testimony today?

10 A. No.

11 Q. Seeing that you're wearing your  
12 scrubs, I think that's a good answer to hear.

13 A. Yes.

14 Q. Thank you. Now, Dr. Traube, you've  
15 served as an expert witness several times,  
16 haven't you?

17 A. Yes.

18 Q. Approximately how many times have  
19 you served as an expert witness?

20 A. I really do not know, and I don't  
21 know how to answer that for you. I've done  
22 this since the 1980s, and that's a long time.  
23 I would think -- now, I haven't been in a  
24 courtroom in at least 10 years, as far as  
25 testifying.

1 I've probably testified in a  
2 courtroom eight or 10 times over 40 years.  
3 But it's been a while. And that's as best I  
4 can tell you.

5 I get cases handed me all the time,  
6 but most of these are opinions that I have  
7 rendered back to the attorneys, and that's the  
8 end of that.

9 But, yeah. I'll probably get -- I  
10 don't know -- nine or 10 cases given to me a  
11 year, just to study it and render an opinion.  
12 And that's -- that's -- that's a pretty  
13 important job sometimes; just to tell the  
14 lawyer what I think about the case.

15 But, as far as going to deposition,  
16 it's probably been at least five years or more  
17 since I've done a deposition. Maybe more than  
18 that. And it's been twice that long since  
19 I've been in the courtroom.

20 So, of course, they don't go to  
21 court all that much. So that's the best  
22 answer I can give you.

23 My father and brother were  
24 attorneys, and I met lawyers when I was young,  
25 and I worked with them off and on since the

1 early '80s, really. That's the best answer I  
2 can give you.

3 Q. Okay. And these multiple times a  
4 year in which you're handed a case to offer an  
5 opinion, what types of cases are these?

6 A. Virtually -- well, I would say, 90  
7 percent medical malpractice; and 10 percent  
8 injury cases, where a woman in a wreck, or an  
9 accident of some sort, would be pregnant. So,  
10 I would get those two types of cases.

11 Q. Have you ever offered -- excuse  
12 me -- have you ever served as an expert  
13 witness in any type of a case, other than a  
14 medical malpractice case or a personal injury  
15 case?

16 A. That's right. I was an expert in  
17 an -- a case in the early '90s for the state  
18 of Tennessee. That's right. It's about  
19 abortion policies. That was almost 30 years  
20 ago. Right.

21 Q. Is that the case of Planned  
22 Parenthood of Middle Tennessee v. Sundquist?

23 A. Probably.

24 Q. Okay. And did it concern the  
25 parental consent provision of Tennessee's

1       abortion statute at the time?

2           A.     It was parental consent, and the  
3       doctor needs to talk to the patient before  
4       they operate on them.  And -- I forget, there  
5       was two or three points that were involved.  
6       It's been a while.

7           Q.     Okay.  I just wanted to make sure  
8       we're talking about the same case.

9           A.     Yes.

10          Q.     Now, where have you given the expert  
11       testimony, or -- excuse me -- where have you  
12       served as an expert witness over these -- over  
13       the course of your career?

14                   And by "where," I mean in which  
15       counties.

16          A.     I think all the times I've been in  
17       court, it's either been in Nashville or  
18       Franklin.  I'm not even sure I've been in  
19       court in Franklin.  I would say probably  
20       Nashville.

21          Q.     Okay.  And is that state court?

22          A.     You know, you're the lawyer.  I go  
23       where they take me, you know.  I don't keep a  
24       record of all these things.

25          Q.     Okay.  To your recollection, have

1       you ever been an expert in a case that was  
2       filed in federal court?

3             A.     I do not know.

4             Q.     Okay.  And in the cases where you've  
5       served as an expert witness in a medical  
6       malpractice matter, do you generally serve as  
7       an expert on the plaintiff's side, or the  
8       defendant's side?

9             A.     Mostly defendant.  I probably  
10       haven't -- and, again, I've never been to  
11       court on a plaintiff's case, because they've  
12       been settled.  But I have -- I've rendered  
13       opinions on plaintiff's cases over the years.

14             I'd say probably 90/10 defendant.  
15       But, a few of both -- a few plaintiff's, here  
16       and there.

17             Q.     Okay.  And is that of the medical  
18       malpractice cases, or the --

19             A.     Medical malpractice.

20             Q.     Okay.  And how about the personal  
21       injury cases?

22             A.     Oh, they're always on the -- on the  
23       plaintiff's side.

24             Q.     Okay.

25             A.     They would all be --

1 Q. Thank you.

2 A. -- for the woman's attorney. Right.

3 Q. Okay. You mentioned going to court.  
4 And when you went to court, did you give sworn  
5 testimony in court?

6 A. Yes.

7 Q. Okay. And have you given sworn  
8 testimony through the form of a declaration  
9 before?

10 A. Excuse me? The declaration?

11 Q. Have you signed a declaration under  
12 oath in -- that states your opinion?

13 A. You'd have to ask Ms. Shew. I've  
14 signed something and faxed it to her. I did.  
15 Is that -- is that what you're talking about?

16 Q. I'm actually asking about these  
17 other cases that you have testified to serving  
18 as a witness in.

19 A. Yes.

20 Q. In those cases, did you submit a  
21 signed, sworn declaration?

22 A. I can't answer that. You'd have to  
23 ask the lawyers. Dixie Cooper, or people that  
24 have used me. You know.

25 I'm sorry. I just -- I don't --



1 nobody told me that I was doing the wrong  
2 thing when I -- when I ever went to a  
3 courtroom.

4 Q. Yeah. And I'm not suggesting that,  
5 Dr. Trabue.

6 A. Yes.

7 Q. I'm just asking some background  
8 questions. Have you given testimony at a  
9 deposition, like we're in today, before?

10 A. I've never given one on Zoom, if you  
11 ask that. I've always done it in person.

12 Q. Okay. About how many times have you  
13 given testimony in a deposition?

14 A. I would say maybe 20. Maybe --  
15 maybe more than that. It's been a long time.  
16 It's been -- this is the first deposition I  
17 think I've given in over five years.

18 Q. Okay. Thank you. Have you ever  
19 given sworn testimony on an occasion other  
20 than when you were serving as an expert?

21 A. Not that I know of.

22 Q. Has a court ever excluded your  
23 opinion testimony?

24 A. Not that I know of.

25 Q. Okay. Has a court ever limited the

1 scope of your opinion testimony?

2 A. I don't know.

3 Q. Okay. Have you personally been  
4 involved in lawsuits as a party?

5 A. No.

6 Q. Okay. We have a number of -- oh,  
7 please go ahead.

8 A. I have -- I have had malpractice  
9 suits filed on me, so I would be a party in --  
10 two different times -- two times that I can --  
11 I've had other cases that were filed and  
12 quickly withdrawn, that I never did anything  
13 with.

14 But there've been two times that  
15 I've given depositions when I was a defendant.

16 Q. Okay. Do you remember the years of  
17 those cases?

18 A. Well, the first would be in the  
19 early '80s. I'm thinking '82 or '83. And the  
20 second one would have been about 20 years ago,  
21 in 2001. Sometime like that.

22 Q. And those were both medical  
23 malpractice cases?

24 A. Yes, Sir.

25 Q. Okay. Thank you. We have pre --

1 premarked a number of exhibits. And I  
2 understand you don't have printed copies of  
3 them. So what we'll do is, we have a way of  
4 putting them up on the screen --

5 A. Actually, I have my -- I've got them  
6 emailed to me. I can pull up whichever one  
7 you want me to pull up.

8 Q. Oh. Good. Well, let's do that.  
9 Let's start, actually, with what's been  
10 labeled "Exhibit 2." This is titled,  
11 "Defendants' Additional Expert Disclosure."

12 (Exhibit 2 marked for identification)

13 A. Just a second. Let me just -- okay.  
14 Now -- okay. I've got -- I've actually opened  
15 one and two that really -- is that where you  
16 want me right now?

17 What would you like me to look at?

18 Q. Let's start with two and then we're  
19 going to go to one.

20 A. Okay. I've got two.

21 Q. Okay. So, I'll represent to you  
22 that this is a document filed by the  
23 defendants, called, "Defendants' Additional  
24 Expert Disclosure." And, as you can see  
25 there, the defendants -- right.

1                   "Defendants hereby disclose  
2                   that they intend to call Dr. Anthony E.D.  
3                   Trabue, M.D. to testify as an expert witness  
4                   at the trial of this action."

5                   A.     I see it.

6                   Q.     Do you see that?

7                   A.     Yes.

8                   Q.     Okay.  And do you understand that  
9                   you are here because you have been identified  
10                  as an expert witness on behalf of the  
11                  defendants in this case?

12                  A.     Yes.

13                  Q.     Okay.  Now, if you would look at  
14                  Exhibit 1?

15                  A.     Yes.

16                  (Exhibit 1 marked for identification)

17                  Q.     And you understand that this is a  
18                  Deposition Notice for your deposition here  
19                  today?  Is that right?

20                  A.     That's right.

21                  Q.     All right.  And you understand  
22                  you're giving testimony today for use in the  
23                  lawsuit of Gore v. Lee et al.?

24                  A.     Right.

25                  Q.     Okay.  In your own words,

1 Dr. Traube, what is this lawsuit about?

2 A. I was approached by one of the  
3 state's attorneys, if I would be willing to  
4 discuss the nature of a birth certificate.  
5 And this attorney was given my name by, I  
6 think, either a patient, or a parent of a  
7 patient, or a friend of a patient, that knew  
8 me and knew that I'd done some legal  
9 consultations.

10 And that was -- this attorney just  
11 was -- and he came and asked me if I would  
12 look at it, and I said that I would.  
13 That's -- that's how it started.

14 Q. Okay. And when was that?

15 A. It was probably in the last several  
16 months.

17 Q. And who was the attorney that  
18 approached you?

19 A. It's Dr. Jae Lim.

20 Q. Okay.

21 A. I mean Mr. Jae Lim. Yes.

22 Q. And these next questions, I'm not  
23 going to ask you about the substance of your  
24 discussions with the defense counsel. They  
25 are more background fact questions.

1                   So, my question is, how many  
2 times have you spoken with defense counsel  
3 about this case?

4           A.    Well, I'll say three times.  The  
5 first with Mr. Lim.  The second with Mr. Lim  
6 and one of his associates.  I'm not sure if  
7 there was Ms. Shew, or one of the other ones.

8                   And the third one was a -- a call  
9 with Dr. -- with Mr. Lim and Ms. Shew, and  
10 another associate.  I think three different  
11 times.

12           Q.    Do you recall when those three  
13 conversations took place?

14           A.    Well, I think the last one was  
15 Monday, I think.  And then I think there was  
16 one about a week ago -- maybe two weeks ago.  
17 It was in the last week or two.  And then the  
18 first one was several months ago.

19           Q.    Dr. Trabue --

20           A.    I think -- I guess this is -- I'm  
21 just looking.  This is dated March 19th.  So  
22 that would be probably a week or so after my  
23 first conversation with Mr. Lim, I would  
24 think.

25           Q.    Okay.  Dr. Trabue, what did you do

1 to prepare for today's deposition?

2 A. Just about nothing. I just looked  
3 at -- I looked over what I was -- what I had  
4 said in my -- in my -- what we've sent you  
5 all. What -- my declaration. I just looked  
6 at it. Looked at it again.

7 Q. Did you look at any other documents?

8 A. No, Sir.

9 Q. Okay. Before your work on this  
10 case, had you ever worked with the Office of  
11 the Attorney General for the State of  
12 Tennessee?

13 A. If that case -- in the Sundquist  
14 case you mentioned, that would have been the  
15 only one.

16 Q. Okay. And before you worked on this  
17 case, have you ever had -- have you ever  
18 worked with any of the attorneys -- Ms. Shew,  
19 Mr. Lim, or the other person you met with --  
20 outside of their roles with the state?

21 A. No, Sir.

22 Q. And --

23 A. I'm sorry. I would just say I'm  
24 terrible with names. And I'm embarrassed that  
25 I can't remember the other one's name. But

1       there were two ladies and one man that I've  
2       talked to.

3             Q.     Okay.

4             A.     The other woman, I can't -- I can't  
5       remember.

6             Q.     Was it Ms. Sedgwick?

7             A.     That sounds right.

8             Q.     Okay.

9             A.     When you get to be my age, you'll  
10       know what I'm talking about. You remember  
11       faces, but not names. So...

12            Q.     Fair enough. Fair enough. Other  
13       than the work on the Sundquist case that  
14       you've testified about earlier, have you done  
15       any other work for the state of Tennessee?

16            A.     No, I have not.

17            Q.     Okay. Would you look, Sir, at  
18       what's been marked as "Exhibit 3?" This is  
19       the "Declaration of Dr. Anthony E.D. Trabue,  
20       M.D.."

21                    (Exhibit 3 marked for identification)

22            A.     Okay.

23            Q.     Is this, in fact, the declaration  
24       that you signed?

25            A.     Yes.



1 Q. Okay.

2 A. I do have a copy of it here. Right.

3 Q. And it is five pages long. Is that  
4 correct?

5 A. Correct. Yes, Sir.

6 Q. And it has 26 numbered paragraphs?

7 A. Yes.

8 Q. And I'm looking at page two. Does  
9 your copy have two paragraphs that are each  
10 numbered "8?" The Paragraph --

11 A. Yes.

12 Q. Okay.

13 A. There are two "eights" here.

14 Q. Those things happen. Can we agree  
15 to refer to the first paragraph eight as "8A,"  
16 and the second paragraph eight as "8B?"

17 A. Okay.

18 Q. Okay. That will make things a  
19 little bit easier. And, Dr. Traube, can you  
20 confirm that the last page of the PDF -- which  
21 is actually the sixth page of this exhibit --  
22 bears your signature?

23 A. That is my signature.

24 Q. And you dated this document on the  
25 14th day of May. Is that correct?

1           A.    Yes, Sir.

2           Q.    Is that the approximate date of the  
3 second time you spoke with the lawyers on the  
4 state side?

5           A.    It would have been a day or so after  
6 that, maybe. I mean -- I don't know what you  
7 mean by "conversations." If it means like,  
8 "I'm going to send you something;" and I say  
9 yes. And then they send me something, and  
10 then I'll say, "I'm sending it back." And  
11 they'll say, "Okay."

12                    I don't -- we've had more than three  
13 conversations. But, as far as substantive  
14 conversations, I think there've been three.

15           Q.    Okay. Thank you for that  
16 clarification.

17           A.    Yes.

18           Q.    Do you recall whether the second of  
19 those substantive conversations occurred  
20 around May 14th?

21           A.    I think it was -- it was maybe  
22 before then. It was in my office.

23           Q.    Okay.

24           A.    And you -- it was in my office  
25 with -- with Mr. Lim and one of the other

1 ladies. And it was -- it was -- I can't tell  
2 you the date -- you know. I might be able to  
3 tell you the date.

4 I mean, they may have the date on  
5 their books, but -- okay. I've got something  
6 down on April 22nd. And that -- I haven't  
7 talked to any other lawyers but these people  
8 for the last month or two.

9 So, something happened April 22nd,  
10 at 2:30 in the afternoon. And then we dated  
11 this other one March 19th. So it would have  
12 been probably the week leading up -- okay.

13 I had an 8:30 office meeting on -- I  
14 see an 8:30 office meeting on February 14th.  
15 And then, I have a 1:00 o'clock meeting with  
16 lawyers on February 27th.

17 So, the February 14th meeting was  
18 probably Mr. Lim. And the 27th was the  
19 afternoon when I met with several lawyers.  
20 And then, the teleconference was -- so there  
21 may have been four.

22 The teleconference was Monday. And  
23 then there may have been a -- what looks like  
24 a teleconference happened on April 22nd with  
25 the lawyer. And that would have been them.

1 So that's -- that's as best I can tell you,  
2 Sir.

3 Q. That's very precise, and I  
4 appreciate that.

5 A. Yes, Sir.

6 Q. Is the document that's marked as  
7 "Exhibit 3" the only expert report you have  
8 prepared in this case?

9 A. Yes.

10 Q. And this document, Exhibit 3, is  
11 titled, "Declaration." Is that correct?

12 A. Yes.

13 Q. Okay. And you -- but you also  
14 signed a report on March -- in March --  
15 March 21st. Is that correct?

16 A. Mine's dated March 19th. Probably  
17 the same report.

18 Q. Okay.

19 A. Actually, it says "March 23rd" on  
20 the back. I signed it -- I guess I -- maybe  
21 they gave it to me on the 19th and maybe --  
22 I faxed it to them -- you know, that's two  
23 months ago. But that would have been that.

24 Q. Okay. Dr. Traube, you say you were  
25 retained. And I'm looking right now at the

1 second paragraph of your declaration,  
2 Exhibit 3.

3 You state you were retained to  
4 provide your expert medical opinion regarding  
5 how a baby's sex is determined at the time of  
6 birth. Correct?

7 A. Yes.

8 Q. Is that still an accurate  
9 description of the scope of your assignment in  
10 this case?

11 A. Yes.

12 Q. Okay. And is that still an accurate  
13 description of the scope of the expert medical  
14 opinion you intend to offer in this case?

15 A. Yes.

16 Q. Okay. You stated -- your  
17 declaration states the -- excuse me. Okay.

18 You also say that you state  
19 your declaration states the opinions you may  
20 provide at trial, and the basis for those  
21 opinions. Is that correct?

22 A. Yeah. Paragraph three says, "baby's  
23 sex is determined at the time of birth." And  
24 I may provide at trial, and basis for those.  
25 I'm prepared to state the opinions. Sure.

1 Q. Okay.

2 A. Basic information. Yes, Sir.

3 Q. Okay. And I am going to ask you  
4 about the various sections of your  
5 declaration, just to make sure I understand  
6 what your opinion is.

7 Do you state any opinions in  
8 paragraphs one through 8A of your declaration?

9 A. Would you say -- say that one more  
10 time? I'm sorry.

11 Q. Sure. I can just go through each of  
12 the paragraphs. That might be a little  
13 simpler.

14 Do you state any opinions in  
15 paragraph one of your declaration?

16 A. Do I have an opinion of that?

17 Q. No. Do you state any opinions? Are  
18 any of your opinions recited in paragraph one?

19 A. Yes. It's personal knowledge. That  
20 would be correct.

21 Q. Okay. It's -- my question, Sir, is  
22 whether part of the expert opinion you were  
23 rendering in this case is presented in  
24 paragraph one.

25 A. No.

1 MS. SHEW: Object to the --  
2 object to the form.

3 Q. Same question for paragraph two.

4 MS. SHEW: I'm just going to  
5 make a standing objection and not keep  
6 interrupting this line of questioning.

7 MR. WINEMILLER: That's --  
8 thank you.

9 You may answer.

10 THE WITNESS: Well, these  
11 are -- these are accurate statements,  
12 and -- and are you asking whether I have  
13 an opinion about paragraph two?

14 BY MR. WINEMILLER:

15 Q. No, no. I'm asking whether  
16 paragraph two conveys your expert opinion in  
17 this case.

18 A. No.

19 Q. Does paragraph three state your  
20 expert opinion in this case?

21 A. Yes.

22 Q. And what is the opinion that you  
23 state in paragraph three?

24 A. It regards how a baby's sex is  
25 determined at time of birth. And I have an

1 opinion about how I would do that.

2 Q. Oh. And I understand that. I'm  
3 just asking, in paragraph three, itself, do  
4 you state what that opinion is.

5 A. I don't -- you know, it's an odd way  
6 to ask the question, but as I understand the  
7 question, I think it's an accurate statement  
8 in that I would provide an opinion regarding  
9 how a baby's sex is determined.

10 But I have no opinion regarding that  
11 statement itself.

12 Q. Okay. I'm sorry that my questions  
13 aren't being clear. You've got a section in  
14 your declaration, starting at page 18, that's  
15 titled, "Expert Opinions." Correct?

16 A. All right.

17 Q. And you have a section in your  
18 declaration, before paragraph 8B, titled,  
19 "Qualifications." Is that right?

20 A. Yes.

21 Q. And then the first eight paragraphs  
22 of the declaration provide other information.  
23 And so, what I'm trying to understand,  
24 Dr. Traube, is how paragraphs one through  
25 eight are distinct from paragraphs 8B through



1 17, and 18 through 25.

2 And so, my precise question,  
3 Sir, was whether any of your opinions are  
4 stated in paragraphs one through 8A?

5 A. Okay. I think I -- I think I've got  
6 you now.

7 Q. Okay.

8 A. I don't -- I don't think so. I did,  
9 in paragraph four, say that I reserve the  
10 right to revise and supplement this, just in  
11 case I said something that I wish I hadn't.

12 But, no. I don't think I have -- I  
13 don't think these are opinions. No, Sir.

14 Q. All right. Thank you. Sorry I was  
15 confusing with that question, and that  
16 occasionally happens. And I'll just do my  
17 best to restate the question so that it's  
18 clear.

19 A. Sure.

20 Q. Okay. And the section on  
21 qualifications -- 8B through 17 -- do you  
22 state opinions in that section of your report?

23 MS. SHEW: Object to --

24 Q. Sorry. That section of your  
25 declaration.

1 MS. SHEW: Object to the form.

2 A. No, I do not think so.

3 Q. But you do state opinions, in the  
4 section of your report entitled, "Expert  
5 Opinions." Correct?

6 A. Yes.

7 Q. Okay. And I'm just going to ask two  
8 more questions on this same line of questions.  
9 This regards paragraph 18.

10 Does paragraph 18 state any of  
11 your expert opinions?

12 MS. SHEW: Object to the form.

13 A. So, paragraph 18 -- the information  
14 provided, I think, if I remember correctly  
15 is -- was conversational. I don't think I  
16 have any material information in my hand about  
17 this, Sir.

18 But -- but it says, "information I  
19 have been provided by the Defendants'  
20 attorneys." And -- and I think, as we  
21 discussed it, it was all in -- as far as what  
22 happens at birth, and how sex is determined.

23 And those -- there will be opinions  
24 there. Yes, Sir.

25 Q. Okay. Have you formed any other

1       opinions in this case, besides what is  
2       contained in your declaration?

3                   MS. SHEW: Object to the form.

4           A.    No.

5           Q.    Do you intend to offer any other  
6       opinions in this case, beyond what you've  
7       stated in your declaration?

8           A.    No --

9                   MS. SHEW: Object to the form.

10          A.    No, Sir. I do not.

11          Q.    All right. Thank you. Is your  
12       expert declaration accurate, in all respects?

13          A.    Yes.

14          Q.    Is your declaration complete, in all  
15       respects?

16          A.    Oh gosh. I hope you can look back  
17       at 42 years of law practice and say everything  
18       you've done. But it's as complete as I can  
19       tell you.

20          Q.    Thank you. Is there anything you  
21       want to change in your declaration?

22          A.    No.

23          Q.    Is there anything you want to  
24       correct in your declaration?

25          A.    No, Sir.

1 Q. Is there anything you want to delete  
2 from your declaration?

3 A. No, Sir.

4 Q. Is there anything you wish to have  
5 add -- excuse me. Is there anything you wish  
6 you had added to your declaration?

7 A. No.

8 Q. Did you purposely leave anything out  
9 of your declaration?

10 A. I did not.

11 Q. Do you feel you need to do any  
12 additional work relating to your declaration?

13 A. No, Sir.

14 Q. Is your declaration a complete  
15 statement of all your opinions in this case?

16 MS. SHEW: Object to the form.

17 A. Can you wait for one second? I need  
18 to decline an incoming call.

19 Q. Okay. Sure.

20 A. I'm sorry.

21 Q. No worries.

22 A. Okay, I'm doing this with my iPhone.

23 Okay, I've got it out of the way. I'm sorry.

24 Ask that question again. I apologize.

25 Q. Sure. Is your declaration a

1 complete statement of all your opinions in  
2 this case?

3 A. It is.

4 Q. Do you believe that your declaration  
5 contains all the information for the courts  
6 and jury to understand all the work you did in  
7 this case?

8 A. Yes.

9 MS. SHEW: Object to the form.

10 Q. Do you believe that your declaration  
11 contains all the information for the court or  
12 jury to evaluate your opinion in this case?

13 MS. SHEW: Object to the form.

14 A. Yes.

15 Q. Do you believe that your declaration  
16 contains all the information for the court and  
17 jury to evaluate what you did for reliability?

18 A. Yes.

19 MS. SHEW: Object to the form.

20 Q. Dr. Traube, you are not offering  
21 opinion -- an opinion on gender identity. Is  
22 that correct?

23 A. Correct.

24 Q. In particular, you are not offering  
25 an opinion on the etiology of gender identity.

1 Correct?

2 A. Correct.

3 Q. And you're not offering an opinion  
4 on the nature of gender identity. Correct?

5 A. Correct.

6 Q. You are not offering an opinion on  
7 gender dysphoria. Correct?

8 A. Correct.

9 Q. In particular, you are not offering  
10 an opinion on the etiology of gender  
11 dysphoria. Correct?

12 A. I'm not a counselor, Sir. It's hard  
13 enough to keep women and babies alive before  
14 they get here, and after that. But no, I do  
15 no counseling.

16 Q. Okay. And you're not offering an  
17 opinion on the treatment of gender dysphoria.  
18 Correct?

19 A. Correct.

20 Q. Okay. You are not offering an  
21 opinion on the process of gender transition  
22 for transgender persons. Correct?

23 A. Correct.

24 Q. And you are not offering an opinion  
25 on sexual orientation. Correct?

1           A.    Correct.

2           Q.    In particular, you are not offering  
3           an opinion on the etiology of sexual  
4           orientation.  Correct?

5           A.    Absolutely right.

6           Q.    Okay.  And you are not offering an  
7           opinion on brain development and structure.  
8           Correct?

9           A.    You know, that's kind of a rabbit  
10          hole to talk to an obstetrician about, because  
11          often, we're blamed for problems that children  
12          have as they develop in the first --  
13          sometimes, after the first few years.

14                 And I've been involved in civil  
15          litigation, in that way.  Not lately, but in  
16          other years.  But, no.  As far as I'm  
17          concerned, I think if we get a good healthy  
18          baby here, we've done all we can do.  So I'm  
19          going to go that.

20                 But, obstetricians do sometimes get  
21          in the -- in the cross hairs of a child that's  
22          not developing the way that the parents think  
23          they ought to be developing.

24           Q.    Okay.  Let me try this.  This might  
25          be a better question.  You are not offering an

1 opinion on sexual differentiation in brain  
2 development and structure. Correct?

3 A. Correct.

4 Q. Okay. And you are not offering an  
5 opinion on variations in brain development and  
6 function as a result of exposure to sex  
7 hormones. Correct?

8 A. Correct.

9 Q. Okay. And you're not offering an  
10 opinion about the legal requirements for the  
11 completion of birth certificates. Correct?

12 A. Correct.

13 Q. And, last question in this line.  
14 You are not offering an opinion about the  
15 legal uses of birth certificates. Correct?

16 A. Correct.

17 Q. Okay.

18 A. Can I say one thing at this point?

19 Q. Sure. Please.

20 A. I have not looked at a birth  
21 certificate in probably 20 years. Because we  
22 used to look at them all and have to sign  
23 them, but they changed the law in Tennessee at  
24 some point.

25 It's about 20 years ago -- maybe



1 late '90s, at some point, to where I'm no  
2 longer in that loop. So, really, I don't -- I  
3 don't really know what info goes -- what all  
4 they include or exclude on a birth  
5 certificate.

6 What I do is make a medical record.

7 Q. Okay. And I'll ask some questions  
8 about that a little bit later this afternoon.

9 A. Okay.

10 Q. But thank you for that  
11 clarification.

12 Right now, I'd like you to look  
13 at what we've marked as "Exhibit 4." This is  
14 one of your -- the two CVs that you provided.

15 (Exhibit 4 marked for identification)

16 A. Okay.

17 Q. Could you confirm that this, in  
18 fact, is your CV?

19 A. It is.

20 Q. Okay. And then, flip over to  
21 Exhibit 5.

22 (Exhibit 5 marked for identification)

23 Q. And can you confirm that this is  
24 also a CV for yourself? This one in narrative  
25 form?

1           A.    Yes.  That's kind of a bio that I  
2           give attorneys to know who they are getting if  
3           they want to use me.

4           Q.    Sure.  Sure.  Thank you.  Excuse me.  
5           I want to go through some of your background  
6           right now.  Just as a part of the -- sort of  
7           completeness.

8                               Sir, what is your current  
9           position?

10          A.    My current position?

11          Q.    Yes.

12          A.    I'm in private -- I'm in private  
13          solo practice of obstetrics and gynecology.  I  
14          am a professional corporation that I own,  
15          since '83.  I established it and went in solo  
16          in '84.

17                        I started -- I finished my residence  
18          in '79 and went into practice, working for  
19          another doctor, before I went off on my own.  
20          And I've been solo ever since then.

21                        So, I occasionally do what we call  
22          "locums" work.  Are you familiar with that?

23          Q.    Yes, Sir.

24          A.    For various locums people.  I'm on  
25          several directories, so I may moonlight here

1 and there. But, most of the time, I'm just  
2 trying to take care of my patients right here.

3 Q. Okay. A bit about your background.  
4 You went to Vanderbilt for both undergraduate  
5 and medical school. Correct?

6 A. Correct.

7 Q. And, do I recall from your CV that  
8 you actually were a -- was it a history major?

9 A. Yes. European history.

10 Q. Okay. Let's see. And you also did  
11 your general surgery internship at Vanderbilt.  
12 Correct?

13 A. Yes. That's right.

14 Q. Okay. And as part of that  
15 internship, did you participate in rotations  
16 through various departments at the hospital?

17 A. That's right.

18 Q. Okay. Do you recall what  
19 departments you rotated through?

20 A. Well, I did eight months at  
21 Vanderbilt. Four of those were in the  
22 emergency rooms. Two of those were with the  
23 orthopedics department. And another two, I  
24 think -- I just can't remember -- maybe in  
25 neurosurgery or something. It's been a while.

1                   And then I did four months on the  
2                   surgery ward at the VA hospital.

3                   Q.     Okay. Thank you. And you did an  
4                   OB-GYN residency also at Vanderbilt. Correct?

5                   A.     Correct.

6                   Q.     Did you do any other residencies  
7                   anywhere?

8                   A.     No, Sir.

9                   Q.     Okay. Would you look back at  
10                  Exhibit 4? This is the first of the two CVs.

11                  A.     Yeah.

12                  Q.     Would you tell me what "ABOG" refers  
13                  to?

14                  A.     That's the American Board of  
15                  Obstetrics and Gynecology.

16                  Q.     All right. So that's when you  
17                  passed your boards?

18                  A.     Yes, Sir.

19                  Q.     Okay. And then, what were the  
20                  boards that you passed in December of '83?

21                  A.     That's -- oh. That's the  
22                  American -- it's the American College of  
23                  OB-GYN. You'd have to pass your boards, and  
24                  then you apply the next year to enter the  
25                  college.

1 Q. Okay.

2 A. So that was my -- so, I passed  
3 boards at the end of '82, and entered the  
4 college at the end of '83.

5 Q. Okay. You don't have to sit for two  
6 sets of boards?

7 A. No, Sir.

8 Q. Okay.

9 A. And, you know, everybody after me --  
10 within two or three years, the board -- the  
11 boards I took were a lifetime award. You  
12 didn't have to take it again.

13 And so, those fellas are -- we're  
14 still board members, even though we haven't  
15 had to retake boards. But all the young  
16 people have to take it every five years.

17 So, my son is an internist and he  
18 has to take boards every five years.

19 Q. Well, age has its privileges, I  
20 guess.

21 A. You get old and fat. That's it.

22 Q. Okay. Dr. Traube, do you have any  
23 training in psychology?

24 A. No, Sir.

25 Q. Do you have any training in

1 psychiatry?

2 A. No.

3 Q. Do you have any training in  
4 endocrinology?

5 A. Minimal.

6 Q. What does -- what does that minimal  
7 training consist of?

8 A. Reproductive endocrinology.

9 Q. Okay.

10 A. I would not be qualified to treat a  
11 person with thyroid disease or other pituitary  
12 tumors. Things like that. I would be helpful  
13 in people with ovarian function.

14 Q. Okay.

15 A. Ovarian failure. Menopause  
16 treatment. Like I said, my -- I would  
17 interface as a very low level endocrine  
18 function. That would be what I would be.

19 Q. Okay. Thank you. Do you have any  
20 training in neurobiology?

21 A. None.

22 Q. Do you have any training in gender  
23 identity?

24 A. No.

25 Q. Do you have any training in gender

1       dysphoria?

2               A.     No.

3               Q.     Okay.  And in your materials -- I'm  
4       not seeing it right now -- you indicate that  
5       you're licensed by the state of Tennessee.

6       Correct?

7               A.     That's it.

8               Q.     Okay.  Are you licensed by any state  
9       other than the state of Tennessee?

10              A.     No.

11              Q.     Okay.  So it's correct to say that  
12       you do not hold any other licenses other than  
13       the license issued by the state of Tennessee?

14              A.     That's right.

15              Q.     Okay.  And you are board certified  
16       in obstetrics and gynecology.  Correct?

17              A.     Yes.

18              Q.     And that's what you just explained  
19       to me?

20              A.     Yes.

21              Q.     Okay.  Do you have any  
22       certifications, other than the board  
23       certification from -- all right -- in -- or  
24       from the American College of -- let's see if I  
25       got this right -- Obstetrics and Gynecology?

1           A.    I do not.

2           Q.    Okay.  And, let's see.  In your  
3    declaration, you say that you were elected as  
4    a fellow of the American College of Obstetrics  
5    and Gynecology in 1983.  That being elected as  
6    a fellow is what happens about a year after  
7    your boards are taken?

8                        Is that right?

9           A.    Yeah.  That's right.

10          Q.    Okay.  Do you consider the American  
11    College of -- let me ask you this question  
12    first.

13                        Is it the American College of  
14    Obstetrics and Gynecology?  Or the American  
15    College of Obstetricians and Gynecologists?

16          A.    Oh Lord.  I've got them right up  
17    here.  Just a second.

18                        Okay.  It's -- the board is the  
19    American Board of Obstetrics and Gynecology.  
20    And the College is Obstetricians and  
21    Gynecologists.

22          Q.    Okay.  Just wanted to clear that up.

23          A.    Yes.

24          Q.    Make sure I wasn't saying the wrong  
25    thing.



1                   Do you consider the American  
2                   College of Obstetricians and Gynecologists to  
3                   be a reputable source of information for  
4                   people in your field?

5                   A.     It depends on the day.  Because they  
6                   put out papers all the time and then change  
7                   them a day or two later.  The things that the  
8                   American boards and college puts out is kind  
9                   of a moving target.

10                   But I think everything they put,  
11                   they try to be current.  And that's why --  
12                   it's kind of like this COVID plague we're in  
13                   now.  We hear different info all the time.

14                   So, it's maybe not that bad, but  
15                   like I say, sometimes, I don't pay too much  
16                   attention to what they say, because they --  
17                   they may have a better position; a more clear  
18                   position.

19                   See, they'll have committee  
20                   opinions, and then they'll have -- they have  
21                   all these different rankings of things that  
22                   will come out.

23                   And I think the committee opinion  
24                   will be the most authoritative, but they have  
25                   a lot of other bulletins -- practice

1 bulletins, and things like that. They'll lose  
2 you with things.

3 But, no. And, everything changes,  
4 so, I think there's -- they are very helpful.  
5 I'll say that. I will say they are very  
6 helpful.

7 Q. Okay. Are you familiar with the  
8 Committee on Adolescent Healthcare of the  
9 American College of Obstetricians and  
10 Gynecologists?

11 A. You know, I don't think I have read  
12 much of them lately. Every now and then --  
13 particularly if I have an adolescent  
14 pregnancy -- I will refer to them. But I  
15 really haven't had one in a while. So...

16 Q. Okay. By chance, are you aware that  
17 the Committee on Adolescent Healthcare of the  
18 ACOG issued a committee opinion on care for  
19 transgender adolescents?

20 A. It's not surprising, but I sure -- I  
21 haven't read it.

22 Q. Okay. Well, it's -- it's what we've  
23 marked as Exhibit 6, if you want to take a  
24 look at that.

25 (Exhibit 6 marked for identification)

1 MS. SHEW: Are you asking him  
2 to read this?

3 MR. WINEMILLER: Well, I want  
4 him to -- I'm going to ask him some  
5 questions about it. So if he needs some  
6 time to look it over, that's fine.

7 THE WITNESS: Let me look at  
8 the abstract and see if that will help,  
9 if possible. And if you start getting  
10 technical, it will take a while. But --

11 MR. WINEMILLER: I only have  
12 one or two questions about it. And if  
13 after I ask those questions, you want to  
14 go back and read the rest of the  
15 document, that's certainly your right.

16 THE WITNESS: Okay. Why don't  
17 you ask a question and see -- see what I  
18 can do with it? And if not, I'll refer  
19 to the document.

20 MR. WINEMILLER: Sure.

21 BY MR. WINEMILLER:

22 Q. Specifically, I'd like you to turn  
23 to page four of the document. And you'll see,  
24 at the bottom right of page four, there's  
25 something called a "Glossary."

1           A.    I see it.  Yeah, I've got it.

2           Q.    And I want to ask you about the  
3 definition of "gender identity" that's  
4 presented there.  It defines gender identity  
5 as:

6                       "A person's fundamental and  
7 innate sense of being male, female, or  
8 somewhere in between."

9                       Did I read that correctly?

10          A.    Correct.

11          Q.    Do you agree or disagree with this  
12 definition?

13          A.    I agree with it --

14                       MS. SHEW:  Object to the --  
15 object to the form.

16                       MR. WINEMILLER:  I'm sorry.  
17 I'm afraid that we might have -- you  
18 might have answered on top of Ms. Shew's  
19 objection.  Could you repeat your answer,  
20 please?

21                       THE WITNESS:  I agree.

22                       MR. WINEMILLER:  Okay.  Thank  
23 you.

24          BY MR. WINEMILLER:

25          Q.    Now, moving down the glossary,

1 that's actually at the top of the next page --  
2 it's in the next -- sorry. It's on the next  
3 page. There's a definition of -- for  
4 "transgender." And it defines "transgender"  
5 as:

6 "A person whose gender identity  
7 differs from the sex they were assigned at  
8 birth."

9 Do you see that?

10 A. I see it.

11 Q. Did I read that correctly?

12 A. You did.

13 Q. Do you agree or disagree with this  
14 definition?

15 MS. SHEW: Object to the form.

16 A. I think I agree with it.

17 Q. Okay. Thank you. I want to go back  
18 to your credentials. And, in particular, on  
19 Exhibit -- sorry; one, two, three, four, five.  
20 This is the narrative.

21 You mentioned -- oh. This was  
22 the Fellowship of the American College of  
23 Obstetricians and Gynecologists. My question  
24 is, Sir, do you hold any other fellowships?

25 A. No, Sir. I don't.

1           Q.    Okay.  And -- and we've gone over a  
2           couple of your different credentials.  Do you  
3           have any other official designations or  
4           credentials relating to your -- your practice  
5           of medicine?

6                       MS. SHEW:  Object to the form.

7           A.    No.  That's all.

8           Q.    Okay.  I have some questions now  
9           about your practice, Sir.  You've been in  
10          private practice since 1979, I think you just  
11          testified?  Is that right?

12          A.    Yes.

13          Q.    And in solo practice since 1984.  
14          Correct?

15          A.    Yes.

16          Q.    And, I think I understand; but what  
17          is the difference between private practice and  
18          solo practice?

19          A.    Well, the private practice of  
20          medicine means -- you know, it may have meant  
21          something -- it may mean something different  
22          today than it did 40 years ago.

23                       But, in general, you either worked  
24          for a university; or you worked for the  
25          Government; or you worked for some entity.

1 You worked for the VA. You worked for  
2 somebody.

3 And those were people that were  
4 attached to a larger institution, or you  
5 worked for yourself. And that's private  
6 practice. That's your -- private.

7 Now, most private practices, these  
8 days -- and, really, from the time I went into  
9 solo practice, most people in private practice  
10 are in groups.

11 I don't know if you're a solo  
12 lawyer, or whether you're in a group of  
13 lawyers, but a group of lawyers would go, and  
14 then they would -- they may have income based  
15 on production. But, also, they also share  
16 expenses.

17 And the doctors would do the same  
18 thing. They would have production less  
19 expenses. And that's -- but, in my case, I  
20 went in as an employee of one doctor, and  
21 then...

22 So, I was in private practice under  
23 another doctor's office. And then four and a  
24 half years later, I opened my own office. And  
25 I've just -- I've been a -- a lone physician

1 in solo practice of obstetrics and gynecology  
2 since 1984.

3 Q. Okay. Thank you. And how would you  
4 describe the nature of your practice?

5 A. Well, that changes over years. I  
6 was a very busy gynecologic surgeon. And very  
7 busy, obstetrically, probably from '85 to  
8 2005. Gradually, getting a little less busy.  
9 And then, after 2005, a lot less surgery.  
10 These days, do very little surgery compared to  
11 what I used to do.

12 But -- so, things change as your --  
13 the focus of your life changes. And a lot of  
14 my friends quit delivering babies. I have  
15 kept delivering babies. So, I still have a  
16 fairly active obstetric practice. I delivered  
17 the third baby this week today.

18 But, you know, a lot of people would  
19 rather stop doing obstetrics and do something  
20 different. But I -- so, surgically, I was a  
21 very busy gynecologic surgeon for 30 years, I  
22 imagine. And then a little less busy.

23 And, these days, I just do, oh,  
24 probably three or four cases a month. I only  
25 do what I want to do and send the cases out



1 that I -- that need to be done. So that's how  
2 I would describe my practice.

3 But -- and I do a lot of  
4 consultations, like you say. I let people  
5 come in for other opinions, that, "So and so  
6 thinks I need this. What do you think?" And I  
7 can talk to them.

8 I have any -- and I'm a safe  
9 consultation for a lot of doctors, because  
10 they know I'm not going to steal their  
11 patient. I'm not going to operate on them.  
12 I'm going to tell them whether I think it's a  
13 good -- a good plan or not.

14 That's a fair amount of what I do.  
15 But I give -- I give a lot of second opinions.

16 Q. Okay. Thank you. Have you ever  
17 practiced in any area other than OB-GYN?

18 A. If you look at my Exhibit 5, on the  
19 first page -- internship -- I divorced in '77  
20 and couldn't pay the bills. And my department  
21 chief let me do emergency room work on the  
22 side. Because I'd done a year of surgery.

23 And it was -- went against -- nobody  
24 was allowed to do that. I was the first  
25 person. But he wanted to keep me as a

1 resident, and he knew that if he -- otherwise,  
2 I was going to have to leave and do something  
3 else.

4 And so, I have many, many weekends I  
5 spent in rural medicine, doing emergency room  
6 work. So that's -- that's what I've done  
7 outside of OB-GYN; is a lot of rural emergency  
8 rooms.

9 But that's -- again, that's in the  
10 old days. That's 45 years ago. So --

11 Q. Okay.

12 A. It's not something that I would have  
13 expertise in today.

14 Q. Okay. And other than the emergency  
15 room practice that you've had back in the day,  
16 and now your OB-GYN practice, do you practice  
17 in any other area?

18 A. No, I don't.

19 Q. Okay. Now, you served on the staff  
20 of Vanderbilt Hospital from 1979 to 2005.

21 Correct?

22 A. I think so.

23 Q. Okay. And what medical services did  
24 you provide at Vanderbilt?

25 A. I did very little surgery there.

1 Not more than a handful in all those years.  
2 It was delivering babies. And it's usually  
3 people that were nurses at Vanderbilt, that  
4 wanted me to deliver them. And they had good  
5 insurance for Vanderbilt.

6 So, it would probably be one or two  
7 a month, for most of those years. It finally  
8 got to where it was very few, and it was a lot  
9 of trouble to go over there. So I phased  
10 myself out over there.

11 Q. Okay. Did you work with any  
12 transgender patients at Vanderbilt?

13 A. No, I didn't.

14 Q. Why did you leave Vanderbilt?

15 A. Well, I -- I was on staff so I could  
16 deliver babies. And I left the staff because  
17 I no longer wanted to deliver babies there.

18 Q. Fair enough. Okay. Have you ever  
19 had any affiliation with Vanderbilt Center for  
20 Transgender Health?

21 A. No.

22 Q. And you currently serve on the staff  
23 of Centennial Medical Center. Correct?

24 A. Yes.

25 Q. And you have, since 1979. Is that

1 right?

2 A. Yes.

3 Q. Okay. And what kind of institution  
4 is Centennial?

5 A. It's a large hospital. The hospital  
6 that I really worked at was called "Westside  
7 Hospital" in those days. And it was absorbed  
8 into Centennial somewhere in the early '90s.  
9 I couldn't -- couldn't tell you the date.

10 Because I was department chair at  
11 Westside. And then after a while, I was  
12 department chair at Centennial OB-GYN  
13 Department. So, it was sometime in those  
14 years. Early '90s, I think.

15 But -- but no. It's -- so, Westside  
16 was a full service hospital, but was small.  
17 And then, when they -- they turned it into a  
18 women's hospital, and that's -- and all of the  
19 services that were done at Westside are now  
20 done in the main Centennial Hospital.

21 And it's mostly women and children  
22 at the building that I'm in now.

23 Q. Okay. And the services that you  
24 provided at Centennial, were they all as part  
25 of your OB-GYN practice?

1           A.    Yes.

2           Q.    Okay.  Do you know whether  
3 Centennial offers medical services  
4 specifically geared towards transgender  
5 persons?

6           A.    Not that I'm aware of.

7           Q.    Okay.  Now, you also serve on the  
8 staff at St. Thomas, Midtown.  Is that right?

9           A.    That's right.

10          Q.    And you --

11          A.    It was a Baptist Hospital for most  
12 of those days.

13          Q.    Okay.  And is it a General Hospital?

14          A.    I think it does -- yeah.  I would  
15 say -- you know, St. Thomas, Midtown, I would  
16 say, is very heavy in women's health services.  
17 And its emphasis is -- it's -- one of their  
18 big emphases is that.

19                 If you look at the number of beds,  
20 probably 25 percent of those beds are women's  
21 health.  If you look at Centennial, it's about  
22 the same size hospital, but about 7 percent of  
23 the beds are women's health.

24                 So -- but it's got a big cancer  
25 focus at Centennial.  The Sarah Cannon Cancer

1 Center at that.

2 So, I mean, they are -- and then  
3 they've got the Atrium. You know, there could  
4 be some gender surgery at the Atrium. That's  
5 not -- you know, it's part of the same  
6 hospital, but it's a half mile away.

7 You know, it's a big campus that  
8 we're on. So that's --

9 Q. Okay.

10 A. There may be some of that done at  
11 Midtown. I honestly don't know.

12 Q. Okay. Is St. Thomas, Midtown part  
13 of Ascension Health?

14 A. It is.

15 Q. Okay. And Ascension Health is a  
16 faith-based healthcare organization,  
17 affiliated with the Catholic church. Is that  
18 right?

19 A. I think so.

20 Q. Okay. And, let's see. You also  
21 serve as Medical Director of the Hope -- the  
22 Hope Clinic for Women. Did I get that right?

23 A. Correct.

24 Q. Okay. And when did you start your  
25 work with the Hope Clinic?

1           A.     In the '80s.

2           Q.     Okay.

3           A.     Late '80s.

4           Q.     And what kind of institution is the  
5 Hope Center?

6           A.     The Hope clinic is a place for  
7 crisis pregnancy. They come in and get their  
8 pregnancy diagnosed. They get an early  
9 ultrasound; and they get a referral to an  
10 obstetrics clinic or an obstetrician.

11                   That's basically its function. It's  
12 to take people -- a lot of people that, they  
13 may be homeless, or -- and there are some good  
14 clinics in Nashville that will take these  
15 people in. Or they may be in abusive  
16 situations. Crisis.

17                   Hope Clinic is a wonderful,  
18 wonderful place in Nashville. I've been  
19 trying to get them to get a new Medical  
20 Director for the last 10 years, and they are  
21 too lazy to get one. So -- but one of these  
22 days, I'm going to retire, and then they are  
23 going to have to get one.

24                   But I just -- basically, I sign the  
25 ultrasound forms. And if they have a medical

1 question, they'll call me. But it's -- I  
2 have -- it's an unpaid position, but I think  
3 it's an important thing. It really helps  
4 women in crisis pregnancies.

5 Q. Okay. Now, other than signing the  
6 ultrasound forms, what other services do you  
7 provide through the hope clinic?

8 A. I think they do some counseling.  
9 They do -- actually, I don't know all the  
10 counseling that they do. I'm the Medical  
11 Director. And they've got a whole different  
12 counseling area that I don't interface with at  
13 all.

14 Q. Okay. Is the Hope Clinic for women  
15 a faith-based organization?

16 A. It's a charity-based organization.  
17 It's not affiliated with any church. Some of  
18 the churches give it money. Private donors  
19 give it money.

20 Q. Okay. Do you know whether the Hope  
21 Clinic offers medical services specifically  
22 geared towards transgender persons?

23 A. I have no idea.

24 Q. Okay. Have you, yourself, ever  
25 provided medical services for a transgender



1 person?

2 A. No, Sir. I haven't.

3 Q. Okay. And have you, yourself, ever  
4 treated a patient with gender dysphoria?

5 A. Maybe. Again, I've had a letter or  
6 two written from people that I'd seen in the  
7 past, that I couldn't even remember. Usually  
8 thanking me for being nice to them, and  
9 telling me -- I get letters from patients all  
10 the time, with life stories that you wouldn't  
11 imagine.

12 And I've had a few of those letters.  
13 But, you know, you're supposed to be nice to  
14 everybody. If you're nice to people, they'll  
15 like you. They'll think okay about you.

16 Q. You mentioned in your declaration  
17 that you've -- well, I guess like a lot of  
18 professionals, served on various committees  
19 over the course of your career.

20 Is that right?

21 A. Yeah. Correct.

22 Q. Okay. Have you ever served on a  
23 committee that addressed the topic of gender  
24 dysphoria?

25 A. No, Sir.

1 Q. Have you ever served on a committee  
2 that addressed the topic of gender identity?

3 A. No.

4 Q. Have you ever served on a committee  
5 that addressed the topic of sexual  
6 orientation?

7 A. I've not served on a committee for  
8 that. No.

9 Q. Is there a reason you hesitated in  
10 answering just now?

11 A. Well, I deliver a number of same sex  
12 couples. And I get along great with them.  
13 And I rarely ask them who's what in  
14 their group, because they're nice people, and  
15 I'll be nice to them.

16 But -- so, I imagine I've interfaced  
17 with a lot of such people. But, certainly,  
18 not in a counseling way, or in a way of  
19 providing advice. What I'm trying to do is --  
20 is help a healthy mother and a healthy baby.

21 Q. Okay. Thank you. Have you ever  
22 served on a committee that addressed the topic  
23 of the prohibition of medical services to  
24 transgender persons?

25 A. No, I have not.

1 Q. Okay. Now, I'm looking at paragraph  
2 four of your declaration. You have not  
3 authored any publications during the past 10  
4 years. Correct?

5 A. Correct.

6 Q. Okay. And I want to make sure that  
7 we're on the same wavelength here. What all  
8 do you include in the term, "publications?"

9 A. I guess anything that's been  
10 published in a medical journal.

11 Q. Okay. How about any books?

12 A. I have not written a book.

13 Q. Okay. How about blog posts?

14 A. Good grief. You know, I'm not on  
15 any social media. And so, if people want to  
16 mob me, they'll have trouble. Because I've  
17 tried -- I am off the grid in that way.

18 Q. Well, some of us could be envious of  
19 that, Dr. Traube.

20 A. Yes. I still have paper charts in  
21 my office. So that's --

22 Q. Okay.

23 A. I told them if they can get my paper  
24 charts, they can prise them out of my cold,  
25 dead fingers. Because I'm not going to go

1       electronic for that.

2               Q.     Okay.  Prior to the last 10 years,  
3       did you author any publications?

4               A.     I have never authored a publication.

5               Q.     Okay.  Have you ever conducted  
6       primary research during the past 10 years?

7               A.     No.

8               Q.     Have you conducted primary research  
9       at any time during your medical career?

10              A.     When I was a medical student, I  
11       worked for one summer in the Department of  
12       Physiology at Vanderbilt.  And I am unaware of  
13       whether any publications came out of that.  I  
14       worked in a lab for a physiologist there.

15                     The next summer, I worked at the VA  
16       Hospital in the Department of Experimental  
17       Surgery, which I'm sure is so politically  
18       incorrect, it doesn't exist now.  But, back in  
19       those days, we operated on various animals and  
20       did things that I'm got going to tell you  
21       about, but -- to them.

22                     And then they wrote -- and I think  
23       there was a man named "Buck Buchanan."  He was  
24       my -- he was the guy we did research for.  But  
25       I'm unaware.  I mean, he never gave me a copy

1 of anything, or told me he published anything.

2 He may have.

3 There was a -- basically, we were  
4 helping other people. We were helping  
5 urologists that were putting kidneys in  
6 various animals. They were working on  
7 techniques; things like that.

8 Anyway, so I would have been  
9 involved in research as a medical student, in  
10 summer, to make a little money back in summer  
11 of '72, maybe; and then in summer of '73. And  
12 that's it.

13 Q. Okay. Thank you.

14 A. I doubt if I'm on any research  
15 paper. Nobody ever told me that I had a name  
16 in anything.

17 Q. Okay. And, according to your  
18 declaration, you are an Assistant Professor at  
19 the University of Tennessee Medical School.  
20 Is that correct?

21 A. Correct.

22 Q. Okay. What subjects do you teach?

23 A. Well, they have a residency program,  
24 University of Tennessee, at St. Thomas,  
25 Midtown. And they have employed a number of

1 national obstetricians to work with the  
2 residents, to help them increase their  
3 talents.

4 And, basically, I work there two  
5 Fridays every month. And I help them do  
6 deliveries; and help them -- teach them the  
7 concept of a delivery. And the concept of the  
8 pelvis. And the concept of the mechanisms.

9 And, sometimes they'll call me if  
10 they think they have a difficult delivery.  
11 During the week, I may come and help them do  
12 something, or tell them not to do it. But,  
13 that's my function there.

14 Really, I kind of help the kids get  
15 comfortable delivering babies.

16 Q. Okay. Is it fair to say that you do  
17 not teach classes?

18 A. Once a year, I give a lecture on the  
19 acute abdomen. It's like an appendicitis, or  
20 something bad, penetrating injury or trauma in  
21 a pregnant woman.

22 So, I'll give -- I'll give a lecture  
23 once a year to the residents. And I usually  
24 bring a surgeon with me. So that's all --  
25 that is all my didactic teaching to the

1 residents. That's it.

2 Q. Okay. Apart from your teaching at  
3 UT, do you give public presentations on  
4 medical topics?

5 A. Every now and then, for the  
6 St. Thomas -- they have a simulations  
7 department. And simulations are very useful  
8 to help people think through emergencies that  
9 don't happen very often.

10 Because, like, say, the lawyers love  
11 to have somebody make a -- make a problem --  
12 have a problem, because they can think of  
13 every second -- spend an hour of every second  
14 that goes by.

15 But when you're in the realtime,  
16 you've got to think your way through things as  
17 they happen. And if you do it with a  
18 simulator -- it's just like airline pilots.  
19 If you do it with a simulator, time and time  
20 again, that's very useful to practitioners.

21 And so, there's a simulation  
22 conference -- there was going to be one this  
23 year, but the virus wiped it out. Usually,  
24 I'll help with -- I haven't done it a year or  
25 two, but I'll help people with simulations,

1 usually with a different -- a difficult type  
2 of delivery.

3 But these are practitioners. And  
4 they'll come in and work with the simulators,  
5 and I'll kind of talk to them as they do it.  
6 I'm not really teaching them anything. I'm  
7 just -- I'm helping them think through it.

8 That's my teaching.

9 Q. Okay. Have any of those simulations  
10 involved a topic related to gender identity,  
11 or gender dysphoria?

12 A. No. No, Sir.

13 Q. Okay.

14 A. They don't.

15 Q. Okay. And you don't have any legal  
16 training, do you?

17 A. No.

18 Q. There's nothing wrong with it.

19 A. Oh, no. No. I'm just -- my father  
20 worked hard to try to get me to go to law  
21 school. And I diligently refused. So that's  
22 it.

23 Q. Well, my father diligently tried to  
24 get me to go to medical school, and you see --

25 A. And you diligently --



1 Q. -- where I am. Okay. Do you  
2 consider yourself an expert in the field of  
3 obstetrics and gynecology?

4 A. I do.

5 Q. Okay. Do you consider yourself an  
6 expert in the field of psychiatry?

7 A. No.

8 Q. In psychology?

9 A. No.

10 Q. In neurobiology?

11 A. No.

12 Q. In endocrinology?

13 A. Can I say a little bit? But not --

14 Q. Sure.

15 A. But I'm not an expert. I'm not an  
16 expert.

17 Q. Okay. And, are you an expert -- do  
18 you consider yourself an expert on the subject  
19 of gender dysphoria?

20 A. No.

21 Q. Do you consider yourself an expert  
22 on the subject of gender identity?

23 A. No.

24 Q. And do you consider yourself an  
25 expert on the subject of birth certificates?

1           A.    No.

2           Q.    Okay.  Dr. Trabue, we've been going  
3           about an hour and 20 minutes.  Do you need to  
4           take a break?  Or would you like to take a  
5           short break?

6           A.    How much time do you think we've  
7           got?  How much time do you think we have to  
8           go?

9           Q.    I think that we're about half-way  
10          through.

11          A.    I think I'm good.  I think I'm okay.  
12          If you're going to go three more hours, I  
13          might want a little stretch.  But if you have  
14          another hour and a half, I think I'm good.

15                   MR. WINEMILLER:  Anyone else on  
16          the call need a short break?  I'm just  
17          trying to be courteous to everyone here.  
18          If you do, just let me know.

19   BY MR. WINEMILLER:

20          Q.    Okay.  Let's see.  I'm looking at  
21          your declaration now.  Paragraph 18.  I'm just  
22          going to read it into the record, and you can  
23          tell me if I've read it correctly.

24                   "My opinions are based on the  
25          information I have been provided by

1 Defendants' attorneys -- including Plaintiffs'  
2 Amended Complaint and Defendants' Motion to  
3 Dismiss Amended Complaint -- and my education  
4 and extensive professional experience of  
5 having delivered approximately 12,000 babies  
6 over the course of my 42 years as a practicing  
7 OB-GYN."

8 Did I read that correctly?

9 A. You did.

10 Q. Dr. Traube, what documents were you  
11 provided by defense counsel?

12 A. The only documents they provided me  
13 were documents that I was to sign. Such as  
14 the one you just read.

15 Q. The declaration?

16 A. Yes.

17 Q. And did defense counsel prepare that  
18 document for you to sign?

19 A. Yes.

20 MS. SHEW: Objection.

21 Q. Did you make any changes to the  
22 document they gave you to sign, before you  
23 signed it?

24 MS. SHEW: I object to the  
25 form. And I also object to the extent

1           you're -- you're really getting close to  
2           invading attorney/client privilege with  
3           this witness -- with this expert.

4                       MR. WINEMILLER: I think I'm  
5           allowed to ask him if he prepared his  
6           declaration.

7                       THE WITNESS: So, the question  
8           is?

9           BY MR. WINEMILLER:

10           Q. Did you add any language to the  
11           declaration that was given to you to sign?

12           A. No.

13           Q. And you were given a copy of  
14           Plaintiffs' Amended Complaint. Is that  
15           correct?

16           A. I don't think so.

17           Q. Okay. In forming your opinion --  
18           excuse me. One other question first.

19                       Did defense counsel provide you  
20           with any information, other than the drafts of  
21           the report and declaration?

22           A. No.

23                       MS. SHEW: Objection.

24           Q. In forming your opinion, Dr. Traube,  
25           did you consider any documents other than --

1 well, did you consider any documents, period?

2 A. No.

3 Q. Just to be clear, you have not  
4 reviewed any of the other expert opinions  
5 disclosed in this case. Is that correct?

6 A. No, I have not.

7 Q. Okay. Thank you. And you are not  
8 offering an opinion about the opinions  
9 expressed by any of the other experts in this  
10 case; are you?

11 A. No.

12 Q. Okay. Were you instructed to  
13 assume -- assume any facts in preparing your  
14 opinion?

15 A. Was I instructed to assume any  
16 facts?

17 Q. Yes.

18 A. No.

19 Q. In preparing your opinion, did you  
20 speak with the named defendants in this case?

21 A. No.

22 Q. Okay. And, in preparing your  
23 opinion, did you speak with any other employee  
24 of the state of -- the state of Tennessee,  
25 other than defense counsel, who you've already

1 identified?

2 A. No.

3 Q. Okay. What aspects -- strike that.

4 If you turn, Dr. Trabue, to  
5 paragraph 26 of your declaration? That's the  
6 end of the declaration.

7 A. Okay.

8 Q. It's your opinion that a baby's sex  
9 is simply a reflection of what the physician  
10 observed at the time of birth. Correct?

11 A. Correct.

12 MS. SHEW: Object to the form.

13 Q. Would it be accurate to say that  
14 determining a baby's sex is based on nothing  
15 more than observing whether or not a baby has  
16 a visible penis at the time of birth?

17 A. Yes.

18 Q. And the fact of the physician's  
19 observation is contemporaneously recorded in  
20 the baby's medical record. Is that right?

21 A. That's correct.

22 Q. Okay. What other information is  
23 recorded in the baby's medical record?

24 MS. SHEW: Object to the form.

25 A. In the first place, I have nothing

1 to do with the baby's medical record, other  
2 than what's in the mother's medical record.  
3 You see, as soon as the baby is delivered,  
4 it's no longer my patient.

5 So -- but, the medical record will  
6 discuss the date; and the time; and the type  
7 of delivery; and the health of the infant; the  
8 weight of the infant; the sex of the infant.  
9 And then, we'll also describe, very carefully,  
10 the condition of the mother, and what we had  
11 to do to help the mother, if we needed to.

12 It's -- it will be a delivery note.  
13 And each -- every hospital will have their  
14 own -- their own delivery note. And that's --  
15 basically, I know that Ascension's delivery  
16 note is different from Centennial's delivery  
17 note, but they'll have that basic data on it.

18 That's all I can -- there may be  
19 something I -- if you can bring up a sample  
20 birth certificate, I'll see if what all they  
21 have on it.

22 But a delivery note will basically  
23 have the type of delivery; the condition of  
24 the mother; the condition of the baby; and  
25 whether the baby is male or female; and

1       whether the baby is healthy; whether the  
2       mother is healthy. That's -- time and date.

3               That's, basically, what will be on  
4       that record. Although there'll be -- may be  
5       other embellishments that -- they'll talk  
6       about sponge counts; and blood loss; urine;  
7       other things.

8               There'll be plenty of other things  
9       on the report.

10       Q.     When you say "type of birth," what  
11       do you mean?

12       A.     Caesarean; versus easy vaginal;  
13       versus a difficult delivery; versus a breech  
14       delivery; or a vertex; or cephalic delivery.  
15       Whether there's a complication in delivery, or  
16       a complication with Caesarean.

17               Whether there's a history -- whether  
18       the woman has any complication that's not  
19       associated with the birth process, the uterus,  
20       or the birth canal.

21               Whether the uterus bleeds too much;  
22       or whether it's been damaged a lot; or whether  
23       there's a bladder injury; or a rectal injury.

24               I mean, there are whole textbooks  
25       written about things like this. I mean,



1       you just -- and each -- each -- each facility  
2       will have their own take on how you record all  
3       that.

4             Q.     Okay.

5             A.     At least the two that I work at.

6             Q.     Okay.  And that information that  
7       you've just described, is that in the mother's  
8       medical record?  Or is that in the baby's  
9       medical record?

10            A.     The mother's.

11            Q.     Okay.  And are you -- let's see.

12       Who prepares the mother's medical record?

13            A.     Well, it's a cooperative between the  
14       delivery room nurses and me --

15            Q.     Okay.

16            A.     -- as the doctor.

17            Q.     And who prepares the baby's medical  
18       record?

19            A.     Well, the delivery room nurse will  
20       prepare most of it.  If we need nursery  
21       personnel to come for some reason, then  
22       they'll prepare some of it.

23            Q.     Okay.  Would you, as the attending  
24       physician, have a role in preparing the baby's  
25       medical record?

1           A.    Not in preparing it.  No, Sir.

2           Q.    Okay.  Do you know, Sir, what the  
3   purpose of the baby's medical record is?

4           A.    I don't know how it would be  
5   different from any person's medical record.

6           Q.    Okay.

7           A.    I cannot think how it might be  
8   different.

9           Q.    Okay.  Dr. Trabue, a baby's medical  
10   record is not the same thing as a birth  
11   certificate.  Is that right?

12          A.    I bet --

13                   MS. SHEW:  Object to the form.

14                   THE WITNESS:  I'm sorry?  Did  
15   she say something?  I couldn't hear.

16                   MS. SHEW:  Okay.  I just made  
17   -- Dr. Trabue, I just made an objection  
18   to the form.  You may answer his  
19   question.

20                   THE WITNESS:  Okay.

21                   Ask the question again.  I'm sorry.

22   BY MR. WINEMILLER:

23           Q.    Yes.  A baby's medical record is not  
24   the same thing as a birth certificate.

25   Correct?

1 A. As far as I know.

2 Q. Okay. It is not?

3 A. As far as I know, it's not.

4 Q. Okay. All right. Thank you.

5 MR. WINEMILLER: And, one  
6 thing. Ms. Shew, we learned this  
7 yesterday. If you hold down your space  
8 bar, it temporarily takes off your mute.  
9 So that might be an easy way to pop in  
10 your objection.

11 MS. SHEW: That's actually what  
12 I've been doing. I think I've just been  
13 hanging up a little bit too quickly. So  
14 I'll be more vigilant about keeping the  
15 space bar down.

16 Thank you.

17 MR. WINEMILLER: Sure. Sure.

18 BY MR. WINEMILLER:

19 Q. And, Dr. Traube, to the best of your  
20 knowledge, the information recorded on a  
21 baby's medical record is a different set of  
22 information than information recorded on a  
23 birth certificate.

24 Is that right?

25 A. I don't -- I honestly don't know the

1 differences and similarity. You'd have to --  
2 have to talk to the people that prepare birth  
3 certificates. I honestly am -- I'm out of  
4 that loop at this point.

5 I don't know. I would imagine that  
6 it would have some of the information that I  
7 used to see when I would sign them. But it's  
8 been over 20 years since I've signed them.  
9 And I don't know what's been added or  
10 subtracted in 20 years.

11 I honestly don't know what the  
12 likeness and what the dislike -- what the  
13 dissimilarities would be. I don't know.

14 Q. Okay.

15 MR. WINEMILLER: I think I need  
16 to take just a short break here,  
17 everyone. So, let's come -- it's -- I've  
18 got 32 minutes after the hour. Let's try  
19 to come back in five minutes.

20 Does that work for everyone?

21 THE WITNESS: Yes.

22 MR. WINEMILLER: All right.

23 Thank you.

24 (Short break.)

25 BY MR. WINEMILLER:

1 Q. Dr. Trabue, were you born in  
2 Tennessee?

3 A. Yes.

4 Q. And do you have a copy of your birth  
5 certificate, by chance?

6 A. You know, I think I took it to get  
7 my passport. It might be in a lock box  
8 somewhere. You'd have to -- Mrs. Trabue has  
9 all that.

10 But I know I've got a passport, and  
11 I bet I probably used it for that. It's  
12 been -- I don't know how many years passports  
13 are good for, but it's probably been eight or  
14 10 years ago.

15 I know I've got a passport, because  
16 I made a trip to Europe about six, seven years  
17 ago. And I already had it by then. So, I bet  
18 it's around somewhere.

19 Q. Okay. And do you recall what  
20 information was contained on your birth  
21 certificate?

22 A. No. I do not.

23 Q. Okay. Do you consider your birth  
24 certificate to be one of your medical records?

25 A. No.

1           Q.    Okay.  And, as a general  
2           proposition, birth certificates are not  
3           medical records, are they?

4           A.    No.

5                       MS. SHEW:  Object to the form.

6           Q.    Okay.  Dr. Trabue, do you know  
7           whether any law or regulation in the state of  
8           Tennessee dictates that a child's sex is  
9           determined by their external genitalia?

10                    MS. SHEW:  Object to the form.

11           A.    So, the question is, does a law --  
12           I'm unaware of any law that says that.

13           Q.    Okay.  If you turn with me, Sir, to  
14           paragraph 19 of your declaration?  And I'll  
15           read that and ask you to tell me if I read it  
16           correctly.

17                        "In the overwhelming majority  
18           of cases, a baby's sex is determined at birth  
19           by visual observation of his or her external  
20           genitals.  In fact, in my 42 years of  
21           practice, I have delivered only a handful of  
22           babies whose sex could not be instantly  
23           determined by looking at their external  
24           genitals."

25                        Did I read that correctly?

1           A.    You did.

2           Q.    And what did you mean by  
3 "overwhelming," as you used that term in  
4 paragraph 19?

5           A.    What's the question?

6           Q.    Oh.  I want to know what you mean by  
7 "overwhelming majority," as you use that term  
8 in the paragraph?

9           A.    Well, like I said, when it's a  
10 handful of babies, probably no more than --  
11 than a couple -- two or three -- in all these  
12 years, that we couldn't tell immediately.

13          Q.    Okay.  So, it's true, then, that a  
14 baby's sex cannot be determined by observing  
15 the external genitals in one hundred percent  
16 of the cases.  Is that right?

17          A.    Correct.

18          Q.    Okay.  But do you agree that  
19 external genitalia are sex-related  
20 characteristics?

21                   MS. SHEW:  Object to the form.

22          A.    The external genitalia are  
23 sex-related characteristic -- physical  
24 sex-related characteristics; yes.

25          Q.    Okay.  Thank you.  And you testified

1 just a minute ago, that you -- you can recall,  
2 what did you say -- two or three cases in  
3 which you could not observe external genitals  
4 on a baby at birth?

5 MS. SHEW: Object to the form.

6 A. Very few. And it's been a long time  
7 since anything like this has come up in my  
8 practice. It's --

9 Q. Okay.

10 A. -- vanishingly few.

11 Q. And in those very few cases, what  
12 did you contemporaneously note in the medical  
13 record?

14 A. In the medical record, we put  
15 "undetermined," and sent the baby to the  
16 nursery. And the pediatricians would decide  
17 what -- what the gender would be. Or not be.  
18 I mean, that's -- that becomes a job for the  
19 expert. And the pediatrician would be the  
20 expert.

21 Q. Okay. And you are not a  
22 pediatrician. Correct?

23 A. Absolutely. Right.

24 Q. Okay.

25 A. Correct.



1 Q. And do you know what the birth  
2 certificates for those children indicate?

3 A. I do not.

4 Q. Okay. Do you know whether the  
5 medical records were changed after the  
6 pediatrician determined the sex of the child?

7 A. You're asking me if the medical  
8 record was changed after the pediatrician  
9 looked at the child? Is that --

10 Q. Correct.

11 A. -- the question?

12 Q. Yes. Do you know?

13 A. It would not be changed.

14 Q. Okay. In those cases -- and I'm  
15 looking at the next paragraph of your  
16 declaration -- paragraph 20 -- do you know how  
17 the baby's -- or the pediatrician determined  
18 the sex of the baby?

19 MS. SHEW: Object to the form.

20 A. No. I do not.

21 Q. And in those cases, do you know when  
22 the pediatrician determined the sex of the  
23 baby?

24 A. No.

25 Q. But it's true, isn't it, that at

1 least with respect to those cases, the  
2 determination of the child's sex occurred  
3 after the delivery. Correct?

4 A. Correct.

5 Q. Okay. I'm going to question now  
6 about paragraph 21 of your declaration. And  
7 I'll just ask you to read that to yourself.

8 [Witness perused document]

9 A. I've read it.

10 Q. Okay. I'm going to ask you the same  
11 question I asked with respect to one of the  
12 previous paragraphs. When you use the phrase,  
13 "overwhelmingly determined," in the first  
14 sentence, what did you mean by  
15 "overwhelmingly?"

16 A. Actually, the word "overwhelming"  
17 might not be necessary. It might just say  
18 that, "the baby's sex at birth can be  
19 determined by examining his or her chromosomal  
20 make up."

21 You could do -- you could do without  
22 that word.

23 Q. Okay. Are there any cases in which  
24 you could not determine the sex of a baby by  
25 examining the chromosomal make up?

1 A. Not that I'm aware of.

2 Q. Okay. But do you agree that sex  
3 chromosomes are a sex-related characteristic?

4 A. Sex chromosomes are --

5 MS. SHEW: Object to the form.

6 A. Sex -- sex chromosomes are a what?

7 Q. Sex-related characteristic.

8 A. Yes.

9 Q. Okay. And after a chromosomal test  
10 is performed, would the results be added to  
11 the baby's medical record?

12 MS. SHEW: Object to the form.

13 A. I guess any medical test would be  
14 added to the medical record. Whether it's a  
15 chromosome or -- any medical test done on the  
16 baby would be part of the baby's medical  
17 record.

18 Q. Okay. Dr. Traube, the term,  
19 "disorder of sexual development" refers to  
20 various congenital conditions associated with  
21 atypical sexual development. Is that right?

22 A. Which -- are you reading this from a  
23 paragraph?

24 Q. No.

25 A. Oh.

1 Q. Well --

2 A. So, ask the question. I'm sorry. I  
3 was looking for it.

4 Q. Oh. Sure; sure. The term I'm  
5 asking about is "disorder of sexual  
6 development." And I'm asking whether that  
7 term refers to various congenital conditions  
8 associated with atypical sexual development.

9 A. I really can't answer that question.

10 Q. Okay. And you may not be able to  
11 answer this one either, but I'm going to ask  
12 it and you just tell me. Would you agree that  
13 a chromosomal disorder is an example of a  
14 disorder of sexual development?

15 A. A chromosomal disorder is what?

16 Q. An example of a disorder of sexual  
17 development.

18 A. I don't know.

19 Q. Okay. And let me ask this question,  
20 not using that term. In the case of a person  
21 born with a chromosomal disorder, is it  
22 possible for their sex to be recorded at  
23 birth, different from their chromosomal make  
24 up?

25 A. I don't know.

1 Q. Okay. And would you agree that some  
2 people who are born with ambiguous genitalia  
3 sometimes undergo genital surgery to better  
4 reflect their gender?

5 MS. SHEW: Object to the form.

6 A. You know, that's best asked to a  
7 pediatrician.

8 Q. Okay. If you would look at  
9 paragraph 22 of your declaration, Sir, you  
10 say:

11 "Surely, I am aware of certain  
12 genetic conditions that cause a chromosomal  
13 make up that is something other than XX or XY.  
14 But, even in those rare instances or --"

15 Excuse me.

16 "-- but even in those rare  
17 cases, the presence or absence of the Y  
18 chromosome overwhelmingly determines the  
19 baby's sex at birth."

20 Did I read that correctly?

21 A. That's correct. And that is my  
22 understanding.

23 Q. Okay. And it's the same question I  
24 asked before. What did you mean by  
25 "overwhelmingly," as used in that sentence?

1           A.    It's probably superfluous.

2           Q.    Okay.  Is it true, Dr. Trabue, that  
3           a baby's sex cannot be determined by the  
4           presence or absence of the Y chromosome in one  
5           hundred percent of the cases?

6           A.    I don't know.

7           Q.    Would you agree, or disagree, that  
8           there is a lack of consensus in the medical  
9           community about the assignment of sex for some  
10          people with ambiguous genitalia,  
11          notwithstanding the presence of Y chromosomes?

12          A.    I would agree with lack of consensus  
13          in medicine about everything, including this.  
14          This is no different from any other medical  
15          topic.

16          Q.    Okay.  Dr. Trabue, what is the  
17          condition called, "perineoscrotal  
18          hypospadias?"

19          A.    Again, you're -- this is something  
20          that I -- that is often diagnosed in the  
21          nursery.  Certainly, not by us.

22                  But it would be -- I think that  
23          other thing, what is called -- it might be an  
24          undescended testicle; where the testicle  
25          resides at some point along the spermatic

1 cord. You'd have to ask the urologist. And  
2 it depends on how high up it is, as to  
3 whether -- how functional it is.

4 Anyway, I know very little about it,  
5 other than it exists.

6 MR. WINEMILLER: Can we take a  
7 short break, please? Five minutes? I  
8 think we may be kind of ironing some  
9 things out. So, off the record and back  
10 on in five minutes.

11 THE WITNESS: Very good.

12 (Short break.)

13 BY MR. WINEMILLER:

14 Q. Okay. Earlier, you testified that  
15 external genitalia and sex chromosomes are  
16 sex-related characteristics. Right?

17 MS. SHEW: Same objection.

18 A. Right.

19 Q. Would you agree that there are  
20 multiple sex characteristics?

21 MS. SHEW: Object to the form.

22 A. In a baby, I'm certain there would  
23 be. But I would not be qualified to discuss  
24 them.

25 Q. Okay. Would you be qualified to say

1           whether you agree that pubertal hormones are  
2           sex-related characteristics?

3                           MS. SHEW: Object to the form.

4           A.     At puberty?

5           Q.     Yes, Sir.

6           A.     Yes.

7           Q.     Okay. And would you agree that the  
8           development of breasts is a sex-related  
9           characteristic?

10                       MS. SHEW: Object to the form.

11          A.     Yes.

12          Q.     And would you agree that sex  
13          characteristics are sometimes referred to as  
14          "primary" and "secondary" characteristics?

15          A.     That's not how I learned them, but I  
16          don't have an argument with that.

17          Q.     Okay. And are examples of primary  
18          sex characteristics, sex chromosomes, gonads,  
19          sex hormones, internal genitalia, and external  
20          genitalia?

21                       MS. SHEW: Object to the form.

22          A.     I would say yes.

23          Q.     And are examples of secondary sex  
24          characteristics pubic hair, enlarged breasts,  
25          and widened hips in females. And pubic hair,



1 facial hair, and Adams apples in males?

2 MS. SHEW: Object to the form.

3 A. You know, I wouldn't say that either  
4 list you gave me would be encyclopedic. But  
5 they would -- those things would be on those  
6 lists. But, again, I'm not qualified to give  
7 you a complete list of either.

8 Q. Okay. Fair enough. Dr. Traube, not  
9 all primary sex characteristics are visible in  
10 babies at the time of birth. Correct?

11 MS. SHEW: Object to the form.

12 A. You know, I would say the sex  
13 characteristic in the delivery room would be  
14 the presence of a penis, or what appears to be  
15 a vagina. Those would be the sex  
16 characteristics that would be used in the  
17 delivery room to assign a sex to the infant.

18 Q. And those would be the sex  
19 characteristics that were visible, or not, in  
20 babies at the time of birth. Correct?

21 A. At the time of birth.

22 Q. Okay. And no secondary sex  
23 characteristics are visible in babies at the  
24 time of birth, of course. Right?

25 MS. SHEW: Object to the form

1 of the question.

2 A. Correct.

3 Q. Okay. Turn with me, if you would,  
4 to paragraph 23 of your declaration, Sir.  
5 I'll read that, and you can tell me if I've  
6 read it correctly:

7 "Birth of a baby can be a  
8 complex medical procedure, and the mother's  
9 medical record reflects the serious nature of  
10 the procedure. A medical record cannot be  
11 changed."

12 Did I read that correctly?

13 A. You did.

14 Q. And here, you're talking about  
15 medical records. Not birth certificates.  
16 Correct?

17 A. Correct.

18 Q. Okay. And paragraph 24:

19 "Of course, the baby's sex at  
20 birth is an important part of his or her  
21 medical record. But the baby's sex at birth  
22 is not any more difficult to determine than  
23 the other data that make up the rest of the  
24 medical record. Indeed, determining the  
25 baby's sex at birth is akin to noting the

1 baby's birth weight, height, date and time of  
2 birth, and physical condition."

3 Did I read that correctly?

4 A. Yes. I would amend that and say,  
5 instead of "height," you would say "length."  
6 Weight, length, date, time, and physical  
7 condition.

8 Q. Okay. They are largely horizontal  
9 at that age, aren't they?

10 A. They are.

11 Q. Okay. Now, in the first sentence of  
12 that paragraph, are you referring to the  
13 baby's medical record when you write, "his or  
14 her medical record?"

15 A. Yes.

16 Q. Now, you do not have a role in  
17 preparing the baby's medical record. Correct?

18 MS. SHEW: Object to the form.

19 A. At the time of delivery, I am the  
20 physician present. There will be a nurse  
21 assisting me, and another nurse to take the  
22 baby. And the nurse will comment, and we will  
23 all, you know, be viewing the baby and the  
24 mother.

25 And so, I will be the physician of

1 record in the room. And there has to be a  
2 physician of record in the room. Until, or  
3 unless, one of the officials from the nursery  
4 is summoned to the room.

5 So, I will be the physician of  
6 record at birth for that baby, for the  
7 temporary time that the baby is in the  
8 delivery room with the mother.

9 Q. And I'm not meaning to be obtuse  
10 here, but do you prepare any part of the  
11 baby's medical record?

12 MS. SHEW: Object to the form.

13 A. I do not prepare it, but I agree  
14 with it.

15 Q. What do you mean, you agree with it?

16 A. Medicine is a personal -- very  
17 personal occupation. And we're talking among  
18 ourselves. They'll say, "Dr. Traube, it's  
19 this." And I will say, "Look at that."

20 We will -- it's a communal thing.  
21 So that, it's me and several nurses are doing  
22 or preparing both a description of the mother  
23 and the baby, unless we need other people to  
24 come in and assist.

25 And, sometimes a nursery personnel,

1 a group, or a physician, or a physician  
2 assistant, or nurse practitioner, from the  
3 nursery, will come, and that person will  
4 certainly take over for the baby.

5 But I will -- but I am the physician  
6 of record in the room, until I'm not. Until  
7 someone else comes in and assumes that.  
8 That's -- I guess that's the best answer I can  
9 give you.

10 I am not really preparing the  
11 record, but I am assisting and supervising the  
12 person who is preparing the record.

13 Q. Okay. Thank you. Now, medical  
14 records are not public documents. Correct?

15 A. Yes.

16 Q. Okay. And they are governed by  
17 HIPAA these days. Correct?

18 A. Yes.

19 Q. Okay. And medical records are not  
20 legal documents, are they?

21 MS. SHEW: Object to the form.

22 A. So, your question is, medical  
23 records are not legal documents?

24 Q. Correct.

25 A. And my answer is, they can be.

1 Q. Okay. Are they government  
2 documents?

3 MS. SHEW: Object to the form.

4 A. They are documents that can be used  
5 in -- in lawsuits, and presented to the court.  
6 And that would be a legal document.

7 Q. Once it's presented to the court,  
8 you mean?

9 A. That's what malpractice law is, Sir.  
10 That's -- we argue about the medical record.

11 Q. And --

12 A. Whether it was -- whether it was --  
13 whether that was faulty, or whether the care  
14 we've given was documented.

15 I mean -- so, it is -- it is a  
16 personal record. And it is private unless it  
17 is released as -- to the Court to decide  
18 whether a malpractice happened. And then it  
19 goes -- so, I mean, I guess -- I mean, you're  
20 the lawyer. You would know whether that's  
21 legal or not.

22 It would seem to me it would be, but  
23 I'm told -- I'll tell you this. When the  
24 people give me medical records to review,  
25 there are all kinds of warnings all over it,

1 that, "This can't be viewed by anybody else;"  
2 and to destroy it; and -- you know, it's a big  
3 deal.

4 Q. Okay. Now, medical records do not  
5 belong to the Government, do they?

6 A. You know, if a judge says it does,  
7 it does, I guess. But, I mean, in general, it  
8 belongs to the hospital.

9 Q. Okay. And are medical -- excuse me.  
10 Do medical records serve as  
11 identification documents?

12 A. I would --

13 MS. SHEW: Object to the form.

14 A. I don't know if I can answer that  
15 question, entirely. Because we'll get unnamed  
16 patients at the hospital that don't speak  
17 English. And maybe sometimes they are used.

18 I've had people come in -- after  
19 we've delivered babies, we've had social  
20 workers, and other people from Metro, come and  
21 view -- I don't know.

22 Particularly if there's drugs  
23 involved. You know? It's a -- I mean,  
24 it's -- you're talking about an area that, in  
25 a perfect world, you're exactly right. But,

1       you know, when I'm supervising the residents  
2       at St. Thomas, Midtown, it's not a perfect  
3       world.

4               Q.     Okay. Let's look at paragraph 25 of  
5       your declaration. I'll read it.

6                       "Nevertheless, because it is a  
7       medical determination made at the time of  
8       birth, the baby's sex designation at birth, as  
9       recorded in the medical record or on the birth  
10      certificate, cannot and should not be later  
11      changed."

12                      And I inverted "later" and "be"  
13      right there.

14                      "The baby's sex is a part of  
15      the medical record. It must not change so  
16      that it will always accurately reflect what  
17      happened during the birth procedure."

18                      Sir, did I read that correctly,  
19      with the exception of those interchanged  
20      words?

21               A.     You read it correctly. Yes, Sir.

22               Q.     Okay. Thank you. Now, Dr. Traube,  
23      it's not true, is it, that a baby's sex  
24      designation is always a medical determination  
25      made at the time of birth. Correct?



1           A.    I am just talking about what we do  
2           in the delivery room.  That's all I'm talking  
3           about.

4           Q.    And I'm asking -- and I'm asking, in  
5           the delivery room -- even in the delivery  
6           room, it's not true that the baby's sex  
7           designation can be made at the time of birth?

8                    MS. SHEW:  Object to the form.

9           A.    Maybe I'll answer it -- I'll say, it  
10          can be unless it can't.

11          Q.    Okay.

12                   MR. WINEMILLER:  I think that  
13          might be all I have.  Let me do a  
14          breakout, Ms. Shew, and then we'll decide  
15          whether we need to turn it over to you,  
16          or ask any follow ups.

17                   MS. SHEW:  That's fine.  Five  
18          minutes?

19                   MR. WINEMILLER:  Yes.  Thank  
20          you.  Off the record.

21                   (Short break.)

22                   THE WITNESS:  Okay.  I would  
23          say that counsel has asked me to tell you  
24          that they did send me an amended  
25          complaint on March 17th, and I do have

1           it in my email.

2                   I don't know if I remember reading  
3           it or not, but I do have it present in my  
4           email, that I'd forgotten about.

5                   So, when you asked if there was any  
6           other material, and I said I didn't think  
7           so, I actually did have a 30 -- I know I  
8           didn't read it, because it's 41 pages.  
9           And -- anyway, but I did get it.

10                   MR. WINEMILLER:   Okay.   Fair  
11           enough.

12   BY MR. WINEMILLER:

13           Q.    Dr. Trabue, changing a birth  
14           certificate would not result in changing a  
15           medical record.   Correct?

16                   MS. SHEW:   Object to the form.

17           A.    Again, I don't know.   That would be  
18           a law issue.   Not a medical issue.

19                   MR. WINEMILLER:   Okay.   I know  
20           you'll be disappointed to hear this,  
21           Dr. Trabue, but that's all the questions  
22           I have for you today.   And I appreciate  
23           your time.   Now --

24                   THE WITNESS:   You know, I can't  
25           think of a better cross-examination that

1 I can have. I appreciate your kindness  
2 to me. So --

3 MR. WINEMILLER: Well, thank  
4 you very much. You've been a pleasure to  
5 speak with.

6 Now, Ms. Shew may have some  
7 questions for you.

8 RE-DIRECT EXAMINATION BY MS. SHEW:

9 Q. Dr. Trabue, just very quickly, you  
10 had corrected the record a little bit by  
11 saying that you had received the amended  
12 complaint in this case from us.

13 Did you also receive a motion  
14 to dismiss --

15 A. Let me look. Let me just -- wait a  
16 second. Let me -- this was in March?

17 Q. Yes, doctor.

18 A. Yes, I've got it.

19 Q. Okay. All right. That's -- that's  
20 the only follow up I have, John.

21 MR. WINEMILLER: Okay. Thank  
22 you.

23 FURTHER EXAMINATION BY MR. WINEMILLER:

24 Q. And one quick follow up to that.  
25 Just to be clear. Other than those two

1 documents you've now identified, and the --  
2 and the drafts of your expert report and  
3 declaration, did you receive any other  
4 documents from defense counsel?

5 A. I'm looking right now. I don't have  
6 anything more from them. No, Sir.

7 MR. WINEMILLER: That's all I  
8 have. Thank you very much for your time,  
9 Sir.

10 THE WITNESS: Yes, Sir. Thank  
11 you.

12 MR. WINEMILLER: Thank you  
13 everyone else.

14 MS. SHEW: Thank you.

15 (Whereupon, the deposition adjourned  
16 at 2:31 p.m.)

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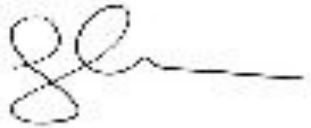
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C E R T I F I C A T E

I, Giselle Mitchell-Margerum, RPR, CRI, CCR, Licensed Court Reporter, Tennessee, do hereby certify that the witness was first duly sworn by me and that I was authorized to and did report said proceedings.

I further certify that the foregoing transcript is a true and correct record of the proceedings; that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision; that reading and signing was requested; and that I am neither attorney nor counsel for, nor related to or employed by, any of the parties to the action in which this deposition was taken; and that I have no interest, financial or otherwise, in this case.

IN WITNESS WHEREOF, I have hereunto set my hand this 21st day of May, 2020.



GISELLE MITCHELL-MARGERUM, RPR, CRI, CCR, LCR

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**CERTIFICATE OF DEPONENT**

I, ANTHONY TRABUE, hereby certify that I have read the foregoing pages, numbered 1 through 107, of my deposition of testimony taken in these proceedings on Thursday, May 21, 2020 and, with the exception of the changes listed on the next page and/or corrections, if any, find them to be a true and accurate transcription thereof.

**Signed:** .....  
**Name:** ANTHONY TRABUE  
**Date:** .....

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**ERRATA SHEET**

**Case Name:** Kayla Gore, et al. v. William Byron Lee, et al.

**Witness Name:** ANTHONY TRABUE

**Date:**

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**Subscribed and sworn to before**

**me this date      day of month      , 2020.**

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**ANTHONY TRABUE**

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# Exhibit H

Exhibit 6 to Deposition Transcript of  
Dr. Anthony Trabue, M.D.





The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

# COMMITTEE OPINION

Number 685 • January 2017

## Committee on Adolescent Health Care

*This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care in collaboration with committee members Nancy Sokkary, MD, and Veronica Gomez-Lobo, MD.*

*This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

## Care for Transgender Adolescents

**ABSTRACT:** Gender nonconforming youth are an underserved population who obstetrician–gynecologists are seeing increasingly in their practices. Currently, there are large gaps in training, knowledge, and comfort with transgender patients among obstetrician–gynecologists. The purpose of this document is to review current recommendations that apply to an obstetrician–gynecologist. It is important for obstetrician–gynecologists to be aware of the social and mental health risks for the transgender population. Consensus guidelines support initiating medical therapy after an adolescent has an established diagnosis of transgender identity and has reached Tanner stage II development. Medical management involves the suppression of puberty (typically in the form of gonadotropin-releasing hormone agonists) followed by cross-sex hormone therapy to induce puberty at age 16 years. A variety of surgical options are available, including bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy or salpingectomy, and possible neophallus creation. Transgender patients are an at-risk population, and preventive medicine is imperative to their health. This includes proper screening for sexually transmitted infections, screening for suicidal thoughts and mental health issues, and appropriate vaccination. Like all patients, transgender adolescents should have a source for ongoing primary care.

### Recommendations and Conclusions

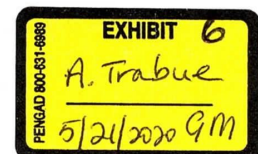
The American College of Obstetricians and Gynecologists makes the following recommendations and conclusions:

- Obstetrician–gynecologists should understand gender identity and be able to treat transgender patients or refer them appropriately for medical and surgical therapeutic options.
- A patient with gender dysphoria may first present to a gynecologist; therefore, it is important for the clinician to be aware of this condition.
- Obstetrician–gynecologists can provide referrals as well as support and resources to young patients.
- It is important for obstetrician–gynecologists to be aware of the social and mental health risks for the transgender population.
- Transgender male adolescents have a uterus, ovaries, and breast tissue and, thus, can develop medical complications of gynecologic organs and also become pregnant.

- The need to discuss fertility preservation before initiation of cross-sex hormones is another important reason that obstetrician–gynecologists may be involved in the care of transgender adolescents.
- Like all patients, transgender adolescents should have a source for ongoing primary care.

**Gender nonconforming\*** youth are an underserved population who obstetrician–gynecologists are seeing increasingly in their practices. A number of medical societies, including the European Society for Paediatric Endocrinology and the Pediatric Endocrine Society, have published guidelines on how best to care for **transgender** adolescents (1). The purpose of this document is to review current recommendations that apply to an obstetrician–gynecologist. See the Glossary section for terms related to gender identity and transgender individuals.

\*Note: Bold-faced, italicized terms are defined in the Glossary section.



**Gender identity** is a person's fundamental and innate sense of being male, female, or somewhere in between (1). For transgender individuals, their gender identity differs from their natal gender (the gender they were assigned at birth) (2). In the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, transgender identity is not considered a pathologic diagnosis; however, distress due to transgender identity is considered to be gender dysphoria (3).

The exact prevalence of transgender identity among adolescents is unknown. The World Professional Association for Transgender Health estimated prevalence at approximately 1 in 11,900 **transgender female** (male-to-female) youth and 1 in 30,400 **transgender male** (female-to-male) youth (4). Most estimates have been based on the number of patients presenting for medical or surgical services, resulting in an underestimate of the actual prevalence. However, a survey of middle school students in San Francisco found that 1.3% of respondents identified as transgender (5). Additionally, there are cultural differences in how gender identity is expressed and accepted that make the global prevalence difficult to establish (6).

As the recognition of transgender individuals grows, the medical knowledge surrounding them does too. Several organizations have published guidelines for the diagnosis, treatment, and primary care for transgender youth. The American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists understand gender identity and be able to treat transgender patients or refer them appropriately for medical and surgical therapeutic options (7). Currently, there are large gaps in training, knowledge, and comfort with transgender patients among obstetrician-gynecologists (8).

It is important for general gynecologists to be familiar with transgender medicine for several reasons. A patient with gender dysphoria may first present to a gynecologist; therefore, it is important for the clinician to be aware of this condition. Obstetrician-gynecologists can provide referrals as well as support and resources to young patients. Even for those too young to consider hormone therapy, early behavioral health support can be vital. Additionally, transgender male adolescents have a uterus, ovaries, and breast tissue and, thus, can develop medical complications of gynecologic organs and also become pregnant. The need to discuss fertility preservation before initiation of cross-sex hormones is another important reason that obstetrician-gynecologists may be involved in the care of transgender adolescents. Finally, transgender patients are an at-risk population, and preventive medicine is imperative to their health. This includes proper screening for sexually transmitted infections (STIs), screening for suicidal thoughts and mental health issues, and appropriate vaccination. Like all patients, transgender adolescents should have a source for ongoing primary care.

## Psychosocial Considerations

It is important for obstetrician-gynecologists to be aware of the social and mental health risks for the transgender population. Transgender adolescents often are subjected to bullying and parental rejection, as well as ostracism from their communities. Transgender youth report the highest rates of sexual harassment, and 15% drop out of school because of bullying (5, 9). This population also faces high rates of physical violence and substance abuse (10). As many as 40% of homeless youth identify as lesbian, gay, bisexual, transgender, or **questioning** (LGBTQ) (the "Q" sometimes also is defined as "**queer**"). Homelessness can lead to increased risk-taking behavior such as exchanging sex for money and drug use. Some transgender adolescents may be at an increased risk of STIs; transgender females have the highest reported rates of STIs, including human immunodeficiency virus (HIV) (11). Because of the diversity of patterns of sexual behavior among transgender individuals, the Centers for Disease Control and Prevention recommends that clinicians assess risks related to STIs and HIV for their transgender patients based on current anatomy and sexual behavior (12).

Lesbian, gay, bisexual, transgender, or questioning youth are more likely to experience depression, anxiety, and substance abuse than non-LGBTQ youth (2). Perhaps most alarming is the rate of attempted suicide and instances of self-harm among **sexual minority** youth (7). More than one half of LGBTQ youth report having considered suicide and 37.4% have made an attempt (13). Although there are data on LGBTQ youth, information specifically on the mental health of transgender youth is less available. As noted by the National Academies of Sciences, Engineering, and Medicine, no data from national probability samples are available; however, studies with sizable convenience samples have demonstrated that many or most transgender youth do not report mental health problems, although they are at an elevated risk of depression and attempted suicide (14).

## Caring for Transgender Patients in the Clinical Setting

Several resources are available to help guide obstetrician-gynecologists in providing care to transgender patients (see the For More Information section). One of the most important aspects of caring for transgender adolescents is providing a safe and sensitive clinical environment. Providing gender-neutral forms also can be helpful. Gender-neutral forms provide patients with a platform to communicate their preferred gender pronouns, name, and relationship status. Gender-neutral forms also reflect the clinic's support and sensitivity toward patients (10). Brochures and information for sexual minorities should be made available in the clinic as well (2). Patients encounter many types of health care personnel within various areas of the health care system, from making the appointment to accessing electronic health records. It

may be appropriate to provide cultural competency training for the entire practice. There are multiple transgender resource centers and LGBTQ organizations nationwide that offer training for staff to become knowledgeable about issues affecting this population. When talking with a transgender patient, it is important to use open-ended questions about his or her gender identity, transition, and therapy. It also is important to address sexual health and **sexual orientation** in a nonjudgmental manner because it may or may not correlate with the patient's gender identity (15). Adolescents presenting to a gynecologist often discuss confidential issues such as STI testing and contraception. Confidentiality remains paramount for LGBTQ adolescents and should be emphasized to patients and their families (2). See the For More Information section for additional resources regarding confidentiality and the adolescent patient.

Obstetrician–gynecologists can facilitate successful gender transitions for adolescents. They may support patients' disclosure of gender identity to their families and communities. They also may reach out to the school system in the form of education or documents supporting a patient's gender (with the patient's consent). Obstetrician–gynecologists also can connect patients and their families to community resources.

### Management

Before any treatment is undertaken, the patient must display eligibility and readiness (Table 1), meaning that the adolescent has been evaluated by a mental health professional, has no contraindications to therapy, and displays an understanding of the risks involved (1). Most states do not have specific laws guiding transgender care for adolescents. Thus, even in states where minors may access treatment for behavioral health, contraception, and STIs without parental consent, adolescents may need parental consent for transgender health care. Additionally, insurance coverage is variable; appeals and prior authorizations may aid in coverage.

### Medical Management

Consensus guidelines support initiating medical therapy after an adolescent has an established diagnosis of transgender identity and has reached Tanner stage II development (1). Medical management involves the suppression of puberty (typically in the form of gonadotropin-releasing hormone agonists) followed by cross-sex hormone therapy to induce puberty at age 16 years. Although it is important for adolescents to understand the risks of puberty suppression (eg, decreased bone mineral density and changes in growth velocity), most other changes are reversible; thus, the discontinuation of medication would lead to the resumption of isosexual pubertal development (1).

At age 16 years, cross-gender puberty induction can begin. For transgender males, this comes in the form of testosterone therapy; for transgender females, it involves the use of estrogen and androgen blockers such as spironolactone. Unlike gonadotropin-releasing hormone agonists, many of the changes that occur with use of hormones may not be reversible (eg, deepening of the voice and facial hair growth). However, hormone therapy has been shown to decrease depression and increase self-esteem among transgender patients (16). There are several risks and adverse effects related to hormone therapy, and close follow-up is required. The clinical health care provider who administers the hormones will check laboratory values and anthropomorphic measures regularly, but a gynecologist should understand the adverse effects.

The undesired risks associated with masculinizing regimens include polycythemia, hyperlipidemia, hypertension, mood changes, and hepatitis (17). Breast cancer, ovarian cancer, uterine cancer, and vaginal cancer all have been reported in transgender male patients receiving androgen therapy. However, these cases are uncommon and there are not enough data to conclude that androgen therapy increases the risk of any gynecologic malignancy (18).

**Table 1.** Eligibility and Readiness criteria ↵

GnRH Agonist "Puberty Suppression"	Cross Sex Hormones
<ul style="list-style-type: none"> <li>• Diagnosis established for gender dysphoria, transgender, transsexualism</li> <li>• Physical examination reveals Tanner stage II or greater</li> <li>• Pubertal changes worsen gender dysphoria</li> <li>• No psychiatric illness that prevents proper diagnosis</li> <li>• No psychiatric or medical contraindications to treatment</li> <li>• Adequate support eg, ongoing behavioral health support, family or peer support)</li> <li>• Patient demonstrates understanding of diagnosis, treatment, and the risks and benefits of treatment</li> </ul>	<p>Testosterone or estrogen</p> <ul style="list-style-type: none"> <li>• Fulfill criteria for GnRH agonist</li> <li>• 16 years or older</li> </ul>

Abbreviation: GnRH, gonadotropin-releasing hormone.

## Surgical Management

A variety of surgical options are available, including bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy or salpingectomy, and possible neophallus creation. Surgical management for transgender male patients typically is reserved for patients 18 years and older; however, the Endocrine Society guidelines state that mastectomy (“top surgery”) may be considered before age 18 years (1). The obstetrician–gynecologist and the patient should engage in a decision-making process to discuss the benefits of salpingectomy compared with salpingo-oophorectomy at the time of hysterectomy. For transgender male patients, a phalloplasty or “bottom surgery” may be performed when the patient reaches the age of majority (4). The Endocrine Society suggests deferring bottom surgery until an individual is at least 18 years of age (1). Transgender female patients who choose to undergo surgery for a neovagina may have a vaginoplasty after the age of majority. Gynecologists may provide support with postoperative vaginal dilation. It also may be appropriate to refer a patient to or consult with a specialist or specialty center that has expertise in vaginal reconstructive surgery. It should be noted that there is no uniform transgender experience. Some transgender individuals may choose to undergo surgery or take hormones; others may not. As with all care, health care for transgender youth should be individualized.

## Transgender Patients and General Gynecologic Care

Transgender male adolescents may present to a gynecologist with a common gynecologic concern. Dysmenorrhea or premenstrual syndrome may, in fact, be the presenting symptoms of gender dysphoria. After the diagnosis is established and therapy has begun, it is important to remember that these adolescents likely will still have natal-sex internal organs. These patients continue to be at risk of ovarian masses or torsion, pregnancy, and associated complications. When the adolescent’s appearance is not consistent with his or her natal sex, the health care provider may ignore common presenting symptoms for a more serious underlying gynecologic issue. For this reason, it is important to do a routine workup for gynecologic concerns, such as ultrasonography, urinalysis, and a pregnancy test for pelvic pain or a bleeding disorder workup for heavy menstrual bleeding.

Breakthrough bleeding and dysmenorrhea are common concerns of transgender males, specifically during the transition period. Although there are limited data to outline management, progesterone-only methods are used commonly. A progesterone-only pill, medroxyprogesterone acetate shot, or progesterone-containing intrauterine device can help diminish breakthrough bleeding or pain with menses without introducing exogenous estrogen.

The obstetrician–gynecologist also should be familiar with fertility preservation options for transgender

adolescents. Gonadotropin-releasing hormone agonists are reversible and do not require fertility preservation; however, changes that occur with cross-sex hormones may make it more difficult to produce eggs in the future. Additionally, after the age of majority, patients may choose to undergo surgical therapy, including hysterectomy with bilateral oophorectomy or salpingectomy. Thus, transgender patients should be counseled about fertility and fertility preservation options such as egg vitrification and sperm freezing (1, 19). Although there is concern that testosterone may cause future damage to ovaries and, thus, lead to infertility, unintended pregnancies have been reported after testosterone use. Therefore, transgender men who are having sex with men should be counseled about contraception (20). Physicians should be aware of the complexity of this care and should discuss this with the patient. For example, if patients have had puberty suppression, there may be technical issues regarding when to perform ovulation induction.

Finally, the obstetrician–gynecologist has an important role in primary care and preventive health, including the provision of human papillomavirus vaccination. Because transgender adolescents are at risk of exposure to STIs, it is important that sexually active transgender adolescents are screened regularly for gonorrhea, chlamydial infection, and HIV. According to the Centers for Disease Control and Prevention, high-risk patients, such as those who have multiple partners, exchange sex for money, or use illicit drugs, also should be screened for *Trichomonas* infection. It is recommended that obstetrician–gynecologists and other health care providers evaluate the STI risk for individual patients and screen accordingly in addition to encouraging consistent condom use (12).

## Glossary

**Gender Identity** A person’s fundamental and innate sense of being male, female, or somewhere in between.

**Gender Nonconforming** People who do not follow other people’s ideas about how they should act according to gender roles.

**Queer** A term used by some people—particularly youth—to describe themselves, their community, or both. May be a positive term sometimes used to describe gender fluidity. Because of its varying meanings, this word should only be used when self-identifying or quoting someone who self-identifies as queer (eg, “My cousin identifies as genderqueer.”).

**Questioning** A term used to describe those who are in a process of discovery and exploration about their sexual orientation, gender identity, gender expression, or a combination thereof.

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\*See more at PFLAG’s (formerly known as Parents, Families, and Friends of Lesbians and Gays) National Glossary of Terms, available at <https://www.pflag.org/glossary>.

**Sexual Minority** Those who identify as gay, lesbian, or bisexual or who have sexual contact with persons of the same or both sexes.

**Sexual Orientation** Pattern of romantic or sexual attraction; separate from gender identity and gender expression. Traditional categories include heterosexual, homosexual, and bisexual. Newer classifications include asexual, polysexual, and pansexual.

**Transgender** A person whose gender identity differs from the sex they were assigned at birth.

**Transgender Female** Individuals with a male natal gender but female gender identity.

**Transgender Male** Individuals with a female natal gender but male gender identity.

### For More Information

The American College of Obstetricians and Gynecologists has identified additional resources on topics related to this document that may be helpful for ob-gyns, other health care providers, and patients. You may view these resources at [www.acog.org/More-Info/TransgenderAdolescentsCare](http://www.acog.org/More-Info/TransgenderAdolescentsCare).

These resources are for information only and are not meant to be comprehensive. Referral to these resources does not imply the American College of Obstetricians and Gynecologists' endorsement of the organization, the organization's website, or the content of the resource. The resources may change without notice.

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