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

BONGO PRODUCTIONS, LLC, et al.,)		
Plaintiffs,)		
v.)	Civ. Action	
CARTER LAWRENCE -4 -1)	No. 3:21-cv-490 Judge Trauger	
CARTER LAWRENCE, et al., Defendants.)		
Defendants.)		

PLAINTIFFS' STATEMENT OF UNDISPUTED MATERIAL FACTS

Pursuant to Local Rule 56.01(b), Plaintiffs respectfully submit the following statement of material facts as to which there are no genuine issues for trial:

PARTIES

1. Plaintiff Bongo Productions, LLC ("Bongo") owns several restaurants, coffee shops and a coffee roasting company all located in Nashville, Tennessee. Bernstein Decl. ¶ 1, ECF No. 7-1; Bernstein Dep. at 16:14–17:3, Picasso Decl. Ex. 2.

RESPONSE:

2. Plaintiff Robert M. Bernstein is the founder and chief manager of Bongo.

Bernstein Decl. ¶ 2, ECF No. 7-1.

3. Mr. Bernstein is responsible for decisions regarding compliance with state and local building codes for Bongo's establishments. Pls.' Resp. to Defs.' Interrogs. at 5–6, Picasso Decl. Ex. 10.

RESPONSE:

4. Defendant Carter Lawrence is the Commissioner of the Tennessee Department of Commerce and Insurance, and in that capacity, is also the Tennessee Fire Marshal and authorized by statute to enforce the state building code. Defs.' Resp. to Pls.' Interrogs. at 6–7, Picasso Decl. Ex. 9; Tenn. Code Ann. § 68-120-106.

RESPONSE:

5. Defendant Christopher Bainbridge is the Director of the Codes Enforcement Section of the Tennessee State Fire Marshal's Office and in that capacity has enforcement authority over statewide building codes and standards, including the Act. Defs.' Resp. to Pls.' Interrogs. at 6–7; Tenn. Comp. R. & Regs. 0780-02-16.01.

RESPONSE:

6. Defendant Glenn R. Funk is the District Attorney General for the 20th Judicial District which covers Metropolitan Davidson County and Nashville, Tennessee, and in that

capacity is responsible for prosecuting all violations of the state criminal statutes occurring in the judicial district. Tenn. Code Ann. §§ 8-7-103, 40-3-104.

RESPONSE:

7. Defendant Neal Pinkston is the District Attorney General for 11th Judicial District which covers Hamilton County and Chattanooga, Tennessee, and in that capacity is responsible for prosecuting all violations of the state criminal statutes occurring in the judicial district. Tenn. Code Ann. §§ 8-7-103, 40-3-104.

RESPONSE:

THE ACT

8. On April 29, 2021, the Tennessee General Assembly passed H.B. 1182 ("The Act"). H.B. 1182/S.B. 1224, 112th Gen. Assemb., 1st Reg. Sess. (Tenn. 2021), Picasso Decl. Ex. 1.

RESPONSE:

9. On May 17, 2021, the Governor of Tennessee signed the Act into law. H.B. 1182. **RESPONSE:**

10. The Act went into effect on July 1, 2021. H.B. 1182.

RESPONSE:

11. Enforcement of the Act was enjoined by the Court's Order granting Plaintiffs' Motion for a Preliminary Injunction against enforcement of the Act, dated July, 9, 2021. Mem. Op., ECF No. 22.

RESPONSE:

12. As enacted, the Act requires "[a] public or private entity or business that operates a building or facility open to the general public and that, as a matter of formal or informal policy, allows a member of either biological sex to use any public restroom within the building or facility shall post notice of the policy at the entrance of each public restroom in the building or facility." H.B. 1182 § 1(a).

RESPONSE:

13. The Act's definition of "policy" includes "the internal policy of a public or private entity[.]" H.B. 1182 § 1(d)(1).

14. The Act defines "public restroom" to include those with facilities that are designated for "a specific biological sex," and to "exclude" "a unisex, single-occupant restroom or family restroom intended for use by either biological sex." H.B. 1182 § 1(d)(2).

RESPONSE:

15. The Act further mandates: "Signage of the notice must be posted in a manner that is easily visible to a person entering the public restroom and must meet the following requirements: (1) Be at least eight inches (8") wide and six inches (6") tall; (2) The top one-third (1/3) of the sign must have a background color of red and state "NOTICE" in yellow text, centered in that portion of the sign; (3) The bottom two-thirds (2/3) of the sign must contain in boldface, block letters the following statement centered on that portion of the sign: THIS FACILITY MAINTAINS A POLICY OF ALLOWING THE USE OF RESTROOMS BY EITHER BIOLOGICAL SEX, REGARDLESS OF THE DESIGNATION ON THE RESTROOM; (4) Except as provided in subdivision (b)(2), have a background color of white with type in black; and (5) Be located on a door to which the sign must be affixed or have its leading edge located not more than one foot (1') from the outside edge of the frame of a door to which the sign must be affixed." H.B. 1182 § 1(b).

RESPONSE:

16. The Act does not define "biological sex." H.B. 1128.

17. Tennessee law requires that "[p]ublicly and privately owned facilities where the public congregates shall be equipped with sufficient temporary or permanent restrooms to meet the needs of the public at peak hours." Tenn. Code Ann. § 68-120-503(a); Ferguson Dep. at 15:23–16:14, Picasso Decl. Ex. 8.

RESPONSE:

LEGISLATIVE HISTORY

18. During the legislative debates on H.B. 1182, the sole justification offered by its sponsor, Representative Tim Rudd, was that the bill was necessary to "protect[] women and children against" people who could "tak[e] advantage of policies, executive orders, or legislation[] that [] allow the 'opposite biological sex' to enter a [multi-occupancy] restroom, shower, or locker room." Picasso Decl. ¶ 20.

RESPONSE:

19. He explained with "new [laws] . . . giving transgenders [sic] [more] rights . . . I don't want women . . . or children calling me next year [about] how they have been raped or molested [while using the bathroom facility]." Picasso Decl. ¶ 21.

20. During a subsequent committee meeting, Representative Rudd stated that "a woman has the right to know whether a man is going to be in her bathroom and vice versa for a man." This too was a reference to transgender people using the restrooms that accord with their gender identity. Picasso Decl. ¶ 22.

RESPONSE:

21. When questioned by other representatives about the need for this bill, Representative Rudd responded that the bill was suggested by a constituent at a fundraiser, and he felt that the bill was needed because of the executive orders regarding rights for transgender people "coming out of Washington." Picasso Decl. ¶¶ 21, 23.

RESPONSE:

22. During House floor debates on March 29, Representative Mike Stewart asked about the public policy underlying H.B. 1182. Representative Rudd once more responded that with the new executive orders and policies from Washington, it would be "good to put on notice." He also stated that it is "shocking and a danger to people that enter a bathroom marked 'men' or 'women' and someone of the opposite sex is standing there, which could scare people and provoke violence." Picasso Decl. ¶¶ 24–25.

23. In 2021, the Tennessee General Assembly passed, and Governor Lee signed into law, five bills targeting transgender people in Tennessee, two of which specifically use the term "biological sex." Tenn. Code Ann. §§ 49-2-802, 68-120-120.

RESPONSE:

ENFORCEMENT

24. The Office of the State Fire Marshal ("SFMO") is authorized to enforce the provisions of the Tennessee Building Code, which includes the Act. Defs.' Resp. to Pls.' at 6–7; Ferguson Dep. at 14:9–23, 17:14–18:2, 19:10–14.

RESPONSE:

25. SFMO is authorized to enforce provisions of the Tennessee Building Code, including the Act, by receiving, reviewing, and responding to complaints from the public about violations. Ferguson Dep. at 21:2–25, 24:24–25:25.

RESPONSE:

26. When SFMO receives a complaint alleging a violation of the Tennessee Building Code, it is authorized to send a building inspector to conduct a safety inspection of the building,

and to issue a notice of violation to the building occupant informing them of the violation and directing them to remedy the violation by a set deadline. Ferguson Dep. at 25:17–27:3, 30:12–24.

RESPONSE:

27. The Tennessee Building Code contemplates and permits the existence of exempt jurisdictions, which are those in which the local governmental body shares authority to enforce the provisions of the code with SFMO. Ferguson Dep. at 21:15–25.

RESPONSE:

28. The SFMO shares the authority to enforce the provisions of the Tennessee Building Code, which includes the Act, with these local law enforcement agencies because its enabling statute sets forth concurrent jurisdiction. Ferguson Dep. at 21:15–25.

RESPONSE:

29. Where there is a conflict between SFMO and the local law enforcement agency, SFMO is authorized to resolve the conflict. Ferguson Dep. at 21:15–25.

30. When an exempt jurisdiction refuses or otherwise fails to enforce the provisions of the Tennessee Building Code, SFMO is authorized to notify the exempt jurisdiction of the failure and to take further enforcement action if the local authority persists in its failure to enforce. Ferguson Dep. at 23:5–24:7.

RESPONSE:

31. If SFMO were to receive a complaint of an alleged violation of the Act, an SFMO inspector would schedule an inspection of the building that is the subject of the complaint. Ferguson Dep. at 51:8–23.

RESPONSE:

32. Defendants allege that the Act, "puts the burden on the business owner to either post a sign if they have a policy that allows a member of either biological sex to use the public restroom[,]" or not post a sign if they do not have a policy. Ferguson Dep. at 51:24–52:11, 59:1–6; 101:13–102:9.

RESPONSE:

33. Defendants have not provided any guidance to assist Tennessee business owners with complying with the Act. Ferguson Dep. at 51:24–53:19.

34. Defendants acknowledge that it is a crime to submit false information to a state agency and that they are authorized to verify whether a business owner "submitted false information to a state agency in a regulatory context[,]" if a business owner informed SFMO that his building does not have a restroom policy that would require it to post the sign mandated by the Act. Ferguson Dep. at 55:17–56:13.

RESPONSE:

35. Defendants' representative testified that an entity that permits transgender people to use the restroom that aligns with their gender identity but refused to post the sign mandated by the Act would be in violation of the Act. Ferguson Dep. at 60:9–65:8.

RESPONSE:

36. Buildings or entities that violate the Act would be given written notice directing discontinuance of such illegal action and would be required to post the required sign within thirty days of receipt of the notice. Defs.' Resp. to Pls.' at 6–7, 13.

RESPONSE:

37. Failure to post the required signage within the thirty-day period is classified as a Class B misdemeanor. Defs.' Resp. to Pls.' at 6–7, 13.

38. Under Tennessee Law, a Class B misdemeanor is punishable by six (6) months in prison and fines of up to \$500.00. Tenn. Code Ann. § 40-35-111(e)(2).

RESPONSE:

39. Defendants allege that the Act is intended to further the state's interest in "providing people who may be using facilities where there is a reasonable expectation of privacy what they may encounter." Ferguson Dep. at 37:20–38:3.

RESPONSE:

40. Defendants have not provided any definition of the phrase "biological sex" in the Act, asserting a lack of the requisite scientific and medical expertise to do so. Ferguson Dep. at 41:20–43:1, 91:19–95:6.

RESPONSE:

41. If a business owner asserted that the phrase "biological sex" as it appears in the Act lacks a clear meaning, that business would be treated as refusing to comply with the Act and SFMO would refer the business owner to the local District Attorney for further enforcement. Ferguson Dep. at 95:7–99:5.

42.	Defendants have never received a complaint relating to a transgender person
using a restroo	om at a business open to the public. Ferguson Dep. at 71:1–6.

RESPONSE:

RESPONSE:

43. An exempt jurisdiction that persistently fails to enforce the Act could lose its exempt status based on its persistent failure to enforce the Act. Ferguson Dep. at 81:8–82:21.

44. SFMO is not prohibited from enforcing the Act in an exempt jurisdiction in which the local authority is refusing or otherwise failing to enforce the Act. Ferguson Dep. at 82:22–84:16.

RESPONSE:

PLAINTIFFS ARE SUBJECT TO THE ACT

45. Mr. Bernstein opened Fido in 1996. Fido is a restaurant located in the Hillsboro Village neighborhood of Nashville. Bernstein Decl. ¶ 4, ECF No. 7-1.

46. Fido has 25 employees currently on staff and has employed hundreds of people over the years. Bernstein Decl. ¶ 5, ECF No. 7-1.

RESPONSE:

47. In the past, Bongo has employed transgender people. Bongo's and Fido's patrons include members of the transgender community. Bernstein Decl. ¶ 6, ECF No. 7-1.

RESPONSE:

48. Bongo and Mr. Bernstein have worked over the years to create a welcoming environment in their business for the LGBTQ community. In reaction to the rash of anti-transgender laws that passed this year and to show their support for transgender people, Fido's staff decorated one of their drink menu signs with transgender and LGBTQ pride flag colors. Bernstein Decl. ¶¶ 7–8, ECF No. 7-1.

RESPONSE:

49. Fido has three restrooms. One is a single-user unisex restroom, which is not subject to the Act. The other two restrooms have multiple stalls and/or urinals and bear sexdesignations. Bernstein Decl. ¶ 9, ECF No. 7-1; Bernstein Dep. at 17:24–18:11.

50. Fido's two multi-stall and/or urinals that bear sex-designations are subject to the Act. Bernstein Decl. ¶ 9, ECF No. 7-1.

RESPONSE:

51. Prior to the passage of the Act, Fido's management and Mr. Bernstein had never thought about a formal policy as to who could use which restroom. Bernstein Decl. ¶ 11, ECF No. 7-1.

RESPONSE:

52. Plaintiffs' informal policy was to allow people to use the sex-designated restroom that best matches their gender identity. Bernstein Decl. ¶ 11, ECF No. 7-1.

RESPONSE:

53. Plaintiffs allows all women, including transgender women, to use the women's restroom and all men, including transgender men, to use the men's restroom. Bernstein Decl. ¶ 10, ECF No. 7-1.

54. Plaintiffs have never received any complaints or concerns about their restroom policy or about transgender people using the restrooms consistent with their gender identity.

Bernstein Decl. ¶ 12, ECF No. 7-1; Bernstein Dep. at 11:25–13:14, 28:5–29:23.

RESPONSE:

55. Plaintiffs believe that posting the warning notice sign required by the Act will offend Bongo's staff, customers, friends, and family, and that Plaintiffs may lose staff and customers if forced to post the sign. Bernstein Decl. ¶ 14, ECF No. 7-1; Bernstein Dep. at 34:10–16, 35:23–36:22, 50:9–13.

RESPONSE:

56. On or about August 18, a customer dining at Plaintiff Robert Bernstein's restaurant left a note for Mr. Bernstein expressing support of his and Plaintiff Bongo Production, LLC's challenge to the Act. The handwritten note states, "Thank you for suing the Tennessee Gov't on the Anti-Transgender Bathroom Bill. Here is a small contribution towards legal fees or as you see fit. Thanks!!!" The customer did not disclose their identity and, to date, Mr. Bernstein does not know who left the note. Pls.' Resp. to Defs.' Interrogs. at 6–7.

"BIOLOGICAL SEX"

57. The phrase "biological sex" is a relatively recent one without a fixed or uniform definition. Its uses within the fields of science and medicine are uncommon and at best reflect differing and inconsistent interpretations among users, which can only be ascertained by relying on additional information and the context in which it is used. Pls.' Resp. to Defs.' Interrogs. at 8; Taylor Expert Report ¶15–16, Picasso Decl. Ex. 7.

RESPONSE:

Plaintiffs understand the phrase "biological sex" to be frequently used by those who seek to limit or eliminate the legal recognition, protection, and rights of transgender people. Plaintiffs understand the phrase to be used in the Act in order to single out transgender people by attempting to suggest a distinction between gender identity and so-called "biological sex." Used in contexts like the Act, Plaintiffs understand "biological sex" to be a phrase that is stigmatizing to transgender people. Pls.' Resp. to Defs.' Interrogs. at 8; Taylor Expert Report ¶¶ 30–31; Bernstein Decl. ¶¶ 14–16, ECF No. 7-1; Bernstein Dep. at 39:3–8, 41:22–42:5, 44:1–7, 53:7–54:6, 56:14–22.

RESPONSE:

59. The sex of a child is most often determined after delivery based on the visual appearance of an infant's external genitals. Taylor Expert Report ¶ 14.

60. Research has identified that determination of sex is far more complex than what is seen on genital exam. Instead, sex is a complex compilation of multiple factors including one's chromosomal make up (XX for those assigned female at birth, XY for those assigned male at birth), gonadal sex (presence of ovaries or testes), fetal hormonal sex (production of sex hormones by the fetus or exogenous exposure of sex hormones to the developing fetus), pubertal hormonal sex (the change in hormonal milieu that results in the development of secondary sexual characteristics- facial hair and deep voice for those assigned male at birth, breasts and menstrual cycles for those assigned female), hypothalamic sex (variations in brain structure and function as a result of embryonal exposure of sex hormones), and gender identity. Taylor Expert Report ¶

RESPONSE:

61. For each of the factors that contribute to the development of sex, there can be variations. Sex related characteristics do not always align as either completely male or completely female. Taylor Expert Report ¶ 16.

RESPONSE:

62. Many children are born with ambiguous genitalia, and as a result it is difficult to assign these infants as either male or female at birth. These patients are often identified as intersex, which is one of many disorders of sexual development (DSD). These children often see multiple specialists throughout their lifespan. Other examples of DSDs are those of chromosomal

differences. The typical human chromosomal make up includes 46XY for males and 46XX for females. However, in male patients with Kleinfelter's syndrome their chromosomal makeup is 47XXY. These chromosomal male individuals have an extra X chromosome. The results include breast development and small testes, in addition to other physical findings. Patients with Turner Syndrome are 45XO. These female individuals are missing an X chromosome, and as such many of them do not develop normal female puberty and are often infertile. These variations are common. The Monroe Carrell Children's Hospital at Vanderbilt has an entire clinic to cater to the medical needs of this patient population. Taylor Expert Report ¶ 16.

RESPONSE:

63. Gender identity is a person's inner sense of belonging to a particular gender. Identifying as male or female is a core component of one's overall identity. Every person has a gender identity. Research has shown that children begin to develop and express their gender identity during their toddler years, at around the age of 3 years old. It has a strong biological basis and cannot be changed. Taylor Expert Report ¶ 17.

RESPONSE:

64. Scientific research has discovered many biological reasons for how an individual develops a gender identity. Complex interactions between hormones, chromosomes, and the developing embryo in utero are at the center of these theories. Taylor Expert Report ¶ 18.

65. From a medical perspective, in the event that one's gender identity does not match their sex assigned at birth, i.e. in transgender people, one's gender identity should be the determining factor of their sex. The medical consensus recognizes that when one's sex related-characteristics are not in alignment, a person's gender identity is the determining factor, more important than the presence of their genitals, their chromosomal analysis, or their hormone levels. Taylor Expert Report ¶ 19.

RESPONSE:

66. Transgender people have a gender identity that differs from the sex that was assigned to them at birth. Taylor Expert Report ¶ 20.

RESPONSE:

67. This lack of alignment of assigned sex and gender identity can result in severe distress, depression, and anxiety. This constellation of symptoms is termed gender dysphoria. Taylor Expert Report ¶ 21.

RESPONSE:

68. Treating gender dysphoria results in significant improvement in the quality of life, mental and physical health of transgender persons. Transgender people undergoing treatment for

their gender dysphoria can live long, happy, productive and meaningful lives. Taylor Expert Report ¶ 22.

RESPONSE:

69. Gender transition for those that suffer from Gender Dysphoria is a lengthy process with multiple components. These components may include social transition, medical transition, and surgical transition. Each transgender individual approaches transition differently, as the decision to undergo any aspect of transition is deeply personal and depends on the degree and type of dysphoria the patient is experiencing. Taylor Expert Report ¶ 23.

RESPONSE:

70. The social transition is a formative aspect of a transgender person's experience. Social transition can include going by a different name, using different pronouns, or changing one's haircut or clothing to match one's gender identity. Taylor Expert Report ¶ 24.

RESPONSE:

71. As part of the social transition, a transgender individual will make changes that will allow them to seamlessly incorporate into their communities with a presentation that matches with their gender identity. This may mean using a restroom facility that matches their

gender identity in the same way that a non-transgender person uses the bathroom that matches their gender identity. Taylor Expert Report ¶ 25.

RESPONSE:

72. In addition to social transition, some transgender individuals interface with a healthcare setting for medical or surgical intervention. Medical transition often includes the prescription of hormones so that the transgender person can develop secondary sexual characteristics of the sex with which they identify. This may mean that a transgender man (or someone who was assigned female at birth) may grow facial hair and develop a much deeper voice as a result of testosterone treatment. Alternatively, transgender women (assigned male at birth), may develop breast tissue and a more feminine body fat distribution as a result of estrogen that may be prescribed by a clinician. Taylor Expert Report ¶ 26.

RESPONSE:

73. Some transgender patients also seek surgical transition. These surgical procedures further change the patient's anatomy so that their outward appearance matches more closely with their gender identity. Taylor Expert Report ¶ 27.

74. Given the medical and surgical treatments that transgender patients may encounter, they are often no longer presenting as their sex assigned at birth. Taylor Expert Report ¶ 28.

RESPONSE:

75. Forcing transgender people to use the restroom designated for the sex assigned to them at birth will increase rather than reduce stress and anxiety for bathroom users, both transgender and otherwise. Taylor Expert Report ¶ 28.

RESPONSE:

76. There are approximately 1.6 million people in the United States who identify as transgender, of which an estimated 31,000 transgender people (or 0.6% of the state's population) live in the state of Tennessee. Tennessee is ranked 10th in the nation for its percentage of transgender residents. Taylor Expert Report ¶ 29.

RESPONSE:

77. Experts who study sex and gender understand that the biology and identity of a human being is far more complex than what can be identified on an individual's genital anatomy or chromosomal evaluation. Taylor Expert Report ¶ 30.

78. A large, posted sign referencing "biological sex" on every business is stigmatizing and isolating for transgender Tennesseans and runs the risk of worsening gender dysphoria for those that suffer from the condition. Taylor Expert Report ¶ 31.

RESPONSE:

79. The phrase "BIOLOGICAL SEX" does not have a single, agreed upon definition. Pls.' Resp. to Defs.' Interrogs. at 11; Taylor Expert Report ¶ 15, Katrina Karkazis, *The Misuses of 'Biological Sex*,' 394 The Lancet 1898 (Nov. 23, 2019),

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32764-3/fulltext.

RESPONSE:

80. There have never been any incidents or causes for concern arising from the Plaintiffs' restroom policies. Pls.' Resp. to Defs.' Interrogs. at 12; Bernstein Decl. ¶¶ 14–16, ECF No. 7-1; Bernstein Dep. 11:25–13:14, 28:5–29:23.

RESPONSE:

Dated: January 31, 2022

Respectfully submitted,

/s/ Stella Yarbrough
Stella Yarbrough (No. 33637)
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CERTIFICATE OF SERVICE

I hereby certify that on January 31, 2022, a true and correct copy of the foregoing report was served on the Tennessee Attorney General's Office, counsel for all Defendants, via the Court's ECF/CM system.

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/s/ Stella Yarbrough
Stella Yarbrough

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

BONGO PRODUCTIONS, LLC, et al.,)	
District CC.)	
Plaintiffs, v.)	
)	Circ Action
)	Civ. Action
)	No. 3:21-cv-490
)	Judge Trauger
CARTER LAWRENCE, et al.,)	
)	
Defendants.)	
)	
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DECLARATION OF MALITA PICASSO

- I, Malita Picasso, am an attorney for Plaintiffs Robert Bernstein, and Bongo Productions, LLC in the above-captioned matter. I submit this declaration in support of Plaintiffs' motion for summary judgment. I have personal knowledge of the facts in this declaration. If called upon to testify, I could competently testify to the matters set forth in this declaration.
- 1. A true and accurate copy of H.B. 1182/S.B.1224, 112th Gen. Assemb., 1st Reg. Sess. (Tenn. 2021) ("the Act") is attached as Exhibit 1 to this Declaration.
- 2. A true and accurate copy of the transcript of the Deposition of Plaintiff Robert Bernstein in his individual and official capacity as the Rule 30(b)(6) representative of Plaintiff Bongo, dated January 11, 2022, is attached as Exhibit 2 to this Declaration.
- 3. A true and accurate copy of the Expert Report of Dr. Shayne Sebold Taylor MD, dated October 31, 2021, is attached as Exhibit 3 to this Declaration.

- 4. A true and accurate copy of the bibliography of relevant medical and scientific materials upon which Dr. Shayne Sebold Taylor relied in producing her Expert Report is attached as Exhibit 4 to this Declaration.
- 5. A true and accurate copy of the *curriculum vitae* of Dr. Shayne Sebold Taylor, which was attached in support of her Expert Report, is attached as Exhibit 5 to this Declaration.
- 6. A true and accurate copy of Joshua D. Safer & Vin Tangpricha, *Care of the Transgender Patient*, 171 Annals of Internal Med. 171:ITC1 (July 2, 2019), ECF No. 7-6, is attached as Exhibit 6 to this Declaration.
- 7. A true and accurate copy of Katrina Karkazis, *The Misuses of 'Biological Sex*,' 394 The Lancet 1898 (Nov. 23, 2019), ECF No. 7-5, is attached as Exhibit 7 to this Declaration.
- 8. A true and accurate copy of relevant and material excerpts of the transcript of the Rule 30(b)(6) deposition of the Office of the Tennessee Fire Marshal and Offices of the District Attorneys General, by and through Joyce Leigh Ferguson, dated December 20, 2021, is attached as Exhibit 8 to this Declaration.
- 9. A true and accurate copy of the Defendants' Verified Responses to Plaintiffs' First Set of Interrogatories and Requests for Production is attached as Exhibit 9 to this Declaration.
- 10. A true and accurate copy of the Plaintiffs' Verified Responses to Defendants' First Set of Interrogatories and Requests for Production is attached as Exhibit 10 to this Declaration.
- 11. A true and accurate copy of Denise Grady, *Anatomy Does Not Determine Gender, Experts Say*, N.Y. Times (Oct. 28, 2018),

https://www.nytimes.com/2018/10/22/health/transgender-trump-biology.html, is attached as Exhibit 11 to this Declaration.

- 12. A true and accurate copy of Erica Green, Katie Benner, & Robert Pear, 'Transgender' Could Be Defined Out of Existence Under Trump, N.Y. Times (Oct. 21, 2018), https://www.nytimes.com/2018/10/21/us/politics/transgender-trump-administration-sex-definition.html, is attached as Exhibit 12 to this Declaration.
- 13. A true and accurate copy of Editorial, *Anatomy Does Not Define Gender*, 365

 Nature 5 (Oct. 30, 2018), at https://www.nature.com/articles/d41586-018-07238-8, is attached as Exhibit 13 to this Declaration.
- 14. A true and accurate copy of Sarah Mervosh & Christine Hauser, *At Rallies and Online, Transgender People Say They #Won't Be Erased*, N.Y. Times (Oct. 22, 2018), https://www.nytimes.com/2018/10/22/us/ transgender-reaction-rally.html, is attached as Exhibit 14 to this Declaration.
- 15. A true and accurate copy of Open Letter from Over 2600 Scientists Opposing Proposed Legal Definition of Gender (Oct. 26, 2018), https://not-binary.org/statement/, is attached as Exhibit 15 to this Declaration.
- 16. A true and accurate copy of Lou Chibbaro Jr., *Predictions of Trans Bathroom Harassment Unfounded*, Washington Blade (Mar. 31, 2016), https://www.washingtonblade.com/2016/03/31/predictions-of-trans-bathroom-harassment-unfounded/, is attached as Exhibit 16 to this Declaration.
- 17. A true and accurate copy of Timothy Wang, et al., *State Anti-Transgender*Bathroom Bills Threaten Transgender People's Health and Participation in Public Life, The

Fenway Inst. (2016), https://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief v8-pages.pdf, is attached as Exhibit 17 to this Declaration.

- 18. A true and accurate copy of Jonathan Mattise, Kimberlee Kruesi, & Lindsay Whitehurst, Tennessee Moves to the Forefront with Anti-Transgender Laws, Associated Press (May 23, 2021), https://apnews.com/article/tennessee-transgender-lawsb8d81d56287d6ed9d56c5da2203596b0, is attached as Exhibit 18 to this Declaration.
- 19. A true and accurate copy of the transcript of the Deposition of Plaintiffs' expert witness, Dr. Shayne Sebold Taylor, dated December 22, 2021, is attached as Exhibit 19 to this Declaration.

20.

- I have reviewed the video recording of the Tennessee House Public Service Subcommittee meeting dated March 10, 2021, which is available on the website maintained by the Tennessee General Assembly at https://tnga.granicus.com/MediaPlayer.php?view id=610&clip id=24150. At 19:52, a person identified as Representative Tim Rudd says, "H.B.1182 is a very simple bill. It was brought to me originally as a suggestion after a charity fundraiser a couple years ago. And this legislation is for the protection of women and children against sexual predators that could be taking advantage of policies that Executive Orders or Legislations that may allow the opposite biological sex to enter a restroom, shower, or a locker room that allows more than one person in the facility at a time."
- 21. At 31:49, a person identified as Representative Tim Rudd says, "And with the new executive orders that are, and new legislation proposed in Congress, giving transgenders rights, and extending those rights, and again, this is not aimed at transgenders, its aimed at someone who'd take advantage of such a policy, that we're just protecting people. I don't want

women or men or children or parents calling me next year, after everything that's going on in Washington, telling me that they've been assaulted or raped in a restroom, and what am I going to do about it, when we could have had the opportunity to do it before hand."

- 22. I have reviewed the video recording of the Tennessee House State Government Committee meeting dated March 23, 2021, which is available on the website maintained by the Tennessee General Assembly at https://tnga.granicus.com/MediaPlayer.php?view_id=610&clip_id=24337. At 1:04:40, a person identified as Representative Tim Rudd says, "A woman has a right to know if a man is going to be in her restroom and vice versa for a man."
- 23. At 1:14:40, a person identified as Representative Tim Rudd says, "the bill originated from actually a constituent at a fundraiser, a charitable fundraiser, come up to me three years ago and suggested it. And with all the recent Executive Orders and things coming out of Washington, I felt that it was my responsibilities as a...our responsibility here, as we are always hesitant to pass any new regulation or requirement, except to protect people's rights. And I'm not prepared to sit by and wait for a woman to be scared to death or raped in a bathroom if we don't put this up."
- 24. I have reviewed the video recording of the Tennessee House Floor Session dated March 29, 2021, which is available on the website maintained by the Tennessee General Assembly at https://tnga.granicus.com/MediaPlayer.php?view_id=610&clip_id=24423. At 1:49:59, a person identified as Representative Tim Rudd said, "Now with everything going on with Executive Orders and policies, I think it's good for everyone involved to at least put some notice."

25. At 1:51:01, a person identified as Representative Tim Rudd said, "it's very shocking and a danger to people, if they walk into a restroom that's marked 'men' or 'women' and the opposite sex is standing there, it could scare them, it could provoke violence."

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

Dated: January 31, 2022

/s/ Malita Picasso

Malita Picasso (N.Y. Bar No. 5750013)*
American Civil Liberties Union Foundation 125 Broad Street, 17th Floor
New York, NY 10004
Tel: (212) 549-2500
mpicasso@aclu.org

*Admitted pro hac vice

Exhibit 1



State of Tennessee

PUBLIC CHAPTER NO. 453

HOUSE BILL NO. 1182

By Representatives Rudd, Cepicky, Griffey, Sherrell, Moody, Todd

Substituted for: Senate Bill No. 1224

By Senators Rose, Hensley, Pody

AN ACT to amend Tennessee Code Annotated, Title 4; Title 5; Title 6; Title 7; Title 49 and Title 68, relative to public facilities.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

- SECTION 1. Tennessee Code Annotated, Title 68, Chapter 120, Part 1, is amended by adding the following as a new section:
 - (a) A public or private entity or business that operates a building or facility open to the general public and that, as a matter of formal or informal policy, allows a member of either biological sex to use any public restroom within the building or facility shall post notice of the policy at the entrance of each public restroom in the building or facility.
 - (b) Signage of the notice must be posted in a manner that is easily visible to a person entering the public restroom and must meet the following requirements:
 - (1) Be at least eight inches (8") wide and six inches (6") tall;
 - (2) The top one-third (1/3) of the sign must have a background color of red and state "NOTICE" in yellow text, centered in that portion of the sign;
 - (3) The bottom two-thirds (2/3) of the sign must contain in boldface, block letters the following statement centered on that portion of the sign:

THIS FACILITY MAINTAINS A POLICY OF ALLOWING THE USE OF RESTROOMS BY EITHER BIOLOGICAL SEX, REGARDLESS OF THE DESIGNATION ON THE RESTROOM

- (4) Except as provided in subdivision (b)(2), have a background color of white with type in black; and
- (5) Be located on a door to which the sign must be affixed or have its leading edge located not more than one foot (1') from the outside edge of the frame of a door to which the sign must be affixed.
- (c) If an entity or business is notified that it is not in compliance with this section, the entity or business has thirty (30) days in which to comply before any action is taken against the entity or business.
 - (d) As used in this section:
 - (1) "Policy" means the internal policy of a public or private entity or such policy as the result of a rule, ordinance, or resolution adopted by an agency or political subdivision of this state; and
 - (2) "Public restroom":
 - (A) Includes a locker room, shower facility, dressing area, or other facility or area that is:
 - (i) Open to the general public;

HB1182

- (ii) Designated for a specific biological sex; and
- (iii) A facility or area where a person would have a reasonable expectation of privacy; and
- (B) Excludes a unisex, single-occupant restroom or family restroom intended for use by either biological sex.

SECTION 2. This act takes effect July 1, 2021, the public welfare requiring it.

Exhibit 2

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

BONGO PRODUCTIONS, LLC, ROBERT BERNSTEIN, SANCTUARY PERFORMING ARTS LLC, and KYE SAYERS, Plaintiffs,) NO. 3:32-cv-00490 VS.) JUDGE TRAUGER CARTER LAWRENCE, Tennessee State Fire Marshal, in his official capacity, CHRISTOPHER BAINBRIDGE, Director of Codes Enforcement, in his official capacity, GLENN R. FUNK, District Attorney General for) the 20th Judicial District, in his official capacity, and NEAL $\,$) PINKSTON, District Attorney General) for 11th Judicial District, in his official capacity, Defendants.

WEB CONFERENCE/REMOTE DEPOSITION OF

BONGO PRODUCTIONS, LLC and ROBERT BERNSTEIN

January 11, 2022



The Ultimate in Professional Reporting...

LYNETTE L. MUELLER, LCR, RDR, CRR, FAPR LCR No. 351

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The web conference/remote deposition of BONGO PRODUCTIONS, LLC, AND ROBERT BERNSTEIN is taken on January 11, 2022, on behalf of the Defendants, pursuant to notice and consent of counsel, beginning at approximately 12:17 p.m.

This web conference/remote deposition is taken pursuant to the terms and provisions of the Federal Rules of Civil Procedure.

The right to read and sign was requested.

1 APPEARANCES 2 **ALL PARTIES APPEARING VIA ZOOM WEB CONFERENCE** 3 FOR THE PLAINTIFFS: 4 MALITA PICASSO, ESQ. 5 American Civil Liberties Union Foundation 125 Broad Street 6 18th Floor New York, NY 10004 7 (212) 549-2633 8 and 9 THOMAS H. CASTELLI, ESQ. American Civil Liberties Union 10 Foundation of Tennessee P.O. Box 120160 Nashville, TN 37212 11 (615) 320-714212 FOR THE DEFENDANTS: 13 ALEXANDER S. RIEGER | SENIOR ASSISTANT 14 ATTORNEY GENERAL Public Interest Division, Office of the 15 Tennessee Attorney General War Memorial Building 16 301 Sixth Avenue North Nashville, TN 37202 17 (615) 741-240818 COURT REPORTER: 19 Lynette L. Mueller, LCR, RDR, CRR, FAPR, MS-CSR, AR-CCR 20 Tennessee LCR No. 351 Mississippi CSR No. 1794 21 Arkansas CCR No. 788 Omega Reporting 22 6465 North Quail Hollow Road Suite 200 Memphis, TN 38120 23 901.827.8671 24 Lynette@OmegaReporting.com 25

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BONGO PRODUCTIONS, LLC, and ROBERT BERNSTEIN,

having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. RIEGER:

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- Q. Hi, Mr. Bernstein. My name is Alex Rieger.

 I'm with the Tennessee Attorney General's Office. I'm here with my colleague, Rainey Lankford, also with the Attorney General's Office. And we represent the Defendants in this case.
- And before we go into the meat and potatoes of the deposition, I want to talk about some preliminary matters to make sure we can get on the same page and do this as easily as we can.
- To start, have you ever given a deposition before?
- A. You know, I think I have. But I was trying to go back and think of when that was or for what, and I -- I simply can't remember. But I'm pretty sure I
- 20 did.
- Q. Okay. Well, that's good. It's not important to me if you remember what it was about or not, but I do want to go over some ground rules. You've probably heard them before.
- 25 So the first rule is: We've got a court

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reporter here. But let's -- if we can agree to make
her job easy by not talking over one another, that
would be great. If I cut you off, just let me know.
I'll apologize, of course, and you can finish your
answer. Similarly, if you'll let me finish my question
before you start to answer, that will make it a lot
easier.

Is that all right with you?

A. Yes.

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- 10 Okay. The second main rule: If you can Q. 11 please answer each question with a clear, verbal 12 response. Nodding or shaking your head can be 13 difficult to capture and understand. And so if you could just -- whenever I ask you a question, if you 14 15 could just give me a clear, verbal response, that would 16 be fantastic.
- 17 Is that fine with you?
- 18 A. Yes.
- 19 Q. Okay. Great.
 - ask you -- and it will happen, I promise -- please let me know. I'll attempt to rephrase. Your counsel may step in and we can work through it. But if you don't understand the question, please just let me know.

 Otherwise, I'll assume that you understood --

- 1 understood my question. Is that all right?
- 2 A. Yes.
- 3 Q. Okay. Now, the next rule is -- I don't
- 4 believe that depositions are endurance sports. If you
- 5 need to take a break at any point, let me know. We'll
- 6 pause the proceeding. It's not a problem. There's
- 7 plenty of time to get done what we need to get done
- 8 today. So if you need a break, please just let me
- 9 know. It will be fine.
- Is that all right with you?
- 11 A. Yes. Thank you.
- 12 Q. Okay. Now, here are some less fun questions,
- 13 but I do have to ask them to ensure the validity of the
- 14 deposition.
- Have you had any substance, alcohol or
- 16 medication, within the last 24 hours that would prevent
- 17 you from giving honest or truthful and accurate answers
- 18 to my questions?
- 19 A. No.
- 20 Q. Okay. Is there any reason that you're
- 21 | impaired at all and wouldn't be able to give me honest,
- 22 truthful, and accurate answers to my questions?
- 23 A. No.
- 24 Q. Okay. And let me go ahead and -- if I could
- 25 have you take a look at what's been marked as Exhibit A

- to the deposition, which is Defendant's Amended Notice of Rule 30(b)(6) deposition.
 - MR. RIEGER: And, Lynette, if you could mark that for me, that would be fantastic.
- (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT

 A TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED

 HERETO.)
- 8 Q. (BY MR. RIEGER) And, Mr. Bernstein, if you 9 could just let me know whenever you've got that pulled 10 up.
- 11 A. Are you -- sorry. Are you talking about what
 12 I received this morning that's -- there's one marked A
 13 and one marked B?
- Q. That's correct. And if you could pull up the one marked A, that would be fantastic.
- 16 A. Yeah. I have it here.
- Q. Okay. Let me start by asking you: Are you
- 18 the person designated by Bongo Productions, LLC, and
- 19 yourself as their witness today?
- 20 A. Yes.

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- 21 Q. Okay. Can you speak on behalf of both of
- 22 those Plaintiffs today and bind them with your
- 23 responses here?
- 24 A. Yes.
- 25 Q. Okay. If I could point you to page No. 1 of

- that notice. And starting with Topic No. 1. For

 Topic No. 1, we asked the Plaintiffs to give testimony

 concerning the restroom policies and restroom signage

 in place at Plaintiffs' businesses or facilities,

 whether it be formal, informal, written, or otherwise.
- Do you see that there?
- A. Are you talking about No. 1 where it says the restroom policies and restroom signage in place at
- 10 Q. Yes, sir.
- 11 A. -- or facilities?
- 12 Yes, I see that.
- 13 Q. Okay. Are you prepared to give testimony on
- 14 behalf of Plaintiffs on that issue today?
- 15 A. Yes.
- 16 Q. Okay. Did you speak with anyone in
- 17 preparation for giving testimony on this topic? And,
- 18 again, I'm not interested in anything that would
- 19 involve discussions with your attorneys.
- 20 A. So, I'm sorry. Are you asking if I talked to
- 21 anybody besides my attorneys?
- 22 Q. Yes. About Topic No. 1, in preparation for
- 23 today's deposition?
- 24 A. I have not.
- 25 Q. Okay. Did you review anything, besides

- 1 communications with your attorneys, in preparation 2 regarding Topic No. 1?
- A. I got this -- what you're -- we're looking at this morning. I read through it quickly. Is that --
 - Q. And I apologize for cutting you off.
- Would you be referring to the Plaintiffs'
 verified discovery responses?
- 8 A. I'm referring to this document (indicating).
 9 I'm not sure what it's called.
- 10 Q. Okay. With regard to Topic No. 2, which is
 11 any alleged or threatened harm to Plaintiffs, patrons,
- 12 employees, or other persons related to compliance with
- 13 the Challenged Act, do you see that in your notice as
- 14 | item No. 2?

- 15 A. Yes.
- 16 Q. Did you talk to anyone, besides your lawyer,
- 17 about this topic in preparation for the deposition?
- 18 A. No.
- 19 Q. Okay. Did you review any documents or
- 20 communications, besides those from your lawyers, in
- 21 preparation for Topic No. 2?
- 22 A. No.
- Q. Okay. Moving on to Topic No. 3. Do you see
- 24 that it lists any actions taken in preparation for
- 25 compliance with the Challenged Act, including expense

- 1 of compliance?
- 2 A. I see that.
- 3 Q. Okay. Are you prepared to give testimony on
- 4 behalf of the Plaintiffs with regard to that topic?
- 5 A. Yes.
- 6 Q. Okay. Did you review any documents, besides
- 7 those provided by your attorneys, regarding this topic?
- 8 A. I have not.
- 9 Q. Okay. Have you talked to anybody, besides
- 10 your lawyers, in preparation for giving testimony on
- 11 this topic?
- 12 \blacksquare A. Was that the same question you just asked?
- 13 I'm sorry. I don't get the difference between the two.
- 14 Q. No. And, I'm sorry, this first part is going
- 15 to be a little repetitive. So it's going to be --
- 16 A. I understand.
- 17 \mathbb{Q} . -- the same -- the same sequence -- I
- 18 | accidentally mixed them up this time. So the first
- 19 question was documents. Now I'm asking you about have
- 20 you talked to anyone, besides your lawyers, about --
- 21 A. No.
- 22 Q. -- Topic No. 3?
- 23 A. I have not talked to anybody besides my
- 24 | lawyers about this.
- 25 Q. Okay. Moving on to Topic No. 4. It is any

incidents that have arisen to Plaintiffs' knowledge concerning use of restrooms by persons of different sex assigned at birth than the restroom signage.

Are you prepared to give testimony on behalf of the Plaintiffs regarding these topics -- or this topic, rather?

7 A. I am.

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- 8 Q. Okay. Did you speak to anyone, besides your 9 lawyers, in preparation for giving testimony on this topic?
- 11 A. Well, let me -- let me just read this again 12 real quick.
- 13 Q. Sure.
- 14 A. (Witness reviewing document.)

I mean, I don't -- I don't know what the phrase "in preparation of this deposition" means. I mean, I've talked to staff managers in the past about, you know, was there any issues. I mean, is that what you're asking? I'm not sure what you're asking.

- Q. Sure. If you could -- if you could just describe those conversations quickly, that would be fantastic.
- 23 A. Yes. And it may -- I apologize.

It may apply to one of the other ones. But now that I think about it, I mean, I've asked my

- managers and staff if they observed any issues 1 2 concerning this.
 - So I don't know if that meets your definition.
- 5 It would. 0.

4

- 6 Do you have -- do you have a -- do you have 7 any recollection of individual specific conversations 8 that might fall within this topic?
- The only specific one I would have is our 9 Α. Director of Operations, I would have asked her, "Have 10 there been any issues?" 11
- 12 Do you recall whether or not -- what her 13 response to that question was?
- 14 "There have been no issues."
- 15 Okay. Have you reviewed any documents, other than those provided by your attorneys, in preparation 16 for -- for giving testimony on Topic No. 4?
- 18 Α. No.

17

- Okay. Moving on to Topic No. 5. Do you see 19 that it is any complaints made by employees or patrons 20 21 to Plaintiffs concerning the Challenged Act or its subject matter? 22
- 23 I mean, again, I've talked to employees about 24 any issue that I may have known that came up. But that 25 was part of the -- that was discussed in the -- later

- 1 on in the -- in one of those documents.
- Q. Any conversations since -- any conversations
- 3 since you knew that you would be testifying at a
- 4 deposition?
- 5 A. No -- since I knew I would -- I mean, I --
- 6 how -- when -- do you have a specific date? Because I
- 7 | thought when I first signed up for this lawsuit I might
- 8 be giving deposition. So . . .
- 9 Q. Okay. Certainly. Let me be more specific,
- 10 then.
- 11 Have you had -- do you recall signing a
- 12 verification on your discovery responses?
- 13 A. Yes.
- 14 Q. Did you have any conversations with anyone
- 15 between then and now that you recall?
- 16 A. Not that I recall.
- 17 \mid Q. Okay. How about with regard to Topic No. 5?
- 18 Did you review any documents in preparation for this
- 19 topic?
- 20 A. No.
- 21 Q. Okay. Topic No. 6, do you see that it is your
- 22 understanding of the term "biological sex" as
- 23 referenced in the Challenged Act?
- 24 A. I do see that, yes.
- 25 Q. Did you talk to anyone, besides your lawyers,

- 1 in preparation for your testimony on Topic No. 6?
- 2 A. No.
- 3 Q. Okay. Did you review any documents regarding
- 4 | this topic in preparation for this deposition?
- 5 A. Just the documents that we're talking about, A
- 6 and B here.
- 7 Q. Okay. Great.
- And then No. 7, do you see that it says,
- 9 | "Any nonprivileged communications Plaintiffs have had
- 10 concerning the Challenged Act or its subject matter"?
- 11 A. I see that. I'm not quite sure what that
- 12 really means. But, yes, I see it.
- 13 Q. Okay. Did you review any -- did you have any
- 14 communications with anyone, besides your lawyer, about
- 15 this topic in preparation for --
- 16 A. No.
- 17 | Q. I'm sorry. I missed that. I'm sorry.
- 18 A. I have not.
- 19 Q. Okay. Thank you.
- 20 How about reviewed any documents regarding
- 21 this topic?
- 22 A. I have not.
- 23 Q. Okay. And for all seven of those topics, just
- 24 to make sure, you are providing testimony on behalf of
- 25 Bongo Productions, LLC, and yourself as their 30(b)(6)

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witness; correct?
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    Α.
             Yes.
             Okay. So moving -- starting with Topic No. 1.
 3
    Q.
 4
    How many -- and just to clarify for the record.
                 You are only here -- you are not giving
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6
    testimony today on behalf of Ms. Sayers or Sanctuary;
    correct?
7
8
    Α.
             Correct.
             Okay. Will you understand that when I say
9
10
    "Plaintiffs," I'm only talking about Bongo Productions,
    LLC, and Robert Bernstein?
11
12
             I do now, yes.
13
             Okay. Okay.
    Q.
14
                 And moving on to Topic No. 1. How many
15
    businesses or facilities do Plaintiffs operate?
16
             We operate one, two -- four ourselves.
    Α.
             And what are the -- oh, I apologize.
17
                 Please -- please go ahead if you weren't
18
19
    done.
20
             No. We operate four -- we have interest in
    Α.
    others, but we operate four.
21
             Okay. And what are those four?
22
    Q.
23
             Bongo Java, Fido, Bongo Java East.
    Α.
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apologize. We have five. I'm forgetting -- I was

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thinking four cafes. The fourth cafe being

24

25

- 1 Grins Vegetarian. And then we have our wholesale
- 2 business, Bongo Java Roasting Company. So we have four
- 3 cafes, plus a roasting company.
- 4 Q. Grins Vegetarian on Vandy's campus?
- 5 A. Correct.
- 6 Q. Okay. Do y'all still have the banana and
- 7 | Nutella sandwich?
- 8 A. Yes. I could have used one this morning.
- 9 Q. Nostalgia.
- 10 So if you could tell me about -- for Bongo
- 11 Java, how many bathrooms do you have on site?
- 12 \blacksquare A. That one, we have two.
- 13 Q. Okay. How are they designated?
- 14 A. They're -- in terms of -- they're designated
- 15 as bathrooms. That's it.
- 16 Q. They're designated as bathrooms. Are they
- 17 gender specific?
- 18 A. They are not.
- 19 Q. Okay. Is it your understanding of the
- 20 challenged law that you would not have to put a sign up
- 21 for those bathrooms?
- 22 A. My understanding is that one doesn't qualify
- 23 because they are single-stall.
- 24 Q. Moving on to Fido. Can you describe the
- 25 bathrooms there.

- 1 A. We have three bathrooms at Fido. Two that
- 2 | have -- two that have multiple stalls. I guess one has
- 3 a urinal and a stall, and two have -- the other one has
- 4 two stalls. The third one is a single-stall bathroom.
- 5 Q. Okay. Can you describe the signage for them
- 6 currently.
- 7 A. Currently, I believe one says -- one -- the
- 8 | single-stall -- because it's called Fido, it's
- 9 humorous, we have just a sign on it that's a fire
- 10 hydrant. The other one with the urinal has a gentleman
- 11 sign on it, and the other one has a woman's sign on it.
- 12 Q. Okay. And is there any specific codes
- 13 requirement that you sex designate the multi-stall
- 14 bathrooms, to your knowledge?
- 15 A. To be honest, I don't know for sure -- I don't
- 16 know for sure on that one.
- 17 Q. Do you know if it would be permitted under
- 18 codes, either Metro or State, do you know whether or
- 19 not it would be possible for you to designate either or
- 20 both of the multi-stalls as unisex?
- 21 A. I don't know.
- 22 Q. Okay. Let's move on to Bongo Java East.
- 23 Could you describe the bathrooms there.
- 24 A. We have two single-stall bathrooms.
- 25 0. Are either of those --

- 1 A. I'm sorry. Did I -- I'm not sure if I said that right.
- We have two single-stall bathrooms. I'm

 not sure what I said. But "single-stall bathrooms" is

 what I meant to say.
- Q. Okay. Are either of those two single-stall bathrooms sex- or gender-designated?
- 8 A. No, they are not.
- 9 Q. Okay. So like Bongo Java, is it your
 10 understanding that the restrooms at Bongo Java East
 11 would not have to put up a sign required by the
- 12 challenged law?
- 13 A. That's my understanding.
- 14 Q. Okay. Tell me about the bathrooms at Grins,
- 15 please.
- 16 A. Grins, we lease space inside a -- the
- 17 | Hillel Center of -- on Vanderbilt's campus. And they
- 18 | have -- we're not in charge of the bathrooms. There's
- 19 two multi-stall bathrooms.
- 20 0. Okay. Is that part of the Schulman Center?
- 21 A. Correct.
- 22 Q. Okay. For those bathrooms, you said you
- 23 | had -- I want to make sure -- you have two multi-stall
- 24 | bathrooms at Grins?
- 25 A. Correct.

- 1 Q. Okay.
- 2 A. I should say there's probably more bathrooms
- 3 in the building. I don't know how many bathrooms are
- 4 in that building. But right next to the cafe, there's
- 5 the two. There's probably some upstairs, and I don't
- 6 really know what they are.
- $7 \mid Q$. Okay. Are those owned by -- are those owned
- 8 by the Plaintiffs? Or is that owned by someone else?
- 9 A. The bathrooms?
- 10 Q. Yes. Yes.
- 11 A. The building is owned by -- I don't
- 12 | technically know who owns the building. We have a
- 13 lease with both the Hillel Center and Vanderbilt
- 14 Dining. So I don't technically know who owns the
- 15 building or the property or anything like that.
- 16 Q. Okay. Do you operate -- do you operate the
- 17 | bathrooms outside of Grins? Or are those operated by
- 18 | the --
- 19 A. We do -- we do not operate them. They -- we
- 20 don't clean them. We don't have any responsibility for
- 21 the bathrooms.
- 22 Q. Okay. Do you know -- do you know -- do you
- 23 know if either of those bathrooms are sex-designated or
- 24 gender-designated?
- 25 A. I believe -- I don't know for sure.

- Q. Okay. Do you know if there's anything about either codes, State or Metro, or anything in terms of Vanderbilt's requirements -- strike that. Strike that.
- 4 Moving on to your fifth. You said that was
- 5 a roasting business?
- A. At this point, it's only a wholesale operation.
- 8 Q. Okay. Can you describe that a little bit more
 9 for me.
- 10 A. The building itself?
- 11 Q. The building and what you do there. I'm
- 12 relatively familiar with the first four.
- 13 A. Yes.
- 14 Q. I'm a Nashvillian. But not the wholesale
- 15 roasting.
- 16 A. It's a wholesale roasting operation. So we
- 17 | import coffee beans and we have sort of a warehouse
- 18 where we import -- we store coffee beans, teas, syrups,
- 19 other things that we distribute to wholesale clients.
- 20 And we also roast our coffee there, which we again
- 21 serve at our places and wholesale to other
- 22 establishments and businesses and online sales,
- 23 et cetera.
- Q. How many employees do you have at the roasting
- 25 warehouse at any given time?

- A. I think there's a total of eight on staff at this point. So any given time, it could be two to eight at the time in the building.
- Q. Can you describe the bathrooms at the warehouse roasting facility.
- A. We have three. They're all single-stall
 bathrooms. Two are in a more public area in case we
 ever decide to open up -- put a cafe or anything there.
 And one is more for employee bathroom in the back by
 the -- where the -- yeah, in the warehouse part of the
- 12 Q. So that's -- just to make sure. That's three 13 single-stall?
- 14 A. Correct.

building.

- 15 Q. Okay. Are any of those three single-stall sex-designated?
- A. I know the one in the warehouse is not. I'm not sure if the other two are not -- are or not, because we haven't opened it to the public really,
- 20 except for, you know, people picking up things or
- 21 something. I don't know. I should know that, but I
- 22 don't.

11

- Q. Okay. That's fine. That's fine. I'm just trying to get a sense of all this.
- 25 Since they are single-stall, to your

1 knowledge, would you be able to designate them all as
2 unisex or just not designate them as anything other
3 than bathrooms?

- As far as my knowledge -- I mean, according -- my understanding would be that we could make them unisex in that -- yes, I think we can do that.
- Q. Okay. But currently, those bathrooms, are they being used right now? Or -- or do employees at the roasting warehouse use those bathrooms up front? Or is it just kind of a -- they sit there in case you open a cafe?
- A. They're all being used. Because of the nature of the work, we're -- some people sit or do their work, they are in different parts of the building at this point, because we don't need to -- we don't need to -- yes. So, yes, they're being used.
- MR. RIEGER: Just one second. Sorry

 (PAUSE IN PROCEEDINGS.)
 - Q. (BY MR. RIEGER) Okay. Let's move on to -I'm going to skip Topic No. 2 right now. We'll come
 back to it at the end.
- I'd like to go to Topic No. 3, which is any actions taken in preparation for compliance with the Challenged Act, including expense of compliance.

Did Plaintiffs take any action in

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preparation for compliance with the Challenged Act?
1
2
        Can you explain that a little bit. Just so
    Α.
3
    you know, I lost a page. I'm trying to call it back
    up. But can you explain what you mean by "taking
 4
5
    action"?
6
        Sure. So you're familiar with -- let's take
7
    it back a step.
8
                 So you're familiar that the Act requires
9
    signage in certain circumstances; right?
10
    Α.
             I'm aware that the Act was intended to
11
    require, yes.
12
            Okay. And for your five businesses, would I
    be correct in saying that only Fido, as it currently
13
14
    stands, has sex- or gender-designated bathrooms?
15
            Both have a stall designated bathrooms as --
    Α.
16
    is that what you're asking? I'm sorry. I'm confused.
             I apologize. I can try to be more clear.
17
    Ο.
18
                 So for Bongo Java, Fido, Bongo Java East,
    Grins, and your wholesale warehouse, am I right that
19
20
    only Fido has sex- or gender-designated bathrooms at
    all?
21
            Well, Grins may, but we don't control the
22
```

Q. Okay.

company.

23

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bathrooms. And I'm not sure about the roasting

- A. The other Bongo -- the two Bongo, Bongo East and Bongo Java, do not have designations.
- Q. Okay. For Fido, since those -- since, you know, we're not sure who, you know -- you don't -- you don't control -- so let me just make sure.
- You don't control the bathroom policies or operation of the bathrooms at Grins; correct?
- 8 A. Correct.
- 9 Q. Okay. And you're not sure about -- you're not
 10 sure about the warehouse, in terms of whether or not
 11 they're sex- or gender-designated; right?
- 12 A. Correct.
- Q. Okay. But Fido, you know that you have two gender- or sex-designated multiuse stalls; is that right?
- 16 A. Correct.
- Q. Okay. So I'm going to use Fido as an example, because that's where we know and we can be sure, and talk a little bit more specifically.
- So at Fido, are your two multi-stalls designated as male and female?
- A. Yes. I mean, not those terms -- they're not using the terms "male" and "female," but they're designated.
- 25 Q. Okay. How are they designated?

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They're designated as, I believe, "gentlemen"
1
    Α.
2
    and "women."
 3
             Okay. And do you have a -- do you have a
    Q.
 4
    policy of allowing anyone, regardless of the sex
    assigned at birth, to use either the gentlemen's or
5
    women's restrooms?
6
7
             We do.
    Α.
8
    Q.
             Okay.
9
             I'm sorry. I'm sorry.
10
                 Can you repeat -- I'm sorry. Can you
    repeat that phrase? I'm sorry.
11
12
             Sure. Sure.
13
                 So do you have a policy that, regardless of
14
    a patron's biological sex assigned at birth, that they
15
    can use either the gentlemen's or the women's
    multi-stall bathroom?
16
             We have a policy that people can use whichever
17
    bathroom they're more comfortable in.
18
             Okay. How do you -- how do you make that
19
    Q.
    policy known to your employees?
20
21
             We didn't have -- we -- since this lawsuit
    Α.
    came up, we've made it more clear; but we've never --
22
23
    in the past, we didn't have any policy at all, which
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defaulted to let anybody use whatever bathroom they

24

25

wanted to use.

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Q. Okay. Do you think that -- sorry. Strike that.
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So after the lawsuit was filed, you put the policy -- you put that bathroom policy in stone; is that fair?

- A. In stone? I'd say we've -- the lawsuit made us talk about it. It just reinforced what we've been doing for 20-something years.
- 9 Q. Okay. How did y'all reenforce it?

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- 10 A. We just said that anybody -- we filed this
 11 lawsuit to show that we can -- that anybody can use
 12 whichever bathroom they want to use.
- Q. Okay. Did you -- after the lawsuit, did you formalize that policy in writing or anything like that?
- 15 A. I don't believe we formally have put that into our employee manual, as of yet.
- Q. Okay. Did you -- did you have any discussions with your employees reinforcing that policy or anything like that?
- 20 A. I had conversations definitely with my
- 21 Director of Operations and with some managers. I
- 22 don't -- and maybe some employees. I haven't talked to
- 23 every employee. That's not my job at this point.
- 24 Q. Okay. Have you --
- 25 A. My responsibility --

Q. I apologize.

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2 A. No. I'm sorry.

I just said that's not my job or responsibility, you know, delegating stuff.

Q. Okay. Had there ever been any issues that have come up in the past about bathroom usage by persons whose biological sex assigned at birth didn't match the signage?

MR. CASTELLI: Object to form.

You can answer.

THE WITNESS: I'm sorry, Tom. I didn't hear what you said.

MR. CASTELLI: I just objected to the form of the question. You can answer the question.

15 THE WITNESS: Oh. Okay.

- 16 A. No, there's been no -- it's never been an issue.
- Q. Okay. Had it ever come to anyone's attention at all that persons of a different biological sex
- assigned at birth than the signage would use either
- 21 restroom at their preference?
- 22 A. I'm sorry. Can you repeat that question?
- 23 Because I got lost there.
- Q. Sure. Sure. Sorry. It's -- the terminology sometimes gets a little lengthy when we're trying to be

precise, but I'll try to clear it up and ask a better question.

Had it ever come to your attention in the past that -- and this is before the lawsuit -- that persons with a biological sex -- sorry. Strike that.

Before the lawsuit, had it ever come to your attention that persons with -- that persons would use a gender-designated restroom different from that patron's biological sex as assigned at birth?

- A. I find that question difficult to answer, because I don't quite understand what you're trying to ask.
- Q. So I'm trying to ask -- and maybe I can -maybe I can do this a little easier without getting
 into terminology.

Was it open knowledge that anyone could use whatever gender- or sex-designated bathroom they wanted at their preference? Or was it just something that, you know, y'all weren't -- you know, y'all weren't being bathroom police and enforcing?

- A. We didn't have a policy. People used whichever bathroom they wanted to use. And we've never got any complaints --
- 24 Q. Okay.

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25 A. -- or if there were issues. I think -- is

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that answering your question?
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- Q. I think so. And, again, I'm sorry. These
 topics are -- they can get a little cerebral when we're
 trying to wrap our heads around it.
- I'm trying to -- how would you -- was there
 any method in which the Plaintiffs' businesses would
 express this policy to its patrons?
- 8 A. No.
- 9 Q. Okay. To your knowledge, has there ever been a situation where a patron asked which bathroom they could use or expressed a concern and were told that
- 12 policy?

- 13 A. Not to my knowledge.
- 14 Q. Okay.
- MR. CASTELLI: Sorry. Object to the form of that question. I'm sorry.
- 17 MR. RIEGER: Okay.
- 18 Q. (BY MR. RIEGER) When the challenged law was
- 19 passed, did you take any steps towards compliance with
- 20 the law?
- 21 A. When this law was passed?
- 22 Q. Yes.
- 23 A. I did not.
- Q. Okay. Did you look into how much it would
- 25 cost to get these signs or figure out which of your

facilities might need these signs?

- 2 I did not look into any specific costs. I may Α. 3 have read it, the law, to see which of my businesses, if any, would be required by this law. 4
- And you acknowledge that, you know, that your 5 6 understanding of the law does not require this sign to 7 be put on every bathroom across the state of Tennessee; 8 right?
- My understanding is that, in terms of my own 9 10 business, it applies only to my Fido location.
 - Moving on to Topic No. 4.

Are Plaintiffs aware of any incidents that 13 may have arisen regarding the use of restrooms by persons of different sex assigned at birth than the 15 restroom signage?

16 Α. No.

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- Okay. Moving on to Topic No. 5. Are you aware of any complaints made by employees or patrons or business affiliates or anyone along those lines concerning the challenged law?
- 21 The only one -- I think it's mentioned Oh. somewhere in one of these two documents -- was that 22 23 someone came into our -- a business we used to have 24 next to Fido and asked an employee if there was another 25 coffee house. And they weren't really complaining

```
about the specific law; they just were kind of saying
1
2
    they don't want to be political. So I'm not sure if
3
    they were for or against or neutral on the law itself.
    They just wanted to stay out of politics, whatever that
 4
5
    means.
6
             All right. Do you have any -- I've got to
7
          I think I know what the answer is.
8
                 Do you have any idea of that person's
    identity or who they were?
9
10
    Α.
             Specifically?
11
             Yes.
    Ο.
12
             No, I don't. No, I don't.
13
                 But you're talking -- I'm sorry. Are you
14
    talking about the person who asked the question?
15
             Correct.
    Q.
16
             I do not.
    Α.
             And you said that -- and going to --
17
    Ο.
18
             MR. RIEGER: If I could get marked, by the
    court reporter, Depo Exhibit B.
19
20
                (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
21
    B TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
    HERETO.)
22
23
              (BY MR. RIEGER)
                              And if, Mr. Bernstein, I
    0.
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The other document? Is that what you're

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could get you to pull that up, Depo Exhibit B.

24

25

Α.

- 1 asking?
- 2 Q. Yes, please. Yes, sir.
- 3 A. Okay. Yes.
- 4 Q. And if I could get you to go to page 7.
- 5 A. Yes.
- 6 Q. Is that the -- on the middle of page 7, the
- 7 paragraph starting, "In or about mid-August . . ."
- 8 A. That this is what I was -- yes, that's what I
- 9 was talking about.
- 10 Q. Okay. Do you have any more information
- 11 regarding that interaction with -- between a customer
- 12 and your nephew? Do you have any more information
- 13 about that that's not included in that paragraph?
- 14 A. I do not.
- 15 Q. Okay. Do you know whether or not -- do you
- 16 know whether or not there have been any employee
- 17 complaints about the challenged law at any of your --
- 18 at any of your facilities?
- 19 A. I'm sorry. Are you asking if there's any of
- 20 my employees complaining about --
- 21 Q. About the challenged law at any of your
- 22 facilities.
- 23 A. About the law itself or about our
- 24 participation?
- 25 0. About the law itself.

- A. Yes. Well, in the sense -- in kind of the back -- in the back way, there were -- I got lots of support for being part of this lawsuit. So, yes, we got -- yes, yes, to answer your question.
- Q. Okay. Could you describe any of those interactions that you remember and what you --
- A. Just employees have thanked me -- just like I started to say, employees have thanked me for being part of this lawsuit. That was pretty simple.
- 10 Q. Had any of them threatened to quit or take any adverse employment actions if you were required to ultimately comply with the challenged law?
- A. Nobody threatened to quit. People did say
 they'd feel uncomfortable having the signs there. But
 I don't -- but nobody specifically said they would quit
 or anything like that.
- Okay. Has there been any -- while we're on there, on page 7 --
- 19 A. Yes.
- 20 Q. -- just while we're in the document, can you
- 21 describe -- in the next paragraph that begins, "On
- 22 August 25, 2021 . . . " Can you describe that
- 23 interaction for me.
- 24 A. Yes. The high school asked if I would be part of a lunch and learn about this lawsuit. And -- and I

- agreed and talked -- my perspective, I talked to the lawsuit about why I personally decided to get involved in this lawsuit and how I felt about it.
 - Q. Can you describe -- can you describe what you communicated to the students at the lunch and learn.
- A. I talked about both my feeling that this was a free speech issue and I talked -- well, I shouldn't say -- and I talked about how, as a businessperson over 20 years, I've been involved in different legal issues, including this and others, that -- saying it's a surprise when you open a small business you don't expect to be on these kind of stages or platforms, but all that kind of surprised -- that was one big surprise I had as a small business owner.
 - I also talked about the -- and I may get the legal term wrong here -- but the judge's opinion in this -- is it a stay or a -- whatever. And quoted a few parts of that, saying this is how she -- I thought she backed up what I was feeling and arguing.
- 20 Q. So let me -- while you're in that document, 21 could I get you to go to page 10 for me.
- 22 A. Yes.

Q. So in the first full paragraph, it starts,
"Mr. Bernstein and Plaintiff Bongo Productions . ."
So you state in there that you'd suffer harm in the

form of lost employees and talent resulting from employees taking offense.

If I could ask you: What's the basis for that, given that, as you said, no employees have threatened to leave?

A. Yes. I think I said no specific employees threatened to leave, yet Bongo -- I'd like to think that Bongo, over the 20 -- almost 29 years we've been in business, we have tried to set a tone for supporting individuals and creativity and peoples' rights. And I think if I didn't participate in this lawsuit, this would have been something that was hypocritical to things I've told my employees for 29 years.

And so I don't have a specific example, but I think this would have started a -- would have been one of those things that people would have looked at.

Q. So would I be -- so would it be fair to say that you thought that not taking a stand here would undercut the image that you wanted to put forward for yourself and your -- and your operations?

A. I think that's -- excuse me.

I think that was part of my decision, yes.

Q. Okay. And do you think that your employees would understand -- or would you expect your employees to understand that if you were required ultimately to

comply with the challenged law, that that would be the State making you do it rather than something you wanted to do?

MR. CASTELLI: Object to the form.

You can answer.

THE WITNESS: Okay.

Α.

- A. I was going to say, I think you're asking me to put myself in my employees' shoes and answer them. But I'm not sure. Maybe I misheard the question.
- Q. That's what I'm asking. I'm asking if -- do you think that your current employees would understand that if you had to comply with the law, that that is something that the State makes you do rather than a decision that you wanted to do?

MR. CASTELLI: Object to form.

- A. Yeah. After 29 years of business and 15 years of being a parent, I do not want to project what anybody thinks or says or does. I just worry about myself and what I want to do.
- Q. Does the challenged law require -- would the challenged law prevent you from putting up another sign or making it apparent to your employees and patrons that you disagree with and want to dissociate yourself from what the State would require you to do?

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I don't know.

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- Q. Okay. Is that something that you would do if the law required you to comply with it? Would you -- would you attempt to disassociate yourself and openly disagree with the signage required by the law?
 - A. I don't know.

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Q. Okay. Moving on to the next paragraph that starts, "Mr. Bernstein and Plaintiff Bongo Productions would suffer harm in the form of loss of business from customers . . ."

Has any customer threatened to, besides the
one instance that you referenced at -- between your
nephew and a patron at Las Paletas, has any other
patron or customer threatened to no longer give you
their business if you're required to conform with the
challenged law?

- A. The only interactions I've had with customers on this issue have been the opposite; that customers have thanked -- again, thanked me and supported my position.
- Q. Okay. But none of them have said, "If you have to comply with the law, we're not going to --we're not going to go to Bongo Java or Fido or Bongo Java East or Grins," have they?
- 24 A. They haven't. Not to my knowledge.
- Q. Okay. Moving on to Topic No. 6, which is your

understanding of the term "biological sex" as referenced in the Challenged Act.

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What does "biological sex" mean to you? What's your understanding?

- A. To me, all it is is something that's confusing and used as a derogatory term to -- against trans people. I don't have any -- that's my only feeling about that law -- that term.
- 9 Q. Okay. Have you ever heard the term
 10 "biological sex" before this lawsuit?
- I don't even know, to tell you the truth. 11 12 was never an issue. I don't -- I don't -- I haven't really -- I'm trying to think. I know I've looked --13 14 you know, I've looked at -- I've read about and talked 15 to people about trans issues. I've talked to people 16 about sexual identity, and so the term may have come up. But I don't have any other definition of the 17 word -- of the term. 18
 - Q. Do you think that the term "biological sex" is always offensive or do you think that it's context specific?
- A. I guess I -- there may be -- "context" is an interesting word. So I don't -- I don't know if I can answer that question without knowing what specifically you're talking about.

- 1 Q. Sure. Sure.
- 2 So if the -- so if, for example -- are you
- 3 familiar with the -- are you familiar with the DSM?
- 4 A. DSM? Can you tell me what that means?
- 5 Q. It's the Diagnostic and Statistical Manual of
- 6 Mental Disorders. Are you familiar with that?
- $7 \mid A$. Oh. I've heard the term, yes.
- 8 Q. Okay. I mean, what's your understanding --
- $9 \parallel$ you know, in what context have you heard that term
- 10 before?
- 11 A. Just in -- I don't know. Just from different
- 12 issues involving mental health and different things. I
- 13 don't have a specific example.
- 14 | Q. Okay. Do you think it's, you know, academic
- 15 and authoritative?
- 16 A. I have no idea.
- 17 Q. Okay.
- 18 A. I don't . . .
- 19 Q. Do you know whether or not -- and if I call it
- 20 the "DSM," can we agree that we're talking about the
- 21 Diagnostic and Statistical Manual of Mental Disorders?
- 22 A. Sure.
- 23 Q. Okay. Do you know whether or not the DSM is
- 24 used by psychologists and psychiatrists in diagnosing
- 25 and treating mental disorders?

A. I'm not going to form an opinion on that. I don't have any -- I mean, I don't have any expertise on that at all.

- Q. Okay. If the DSM used the term "biological sex," do you think that -- do you think that the DSM would be using that term in order to cause offense?

 MR. CASTELLI: Object to form.
- A. Again, I have -- I don't -- I don't know enough about the context to form -- to give an opinion on that.
- 11 Q. Okay. So let me just -- let me reask an
 12 earlier questions, just because I'm trying to get
 13 around the issue.
 - So in your mind, the term "biological sex," is it offensive if it's used outside the transgender context?
- A. I don't -- I don't know if that's -- I don't know. I mean, I -- I don't know what you're -- I don't get the question and I don't understand, because I'm -- I'm talking about this lawsuit, and I don't know what that means outside this lawsuit.
 - Q. And what I'm trying to figure out is whether or not you believe the term "biological sex" is always, for lack of a better word, valuating and controversial?

 Would you -- do you think that's the case, that the

- term "biological sex" is always valuating and
 controversial?
- A. I'm not going to speculate whether it's always, but we'll just continue to say it's offensive in this instance.
- Q. Okay. So could you imagine a circumstance where the term "biological sex" can be used and it would not be offensive?

9 MR. CASTELLI: Object to form.

- 10 A. I'm having trouble imagining one, so that's

 11 why I'm asking. I don't -- I'm not going to say "yes"

 12 or "no." But I . . .
- Q. Okay. If a -- say, for instance -- you know, we'll go through a hypothetical.
 - If a -- if you overheard a pregnant mother asking her OB, you know, "What's the biological sex of my unborn child?", is that something that -- is the use of the term "biological sex" in that context something that you would take offense at?

20 MR. CASTELLI: Object to form.

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A. I think -- yeah, I think it's -- I've never -it sounds so stilted or strange to me that somebody
would ask what the biological sex of my baby is. It
just -- it seems like a term -- I feel like I'm -- I
don't -- the term "biological sex" has a specific

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meaning in this lawsuit and it's a loaded term, and
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2
    that's what I'm objecting to. So I don't know -- the
    hypothetical you gave me, I don't quite understand.
 3
             Well, let me -- let me ask you this, then, if
 4
    I could.
5
 6
             MR. RIEGER: Just one second.
7
                 (PAUSE IN PROCEEDINGS.)
             Because I don't -- I don't know how a doctor
8
    Α.
9
    would determine -- because "biological sex" means so
10
    many different things. I don't understand the
11
    question.
12
             MR. RIEGER: If you'd give me just one second,
13
    please. If you need to take a break, we can do so now.
14
                 (PAUSE IN PROCEEDINGS.)
15
             MR. RIEGER: Okay. Here we go.
16
             (BY MR. RIEGER) So in this case -- I
17
    apologize.
                Strike that.
                 Do you think that the term "biological sex"
18
    has no place or meaning in either science or medicine?
19
20
             I feel like you're mixing -- the question is
    Α.
    mixing up two different issues, and I don't -- I'm not
21
    here to speak about whether it's -- should be used in
22
23
    medicine or not.
24
                 In terms of this particular sign is what
25
    I'm here to speak about my opinion on this matter.
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- Q. Well, let's -- if I could -- I understand your position, which is that -- you know, that as far as you're concerned and as your lawsuit posits, you consider the term "biological sex" to be valuating and controversial specifically in the context of this law.

 Is that fair?

 A. Yes.
- Q. Okay. So assuming that, do you think there's any context in which -- regardless of, you know, the valuating nature of the term as you perceive it and its controversialities, as you contend that it has, do you think that it's possible that the term "biological sex" could be useful in scientific or medicinal context?

MR. CASTELLI: Object to form.

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- A. Again, I don't know how to answer that question. That's . . .
- Q. Do you -- so am I correct and is it fair for me to characterize -- strike that, please.

So is it correct for me to paraphrase that you have no opinion on whether or not the term "biological sex" has a usefulness or a meaning in scientific or medicinal context?

A. It's -- I believe it's fair for me to say that I don't think that has anything to do with this conversation. And I don't know whether -- and I

haven't -- I don't know enough to know whether it has any meaningful -- in the situations you described.

Q. Okay. Okay.

So it's fair to say that you don't know, in terms of whether or not it has -- the term "biological sex" could have a value or meaning in medicine and science, you don't know? Your opinions are simply limited to this litigation; is that fair?

- A. What I'm going to -- right. That's what I'm here to talk about is this litigation.
- Q. Okay. So moving on to Topic No. 7, any nonprivileged communications that Plaintiffs have had concerning the Challenged Act or its subject matter.

Have you had any conversations, besides the email listed on page 6 of Exhibit B, the note that a customer left for you in support of the lawsuit, the communication between your nephew and a customer at Las Paletas, and your Hume-Fogg lunch and learn? Did you have any other communications concerning the Challenged Act or its subject matter that weren't privileged?

A. I think, as I said in -- I believe in this testimony, that I have talked to my Director of Operations, various managers, probably some assorted staff about this. The specifics, I don't really recall

exactly. I think I talked about the nature of those conversations. I've also talked to my wife and kids about this.

I don't -- yeah, I think the conversation I had with the -- the letter from the customer, there was actually two; but I don't -- I don't even know who those people were. They just gave an anonymous note supporting it and donations.

Q. Okay. When you talk -- do you recall any specifics regarding the conversation with your Director of Operations?

Any specific -- no, just -- not specifics.

- Just generally about I am thinking of being a part of this lawsuit and later on getting information about what staff are talking about, which I've talked about. And I believe I asked if there was any, you know -- anybody talking about it, whether it's customers or employees, just generally.
 - Q. Did you discuss at all with your Director of Operations formalizing your bathroom policy?
- A. Yeah, we did. You know, really to be honest, I don't think we ever came to a conclusion. We also and I'm -- now that you kind of reminded me, we also had conversations with my Director of Operations and one of my employees, who is also an artist, about

doing -- we did talk about doing something on the bathroom walls, but we never got very far in terms of what we would put on the bathroom walls. It was kind of a conversation that didn't go anywhere.

And those -- and that conversation was actually going on before -- it started before we even joined this lawsuit. When I first heard the bill -- I'm sorry -- the law, we talked about what -- what do you want to put on the wall instead of the sign? But it was all jibber-jabber and we didn't get very far.

- Q. Any specific ideas about what you would put on the wall?
 - A. No. It was more about how to convey that or be inclusive, but we didn't come up with anything that we felt did that. We also felt that doing nothing was just as powerful as making a big point about it.
 - Q. So would the purpose -- so during the conversation, was the purpose of something to put on the wall to draw -- to create a sense of inclusivity to, in your mind, contradict the -- what you perceived the purpose of the sign to be?
- A. I'll say it was to -- yes, to do inclusivity.

 I'd have to think about whether it was to contradict
- 24 the -- the specific law. I guess that's fair to say.
- Q. Okay. It was -- it was something done to --

- is it fair to say that it was something that was being considered to minimize the impact of the signage required by the challenged law?
- 4 A. I'm not sure to minimize it or to -- and also to -- "minimize" is not the right word.
- I'm trying -- I don't -- to take a stand a little bit, I guess, maybe.
- 8 Q. Protest?
- 9 A. Sure.

17

18

19

- 10 Q. Okay. At any point did you discuss with your
 11 Director of Operations whether or not it was possible
 12 to remove the sex or gender designations on the
- 13 multi-stall restrooms at Fido?
- A. Not to my knowledge. I don't think that -- I

 wrote that down as a note to myself to look into, but I

 don't remember having that conversation.
 - Q. Is that something that if you were able to do that instead of -- and not have to put a sign up, is that something that you would do, if you were able?
- MR. CASTELLI: Object to form.
- A. I don't know -- I mean, I think -- I don't
 think that's an acceptable alternative to me at this
 point. I'd rather be able to make that decision for
 myself, which I do, rather than do one so I don't have
 to do the other, if that makes -- if that's clear.

```
1
    Q.
            So let me ask it another way, then.
2
                 So if this lawsuit wasn't in existence --
3
    okay? -- and the law was in effect --
 4
             If the law was in effect, is your --
             If the law was in effect, would you prefer to
 5
    0.
    have the sign up as required by the law and leave
6
7
    Fido's bathrooms the way they are? Or if it were
8
    possible to do so, would you turn Fido's -- would you
9
    remove the sex and gender designation on Fido's
10
    restrooms and not put up the sign?
11
             MR. CASTELLI: Object to form.
12
             THE WITNESS: Does that mean I answer or don't
13
    answer?
             MR. CASTELLI: Yeah, you can answer.
14
15
             THE WITNESS:
                            Okay.
16
             I believe I would look into the possibility --
    if I could not fight this lawsuit, that's what
17
    you're -- that's the premise of this question; right?
18
19
    0.
             Correct.
20
             Then I would look into, is there an
    Α.
    alternative to posting those signs.
21
             Okay. Moving to Topic No. 2, which is any
22
    0.
23
    alleged or threatened harm to Plaintiffs, patrons,
24
    employees, or other persons related to compliance of
25
    the Challenged Act.
```

I just want to make sure. You've gotten a lot of support, based on your testimony at this deposition today, for your role in the lawsuit. But other than the interaction between your nephew and the customer at Las Paletas, to your knowledge, no one else has -- no other customers have threatened to stop patronizing your businesses; correct?

A. To my knowledge, correct.

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- 9 Q. Do you think that they would if you had to put the sign up?
- 11 A. I think putting the sign up changes the
 12 personality of our places and goes against a lot of
 13 things that we stand for.
- 14 Q. Do you think that --
- A. So if that leads to loss of business -
 whether that leads to loss of business or not, I don't

 want to find out.
- 18 Q. Okay. But you don't know right now whether or 19 not that would result in loss of business?
- 20 A. It would be speculation.
- Q. Okay. Same thing on employees? Would it be fair that you fear -- to say that you fear that you could lose employees, but that that would be speculation as well?
- 25 A. I would fear that -- it would be speculation

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that I would lose employees and less speculation is I
1
2
    know I would -- I would change the morale at the place.
 3
             Just to make -- I've got a few more follow-up
    0.
    questions. Are you okay? Would you like to have a
 4
    break or anything like that?
5
             I'm fine.
6
    Α.
7
             Okay.
    0.
8
    Α.
             If you all are fine, I'm fine.
             I'm good.
9
    0.
10
             MR. RIEGER: Tom, are you all right?
11
             MR. CASTELLI: Yeah, I'm fine.
12
             MR. RIEGER: Okay.
13
             MR. CASTELLI: Does the court reporter need a
14
    break?
15
             COURT REPORTER: I'm fine.
                                           Thank you for
16
    asking.
             MR. RIEGER: Fantastic. Well, then, I'll
17
18
    finish up and we can get done a little early.
             (BY MR. RIEGER) Do you have any idea what the
19
20
    price of putting signage up as required by the Act
21
    would be at Fido?
             I've never looked into it.
22
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threatened to report your businesses to the DA -- the

District Attorney General if you didn't comply with the

Okay. Has anyone ever -- has anyone ever

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23

24

25

Q.

- 1 challenged law?
- 2 A. Not to my knowledge.
- 3 Q. Has anyone ever contacted you regarding how
- 4 the signage requirement would be enforced?
- 5 A. Has anybody contacted me?
- 6 Q. Yeah.
- 7 A. I mean, I --
- 8 Q. Had anyone ever contacted you -- before the
- 9 preliminary injunction, had anyone contacted you about
- 10 how the signage requirement would be enforced?
- 11 A. Nobody contacted me, no.
- 12 Q. When did you first become aware of the
- 13 | Challenged Act?
- 14 A. I don't -- I assume it was passed. I don't
- 15 know. I mean, I read too many summaries of the news.
- 16 So I don't know exactly when, where, or which -- where
- 17 I got it.
- 18 \parallel Q. Tell me how you -- tell me how you decided to
- 19 get involved and file this lawsuit. What was the
- 20 process?
- 21 A. Well, I mean, I wanted -- I wanted -- no. I
- 22 guess how I got involved is the ACLU called me and
- 23 said, "Do you want to be a Plaintiff in this?" And I'm
- 24 like, "Heck, yeah."
- 25 Q. Had you already thought about doing something

like that?

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A. I thought about -- you know, I -- as a small business, I know the cost of litigation. So I did think that was in my cards. But I did think about figuring out -- trying to find some way to protest, yes, as I talked about earlier.

Q. Okay. Have you read any literature about the term "biological sex" before?

A. I have read articles about transgender and sexual identity issues. And the term has come up. And so, yes, I have.

12 Q. Do you remember any of them specifically?

A. No. Again, a former reporter, read too much.

14 So I don't know where things come from.

Q. Tell me how you got -- tell me how you came to have your opinion about the term "biological sex."

A. I don't really know. But I -- I would say my -- where my position stands now -- I don't know where exactly it came from. But it came from reading and talking to different people I know -- employees, customers, performers at our place -- about transgender, sexual identity issues. Even, you know, sex safe classes at my kids' school. I mean, for parents and all these things have kind of -- these issues have been discussed over several years. And I

- kind of came to a more -- I came to an understanding of
 what these -- that term is -- tends to be used to do,
 and that's kind of where my opinion has come from.
 - Q. What do you mean "tends to be used to do"?

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- 5 A. As I said before, it tends to be -- limit the 6 rights of trans people. And I find that offensive.
- 7 Q. During your conversations with -- you know,
 8 that you just described and talking about it and
 9 reading, do you ever recall the term "biological sex"
 10 being used in any specific circumstance?
- A. I don't remember exactly that term. But the concept of that people -- people wanting to identify somebody by something they were, you know, physically born with and why that's not a fair biological interpretation of anything.
 - So I don't know if the term "biological sex" was used. But the concepts of, that I think we're talking about, has -- I'm not sure if I'm answering your question. I'm sorry.
- 20 0. No. You are. You are. Please continue.
- A. So the term -- I mean, not the term. But the concept of -- that we are -- that sexual identity is bigger than -- is wider than this or that I've read about, talked about, that kind of thing.
- 25 Q. Do you have the same opinion about the term

"sex assigned at birth"? 1 2 Me personally, I think that's -- I think that Α. 3 term is kind of referring to -- it's similar, especially -- in this lawsuit, it's similar. 4 Well, let's take it outside of the -- outside 5 6 of the lawsuit. 7 Do you have an issue in general with the 8 term "sex assigned at birth"? Is that, in your mind, also outside of the context of this lawsuit? 9 10 Α. I object when it's used to limit rights of different people. So, again, this is going back to the 11 12 whole conversation we had about context, which it's really hard for me to talk -- I mean, I don't really 13 14 want to talk about anything besides this lawsuit. 15 So is it fair to say that your problem with Q. 16 the term "biological sex" and what you just said about the term "sex assigned at birth" has to do with how 17 18 those terms are used and the context in which those come up, which, you know -- is it correct to say that? 19 20 My problem with the term is when it's used in Α. 21 this lawsuit to limit the rights of different people -of people. I shouldn't say "different people." "Of 22 23 people." If the term "biological sex" were used in a 24

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way that was not -- and clearly not used to, as you've

25

alleged, limit the rights of people, would you be okay 1 2 with its use?

MR. CASTELLI: Object to the form.

- Again, that's a hypothetical. And I don't --Α. I don't know -- I don't know how to answer that question.
- So I'm trying to -- so are you saying that -so if I said that your position was that you don't want to use the term "biological sex," would the use of the term "biological sex" in that context be offensive to you?
- 12 MR. CASTELLI: Object to form.
- I don't -- I don't understand the question. 13 Α.
- What I'm trying to get at is: Is it your 0. opinion that the problem with the term "biological sex" 15 16 is the words themselves or how those words have been
- used recently by both the challenged law and in other 17
- 18 contexts?

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- My problem is with this -- with this law is 19
- 20 violating my freedom of speech and it's limiting the
- 21 rights of people. So I don't -- that's the only way I
- 22 know how to answer your question.
- 23 Is there ever a circumstance in which the term 0.
- 24 "biological sex" could be used that would not convey a
- 25 message that you would find offensive?

1 MR. CASTELLI: Object to the form.

2 A. Yeah, I feel like I've gone through this

3 question several times. I'll leave open the

4 possibility. It's possible, but I don't know what -- I

5 don't -- I don't -- I don't know.

- 6 Q. Okay.
- 7 A. That's such -- so hypothetical, I don't know 8 how to answer the question.
- 9 Q. Do you have any current plans to open up any 10 additional businesses to the public?
- 11 A. I do not.

And I just want to make clear. You asked
me how many businesses we have and I just -- we have
three stores that we, again, do not control or operate.
We have license deals. And one of those just recently
opened in the airport, since this lawsuit has been
started. So I just wanted to make that clear.

- Q. And those license agreements, just to make clear, you do not operate those bathrooms?
- 20 A. Correct. We don't operate the stores. We don't have any real -- operational duties at all.
- 22 Q. Okay.

18

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A. Let me -- let me go back to your question. We have an empty space next to Fido that was Las Paletas that was referenced earlier. And we've used it over

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the term -- over the last several years as a pop-up
1
2
    store. And we are in talks with doing another pop-up.
3
    So whether we own it, run it, operate it, license it,
 4
    I'm not sure. So I don't want to -- I don't want to be
5
    misleading when I say I don't have any plans.
6
             Okay. I appreciate that. I appreciate that.
7
    Okay.
8
             MR. RIEGER: Tom, I am done, if you want to --
    if you want to jump in and cross or take a break.
9
10
             MR. CASTELLI: Can we take maybe, yeah,
11
    maybe --
             MR. RIEGER: Yeah.
12
13
             MR. CASTELLI: -- five minutes, just so I can
14
    consult with co-counsel. And I may not have any
15
    questions. But we'll take five and then -- but if I
16
    do, it will be very, very short.
             MR. RIEGER: Of course. Want to make it an
17
    even 1:50, or 11:50 for y'all?
18
             MR. CASTELLI: Yeah, that works.
19
20
             MR. RIEGER: Okay. 11:50.
21
                 (Seven-minute recess was taken at
    1:43 p.m.)
22
23
             MR. CASTELLI: Back on the record.
24
                 I don't have any questions for the witness.
25
    So we would like to read and sign.
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(WHEREUPON, the proceedings concluded at
 1
     approximately 1:50 p.m.)
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1	AMENDMENT SHEET
2	I, the undersigned, ROBERT BERNSTEIN, do hereby certify that I have read the foregoing deposition in the case of BONGO PRODUCTIONS vs. CARTER LAWRENCE and
4	that, to the best of my knowledge, said deposition is true and accurate with the exception of the following corrections listed below:
5	PAGE/LINE/REASON
6	53:3 - the word "did" should read "didn't".
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21	1/27/22
22	Dat/e Signature of Witness
23	Sworn to and Subscribed before me,, this, day of, 2022.
24	, 2022.
2.5	Notary Public My Commission Expires
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1	REPORTER'S CERTIFICATE
2	STATE OF TENNESSEE)
3	COUNTY OF SHELBY)
4	I, LYNETTE L. MUELLER, LCR #351, RDR, CRR,
5	FAPR, and Notary Public for the State of Tennessee, do hereby certify that the above transcript of proceedings
6	was reported by me and that the foregoing transcript, consisting of Pages 1-61, at the time and place set
7	forth in the caption thereof, were stenographically reported by me; constitute a true and correct
8	transcript of said proceedings to the best of my knowledge, skills, and ability.
9	I FURTHER CERTIFY that I am not related to
10	any of the parties named herein, nor their counsel, and have no interest, financial or otherwise, in the
11	outcome or events of this action.
12	I FURTHER CERTIFY that I am duly licensed by the Tennessee Board of Court Reporting as a Licensed
13	Court Reporter as evidenced by the LCR number and expiration date following my name below.
14	I FURTHER CERTIFY that the right to read
15	and sign was requested.
16	IN WITNESS WHEREOF, I have hereunto affixed my official signature and seal of office on 22nd of
17 18	January, 2022.
19	
20	
21	
22	LYNETTE L. MUELLER, LCR, RDR, CRR, FAPR LCR NO. 351, Expires June 30, 2022
23	Tennessee LCR No. 351 Mississippi CSR No. 1794
24	Arkansas CCR No. 788 Notary Public at Large
25	For the State of Tennessee Commission Expires August 17, 2025
	OMECA DEDODUTNO

Exhibit 3

Expert Report by Dr. Shayne Sebold Taylor MD

Preliminary statement

- My name is Shayne Sebold Taylor, MD. I have been retained by counsel for Plaintiffs as an
 expert in connection with the above-mentioned litigation. I have actual knowledge of the matters
 stated herein.
- 2. I am an Assistant Professor of Internal Medicine and Pediatrics at Vanderbilt University Medical Center and the Monroe Carrell Jr. Children's Hospital at Vanderbilt in Nashville, Tennessee.
- 3. I am licensed in the state of Tennessee to practice medicine (TN License #55151).
- 4. I am board certified in both Internal Medicine and Pediatrics by the American Board of Internal Medicine and the American Board of Pediatrics, respectively.
- 5. I obtained my undergraduate degree at Emory University with a BS in Biology and a BA in Women and Gender Studies. I received my medical degree from Drexel University College of Medicine and completed my Internal Medicine and Pediatrics residencies at Vanderbilt University Medical Center.
- 6. I have lived and practiced medicine in the state of Tennessee since 2014.
- 7. Additional information about my professional background and experience is outlined in my curriculum vitae, a true and accurate copy of which is attached as Exhibit A to this report. In conjunction with serving as an Assistant Professor of Internal Medicine and Pediatrics at Vanderbilt, I am the creator and Lead Clinician of the Vanderbilt Clinic for Transgender Health, a multi-disciplinary patient-centered medical home for transgender adults. My clinical duties include providing primary care and transition-related care (particularly hormone therapy), as well as providing care navigation with specialists across the Vanderbilt medical community. I have over 900 transgender patients under my care with a 3-6 month waitlist to be seen for services. The majority of my patients reside in Middle TN, however I have patients traveling 3-4 hours to come to the clinic spanning from Memphis to the west and Kingsport to the east.

- 8. In addition to my clinical work, I provide guidance to physicians throughout Vanderbilt and Middle Tennessee who care for transgender patients. I do this by giving grand rounds, presentations to medical students and residents, and training to various community providers on the importance of culturally competent care for the transgender patient.
- 9. As part of my practice, I stay current on medical research and literature relating to the care of transgender persons and patient's suffering with gender dysphoria.
- 10. I am a member of the World Professional Association of Transgender Health (WPATH),

 American Academy of Pediatrics (AAP), American College of Physicians (ACP), Alpha Omega

 Alpha (AOA) medical honor's society, and the Gay and Lesbian Medical Association (GLMA).
- 11. I am being compensated \$350/hour for my time preparing for this report, and \$425/hour for time spent preparing for and giving deposition or trial testimony. My compensation does not depend on the outcome of the litigation, the opinions I express, or the testimony I provide.
- 12. Attached as exhibit B is a bibliography of relevant medical and scientific materials related to transgender people and gender dysphoria upon which I generally rely when I provide expert testimony. These materials are the same type materials that experts in my field of study regularly rely upon when forming opinions on the subject.
- 13. I have been retained as an expert regarding gender dysphoria and the treatment of gender dysphoria in one other federal case, Gore, et al. v Lee, et al., Case No. 3:19-cv-00328 (M.D. Tenn.). I have given testimony at a deposition in that case and may be called to testify at trial during litigation for this case.

Sex, Gender, and Gender Identity

- 14. The sex of a child is most often determined after delivery based on the visual appearance of an infant's external genitals.
- 15. Research has identified that determination of sex is far more complex than what is seen on genital exam. Instead, sex is a complex compilation of multiple factors including one's chromosomal

make up (XX for those assigned female at birth, XY for those assigned male at birth), gonadal sex (presence of ovaries or testes), fetal hormonal sex (production of sex hormones by the fetus or exogenous exposure of sex hormones to the developing fetus), pubertal hormonal sex (the change in hormonal milieu that results in the development of secondary sexual characteristics- facial hair and deep voice for those assigned male at birth, breasts and menstrual cycles for those assigned female), hypothalamic sex (variations in brain structure and function as a result of embryonal exposure of sex hormones), and gender identity.

- 16. For each of the above factors that contribute to the development of sex, there can be variations. Sex related characteristics do not always align as either completely male or completely female. For example, many children are born with ambiguous genitalia, and as a result it is difficult to assign these infants as either male or female at birth. These patients are often identified as intersex, which is one of many disorders of sexual development (DSD). These children often see multiple specialists throughout their lifespan. Other examples of DSDs are those of chromosomal differences. The typical human chromosomal make up includes 46XY for males and 46XX for females. However, in male patients with Kleinfelter's syndrome their chromosomal makeup is 47XXY. These chromosomal male individuals have an extra X chromosome. The results include breast development and small testes, in addition to other physical findings. Patients with Turner Syndrome are 45XO. These female individuals are missing an X chromosome, and as such many of them do not develop normal female puberty and are often infertile. These variations are common. The Monroe Carrell Children's Hospital at Vanderbilt has an entire clinic to cater to the medical needs of this patient population.
- 17. Gender identity is a person's inner sense of belonging to a particular gender. Identifying as male or female is a core component of one's overall identity. Every person has a gender identity. Research has shown that children begin to develop and express their gender identity during their toddler years, at around the age of 3 years old. It has a strong biological basis and cannot be changed.

- 18. Scientific research has discovered many biological reasons for how an individual develops a gender identity. Complex interactions between hormones, chromosomes, and the developing embryo in utero are at the center of these theories.
- 19. From a medical perspective, in the event that one's gender identity does not match their sex assigned at birth, i.e. in transgender people, one's gender identity should be the determining factor of their sex. The medical consensus recognizes that when one's sex related-characteristics are not in alignment, a person's gender identity is the determining factor, more important than the presence of their genitals, their chromosomal analysis, or their hormone levels.

Gender Dysphoria and its Treatment

- 20. Transgender people have a gender identity that differs from the sex that was assigned to them at birth.
- 21. This lack of alignment of assigned sex and gender identity can result in severe distress, depression, anxiety. This constellation of symptoms is termed gender dysphoria.
- 22. Treating gender dysphoria results in significant improvement in the quality of life, mental and physical health of transgender persons. Transgender people undergoing treatment for their gender dysphoria can live long, happy, productive and meaningful lives.
- 23. Gender transition for those that suffer from Gender Dysphoria is a lengthy process with multiple components. These components may include social transition, medical transition, and surgical transition. Each transgender individual approaches transition differently, as the decision to undergo any aspect of transition is deeply personal and depends on the degree and type of dysphoria the patient is experiencing.
- 24. The social transition is a formative aspect of a transgender person's experience. Social transition can include going by a different name, using different pronouns, or changing one's haircut, or clothing to match one's gender identity.
- 25. As part of the social transition, a transgender individual will make changes that will allow them to seamlessly incorporate into their communities with a presentation that matches with their gender

- identity. This may mean using a restroom facility that matches their gender identity, in the same way that a non-transgender person uses the bathroom that matches their gender identity.
- 26. In addition to social transition, transgender individuals often interface with a healthcare setting for medical or surgical intervention. Medical transition often includes the prescription of hormones so that the transgender person can develop secondary sexual characteristics of the sex with which they identify. This may mean that a transgender man (or someone who was assigned female at birth) may grow facial hair and develop a much deeper voice as a result of testosterone treatment. Alternatively, transgender women (assigned male at birth), may develop breast tissue and a more feminine body fat distribution as a result of estrogen that may be prescribed by a clinician.
- 27. Some transgender patients seek surgical transition. These surgical procedures further change the patient's anatomy so that their outward appearance matches more closely with their gender identity.
- 28. Given the medical and surgical treatments that transgender patients may encounter, they are often no longer presenting as their sex assigned at birth. This will further create stress and anxiety for bathroom users, both transgender and otherwise. An example is as follows: a transgender man has been on testosterone therapy for many years. As a result, he has a full-grown beard. He has also had surgical removal of his breast tissue. He wears men's clothing and speaks in a deep voice. It is harmful for that man to have to use a woman's restroom.

Transgender in Tennessee

29. According to a Williams Institute study in 2016, there are approximately 1.6 million people in the United States that identify as transgender. In this same study, it was revealed that an estimated 31,000 transgender people (or 0.6% of the state's population) live in the state of Tennessee.

Tennessee is ranked 10th in the nation for its percentage of transgender individuals (Hawaii being the highest and North Dakota with the lowest).

- 30. The proposed Act would have a sign that specifically mentions the term "biological sex." This term has no place or meaning in either science or medicine, because experts who study sex and gender understand that the biology and identity of a human being is far more complex than what can be identified on an individual's genital anatomy or chromosomal evaluation. Having this controversial political term, one that has no value or meaning in medicine or science, posted on every public bathroom in the state of Tennessee is dangerous and distressing, further running the risk of worsening gender dysphoria for those that suffer from the condition.
- 31. The 31,000 transgender individuals in Tennessee work in Tennessee businesses, go to Tennessee schools and are active members of their families, communities and churches to name a few.

 Transgender Tennesseans deserve privacy when they use the restroom. Using the restroom at a business is often necessary and should be routine. A transgender patron should not have to effectively disclose their transgender status by using the designated restroom that matches their sex assigned at birth. A transgender person should be able to use the restroom that matches with their gender identity. A large posted sign referencing "biological sex" on every business is stigmatizing and isolating for transgender Tennesseans. The Act that goes into law on July 1, 2021 is harmful and dangerous for these members of our community.

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

Dated on October 31, 2021.

Stayhof From Mis

Exhibit 4

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Exhibit 5

Curriculum Vitae

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Assistant Professor of Medicine and Pediatrics Vanderbilt University Medical Center

CONTACT INFORMATION

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EDUCATION

8/2010-5/2014 Drexel University College of Medicine, Philadelphia, PA

Doctor of Medicine, May 2014

8/2006-5/2009 Emory University, Atlanta, GA

Bachelor of Science and Bachelor of Arts, May 2009

8/2005-5/2006 Connecticut College, New London, CT

POST GRADUATE TRAINING

7/2014-8/2018 Vanderbilt University Medical Center and Monroe Carrell Jr.

Children's Hospital at Vanderbilt Nashville, TN

Internship and Residency, Internal Medicine and Pediatrics

CLINICAL AND ACADEMIC APPOINTMENTS

8/2018- present Assistant Professor of Internal Medicine and Pediatrics, faculty physician

Vanderbilt University Medical Center, Nashville, TN

8/2018-present Lead Clinician and Founder, Vanderbilt Clinic for Transgender Health

CERTIFICATION AND LICENSURE

2019 American Board of Internal Medicine, board certified

2018 American Board of Pediatrics, board certified

2017 Licensed Physician #55151, State of TN 2017-present

2017 Merck Nexplanon insertion certification

PROFESSIONAL ORGANIZATIONS

2010-2014 Medical Students for Choice

2010-2014 American Women's Medical Association

2014-2018 National Med-Peds Residency Association (NMPRA)

2014-present American Academy of Pediatrics (AAP)

2014- present Alpha Omega Alpha (AOA)

2014-present Cumberland Pediatrics Foundation (CPF)

2018-present Gay and Lesbian Medical Association (GLMA)

2017-present World Professional Association for Transgender Health (WPATH)

2018-present American College of Physicians (ACP)

OTHER EMPLOYMENT

2009-2010 Montefiore Medical Center Bronx, NY

Research Intern for the PROSPECT Trial

PROFESSIONAL ACTIVITIES AND LEADERSHIP

Drexel University College of Medicine

2010-2014 Medical Students for Choice, Member

2010-2011 Women's Health Scholar 2010-2011 Humanities Health Scholar

2011 Summer for Reproductive Health, University of Groningen

2011-2012 Medical Students for Choice, President 2011-2014 Academic tutor, preclinical coursework 2011-2012 Admissions Committee Member

2012-2014 Honor Court Member

Vanderbilt University Medical Center, Residency

2016-2017 Nexplanon Resident Education Coordinator

2016-2018 LGBTQ Peer Educator Series

2016-2018 Moonlighting Physician, Page Campbell Non-Teaching Cardiology Team

2017-2018 Bioethics Certification Program
2017-2018 Med-Peds Residency Wellness Chief

Vanderbilt University Medical Center, Faculty

2018-present Creator/Founder/Lead Clinician for Vanderbilt Clinic for Transgender Health.

Currently serve as either the primary care physician or consultant for over 900 unique transgender patients from Tennessee, Alabama, Kentucky. Coordinate medical, surgical, and psychiatric care with affirming specialists. Regional

expert in transgender health providing education and training services to medical

students, residents and allied health professionals across the region.

2020-present Transgender Clinic/Breast Center focus group for creation of research driven

evidenced based guidelines, Vanderbilt University Medical Center

2021-present Admission Committee Member, applicant interviewer. Vanderbilt University

School of Medicine

2021- present Vanderbilt Comprehensive Assessment Program, internal medicine physician

Independent Consultative Work

2019-present Lambda Legal, Expert Witness

2019- present ACLU, Expert Witness

HONORS AND AWARDS

2009 Writer's Award, Emory University President's Commission on the Status of

Women

2010 Pathology Honor Society at Drexel University

2013 The Lila Kroser Scholarship at Drexel University College of Medicine

2014 Drexel University College of Medicine Peer Commendation for Professional

Behavior

2014 Alpha Omega Alpha, Drexel University College of Medicine

2020 Excellence in Patient Experience, Vanderbilt University Medical Center

TEACHING EXPERIENCE

2017-present Creator/presenter LGBTQ Curriculum, Vanderbilt University Internal Medicine

Residency

2018-2020 Research mentor to medical student, Mollie Limb, Vanderbilt University School

of Medicine

2018-2020 QI research mentor to Kalin Wilson, Vanderbilt University of School of

Medicine

2019-present Faculty partner with Internal Medicine Residency Social Medicine Club
2019-present Author "LGTBQ Health" Vanderbilt Internal Medicine Resident Handbook
2019-present Faculty site instructor for Foundations of Healthcare Delivery, Vanderbilt

University School of Medicine

2019-present Faculty site instructor for Integrated Science Course faculty, Vanderbilt

University School of Medicine

2019-present Faculty site instructor for Primary Care Rotation, Vanderbilt University School

of Medicine

2020-present Health Equity Elective Clinic Site, Vanderbilt University Medical Center 2020-present Content expert for the LGBTQ+ Healthcare Certificate Program, Vanderbilt

University Medical Center

PRESENTATIONS

Vanderbilt University Medical Center, Residency

- 1. General Pediatrics Jeopardy, 9/7/2016
- 2. The Role of Corticosteroids in Lumbosacral Radiculopathy, 1/26/2017
- 3. A Band-Aid on a Broken Heart: Quick Review of Adult Congenital Heart Disease and Fontan Physiology, 3/22/2016
- 4. Medication Non-Adherence in 2016: It's a Pill Popping Epidemic, Just all the Wrong Pills, 10/2/2016
- 5. The Shrinking Lung Syndrome, 1/6/16
- 6. Cannabis Hyperemesis Syndrome: The Confusing Pot Paradox, 2/16/16
- 7. The Gender Non-Conforming Child, 4/20/2016
- 8. A Teenager's Guide To Getting High: A quick review of non-traditional intoxicants, 1/25/2017

9. The Gender Non-Conforming Child Version 2.0, 8/25/2017

Vanderbilt University Medical Center, Faculty

- 1. The Clinic for Transgender Health: A Passion Project for our Patients. Vanderbilt University Program for LGBTQ Health Grand Rounds, 11/14/2018.
- 2. A Primer for Transgender Health. Southeast/TN AIDS Education and Training Center, webcast 1/30/2019.
- 3. Caring for the Transgender Patient: With little evidence, but a lot of love. Division Grand Rounds, Internal Medicine 4/4/2019
- 4. Caring for the Transgender Patient: With little evidence, but a lot of love. Division Grand Rounds, Infectious Disease 5/22/2019
- 5. Caring for the Transgender Patient with HIV. Our House Nashville, 10/9/2019
- 6. Caring for the Transgender Patient. Vanderbilt University School of Nursing, 10/23/19.
- 7. Caring for the transgender patient, with little evidence but a lot of love. Lessons learned creating a Transgender Health Clinic in the South." American College of Osteopathic Obstetricians and Gynecologists. Virtual Presentation 3/20/2020. "Ask The Doctor" Session. Transgender Day of Visibility, Vanderbilt University 3/24/2021
- 8. Transgender Care for the Trauma Surgeon, Vanderbit University Medical Center 4/14/2021
- 9. Transgender Care for The Emergency Medicine Physician, Vanderbit University Medical Center 4/27/2021
- 10. "LGBTQ Medicine." Alternative Spring Break Speaker Session, Vanderbilt University. 4/14/2021
- 11. "A Career In LGBTQ Health." LGBTQ MD Student Interest Group. Vanderbilt University School of Medicine. 6/9/2021
- 12. "Language Matters: LGBTQ Affirming Language. Bedside Matters Session, Vanderbilt University Medical Center 6/14/2021
- 13. "Transgender Health For the Internal Medicine Resident." St. Thomas Ascension, 7/7/2021
- 14. Trans in Tennessee: A Story of Compassionate Care in a Challenging Time, Cumberland Pediatric Foundation, CME 7/15/2021
- 15. Caring for the Transgender Patient. Student Health CME, Vanderbilt Vanderbilt University Medical, 8/13/2021
- 16. Transgender Care for the Pharmacist, Pharmacy CE Vanderbit University Medical Center 8/27/2021

ARTICLES IN PUBLISHED JOURNALS:

- 1. **Taylor, S.S.,** Ehrenfeld, J.M. "Electronic Health Records and Preparedness: Lessons from Hurricanes Katrina and Harvey" Journal of Medical Systems. (2017) 41:173.
- 2. Gamble, R, **Taylor SS**, Ehrenfeld J.M., Huggins, A. "Trans-specific Geriatric Health Assessment (TGHA): An inclusive clinical guideline for the geriatric transgender patient in a primary care setting." Maturitas, Volume 132, 70 75

RESEARCH PROJECTS

- 1. Healthcare Needs and Barriers Among New Patients at a Clinic for Transgender Health IRB NUMBER: 192299
 - PI: Shayne Taylor
- Assessing LGBTQ+/Racial Minority Trainee's Experiences with Social Support, Loneliness, and Feelings of Anxiety or Depression During Training IRB #210225
 - PI: Hannah Lomzenski, Faculty Advisor: Shayne Taylor

Exhibit 6

Annals of Internal Medicine®

In the Clinic®

Care of the Transgender Patient

Terminology and Initial Evaluation

Medical Management

Transgender-Specific Surgeries

ransgender persons are a diverse group whose gender identity differs from their sex recorded at birth. Some choose to undergo medical treatment to align their physical appearance with their gender identity. Barriers to accessing appropriate and culturally competent care contribute to health disparities in transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases. Thus, it is important that clinicians understand the specific medical issues that are relevant to this population.

Medicolegal and Societal Issues

Practice Improvement

CME/MOC activity available at Annals.org

Physician Writers
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doi:10.7326/AITC201907020

CME Objective: To review current evidence for terminology, initial evaluation, medical management, transgender-specific surgeries, medicolegal and societal issues, and practice improvement of transgender patient care.

Funding Source: American College of Physicians.

Disclosures: Dr. Safer, ACP Contributing Author, reports that he is employed at Icahn School of Medicine at Mount Sinai, served on an advisory panel for Endo Pharmaceuticals, and has given invited lectures for various academic institutions and professional organizations. His spouse is employed by Parexel. Dr. Tangpricha, ACP Contributing Author, has nothing to disclose. Disclosures can also be viewed at www.acponline.org/authors/icmje /ConflictOfInterestForms.do?msNum=M19-0182.

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- Chan KJ, Jolly D, Liang JJ, et al. Estrogen levels do not rise with testosterone treatment for transgender men. Endocr Pract. 2018; 24:329-33. [PMID: 29561193]
- 3. Reisner SL, Poteat T, Keatley J, et al. Global health burden and needs of transgender populations: a review. Lancet. 2016; 388:412-36. [PMID: 27323919]
- Jaffee KD, Shires DA, Stroumsa D. Discrimination and delayed health care among transgender women and men: implications for improving medical education and health care delivery. Med Care. 2016;54:1010-6. [PMID: 27314263]
- 5. Meyer IH, Brown TN, Herman JL, et al. Demographic characteristics and health status of transgender adults in select US regions: Behavioral Risk Factor Surveillance System, 2014. Am J Public Health. 2017;107:582-9. [PMID: 28207334]
- Safer JD, Coleman E, Feldman J, et al. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016;23:168-71. [PMID: 26910276]
- Nuttbrock L, Hwahng S, Bockting W, et al. Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. J Acquir Immune Defic Syndr. 2009;52:417-21.
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- 8. Baral SD, Poteat T, Strömdahl S, et al. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. Lancet Infect Dis. 2013; 13:214-22. [PMID: 23260128]
- 9. Feldman J, Romine RS, Bockting WO. HIV risk behaviors in the U.S. transgender population: prevalence and predictors in a large internet sample. J Homosex. 2014;61: 1558-88. [PMID: 25022491]
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 D. Blosnich JR, Brown GR,
 Wojcio S, et al. Mortality
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 diagnoses in the Veterans Health Administration, FY2000-2009.
 LGBT Health. 2014;1:
 269-76. [PMID:
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Transgender and genderincongruent persons have gender identities that differ from their sex recorded at birth (typically determined by examination of external genitalia). Studies estimate that 0.6% of U.S. adults, or 1.4 million persons, are transgender (1). This population faces disproportionate challenges in accessing health care services and may experience medical mistreatment (2-5). The largest barrier to care reported by transgender persons is a lack of knowledgeable providers (6). Barriers to accessing appropriate and culturally competent care play a significant role in health disparities among transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases (3, 4, 7-13). Historically, care was largely limited to select facilities. Improving access to medically and culturally competent care requires involvement of primary care providers outside such specialized settings (14).

Terminology and Initial Evaluation

What does "transgender" mean?

Gender identity refers to a person's sense of being male, female, neither, or a combination of both (Box). The terms "transgender," "transsexual," "trans," "gender nonbinary," "gender incongruent," and "genderqueer" are used to describe persons whose gender identity does not align with the sex recorded at birth. Previously, the term "transsexual" indicated that the person had received medical and surgical treatment to align their appearance and gender identity. However, "transgender" has become the preferred term because it also includes those who have had no treatment. "Cisgender" refers to persons who are not transgenderthat is, those whose sex recorded at birth aligns with their gender identity.

Transgender men have a male gender identity but were identified as female at birth, and transgender women have a female gender identity but were identified as male at birth. Gender-nonbinary and genderqueer persons may identify with a gender that is neither male nor female or has features of both. Gender expression relates to how a person signals gender identity to others via clothing, hairstyle, actions, and mannerisms. Alignment of physical characteristics with gender identity is referred to as "trans-

ition," "gender affirmation," or "gender confirmation."

Gender dysphoria is a mental health diagnosis that describes the discomfort of misalignment of gender identity and the sex recorded at birth. Not all transgender persons have dysphoria, but many U.S. insurance companies require this diagnosis for reimbursement for transgender medical and surgical interventions (15). Although transgender identity does not equate with a mental health condition, the only codes for a transgender diagnosis in the International Classification of Diseases, 10th Revision (ICD-10), are in the mental health section. A tentative plan for ICD-11 is to add gender incongruence to the sexual health section and remove gender dysphoria entirely (16).

What is known about the natural history of transgender identity development?

Although the mechanisms are not known, data suggest a biological underpinning to gender identity that is present at birth (17, 18). Investigators report an inability to manipulate gender identity by external means (19, 20). Twin studies indicate that identical twins have greater concordance with regard to transgender identity than fraternal

Exhibit 7



The art of medicine

The misuses of "biological sex"

Whether one is entering into military service, seeking identity documents, or participating in sports, the categorisation of bodies according to "sex" is central to the organisation of society. Who is categorised as a woman and who is categorised as a man may seem like simple questions, but making a determination of sex has long been understood as far from straightforward.

For a century, scientists studied an array of human characteristics that inform our ideas of what makes someone a woman or a man, seeking to pin down a single, definitive biological indicator of sex. Bodies troubled these schemes and socially untenable categorisations ensued. If gonads were understood as the essence of sex, women who were phenotypically female but who had testes were men. This seemed illogical, so scientists proposed yet other traits. Even as they debated which biological trait or combination of traits signalled its essence, scientists understood sex as biological and involving multiple, if contested, factors.

Contemporary scientific understanding of sex and its relation to gender was greatly influenced by the work of psychologist John Money, at Johns Hopkins University, USA, beginning in the 1950s. With colleagues, Money further complicated approaches to sex by identifying a range of biological and social factors. Chromosomes, gonads, hormones, and internal and external genital morphology were considered alongside social factors such as assigned sex and rearing, and gender role and sexual orientation. His ideas gained traction, and scientists and medical professionals came to accept sex as inherently knotty: that its "variables" are multiple, come in far more than two versions, and that no single biological factor is determinative.

Research since has expanded the range of variables that produce sex. As one example, the Y chromosome was once

said to trigger testes development in fetuses. Later research showed a gene called SRY, located on the Y chromosome, "pushed" primordial germ cells in the embryo to become testes. We now know there are active genes involved in both ovary and testis determination across the genome, and not restricted to the X and Y chromosomes. As biologist Anne Fausto-Sterling has observed, "[T]hose looking to biology for an easy-to-administer definition of sex and gender can derive little comfort from the most important of these [research] findings."

If what we know of sex is its multiplicity, this introduces a conundrum: which factors to use in categorising and defining sex? Policy makers who formulate sex categorisations and definitions overwhelmingly rely on biological features to ground membership. Biological factors hold appeal and power since reference to "biology" and "science" lends any suggested trait or combination of traits the appearance of neutrality and thus objectivity. But biological definitions of sex are at odds with the understanding that sex involves multiple biological and social factors. They are also at odds with social scientific work that complicates the idea that sex is biological whereas gender is cultural; sex, as much as gender, is culturally contingent and produced. As J R Latham notes, "sex" is not a static, discrete, or even strictly biological characteristic that exists prior to the relations and practices that produce it. Historian of science Sarah Richardson, for example, has shown how scientists "sexed" the X and Y chromosomes by glossing over inconsistencies and ambiguities between the two in their research to elevate findings that align with gendered ideas about biological sex differences.

Decisions about which traits or sets of traits are used, in what combination, and for what purpose are inextricably tied to why sex categorisation exists and whom or what it serves. Far from neutral or objective, sex classification and definition rely on cultural norms about the "appropriate" relationships between sex, gender, and sexuality, and work in tandem with power to support social norms and goals as well as sociopolitical hierarchies that determine opportunities, rights, and privileges.

Not surprisingly, there is a long history of using-and misusing-discrete biological criteria to determine sex and thereby include or exclude certain people from categories. Just this year, the administration of US President Donald Trump began requiring military personnel to serve "in their biological sex", which they define as "a person's biological status as male or female based on chromosomes, gonads, hormones, and genitals" (treating these as congruent). Meanwhile, in a leaked memo, the US Department of Health and Human Services (HHS) proposed establishing a federal legal definition of sex "on a biological basis that is clear,



grounded in science, objective and administrable". Using early 20th-century criteria, HHS suggested defining individuals as "either male or female, unchangeable, and determined by the genitals that a person is born with", and in yet another definition, "male or female based on immutable biological traits identifiable by or before birth".

For many, these proposed methods for categorisation suggest a commonsense and clear-cut assessment. The US military definition of sex relies on the sex designation on a birth certificate, which is likely based on a glance at the genitals at birth. But its definition of biological sex includes "chromosomes, gonads, hormones, and genitals"—that is, all four characteristics. Someone with what are understood as female-typical genitals and 46,XY chromosomes would be classified as female if genitals are used as the indicator but male if chromosomes are used. The HHS-suggested definition appears to directly prioritise genitals yet gives chromosomes a role too.

Science does not drive these policies; the desire to exclude does. This intentional gerrymandering of sex opportunistically uses the idea of "biological sex"—which lends a veneer of science and thus rationality to any definition—to remove certain individuals from a category based on intolerance. One result is the nullification of the Title IX protections that were expanded under the Obama administration—laws applicable to transgender individuals and people with certain differences of sex development who serve in the military or otherwise seek to be safeguarded from discrimination.

The Trump administration's appeal to "biological sex" has parallels in international elite sport. "The biological sex... must prevail", thundered an official for the International Association of Athletics Federations (IAAF), in the context of a rancorous decades-long battle over sex-testing policies used to determine which women are allowed to compete in the female category. The IAAF's appeal to biological sex is an example of how power, not science, comes to shape sex categorisation. In the 1960s, athletes were sex tested using physical examinations; in the 1970s, chromosomal testing was used. By 2011, sex testing regulations focused exclusively on testosterone (T), and any woman with higher than typical levels of naturally occurring T could not compete in the female category. The rationale for this hinged on T's purported role in athletic performance: high levels of T were said to give some women an unfair "masculine" advantage over their competitors. Their solution: women can lower their T levels or forego sport competition. However, the data didn't support the claim underpinning the regulations: that higher T necessarily improves athletic performance. The IAAF scrambled for a new biological indicator, seizing on a combination of chromosomes and internal reproductive organs, and announced a new, special type of categorisation that was designated "sport sex". This is a category of sex relevant to one unique context: elite sport. Women with

high endogenous T could now compete—if they had a specific combination of chromosomes and reproductive organs. Exclusion is based on a woman's primary source of endogenous T, rather than her T level per se.

The newest T regulations were designed by policy makers as an end-run around strict and deterministic criteria for inclusion in the female category—that is, sex testing. But once T couldn't be shown to have the role in athleticism they claimed, they turned to their own idiosyncratic definition of biological sex to keep women with atypical sex traits out of the female category. While the IAAF's focus on women's chromosomes and gonads was a method of calling out certain women as not "really" women, they attempted to cement this notion by then also inaccurately deeming them "biological males".

Debates about sex are often framed falsely as scientific versus cultural arguments, whereby the former by virtue of being grounded in biology are seen as tied to nature and thus truth, whereas the latter are seen as hectoring from a postmodern gender La Land. T regulation supporters, for example, have argued that critics of the policy misunderstand, or worse, obscure the scientific facts of sex. Yet this profoundly misconstrues who is hewing to science. Those questioning simplistic understandings of sex—scientists among them—are hardly unscientific, but rather keen observers of the science of sex biology and the peculiar categorical gatekeeping of, say, soldiers and elite women athletes. This is not a case of science versus social constructionism as some argue; it's about the calculated use of "biological sex" to buttress obsolete thinking about sex.

Years ago I wondered, "if one postulates bodies (including genitals, gonads, chromosomes, and hormones), what more does the word sex buy us?...The body as a material fact is given, but sex is not." It is long overdue that we understand sex not as an essential property of individuals but as a set of biological traits and social factors that become important only in specific contexts, such as medicine, and even then complexity persists. If we are concerned with certain cancers, for example, knowing whether someone has a prostate or ovaries is what's important, not their "sex" per se. If reproduction is the interest, what matters is whether one produces sperm or eggs, whether one has a uterus, a vaginal opening, and so on. For those arenas where it's not clear what purpose sex designation serves, we might question whether we need it at all. Doing so could lead to better science and health care, and, crucially, less harm.

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I am co-author, with Rebecca M Jordan-Young, of Testosterone: an Unauthorized Biography (Harvard University Press, 2019).

Further reading

Fausto-Sterling A. Sex/gender: biology in a social world. The Routledge Series Integrating Science and Culture. New York: Routledge, 2012

Karkazis K. Fixing sex: intersex, medical authority, and lived experience. Durham, NC: Duke University Press, 2008

Latham JR. (Re)making sex: a praxiography of the gender clinic. Fem Theory 2017; 18: 177–204

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Exhibit 8

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

BONGO PRODUCTIONS, LLC, ROBERT BERNSTEIN, SANCTUARY PERFORMING ARTS LLC, and KYE SAYERS, Plaintiffs,) NO. 3:32-cv-00490 VS.) JUDGE TRAUGER CARTER LAWRENCE, Tennessee State Fire Marshal, in his official capacity, CHRISTOPHER BAINBRIDGE, Director of Codes Enforcement, in his official capacity, GLENN R. FUNK, District Attorney General for) the 20th Judicial District, in his official capacity, and NEAL $\,$) PINKSTON, District Attorney General) for 11th Judicial District, in his official capacity, Defendants.

WEB CONFERENCE/REMOTE DEPOSITION OF

OFFICE OF THE TENNESSEE FIRE MARSHAL AND OFFICES OF THE DISTRICT ATTORNEYS GENERAL By and Through: Joyce Leigh Ferguson

December 20, 2021



The Ultimate in Professional Reporting...

LYNETTE L. MUELLER, LCR, RDR, CRR, FAPR LCR No. 351

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The web conference/remote deposition of OFFICE OF THE TENNESSEE FIRE MARSHAL AND OFFICES OF THE DISTRICT ATTORNEYS GENERAL, By and Through: Joyce Leigh Ferguson, is taken on December 20, 2021, on behalf of the Plaintiffs, pursuant to notice and consent of counsel, beginning at approximately 10:11 a.m.

This web conference/remote deposition is taken pursuant to the terms and provisions of the Federal Rules of Civil Procedure.

The right to read and sign was requested.

1 APPEARANCES 2 **ALL PARTIES APPEARING VIA ZOOM WEB CONFERENCE** 3 FOR THE PLAINTIFFS: 4 MALITA PICASSO, ESQ. 5 American Civil Liberties Union Foundation 125 Broad Street 6 18th Floor New York, NY 10004 7 (212) 549-2633 8 and 9 THOMAS H. CASTELLI, ESQ. American Civil Liberties Union 10 Foundation of Tennessee P.O. Box 120160 Nashville, TN 37212 11 (615) 320-714212 FOR THE DEFENDANTS: 13 ALEXANDER S. RIEGER | SENIOR ASSISTANT 14 ATTORNEY GENERAL Public Interest Division, Office of the 15 Tennessee Attorney General War Memorial Building 16 301 Sixth Avenue North Nashville, TN 37202 17 (615) 741-240818 COURT REPORTER: 19 Lynette L. Mueller, LCR, RDR, CRR, FAPR, MS-CSR, AR-CCR 20 Tennessee LCR No. 351 Mississippi CSR No. 1794 21 Arkansas CCR No. 788 Omega Reporting 22 6465 North Quail Hollow Road Suite 200 Memphis, TN 38120 23 901.827.8671 24 Lynette@OmegaReporting.com 25

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OFFICE OF THE TENNESSEE FIRE MARSHAL AND OFFICES OF THE DISTRICT ATTORNEYS GENERAL

By and Through: Joyce Leigh Ferguson,

having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. PICASSO:

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- Q. Good morning, Ms. Ferguson. Thank you so much for taking the time to speak with us today.
- So can I just start by asking you to state
 your full name and spell it, if you wouldn't mind, just
 to have it on the record. Thanks.
- A. Full legal name is Joyce Leigh Ferguson. I go
 by Leigh Ferguson. L-E-I-G-H F-E-R-G-U-S-O-N.
- 15 Q. Thank you.
- And have you ever been deposed before?
- 17 A. No.
- Q. Okay. So I'm going to just give you some general information; lay out some ground rules about how to, you know, respond and things. And so if you
- 21 have any questions, you can just let me know.
- But generally, you know, we're looking for clear, verbal responses to the questions. And if you wouldn't mind, just let me finish asking questions
- 25 before you respond. And that way, we can let the court

- going to use the term "Tennessee Building Code." Thank
 you for the -- thank you for the correction.
- A. If not, I may need to clarify another answer earlier that I can answer these questions.

 Building Code.
- 6 Q. Yes. No. Absolutely.

So I will refer to the "Tennessee Building Code."

So, generally speaking, can you tell me how the Tennessee Building Code, the provisions are enforced. So we can start from just, you know, the beginning a business is created and wants to start -- or open a building or facility to the public. And so what would be -- at what point would the SFMO be involved in that process?

A. Okay. I'll answer this question initially for a business that's in the jurisdiction where we have the authority having jurisdiction.

So our office has the authority, by statute, to adopt and enforce a Building Code. That process is done by rule. So our rules set forth which codes apply. Those codes apply regardless of whether our office does any plans review or inspections.

So there are some buildings in our jurisdiction that we don't inspect or do plans review

for, because they don't meet a threshold requiring that additional review. So generally, for schools, jails, places of assembly over 300, that's when we're going to become involved to do a plans review and, then, in construction inspection. We do not --

- Q. Okay. And when -- sorry.
- A. I was just going to say: We do not inspect every building that's constructed in our jurisdiction.
 - Q. Okay. And thank you.

And when you say a "plans review," could

you explain to me what a "plans review" is.

A. So for those -- for example, schools, jails, or places of assembly over 200, they are required to have architects draw and submit sealed plans to our office for review. So when we say a plans review, we mean architectural plans.

So they look at things like sprinkler -fire sprinkler systems, means of egress, fire
separation, things of that nature. Obviously that's
not all that they're looking at, but those are some of
the primary things they do look at.

Q. Okay. Thank you.

And would a plan -- would a plan that is submitted for plans review include a, for example, location of a restroom?

- A. So the Plumbing Code --
- 2 Q. Yes.

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A. -- has minimum requirements for plumbing
fixtures based on the occupant load. My understanding
is that it's simply a plumbing fixture based on the
occupant load. However, if an assembly designates a
facility -- never mind.

What's the question again?

- Q. That the -- if a business were to submit a plan for a plan review, would that plan generally include the existence or location of restrooms?
- A. To ensure that the building complied with the plumbing -- the minimum fixture plumbing requirements in the Plumbing Code, yes.
- Q. Okay. Thank you.
- And so, again, just talking about the buildings that would have to submit a plan, which I heard you limit that, so just talking about those businesses.
- Once a plan is submitted and reviewed and what -- would the Agency then issue a license? Like, what would be the next step in that process once a plan has been reviewed?
- A. So after the minimum requirements established by rule for the plan review have been met, they

- would -- I believe they issue a letter saying it's been
 approved. That -- the commercial -- the
- 3 Code Enforcements section doesn't issue permits. So it
- 4 wouldn't necessarily be a permit. It would be an
- 5 approval letter for the plan, and that would allow them
- 6 to begin construction.
- $7 \mid Q$. Okay. And -- okay.
- So would a -- would a business be required
 to seek a permit through SFMO? Or is that a separate
 agency that handles requests for permits to operate a
- A. So a local jurisdiction would be able to provide that, if their local rules require it.
- Q. Okay. So once the letter approving a plan is sent and the building -- and the business begins

construction of the building, at what point after that

- would SFMO be involved again prior to opening to the
- 18 public?

building?

11

16

- 19 A. So there are -- there would be periodic
- 20 inspections, construction inspections, and likely
- 21 electrical inspections.
- 22 Q. Okay. And who would conduct those
- 23 inspections?
- 24 A. The authority having jurisdiction. So for
- 25 buildings in the State Fire Marshal's jurisdiction, it

- would be inspectors employed by the Codes Enforcement Division.
- 3 Q. Okay. And approximately how many code
- 4 enforcer inspectors are there?
- 5 A. I don't know. I work with, primarily, the 6 manager. So I don't know that number.
- 7 Q. Okay. Great.
- So there would be construction inspections
 throughout -- would it just be one construction
 inspection that occurs while construction is happening?
 Or would there be multiple construction inspections?
- 12 A. There's usually multiple.
- Q. Okay. And then once construction has been completed, would there be another inspection that
- 15 occurs prior to opening to the public?
- 16 A. A final inspection is required before a
- 17 | Certificate of Occupancy is issued, and that is what
- 18 gives permission to open.
- 19 Q. Okay. So the Certificate of Occupancy is what
- 20 gives a building permission to open to the public?
- 21 A. Yes.
- 22 Q. Okay. And --
- 23 A. From a Building Code perspective.
- 24 Q. I'm sorry?
- 25 A. From a Building Code perspective. There might

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be local rules that --
1
2
              Right.
    Q.
 3
             Okay.
    Α.
 4
              Great.
                      That makes sense. Thank you.
    Ο.
5
                  And those local -- so that is -- yeah.
6
                  So this is from the state agency?
7
    there would be additional requirements from local --
8
    from local governments as well?
9
              There may be. I just can't speak to that.
    Α.
10
    Q.
              Okay.
                     So once the -- once a business has
    received a Certificate of Occupancy for a building,
11
12
    would SFMO come in again to conduct additional
    inspections after opening?
13
14
              Only if we receive a complaint.
15
              Okay. So there would not be continued
    periodic inspections, other than in response to a
16
    complaint?
17
             Only schools and jails receive annual
18
    inspections.
19
20
    Q.
             Okay.
21
              Commercial occupancies do not.
              Okay. And other buildings -- privately
22
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operated buildings with occupancy over 300 people,

those would not receive periodic inspections, other

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than those in response to a complaint?

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we adopt.

Q. Okay. So thank you for that response.

And I'd like to ask you a little bit about complaints at this point. So you mentioned that SFMO or its agents would conduct some sort of inspection in response to a complaint; is that correct?

- A. If the complaint is within our jurisdiction, yes, we would conduct an inspection.
- 9 Q. And by "within your jurisdiction," do you mean 10 geographical jurisdiction or legal jurisdiction?
 - A. So the Code jurisdiction, if we are the authority having jurisdiction. If we are not the authority having jurisdiction, we would refer it to the jurisdiction that is.
 - Q. Okay. And are there instances in which there would be multiple agencies or governments that have jurisdiction over a particular building and/or building -- Building Code provision?
 - A. The statute sets forth that there is concurrent jurisdiction. However, the practice of the office has been not to -- to allow the locals, if they are an exempt jurisdiction, to be the primary enforcement authority, unless there is a conflict. And then the State Fire Marshal would help resolve that conflict.

risk of hazard from fire.

Q. Okay. Thank you.

And are there other provisions beyond -- strike that, please.

Would there be other types of violations of provisions of the Tennessee Building Code, other than those that pose a risk of fire or serious hazard from fire, that as a matter of practice the Agency would pursue if a local jurisdiction or some other government entity that shares jurisdiction chose not to pursue enforcement?

MR. RIEGER: I would object to the form of the question.

But go ahead and answer, please.

- A. So that's really getting into a policy question, and I'm not the one that makes those policy determinations. There are -- there are provisions in the state -- in the statute that require notice of a violation, but it doesn't necessarily require immediate action. I think that's my -- that's -- period.
- 21 Q. Okay. Thank you.
 - And when you say "notice of a violation," is that -- is that notice to -- who is that notice directed to and who would send that notice?
 - A. So it would depend on the violation. There

are provisions that require notice to be sent to the property owner and, then, there is a requirement if the State Fire Marshal's office determines that the exempt jurisdiction is not enforcing the Building Code, that we would provide notice to the exempt jurisdiction that we are aware of a provision that they are not enforcing.

Q. Thank you.

And you mentioned just briefly, I think a couple responses ago, that -- the question I asked was a little bit difficult to answer because it's a policy question and you aren't involved in the policymaking in that -- in that area.

And so I'm just wondering: Can you identify who would be involved in making those policy decisions.

A. So I'm involved, but I'm not the one that makes the final policy decision. As the State Fire Marshal, it is -- the Commissioner and his designees make those policy decisions. I just advise on the legal implications and what the state law allows.

Q. Thank you.

Okay. So going back to the complaint process. Who would be making such a complaint?

- A. The statute allows any person to make a complaint in writing.
- Q. Okay. And that complaint, to whom would that complaint be submitted?
 - A. Anyone in the office.

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Α.

6 Q. Apologies. Let me clarify.

To which office or department or government entity would such a complaint be filed?

So we have a generic email account.

receive complaints through that. We receive complaints through the Commissioner's suite. We receive complaints to the Governor's office. We receive complaints to individual inspectors. And then other state agencies or local governments will send us complaints.

Q. Okay. Thank you.

Okay. So once SFMO receives a complaint on a matter that it will be moving forward with, I guess, exercising its jurisdiction and enforcing the provision, what would -- what would be the first step in enforcing that provision?

A. Usually the first step would be that an inspector would go to the location where the complaint is alleging a code violation and they would conduct what we call a safety inspection.

- Q. And what does a safety inspection involve?
- 2 A. When an inspector conducts a safety
- 3 | inspection, they're primarily looking to the
- 4 allegations made in the complaint for a life safety
- 5 hazard or code violation. In addition to the
- 6 allegations made in the complaint, if there's any
- 7 visible life safety hazard, they also address that.
- 8 Q. Okay. And when you say they "address that,"
- 9 would you mind explaining what you mean by "addressing
- 10 | that."

1

- 11 A. So it would depend on the violation. For
- 12 example -- do you need a for example?
- 13 Q. Yes, please. I was about to ask: Could you
- 14 provide an example? So thank you.
- 15 A. The easiest example is, like, double doors.
- 16 If an inspector were to go to a facility and the double
- 17 doors are chained, they would note in the inspection
- 18 report that that was a violation. However, they would
- 19 also require the property owner at that moment to
- 20 unlock those doors because it is such a serious
- 21 | violation and poses such a serious risk to the
- 22 occupants of the building, that that's how something
- 23 like that would be addressed.
- 24 Something that would not be as serious
- 25 would simply be noted on an inspection report and the

- owner would be required at whatever time frame the inspector allows to fix it. So the remedy obviously depends on the nature of the violation.
- Q. Okay. And do inspectors receive any type of guidance, information, or training on how to determine which violations are serious and require immediate response or -- versus those that would be responded to in some other form?
- 9 A. Yes.
- 10 Q. And what -- so, I guess, let me break that 11 down.
- Do they receive guidance as to that information?
- 14 A. Yes.
- 15 Q. Okay. And what form does that guidance take?
- 16 A. So it will depend on the issue. Sometimes
- 17 it's just in a staff meeting. And sometimes our office
- 18 issues formal guidance not only to inspectors but to
- 19 the general public.
- 20 Q. Okay. And the staff meeting, who would be --
- 21 is that all the staff of SFMO or particular people
- 22 within SFMO?
- 23 A. Most likely, the Codes Enforcement Division,
- 24 the inspectors within that group.
- Q. Okay. And would the inspectors also receive

distribution during trainings for inspectors -- either
new inspectors who have just joined or ongoing
trainings that inspectors may receive?

A. So if a training is provided that requires a publication, then they would maintain that document. So if it's being provided to any members of the public or like a presentation at a meeting, that would be maintained.

Q. Okay. Thank you.

Okay. So we -- once an inspector -- I'd like to go -- sorry. I'd like to go back.

We were going through the process of responding to a complaint that has been filed. So once an inspector visits the site of the alleged violation and makes a determination about whether a violation is more serious and requires immediate response or less serious, if the inspector determines that it is a less -- or less serious violation, what would be the next step in responding to that violation?

A. An inspection is completed. And if a violation is discovered, the inspection form asks for a Plan of Corrective Action, or a PoCA. And the inspector will set a deadline by which the property owner must make the identified corrections.

Q. Okay. And, actually, I have one more question

- role as attorney for the State Fire Marshal's office,
 we are from time to time asked to just review
 legislation that's been filed.
- Q. Okay. And that -- and would it be the -- who would ask the -- not the individual -- but, like, what official would ask the Legal Department to conduct a bill analysis?
- 8 A. So we receive assignments from our legislative 9 team.
- 10 Q. Okay. And I'd like to ask who -- or which officials are members of the legislative team.
- A. So Alex Lewis is the Assistant Commissioner and then Shiri Anderson, Graham Tudor -- this is embarrassing. I forgot her name. Candice Dawkins.
- 15 She's not my contact.
- 16 Q. Okay.
- 17 A. I forgot her name.
- 18 Q. Okay. Thank you.
- 19 And -- okay. Thank you.
- 20 So can I ask what state interest does this
- 21 Act serve?
- MR. RIEGER: I'll object to the form of the question.
- Go ahead and answer, to the extent you can.
- $25 \parallel A$. The state interest that this Act serves is a

notice interest, providing people who may be using
facilities where there is a reasonable expectation of
privacy what they may encounter.

Q. Okay. And when you say "notice interest," are you aware of other provisions of the Tennessee

Building Code that further a notice interest?

MR. RIEGER: Object to the form of the

question.

Go ahead and answer.

THE WITNESS: Okay.

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A. There are requirements for, like, exit signs that would provide notice for individuals in the event of an emergency. There are general -- I think that's probably the most obvious one, is that exit sign requirement.

Q. Okay. And are there -- so sticking with the example of exit signs.

Are there other interests that -provisions of the Tennessee Building Code that require
exit signs serve?

MR. RIEGER: Object to the form of the question.

Go ahead and answer.

A. Again, earlier when I talked about the concern regarding the hazards for life and safety as they

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notice interest?
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             MR. RIEGER: Object to the form of the
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 3
    question.
 4
                 Go ahead.
              I cannot. But not -- I cannot identify one,
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    simply because I have not reviewed the statutes to
7
    address that question.
8
    Ο.
            Okay. Thank you.
                 Okay. So now I'm going to ask you about
9
10
    some of the language in the -- in the Act itself.
11
                 So under Section 1, Subsection (a), there's
12
    a paragraph that begins, "a public or private entity or
    business . . . " Do you see that paragraph?
13
14
    Α.
             Yes.
15
             Okay. Would you mind just reviewing it
16
    briefly and, then, I'm going to ask you some questions
    just about Subsection (a).
17
              (Witness reviewing document.)
18
                 All right.
19
20
             Okay. Could you please define the phrase
    Q.
    "biological sex" as used in this provision of the Act.
21
             MR. RIEGER: Object to the form of the
22
23
    question.
24
                 Go ahead.
25
             The statute does not define "biological sex."
    Α.
```

- So as far as statutory interpretation goes, you would consider the plain meaning of that text.
- Q. Okay. And what is the plain meaning of "biological sex"?
- 5 A. It would simply be the ordinary understanding 6 of "biology" and "sex."
- Q. Okay. Would you mind -- could you please provide the ordinary meaning of "biology" and "sex."

9 MR. RIEGER: Object to the form of the 10 question.

- Go ahead.
- A. So I would -- I would understand "biology" to be the body, the being; and then "sex" to be either male or female.
- Okay. And when you say "the body," are you referring exclusively to physical -- the physical outward presentation of the body?
- MR. RIEGER: Object to the form of the question.
- 20 Go ahead.
- A. I went to law school. I am not a scientist.

 My understanding of "biology" is that it could be the

 outward -- that is a component; but I cannot speak to

 the technical term with a scientific understanding. Or

 I couldn't -- nor could I interpret that. That would

1 being for a judge to decide.

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- Q. Okay. And does SFMO or the Department of
 Commerce and Insurance provide guidance to inspectors
 about how to interpret "biological sex"?
 - A. So we have been enjoined from enforcing the

 Act. So there has been no need to provide any guidance

 to the inspectors regarding that phrase.
- Q. Oh. Sorry. I thought somebody was sayingsomething.

So I'd like to get a sense of how an inspector, if the law were not enjoined, would go about enforcing the provisions and recognizing whether a violation of the Act has occurred. And so would an inspector -- what information or knowledge would an inspector be expected to rely on in order to identify if a violation of this Act has occurred?

MR. RIEGER: Object to the form of the question.

Go ahead and answer, please.

- A. The statute places the burden of making that determination on the entity or the business and not the inspector.
- Q. Okay. And are you aware of any instances,
 besides this Act, in which the individual business
 owner or building operator is relied upon to determine

that determination on the entity and not the State Fire Marshal's office. The State Fire Marshal does understand "sex" to include male and female, as we discussed in the Plumbing Code with water fixtures if a facility elects to have separate facilities. That's how the State Fire Marshal's office would need to understand "biological sex" as a term.

Q. Okay. And if SFMO -- were the Act not -- were SFMO not enjoined from enforcing the Act, were SFMO or the Department to receive a complaint alleging a violation of the Act, how would SFMO proceed with investigating the merits of that complaint?

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

A. So like any complaint, the complaint -- I don't know that it's called a Complaint Coordinator -- but the person responsible for reviewing the complaint would determine if we were the authority having jurisdiction. If we were, it would be sent to an inspector to schedule an inspection. If we were not the authority having jurisdiction, we would send it to the exempt jurisdiction for them to inspect.

If an inspection were conducted and they determined that there -- they would look to see whether

there was a sign or whether there was not a sign. We would send the inspection report to the property owner, reporting the results of the inspection. And, again, the statute puts the burden on the business owner to either post a sign if they have a policy that allows a member of either biological sex to use the public restroom. If they do not have that policy, they are not required to post that sign. So we would notify them of the statute and give them a time frame in which to contact our office to report compliance with the statute.

question.

Q. Okay. Is there anyone within -- any official or agent within SFMO or the Department who is capable of receiving inquiries from business owners who operate buildings about how to interpret the term "biological sex" as it is included in this provision of the Act?

MR. RIEGER: Object to the form of the

Go ahead and answer.

A. Our office would likely encourage the public or private entity to consult with their consultants to determine whether they have a policy that requires posting that notice and that it would not be our office's position to opine on whether a business needs that policy. That would be on them.

Q. Okay. Let me clarify.

Not whether they are -- I'd like to clarify that I'm not asking whether there would be somebody at SFMO or the Department who would opine on whether a business owner should or, you know, must have a policy based on the Agency's interpretation of biological sex, but whether there would be somebody to provide guidance or information to business owners about how to comply with this Act and specifically by providing information about the definition of "biological sex."

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

- A. I think in this instance we would provide them with the statute and rely -- ask them to rely on the plain meaning of the text, as we are. And if they have further questions, they should contact the people that are either on their staff or that they can hire to answer any more specific questions.
- Q. Are you aware of any other provisions of the Tennessee Building Code, the International Plumbing Code as adopted by Tennessee, or the International Business Code {sic} as adopted by Tennessee in which a business owner who seeks to comply with the provisions of the law would be instructed to determine their own

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

A. So what we have done in the past is if there's a question, we would say -- we would need for the person asking whether they need to be licensed to show us why they're -- usually it's they're asking not to be licensed. And so we have asked that person to say why that explosive that they're using isn't one of the defined. And it's usually there's a defined term, which is not the case in this statute. But we ask them to show why it's not a thing that we regulate.

So it's not an exact comparison. But, yes, there are instances where we rely on other people to define or to explain if what they're doing is a violation of the statute.

Q. And in that instance, would an assurance from the subject of the investigation be sufficient? Or would SFMO seek information and guidance elsewhere?

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

A. It likely would be sufficient, because we recognize that there are other parties that are interested in regulating. And I believe it is a crime

to submit -- to knowingly submit false information to a state agency. So we do rely, a certain degree, on a licensee or a member of the public's truthfulness in dealing with the state agency.

We always have the ability, if -- if we receive a complaint or if something happens, to go back and question that person and then we have documentation that they have submitted -- potentially submitted false information to a state agency in a regulatory context.

But, no, we don't have a separate enforcement agency that verifies every assurance that is made to either the State Fire Marshal's office or the Department.

Q. Okay. And how is -- how does the Department or SFMO, how do they make a determination about whether a statement made by the -- by the business owner was a false statement?

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

A. The most public example that I can recall is we had an applicant who was trying to become licensed as an explosives -- a blaster, and the form -- this was before the Fresh Start Act. So the form asked if the person was -- had ever been convicted of a felony. The

- 1 Q. Yes. So is it SFMO's position that the way
 2 that an inspector determines if a business is required
 3 to post the sign mandated by the Act, is by seeing
 4 whether the sign that is mandated by the Act has been
 5 posted?
- 6 A. Yes.
- 7 MR. RIEGER: I'll object to the form of the 8 question.
- 9 MS. PICASSO: Okay.
- MR. RIEGER: But the answer stands.
- MS. PICASSO: Thank you.
- Q. (BY MS. PICASSO) And are there any other
 ways, besides the posting of the mandated sign, that an
 inspector or any official from SFMO or the Department
 can determine whether a business is required to post
 the sign?
- MR. RIEGER: Object to the form of the guestion.
- 19 Go ahead and answer.
- 20 A. I guess the only other way would be if the
 21 property owner or the business owner said -- told the
 22 inspector they had a policy.
- 23 Q. Okay. Okay.
- So based on SFMO's interpretation of the Act, is a business required to post a -- to post this

mandated sign solely because it allows transgender people to use the restroom that aligns with their gender identity?

 $$\operatorname{MR.}$$ RIEGER: Object to the form of the question.

Go ahead and answer.

- A. I'm going to have to ask you to repeat the question.
- 9 Q. Okay. So is it SFMO's position that -- and
 10 interpretation of the Act that a business is required
 11 to post the sign mandated by the Act solely because it
 12 allows transgender people to use the restroom that
 13 aligns with their gender identity?

MR. RIEGER: Object to the form -- same objection.

Go ahead.

- A. So the State Fire Marshal's position is limited to the text of the Act. The -- it is clear, from the definition of "public restroom," that they are addressing facilities open to the general public, designated for a specific biological sex in a facility or area where a person would have a reasonable expectation of privacy.
- So the State Fire Marshal's office position is that the notice is required in areas where a person

has a reasonable expectation of privacy to have notice as to which biological sex will be using that facility.

Q. Okay. So an inspector -- for example, if

SFMO -- an SFMO inspector were at a building inspecting a violation completely unrelated to this Act and witnessed a transgender woman entering the women's restroom, would that -- and witnessing that there was no sign as mandated by this Act, would that inspector be able to note that as a potential violation of the Act, at least warranting further investigation?

MR. RIEGER: Object to the form of the question.

Go ahead and answer.

A. So the inspector would have to -- if the inspector were at the facility and inspecting an allegation or an alleged code violation that didn't address the Act, the only other -- the only other items that they are -- the only other items that they are to note in their inspection report are serious life safety hazards or violations that they see on their way to conduct that inspection of the underlying allegation.

So I -- it would be likely that -- well, I

can't say that.

I do not know how the inspector would note -- you said a transgender woman using a women's

1 restroom?

- Q. Yes.
- A. I do not know how that would be -- can you ask a clarifying question?
 - Q. Yes. Okay.

So if SFMO is made aware, either through a complaint or an inspection, that a business that is open to the public and subject to the Act is permitting transgender -- let's just stick with a transgender woman -- to use the women's restroom, would SFMO or the Department see that as a potential violation that at least warrants further investigation?

MR. RIEGER: Object to the form of the question.

Go ahead and answer.

- A. So if the sole allegation in the complaint is a violation of this Act, our department would send -- would likely send a notice to the property owner that we received the complaint and that they had 30 days to notify us if they were in compliance with the Act.
- Q. Okay. And in this example, if a business owner responded to that notice and said, "My business will continue to allow transgender people to use the restroom that corresponds with their gender identity" -- full stop -- what steps, if any, would

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SFMO take in response to that?

MR. RIEGER: Object to the form of the question.

Go ahead and answer.

A. So the other remedies that set forth action the Fire Marshal's office can take in Title 68 are limited to -- most of the other remedies are limited to the hazards from fire. Our office does not consider the violation of the Act to present a hazard from fire.

So there is the general provision that a violation of the Chapter is a Class B misdemeanor. And so as we have done with other violations that either did not constitute a violation that presented a fire hazard or issues that we have -- we have not been able to obtain compliance through our actions, we would refer it to the local District Attorney for them to review.

Q. Okay. Is there any statutory or regulatory provision that prevents SFMO from taking further enforcement action in that situation, even if there is no presence of life or safety hazards?

- A. That prevents the Fire Marshal?
- 23 O. Uh-huh.
- 24 A. So I believe -- I'm reviewing the
 25 interrogatory, because I think we addressed this there.

(Witness reviewing document.)

Yeah. The response to Interrogatory 4 provides that any person who violates a provision of the Chapter commits a Class B misdemeanor. And so our office does not interpret that to mean any private person. We hold ourselves to the same standard.

- Q. I'm sorry. Could you -- could you repeat that?
- 9 A. So you were saying if there -- you were
 10 asking -- I guess, restate the question so I can make
 11 sure I'm answering it.
 - Q. So what I'm asking is: Is there any statutory or regulatory provision that would prevent SFMO from further -- taking any further enforcement action in response to the hypothetical that I posed earlier, other than as a general practice SFMO will only usually, you know, proceed with enforcement where there's a life or safety hazard?
- MR. RIEGER: I will object to the form there.

 But go ahead and answer.
 - A. So we're obviously limited by our statutory authority, the jurisdiction that we're given by the General Assembly. And so some of the remedies that are set forth in our enabling statutes do restrict how we can use that authority. So those statutes would

prevent us from taking action, if a violation of the Act didn't meet those standards.

However, because of Tennessee Code

Annotated 68-120-108, application of the Building Code
is not arbitrary and that any person who violates that
provision would commit a Class B misdemeanor. So we
are bound by the statute, just as the business owners
are bound by the statute.

Q. Okay. So is it SFMO's position that they lack the statutory authority to further -- to enforce the provisions of this Act beyond the issuance of a Notice of Compliance?

MR. RIEGER: Object to the form.

Go ahead.

- A. So the State Fire Marshal's office -- yes.
- Q. Okay. Thank you.

17 Okay.

MS. PICASSO: Why don't we -- is it all right if we take five? I have to use the restroom. Like, I'm drinking a lot of water over here. Is that all right with you? We could take five.

MR. RIEGER: That's fine.

MS. PICASSO: Okay.

MR. CASTELLI: Do you want to maybe do ten, come back at 10:15 --

So are you aware of any incidents in which an individual filed a complaint with the Tennessee

Department of Commerce and Insurance or with the SFMO relating to a transgender person using a restroom at a business open to the public?

A. No.

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- Q. Okay. And I just want to be clear. Is that information that you -- that you would be aware of, were it to exist?
- MR. RIEGER: Object to the form of the question.
- Go ahead and answer.
- A. So I do not review every complaint. I get
 questions if an inspector or if the person reviewing
 the complaints doesn't know where to send them. And so
 it would be likely that I would be aware of a
 complaint. Because until the Act passed, that was not
 something that our office was responsible for --
- 19 Q. Okay.
- 20 A. -- in our jurisdiction. I need to make that 21 clear too.
- 22 Q. Yes. Yes.
- And is a complaint filed by an individual required to cite to a specific provision of the

 Tennessee Building Code that they suspect is being

- to have to -- I don't know the -- it's review of exempt jurisdictions, I think.
- Q. Okay. And is that a rule that was issued by SFMO or the Department of Commerce and Insurance?
 - A. So our rules are promulgated by the Department, reviewed by the Governor's office, the Attorney General's office, and the General Assembly.
 - Q. Okay. So were enforcement of the Act not enjoined, would persistent noncompliance or non-enforcement of the Act by the exempt jurisdiction discovered during a routine audit be grounds for revoking that jurisdiction's exempt status?
 - MR. RIEGER: Object to the form of the question.

Go ahead and answer.

- A. If the failure to enforce the Act were the only finding in the audit, an ALJ would have to make a determination that the exempt status would be revoked. However, as we stated, the authority is to enforce standards incident to the design, construction, alteration, and repair of buildings and structures.
- And so an ALJ would just have to find that the violation of the Act meant that the exempt jurisdiction could not adequately perform those requirements. The state -- let me clarify.

The State Fire Marshal's office doesn't revoke an exempt jurisdiction status. That's a hearing before an ALJ.

- Q. And would that hearing be initiated by either SFMO or the Department of Commerce and Insurance?
- A. Yes. We would file a notice of hearing and charges, but we would not make that determination.
 - Q. Okay. And in filing that complaint and those charges to the ALJ's office, would SFMO or the Department be required to list the persistent violations that are the subject of the complaint?

MR. RIEGER: Object to the form of the question.

Go ahead and answer.

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- A. The notice would require us to provide the exempt jurisdiction with notice as to why we were requesting the revocation of their exempt status. So we would have to provide notice of the alleged violation and, then, the Administrative Law Judge is a neutral party that would determine whether that justified revoking the exemption.
- Q. Okay. In an exempt jurisdiction, can SFMO still enforce the Building Code or are they prohibited from doing so by statute or regulation?

MR. RIEGER: Object to the form.

Go ahead.

A. The Building Code authority flows through the Commissioner of Commerce and Insurance. Again, if there's a conflict, it's up to the State Fire Marshal to resolve. And there is the provision in statute that locals -- or that we have concurrent jurisdiction. So we would not be prohibited.

It's, I guess, a question of practice that I would leave to the Assistant Commissioner or Commissioner to make.

Q. Okay. And if SFMO receives complaints of a specific type of -- a specific violation of the Tennessee Building Code, could that be a basis for SFMO to pursue enforcement of that provision without relying on the exempt jurisdiction to enforce it itself?

MR. RIEGER: Object to the form.

Go ahead.

A. The practice of this office has been when -- when possible, allow the local exempt jurisdiction to be the authority having jurisdiction. There are times when the local exempt jurisdiction either cannot handle something and they request help from our office. We will help them.

Or if they -- there have been times when they have declined and asked us to pursue action

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because they can't. We will take action. The State
Fire Marshal's office, like every other state agency,
has limited resources and cannot be the super enforcer
for all exempt jurisdictions across the state.
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There is some expectation that if an exempt jurisdiction is going to be an exempt jurisdiction, they need to be the -- they need to be the authority having jurisdiction.

Q. Okay. But there are no provisions of statute or regulation that prevents or prohibits SFMO from stepping in to enforce those provisions of the Building Code that are being -- that the exempt jurisdiction is refusing to enforce?

MR. RIEGER: Object to the form.

Go ahead.

- 16 A. Not to my knowledge.
- 17 Q. Okay. Thank you.
- Oh. And you mentioned that Nashville --
- 19 Metro Nashville is an exempt jurisdiction. Is that
- 20 correct?

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- 21 A. Yes.
- 22 Q. Okay. Is Chattanooga an exempt jurisdiction?
- 23 A. I believe so. I know Hamilton County is. I
- 24 | think Chattanooga is too.
- 25 Q. Okay. Thank you.

And it reads: "Carter Lawrence, 1 2 Commissioner, was contacted by Jim Brown, lobbyist for 3 the National Federation of Independent Businesses, asking about the Department's plan for enforcement of 4 the Act." 5 6 And I'm wondering if you can tell me, when 7 did that occur? That occurred in June of 2021. 8 Α. Okay. Thank you. Q. 10 And did Commissioner Lawrence respond to 11 the question? 12 I was not there, so any information I have is a result of my position as an attorney with the 13 14 Department. 15 Okay. And I think I know how you're going to 16 answer this, but I'm going to ask anyway. 17 What was his response? 18 Α. I do -- I cannot speak to his response. Okay. I'd like to jump to Defendants' 19 response to Plaintiffs' Interrogatory No. 11, which is 20 21 on page 11, specifically the sentence that reads: "Defendants submit that the term 'biological sex' 22 23 possesses an ordinary meaning for which no further 24 elaboration is necessary." 25 And I would just like to ask, specifically

in response to this: What the ordinary meaning of the term "biological sex" is that is referenced in this response? MR. RIEGER: Object to the form. Go ahead and answer. So we went through this a little bit earlier. So "biological" would have the same -- the meaning of being, you know, the body, exterior and interior; and then "sex" would be either male or female. Okay. And so just to clarify. Earlier we hadn't distinguished, you know, interior or exterior body. And so I'm just now seeking clarification, that that internal and external components, are you -- are you suggesting that that is part of the ordinary meaning of the term "biological sex"? MR. RIEGER: Object to the form. Go ahead and answer, please. Again, I limit my lack of scientific knowledge. I don't -- I think the ordinary meaning of "biological" is not just exterior. Okay. Is there anyone within SFMO or the

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Q. Okay. Is there anyone within SFMO or the Department of Commerce and Insurance with the requisite scientific knowledge to provide the ordinary meaning of the term "biological sex"?

MR. RIEGER: Object to the form.

Go ahead and answer.

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- A. So as we stated earlier, it is not necessary for the Department to interpret that, as it is not a defined term. You use your ordinary meaning. And the Act places the obligation to make that determination on the property owner, the business owner.
- Q. So a business owner is required to interpret the term "biological sex" despite the Act itself not providing a definition for "biological sex" within its provisions?
- MR. RIEGER: Object to the form of the question.

Go ahead and answer.

- A. So the statute makes clear that it's the responsibility of the operator of the public or private entity or business to determine their policy as it relates to who may use the restrooms.
 - Q. Okay. Would you agree that generally a term that has an ordinary meaning would also have a definition or be definable in some manner?
- 21 MR. RIEGER: Object to the form of the 22 question.
- Go ahead and answer.
- 24 A. So I think words -- well, can you clarify your 25 question?

Q. Yes. So I'm just trying to get a sense of what it means for a term to have an ordinary meaning as described -- or as referenced, rather, in Defendants' interrogatory -- in Defendants' response to Plaintiffs' Interrogatory No. 11.

MR. RIEGER: Object to the form.

Go ahead and answer.

A. So there are lots of words that are used in statutes that are not defined. In fact, it's -- that's -- most statutory language is not comprised of defined terms. So it's -- it's common to use whatever ordinary meaning that we assign words, to assign those words to words in statutes that are not defined terms.

But, again, in this instance, it's not up to the State Fire Marshal's office to determine that definition. It's on the property owner.

Q. Okay. I understand that not all terms in statutory provisions are defined within -- within those statutes. What I'm trying to get a sense of is: What meaning is being ordinarily assigned to the term "biological sex" in order for the SFMO to even determine what the Act means?

MR. RIEGER: Object to the form.

Go ahead and answer.

A. So, again, the Fire Marshal's ability to

1 determine what the Act means and how a part -- a 2 business property owner is or is not complying, in 3 order for us to do that, we rely on the property owner and their policy to establish that. Beyond just 4 saying, you know, there is -- I think it's 5 unsatisfactory, but that's my answer. 6 7 Okay. And can an entity owner or business Ο. 8 owner say that "biological sex" has no meaning 9 whatsoever and SFMO would be required to accept that 10 business owner's interpretation of the phrase "biological sex" as it appears in the Act? 11 12 MR. RIEGER: Object to the form of the 13 question. 14 Go ahead. 15 So my question to you would be: How would Α. that -- can we walk through that? 16 So you mentioned that SFMO, in enforcing 17 Yes. 18 this Act, would be relying exclusively on the building owner's interpretation of the phrase "biological sex" 19 20

this Act, would be relying exclusively on the building owner's interpretation of the phrase "biological sex" as it appears in the Act. And my question is: Should a business owner say the phrase "biological sex" has no meaning whatsoever and has no significance, would SFMO be required to accept that entity's interpretation of the phrase "biological sex" in that instance?

MR. RIEGER: Object to the form of the

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Go ahead and answer.

- A. So I would presume that the plain meaning of the text, which says either biological sex, would be male or female, if the property owner basically -- it sounds like you're saying the property owner is basically denying that the statute has any application?

 Q. Or any meaning whatsoever.
- A. So I think -- yeah, okay.
- So I think what's going to -- what would happen is -- so you're asking what happens if a business owner is not going to comply with the statute because they're arguing that it doesn't have -- the term "biological sex" doesn't have a meaning? Is that what you're asking?
- 16 0. Yes.
- A. Okay. So normally in instances -- in any provision where a property owner refuses to comply with a statute that we are tasked with enforcing, we would refer it, if appropriate, to the local District Attorney for them to enforce.
 - Q. Would SFMO be prevented by any statute or regulation from taking further action -- any other further action besides forwarding it to the local prosecuting law enforcement agency?

MR. RIEGER: Object to the form. 1 2 Go ahead. 3 Prevent it from taking additional action? Α. 4 Yes. Ο. Such as? 5 Α. 6 Any action that -- any enforcement action 7 whatsoever, other than forwarding it for further 8 prosecution by the local DA. So I -- the Act has been passed. It's a 9 10 requirement passed by the General Assembly, put in the statute for our enforcement. Because Tennesseans have 11 12 a reasonable expectation that statutes passed by the General Assembly should be enforced, that would be our 13 14 course of action, to refer it. 15 So is it your testimony today that SFMO's only recourse in that situation, no other recourse would be 16 available other than to forward it to the local -- the 17 local prosecutor for further -- for further 18 prosecutorial enforcement? 19 20 MR. RIEGER: Object to the form of the 21 question. Go ahead and answer. 22 23 So this doesn't meet the requirement that we Α. 24 could order a remedy of removal because it doesn't 25 address a fire safety hazard.

My understanding in your question is that the property owner was refusing to comply.

Q. I think perhaps I can clarify.

The property owner in the hypothetical is not refusing to comply, but simply saying the term "biological sex" has absolutely no meaning whatsoever and, therefore, I don't even know what it is that you are contacting me about in terms of violation of this Act.

MR. RIEGER: To the extent that clarification represents a new question in some different form, I will object to the form.

But go ahead. Go ahead. Or continue your answer, whichever -- whichever it was.

A. So I think the plain meaning of the text clearly says in several areas, either biological sex. We understand that typically to mean, especially when it says "unisex" or "single-occupant restroom," that it would be male or female. If that -- if a property owner does not consent that that's what that means, I think that we -- our office doesn't typically get into the business of arguing legal issues and legal interpretation with either property owners or licensees.

If we were unable to obtain compliance with

- any statute, we take appropriate remedy, up to and including in this instance, would be referring and would -- there are some matters that our office can't resolve that would have to be resolved through private litigation.
- Q. Okay. And just to be clear. I understand that your earlier testimony was that the only way for SFMO to interpret "biological sex" as it appears in this Act is by relying on the business entity's own interpretation of the language in the Act?
- MR. RIEGER: Object to the form.

 Go ahead.
- A. So, yes, the business entity sets a policy to determine who will use their facilities. In the context of non-unisex or non-single-occupant restrooms or family restrooms.
 - Q. Okay. Thank you.

- Oh. Sorry. I didn't mean to interrupt. I
 wasn't sure if you were finished. Okay. I'm sorry.
 Okay.
- So if we can move on to number -
 Defendants' response to Interrogatory No. 14, which is
 on page 13, specifically the sentence that reads, at
 the bottom of the paragraph: "If required to enforce
 the Act, the Department would rely on the language of

public restroom within the building or facility' 1 2 because enforcement of the Act is enjoined." 3 But, "If required to enforce the Act, the Department would rely on the language of the Act and 4 whether the facility or building posted a sign." 5 6 So my next question is -- you know what? 7 We can strike that. 8 And, actually, we could just move on from 9 that one because I've already asked. So -- sorry. I'm just looking through my 10 11 notes. 12 (PAUSE IN PROCEEDINGS.) 13 (BY MS. PICASSO) Let's actually jump to Q. 14 No. 15 -- response to No. 15, the paragraph that -- or 15 the sentence that reads: "Were no injunction in place, 16 the SFMO would note on an inspection report whether a sign was posted . . ." 17 18 And I just want to know: So in this example, the inspector would arrive to conduct an 19 20 inspection and then what would happen at that point? 21 Once they're there conducting the inspection, what -- I guess, what would occur at that time? 22 23 MR. RIEGER: Object to the form. 24 Go ahead. 25 So as we stated earlier, the Act requires a Α.

private entity or business that operates that facility 1 2 to have a sign if their policy allows members of either 3 biological sex to use the facility. The inspector would have noted if there was a sign present 4 communicating that policy. And then if there was no 5 sign, then the inspector would note that there was no 6 7 sign and would draw the conclusion that there is no 8 policy, because a business owner is required by law to 9 either have the sign or not based on their policy. 10 Okay. And in that same response, there's a sentence in the middle of the paragraph that says, "The 11 12 inspectors would not have asked follow-up information from the property owner." 13 14 So does that mean that SFMO would not -- in 15 the case where an inspector arrives at the facility, 16 notes that there is no sign, that the inspector would not ask the business owner any additional information 17 18 and would simply note the lack of sign? I guess I'm trying to understand what "not 19 20 asking any follow-up information from the property 21 owner" means. 22 So --23 Object to the form. MR. RIEGER: 24 Go ahead. 25 THE WITNESS: Sorry.

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1	AMENDMENT SHEET	
2	I, the undersigned, JOYCE LEIGH FERGUSON, do hereby certify that I have read the foregoing deposition in the case of BONGO PRODUCTIONS vs. CARTER	
4	LAWRENCE and that, to the best of my knowledge, said deposition is true and accurate with the exception of the following corrections listed below:	
5	PAGE/LINE/REASON	
7	14/17 /" where we are (not have) the authority" 15/13/ strike 200' and replace with 300'	
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21	1/24/2000 Obersetis Chrise	
22	Date // Signature of Witness	
23	Sworn to and Subscribed before me, this yell day of daylary, 2022.	100
2425	Notary Public My Commission Expired	
		28

Exhibit 9

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

BONGO PRODUCTIONS, LLC, ROBERT BERNSTEIN, SANCTUARY PERFORMING ARTS LLC, AND KYE SAYERS,

Plaintiffs.

v.

CARTER LAWRENCE, Tennessee State Fire Marshal, in his official capacity, CHRISTOPHER BAINBRIDGE, Director of Codes Enforcement, in his official capacity, GLENN R. FUNK, District Attorney General for the 20th Judicial District, in his official capacity, and NEAL PINKSTON, District Attorney General for the 11th Judicial District, in his official capacity,

Defendants.

Civ. Action 3:32-cv-00490

JUDGE TRAUGER

RESPONSES OF DEFENDANTS CARTER LAWRENCE AND CHRISTOPHER BAINBRIDGE TO PLAINTIFFS' FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION TO DEFENDANTS

Defendants Carter Lawrence, in his official capacity as Tennessee State Fire Marshal, and Christopher Bainbridge, in his official capacity as Director of Codes Enforcement, respond to Plaintiffs' First Set of Interrogatories and Requests for Production to Defendants as follows:

INTERROGATORIES

GENERAL OBJECTIONS AND RESPONSES

1. Defendants object to each definition, instruction, and interrogatory to the extent that it attempts to impose discovery obligations greater than those required under Rules 26 and 33 of the Federal Rules of Civil Procedure, local rules, or any order promulgated by the Court. Defendant will supplement her responses in accordance with the Federal Rules of Civil Procedure, local rules, or any order

- promulgated by the Court. Defendants object to the Interrogatories to the extent they would require continual supplementation.
- 2. Defendants object to the Interrogatories to the extent that they are overbroad, vague, duplicative, or seek information that is neither relevant to the claims and defenses in the pending action nor reasonably calculated to lead to the discovery of admissible evidence.
- 3. Defendants object to the Instructions and Definitions and the Interrogatories to the extent that they assume facts not in evidence or are premised on Plaintiffs' characterizations of applicable law, documents, or facts. Defendants' responses do not constitute Defendants' agreement with or admission of any of the allegations or statements contained in the Instructions, Definitions, or Interrogatories, or in any of Plaintiffs' filings in this case.
- 4. These responses and objections are based solely on Defendants' current knowledge, understanding, and belief as to the facts and the information available to them as of the date of the response. Defendants' search for information and documents is ongoing and Defendants reserve the right to rely on any facts, documents, evidence or other contentions that may develop or come to their attention at a later time. Defendants reserve the right to revise, correct, supplement, or clarify the objections or responses set forth herein at any time. Defendants reserve the right to raise any additional objections deemed necessary or appropriate in light of further review.
- 5. Defendants object to each definition, instruction, and interrogatory as unduly burdensome and beyond the scope of obligations imposed by the Federal Rules of Civil Procedure to the extent that it seeks documents and/or information that may be derived from or ascertained from records, materials, and information that are already in Plaintiffs' possession, are publicly available, or are within the possession and/or control of a third party, including public agencies and private entities external to these particular Defendants.

- 6. Defendants object to each definition, instruction, and interrogatory to the extent that it calls for the disclosure of any information that (a) contains privileged Attorney-Client communications, (b) constitutes Attorney Work Product, or (c) is otherwise protected from disclosure under applicable privileges, immunities, laws, or rules, including Executive privilege, Law Enforcement privilege, and the Deliberative Process privilege. Information subject to such privileges or other protection will not be produced. Attorney disclosure of information is without waiver of any privilege, immunity, or confidentiality, and any inadvertent disclosure of such information does not constitute a waiver of such privilege, immunity, or confidentiality.
- 7. Defendants object to each definition, instruction, and interrogatory to the extent that it calls for the disclosure of any information that is in the possession of the Attorney General, who is a party in his role as legal counsel for the State, its Officials, and agencies. Nonpublic communications, investigations, consultations, research, deliberations, enforcement decisions, and related actions in the Attorney General's role as legal counsel involve privileged attorney-client communications, constitutes attorney work product, or are otherwise protected from disclosure under the Executive privilege, Law Enforcement privilege, and the Deliberative Process privilege. Public legal advice such as Attorney General Opinions will be identified or produced as appropriate.
- 8. Defendants object to any instruction, definition, or interrogatory to the extent it suggests that Defendants cannot produce business records in lieu of a response as allowed by Federal Rule of Civil Procedure 33(d).
- 9. Defendants object to the definition of "document" to the extent it includes documents that are no longer in Defendant's possession, custody, or control and documents of which construed together with the definition of "identify" with respect to documents, the term is overly broad and unduly burdensome and not reasonably calculated to lead to the discovery of admissible evidence.

- 10. Defendants reserve the right to interpose any further objections that come to light as Defendants gather documents and information responsive to these Interrogatories.
- 11. In making these objections and responses, Defendants do not in any way waive, or intend to waive, but rather intend to preserve and are preserving:
- a. all objections as to competency, relevance, materiality, or admissibility of any information that may be provided in response to the Interrogatories, or the subject matter thereof;
- b. all rights to object on any ground to the use of any information that may be provided in response to the Interrogatories, or the subject matter thereof, in any subsequent proceedings, including the trial of this or any other matter; and
- c. all rights to object on any ground to any request for further responses to the Interrogatories.

Subject to and without waiving any of the foregoing General Objections and Responses, which are hereby incorporated into the responses given below, Defendants are answering these interrogatories in substance to the extent practicable and reasonable under the present circumstances. By responding to any interrogatory or producing any documents or information in response thereto, Defendants do not admit to Plaintiffs' characterizations of any documents, facts, theories, or conclusions.

INTERROGATORY No. 1

Identify all persons who are answering or assisting in answering Plaintiffs' Interrogatories and Requests for Production of documents, including those persons from whom information was sought or obtained in preparing the answers.

RESPONSE:

Carter Lawrence, Commissioner
Jennifer Peck, Deputy Commissioner and Chief Operating Officer
Chris Burger, Chief Strategy Officer
Alex Lewis, Senior Advisor and Assistant Commissioner

Shiri Anderson, Legislative Liaison
Graham Tudor, Legislative Liaison
Candice Dawkins, Legislative Liaison
Jim Tracy, Senior Policy Advisor
Gary Farley, Assistant Commissioner for Fire Prevention
Christopher Bainbridge, Director of Codes Enforcement
Gary Farley, Assistant Commissioner for Fire Prevention
Philip Cameron, Plans Examiner Manager
George Smith, Inspections Manager
Mary Beth Gribble, Director of Policy and Programs
Leigh Ferguson, Chief Counsel for Fire Prevention and Law Enforcement
Maliaka Bass, Deputy General Counsel for General Civil Division

INTERROGATORY No. 2

Identify all persons likely to have discoverable information regarding the claims or defenses any party has asserted or which Defendants intend to assert in the above-captioned matter and identify the issues upon which you believe they have knowledge.

RESPONSE:

Carter Lawrence, Commissioner
Jennifer Peck, Deputy Commissioner and Chief Operating Officer
Gary Farley, Assistant Commissioner for Fire Prevention
Christopher Bainbridge, Director of Codes Enforcement
Philip Cameron, Plans Examiner Manager
George Smith, Inspections Manager
Mary Beth Gribble, Director of Policy and Programs

Defendants also submit that the Plaintiffs and their employees along with their proffered expert likely have discoverable information regarding the Plaintiffs' claims.

INTERROGATORY No. 3

Identify the person(s) at the Tennessee Department of Commerce, Office of the Tennessee Fire Marshal, and Offices of the District Attorneys General, who are most knowledgeable about the following topics: (i) the anticipated implementation or enforcement of the Act, including; and (ii) any state interests you assert or intend to assert are furthered by the Act.

RESPONSE: Defendants submit the following:

- (i) Gary Farley, Mary Beth Gribble, Christopher Bainbridge, and Leigh Ferguson.
- (ii) The Tennessee General Assembly determines the state interests served by the Act, not the Defendants. However, on behalf of these Defendants, the following are general state interests served by the Act, as set forth in Defendants' Response in Opposition to Plaintiffs' Motion for Preliminary Injunction:

Tennessee has a compelling interest in ensuring that patrons are informed of the bathroom-use policy at businesses they frequent—especially when the bathroom-usage policy differs in practice from the existing bathroom signage used by business owners. Many Tennesseans would agree that being "forced to share changing, shower, and bathroom space with members of the opposite sex" does not provide the same "level of privacy and comfort that" a patron could "expect" in facilities separated based on biological sex. *Stuart v. Metro. Gov't of Nashville & Davidson Cnty.*, 679 F. Supp. 2d 851, 854, 859 (M.D. Tenn. 2009) (Trauger, J.), *vacated after settlement*.

INTERROGATORY No. 4

Describe in detail the respective authorities and responsibilities that the Tennessee Fire Marshal Office, and the Offices of the District Attorneys General have to enforce, investigate, prosecute or otherwise take action against an entity or business that is not in compliance with the provisions of Tennessee Code Annotated Section 68-120-120, including but not limited to the source and scope of each agency's respective authority and duties, as well as all instances of concurrent or overlapping authority and duties.

RESPONSE: Tennessee Code Annotated Section 68, Chapter 120, Part 1 gives the State Fire Marshal the authority to adopt and enforce safety standards incident to the design, construction, alteration and repair of buildings and structures. By rule, the State Fire Marshal's Office adopts various codes, including but not limited to, the International Building Code and the International

Plumbing Code.

Buildings or entities that violate this chapter are entitled to receive written notice directing discontinuance of such illegal action and the remedying of the condition that is in violation of the provisions or requirements of the chapter pursuant to Tenn. Code Ann. § 68-120-107. Tenn. Code Ann. § 68-120-108 provides that "any person who violates a provision of this chapter or fails to comply with this chapter, or with any of the requirements of this chapter, or who erects, constructs, alters, or has erected, constructed or altered a building or structure in violation of this chapter, commits a Class B misdemeanor."

Finally, Tenn. Code Ann. § 68-120-106 provides that the State Fire Marshal, municipal fire prevention or building officials, chief of the fire department where one is established, state officials and county officers having jurisdiction over this chapter shall have concurrent jurisdiction.

INTERROGATORY No. 5

Describe in detail the content of any and all communications you had with any member of the Tennessee General Assembly or anyone employed by or representing the interests of any member of the Tennessee General Assembly concerning the Act, including but not limited to the interpretation or enforcement of Tennessee Code Annotated Section 68-120-120 in conjunction with the Act, and communications regarding the purpose, drafting, enactment, interpretation, implementation, or enforcement of the Act.

RESPONSE: On or about March 24, 2021, Gary Farley, Mary Beth Gribble, and Jennifer Peck met with Rep. Tim Rudd to discuss the volunteer firefighter educational incentive pay program, and while they were meeting, Rep. Rudd mentioned the legislation. Representatives from the SFMO did not discuss the legislation or the enforcement of the Act.

INTERROGATORY No. 6

Identify each and every state interest that you assert or intend to assert is served by the Act and describe in detail how the Act serves or furthers each interest.

RESPONSE: The Tennessee General Assembly determines the state interests served by the Act, not the Defendants. However, on behalf of these Defendants, the following are general state interests served by the Act as set forth in Defendants' Response in Opposition to Plaintiffs' Motion for Preliminary Injunction:

Tennessee has a compelling interest in ensuring that patrons are informed of the bathroom-use policy at businesses they frequent—especially when the bathroom-usage policy differs in practice from the existing bathroom signage used by business owners. Many Tennesseans would agree that being "forced to share changing, shower, and bathroom space with members of the opposite sex" does not provide the same "level of privacy and comfort that" a patron could "expect" in facilities separated based on biological sex. *Stuart v. Metro. Gov't of Nashville & Davidson Cnty.*, 679 F. Supp. 2d 851, 854, 859 (M.D. Tenn. 2009) (Trauger, J.), *vacated after settlement*.

INTERROGATORY No. 7

For each state interest identified in response to Interrogatory No. 6, identify and describe in detail all the information and/or documents on which you intend to rely to support your assertion that any state interest is furthered and/or served by the Act.

RESPONSE: Defendants object to this Interrogatory to the extent that it seeks information that it is protected by the Attorney Work Product privilege.

INTERROGATORY No. 8

Describe in detail the content of any and all communications you had with any person or organization with knowledge of the Act or its subject matter.

RESPONSE: Defendants object to this Interrogatory to the extent that it seeks information that it is protected by the Attorney Work Product privilege, Attorney Client privilege, or the Deliberative Process Privilege. Notwithstanding the foregoing objection, Defendants submit the following:

During the 2021 legislative session, the legislative team including Alex Lewis, Graham Tudor, Candice Dawkins and Shiri Anderson met regularly with Carter Lawrence, Jennifer Peck, Toby Compton, Jim Tracy, Denise Lewis and Courtney Wallace to discuss legislation filed; this Act, however, was not discussed in detail.

The Department was contacted by Jonathan Matisse at the Associated Press on May 25, 2021, requesting information and documents on enforcement of the Act, and by Dan Jackson from Courthouse News Service on June 25, 2021, and by Amanda Ottaway from Law360 on June 25, 2021, regarding this lawsuit. WKRN reporter Josh Breslow contacted the Department for a response.

The Department notified the Governor's Communication Team, including Gillum Ferguson,
Laine Arnold, and Hannah Ice, of the Department's responses to the media requests.

A lobbyist from the National Federation of Independent Business, Jim Brown, asked the Commissioner about the Department's plans to enforce the Act at a press conference.

Additionally, members from the SFMO discussed how to address complaints for buildings in exempt jurisdictions. At the time the Department was enjoined, the Department determined that when a complaint was received, that complaint would be forwarded to the local exempt jurisdiction.

On June 17, 2021, Steven Jones, Government Affairs Director for the Southeast for International Code Council, contacted the Department, specifically Mary Beth Gribble, regarding the Act. Jones had been contacted by local building officials asking how the Department would enforce

the Act or if the local governments would be required to enforce the Act.

On or around June 17, 2021, Nicole Watson, the lobbyist for the Fire Coalition, contacted

Mary Beth Gribble to ask how the Department would enforce the Act.

On or about September 30, 2021, Christopher Bainbridge received an email from Randy

Sinkler from Oakland, CA, working on a renovation to an existing retail space in Tennessee asking

how the Act would impact the renovation. Bainbridge informed Sinkler that the Department was

enjoined from enforcing the Act.

George Smith, Inspections Manager with Codes Enforcement, spoke with Inspections

supervisors to notify them they might be enforcing the Act.

INTERROGATORY No. 9

Identify and describe in detail the content of any and all communications you had with

employees, members, agents, and representatives of any other state regarding the Act or its subject

matter.

RESPONSE: None.

INTERROGATORY No. 10

Identify and describe in detail the content of any and all communications you had with

employees, members, agents, and representatives of any public or private entity, including any non-

profit corporation, think tank or advocacy organization or group, regarding the Act or its subject

matter.

RESPONSE: On June 17, 2021, Steven Jones, Government Affairs Director for the Southeast for

International Code Council, contacted the Department, specifically Mary Beth Gribble, regarding the

Act. Jones had been contacted by local building officials asking how the Department would enforce

the Act or if the local governments would be required to enforce the Act. On or around June 17, 2021,

Nicole Watson, the lobbyist for the Fire Coalition, contacted Mary Beth Gribble to ask how the Department would enforce the Act. Mary Beth Gribble informed both that the Department had not finalized plans for enforcement.

Christopher Bainbridge, Director of Codes Enforcement, e-mailed with the contractor, Randy Sinkler from Oakland, CA regarding the enforcement of the Act.

Carter Lawrence, Commissioner, was contacted by Jim Brown, lobbyist for the National Federation of Independent Businesses, asking about the Department's plan for enforcement of the Act.

INTERROGATORY NO. 11

Describe your understanding of the term "biological sex" as referenced in Tennessee Code Annotated Section 68-120-120.

RESPONSE: Defendants object to this Interrogatory to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants also object that this request calls for a legal conclusion and submit that the plain text of the statute as enacted by the General Assembly is the only relevant interpretation or construction of the Act. Notwithstanding the general objections noted above, Defendants submit that the term "biological sex" possesses an ordinary meaning for which no further elaboration is necessary. Defendants also submit that their Response in Opposition to Plaintiffs' Motion for Preliminary Injunction illuminates this understanding, to the extent greater explanation is required.

INTERROGATORY No. 12

Describe your understanding of a "facility or area where a person would have a reasonable expectation of privacy[,]" as referenced in Tennessee Code Annotated Section 68- 120-120.

RESPONSE: Defendants object to this Interrogatory to the extent that it seeks information that it is

protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants also object that this request calls for a legal conclusion and submit that the plain text of the statute as enacted by the General Assembly is the only relevant interpretation or construction of the Act. Notwithstanding the general objections noted above, Defendants submit that the term "facility or area where a person would have a reasonable expectation of privacy" possesses an ordinary meaning for which no further elaboration is necessary. Defendants also submit that their Response in Opposition to Plaintiffs' Motion for Preliminary Injunction illuminates this understanding, to the extent greater explanation is required.

INTERROGATORY No. 13

Identify and describe any and all information or documents upon which you rely to determine whether a public restroom is "[d]esignated for a specific biological sex" as referenced in Tennessee Code Annotated Section 68-120-120.

RESPONSE: Defendants object to this Interrogatory to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants also object that this request calls for a legal conclusion and submit that the plain text of the statute as enacted by the General Assembly is the only relevant interpretation or construction of the Act. Notwithstanding the general objections noted above, Defendants submit that the term "[d]esignated for a specific biological sex" possesses an ordinary meaning for which no further elaboration is necessary. Defendants also identify the International Building Code and International Plumbing as responsive documents. Defendants also submit that their Response in Opposition to Plaintiffs' Motion for Preliminary Injunction illuminates this understanding, to the extent greater explanation is required.

INTERROGATORY No. 14

Identify and describe any and all information or documents upon which you rely to determine whether a business that operates a facility or building open to the public, "as a matter of formal or informal policy allows a member of either biological sex to use any public restroom within the building or facility[,]" as referenced in Tennessee Code Annotated Section 68-120- 120.

RESPONSE: The Department does not rely on any information or documents to determine whether a business that operates a facility or building open to the public, "as a matter of formal or informal policy allows a member of either biological sex to use any public restroom within the building or facility" because enforcement of the Act is enjoined. If required to enforce the Act, the Department would rely on the language of the Act and whether the facility or building posted a sign.

INTERROGATORY No. 15

Identity and describe the "action" or actions that could be taken against an entity or business that does not comply with the provisions of the Act, and do not come into compliance with the Act within thirty (30) days of receiving a notice of non-compliance as referenced in Tennessee Code Annotated Section 68-120-120(c).

RESPONSE: Currently, no action may be taken for noncompliance because of the injunction. Were no injunction in place, the SFMO would note on an inspection report whether a sign was posted notifying the public that "the facility maintains a policy of allowing the use of restrooms by either biological sex, regardless of the designation non the restroom." The inspectors would not have asked follow-up information from the property owner. If the SFMO received a complaint, the SFMO would have mailed a letter to the property owner giving them thirty (30) days to comply with the statute and notify the SFMO of their compliance. If the SFMO received no communication, the SFMO would refer to the appropriate district attorney for further enforcement.

INTERROGATORY No. 16

Identify with specificity any incidents that have arisen in a restroom or facility in Tennessee

that is open to the general public and that allows people who are transgender to use the restroom or

facility that accords with the gender they live as, and that arose because such facility does not display

a warning notice like that required by the Act.

RESPONSE: None.

INTERROGATORY No. 17

Identify any person that will serve as a testifying expert witness in support of any of the

Defendants and describe the subject matter of each proposed expert witness' opinions.

RESPONSE: None

INTERROGATORY No. 18

Identify all documents relating to your answers to any of Plaintiffs' Interrogatories, including

all documents that you relied upon in answering these Interrogatories.

RESPONSE: E-mails produced in response to Plaintiffs' First Request for Production of

Documents, the International Plumbing Code, and the International Building Code

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION No. 1

Produce all documents referred to, identified in, requested to be identified in, or used in the preparation of Defendants' responses to any of Plaintiffs' Interrogatories.

RESPONSE: Notwithstanding the general objections noted above, these documents are being produced. However, due to the difficulty of producing a copy of the International Plumbing Code and International Building Code, copies will be made available upon request for inspection and copying by Plaintiffs.

REOUEST FOR PRODUCTION No. 2

Produce all documents, not already produced in response to Request No. 1, that you have created or maintained concerning the Act or its subject matter, whether internal to the Tennessee Department of Commerce, the Tennessee Office of the Fire Marshal, and the respective offices of the District Attorneys General, or shared with or created by external entities.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants are still in the process of investigation and discovery.

Notwithstanding the general objections noted above, the non-privileged documents are being produced.

REQUEST FOR PRODUCTION No. 3

Produce all documents concerning the legislative history, legislative purpose and/or intent of the Act.

RESPONSE: Defendants object that the legislative history of the Act is equally publicly available for Plaintiffs to research and access. Without waiving this objection, nor certifying this is all of the

relevant legislative history, the following link is provided:

https://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=HB1182

REQUEST FOR PRODUCTION No. 4

For each state interest identified in response to Interrogatory No. 5, produce all documents that support your contention that the Act furthers the state interests of Tennessee.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants are still in the process of investigation and discovery. Defendants will timely disclose any expert reports, documents, and exhibits when it is appropriate under the local rules and orders of the Court.

REQUEST FOR PRODUCTION No. 5

Produce all documents concerning or reflecting communications with any member of the Tennessee General Assembly or anyone employed by or representing the interests of any member of the Tennessee General Assembly concerning the Act or its subject matter.

RESPONSE: Notwithstanding the general objections noted above, no documents in these Defendants' possession are responsive to this request. However, a narrative description is submitted in response to Interrogatory No. 5.

REQUEST FOR PRODUCTION No. 6

Produce all documents reflecting any communications with any employees, members, agents, or representatives of a non-profit, research, or advocacy organization or entity regarding the Act or its subject matter.

RESPONSE: Notwithstanding the general objections noted above, responsive documents to this request are being produced. Further, Defendants submit that a narrative of these communications is provided in Interrogatory No. 10.

REQUEST FOR PRODUCTION No. 7

Produce all documents reflecting any communications with any employee, agent, or consultant of any other state regarding the Act or its subject matter.

RESPONSE: Notwithstanding the general objections noted above, as set forth in these Defendants' response to Interrogatory No. 9, no documents in the possession of these Defendants are responsive to this request.

REOUEST FOR PRODUCTION No. 8

Produce all documents concerning Defendants' interpretation of the Act, including but not limited to Documents concerning the interpretation of Tennessee Code Annotated Section 68-120-120 in conjunction with the Act.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants are still in the process of investigation and discovery. Defendants will timely disclose any expert reports, documents, and exhibits when it is appropriate under the local rules and orders of the Court.

Notwithstanding the general objections noted above, the non-privileged documents are being produced.

REOUEST FOR PRODUCTION No. 9

Produce all documents that refer to, relate, or reflect or in any way inform your understanding and interpretation of the term "biological sex" as referenced in Tennessee Code Annotated Section 68-120-120.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants also object that this request calls for a legal conclusion and submit that the plain text of the statute as enacted by the General Assembly is the only relevant interpretation or construction of the Act. Notwithstanding the general objections noted above, Defendants have no additional documents responsive to this request in their possession beyond the exhibits attached to the Response in Opposition to Plaintiffs' Motion for Preliminary Injunction.

REQUEST FOR PRODUCTION No. 10

Produce all documents upon which you rely to determine whether a public restroom is "[d]esignated for a specific biological sex" as referenced in Tennessee Code Annotated Section 68-120-120.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants also object that this request calls for a legal conclusion and submit that the plain text of the statute as enacted by the General Assembly is the only relevant interpretation or construction of the Act. Notwithstanding the general objections noted above, Defendants have no documents responsive to this request in their possession other than the International Plumbing Code

and International Building Code, made available upon request for inspection and copying by Plaintiffs in Request for Production No. 1, and the exhibits attached to the Response in Opposition to Plaintiffs' Motion for Preliminary Injunction.

REQUEST FOR PRODUCTION No. 11

Produce all documents that identify and detail the procedure by which "an entity or business is notified that it is not in compliance with this section [of the Act]," and the content of the notice as referenced in Tennessee Code Annotated Section 68-120-120, including but not limited to any existing drafts, versions, templates or examples of such notices.

RESPONSE: Notwithstanding the general objections noted above, the documents responsive to this request are being produced.

REQUEST FOR PRODUCTION No. 12

Produce any documents, including but not limited to internal policies, procedures, manuals, and forms, that you created, maintain, use or otherwise rely upon for the general enforcement of the building regulations found in Tennessee Code Annotated, Title 68, Chapter 120.

RESPONSE: Notwithstanding the general objections noted above, the documents responsive to this request are being produced.

REOUEST FOR PRODUCTION No. 13

Produce all documents concerning the development, creation, or drafting of any and all websites, internet postings, written material, or other documents or information created to comply with or enforce the Act, including any and all prior or proposed drafts and/or revisions created or submitted to or by any Defendant.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is

protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Notwithstanding the general objections noted above, any non-privileged responsive documents are being produced.

REQUEST FOR PRODUCTION No. 14

Produce all documents upon which Defendants intend to rely to support any defense or in response to any allegation or claim asserted by any party to this litigation.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants are still in the process of investigation and discovery. Defendants will timely disclose any expert reports, documents, and exhibits when it is appropriate under the local rules and orders of the Court.

REQUEST FOR PRODUCTION No. 15

Produce all documents that Defendants expect to use as exhibits at any hearing, proceeding, deposition, or trial in this litigation.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege, the Attorney Client privilege, or the Deliberative Process Privilege. Defendants are still in the process of investigation and discovery. Defendants will timely disclose any expert reports, documents, and exhibits when it is appropriate under the local rules and orders of the Court.

REOUEST FOR PRODUCTION No. 16

Produce all documents reflecting communications between any attorney for the Defendants and any person serving as a testifying expert witness that: (a) relate to compensation for the expert's study or testimony; (b) identify facts or data that Defendants' attorneys provided and that the expert

considered in forming the opinions to be expressed; and/or (c) identify assumptions that the Defendants' attorneys provided, or that the expert relied upon in forming the opinions to be expressed.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege or the Attorney Client privilege. Notwithstanding the general objections noted above, Defendants submit that no documents in their possession are responsive to this request.

REOUEST FOR PRODUCTION No. 17

Produce all documents reflecting communications between any non-attorney employee of the Defendants, or any non-attorney individual acting on behalf of the Defendants, and any person serving as a testifying expert witness that: (a) identify facts or data that the expert considered in forming the opinions to be expressed; and/or (b) identify any assumptions provided and that the expert relied on in forming the opinions to be expressed.

RESPONSE: Defendants object to this Request to the extent that it seeks information that it is protected by the Attorney Work Product privilege or the Attorney Client privilege. Notwithstanding the general objections noted above, Defendants submit that no documents in their possession are responsive to this request.

Exhibit 10

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

BONGO PRODUCTIONS, LLC, ROBERT)	
BERNSTEIN, SANCTUARY PERFORMING)	
ARTS LLC, and KYE SAYERS,)	
)	
Plaintiffs,)	
V.)	Civ. Action
•)	No. 3:32-cv-00490
)	
CARTER LAWRENCE, Tennessee State Fire)	
Marshal, in his official capacity,)	
CHRISTOPHER BAINBRIDGE, Director of)	JUDGE TRAUGER
Codes Enforcement, in his official capacity,)	
GLENN R. FUNK, District Attorney General)	
for the 20th Judicial District, in his official)	
capacity, and NEAL PINKSTON, District)	
Attorney General for 11th Judicial District, in)	
his official capacity,)	
1)	
Defendants.)	

PLAINTIFFS' RESPONSES TO DEFENDANTS' FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION

General Objections

1. Plaintiffs Robert Bernstein, Bongo Productions, LLC, Kye Sayers, and Sanctuary Performing Arts LLC (collectively, "Plaintiffs") object to these Interrogatories and Requests for Production of Documents ("Requests") on the grounds that they are overly broad and seek disclosure of information which is irrelevant and/or not calculated to lead to the discovery of admissible evidence. Plaintiff will therefore only provide responses in accordance with and to the extent required by the Civil Rules.

- 2. Plaintiffs object to these Interrogatories and Requests on the grounds that they are onerous and unduly burdensome and that the burden placed on Plaintiffs in providing such information outweighs any benefit to Defendants.
- 3. Plaintiffs object to these Interrogatories and Requests on the grounds that they are overbroad and unduly burdensome insofar as some requests include no time restrictions whatsoever.
- 4. Plaintiffs object to these Interrogatories and Requests to the extent that they call for information protected by the attorney-client privilege, the attorney work product doctrine, or any other privilege or immunity, and/or to the extent that they call for confidential and proprietary information.
- 5. Plaintiffs object to producing any confidential information without entry of a protective order reasonably restricting the use and dissemination of such information.
- 6. Plaintiffs object to providing any information that is not specifically in their possession, custody, or control.
- 7. Plaintiffs object to providing any information or documents that are also in the possession, custody, or control of Defendants.
- 8. Plaintiffs object to providing any information or documents that are in the public domain, and equally accessible to Defendants.
- 9. Plaintiffs object to providing any information that is in the possession, custody, or control of third parties and may more reasonably be obtained therefrom.
- 10. Plaintiffs object to providing any information, the production of which exceeds Plaintiffs' responsibility to comply with the Civil Rules.

11. Plaintiffs object to Interrogatories and Requests seeking information beyond the scope of the issues of this case and that are irrelevant and not reasonably calculated to lead to the discovery of relevant information.

Plaintiffs incorporate by reference these General Objections in response to each of Defendants' Interrogatories and Requests. Plaintiffs state that the following responses are true and complete to the best of their knowledge at this time, while reserving the right to identify additional facts, amend or supplement any answer, or raise additional objections during the course of these proceedings.

Interrogatories

INTERROGATORY NO. 1:

Identify all persons who are answering or assisting in answering Defendants' First Set of Interrogatories and Requests for Production, on behalf of each of the Plaintiffs, including those persons from whom information was sought or obtained in preparing the answers and which specific Response(s) the person assisted with answering.

RESPONSE TO INTERROGATORY NO. 1:

Robert Bernstein.

Kye Sayers.

INTERROGATORY NO. 2:

Identify all persons whom you believe have knowledge of any relevant facts regarding the claims or defenses asserted in the above-captioned matter, and identify the issues upon which you believe they have knowledge.

RESPONSE TO INTERROGATORY NO. 2:

Robert Bernstein is a Plaintiff in this case and the founder and chief manager of Bongo Productions, LLC ("Bongo"). In this capacity, Mr. Bernstein has knowledge about Bongo, including the operation and management of Bongo Java, Bongo East, Fido, Game Point and Grins Vegetarian Cafe, which are coffeehouses and restaurants owned by Mr. Bernstein through Bongo.

Kye Sayers is a Plaintiff in this case and the owner and a co-founder of Sanctuary Performing Arts, LLC ("Sanctuary"). In this capacity, Ms. Sayers has knowledge about the operation and management of Sanctuary, including compliance with state and local building codes.

Dr. Shayne Sebold Taylor MD has been retained by Plaintiffs as an expert regarding the current theories and discourse among medical organizations, and professionals, including educators, researchers and practitioners relating to the topics of sex, gender, gender identity, gender dysphoria and its treatment, and her work serving the transgender community throughout the state of Tennessee.

INTERROGATORY NO. 3

Identify all documents relating to your answers to each of these Interrogatories, including all documents that were relied upon in answering Defendants' First Set of Interrogatories.

RESPONSE TO INTERROGATORY NO. 3:

Expert Report of Dr. Shayne Sebold Taylor MD, and the documents upon which Dr. Taylor relied in producing her report, which are listed in the bibliography as provided to Defendants as Exhibit A to Dr. Taylor's expert report.

Declaration of Robert Bernstein, attached as Exhibit A to Plaintiffs'

Memorandum of Law in Support of Plaintiffs' Motion for Preliminary Injunction (ECF 7
1).

Declaration of Kye Sayers, attached as Exhibit B to Plaintiffs' Memorandum of Law in Support of Plaintiffs' Motion for Preliminary Injunction (ECF 7-2).

INTERROGATORY NO. 4

Identify the persons who are most knowledgeable about the following topics: (i) the restroom policies and restroom signage in place at Plaintiffs' businesses or facilities (formal, informal, written, or otherwise); (ii) any alleged or threatened harm to you, patrons, employees, or other persons related to compliance with the Challenged Act; (iii) any actions taken in preparation for compliance with the Challenged Act, including expense of compliance; (iv) any incidents that have arisen to Plaintiffs' knowledge concerning use of restrooms by persons of different biological sex than the restroom signage; (v) any complaints made by employees or patrons to you concerning the Challenged Act or its subject matter.

RESPONSE TO INTERROGATORY NO. 4:

- (i) Robert Bernstein and Kye Sayers;
- (ii) Robert Bernstein and Kye Sayers;
- (iii) Robert Bernstein and Kye Sayers;

- (iv) Plaintiffs object to the form of this interrogatory on the basis that it is argumentative and requires that the Plaintiffs assume that the phrase "biological sex" has a meaningful definition, such that they would be able to identify an incident of use of restrooms by "persons of different biological sex than the restroom signage." Moreover, Plaintiffs lack sufficient personal knowledge to answer this interrogatory because it fails to offer a definition of the phrase "biological sex" that would permit Plaintiffs to identify persons with information about incidents of use of restrooms by "persons of different biological sex than the restroom signage." To the extent that the Defendants' use of "biological sex" in this interrogatory is intended to mean sex assigned at birth, Robert Bernstein and Kye Sayers.
- (v) Robert Bernstein and Kye Sayers

INTERROGATORY NO. 5

Describe any non-privileged communications you have had concerning the Challenged Act or its subject matter, including any conversations you had with employees.

RESPONSE TO INTERROGATORY NO. 5:

On June 24, 2021, Plaintiff Robert Bernstein emailed the employees and staff of Bongo Productions, LLC informing them that both Mr. Bernstein and Bongo would serve as plaintiffs in this lawsuit.

On or about August 18, a customer dining at Plaintiff Robert Bernstein's restaurant left a note for Mr. Bernstein expressing support of his and Plaintiff Bongo Production, LLC's challenge to the Act. The handwritten note states, "Thank you for

suing the Tennessee Gov't on the Anti-Transgender Bathroom Bill. Here is a small contribution towards legal fees or as you see fit. Thanks!!!" The customer did not disclose their identity and, to date, Mr. Bernstein does not know who left the note.

In or about mid-August, Plaintiff Robert Bernstein's nephew was working at one of Mr. Bernstein's establishments, Las Paletas, and was approached by a customer who asked for a recommendation for a café other than Fido because the customer stated that he did not want to support Fido on an issue that is political and divisive. The customer did not elaborate and did not specifically refer to the Act or its subject matter. Mr. Bernstein believes that the customer was not aware that he was speaking with an employee of a business affiliated with Fido and operated by Plaintiff Bongo Productions, LLC.

On August 25, 2021, Plaintiff Robert Bernstein was invited to speak about this lawsuit with students who attend Hume-Fogg High School, including Mr. Bernstein's son. Hume-Fogg High School is located at 700 Broadway, Nashville TN 37203.

Prior to and following the enactment of the Act, Plaintiff Kye Sayers communicated with numerous individuals about the Act and its subject matter. Ms. Sayers is an active member of and leader within the transgender community in Tennessee, and as such frequently discusses pressing issues impacting the community. Moreover, as the owner of Sanctuary, a performing arts center that primarily serves transgender and nonbinary performers and attendees, Ms. Sayers has discussed the Act and its subject matter with approximately twenty performers who sought information about Ms. Sayers' anticipated compliance with the Act and informed Ms. Sayers of their

intentions to discontinue their professional relationship with Sanctuary should it post signs mandated by the Act.

Both Plaintiffs Robert Bernstein and Kye Sayers spoke with media outlets regarding this lawsuit in the weeks following its filing, and about the impact of the Act.

INTERROGATORY NO. 6

Describe your understanding of the term "biological sex" as referenced in the Challenged Act.

RESPONSE TO INTERROGATORY NO. 6:

The phrase "biological sex" is a relatively recent one without a fixed or uniform definition. Its uses within the fields of science and medicine are uncommon and at best reflect differing and inconsistent interpretations among users, which can only be ascertained by relying on additional information and the context in which it is used. Plaintiffs understand the phrase "biological sex" to be frequently used by those who seek to limit or eliminate the legal recognition, protection and rights of transgender people. Plaintiffs understand the phrase to be used in the Act in order to single out transgender people by attempting to suggest a distinction between gender identity and so-called "biological sex". Used in contexts like the Act, Plaintiffs understand "biological sex" to be a phrase that is stigmatizing to transgender people.

INTERROGATORY NO. 7

Describe the restrooms, restroom policies (formal, informal, written, or otherwise), and restroom signage in place at Plaintiffs' businesses or facilities, including any changes from January 1, 2018 until now.

RESPONSE TO INTERROGATORY NO. 7:

Plaintiff Bernstein's restaurant Fido has three restrooms, of which one is a single user, unisex restroom and two are multi-stall sex-designated restrooms. The informal restroom policy at Fido is to allow transgender people to use the restroom that aligns with their gender identity, and to never prohibit any person from using a particular sex-designated restroom.

While Mr. Bernstein does operate several other establishments, none of those facilities have multi-use restrooms. As such, those restrooms do not fall within the scope of the Act or its subject matter.

Plaintiff Sayers' venue and community center, Sanctuary has three restrooms, of which one is a single user, unisex restroom and two are multi-stall restrooms that are not currently sex-designated. Sanctuary is in the process of posting sex-designation signs on these multi-use restrooms in order to comply with local building codes. Ms. Sayers has already purchased the sex-designation signs and will post them.

INTERROGATORY NO. 8

Identify with specificity any person or group (including you) you contend will be harmed should you be required to comply with the Challenged Act. For each such person or group (including you), describe in detail the nature of the harm you contend that they will suffer through your compliance with the Challenged Act.

RESPONSE TO INTERROGATORY NO. 8:

Plaintiff Robert Bernstein will be harmed should he be required to comply with the Act. He will suffer harm in the form of violation of his rights under the First Amendment to the U.S. Constitution. Specifically, compliance with the Act will compel him to communicate a misleading and controversial message that he finds offensive, with which he vehemently disagrees, and which he would not otherwise display.

Mr. Bernstein and Plaintiff Bongo Productions would suffer harm in the form of lost employees and talent resulting from employees taking offense to the ideological and controversial message that the Act's required signage reflects and seeking employment at a different establishment.

Mr. Bernstein and Plaintiff Bongo Productions would suffer harm in the form of loss of business from customers who are offended or confused by the ideological and controversial message transmitted by the Act's required signage. The use of the phrase "biological sex" in the context of the Act's sign requirement conveys a message that stigmatizes transgender and intersex individuals, and posting such a sign would be interpreted as Mr. Bernstein and Plaintiff Bongo Productions adoption of and agreement with that message.

Plaintiff Kye Sayers will be harmed should she be required to comply with the Act. She will suffer harm in the form of violation of her rights under the First Amendment to the U.S. Constitution. Specifically, compliance with the Act will compel her to communicate a misleading and controversial message that she finds offensive, with which she vehemently disagrees, and which she would not otherwise display.

Ms. Sayers and Plaintiff Sanctuary Performing Arts, LLC would suffer harm in the form of significant impairment to Sanctuary's organizational good will and reputation among the transgender and intersex community, who constitute the organization's primary contractors and clients. These same transgender and intersex community

members are offended by the ideological and controversial message transmitted by the Act's required signage. The use of the phrase "biological sex" in the context of the Act's sign requirement conveys a message that stigmatizes transgender and intersex individuals, and posting such a sign would be interpreted as Ms. Sayers and Plaintiff Sanctuary Performing Arts, LLC adoption of and agreement with that message.

INTERROGATORY NO. 9

Identify with specificity any portion of the Challenged Act's required signage that you contend is misleading and explain why.

RESPONSE TO INTERROGATORY NO. 9:

The Act's requirement that the displayed sign use the phrase "BIOLOGICAL SEX" is misleading because it implies that the phrase itself has a single, agreed upon definition, which it does not. Further, it implies that the Plaintiffs, who own and operate the facilities where the signs are to be displayed, recognize and agree with that definition.

The Act's requirement that the displayed sign refer to "EITHER BIOLOGICAL SEX" is misleading because it suggests that only two sexes exist on a rigid binary of either male or female.

The Act's requirement that the sign describe the restroom policies allowing transgender people to use the restroom that accords with their gender identity as "ALLOWING THE USE OF RESTROOMS BY EITHER BIOLOGICAL SEX, REGARDLESS OF THE DESIGNATION ON THE RESTROOM" is misleading. It is misleading to suggest that because transgender people are allowed to use the facility that

is consistent with their gender identity, anyone is allowed to use any restroom regardless of its sex-designation.

The Act's requirement that the sign have a red background and declare "NOTICE" is misleading in that it suggests that the restroom users are in danger or need be concerned, when there have never been any incidents or causes for concern arising from the Plaintiffs' restroom policies.

INTERROGATORY NO. 10

Identify any person that will serve as a testifying or consulting expert witness in support of any of the Plaintiffs, describe the subject matter of each proposed expert witness, and describe any payment arrangement with these witnesses.

RESPONSE TO INTERROGATORY NO. 10:

Dr. Shayne Sebold Taylor MD has been retained by Plaintiffs as an expert regarding the current theories and discourse among medical organizations, and professionals, including educators, researchers and practitioners relating to the topics of sex, gender, gender identity, gender dysphoria and its treatment, and her work serving the transgender community throughout the state of Tennessee. Dr. Taylor is being compensated \$350/hour for time preparing for her expert report, and \$425/hour for time spent preparing for and giving deposition or trial testimony.

INTERROGATORY NO. 11

Identify any complaints made by employees or patrons to you concerning the Challenged Act or its subject matter.

RESPONSE TO INTERROGATORY NO. 11:

Plaintiffs Robert Bernstein and Bongo Productions, LLC have not received any complaints made by their employees or patrons concerning the Act or it's subject matter.

Ms. Sayers has received approximately twenty complaints about the Act and its subject matter from performers and patrons of Sanctuary Performance Center. These complaints also included threats to discontinue their professional relationship with Sanctuary should it post signs mandated by the Act. The following individuals are among the performers and patrons of Sanctuary Performance Center who complained about the Act and its subject matter: Amya Star, Jessica Chrystal, Madison S Garden, and Savannah Ashely.

INTERROGATORY NO. 12

Identify any actions taken by you in preparation for compliance with the Challenged Act, including expected expenses of compliance.

RESPONSE TO INTERROGATORY NO. 12:

Plaintiffs have not taken any steps to come into compliance with the Act because the need to take such steps are obviated by the Court's Order preliminarily enjoining enforcement of the Act.

INTERROGATORY NO. 13

Identify any incidents that have arisen to Plaintiffs' knowledge concerning use of restrooms by persons of different biological sex than the restroom signage.

RESPONSE TO INTERROGATORY NO. 13:

Plaintiffs object to the form of this interrogatory on the basis that it is argumentative and requires that the Plaintiffs assume that the phrase "biological sex" has a meaningful definition, such that they would be able to identify an incident of use of restrooms by "persons of different biological sex than the restroom signage." Moreover, Plaintiffs lack sufficient personal knowledge to answer this interrogatory because it fails to offer a definition of the phrase "biological sex" that would permit Plaintiffs to identify incidents of use of restrooms by "persons of different biological sex than the restroom signage." To the extent that the Defendants' use of "biological sex" in this interrogatory is intended to mean sex assigned at birth, Plaintiffs are not aware of any such incidents.

Requests for Production

REQUEST FOR PRODUCTION NO. 1.

All documents identified in Plaintiffs' Interrogatory Response # 3.

RESPONSE TO RFP NO. 1.

Defendants are in possession of all documents identified in Plaintiffs' Interrogatory Response #3.

REQUEST FOR PRODUCTION NO. 2.

All restroom policies (formal, informal, written, or otherwise) identified in Plaintiffs' Interrogatory Response #7.

RESPONSE TO RFP NO. 2.

Plaintiffs' do not possess any documents relating to the restroom policies identified in Plaintiffs' Interrogatory Response #7.

REQUEST FOR PRODUCTION NO. 3.

All communications identified in Plaintiffs' Interrogatory Response #5.

RESPONSE TO RFP NO. 3.

Plaintiff Robert Bernstein herein produces a copy of the June 24, 2021 email identified in response to Defendants' Interrogatory #5, which is **Bates stamped BONGO 000001-000002**.

Plaintiff Robert Bernstein herein produces a copy of the August 18, 2021 note identified in response to Defendants' Interrogatory #5, which is **Bates stamped BONGO 000003**.

Plaintiff Kye Sayers objects to the production of the numerous text messages identified in response to Defendants' Interrogatory #5. While Ms. Sayers acknowledges that she is in possession of these text messages, she objects on the basis that locating and producing them would be unduly burdensome. Production would require searching through a massive number of text messages, converting them into the format requested in the instructions provided in the Defendants' first set of Requests for Productions, and redacting the vast majority of information that is not relevant to this matter or otherwise privileged.

REQUEST FOR PRODUCTION NO. 4.

All documents related to the evidence identified in in Plaintiffs' Interrogatory Response #8.

RESPONSE TO RFP NO. 4.

Plaintiffs do not identify any documents or evidence in Plaintiffs' Interrogatory Response #8.

REQUEST FOR PRODUCTION NO. 5.

All documents related to the evidence identified in Plaintiffs' Interrogatory Response #9.

RESPONSE TO RFP NO. 5.

Plaintiffs do not identify any documents or evidence in Plaintiffs' Interrogatory Response #9.

REQUEST FOR PRODUCTION NO. 6.

All documents related to the evidence identified in Plaintiffs' Interrogatory Response #11.

RESPONSE TO RFP NO. 6.

Plaintiff Bernstein does not identify any documents or evidence in Plaintiffs' Interrogatory Response #11.

Plaintiff Kye Sayers objects to the production of the numerous text messages identified in response to Defendants' Interrogatory #11. While Ms. Sayers acknowledges that she is in possession of these text messages, she objects on the basis that locating and producing them would be unduly burdensome. Production would require searching through a massive number of text messages, converting them into the format requested in

the instructions provided in the Defendants' first set of Requests for Productions, and redacting the vast majority of information that is not relevant to this matter or otherwise privileged.

REQUEST FOR PRODUCTION NO. 7.

All documents related to the evidence identified in Plaintiffs' Interrogatory Response #12.

RESPONSE TO RFP NO. 7.

Plaintiffs do not identify any documents or evidence in Plaintiffs' Interrogatory Response #12.

REQUEST FOR PRODUCTION NO. 8.

All documents related to the evidence identified in Plaintiffs' Interrogatory Response #13.

RESPONSE TO RFP NO. 8.

Plaintiffs do not identify any documents or evidence in Plaintiffs' Interrogatory Response #13.

Dated: December 15, 2021 Respectfully submitted,

/s/ Thomas H. Castelli

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mpicasso@aclu.org

Attorneys for Plaintiffs

^{*}Admitted pro hac vice

VERIFICATION OF INTERROGATORIES

I, Seix Being to, affirm that the interrogatory responses set forth above are true, accurate, and complete and that they are in no way misleading or calculated to withhold information that is available to me and is requested by the interrogatories. I understand my signature below is subject to penalties of perjury.

Signed this \\day of \Q \ell (en \day 2021.

VERIFICATION OF INTERROGATORIES

I, _______, affirm that the interrogatory responses set forth above are true, accurate, and complete and that they are in no way misleading or calculated to withhold information that is available to me and is requested by the interrogatories. I understand my signature below is subject to penalties of perjury.

Signed this day of December, 2021.

----- Forwarded message -----

From: Stephanie Hobbs < stephanie @bongojava.com>

Date: Mon, Dec 6, 2021 at 3:13 PM

Subject: Fwd: Bongo & Bathrooms & ACLU & Other News

To: bob b < bob@bongojava.com>

--

Stephanie Hobbs stephanie@bongojava.com

Begin forwarded message:

From: bob b < bob@bongojava.com > Date: June 24, 2021 at 3:22:40 PM CDT To: Bob Bernstein < bob@bongojava.com >

Subject: Bongo & Bathrooms & ACLU & Other News

I want to make all in Bongo World aware that Bongo may be all over the news starting tonight and for a separate more compelling issue starting tomorrow morning. All this news is good and about things that I'm excited to be part of.

I also want to remind everyone about our media policies. We do NOT want employees talking to media other than to refer them to the right place and we do NOT want employees getting into discussions about work-related topics on their social media accounts.

As a former reporter and someone who has been through media storms before, I'm quite aware of how these things go and I insist that employees comply with our no media policy. (If you don't know about the NunBun media frenzy, just google it!)

Tonight is not a big deal. Fido likely will be on Channel 4 news. They are doing a story about buildings that have collapsed and since our space was affected two years ago, they are tying us into the story.

Tomorrow may be more of a media storm. This is when news will be released about a freedom of speech lawsuit involving Bongo as the plaintiff (the one claiming our freedom of speech is being violated).

I waited until now to share the information because of the need to keep it quiet before the lawsuit was filed.

I'm darn excited and proud that Bongo will be a plaintiff in a lawsuit challenging the so-dubbed "bathroom bill" that requires Tennessee public places to post a sign on their bathrooms if they allow transgender people to use the one of their choice.

We are being represented by the ACLU and making the legal case that this is a freedom of speech issue: we do NOT want to be party to a hurtful ideological/political position. We argue that this is way different than requiring us to post "Exit" signs or something that has obvious safety concerns.

I don't know how much media coverage there will be about this, but I can imagine reporters will be calling the ACLU directly and also calling our stores to get comments.

Please refer all calls to the ACLU.

MANAGERS, PLEASE POST SIGNS BY ALL PHONES WITH THIS INFO

The fastest and best way for a reporter to reach ACLU-TN is:

communications@aclu-tn.org

615-320-7142 - press 2 for media

I'm sending the information about this lawsuit to y'all on a "need to know basis." The ACLU does NOT want this information released before it files it tomorrow (Friday, June 25th). I'm writing this now to make you aware of the case and our policies.

Please do NOT share this info outside Bongo World until Friday afternoon.

As usual, I'm happy to answer your questions/comments/concerns.

Thanks for all you do,

Bob

--

Bob Bernstein
The City Report Card
Bongo World

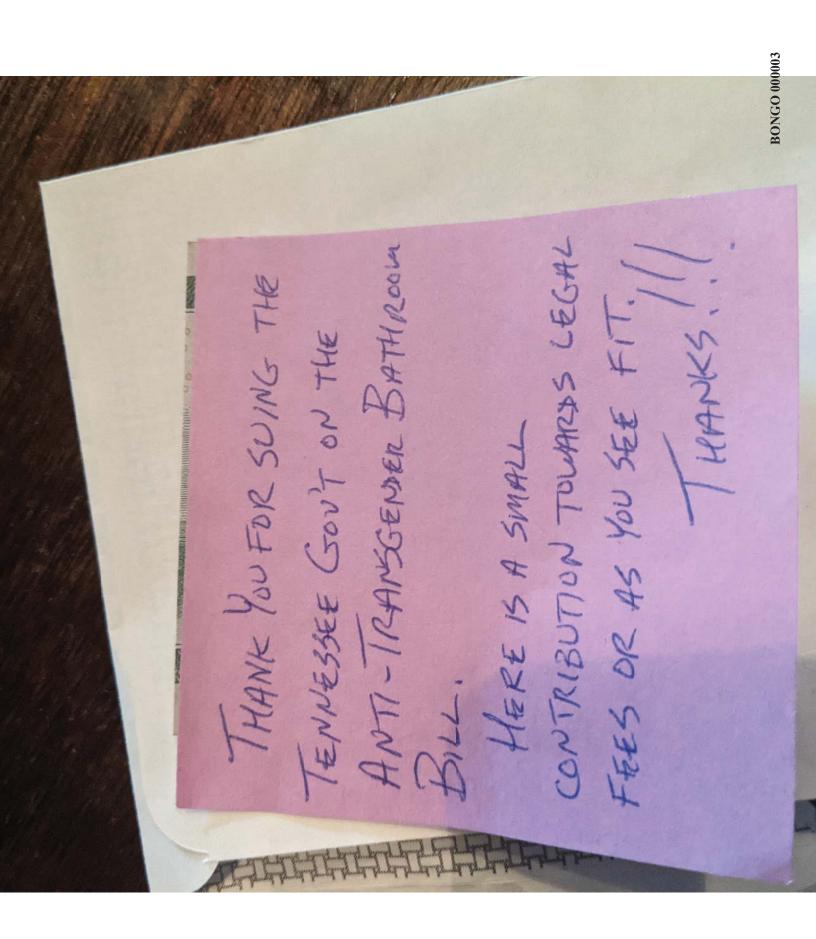


Exhibit 11

Anatomy Does Not Determine Gender, Experts Say

By Denise Grady

Oct. 22, 2018

Defining gender as a condition determined strictly by a person's genitals is based on a notion that doctors and scientists abandoned long ago as oversimplified and often medically meaningless.

Researchers who have studied gender issues and provided health care to people who do not fit the typical M/F pigeonholes said that the Trump administration's latest plan to define gender goes beyond the limits of scientific knowledge.

"The idea that a person's sex is determined by their anatomy at birth is not true, and we've known that it's not true for decades," said Dr. Joshua D. Safer, an endocrinologist and executive director of the Center for Transgender Medicine and Surgery at Mount Sinai Health System in New York. He is also president of the United States Professional Association of Transgender Health.

But exactly what does determine gender identity — a person's powerful, core knowledge of who they are — is not so clear.

"We know that there is a significant, durable biological underpinning to gender identity," Dr. Safer said. "What we don't know are all of the biological factors at play that explain gender identity. As far as we in the mainstream biological-medical community understand it in 2018, it is hard-wired, it is biological, it is not entirely hormonal, and we do not have identified genes, so we cannot specifically say it is genetic."

Are genes a factor?

Genetics does play a role, though. In studies of twins, if one is transgender, the other is far more likely to also be transgender if they are identical, rather than fraternal twins. Identical twins are near matches, genetically; fraternal ones are not. The findings are similar for twins who have Type 1 diabetes, which is known to have a strong genetic component.

The Trump administration's proposal, outlined in a memo by the Health and Human Services Department, would establish a legal definition of sex under Title IX, the federal civil rights law that bans gender discrimination in education programs that receive government financial assistance. The change would eliminate protections afforded transgender people under the Obama administration.

The agency's proposed definition would be determined by the genitals that a person is born with, according to a draft reviewed by The New York Times. Whatever is on the birth certificate defines gender, "unless rebutted by reliable genetic evidence," according to the memo.

But what would constitute reliable evidence?

It may be hard to find.

"We don't know genes for everything that we've identified medically," Dr. Safer said. "We just don't have such sophisticated understanding of many medical processes, not even about sex."

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How to define identity

Researchers say gender identity comes from the brain, not the body. Some put it more bluntly: It originates between your ears, not between your legs. But the forces that acted on the brain to shape that identity are not understood, and physical or chemical differences in the brain that might relate to gender have not been well defined.

No one knows for sure why body and mind sometimes do not match. But being transgender is not a matter of choice, Dr. Safer said. It is not a fad or a whim. For transgender people, it is generally an overwhelming sense that their gender is not the one on their birth certificate. And gender is not about whom they're attracted to — it's about who they are.

Distress over the mind-body mismatch can become especially intense around puberty, and the risk of suicide shoots up for young people in this situation. Mainstream medicine has begun to recognize how serious an issue it is: Last month, the American Academy of Pediatrics issued its first-ever policy statement regarding care for transgender children and adolescents, and those who are "gender-diverse," or non-binary, meaning they are neither clearly male or female.

The pediatric statement urged a "gender-affirming approach," which translates as respecting and supporting children, even young ones, in "their self-expressed identity." The society also noted that transgender young people "have high rates of depression, anxiety, eating disorders, substance use, self-harm and suicide."

Last year, the Endocrine Society — the professional group for experts in the glands and organs that produce hormones — issued guidelines for treating transgender people. They said gender identity was biologically based, and urged federal and private insurers to cover medical needs related to it for transgender people.

It's not as simple as X and Y

Apart from transgender issues, other conditions make it clear that defining male and female is not so simple. For instance, there are people with XY chromosomes — which makes them genetically male — who look, act and feel like women because their bodies cannot react to male hormones.

In other cases, some women with a condition that exposed them to high levels of testosterone before birth identify as male — but many more with the same condition do not.

Some of the most compelling evidence for the idea of gender identity being hard-wired into the brain comes from medical reports on people who were born in the 1950s and 1960s with birth defects involving their genitals. Doctors thought the humane solution, to spare such children from being ostracized, was to perform surgery to make them one sex or the other.

Since it is easier for surgeons to make a vagina than a penis, most of these babies were made female. Their parents were advised to raise them as girls and never to tell them about their condition at birth. The general belief was that their upbringing — a triumph of nurture over nature — would make them truly female.

The idea was a failure. As they matured, many had a clear sense that they were male. According to a study of 16 of them, more than half wound up identifying as male.

"Considering the fact that you can brainwash some people about just about anything, failing with so many is catastrophic," Dr. Safer said in an email.

Of all the information on gender identity, he said that to medical experts, the studies on those cases provide the strongest evidence that gender identity has deep biological roots.

Exhibit 12

The New Hork Times https://www.nytimes.com/2018/10/21/us/politics/transgender-trump-administration-sex-definition.html

'Transgender' Could Be Defined Out of Existence Under Trump Administration

By Erica L. Green. Katie Benner and Robert Pear

Oct. 21, 2018

WASHINGTON — The Trump administration is considering narrowly defining gender as a biological, immutable condition determined by genitalia at birth, the most drastic move yet in a governmentwide effort to roll back recognition and protections of transgender people under federal civil rights law.

A series of decisions by the Obama administration loosened the legal concept of gender in federal programs, including in education and health care, recognizing gender largely as an individual's choice and not determined by the sex assigned at birth. The policy prompted fights over bathrooms, dormitories, single-sex programs and other arenas where gender was once seen as a simple concept. Conservatives, especially evangelical Christians, were incensed.

Now the Department of Health and Human Services is spearheading an effort to establish a legal definition of sex under Title IX, the federal civil rights law that bans gender discrimination in education programs that receive government financial assistance, according to a memo obtained by The New York Times.

The department argued in its memo that key government agencies needed to adopt an explicit and uniform definition of gender as determined "on a biological basis that is clear, grounded in science, objective and administrable." The agency's proposed definition would define sex as either male or female, unchangeable, and determined by the genitals that a person is born with, according to a draft reviewed by The Times. Any dispute about one's sex would have to be clarified using genetic testing.

"Sex means a person's status as male or female based on immutable biological traits identifiable by or before birth," the department proposed in the memo, which was drafted and has been circulating since last spring. "The sex listed on a person's birth certificate, as originally issued, shall constitute definitive proof of a person's sex unless rebutted by reliable genetic evidence."

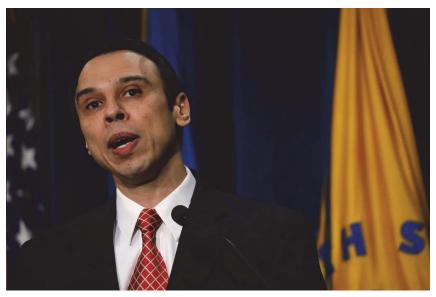
The new definition would essentially eradicate federal recognition of the estimated 1.4 million Americans who have opted to recognize themselves — surgically or otherwise — as a gender other than the one they were born into.

"This takes a position that what the medical community understands about their patients — what people understand about themselves — is irrelevant because the government disagrees," said Catherine E. Lhamon, who led the Education Department's Office for Civil Rights in the Obama administration and helped write transgender guidance that is being undone.

The move would be the most significant of a series of maneuvers, large and small, to exclude the population from civil rights protections and roll back the Obama administration's more fluid recognition of gender identity. The Trump administration has sought to bar transgender people from serving in the military and has legally challenged civil rights protections for the group embedded in the nation's health care law.

Several agencies have withdrawn Obama-era policies that recognized gender identity in schools, prisons and homeless shelters. The administration even tried to remove questions about gender identity from a 2020 census survey and a national survey of elderly citizens.

For the last year, the Department of Health and Human Services has privately argued that the term "sex" was never meant to include gender identity or even homosexuality, and that the lack of clarity allowed the Obama administration to wrongfully extend civil rights protections to people who should not have them.



Roger Severino, now at the Department of Health and Human Services, was among the conservatives who blanched at the Obama administration's expansion of sex to include gender identity. Aaron P. Bernstein/Getty Images

Roger Severino, the director of the Office for Civil Rights at the department, declined to answer detailed questions about the memo or his role in interagency discussions about how to revise the definition of sex under Title IX.

But officials at the department confirmed that their push to limit the definition of sex for the purpose of federal civil rights laws resulted from their own reading of the laws and from a court decision.

Mr. Severino, while serving as the head of the DeVos Center for Religion and Civil Society at the Heritage Foundation, was among the conservatives who blanched at the Obama administration's expansion of sex to include gender identity, which he called "radical gender ideology."

In one commentary piece, he called the policies a "culmination of a series of unilateral, and frequently lawless, administration attempts to impose a new definition of what it means to be a man or a woman on the entire nation."

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"Transgender people are frightened," said Sarah Warbelow, the legal director of the Human Rights Campaign, which presses for the rights of lesbian, gay, bisexual and transgender people. "At every step where the administration has had the choice, they've opted to turn their back on transgender people." After this article was published online, transgender people took to social media to post photographs of themselves with the hashtag #WontBeErased.

[Read more about the L.G.B.T. community's reaction to the proposal.]

2 of 4

The Department of Health and Human Services has called on the "Big Four" agencies that enforce some part of Title IX — the Departments of Education, Justice, Health and Human Services, and Labor — to adopt its definition in regulations that will establish uniformity in the government and increase the likelihood that courts will accept it.

The definition is integral to two proposed rules currently under review at the White House: One from the Education Department deals with complaints of sex discrimination at schools and colleges receiving federal financial assistance; the other, from health and human services, deals with health programs and activities that receive federal funds or subsidies. Both regulations are expected to be released this fall, and would then be open for public comment, typically for 60 days. The agencies would consider the comments before issuing final rules with the force of law — both of which could include the new gender definition.

Civil rights groups have been meeting with federal officials in recent weeks to argue against the proposed definition, which has

divided career and political appointees across the administration. Some officials hope that health and human services will at least rein in the most extreme parts, such as the call for genetic testing to determine sex.

After more than a year of discussions, health and human services is preparing to formally present the new definition to the Justice Department before the end of the year, Trump administration officials say. If the Justice Department decides that the change is legal, the new definition can be approved and enforced in Title IX statutes, and across government agencies.

The Justice Department declined to comment on the draft health and human services proposal. The Justice Department has not yet been asked to render a formal legal opinion, according to an official there who was not authorized to speak about the process.

But Attorney General Jeff Sessions's previous decisions on transgender protections have given civil rights advocates little hope that the department will prevent the new definition from being enforced. The proposal appears consistent with the position he took in an October 2017 memo sent to agencies clarifying that the civil rights law that prohibits job discrimination does not cover "gender identity, per se."

Harper Jean Tobin, the policy director of the National Center for Transgender Equality, an advocacy group, called the maneuvering "an extremely aggressive legal position that is inconsistent with dozens of federal court decisions."



A transgender flag outside a bar in Brooklyn. The agency's proposed definition would define sex as either male or female, unchangeable, and determined by the genitals that a person is born with. Annie Tritt for The New York Times

[Two weeks before the midterms, transgender people say they feel like 'pawns.']

Health and human services officials said they were only abiding by court orders, referring to the rulings of Judge Reed O'Connor of the Federal District Court in Fort Worth, Tex., a George W. Bush appointee who has held that "Congress did not understand 'sex' to include 'gender identity."

A 2016 ruling by Judge O'Connor concerned a rule that was adopted to carry out a civil rights statute embedded in the Affordable Care Act. The provision prohibits discrimination based on race, color, national origin, sex, age or disability in "any health program or activity" that receives federal financial assistance.

But in recent discussions with the administration, civil rights groups, including Lambda Legal, have pointed to other court cases. In a legal memo presented to the administration, a coalition of civil rights groups wrote, "The overwhelming majority of courts to address the question since the most relevant Supreme Court precedent in 1998 have held that antitransgender bias constitutes sex discrimination under federal laws like Title IX."

Indeed, the health and human services proposal was prompted, in part, by pro-transgender court decisions in the last year that upheld the Obama administration's position.

In their memo, health and human services officials wrote that "courts and plaintiffs are racing to get decisions" ahead of any

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'Transgender' Could Be Defined Out of Existence Under Trump Adm... https://www.nytimes.com/2018/10/21/us/politics/transgender-trump...

rule-making, because of the lack of a stand-alone definition.

"Courts and the previous administration took advantage of this circumstance to include gender identity and sexual orientation in a multitude of agencies, and under a multitude of laws," the memo states. Doing so "led to confusion and negative policy consequences in health care, education and other federal contexts."

The narrower definition would be acutely felt in schools and their most visible battlegrounds: locker rooms and bathrooms.

One of the Trump administration's first decisive policy acts was the rescission by the Education and Justice Departments of Obama-era guidelines that protected transgender students who wanted to use bathrooms that correspond to their gender identity.

Since the guidance was rescinded, the Education Department's Office for Civil Rights has halted and dismissed discrimination cases filed by transgender students over access to school facilities. A restrictive governmentwide definition would cement the Education Department's current approach.

But it would also raise new questions.

The department would have to decide what documentation schools would be required to collect to determine or codify gender. Title IX applies to a number of educational experiences, like sports and single-sex classes or programs where gender identity has come into play. The department has said it will continue to open cases where transgender students face discrimination, bullying and harassment, and investigate gender-based harassment as "unwelcome conduct based on a student's sex" or "harassing conduct based on a student's failure to conform to sex stereotypes."

The Education Department did not respond to an inquiry about the health and human services proposal.

Ms. Lhamon of the Obama Education Department said the proposed definition "quite simply negates the humanity of people."

Exhibit 13

THIS WEEK

EDITORIALS

PARALYSIS Spinal-cord treatment can restore leg function **p.6**

WORLD VIEW The practical problems of the need for visas **p.7**



Anatomy does not define gender

Proposals in the United States to classify people on the basis of anatomy or genetics have no scientific basis and should be scrapped.

A ccording to a draft memo leaked to *The New York Times*, the US Department of Health and Human Services (HHS) proposes to establish a legal definition of whether someone is male or female based solely and immutably on the genitals they are born with. Genetic testing, it says, could be used to resolve any ambiguity about external appearance. The move would make it easier for institutions receiving federal funds, such as universities and health programmes, to discriminate against people on the basis of their gender identity.

The memo claims that processes for deciding the sex on a birth certificate will be "clear, grounded in science, objective and administrable".

The proposal — on which HHS officials have refused to comment — is a terrible idea that should be killed off. It has no foundation in science and would undo decades of progress on understanding sex — a classification based on internal and external bodily characteristics — and gender, a social construct related to biological differences but also rooted in culture, societal norms and individual behaviour. Worse, it would undermine efforts to reduce discrimination against transgender people and those who do not fall into the binary categories of male or female.

Furthermore, biology is not as straightforward as the proposal suggests. By some estimates, as many as one in 100 people have differences or disorders of sex development, such as hormonal conditions, genetic changes or anatomical ambiguities, some of which mean that their genitalia cannot clearly be classified as male or female. For most of the twentieth century, doctors would often surgically alter an infant's ambiguous genitals to match whichever sex was easier, and expect the child to adapt. Frequently, they were wrong. A 2004 study tracked 14 genetically male children given female genitalia; 8 ended up identifying as male, and the surgical intervention caused them great distress (W. G. Reiner and J. P. Gearhart N. Engl. J. Med. 350, 333–341; 2004).

Even more scientifically complex is a mismatch between gender and the sex on a person's birth certificate. Some evidence suggests that transgender identity has genetic or hormonal roots, but its exact biological correlates are unclear. Whatever the cause, organizations such as the American Academy of Pediatrics advise physicians to treat people according to their preferred gender, regardless of appearance or genetics.

The research and medical community now sees sex as more complex than male and female, and gender as a spectrum that includes transgender people and those who identify as neither male nor female. The US administration's proposal would ignore that expert consensus.

The idea that science can make definitive conclusions about a person's sex or gender is fundamentally flawed. Just ask sports organizations such as the International Olympic Committee (IOC), which have struggled with this for decades. In the 1960s, concerned that men would compete in women's events, officials tried classifying athletes through genital exams — an intrusive and humiliating process. DNA tests that check for the presence of a Y chromosome did not prove reliable, either: people with XY chromosomes can have female characteristics owing to conditions including an inability to respond to testosterone.

Nowadays, the IOC classifies athletes by measuring their Filed 01/31/22 Page 2 of 2 Page D#: 532

testosterone levels, but this, too, is flawed. Certain medical conditions can raise women's testosterone levels to the typical male range, and the tests leave them unable to compete among women.

If the Trump administration does attempt to impose genetic testing, it will have many surprises. For instance, genetic recombination can transfer Y chromosome genes to X chromosomes, resulting in people with XX chromosomes who have male characteristics.

"Attempts to pigeonhole people have nothing to do with science and everything to do with stripping away rights." Political attempts to pigeonhole people have nothing to do with science and everything to do with stripping away rights and recognition from those whose identity does not correspond with outdated ideas of sex and gender. It is an easy way for the Trump administration to rally its supporters, many of whom oppose equality for people from sexual and gender minorities. It is unsurprising that it appeared just weeks before the midterm elections.

This is not the first time that the administration has attacked legal protections for transgender and non-binary people. Last year, Trump declared that transgender people would no longer be allowed to serve in the US military, and rescinded guidelines suggesting that schools should let pupils use the lavatory of their choice. An October 2017 memo from the US Department of Justice stated that laws prohibiting employment discrimination should not apply to gender identity.

Instituting a policy with a narrow definition of sex or gender and no basis in science would be a major step backwards for the United States in gender-identity issues. Sadly, the move is only the latest in a series of proposals that misuse and ignore science and harm marginalized groups as part of a quest to score cheap political points.

False promises

Brazil's new president is a threat to global science.

decade ago, under the leadership of Luiz Inácio 'Lula' da Silva, Brazil seemed like a tropical juggernaut that could play a leading part in the fight against climate change. The economy was booming, helping Lula's government to lift millions out of poverty. Beer and soya-bean production was steadily increasing, even as deforestation — one of Brazil's largest sources of carbon emissions — in the Amazon plummeted. Today, Lula is in jail on corruption charges, the economy is a shambles, violence is on the increase and deforestation is back on the rise. And now Brazil has elected as president Jair Bolsonaro, a right, wing demagaque with an anti-environmental arenda.

Exhibit 14

The New Hork Times https://www.nytimes.com/2018/10/22/us/transgender-reaction-rally.html

At Rallies and Online, Transgender People Say They #WontBeErased

By Sarah Mervosh and Christine Hauser

Oct. 22, 2018

L.G.B.T. activists mobilized a fast and fierce campaign that included a protest outside the White House on Monday to say transgender people cannot be expunged from society, in response to an unreleased Trump administration memo that proposes a strict definition of gender based on a person's genitalia at birth.

The existence of the draft memo, the administration's latest effort to roll back the recognition and protection of transgender people under federal civil rights law, was reported by The New York Times on Sunday morning.

Within hours, the hashtag #WontBeErased circulated on social media. By Sunday evening, a rally for transgender rights took place in New York; another took place on Monday in Washington.

With the White House as their backdrop, speakers repeated the phrase "We will not be erased," which has become a rallying cry against the proposal. The 45-minute rally, attended by what appeared to be at least several hundred people, repeatedly referred to the coming midterm elections and encouraged people to vote.

Masen Davis, the chief executive of Freedom for All Americans, a bipartisan group that works for nondiscrimination protections for L.G.B.T. people, told the crowd the memo seemed to be an attempt to "score political points in an election."

"This is not a red or blue issue; this is a human issue," he said, to cheers and applause.

Jay Brown, a deputy director of the Human Rights Campaign, said there were 10 million L.G.B.T.Q. voters and "millions" more who were allies.

"We have just three words for you: November is coming," he said.

The Department of Health and Human Services is spearheading an effort to establish a legal definition of sex under Title IX, the federal law that bans gender discrimination in education programs that receive government funding, according to the memo obtained by The Times. The new definition would define sex as either male or female, unchangeable and determined by the genitalia a person is born with. Any dispute about one's sex would have to be clarified using genetic testing.

Roger Severino, the director of the Office for Civil Rights at the department, declined to answer detailed questions about the memo.

The new definition would essentially eradicate federal recognition of the estimated 1.4 million Americans who identify as a gender other than the one they were assigned at birth.

"You saw such a massive response because this attack on the trans community is essentially trying to erase the trans community from the face of this country, and we're not going to stand for that," said Sarah Kate Ellis, the president and chief executive of Glaad, a media advocacy group for L.G.B.T. people.

Mara Keisling, executive director of the National Center for Transgender Equality, said, "This is a really intrusive policy that doesn't make any sense scientifically."

Ms. Keisling said she and her staff woke up on Sunday to the news of the memo and quickly planned a response. The hashtag #WontBeErased felt appropriate to them, "What this feels like to transgender people is trying to make us invisible, trying to say that we don't exist, trying to say that we are nothing," she said.

The American public is divided over whether it is possible for someone's gender to differ from the sex that that person was assigned at birth, according to a Pew Research Center survey published last year, amid debates over which public bathrooms transgender people should use.



People gathered at Washington Square Park in Manhattan on Sunday at a rally to endorse transgender rights.

Yana Paskova/Getty Images

It said the divide was evident along political lines, with eight in 10 Republicans and Republican-leaning independents saying that whether someone is a man or a woman is determined by the sex that that person was assigned at birth. About 64 percent of Democrats or those who hold their views say a person's gender can be different from the sex the person was assigned at birth.

The debate has burst to the forefront of cultural debates in individual states over which public bathrooms transgender people can use. In North Carolina last year, Gov. Roy Cooper, a Democrat, and transgender rights advocates hammered out a settlement that would allow transgender people to use public restrooms that match their gender identity, repealing a law that had restricted access.

On Monday, the conservative NC Values Coalition, which had opposed the North Carolina bathroom settlement as "a massive power grab," said the Trump administration was "clarifying what it means to be a man or a woman — it's an immutable condition determined at birth by genitalia and biology."

Tami Fitzgerald, executive director of the coalition, said such a position was "critical in this confused world to define these terms as Congress intended them when federal programs such as Title IX were passed."

The #WontBeErased hashtag took off on social media, as people posted photos of themselves or family members to show the faces of transgender people — who, they noted, would continue to exist regardless of the government's definition of gender.

Chelsea Manning, a transgender advocate who on Saturday tweeted a photograph of herself recovering from surgery, also responded on Twitter, saying "laws don't determine our existence — *we* determine our existence."

The rally outside the White House on Monday followed one on Sunday evening in which, supporters said, a few hundred people gathered at Washington Square Park in Manhattan to endorse transgender rights.

The policy that was proposed in the memo would be among the most significant efforts to reverse the Obama administration's more fluid recognition of gender identity. The Trump administration has sought to bar transgender people from serving in the military and has legally challenged their civil rights protections embedded in the Affordable Care Act.

Experts said the policy would apply to issues of sex discrimination, such as students who are denied access to the school bathroom that aligns with their gender identity or a transgender woman who is refused a female room assignment at a hospital.

Under the proposed policy, such discrimination would not be protected in the view of the federal government, said Omar Gonzalez-Pagan, a senior attorney with Lambda Legal, which works for L.G.B.T. rights and helped organize Sunday's rally.

But in practice, he said, transgender people would still have legal protection because the courts have ruled that they are

 $At\ Rallies\ and\ Online, Transgender\ People\ Say\ They\ \#WontBeErased...\ https://www.nytimes.com/2018/10/22/us/transgender-reaction-rally.html$

covered under the umbrella of sex discrimination.

"It just means the struggle will be that much harder," he said, adding that the government may decide not to tell institutions how to follow the law and may not enforce the law when discrimination occurs.

At Monday's rally, Ian Thompson, a legislative representative of the American Civil Liberties Union, said the "hateful" policy was an attempt to write the existence of transgender people out of federal law.

"It cannot and will not go unchallenged," he said. "Not on our watch."

Exhibit 15

Home Read statement Sign as scientist For press

Transgender, intersex, and gender nonconforming people #WontBeErased by pseudoscience

2018/10/26

Signed, 2617 scientists

As scientists, we are compelled to write to you, our elected representatives, about the current administration's proposal to legally define gender as a binary condition determined at birth, based on genitalia, and with plans to clarify disputes using "genetic testing". This proposal is fundamentally inconsistent not only with science, but also with ethical practices, human rights, and basic dignity.

The proposal is in no way "grounded in science" as the administration claims. The relationship between sex chromosomes, genitalia, and gender identity is complex, and not fully understood. There are no genetic tests that can unambiguously determine gender, or even sex. Furthermore, even if such tests existed, it would be unconscionable to use the pretext of science to enact policies that overrule the lived experience of people's own gender identities.

The proposed policy seeks to erase the identities of millions of Americans who identify as transgender (individuals whose gender identification differs from their assigned sex at birth) or have intersex bodies (individuals with biologically atypical patterns of male and female traits). In transgender individuals, the existence and validity of a distinct gender identity is supported by a number of neuroanatomical studies.³ Though scientists are just beginning to understand the

biological basis of gender identity, it is clear that many factors, known and unknown, mediate the complex links between identity, genes, and anatomy.⁴

In intersex people, their genitalia, as well as their various secondary sexual characteristics, can differ from what clinicians would predict from their sex chromosomes. In fact, some people will live their entire lives without ever knowing that they are intersex. The proposed policy will force many intersex people to be legally classified in ways that erase their intersex status and identity, as well as lead to more medically unnecessary and risky surgeries at birth. Such non-consensual gender assignment and surgeries result in increased health risks in adulthood and violate intersex people's right to self-determination.

Millions of Americans identify as transgender or gender non-conforming, or have intersex bodies, and are at increased risk of physical and mental health disorders resulting from discrimination, fear for personal safety, and family and societal rejection. Multiple standards of health care for transgender and intersex people emphasize that recognizing an individual's self-identified gender, not their external genitalia or chromosomes, is the best practice for providing evidence-based, effective, and lifesaving care. ^{8, 9} Our best available evidence shows that affirmation of gender identity is paramount to the survival, health, and livelihood of transgender and intersex people. ¹⁰

Given its scientific and ethical failings, we call upon the administration to withdraw this proposed policy. We also ask our elected representatives to oppose its implementation, as it would cause grave harm to transgender and intersex Americans and weaken the constitutional rights of all Americans. Transgender and intersex people deserve equal access to the rights, livelihoods, liberties, and dignity to which we are all entitled on the basis of our shared humanity.

▶ View References

Signed,

Biologists, Geneticists, Psychologists, Anthropologists, Physicians, Neuroscientists, Social Scientists, Biochemists, Mental Health Service Providers, and other scientists in Solidarity

Sign this statement! Signatories will be checked by volunteers and updated a few times a day.

Signatories displayed in randomized order. Institutional affiliation for identification only, and does not imply organizational endorsement.

If you have any issues with your signature, please contact sign [at] not-binary [dot] org

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Exhibit 16

Predictions of trans bathroom harassment unfounded

D.C., Md., Del. police say no problems after enacting anti-bias laws

Published 6 years ago on March 31, 2016 By **Lou Chibbaro Jr.**



The North Carolina Legislature created an uproar among LGBT rights advocates and prominent business leaders in March when it passed a controversial law prohibiting local jurisdictions in the state

from enacting



'I'm not aware of any police-related cases — none,' said D.C. Police Chief **Cathy Lanier** when asked about predictions of harassment in restrooms following enactment of anti-bias laws. (Washington Blade file photo by Michael Key)

non-discrimination measures protecting LGBT people.

Many supporters of the law said it was necessary because measures protecting transgender people from discrimination would allow men to use women's bathrooms and subject women to potential harassment and sexual assaults.

This week Police Chief Cathy Lanier of D.C. and law enforcement officials in Maryland – both of which have laws banning discrimination against transgender people – said they could not identify a single case in which a transgender person has been charged with assaulting or harassing women in a public bathroom.

"I'm not aware of any police-related cases — none," said Lanier when asked by the Washington Blade if D.C. police have been called to public bathrooms because of threats against women by a transgender person.

Assistant D.C. Police Chief Peter Newsham, who was with Lanier when she commented on the issue at a police news conference on Tuesday, said he too was unaware of that type of bathroom-related issue.

"If something like that would have occurred in all likelihood I would have been notified," he said. "But I have not heard of anything like that. So that's not clearly an issue in the District."

In Maryland, police or law enforcement spokespersons for the state's three largest population centers — Baltimore City, Montgomery County and Prince George's County — each said they also were unaware of instances of transgender harassment or assaults on women in public bathrooms.

Like D.C., which passed a transgender non-discrimination law in 2006, Maryland passed such a law in 2014. Montgomery County passed its own transgender non-discrimination law in 2008.

Det. Nicole Monroe, a public information officer with the Baltimore Police Department, said no reports of transgender harassment or other problems in public bathrooms have come to her attention since Maryland adopted its trans non-discrimination law.

"Where is this coming from?" she asked. "Just because you're transitioning doesn't make you a rapist. You go in your stall and you do your thing," she said. "It's the most ridiculous thing I've ever heard."

Added Monroe, who is a 22-year veteran on the Baltimore police force: "I mean you have to worry wherever you go now. But not from somebody using the bathroom that's transitioning. That has nothing to do with your safety. I'm more concerned in going to the bathroom about somebody reaching under and trying to snatch my purse."

Montgomery County police spokesperson Rick Goodale said he would arrange for a search of various police records to confirm whether or not transgender-related offenses have taken place in women's bathrooms.

"Just off hand, I don't know of any specific incidents in recent memory that we've had on complaints like that," he said. "We have duty commanders that work after hours and they file reports every night about incidents that happen in the county. And I don't remember any reports about anything like that."

Ramon Korionoff, public affairs director for the Montgomery County State's Attorney's Office, which is in charge of prosecuting criminal cases, said he checked with people in his office that would be familiar with bathroom-related offenses.

"The people who would have some historical knowledge cannot remember anything of the sort," he said.

Officer Tyler Hunter, a Prince George's County police spokesperson, said he also checked with department officials and no cases of public bathroom related problems involving transgender people could be found.

In Delaware, which passed a transgender non-discrimination bill in 2013, the LGBT-friendly beach resort town of Rehoboth Beach has not had any issue or problem related to public bathrooms and transgender people, according to Rehoboth Police Chief Keith Banks.

"We've had no concerns on this and no complaints have been made, and we have observed none," Banks told the Blade on Wednesday. "We're a diverse community and we've just had no issue, no encounters of that nature," he said.

Spokespersons for the police departments in San Francisco and Los Angeles said they weren't aware of trans-related bathroom problems but they would need to check police records to provide a definitive answer on the matter. California's statewide Unruh Civil Rights Act bans discrimination against trans people as well as gays and lesbians.

In New York City, an NYPD spokesperson said he too was unaware of transgender-related problems in public bathrooms but would have to also arrange for a check of police records to confirm whether or not such problems have occurred.

Exhibit 17



POLICY BRIEF

State anti-transgender bathroom bills threaten transgender people's health and participation in public life

Timothy Wang, Danielle Solomon, Laura E. Durso, Sarah McBride, and Sean Cahill

executive summary

Over the last several years, our country has experienced unprecedented progress for transgender Americans. With such progress, however, has come a targeted backlash from some legislators and activists. More and more state and local legislatures across the country are considering controversial bills that would restrict access of gendered public facilities, such as restrooms and locker rooms, based on sex assigned at birth rather than on gender identity. These bills are primarily meant to prevent transgender people from accessing facilities consistent with their gender identity.

This new wave of anti-transgender legislation follows a historical precedent of using legislation to preempt or invalidate laws or ordinances that provide equal rights and protection from discrimination to gay, lesbian, bisexual, and transgender people. Most recently, this was seen when conservative voters used a referendum to repeal Houston's Equal Rights Ordinance, which would have provided protection against discrimination on the basis of gender identity in public accommodations. Though the Houston ordinance provided protections for 15 classes of people across multiple areas of life, opponents branded it as a "bathroom bill" and played on the general population's lack of knowledge about transgender people to evoke fear and anxiety.

In Houston and in other states and localities where anti-transgender bathroom bills have emerged, opponents of equality argue that allowing transgender people to use public bathrooms that align with their gender identity would increase the risk of sexual harassment and voyeurism, especially in the case of a transgender woman using female facilities. However, research has shown that there is no evidence to back this assertion. Instead of increasing public safety, these bathroom bills may potentially increase hostility towards transgender and gender nonconforming people and further marginalize other people outside of the transgender community, such as intersex people. For example, a survey of transgender people in Washington, DC showed that 70% of respondents reported being harassed, abused, or denied access to public restrooms, and this mistreatment was correlated with negative effects on education, employment and participation in public life. Antitransgender bathroom bills likely also have a detrimental effect on the health and wellbeing of transgender people by increasing stigma and undermining the important principle of equal access. A survey of transgender people in Massachusetts showed that 65% of respondents reported being discriminated against in public accommodations in the last 12 months, and this discrimination was correlated with poorer mental and physical health outcomes. These anti-transgender bathroom bills preempt or ban nondiscrimination laws and ordinances inclusive of gender identity in important areas of public life that are necessary for the safety and wellbeing of transgender people.

introduction

Starting as early as the 1970s, debates and political struggles over sexual orientation nondiscrimination laws have been a part of the public discourse. Twenty five years ago, passage of state and local laws banning discrimination on the basis of sexual orientation evoked efforts to repeal or preemptively ban such legislation.1 Today, state and local laws banning discrimination on the basis of gender identity in public accommodations has evoked a similar response. While the U.S. lacks explicit federal sexual orientation and gender identity nondiscrimination laws, 17 states and the District of Columbia have laws banning discrimination on the basis of sexual orientation and gender identity in employment, housing, and public accommodations. Two additional states, Massachusetts and Utah, have laws banning discrimination on the basis of sexual orientation and gender identity, but do not ban discrimination in public accommodations on the basis of gender identity. Another four states have laws banning discrimination based on sexual orientation, but not gender identity. In addition, more than 200 municipal statutes ban sexual orientation and gender identity discrimination.2

With the recent ruling of the United States Supreme Court to legalize samesex marriage in all states, a new key legal battleground in LGBT equality centers on discrimination against transgender individuals. In particular, transgender people's ability to access gendered facilities within public accommodations has raised vocal objections from opponents of nondiscrimination laws inclusive of gender identity. In 2015, the state legislatures of Texas, Kentucky, Florida, Minnesota and Missouri all considered bills restricting access to gendered bathrooms and locker rooms. These bills were measures aimed at preventing transgender people from entering facilities appropriate to their gender identity, on penalty of criminal prosecution. All of the anti-transgender bathroom bills were proposed as a way of preempting or invalidating state, municipal, or organizational-level decisions regarding access to shared facilities within public accommodations. In Texas, HB 1748 was put forward in response to the Houston Equal Rights Ordinance (HERO), which was amended in 2014 to ban discrimination on the basis of gender identity or expression, among other protected categories.³ While that legislation was never passed, in November 2015, HERO was repealed by popular vote, following concentrated efforts

by anti-transgender organizations that claimed that the ordinance would allow men to harass women and girls in bathrooms. The repeal of HERO in Houston stripped legal protection against discrimination not only on the basis of gender identity, but on 14 other protected classes of people covered under the ordinance, including veterans, pregnant women, and racial and ethnic groups.

In Kentucky, a proposed bill aimed to overturn a decision made by Atherton High School to allow transgender students at the school to choose which facilities to use.⁶ In Minnesota, a bill was put forward

With the recent ruling of the United States Supreme Court to legalize same-sex marriage in all states, a new key legal battleground in LGBT equality centers on discrimination against transgender individuals.



Elvert Barnes, CC BY-SA 2.0

in response to a similar decision regarding use of facilities by transgender students made by the Minnesota State High School League.⁷ In Texas⁸ and Florida,⁹ the bills would prohibit the use of all gendered public facilities by those of the opposite gender, regardless of gender identity. The bills in Kentucky¹⁰ and Minnesota¹¹ focused on public schools, restricting the use of locker rooms, changing rooms and restrooms by people whose sex assigned at birth does not match their current gender identity. In Missouri,¹² the bill was crafted in a slightly different way, preventing the creation of multi-stall, unisex bathrooms.

Although legislation introduced in Kentucky and Florida in 2015 was defeated, and a similar proposal failed to pass in Arizona in 2013, anti-transgender bathroom bills in other states continue to move forward. This may be in response to the growing number of cities, counties, and towns within these states that have enacted nondiscrimination ordinances that include gender identity. Cities and counties in the aforementioned states that have implemented such policies include¹³:

FLORIDA	Atlantic Beach, Alachua County, Broward County, Gainesville, Key West, Lake Worth, Leon County, Miami Beach, Monroe County, Palm Beach County, Pinellas County, Volusia County, West Palm Beach
KENTUCKY	Covington, Danville, Frankfort, Jefferson County, Lexington, Lexington-Fayette County, Louisville, Morehead, Vicco
MINNESOTA	Minneapolis, St. Paul
MISSOURI	Columbia, Clayton, Kansas City, Kirkwood, Olivette, St. Louis County, St. Louis, University City
TEXAS	Austin, Dallas County, Dallas, Fort Worth

The move by anti-LGBT activists and legislators to pass laws preventing transgender people from using bathrooms in accordance with their gender identity is at least the third wave of legislation aimed at overturning municipal nondiscrimination ordinances or preemptively preventing people from accessing a right then being debated in the courts. The first wave involved ballot campaigns to repeal or prevent the passage of sexual orientation

nondiscrimination laws. These ballot campaigns occurred from 1974 until the early 2000s. The second wave involved the anti-same-sex marriage laws passed starting in the mid-1990s, and ballot campaigns to ban state recognition of same-sex marriage put forth by antigay activists from the early 2000s through 2012.14 The third wave is this current set of legislation aimed at undermining or gutting local nondiscrimination ordinances, ranging from overly broad state Religious Freedom Restoration Acts-which could allow businesses to refuse service to LGBT customers on religious grounds—to this new anti-transgender legislation. Opponents of equality cite public safety as their main focus, claiming that ensuring access to shared facilities based on gender identity, rather than biological sex at birth, increases the risk of voyeurism and sexual assault. 15 LGBT advocates and supportive legislators, on the other hand, argue that such measures are unnecessarily stigmatizing and exclusionary, and that they make it very difficult for transgender people to leave their homes to work, go to school, socialize, and otherwise live their lives without significant anxiety about how they will access bathrooms when the need arises.¹⁶ As reviewed below, there is no evidence to suggest that expanding nondiscrimination ordinances to cover gender identity will lead to increased incidents of violence. The denial of equality has significant negative consequences for transgender people.

no links between expanding the rights of transgender people and incidents of harassment

Proponents of the anti-transgender bathroom bills argue that they are common sense policy measures aimed at increasing public safety, and indicate that any inconvenience that the laws would create for a small minority of people is both easily resolved and minimal in comparison to the alleged benefits. In addition, opponents of gender identity nondiscrimination laws claim that they will allow a non-transgender man to dress as a woman in order to go into a women's room to sexually harass women or girls. 17 Despite these assertions, such behavior would not be protected by a gender identity nondiscrimination law, and there are no data showing that allowing transgender people to use sex-segregated facilities, like restrooms, in line with their gender identity will lead to an increase in sexual harassment or abuse of the other people using the facilities. 18 Media Matters conducted interviews with heads of state police departments and civil and human rights organizations from 12 states that have nondiscrimination laws that protect transgender people in public accommodations settings. Not one of the participants indicated any increase in sexual harassment or abuse as a result of passing the nondiscrimination laws. 19 For example, Minnesota amended its Human Rights Act to prohibit discrimination against transgender people in employment, housing, and public accommodations in 1993. Minneapolis police spokesman John Elder told Media Matters in an interview that sexual harassment and assault as a result of the transgender nondiscrimination law have not been "even remotely" a problem.²⁰





Similarly, in Maine, which implemented a gender identity nondiscrimination law in 2005, the executive director of the state's Human Rights Commission said that there was "no factual basis" for the fear surrounding sexual assault.²¹ In a testimony before the Delaware state senate's judiciary committee regarding a gender identity nondiscrimination bill, Delaware Deputy Attorney General Patricia Dailey Lewis said that "to suggest that children are going to be attacked [because of this law] is offensive and exploitative to children and to the parents that seek to protect them."²²

denying transgender people access to public spaces leads to negative outcomes

Supporters of equality have voiced concerns about the enforceability of these anti-transgender bathroom bills and the potential sanctioning of hostility, aggression or abuse towards transgender people. In order to make determinations about accessing facilities, these bills use definitions of sex and gender that rely on either phenotypic appearance or chromosomal genotype. The Minnesota bill denotes sex as "the physical condition of being male or female, which is determined by a person's chromosomes and is identified at birth by a person's anatomy."23 In Texas, HB 1748 states: "A male is an individual with at least one X chromosome and at least one Y chromosome, and a female is an individual with at least one X chromosome and no Y chromosomes."24 In addition, the Texas legislation specifically places responsibility of enforcement on the people maintaining the public facility in question, citing non-compliance as a felony. The definitions of sex and gender within the legislation could require physical or genetic proof of sex from patrons who appear to be gender nonconforming, and could potentially promote abuse of and discrimination against transgender and gender nonconforming people by those who operate public facilities.

A provision of the Kentucky bill, which was specific to educational facilities, suggested that separate accommodations be made available to transgender students, but only those who "...[assert] to school officials that his or her gender is different from his or her biological sex and whose parent or legal guardian provides written consent to school officials."25 Though appearing to be a compromise position, this stipulation requires transgender and gender nonconforming children and teenagers to be willing to disclose their gender identity to their families and for the families to be willing to support them in seeking alternative facilities. Many transgender youth struggle to gain acceptance from their parents and would not be able to get parental consent.26 If the student transitioned prior to attending that school, a requirement for separate facilities could effectively disclose their personal medical history to their fellow students, as well as faculty and staff. Furthermore, subjecting transgender students to such requirements places an undue burden on the student and reinforces stigma. Even without antitransgender bathroom bills in place, a third of LGBT students already report feeling unsafe at school because of their gender identity or expression.27 These negative environments diminish their ability to receive a full and equal educational experience.

Another concern about the consequences of this legislation has been the targeting of other marginalized groups other than transgender people, including lesbian, gay and bisexual people. When questioned, Kentucky Senator C.B. Embry was adamant that the bill "has nothing to do with homosexuality." However, the wording of these bills may actually create some problems for same-sex parents. For example, the Florida bill, despite having a specific exemption for facilities "that are conspicuously designed for... family use," contained no provision for parents who are accompanying children into public restrooms, and therefore would have created significant restrictions for same-sex parents or single parents who have children of the opposite gender.

The wording of this legislation is likely to also negatively affect intersex people. For instance, the designation of gender as determined by specific sets of sex chromosomes effectively ignores the reality of intersex people. Intersex describes a group of conditions where there is a discrepancy between the external genitals and the internal genitals (the testes/ovaries) or sex chromosomes.³⁰ It generally refers to a variety of conditions in which a person has reproductive organs, sexual anatomy, and/or chromosome patterns that do not fit the typical definition of "male" or "female." Under Texas bill HB 1748, those who suffer from androgen insensitivity syndrome, and are therefore phenotypically

female despite possessing a Y chromosome, or those who suffer from de la Chapelle syndrome, and are therefore phenotypically male despite possessing two X chromosomes, could potentially be prevented from using certain facilities.

In addition to concerns regarding enforceability or marginalization of people beyond the transgender community, anti-transgender bathroom bills also pose a significant public health problem for transgender people. While there is no statistical evidence to support the claim that such legislation enhances public safety, there is statistical evidence that shows the wide array of harmful physical and mental health outcomes that affect transgender people as a result of discrimination in public accommodations. While public accommodations include retail and grocery stores, hospitals, hotels, and restaurants, access to bathrooms and sex-segregated facilities within those spaces remain a core component of full and equal access to public accommodations. A 2013 survey of 452 Massachusetts transgender and gender nonconforming adults carried out by the Fenway Institute and the Massachusetts Transgender Political Coalition found that 65% of respondents had experienced discrimination in public accommodations during the previous 12 months.³¹ This discrimination in public accommodations was significantly associated with a wide array of deleterious physical and mental health outcomes for the respondents. For example, 55% of respondents who felt discriminated against in public accommodations based on their gender identity or gender expression reported physical symptoms of stress, such as headache, upset stomach, tensing of muscles, or pounding heart within the past 30 days. In contrast, only 37% of respondents who did not report any discrimination in public accommodations reported the same physical symptoms within the past 30 days. Public accommodations discrimination was also significantly associated with an asthma diagnosis and a gastrointestinal diagnosis.

Anti-transgender bathroom bills also pose a significant public health problem for transgender people.

Public accommodations discrimination was also significantly associated with mental health problems. Overall, 68% or respondents reported experiencing negative emotional symptoms, such as feeling emotionally sad, upset, or frustrated as a result of how they were treated based on their gender identity or gender expression within the past 30 days. Public accommodations discrimination in the past 12 months was also significantly associated with past-week depression. Lastly, discrimination in public accommodations was also significantly associated with several negative health care utilization behaviors, including postponing needed medical care when sick or injured, postponing routine preventive care, and postponing care that resulted in having a medical emergency that required going to the emergency room or urgent care.

Other studies have shown the negative impact that discrimination in public restrooms can have on transgender people's education, employment, and participation in public life. For example, in a survey of transgender and gender nonconforming people living in Washington, DC, 70% of survey respondents reported being harassed, assaulted, or denied access to public restrooms.³² The study went on to identify the impact this sort of discrimination in public restrooms had on the lives and wellbeing of the transgender and gender nonconforming participants. The study found that, of the respondents who went to school in Washington, DC, 10% reported negative consequences such as excessive absence and dropping out because of issues related to bathroom access. Of the respondents who worked in Washington, DC, 27% experienced being verbally harassed or denied access to the restrooms at their place of employment. These problems contributed to poor job performance, excessive absence, and excessive tardiness in some participants, and even caused some to quit or change jobs. Lastly, the study showed that 58% of respondents reported avoiding going out in public because of concerns that they had regarding safety in the public restrooms. Many respondents reported using elaborate strategies if they could not avoid going out in public, such as stopping off at a nearby friend's house to use the bathroom or only going out in public during "off peak" times when traffic is likely to be lower. Being able to use a public bathroom is a fundamental requirement for equal access to opportunities for education, employment, or socialization. Denying access to public spaces, including facilities like bathrooms, has significant negative consequences for transgender and gender non-conforming people.

expanding access: advances in nondiscrimination policies covering gender identity

While the proposed legislation in these states is harmful and discriminatory, other government entities are taking steps to support transgender people and expand access to these important facilities. Recently, the U.S. Occupational Safety and Health Administration released guidance which recommends that employees should be allowed to "determine the most appropriate and safest option for him- or herself".33 Although this guidance only describes best practices and is not legally binding, it reflects a growing trend of rulings and legislation in support of gender identity nondiscrimination. In April 2015, for example, the Equal Employment Opportunity Committee ordered the United States Army to pay damages to a transgender employee who had been prevented from using the female bathrooms.³⁴ Enforced provision of a non-gendered, single-stall facility-something that was cited as a defense in this case and that has been suggested as a compromise by supporters of the bathroom bills-is still regarded as discriminatory by both OSHA and the Equal Employment Opportunity Committee. States that are attempting to create restrictions within an educational setting may also be in contravention of existing legislation. Guidance on the implementation of Title IX of the Education Amendments of 1972³⁵ was released by the United States Department of Education in 2014, specifying that "Title IX's sex discrimination prohibition extends to claims of discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity."36 Also, Section 1557 of the Affordable Care Act references existing federal civil rights statutes as preventing discrimination in health care settings. The new proposed rule issued by the Office for Civil Rights at the U.S. Department of Health and Human Services explicitly prohibits discrimination based on gender identity in the covered health care entities, including private health insurers, state Medicaid programs, and health care facilities that accept federal funding.³⁷

Restrictions on access to public accommodations that target the transgender community would limit the ability of transgender people to function in most public spaces. The inability to use public restrooms would act as a barrier to even the most basic of social interactions, such as the utilization of cinemas and restaurants, and would create yet another obstruction to full

participation in society. The anti-transgender bathroom bills currently under consideration in several states are much more than guidance on the use of individual public facilities. They contribute to the marginalization and stigmatization of a group that already faces significant discrimination, which has been shown repeatedly to negatively affect physical and mental health.³⁸ Policymakers should carefully review any proposed legislation regarding the use of public accommodations, in order to

Being able to use a public bathroom is a fundamental requirement for equal access to opportunities for education, employment, or socialization.





ensure that the health and wellbeing of all the state's citizens is preserved. Instead of passing bills that target and discriminate against transgender people, states should pass laws that protect the rights of all Americans to access public accommodations regardless of their gender identity.

ACKNOWLEDGEMENTS

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Exhibit 18

ennessee moves to the forefront with anti-transgender laws

By JONATHAN MATTISE, KIMBERLEE KRUESI and LINDSAY WHITEHURST May 23, 2021



NASHVILLE, Tenn. (AP) — Conservative lawmakers nationwide introduced a flurry of anti-LGBTQ bills this year, but no state's political leaders have gone further than Tennessee in enacting new laws targeting transgender people.

Lawmakers passed and Republican Gov. Bill Lee signed five new bills into law, consistently dismissing concerns that they discriminate against an already vulnerable population, that some of the laws are unworkable and that they could damage the state's reputation.

Supporters defend the laws policy by policy, arguing that one protects parental rights, others protect girls and women and one even improves equality. Opponents reject those claims.

Colin Goodbred, a 22-year-old transgender student raised in the Nashville suburbs who attends college in New Hampshire, says the bevy of new laws could keep him Case 3:21-cv-00490 Document 37-19 Filed 01/31/22 Page 2 of 5 PageID #: 726

from ever calling Tennessee home again.

"I think that these sorts of bills are part of what is pushing me away from identifying Tennessee as my own state, even though I spent the vast majority of my childhood, I grew up, in Tennessee," said Goodbred, a Dartmouth College senior. "I don't feel like I want to return there. I'm already going to college out of state. I'm wanting to work out of state. And they've made it abundantly clear that they do not want trans people in the state."

Tennessee's emergence as an anti-LGBTQ leader grows out of a rightward political shift in a state Republicans already firmly controlled. Lee's Republican predecessor tapped the brakes on some socially conservative legislation, but emphatic GOP election wins fueled by strong support for former President Donald Trump have emboldened lawmakers since then. That's the political landscape in which Lee is launching his 2022 reelection bid.

Legislatures in 30 other states, most of them Republican-controlled, have considered banning trans youth from sports teams that align with their gender identity. Twenty have weighed bans on gender-confirming medical care for transgender minors. The Human Rights Campaign has called 2021 the worst year for anti-LGBTQ legislation in recent history.

Tennessee this year banned transgender athletes from playing girls public high school or middle school sports. The state is poised to become the first to require government buildings and businesses that are open to the public to post signs if they let trans people use multi-person bathrooms and other facilities associated with their gender identity.

Public schools, meanwhile, will soon risk losing lawsuits if they let transgender students or employees use multi-person bathrooms or locker rooms that do not reflect their sex at birth. Lee also signed legislation to require school districts to alert parents 30 days before students are taught about sexual orientation or gender identity, letting them opt out of the lesson.

"Tennessee is taking the crown for the state of hate," said Sasha Buchert, a Lambda Legal senior attorney.

The governor recently defended the school-bathroom rule. "That bill provides equal access to every student," he said.

Neighboring Arkansas is the only other state to ban gender-confirming care for minors, one of three new anti-transgender laws there. Montana has two new legal restrictions for transgender people. Sports bans have also passed in a handful of other states, including Alabama, Mississippi and West Virginia.

The decadeslong culture war over LGBTQ rights has focused on transgender Americans in recent years and has increasingly been a topic of discussion on conservative-leaning news outlets.

The recent wave of bills has had support from conservative groups including the Heritage Foundation and the Alliance Defending Freedom, with the latter offering model legislation for transgender athletics bills. The push in statehouses follows Democratic President Joe Biden's executive order prohibiting discrimination based on gender identity.

A survey by The Trevor Project showed 94% of LGBTQ youth said recent political debates over the issue had negatively affected their mental health. A separate question found more than half of transgender and nonbinary youth seriously considered attempting suicide in the past year.

The Trevor Project has been contacted by Tennessee youths in crisis 2,400 times over the past year, according to Executive Director Amit Paley.

"Our son asks regularly, 'When can we move, or can you send me to boarding school?'" said Amy Allen, whose 8th grade transgender son is dreading changing from private to public school next fall.

Nashville's mayor warned that the business signage requirement for bathrooms and other facilities could be particularly detrimental for his growing, progressive-leaning city, which is often at odds with social policies coming from the GOP-dominated Capitol downtown.

"This law is part of an anti-LGBT political platform of hate and division," said Mayor John Cooper, a Democrat. "One of the risks for Nashville is that the hostility inherent to these signs can be the equivalent of hanging up another sign: a 'Do not come here' sign. We are an inclusive city, and that won't change."

Some of Tennessee's new laws face practical challenges.

The signage bill's sponsor said people could file lawsuits or district attorneys could ask a judge to force businesses to comply. But Tennessee District Attorneys General Case 3:21-cv-00490 Document 37-19 Filed 01/31/22 Page 4 of 5 PageID #: 728

Conference President Amy Weirich says the bill "doesn't speak to anything having to do with enforcement," so her group remained neutral on the bill.

"The way it's written, I don't see anything that allows or provides me the responsibility or right to go to civil court and ask a judge to enforce it," said Weirich, Shelby County's district attorney.

Regarding the medical treatment ban, advocates say no doctor in Tennessee currently provides youth hormone therapy before puberty.

Supporters of sports-team bans have largely been unable to cite local cases — in Tennessee or nationwide — where trans athletes were seen to have a competitive advantage. They argue that the rules will ensure a level playing field.

The new laws send a bad signal, said Aly Chapman, mother of a transgender son and advocate.

"I don't know how to see it any other way than it's about oppression, control and power and telling people, 'You do not exist,'" she said.

Advocates say the next few years will be critical. Many fear the barrage of legislation may continue.

"The signaling is, 'Hey, look at what we've been able to do. Here's the road map,'" Chapman said. "They're not done."

Whitehurst reported from Salt Lake City, Utah.

Exhibit 19

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

BONGO PRODUCTIONS, LLC, ROBERT BERNSTEIN, SANCTUARY PERFORMING ARTS LLC, and KYE SAYERS, Plaintiffs,) NO. 3:32-cv-00490VS.) JUDGE TRAUGER CARTER LAWRENCE, Tennessee State Fire Marshal, in his official capacity, CHRISTOPHER BAINBRIDGE, Director of Codes Enforcement, in his official capacity, GLENN R. FUNK, District Attorney General for) the 20th Judicial District, in his official capacity, and NEAL $\,$) PINKSTON, District Attorney General) for 11th Judicial District, in his official capacity, Defendants.

WEB CONFERENCE/REMOTE DEPOSITION OF

SHAYNE TAYLOR, M.D.

December 22, 2021



The Ultimate in Professional Reporting...

LYNETTE L. MUELLER, LCR, RDR, CRR, FAPR LCR No. 351

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The web conference/remote deposition of SHAYNE TAYLOR, M.D. is taken on December 22, 2021, on behalf of the Defendants, pursuant to notice and consent of counsel, beginning at approximately 11:00 a.m.

This web conference/remote deposition is taken pursuant to the terms and provisions of the Federal Rules of Civil Procedure.

The right to read and sign was requested.

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1 APPEARANCES 2 **ALL PARTIES APPEARING VIA ZOOM WEB CONFERENCE** 3 FOR THE PLAINTIFFS: 4 MALITA PICASSO, ESQ. 5 American Civil Liberties Union Foundation 125 Broad Street 6 18th Floor New York, NY 10004 7 (212) 549-2633 8 and 9 THOMAS H. CASTELLI, ESQ. American Civil Liberties Union 10 Foundation of Tennessee P.O. Box 120160 Nashville, TN 37212 11 (615) 320-714212 FOR THE DEFENDANTS: 13 ALEXANDER S. RIEGER | SENIOR ASSISTANT 14 ATTORNEY GENERAL Public Interest Division, Office of the 15 Tennessee Attorney General War Memorial Building 16 301 Sixth Avenue North Nashville, TN 37202 17 (615) 741-240818 COURT REPORTER: 19 Lynette L. Mueller, LCR, RDR, CRR, FAPR, MS-CSR, AR-CCR 20 Tennessee LCR No. 351 Mississippi CSR No. 1794 21 Arkansas CCR No. 788 Omega Reporting 22 6465 North Quail Hollow Road Suite 200 23 Memphis, TN 38120 901.827.8671 24 Lynette@OmegaReporting.com 25

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SHAYNE TAYLOR, M.D.,

having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MR. RIEGER:

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Q. Hi, Dr. Taylor. Thanks for -- thanks for sitting down with us to have this deposition right before the holidays. We do appreciate it.

My name is Alex Rieger, and I am with the Attorney General's office. And I am lead counsel for the Defendants in this case.

For the record, could I get you to introduce yourself and spell your last name for the record.

- A. Sure. My name is Dr. Shayne Taylor. My last name is Taylor. T, as in Tom, A-Y-L-O-R.
- Q. All right. Well, thank you.

So in order to ensure that the deposition goes as smoothly as possible, I like to start with some rules of the road. So I know, from your preliminary statement in your expert report, that you have given a deposition before; is that correct?

- A. Just one. Yes.
- Q. Okay. And what was the -- what was your role in that case? Were you an expert witness in that case?

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A. I was.

Q. Okay. So a lot of this is going to be repetitious, but I do have to go over it. So I'll try to be as quick as I can, and just make sure we get it on the record.

So, first off, the first rule is that, you know, we're here with the court reporter; and we need to make her job as easy as possible by not talking over one another. If I cut you off, you just let me know.

I'll certainly apologize and let you finish your answer. Similarly, try to let me finish my question before you start to answer. And as long as we stay out of each other's cross-talk, we'll make it a little bit easier for the court reporter.

Is that all right with you?

- A. That's fine.
- Q. Okay. When you answer my questions, if you could do so with a clear, verbal response. Nodding or shaking your head can't get picked up by the court reporter. It's impossible for the court reporter to capture. So if you could limit your answers to clear, verbal responses, that would be fantastic.

Is that all right with you?

- 24 A. That's all right.
- 25 Q. Okay. If you don't understand a question that

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I ask -- and it will happen. Over the course of a deposition, it's going to happen at least a couple of times. But if you don't understand a question I ask you, just let me know and I'll attempt to rephrase. But if you do answer it, I'll assume that you understood and answered the question.

Is that okay?

A. Yes. That makes sense.

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- 9 Okay. If you need to take a break at any Ο. 10 point for lunch or bathroom or coffee, just let me This is not an endurance sport. If you need to 11 12 take a break, all you have to do is say you need a break and, then, I may at that time discuss with 13 14 counsel if I can finish my line of questioning if I'm 15 close or whether or not it's okay to just take a break 16 right then. But if you do need to take a break, please let me know. 17
- 18 Is that all right with you?
- 19 A. Yes. That's fine.
- 20 Q. Okay. So I do have to ask a couple of questions to ensure the validity of the deposition.
 - Have you had any alcohol or any other substance within the last 24 hours that would prevent you from giving accurate and truthful answers to the questions I'm about to ask?

- A. I have not.
- Q. Okay. Is there any reason at all that you'd
- 3 be impaired today to give testimony -- for instance,
- 4 illness, anything like that -- that would stop you
- 5 from -- prevent you from giving honest or truthful
- 6 answers --

- 7 A. No.
- 8 Q. -- to my questions?
- 9 A. I am able to give honest and truthful answers.
- 10 Q. Excellent. Is there any other reason at all
- 11 | that you couldn't give full, accurate, and truthful
- 12 testimony today?
- 13 A. No.
- 14 Q. Okay. Thank you.
- And if I could also start with -- what did
- 16 you review in preparation for today's deposition?
- 17 A. I reviewed my report that I wrote, some of the
- 18 citations on my bibliography. I reviewed my CV. And I
- 19 was given some additional documents sent by Malita,
- 20 only about 20 or 30 minutes ago; and I was able to
- 21 review those in a little bit of detail that the State
- 22 has provided.
- 23 Q. Okay.
- 24 MR. RIEGER: If I could draw your attention to
- 25 and have the court reporter mark as Exhibit 1 to the

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deposition the "Exhibit B to Taylor Expert Report
1
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    Bibliography."
 3
              THE WITNESS: Uh-huh.
             MR. RIEGER: If I could have that marked as
 4
5
    Exhibit 1.
6
                (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
7
    1 TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
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    HERETO.)
9
             (BY MR. RIEGER) Dr. Taylor, do you have that
    Q.
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    document in front of you?
11
             The bibliography?
    Α.
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    0.
             Yes.
             Yes, I do.
13
    Α.
14
    0.
             Excellent. Could you tell me which of these
15
    items you reviewed in preparation for today's
16
    deposition.
              Specifically, I reviewed item No. 1, the
17
    diagnosis of gender dysphoria in the DSM.
18
    reviewed -- a couple days ago, I reviewed item No. 4.
19
20
    I frequently review item No. 5, which is the "Standards
21
    of Care" by the World Professional Association of
    Transgender Health.
22
23
                  I reviewed -- hold on a second.
24
                  I reviewed -- and then towards the end of
25
    the document, I reviewed items No. 30, 31, 32, 33, and
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- 1 34.
- Q. Okay. Are those all of the documents on your
- 3 bibliography that you reviewed?
- 4 A. As of within the last, you know, 12 hours,
- 5 yes.
- 6 Q. Okay. Excellent. Thank you.
- 7 Did you -- now, without discussing anything
- 8 dealing with your -- any communications with counsel,
- 9 did you discuss today's deposition -- did you speak
- 10 with anyone in preparation for today's depo?
- 11 A. No, I have not.
- 12 Q. Okay. All right.
- 13 MR. RIEGER: If I could turn your attention to
- 14 and have the court reporter mark as Exhibit No. 2 your
- 15 CV, which the PDF name is "Exhibit A to Taylor Expert
- 16 Report CV Sept2021."
- 17 THE WITNESS: Uh-huh.
- 18 (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
- 19 2 TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
- 20 HERETO.)
- $21 \mid Q$. (BY MR. RIEGER) Does this CV fully and
- 22 accurately describe your credentials and educational
- 23 background?
- 24 A. I'm sorry. Yes, it does.
- 25 Q. Not a problem. That's -- you don't have to

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1 worry about that. Cross-talk is going to happen.
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Does anything else need to be added to the CV since this was submitted to us?

A. No.

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- 5 Q. Okay. No additional presentations or articles or research projects?
- 7 A. No.
- 8 Q. Okay. Well, let's start at the -- let's start
 9 at page 1 and -- well, the first page that's not the
 10 Exhibit A page, and let's work our way through it.
- 11 When you started at Connecticut College --
- 12 A. Uh-huh.
- Q. -- did any of that education form the basis of the expert report that you submitted in this case?
- 15 A. No. I mean, I took Biology 101 as a freshman
- 16 in college. So -- but, no. I would say "no."
- 17 Q. Okay. With regard to your time at
- 18 | Emory University, did anything that you picked up
- 19 during your education there form the basis of any of
- 20 the opinions in your expert report?
- 21 A. No.
- 22 Q. Okay. And then with your time at
- 23 Drexel University College of Medicine, did any of that
- 24 education form the basis of any of your opinions in
- 25 your expert report?

- A. I would say "yes." That was the initiation of
 my medical training where I learned quite a bit of
 basic science, which contributed to my opinions for
 this report.
- Q. So other than -- other than -- can you describe what you mean when you say "basic science."
- A. My first two years of medical school, you
 learn a lot of biochemistry and genetics and embryology
 and pharmacology and just basic coursework for a future
 physician. And so I would imagine that the information
 that I learned in those four years of medical school
 have helped my understanding and knowledge that were
 important in creating this report.
 - Q. Did any of your education at Drexel deal specifically with -- anything to do with transgender medicine or psychology?

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- 17 A. A very, very small amount. But, yes, there
 18 was some coursework on it.
- 19 Q. Could you describe that coursework for us.
- 20 A. We maybe had a couple hours' worth of lectures 21 on LGBTQ care and transgender patients.
- Q. Could you -- could you describe in a little
 bit further detail what that care would be, what you
 were taught in those classes or seminars or whatever
 they were.

- A. Yeah. We learned about health disparities facing transgender patients. We learned a little bit about some primary care nuances in caring for those patients. We learned a little bit about the type of care that they seek in relation to either hormone therapy or surgical therapy. And that was probably the extent of what we learned about it in medical school. It was maybe one hour -- one to two hours' worth of lecture.
- Q. Okay. Moving on to your postgraduate training at Vanderbilt University Medical Center. Did any of your training there help to inform your expert opinion in this case?
 - A. Yes, I would say so.

- Okay. Could you describe how -- what the training was and how it relates to your expert opinion.
 - A. I think generally I trained as -- and I'm board-certified as both a pediatrician and an internist; and so I learned a lot of medicine and I learned how to take care of patients. I can't necessarily speak to, you know, one particular lecture or patient that I experienced that helped and formed my decision in creating this report. It's just, you know, an extensive amount of seeing and taking care of patients and learning more medicine allowed me to

- become a much more knowledgeable, well-rounded
 physician.
- Q. Did any of your postgraduate training at
 Vanderbilt University Medical Center deal with
 transgender care or anything concerning that subject
 matter?
- 7 It did. But mostly because that was Α. 8 self-directed for the patients that I chose to take care of during -- during my training. And so I would 9 10 say that my training didn't lend itself that much to I wouldn't say that there was much coursework or 11 12 instruction on it. But due to an interest that I had in it, I sought out additional educational experiences 13 14 within the -- within the Vanderbilt community to learn 15 more about this patient population.
- 16 0. Like what?

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- A. I met with various different clinicians that provide care to transgender patients, both in the children's hospital and the adult hospital. I went to a WPATH conference that was in California. I read a lot of various texts on the subject, and that was during my time as a resident.
 - And I eventually ended up recruiting about 20 -- maybe about 20 patients at the time that identified as transgender, so that I could care for

- 1 them in my own resident practice.
- Q. Can you describe a little bit -- I think you
- 3 referenced a conference in California. Can you -- I'm
- 4 sorry. Was it Colorado or California?
- 5 A. California.
- 6 Q. "California."
- Could you describe that for me a little bit more.
- 9 A. That was already about four to five years ago.
- 10 | It was when I first started developing interest in
- 11 taking care of transgender patients from a career
- 12 aspect. And the World Professional Association for
- 13 | Transgender Health usually had an annual meeting, and I
- 14 attended. It was -- like I mentioned, it was already
- 15 about five years ago; but there was a lot of different
- 16 talks and lectures about how to provide care for these
- 17 patients, about hormone therapy, about -- there were
- 18 different breakout sessions, about, you know, research,
- 19 that was going on in the field. It was a two-to
- 20 three-day conference. I did not present or anything.
- 21 I was merely in attendance.
- 22 Q. Okay. And did anything involving that
- 23 conference, any materials or any lectures, find its way
- 24 into your expert report?
- 25 A. No.

- Q. Okay. So in terms of the basic training
 program at Vanderbilt University Medical Center, would
 it be -- would it be correct for me to say that what
 you just described in the past two questions concerning
 transgender issues, those were things that you took on
 yourself and not necessarily part of the postgraduate
 core training?
 - A. I would say that that's fair.
- 9 Q. Okay. Okay.

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- Let's move on to your "Clinical and Academic Appointments" on your CV, if we can.
 - So I noticed -- so the first entry is you're an Assistant Professor of Internal Medicine and Pediatrics for Vanderbilt University Medical Center; is that correct?
- 16 A. That is correct.
- Q. Okay. Do you -- what are your responsibilities as an Assistant Professor? Walk me through what you do as part of that appointment.
- A. So I'm a clinician educator, which means that
 my appointment in the medical center is both as a
 clinician taking care of patients and with education to
 medical students and residents. I am mostly an
 outpatient physician. I take care of patients in my
 clinic seven half-days a week where I'm doing patient

care, primary care. I take care of patients of all ages.

And then about four to six weeks of the year, I am also an inpatient physician where I take care of patients that are hospitalized for whatever various illness that would bring somebody into the hospital.

And then as far as my education piece, which makes me a clinician educator, I often have medical students and interns and residents and fellows that are all within various levels of training at the medical center, either interface with me with coming into my clinic or I provide a lot of lectures. I give lectures throughout the Vanderbilt community and throughout the Nashville community in talks about transgender health.

And that is kind of a summary of my teaching positions -- a quick overview summary of my teaching roles and clinical roles at Vanderbilt.

Q. Well, I appreciate that.

In your role as Assistant Professor of Internal Medicine and Pediatrics, do you teach on transgender issues in medicine?

A. I do.

25 Q. Okay. What do you teach, just generally? And

then I'll ask some follow-ups, I'm sure.

A. Yeah. So I give a lot of talks as outlined through my CV. And I basically teach -- depending on who I give the talk to, I cater the talk accordingly. So if I'm going to give the talk to emergency medicine doctors, I talk a little bit about emergency care that transgender patients may be facing. If I'm talking to pharmacists, I'll talk a little bit more about the drugs that we prescribe for this patient population. If I'm talking to the dermatologist, I'll talk a little bit more about skin conditions that face this patient population.

So I cater my -- the content of what I teach based on the audience. When I have medical students and residents come through my practice, I teach them based on what we're seeing at the bedside. So we'll see a patient together and we'll talk about the healthcare needs of the patient that is presented, some of the health disparities that they face, some of the medications that they're taking, what tests I need to order, and really just kind of the nitty-gritty that each individual patient may be experiencing.

Q. So are these -- are these talks and

presentations dealing with, you know, transgender subject matter, are those a core part of your

- responsibilities as an Assistant Professor of Internal
 Medicine and Pediatrics? Or is that something that you
 do just external on top of that?
- A. A little bit of both. As a clinician educator at Vanderbilt, you're considered to be 80 percent clinical and 20 percent education. And so I would say about 20 percent of my role, as a clinician educator at Vanderbilt, is providing education in some capacity to the medical center and the medical school.
- 10 Q. Do you focus that -- that 20 percent of clinical education, do you focus that on transgender
- 12 issues?
- 13 A. Transgender or LGBTQ in general oftentimes,
 14 yes.
- 15 Q. Okay. How often in your -- in the
- 16 non-20 percent clinician education aspect and the other
- 17 80 percent that's still outstanding, how much of that
- 18 involves transgender or -- sorry.
- 19 A. LGBTQ.
- 20 Q. -- LGBTQ issues? I'm terrible with --
- 21 A. Yeah.
- $22 \mid Q$. -- the alphabets.
- 23 A. So on my 80 percent clinical work, how much is
- 24 spent doing transgender?
- 25 O. Yes.

- A. I would say that I care for roughly 1500

 patients in my primary care panel, and I would say

 every bit of 1,000 or 1100 of them are LGBTQ

 identifying.
- Q. Is that a focus that you chose? Or is that a focus on those -- on those populations that is part of the job responsibilities?
- 8 Α. That's not necessarily part of my job 9 responsibility as outlined in my contract. It's a 10 patient population that brings me joy to take care of, and I have gotten a lot of self-referrals. 11 So when a 12 patient sees that I take good care of them as a 13 transgender individual, that is usually spoken about 14 within the community and other people then make 15 appointments to come and see me.
 - Q. Okay. Let's move on to your role as Lead Clinician and Founder of Vanderbilt Clinic for Transgender Health. Can you describe the clinic a little bit for me.

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A. Yeah. So prior to my joining faculty at

Vanderbilt, when I was a trainee, I was invited to join

some meetings about the creation of a transgender

clinic at Vanderbilt. At that point there had not

really been one. There were several people throughout

the medical center doing the work kind of individually,

and they were thinking about maybe getting a more centralized location or spot or practice going.

By going to those meetings, I started getting patients. And then when I finished my residency, I needed a job. And it looked like there was definitely a need as far as the patient care goes, and so I started my practice where it was just going to be transgender care on one Friday -- Friday afternoons. That's how it started.

It has since expanded quite a bit. Now I am actually so full, that we have hired on several other additional practitioners for the -- for the group. We are hoping to expand into a larger building to try to accommodate the need for these patient populations.

And then within the last three or four years, it's really expanded where I individually probably have 1100 or so transgender patients. And it continues to grow, especially as we grow our practice surgically as well. We have a surgical group that provides a lot of surgeries for these patients. And so people are coming in from Nashville, from various other states, and throughout Middle Tennessee to come and get their care at Vanderbilt. Yeah.

Q. Okay. Thank you.

Can you ballpark me -- I know you said you see around 1100 patients in this population. Can you ballpark me how many distinct individual patients the clinic currently sees.

MS. PICASSO: I'm going to object to form.

But go ahead and answer, Dr. Taylor.

- A. I cannot. I can't really say the amount of patients that we see, because there's so many other providers that -- so there's several other providers in addition to me seeing the work. And I can really only comment on how many I'm seeing. I can say that the demand for care far exceeds our ability to provide, if that makes sense.
- Q. Do you see the majority of patients in the Clinic for Transgender Health?
- 16 A. Up until this point, I would say that, yes, I
 17 was seeing the lion's share of patients.
- 18 Q. Okay. And what do you mean up "until this 19 point"?
 - A. I, over the last couple months, had to stop taking new patients, which has really led to the ability for us to expand and hire additional providers. And so, you know, there's only so many patients that I can take care of well; and so we're expanding and hiring additional staff.

So from this point on, I will say that there will probably be additional providers taking -- maybe caring for as many patients as I do at some point.

- Q. How many providers do you currently have?
- A. Right now -- well, there's both medical providers and surgical providers. So as far as people doing the similar work that I'm doing, we have about -- it's a little bit tricky and it's not as clearcut. But there's probably about four or five other people throughout the medical center that are providing at least hormone therapy to transgender patients, which isn't, you know, the only type of care that these patients are accessing.
- Q. What about surgical providers? How many of those, currently?
 - A. We have two full-time surgeons that are almost exclusively doing this type of work. And then there's a couple of other surgeons as far as plastic surgery that have, you know, a fair share of cases; but it's not really their main surgical practice. But, then, we also have gynecology; and they provide a lot of care to this patient population. We also have urology, and they provide a lot of care to this patient population. So it kind of depends on the specialty, to answer that

1 question. 2 I appreciate that. Ο. 3 MR. RIEGER: Just one second, please. (PAUSE IN PROCEEDINGS.) 4 Just to make clear for the (BY MR. RIEGER) 5 Q. 6 record. You are not a surgical provider; correct? 7 Huh-uh. Α. 8 Q. Okay. 9 No. Α. I just needed to make that clear, since 10 Okay. Q. we're getting into both topics. 11 12 Let me ask you: So you're currently handling both roles, which is Lead Clinician and 13 14 Founder and Assistant Professor over Internal Medicine 15 and Pediatrics. 16 Is your role with the Vanderbilt Clinic for Transgender Health, does that -- does that coexist with 17 the 80 percent nonclinical education that we talked 18 about before? 19 20 MS. PICASSO: Object to form. 21 But go ahead and answer, Dr. Taylor. I think there's a little bit of confusion. 22 Α. 23 responsibilities as the Lead, you know, Clinician for 24 this work is my clinical work. 80 percent of what I do

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is clinical, and that is the clinical work that I do.

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And then the education piece is educating others, and that's the 20 percent piece is the education piece.

Q. Okay. Thank you. That was what I was looking for. Thank you for clearing that up. I know that question was a little not great.

But if I could, let me ask you: So in your role as Lead Clinician and Founder for the Vanderbilt Clinic for Transgender Health, does your experience in that position inform in any way the opinions you gave in your expert report?

12 A. I would say "yes."

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- Q. And if I could ask you how so? How does your experience at the clinic inform your expert opinion here?
- A. Because I've taken care of so many patients
 that identify as transgender and I've learned a lot
 about transgender medicine and taking care of these
 patients and the needs of these patients, that there is
 no way that I could isolate my clinical experience from
 the opinions that I wrote in the report.
 - Q. Okay. In your -- in your both roles as

 Assistant Professor and Lead Clinician, did you ever do
 any studies -- any scientific studies concerning the

 transgender population you care for?

A. I have done -- I've supervised a little bit of some research projects that some medical students and some residents are interested in, but I haven't -- and some -- and I've kind of been an advisor to some research projects. But I have not specifically, like, enrolled patients in a clinical trial, let's say.

- Q. Okay. Could you describe some of the research projects that you've supervised.
 - A. One of them was for a medical student who is taking a survey with my patients and was recording the data. It was a qualitative study. So she asked them about their experiences as a transgender person facing healthcare prior to them meeting me at the transgender clinic versus after meeting me at the transgender clinic and tried to take down some of the things that they -- that the patients wrote about having a safe space to go to for healthcare.

I'm in the process of working with the breast clinic at Vanderbilt to try to come up with some centralized document about how to care for transgender patients who are undergoing screening for breast cancer. And so that's kind of a piece that we're all putting together I'm trying to collaborate on.

Those are kind of the main things. There was another one that I haven't really had a huge role

- on. Let me -- where an internal medicine resident is
 looking at the trainees, like so other residents'
 experiences, for, like, other residents who identify -like, medical residents who identify as LGBTQ and their
 experiences during medical training.
- Those are the main kind of research things that I've been a part of.
- 8 Q. Have you ever -- are those the only ones that 9 you can remember at present?
- 10 A. I was --
- MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 13 A. I was a -- I have also reviewed a document 14 that ultimately ended up getting published about
- 15 geriatric transgender patients. That was like a
- 16 geriatric health assessment for transgender patients as
- 17 well.
- 18 Q. Okay. Did any of those -- did any of those
- 19 research projects inform any part of your expert
- 20 opinion in this case?
- 21 A. I would say "no."
- 22 Q. Okay. Okay.
- Did any of those research projects focus
 on -- did any of them focus on the -- on psychology or
- 25 therapy concerning transgender populations?

1 MS. PICASSO: Object to form. 2 But go ahead and answer, Dr. Taylor. 3 Can you clarify the question, please? Α. So when you were describing -- and I'll 4 Ο. Sure. 5 go long form, I suppose, and give an example. So one of them you referenced dealing with 6 7 specific work with the breast center for treatment of, 8 you know, that medical condition. But did any of 9 that -- did any of the research projects you looked at 10 concern either therapy for transgender community or for transgender patients, psychology, or anything like 11 12 that, any research projects going to those areas at 13 all? Not specifically, no. 14 Α. 15 Okay. What unspecifically? 0. 16 MS. PICASSO: Object to form. 17 But go ahead and answer, Dr. Taylor. 18 I mean, I take care of the whole patient, 19 which includes a lot of mental health support. And so 20 as a -- in the paper -- or the research project that 21 Molly Limb, who is a medical student did, where she 22 talked to patients about care prior to accessing 23 Vanderbilt's clinic to -- comparing it to the care that 24 they got after accessing care at Vanderbilt's clinic. 25 It's certainly possible that they talked about sort of

the mental health aspects of the care that was -- that was provided.

So it wasn't necessarily specifically the main objective of the trial -- of her project, but I'm sure that it was a part of it.

- Q. Do you have any specific credentials concerning treatment of mental health?
- A. I mean, I'm an internist by training and I'm a primary care doctor by training. And so I take care of -- I am comfortable with my medical training to care for a whole host of mental health conditions: anxiety, depression, bipolar disease, panic attacks, OCD. Those are -- those are conditions that many generalists are comfortable treating.
- Q. What either education or postgraduate training do you have -- did you receive on caring for a
- 17 patient's mental health?

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- A. None. Just what is expected of me as a generalist and taking the general internal medicine boards, which includes a lot of mental health, you know, expectations.
- 22 Q. So did you take any classes on diagnosing or 23 treating mental health while you were in your College 24 of Medicine, Drexel?
- 25 A. Yeah. I mean, every medical student is -- you

- know, we -- every single medical student completes a 1 2 psychiatry clerkship. And so I completed a six-week 3 psychiatry clerkship where I was, you know, at various psychiatric institutes -- institutions, psychiatric 4 clinics. Learned about various forms of therapy, 5 6 medications; and, then, there was an exam at the end of 7 that to make sure that I had a, at least, basic 8 understanding of many of the basic psychiatric illnesses. 9
- 10 Q. Did you have any other training or education
 11 besides that six-week clerkship, I believe you put it?
 12 MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I would say no specific formal training, aside from seeing just countless amounts of patients. So training by experience.
 - Q. Okay. In your six-week clerkship at Drexel University College of Medicine, did your training -- or your clerkship on mental health treatment and diagnosis, did that focus on a particular population or just generally?
 - A. No. That was generally.

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- MS. PICASSO: Objection to form, but -- sorry.

 Go ahead and answer, Dr. Taylor.
- 25 A. That was general. General.

Q. General? Okay. Okay.

In your current roles as Lead Clinician and Assistant Professor, do you diagnose mental health issues and treat them regarding the -- regarding the transgender population?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. Yes, I do.
- 9 Q. Okay. Would you say that mental health
 10 diagnosis and treatment for transgender population,
 11 would you say that's common in your current
- 12 responsibilities as Assistant Professor and Lead
- 13 Clinician?

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- 14 A. Yes. Very common.
- 15 Q. Okay. During your time at
- 16 | Vanderbilt University Medical Center and the Children's
- 17 | Hospital here, did you receive any additional training
- 18 concerning diagnosis of mental health conditions or
- 19 | treatment of those conditions?
- 20 A. Nothing more specific than what goes into the
- 21 training of creating a general practitioner.
- 22 Q. Okay. And what do you mean by that goes into
- 23 the, you know, training of a general practitioner?
- 24 A. I'm a generalist by training. I'm a primary
- 25 care doctor by training. General pediatricians and

general internal medicine physicians have significant exposure and training to be able to treat mental health conditions. So that as generalists, we feel comfortable caring for the majority of illnesses that may present to us. And should there be a difficult or challenging case, we could then refer out to our

7 subspecialty colleagues.

- Q. So were there any -- as part of your training, were there any presentations or classes dealing with -- during your time of your internship and residency, were there any classes or presentations concerning diagnosis or treatment of mental health conditions?
- 13 A. Yes.

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- MS. PICASSO: Object to form.
- But go ahead, Dr. Taylor.
- 16 A. Yes.
- 17 Q. Can you describe what those were.
- A. I cannot specifically recall which talks there
 were. Again, I've been on -- this is -- you're already
 talking about six or seven years ago.

But there has been -- we definitely had training which includes, you know, talks or lectures about, you know, depression, and anxiety, and how to manage these conditions in both -- in both pediatric and adult patients.

- 1 Q. Were those trainings or presentations or
- 2 | talks, were those -- during your internship and
- 3 residency, were those focused on a transgender
- 4 population?
- 5 A. No.
- 6 Q. Okay. Would you describe them as general?
- 7 A. Yes.
- 8 Q. Okay. If I could, I'd like to move on to your
- 9 "Certification and Licensure" portion of your CV.
- 10 A. Okay.
- 11 Q. Are all of those -- are all of those still
- 12 | current?
- 13 A. Yes.
- 14 Q. Okay. To your knowledge, have you ever
- 15 received any formal complaints, be it board complaints
- 16 or anything of the like?
- 17 A. No, I have not.
- 18 Q. Okay. And then if I could just ask you, just
- 19 out of curiosity. Most of these are straightforward.
- 20 But could you explain the "Merck Nexplanon insertion
- 21 certification" for me.
- 22 A. Nexplanon --
- MS. PICASSO: Object to form.
- 24 But go ahead and answer, Dr. Taylor.
- 25 A. "Nexplanon" is a long-acting reversible

- 1 contraceptive. It's a birth control option. It's a
- 2 small plastic implantable rod that you can place into
- 3 somebody's arm to provide contraception. And I was
- 4 | trained by the Merck representative, which is the
- 5 pharmaceutical company that creates Nexplanon, on how
- 6 to insert and remove that device.
- 7 Q. Okay. Thank you. Thank you. Curiosity
- 8 satisfied.
- 9 If I could ask you about your professional
- 10 organizations.
- 11 A. Uh-huh.
- 12 Q. The Medical Students for Choice that you
- 13 listed as belonging to from 2010 to 2014, does that
- 14 organization deal with any sort of transgender issues?
- 15 A. Not specifically, no.
- 16 Q. Okay. What about the American Women's Medical
- 17 | Association?
- 18 \parallel A. Not specifically that I'm aware of, no.
- 19 Q. Okay. What about the national Med-Peds
- 20 | Residency Association?
- 21 A. Not specifically, no.
- 22 Q. Okay. What about the American Academy of
- 23 | Pediatrics?
- 24 A. The American Academy of Pediatrics has several
- 25 position statements on the care for a transgender

- 1 patient and transgender youth, if that's what you're
- 2 specifically interested in. But my membership wasn't
- 3 specifically on account of transgender patients, if
- 4 that makes sense.
- 5 Q. Okay. How about Alpha Omega Alpha?
- 6 A. No.
- 7 Q. Okay. What about the Cumberland Pediatrics
- 8 Foundation?
- 9 A. No.
- 10 Q. Okay. What about the Gay and Lesbian Medical
- 11 Association?
- 12 A. Yes.
- 13 Q. Okay. And how do they -- or what is their
- 14 role or position in the context of transgender
- 15 | medicine?
- 16 A. They're a nationally recognized medical
- 17 association that supports both -- that supports LGBTQ
- 18 patients and providers with various forms of research
- 19 and presentations and things to that effect.
- 20 0. And how about the World Professional
- 21 Association for Transgender Health? I assume that has
- 22 position statements on the --
- 23 A. Right.
- 24 Q. -- subject of transgender medicine; is that
- 25 correct?

- 1 A. That's correct.
- Q. Okay. If you could just generally describe
- 3 what that association does with regard to transgender
- 4 health and medicine.
- 5 A. The WPATH organization is really kind of the
- 6 main governing body that creates the standard of care
- 7 for all health professionals caring for transgender
- 8 patients.
- 9 Q. Okay.
- 10 A. It's kind of the -- it's kind of the gold
- 11 standard with which every other doctor, nurse
- 12 practitioner, provider learns from.
- 13 | Q. Okay. Thank you. And I apologize. I may
- 14 have interrupted you a little bit, but apologies for
- 15 that.
- If I call it WPATH, will you know what that
- 17 is?
- 18 A. Yes.
- 19 Q. Okay. Does WPATH lobby for or against laws,
- 20 to your knowledge?
- $21 \parallel A$. I do not know the answer to that. But I don't
- 22 think so. But I'm not sure.
- 23 Q. Okay. What about the Gay and Lesbian Medical
- 24 Association? Do you know if they lobby for or against
- 25 particular laws?

- 1 A. I do not know that.
- 2 \mid Q. Okay. What about the American Academy of
- 3 Pediatrics? Do you know if they advocate for or
- 4 against certain types of laws?
- $5 \parallel A$. I think they do --
- 6 MS. PICASSO: Object to form.
- 7 But go ahead and answer, Dr. Taylor.
- 8 A. I think they do, but I am not entirely sure 9 about their lobby presence.
- 10 Q. Do you know if they've ever taken any
- 11 positions on transgender issues or laws that impact a
- 12 transgender population?
- 13 A. I know that they have several position
- 14 statements regarding the support and care for
- 15 transgender patients, but I'm not sure if they have
- 16 specifically created a statement regarding a specific
- 17 | law that could be seen to affect transgender patients.
- $18 \parallel Q$. Okay. What about the American College of
- 19 Physicians? Does it take any positions on transgender
- 20 health and transgender medical issues?
- 21 \blacksquare A. Yes. They have a position statement as well.
- 22 Q. Okay. Do you know what that position
- 23 statement is?
- 24 A. I would have to pull it up specifically, but
- 25 it has been cited in my CV.

Q. Okay. If they are not referenced in your bibliography that's Exhibit 1 to the deposition, if the American Academy of Pediatrics, the Gay and Lesbian Medical Association, WPATH, and the American College of Physicians had a position statement that was not cited in your bibliography, would that have formed part of your expert opinion in this case?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. Can you repeat the question or rephrase the question?
- Q. Sure. So we've identified four -- we've identified four of these professional organizations on your CV that, you know, have -- you know, or may have policy positions on transgender health issues. The American Academy of Pediatrics, the Gay and Lesbian Medical Association, WPATH, and the American College of Physicians.

And what I'm trying to ask is: If those position statements are in your bibliography, then, you know, we can assume that you relied on them. But my question is if they're not listed in the bibliography, am I correct that you would not have relied on those position statements in forming your expert opinion?

MS. PICASSO: Object to form.

- But go ahead and answer, Dr. Taylor.
- 2 A. I think that's a fair statement.
- Q. Okay. Just trying to narrow the universe and make sure.
- 5 Let's go to "Other Employment," if we can.
- 6 The Montefiore Medical Center in the Bronx, research
- 7 intern for the PROSPECT trial. Can you describe that
- 8 for us.
- 9 A. After I graduated from Emory, I spent a year
- 10 | living in New York City and I worked recruiting
- 11 patients for a research study in their Radiology
- 12 Department.
- 13 Q. Okay. And did that have anything to do with
- 14 the subject matter of your expert report?
- 15 A. It did not.
- 16 Q. Okay. All right.
- If I could, I'd like to go to your
- 18 | "Professional Activities and Leadership" on page 2 of
- 19 your CV.
- 20 A. Uh-huh.
- 21 Q. And I'd like to ask you about the Women's
- 22 | Health Scholar --
- 23 A. Uh-huh.
- 24 Q. -- that you noted that you were from 2010 to
- 25 2011.

- 1 | A. Uh-huh.
- Q. Did that have anything to do with transgender
- 3 issues at all?
- 4 A. No.
- 5 Q. Okay. Moving on to your residency at
- 6 Vanderbilt University Medical Center, under the
- 7 Professional Activities and Leadership."
- The LGBTQ Peer Educator Series, can you describe that for me a little bit.
- 10 A. Because I developed an interest specifically
- 11 caring for LGBTQ patients, I began teaching other
- 12 | residents about LGBTQ patients. And so once or twice a
- 13 | year, I would give a talk to my colleagues within the
- 14 residency programs about several issues that would be
- 15 specific to LGBTQ patients. Whether that's screening
- 16 for sexually transmitted infections or primary care
- 17 considerations or, you know, cancer screening that
- 18 could potentially be specific for these patients,
- 19 et cetera, et cetera.
- 20 0. Did that particular activity involve any
- 21 | transgender issues?
- 22 A. I tried to teach people about medical
- 23 considerations specific to transgender patients, yes.
- 24 Q. Okay. Do you recall any specific talks you
- 25 may have given that dealt with transgender care?

A. Yes.

1

- 2 Q. Can you describe them for me.
- A. During that -- in that particular time frame
 where I would -- for residents? Is that what you're --
- Q. Yes, please. As part of the LGBTQ Peer
- 6 Educator Series.
- A. Yeah. I gave several talks about hormone therapy, about primary care screening guidelines for transgender patients, about puberty suppression. Yeah,
- 10 I gave several talks regarding transgender health too
- 11 in that series.
- 12 Q. Do you recall if you ever gave a talk about
- 13 the diagnosis or treatment of mental health issues in a
- 14 | transgender population as part of the LGBTQ Peer
- 15 | Educator Series?
- 16 A. It would not -- it was never -- mental health
- 17 conditions were never a talk by themselves; but there
- 18 was always, you know, several slides about the mental
- 19 health considerations in this patient population.
- 20 Q. What are those mental health considerations,
- 21 if you can remember, as part of your time in the Peer
- 22 Educator Series?
- 23 MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 25 A. That, you know, transgender patients have

- 1 higher rates of depression and have an increased
- 2 incidence of suicidal ideations and suicide attempts,
- 3 higher rates of, you know, depression, anxiety, things
- 4 to that effect.
- $5 \parallel Q$. Okay. I assume that Moonlighting Physician,
- 6 Page Campbell Non-Teaching Cardiology Team has nothing
- 7 to do with the content of your expert report?
- 8 A. That's correct.
- 9 Q. Same thing with Bioethics Certification
- 10 Program?
- 11 A. I would say that that's generally correct,
- 12 yeah.
- 13 Q. Could you describe why it's not precisely
- 14 correct.
- 15 A. Yeah. I would say that it is correct, that
- 16 | that didn't -- my Bioethics Certification Program did
- 17 not focus on transgender health.
- 18 0. Okay. What about Med-Peds Residency Wellness
- 19 Chief? Did that have anything to do with the content
- 20 of your expert report?
- 21 A. No.
- 22 Q. Okay. I apologize.
- If we could skip down to "Independent
- 24 Consultative Work, since we've already gone through
- 25 your role as -- you know, as part of the faculty at

1 Vanderbilt.

5

So it says from 2019 to present you were an expert witness for Lambda Legal and an expert witness for ACLU. Is that accurate?

- A. Uh-huh.
- Q. Was that two separate stints as an expert
 witness or was it the same thing?
- 8 A. So the ACLU expert witness is the deposition
 9 that we're in -- the case that we're dealing with right
 10 now.
- 11 Q. Okay.
- 12 A. And Lambda Legal was the Gore vs. Lee case
- 13 that we mentioned earlier. And that case is still
- 14 ongoing.
- 15 Q. Okay. And so just to make clear for the
- 16 record. So the 2019 to present, ACLU expert witness,
- 17 that's the deposition you're giving today?
- 18 A. That's right.
- 19 Q. Okay. Excellent.
- Can you describe your work on the Gore case
- 21 for us.
- 22 A. Similar to what -- what, you know, I'm working
- 23 on with this case for the ACLU. I was reached out to
- 24 by an attorney by Lambda Legal about Tennessee being
- 25 the -- one of the -- the only state now in the country

that does not allow transgender patients to change 1 2 their gender marker on their birth certificates. 3 And so I wrote testimony, an expert 4 declaration about my, you know, opinion on this and was 5 also brought into a similar kind of virtual deposition 6 on the subject. And that was in March or April of 7 2020. 8 Can you just generally describe the expert 9 opinion you gave in that case. 10 MS. PICASSO: Object to form. 11 But go ahead and answer, Dr. Taylor. 12 I don't have my report for that, you know, in front of me. But, ultimately, it was that transgender 13 14 Tennesseans -- or people who were born in the state of 15 Tennessee that identify as transgender should be 16 legally able to change their gender marker on their birth certificates, should they choose to. 17 And what was the -- what was the rationale for 18 why they should have that ability, just in --19 20 MS. PICASSO: Object to form. 21 I'm sorry, Alex. I'm sorry. 22 MR. RIEGER: You're fine. You're fine. 23 (BY MR. RIEGER) Just in general terms. Ι 0. don't need it -- I don't need it verbatim. 24 25 MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

A. The ultimate thing being that each individual should be able to have access to documentation that matches their gender identity in their other legal documents. And so having incongruity between some documents and other documents can potentially be harmful and dangerous to transgender people.

Q. Can you describe the nature of that harm as you opined.

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

A. The harm being that, you know, an individual can have a driver's license that says one gender marker but a birth certificate that says another gender marker. And should they apply for housing or jobs where they need to reveal multiple layers of documentation, it could potentially expose their transgender status, which is not something that they may not be interested in. That could be one way that patients can be harmed by not being able to have consistent documentation.

Q. And so just to, you know, go short form and then we can move off this topic.

Would I be right if I were to characterize that the harm you described in your expert report in

Gore was psychological? Mental health based? 1 2 MS. PICASSO: Object to form. But go ahead and answer, Dr. Taylor. 3 It could be psychological. I mean, it could 4 Α. be physical. You know, for your physical safety, 5 should a patient -- should an individual have to 6 7 disclose their transgender status should they not --8 based on incorrect legal documentation. So I can't 9 really say specifically that it's only psychological. 10 When you talk about the -- when you talk about Q. the physical aspect of harm, that's a third person, you 11 12 know, physically harming someone for their transgender status? Is that what you're referring to? 13 14 MS. PICASSO: Object to form. 15 But go ahead and answer, Dr. Taylor. 16 Yeah, I think that that would be a Α. reasonable -- a reasonable jump; that a patient could 17 be physically harmed based on being transgender and 18 having inconsistent documentation. 19 20 Okay. Let's go to the "Honors and Awards" Q. 21 section of your CV, if we can. Uh-huh. 22 Α. 23 Did any -- except for the last one in 2020, 0. 24 did either -- did any of those awards deal with

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transgender health issues or transgender care?

25

A. No.

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- Q. Okay. What about the last one? The
- 3 Excellence in Patient Experience at Vanderbilt?
- 4 A. I think that has to do with my, like,
- 5 Press Ganey scores, scores that -- or survey comments
- 6 from patients that then Vanderbilt awards people that
- 7 have gotten some high number of positive scores from
- 8 patients then get awarded an Excellence in Patient
- 9 Experience.
- 10 Q. Well, did that have anything to do with
- 11 your -- does it have any relevance to your expert
- 12 opinion --
- 13 A. No.
- 14 Q. -- in this case?
- Okay. Okay. Thank you.
- 16 Let's move on to "Teaching Experience."
- 17 2017 to present, Creator/Presenter LGBTQ curriculum at
- 18 | Vanderbilt residency. Is that separate from your role
- 19 as Assistant Professor?
- 20 A. That was kind of what we spoke about earlier
- 21 during my peer -- like, that was more as a resident,
- 22 the educational sessions that I provided that we spoke
- 23 about in the peer training -- or what did I call it?
- 24 Peer Education Series.
- 25 Q. Okay. So that's not something different than

what we've already discussed about between the combination of your role as Assistant Professor and your teaching at the end of your residency; correct?

I would say that's correct, yeah.

Q. Okay. Okay. I was just making sure. If it's in there twice, I've got to ask about it.

Was there an existing LGBTQ curriculum before you -- at Vanderbilt before you came on board and decided to start it?

- A. Not to my knowledge within the residency programs with which I was a member. So I think that the medical school had some LGBTQ stuff. But the curriculum and presenter that I -- presentations that I gave I think were specific to both internal medicine and pediatrics, I think were relative -- there was not one existing prior to me coming on, as far as I'm aware.
- Q. So were there general courses as part -general LGBTQ courses as part of Vanderbilt's program
 and you decided that the residency needed to develop
 their own? Is that a fair generalization?
- A. The generalization is that I felt that our residency educations were lacking in this particular, you know, form of patient care and took it upon myself to try to educate my colleagues on it.

- Q. Okay. When you created that curriculum, did you have to run it by anybody first?
- 4 entirely formalized. And now that I have completed my

Not specifically, no. It wasn't -- it wasn't

- 5 residency program, I can't say that other people are
- 6 doing it in my spot. It was more so that the content
- 7 of talk -- I was asked frequently to give talks about
- 8 the subject. And then as a resident, you're required
- 9 to give various talks; and so that was the subject
- 10 matter that was chosen for my kind of required talks.
- 11 And I was often asked to give additional talks on top
- 12 of those.

3

Α.

- 13 Q. Okay. When you -- let me ask it this way,
- 14 then: When you gave those talks, were they
- 15 peer-reviewed in advance? Or was it, you know -- or
- 16 was it truly something that you developed because you
- 17 | felt like there was a need for it?
- 18 A. The latter.
- 19 Q. Okay. Let's move on to "Research mentor to
- 20 medical student Molly Limb, Vanderbilt University
- 21 School of Medicine." Did any of your research
- 22 mentor -- I know we talked about a couple of them. But
- 23 as part of this research mentorship, did this one
- 24 involve transgender health issues?
- 25 A. Yes.

- Q. How so?
- 2 A. That was the one that I spoke about where she 3 kind of interviewed patients accessing our program.
 - Q. Okay. Excellent. Excellent.
- Since we've already talked about that,

 6 let's move on to QI research mentor to -- is it "Kalin"
- 7 or Kalin?

4

8

- A. Kalin, yeah.
- 9 Q. Kalin. Kalin Wilson.
- Can -- did that have anything to do with transgender issues?
- 12 A. Yes, it did.
- 13 Q. Can you describe it a little bit.
- 14 A. Kalin's task was to try to send -- her project
- 15 was to try to create a welcome letter that would get
- 16 sent to our patients -- transgender patients prior to
- 17 their appointments at Vanderbilt to sort of give them
- 18 expectations about what they could expect when
- 19 accessing care at Vanderbilt for transgender health.
- 20 Q. All right. And what expectations were you
- 21 trying to create?
- 22 A. We wanted them to know that it was going to be
- 23 a welcoming environment; that they could feel safe;
- 24 that our staff had undergone training to create a
- 25 welcoming environment; that they should try to bring

- outside records, if they can. Just kind of a general "welcome to the practice" type document.
- Q. Did either that letter or your research mentorship to Kalin Wilson, did any of that form the basis of any of your expert opinions in this case?
- 6 A. No.

- Q. Okay. In your role as faculty partner with Internal Medicine Residency Social Medicine Club, did that have anything to do with transgender issues?
- 10 A. Not -- I mean, a little bit. Social Medicine
 11 Club discusses -- is an extracurricular club for people
 12 to join that kind of focuses on the social determinates
 13 of health. And so seeing as your gender identity and
 14 sexual orientation could influence your social
 15 determinates of health, then -- then "yes." But I
- organization. I'm available as a -- you know, as a resource.

don't do a ton of work with that -- with that

- Q. Okay. Could you describe a little bit about this author "LGBTQ Health" Vanderbilt Internal Medicine Resident Handbook.
- A. Sure. The internal medicine residents have a handbook about some of, you know, really common things that you're going to face on either the hospital wards or in the clinic; like, high blood pressure, diabetes.

- 1 And various faculty doctors have kind of drafted and
- 2 created little short blips that a doctor might need to
- 3 know and just can look up and easily reference. And I
- 4 wrote the blip on LGBTQ health.
- 5 Q. Is that blip at all relevant to the expert
- 6 opinions that you gave in this case?
- 7 A. No.
- 8 Q. Okay. Faculty site instructor for Foundations
- 9 of Healthcare Delivery, Vanderbilt University School of
- 10 Medicine, did that have -- did that have any basis for
- 11 any of the expert opinions you made in this case?
- 12 A. No.
- 13 Q. Okay. What about faculty site instructor for
- 14 Integrated Science Course faculty?
- 15 A. No.
- 16 Q. Okay. What about faculty site instructor for
- 17 Primary Care Rotation?
- 18 A. No.
- 19 Q. Okay. What about Health Equity Elective
- 20 Clinic Site?
- 21 A. No.
- 22 Q. Okay. And what about content expert for the
- 23 LGBTQ+ Healthcare Certification Program?
- 24 A. No.
- 25 Q. Okay. So none of those things factored into

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your expert opinion in this case?
1
2
    Α.
             No.
 3
                    Now, I'm about to go through the
             Okay.
 4
    presentations. We've been on the record for about an
    hour now. Would you like to take a break? Or do you
5
6
    want to press through?
7
             I'm okay, if y'all are okay.
             MR. RIEGER:
8
                           Malita?
9
             MS. PICASSO: I'm okay.
10
                  (PAUSE IN PROCEEDINGS.)
11
              (BY MR. RIEGER) So let's go to the
12
    presentations now on your CV. General Pediatrics
    Jeopardy, did that have anything to do with your expert
13
14
    opinions in this case?
15
                  And I can make this easy for you and
    Α.
             No.
16
    ao --
             I would love that.
17
             -- through the first, you know, ten and say
18
    that these were all talks that I gave, you know, as an
19
20
    intern and resident and likely did not have much
21
    contribution to my report.
                     I do appreciate that very much and I
22
    0.
             Okay.
23
    will hopefully save us some time by not going into it.
24
                 I do think the next 16 probably are going
25
    to be -- are going to be relevant in some way. So I'll
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ask you: Could you start by describing the presentation for The Clinic for Transgender Health: A Passion Project for Patients.

A. Sure. So these next 16, you know, presentations that I've given, including that first one that you mentioned, are all generally for various people and audiences throughout the Vanderbilt community, mostly Vanderbilt, but sometimes in other places too, to give a primer or discussion or introduction on how to care for transgender people.

The specific first one was -- there was a LGBTQ health grand rounds that Vanderbilt hosted -- this was several years ago -- where I kind of spoke about the decisions that went forward in creating the transgender program at Vanderbilt, the Transgender Health Program, what we needed to do, what we still needed to do, what we had learned, what we were still learning. And so it was kind of just the actual creation of the clinic.

The variation of the ones thereafter are generally the actual clinical work and considerations in caring for these patients.

Q. Okay. Does any of them specifically -- do any of these presentations specifically focus on mental health issues, you know, treatment or diagnosis in the

transgender population?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. None of them were specific about mental health; whereas, the entire content of the discussion was about mental health. But because mental health conditions are so crucial to this patient population, every single conversation had some discussion about mental health considerations for this patient population.
- Q. Could you describe a little bit what that general discussion would look like or sound like.

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. Sure. A lot of my presentations highlight some of the statistics of mental health conditions facing transgender patients. Like I mentioned before, increased rates of suicide, increased rates of depression, increased rates of tobacco use, increased rates of posttraumatic stress disorder, all of those things.
- So my slides have citations and facts and, you know, information regarding all of those things facing this patient population.
- 25 Q. Okay. Let me see. There was one in

- particular I wanted to ask you about. So if I could specifically ask you about No. 12 --
 - A. Uh-huh.

- Q. -- which is Language Matters: LGBTQ Affirming
 Language, Bedside Manners Session.
- 6 A. Yeah.
 - Q. Could you describe that a little bit for me.
 - A. Yeah. So that was relatively recently, and that was open to the entire Vanderbilt community. So not necessarily just physicians, nurses, nurse practitioners. Anybody could join.

And it was a conversation about the language that we use and how that can be more affirming. And so trying to identify where we put gender and kind of heteronormativity within our language and how that can affect patients and the care that they get.

So, for example, we often assume that all of our patients are cisgender or identify as the gender that they were assigned at birth, and we often assume that all of our patients are straight and -- or heterosexual; and that is often not applicable for a lot of patients. And so by using appropriate -- trying to change the language that we use and highlight the language that we use to be more sensitive and more

inclusive.

Q. During any of these 16 presentations -- and I understand from the earlier ones that it would have been an impossibility.

But for any of these presentations, did you talk at all or discuss at all the Act that's challenged in this case?

- A. I spoke about it a little bit in No. 14.
- 9 Q. Can you describe what the context was and give
 10 me a little description about how the challenged law
 11 came up.
 - A. So that was a talk that I gave to the Cumberland Pediatric Foundation where I kind of talked about how being trans and in this particular case it was trans youth because it was a pediatric case -- or organization, how it's particularly unique and challenging in our state, as there have been several laws within the last year or so that have come up to try to limit, you know, participation in sports or other various things that -- or legislation that has been enacted that does not affect cisgender patients and really only affects transgender patients. And so that was a small piece of that -- of that talk.

 Q. In item No. 12, the "Language Matters"

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session, do you recall if at all you used the -- or

- discussed the term "biological sex" as part of that presentation?
- 3 A. I don't think that I did.
- 4 Q. Okay. Okay.
- Let me go to your "Articles in Published

 Journals." So the first article is "Electronic Health

 Records and Preparedness: Lessons from Hurricanes

 Katrina and Harvey." Did that have anything to do with

 your expert opinion in this case?
- 10 A. No.
- Q. Okay. What about No. 2, "Trans-Specific Geriatric Health Assessment, An inclusive clinical
- 13 guideline for the geriatric transgender patient in a
- 14 primary care setting"? Did that have anything to do
- 15 with your expert opinion?
- 16 A. No.
- 17 Q. Okay. What about your research project No. 1,
- 18 | "Healthcare Needs and Barriers Among New Patients at a
- 19 Clinic for Transgender Health"? Did that have anything
- 20 to do with your expert opinion in this case?
- 21 A. No.
- 22 Q. Would you describe that just a little bit for
- 23 me, just so I can get a sense of what I --
- 24 A. That's already been discussed. That was the
- 25 paper or project that Molly Limb was working on as a

1 medical student.

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case?

Q. Okay. Okay. Thank you for -- thank you for that clarification. I won't go down that line again.

And No. 2, "Assessing LGBTQ+/Racial Minority Trainee's Experiences with Social Support, Loneliness, and Feelings of Anxiety Or Depression During Training." Is that -- did that form the basis or was that relevant to your expert opinion in this

- 10 A. No, it was not.
- 11 Q. Okay. Could you describe that a little bit
- 12 for me. Or if we've already discussed it, you know,
- 13 please let me know.
- 14 A. I don't have a huge role in this project.
- 15 This resident, Dr. Lomzenski, is trying to institute,
- 16 like, a project survey that was performed at another
- 17 | institution to see how it translates to Vanderbilt's
- 18 trainees.
- 19 Q. Okay. Okay.
- 20 Well, I think that I am done with the CV
- 21 portion of this and ready to move on to the expert
- 22 report itself.
- 23 MR. RIEGER: Is everyone okay if we take a
- 24 ten-minute break and everyone can have the expert
- 25 report pulled up and ready to go?

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THE WITNESS: Sure.
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2
             MS. PICASSO: Yeah, we're okay with that.
             MR. RIEGER: Okay. All right. Let's break
 3
4
    for ten minutes and then we'll do the expert report and
5
    I think we're going to be done a little early today.
6
    So . . .
7
             MS. PICASSO: Thanks.
8
             MR. RIEGER: All right. Thank you all.
9
                 (11-minute recess was taken at 12:14 p.m.)
10
    Q.
             (BY MR. RIEGER) All right, Dr. Taylor.
11
    Welcome back.
12
                 If I could draw your attention to your
13
    expert report in this case.
14
             MR. RIEGER: And if I could have that expert
15
    report, the PDF name is "Taylor Expert Report.pdf." If
16
    I could have that marked as Exhibit 3 to this
17
    deposition.
               (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
18
    3 TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
19
20
    HERETO.)
21
        (BY MR. RIEGER) Dr. Taylor, do you have that
    in front of you?
22
23
             I do.
    Α.
24
            Okay. Is that -- is this expert report the
25
    one you submitted in this case?
```

- 1 A. It is.
- Q. Okay. Is there anything that you need to
- 3 change about it or update or anything like that?
- 4 A. I would say in paragraph 7, I probably have
- 5 closer to 1,000 or 1100 patients -- transgender
- 6 patients since writing this document.
- 7 Q. Okay. Anything else that needs to be added or
- 8 updated?
- 9 A. No.
- 10 Q. Okay. So did you do any work for this case
- 11 that isn't contained in this report?
- 12 A. No.
- 13 Q. Okay. Were you aware -- when were you -- when
- 14 did you first agree to serve as an expert witness in
- 15 this case?
- 16 \blacksquare A. I believe that was in the summer. I would
- 17 | have to go through my emails of when I was first
- 18 approached.
- 19 Q. Summer of 2019? 2020? 2021?
- $20 \parallel A$. I believe it was the Summer of 2021.
- 21 Q. Summer of 2021?
- 22 A. Yes.
- 23 Q. In this case did you prepare a Declaration as
- 24 part of the preliminary injunction proceedings?
- 25 A. Yes.

- 1 Q. Okay. At the time you submitted that
 2 Declaration, had you been employed as an expert in this
 3 case?
- 4 A. I'm not sure I understand the differences in terminology.
- 6 Q. Sure. Sure.
- I'm trying to make sure that I don't go into anything that would be privileged.
- 9 MR. RIEGER: So to the extent, Malita, you 10 need to step in, you know, please do.
- MS. PICASSO: Yes.
- 12 MR. RIEGER: Please do.
- Q. (BY MR. RIEGER) Were you getting paid for the drafting and creation of your Declaration as part of
- 15 the preliminary injunction proceeding?
- 16 A. Yes.
- 17 Q. Okay.
- 18 A. Or I think so.
- 19 Q. Do you -- I apologize. Please.
- MS. PICASSO: Let -- yeah. I'm going to go
- 21 ahead and object to any portion of questioning that
- 22 would relate to -- or expose any privileged
- 23 communication.
- So to the extent that you can answer the questions without really revealing any privileged

```
information, Dr. Taylor, you can answer.
1
                 Thanks.
2
3
              I was hired to write a Declaration. I wrote
    Α.
 4
    that several months ago and was hired by the ACLU to do
5
    so.
6
    Q.
             Okay. Did you have to sign a contract before
7
    you did your Declaration?
8
                  (PAUSE IN PROCEEDINGS.)
9
             Apologies.
    Α.
10
    Q.
             You're good. You're more than fine.
11
             It may happen again. I don't -- this was
12
    already about seven or eight months ago. I'm not
    100 percent sure if I remember signing a contract.
13
14
    0.
             Okay. But you were paid for your work on the
15
    preliminary injunction Declaration; right?
16
    Α.
             I was not.
17
             Okay. So for the preliminary --
    Ο.
              I never -- I never invoiced them.
18
             Okay. So the preliminary injunction
19
20
    Declaration was not done for monetary compensation?
21
             That's correct.
    Α.
22
             Okay.
                     Okay.
23
                 Were you approached or did you approach the
24
    Plaintiffs?
```

MS. PICASSO: Object, to the extent that it

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25

- 1 calls for privileged information.
- 2 But you can go ahead and answer.
 - A. I was approached.
- 4 Q. Okay. Were you aware of the challenged law in
- 5 this case before you were approached?
- 6 A. Yes.

- Q. Okay. Did you have any personal opinions on it before you were approached?
- 9 MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 11 A. Yes.
- 12 Q. And what were those opinions?
- 13 A. I was not in favor of the Act or proposed Act
 14 even prior to being approached.
- 15 Q. And was that prior to when you had done any
- 16 research for either your preliminary injunction
- 17 Declaration or your expert report? Were those personal
- 18 opinions formed before you did any research in this
- 19 | case?
- MS. PICASSO: Object to form.
- 21 But go ahead and answer, Dr. Taylor.
- 22 A. Yes, I was against it even prior to my
- 23 research.
- 24 Q. Okay. Did you ever express your personal
- 25 opinion on the law, either in writing or through

- conversation or presentation?
 - A. No.

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- Q. Okay. What about -- what about during the Cumberland presentation that we talked about in your CV? Did you, during that presentation, express a personal opinion on the law?
- 7 A. That was -- that presentation was after the 8 Declaration and after the preliminary injunction.
- 9 Q. Right. And during that presentation, did you 10 express your personal opinion about the law?
- MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I don't -- I don't specifically remember if I commented on my personal opinion on the -- on the Act during that conversation -- during that presentation.
 - Q. Okay. Why were you opposed, you know, at the time before you were contacted by or approached by the Plaintiffs? To provide either the Declaration or the expert report, why were you personally opposed to the challenged law?
- MS. PICASSO: Object to form.
- But go ahead and answer.
- A. I did not feel that every business in the state of Tennessee needed to specifically mention whether or not transgender patients can use the

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bathroom or not. It did not seem necessary to me.
1
2
             Was there any other reason why you opposed it
    Q.
3
    besides that you didn't feel it was necessary?
 4
             MS. PICASSO: Same objection.
                 But go ahead and answer.
 5
6
              I am opposed to the language that's used as
    Α.
7
    well.
8
    0.
             And what is that language?
9
             I don't have the exact sign in front of me
10
    to -- or the text of the sign directly in front of me
    to be able to address it, but I feel that the language
11
12
    that was used and the intention behind it are
13
    problematic.
14
             Was it -- in particular, was it the term
    "biological sex" that caused you issue?
15
16
             MS. PICASSO: Object to form.
                 But go ahead and answer.
17
             Yes, that is, I think, a problematic term.
18
    Α.
             Okay. Do you think that the term "biological
19
20
    sex" -- and this is all personally. Do you think
21
    personally that the term "biological sex" is always
    problematic?
22
23
             MS. PICASSO: Object to form.
24
                 But go ahead and answer.
25
             I don't think it's problematic if there is a
    Α.
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definition that clearly delineates what is being intended with that term.

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Q. And as a matter of personal opinion, what definition would you be comfortable with?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I think the definition has to be provided by the authors about what their intent is when they say -- if they are using the term "biological sex."
- Q. What do you mean by "intent"? So if someone used the term "biological sex" with a certain intent, are you saying that as a matter of personal opinion you would be okay with a certain intent for use of that term but not another intent for use of that term?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I think the term "biological sex" is not particularly clear. So if the author or the person using the term "biological sex" provides definition for the reader, then I may not necessarily be against its use, if we could all be on the same page.
- Q. So personally what definition would you be -- would you think is acceptable in terms of use of the term "biological sex"?

MS. PICASSO: Object to form.

1 But go ahead and answer. 2 It depends on what the author is trying to Α. 3 portray. Right? So they would need to accurately provide description so that the reader understands what 4 they are trying to, you know, portray with the term 5 6 "biological sex." 7 Can you give me a -- can you give me an 8 example. 9 MS. PICASSO: Object to form. 10 But go ahead and answer. 11 So if somebody says "biological sex," they 12 might say, "We define 'biological sex' as someone's sex assigned at birth -- someone's sex assigned at birth 13 14 based on their genital anatomy," then I would 15 understand what the term "biological sex" means; that 16 they're mostly focusing more on genital anatomy versus any other number of criteria that could be -- that 17 18 could be, you know, factored in. If that definition were used -- so with that 19 20 definition, you would not, as a matter of personal 21 opinion, have an issue with the use of the term "biological sex"? 22 23 MS. PICASSO: Object to form. 24 But go ahead and answer, Dr. Taylor. 25

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I think as long -- I don't -- I think the term

Α.

- 1 "biological sex" is confusing and could mean different
- 2 things to different people. So if it is clearly
- defined, it may be easier for all parties to
- 4 understand.
- 5 Q. Okay. Let's leave that topic behind, because
- 6 we'll get to it a little later in the expert report and
- 7 we can go into it in more detail.
- 8 Let me ask you this: How many hours do you
- 9 think you worked on your expert report in this case?
- 10 A. I don't know.
- 11 Q. Can you -- I'm sorry. I apologize.
- 12 A. Maybe 15 or 20.
- 13 Q. Okay. Can you describe the drafting process
- 14 for me. Like, what -- how you started with the draft,
- 15 whether or not there were any edits, or anything like
- 16 that?
- MS. PICASSO: Object to form and to the extent
- 18 that it calls for any information relating to
- 19 privileged communication.
- 20 MR. RIEGER: Let me -- let me strike my
- 21 question, then, and ask it this way.
- 22 Q. (BY MR. RIEGER) Did you write the first draft
- 23 of your expert report?
- 24 A. Yes, I did.
- Q. Okay. Was any part of that draft taken from

- your expert opinion in the Gore case?
- 2 A. I used that as a guide.

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3 Q. So if you used -- so let me just clarify.

So you used the Gore expert opinion as a guide or as a template? Did you take any substance from one or the other?

7 MS. PICASSO: Object to form.

But go ahead and answer.

- A. I believe kind of the first section where it discusses my bio, that obviously didn't change from one Declaration to the next. And so I believe that those were -- I believe that was kind of used -- carried forward from one Declaration to the other.
- Q. What about the next section, "Sex, Gender, and Gender Identity"? Was any of that pulled from the Gore expert opinion?
- MS. PICASSO: Objection.

18 But go ahead and answer, Dr. Taylor.

- 19 A. Yeah, some of it was; but not all of it.
- 20 Q. Okay. What about -- do you recall what
- 21 specifically in that section was pulled from Gore?
- 22 A. I don't. And I don't have the Gore testimony
- 23 \parallel in front of me.
- Q. Okay. What about the next section, "Gender
- 25 Dysphoria and Its Treatment"? Did any of that -- was

```
any of that taken from Gore?
1
2
             I think the overall sentiment is relatively
    Α.
3
    similar, but I'm unsure if it was kind of exactly used
 4
    from one report to the other. Again, there was
5
    several -- there's been several months spanning
6
    these -- these testimonies.
7
             Okay. And was any of the last section,
    0.
    "Transgender in Tennessee," pulled from the Gore expert
8
    opinion?
9
10
             MS. PICASSO: Object to form.
11
                 But go ahead and answer.
12
              If any of it, it would be, I think, just the
    first paragraph that cites the William Institute study.
13
14
    I believe that that's also cited in the other -- in the
15
    other testimony.
16
             Okay. So in Gore, did you do the first draft
    of that expert opinion?
17
             MS. PICASSO: Objection. Relevance.
18
19
                 Go ahead and answer.
20
    Α.
             Yes.
21
             You did, okay.
                 Did anyone besides you or your counsel
22
23
    assist you in writing this expert report or the expert
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Α.

report in Gore?

No.

Q. Were you provided any documents by -- were you provided any documents that you didn't find yourself that you used in the process of writing your expert report in this case or the expert report in Gore?

MS. PICASSO: Objection, with relevance to the Declaration that was produced in Gore.

But you can go ahead and answer,

Dr. Taylor.

- A. So, I'm sorry. Are you specifically asking were any documents provided by -- in this case or in the Gore case?
- Q. Either one.

MR. RIEGER: And for the record, I know,
Malita, you're objecting to relevance. But the thing
I'm trying to get at is, if parts of this expert report
were pulled from Gore, then I need to know whether or
not there was any input from any third party and ask
the normal questions about an expert report regarding
Gore to make sure that -- to the extent that there are
translated versions, that those were done -- that those
were done properly. So that's why I'm asking the
question about Gore when I ask this.

Q. (BY MR. RIEGER) But in either Gore or this case, did you receive or were you provided any documents that were used in your expert reports that

- 1 you did not find yourself?
- 2 A. No. The attorneys with Gore provided me some
- 3 | additional examples of expert testimonies for other
- 4 | cases so I could see how to write an expert testimony,
- 5 because that was my first one. But nothing was used --
- 6 the testimony and Declaration were written and were my
- 7 own.
- 8 Q. Okay. And does that include that all of the
- 9 sources which you cite in your bibliographies of both
- 10 Gore and this case, those were all identified and
- 11 | located by yourself?
- 12 A. I believe so, yes.
- 13 Q. Okay. Just making sure. Just making sure.
- 14 Were there multiple drafts of this expert
- 15 report?
- 16 A. There were several.
- 17 Q. Okay. So you said you did the first draft.
- 18 Did the drafts substantively change between your first
- 19 draft and the draft that ended up being the final
- 20 expert report?
- 21 A. No.
- 22 Q. Okay. So any changes that were made were
- 23 simply stylistic and nothing to do with the content?
- 24 A. That's correct.
- 25 Q. Okay. All right.

In forming your opinions in this case, did you rely on any literature that was not cited in your bibliography?

A. No.

Q. Okay. What about research studies or reports or presentations that weren't cited in your bibliography? Did you rely on any of those?

A. No.

Q. Okay. When you were writing your expert report, did you reject any literatures or studies that you reviewed?

MS. PICASSO: Objection.

But go ahead and answer, Dr. Taylor.

A. I need you to clarify what that means.

Q. Sure. So when you were -- when you were writing your expert report and doing research and looking at literature or studies that you would add to your bibliography as support for your opinions in this case, did you review any literature or studies or reports or any other documents that you looked at and rejected them and did not add them to your bibliography?

22 bibliography?

A. Yes. There was a -- I mean, there were a lot of things that I looked at that I didn't feel were particularly relevant or were potentially redundant. I

- 1 felt that -- you know, I didn't, therefore, include
 2 them.
- 3 Q. Can you give me some examples.
- 4 A. No.

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- Q. Okay. What about rejection for non-relevancy issues? Did you reject any because of a reason besides that they weren't relevant?
- 8 MS. PICASSO: Objection.

But go ahead and answer, Dr. Taylor.

- A. My report is only a six-page document; and the intention is to highlight a few very specific general -- you know, general things. I didn't feel that it was particularly relevant to the nature of this report to include research on every single aspect of
- transgender care, transgender medicine, or hormones or
- 16 things to that nature. It was not relevant for the
- 17 scope of the article.
- 18 Q. For any of the literature or studies or
- 19 reports or other documents that you may not have added
- 20 to your bibliography, did any of those contradict any
- 21 of the opinions that were expressed in your report?
- MS. PICASSO: Object to form.
- Go ahead and answer, Dr. Taylor.
- 24 A. Not that I can think of, no.
- 25 Q. Okay. Have you ever performed any research --

- 1 independent research on the subject of your expert
- 2 report?
- 3 A. I don't know if I know what that means.
- 4 Q. So with regard to your statements on the last
- 5 page, the last two full paragraphs --
- 6 A. Uh-huh.
- $7 \parallel Q$. -- which are 30 and 31 --
- 8 A. Uh-huh.
- 9 Q. -- did you conduct any research on the subject
- 10 and your opinions on those two paragraphs?
- 11 A. No.
- 12 Q. Okay. Does any of the literature that's cited
- in your bibliography contradict any of the opinions
- 14 | that you've expressed in this report?
- 15 A. I don't think so.
- 16 Q. Okay. So let me ask you this: How did you
- 17 | first get your understanding of the challenged law?
- 18 A. I think I saw it on the news.
- 19 Q. Okay. When you saw it on the news, did you
- 20 look it up or anything like that?
- 21 A. I mean, I read the Associated News article.
- 22 Q. Okay. When did you first look at the text,
- 23 the actual language of the challenged law?
- 24 A. Sorry, you all.
- 25 0. You're fine. You're more than fine.

- A. I saw it -- gosh. It had to have been in -- I think maybe in the Spring of 2021, but I can't say for sure the exact time line for whenever it was first proposed or signed into law by the Governor.
- Q. Okay. Do you remember if you saw it before it was signed into law or after?
- 7 A. I don't remember.
 - Q. Okay. Okay.

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You have -- when is the last time you reviewed the full text of the challenged law?

- A. Quite some time ago. I reviewed what the -- I mean, earlier today I reviewed what the text of the sign would say, but not the entire law.
- Q. Okay. Did you review the entire law before you provided your -- the entire text of the law before you provided your Declaration at the preliminary injunction phase?
- MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- 20 A. I don't recall if I reviewed the entire text 21 of the law.
- Q. Okay. What about before your expert report?

 During the drafting phase, do you remember if you

 looked at the entire text of the law, by any chance?
- 25 A. I don't think I looked at the entire text of

the law.

Q. Okay. Okay.

Well, let's go through the paragraphs in your expert report and go from there.

I'm going to skip the preliminary statement, since we have already -- apart from the update to paragraph No. 7, we have already gone over the majority of these topics as part of your CV.

Actually, I do have a question on paragraph No. 8. For the record, can you define what "grand rounds" are.

- 12 A. Yeah. "Grand rounds" are just general -13 they're just -- they're presentations, they're formal
 14 presentations to a department usually.
 - Q. Okay. On paragraph No. 9, how do you stay current on medical research and literature? Do you have a source for, you know, new and emerging reports or documents?
 - A. Yeah. I get journals. The WPATH has its own journal. I believe it's called like the "International Journal of Transgenderism" or something like that.
 - That gets sent to my house quarterly. And I, you know, get all of the -- I get emails associated with all those organizations too, especially in relation to LGBTQ health.

- Q. Okay. Is there anything else you do to stay current on medical research and literature as described in paragraph 9?
- 4 A. That's generally most of what I do.
- $5 \mid Q$. Okay.

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- A. The occasional just literature search to make sure I'm not missing anything big.
- 8 Q. Okay. All right.

Paragraph No. 14, when you say "sex" in that paragraph, what are you referring to? Are you referring to biological sex?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I'm describing the sex as assigned at birth by the visual appearance of an infant's genitals, external genitals.
- 17 Q. Is the concept of sex assigned at birth different from the concept of biological sex?
- MS. PICASSO: Object to form.

20 But go ahead and answer, Dr. Taylor.

- A. I think the intention of both of those terms
 is the same. I think the difference in the language is
 just a bit more nuanced.
- 24 Q. Can you describe the nuance for me.
- 25 A. I think "biological sex" can mean any number

- of things. Because there's so much biology that can go into an individual, it's hard to clarify. Whereas, I think "sex assigned at birth" is almost kind of always generally based on what is determined in a delivery room by, you know, a doctor or a nurse when they examine a newborn.
 - Q. Okay. So what all is encompassed in that category of "biological sex" then? If you could break that down for me, that would be fantastic.
- MS. PICASSO: Object to form. It's mischaracterizing the testimony.

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- A. So I don't know what "biological sex" really means or how it's characterized, because it's not really a term that I try to use -- that I use.
- Q. So if you hear the term "biological sex," you don't know what is meant by it?
- 17 A. I think it's -- I think it's clunky and
 18 unclear and I think that there are better terms that we
 19 can use.
- 20 Q. So assuming that -- strike that.
 - So talk to me a little bit about sex as determined at birth. What's involved in that process?

 A. So usually a baby is born and they're either in the delivery room or an operating room. And when the baby is delivered, the medical personnel helping

- deliver that child usually looks at the infant's
 genitals and determines -- assigns that child a sex
 based on their external genitals.
 - Q. So if a child was delivered and they had male-only external genitals and someone said that that newborn's biological sex is male, would you -- would there be any confusion about what they were talking about?
- 9 MS. PICASSO: Object to form.
- But go ahead and answer.

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- 11 A. No, I think ultimately the family, the other
 12 doctors, the nurses would understand what is being
 13 communicated.
 - Q. Okay. Do you think that in that -- do you think that in that context of that example that the term "biological sex" would be offensive to the people hearing it?
- MS. PICASSO: Object to form.
- But go ahead and answer.
- 20 A. I still don't think that -- necessarily that 21 they'd be using the term "biological sex."
- Q. Well, I mean, we just went through an example
 where, you know, if a delivery physician was to deliver
 a child, look at their -- look at the presence of
 male-only genitals and say, "This child's biological

sex is male," would you agree that it's not hard to figure out what they're talking about? MS. PICASSO: Object to form. But go ahead and answer, Dr. Taylor. I think it would be not hard to know what they were talking about, because we are -- they have defined that the way that they are making that distinction is by looking at the infant's genitals. That has been clearly defined by the physician or whatever person in the room making that distinction. Do you think that if the term "biological sex" is used in that context and it's understood -- and it's understood by the parties to mean what we just talked about, would you agree that the use of the term "biological sex" wouldn't be inherently offensive? MS. PICASSO: Object to form. But go ahead and answer. That's right. I think the term "biological

- A. That's right. I think the term "biological sex" can really only be used when there is a clearcut definition being provided for that term.
- Q. So is there a distinction, in your expert opinion, between the concepts of "biological sex" and "gender"?
- MS. PICASSO: Object to form.

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Go ahead and answer, Dr. Taylor.

- A. "Biological sex" and "gender"?
- 2 Q. Yes.

- A. Yes, I would say that there's quite a bit of distinction.
- 5 Q. Can you draw the distinction for us.
- 6 MS. PICASSO: Object to form.
- 7 But go ahead and answer, Dr. Taylor.
- 8 A. So, again, "biological sex" is a term that to
 9 me, in my opinion, is not particularly descriptive or
 10 encompassing of many things. And "gender" is a lot
 11 more -- "gender" is often kind of a -- more of a
 12 societal understanding of sex and the various, you
 13 know, roles or norms based on sex.
- 14 Q. So what's involved in determining sex?
- A. So there's -- there can be many different things; right? It's complex. The easiest to look for is one's genitals. But, then, there are often internal organs that can vary. There are chromosomes. There are hormones. There are hormones that the baby was exposed to in utero. There are hormones that the baby
- 21 is -- or that the child or pubescent is exposed to
- 22 post -- during puberty.
- There are quite a bit of things that go into the creation of someone's sex.
- 25 Q. Okay. If I can draw your attention to

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paragraph 15. I'm kind of wanting a little bit of an
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2
    education while I've got you here.
 3
                 So the -- I get -- from the general makeup,
    I get ". . . gonadal sex (presence of ovaries or
 4
    testes) . . ."
5
 6
                 Can you walk me through what "fetal
7
    hormonal sex" is for me.
             Yes. So "fetal hormonal sex," I wrote,
8
    Α.
    "production of sex hormones by the fetus or exogenous
    exposure of sex hormones to the developing fetus."
10
11
                 The fetus creates hormones too at various
12
    forms of gestation. So assuming everything is kind of
    going as planned and there's no variations or things
13
14
    throughout this process, a 46 XY fetus will create
15
    testosterone in utero and that is managed by the Y
16
    chromosome and; therefore, that fetus, if exposed to
    testosterone created by the fetus, will then
17
    differentiate into a male infant, assuming every single
18
    thing along the path goes as planned.
19
20
             Is that a -- so I understand that that's the
    Q.
21
    way it's supposed to go with an XY-producing
    testosterone as a -- as to the fetal sex hormones that
22
23
    are produced by the fetus.
24
                 Is it always the case that if you have XY,
25
    you're going to produce -- the fetus is going to
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- produce testosterone?
- A. Huh-uh.

2

- Q. Okay. Can you walk me through how that would happen where an XY chromosomal fetus would produce --
- 5 would not produce testosterone as expected.
- 6 A. I can't necessarily tell you all the examples.
- 7 It could be that an XY fetus produces testosterone but
- 8 the fetus then doesn't respond to that. Maybe there's
- 9 a -- like, an antigen insensitivity syndrome is a
- 10 disorder of sexual development where the XY fetus
- 11 creates testosterone but there is not receptors on the
- 12 cell to pick up the testosterone; and, therefore, that
- 13 signal isn't actually transmitted. So an XY-producing
- 14 fetus doesn't necessarily see the changes of
- 15 testosterone, if that makes sense.
- 16 Q. So would that affect the child's gonadal sex
- 17 | in that instance? Would there be -- would there be
- 18 different genitalia? Or would there be some sort of
- 19 difference from a -- from what's expected in fetal
- 20 development?
- 21 A. Yes.
- MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 24 A. Yes.
- 25 Q. What would the changes be?

A. You know, I would have to review my genetics textbooks to give you a full understanding. But my understanding is that those infants, even though XY at birth, present more with having female genitals because they did not -- it did not respond to the testosterone that was produced.

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- Q. Okay. Walk me through pubertal hormonal sex,
 8 if you could.
- 9 A. When an individual reaches puberty, the early
 10 stages of puberty, there are -- the brain and the
 11 gonads create different hormones to allow that
 12 individual to develop secondary sex characteristics;
 13 and that kind of creates the adult physiology.
 - Q. So in the natural progression of puberty, is it possible for an XY child with male genitalia who has been producing testosterone, is it possible naturally, so without intervention, for at puberty the hormones to change essentially from testosterone to estrogen or vice versa?
- MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 22 A. No. There are no conditions that I'm aware of that do that.
- Q. Okay. So if you're XY, if you have male genitalia, if you're -- if as a fetus you produced

- 1 testosterone as your sex hormone, that's not going to
- 2 change absent intervention at puberty? Is that fair?
- 3 A. As far as my understanding goes, that's
- 4 correct.
- 5 Q. Okay. And then if you could describe
- 6 "hypothalamic sex" for me.
- 7 A. So similarly, like when -- if a fetus is
- 8 exposed to -- let's say, testosterone, it's a sex
- 9 hormone, it could change that fetus's brain development
- 10 based on that testosterone exposure.
- 11 \mid Q. How would that manifest after -- how would
- 12 | that manifest?
- 13 A. I'm not exactly sure how it manifests
- 14 clinically. But if you, you know, were to obtain
- 15 | imaging or brain biopsy on autopsy, you know, you're
- 16 ultimately seeing variations in the brain based on
- 17 different hormonal exposures.
- $18 \parallel Q$. Okay. So in that -- in that instance, we
- 19 wouldn't have -- would that affect gonadal sex at all?
- 20 A. I don't know the answer to that question.
- 21 Q. Okay.
- 22 A. I don't think so, but I don't know the answer
- 23 to that question.
- 24 Q. Okay. And then the last one, if you could
- 25 describe "gender identity" for me.

- 1 A. The "gender identity" is your sense of who you
- 2 are and the gender with which you identify. And it's
- 3 kind of an innate thing that every, you know,
- 4 individual has. Every individual has a gender
- 5 identity. And it's -- yeah.
- 6 Q. Okay. Going to paragraph 16 --
- 7 A. Uh-huh.
- 8 Q. -- so children with ambiguous genitalia --
- 9 A. Uh-huh.
- 10 Q. -- that you referenced here, how common is
- 11 | that?
- 12 A. I don't have an exact number to reference in
- 13 front of me. But I would say that it's -- it's fairly
- 14 common. We see it.
- 15 Q. So fairly common, like, 1 in 1,000? 1 in 100?
- 16 Can you ballpark it for me at all?
- 17 A. I can't.
- 18 Q. Okay.
- 19 MS. PICASSO: Object. Calls for speculation.
- But go ahead.
- 21 || Q. (BY MR. RIEGER) Is there any literature that
- 22 would provide us the answer with how common children
- 23 born with ambiguous genitalia would be?
- 24 A. Certainly I feel that literature exists. I
- 25 | just can't name it off the top of my head.

Q. Okay. Do you know what journal or -- what journal or what organization you think would have reliable authoritative information on that subject?

MS. PICASSO: Object to form.

But you can answer, if you know,

6 Dr. Taylor.

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- 7 A. I think some journals on pediatric 8 endocrinology might have some specific figures that 9 you're looking for.
- 10 Q. Okay. Talk to me a little -- can you describe
 11 "Klinefelter syndrome" for me.
- 12 A. "Klinefelter syndrome" is a chromosomal
 13 disorder where individuals have an extra X chromosome.
- So instead of having a normal 46 chromosomes, either XX or XY, this is a -- this individual -- individuals with

Klinefelter's will have 47 chromosomes with an extra X.

- Q. Okay. Describe "Turner syndrome" for me.
- A. That is another chromosomal difference where an individual is actually missing a chromosome and they're missing an X chromosome. And so instead of having, again, the normal 46 chromosomes, they only
- have 45 and the missing chromosome is one of the X chromosomes.
- Q. Now, you note that both Klinefelter's and
 Turner syndrome are common. What did you mean by that?

- A. I mean, we see them clinically. I can't -again, I don't know the exact numbers of their
 incidence in the general population.
- 4 Q. I mean, I'll ask the same question, you know.
- Is it 1 in 1,000 will have Turner's or Klinefelter's?
- 6 Or 1 in 100? Or any idea?
- 7 MS. PICASSO: Objection, to the extent that it 8 calls for speculation.
- 9 But if you know, Dr. Taylor, you can 10 answer.
- 11 A. I do not know that number off the top of my
- 12 head.
- 13 Q. Okay. Would the -- would the pediatrics
- 14 literature you referenced earlier probably have that
- 15 information?
- 16 A. It could potentially have that information,
- 17 yeah.
- 18 Q. Okay. Can you think of anywhere else that
- 19 might have information about the prevalence of
- 20 Klinefelter's or Turner syndrome?
- 21 A. I'm sure there are multiple genetics textbooks
- 22 that could reference something similar to that about
- 23 the incidence of those conditions.
- 24 Q. Okay.
- MR. RIEGER: Give me just a second, please.

(PAUSE IN PROCEEDINGS.)

Q. (BY MR. RIEGER) So let me go to paragraph
No. 19, if I could, which is -- you know, you state
". . . in the event that one's gender identity does not
match their sex assigned at birth, one's gender
identity should be the determining factor of their
sex."

And there's an i.e. in transgender people which I think we all know the context of how this is arising. So is that in all situations? The gender identity in your opinion should always control?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. I struggle with saying "all." But, yes, I would -- I would say that gender identity, if there's a hierarchy, that one should be the most important one.
- Q. Can you think of any examples where you would believe that gender identity should not be the determining factor?
- 20 A. I cannot think of any specific examples off 21 the top of my head.
 - Q. Okay. What if a patient were not -- just in general, someone presented to you who was not competent to make any decisions involving their life, at that point should their gender identity control -- should

their gender identity be the determining factor of their sex?

MS. PICASSO: Object to form.

But go ahead and answer.

- A. I can't think of a situation where that has come up clinically or is clinically relevant.
- Q. Well, I'm asking for your opinion. If I presented you with a hypothetical that said that someone was incompetent at a fundamental level to make decisions about their own life and, then, that that's not questioned in this hypothetical, should their -- despite their incompetence, should their gender identity be the determining factor of their sex?

MS. PICASSO: Object to form.

But go ahead and answer.

- A. That seems, again, like a very challenging presumption of this hypothetical person that doesn't maybe exist or not. But if that person is able to articulate their gender identity, then I think that that gender identity should be respected.
- Q. Okay. So in your opinion, once gender identity is articulated, that's the ball game? The other factors -- gonadal sex, fetal hormone sex, pubertal hormonal sex, all of those that we discussed earlier -- those all immediately have to fall to the

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wayside in favor of gender identity?
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             MS. PICASSO: Objection. Misstates testimony.
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                 But go ahead and answer, Dr. Taylor.
              I think it should be the determining -- the
 4
    Α.
    gender identity should be the determining factor and
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6
    should, you know, kind of rank above those other things
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    that you identified.
8
             Okay. So if someone presented with a
    chromosomal XY, gonadal sex was the presence of male
    sexual organs, fetal hormonal sex was the production of
10
    testosterone, pubertal hormonal sex was the continuing
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    production of male sex hormones, and then in
    hypothalamic sex, assuming that there was a normal XY,
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14
    no variations in their brain structure and function,
15
    and then gender identity was the one category in which
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    did not meet up with a designation of male for sex,
    it's your opinion that in that case the sex would be
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    determined to be female; is that correct?
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             That's correct.
19
    Α.
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    Q.
             Okay.
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                  (One-minute recess was taken at 1:15 p.m.)
22
              (BY MR. RIEGER) I'd like to draw your
    Ο.
23
    attention to paragraph No. 30.
24
             Okay. Let me find where I was here.
25
                 (PAUSE IN PROCEEDINGS.)
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- A. Paragraph No. 30, yes.
- 2 So I want to talk to you about the first two Ο. 3 sentences. "The proposed Act would have a sign that specifically mentions the term "biological sex." This 4 term has no place or meaning in either science or 5 6 medicine, because experts who study sex and gender 7 understand that the biology and identity of a human 8 being is far more complex than what can be identified 9 on an individual's genital anatomy or chromosomal
- Do you still agree with those two sentences
 as they're put forth in your expert report?
- 13 A. Yeah. Those are -- that is my -- that is my 14 opinion about that term, yes.
- 15 Q. Okay. If I could get you to pull up --
- MR. RIEGER: And if we could have it marked as
- 17 Exhibit 4 as Exhibit B, the "DSM V Excerpt."
- 18 THE WITNESS: Uh-huh.
- 19 (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
- 20 4 TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
- 21 HERETO.)

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evaluation."

- 22 Q. (BY MR. RIEGER) And, Dr. Taylor, if I could
- 23 point you to page 15 in the "Introduction" under the
- 24 subject line "Gender Differences."
- 25 A. Uh-huh.

- Okay. If I'm reading this correctly, starting 1 Q. 2 about halfway down the first paragraph, it says, 3 "'Gender differences' are variations that result from biological sex as well as an individual's 4 self-representation that includes the psychological, 5 behavioral, and social consequences of one's perceived 6 7 The term 'gender differences' is used in DSM-5 8 because, more commonly, the differences between men and women are a result of both biological sex and 9 10 individual self-representation. However, some of the 11 differences are based on only biological sex."
- My question is: When the DSM-5 -- first,
 do you know what the DSM-5 is?
- 14 A. Yes, I'm aware.
- 15 Q. Okay. Can you describe it for us.
- 16 A. It's the "Diagnostic and Statistics Manual"
- 17 that's frequently used to help explain and identify
- 18 most mental and emotional disorders.
- 19 $\ \ Q$. Do you know if it's an authoritative source?
- 20 A. It is generally well-respected as an
- 21 authoritative source amongst those that reference it.
- 22 Q. Okay. Do you know if it's subjected to peer
- 23 review or if any of the individual sections are
- 24 subjected to peer review?
- 25 A. I'm not 100 percent sure, but I imagine that

it is subject to peer review.

Q. Okay. So do you think that when the DSM-5 references "biological sex," that this source is using a term that has no place or meaning in either science or medicine?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

A. So I think the DSM over time has -- with each variation and each version has shifted the way that they've talked about gender and gender identity and gender dysphoria. And I also think it's a little bit tough because you've only provided one page of the DSM; where I think, you know, it's certainly possible that later on they clarify and identify what that term means in a little bit more detail, so that the reader, you know, fully understands what they're trying to say.

But, yeah, I still generally feel that while the DSM uses that term, I think that there could be a better term to use.

Q. But you stand by your statement in your expert report that the term "biological sex" has no place or meaning in science or -- in either science or medicine; is that correct?

A. I guess with the thought that unless it is very clearly defined, so that the reader understands

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1 what the author is trying to say.
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- 2 Q. What's the current version of the -- and I
- 3 apologize for the record. Do you agree that when I say
- 4 "DSM-5" I'm referencing the Fifth Edition of the
- 5 | "Diagnostic and Statistical Manual of Mental
- 6 Disorders"?
- 7 A. Yes.
- 8 Q. Okay. What's the current version of the DSM?
- 9 A. I believe they're on 5.
- 10 Q. Okay. If I could, I would like to point you
- 11 to --
- 12 MR. RIEGER: And if we could have marked as
- 13 Exhibit 5, which is Exhibit C. It's the "Heino Gender
- 14 Dysphoria Article."
- 15 THE WITNESS: Uh-huh.
- 16 (WHEREUPON, A DOCUMENT WAS MARKED AS EXHIBIT
- 17 | 5 TO THE TESTIMONY OF THE WITNESS AND IS ATTACHED
- 18 ∥ HERETO.)
- 19 Q. (BY MR. RIEGER) And, Dr. Taylor, do you have
- 20 that in front of you?
- 21 A. I do.
- 22 Q. Okay. Are you familiar with -- are you
- 23 familiar with this article?
- 24 A. Only because you've provided it to me
- 25 recently, yes.

- Q. Okay. This article uses the term "biological sex," does it not?
- 3 A. Yes. And then they specifically say
- 4 | "biological sex at birth."
- 5 Q. Is your expert opinion around the term
- 6 | "biological sex" -- is your expert opinion on the term
- 7 | "biological sex" as referenced in your expert report
- 8 different from any opinion you might have on the term
- 9 | "biological sex at birth"?
- 10 A. I think "biological sex" --
- 11 Q. I apologize. Let me strike that. That was
- 12 unclear.
- 13 Your expert report provides an opinion on
- 14 the use of the term "biological sex." Would you have a
- 15 different opinion about the term "biological sex at
- 16 birth"?
- 17 A. I think it's maybe a little bit -- provides a
- 18 little bit more clarity to the reader.
- 19 Q. Would that term -- the term "biological sex at
- 20 | birth," would that carry -- would that constitute a
- 21 controversial political term?
- MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 24 A. I don't know.
- 25 Q. Okay. Do you think that the term "biological

sex at birth," if required to be placed in public locations near bathrooms, would run the risk of worsening gender dysphoria or those with a different gender identity than their sex at birth?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. Yes, I think that the term "biological sex at birth" could -- displayed on a bathroom sign could still be -- increase feelings of gender dysphoria for transgender individuals.
- 11 Q. You describe -- you opine in -- you opine that
 12 the use of "biological sex" is a controversial
 13 political term. Could you describe that, why it's
 14 controversial and why it's political.
 - A. It's -- again, for those of us that do this work, we understand that it's a very -- that gender and sex is really complicated. And when there are legal actions that are being taken that would specifically target a transgender individual or population, the term that is frequently used or often used is "biological sex."
 - Q. Let me ask you this question: Is the term "biological sex" problematic? Or is it peoples' perspective of the term in the context in which it's used that -- where the term "biological sex" becomes

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politically controversial?
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             I would say that it's both.
    Α.
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             Okay. So just going out and saying
    Q.
    "biological sex" -- so having a conversation with
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    someone and using the term "biological sex" in whatever
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    context is automatically controversial and political?
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7
    Is that your opinion?
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             MS. PICASSO: Object to form.
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                 But go ahead and answer, Dr. Taylor.
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    Α.
             No, I wouldn't necessarily say that.
             Okay. So the term "biological sex" can be
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    spoken or referenced without being controversial and
    political; is that correct?
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             As I mentioned before, I think the term
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    "biological sex" is not a particularly clear term.
                                                          So
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    I can't necessarily speak to -- it's in a different
    context how it could potentially be perceived.
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             So in the excerpt we just read from the DSM-5,
    do you think that the DSM-5 was being political and
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    controversial?
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             MS. PICASSO: Object to form.
                 But go ahead and answer.
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23
              I don't think that their intentions were to be
    Α.
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    political and controversial, but I do think that there
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are better terms that could have been used or clearer

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terms that could have been used.
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             So take -- so -- let me ask it a different
    Q.
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    way.
                 Do you think when the DSM -- regardless of
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    their intent and what they intended, do you think when
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    the DSM uses the term "biological sex," they're using a
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    term that's political and controversial?
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             Ask that question again, please.
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             Sure. So you answered me in terms of intent;
    Ο.
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    that you don't think the DSM-5 intended to be political
11
    or controversial. And what I'm asking you is:
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    Regardless of their intent, is it your expert opinion
    that when the DSM-5 uses the term "biological sex,"
13
    regardless of their intent, that they are using a
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    political and controversial term?
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- A. Yeah, I would think that they are using, indeed, a political and potentially controversial term.
- Q. Okay. So let me expand it out, then.

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So regardless of intent, you know, regardless of whether or not it's, you know, the challenged state law or scientific literature, it's your expert opinion that the use of the term "biological sex" is always political and controversial; is that correct?

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MS. PICASSO: Object to form. Misstates the

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- 1 testimony.
- 2 You can answer, Dr. Taylor.
- 3 A. Yeah. No, I don't -- I don't think that
- 4 that's true.
- 5 Q. Okay.
- 6 A. I think --
- 7 Q. I'm sorry. Please continue. That was my
- 8 mistake.
- 9 A. Go ahead.
- 10 Q. So if it's not regardless of intent always
- 11 political and controversial, where is the line, in your
- 12 expert opinion? When does the term "biological sex"
- 13 become political and controversial, if it's not always
- 14 so?
- 15 A. Right. So I don't think it's political or
- 16 controversial when the person who is using that term
- 17 clearly defines it. It's not necessarily the term.
- 18 It's the fact that it can be interpreted in many
- 19 different ways by many different readers.
- 20 Q. Is it possible to interpret the term
- 21 | "biological sex" as not controversial or not political?
- 22 Is it in the eyes of the beholder situation?
- 23 \blacksquare A. I don't know the answer to that.
- 24 Q. Okay. So do you think that if the term
- 25 | "biological sex" was undefined, that it is always

- controversial and political, if there's no definition 1 2 attached to it?
 - I mean -- ask the question again.
- Sure. So you said that the term "biological 4 Ο. sex" would not be political or controversial if there 5 6 was a definition attached to it. That was -- that was 7 an okay definition.
 - Is it your expert opinion that without a definition, the term "biological sex" is always controversial and political?
- I don't know if I can speak to every single 11 12 example in which that term is used. But I would say it 13 is my expert opinion that that term is not -- is 14 oftentimes political or controversial and is often not 15 the best word choice that could be used.
- 16 So you say "oftentimes." When is it not political or controversial? Is it just in that definition?
- I can't think of any specific examples, off 19
- 20 the top of my head, as every single time when it would 21 not be.
- 22 Okay. Okay.

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23 How does use of the term -- in your expert 24 opinion, you opine that posting the term "biological 25 sex" on every public bathroom in the state of Tennessee

runs the risk of worsening gender dysphoria for those that suffer from the condition. Can you explain that to me a little bit.

- A. When a person uses the bathroom and they have a lived experience of living with gender dysphoria or a condition that causes them oftentimes distress or depression based on the fact that their sex assigned at birth is different than their gender identity and that person has to do something as simple as going to the restroom, let's say, at a restaurant where they are then reminded that their state and their community feels that they are a threat to other people where they then need to declare that that bathroom, you know, can serve transgender patients, I believe that that will —can increase gender dysphoria.
- Q. So is it your expert opinion that the term

 "biological sex," when posted on public bathrooms, is

 stigmatizing and that it is the reminder of that stigma

 that creates the risk of worsening gender dysphoria?

 A. Yeah. I think that's one way to say it. I

 think it's a reminder of the fact that the person is in

 a community or a state or a region where they're deemed

 a threat to public safety to the point where they -
 each, you know, business is required to post a sign

 that they serve transgender --

Q. So it's the -- I apologize.

So is it the -- so is it the reminder -- strike that, please.

Is your expert opinion based -- in the one, two, three -- in the third sentence, you use the phrase "posted on every public bathroom in the state of Tennessee is dangerous and distressing." Is your expert opinion based on the -- based on the understanding that this notice would be on every public bathroom in the state of Tennessee?

- A. I don't understand your question.
- Q. So you note that having this controversial and political term, one that has no meaning -- has no value or meaning in medicine and science posted on every public bathroom in the state of Tennessee is dangerous and distressing, further running the risk of worsening gender dysphoria for those that suffer from the condition.

Is your expert opinion based upon an understanding that a sign with the term "biological sex" would have to be posted on every public bathroom in the state of Tennessee?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

A. I still don't really feel like I understand

- exactly what you're asking me. I think having this sign on every bathroom would be dangerous and distressing.
 - Q. So in your expert opinion, it's there's an understanding that the sign would need to be posted on every public bathroom? Is that accurate?

MS. PICASSO: Object to form.

But go ahead and answer.

- A. My understanding of the law -- or my understanding -- yeah. My understanding of the law was that public, you know, businesses and establishments and institutions would be required to post that sign.
- 13 Q. Okay. So all of them. As you just described?
 - A. I don't know. I would have --
- MS. PICASSO: Object to form.
- But go ahead and answer, Dr. Taylor.
- 17 A. I'd have to be shown the original text of the law for me to see if there were any exceptions.
- 19 Q. Okay. Okay.

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- So do you stand by the use of the term in your expert opinion "every public bathroom"?
- 22 A. Unless you can display the original language
 23 of the law to me that I can review it, then that's what
 24 I'll -- then I stand by it, unless you can show me
 25 otherwise.

Q. Does the -- would a bathroom having a sign that references -- a sign that references sex, say male or female, would that -- could that possibly risk worsening gender dysphoria as compared to a unisex bathroom?

MS. PICASSO: Object to form.

But go ahead and answer, Dr. Taylor.

- A. Yeah, that's -- that's possible.
- Q. Okay. So am I right that the harm is based upon the reaction of the person who sees it? Is that a fair characterization?
- MR. RIEGER: Object to form.

But go ahead.

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- 14 A. I think there are probably several levels.
- 15 But I think that that's part of it, yeah.
- 16 Q. Okay. What are the other levels?
- 17 A. Can you clarify your initial question, please?
- 18 0. Sure. Sure.
- So I asked you -- I asked you whether or not the harm, the risk of worsening gender dysphoria, is based upon the reaction to somebody who sees the sign. And this came after you said that, you know, someone seeing a male and female sign could sometimes be problematic. And what I'm trying to ask is whether

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or not that's based on the individual who sees it or

just in general.

A. I think -- I think both. I think it's problematic for the person who is faced with the decision to go to the bathroom and being faced with this sign. I think it's also a larger scale as being a member of a community whose state legislature feels that it's appropriate to put up that sign.

Q. Okay. Now, is it possible that someone who has gender dysphoria could see the sign that's proposed by the challenged law and not think -- not risk worsening their gender dysphoria or having any -- or not thinking that it's dangerous and distressing?

A. Sure. That's certainly possible.

Q. So is there any way to know in advance who would have that issue of thinking the sign is dangerous and distressing and -- you know, someone with gender dysphoria, is there any way to tell whether or not, in advance of them seeing the sign, that seeing that sign would worsen their gender dysphoria or be dangerous or distressing to them?

A. No, not that I'm aware of.

Q. Okay. Would it just be in -- you know, does it depend on what they think it represents? What someone with gender dysphoria, if they saw the sign, is the harm that you described, that it's dangerous and

- distressing and runs the risk of worsening gender
 dysphoria, is that based upon their perception of what
 the sign and use of the term "biological sex"
 represents?
- 5 A. Again, I think that that's part of it, for 6 sure.
- Q. Okay. And the other part being the sort of penumbral societal issue that you've talked about; is that right?
- 10 A. Yeah.

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now.

- Okay. Are there any other -- are there any other facets of harm besides that, you know, person by person, you know, it's dangerous, distressing, worsening gender dysphoria, and the societal aspect, are there any other facets of harm that you think would be caused by the sign referenced in the challenged law?
 - A. I'm sure --
- MS. PICASSO: Object to form.
- 19 But go ahead and answer, Dr. Taylor.
 - A. I'm sure there are plenty. And if -- you know, given time, I could maybe think of others. But those are the overarching ones that I'm seeing right
- Q. Okay. Have you had any -- without going into patient identity, without broaching any sort of

- confidentiality, have you had a patient who has -- who has had worsening gender dysphoria for seeing the term or having the term said to them "biological sex"?
 - A. No, not specifically that --
- 5 Q. Okay.

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- A. Nobody has come to my office and said, "I read this term and that made my dysphoria worse."
- 8 Q. Okay. Are there common -- this is -- I'm not a doctor. I'm a lawyer. So forgive me if this is -- this is imprecise or a problem. Feel free to correct me.
 - Are there common triggers for worsening gender dysphoria that are common in your practice?
- 14 A. Yes.
- 15 Q. What are those?
- A. There are many upon many upon many. But one of them could be discrimination that patients are facing in their communities or at their schools or in their families. You know, they can be -- I mean, there are countless reasons why people come to me or reasons to tell me that their dysphoria is worsening.
- For fear -- like, in my young -- my young

 patients, fear that they will no longer be able to

 legally access hormonal treatment; that that could

 potentially be taken away from them. They lose

insurance. They can potentially lose access to their treatment.

There are many things that -- I mean, hundreds -- of why somebody would come to my office and be feeling more dysphoric than prior.

- Q. But in your opinion, in your years of practice, the term "biological sex" isn't one of those common triggers for worsening gender dysphoria?
- 9 A. No. That has not been something that somebody
 10 has come to my office and complained about
 11 specifically.
- 12 Q. Okay. Okay.

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MR. RIEGER: Well, that will do it for me. I believe that your counsel wants to take a break and then ask you a couple more questions. I can't promise that I'm done. Because, you know, I may, depending on the cross, have one or two.

But I'm ready to take that break, Malita, if you are to go from there.

MS. PICASSO: Yeah. Is there any way I could just have like a ten-minute break? I just have to run to the restroom. Is that all right?

MR. RIEGER: Of course.

MS. PICASSO: All right. Cool.

MR. RIEGER: Thank you, Dr. Taylor, for

1 sitting with us so close to the holidays. We really do 2 appreciate it. 3 THE WITNESS: Uh-huh. No problem. MS. PICASSO: Thanks. 4 (Nine-minute recess was taken at 1:43 p.m.) 5 6 MS. PICASSO: So I just have a very few 7 questions to follow up with, Dr. Taylor. Thanks again 8 for being with us so long. 9 EXAMINATION 10 BY MS. PICASSO: So earlier you testified a bit about gender 11 12 identity in response to Mr. Rieger's questions. 13 just want to ask: Is there a biological component to 14 gender identity? 15 Yes, we believe that there is. Α. 16 Okay. And is it your opinion that gender identity is one of the components that establishes a 17 person's sex? 18 19 I do believe that, yes. 20 Okay. And would you say also that brain Q. 21 development, which you testified to earlier, would you characterize that as a biological process? 22 23 Yes. Α. 24 Okay. Thank you.

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And one more question. You testified

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earlier about your deposition and testimony in the
1
2
    Lambda Legal case. I believe it's Gore; is that
3
    correct?
 4
             Uh-huh.
5
             Okay. And I'd just like to clarify.
6
    just wanted to ask: Was the subject matter of your
    testimony in -- actually. Strike that.
7
                 Are the issues involved in Gore the same
8
    issues that are involved in this case?
9
10
             MR. RIEGER: Object to the form.
11
                 Go ahead.
             There are a lot of similar overlapping themes
12
    between my Gore testimony and this Bongo testimony.
13
14
    Ultimately, my concern is this is the same for each of
15
    them, although the content of both testimonies differ
16
    in a lot of ways.
17
    Ο.
             Okay, then.
             MS. PICASSO: Thank you. That is all for me.
18
19
    Thank you.
20
             MR. RIEGER: No redirect. We are done.
21
                  (WHEREUPON, the proceedings concluded at
22
    approximately 1:57 p.m.)
23
24
25
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1	AMENDMENT SHEET
2	I, the undersigned, SHAYNE TAYLOR, M.D., do hereby certify that I have read the foregoing
3	deposition in the case of BONGO PRODUCTIONS vs. CARTER LAWRENCE and that, to the best of my knowledge, said
4	deposition is true and accurate with the exception of
5	the following corrections listed below:
6	PAGE/LINE/REASON
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21	1/30/2022 XYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22	Date Signature of Witness
23	Sworn to and Subscribed before me,, this day of, 2022.
24	this day of, 2022.
25	Notary Public My Commission Expires
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1	
1	REPORTER'S CERTIFICATE
2	STATE OF TENNESSEE)
3	COUNTY OF SHELBY)
4	
5	I, LYNETTE L. MUELLER, LCR #351, RDR, CRR, FAPR, and Notary Public for the State of Tennessee, do
6	hereby certify that the above transcript of proceedings was reported by me and that the foregoing transcript,
7	consisting of Pages 1-115, at the time and place set forth in the caption thereof, were stenographically
8	reported by me; constitute a true and correct transcript of said proceedings to the best of my
9	knowledge, skills, and ability.
10	I FURTHER CERTIFY that I am not related to any of the parties named herein, nor their counsel, and
11	have no interest, financial or otherwise, in the outcome or events of this action.
12	I FURTHER CERTIFY that I am duly licensed
13	by the Tennessee Board of Court Reporting as a Licensed Court Reporter as evidenced by the LCR number and
14	expiration date following my name below.
15	I FURTHER CERTIFY that the right to read and sign was requested.
16	IN WITNESS WHEREOF, I have hereunto affixed
17	my official signature and seal of office on 6th of January, 2022.
18	
19	
20	
21	LYNETTE L. MUELLER, LCR, RDR, CRR, FAPR
22	LCR NO. 351, Expires June 30, 2022 Tennessee LCR No. 351
23	Mississippi CSR No. 1794 Arkansas CCR No. 788
24	Notary Public at Large For the State of Tennessee
25	Commission Expires August 17, 2025
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