IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

DYLAN BRANDT, et al.,	:	
Plaintiff,	:	
v.	:	Case No. 4:21-CV-00450-JM
LESLIE RUTLEDGE, et al.,	:	
Defendant.	:	

RESPONSE IN OPPOSITION TO DEFENDANTS' MOTION TO EXCLUDE PLAINTIFFS' EVIDENTIARY DEPOSITION DESIGNATIONS

Plaintiffs designated portions of the deposition of Dr. Rhys Branman, a Defendant in this action and a member of Defendant Arkansas State Medical Board ("Board"), for use at trial. Defendants' Motion to Exclude objects to every line of Plaintiffs' designations based on three objections; none has merit.[1]

First, Defendants claim that all of Dr. Branman's testimony is irrelevant. As addressed below and in the accompanying *Appendix A: Responses to Objections*, each of the designated portions of Dr. Branman's deposition is relevant

[1] Many of Defendants' arguments in its Motion to Exclude Dr. Branman's testimony repeat arguments already made to exclude the deposition designations of Amy Embry, the Federal Rule of Civil Procedure 30(b)(6) designee of the Board. (*See Defendant's Motion to Exclude Plaintiffs' Evidentiary Deposition Designations and Incorporated Brief in Support*, ECF 158.) Plaintiffs' have already demonstrated why those objections are misplaced. (*See Response in Opposition to Defendants' Motion to Exclude Plaintiffs' Evidentiary Deposition Designations,* ECF 163.) The arguments made in Plaintiffs' earlier Response apply here as well.

to this action because it relates to the State's alleged interests in enacting the Healthcare Ban and the harms that the Healthcare Ban will inflict on transgender minors in Arkansas. *Second*, Defendants argue that many portions of Dr. Branman's deposition constitute improper lay opinions or legal conclusions. But Dr. Branman testified "about facts within his . . . range of generalized knowledge, experience, and perception." *United States* v. *Espino*, 317 F.3d 788, 797 (8th Cir. 2003). He did not offer legal conclusions or opinions that relied on scientific literature and studies. *Third*, Defendants assert that a few portions of Dr. Branman's deposition were speculative because he lacks knowledge of how the Board "may act in the future or in a hypothetical scenario."[2] This position is meritless. The testimony challenged by Defendants relates to Dr. Branman's own medical practice and experience treating patients, and therefore does not require speculation on his part.[3]

---

[2] (*Defendant's Motion to Exclude Plaintiffs' Evidentiary Deposition Designations and Incorporated Brief in Support*, ECF 172 ("Motion"), ¶ 11.)

[3] Defendants' Motion to Exclude identifies a number of objections based on Plaintiffs' supposedly "designating incomplete testimony under Rule 106." (Motion, ¶ 12.) "To sustain a Rule 106 objection, the party urging admission of an excluded conversation must specify the portion of the testimony that is relevant to the issue at trial and that qualifies or explains portions already admitted." *McCoy* v. *Augusta Fiberglass Coatings, Inc.*, 593 F.3d 737, 747 (8th Cir. 2010) (citation omitted). Plaintiffs did not object to any of Defendants' counter-designations and Defendants' Motion does not offer additional designations they believe are necessary to "qualif[y] or explain[]" a portion of the testimony designated by Plaintiffs. *Id.*

Plaintiffs' designations pertain to relevant testimony that is admissible under the Federal Rules of Evidence ("FRE").[4] As such, under Federal Rule of Civil Procedure ("FRCP") 32(a), this Court should allow all of Plaintiffs' designations of Dr. Branman's deposition to be used at trial.

I. Plaintiffs' Deposition Designations are Admissible Under the Federal Rules of Evidence

A. Plaintiffs' Deposition Designation are Relevant.

FRE 401 and 402 provide that "relevant evidence is admissible" at trial, and that "evidence is relevant if it has a tendency to make a fact more or less probable than it would be without the evidence and the fact is of consequence in determining the action." Defendants claim that Dr. Branman's testimony is irrelevant in its entirety, and challenge the relevance of every one of Plaintiffs' deposition designations.[5] But evidence is relevant if it pertains to a claim in the action, and Dr. Branman's testimony—as a Defendant in this action, a member of the State entity charged with regulating the field of medicine and enforcing the Healthcare Ban, and a physician licensed to practice medicine in Arkansas—relates to whether the Healthcare Ban is sufficiently related to the government's asserted interests and to the harms that would result should the law be enforced.

---

[4] Plaintiffs respond to each of Defendants' objections with particularity in the attached appendix. *See* Appendix A: Responses to Objections.

[5] (*See* Motion, ¶¶ 7, 9.)

Plaintiffs allege violations of the Equal Protection Clause, the Due Process Clause, and the First Amendment of the United States Constitution.[6] For each of these claims, one element is the relationship of the law to the government's stated interests.[7] Dr. Branman's testimony provides evidence that makes it less probable that the Healthcare Ban is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. His testimony also provides evidence that makes it difficult to credit the government's asserted interests in the Healthcare Ban at all. *See*, *e.g.*, *Romer* v. *Evans*, 517 U.S. 620, 635 (1996) (invalidating state constitutional amendment under rational basis review when asserted interests were "impossible to credit" given the facts). This testimony is relevant.

First, the State has argued throughout this litigation that the Healthcare Ban is necessary to protect minors from medical treatments that are "experimental" or present serious risks. Yet Dr. Branman—a Defendant in this suit tasked with enforcing the Healthcare Ban—does not believe that the State's asserted

---

[6] (*See Complaint for Declaratory and Injunctive Relief* (ECF 1), ¶¶ 171, 178, 187.)

[7] Heightened scrutiny on the Equal Protection claim requires that the statute be substantially related to an important government interest. *Sessions* v. *Morales-Santana*, 137 S. Ct. 1678, 1690 (2017). Heightened scrutiny on the Due Process and First Amendment claims requires that the statute be narrowly tailored to a compelling government interest. *Washington* v. *Glucksberg*, 521 U.S. 702, 721 (1997); *Reed* v. *Town of Gilbert*, 576 U.S. 155, 163 (2015). The government bears the burden of proof under heightened scrutiny. Even under rational basis review, there has to be a rational relationship between the law and a legitimate government interest. *U.S. Dep't of Agric.* v. *Moreno*, 413 U.S. 528, 533 (1973).

justifications warrant banning the healthcare prohibited by the Healthcare Ban. The deposition designations challenged by Defendants include Dr. Branman's testimony that he performs procedures that pose "significant physical risks" and may cause irreversible consequences,[8] provides surgeries that present serious risks to adolescents to improve their well-being,[9] and does not believe that all of the treatments he offers are backed by "double-blind controlled trials."[10] In other words, Dr. Branman treats patients with procedures that share many of the features that the State believes justify a categorical ban on gender-affirming medical care. But contrary to the arguments asserted on his behalf in litigation, Dr. Branman testified that he does not believe that those features mean that the risks of the care he provides outweigh the benefits, nor does he support a ban on gender-affirming medical care.[11]

---

[8] (Exhibit 1, *Deposition Transcript of Defendant Dr. Rhys Branman, M.D.* ("Branman Dep. Tr.") at 31:6-12 ("Would that be correct, then, that there are procedures for whom – or for which the benefit is improved well-being but there are significant physical risks? . . . / A. Yes. That may be true."); 31:24-32:3 ("[D]o some of the procedures that you offer have irreversible consequences for patients?/ A. Irreversible consequences?/ Q. Yes./ A. Yes.").)

[9] (*Id.* at 42:7-42:9 ("Do you currently offer medical care to adolescents?/ A. Occasionally."); 47:11-21 ("But there would be some patients for whom the benefit of the cosmetic surgery is their—their well-being?/ A. Yes. . . . Q. Okay. And would it be true that surgical treatments have risks for adolescents just like they would for anyone else?/ A. Yes.").)

[10] (*Id.* at 29:5-14 ("[H]as there been some kind of experimental trial for all of – all of the procedures you provide?/ . . . A. "Experimental trial," I am not sure that that terminology applies. I would say double-blind controlled studies for – to see if these procedures are effective? Yes. In many of the procedures, I did./ Q. Okay. But you wouldn't say all?/ A. I would not say all.").)

[11] (*Id.* at 33:18-23 ("So the procedures you perform, you think the benefits outweigh the risk, and those procedures should not be banned; is that correct?/ A. I believe the procedures that I do perform, the benefits outweigh the risks, that's correct."); 149:20-150:4 ("Would you support a law banning care when the doctor, the adolescent patient, and their parent all agree that the gender-

It is plainly relevant to the constitutionality of the Healthcare Ban that a state official tasked with enforcing that law does not believe the State's asserted interests support its action.[12]

Second, the State has defended its ban on gender-affirming medical care by pointing to its concerns about how that care is being provided, including its concern that minors are receiving treatments without informed consent. Dr. Branman's testimony shows that the Board did not recommend similar action, and did not even consider a ban on care, in response to known issues involving the improper use of other medical treatments.[13] As a Defendant in this action responsible for regulating the profession of medicine in Arkansas, Dr. Branman's

---

affirming medical care would be effective?/ . . . A. Would I support a ban? Would I personally agree with that? I would not agree with it.").) As Defendants note, there was a scrivener's error for this portion of testimony in the Plaintiffs' designation. The proper designation should start at 149:20 and end at 150:4.

[12] Dr. Branman also testified about whether he currently provides gender-affirming medical care or would be comfortable performing gender transition procedures. (Exhibit 1, Branman Dep. Tr. at 24:16-25:1.) That testimony is relevant, as the Board's FRCP 30(b)(6) witness, Amy Embry, testified that Board member's personal views inform their decision as Board members. (*See* Exhibit 2, *Deposition Transcript of Arkansas Medical Board: Amy Embry 30(b)(6) Representative* ("Embry Dep. Tr.") at 170:6-16.)

[13] Specifically, Dr. Branman testified that even though the Board was aware of complaints related to a jail doctor who was prescribing the drug Ivermectin to treat Covid-19, the Board never considered banning that care. (Exhibit 1, Branman Dep. Tr. at 82:14-18 ("During that process, after receiving that complaint, did the Board ever consider pursuing a regulation to ban the use of ivermectin to treat COVID?/ A. No.").) When asked if such a ban would be appropriate for "ivermectin or hydroxychloroquine to treat COVID-19," Dr. Branman replied "I believe that . . . could be against the Medical Practices Act." (*Id.* at 85:5-9.) Relatedly, Dr. Branman testified that the system of medical regulation in place for other treatments is effective. (*Id.* at 88:18-89:6.)

testimony that the Board did not consider banning care when faced with serious risks in the past is relevant to evaluating the State's asserted interests (and possible unstated motives) in banning care provided only to transgender minors. Moreover, it illustrates that the State is treating gender-affirming medical care differently than comparable treatments, which reinforces Plaintiffs' argument that the Healthcare Ban targets patients based on their transgender status and sex.

Third, the State asserts that the Healthcare Ban prevents the supposed harms of gender-affirming medical care. But Dr. Branman acknowledged during his deposition that the Healthcare Ban would itself cause serious harm to minors.[14] That testimony, provided by a state official who would have to discipline doctors for providing gender-affirming medical care if the Healthcare Ban goes into effect, undermines the State's asserted justification for its law and makes it more probable that the State's rationale is pretextual.[15]

Fourth, Dr. Branman testified about the ways that the Healthcare Ban departs from the ordinary practice of medicine in Arkansas and creates conflicts with

---

[14] (Exhibit 1, Branman Dep. Tr. at 129:21-130:3 ("The last sentence there is: 'The young people who are currently under a doctor's care will be left without treatment when this law goes into effect.'/ A. Yes. I believe that's possible./ Q. Okay. And do you share the Governor's concern about that?/ A. Yes, I do.").)

[15] Relatedly, Dr. Branman also testified that he was unaware of any complaints submitted to the Board concerning gender-affirming medical care, further undermining the State's interest in singling out this care. (*Id.* at 103:7-10.)

the professional obligations that Arkansas places on doctors. Specifically, Dr. Branman explained his understanding of a doctor's ethical obligation to not abandon a patient,[16] the broad authority typically afforded to doctors to determine appropriate medical care in consultation with their patients,[17] and the ways in which a total ban on healthcare conflicts with those principles.[18] The State's willingness to change its ordinary practices regarding the regulation of medicine to target transgender minors is relevant to whether the Healthcare Ban is motivated by animus rather than a genuine concern for the health and safety of children in Arkansas.

Taken together, Dr. Branman's testimony makes it more probable that the State's asserted justifications for its law are at best weak or at worst pretextual and that the Healthcare Ban imposes serious harms on Plaintiffs. As such, each portion of his testimony designated by Plaintiffs is relevant to the central question in this case: whether the Healthcare Ban can survive scrutiny under the Constitution.

---

[16] For instance, Dr. Branman testified that "[i]t would be unethical for [a patient in need of continuing care] not to have some type of care, whether it's me or another physician. For example, if they left the state and they needed to be seen by someone, I would try to refer them to somebody." (Exhibit 1, Branman Dep. Tr. at 41:18-22.)

[17] When asked if "the standard practice . . . is that doctors, in consultation with their patients, determine appropriate treatments in each case," Dr. Branman replied: "I believe the doctor-patient relationship allows for them to come to a mutually agreeable treatment." (*Id*. at 86:3-12.) He then confirmed that standard practice applies to "treatments that pose serious risks." (*Id.* at 86:13-14.)

[18] (*Id.* at 91:6-8 ("[I]s it your view that a ban on medical care would conflict with the Arkansas Medical Practices Act?/ A. I believe so. I think that, like I said, physicians do have broad prescriptive and treatment authority under their medical licenses.").)

B. Plaintiffs' Deposition Designations do not Constitute Improper Lay Opinion or Legal Conclusions.

Defendants object that "it is improper and inadmissible" to "draw a legal conclusion from the testimony of Dr. Branman," and that "because Dr. Branman is not an attorney, it renders any of his lay opinions on the meaning of a law irrelevant under Rules 401 and 402."[19] Defendants also assert that "Dr. Branman has not been identified as an expert witness for purposes of this case," and therefore cannot offer "testimony that would elicit opinions requiring scientific or specialized knowledge."[20]

Dr. Branman's testimony does not include any legal conclusions, nor does it reflect "scientific, technical, or other specialized" knowledge. FRE 701 and 702 outline admissible opinion testimony by a lay witness and an expert witness. "Rule 701 permits . . . testimony if it is based on relevant historical or narrative facts that the witness has perceived." *Espino*, 317 F.3d at 797 (internal citation and quotation marks omitted). "The general application of Rule 701 indicates that a lay witness may testify about facts within his or her range of generalized knowledge, experience, and perception." *Id*.

---

[19] (Motion, ¶ 10.) As with the State's relevance argument, this argument mirrors the State's Motion to Exclude the deposition designations of Amy Embry, and can be rejected for the same reason.

[20] (*Id.*, ¶ 10.)

Here, Dr. Branman testified about matters well within his knowledge and experience. *First*, many of the designations challenged by Defendants relate to Dr. Branman's own medical practice. For instance, Dr. Branman testified about his personal assessment of the risks and benefits of the treatments he provides, and the evidence supporting those treatments.[21] At other points, he offered testimony as to whether harms would befall his patients if they were denied care,[22] and his views regarding his ethical obligations as a physician.[23] *Second*, Dr. Branman offered testimony based on his personal experience as a member of the Board. Specifically, he testified that the Board's regulation of doctors in the State was effective,[24] that he would not support a ban on healthcare simply because there were complaints associated with that care,[25] and that the Healthcare Ban could create conflicting

---

[21] *See supra* notes 8-9.

[22] (Exhibit 1, Branman Dep. Tr. at 132:6-14 ("Do you think there are any patients in your practice who would have been harmed by having to wait until adulthood to receive a treatment?/ A. That's up for opinion. I think in the opinion of the parents and the child, for example, with the otoplasty, that they could have been emotionally harmed./ Q. By having to wait?/ A. By having to wait, yes.").)

[23] (*Id.* at 65:13-20 ("Can you just describe sort of what the ethical obligations are with respect to patient abandonment?/ A. It would involve seeing a patient when they needed to be seen. Let's say you performed a procedure and then the patient was having problems, and in what timely manner you went to see that patient.").)

[24] *See supra* note 11.

[25] *See supra* note 11.

obligations for physicians.[26] For both categories of statements, Dr. Branman relied solely on his own knowledge as a practicing physician and member of the Board.[27]

Contrary to Defendants' assertion, Dr. Branman's testimony did not include legal conclusions. In offering views about the ethical and professional obligations placed on doctors and the ways those obligations may be affected by the Healthcare Ban, Dr. Branman was relying on his own personal experience, both as doctor licensed to practice in the state and as a government official tasked with enforcing the state's professional obligations. As a practicing surgeon, he is constantly confronting ethical or professional questions as part of his work treating patients. And as a state official responsible for enforcing the Arkansas Medical Practices Act, he is required by law to determine what the Act means and how it should be enforced. Given that his testimony is entirely based on those personal experiences and offers no views on the ultimate legal questions in this case, he is able to speak to the ethical and professional obligations that apply to medical

---

[26] (Exhibit 1, Branman Dep. Tr. at 119:19-120:3 ("[I]magine with me that . . . a doctor is prohibited from referring patients to receive care . . . but that patient's course of treatment is not complete./ . . . A. I think that would be – the physician would feel like it's their duty to refer so that patient could have the treatment that they require.").)

[27] Notably, during the depositions of the Physician Plaintiffs, Defendants asked a number of questions about the risks of treatments other than gender-affirming medical care, even though the Physician Plaintiffs are not expert witnesses in this action. For example, Defendants asked Dr. Kathryn Stambough to discuss the risks of using hormone therapy to treat endometriosis. (*See* Exhibit 3, *Deposition Transcript of Plaintiff Dr. Kathryn Stambough* ("Stambough Dep. Tr.") at 82:12-86:15.)

providers as a lay witness. *See United States* v. *Gilbertson*, 970 F.3d 939, 952 (8th Cir. 2020) (rejecting the argument that a witness offered legal conclusions by "testifying from personal experience about his interpretation" of whether the Defendant was engaged in wrongdoing).

Moreover, his testimony did not reflect impermissible expert testimony. Dr. Branman's medical opinions were based on his own professional experience, not "research and studies." *United States* v. *Smith*, 591 F.3d 974, 978 (8th Cir. 2010). As the Eighth Circuit has previously explained, "perceptions based on industry experience are a sufficient foundation for lay opinion testimony." *U.S. Salt, Inc.* v. *Broken Arrow, Inc.*, 563 F.3d 687, 690 (8th Cir. 2009). That is all that Dr. Branman offered here, and his testimony falls comfortably within the bounds of Rule 701. *See, e.g.*, *Smith*, 591 F.3d at 983 (allowing a lay witness to testify based on her "experience performing forensic interviews of allegedly abused children").

C. Plaintiffs' Deposition Designations are not Speculative.

Defendants object that Dr. Branman offered "speculative testimony on how the Board as a whole, or an individual Board member, may act in the future or in a hypothetical scenario."[28] But for each designation challenged by Defendants, Dr. Branman's testimony was not speculative because it relates to his own medical practices and patients. For instance, Defendants object to testimony where

[28] (Motion, ¶ 11.)

Dr. Branman noted that his procedures may present "significant physical risks"[29] and that some of his patients "benefit [from] cosmetic surgery" because of "the way they appear to themselves."[30] But there is nothing speculative about Dr. Branman's testimony regarding his own experience providing cosmetic surgery to patients. Defendants also object to Dr. Branman's testimony that, for minor patients, medical decisions are typically made by the patient, the patient's parents, and the patient's doctor.[31] That response is based on Dr. Branman's personal experience as a practicing physician. It does not turn at all on matters for which Dr. Branman lacks "personal knowledge."[32]

II. Conclusion

Dr. Branman's deposition testimony is relevant, does not contain improper lay opinion or legal conclusions, and is not speculative. For the foregoing

---

[29] (Exhibit 1, Branman Dep. Tr. 30:22–23.)

[30] (*Id*. at 47:12–17.)

[31] (*Id.* at 87:24-88:6 ("So in Arkansas, or nationally, . . . is it true, that when the . . . patient is a minor, there's also broad prescriptive authority for doctors to make decisions about treatment with serious risks as long as they're consulting the parent and the child?/ . . . A. I believe that to be true.").)

[32] Under FRCP 32(d)(3)(B), "[a]n objection on an error or irregularity at an oral examination is waived if: (i) it relates to . . . the form of a question or answer . . , or other matters that might have been corrected at that time, and (ii) it is not timely made during the deposition." Objections on the basis of speculation are form objections, which must be raised during the deposition so that the noticing attorney has the opportunity to cure the question, or else the objection is waived. *See Otis* v. *Demarasse*, 399 F. Supp. 3d 759, 765–66 (E.D. Wis. 2019). Defendants waived several of their speculation objections by failing to make a form objection during Dr. Branman's deposition. Those waivers are noted in *Attachment A*.

reasons, the Court should overrule Defendants' objections and allow Plaintiffs' designations of Dr. Branman's deposition to be used at trial.

Dated: August 4, 2022

Leslie Cooper
Leslie Cooper
Chase Strangio*
American Civil Liberties Union Foundation
125 Broad St.
New York, NY 10004
Telephone: (917) 345-1742
lcooper@aclu.org
cstrangio@aclu.org
Attorneys for the Plaintiffs

Beth Echols, Ark. Bar No. 2002203
Christopher Travis, Ark. Bar No. 97093
Drake Mann, Ark. Bar No. 87108
Gill Ragon Owen, P.A.
425 W. Capitol Avenue, Suite 3800
Little Rock, AR 72201
Telephone: (501) 376-3800
echols@gill-law.com
travis@gill-law.com
mann@gill-law.com
On behalf of the Arkansas Civil Liberties Union Foundation, Inc.
Attorneys for the Plaintiffs

Breean Walas, Ark. Bar No. 2006077
Walas Law Firm, PLLC
P.O. Box 4591
Bozeman, MT 59772
Telephone: (501) 246-1067
breean@walaslawfirm.com
On behalf of the Arkansas Civil Liberties Union Foundation, Inc.
Attorneys for the Plaintiffs

Sarah Everett, Ark. Bar No. 2017249
Gary Sullivan, Ark. Bar No. 92051
Arkansas Civil Liberties Union Foundation, Inc.
904 W. 2nd Street
Little Rock, AR 72201
Telephone: (501) 374-2842
sarah@acluarkansas.org
gary@acluarkansas.org
Attorneys for the Plaintiffs

Garrard R. Beeney*
Lauren M. Goldsmith*
Rebecca S. Kadosh*
Brandyn J. Rodgerson*
Emily T.L. Armbruster*

Laura Kabler Oswell*
Aviv S. Halpern*
Sullivan & Cromwell LLP
1870 Embarcadero Road
Palo Alto, CA 94303

Alexander S. Holland*
Sullivan & Cromwell LLP
125 Broad Street
New York, NY 10004
Telephone: (212) 558-4000
beeneyg@sullcrom.com
rodgersonb@sullcrom.com
armbrustere@sullcrom.com
hollanda@sullcrom.com
Attorneys for the Plaintiffs

Daniel J. Richardson*
1700 New York Avenue NW
Suite 700
Washington, DC 20006
Telephone: 202-956-7500
richardsond@sullcrom.com
Attorney for the Plaintiffs

Telephone: (650) 461-5600
oswell@sullcrom.com
simpsond@sullcrom.com
Attorneys for the Plaintiffs

**Admitted pro hac vice*

Appendix A: Responses to Objections

Page Start	Line Start	Page End	Line End	Objection	Response
24	16	25	1	Object to lines 24:16–25:1 as to relevance under Rules 401 and 402. Object to lines 24:15–25:1 due to calling for speculation under Rule 602. Object to lines 24:15–25:1 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not speculative because it relates to Dr. Branman's own medical practice. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs. Objection is waived as to all questions within the line designations for which an objection was not raised during the deposition.

Page Start	Line Start	Page End	Line End	Objection	Response
28	11	29	14	Object to lines 28:11–29:14 as to relevance under Rules 401 and 402. Object to lines 28:11–29:14 as to improper opinion testimony under Rules 701 and 702. Object to lines 28:11–29:14 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
30	5	31	12	Object to lines 30:5–31:12 as to relevance under Rules 401 and 402. Object to lines 30:5–31:12 as to improper opinion testimony under Rules 701 and 702. Object to lines 30:5–31:12 due to calling for speculation under Rule 602. Object to lines 30:5–31:12 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not speculative because it relates to Dr. Branman's own medical practice. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
31	24	32	3	Object to lines 31:24–32:3 as to relevance under Rules 401 and 402. Object to lines 31:24–32:3 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.
33	18	33	23	Object to lines 33:18–33:23 as to relevance under Rules 401 and 402. Object to lines 33:18–33:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
41	14	41	22	Object to lines 41:14–41:22 as to relevance under Rules 401 and 402. Object to lines 41:14–41:22 as to improper opinion testimony under Rules 701 and 702.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider.
42	7	43	9	Object to lines 42:7–43:9 as to relevance under Rules 401 and 402. Object to lines 42:7–43:9 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
47	11	47	21	Object to lines 47:11–47:21 as to relevance under Rules 401 and 402. Object to lines 47:11–47:21 as to improper opinion testimony under Rules 701 and 702. Object to lines 47:11–47:21 due to designating incomplete testimony under Rule 106. Object to lines 47:11–47:21 due to calling for speculation under Rule 602.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs. Testimony is not speculative because it relates to Dr. Branman's own medical practice.

Page Start	Line Start	Page End	Line End	Objection	Response
65	13	65	20	Object to lines 65:13–65:20 as to relevance under Rules 401 and 402. Object to lines 65:13–65:20 as to improper opinion testimony under Rules 701 and 702. Object to lines 65:13–65:20 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
67	10	68	9	Object to lines 61:10–68:9 as to relevance under Rules 401 and 402. Object to lines 68:1–68:9 due to calling for speculation under Rule 602.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not speculative because it relates to Dr. Branman's own medical practice. Objection is waived as to all questions within the line designations for which an objection was not raised during the deposition.
81	21	82	21	Object to lines 81:21–82:21 as to relevance under Rules 401 and 402.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest.

Page Start	Line Start	Page End	Line End	Objection	Response
85	5	85	23	Object to lines 85:5–85:23 as to relevance under Rules 401 and 402. Object to lines 85:5–85:23 as to improper opinion testimony under Rules 701 and 702. Object to lines 85:5–85:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
86	3	87	8	Object to lines 86:3–87:8 as to relevance under Rules 401 and 402. Object to lines 86:3–87:8 as to improper opinion testimony under Rules 701 and 702. Object to lines 86:3–87:8 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
87	24	88	12	Object to lines 87:24–88:12 as to relevance under Rules 401 and 402. Object to lines 87:24–88:12 as to improper opinion testimony under Rules 701 and 702. Object to lines 87:24–88:12 due to designating incomplete testimony under Rule 106. Object to lines 87:24–88:6 due to calling for speculation under Rule 602.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs. Testimony is not speculative because it relates to Dr. Branman's own medical practice.

Page Start	Line Start	Page End	Line End	Objection	Response
88	18	89	6	Object to lines 88:18–89:6 as to relevance under Rules 401 and 402. Object to lines 88:18–89:6 as to improper opinion testimony under Rules 701 and 702. Object to lines 88:18–89:6 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.
91	2	91	10	Object to lines 91:2–91:10 as to relevance under Rules 401 and 402. Object to lines 91:2–91:10 as to improper opinion testimony under Rules 701 and 702.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board.

Page Start	Line Start	Page End	Line End	Objection	Response
103	7	103	10	Object to lines 103:7–103:10 as to relevance under Rules 401 and 402.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest.
111	16	111	19	Object to lines 111:16–111:19 as to relevance under Rules 401 and 402. Object to lines 111:16–111:19 as to improper opinion testimony under Rules 701 and 702. Object to lines 111:16–111:19 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
113	16	114	9	Object to lines 113:16–114:9 as to relevance under Rules 401 and 402. Object to lines 113:16–114:9 as to improper opinion testimony under Rules 701 and 702. Object to lines 113:16–114:9 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
119	19	120	23	Object to lines 119:19–120:23 as to relevance under Rules 401 and 402. Object to lines 119:19–120:23 as to improper opinion testimony under Rules 701 and 702. Object to lines 119:19–120:23 due to calling for speculation under Rule 602. Object to lines 119:19–120:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not speculative because it relates to Dr. Branman's own medical practice. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
124	16	124	23	Object to lines 124:16–124:23 as to relevance under Rules 401 and 402. Object to lines 124:16–124:13 as to improper opinion testimony under Rules 701 and 702. Object to lines 124:16–124:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.
127	2	130	3	Object to lines 127:2–130:3 as to relevance under Rules 401 and 402. Object to lines 127:2–130:3 as to improper opinion testimony under Rules 701 and 702.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider.

Page Start	Line Start	Page End	Line End	Objection	Response
132	6	132	23	Object to lines 132:6–132:23 as to relevance under Rules 401 and 402. Object to lines 132:6–132:23 as to improper opinion testimony under Rules 701 and 702. Object to lines 132:6–132:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
135	5	135	23	Object to lines 135:5–135:23 as to relevance under Rules 401 and 402. Object to lines 135:5–135:23 as to improper opinion testimony under Rules 701 and 702. Object to lines 135:5–135:23 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

Page Start	Line Start	Page End	Line End	Objection	Response
137	9	137	17	Object to lines 137:9–137:17 as to relevance under Rules 401 and 402. Object to lines 137:9–137:17 as to improper opinion testimony under Rules 701 and 702. Object to lines 137:9–137:17 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.
138	18	139	8	Object to lines 138:18–139:8 as to relevance under Rules 401 and 402. Object to lines 138:18–139:8 as to improper opinion testimony under Rules 701 and 702.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board.

Page Start	Line Start	Page End	Line End	Objection	Response
149	20	150	4	Object to lines 149:20–149:25 as to relevance under Rules 401 and 402. Object to lines 149:20–149:25 as to improper opinion testimony under Rules 701 and 702. Object to lines 149:20–149:25 due to designating incomplete testimony under Rule 106.	Testimony is relevant because it calls into question the State's asserted interest in protecting the health and safety of minors. Testimony is relevant because it tends to make it less probable that Act 626 is narrowly tailored to a compelling government interest, substantially related to an important government interest, or rationally related to a legitimate government interest. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a member of the Arkansas State Medical Board. Testimony is not improper lay opinion testimony because it is based on Dr. Branman's personal experience as a medical provider. Testimony is not incomplete, and Defendants cannot sustain their objection because they did not offer additional designations that they believe are necessary to qualify or explain the portions of the testimony designated by Plaintiffs.

EXHIBIT 1

IN THE UNITED SATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

DYLAN BRANDT, et al.,)
) Case No.
Plaintiffs,) 4:21-cv-00450-JM
)
vs.)
)
LESLIE RUTLEDGE, et al.,)
)
Defendants.)
----------X

VIDEOTAPED DEPOSITION OF
RHYS BRANMAN, M.D.

Friday, June 24, 2022
1:58 p.m.

Office of the Arkansas Attorney General
323 Center Street - Suite 200
Little Rock, Arkansas 72201

Stenographically Remotely Reported By:
Mayleen Ahmed, RMR, CRR, CRC, CSR/CCR

A P P E A R A N C E S

Attorneys for Plaintiffs:

SULLIVAN & CROMWELL LLP
BY: DANIEL J. RICHARDSON, ESQ. [via Zoom]
1700 New York Avenue NW
Washington, D.C. 20006
202.956.7500
richardson@sullcrom.com

GILL RAGON OWEN, P.A.
BY: BETH ECHOLS, ESQ.
DRAKE MANN, ESQ.
425 W. Capitol Avenue - Suite 3800
Little Rock, Arkansas 72201
501.376.3800
echols@gill-law.com
mann@gill-law.com

AMERICAN CIVIL LIBERTIES UNION FOUNDATION
BY: LESLIE COOPER, ESQ. [via Zoom]
125 Broad Street
New York, New York 10004
917.345.1742
lcooper@aclu.org

A P P E A R A N C E S (cont'd)

Attorneys for Defendants:

ARKANSAS ATTORNEY GENERAL'S OFFICE
BY: AMANDA LAND, ESQ.
323 Center Street - Suite 200
Little Rock, Arkansas 72201
501.682.2007
amanda.land@arkansasag.gov

ALSO PRESENT:
MICHAEL TSCHIEMER, videographer, Notary Public

---o0o---

I N D E X

WITNESS: RHYS BRANMAN, M.D.
EXAMINATION PAGE
BY MR. RICHARDSON 8

MOTIONS TO STRIKE: None
INSTRUCTIONS NOT TO ANSWER: None
DOCUMENT/INFORMATION REQUESTS: None

---------- EXHIBITS ----------
(Previously marked)
PLAINTIFFS'
EXHIBIT PAGE
Exhibit 2 Regulation No. 27 92

Exhibit 3 Little Rock Cosmetic Surgery Center web page 44

Exhibit 4 American Society of Plastic Surgeons - Gender Affirmation Surgeries 57

---------- EXHIBITS (Cont'd) ----------
(Previously marked)
PLAINTIFFS'
EXHIBIT PAGE
Exhibit 7 Guidance For the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19 83

Exhibit 8 Opinion piece, Governor Hutchison, Washington Post, April 8, 2021 126

Exhibit 9 H.B. 1570 105

---o0o---

1 DEPOSITION OF RHYS BRANMAN, M.D. - June 24, 2022
2 ----------
3 THE VIDEOGRAPHER: We are on the record
4 at 1:58 p.m. This is the media unit one of the
5 video-recorded deposition of Dr. Rhys Branman taken
6 by counsel for plaintiff in the matter of Dylan
7 Brandt et al., vs. Leslie Rutledge, et al., filed in
8 the United States District Court, Eastern District
9 of Arkansas, Central Division, Case
10 No. 4:21-CV-00450JM.
11 We are at the location of the Arkansas
12 Attorney General's Office at 323 Center Street,
13 Suite 200, in Little Rock, Arkansas, and there are
14 also participants remotely via Zoom.
15 My name is Mike Tschiemer representing
16 Veritext, and I'm the videographer. The court
17 reporter is Mayleen Ahmed, also from the firm of
18 Veritext.
19 I'm not related to any party in this
20 action, nor am I financially interested in the
21 outcome. If there are any objections to proceeding,
22 please state them at the time of your appearance.
23 Counsel and all present, including
24 remotely, will now state their appearances and
25 affiliations for the record, beginning with the

1 noticing attorney.
2 MR. RICHARDSON: This is Daniel
3 Richardson with Sullivan & Cromwell LLP for the
4 plaintiffs.
5 MS. ECHOLS: Beth Echols, Gill Ragon
6 Owen, for the plaintiffs.
7 MR. MANN: Drake Mann, Gill Ragon Owen,
8 for the plaintiffs.
9 THE VIDEOGRAPHER: And remotely, anyone
10 else?
11 MR. RICHARDSON: It looks like my
12 colleague Leslie Cooper may have joined. I'm not
13 sure if she can hear us.
14 MS. COOPER: Yes. This is -- are we
15 announcing? I'm sorry. Leslie Cooper for
16 plaintiffs.
17 THE VIDEOGRAPHER: Madam reporter --
18 Doctor, would you, please, raise your
19 right hand to be sworn in.
20 Do you swear that the testimony you're
21 about to give will be the truth, the whole truth,
22 and nothing but the truth?
23 THE WITNESS: Yes, I do.
24 THE VIDEOGRAPHER: Thank you. Please
25 proceed.

1 ----------
2 RHYS BRANMAN, M.D.
3 having been duly sworn, testified as follows:
4 ----------
5 EXAMINATION
6 BY MR. RICHARDSON:
7 Q. Good afternoon, Dr. Branman. Thank you
8 for being here. I know you're very busy, so I
9 appreciate it.
10 Just, have you been deposed before, sir?
11 A. Oh, yes. I believe once before.
12 Q. Okay. So this may sound familiar, I
13 just want to go over a few brief ground rules to
14 help us structure the conversation today.
15 First, the reporter needs to make an
16 accurate record, and so anything that's nonverbal
17 won't be picked up. So if you can respond to
18 everything verbally instead of, you know, head nods
19 or hand gestures, that would be great.
20 To that end, it's also good if we don't
21 speak over another, so I'll try to not speak over
22 you, and I'd appreciate if you could try to do the
23 same for me.
24 Throughout the deposition today, your
25 attorney may have objections to some of my

1 questions. If that happens, that's just for the
2 record; we can sort that out later, but you can go
3 ahead and answer the question even if there's been
4 an objection.
5 I might show you a few documents today.
6 My colleagues in the room have those documents with
7 them, but if there's ever any confusion about what
8 I'm referring to, just let me know, and I can -- I
9 can clarify things.
10 Also, I already know it's already late
11 in the day, and these things can be a little tiring.
12 So if you want to break at any point, just let me
13 know. I'll plan to take a break, you know, after --
14 after an hour, hour and a half or so, just so we can
15 gain our bearings. But if you need more than that,
16 just -- just feel free to let me know.
17 Does all of that sound all right?
18 A. I'm sorry?
19 Q. Does all of that sound all right?
20 A. Yes. That sounds fine.
21 Q. So, first, what did you do to prepare
22 for your testimony today?
23 A. I spoke with my attorney briefly, and
24 she informed me about what the general -- I guess
25 the protocol is for a disposition -- for

1 disposition -- deposition. I'm sorry.
2 Q. No problem. Gotcha.
3 So it was just -- just the one meeting
4 with the -- the attorney?
5 A. I had two meetings with the attorney.
6 Q. Okay. And --
7 A. One --
8 Q. -- both of those were brief?
9 A. They were basically, yeah, this is what
10 a deposition is, this is, you know --
11 MS. LAND: I'll go ahead and do an
12 objection on the record as to any attorney-client
13 privileged communications.
14 MR. RICHARDSON: Gotcha.
15 MS. LAND: Just for good measure.
16 BY MR. RICHARDSON:
17 Q. Okay. So how did you first become aware
18 of this case?
19 A. I was informed by Amy Embry that I would
20 be deposed for a lawsuit that the Medical Board is
21 being sued.
22 Q. Okay. So you were not notified of the
23 case prior to being notified for this deposition?
24 A. No, I was not.
25 Q. Okay. Are you aware that you're a

1 defendant in this case?
2 A. I was -- as a member of the Medical
3 Board, I guess so. I didn't know I was a defendant.
4 What do you mean by that?
5 Q. Well, just named as a defendant in -- in
6 the matter in your capacity as a member of the
7 Medical Board.
8 A. Yes, I was aware of that.
9 Q. Okay. And were you aware of that before
10 being notified of this deposition?
11 A. No, I was not.
12 Q. Okay. Gotcha.
13 Are you aware of the arguments being
14 asserted in court in this case on your behalf?
15 A. No, I'm not.
16 Q. Okay. So you had no -- no knowledge or
17 involvement with the case prior to being informed of
18 this deposition?
19 A. That would be correct.
20 Q. Okay. I'd like to just briefly ask you
21 about your medical training.
22 Can you just describe your -- your
23 academic training and medical training to become a
24 doctor?
25 A. Would you like me to start from when I

1 went to college, after high school, or just the
2 health sciences part?
3 Q. I would say just the health sciences
4 part.
5 A. So I graduated high school and I went
6 to -- well, I'll just start. I went to college at
7 UC Irvine, and then graduated from there, and went
8 to dental school first at UC San Francisco.
9 I graduated from there in 1986, and then
10 was in the United States Navy as a general dentist
11 for approximately three years.
12 After that, I grad -- I left the United
13 States Navy, and I was accepted at Vanderbilt
14 Medical School. And I did a residency -- I did my
15 medical school training as well as residency in oral
16 and maxillofacial surgery. It was a combined
17 residency.
18 And then after that, I went to -- did a
19 fellowship, a one-year fellowship in general
20 cosmetic surgery. So that's my training.
21 Q. And was that --
22 A. And that --
23 Q. -- fellowship also in Vanderbilt?
24 A. No. That was here in Little Rock
25 Arkansas under Jim Billie, who is also a cosmetic

1 surgeon.
2 Q. Gotcha.
3 So it's -- first was what? A DDS, I
4 guess, is what that would be, the dental school
5 degree. Is that --
6 A. So the dental school degree is a DDS.
7 Q. DDS.
8 A. And the medical school degree was an
9 M.D.
10 Q. Gotcha.
11 And the M.D. and the residency both at
12 Vanderbilt, the fellowship in Little Rock?
13 A. Yes.
14 Q. Okay.
15 A. Correct.
16 Q. Are you currently board-certified?
17 A. I'm board-certified in oral and
18 maxillofacial surgery, and I'm board-certified in
19 general cosmetic surgery.
20 Q. Okay. And are there separate
21 organizations that provide those certifications, or
22 is that all one?
23 A. Those are separate organizations.
24 Q. So is the first one the American Board
25 of Cosmetic Surgery; is that --

A. That would be the cosmetic surgery side, and then the other is the American Board of Oral and Maxillofacial Surgery.
Q. Gotcha. Thank you.
Are you currently licensed to practice in Arkansas?
A. Yes.
Q. Are you licensed anywhere else besides Arkansas?
A. Yes.
Q. Okay. And where would that be?
A. I'm licensed to practice dentistry and medicine in California.
Q. And does that stem from your time after you graduated UC San Francisco when you were --
A. Yeah. I wanted to maintain those licenses. So, yes, that's when I was in California.
Q. Gotcha.
So as a licensed doctor in Arkansas, are you regulated by the Arkansas Medical Board?
A. Absolutely.
Q. Are there any other entities that -- that regulate doctors in Arkansas besides the Board?
A. Well, for me personally, I'm regulated by the Arkansas State Dental Board as well. I don't

know of any other boards that license physicians in the State of Arkansas.
Q. Okay. And where do you currently practice?
A. I practice in Little Rock, Arkansas.
Q. And is that with the Little Rock Cosmetic Surgery Center?
A. That is correct.
Q. And do you provide any treatments outside of the Little Rock Cosmetic Surgery Center?
A. Well, if -- sometimes I take patients from there to a hospital to do a hospital surgery.
Q. Okay. That's the kind of thing where you would need, like, admitting privileges to some legal hospital to --
A. That is correct.
Q. I understand.
And how long have you been with the Little Rock Cosmetic Surgery Center?
A. Since 2002.
Q. And are there any other doctors that practice as part of that center?
A. Not currently.
Q. Okay. So there -- there used to be colleagues working there, and you're the only one

now?
A. I had a partner back -- I guess we separated around 2011, 2010.
Q. So since then, you've been the only person practicing at that center?
A. Yes.
Q. Okay. And did you practice anywhere else beforehand since obtaining -- since completing your fellowship?
A. I had my own practice in Nashville, Tennessee.
Q. So at that time, you would have been licensed in Tennessee?
A. That is correct.
Q. And that has lapsed or --
A. I'm not practicing there, so I let that lapse.
Q. So at your current role at the Little Rock Cosmetic Surgery Center, what sort of treatments do you provide?
A. Presently, I provide cosmetic surgery treatments, cosmetic injections. Those are the main things. I get -- do you want me to tell you the list of procedures that I perform?
Q. Well, just give me some examples.

So on the cosmetic surgery side --
A. Sure.
Q. -- would that include things like a rhinoplasty or breast augmentation or --
A. Yes. Those would be things like rhinoplasty, breast augmentation, eyelid surgery.
Q. Okay.
A. Liposuction.
Q. And on the injection side, I mean, do you use the term "cosmetic injections"; is that right?
A. I guess so. On the injection side, I would perform things like BOTOX®; cosmetic fillers, hyaluronic acid-based fillers; occasionally, I'll provide a silicone injection. I think those are the main ones that I did.
Q. So focusing just on the surgery piece of that, what does a surgical course of treatment usually entail?
A. The surgical course of treatment entails a patient contacting the office; they're then scheduled for an appointment. Typically, they tell a receptionist what they're interested in.
They're appointed for a consultation. During the consultation, there is a review of their

Page 18

1 medical history, and then we do an examination. We
2 discuss with them what their desires are, and we do
3 an examination to see if they are a candidate for
4 the procedure they're asking for.
5 Q. Okay. So it normally would work where
6 they -- they come in already with an idea of the
7 surgical treatment in mind, or do they come in with
8 a problem, and then you tell them what surgery would
9 -- would best help with the problem?
10 A. I've seen both.
11 Q. Okay. And once you start down a course
12 of treatment and the person is qualified for the
13 procedure, does that usually involve, you know,
14 multiple procedures? Are there prescription drugs?
15 Is there physical therapy?
16 I'm just curious what might be included
17 within a single patient's --
18 MS. LAND: Object to form.
19 Q. -- care and --
20 MS. LAND: You can answer.
21 A. Can you repeat the question, please?
22 I'm sorry.
23 Q. I'm just curious what would -- what
24 would be included in a patient's care regimen once
25 they've started treatment?

Page 19

1 A. Their care regimen can be anything from
2 a simple surgery where they have a surgical
3 procedure and then we follow up with postoperative
4 follow-up really just to make sure they're healing
5 well. Some patients may undergo a brief period
6 where they have a topical medication for a short
7 period of time. And then we do a procedure. Some
8 patients undergo a weight loss; some weight loss
9 ahead of time, and then we do the procedure.
10 Q. Would it ever be the case that after the
11 procedure, you would need to prescribe medication to
12 the patient?
13 A. Well, most --
14 MS. LAND: Object to form.
15 A. Most patients, will be prescribed an
16 antibiotic, a pain medication, and sometimes other
17 types of medication to prevent infection and to see
18 them through the immediate postoperative course.
19 Q. Okay. And do you prescribe those
20 medications yourself?
21 A. I'm sorry?
22 Q. Do you prescribe those medications
23 yourself?
24 A. Do I prescribe them myself? Yes.
25 Now, sometimes we have a set form that

Page 20

1 we give a patient, so I'm not -- I may not be
2 physically writing that prescription each time.
3 But, yes, we do provide -- I do
4 prescribe that myself.
5 Q. Okay. And are there any treatments that
6 you offer that require multiple surgeries or
7 multiple appointments to complete the treatment?
8 A. Some. Yeah, there are a few.
9 For example, if I feel -- if the patient
10 needs a mastopexy or a breast augment- -- or a
11 breast lift, sometimes -- and they want an
12 additional fullness in the upper pull of the breast,
13 and I don't feel that a combination of a mastopexy
14 and a breast implant would be a safe, reliable
15 procedure, then I would go ahead and do the lift
16 first, let them heal, and then come back in and do a
17 breast augmentation to get that final result that
18 they're looking for.
19 Q. Gotcha.
20 And would it ever be the case with
21 things like a -- you know, like a rhinoplasty, where
22 you might do one procedure and then have to do a
23 follow-up procedure?
24 A. Only if the results of the first
25 procedure were not to the patient's liking.

Page 21

1 Q. Okay. And has that happened before?
2 A. Yes.
3 Q. Are there any treatments that you used
4 to provide that you no longer provide?
5 A. Yes.
6 Q. And what are some of those?
7 A. One is buttocks augmentation. I don't
8 provide that.
9 Q. And what --
10 A. I don't -- I'm sorry. Go ahead.
11 Q. What was your reason for no longer
12 providing that?
13 A. I didn't feel the procedure was safe.
14 And the way the procedure was performed to get the
15 results that the patients wanted, I just didn't feel
16 comfortable with that procedure.
17 Q. Were there any incidents that led you to
18 change your view on the safety of that procedure?
19 A. Just some journal articles that showed a
20 relatively high incidence of pulmonary embolism or
21 blood clots going to the lungs.
22 Q. Are you aware of other providers that
23 still offer the buttocks augmentation procedure?
24 A. Yes.
25 Q. Any in Arkansas?

Page 22

A. Yes.
Q. And are there any other procedures that fall into that category that you used to provide and no longer provide?
A. Let's see. Hair transplants.
Q. And what was the reason for the shift there?
A. I didn't feel that I could provide the results that the patients wanted due to the fact that I didn't have the team together that could effectively pro- -- you know, do the procedure.
Q. Okay.
A. It's very -- it's a very highly intensive team approach that I felt I just wasn't set up for.
Q. Okay. And are there other providers in Arkansas -- in Arkansas offering that treatment?
A. I believe so. I'm not sure about that.
Q. And are there --
A. I know there used to be.
Q. And are there providers outside of Arkansas that offer that hair transplant treatment?
A. Yes. Many.
Q. Have you ever performed surgery for a transgender person?

Page 23

MS. LAND: Objection to form and relevance.
You can answer when I object.
A. Not that I'm aware of.
Q. Okay. So have you ever performed surgery related to a transgender person's gender transition?
MS. LAND: Object to form.
A. When -- can you please define "gender transition"?
Q. Well. Any, any procedure that would have helped the patient align their sex characteristics with their gender identity.
A. Are we talking about genitalia in particular, or are we talking about any part of the person's body?
Q. Any part of the person's body?
A. There's one patient that I performed a rhinoplasty on, and that patient presented themselves as a female, but when -- but we were unaware that the patient was male. And so we -- we were -- we did the procedure. But -- and this was a hump reduction on a rhinoplasty. And that's the only procedure that I'm aware of.
Q. Okay. And did that patient say that

Page 24

they were seeking out that care as part of an attempt to align their -- their physical appearance with their gender identity, or is that something you found out after the fact?
A. I found out after the fact. I was unaware of what their intention was, if there even was that intention.
Q. Okay. And are you -- would you be willing to provide care to a transgender person?
MS. LAND: Object to form.
A. In regards to gender transformation or in regards to any procedure?
Q. Well, any procedure.
A. Sure. I have -- I have no problem with providing various types of treatment.
Q. Okay. And would you feel comfortable providing care to a transgender person that was a gender transition procedure?
A. That was or was not?
Q. That was.
A. I'm not really trained to do that, so I'm not -- that's not what I actually do.
I feel that if someone wants to have a procedure in order to do a gender transformation, then I would want to refer them to someone who

Page 25

specializes in that area.
Q. What if a person just came in for a procedure like a breast augmentation or a mastopexy, one of the procedures you do provide, but stated that that was the reason?
MS. LAND: Object to form, relevance, and calls for speculation.
You can answer.
A. Are you referring to a breast augmentation?
Q. Well, let's just take a mastectomy. Is that a procedure you've provided before?
A. No.
Q. Okay. Well, let's -- let's do a -- have you provided something called facial feminization surgery at any point?
A. No.
Q. Okay. Well, let's say it was breast augmentation then.
If someone said that, you know, they wanted a breast augmentation as part of a gender transition, is that the kind of thing you would provide?
A. I don't provide that.
Q. Oh, so you don't provide breast

Page 26

1 augmentation procedures currently?
2 A. Oh, I provide breast augmentation
3 procedures, I don't provide breast augmentation for
4 gender transformation or for -- if I had a male
5 patient, I guess the term would be a cisgender male
6 who was requesting breast augmentation as part of a
7 gender transformation procedure, I don't provide
8 that because I'm not trained to do breast
9 augmentation on men.
10 Q. Okay. So this would be about your -- so
11 the fact that you don't provide this therapy based
12 on a lack of training on your part?
13 A. That would be correct. I've not trained
14 to do breast augmentation on men.
15 Q. Understood.
16 So just thinking about the cosmetic
17 surgery procedures you do provide, why do people
18 generally seek out those procedures?
19 MS. LAND: Object to form.
20 A. I think the reasons are -- as many as
21 the people that come in.
22 Q. So let's just focus on one kind of
23 procedure, like a rhinoplasty. What are some of the
24 reasons that people might seek a rhinoplasty?
25 MS. LAND: Object to form.

Page 27

1 A. Some of the reasons could be they don't
2 like the way their nose looks; some of the reasons
3 could be they can't function, they can't breathe
4 well; some of the reasons could be that they had an
5 accident and they had a traumatic injury and they
6 wanted to repair the nose back to the way it was.
7 Q. Okay. So it sounds like some people --
8 there are people for whom it would be because they
9 don't like the appearance of their nose, others for
10 whom it might be the result of an accident or
11 something, some kind of trauma, and others for whom
12 they might be suffering with some kind of
13 respiratory kind of issue; is that --
14 A. That's correct.
15 Q. -- a fair summary?
16 A. Yeah.
17 Q. Okay. And would you say that your
18 treatments are effective in alleviating those
19 concerns for patients?
20 MS. LAND: Object to form.
21 A. Yes. I believe they are effective. Can
22 I say they're effective 100 percent of the time?
23 No.
24 Q. Okay.
25 A. But the majority of times, they are

Page 28

1 effective.
2 Q. Okay. But you're aware of patients who
3 have not been satisfied with the procedure or for
4 whom it wasn't effective?
5 A. Yes. Their end result did not meet the
6 patient's expectation.
7 Q. Okay. And how do you decide if the
8 treatments that you offer are safe?
9 A. These are procedures that have been
10 performed many times without undue complications.
11 Q. And are you aware of clinical studies
12 that relate to all of the procedures you provide?
13 A. Yes. I reviewed many clinical studies
14 that review the procedures that I provide.
15 Q. Can you say that there is -- there is a
16 study review for every procedure that you provide?
17 A. What type of study?
18 Q. Well, I mean, any clinical study, just
19 to start.
20 A. Are you talking about a review of the
21 procedure-type study, or are you talking about a
22 study that is a double-blind controlled study?
23 Q. Well, let's -- let's take them both, I
24 guess. In the first group, just a review of the
25 procedure kind of study?

Page 29

1 A. Yes. Yes. Everything I've performed,
2 there has been some form of study or review of those
3 procedures.
4 Q. Okay. And then for the second group,
5 has there been some kind of experimental trial for
6 all of -- all of the procedures you provide?
7 MS. LAND: Object to form.
8 A. "Experimental trial," I'm not sure that
9 that terminology applies.
10 I would say double-blind controlled
11 studies for -- to see if these procedures are
12 effective? Yes. In many of the procedures, I did.
13 Q. Okay. But you wouldn't say all?
14 A. I would not say all.
15 Q. Do the treatments you provide have
16 certain risks associated with them?
17 A. Yes.
18 Q. Can you just describe some of the risks?
19 MS. LAND: Objection to form and
20 vagueness.
21 A. Which procedures are you referring to,
22 or do you want just general risks and complications
23 that can occur?
24 Q. General risks would be fine.
25 A. Bleeding; swelling; infection; poor

1 outcome; complications involving -- in some large
2 procedures, you could have a blood clot that travels
3 to the heart or lung; death can occur from some
4 procedures.
5 Q. And earlier we talked about the reasons
6 that patients might seek these procedures, and you
7 said there's one category of patients for whom it
8 might be that they -- they don't like their
9 appearance in some way; is that correct?
10 A. That is correct.
11 Q. And for those patients, the benefit of
12 the procedure would be their -- their, kind of --
13 what? -- their well-being? their mental health?
14 How would you characterize the benefits
15 for those patients?
16 A. I would say their well-being.
17 Q. Okay. So it's --
18 Sorry. Go ahead.
19 A. No, but, yeah, most of the time it's
20 their -- it's something they desire.
21 Q. So is it fair to say that for some of
22 these procedures, there are significant physical
23 risks, like the ones you just described, and the
24 benefits to the patient would be their sense of
25 well-being?

1 MS. LAND: Object to form.
2 A. I believe the patient does have risks
3 involved in the procedure, and they may be getting
4 the procedure because they want to look better or
5 feel better.
6 Q. Okay. So just a thought. Would --
7 would that be correct, then, that there are
8 procedures for whom -- or for which the benefit is
9 improved well-being but there are significant
10 physical risks?
11 MS. LAND: Object to form.
12 A. Yes. That may be true.
13 Q. Okay. Is the goal of many of the
14 surgeries you provide to permanently address the
15 underlying issues we talked about, like sense of
16 well-being or alleviating the impact of trauma?
17 A. I don't think that any of the procedures
18 that I performed provide a permanent result, and
19 patients are aware of that. That as they -- for
20 example, you may -- for a facelift, the patient may
21 get a temporary improvement, but then over time
22 things may change and they may have to have another
23 procedure.
24 Q. But do some of the procedures that you
25 offer have irreversible consequences for patients?

1 A. Irreversible consequences?
2 Q. Yes.
3 A. Yes.
4 Q. Okay. So if I -- it seems like there
5 are -- there's some population of patients who might
6 not be satisfied with a procedure that you perform,
7 and those procedures might have irreversible
8 consequences; is that correct?
9 A. That would be correct.
10 Q. Okay. And would you see the combination
11 of those two things as a reason to ban the care that
12 you provide?
13 MS. LAND: Object to form and relevance.
14 A. Can you please restate the question?
15 Q. So we -- some of the procedures will
16 have irreversible consequences, and there's some
17 population of patients who receive those procedures
18 who may not be satisfied with the outcome.
19 Would that --
20 A. Okay.
21 Q. Would that -- would those two things be
22 a reason to ban the care that you provide?
23 MS. LAND: Restate objection to form and
24 relevance, as well as calls for speculation.
25 A. I wouldn't provide a procedure that I

1 felt that would endanger the patients and not
2 provide some improvement in their concern -- with
3 their concerns.
4 Q. I understand.
5 I guess what I'm trying to get at is, we
6 talked about the fact that the procedures could have
7 irreversible consequences, and the fact that the
8 procedures may not always be a hundred percent
9 effective. And I'm just asking: If those things
10 are both true, does that provide a reason to ban
11 that kind of care?
12 MS. LAND: Object to form.
13 A. If a patient receives -- if the risks
14 outweigh the benefits, then I don't feel that
15 procedure is valid and should be performed; if the
16 benefits outweigh the risk, then I perform the
17 procedure.
18 Q. Okay. So the procedures you perform,
19 you think the benefits outweigh the risk, and those
20 procedures should not be banned; is that correct?
21 A. I believe the procedures that I do
22 perform, the benefits outweigh the risks, that's
23 correct.
24 Q. And those procedures should not be
25 banned, correct?

A. Who would ban them?
Q. The state.
A. I just don't understand the question, really. It doesn't make -- I mean, please restate the question. I'm not really sure --
Q. Would you --
A. -- who is banning what and why.
Q. Would you support a ban on any of the medical treatments that you currently provide?
MS. LAND: Objection to form and relevance.
A. Do I support a ban on the procedures that I provide? No, I do not support a ban on procedures that I provide.
Q. Okay. And the reason is because, in your view, those procedures have benefits that outweigh the risks?
MS. LAND: Object to form.
A. I believe that the procedures I perform, the benefits outweigh the risk, that's correct.
Q. And for some of the procedures you perform, patients will not be satisfied a hundred percent of the time?
A. A hundred percent of -- let's see, let me put it this way. So the procedures I perform,

100 percent of the patients, there will be a certain subset of that hundred percent that will not be satisfied, or completely satisfied, or a hundred percent satisfied of the procedure that I performed and would want maybe a revision.
Q. Understood.
And the procedures that you perform, some of them have irreversible consequences?
A. The procedures that I perform, there are -- it's an irreversible change. Whether you want to characterize it as a "consequence," I'm not sure. Because a "consequence," I feel, has a negative connotation.
Q. Understood.
Okay. Do you obtain informed consent before beginning surgery?
MS. LAND: Objection to form and relevance.
A. I make every attempt to obtain informed consent --
Q. Okay. And how does that --
A. -- before any --
Q. I'm sorry.
A. Before surgery.
Q. Go ahead.

A. I'm sorry. Please. Go ahead.
Q. And how does that usually look in your practice, the informed consent process?
A. Typically, a patient comes in for a consultation, then once we agree on a procedure that we're going to perform, they return to the clinic for what we call a pre-operative appointment.
And at that point, they review the pre-operative and postoperative care instructions, and they sign informed consents that deal with the actual procedure that they're going to have done.
Q. Okay. And is part of that process, then, explaining the risks of the surgical procedure?
A. Yes.
Q. Okay. And does that process look the same for prescribing drugs? Do you obtain an informed consent before prescribing drugs?
A. I do not.
Q. And is that standard, to not obtain informed consent before prescribing?
A. I believe it is. I mean, we prescribe antibiotics and pain medication; we make sure they have no allergies to those medications; we review their medical history to make sure there's no

interactions or problems with their medical history and the list of medications they have.
But we don't get a formal consent saying that -- accepting the prescription of, for example, an antibiotic or pain medication that we prescribe.
Q. Okay. So just pivoting back to the surgical setting. Are you aware of providers who don't obtain informed consent before beginning surgeries?
A. I'm not.
Q. You have not heard of any instances, you know, in the state of that happening, before somebody provides surgery?
A. I have not heard of that, where someone didn't provide surgery.
Q. Oh, sorry. Where someone didn't --
A. Where they --
Q. -- provide --
A. -- didn't provide --
Yeah, yeah. Didn't -- I haven't -- I haven't -- not to my recollection. But I've seen it where someone did not provide informed consent.
Although, I'm sure there are cases where patients felt that they were -- did not receive or did not give informed consent, although -- where the

Page 38

1 physician may have said they obtained informed
2 consent. And so I think there may be a different --
3 there may have been a different perception of what
4 the physician obtained and what the patient felt
5 they gave.
6 Q. Okay. So in that context, then, the
7 physician thought they had done the proper procedure
8 to obtain informed consent, but the patient did not
9 think they had given consent?
10 A. Correct.
11 Q. Okay. And is that based on any personal
12 experiences you've heard of?
13 A. Not that I can recall.
14 Q. We talked a bit about this previously,
15 that some of your procedures may require follow-up
16 or additional treatments down the line.
17 Would you say it's common to have the
18 follow-up with patients after they've received
19 surgery?
20 A. Yes.
21 Q. Okay. And do you sometimes see a single
22 patient multiple times within a course of treatment?
23 A. Yes.
24 Q. Have you ever stopped seeing a patient
25 midway through a course of treatment?

Page 39

1 MS. LAND: Objection to form and
2 relevance.
3 A. Now, when you say "stop," what do you
4 mean by that?
5 Q. So --
6 A. That I refuse to see them or that I
7 just -- we didn't see them anymore, or we just
8 stopped making appointments for them to come in?
9 Or I'm not sure what you're -- what you're saying.
10 Q. Well, that's -- let me try to make it
11 more concrete. I, obviously, know this stuff a lot
12 less -- less than you do.
13 So let's say there's someone who got a
14 rhinoplasty, and -- I don't know if this would
15 happen. But imagine you said, "I'd like to follow
16 up in two weeks. We might need to do a second
17 procedure. I just want to see how it's coming
18 along." Something like that.
19 A. Sure.
20 Q. And then, at -- in any of those
21 situations, something like that, did a follow-up
22 appointment not happen?
23 A. Yes.
24 Q. Okay. And is that ever because you
25 refuse to see the patient?

Page 40

1 A. No.
2 Q. Okay. So why would that happen?
3 A. Either the patient didn't come into the
4 office for their follow-up appointment, and then we
5 reached out to them to have them return for a
6 follow-up appointment, and they still didn't come
7 back.
8 Q. Okay. But if the patient wanted to seek
9 the follow-up care that you thought was important or
10 necessary, in those situations, you have seen the
11 patient and followed up?
12 A. Yes.
13 Q. Do you think in that situation it would
14 have been ethical to not follow up with the patient?
15 MS. LAND: Objection to form.
16 A. Ethical to not follow-up --
17 Q. Yes.
18 A. -- or --
19 Q. If they needed some kind of continuing
20 care, would it be ethical to not -- to start them
21 on treatment but not provide the full course of
22 treatment?
23 A. I think it's imperative to follow-up
24 with patients when they desire to be seen.
25 Q. Okay. And if you thought that follow-up

Page 41

1 care was medically important or necessary and a
2 patient wanted that care, would it violate your
3 ethical obligations to not follow up with that
4 patient?
5 MS. LAND: Object to form.
6 A. Could you repeat the question?
7 Q. So let's say that you thought additional
8 treatment was medically necessary and --
9 A. So --
10 Q. -- the patient --
11 Sorry. What was that, sir?
12 A. No. So I have a patient, and I feel
13 that they need medical treatment?
14 Q. Yes. And they want to receive that
15 treatment, and you provided the initial start of the
16 treatment, would it be ethical to then not follow
17 through and continue providing the care?
18 A. It would be unethical for them not to
19 have some type of care, whether it's me or another
20 physician. For example, if they left the state and
21 they needed to be seen by someone, I would try to
22 refer them to somebody.
23 Q. Okay. So you --
24 A. If I -- if I knew someone where they
25 were going.

Q. So it would be -- your ethical obligation would be to either treat the patient or to refer them and try to find them care from somebody else?
A. That -- I believe that would be what I would want to do.
Q. Do you currently offer medical care to adolescents?
A. Occasionally.
Q. Okay. And what sort of care would that include?
A. Otoplasty.
Q. And forgive my ignorance, is that an ear procedure?
A. Ear surgery on female, some female rhinoplasties if they've started menses; and, occasionally, I do a breast augmentation on a 18-year-old, 17-year-old, 18-year-old.
Q. So the breast augmentation procedures are sometimes on people below the age of 18?
A. Yes. 17, or if they're turning 18, something like that.
Q. Okay. Do you perform procedures to alleviate gynecomastia?
A. Yes.

Q. And have you ever performed those procedures on someone under 18?
MS. LAND: Objection to form and relevance.
A. Yes.
Q. So it sounds like it could be otoplasty, rhinoplasty, breast augmentation, or procedures to alleviate gynecomastia?
A. Correct.
Q. Anything else besides those?
A. I'm trying to remember if I've ever done liposuction. It's relatively uncommon, but that's a possibility. Yes. Liposuction.
Q. And why is it that minors would seek those surgeries?
MS. LAND: Object to form.
A. Children sometimes are teased at school and made fun of, and it becomes an issue for them that they'd like -- for example, if they have enlarged ears, and so -- the same with the nose; or they feel that they can't take their shirt off during physical activities, and so they may want to have some liposuction of their chest area.
Q. So it sounds like in all of those examples, the benefit would be their -- their mental

or psychological health?
MS. LAND: Objection to form.
A. I assume so.
MR. RICHARDSON: Beth or Drake, is it possible to get Exhibit 3, please?
I'm not sure if they heard me.
MR. MANN: I did.
MR. RICHARDSON: All right. Thanks.
(Exhibit 3 introduced)
BY MR. RICHARDSON:
Q. Do you recognize that document, Doctor?
A. I don't but --
Q. It should be a web page from the cosmetic surgery center. Sorry if they got mis-numbered or anything.
(Witness reviewing document.)
A. Okay. I'm looking at it.
Q. Is this the document that says "Public Service Announcement" from Little Rock Cosmetic Surgery Center dated August 26, 2019?
A. Yes. Yes.
Q. Okay. If you just turn to the -- the second page.
A. Yes.
Q. It should be right at the top. There's

that first paragraph there.
A. "Otoplasty"?
Q. Yes. If you could read with me. It says:
"At Little Rock Cosmetic Surgery Center, usually otoplasty and rhinoplasty are performed on children under 18 after a thorough consultation with the child and his or her parents. One might also note that research published on PubMed about the best age to perform ear surgery has produced surprising evidence that earlier is better psychologically."
Do you see that?
A. Yes.
Q. And do you agree with that statement?
A. Yes. It should have actually said "as well as surgery." So it's better "psychologically and surgically."
Q. And that -- and surgically would be mean it would also -- is that because it limits the risk? Why would it be surgically?
A. I think the results are more reproducible in a younger patient than they would be in an adult.

Q. So I am not sure what you mean by "reproducible" in that context. It's outside my wheelhouse. I apologize.
A. Sure. So when we perform an otoplasty, we're trying to, typically, set the ears back or make them less prominent. In a younger adolescent, the cartilage is much more -- it's softer and more pliable than in an adult where it can be sometimes very thick and nonpliable. When we -- when we do the surgery, we actually bend the cartilage.
And in children, the cartilage bends much more easily, and it's more likely to stay in place than in an adult where the cartilage does not bend as easily and may spring back. And therefore, that's what I mean by "more reproducible."
Q. Okay. So will it have more, like, permanence, it could even last longer? Is that the idea?
A. Yes.
Q. Okay. So it sounds like -- I mean, earlier we talked about a procedure like rhinoplasty, and the different reasons that people might seek that out, and there were folks who is going to improve their well-being, folks who might have some kind of physical issue that's ongoing,

like a breathing problem, and then folks that have some kind of trauma.
A. Correct.
Q. For adolescents who are seeking rhinoplasty, would there be adolescents in that first group who --
MS. LAND: Object to form.
A. Is there --
Q. -- it affects their well-being?
A. Very small minority, typically.
Q. Okay. But there would be some patients for whom the benefit of the cosmetic surgery is their -- their well-being?
A. Yes.
Q. Their mental health. Sorry. To --
A. The way they -- the way they appear to themselves.
Q. Okay. And would it be true that surgical treatments have risks for adolescents just like they would for anybody else?
A. Yes.
Q. Would those risks be the same, or would -- are there risks that are unique to adolescents?
MS. LAND: Objection to form.

A. I believe the risks are the same.
Q. And do you think the benefits can outweigh the risks for these procedures for adolescents?
MS. LAND: Objection to form.
A. I wouldn't perform the procedures if I didn't think the benefits outweigh the risks.
Q. When you're dealing with minor patients, that document I just read says you typically, you know, consult the child and the parent.
A. Yes.
Q. How do you decide whether care is appropriate for a minor patient?
MS. LAND: Object to form.
A. Discussions with the parents as well as the child. I want to know what their goals are, what their expectations are from the procedure.
Q. Okay.
A. And so I try to assess that and know that they're -- you know, what I can provide is what their desire is.
Q. Okay. Have you ever said no to an adolescent patient?
A. Yes.
Q. And what was the reason for that?

A. It was a patient that wanted to have liposuction, and I felt that weigh loss would be more appropriate.
Q. Anything else besides that incident that comes to mind?
A. Yes. I had an adolescent patient who had a minor -- they wanted a rhinoplasty, but I felt that the change was so minor that the risks outweighed the benefits.
Q. And you just -- you make that decision on a patient-by-patient level then?
A. That is correct.
Q. Okay. Do you obtain informed consent from adolescents before beginning a surgical procedure?
MS. LAND: Objection to form.
A. I obtain it from their parents, but -- since they cannot give informed consent.
Q. So in that case, then, the parent provides the consent, but you meet with the minor as well to talk through the procedure?
A. Yes.
Q. Okay. Have you ever worried that a minor is not mature enough to agree to a procedure?
MS. LAND: Objection to form.

Page 50

1 A. If I felt that they were not mature
2 enough or did not understand the procedure that we
3 were about to do, then I wouldn't perform the
4 procedure.
5 Q. Okay. But that hasn't happened, in your
6 experience?
7 A. I'm not -- I don't recall. I'm not
8 sure. It may have, but I'm not -- I can't
9 specifically think of an exact patient that I could
10 pinpoint --
11 Q. Got it.
12 A. -- at this point.
13 Q. You said that you talk to the minor
14 about, you know, expectations, and making sure that
15 they sort of know what the procedure is for and what
16 might happen.
17 Do you discuss risks as well during
18 those conversations?
19 MS. LAND: Object to form.
20 A. I discuss the risks with their parents.
21 Q. Okay. But not with the minor directly?
22 A. We tell them about -- that they will
23 have some discomfort, that they may have to get the
24 procedure done. Again, they do review with the
25 parents all the risks that are inherent into the --

Page 51

1 with the procedure itself.
2 Q. And what's the -- we talked a little bit
3 about some procedures you perform for 17 or 18.
4 Do you know the youngest age you've ever
5 performed of a surgical procedure?
6 A. Six years old.
7 Q. And what was that for?
8 A. Otoplasty, an ear surgery.
9 Q. And do you recall the reason that
10 procedure was sought?
11 A. Yes. I felt as -- if I recall, the
12 patient was being verbally teased and bullied at
13 school.
14 Q. And, you know, obviously for a
15 six-year-old patient, there is going to be a limited
16 ability to talk with the patient directly. Was most
17 of the conversation in that case with the parent?
18 A. Most of the conversation is with the
19 parent.
20 Q. Did you talk to the child as well about
21 the procedure?
22 A. I talk to them as best I can in a way
23 that they can understand.
24 Q. And that was just about, like you said
25 earlier, kind of expectations and, you know --

Page 52

1 A. Where -- what the ears would look like
2 afterwards; what the recovery, what the healing
3 process is; length of time; how they're going to
4 have to wear maybe a bandage on their ears and have
5 to keep it on, and --
6 Q. Gotcha.
7 A. -- cooperate with their parents.
8 Q. Just shifting gears a little bit here.
9 Are you a member of any professional
10 organizations?
11 A. I'm a member -- I don't know if I still
12 am, American Medical Association; Arkansas State
13 Medical Society; American Association of Oral
14 Maxillofacial Surgery, American Board of Oral
15 Maxillofacial Surgery, American Board of Cosmetic
16 Surgery.
17 I think that's a enough. I don't think
18 I can afford to be a member of any more.
19 Q. Okay. So, yeah, it sounds like -- okay,
20 so there's the Arkansas State society, which is --
21 it sounds like kind of --
22 A. Medical society.
23 Q. -- medical.
24 Medical society, right?
25 A. Yes.

Page 53

1 Q. And the others -- a couple of them are
2 national organizations focused on oral and
3 maxillofacial surgery? Sorry if I said that wrong.
4 A. Yes, one is the Board, so the Board is
5 the licensing body, it gives you your license, and
6 one is just the association.
7 Q. Okay. And then the one is the American
8 Board of Cosmetic Surgery?
9 A. That's the board that gives you your --
10 Q. I got you.
11 A. -- certification, right.
12 Q. Okay. So thinking about a group like
13 the American Society of Oral and Maxillofacial
14 Surgery, what does a group like that typically do
15 for its members?
16 A. Provides resources for them in order
17 to -- let's say, maybe it's practice management;
18 maybe it's buying and selling of their practices;
19 they provide lobbying activities as a -- for the
20 whole group; they set policies, national policies
21 for various reasons to do procedures and things like
22 that.
23 Q. So some of those national procedures,
24 would those be based on, like, what kind of care is
25 effective, how to safely provide it, things like

that?
A. Yes. Yes.
Q. Okay. And do you typically find their guidance -- like, do you credit their guidance or pay attention to it?
MS. LAND: Object to form and relevance.
A. On the American Association of Oral and Maxillofacial Surgery, do I -- do I listen to their guidance? And -- at present, because I don't practice oral and maxillofacial surgery, I don't necessarily keep up to date with what their guidance. Since I practice only cosmetic surgery, I'm not up to date on what their guidance is, for example, on wisdom teeth removal, and when -- when not to do that; so...
Q. Okay. But the guidance put out on something like wisdom teeth removal, would that generally be, you know, developed by practitioners in the field?
MS. LAND: Object to form.
A. Typically it's through studies that have been performed. For example, if they do X procedure and they added this one little part to that procedure, was it effective? And then they publish that, and they say, yes, this was effective or, no,

it wasn't, and then that helps develop the guidance overtime.
Q. Okay. All right. So does that organization put out, like, practice guidelines?
A. I believe they do.
Q. Okay. And are there similar organizations like that on the cosmetic surgery side?
A. American Academy of Cosmetic Surgery.
Q. And are you a member of that organization?
A. I'm not.
Q. Are you aware of the guidelines put out by the American Academy of Cosmetic Surgery?
A. Not at this point since I'm not a member of that society.
Q. Gotcha.
But you're aware that they do have those guidelines?
A. Yes. I'm sure they have some sort of guidelines.
Q. Okay. But it sound like you don't currently rely upon guidelines on the cosmetic surgery side from that organization?
A. Correct. I -- I tend to look at general

plastic and reconstructive surgery.
Q. And is that just a peer-reviewed academic journal like --
A. Yes.
Q. And is that journal put out by an organization in the field?
A. It's put out by the American Association of Plastic Surgeons.
Q. So you would rely on that journal but no specific, like, standards of care or practice guidelines?
MS. LAND: Object to form.
A. I think within the journal, they develop practice guidelines. And so I look at those guidelines within the journal itself.
Q. Okay. And that journal is the -- -- just, once again, the American Society of Plastic Surgeons?
A. It's the --
Q. That's the journal?
A. I'm sorry?
Q. The American Society of Plastic --
A. The journal is -- the journal is the American Journal of Plastic and Reconstructive Surgery.

Q. Okay. And it is put out by an organization called the American Society of Plastic Surgeons?
A. Surgeons, yes.
Q. Okay. I got it. Thank you.
A. Okay.
Q. And are you a member of that organization, ASPS?
A. I am not.
Q. Are you aware of ASPS's material on gender-affirming surgery?
A. I am not.
MR. RICHARDSON: Beth, can I get Exhibit 4, please?
It should just be a one-pager.
A. Gender-affirmation surgeries?
Q. Yes.
A. This one?
(Exhibit 4 introduced)
BY MR. RICHARDSON:
Q. Okay. Does that document say "Gender Affirmation Surgeries" at the heading?
A. It does.
Q. And "American Society of Plastic Surgeons" on the top banner?

Page 58

A. Yes, it does.
Q. Do you see the words right above the heading where it says "reconstructive procedures"?
A. Yes.
Q. Okay. What do you take it -- take the word "reconstructive" to mean in that context?
A. I consider reconstructive procedures as procedures that are -- wow, it's pretty self-evident the word "reconstructive," as opposed to "cosmetic."
Q. Okay.
A. Reconstructive are those procedures that may necessarily need to be done; for example, trauma, burns. Things like that.
Q. I think -- I mean, I'm just going to try to read the definition on the website, and you can tell me if it sounds right.
"Reconstructive surgery is performed to treat body parts affected esthetically or functionally by congenital defects, developmental abnormalities, or trauma."
Does that sound accurate?
MS. LAND: Object to form.
A. I don't agree with the "aesthetic" side. I think that's -- I don't think that's -- I just don't agree with that.

Page 59

Q. And why is that?
A. Because I don't consider that as a reconstructive procedure. I consider that as a cosmetic or aesthetic procedure.
Q. So from this document, it looks like the ASPS would consider gender-affirmation surgeries to be reconstructive procedures. Does that appear to be accurate?
A. With looking at this page?
Q. Yes.
A. Yes. It appears that under the title of "Reconstructive Procedures," they have the title "Gender Affirmation Surgeries." And so I guess I could make the assumption that that's a -- a gender affirmation surgery is a reconstructive procedure.
Q. Okay.
A. By looking at this page.
Q. And do you agree with that characterization?
MS. LAND: Objection to form and relevance.
A. Do I agree that gender affirmation surgeries are reconstructive procedures?
Q. Yes.
A. Is that the question?

Page 60

Q. Yes.
A. I'm more of the opinion they're aesthetic procedures, but I guess not according to the American Society of Plastic Surgeons.
Q. Do you disagree with the ASPS on that point?
A. I disagree.
Q. Okay. And what's the basis for that disagreement?
A. Because I think that it's more of an aesthetic type of procedure as opposed to reconstruction, reconstructing.
I guess if you're doing -- if you're doing genital surgery, there could be forms of reconstruction in that, but some of the procedures, I feel, are aesthetic. So it may be just a combination of both things.
I don't think it's -- the more I look at it, the more I think, well, maybe it's some are reconstructive, some are aesthetic. I don't think you can really pin it down to one or the other.
Q. Just so I understand the category, so it would be reconstructive -- can you just explain, so the general surgeries would be reconstructive, and why is that?

Page 61

A. Because you may be forming a new organ or forming something that isn't there. You're reconstruct- -- you know, how do I explain that?
For example, let me give you a different example. So let's say -- something that I maybe understand a little bit better since I don't do, you know, transformation surgery.
Let's say someone loses their ear. They don't have an ear or they only have part of an ear. You reconstruct that ear by maybe taking cartilage from the other ear, forming it into the shape of the ear, and then covering it with skin. That's a reconstructive surgery.
Q. Okay.
A. As opposed to an aesthetic surgery of that ear that's already there but may be more prominent, and you're setting that back in an aesthetic manner.
So one you're almost, like, forming something new that isn't there, it's been lost through trauma; another one you're esthetically -- the ear is there, but now it's being set back and just changed only in its aesthetic appearance.
Q. Okay. Follow up with that example.
So say somebody was in that situation

Page 62

1 where they were, you know, missing an ear because of
2 a congenital defect, would the surgery be
3 reconstructive in that setting?
4 A. Yes.
5 Q. Okay. And so applying that, it sounds
6 like applying that framework to distinguish cosmetic
7 and reconstructive, you think that some of the
8 things on this list could be reconstructive -- could
9 be reconstructive, some could be cosmetic?
10 MS. LAND: Object to form. Asked and
11 answered.
12 You can answer.
13 A. Are you asking if some could be
14 reconstructive and some could be aesthetic, or
15 you're just asking if some could be reconstructive?
16 Q. Well, I thought -- I thought it was kind
17 of a two-category piece, where it was they're either
18 cosmetic or reconstructive. But if I'm wrong --
19 A. I think --
20 Q. -- just tell me.
21 A. Yeah. I think -- I think you have
22 reconstruction of the male genitalia, the female
23 genitalia. I think that could be considered
24 reconstructive. Some of the chest surgery could
25 potentially be reconstructive or could be just

Page 63

1 aesthetic.
2 So I think you really have -- I don't
3 think you can really pin it down to one or the
4 other. I think there really is a combination of
5 both going on. I think it's -- you know, where you
6 draw that line between reconstruction and aesthetic?
7 It's hard. I think it may be something that the
8 individual surgeon does.
9 Q. So are you currently affiliated with --
10 I think you mentioned a separate group called the
11 American Board of Cosmetic surgery?
12 A. Yes.
13 Q. Okay. And are you -- are you currently
14 a board examiner?
15 A. I'm not. I used to be.
16 Q. Okay. And what did that role entail?
17 A. It entailed developing questions for the
18 board; it involved reviewing board questions; it
19 also involved examining candidates.
20 Q. Okay. So part of this is like
21 developing a kind of standardized test? Is that --
22 A. Yes. There's a standardized test that
23 was developed and reviewed each year, and then
24 administered to the candidates.
25 Q. Okay. And then the evaluating the

Page 64

1 candidates piece, is that based off, like, reviewing
2 their application, or were there interviews as well?
3 I'm just curious what -- what goes into that.
4 A. Sure. Their -- they had to meet certain
5 criteria before they can make an application. The
6 application was then reviewed, and then they were
7 given either a -- they were given both a written
8 exam; and if they passed that, they were given an
9 oral exam. And so I was part of the oral
10 examination, so I would --
11 Q. Okay.
12 A. I would orally examine them.
13 Q. Okay. And did -- did any of this focus
14 on professional ethics?
15 A. I believe the questions, there are
16 questions on ethics. I believe the oral exam maybe
17 not specifically, but it dealt with ethics on how
18 you would -- what you would do for a patient in a
19 certain circumstance. And so I think ethics plays a
20 role in that.
21 Q. Okay. And did you help develop
22 questions on the written exam related to ethics at
23 any point?
24 A. I did not specifically do any ethics
25 questions on the written exam.

Page 65

1 Q. Did you do questions -- I think you just
2 said some questions might implicate, you know, how
3 to work with the patient, or they might implicate
4 ethical questions, but they're not purely ethics
5 questions; is that right?
6 A. Yes.
7 Q. Okay. And did you work on those kinds
8 of issues?
9 A. Yes.
10 Q. Would any of that work have focused on
11 issues like patient abandonment?
12 A. Yes.
13 Q. Okay. And can you just describe sort of
14 what the ethical obligations are with respect to
15 patient abandonment?
16 A. It would involve seeing a patient when
17 they needed to be seen. Let's say you performed a
18 procedure and then that patient was having problems,
19 and in what timely manner you went to see that
20 patient.
21 It was that type of questions and how
22 quickly they saw -- how quickly they identified the
23 problem and then went to see the patient. I think
24 that was the primary focus.
25 Q. Okay. And would it have also covered

Page 66

1 anything involving informed consent?
2 A. I'm not sure about the informed consent
3 side. I don't recall if any questions specifically
4 asked if the candidate gave or got -- received
5 informed consent.
6 Q. Okay.
7 A. I almost feel that it was assumed that
8 everybody received informed consent.
9 Q. Okay. And on the patient abandonment
10 issue, would that have come up at all during the
11 oral examination too?
12 A. I'm sorry. That's what I was --
13 Q. That's all. I didn't -- that was the
14 question.
15 A. I was referring to the oral exam, that
16 it was inferred that they were receiving the care in
17 a timely manner. And so that's what I was referring
18 to in terms of "patient abandonment."
19 Q. Understood. Okay.
20 MR. RICHARDSON: Do you want to take a
21 five-minute break, or are you good to keep going on?
22 THE WITNESS: Sure. Five-minute break.
23 MR. RICHARDSON: Okay. Is that all
24 right with you, Amanda?
25 MS. LAND: Yeah, that's great.

Page 67

1 THE VIDEOGRAPHER: Okay. This will end
2 media part one, and we are off the record at
3 3:11 p.m.
4 (Recess taken.)
5 THE VIDEOGRAPHER: We are back on the
6 record at 3:23 p.m. This will begin media part two.
7 Please proceed.
8 MR. RICHARDSON: Thanks.
9 BY MR. RICHARDSON:
10 Q. Dr. Branman, we spoke a little earlier
11 about the procedures you currently provide for
12 adolescents. One of them that you mentioned, I
13 believe, was breast augmentation?
14 A. Yes.
15 Q. And I think you said sometimes a patient
16 might be 17 when they receive that procedure; is
17 that correct?
18 A. I believe there's been one I performed
19 breast augmentation on who was 17. Maybe she
20 was 18. I can't remember exactly.
21 Q. Okay.
22 A. It's -- it may have been a month
23 later --
24 Q. Yeah.
25 A. -- she turned 18 or something like that.

Page 68

1 Q. Gotcha.
2 So what would be the conditions under
3 which somebody around that age would seek breast
4 augmentation?
5 A. Personal. They wanted to look better in
6 clothes. They felt better about themselves.
7 They -- some, some women have absolutely no breast
8 tissue. I mean, literally, no breast tissue, and so
9 they want to have some breast tissue.
10 Q. So it would typically be a sense of
11 well-being and a mental health benefit?
12 MS. LAND: Object to form.
13 A. I believe they would feel better about
14 themselves.
15 Q. And would that have been the reason that
16 the person who came in when they might have been 17
17 would have sought care?
18 A. I -- as -- probably, but I don't know a
19 hundred percent. I'd have to refer to my notes.
20 Q. Okay. Are there other reasons that
21 people seek breast augmentation?
22 A. Yes. Some people want to return their
23 breast back to where they were after having
24 children. You lose breast volume after you have
25 children, typically. Not everybody, but a large

Page 69

1 proportion of the patients do. And that's a very
2 common reason to have breast augmentation.
3 Q. Anything else besides the two reasons we
4 discussed?
5 A. Sometimes they want to have -- and we
6 mentioned this before -- in combination with a lift,
7 where they want to add some extra volume to the
8 upper part of the breast. They feel they just want
9 to look better in clothes. Sometimes it fills their
10 clothes out better.
11 Q. And in terms of that reason about after
12 having children?
13 A. Yeah.
14 Q. Do you know if that reason would have
15 applied to the person who came in when they were 17?
16 A. I don't believe it did.
17 Q. Are you currently a member of the
18 Arkansas State Medical Board?
19 A. I'm currently a member of the Arkansas
20 State Medical Board.
21 Q. When did you join the Board?
22 A. I believe it was 2018. I was appointed.
23 Q. Appointed by the Governor?
24 A. By the Governor, yes.
25 Q. And how do you become a member of the

Page 70

1 Board?
2 A. You're typically appointed. I -- I had
3 some -- made some inquiries about wanting to be part
4 of the Board. And the chairman at the time, I asked
5 him. I was interested in it. I thought it would be
6 something interesting to do, some way -- a way of
7 giving back to the community. So I made inquiries,
8 and then I was appointed.
9 Q. Gotcha.
10 I mean, is there like an application
11 that you submit to be considered?
12 A. I believe there was an application that
13 I submitted to the Governor's office.
14 Q. Okay. And is part of the process of
15 being selected your expertise in a certain field?
16 A. Not necessarily. It's helpful, but I
17 don't think that's the primary reason.
18 Q. Any other criteria that you're aware of?
19 A. Not that I'm aware of.
20 Q. Are Board members typically involved in
21 crafting new regulation?
22 A. Not typically.
23 Q. Have you been in the past?
24 A. I have. I've tried -- I've attempted
25 to. It didn't work out very well.

Page 71

1 Q. Okay. Do you mind describing that
2 experience?
3 A. Sure. We were seeing -- the Medical
4 Board was seeing issues with nonphysicians providing
5 aesthetic procedures, and so we wanted to see if we
6 could -- and, basically, maybe you might have an RN
7 providing some type of surgical procedure or
8 nonsurgical procedure that really should have been
9 performed by a physician or a physician assistant or
10 under the supervision of a physician.
11 And so we were -- we tried to set up
12 some, you know, regulations that would be good to
13 the legislature to kind of combat that so we didn't
14 see -- I mean, the primary focus really was that the
15 physician should be trained in the procedure that
16 they're supervised in.
17 So if they're supervising a nurse doing
18 it, well, that physician should be able to do that
19 procedure. They should be trained in it. I mean,
20 how -- I don't understand how you can supervise
21 somebody if you don't have any training in that
22 procedure.
23 So we wrote some rules and regs, but we
24 could only submit them to the legislature. The
25 legislature is the one that actually, you know,

Page 72

1 okays it and agrees upon it and changes it, and all
2 that kind of stuff.
3 We just -- I just made the suggestions,
4 put that, and we just got sort of handedly turned
5 down; so...
6 Q. And the legislature, you all, when you
7 write rules, they have to get approved by the
8 legislature?
9 A. Yes, sir.
10 Q. Okay. And these were -- so I
11 understand, these were like -- these were clinics
12 providing --
13 A. BOTOX®.
14 Q. -- plastic surgery or --
15 A. Fillers. Yeah, lasers and BOTOX®.
16 And -- and what they would have is they would have a
17 nurse there doing the procedures, but the physician
18 was a medical director, but that medical director
19 was living, you know, 200 miles away.
20 Q. Okay.
21 A. Or -- and not really -- it was a -- not
22 really supervising the procedures that were being
23 performed, and the physician didn't know how to do
24 these procedures as well.
25 Q. Okay.

Page 73

1 A. And so we were trying to say, "Hey, you
2 know, come on, this is -- this isn't -- this isn't
3 right." And then -- see, but the consequence was
4 that some people were being hurt by the procedures.
5 Q. Yeah.
6 A. For example, a filler or BOTOX®, you
7 know, it's not an innocuous. It's an injection of
8 medication, and there can be consequences from that,
9 and some of those consequences can be permanent.
10 And so if you don't know how to, you know, handle
11 the complication or you're not even in the area to
12 be able to handle the complication, I find that a
13 problem, problematic.
14 Q. And it sounds like the -- it sounds like
15 the procedures at issue here are procedures that you
16 provide, like that you have some expertise in?
17 A. Yes. Some of them were, yes. Some of
18 them were. Some are lasers that I don't necessarily
19 provide. Some are.
20 Q. Okay. And this is --
21 A. But this was -- this was an issue that
22 sort of had been brewing for a while, and so I got
23 chosen to draft up some rules and regs that dealt
24 with that since I had more experience than anybody
25 else on the Board.

Q. Gotcha. Okay.
So that would have been after you joined in 2018, this practice --
A. Right -- yeah. Yes. That was after I joined.
Q. Okay. So you had kind of extensive involvement here, it sounds like, because -- because you were selected, and because you have some expertise in this?
MS. LAND: Object to form.
A. Yes.
Q. In some of the procedures? Okay.
A. Some experience, yes.
Q. Okay. And it sounds like that would not be common for board members to be involved in a rulemaking like that; is that -- is that what you said at the beginning?
A. Typically not. I don't -- I don't -- typically, the legislature will, you know, develop the rules and regs, or somebody else will. Various -- I don't know. I mean, the Medical Board doesn't typically do that.
Q. Okay. And for this process, did -- once you were selected to kind of take this on, did you work with the legislature in developing the rule?

A. We worked with many different people. We were trying to work with the legislature, the Governor's office, worked with the -- many physicians that provided these procedures in the community. And so we really -- we reached out for input from everybody, as many people as we could.
Q. Okay.
A. And we also worked -- you know, we tried to work with the nursing board too because they were involved as well. So we really tried to develop something that would work with everybody.
Q. Okay. And I think you said earlier these -- that the procedures that were being provided here, they -- they can have serious consequences for patients, they can have permanent consequences for patients; is that correct?
A. That is correct.
Q. And was that explained to the legislature as part of your submission of the rule?
A. Yes.
Q. And the legislature decided not to -- not to adopt the rule?
A. It went to the rules committee, and it -- that's where it sort of never left.
Q. Okay.

A. I don't know -- I really -- I really don't know how all that works. But it just sort of went there and they weren't appreciative of it.
Q. But you did have discussions with the legislature during the process of developing the rules?
A. Yes. Various, various individuals in the legislature. Not the legislative body itself, but, you know, we would talk to various people, and what their -- and ask them what their thoughts were and ask for their input.
Q. Gotcha. Okay.
And has that been -- in your experience on the Board, has that sort of communication or collaboration been normal between the Board and the legislature?
A. Not until -- yeah, not really. It usually works the other way, the legislature develops rules and regulations, and then they ask the Board to implement it. And that's how it typically works.
Q. Okay. And when the legislature is developing the rules in that sort of scenario, are they often reaching out to the Arkansas -- the State Medical Board?

A. Not as much as I would expect. I think they spend -- they develop the rules and regulations, and then we implement them. We ask them -- you know, we -- we read them and implement, implement what they've -- what they've ruled or whatever it is.
Q. Okay. I got you.
A. Sorry.
Q. No. Okay.
A. I mean, it usually works where the legislature, they write the rules and regs; they give them to us and they say, "Okay, here it is. Let's do it."
Q. And it sounds like there's some -- sometimes they may consult with you during the process, but you said often not; is that --
A. Yeah. Or they may -- there may be some back-and-forth between medical society, I think. You know, 'cause we don't -- we're really just -- for the most part, we're just, you know, following the rules and regs --
Q. Okay.
A. -- that the legislature developed.
Q. And so pivoting over to, like, the other functions that the Board has. Is it common for the

1 Board to investigate ethics complaints?
2 A. Yes.
3 Q. Okay. So how does that process
4 typically work?
5 A. Well, we receive a complaint, and then
6 we ask for an answer, for the physician to answer
7 the complaint. Let's say it's, like you had
8 mentioned something before, "The doctor abandoned
9 me, told me I wasn't a patient anymore and stopped
10 treating me." That's the example I think you used.
11 Q. Yeah.
12 A. And so then we look at what the
13 complaint says, what the doctor said, and then we
14 make a ruling on that depending on -- it can be a
15 number of things. It can be we just take the
16 situation for information; we could ask the
17 physician to come before the Board and explain the
18 situation; we can inquire for more information.
19 And so I think that's -- those are some
20 of the things. I mean, if it's an egregious thing
21 or something that's terrible, we may refer it to the
22 Attorney General's office.
23 So these are kind of -- things like
24 that. Or we may suspend. I mean, in really bad
25 situations, we'll -- we'll order an emergency order

1 of suspension and suspend the license.
2 Q. Okay. So at the beginning, there's a
3 complaint. Is that typically from a patient?
4 A. Typically it is. Typically it's from a
5 patient.
6 Q. And then at that point, there's some
7 decision about what action to take. Is that -- is
8 the staff usually the one making some kind of
9 recommendation?
10 A. No, no. The staff just presents the
11 information, and then the Board reviews it and then
12 makes a recommendation.
13 Q. And is there a hearing for every
14 complaint?
15 A. At the Board hearing, we review all the
16 complaints. Unless it's an emergency situation,
17 then we may do it outside the regular scheduled
18 Board meeting.
19 Q. Gotcha.
20 And in terms of the physician answering,
21 do they -- do they come before the Board to sort of
22 voice their side of things at these meetings?
23 A. Sometimes they do. Sometimes they just
24 write a letter. I guess I don't know if the right
25 term would be "letter of rebuttal" or -- just a

1 letter answering the claims of the patient.
2 Q. Okay. In terms of deciding, you know,
3 what actions to take, what -- what are you as a
4 Board member consulting?
5 A. I'm sorry. Say that again?
6 Q. When you're deciding what action to
7 take, you know, whether to suspend a license or
8 refer somebody to the AG's office, what is that
9 based on?
10 MS. LAND: Object to form.
11 A. It's based on the complaint itself; the
12 history of the physician, for example, if
13 they've-had-multiple-complaints-of-the-same-type
14 thing; the seriousness of the complaint. Those are
15 some of the reasons --
16 Q. In each of --
17 A. -- that we would look at.
18 Q. In each of these cases, do you need to
19 determine that the person violated either the
20 Arkansas Medical Practices Act or regulations to
21 take action?
22 A. Yes. There has to be a violation of the
23 Arkansas Medical Practices Act.
24 Q. And it sounds like these are kind of a
25 recurring part of the Board meetings then; these are

1 the investigations and disciplinary actions, right?
2 A. It's a very common part of the Board
3 meetings.
4 Q. Okay. So you personally been involved
5 in these investigations, then, correct?
6 A. When you say "investigations," are you
7 saying the evaluation of these complaints?
8 Q. Yes. That's correct.
9 A. Yes.
10 Q. Do you have a rough sense for how many
11 times?
12 A. How many complaints I've reviewed?
13 Q. Yes.
14 A. Hundreds. I can't give you an exact
15 number, but we may review 50 to 100 per Board
16 meeting. So that's...
17 Q. And the Board meets every month or two;
18 is that right?
19 A. Usually every couple of months, or there
20 may be a little bit more space. But typically.
21 Q. Were you involved in the investigation
22 of a jail doctor regarding -- regarding the use of
23 ivermectin to treat COVID-19?
24 A. Yes.
25 Q. Okay. Can you just describe the

1 complaint as you remember it?
2 A. As I remember it, there was a physician
3 that was in the jail, and there was a complaint by
4 the -- his patients, that they had received
5 ivermectin without their consent.
6 Q. And did the Board take action against
7 that physician?
8 A. What we did is we requested and
9 subpoenaed the consent forms of the physician, as I
10 recall, to find out if the claims of his patients
11 were correct or not, and we received the consent
12 forms that had been signed by the patients. And,
13 therefore, the case at that point was closed.
14 Q. During that process, after receiving
15 that complaint, did the Board ever consider pursuing
16 a regulation to ban the use of ivermectin to treat
17 COVID?
18 A. No.
19 Q. Did the Board ever discuss the
20 possibility of such a regulation?
21 A. Not that I recall. Uh-uh.
22 Q. Did the Board ever discuss the use of
23 hydroxychloroquine to treat COVID?
24 A. I don't recall.
25 Q. Are you aware of the Arkansas

1 Department of Health's statement on the use of
2 hydroxychloroquine to treat COVID?
3 A. I'm not.
4 MR. RICHARDSON: Beth, can we get
5 Exhibit 7, please.
6 THE WITNESS: Sure.
7 MS. ECHOLS: Yes.
8 MR. RICHARDSON: It should be just the
9 one-page press release.
10 THE WITNESS: Sure.
11 (Exhibit 7 introduced)
12 BY MR. RICHARDSON:
13 Q. Okay. Does this document say "Guidance
14 For the Use of Hydroxychloroquine and Chloroquine
15 For the Treatment of COVID 19"?
16 A. Yes, it does.
17 Q. Okay. The last part of -- the last
18 sentence of the first paragraph, if you can just
19 read with me here:
20 "Based on this information, the
21 Arkansas Department of Health updated its
22 guidance related to hydroxychloroquine and
23 chloroquine, indicating that their use for
24 treatment of COVID-19 should be avoided in
25 both outpatient and hospitalized settings."

1 A. Okay.
2 Q. Do you agree that hydroxychloroquine has
3 not been demonstrated to be effective for treating
4 COVID?
5 A. I haven't done enough research on that.
6 Q. Okay. Do you have any reason to doubt
7 the conclusion of the Arkansas Department of Health?
8 A. I think their conclusion is that it
9 should be avoided, and that is their -- that's their
10 conclusion. So I don't know if there's anything to
11 doubt that.
12 Q. So you have no reason to doubt their
13 conclusion that it should be avoided?
14 A. I believe that the Arkansas Department
15 of Health has done their due diligence in order to
16 come up with this statement.
17 Q. Okay. And would you -- would you agree,
18 then, or have no reason to doubt their conclusion
19 that hydroxychloroquine to treat COVID might pose
20 certain risks?
21 A. I'm sorry. Can you repeat that
22 question?
23 Q. Would you have any reason to doubt their
24 conclusion that the use of hydroxychloroquine to
25 treat COVID poses certain risks?

1 MS. LAND: Objection. Form. Asked and
2 answered.
3 A. I assume that there are -- as I said,
4 there are potential risks for those medications.
5 Q. Okay. Would you support a regulation
6 that banned doctors from prescribing ivermectin or
7 hydroxychloroquine to treat COVID-19?
8 A. I believe that would be under -- that
9 could be against the Medical Practices Act.
10 Q. How is that, sir?
11 A. Well, the Medical Practices Act gives
12 broad leeway to the -- to physicians and what they
13 feel is appropriate in their treatment of patients.
14 Q. So you think a regulation banning a
15 treatment with high risks would violate the Act
16 itself?
17 MS. LAND: Objection to form.
18 A. I don't feel it would be within the
19 spirit of the Act.
20 Q. And why is that?
21 A. Because physicians have broad
22 prescriptive ability and treatment ability in the
23 State of Arkansas.
24 Q. And you mean by that, they have the
25 ability to determine appropriate treatment for

Page 86

1 patients?
2 A. That is correct.
3 Q. So it sounds like, based on your view of
4 the Arkansas state medical -- the Arkansas Medical
5 Practices Act, that the standard practice, then, is
6 that doctors, in consultation with their patients,
7 determine appropriate treatments in each case; would
8 that be fair?
9 MS. LAND: Object to form.
10 A. I believe the doctor-patient
11 relationship allows for them to come to a mutually
12 agreeable treatment.
13 Q. Even for treatments that pose serious
14 risk?
15 MS. LAND: Object to form.
16 A. I think many treatments that are
17 prescribed by physicians as well as surgical
18 procedures, you know, have risk involved with them.
19 Q. And those treatments would fall within,
20 I think you called it, the broad prescriptive
21 discretion of the Board? I guess, you know, the
22 practice of doctors to be able to decide on a course
23 of treatment with their patients?
24 A. I'm sorry. Can you please repeat that
25 one?

Page 87

1 Q. Even those treatments with serious risks
2 would be the source of treatment that, in Arkansas,
3 doctors can prescribe in consultation with their
4 patients?
5 MS. LAND: Object to form.
6 A. I think Arkansas shouldn't be sort of
7 put to the side. I think that occurs in all states
8 in the United States of America.
9 Q. So you think it's the normal practice
10 nationwide, then, that doctors and patients can
11 decide on individual courses of treatment even when
12 there are serious risks?
13 MS. LAND: Object to --
14 A. Yes.
15 MS. LAND: -- form.
16 A. Yes. I believe that's true.
17 Q. And earlier we had talked about how you
18 handle situations where a patient is a minor.
19 And you said that, in that case, you
20 would talk to the minor and then also extensively
21 talk to the parent and obtain informed consent from
22 the parent, correct?
23 A. That's correct.
24 Q. Okay. So in Arkansas, or nationally, is
25 it -- is it true, then, that when the -- when the

Page 88

1 patient is a minor, there's also broad prescriptive
2 authority for doctors to make decisions about
3 treatment with serious risks as long as they're
4 consulting the parent and the child?
5 MS. LAND: Object to form.
6 A. I believe that to be true.
7 Q. And in Arkansas, then, there's this --
8 there's this broad prescriptive authority for
9 doctors, and then the Board provides oversight to
10 ensure doctors are providing care ethically and
11 safely; is that correct?
12 A. That is correct.
13 Q. Do you think that system that combines
14 broad prescriptive authority with Board oversight is
15 effective?
16 A. I'm sorry. Could you repeat the
17 question?
18 Q. Do you think that system that Arkansas
19 has, where there's broad prescriptive authority for
20 doctors, combined with Board oversight, is
21 effective?
22 A. Did you say --
23 MS. LAND: Object to form.
24 A. -- "poor oversight"?
25 Q. No. "Board oversight." I'm sorry.

Page 89

1 A. Oh, "Board"?
2 Q. My bad.
3 A. Because I was going to object to "poor
4 oversight."
5 Yes, Board oversight, yes, I believe
6 that that does work.
7 Q. Okay.
8 MS. LAND: Hey, Dan, let me interrupt
9 you for just one minute.
10 MR. RICHARDSON: Oh, sure.
11 MS. LAND: I need to ask if any of you
12 parked in our garage.
13 (Discussion off the stenographic
14 record.)
15 BY MR. RICHARDSON:
16 Q. So we were talking about the
17 effectiveness of Arkansas's systems where, you know,
18 doctors have broad authority to determine
19 appropriate treatment, and then the Board provides
20 oversight.
21 Do you think that the Board
22 investigations of ethics complaints are effective in
23 ensuring that medical care is provided appropriately
24 in the state?
25 A. Yes, I believe generally so. Uh-hmm.

1 Q. And do you think the ethical obligations
2 placed on Arkansas doctors are generally effective
3 in regulating the profession of medicine in the
4 state?
5 A. Yes.
6 Q. Are there any medical treatments that
7 Arkansas does not allow patients and doctors to
8 pursue?
9 A. I'm not aware. I'm not sure. I'm not
10 sure about the abortion procedures. I just --
11 that's one thing I haven't really kept up with, and
12 I don't know what the reading is on legislative, you
13 know, agenda. I know there's been recent changes.
14 Q. Okay. But outside of the abortion
15 context, is there anything that -- any treatments
16 you're aware of Arkansas does not allow doctors to
17 pursue with patients?
18 A. I'm sorry. You just went -- you just
19 went crazy on me in terms of the Zoom. I'm sorry.
20 Q. Okay. Can you hear me now?
21 A. Yes. I can hear you now.
22 Q. Outside of the abortion context, are
23 there any medical treatments that Arkansas does not
24 allow patients and their doctors to pursue?
25 A. Not that I'm aware of. I'm not -- I'm

1 not sure.
2 Q. Okay. To your knowledge, has the Board
3 itself ever banned any type of medical care?
4 A. Not -- not since I've been a member.
5 Q. Okay. And based on your prior response,
6 is it your view that a ban on medical care would
7 conflict with the Arkansas Medical Practices Act?
8 A. I believe so. I think that, like I
9 said, physicians do have broad prescriptive and
10 treatment authority under their medical licenses.
11 Q. And has the -- to your knowledge, has
12 the Board ever considered banning a type of medical
13 care?
14 A. Not since I've been a member.
15 Q. Are you aware of specific regulations
16 under the Arkansas Medical Practices Act related to
17 opioids?
18 A. Yes. I'm generally aware.
19 Q. Okay. And is it your view that those
20 regulations address the risk of overprescribing?
21 A. Yes.
22 Q. And are you aware of regulations in the
23 Arkansas Medical Practices Act related to gastric
24 bypass surgery?
25 A. That I'm not aware of.

1 MR. RICHARDSON: Beth, can we get
2 Exhibit 2, please.
3 (Exhibit 2 introduced)
4 BY MR. RICHARDSON:
5 Q. This one is, unfortunately, long, but
6 page 9 has the gastric bypass rule.
7 A. Okay.
8 Q. I got to get there myself.
9 So this is Regulation No. 27. Do you
10 see that?
11 A. I do.
12 Q. Okay. And that first paragraph says,
13 "The complications of information the patient must
14 be informed of are as follows," and then there's a
15 very long list of potential risks. Those include
16 complications, nutritional -- nutritional
17 complications, psychiatric complications.
18 Do you see those columns there?
19 A. Yes.
20 Q. Okay. So do you take it that the aim of
21 Regulation 27 is to make sure that patients are
22 adequately informed of the risks of gastric bypass
23 procedures?
24 A. Yes. That's -- yes, that's what it
25 appears to say and -- uh-hmm. Yes.

1 Q. So it sounds like there are regulations
2 that address the risk of overprescribing in the
3 opioid contest -- context, and the risk of, you
4 know, severe undisclosed risks that need informed
5 consent in the gastric bypass context; is that
6 correct?
7 MS. LAND: Object. Object to form.
8 A. That is correct.
9 Q. Okay. And has the Board ever considered
10 banning either opioid prescriptions or gastric
11 bypass procedures as a way to address those
12 concerns?
13 A. They have not considered banning those
14 procedures as it is --
15 Q. And why do you think that is?
16 A. Because gastric bypass surgery is an
17 effective procedure, and there's no reason to ban
18 it.
19 Q. Despite the serious risks listed in
20 Regulation 27?
21 A. Despite the seriousness. It would be
22 the same as banning open heart surgery.
23 And I -- I'm not aware of the impetus
24 for this regulation; so...
25 Q. Understood.

Page 94

1 We talked a little bit earlier about the
2 legislature's contact with the Board when they're
3 creating new regulations --
4 A. Yes.
5 Q. -- to be implemented by the Board.
6 A. Yes.
7 Q. Does the legislature ever contact the
8 Board when it's considering new laws regulating the
9 profession of medicine?
10 A. Typically not. They tend to -- they
11 tend to contact the medical society, and sometimes
12 they don't contact the medical society either.
13 Q. And this is the Arkansas State medical
14 society --
15 A. Yes.
16 Q. -- that you mentioned earlier?
17 Okay. And why do you think they would
18 reach out to the society?
19 MS. LAND: Object to form.
20 A. The -- I guess I would assume -- they
21 tell me I should never assume anything. But I
22 assume that since the medical society represents the
23 physicians in the state, they would want to know how
24 they viewed whatever regulation they were proposing.
25 Q. But it sounds like it's less common for

Page 95

1 them to reach out to the Board directly then?
2 A. They don't typically reach out to the
3 Board.
4 Q. Okay.
5 A. They basically tell the Board what
6 they've done, and then we do what they want us to
7 do.
8 Q. Are you aware of any time when they
9 reached out to the Board in the process of
10 developing a law as opposed to just to tell you all
11 what to do?
12 A. I'm not aware of a time when that's
13 occurred.
14 Q. Okay.
15 A. Or I was not privy to that information.
16 Q. Do you think, as a general matter, the
17 legislature should talk with the Board in those
18 situations?
19 MS. LAND: Object to form.
20 A. In an ideal world, I would speculate
21 that the legislature, the Medical Board, the Medical
22 Society would all work harmoniously together.
23 Q. Including by talking about new laws and
24 regs before they go into effect?
25 A. Yes. It would be nice if that did

Page 96

1 occur.
2 Q. Do other state agencies ever consult
3 with the Board or Board members?
4 A. The DEA occasionally will inform us of
5 physicians who are on the DEA radar, so to speak, or
6 law enforcement occasionally contacts the Board.
7 Q. That's the federal DEA?
8 A. Yes. I'm trying to think who else. The
9 Health Department.
10 Q. Okay. And why would the other
11 components of the Health Department be reaching out?
12 A. Well, we're under the umbrella of the
13 Health Department. We're a part of the -- actually,
14 part of the Health Department, so they may be
15 reaching out to us in terms of budgets and financing
16 and, you know, things of that nature;
17 administrative-type things.
18 Q. Okay. But nothing about the regulation
19 of the practice of medicine?
20 A. No. I haven't seen any of that.
21 Q. Do any of the professional organizations
22 that we talked about, or others, ever consult with
23 the Board or Board members?
24 A. Occasionally they may ask us -- when a
25 new regulation comes down, they may ask to speak to

Page 97

1 the regulation at a society meeting.
2 Q. And in that capacity, the Board would
3 be explaining what the regulation does and how to
4 comply?
5 A. Yes.
6 Q. Does the Board ever have contact with
7 the Governor's office?
8 A. Rarely. I'm trying to think if there's
9 been a situation where they've directly work with
10 the Governor's office. When I was trying to, you
11 know, write those rules and regs., we sent them to
12 the Governor's office for their input.
13 Q. And this is the reg. about BOTOX®
14 procedures and the other procedures that were
15 being --
16 A. Yes.
17 Q. -- not supervised?
18 A. Right.
19 Q. And was the Governor's office supportive
20 of the rule?
21 A. They gave us their input on the rule.
22 Q. And I know that's the one that you were
23 most involved in. Do you think that the Board has
24 developed rules in the past, does the Governor's
25 office usually provide input?

Page 98

1 A. I can't speak to that. I don't know
2 'cause this is the only one I was involved in.
3 Q. All right. Is there anyone else who
4 ever consults with the Board that we haven't
5 discussed?
6 MS. LAND: Object to form.
7 A. Consults with the Board? Yes. The
8 Board of Pharmacy and the -- we've -- there's been
9 some new regulations where we consult with the
10 Board of Pharmacy in terms of developing protocols
11 for pharmacists to treat certain conditions, and so
12 we have consulted with them.
13 Q. Okay. And these are new regulations of
14 the Board -- of the State Medical Board?
15 A. These -- these are new regulations that
16 involve pharmacy -- pharmacists being able to
17 prescribe medications and diagnose certain
18 conditions.
19 Q. And anything else come to mind in terms
20 of people reaching out to the Board for your
21 expertise?
22 A. Nothing right off the bat. I can't --
23 I'm not -- I'm drawing a blank on other.
24 Q. Are you familiar with a medical
25 diagnosis called "gender dysphoria"?

Page 99

1 A. I am not.
2 Q. Have you heard that term before?
3 A. I have not.
4 Q. Have you heard of a term called "gender
5 identity disorder"?
6 A. I have heard that.
7 Q. And what do you understand that to be?
8 A. An individual who, I guess if they're --
9 to use the correct terminology, a cisgender male,
10 maybe they feel that they really should be female or
11 something of that nature, vice versa.
12 Q. Okay. So are you familiar with medical
13 treatments that are used to treat gender dysphoria?
14 A. I am not.
15 Q. Have you heard of puberty blockers
16 before?
17 A. I've heard the term, but I've never
18 prescribed them, and I'm not familiar with their
19 usage or exactly which ones that people use.
20 Q. Okay. So you're not aware that puberty
21 blockers are sometimes used to treat gender
22 dysphoria?
23 MS. LAND: Object to form.
24 A. I'm not. I'm completely unfamiliar with
25 those treatments.

Page 100

1 Q. Okay. Have you ever heard the term
2 "cross-sex hormone therapy"?
3 A. No. I don't believe I have.
4 Q. How about gender-affirming hormone
5 therapy?
6 A. It sounds the same as the other, but I
7 have not utilized those terms nor, you know, looked
8 into providing them.
9 Q. Okay. Are you aware that surgeries to
10 align a patient's sex characteristics with their
11 gender identity are sometimes used?
12 A. Are sometimes what?
13 Q. Are sometimes provided, those procedures
14 are provided.
15 A. I assume so, that those are provided.
16 Q. We looked at the document from the ASPS
17 which refers to -- I think the term is "gender-
18 affirming surgeries."
19 Did you -- on that list, did you see
20 procedures like a mastectomy? I think it's
21 Exhibit 4.
22 (Witness reviewing document.)
23 A. I don't see the term "mastectomy."
24 There's --
25 Q. I'm sorry. Go ahead.

Page 101

1 A. Is it under gender-affirmation
2 surgeries?
3 Q. Well, there is the description that says
4 "transmasculine top surgery" --
5 A. Yes.
6 Q. -- which talks about removing breast
7 tissue.
8 A. That's --
9 Q. Is that --
10 A. That's -- that may or may not be a
11 mastectomy. It doesn't --
12 Q. Okay.
13 A. Removing breast tissue doesn't
14 necessarily mean a mastectomy.
15 Q. Okay. Sorry for my ignorance on that.
16 So what would a mastectomy be then?
17 A. Total removal of the breast tissue.
18 Q. Total. Okay.
19 A. Where you could re- -- some of it would
20 be a partial mastectomy.
21 Q. Gotcha.
22 A. But essentially.
23 Q. So are you aware of the term "gender-
24 affirming medical care"?
25 A. I've heard the term.

1 Q. Okay. And what do you understand it to
2 be?
3 A. Medical care that helps someone with
4 their gender identification. I mean, that's how I
5 would describe it.
6 Q. You sort of touched on that with that
7 answer. But -- but do you know why patients would
8 seek gender-affirming medical care?
9 A. Probably because they feel that they are
10 of the incorrect gender that they are.
11 Q. Do you know any people that have sought
12 gender-affirming medical care?
13 A. I do not.
14 Q. Do you know any transgender people at
15 all?
16 A. On a personal basis?
17 Q. Personal or professional, or any other
18 basis.
19 A. I do not.
20 Q. So you wouldn't know anyone who has
21 received gender-affirming medical care before?
22 A. I'm not aware of that.
23 Q. Okay. Has the Arkansas State Medical
24 Board ever promulgated a rule respecting gender-
25 affirming medical care?

1 MS. LAND: Object to form.
2 A. I'm not aware of that.
3 Q. Okay. Has the Board ever discussed
4 gender-affirming medical care?
5 A. I'm not aware of any discussions about
6 that either.
7 Q. Has the Board ever received a complaint
8 about a provider based on gender-affirming medical
9 care?
10 A. Not that I'm aware of.
11 Q. Okay. So has the Board ever discussed
12 any concerns about gender-affirming medical care in
13 any context?
14 A. Not that I'm aware of.
15 Q. Okay. And have you had conversations
16 with other Board members, whether or not during
17 Board meetings, about gender-affirming medical care?
18 A. I have not.
19 Q. And are you aware of any discussions
20 among Board members about that care that you may not
21 have been a part of?
22 A. I'm not. I don't -- I don't have any
23 awareness of that.
24 Q. How about in any conversations among
25 Board staff involving that care?

1 A. No. I've not been aware of any
2 conversations with Board staff.
3 Q. Are you aware of doctors at Arkansas who
4 provide gender-affirming medical care?
5 A. I'm not aware of any doctors that
6 provide that care.
7 Q. Are you aware if that care is provided
8 in the state of Arkansas?
9 A. I'm not aware of that.
10 Q. Are you aware of a law called H.B. 1570?
11 A. Please repeat that. I'm sorry.
12 Q. A law called H.B. 1570.
13 A. I am not.
14 Q. It's the law at issue in this case --
15 A. Okay.
16 Q. -- which bans gender transition
17 procedures for anybody under the age of 18.
18 Have you heard the term "Act 626"?
19 A. I have not.
20 Q. Okay. That's another name for the same
21 law. So when I say "Act 626" or "H.B. 1570," I'm
22 referring to the law at issue in the case.
23 A. Okay.
24 Q. Okay. So what do you know about the law
25 at issue in this case?

1 A. I'm -- I don't know anything about the
2 law. Sorry.
3 Q. Okay.
4 MR. RICHARDSON: Beth, can we get
5 Exhibit 9, please.
6 THE WITNESS: Thank you.
7 (Exhibit 9 introduced)
8 BY MR. RICHARDSON:
9 Q. This is a copy, and the relevant text is
10 on page 8, I believe.
11 A. Page 8?
12 Q. Page 8, yes, sir.
13 A. Okay.
14 Q. Okay. Do you see maybe the second
15 paragraph there, "20-9-1502"?
16 A. "20-9-1502."
17 Yes, I see it.
18 Q. And then there's a subpart (a) right
19 below that.
20 A. Yes. I see that.
21 Q. It says:
22 "A physician or other health care
23 professional shall not provide gender
24 transition procedures to any individual under
25 18 years of age."

A. Okay.
Q. Do you see that? Okay.
So you were not aware of this law before today?
A. I have not been aware of this law until today.
Q. Did you -- were you aware of any of the reporting around a ban on health care for transgender adolescents?
MS. LAND: Object to form.
A. I was not privy to any -- like news reporting?
Q. Yes. Just any news reporting at the time.
A. I really haven't seen anything on that. I guess I've been working too much.
Q. So you would not have heard about anything to do with -- would the phrase "a safe act" sound familiar to you?
A. No.
Q. Okay. Do you recall at any point in 2021 or before that, anybody from the legislature reaching out to you to talk about gender-affirming medical care?
A. Nope. I never heard anything about

that.
Q. Okay. And nobody from the Governor's office on that topic?
A. Never received anything from the Governor's office.
Q. Are you aware that Governor Hutchison vetoed the law H.B. 1570?
A. I'm not aware of that.
Q. Okay. Do you know why you're a defendant in this lawsuit?
A. I absolutely do not know why I'm a defendant in this lawsuit.
Q. Do you know why the Board is a defendant?
A. I don't. I have no idea. It's sort of befuddling.
Q. Okay. Would the --
A. I'm not sure what -- can you tell me?
Q. Would -- does the Board have to enforce the laws and regulations about the regulation of medicine in Arkansas?
A. Yes. The Board is involved in -- so, for example, a regulation like this, we would be involved in enforcing that regulation.
Q. All right. So, in your view, the Board

would have to enforce H.B. 1570 if it went into effect?
A. Yes. If it went into effect and it stated that a physician can or cannot do something, then we would be involved in enforcement on that.
Q. Okay. And what would that enforcement action look like?
MS. LAND: Object to form.
A. We would have to write rules or regulations involving that, and it would probably look something like, if we received a complaint that a physician was performing a certain procedure that was prohibitive, that we would have to investigate.
Q. Okay.
A. That's how I think that would play.
Q. Okay. And has the Board had any discussions about what that enforcement might look like?
A. We have not.
Q. So just to take your hypo- there.
Let's say the law goes into effect and a complaint is brought to the Board that there is a doctor providing the care prohibited by the statute to a minor, would the Board have to find the violation of the law and take action?

MS. LAND: Object to form.
A. The Board would be required to investigate the situation.
Q. Okay.
A. And so they would investigate and find out if there's, you know, substance to the complaint, and if, in fact, a violation had actually occurred. So there would be an investigation and a hearing.
Q. Okay. And if the investigation -- if it turned out that, you know, a doctor did provide, let's say, cross-sex hormone therapy prohibited by the statute, if the investigation reached that conclusion --
A. Yeah.
Q. -- would the Board have to take action against the doctor?
MS. LAND: Object to form.
A. There was -- if -- if at that point there was a violation of the Medical Practices Act, the Board would have to take some type of action.
Q. Okay. Would it have any discretion not to act in that situation?
A. If the Board determined there's a violation of the Medical Practices Act, it does have

Page 110

1 the discretion to decide what that -- what the
2 penalty would be. Some type of action would have to
3 be taken.
4 Q. Would you feel comfortable in that
5 situation, disciplining doctors who provide gender-
6 affirming medical care to adolescents?
7 MS. LAND: Objection to form and
8 relevance.
9 A. If there was a violation of the Medical
10 Practices Act, I would have to act upon that
11 irregardless of what the procedure was and who the
12 physician was.
13 Q. Okay. And would you feel comfortable
14 with having to do that?
15 MS. LAND: Objection to form and
16 relevance. Asked and answered.
17 You can answer.
18 A. I took an oath to uphold the Medical
19 Practices Act, and so I would have to act within
20 those requirements.
21 Q. Okay. What if in that situation a
22 doctor asserted, in defense, that discontinuing the
23 patient's care would harm the patient?
24 MS. LAND: Object to form, and calls for
25 speculation.

Page 111

1 A. If that situation were to occur and the
2 patient -- or the physician felt that the patient
3 was not going to receive the care that they needed
4 and they were in a situation of abandoning the
5 patient, we would recommend for them to seek to have
6 that -- you know, counsel that patient on seeking
7 care somewhere else, because it was a violation of
8 the Medical Practices Act and the laws of the State
9 of Arkansas.
10 Q. And would it -- would it violate the
11 doctor's ethical obligations not to seek an
12 alternative provider?
13 MS. LAND: Object to form.
14 A. Say that one more time? Would it
15 violate what?
16 Q. Would it violate the doctor's ethical
17 obligations to not seek an alternative provider for
18 the treatment that has already been started?
19 A. Yeah.
20 MS. LAND: Object to form.
21 A. I believe that if a physician started
22 the treatment, but then they were not allowed to
23 continue the treatment due to changes in the laws in
24 the state which they reside, I think it would be
25 incumbent upon them to try to have that patient be

Page 112

1 seen by another physician in another state where
2 they could continue the treatment.
3 Q. And is that typically done by a
4 referral?
5 A. That would be done by a referral type --
6 typically.
7 Q. Okay. Can you -- can you look back in
8 the same page we were just looking at, page 8.
9 A. Sure.
10 Q. So do you see the "B" right under the
11 part we read --
12 A. Yes.
13 Q. -- where it says:
14 "A physician or other health care
15 profession shall not refer any individual
16 under 18 years of age to any health care
17 professional for gender transition
18 procedures."
19 A. Sure.
20 Q. So in that situation, it sounds like --
21 earlier we talked about the ethical obligations of
22 doctors require them to either continue providing
23 treatment or to refer them for treatment, correct?
24 MS. LAND: I'll object to that question.
25 He's testified that he hasn't read this Act, and so

Page 113

1 he hasn't been given the opportunity to read the Act
2 and the full exhibit in its entirety. So I'm --
3 MR. RICHARDSON: My question is --
4 MS. LAND: -- going to object.
5 MR. RICHARDSON: Thanks. But my
6 question was about the ethical obligations we
7 discussed earlier.
8 MS. LAND: You were also referring to
9 subsection (b) of the exhibit that you provided him,
10 and it's approximately -- well, it's nine -- ten
11 pages, and he hasn't had the opportunity to review
12 that.
13 MR. RICHARDSON: My question didn't
14 discuss the Act.
15 BY MR. RICHARDSON:
16 Q. My question was: Would it violate the
17 ethical obligations of a doctor who has started
18 providing care to a patient to not either continue
19 the treatment or refer the patient to receive the
20 treatment from somebody else?
21 MS. LAND: You can answer.
22 A. Sure. Reading this, I feel that --
23 well, first of all, I'd like to say that I think
24 part (b) refers to an initial referral, not a
25 continuing treatment.

1 Secondly, I think that the ethics that
2 you take as a physician is that if you start a
3 treatment, irregardless of what that treatment is,
4 and it requires continuing that treatment, then that
5 patient should be referred.
6 Now, whether that -- my thoughts violate
7 that law? You know, I don't know. There appears
8 that there could be a conflict there. It just
9 depends how you read that.
10 Q. Okay. So leaving this law to the side,
11 is it correct that the ethical obligations of
12 doctors, in your view, once they started treatment
13 are either to continue providing treatment or ensure
14 that the treatment is provided by somebody else?
15 MS. LAND: Object to form.
16 A. I believe that if a treatment needs to
17 be continued and the physician cannot provide that
18 treatment, that the physicians should do whatever
19 they can to refer that patient to get more -- that
20 -- to continue that treatment.
21 Q. Okay. Thanks.
22 And before I ask about the law, I just
23 want to give you an opportunity to read it if you
24 like. So if you want to take that time to read the
25 statute, that's fine by me.

1 A. It could take a little bit.
2 Q. No worries.
3 (Witness reviewing document.)
4 THE VIDEOGRAPHER: Mr. Richardson, this
5 is the videographer. Can we take a comfort break
6 while the doctor is reading this document?
7 MR. RICHARDSON: That's just fine with
8 me. Do you want to take five from the tape?
9 THE VIDEOGRAPHER: Yes. I'd like to go
10 ahead and change the media.
11 So this will end media part 2, and we
12 are going off the record at 4:31 p.m.
13 (Recess taken.)
14 THE VIDEOGRAPHER: We are back on the
15 record at 4:37 p.m. This will begin media part 3.
16 Please proceed.
17 BY MR. RICHARDSON:
18 Q. Did you have a chance to read H.B. 1570?
19 A. Yes, I did.
20 Q. Okay. I'd just like to return, then, to
21 -- we were discussing the ethical obligations of
22 doctors regarding abandonment.
23 A. Yes.
24 Q. And the obligation to either provide
25 care or ensure that care can be provided in some

1 way.
2 Again, you said that you would have
3 enforce H.B. 1570 as a Board if it went into effect,
4 correct?
5 A. That would be correct. We would have to
6 develop rules that fell in line with the legislative
7 bill.
8 Q. So, let's imagine a situation again
9 where a doctor -- you said that if you investigated
10 and found a violation of H.B. 1570, you would have
11 to take some kind of action?
12 A. Correct.
13 Q. So imagine a doctor asserts, in defense,
14 their ethical obligation to not abandon a patient,
15 would the Board have to take action against the
16 doctor in that situation?
17 MS. LAND: Object to form, and calls for
18 speculation.
19 A. Yeah. I would have to -- you know, I
20 guess you would have to query the entire Board. I
21 can't speak for all the Board members; there's a
22 large number of them. And so I can't speculate to
23 what the Board would actually do.
24 Q. Okay. What do you think would be an
25 appropriate response?

1 A. I don't know. I can't speculate on
2 that. I would just have to -- that I would have to
3 kind of think about. I'm not -- I'm not sure if I
4 could really come up with an answer right now.
5 Q. Okay. And now that you've read
6 sections (a) and (b) on page 8 that we had talked
7 about --
8 Do you see those sections?
9 A. Yes. I'm turning to them right now.
10 Q. Okay.
11 -- do you read those sections to be in
12 conflict with the ethical obligations regarding
13 abandonment?
14 MS. LAND: I'll object to the form on
15 that, and I'll also object to the questioning over
16 this Bill.
17 He's not an attorney, and he can't
18 testify as to the effect or the substance of the law
19 or the meaning of the law. So it would be calling
20 for speculation and irrelevant testimony.
21 You can --
22 THE WITNESS: So I --
23 MS. LAND: -- answer.
24 You can answer.
25 THE WITNESS: All right. I'm just

1 rereading it.
2 (Witness reviewing document.)
3 THE WITNESS: And the question was
4 again? I'm sorry.
5 BY MR. RICHARDSON:
6 Q. Do you think that sections (a) and (b)
7 conflict with the ethical obligations of doctors
8 regarding not abandoning patients?
9 MS. LAND: Restate my objections.
10 A. I guess it depends on how you read this.
11 Q. If the law were --
12 A. If --
13 Q. -- interpreted as --
14 A. If this -- yeah, if you're interpreting
15 the law as -- and I'm referring to section (b), as a
16 referral to any health care professional within the
17 state of Arkansas, then I guess they wouldn't be in
18 conflict.
19 I guess if it's all health care
20 professionals in general, I don't know if the state
21 of Arkansas has jurisdiction over all health care
22 individuals in Arkansas -- I mean, in the United
23 States.
24 So I think there are some legalistic
25 parts of this that I really can't speak to, and I

1 would probably have to consult our attorney, our
2 Board attorney for clarification.
3 Q. Okay. Let's leave the legal disputes to
4 the side and just say: If the law did prevent a
5 doctor from referring a patient to any medical
6 provider to receive that care, would it conflict
7 with the ethical obligations to not abandon the
8 patient?
9 MS. LAND: Object to form.
10 A. Well, I think you're asking me to
11 speculate on something that doesn't exist.
12 Q. Well, the question was if a doctor was
13 prevented from referring a patient for care during a
14 continuing course of treatment --
15 A. I just --
16 Q. -- wouldn't --
17 A. I just -- I just don't see how any law
18 could actually do that.
19 Q. Well, just imagine with me that -- that
20 one did, and that the doctor was -- a doctor is
21 prohibited from referring patients to receive care,
22 but that doctor's -- but that patient's course of
23 treatment is not complete.
24 A. Well, I think that --
25 MS. LAND: Object to form.

1 A. I think that would be -- the physician
2 would feel like it's their duty to refer so that
3 patient could have the treatment that they require.
4 I just -- that's -- that's all I can say about that.
5 Q. So the physician would have an ethical
6 duty to refer the patient in those circumstances?
7 MS. LAND: Object to form. Calls for
8 speculation.
9 A. I just would think that -- I mean, I'll
10 speculate. But, ethically and morally, a physician
11 would want their patient to receive the care that
12 that physician started.
13 Q. So a -- once again, without getting
14 into, you know, what -- how to read this law. If a
15 law prevented a doctor from doing that, would there
16 be a conflict between the ethical obligations you
17 described and the legal requirement of that law?
18 MS. LAND: Object to form.
19 A. It appears that there would be a
20 conflict. Whether that's a legal conflict or a
21 moral conflict would have to do with what the --
22 would -- you'd have to consult an attorney, I would
23 assume. I don't know.
24 Q. When we were talking about the general
25 practice of medicine in Arkansas earlier --

1 A. Yes.
2 Q. -- you talked about the fact that
3 doctors and patients should be able to agree on the
4 treatment that the doctor thinks is appropriate; is
5 that correct?
6 A. Yes. I did make that statement.
7 Q. Okay. Do you have concerns about the
8 law you just read prohibiting patients from
9 receiving care that the minor, the parent, and the
10 doctor all think is appropriate?
11 MS. LAND: Object to form, as well as
12 for vagueness, and as well as my previous objections
13 that he's only just had the opportunity to read this
14 law, and he's not an attorney.
15 A. Can you restate the question one more
16 time, please? Thank you.
17 Q. So do you have concerns about a law that
18 prevents doctors, patients and parents, in the case
19 of a minor, from receiving care that -- from the
20 minor receiving care that the doctor, patient, and
21 minor all think is appropriate?
22 MS. LAND: Object to form. And restate
23 my previous objections.
24 A. It's a great question. That's a hard
25 one to answer. I think within the ethics of

Page 122

1 medicine and treatment care, I think the
2 relationship between a physician and their patient
3 is very important in that, to a certain extent, it
4 should be allowed when it's beneficial to the
5 patient and agreed upon between the physician and
6 the patient.
7 Q. So does that mean you would have
8 concerns about a law that prevented doctors and
9 patients from making decisions about the patient's
10 treatment?
11 MS. LAND: Object to form. Asked and
12 answered.
13 A. As long as the treatments were ethical
14 and supported by medical science, I don't see a -- I
15 see that the physician should be allowed to treat
16 the patient to what they felt was appropriate.
17 Q. And that could include treatments that
18 might have serious risks?
19 A. All treatments. I mean, many treatments
20 have serious risks. So, yes, it would include
21 treatments that have serious risks.
22 Q. Having read the law just now, do you
23 think that a law that banned gender transition
24 procedures for minors is an appropriate regulation
25 of medicine?

Page 123

1 MS. LAND: Objection to form.
2 A. I don't know. I can't -- I haven't
3 looked into that procedure enough to really make an
4 informed statement on that.
5 Q. So what would be -- when do you think it
6 would be appropriate to ban the care that a doctor
7 and patient can -- agree is best for the patient?
8 MS. LAND: Object to form.
9 A. I think when there's no scientific
10 evidence that the treatment actually is beneficial
11 whatsoever, and that, I would -- and that is
12 potentially very harmful where the risks way
13 outweigh the benefits of the treatment.
14 Q. When you say no support whatsoever, what
15 do you mean by that? What would constitute
16 sufficient support to allow a medical treatment, in
17 your view?
18 MS. LAND: Object to form. Vague.
19 Overbroad. And calls for speculation.
20 A. Can you repeat the question one more
21 time?
22 Q. Well, you said -- yeah. You said you
23 don't think it would be appropriate to ban care
24 unless there was no medical support whatsoever, I
25 believe is the term you used.

Page 124

1 A. Sure.
2 Q. So I'm just curious what you mean; what
3 that line is that you're drawing.
4 A. If there is no -- there is absolutely no
5 indication or no -- even on -- I would say many
6 treatments are used in an off-label manner.
7 For example, some anti-inflammatories,
8 some herbs are used off-label. I think they don't
9 necessarily show -- the science doesn't necessarily
10 show it for that procedure, but similar procedure,
11 or similar treatment and the illnesses, and so there
12 may be some benefit.
13 And so I think that those types of
14 things should be allowed to a certain extent as long
15 as they're not causing any harm.
16 Q. So that -- just to clarify: You do not
17 think that off-label uses of medicine or treatment
18 should be banned?
19 MS. LAND: Object to form and relevance.
20 A. No, I do not. I think off-label uses
21 are very common in the medical field and should --
22 and if used under the guidance of physicians, I
23 think should be allowed.
24 Q. Taking you back again to the law you
25 just read.

Page 125

1 Do you think that it puts doctors and
2 the patient -- in the position of having to deny
3 care to their patients?
4 MS. LAND: Objection to form. And I
5 restate my previous objections about him having just
6 read this law, and that he's not an attorney, and
7 not qualified to speculate on its effect or what the
8 law says or means.
9 A. Part A says that the physician or health
10 care professional shall not provide gender
11 transition procedures; they're just not allowing
12 them to provide it. I don't know if that really
13 means denying them. I think it just means they're
14 not allowed to provide it. So I don't know. If
15 there's a fine line between that, that's where the
16 attorneys would come in.
17 Q. Okay. But if that passage you just read
18 were -- if it did prevent doctors from providing
19 treatment to their patients --
20 A. Yes.
21 Q. -- assume that's what it means.
22 A. It would -- it would prevent them from
23 providing that procedure, but not preventing the
24 patient from receiving it. It sounds like the
25 patient could receive it from somewhere else that

was allowed.
Q. And would you have concerns about a law that banned physicians from providing treatments to their patients?
MS. LAND: Objection to form. Asked and answered.
A. As a personal, or as a Medical Board member or --
Q. How about both?
A. As a Medical Board member, I'm bound to the rules and regulations that are set by the legislature.
Personally, as long as there's no harm being done, I think physicians and their patients should be allowed to provide the procedures, you know -- you know, allowed to participate in the procedures that will help the patient.
Q. Are you aware that Governor Hutchison vetoed H.B. 1570?
MS. LAND: Objection to form. Asked and answered.
A. I'm not aware of that.
MR. RICHARDSON: Beth, can we get Exhibit 8, please.
(Exhibit 8 introduced)

BY MR. RICHARDSON:
Q. Do you see it's an opinion piece by Governor Hutchison published in the Washington Post on April 8, 2021?
A. Yes.
Q. Okay. Do you see the part, second paragraph from the bottom of the first page, it says:
"It is undisputed that the number of minors who struggle with gender incongruity or gender dysphoria is extremely small, but they too deserve the guiding hand of their parents and the counseling of medical specialists in making the best decisions for their individual needs."
Do you see that?
A. I see it.
Q. Do you agree with that statement?
MS. LAND: Object to form.
A. I think I already spoke to that. That I think that parents, their children, do deserve the counsel of medical specialists.
Q. If you turn to the second page. You'll see, this is the last sentence of that second paragraph, it says:

"Their concern is that denying best practices medical care to transgender youth can lead to significant harm to the young person from suicidal tendencies and social isolation, to increased drug use. Given these risks, we have to ask whether the State action helps or unjustifiably interferes."
Do you see that?
A. I see it.
Q. Do you share the Governor's concern, that denying gender-affirming medical care to adolescents could lead to the harms identified there?
MS. LAND: Objection to form. And he has not had the opportunity to read this document in its entirety.
Q. We can take a minute, if you like.
(Witness reviewing document.)
A. Yes.
Q. Do you see the passage I was just referring to that talks about significant harm to the young person, from suicidal tendencies and social isolation to increased drug use?
A. Let's see. Was that on --
Q. Bottom of this paragraph on the second

page.
(Witness reviewing document.)
Q. The last two sentences of the first paragraph.
A. On the second page? Yes.
Q. On the second page, yes.
Do you share the Governor's concern, that denying gender-affirming medical care to adolescents could lead to the harms that he identifies?
MS. LAND: Object to form.
A. I'm sure that it possibly could lead to that.
Q. And would you have concerns about denying care that led to those risks?
MS. LAND: Object to form.
A. I would have concerns.
Q. Do you see a little further down the sentence, the paragraph that starts "instead"?
A. Yes.
Q. Okay. The last sentence there is:
"The young people who are currently under a doctor's care will be left without treatment when this law goes into effect."
A. Yes. I believe that that's possible.

Q. Okay. And do you share the Governor's concern about that?
A. Yes, I do.
Q. What do you think the harms could be in that kind of situation?
MS. LAND: Object to form. That calls for speculation. And he's already testified he does not practice in that area.
A. Besides them not receiving the treatment and not being able to continue their gender transformation, beyond that, I mean, we just spoke about the possible significant harm in terms of, you know, possible suicide or other issues.
Q. Do you think, in general, it's harmful for patients who are receiving a continuing course of treatment, to not complete that treatment?
MS. LAND: Object to form.
A. Typically, I think it can be harmful, yes.
Q. Okay. And do you think that's true for patients being treated for gender dysphoria?
MS. LAND: Object to form. And restate my objections as to his qualification to testify about that.
A. Yeah. I don't perform those procedures.

I could only assume that if they weren't receiving continuous treatments, that there could be problems associated with that.
Q. Do you have any reason to think that gender dysphoria would be different from other procedures where that's true?
MS. LAND: Object to form. Calls for speculation.
A. In terms of hormonal treatments, it may be very similar to other treatments that people received. On the surgery side, which is what I'm more familiar with, I'm not so sure.
Q. Okay. So earlier -- and I think this was Exhibit 3, we had talked about the work you do, rhinoplasties and otoplasties, for minors in some instances.
A. Yes.
Q. And I believe one of the things that you said was that the research shows that the procedures can be better at younger ages for the patient?
A. For otoplasty, yes.
Q. For otoplasty.
Do you have concerns about denying care to a minor in a situation where their -- their condition might worsen without receiving the care?

MS. LAND: Objection to form.
A. Sure. For example, diabetes. If a patient has diabetes, and they're a minor, and they need insulin, I think that would be very detrimental; the patient can die.
Q. Do you think there are any patients in your practice who would have been harmed by having to wait until adulthood to receive a treatment?
A. That's up for opinion. I think in the opinion of the parents and the child, for example, with the otoplasty, that they could have been emotionally harmed.
Q. By having to wait?
A. By having to wait, yes.
Q. And there's also research you cited showing that it's effective -- it's more effective at younger ages?
A. The procedure, the procedure itself is easier to perform at younger ages on otoplasty, yes.
Q. Okay. So in that situation, then, there could also be harms by the procedure being less effective if you waited, correct?
A. That is possible.
Q. Okay. Do you have concerns about adolescents who are experiencing gender dysphoria

from not being -- those adolescents not being able to get the care while they're minors?
MS. LAND: Object to form, vague, and overbroad.
A. I hadn't really thought about that.
Q. Well, would you think a minor could be harmed by having to wait until adulthood to receive gender-affirming medical care?
MS. LAND: Object to form. Calls for speculation. He's already testified he doesn't practice in that area.
A. I'm not familiar. I'm not sure.
Q. Earlier we talked a little bit about the different clinical studies that support the care that you provide in your clinic.
A. Yes.
Q. And I think you said that there are clinical studies for the different treatments, but maybe not, you know, full experimental trials for those treatments. Is that accurate?
A. That is correct.
Q. Okay. Do you think that all types of care not supported by full experimental trials should be banned?
MS. LAND: Object to form, vague and

Page 134

1 overbroad.
2 A. Do I feel that any procedure that
3 doesn't have a clinical trial backing it up should
4 be banned?
5 Q. Yes.
6 A. No.
7 Q. Is there any particular level of
8 evidentiary support that you think a treatment
9 should have before a medical regulator allows a
10 doctor and a patient to agree on using that
11 treatment?
12 MS. LAND: Object to form.
13 A. Can you restate that one more time?
14 Sorry.
15 Q. Sure. Is there any, like, particular
16 level of support or evidence that you think a
17 treatment needs before it should be permitted to be
18 used by a doctor when treating that patient?
19 MS. LAND: Object to form. Overbroad.
20 A. God, that's a good one. At a minimum, I
21 think the procedure should have history behind it.
22 But the history of the procedure actually does work
23 and has benefit to it; so...
24 Q. So just some clinical experience with
25 the procedure?

Page 135

1 A. Yes. There should be some clinical --
2 and I'm talking about surgery primarily. But that
3 the clinical results of the procedure should, like I
4 said in the past, outweigh the complications.
5 Q. And earlier we talked about a specific
6 treatment that I think you said that you had stopped
7 providing because, in your view, the costs were
8 outweighing the benefits. I think that was buttocks
9 implantation. Is that right?
10 A. Similar to that. I think the way I
11 wanted to perform the procedure was not meeting the
12 patient's expectations, and the way I could have
13 performed the procedure, I felt, was too risky.
14 Q. Okay. So the way that you felt was too
15 risky, you said other providers offer that option?
16 A. Yes.
17 Q. Would you support banning that option
18 because of the risks?
19 MS. LAND: Object to form.
20 A. No. But I think the physician should
21 look at the totality of the evidence to perform that
22 procedure and inform the patient of those potential
23 risks.
24 Q. Okay.
25 A. So the patient and the physician

Page 136

1 together can make an informed decision.
2 Q. Okay. Are you aware of innovative
3 treatments that doctors are permitted to provide to
4 patients even though they've not been subjected to
5 medical research yet?
6 MS. LAND: Objection. Objection to
7 form. Overbroad.
8 A. I'm sure there's some form of lasers out
9 there that are undergoing clinical trials as
10 physicians are using them, so they may be occurring
11 simultaneously.
12 Q. And earlier you -- we had talked a
13 little bit about how not every single one of the
14 procedures you provide is going to have a randomized
15 controlled trial showing effectiveness for that
16 outcome.
17 A. Correct.
18 Q. Is that unusual in medicine, to offer
19 treatments that lack randomized controlled trials
20 showing support?
21 MS. LAND: Object to form. Vague and
22 overbroad.
23 A. I think there are surg- -- on the
24 surgical side, you tend to see more procedures that
25 aren't being performed under a randomized control

Page 137

1 scenario. On the medicine side, where you're
2 providing medications, you tend to see more
3 randomized controlled studies that provide or prove
4 the effectiveness of those medications.
5 And that maybe have to do with the FDA
6 and their requirements for medications to reach
7 market as opposed to the surgical procedures. I
8 think there is a division there.
9 Q. Okay. So on the surgical side, then,
10 would it be fair to say that performing procedures
11 that lack randomized controlled trials showing
12 effectiveness for that use is -- is not unusual?
13 A. It's not unusual. It's very difficult
14 to do a randomized controlled procedure -- you know,
15 trial for a surgical procedure 'cause you can't do
16 half the face and blinded for the other half, or
17 something like that.
18 Now, you can do -- it's just -- it's a
19 harder thing to do to -- to do that kind of -- you
20 can't do a sham operation on someone. I mean,
21 it's -- it's difficult to, you know, physically do
22 that type of study.
23 Q. Gotcha.
24 Earlier we had talked a little bit about
25 the regulations that the Board already implements or

1 oversees involving opioids and over-prescription.
2 A. Yeah.
3 Q. If the Board has concerns about doctors
4 overprescribing a medication without following
5 appropriate protocol, can the Board address that
6 problem through its current regulatory powers?
7 A. Yes. They have to be -- that physician
8 has to be identified. There has to be some form of
9 a complaint. We don't just broadly check
10 physicians, you know, prescribing and see if they're
11 complying with various rules and regulations.
12 But we -- when we receive a complaint,
13 we do review that in terms of what are standard, you
14 know, protocols for prescribing various medications.
15 Q. Okay. And if there --
16 A. But typically, typically opioids tends
17 to be the main one; so...
18 Q. Okay. And if it was a problem where a
19 broad class of treatment was being overprescribed,
20 you know, as with the opioid crisis, could the Board
21 pursue a regulation to address that concern?
22 A. I don't know if they could speak to a
23 regulation, but there may be -- they may speak to
24 discussing the prescription -- the prescribing by
25 the physician. There isn't various regulations for

1 every drug class, if that's what you mean.
2 Q. But could the Board recommend
3 regulations on a new drug class if there was a
4 problem?
5 A. If we were seeing a large problem where
6 many patients were affected, then we could
7 definitely make some recommendations to the
8 legislature.
9 Q. Okay.
10 A. Sure. I mean, I try to do that; so...
11 Q. And, similar, for the gastric bypass
12 regulation on informed consent, if the Board had
13 concerns about doctors failing to adequately inform
14 patients of risks, could it enact or recommend a
15 regulation to address those concerns?
16 A. I think it already exists in the Medical
17 Practices Act.
18 Q. For gastric bypass. Could it, for
19 another treatment that had a similar problem?
20 MS. LAND: Object to form.
21 A. Typically, if the Medical Board saw
22 multiple complaints about a single procedure, they
23 could make recommendations to the legislature and
24 say, "Hey, we're seeing this, you know, what do you
25 think guys think about it?"

1 Q. Okay. And if they had individual
2 instances of a doctor failing to -- failing to
3 obtain informed consent, they could -- the Board
4 could handle that through the ethics process?
5 A. Yes.
6 Q. As someone practicing cosmetic surgery,
7 what tends to happen when doctors have differing
8 views about the effectiveness of a particular
9 cosmetic surgery procedure?
10 MS. LAND: Objection to form and
11 relevance.
12 A. What happens when different doctors have
13 different opinions?
14 Q. Yes. Let's say like --
15 A. A procedure, let's say? Yeah.
16 Well, it's -- that happens all the time.
17 I don't know if anything really happens. I don't --
18 I don't know what you mean.
19 I mean, let's say I want to do a
20 procedure one way and another doctor wants to do it
21 the other way, and we don't agree on how it should
22 be done; is that kind of the question you're asking?
23 Q. Yes. That's one variation on it, yeah.
24 A. Well, nothing happens unless the way I'm
25 doing it is -- is getting terrible results, and the

1 other way the doctor is doing it is getting great
2 results, then you may have an issue. But --
3 Q. But doctors and patients make --
4 A. -- I think --
5 Q. -- the decision --
6 A. I'm sorry? What did you say?
7 Q. But the doctors and patients can make
8 the decisions about which avenue they want to go if
9 there's a disagreement?
10 MS. LAND: Object to form.
11 A. Yes. The doctor and the patient can
12 decide on which avenue, which way to go.
13 Q. Okay.
14 A. Yeah. Basically.
15 Q. Okay. To make it more concrete, let's
16 say there's a procedure like the buttons
17 implantation procedure we talked about --
18 A. Sure.
19 Q. -- where, let's say, somebody in
20 Arkansas wanted to get the treatment that you find
21 to be too risky, what -- what happens when doctors
22 disagree about the propriety of a procedure like
23 that?
24 A. I -- for example, the patient came to me
25 and said, "Hey, I would like to do buttocks

Page 142

1 augmentation, or a fat transfer to the buttocks."
2 I would say, "I don't perform that
3 procedure."
4 And the patient goes, "Well,
5 Dr. Branman, why don't you perform that procedure?"
6 And I would say, "In my hands, I don't
7 get the results that I want, and I feel that it's
8 too risky. There are other physicians that do that,
9 if you'd like to seek them out, but I don't perform
10 that particular procedure."
11 Q. Okay.
12 A. And that would be the conversation.
13 Q. So in your experience, when providers
14 disagree about issues like that, has there ever been
15 a ban on the treatment --
16 MS. LAND: Object to form.
17 Q. -- based on that disagreement?
18 A. There's never been a ban, that I know
19 of, from doctors disagreeing about a procedure.
20 Q. Okay.
21 A. Unless the procedure that's being done
22 is creating many, many complications, then it
23 becomes a different issue.
24 Q. Are you aware of procedures like that
25 that have been banned because of the complications?

Page 143

1 A. The only procedure that I'm aware of was
2 large-volume liposuction. And it wasn't -- and I
3 think in Florida, it was banned, that you could only
4 take a certain amount of fat at a time, and then
5 recommendations were made.
6 So liposuction was one of those
7 procedures where too many patients were dying
8 because they were getting too much fat taken out at
9 one time, and then the State of Florida put rules
10 and regulations banning the amount of liposuction
11 that could be performed.
12 And then regulations were formed
13 throughout the American Society of Plastic Surgery,
14 and, you know, recommendations were made as to how
15 much volume is appropriate at a time to take when
16 performing the liposuction procedure.
17 Q. Okay. So it sounds like even in
18 Florida, then, they did not ban liposuction, they
19 just regulated amounts?
20 A. Correct. They modified; they modified
21 what you could do during that procedure.
22 Q. Okay. Any other examples come to mind
23 where care was banned in your field?
24 A. No, I don't think so. Nothing that
25 really comes to mind right off the bat.

Page 144

1 MR. RICHARDSON: I just saw the time,
2 Amanda. Do you want to take a minute because it's
3 after 6:00?
4 MS. LAND: Yeah. Any time it's -- I
5 mean, if this is a good spot.
6 MR. RICHARDSON: Okay. Yeah, I thought
7 you need to get keys or something. I just want to
8 make sure I'm --
9 MS. LAND: Just by 6:00. Like 5:55, I
10 can go down there too.
11 MR. RICHARDSON: Oh, sorry. It's 6:00
12 Eastern. I'm in the wrong time zone.
13 THE WITNESS: No. You're -- you're an
14 hour ahead of us.
15 MS. LAND: We still have an hour.
16 THE WITNESS: You only got about, you
17 know, 50 minutes and then we're out of here.
18 BY MR. RICHARDSON:
19 Q. I just want to circle back briefly. We
20 talked about breast augmentation procedures a little
21 bit.
22 A. Yes.
23 Q. Have you ever had patients who regretted
24 getting a breast augmentation procedure?
25 A. Not many. But I've had a few.

Page 145

1 Q. Okay. So there's a few who just, you
2 know, wish they had never gotten the procedure in
3 the first place; this wasn't -- wasn't the outcome
4 they wanted?
5 A. It wasn't for them. Correct.
6 Q. Okay. Have you ever had patients who
7 came back to have implants removed?
8 A. Yes, I have.
9 Q. Okay. Is that common or --
10 A. Not really.
11 Q. Okay. And is the reason -- is the
12 reason in that case that they are just dis --
13 dissatisfied with the implant, or some other reason?
14 A. Multiple reasons. Should I enumerate
15 them?
16 Q. If you don't mind.
17 A. Sure. Like we touched on before, they
18 just felt like it wasn't for them; some of them have
19 them removed because they -- and then replaced with
20 a larger implant, they felt they wanted to go
21 bigger; others felt that, with recent studies that
22 show that there's a possible risk of certain
23 systemic illnesses with -- although they've never
24 been proven, but they've read somewhere that
25 implants can cause certain illnesses, they want them

Page 146

1 removed; some have complications with the implants,
2 and they want them removed; others just feel that,
3 you know, they've had them 20 or 30 years and they
4 don't feel like having large breasts anymore, and
5 they want them smaller.
6 And so those are the many reasons that
7 women typically want to have breast implants
8 removed.
9 Q. And do you explain the risks of the
10 issues that might lead to someone regretting a
11 breast augmentation at the time that it's provided?
12 A. Do I discuss the risks of wanting them
13 removed; is that what --
14 Q. Well, the risk that -- the things that
15 might lead someone who wants them removed could come
16 to pass?
17 A. I discuss the risks and complications of
18 the procedure; I discuss that the implant is not a
19 lifetime implant and may not -- and may need to be
20 removed in the future or changed. So yes, I do
21 discuss that.
22 Q. In the field of cosmetic surgery,
23 generally, is the -- is the rate of regret for
24 breast augmentation higher than other cosmetic
25 surgery procedures?

Page 147

1 A. No. I think it's relatively lower than
2 most cosmetic surgery procedures.
3 Q. Okay. So would you say that cosmetic
4 surgery procedures, in general, like there's going
5 to be some population that regrets the procedure?
6 A. Sure. I think there's always some
7 percentage. Whatever procedure you do, the patient
8 may decide that that procedure was not for them. We
9 try to limit that by discussing the procedure with
10 them and what it will do for them.
11 Q. Do you know other doctors in Arkansas
12 who provide breast augmentation surgery?
13 A. Yes.
14 Q. Okay. Do you know any others who
15 provide that surgery to minors?
16 A. You know, I don't know what their
17 patient population is, but I think -- I'm not sure.
18 Probably. But I can't speak to that.
19 Q. Okay. So it wouldn't surprise you if
20 they -- if they did?
21 A. Did breast augmentation on minors?
22 Q. Yes.
23 A. It wouldn't surprise me if someone -- if
24 they did 18-year-olds or maybe almost-18-year-olds,
25 sure.

Page 148

1 Q. Okay. Gotcha.
2 MR. RICHARDSON: All right. Amanda, do
3 you want to take five? We can...
4 MS. LAND: Sure. We'll just take this
5 time to go get keys if that works for you.
6 MR. RICHARDSON: Perfect for me.
7 MS. LAND: Okay.
8 THE VIDEOGRAPHER: All right. We're off
9 the record at 5:19 p.m.
10 (Recess taken.)
11 THE VIDEOGRAPHER: We're back on the
12 record at 5:35 p.m. Please proceed.
13 BY MR. RICHARDSON:
14 Q. Thank, Dr. Branman. We're on the finish
15 line here.
16 A. We were just talking about a marathon;
17 so...
18 Q. Hopefully not that long today.
19 But we talked a bit earlier about sort
20 of the way that medicine and the regulation of
21 medicine typically works in Arkansas.
22 And I think you said that the general
23 rule is that doctors have this broad prescriptive
24 authority to determine treatments with their
25 patients, and that that authority is subject to

Page 149

1 oversight by the Board.
2 A. Yes. And probably the legislature as
3 well.
4 Q. And I think you said that, in general,
5 you think that system is effective in terms of
6 making sure that care is adequately provided and
7 it's safe; is that correct?
8 A. I believe it's effective.
9 Q. Okay. So kind of, if it -- if it were
10 up to you, would you support a law that bans doctors
11 from providing gender-affirming medical care that an
12 adolescent, their parent, and the doctor all agree
13 is appropriate for the patient?
14 MS. LAND: Object to form. Relevance,
15 and outside the scope.
16 A. If it were up to me personally?
17 Q. Yes, sir.
18 A. Would I specifically oppose -- I'm
19 sorry. Say it one more time? Would I be for --
20 Q. Would you support a law banning care
21 when the doctor, the adolescent patient, and their
22 parent all agree that the gender-affirming medical
23 care would be effective?
24 MS. LAND: Restate my objections.
25 A. Would I support a ban? Would I

1 personally agree with that? I would not agree with
2 it. But if I was a member of the Medical Board and
3 it was a legislative rule and reg, then there's --
4 I -- there's nothing I can do.
5 I mean, I have to -- I have to carry out
6 the rules and regulations that have been handed down
7 to me by the legislation.
8 Q. Understood.
9 And when you say you personally don't
10 agree with it, do you mind just explaining why.
11 MS. LAND: Restate my objections.
12 A. I believe, like I said before, that a
13 known beneficial treatment that is being provided by
14 a physician or by -- by a physician in consultation
15 with the patient, I think that harm -- that has no
16 harm to it. I think it's -- I think it should be
17 allowed.
18 MR. RICHARDSON: Well, that is it for
19 me, Amanda. I'm not sure if you want to do any
20 cross. We can take a break if you'd like.
21 MS. LAND: No. No questions.
22 THE VIDEOGRAPHER: This will conclude
23 the deposition, and we are off the record.
24 Let me just state this concludes -- one
25 moment -- the deposition of Dr. Rhys Branman. Total

1 number of media used was three, and will be retained
2 by Veritext.
3 And we are off the record at 5:38 p.m.
4 THE REPORTER: Counsel, if I can just
5 get who is ordering a copy of the transcript, if you
6 need a rough draft, any expedited delivery needs.
7 MS. LAND: We would like a copy, and we
8 would also like to review and sign as well.
9 THE REPORTER: Regular delivery, or do
10 you need any expedited delivery?
11 MS. LAND: I think regular delivery.
12 THE REPORTER: Do you need a rough draft
13 today?
14 MS. LAND: No rough draft.
15 THE REPORTER: And Mr. Richardson?
16 MR. RICHARDSON: I'll take a rough
17 draft. I don't think we need expedite.
18 THE REPORTER: And then as far as the
19 exhibits that were shown to the witness today, were
20 those marked today? Were they previously marked?
21 Would you like for us, Veritext, take possession of
22 them, make them part of the record?
23 MR. RICHARDSON: I believe I previously
24 sent the file over.
25 (Deposition concluded at 5:39 p.m.)

1 REPORTER'S CERTIFICATE
2
3 I, MAYLEEN AHMED, the undersigned, a
Registered Merit Reporter, Certified Realtime
4 Shorthand Reporter and Notary Public, do hereby
certify:
5
That the witness, RHYS BRANMAN, M.D.,
6 before examination was duly sworn by a Notary Public
in the State of Arkansas.
7
That the foregoing deposition was taken
8 remotely stenographically by me on June 24, 2022,
and thereafter was transcribed by me, and that the
9 deposition is a full, true, and complete transcript.
10 That, in accordance with FRCP 30(e),
before completion of the proceedings, review of the
11 transcript was requested and signature was reserved
by the witness.
12
I further certify that I am not a
13 relative or employee of any attorney or counsel or
any party to this action, and that I am not
14 financially interested in the said action or the
outcome thereof.
15
In WITNESS WHEREOF, I have hereunto set
16 my hand this 30th day of June 2022.
17
18
19
MAYLEEN AHMED, RMR, CRR, CRC
20 Washington CCR No. 3402 - Exp 12/29/22
Oregon CSR No: 17-0447 - Exp 12/31/23
21 Texas CSR No: 9428 - Exp 7/31/22
California CSR No: 14380 - Exp 12/31/22
22 New York Notary Public
23
24
25

1 NOTARIAL CERTIFICATE
2 NAME OF CASE: Brandt v Rutledge, et al.
DATE OF DEPOSITION: June 24, 2022
3 NAME OF WITNESS: RHYS BRANMAN, M.D.
LOCATION: Little Rock, Arkansas
4
5
6 I, MICHAEL TSCHIEMER, a Notary Public
7 within and for the State of Arkansas, do hereby
8 certify that the witness, RHYS BRANMAN, M.D., before
9 examination was duly sworn by me, and that the
10 foregoing deposition transcript is the official
11 transcription of record.
12 I further certify that I am not a
13 relative or employee of any attorney or counsel or
14 any party to this action, and that I am not
15 financially interested in the said action or the
16 outcome thereof.
17 In WITNESS WHEREOF, I have hereunto set
18 my hand this 30th day of June, 2022.
19
20
21
22 MICHAEL TSCHIEMER
23 Notary Public, State of Arkansas
24
25

AMANDA LAND, ESQ.
amanda.land@arkansasag.gov
July 8, 2022
RE: BRANDT, et al. vs. RUTLEDGE, et al.
6/24/2022, Rhys Branman (#5286217)

The above-referenced transcript is available for review.

Within the applicable timeframe, the witness should read the testimony to verify its accuracy. If there are any changes, the witness should note those with the reason, on the attached Errata Sheet.

The witness should sign the Acknowledgment of Deponent and Errata and return to the deposing attorney. Copies should be sent to all counsel, and to Veritext at erratas-cs@veritext.com.

Return completed errata within 30 days from receipt of testimony.

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

Yours,
Veritext Legal Solutions

BRANDT, et al. vs. RUTLEDGE, et al.
6/24/2022 - Rhys Branman (#5286217)

E R R A T A S H E E T

PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____

_____ _____
Rhys Branman Date

BRANDT, et al. vs. RUTLEDGE, et al.
6/24/2022 - Rhys Branman (#5286217)

ACKNOWLEDGEMENT OF DEPONENT

I, Rhys Branman, do hereby declare that I have read the foregoing transcript, I have made any corrections, additions, or changes I deemed necessary as noted above to be appended hereto, and that the same is a true, correct and complete transcript of the testimony given by me.

_____ _____
Rhys Branman Date
*If notary is required

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20___.

_____
NOTARY PUBLIC

&

& 2:3 7:3

0

00450 1:5
00450jm 6:10

1

100 27:22 35:1 81:15
10004 2:22
105 5:14
12/29/22 152:20
12/31/22 152:21
12/31/23 152:20
125 2:21
126 5:10
14380 152:21
1570 5:14 104:10 104:12,21 107:7 108:1 115:18 116:3,10 126:19
17 42:18,21 51:3 67:16,19 68:16 69:15
17-0447 152:20
1700 2:5
18 42:18,18,20,21 43:2 45:7 51:3 67:20,25 104:17 105:25 112:16 147:24,24
19 5:8 81:23 83:15 83:24 85:7
1986 12:9
1:58 1:15 6:4

2

2 4:17 92:2,3 115:11
20 146:3 156:15
20-9-1502 105:15 105:16
200 1:19 3:6 6:13 72:19
20006 2:6
2002 15:20
2010 16:3
2011 16:3
2018 69:22 74:3
2019 44:20
202.956.7500 2:7
2021 5:12 106:22 127:4
2022 1:14 6:1 152:8,16 153:2,18 154:3
24 1:14 6:1 152:8 153:2
26 44:20
27 4:17 92:9,21 93:20

3

3 4:19 44:5,9 115:15 131:14
30 146:3 152:10 154:17
30th 152:16 153:18
323 1:19 3:6 6:12
3402 152:20
3800 2:13
3:11 67:3
3:23 67:6

4

4 4:22 57:14,19 100:21
425 2:13
44 4:19
4:21 1:5 6:10
4:31 115:12
4:37 115:15

5

50 81:15 144:17
501.376.3800 2:15
501.682.2007 3:8
5223 152:18
5286217 154:5 155:2 156:2
57 4:22
5:19 148:9
5:35 148:12
5:38 151:3
5:39 151:25
5:55 144:9

6

6/24/2022 154:5 155:2 156:2
626 104:18,21

7

7 5:5 83:5,11
7/31/22 152:21
72201 1:20 2:14 3:7

8

8 4:5 5:10,12 105:10,11,12 112:8 117:6 126:24,25 127:4 154:3
83 5:5

9

9 5:14 92:6 105:5 105:7
917.345.1742 2:23
92 4:17
9428 152:21

a

abandon 116:14 119:7
abandoned 78:8
abandoning 111:4 118:8
abandonment 65:11,15 66:9,18 115:22 117:13
ability 51:16 85:22 85:22,25
able 71:18 73:12 86:22 98:16 121:3 130:10 133:1
abnormalities 58:20
abortion 90:10,14 90:22
absolutely 14:21 68:7 107:11 124:4
academic 11:23 56:3
academy 55:9,14
accepted 12:13
accepting 37:4
accident 27:5,10
accuracy 154:9
accurate 8:16 58:21 59:8 133:20
acid 17:14
acknowledgement 156:3
acknowledgment 154:12
aclu.org 2:24
act 80:20,23 85:9 85:11,15,19 86:5 91:7,16,23 104:18 104:21 106:18 109:20,23,25 110:10,10,19,19 111:8 112:25 113:1,14 139:17

action 6:20 79:7 80:6,21 82:6 108:7,25 109:16 109:21 110:2 116:11,15 128:7 152:13,14 153:14 153:15
actions 80:3 81:1
activities 43:22 53:19
actual 36:11
add 69:7
added 54:23
additional 20:12 38:16 41:7
additions 156:6
address 31:14 91:20 93:2,11 138:5,21 139:15
adequately 92:22 139:13 149:6
administered 63:24
administrative 96:17
admitting 15:14
adolescent 46:6 48:23 49:6 149:12 149:21
adolescents 42:8 47:4,5,19,24 48:4 49:14 67:12 106:9 110:6 128:12 129:9 132:25 133:1
adopt 75:22
adult 45:25 46:8 46:13
adulthood 132:8 133:7
aesthetic 58:23 59:4 60:3,11,16,20 61:15,18,23 62:14 63:1,6 71:5
affiliated 63:9
affiliations 6:25
affirmation 4:23 57:16,22 59:6,13 59:15,22 101:1
affirming 57:11 100:4,18 101:24 102:8,12,21,25 103:4,8,12,17 104:4 106:23 110:6 128:11 129:8 133:8 149:11,22
afford 52:18
afternoon 8:7
ag's 80:8
age 42:20 45:11 51:4 68:3 104:17 105:25 112:16
agencies 96:2
agenda 90:13
ages 131:20 132:17,19
agree 36:5 45:16 49:24 58:23,25 59:18,22 84:2,17 121:3 123:7 127:18 134:10 140:21 149:12,22 150:1,1,10
agreeable 86:12
agreed 122:5
agrees 72:1
ahead 9:3 10:11 19:9 20:15 21:10 30:18 35:25 36:1 100:25 115:10 144:14
ahmed 1:25 6:17 152:3,19
aim 92:20
al 1:4,7 6:7,7 153:2 154:4,4 155:1,1 156:1,1
align 23:12 24:2 100:10
allergies 36:24
alleviate 42:24 43:8
alleviating 27:18 31:16
allotted 154:20
allow 90:7,16,24 123:16
allowed 111:22 122:4,15 124:14 124:23 125:14 126:1,15,16 150:17
allowing 125:11
allows 86:11 134:9
alternative 111:12 111:17
amanda 3:5 66:24 144:2 148:2 150:19 154:1
amanda.land 3:9 154:2
america 87:8
american 2:19 4:22 13:24 14:2 52:12,13,14,15 53:7,13 54:7 55:9 55:14 56:7,17,22 56:24 57:2,24 60:4 63:11 143:13
amount 143:4,10
amounts 143:19
amy 10:19
announcement 44:19
announcing 7:15
answer 4:9 9:3 18:20 23:3 25:8 62:12 78:6,6 102:7 110:17 113:21 117:4,23 117:24 121:25
answered 62:11 85:2 110:16 122:12 126:6,21
answering 79:20 80:1
anti 124:7
antibiotic 19:16 37:5
antibiotics 36:23
anybody 47:20 73:24 104:17 106:22
anymore 39:7 78:9 146:4
apologize 46:3
appear 47:16 59:7
appearance 6:22 24:2 27:9 30:9 61:23
appearances 6:24
appears 59:11 92:25 114:7 120:19
appended 156:7
applicable 154:8
application 64:2,5 64:6 70:10,12
applied 69:15
applies 29:9

applying 62:5,6
appointed 17:24 69:22,23 70:2,8
appointment 17:22 36:7 39:22 40:4,6
appointments 20:7 39:8
appreciate 8:9,22
appreciative 76:3
approach 22:14
appropriate 48:13 49:3 85:13,25 86:7 89:19 116:25 121:4,10,21 122:16,24 123:6 123:23 138:5 143:15 149:13
appropriately 89:23
approved 72:7
approximately 12:11 113:10
april 5:12 127:4
area 25:1 43:23 73:11 130:8 133:11
arguments 11:13
arkansas 1:2,18 1:20 2:14 3:4,7 6:9,11,13 12:25 14:6,9,19,20,23,25 15:2,5 21:25 22:17,17,22 52:12 52:20 69:18,19 76:24 80:20,23 82:25 83:21 84:7 84:14 85:23 86:4 86:4 87:2,6,24 88:7,18 90:2,7,16 90:23 91:7,16,23 94:13 102:23 104:3,8 107:21 111:9 118:17,21 118:22 120:25 141:20 147:11 148:21 152:6 153:3,7,23
arkansas's 89:17
arkansasag.gov 3:9 154:2
articles 21:19
asked 62:10 66:4 70:4 85:1 110:16 122:11 126:5,20
asking 18:4 33:9 62:13,15 119:10 140:22
asps 57:8 59:6 60:5 100:16
asps's 57:10
asserted 11:14 110:22
asserts 116:13
assess 48:19
assistant 71:9
associated 29:16 131:3
association 52:12 52:13 53:6 54:7 56:7
assume 44:3 85:3 94:20,21,22 100:15 120:23 125:21 131:1
assumed 66:7
assumption 59:14
attached 154:11
attempt 24:2 35:19
attempted 70:24
attention 54:5
attorney 1:18 3:4 6:12 7:1 8:25 9:23 10:4,5,12 78:22 117:17 119:1,2 120:22 121:14 125:6 152:13 153:13 154:13
attorneys 2:2 3:3 125:16
augment 20:10
augmentation 17:4,6 20:17 21:7 21:23 25:3,10,19 25:21 26:1,2,3,6,9 26:14 42:17,19 43:7 67:13,19 68:4,21 69:2 142:1 144:20,24 146:11,24 147:12 147:21
august 44:20
authority 88:2,8 88:14,19 89:18 91:10 148:24,25
available 154:6
avenue 2:5,13 141:8,12
avoided 83:24 84:9,13
aware 10:17,25 11:8,9,13 21:22 23:4,24 28:2,11 31:19 37:7 55:13 55:18 57:10 70:18 70:19 82:25 90:9 90:16,25 91:15,18 91:22,25 93:23 95:8,12 99:20 100:9 101:23 102:22 103:2,5,10 103:14,19 104:1,3 104:5,7,9,10 106:3 106:5,7 107:6,8 126:18,22 136:2 142:24 143:1
awareness 103:23

b

b 112:10 113:9,24 117:6 118:6,15
back 16:2 20:16 27:6 37:6 40:7 46:5,14 61:17,22 67:5 68:23 70:7 77:18 112:7 115:14 124:24 144:19 145:7 148:11
backing 134:3
bad 78:24 89:2
ban 32:11,22 33:10 34:1,8,12,13 82:16 91:6 93:17 106:8 123:6,23 142:15,18 143:18 149:25
bandage 52:4
banned 33:20,25 85:6 91:3 122:23 124:18 126:3 133:24 134:4 142:25 143:3,23
banner 57:25
banning 34:7 85:14 91:12 93:10 93:13,22 135:17 143:10 149:20
bans 104:16 149:10
based 17:14 26:11 38:11 53:24 64:1 80:9,11 83:20

86:3 91:5 103:8 142:17
basically 10:9 71:6 95:5 141:14
basis 60:8 102:16 102:18
bat 98:22 143:25
bearings 9:15
befuddling 107:16
beginning 6:25 35:16 37:8 49:14 74:17 79:2
behalf 11:14
believe 8:11 22:18 27:21 31:2 33:21 34:19 36:22 42:5 48:1 55:5 64:15 64:16 67:13,18 68:13 69:16,22 70:12 84:14 85:8 86:10 87:16 88:6 89:5,25 91:8 100:3 105:10 111:21 114:16 123:25 129:25 131:18 149:8 150:12 151:23
bend 46:10,14
bends 46:11
beneficial 122:4 123:10 150:13
benefit 30:11 31:8 43:25 47:12 68:11 124:12 134:23
benefits 30:14,24 33:14,16,19,22 34:16,20 48:2,7 49:9 123:13 135:8
best 18:9 45:10 51:22 123:7 127:14 128:1
beth 2:11 7:5 44:4 57:13 83:4 92:1 105:4 126:23
better 31:4,5 45:12,18 61:6 68:5,6,13 69:9,10 131:20
beyond 130:11
bigger 145:21
bill 116:7 117:16
billie 12:25
bit 38:14 51:2 52:8 61:6 81:20 94:1 115:1 133:13 136:13 137:24 144:21 148:19
blank 98:23
bleeding 29:25
blind 28:22 29:10
blinded 137:16
blockers 99:15,21
blood 21:21 30:2
board 10:20 11:3 11:7 13:16,17,18 13:24 14:2,20,23 14:25 52:14,15 53:4,4,8,9 63:11 63:14,18,18 69:18 69:20,21 70:1,4,20 71:4 73:25 74:15 74:21 75:9 76:14 76:15,20,25 77:25 78:1,17 79:11,15 79:18,21 80:4,25 81:2,15,17 82:6,15 82:19,22 86:21 88:9,14,20,25 89:1 89:5,19,21 91:2,12 93:9 94:2,5,8 95:1 95:3,5,9,17,21 96:3,3,6,23,23 97:2,6,23 98:4,7,8 98:10,14,14,20 102:24 103:3,7,11 103:16,17,20,25 104:2 107:13,19 107:22,25 108:16 108:22,24 109:2 109:16,21,24 116:3,15,20,21,23 119:2 126:7,10 137:25 138:3,5,20 139:2,12,21 140:3 149:1 150:2
boards 15:1
body 23:16,17 53:5 58:18 76:8
botox 17:13 72:13 72:15 73:6 97:13
bottom 127:7 128:25
bound 126:10
brandt 1:4 6:7 153:2 154:4 155:1 156:1
branman 1:12 4:3 6:1,5 8:2,7 67:10 142:5 148:14 150:25 152:5 153:3,8 154:5 155:2,24 156:2,4 156:12
break 9:12,13 66:21,22 115:5 150:20
breast 17:4,6 20:10,11,12,14,17 25:3,9,18,21,25 26:2,3,6,8,14 42:17,19 43:7 67:13,19 68:3,7,8 68:9,21,23,24 69:2 69:8 101:6,13,17 144:20,24 146:7 146:11,24 147:12 147:21
breasts 146:4
breathe 27:3
breathing 47:1
brewing 73:22
brief 8:13 10:8 19:5
briefly 9:23 11:20 144:19
broad 2:21 85:12 85:21 86:20 88:1 88:8,14,19 89:18 91:9 138:19 148:23
broadly 138:9
brought 108:22
budgets 96:15
bullied 51:12
burns 58:13
busy 8:8
buttocks 21:7,23 135:8 141:25 142:1
buttons 141:16
buying 53:18
bypass 91:24 92:6 92:22 93:5,11,16 139:11,18

c

c 2:1 3:1
california 14:13 14:17 152:21
call 36:7
called 25:15 57:2 63:10 86:20 98:25 99:4 104:10,12
calling 117:19

calls 25:7 32:24 110:24 116:17 120:7 123:19 130:6 131:7 133:9
candidate 18:3 66:4
candidates 63:19 63:24 64:1
capacity 11:6 97:2
capitol 2:13
care 18:19,24 19:1 24:1,9,17 32:11,22 33:11 36:9 40:9 40:20 41:1,2,17,19 42:3,7,10 48:12 53:24 56:10 66:16 68:17 88:10 89:23 91:3,6,13 101:24 102:3,8,12,21,25 103:4,9,12,17,20 103:25 104:4,6,7 105:22 106:8,24 108:23 110:6,23 111:3,7 112:14,16 113:18 115:25,25 118:16,19,21 119:6,13,21 120:11 121:9,19 121:20 122:1 123:6,23 125:3,10 128:2,11 129:8,15 129:23 131:23,25 133:2,8,14,23 143:23 149:6,11 149:20,23
carry 150:5
cartilage 46:7,10 46:11,13 61:10
case 1:5 6:9 10:18 10:23 11:1,14,17 19:10 20:20 49:19 51:17 82:13 86:7 87:19 104:14,22 104:25 121:18 145:12 153:2
cases 37:23 80:18
category 22:3 30:7 60:22 62:17
cause 77:19 98:2 137:15 145:25
causing 124:15
ccr 1:25 152:20
center 1:19 3:6 4:20 6:12 15:7,10 15:19,22 16:5,19 44:14,20 45:6
central 1:3 6:9
certain 29:16 35:1 64:4,19 70:15 84:20,25 98:11,17 108:12 122:3 124:14 143:4 145:22,25
certificate 152:1 153:1
certification 53:11
certifications 13:21
certified 13:16,17 13:18 152:3
certify 152:4,12 153:8,12
chairman 70:4
chance 115:18
change 21:18 31:22 35:10 49:8 115:10 155:4,7,10 155:13,16,19
changed 61:23 146:20
changes 72:1 90:13 111:23 154:10 156:6
characteristics 23:13 100:10
characterization 59:19
characterize 30:14 35:11
check 138:9
chest 43:23 62:24
child 45:8 48:10 48:16 51:20 88:4 132:10
children 43:17 45:7 46:11 68:24 68:25 69:12 127:21
chloroquine 5:7 83:14,23
chosen 73:23
circle 144:19
circumstance 64:19
circumstances 120:6
cisgender 26:5 99:9
cited 132:15
civil 2:19
claims 80:1 82:10
clarification 119:2
clarify 9:9 124:16
class 138:19 139:1 139:3
client 10:12
clinic 36:6 133:15
clinical 28:11,13 28:18 133:14,18 134:3,24 135:1,3 136:9
clinics 72:11
closed 82:13
clot 30:2
clothes 68:6 69:9 69:10
clots 21:21
collaboration 76:15
colleague 7:12
colleagues 9:6 15:25
college 12:1,6
columns 92:18
combat 71:13
combination 20:13 32:10 60:17 63:4 69:6
combined 12:16 88:20
combines 88:13
come 18:6,7 20:16 26:21 39:8 40:3,6 66:10 73:2 78:17 79:21 84:16 86:11 98:19 117:4 125:16 143:22 146:15
comes 36:4 49:5 96:25 143:25
comfort 115:5
comfortable 21:16 24:16 110:4,13
coming 39:17
committee 75:23
common 38:17 69:2 74:15 77:25 81:2 94:25 124:21 145:9
communication 76:14
communications 10:13

community 70:7 75:5
complaint 78:5,7 78:13 79:3,14 80:11,14 82:1,3,15 103:7 108:11,22 109:7 138:9,12
complaints 78:1 79:16 80:13 81:7 81:12 89:22 139:22
complete 20:7 119:23 130:16 152:9 156:8
completed 154:17
completely 35:3 99:24
completing 16:8
completion 152:10
complication 73:11,12
complications 28:10 29:22 30:1 92:13,16,17,17 135:4 142:22,25 146:1,17
comply 97:4
complying 138:11
components 96:11
concern 33:2 128:1,10 129:7 130:2 138:21
concerns 27:19 33:3 93:12 103:12 121:7,17 122:8 126:2 129:14,17 131:23 132:24 138:3 139:13,15
conclude 150:22
concluded 151:25
concludes 150:24
conclusion 84:7,8 84:10,13,18,24 109:14
concrete 39:11 141:15
condition 131:25
conditions 68:2 98:11,18
conflict 91:7 114:8 117:12 118:7,18 119:6 120:16,20 120:20,21
confusion 9:7
congenital 58:19 62:2
connotation 35:13
consent 35:15,20 36:3,18,21 37:3,8 37:22,25 38:2,8,9 49:13,18,20 66:1,2 66:5,8 82:5,9,11 87:21 93:5 139:12 140:3
consents 36:10
consequence 35:11,12 73:3
consequences 31:25 32:1,8,16 33:7 35:8 73:8,9 75:15,16
consider 58:7 59:2 59:3,6 82:15
considered 62:23 70:11 91:12 93:9 93:13
considering 94:8
constitute 123:15
consult 48:10 77:15 96:2,22 98:9 119:1 120:22
consultation 17:24 17:25 36:5 45:8 86:6 87:3 150:14
consulted 98:12
consulting 80:4 88:4
consults 98:4,7
cont'd 3:1 5:1
contact 94:2,7,11 94:12 97:6
contacting 17:21
contacts 96:6
contest 93:3
context 38:6 46:2 58:6 90:15,22 93:3,5 103:13
continue 41:17 111:23 112:2,22 113:18 114:13,20 130:10
continued 114:17
continuing 40:19 113:25 114:4 119:14 130:15
continuous 131:2
control 136:25
controlled 28:22 29:10 136:15,19 137:3,11,14
conversation 8:14 51:17,18 142:12
conversations 50:18 103:15,24 104:2
cooper 2:20 7:12 7:14,15
cooperate 52:7
copies 154:14
copy 105:9 151:5 151:7
correct 11:19 13:15 15:8,16 16:14 26:13 27:14 30:9,10 31:7 32:8 32:9 33:20,23,25 34:20 38:10 43:9 47:3 49:12 55:25 67:17 75:16,17 81:5,8 82:11 86:2 87:22,23 88:11,12 93:6,8 99:9 112:23 114:11 116:4,5,12 121:5 132:22 133:21 136:17 143:20 145:5 149:7 156:8
corrections 156:6
cosmetic 4:19 12:20,25 13:19,25 14:1 15:7,10,19 16:19,21,22 17:1 17:10,13 26:16 44:14,19 45:5 47:12 52:15 53:8 54:12 55:7,9,14,23 58:9 59:4 62:6,9 62:18 63:11 140:6 140:9 146:22,24 147:2,3
costs 135:7
counsel 6:6,23 111:6 127:22 151:4 152:13 153:13 154:14
counseling 127:13
couple 53:1 81:19
course 17:18,20 18:11 19:18 38:22 38:25 40:21 86:22 119:14,22 130:15

courses 87:11
court 1:1 6:8,16 11:14
covered 65:25
covering 61:12
covid 5:8 81:23 82:17,23 83:2,15 83:24 84:4,19,25 85:7
crafting 70:21
crazy 90:19
crc 1:25 152:19
creating 94:3 142:22
credit 54:4
crisis 138:20
criteria 64:5 70:18
cromwell 2:3 7:3
cross 100:2 109:12 150:20
crr 1:25 152:19
cs 154:15
csr 1:25 152:20,21 152:21
curious 18:16,23 64:3 124:2
current 16:18 138:6
currently 13:16 14:5 15:3,23 26:1 34:9 42:7 55:23 63:9,13 67:11 69:17,19 129:22
cv 1:5 6:10

d

d 4:1
d.c. 2:6
dan 89:8
daniel 2:4 7:2
date 54:11,13 153:2 155:24 156:12
dated 44:20
day 9:11 152:16 153:18 156:15
days 154:17
dds 13:3,6,7
dea 96:4,5,7
deal 36:10
dealing 48:8
dealt 64:17 73:23
death 30:3
decide 28:7 48:12 86:22 87:11 110:1 141:12 147:8
decided 75:21
deciding 80:2,6
decision 49:10 79:7 136:1 141:5
decisions 88:2 122:9 127:14 141:8
declare 156:4
deemed 156:6
defect 62:2
defects 58:19
defendant 11:1,3,5 107:10,12,14
defendants 1:8 3:3
defense 110:22 116:13
define 23:9
definitely 139:7
definition 58:15
degree 13:5,6,8
delivery 151:6,9 151:10,11
demonstrated 84:3
dental 12:8 13:4,6 14:25
dentist 12:10
dentistry 14:12
deny 125:2
denying 125:13 128:1,11 129:8,15 131:23
department 83:1 83:21 84:7,14 96:9,11,13,14
depending 78:14
depends 114:9 118:10
deponent 154:13 156:3
deposed 8:10 10:20
deposing 154:13
deposition 1:11 6:1,5 8:24 10:1,10 10:23 11:10,18 150:23,25 151:25 152:7,9 153:2,10
describe 11:22 29:18 65:13 81:25 102:5
described 30:23 120:17
describing 71:1
description 101:3
deserve 127:12,21
desire 30:20 40:24 48:21
desires 18:2
despite 93:19,21
determine 80:19 85:25 86:7 89:18 148:24
determined 109:24
detrimental 132:5
develop 55:1 56:13 64:21 74:19 75:10 77:2 116:6
developed 54:18 63:23 77:23 97:24
developing 63:17 63:21 74:25 76:5 76:23 95:10 98:10
developmental 58:20
develops 76:19
diabetes 132:2,3
diagnose 98:17
diagnosis 98:25
die 132:5
different 38:2,3 46:22 61:4 75:1 131:5 133:14,18 140:12,13 142:23
differing 140:7
difficult 137:13,21
diligence 84:15
directly 50:21 51:16 95:1 97:9
director 72:18,18
dis 145:12
disagree 60:5,7 141:22 142:14
disagreeing 142:19
disagreement 60:9 141:9 142:17
disciplinary 81:1
disciplining 110:5
discomfort 50:23
discontinuing 110:22
discretion 86:21 109:22 110:1
discuss 18:2 50:17 50:20 82:19,22

113:14 146:12,17 146:18,21
discussed 69:4 98:5 103:3,11 113:7
discussing 115:21 138:24 147:9
discussion 89:13
discussions 48:15 76:4 103:5,19 108:17
disorder 99:5
disposition 9:25 10:1
disputes 119:3
dissatisfied 145:13
distinguish 62:6
district 1:1,2 6:8,8
division 1:3 6:9 137:8
doctor 7:18 11:24 14:19 44:11 78:8 78:13 81:22 86:10 108:23 109:11,17 110:22 113:17 115:6 116:9,13,16 119:5,12,20,20 120:15 121:4,10 121:20 123:6 134:10,18 140:2 140:20 141:1,11 149:12,21
doctor's 111:11,16 119:22 129:23
doctors 14:23 15:21 85:6 86:6 86:22 87:3,10 88:2,9,10,20 89:18 90:2,7,16,24 104:3 104:5 110:5 112:22 114:12 115:22 118:7 121:3,18 122:8 125:1,18 136:3 138:3 139:13 140:7,12 141:3,7 141:21 142:19 147:11 148:23 149:10
document 4:10 44:11,16,18 48:9 57:21 59:5 83:13 100:16,22 115:3,6 118:2 128:15,18 129:2
documents 9:5,6
doing 60:13,14 71:17 72:17 120:15 140:25 141:1
double 28:22 29:10
doubt 84:6,11,12 84:18,23
dr 6:5 8:7 67:10 142:5 148:14 150:25
draft 73:23 151:6 151:12,14,17
drake 2:12 7:7 44:4
draw 63:6
drawing 98:23 124:3
drug 128:5,23 139:1,3
drugs 18:14 36:17 36:18
due 22:9 84:15 111:23
duly 8:3 152:6 153:9
duty 120:2,6
dying 143:7
dylan 1:4 6:6
dysphoria 98:25 99:13,22 127:11 130:21 131:5 132:25

e

e 2:1,1 3:1,1 4:1 152:10 155:3,3,3
ear 42:13,15 45:11 51:8 61:8,9,9,10 61:11,12,16,22 62:1
earlier 30:5 45:12 46:21 51:25 67:10 75:12 87:17 94:1 94:16 112:21 113:7 120:25 131:13 133:13 135:5 136:12 137:24 148:19
ears 43:20 46:5 52:1,4
easier 132:19
easily 46:12,14
eastern 1:2 6:8 144:12
echols 2:11,16 7:5 7:5 83:7
effect 95:24 108:2 108:3,21 116:3 117:18 125:7 129:24
effective 27:18,21 27:22 28:1,4 29:12 33:9 53:25 54:24,25 84:3 88:15,21 89:22 90:2 93:17 132:16 132:16,22 149:5,8 149:23
effectively 22:11
effectiveness 89:17 136:15 137:4,12 140:8
egregious 78:20
either 40:3 42:2 62:17 64:7 80:19 93:10 94:12 103:6 112:22 113:18 114:13 115:24
embolism 21:20
embry 10:19
emergency 78:25 79:16
emotionally 132:12
employee 152:13 153:13
enact 139:14
endanger 33:1
enforce 107:19 108:1 116:3
enforcement 96:6 108:5,6,17
enforcing 107:24
enlarged 43:20
ensure 88:10 114:13 115:25
ensuring 89:23
entail 17:19 63:16
entailed 63:17
entails 17:20
entire 116:20
entirety 113:2 128:16
entities 14:22
enumerate 145:14
errata 154:11,13 154:17

erratas 154:15
esq 2:4,11,12,20 3:5 154:1
essentially 101:22
esthetically 58:18 61:21
et 1:4,7 6:7,7 153:2 154:4,4 155:1,1 156:1,1
ethical 40:14,16 40:20 41:3,16 42:1 65:4,14 90:1 111:11,16 112:21 113:6,17 114:11 115:21 116:14 117:12 118:7 119:7 120:5,16 122:13
ethically 88:10 120:10
ethics 64:14,16,17 64:19,22,24 65:4 78:1 89:22 114:1 121:25 140:4
evaluating 63:25
evaluation 81:7
everybody 66:8 68:25 75:6,11
evidence 45:12 123:10 134:16 135:21
evident 58:8
evidentiary 134:8
exact 50:9 81:14
exactly 67:20 99:19
exam 64:8,9,16,22 64:25 66:15
examination 4:4 8:5 18:1,3 64:10 66:11 152:6 153:9
examine 64:12
examiner 63:14
examining 63:19
example 20:9 31:20 37:4 41:20 43:19 54:14,22 58:12 61:4,5,24 73:6 78:10 80:12 107:23 124:7 132:2,10 141:24
examples 16:25 43:25 143:22
exhibit 4:16,17,19 4:22 5:4,5,10,14 44:5,9 57:14,19 83:5,11 92:2,3 100:21 105:5,7 113:2,9 126:24,25 131:14
exhibits 4:13 5:1 151:19
exist 119:11
exists 139:16
exp 152:20,20,21 152:21
expect 77:1
expectation 28:6
expectations 48:17 50:14 51:25 135:12
expedite 151:17
expedited 151:6 151:10
experience 50:6 71:2 73:24 74:13 76:13 134:24 142:13
experiences 38:12
experiencing 132:25
experimental 29:5 29:8 133:19,23
expertise 70:15 73:16 74:9 98:21
explain 60:23 61:3 78:17 146:9
explained 75:18
explaining 36:13 97:3 150:10
extensive 74:6
extensively 87:20
extent 122:3 124:14
extra 69:7
extremely 127:11
eyelid 17:6

f

face 137:16
facelift 31:20
facial 25:15
fact 22:9 24:4,5 26:11 33:6,7 109:7 121:2
failing 139:13 140:2,2
fails 154:19
fair 27:15 30:21 86:8 137:10
fall 22:3 86:19
familiar 8:12 98:24 99:12,18 106:19 131:12 133:12
far 151:18
fat 142:1 143:4,8
fda 137:5
federal 96:7
feel 9:16 20:9,13 21:13,15 22:8 24:16,23 31:5 33:14 35:12 41:12 43:21 60:16 66:7 68:13 69:8 85:13 85:18 99:10 102:9 110:4,13 113:22 120:2 134:2 142:7 146:2,4
fell 116:6
fellowship 12:19 12:19,23 13:12 16:9
felt 22:14 33:1 37:24 38:4 49:2,7 50:1 51:11 68:6 111:2 122:16 135:13,14 145:18 145:20,21
female 23:20 42:15,15 62:22 99:10
feminization 25:15
field 54:19 56:6 70:15 124:21 143:23 146:22
file 151:24
filed 6:7
filler 73:6
fillers 17:13,14 72:15
fills 69:9
final 20:17
financially 6:20 152:14 153:15
financing 96:15
find 42:3 54:3 73:12 82:10 108:24 109:5 141:20
fine 9:20 29:24 114:25 115:7 125:15

finish 148:14
firm 6:17
first 8:15 9:21 10:17 12:8 13:3 13:24 20:16,24 28:24 45:1 47:6 83:18 92:12 113:23 127:7 129:3 145:3
five 66:21,22 115:8 148:3
florida 143:3,9,18
focus 26:22 64:13 65:24 71:14
focused 53:2 65:10
focusing 17:17
folks 46:23,24 47:1
follow 19:3,4 20:23 38:15,18 39:15,21 40:4,6,9 40:14,16,23,25 41:3,16 61:24
followed 40:11
following 77:20 138:4
follows 8:3 92:14
foregoing 152:7 153:10 156:5
forgive 42:13
form 18:18 19:14 19:25 23:1,8 24:10 25:6 26:19 26:25 27:20 29:2 29:7,19 31:1,11 32:13,23 33:12 34:10,18 35:17 39:1 40:15 41:5 43:3,16 44:2 47:7 47:25 48:5,14 49:16,25 50:19 54:6,20 56:12 58:22 59:20 62:10 68:12 74:10 80:10 85:1,17 86:9,15 87:5,15 88:5,23 93:7 94:19 95:19 98:6 99:23 103:1 106:10 108:8 109:1,18 110:7,15 110:24 111:13,20 114:15 116:17 117:14 119:9,25 120:7,18 121:11 121:22 122:11 123:1,8,18 124:19 125:4 126:5,20 127:19 128:14 129:11,16 130:6 130:17,22 131:7 132:1 133:3,9,25 134:12,19 135:19 136:7,8,21 138:8 139:20 140:10 141:10 142:16 149:14
formal 37:3
formed 143:12
forming 61:1,2,11 61:19
forms 60:14 82:9 82:12
forth 77:18
found 24:4,5 116:10
foundation 2:19
framework 62:6
francisco 12:8 14:15
frcp 152:10
free 9:16
friday 1:14
full 40:21 113:2 133:19,23 152:9
fullness 20:12
fun 43:18
function 27:3
functionally 58:19
functions 77:25
further 129:18 152:12 153:12
future 146:20

g

gain 9:15
garage 89:12
gastric 91:23 92:6 92:22 93:5,10,16 139:11,18
gears 52:8
gender 4:23 23:6,9 23:13 24:3,11,18 24:24 25:21 26:4 26:7 57:11,16,21 59:6,13,14,22 98:25 99:4,13,21 100:4,11,17 101:1 101:23 102:4,8,10 102:12,21,24 103:4,8,12,17 104:4,16 105:23 106:23 110:5 112:17 122:23 125:10 127:10,11 128:11 129:8 130:10,21 131:5 132:25 133:8 149:11,22
general 1:18 9:24 12:10,19 13:19 29:22,24 55:25 60:24 95:16 118:20 120:24 130:14 147:4 148:22 149:4
general's 3:4 6:12 78:22
generally 26:18 54:18 89:25 90:2 91:18 146:23
genital 60:14
genitalia 23:14 62:22,23
gestures 8:19
getting 31:3 120:13 140:25 141:1 143:8 144:24
gill 2:10,16,17 7:5 7:7
give 7:21 16:25 20:1 37:25 49:18 61:4 77:12 81:14 114:23
given 38:9 64:7,7 64:8 113:1 128:5 156:9
gives 53:5,9 85:11
giving 70:7
go 8:13 9:2 10:11 20:15 21:10 30:18 35:25 36:1 95:24 100:25 115:9 141:8,12 144:10 145:20 148:5
goal 31:13
goals 48:16
god 134:20
goes 64:3 108:21 129:24 142:4
going 21:21 36:6 36:11 41:25 46:24 51:15 52:3 58:14 63:5 66:21 89:3

111:3 113:4 115:12 136:14 147:4
good 8:7,20 10:15 66:21 71:12 134:20 144:5
gotcha 10:2,14 11:12 13:2,10 14:4,18 20:19 52:6 55:17 68:1 70:9 74:1 76:12 79:19 101:21 137:23 148:1
gotten 145:2
governor 5:10 69:23,24 107:6 126:18 127:3
governor's 70:13 75:3 97:7,10,12,19 97:24 107:2,5 128:10 129:7 130:1
grad 12:12
graduated 12:5,7 12:9 14:15
great 8:19 66:25 121:24 141:1
ground 8:13
group 28:24 29:4 47:6 53:12,14,20 63:10
guess 9:24 11:3 13:4 16:2 17:12 26:5 28:24 33:5 59:13 60:3,13 79:24 86:21 94:20 99:8 106:16 116:20 118:10,17 118:19
guidance 5:5 54:4 54:4,9,12,13,16 55:1 83:13,22 124:22
guidelines 55:4,13 55:19,21,23 56:11 56:14,15
guiding 127:12
guys 139:25
gynecomastia 42:24 43:8

h

h 155:3
h.b. 5:14 104:10 104:12,21 107:7 108:1 115:18 116:3,10 126:19
hair 22:5,22
half 9:14 137:16 137:16
hand 7:19 8:19 127:12 152:16 153:18
handed 150:6
handedly 72:4
handle 73:10,12 87:18 140:4
hands 142:6
happen 39:15,22 40:2 50:16 140:7
happened 21:1 50:5
happening 37:12
happens 9:1 140:12,16,17,24 141:21
hard 63:7 121:24
harder 137:19
harm 110:23 124:15 126:13 128:3,21 130:12 150:15,16
harmed 132:7,12 133:7
harmful 123:12 130:14,18
harmoniously 95:22
harms 128:12 129:9 130:4 132:21
head 8:18
heading 57:22 58:3
heal 20:16
healing 19:4 52:2
health 12:2,3 30:13 44:1 47:15 68:11 83:21 84:7 84:15 96:9,11,13 96:14 105:22 106:8 112:14,16 118:16,19,21 125:9
health's 83:1
hear 7:13 90:20,21
heard 37:11,14 38:12 44:6 99:2,4 99:6,15,17 100:1 101:25 104:18 106:17,25
hearing 79:13,15 109:9
heart 30:3 93:22
help 8:14 18:9 64:21 126:17
helped 23:12
helpful 70:16
helps 55:1 102:3 128:7
herbs 124:8
hereto 156:7
hereunto 152:15 153:17
hey 73:1 89:8 139:24 141:25
high 12:1,5 21:20 85:15
higher 146:24
highly 22:13
history 18:1 36:25 37:1 80:12 134:21 134:22
hmm 89:25 92:25
hopefully 148:18
hormonal 131:9
hormone 100:2,4 109:12
hospital 15:12,12 15:15
hospitalized 83:25
hour 9:14,14 144:14,15
hump 23:23
hundred 33:8 34:22,24 35:2,3 68:19
hundreds 81:14
hurt 73:4
hutchison 5:11 107:6 126:18 127:3
hyaluronic 17:14
hydroxychloroq... 5:6 82:23 83:2,14 83:22 84:2,19,24 85:7
hypo 108:20

i

idea 18:6 46:18 107:15
ideal 95:20

identification 102:4
identified 65:22 128:12 138:8
identifies 129:10
identity 23:13 24:3 99:5 100:11
ignorance 42:13 101:15
illnesses 124:11 145:23,25
imagine 39:15 116:8,13 119:19
immediate 19:18
impact 31:16
imperative 40:23
impetus 93:23
implant 20:14 145:13,20 146:18 146:19
implantation 135:9 141:17
implants 145:7,25 146:1,7
implement 76:20 77:3,4,5
implemented 94:5
implements 137:25
implicate 65:2,3
important 40:9 41:1 122:3
improve 46:24
improved 31:9
improvement 31:21 33:2
incidence 21:20
incident 49:4
incidents 21:17
include 17:3 42:11 92:15 122:17,20
included 18:16,24
including 6:23 95:23
incongruity 127:10
incorrect 102:10
increased 128:5 128:23
incumbent 111:25
indicating 83:23
indication 124:5
individual 63:8 87:11 99:8 105:24 112:15 127:15 140:1
individuals 76:7 118:22
infection 19:17 29:25
inferred 66:16
inflammatories 124:7
inform 96:4 135:22 139:13
information 4:10 78:16,18 79:11 83:20 92:13 95:15
informed 9:24 10:19 11:17 35:15 35:19 36:3,10,18 36:21 37:8,22,25 38:1,8 49:13,18 66:1,2,5,8 87:21 92:14,22 93:4 123:4 136:1 139:12 140:3
inherent 50:25
initial 41:15 113:24
injection 17:9,12 17:15 73:7
injections 16:22 17:10
injury 27:5
innocuous 73:7
innovative 136:2
input 75:6 76:11 97:12,21,25
inquire 78:18
inquiries 70:3,7
instances 37:11 131:16 140:2
instructions 4:9 36:9
insulin 132:4
intensive 22:14
intention 24:6,7
interactions 37:1
interested 6:20 17:23 70:5 152:14 153:15
interesting 70:6
interferes 128:7
interpreted 118:13
interpreting 118:14
interrupt 89:8
interviews 64:2
introduced 44:9 57:19 83:11 92:3 105:7 126:25
investigate 78:1 108:13 109:3,5
investigated 116:9
investigation 81:21 109:8,10,13
investigations 81:1,5,6 89:22
involve 18:13 65:16 98:16
involved 31:3 63:18,19 70:20 74:15 75:10 81:4 81:21 86:18 97:23 98:2 107:22,24 108:5
involvement 11:17 74:7
involving 30:1 66:1 103:25 108:10 138:1
irregardless 110:11 114:3
irrelevant 117:20
irreversible 31:25 32:1,7,16 33:7 35:8,10
irvine 12:7
isolation 128:5,23
issue 27:13 43:18 46:25 66:10 73:15 73:21 104:14,22 104:25 141:2 142:23
issues 31:15 65:8 65:11 71:4 130:13 142:14 146:10
ivermectin 81:23 82:5,16 85:6

j

j 2:4
jail 81:22 82:3
jim 12:25
jm 1:5
join 69:21
joined 7:12 74:2,5
journal 21:19 56:3 56:5,9,13,15,16,20 56:23,23,24
july 154:3

june 1:14 6:1 152:8,16 153:2,18
jurisdiction 118:21

k

keep 52:5 54:11 66:21
kept 90:11
keys 144:7 148:5
kind 15:13 25:22 26:22 27:11,12,13 28:25 29:5 30:12 33:11 40:19 46:25 47:2 51:25 52:21 53:24 62:16 63:21 71:13 72:2 74:6 74:24 78:23 79:8 80:24 116:11 117:3 130:5 137:19 140:22 149:9
kinds 65:7
knew 41:24
know 8:8,18 9:8 9:10,13,13,16 10:10 11:3 15:1 18:13 20:21 22:11 22:20 25:20 37:12 39:11,14 48:10,16 48:19,20 50:14,15 51:4,14,25 52:11 54:18 61:3,7 62:1 63:5 65:2 68:18 69:14 71:12,25 72:19,23 73:2,7,10 73:10 74:19,21 75:8 76:1,2,9 77:4 77:19,20 79:24 80:2,7 84:10 86:18,21 89:17 90:12,13,13 93:4 94:23 96:16 97:11 97:22 98:1 100:7 102:7,11,14,20 104:24 105:1 107:9,11,13 109:6 109:11 111:6 114:7,7 116:19 117:1 118:20 120:14,23 123:2 125:12,14 126:16 126:16 130:13 133:19 137:14,21 138:10,14,20,22 139:24 140:17,18 142:18 143:14 144:17 145:2 146:3 147:11,14 147:16,16
knowledge 11:16 91:2,11
known 150:13

l

label 124:6,8,17 124:20
lack 26:12 136:19 137:11
land 3:5 10:11,15 18:18,20 19:14 23:1,8 24:10 25:6 26:19,25 27:20 29:7,19 31:1,11 32:13,23 33:12 34:10,18 35:17 39:1 40:15 41:5 43:3,16 44:2 47:7 47:25 48:5,14 49:16,25 50:19 54:6,20 56:12 58:22 59:20 62:10 66:25 68:12 74:10 80:10 85:1,17 86:9,15 87:5,13,15 88:5,23 89:8,11 93:7 94:19 95:19 98:6 99:23 103:1 106:10 108:8 109:1,18 110:7,15 110:24 111:13,20 112:24 113:4,8,21 114:15 116:17 117:14,23 118:9 119:9,25 120:7,18 121:11,22 122:11 123:1,8,18 124:19 125:4 126:5,20 127:19 128:14 129:11,16 130:6 130:17,22 131:7 132:1 133:3,9,25 134:12,19 135:19 136:6,21 139:20 140:10 141:10 142:16 144:4,9,15 148:4,7 149:14,24 150:11,21 151:7 151:11,14 154:1
lapse 16:17
lapsed 16:15
large 30:1 68:25 116:22 139:5 143:2 146:4
larger 145:20
lasers 72:15 73:18 136:8
late 9:10
law 95:10 96:6 104:10,12,14,21 104:22,24 105:2 106:3,5 107:7 108:21,25 114:7 114:10,22 117:18 117:19 118:11,15 119:4,17 120:14 120:15,17 121:8 121:14,17 122:8 122:22,23 124:24 125:6,8 126:2 129:24 149:10,20
law.com 2:16,17
laws 94:8 95:23 107:20 111:8,23
lawsuit 10:20 107:10,12
lcooper 2:24
lead 128:3,12 129:9,12 146:10 146:15
leave 119:3
leaving 114:10
led 21:17 129:15
leeway 85:12
left 12:12 41:20 75:24 129:23
legal 15:15 119:3 120:17,20 154:23
legalistic 118:24
legislation 150:7
legislative 76:8 90:12 116:6 150:3
legislature 71:13 71:24,25 72:6,8 74:19,25 75:2,19 75:21 76:5,8,16,18 76:22 77:11,23 94:7 95:17,21 106:22 126:12 139:8,23 149:2
legislature's 94:2
length 52:3
leslie 1:7 2:20 6:7 7:12,15
letter 79:24,25 80:1

level 49:11 134:7 134:16
liberties 2:19
license 15:1 53:5 79:1 80:7
licensed 14:5,8,12 14:19 16:13
licenses 14:17 91:10
licensing 53:5
lifetime 146:19
lift 20:11,15 69:6
liking 20:25
limit 147:9
limited 51:15
limits 45:21
line 38:16 63:6 116:6 124:3 125:15 148:15 155:4,7,10,13,16 155:19
liposuction 17:8 43:12,13,23 49:2 143:2,6,10,16,18
list 16:24 37:2 62:8 92:15 100:19
listed 93:19
listen 54:8
literally 68:8
little 1:20 2:14 3:7 4:19 6:13 9:11 12:24 13:12 15:5 15:6,10,19 16:18 44:19 45:5 51:2 52:8 54:23 61:6 67:10 81:20 94:1 115:1 129:18 133:13 136:13 137:24 144:20 153:3
living 72:19
llp 2:3 7:3
lobbying 53:19
location 6:11 153:3
long 15:18 88:3 92:5,15 122:13 124:14 126:13 148:18
longer 21:4,11 22:4 46:17
look 31:4 36:2,16 52:1 55:25 56:14 60:18 68:5 69:9 78:12 80:17 108:7 108:11,17 112:7 135:21
looked 100:7,16 123:3
looking 20:18 44:17 59:9,17 112:8
looks 7:11 27:2 59:5
lose 68:24
loses 61:8
loss 19:8,8 49:2
lost 61:20
lot 39:11
lower 147:1
lung 30:3
lungs 21:21

m

m.d. 1:12 4:3 6:1 8:2 13:9,11 152:5 153:3,8
madam 7:17
main 16:22 17:16 138:17
maintain 14:16
majority 27:25
making 39:8 50:14 79:8 122:9 127:14 149:6
male 23:21 26:4,5 62:22 99:9
management 53:17
mann 2:12,17 7:7 7:7 44:7
manner 61:18 65:19 66:17 124:6
marathon 148:16
marked 4:14 5:2 151:20,20
market 137:7
mastectomy 25:11 100:20,23 101:11 101:14,16,20
mastopexy 20:10 20:13 25:3
material 57:10
matter 6:6 11:6 95:16
mature 49:24 50:1
maxillofacial 12:16 13:18 14:3 52:14,15 53:3,13 54:8,10
mayleen 1:25 6:17 152:3,19
mean 11:4 17:9 28:18 34:4 36:22 39:4 45:20 46:1 46:15,20 58:6,14 68:8 70:10 71:14 71:19 74:21 77:10 78:20,24 85:24 101:14 102:4 118:22 120:9 122:7,19 123:15 124:2 130:11 137:20 139:1,10 140:18,19 144:5 150:5
meaning 117:19
means 125:8,13,13 125:21
measure 10:15
media 6:4 67:2,6 115:10,11,15 151:1
medical 10:20 11:2,7,21,23 12:14 12:15 13:8 14:20 18:1 34:9 36:25 37:1 41:13 42:7 52:12,13,22,23,24 69:18,20 71:3 72:18,18 74:21 76:25 77:18 80:20 80:23 85:9,11 86:4,4 89:23 90:6 90:23 91:3,6,7,10 91:12,16,23 94:11 94:12,13,22 95:21 95:21 98:14,24 99:12 101:24 102:3,8,12,21,23 102:25 103:4,8,12 103:17 104:4 106:24 109:20,25 110:6,9,18 111:8 119:5 122:14 123:16,24 124:21 126:7,10 127:13 127:22 128:2,11 129:8 133:8 134:9 136:5 139:16,21 149:11,22 150:2
medically 41:1,8

medication 19:6 19:11,16,17 36:23 37:5 73:8 138:4
medications 19:20 19:22 36:24 37:2 85:4 98:17 137:2 137:4,6 138:14
medicine 14:13 90:3 94:9 96:19 107:21 120:25 122:1,25 124:17 136:18 137:1 148:20,21
meet 28:5 49:20 64:4
meeting 10:3 79:18 81:16 97:1 135:11
meetings 10:5 79:22 80:25 81:3 103:17
meets 81:17
member 11:2,6 52:9,11,18 55:10 55:15 57:7 69:17 69:19,25 80:4 91:4,14 126:8,10 150:2
members 53:15 70:20 74:15 96:3 96:23 103:16,20 116:21
men 26:9,14
menses 42:16
mental 30:13 43:25 47:15 68:11
mentioned 63:10 67:12 69:6 78:8 94:16
merit 152:3
michael 3:13 153:6,22
midway 38:25
mike 6:15
miles 72:19
mind 18:7 49:5 71:1 98:19 143:22 143:25 145:16 150:10
minimum 134:20
minor 48:8,13 49:7,8,20,24 50:13 50:21 87:18,20 88:1 108:24 121:9 121:19,20,21 131:24 132:3 133:6
minority 47:10
minors 43:14 122:24 127:10 131:15 133:2 147:15,21
minute 66:21,22 89:9 128:17 144:2
minutes 144:17
mis 44:15
missing 62:1
modified 143:20 143:20
moment 150:25
month 67:22 81:17
months 81:19
moral 120:21
morally 120:10
motions 4:8
multiple 18:14 20:6,7 38:22 80:13 139:22 145:14
mutually 86:11

n

n 2:1 3:1 4:1
name 6:15 104:20 153:2,3
named 11:5
nashville 16:10
national 53:2,20 53:23
nationally 87:24
nationwide 87:10
nature 96:16 99:11
navy 12:10,13
necessarily 54:11 58:12 70:16 73:18 101:14 124:9,9
necessary 40:10 41:1,8 156:6
need 9:15 15:14 19:11 39:16 41:13 58:12 80:18 89:11 93:4 132:4 144:7 146:19 151:6,10 151:12,17
needed 40:19 41:21 65:17 111:3
needs 8:15 20:10 114:16 127:15 134:17 151:6
negative 35:13
never 75:24 94:21 99:17 106:25 107:4 142:18 145:2,23
new 2:5,22,22 61:1 61:20 70:21 94:3 94:8 95:23 96:25 98:9,13,15 139:3 152:22
news 106:11,13
nice 95:25
nine 113:10
nods 8:18
nonphysicians 71:4
nonpliable 46:9
nonsurgical 71:8
nonverbal 8:16
nope 106:25
normal 76:15 87:9
normally 18:5
nose 27:2,6,9 43:20
notarial 153:1
notary 3:13 152:4 152:6,22 153:6,23 156:13,19
note 45:9 154:10
noted 156:7
notes 68:19
noticing 7:1
notified 10:22,23 11:10
number 78:15 81:15 116:22 127:9 151:1
numbered 44:15
nurse 71:17 72:17
nursing 75:9
nutritional 92:16 92:16
nw 2:5

o

o0o 3:15 5:16
oath 110:18
object 18:18 19:14 23:3,8 24:10 25:6 26:19,25 27:20 29:7 31:1,11 32:13 33:12 34:18

41:5 43:16 47:7 48:14 50:19 54:6 54:20 56:12 58:22 62:10 68:12 74:10 80:10 86:9,15 87:5,13 88:5,23 89:3 93:7,7 94:19 95:19 98:6 99:23 103:1 106:10 108:8 109:1,18 110:24 111:13,20 112:24 113:4 114:15 116:17 117:14,15 119:9 119:25 120:7,18 121:11,22 122:11 123:8,18 124:19 127:19 129:11,16 130:6,17,22 131:7 133:3,9,25 134:12 134:19 135:19 136:21 139:20 141:10 142:16 149:14
objection 9:4 10:12 23:1 29:19 32:23 34:10 35:17 39:1 40:15 43:3 44:2 47:25 48:5 49:16,25 59:20 85:1,17 110:7,15 123:1 125:4 126:5 126:20 128:14 132:1 136:6,6 140:10
objections 6:21 8:25 118:9 121:12 121:23 125:5 130:23 149:24 150:11
obligation 42:2 115:24 116:14
obligations 41:3 65:14 90:1 111:11 111:17 112:21 113:6,17 114:11 115:21 117:12 118:7 119:7 120:16
obtain 35:15,19 36:17,20 37:8 38:8 49:13,17 87:21 140:3
obtained 38:1,4
obtaining 16:8
obviously 39:11 51:14
occasionally 17:14 42:9,17 96:4,6,24
occur 29:23 30:3 96:1 111:1
occurred 95:13 109:8
occurring 136:10
occurs 87:7
offer 20:6 21:23 22:22 28:8 31:25 42:7 135:15 136:18
offering 22:17
office 1:18 3:4 6:12 17:21 40:4 70:13 75:3 78:22 80:8 97:7,10,12,19 97:25 107:3,5
official 153:10
oh 8:11 25:25 26:2 37:16 89:1,10 144:11
okay 8:12 10:6,17 10:22,25 11:9,12 11:16,20 13:14,20 14:11 15:3,13,24 16:7 17:7 18:5,11 19:19 20:5 21:1 22:12,16 23:5,25 24:8,16 25:14,18 26:10 27:7,17,24 28:2,7 29:4,13 30:17 31:6,13 32:4,10,20 33:18 34:15 35:15,21 36:12,16 37:6 38:6,11,21 39:24 40:2,8,25 41:23 42:10,23 44:17,22 46:16,20 47:11,18 48:18,22 49:13,23 50:5,21 52:19,19 53:7,12 54:3,16 55:3,6,22 56:16 57:1,5,6,21 58:5 58:10 59:16 60:8 61:14,24 62:5 63:13,16,20,25 64:11,13,21 65:7 65:13,25 66:6,9,19 66:23 67:1,21 68:20 70:14 71:1 72:10,20,25 73:20 74:1,6,12,14,23 75:7,12,25 76:12 76:22 77:7,9,12,22 78:3 79:2 80:2 81:4,25 83:13,17 84:1,6,17 85:5 87:24 89:7 90:14 90:20 91:2,5,19 92:7,12,20 93:9 94:17 95:4,14 96:10,18 98:13 99:12,20 100:1,9 101:12,15,18 102:1,23 103:3,11 103:15 104:15,20 104:23,24 105:3 105:13,14 106:1,2 106:21 107:2,9,17 108:6,14,16 109:4 109:10,22 110:13 110:21 112:7 114:10,21 115:20 116:24 117:5,10 119:3 121:7 125:17 127:6 129:21 130:1,20 131:13 132:20,24 133:22 135:14,24 136:2 137:9 138:15,18 139:9 140:1 141:13,15 142:11,20 143:17 143:22 144:6 145:1,6,9,11 147:3 147:14,19 148:1,7 149:9
okays 72:1
old 42:18,18,18 51:6,15
olds 147:24,24
once 8:11 18:11,24 36:5 56:17 74:23 114:12 120:13
ones 17:16 30:23 99:19
ongoing 46:25
open 93:22
operation 137:20
operative 36:7,9
opinion 5:10 60:2 127:2 132:9,10
opinions 140:13

opioid 93:3,10 138:20
opioids 91:17 138:1,16
opportunity 113:1 113:11 114:23 121:13 128:15
oppose 149:18
opposed 58:9 60:11 61:15 95:10 137:7
option 135:15,17
oral 12:15 13:17 14:2 52:13,14 53:2,13 54:7,10 64:9,9,16 66:11,15
orally 64:12
order 24:24 53:16 78:25,25 84:15
ordering 151:5
oregon 152:20
organ 61:1
organization 55:4 55:11,24 56:6 57:2,8
organizations 13:21,23 52:10 53:2 55:7 96:21
otoplasties 131:15
otoplasty 42:12 43:6 45:2,6 46:4 51:8 131:21,22 132:11,19
outcome 6:21 30:1 32:18 136:16 145:3 152:14 153:16
outpatient 83:25
outside 15:10 22:21 46:2 79:17 90:14,22 149:15
outweigh 33:14,16 33:19,22 34:17,20 48:3,7 123:13 135:4
outweighed 49:9
outweighing 135:8
overbroad 123:19 133:4 134:1,19 136:7,22
overprescribed 138:19
overprescribing 91:20 93:2 138:4
oversees 138:1
oversight 88:9,14 88:20,24,25 89:4,5 89:20 149:1
overtime 55:2
owen 2:10 7:6,7

p

p 2:1,1 3:1,1
p.a. 2:10
p.m. 1:15 6:4 67:3 67:6 115:12,15 148:9,12 151:3,25
page 4:4,16,20 5:4 44:13,23 59:9,17 83:9 92:6 105:10 105:11,12 112:8,8 117:6 127:7,23 129:1,5,6 155:4,7 155:10,13,16,19
pager 57:15
pages 113:11
pain 19:16 36:23 37:5
paragraph 45:1 83:18 92:12 105:15 127:7,25 128:25 129:4,19
parent 48:10 49:19 51:17,19 87:21,22 88:4 121:9 149:12,22
parents 45:9 48:15 49:17 50:20,25 52:7 121:18 127:13,21 132:10
parked 89:12
part 12:2,4 15:22 23:15,17 24:1 25:21 26:6,12 36:12 54:23 61:9 63:20 64:9 67:2,6 69:8 70:3,14 75:19 77:20 80:25 81:2 83:17 96:13 96:14 103:21 112:11 113:24 115:11,15 125:9 127:6 151:22
partial 101:20
participants 6:14
participate 126:16
particular 23:15 134:7,15 140:8 142:10
partner 16:2
parts 58:18 118:25
party 6:19 152:13 153:14
pass 146:16
passage 125:17 128:20
passed 64:8
patient 17:21 19:12 20:1,9 23:12,18,19,21,25 26:5 30:24 31:2 31:20 33:13 36:4 38:4,8,22,24 39:25 40:3,8,11,14 41:2 41:4,10,12 42:2 45:24 48:13,23 49:1,6,11,11 50:9 51:12,15,16 64:18 65:3,11,15,16,18 65:20,23 66:9,18 67:15 78:9 79:3,5 80:1 86:10 87:18 88:1 92:13 110:23 111:2,2,5,6,25 113:18,19 114:5 114:19 116:14 119:5,8,13 120:3,6 120:11 121:20 122:2,5,6,16 123:7 123:7 125:2,24,25 126:17 131:20 132:3,5 134:10,18 135:22,25 141:11 141:24 142:4 147:7,17 149:13 149:21 150:15
patient's 18:17,24 20:25 28:6 100:10 110:23 119:22 122:9 135:12
patients 15:11 19:5,8,15 21:15 22:9 27:19 28:2 30:6,7,11,15 31:19 31:25 32:5,17 33:1 34:22 35:1 37:24 38:18 40:24 47:11 48:8 69:1 75:15,16 82:4,10 82:12 85:13 86:1 86:6,23 87:4,10 90:7,17,24 92:21 102:7 118:8 119:21 121:3,8,18

122:9 125:3,19 126:4,14 130:15 130:21 132:6 136:4 139:6,14 141:3,7 143:7 144:23 145:6 148:25
pay 54:5
peer 56:2
penalty 110:2
people 26:17,21,24 27:7,8 42:20 46:22 68:21,22 73:4 75:1,6 76:9 98:20 99:19 102:11,14 129:22 131:10
percent 27:22 33:8 34:23,24 35:1,2,4 68:19
percentage 147:7
perception 38:3
perfect 148:6
perform 16:24 17:13 32:6 33:16 33:18,22 34:19,22 34:25 35:7,9 36:6 42:23 45:11 46:4 48:6 50:3 51:3 130:25 132:19 135:11,21 142:2,5 142:9
performed 21:14 22:24 23:5,18 28:10 29:1 31:18 33:15 35:4 43:1 45:7 51:5 54:22 58:17 65:17 67:18 71:9 72:23 135:13 136:25 143:11
performing 108:12 137:10 143:16
period 19:5,7
permanence 46:17
permanent 31:18 73:9 75:15
permanently 31:14
permitted 134:17 136:3
person 16:5 18:12 22:25 24:9,17 25:2 68:16 69:15 80:19 128:4,22
person's 23:6,16 23:17
personal 38:11 68:5 102:16,17 126:7
personally 14:24 81:4 126:13 149:16 150:1,9
pharmacists 98:11 98:16
pharmacy 98:8,10 98:16
phrase 106:18
physical 18:15 24:2 30:22 31:10 43:22 46:25
physically 20:2 137:21
physician 38:1,4,7 41:20 71:9,9,10,15 71:18 72:17,23 78:6,17 79:20 80:12 82:2,7,9 105:22 108:4,12 110:12 111:2,21 112:1,14 114:2,17 120:1,5,10,12 122:2,5,15 125:9 135:20,25 138:7 138:25 150:14,14
physicians 15:1 75:4 85:12,21 86:17 91:9 94:23 96:5 114:18 124:22 126:3,14 136:10 138:10 142:8
picked 8:17
piece 5:10 17:17 62:17 64:1 127:2
pin 60:21 63:3
pinpoint 50:10
pivoting 37:6 77:24
place 46:13 145:3
placed 90:2
plaintiff 6:6
plaintiffs 1:5 2:2 4:15 5:3 7:4,6,8 7:16
plan 9:13
plastic 4:22 56:1,8 56:17,22,24 57:2 57:24 60:4 72:14 143:13
play 108:15
plays 64:19
please 6:22 7:18 7:24 18:21 23:9 32:14 34:4 36:1 44:5 57:14 67:7 83:5 86:24 92:2 104:11 105:5 115:16 121:16 126:24 148:12
pliable 46:8
point 9:12 25:16 36:8 50:12 55:15 60:6 64:23 79:6 82:13 106:21 109:19
policies 53:20,20
poor 29:25 88:24 89:3
population 32:5 32:17 147:5,17
pose 84:19 86:13
poses 84:25
position 125:2
possession 151:21
possibility 43:13 82:20
possible 44:5 129:25 130:12,13 132:23 145:22
possibly 129:12
post 5:11 127:3
postoperative 19:3 19:18 36:9
potential 85:4 92:15 135:22
potentially 62:25 123:12
powers 138:6
practice 14:5,12 15:4,5,22 16:7,10 36:3 53:17 54:10 54:12 55:4 56:10 56:14 74:3 86:5 86:22 87:9 96:19 120:25 130:8 132:7 133:11
practices 53:18 80:20,23 85:9,11 86:5 91:7,16,23 109:20,25 110:10 110:19 111:8

128:2 139:17
practicing 16:5,16 140:6
practitioners 54:18
pre 36:7,9
prepare 9:21
prescribe 19:11,19 19:22,24 20:4 36:22 37:5 87:3 98:17
prescribed 19:15 86:17 99:18
prescribing 36:17 36:18,21 85:6 138:10,14,24
prescription 18:14 20:2 37:4 138:1 138:24
prescriptions 93:10
prescriptive 85:22 86:20 88:1,8,14,19 91:9 148:23
present 3:12 6:23 54:9
presented 23:19
presently 16:21
presents 79:10
press 83:9
pretty 58:8
prevent 19:17 119:4 125:18,22
prevented 119:13 120:15 122:8
preventing 125:23
prevents 121:18
previous 121:12 121:23 125:5
previously 4:14 5:2 38:14 151:20 151:23
primarily 135:2
primary 65:24 70:17 71:14
prior 10:23 11:17 91:5
privileged 10:13
privileges 15:14
privy 95:15 106:11
pro 22:11
probably 68:18 102:9 108:10 119:1 147:18 149:2
problem 10:2 18:8 18:9 24:14 47:1 65:23 73:13 138:6 138:18 139:4,5,19
problematic 73:13
problems 37:1 65:18 131:2
procedure 18:4,13 19:3,7,9,11 20:15 20:22,23,25 21:13 21:14,16,18,23 22:11 23:11,22,24 24:12,13,18,24 25:3,12 26:7,23 28:3,16,21,25 30:12 31:3,4,23 32:6,25 33:15,17 35:4 36:5,11,14 38:7 39:17 42:14 46:21 48:17 49:15 49:21,24 50:2,4,15 50:24 51:1,5,10,21 54:22,24 59:3,4,15 60:11 65:18 67:16 71:7,8,15,19,22 93:17 108:12 110:11 123:3 124:10,10 125:23 132:18,18,21 134:2,21,22,25 135:3,11,13,22 137:14,15 139:22 140:9,15,20 141:16,17,22 142:3,5,10,19,21 143:1,16,21 144:24 145:2 146:18 147:5,7,8,9
procedures 16:24 18:14 22:2 25:4 26:1,3,17,18 28:9 28:12,14 29:3,6,11 29:12,21 30:2,4,6 30:22 31:8,17,24 32:7,15,17 33:6,8 33:18,20,21,24 34:12,14,16,19,21 34:25 35:7,9 38:15 42:19,23 43:2,7 48:3,6 51:3 53:21,23 58:3,7,8 58:11 59:7,12,23 60:3,15 67:11 71:5 72:17,22,24 73:4,15,15 74:12 75:4,13 86:18 90:10 92:23 93:11 93:14 97:14,14 100:13,20 104:17 105:24 112:18 122:24 125:11 126:15,17 130:25 131:6,19 136:14 136:24 137:7,10 142:24 143:7 144:20 146:25 147:2,4
proceed 7:25 67:7 115:16 148:12
proceeding 6:21
proceedings 152:10
process 36:3,12,16 52:3 70:14 74:23 76:5 77:16 78:3 82:14 95:9 140:4
produced 45:11
profession 90:3 94:9 112:15
professional 52:9 64:14 96:21 102:17 105:23 112:17 118:16 125:10
professionals 118:20
prohibited 108:23 109:12 119:21
prohibiting 121:8
prohibitive 108:13
prominent 46:6 61:17
promulgated 102:24
proper 38:7
proportion 69:1
proposing 94:24
propriety 141:22
protocol 9:25 138:5
protocols 98:10 138:14
prove 137:3
proven 145:24
provide 13:21 15:9 16:20,21 17:15 20:3 21:4,4 21:8 22:3,4,8 24:9

25:4,23,24,25 26:2 26:3,7,11,17 28:12 28:14,16 29:6,15 31:14,18 32:12,22 32:25 33:2,10 34:9,13,14 37:15 37:18,19,22 40:21 48:20 53:19,25 67:11 73:16,19 97:25 104:4,6 105:23 109:11 110:5 114:17 115:24 125:10,12 125:14 126:15 133:15 136:3,14 137:3 147:12,15
provided 25:12,15 41:15 75:4,14 89:23 100:13,14 100:15 104:7 113:9 114:14 115:25 146:11 149:6 150:13
provider 103:8 111:12,17 119:6
providers 21:22 22:16,21 37:7 135:15 142:13
provides 37:13 49:20 53:16 88:9 89:19
providing 21:12 24:15,17 41:17 71:4,7 72:12 88:10 100:8 108:23 112:22 113:18 114:13 125:18,23 126:3 135:7 137:2 149:11
psychiatric 92:17
psychological 44:1
psychologically 45:13,18
puberty 99:15,20
public 3:13 44:18 152:4,6,22 153:6 153:23 156:19
publish 54:24
published 45:10 127:3
pubmed 45:10
pull 20:12
pulmonary 21:20
purely 65:4
pursue 90:8,17,24 138:21
pursuing 82:15
put 34:25 54:16 55:4,13 56:5,7 57:1 72:4 87:7 143:9
puts 125:1

q

qualification 130:23
qualified 18:12 125:7
query 116:20
question 9:3 18:21 32:14 34:3,5 41:6 59:25 66:14 84:22 88:17 112:24 113:3,6,13,16 118:3 119:12 121:15,24 123:20 140:22
questioning 117:15
questions 9:1 63:17,18 64:15,16 64:22,25 65:1,2,4 65:5,21 66:3 150:21
quickly 65:22,22

r

r 2:1 3:1 155:3,3
radar 96:5
ragon 2:10 7:5,7
raise 7:18
randomized 136:14,19,25 137:3,11,14
rarely 97:8
rate 146:23
reach 94:18 95:1,2 137:6
reached 40:5 75:5 95:9 109:13
reaching 76:24 96:11,15 98:20 106:23
read 45:3 48:9 58:15 77:4 83:19 112:11,25 113:1 114:9,23,24 115:18 117:5,11 118:10 120:14 121:8,13 122:22 124:25 125:6,17 128:15 145:24 154:9 156:5
reading 90:12 113:22 115:6
really 19:4 24:21 34:4,5 60:21 63:2 63:3,4 71:8,14 72:21,22 75:5,10 76:1,1,17 77:19 78:24 90:11 99:10 106:15 117:4 118:25 123:3 125:12 133:5 140:17 143:25 145:10
realtime 152:3
reason 21:11 22:6 25:5 32:11,22 33:10 34:15 48:25 51:9 68:15 69:2 69:11,14 70:17 84:6,12,18,23 93:17 131:4 145:11,12,13 154:11 155:6,9,12 155:15,18,21
reasons 26:20,24 27:1,2,4 30:5 46:22 53:21 68:20 69:3 80:15 145:14 146:6
rebuttal 79:25
recall 38:13 50:7 51:9,11 66:3 82:10,21,24 106:21
receipt 154:18
receive 32:17 37:24 41:14 67:16 78:5 111:3 113:19 119:6,21 120:11 125:25 132:8 133:7 138:12
received 38:18 66:4,8 82:4,11 102:21 103:7 107:4 108:11 131:11
receives 33:13
receiving 66:16 82:14 121:9,19,20 125:24 130:9,15 131:1,25

receptionist 17:23
recess 67:4 115:13 148:10
recognize 44:11
recollection 37:21
recommend 111:5 139:2,14
recommendation 79:9,12
recommendations 139:7,23 143:5,14
reconstruct 61:3 61:10
reconstructing 60:12
reconstruction 60:12,15 62:22 63:6
reconstructive 56:1,24 58:3,6,7,9 58:11,17 59:3,7,12 59:15,23 60:20,23 60:24 61:13 62:3 62:7,8,9,14,15,18 62:24,25
record 6:3,25 8:16 9:2 10:12 67:2,6 89:14 115:12,15 148:9,12 150:23 151:3,22 153:11
recorded 6:5
recovery 52:2
recurring 80:25
reduction 23:23
refer 24:25 41:22 42:3 68:19 78:21 80:8 112:15,23 113:19 114:19 120:2,6
referenced 154:6
referral 112:4,5 113:24 118:16
referred 114:5
referring 9:8 25:9 29:21 66:15,17 104:22 113:8 118:15 119:5,13 119:21 128:21
refers 100:17 113:24
refuse 39:6,25
reg 97:13 150:3
regarding 81:22 81:22 115:22 117:12 118:8
regards 24:11,12
regimen 18:24 19:1
registered 152:3
regret 146:23
regrets 147:5
regretted 144:23
regretting 146:10
regs 71:23 73:23 74:20 77:11,21 95:24 97:11
regular 79:17 151:9,11
regulate 14:23
regulated 14:20 14:24 143:19
regulating 90:3 94:8
regulation 4:17 70:21 82:16,20 85:5,14 92:9,21 93:20,24 94:24 96:18,25 97:1,3 107:20,23,24 122:24 138:21,23 139:12,15 148:20
regulations 71:12 76:19 77:3 80:20 91:15,20,22 93:1 94:3 98:9,13,15 107:20 108:10 126:11 137:25 138:11,25 139:3 143:10,12 150:6
regulator 134:9
regulatory 138:6
relate 28:12
related 6:19 23:6 64:22 83:22 91:16 91:23
relationship 86:11 122:2
relative 152:13 153:13
relatively 21:20 43:12 147:1
release 83:9
relevance 23:2 25:6 32:13,24 34:11 35:18 39:2 43:4 54:6 59:21 110:8,16 124:19 140:11 149:14
relevant 105:9
reliable 20:14
rely 55:23 56:9
remember 43:11 67:20 82:1,2
remotely 1:24 6:14,24 7:9 152:8
removal 54:14,17 101:17
removed 145:7,19 146:1,2,8,13,15,20
removing 101:6 101:13
repair 27:6
repeat 18:21 41:6 84:21 86:24 88:16 104:11 123:20
replaced 145:19
reported 1:24
reporter 6:17 7:17 8:15 151:4,9,12,15 151:18 152:3,4
reporter's 152:1
reporting 106:8 106:12,13
representing 6:15
represents 94:22
reproducible 45:24 46:2,15
requested 82:8 152:11
requesting 26:6
requests 4:10
require 20:6 38:15 112:22 120:3
required 109:2 156:13
requirement 120:17
requirements 110:20 137:6
requires 114:4
rereading 118:1
research 45:10 84:5 131:19 132:15 136:5
reserved 152:11
reside 111:24
residency 12:14 12:15,17 13:11
resources 53:16
respect 65:14
respecting 102:24

respiratory 27:13
respond 8:17
response 91:5 116:25
restate 32:14,23 34:4 118:9 121:15 121:22 125:5 130:22 134:13 149:24 150:11
result 20:17 27:10 28:5 31:18
results 20:24 21:15 22:9 45:23 135:3 140:25 141:2 142:7
retained 151:1
return 36:6 40:5 68:22 115:20 154:13,17
review 17:25 28:14,16,20,24 29:2 36:8,24 50:24 79:15 81:15 113:11 138:13 151:8 152:10 154:7
reviewed 28:13 56:2 63:23 64:6 81:12
reviewing 44:16 63:18 64:1 100:22 115:3 118:2 128:18 129:2
reviews 79:11
revision 35:5
rhinoplasties 42:16 131:15
rhinoplasty 17:4,6 20:21 23:19,23 26:23,24 39:14 43:7 45:6 46:22 47:5 49:7
rhys 1:12 4:3 6:1,5 8:2 150:25 152:5 153:3,8 154:5 155:2,24 156:2,4 156:12
richardson 2:4,8 4:5 7:2,3,11 8:6 10:14,16 44:4,8,10 57:13,20 66:20,23 67:8,9 83:4,8,12 89:10,15 92:1,4 105:4,8 113:3,5,13 113:15 115:4,7,17 118:5 126:23 127:1 144:1,6,11 144:18 148:2,6,13 150:18 151:15,16 151:23
right 7:19 9:17,19 17:11 44:8,25 52:24 53:11 55:3 58:2,16 65:5 66:24 73:3 74:4 79:24 81:1,18 97:18 98:3,22 105:18 107:25 112:10 117:4,9,25 135:9 143:25 148:2,8
risk 33:16,19 34:20 45:21 86:14 86:18 91:20 93:2 93:3 145:22 146:14
risks 29:16,18,22 29:24 30:23 31:2 31:10 33:13,22 34:17 36:13 47:19 47:22,23 48:1,3,7 49:8 50:17,20,25 84:20,25 85:4,15 87:1,12 88:3 92:15,22 93:4,19 122:18,20,21 123:12 128:6 129:15 135:18,23 139:14 146:9,12 146:17
risky 135:13,15 141:21 142:8
rmr 1:25 152:19
rn 71:6
rock 1:20 2:14 3:7 4:19 6:13 12:24 13:12 15:5,6,10,19 16:19 44:19 45:5 153:3
role 16:18 63:16 64:20
room 9:6
rough 81:10 151:6 151:12,14,16
rule 74:25 75:19 75:22 92:6 97:20 97:21 102:24 148:23 150:3
ruled 77:5
rulemaking 74:16
rules 8:13 71:23 72:7 73:23 74:20 75:23 76:6,19,23 77:2,11,21 97:11 97:24 108:9 116:6 126:11 138:11 143:9 150:6
ruling 78:14
rutledge 1:7 6:7 153:2 154:4 155:1 156:1

s

s 2:1 3:1 155:3
safe 20:14 21:13 28:8 106:18 149:7
safely 53:25 88:11
safety 21:18
san 12:8 14:15
sates 1:1
satisfied 28:3 32:6 32:18 34:22 35:3 35:3,4
saw 65:22 139:21 144:1
saying 37:3 39:9 81:7
says 44:18 45:4 48:9 58:3 78:13 92:12 101:3 105:21 112:13 125:8,9 127:8,25
scenario 76:23 137:1
scheduled 17:22 79:17
school 12:1,5,8,14 12:15 13:4,6,8 43:17 51:13
science 122:14 124:9
sciences 12:2,3
scientific 123:9
scope 149:15
second 29:4 39:16 44:23 105:14 127:6,23,24 128:25 129:5,6
secondly 114:1
section 118:15
sections 117:6,8 117:11 118:6

see 18:3 19:17 22:5 29:11 32:10 34:24 38:21 39:6 39:7,17,25 45:14 58:2 65:19,23 71:5,14 73:3 92:10,18 100:19 100:23 105:14,17 105:20 106:2 112:10 117:8 119:17 122:14,15 127:2,6,16,17,24 128:8,9,20,24 129:18 136:24 137:2 138:10
seeing 38:24 65:16 71:3,4 139:5,24
seek 26:18,24 30:6 40:8 43:14 46:23 68:3,21 102:8 111:5,11,17 142:9
seeking 24:1 47:4 111:6
seen 18:10 37:21 40:10,24 41:21 65:17 96:20 106:15 112:1
selected 70:15 74:8,24
self 58:8
selling 53:18
sense 30:24 31:15 68:10 81:10
sent 97:11 151:24 154:14
sentence 83:18 127:24 129:19,21
sentences 129:3
separate 13:20,23 63:10
separated 16:3
serious 75:14 86:13 87:1,12 88:3 93:19 122:18 122:20,21
seriousness 80:14 93:21
service 44:19
set 19:25 22:15 46:5 53:20 61:22 71:11 126:11 152:15 153:17
setting 37:7 61:17 62:3
settings 83:25
severe 93:4
sex 23:12 100:2,10 109:12
sham 137:20
shape 61:11
share 128:10 129:7 130:1
sheet 154:11
shift 22:6
shifting 52:8
shirt 43:21
short 19:6
shorthand 152:4
show 9:5 124:9,10 145:22
showed 21:19
showing 132:16 136:15,20 137:11
shown 151:19
shows 131:19
side 14:1 17:1,9,12 55:8,24 58:23 66:3 79:22 87:7 114:10 119:4 131:11 136:24 137:1,9
sign 36:10 151:8 154:12
signature 152:11 152:18
signed 82:12 154:20
significant 30:22 31:9 128:3,21 130:12
silicone 17:15
similar 55:6 124:10,11 131:10 135:10 139:11,19
simple 19:2
simultaneously 136:11
single 18:17 38:21 136:13 139:22
sir 8:10 41:11 72:9 85:10 105:12 149:17
situation 40:13 61:25 78:16,18 79:16 97:9 109:3 109:23 110:5,21 111:1,4 112:20 116:8,16 130:5 131:24 132:20
situations 39:21 40:10 78:25 87:18 95:18
six 51:6,15
skin 61:12
small 47:10 127:11
smaller 146:5
social 128:4,23
society 4:22 52:13 52:20,22,24 53:13 55:16 56:17,22 57:2,24 60:4 77:18 94:11,12,14 94:18,22 95:22 97:1 143:13
softer 46:7
solutions 154:23
somebody 37:13 41:22 42:4 61:25 68:3 71:21 74:20 80:8 113:20 114:14 141:19
sorry 7:15 9:18 10:1 18:22 19:21 21:10 30:18 35:23 36:1 37:16 41:11 44:14 47:15 53:3 56:21 66:12 77:8 80:5 84:21 86:24 88:16,25 90:18,19 100:25 101:15 104:11 105:2 118:4 134:14 141:6 144:11 149:19
sort 9:2 16:19 42:10 50:15 55:20 65:13 72:4 73:22 75:24 76:2,14,23 79:21 87:6 102:6 107:15 148:19
sought 51:10 68:17 102:11
sound 8:12 9:17 9:19 55:22 58:21 106:19
sounds 9:20 27:7 43:6,24 46:20 52:19,21 58:16 62:5 73:14,14 74:7,14 77:14 80:24 86:3 93:1 94:25 100:6

112:20 125:24 143:17
source 87:2
space 81:20
speak 8:21,21 96:5 96:25 98:1 116:21 118:25 138:22,23 147:18
specialists 127:14 127:22
specializes 25:1
specific 56:10 91:15 135:5
specifically 50:9 64:17,24 66:3 149:18
speculate 95:20 116:22 117:1 119:11 120:10 125:7
speculation 25:7 32:24 110:25 116:18 117:20 120:8 123:19 130:7 131:8 133:10
spend 77:2
spirit 85:19
spoke 9:23 67:10 127:20 130:11
spot 144:5
spring 46:14
staff 79:8,10 103:25 104:2
standard 36:20 86:5 138:13
standardized 63:21,22
standards 56:10
start 11:25 12:6 18:11 28:19 40:20 41:15 114:2
started 18:25 42:16 111:18,21 113:17 114:12 120:12
starts 129:19
state 6:22,24 14:25 15:2 34:2 37:12 41:20 52:12,20 69:18,20 76:24 85:23 86:4 89:24 90:4 94:13,23 96:2 98:14 102:23 104:8 111:8,24 112:1 118:17,20 128:6 143:9 150:24 152:6 153:7,23
stated 25:4 108:4
statement 45:16 83:1 84:16 121:6 123:4 127:18
states 6:8 12:10,13 87:7,8 118:23
statute 108:23 109:13 114:25
stay 46:12
stem 14:14
stenographic 89:13
stenographically 1:24 152:8
stop 39:3
stopped 38:24 39:8 78:9 135:6
street 1:19 2:21 3:6 6:12
strike 4:8
structure 8:14
struggle 127:10
studies 28:11,13 29:11 54:21 133:14,18 137:3 145:21
study 28:16,17,18 28:21,22,22,25 29:2 137:22
stuff 39:11 72:2
subject 148:25
subjected 136:4
submission 75:19
submit 70:11 71:24
submitted 70:13
subpart 105:18
subpoenaed 82:9
subscribed 156:14
subsection 113:9
subset 35:2
substance 109:6 117:18
sued 10:21
suffering 27:12
sufficient 123:16
suggestions 72:3
suicidal 128:4,22
suicide 130:13
suite 1:19 2:13 3:6 6:13
sullcrom.com 2:8
sullivan 2:3 7:3
summary 27:15
supervise 71:20
supervised 71:16 97:17
supervising 71:17 72:22
supervision 71:10
support 34:8,12 34:13 85:5 123:14 123:16,24 133:14 134:8,16 135:17 136:20 149:10,20 149:25
supported 122:14 133:23
supportive 97:19
sure 7:13 17:2 19:4 22:18 24:14 29:8 34:5 35:12 36:23,25 37:23 39:9,19 44:6 46:1 46:4 50:8,14 55:20 64:4 66:2 66:22 71:3 83:6 83:10 89:10 90:9 90:10 91:1 92:21 107:18 112:9,19 113:22 117:3 124:1 129:12 131:12 132:2 133:12 134:15 136:8 139:10 141:18 144:8 145:17 147:6,17 147:25 148:4 149:6 150:19
surg 136:23
surgeon 13:1 63:8
surgeons 4:23 56:8,18 57:3,4,25 60:4
surgeries 4:24 20:6 31:14 37:9 43:15 57:16,22 59:6,13,23 60:24 100:9,18 101:2
surgery 4:19 12:16,20 13:18,19 13:25 14:1,3 15:7 15:10,12,19 16:19 16:21 17:1,6,17

18:8 19:2 22:24 23:6 25:16 26:17 35:16,24 37:13,15 38:19 42:15 44:14 44:20 45:5,11,18 46:10 47:12 51:8 52:14,15,16 53:3,8 53:14 54:8,10,12 55:7,9,14,24 56:1 56:25 57:11 58:17 59:15 60:14 61:7 61:13,15 62:2,24 63:11 72:14 91:24 93:16,22 101:4 131:11 135:2 140:6,9 143:13 146:22,25 147:2,4 147:12,15
surgical 17:18,20 18:7 19:2 36:13 37:7 47:19 49:14 51:5 71:7 86:17 136:24 137:7,9,15
surgically 45:19 45:20,22
surprise 147:19,23
surprising 45:12
suspend 78:24 79:1 80:7
suspension 79:1
swear 7:20
swelling 29:25
sworn 7:19 8:3 152:6 153:9 156:14
system 88:13,18 149:5
systemic 145:23
systems 89:17

t

t 155:3,3
take 9:13 15:11 25:11 28:23 43:21 58:5,5 66:20 74:24 78:15 79:7 80:3,7,21 82:6 92:20 108:20,25 109:16,21 114:2 114:24 115:1,5,8 116:11,15 128:17 143:4,15 144:2 148:3,4 150:20 151:16,21
taken 6:5 67:4 110:3 115:13 143:8 148:10 152:7
talk 49:21 50:13 51:16,20,22 76:9 87:20,21 95:17 106:23
talked 30:5 31:15 33:6 38:14 46:21 51:2 87:17 94:1 96:22 112:21 117:6 121:2 131:14 133:13 135:5 136:12 137:24 141:17 144:20 148:19
talking 23:14,15 28:20,21 89:16 95:23 120:24 135:2 148:16
talks 101:6 128:21
tape 115:8
team 22:10,14
teased 43:17 51:12
teeth 54:14,17
tell 16:23 17:22 18:8 50:22 58:16 62:20 94:21 95:5 95:10 107:18
temporary 31:21
ten 113:10
tend 55:25 94:10 94:11 136:24 137:2
tendencies 128:4 128:22
tends 138:16 140:7
tennessee 16:11,13
term 17:10 26:5 79:25 99:2,4,17 100:1,17,23 101:23,25 104:18 123:25
terminology 29:9 99:9
terms 66:18 69:11 79:20 80:2 90:19 96:15 98:10,19 100:7 130:12 131:9 138:13 149:5
terrible 78:21 140:25
test 63:21,22
testified 8:3 112:25 130:7 133:10
testify 117:18 130:23
testimony 7:20 9:22 117:20 154:9 154:18 156:8
texas 152:21
text 105:9
thank 7:24 8:7 14:4 57:5 105:6 121:16 148:14
thanks 44:8 67:8 113:5 114:21
therapy 18:15 26:11 100:2,5 109:12
thereof 152:14 153:16
thick 46:9
thing 15:13 25:22 78:20 80:14 90:11 137:19
things 9:9,11 16:23 17:3,5,13 20:21 31:22 32:11 32:21 33:9 53:21 53:25 58:13 60:17 62:8 78:15,20,23 79:22 96:16,17 124:14 131:18 146:14
think 17:15 26:20 31:17 33:19 38:2 38:9 40:13,23 45:23 48:2,7 50:9 52:17,17 56:13 58:14,24,24 60:10 60:18,19,20 62:7 62:19,21,21,23 63:2,3,4,5,7,10 64:19 65:1,23 67:15 70:17 75:12 77:1,18 78:10,19 84:8 85:14 86:16 86:20 87:6,7,9 88:13,18 89:21 90:1 91:8 93:15 94:17 95:16 96:8 97:8,23 100:17,20

108:15 111:24 113:23 114:1 116:24 117:3 118:6,24 119:10 119:24 120:1,9 121:10,21,25 122:1,23 123:5,9 123:23 124:8,13 124:17,20,23 125:1,13 126:14 127:20,21 130:4 130:14,18,20 131:4,13 132:4,6,9 133:6,17,22 134:8 134:16,21 135:6,8 135:10,20 136:23 137:8 139:16,25 139:25 141:4 143:3,24 147:1,6 147:17 148:22 149:4,5 150:15,16 150:16 151:11,17
thinking 26:16 53:12
thinks 121:4
thorough 45:8
thought 31:6 38:7 40:9,25 41:7 62:16,16 70:5 133:5 144:6
thoughts 76:10 114:6
three 12:11 151:1
time 6:22 14:14 16:12 19:7,9 20:2 27:22 30:19 31:21 34:23 52:3 70:4 95:8,12 106:14 111:14 114:24 121:16 123:21 134:13 140:16 143:4,9,15 144:1,4 144:12 146:11 148:5 149:19 154:19
timeframe 154:8
timely 65:19 66:17
times 27:25 28:10 38:22 81:11
tiring 9:11
tissue 68:8,8,9 101:7,13,17
title 59:11,12
today 8:14,24 9:5 9:22 106:4,6 148:18 151:13,19 151:20
told 78:9
top 44:25 57:25 101:4
topic 107:3
topical 19:6
total 101:17,18 150:25
totality 135:21
touched 102:6 145:17
trained 24:21 26:8 26:13 71:15,19
training 11:21,23 11:23 12:15,20 26:12 71:21
transcribed 152:8
transcript 151:5 152:9,11 153:10 154:6,20 156:5,8
transcription 153:11
transfer 142:1
transformation 24:11,24 26:4,7 61:7 130:11
transgender 22:25 23:6 24:9,17 102:14 106:9 128:2
transition 23:7,10 24:18 25:22 104:16 105:24 112:17 122:23 125:11
transmasculine 101:4
transplant 22:22
transplants 22:5
trauma 27:11 31:16 47:2 58:13 58:20 61:21
traumatic 27:5
travels 30:2
treat 42:2 58:18 81:23 82:16,23 83:2 84:19,25 85:7 98:11 99:13 99:21 122:15
treated 130:21
treating 78:10 84:3 134:18
treatment 5:7 17:18,20 18:7,12 18:25 20:7 22:17 22:22 24:15 38:22 38:25 40:21,22 41:8,13,15,16 83:15,24 85:13,15 85:22,25 86:12,23 87:2,11 88:3 89:19 91:10 111:18,22,23 112:2,23,23 113:19,20,25 114:3,3,4,12,13,14 114:16,18,20 119:14,23 120:3 121:4 122:1,10 123:10,13,16 124:11,17 125:19 129:24 130:9,16 130:16 132:8 134:8,11,17 135:6 138:19 139:19 141:20 142:15 150:13
treatments 15:9 16:20,22 20:5 21:3 27:18 28:8 29:15 34:9 38:16 47:19 86:7,13,16 86:19 87:1 90:6 90:15,23 99:13,25 122:13,17,19,19 122:21 124:6 126:3 131:2,9,10 133:18,20 136:3 136:19 148:24
trial 29:5,8 134:3 136:15 137:15
trials 133:19,23 136:9,19 137:11
tried 70:24 71:11 75:8,10
true 31:12 33:10 47:18 87:16,25 88:6 130:20 131:6 152:9 156:8
truth 7:21,21,22
try 8:21,22 39:10 41:21 42:3 48:19 58:14 111:25 139:10 147:9
trying 33:5 43:11 46:5 73:1 75:2 96:8 97:8,10

tschiemer 3:13 6:15 153:6,22
turn 44:22 127:23
turned 67:25 72:4 109:11
turning 42:21 117:9
two 10:5 32:11,21 39:16 62:17 67:6 69:3 81:17 129:3
type 28:17,21 41:19 60:11 65:21 71:7 80:13 91:3 91:12 96:17 109:21 110:2 112:5 137:22
types 19:17 24:15 124:13 133:22
typically 17:22 36:4 46:5 47:10 48:9 53:14 54:3 54:21 68:10,25 70:2,20,22 74:18 74:19,22 76:21 78:4 79:3,4,4 81:20 94:10 95:2 112:3,6 130:18 138:16,16 139:21 146:7 148:21

u

uc 12:7,8 14:15
uh 82:21,21 89:25 92:25
umbrella 96:12
unaware 23:21 24:6
uncommon 43:12
undergo 19:5,8
undergoing 136:9
underlying 31:15
undersigned 152:3
understand 15:17 33:4 34:3 50:2 51:23 60:22 61:6 71:20 72:11 99:7 102:1
understood 26:15 35:6,14 66:19 93:25 150:8
undisclosed 93:4
undisputed 127:9
undue 28:10
unethical 41:18
unfamiliar 99:24
unfortunately 92:5
union 2:19
unique 47:23
unit 6:4
united 1:1 6:8 12:10,12 87:8 118:22
unjustifiably 128:7
unusual 136:18 137:12,13
updated 83:21
uphold 110:18
upper 20:12 69:8
usage 99:19
use 5:5 17:10 81:22 82:16,22 83:1,14,23 84:24 99:9,19 128:5,23 137:12
uses 124:17,20
usually 17:19 18:13 36:2 45:6 76:18 77:10 79:8 81:19 97:25
utilized 100:7

v

v 153:2
vague 123:18 133:3,25 136:21
vagueness 29:20 121:12
valid 33:15
vanderbilt 12:13 12:23 13:12
variation 140:23
various 24:15 53:21 74:21 76:7 76:7,9 138:11,14 138:25
verbally 8:18 51:12
verify 154:9
veritext 6:16,18 151:2,21 154:14 154:23
veritext.com. 154:15
versa 99:11
vetoed 107:7 126:19
vice 99:11
video 6:5
videographer 3:13 6:3,16 7:9,17,24 67:1,5 115:4,5,9 115:14 148:8,11 150:22
videotaped 1:11
view 21:18 34:16 86:3 91:6,19 107:25 114:12 123:17 135:7
viewed 94:24
views 140:8
violate 41:2 85:15 111:10,15,16 113:16 114:6
violated 80:19
violation 80:22 108:25 109:7,20 109:25 110:9 111:7 116:10
voice 79:22
volume 68:24 69:7 143:2,15
vs 1:6 6:7 154:4 155:1 156:1

w

w 2:13
wait 132:8,13,14 133:7
waited 132:22
want 8:13 9:12 16:23 20:11 24:25 29:22 31:4 35:5 35:11 39:17 41:14 42:6 43:22 48:16 66:20 68:9,22 69:5,7,8 94:23 95:6 114:23,24 115:8 120:11 140:19 141:8 142:7 144:2,7,19 145:25 146:2,5,7 148:3 150:19
wanted 14:16 21:15 22:9 25:21 27:6 40:8 41:2 49:1,7 68:5 71:5 135:11 141:20 145:4,20
wanting 70:3 146:12
wants 24:23 140:20 146:15

washington 2:6 5:11 127:3 152:20
way 21:14 27:2,6 30:9 34:25 47:16 47:16 51:22 70:6 70:6 76:18 93:11 116:1 123:12 135:10,12,14 140:20,21,24 141:1,12 148:20
we've 98:8
wear 52:4
web 4:20 44:13
website 58:15
weeks 39:16
weigh 49:2
weight 19:8,8
went 12:1,5,6,7,18 65:19,23 75:23 76:3 90:18,19 108:1,3 116:3
whatsoever 123:11,14,24
wheelhouse 46:3
whereof 152:15 153:17
willing 24:9
wisdom 54:14,17
wish 145:2
witness 4:3 7:23 44:16 66:22 83:6 83:10 100:22 105:6 115:3 117:22,25 118:2,3 128:18 129:2 144:13,16 151:19 152:5,11,15 153:3 153:8,17 154:8,10 154:12,19
women 68:7 146:7
word 58:6,9
words 58:2
work 18:5 65:3,7 65:10 70:25 74:25 75:2,9,11 78:4 89:6 95:22 97:9 131:14 134:22
worked 75:1,3,8
working 15:25 106:16
works 76:2,18,21 77:10 148:5,21
world 95:20
worried 49:23
worries 115:2
worsen 131:25
wow 58:8
write 72:7 77:11 79:24 97:11 108:9
writing 20:2
written 64:7,22,25
wrong 53:3 62:18 144:12
wrote 71:23

x

x 1:9 4:1 54:22

y

yeah 10:9 14:16 20:8 27:16 30:19 37:20,20 52:19 62:21 66:25 67:24 69:13 72:15 73:5 74:4 76:17 77:17 78:11 109:15 111:19 116:19 118:14 123:22 130:25 138:2 140:15,23 141:14 144:4,6
year 12:19 42:18 42:18,18 51:15 63:23 147:24,24
years 12:11 51:6 105:25 112:16 146:3
york 2:5,22,22 152:22
young 128:3,22 129:22
younger 45:24 46:6 131:20 132:17,19
youngest 51:4
youth 128:2

z

zone 144:12
zoom 2:4,20 6:14 90:19

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

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

(A) to review the transcript or recording; and

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

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

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

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

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION
CASE NO. 4:21-CV-00450-JM
----------X
DYLAN BRANDT, by and through his
Mother, JOANNA BRANDT, et al.,
Plaintiffs,
v.
LESLIE RUTLEDGE, et al.,
Defendants.
----------X

REMOTE/ORAL/WEB VIDEOCONFERENCE
VIDEOTAPED DEPOSITION OF AMY E. EMBRY
(Sitting in Little Rock, Arkansas)
May 10, 2022
10:00 a.m.

Reported by:
Maureen Ratto, RPR, CCR

* * *

Videotape deposition of Amy E. Embry, held virtually via Zoom Teleconference, hosted from Veritext Legal Solutions, pursuant to notice, before Maureen Ratto, Certified Court Reporter, License No. XI01165, Registered Professional Reporter, License No. 817125, and Notary Public.

* * *

A P P E A R A N C E S:

Counsel for the Plaintiffs:
SULLIVAN & CROMWELL, LLP
125 Broad Street
New York, New York 10004
BY: JONATHAN G. LESTER, ESQ.
DANIEL RICHARDSON, ESQ.

AMERICAN CIVIL LIBERTIES UNION
125 Broad Street
New York, New York 10004
BY: LESLIE COOPER, ESQ.

AMERICAN CIVIL LIBERTIES UNION
OF ARKANSAS
904 West 2nd Street
Little Rock, Arkansas 72201
BY: GARY SULLIVAN, ESQ.

GILL RAGON OWEN, PA
425 West Capitol Avenue
Little Rock, Arkansas 72201
BY: DRAKE MANN, ESQ.
BETH ECHOLS, ESQ.

A P P E A R A N C E S, continued:

Counsel for the Defendants:
SENIOR ASSISTANT ATTORNEY
GENERAL, PUBLIC PROTECTION DIVISION
OFFICE OF ARKANSAS ATTORNEY GENERAL
323 Center Street
Little Rock, Arkansas 72201
BY: AMANDA LAND, ESQ.

ALSO PRESENT:
Randy Schoening, Legal Video Specialist

VIDEOGRAPHER: We are on the audio and video record. It is 10:05 a.m. The date is May 10th, 2022.

This is the videotape recorded deposition of Amy Embry, taken by counsel for the Plaintiff in the matter of Dylan Brandt, et al versus Leslie Rutledge et al, filed in the United States District Court Eastern, District of Arkansas, Central Division, Case No. 4:21-CV-00450-JM.

This deposition is being held at Gill Ragon & Owen, PA, 425 West Capitol, Suite 3800, Little Rock, Arkansas.

My name is Randy Schoening from the firm of Veritext, I'm the videographer. The court reporter is Maureen Ratto, from the firm Veritext.

Will counsel please introduce themselves for the record.

MS. COOPER: Yes. Thank you.

Leslie Cooper from the ACLU for Plaintiffs.
MR. LESTER: John Lester from Sullivan & Cromwell for the Plaintiffs.
MR. RICHARDSON: Daniel Richardson from Sullivan & Cromwell for the Plaintiffs.
MR. SULLIVAN: Gary Sullivan, ACLU of Arkansas for the Plaintiffs, in person.
MR. MANN: Drake Mann, Gill Ragon Owen for the Plaintiffs.
MS. LAND: Amanda Land of the Arkansas Attorney General on behalf of the Defendants.
VIDEOGRAPHER: Will the witness please be sworn?
* * *
A M Y E. E M B R Y, having been duly sworn by an authorized Notary of the State of Arkansas, testifies as follows:
DIRECT EXAMINATION BY MS. COOPER:
VIDEOGRAPHER: You may

proceed.
Q. Thanks so much. Good morning, Ms. Embry. I'm Leslie Cooper. I'm with the ACLU, counsel for Plaintiffs and I'll be taking your deposition today.
Before we get started, can I just ask you to state your full name for the record?
A. My name is Amy Elizabeth Embry.
Q. Thank you. And have you ever had your deposition taken before?
A. Yes.
Q. Okay. How many times?
A. Once.
Q. Was that in your capacity as an employee of the Board?
A. Yes.
Q. Okay. Can you tell me what that case was about?
A. It was a lawsuit basically for a license action or action against a license, I guess I should say.
Q. So a medical provider

challenging a decision concerning a licensing --
A. Correct.
Q. -- issue?
A. Correct.
Q. So you have been deposed once before, so what I'm about to say may sound familiar, but just to make sure so we get a clean record I'm going to go over some of the groundrules for deposition taking so the transcript is clear.
First thing is, the best we can, to the best we can we should really try to avoid speaking over one another. So if you could give me a chance to finish my question, even if you anticipate what I'm asking, before answering it will prevent the court reporter from having to try to hear two things at once. Does that sound okay?
A. Yes.
Q. Okay. And I similarly will try to wait until you complete your answer to

ask a new question.
Also, unlike regular conversations, we have to always answer verbally. We can't nod or even say a-hum because that's kind of hard to understand in -- typed out what that means. So I'm just going to ask you to do your best to answer verbally each time. Okay?
A. Okay.
Q. It may be that I'll ask questions that you don't fully understand or are confusing. If that happens, just let me know that the question wasn't clear to you and I can try to ask the question in a different way to clarify it. So please make sure to do that if a question is not clear. Okay?
A. Okay.
Q. Because if you do answer a question we will assume that means you understood it. Okay?
We will take breaks as we go through. I will take them periodically, but if you feel you need to break at any

AMY E. EMBRY

time before I bring it up just let me know and we can find a breaking point to do that. We will just need to make sure we get completed answers to any questions pending and then I'll find a time to take a break. So no problem if you need to take a break. Okay?

A. Okay.

Q. Is there anything that would prevent you from giving complete and accurate testimony today?

A. No.

Q. Okay. Is there any material you're consulting today in connection with your deposition, any notes or written materials?

A. I do not have any notes or anything with me.

Q. Okay. Did you do anything to prepare for your deposition today?

A. Just -- I reviewed the documents received for the deposition, I reviewed that, and spoke with Amanda Land.

AMY E. EMBRY

Q. And when you say the documents received, what documents are you referring to?

A. That was the document stating that I was going to be deposed today.

Q. Okay. We'll look at that just to confirm. I understand you to be referring to the notice of your deposition; is that your understanding?

A. Yes.

Q. And that included topics for the deposition?

A. Yes.

Q. Okay. You didn't review anything else?

A. No.

Q. Okay. And you said you met with Ms. Land; is that correct?

A. Yes.

Q. And without sharing any content of your conversation, how long did you meet with her?

A. Maybe an hour, maybe an hour. I didn't write down the beginning time or

AMY E. EMBRY

ending time, but maybe an hour.

Q. When was that?

A. Yesterday.

Q. And just the one time?

A. Yes.

Q. Okay. Did you review any documents with counsel?

MS. LAND: Objection.

MS. COOPER: I'm sorry. I didn't hear.

MS. LAND: I made an objection.

A. Again, it was the document that I received for my deposition and what I would be responsible for answering today.

Q. And I probably should have mentioned this before, that your counsel may from time to time object to some of my questions. Some of them may be objections about the form of my question, in which case she's making the record and I can either correct the question or you can -- or leave it as is and you can

AMY E. EMBRY

answer. Unless she makes a privilege objection and instructs you not to answer, otherwise you can continue answering. Okay?

A. Okay.

Q. Have you spoken with anyone besides Ms. Land about your deposition today?

A. I spoke with higher-ups at the Department of Health to let them know I would be in a deposition today. I also informed the Board that they were being sued and that I would be deposed.

Q. Okay. And when you say you informed the Board, I know that's a lot of people, how did you inform them?

A. I believe it was at a meeting and I just told them that we had received documents that we were being sued because of the legislation that was passed and the question from them was; why are they suing us? And I said I don't know.

Q. And when did this happen?

A. I believe the lawsuit was

AMY E. EMBRY
filed last fall, so I don't have a date, a specific date, but it would have been in the fall or shortly after the lawsuit was filed.
Q. So that was a meeting you -- that occurred some time shortly after the lawsuit was filed in this case; is that right?
A. It could be. And again, I have to say this was months ago. So it may be that I only spoke with one Board member. I just don't recall. I do know that I did tell a Board member that we're being sued.
Q. Okay. Did you notify the Board at any time in writing that they were being sued?
A. Not to my knowledge.
Q. Okay. And did anybody else notify the Board in writing, besides you, that the Board was being sued?
A. No, just the documents that came.
Q. Okay. And then so that was at

AMY E. EMBRY
least several months ago that communication with at least one Board member about being sued. But more recently, since you've been notified about your deposition, did you speak to anyone in the Board about that?
A. No.
Q. Okay. And I'd like to mark as Exhibit 1 the 30(b)(6) notice of the Board. That will be posted on Exhibit Share in a moment.
(Exhibit 1, 30(b)(6) notice for Defendant Arkansas State Medical Board was received and marked on this date for identification.)
MS. LAND: This is my first time using Exhibit Share, so I'm just making sure I find it as well. Leslie, has it been uploaded to Exhibit Share yet? I am not seeing it.
MS. COOPER: I think it's still uploading. Sorry about that.

AMY E. EMBRY
Let's give it another minute before we abandon Exhibit Share.
MR. SULLIVAN: I'm going to try and reload the exhibit. I apologize.
MS. COOPER: Thank you.
MR. RICHARDSON: If you reload the folder named Marked Exhibits you should see Exhibit 1, Notice of 30(b)(6) deposition.
VIDEOGRAPHER: This is the court reporter, we're going to need someone to share that to a screen share because the witness is not able, I mean, I'm not able to go out of the feed into the share. So can you actually share it on the screen?
MS. COOPER: I think given that tech issue that we didn't realize would be an issue, we should resort to the hardcopies. Can we go off the record for just a moment?

AMY E. EMBRY
VIDEOGRAPHER: Yes. We are off the record at 10:18 a.m.
(Discussion is held off the record.)
VIDEOGRAPHER: We are back on the record at 10:20 a.m.
Q. Thank you. Ms. Embry, you've been shown a document that we'd like to mark as as Exhibit 1. Do you recognize this document?
A. Yes.
Q. Is this the Notice of Deposition that you referred to earlier?
A. Yes.
Q. Okay. And you've reviewed this entire document?
A. Yes.
Q. Okay. And do you understand that you have been designated by the Defendant Arkansas State Medical Board to testify on its behalf concerning a number of topics listed in this notice?
A. Yes.
Q. And are you prepared to

AMY E. EMBRY

testify on behalf of the Board regarding the topics listed in this notice?
A. Yes.
Q. You can put that aside for now. Are you currently employed by the Arkansas State Medical Board?
A. I am.
Q. And if I say "the Board" will you understand that I mean the Arkansas State Board?
A. Yes.
Q. And are you currently the Executive Director of the Board?
A. Yes.
Q. Okay. Since when?
A. 2018.
Q. And did you hold any position with the Board before 2018?
A. Yes.
Q. What position was that?
A. It was the Administrative Services Manager.
Q. And what were your responsibilities in that position?

AMY E. EMBRY

A. I was responsible for the human resources, accounting, budget, general office management of the Board.
Q. When did you start that position?
A. 2014.
Q. Prior to that did you hold any employment with the Board?
A. No.
Q. What did you do before that?
A. I worked at the Department of Finance and Administration for the State of Arkansas.
Q. Do you have any medical training?
A. No.
Q. Any training at all related to healthcare?
A. No.
Q. Can you tell me what your responsibilities are as the Executive Director of the Board?
A. I manage the day-to-day functions of the Board, I have managers

AMY E. EMBRY

that manage certain sections, I also work closely with the Board for Board meetings and each section within the Board works with the Board in their own way. In a nutshell, that's what I do.
Q. Now, you mention sections. Could you tell me what the sections are?
A. We have a regulatory section, licensure, we have IT and we have a credentialing section.
Q. And those are all of the sections?
A. Yes.
Q. And you have someone who is a manager for each of those sections; is that right?
A. Yes.
Q. And are there other employees of the Board besides you and those managers?
A. Yes. Those --
Q. I'm sorry.
A. Those managers do have employees and we have right now I would

AMY E. EMBRY

say 25, between 25 and 30 total employees, including the managers and myself.
Q. Okay. And can you tell me within the regulatory section who the employees are or what their positions are and what they do?
A. There are three employees, one of those is a manager. The manager's name is Juli Carlson and she had two employees who are fairly new, one is Penny Henderson and the other is Elizabeth Jones.
Q. And what are their jobs?
A. They handle all the complaints that come in that need to be processed to the Board, they also handle any letters or communication from the Board to the licensees. They handle continuing medical education audits, any questions that come in as far as how to file a complaint.
Q. And do I assume correctly that the licensing or licensure section has to do with doctors and other healthcare

AMY E. EMBRY

1 providers getting their license to
2 practice in Arkansas; is that correct?
3 A. It is the healthcare providers
4 that we license, that is what they deal
5 with.
6 Q. But any complaints regarding
7 any licensed healthcare providers go to
8 the regulation section; is that right?
9 A. Correct.
10 Q. Or regulatory, is that what
11 you called it?
12 A. Yes, ma'am.
13 Q. Okay. Thank you. The employees
14 in the regulatory section, do any of
15 those employees have medical or
16 healthcare training?
17 A. Not to my knowledge.
18 Q. Okay. I want to ask you a few
19 questions about the current Board members
20 of the Board. You have at this point, I'm
21 going to count here. Maybe you can just
22 tell me how many because you probably
23 know it, how many Board members you have?
24 A. In all we have 14 Board

AMY E. EMBRY

1 members.
2 Q. And of those Board members
3 that are currently on the Board, are all
4 -- have they all been on the Board since,
5 say, the beginning of 2021?
6 A. With the exception of one. I
7 would have to go back and check my
8 records to see when they came in. I only
9 know of one that was not on the Board as
10 of 2021.
11 Q. And who was that?
12 A. Dr. Brian McGee. He was just
13 appointed within the past two months.
14 Q. And any of the members who
15 were on the Board in January 2021, if you
16 look at that list of people, are any of
17 those members no longer on the Board?
18 A. Yes.
19 Q. Who is that?
20 A. You have Dr. Rutledge,
21 Dr. Staggs. Bear with me, I have to think
22 about this. I think that's it. We've lost
23 two.
24 Q. So you've lost two and you

AMY E. EMBRY

1 gained one?
2 A. Correct.
3 Q. Okay.
4 MS. COOPER: Can we mark as
5 Exhibit 2, tab 2, please, the
6 Arkansas Medical Practices Act and
7 Regulations.
8 (Exhibit 2, Arkansas Medical
9 Practices Act and Regulations,
10 revised as of December 2, 2020 was
11 received and marked on this date
12 for identification.)
13 Q. Do you have that in front of
14 you, Ms. Embry?
15 MS. LAND: I'm showing her my
16 Exhibit Share.
17 MS. COOPER: I'm sorry. Is
18 there someone speaking that I can't
19 hear on the record?
20 MS. LAND: That was Amanda
21 Land. I asked if I could have a
22 copy because I don't believe you
23 are uploading these to --
24 MS. COOPER: Yeah. We can

AMY E. EMBRY

1 upload to Exhibit Share
2 simultaneously. You're able to
3 review that, Amanda?
4 MS. LAND: I'm on Exhibit
5 Share. It seems to be working
6 because I can see the first exhibit
7 that you did upload, but if --
8 whether it's in paper or Exhibit
9 Share, I don't have a preference.
10 MS. COOPER: Okay. We will
11 upload all of the exhibits on
12 Exhibit Share for counsel to be
13 able to review while giving
14 hardcopies to the witness. Okay. So
15 we're in the process of uploading
16 Exhibit 2.
17 And Amanda, if you can let me
18 know when you're able to see that.
19 MS. LAND: It has popped up
20 for me.
21 MS. COOPER: Amanda, I can't
22 hear you so well. If you can speak
23 a little louder or adjust the mic.
24 MS. LAND: I can see the

AMY E. EMBRY

exhibit.

MS. COOPER: Great. Thank you.

Q. Ms. Embry, do you recognize the document placed in front of you that's been marked as Exhibit 2?

A. Yes.

Q. Okay. And that is the, for the record, the title page is Arkansas State Medical Board, Arkansas Medical Practices Act and Regulations; is that correct?

A. Yes.

Q. And is this set of -- is this act and set of regulations what governs the Board?

A. Yes.

Q. And I take it you've seen this document before?

A. Yes.

Q. Okay. If you can turn to Section 17-95-301?

A. Let me go to the table of contents to get the page.

Q. I believe it's 21. Is this the provision that dictates the membership of

AMY E. EMBRY

the Board?

A. Yes.

Q. And do I understand correctly that there are 14 members appointed by the Governor?

A. Yes.

Q. And 10 must be active medical practitioners?

A. Yes.

Q. And one must be a practicing physician; did I say that right? If you look at Subsection 3 --

A. Yes. That is the one that -- yes. There are physicians but this is the one that is appointed by that specific organization. That's what was throwing me on your question.

Q. Understood. Thank you. So there are other physicians on the Board as well?

A. Yes.

Q. Okay. And I understand -- do I understand correctly that two members must not be medical providers; is that

AMY E. EMBRY

correct?

A. Yes.

Q. And one must be an osteopathic physician?

A. Correct.

Q. Now, I'd like to go through the current members of the Board and ask you to tell me what their designated position is on the Board? In other words, are they a medical practitioner, are they a non-medical provider, and what their area of practice is, if they are medical providers.

So we can start with -- and if I read a name and that person is no longer on the Board just let me know. Sylvia Simon, is she still on the Board?

A. Yes.

Q. And what is her designated position on the Board?

A. She is the Chairman of the Board, Chairperson of the Board.

Q. And she is a physician?

A. Yes.

AMY E. EMBRY

Q. What is her practice area?

A. I'm going to say family practice.

Q. How about Brian Hyatt, is he still on the Board?

A. Yes.

Q. And what is his designated position?

A. He is the vice-chair.

Q. And he's a physician as well?

A. Yes.

Q. What is his area of practice?

A. Psychiatry.

Q. How about Veryl Hodges?

A. Yes.

Q. They're on the Board?

A. Yes.

Q. And what is their designated position?

A. He is the secretary of the Board.

Q. Is he a physician?

A. Yes.

Q. I see his title says DO, is

that a doctor of osteopathy, am I saying that correctly?
A. Yes.
Q. Is John Scribber still on the Board?
A. That's John Scribner.
Q. Thank you. Is he still on the Board?
A. Yes.
Q. And what is his designated position on the Board?
A. He is the treasurer.
Q. And he's a physician?
A. Yes.
Q. What is his area of practice?
A. Family practice.
Q. Okay. Elizabeth Anderson, is she still on the Board?
A. Yes.
Q. Is she a physician?
A. No.
Q. So she's one of the designated non-physicians on the Board?
A. Correct.

Q. Okay. Does she have a title within the Board, such as secretary or treasurer?
A. No.
Q. Rhys Branman still on the Board?
A. Yes.
Q. And what is -- does he have a designated position or title?
A. All the designated were the four officers we've already mentioned.
Q. Okay. Is Rhys Branman a physician?
A. Yes.
Q. What is his area of practice?
A. Plastic surgery.
Q. Is Robert Breving still on the Board?
A. Yes.
Q. And he's a physician as well?
A. Yes.
Q. What area of practice?
A. Surgery.
Q. Is Edward Gardner still on the

Board?
A. Yes.
Q. Is he a physician?
A. Yes.
Q. And his area of practice is?
A. He's an ENT doctor, ENT physician.
Q. Is Rodney Griffin still on the Board?
A. Yes.
Q. Is he a physician?
A. Yes.
Q. And is his area of practice?
A. Family medicine, as far as I can recall.
Q. Is Betty Guhman -- am I saying that right?
A. Guhman.
Q. Is Betty Guhman still on the Board?
A. Yes.
Q. Is she a physician?
A. No.
Q. Okay. Is Timothy Paden still

on the Board?
A. Yes.
Q. Is he a physician?
A. Yes.
Q. What area of practice?
A. Family medicine.
Q. Is Don Philips still on the Board?
A. Yes.
Q. And he's a physician?
A. Yes.
Q. And what is his area of practice?
A. OBGYN.
Q. Okay. And I believe you said William Rutledge and David Staggs are no longer on the Board?
A. That is correct.
Q. Okay. Are they both physicians?
A. Yes.
Q. And can you tell me what their areas of practice are?
A. Dr. Rutledge was a surgeon and

AMY E. EMBRY

Dr. Staggs was family practice.

Q. Okay. Thank you. We were looking at the Arkansas Medical Practices Act. If we can go to Section 17-95-303(5) and I understand that Section 303(5) are the duties of the Board and it says, "The Arkansas State Medical Board shall:", and list a number of items. And number (5) says "have the authority to employ a Medical Director who shall hold a valid license to practice medicine in this State to evaluate medical issues and to assist in investigations pending before its Board." Did I read that right?

A. Yes.

Q. Does the Board employ a Medical Director?

A. No.

Q. No. Since you've been with the Board have they ever employed a Medical Director?

A. No.

Q. Do you know why that is?

A. No, I do not.

AMY E. EMBRY

Q. Okay. Staying in that same part of the statute, Section 303, under subsection (7) it says, that the Medical Board shall "have the power and authority to employ one or more inspectors as may be necessary to carry out the provisions of the Arkansas Medical Practices Act."

Does the Board employ inspectors?

A. We employed one inspector.

Q. Is that in the past?

A. Yes.

Q. When was that?

A. Within the past year. I don't have exact dates.

Q. But you don't currently have any employed inspectors?

A. Not employed by the Board, no.

Q. Do you work with inspectors who are not employed by the Board?

A. Yes.

Q. What is that arrangement? Can you explain that to me?

A. It is in the Arkansas code

AMY E. EMBRY

that we are to use Pharmacy Services at the Arkansas Department of Health for inspections, investigations -- not inspections, investigations.

Q. Is that only for investigations concerning issues relating to prescription of drugs?

A. Yes, and other things, we use it also for others besides just the prescription of drugs.

Q. So these are inspectors that are employed by Pharmacy Services at the Department of Health?

A. Correct, but it's investigators not inspectors. I believe they're investigators.

Q. So just I want to make sure I understand how this works. If there is a complaint against a physician, for example, and the Board feels the need to do an investigation it would work with an investigator from Pharmacy Services; is that right?

A. Yes.

AMY E. EMBRY

Q. How many investigators do they have at Pharmacy Services that you work with?

A. That I know of, we have worked with three.

Q. But are there others there besides the ones you've worked with?

A. That is my understanding but that's not my staff, so I can't answer truthfully on that.

Q. Okay. You know of three; is that right?

A. Yes. That is correct.

Q. And what is the role of these investigators?

I sort of tried to lay out what I understood but I'm sure that was not a full description.

What do these investigators do when you work with them?

A. Well, if the Board votes that there needs to be an investigation on a complaint that comes in a subpoena will be issued that I sign and those

AMY E. EMBRY

investigators serve that subpoena for whatever is listed in the subpoena.

Q. Do they do anything else?

A. They gather that information, they do -- they evaluate it and they present a report back to the Board offices to present to the Board members.

Q. When you say they gather information, is that information that they gather documents that are requested by a subpoena that they then deliver; is that what you mean?

A. That is correct.

Q. That might be some of their medical records, that kind of thing?

A. It could be, yes.

Q. So the investigator serves the subpoena that asks for documents and then collects those materials and then writes a report about the materials; did I get that right?

A. Yes, they take them back. They will look through them and try to gather what information they can, and then

AMY E. EMBRY

present a report to the Board office.

Q. And who identifies the documents that are being requested in the subpoena? Is that an employee of the Board?

A. I need you to clarify that question.

Q. Sure. So you mention that the investigators from Pharmacy Services will serve the subpoena. Who writes the subpoena?

A. The Board office does, staff at the office writes the subpoena.

Q. Which staff? Let's say it's in -- presumably it's always in a regulatory context, right?

A. Yes, regulatory section.

Q. So that would be the manager or the other employees in the regulatory section would write that subpoena?

A. Correct.

Q. Presumably with counsel is that involved or no?

A. Yes. It's a very generic

AMY E. EMBRY

subpoena listing exactly what we need, so...

Q. And then the report is provided to those within the regulatory section when it's done?

A. Yes.

Q. And then what happens after that in the investigation process?

A. It is prepared, that report is prepared to be presented to the Board members, it's discussed at the next meeting or if they feel they have enough information from that investigation to present it to the Board. If not, there may be other things that need to be done and then the Board discusses it and they make a decision on what needs to be done next.

Q. Thank you. While we're in this part of the Arkansas Medical Practices Act, if you can look at 17-95-303 subsection (9), bottom of the same page and it's again, "The Arkansas State Medical Board shall consider and give

AMY E. EMBRY

deference to data, studies consensus documents and conclusions issued by the Center For Disease Control and Prevention or the National Institute of Health whenever their data, studies consensus documents and conclusions are relevant to any decision made pursuant to the Board's powers and duties under the Arkansas Medical Practices Act."

Is that something the Board does?

A. I have not seen it in my tenure at Director. I don't know if a situation has come up that they have to do that. So during the time that I've been the Board Director, I can't say that I've seen that --

Q. Okay.

A. -- from these organizations listed in this section.

Q. Okay. Have you seen data, studies, consensus documents or conclusions issued by other organizations that were considered by the Board in

making any decisions concerning regulation of medical professionals?
A. I do not recall that. I would have to go back and look at documents to see.
Q. Okay. Is it fair to say the Board is the State entity in Arkansas charged with regulating the practice of medicine; is that correct?
A. Yes.
Q. And what does that mean, to regulate the practice of medicine to the Board?
MS. LAND: Object to form. You may answer.
A. Well, they put it in the code that the State Medical Board is -- is -- let me start that over.
We are responsible for regulating those healthcare professionals that we license. If someone is practicing medicine without a license it is usually referred to our Board. So if someone has another license with another healthcare

licensing board, but it does not fall within their scope of practice what the complaint is being made against that individual, then it will probably be referred to the Medical Board as practicing medicine, this individual is practicing medicine.
Q. And for those who are licensed by the Board, those medical professionals licensed by the Board, you said you're responsible for regulating those healthcare professionals. What do you mean by "regulating" them?
A. Well, maybe that wasn't the best term but we are responsible for those individuals that are licensed by us, but we work on a complaint basis.
So we have between 19 and 20 thousand liscensees at the Board right now in various practice and various types of licenses. And if a complaint comes in every single complaint is reviewed by the Board, every single complaint is reviewed by the Board, and from there it is

determined what needs to be done. We do get complaints that it may be, for example, on a nurse, we do not regulate nurses, we forward it onto the Nursing Board.
Q. Thank you.
A. And we work on a complaint basis.
MS. COOPER: Can we see tab 3 and mark that as Exhibit 3?
(Exhibit 3, printout of the homepage of the Arkansas State Medical Board website was received and marked on this date for identification.)
MS. COOPER: Amanda, if you can let me know if that's available to you.
MS. LAND: Yes, it is. I'll let you know each time going forward.
Q. Thank you. Ms. Embry, do you recognize what's been marked as Exhibit 3?

A. Yes.
Q. And can you tell me what that is?
A. This is -- it is the homepage or a page from our website.
Q. So I'd like you to read along with me the box to the section in the middle that says, "The Medical Board's mission is to protect the public" -- excuse me, I'll start that again. "The Medical Board's mission is to protect the public and act as their advocate by effectively regulating the practices of medical doctors, osteopathic medical directors, physician assistants, medical corporations, respiratory therapists, occupational therapists, occupational therapy assistants, radiology practitioner assistants and radiologist assistants." Did I read that right?
A. Yes, ma'am.
Q. Is this an accurate statement of the Board's mission?
A. Yes.

AMY E. EMBRY

Q. And I understand the Board has authority to enact regulations to carry out the purposes and intentions of the Medical Practices Act; is that right?

A. Yes.

Q. So under what circumstances can the Board enact regulations?

A. If it is in the law where it says that a licensing board shall or will promulgate a rule or if we are requested by the legislature to do so.

Q. Okay. So I want to unpack that a little bit.

So the first scenario is if a statute says the Board shall enact a regulation concerning a particular topic, you will -- the Board will enact a regulation; is that correct?

A. Yes.

Q. Okay. And then a separate scenario is if the legislature requests the Board to enact a regulation; did I understand that right?

A. Yes.

AMY E. EMBRY

Q. And that's outside of the context of a statute?

A. Yes. That is very rare.

Q. Has that ever happened since you've been with the Board?

A. Yes. It finished up when I became Director. It started with a previous Director and even though we were requested by the legislature to come up with a rule, the rule did not pass and it was not enacted.

Q. What was the issue that the legislature asked you to come up with a rule about?

A. It was basically about cosmetic procedures, as far as what was happening at medical spas, what can be considered the practice of medicine, what cannot be considered the practice of medicine.

Q. And how was that communicated to the Board by the legislature that they wanted you to to come up with a regulation?

AMY E. EMBRY

A. They can either make a request to the Board, themselves, through attorneys, they can ask a Board member, say we're interested in a rule about this. But again, that is very rare and since I've been with the Board since 2014 that's only happened once, which the rule did not pass.

Q. Okay. And given that the legislature includes a lot of people, does it have to be that the legislature as a body has voted by majority vote to request that regulation or could an individual legislator ask the Board to enact a regulation?

A. I can only speak to my understanding. I do not have any knowledge of how the legislature would handle that, but to my knowledge and my understanding is that anybody can ask.

Q. Anybody within the legislature?

A. Yes.

Q. Can ask -- let me make sure I

AMY E. EMBRY

asked that question that's not broken up for the record.

So anybody who is a member of the legislature can ask the Board to enact a regulation; that's your understanding?

A. That is my understanding, but that would be a question for the legislature.

Q. And in the example that you mention, the one time that happened since you've been with the Board, the cosmetic procedure issue, was that a single member of the Board asked for that or how did that come to you?

A. That I do not know because I was not on the front end of that when it began, so I cannot answer to that.

Q. Okay. Can anyone outside of the legislature, who is not a member of the legislature, ask the Board to enact a regulation on a topic?

A. I suppose. I suppose. It has not happened but there is a whole process

AMY E. EMBRY

that the legislature must approve all the rules. So even if we draft a rule, it has to be approved by the legislature before it can be considered an active rule.

Q. And that's true of all of the rules that have been passed by the Board so far?

A. Correct. Correct.

Q. And I believe there's something like 30-something rules; is that right?

A. That's right.

Q. They've all been approved by the legislature?

A. Yes.

Q. Okay. Has, to your knowledge, any other government official, outside of the legislature, let's say within the executive branch of government, ever asked the Board to enact a regulation?

A. Not to my knowledge, not that I know of.

Q. That would include the Governor's Office has never asked?

AMY E. EMBRY

A. Since I've been Director, I have not received that request.

Q. And are you aware if that's ever happened before?

A. I am not aware if it's happened before.

Q. Okay. Can the Board enact a regulation on its own without being requested to do so by somebody else?

A. It could but, again, it's usually never done. I don't know if it has been done.

Q. So I looked through the regulations that you have and I see that there are lots of different topics about which the Board has passed regulations. I'm just going to list some and ask if you're familiar.

I saw one about precautions concerning HIV. And this is not a test. Let me back it up. I'm happy to have you look through.

Do I understand correctly that Regulation 16, which is in Exhibit 2 --

AMY E. EMBRY

A. That's correct.

Q. -- is about precautions related to HIV and some other communicable diseases; is that correct?

A. Yes.

Q. And then I understand that Regulation 22 has some guidelines concerning laser surgery; is that correct?

A. Yes.

Q. And there are guidelines, or I should say regulations concerning abortion in Regulation 36?

A. Yes.

Q. And there is a Regulation 27 concerns informed consent for gastric bypass surgeries; is that right?

A. Yes.

Q. And then Provision 21 relates to -- is a regulation concerning anorexiant drugs. Am I saying that right, anorexiant?

A. Anorexiant.

Q. Now, were you on the Board or

AMY E. EMBRY

not on the Board -- excuse me.

Were you employed by the Board when any of those provisions were enacted?

A. The ones that you mentioned?

Q. Yes.

A. No, I was not at the Board.

Q. Okay. And do you know if all of these provisions were prompted by a statutory directive by the legislature?

A. I would need to go back and research but nearly every rule is prompted by legislation.

Q. But some are not?

A. I would have to go back and read the history of each one. So I can't answer that honestly.

Q. Okay. Can we look at Regulation 21 concerning anorexiants?

Would looking at this rule, or I should say regulation, provide you with the information about whether it was prompted by a statute?

A. It may.

AMY E. EMBRY

Q. Okay.
A. Again, I could not answer completely honestly without going back and looking how this began.
Q. So from the regulation, itself, where it says at the end, if you look along with me, "history adopted March 13, 1998 amended August 6, 2015 effective December 14, 2015", that doesn't tell you what prompted it?
A. It would not tell me because I was not at the Board. If I was there I may remember.
Q. Okay. If the Board had a concern about how medical care was being provided in a particular field, could the Board get together and put together a regulation?
A. They could.
Q. They could. But you don't know if they've ever done that?
A. Not to my knowledge.
Q. They have not done that, to your knowledge, is that what you're

AMY E. EMBRY

saying?
A. I have no memory of them doing that in my time at the Board.
Q. And do you know whether prior to your time at the Board that was ever done?
A. I do not know.
Q. I want to ask some of the process about enacting regulations. Who within the Board, or is it someone within the Board who drafts these regulations?
A. They're usually drafted either by staff or with the assistance of an attorney.
Q. And who decides on the content?
A. The Board votes on the final draft. They approve what will be the rule that will begin -- that will be sent for the promulgation process.
Q. So if it's a draft that relates to let's say -- I guess they're all within the regulatory context, right, all of these regulations? So if there's

AMY E. EMBRY

-- if somebody were to draft a regulation relating to orthopedics, for example, would the staff who are drafting that regulation look to expertise within the field of orthopedics to draft the regulation?
A. Yes. That would be -- yes.
MS. LAND: Objection to form on that previous question.
Q. Okay. How would they -- how would they do that?
A. They would work with the Board members and the Board members would have their input. The Board members would then say if they did not -- for example, if it was orthopedics, if there is an orthopedic society or association to get some expertise, if they did not have that expertise. And then changes would be made to that and then the Board would vote yay or nay on the draft.
Q. If they were to reach out to an orthopedic society or an organization with expertise, would that mean to then

AMY E. EMBRY

speak with orthopedists who could offer expertise; is that what you mean?
A. It could be, yes.
Q. Could it also be to look at any best practices guidelines they have?
A. Could be, yes.
Q. Have any regulations been enacted by the Board since you've been employed by the Board?
A. Yes.
Q. Can you tell me which ones?
A. I may not have been the Director, but these are the ones that were -- let me get back to the table of contents. It will be the ones towards the end. 39 was amended, 40 was created, 41, 42, 43 and 44 and 45.
Q. Thank you. So let's take, for example, Regulation 40, Arkansas Surgical Technologists. Did the Board reach out to any surgical professional groups in developing that regulation?
A. Let me flip to that. I believe this was taken directly from the code,

AMY E. EMBRY

which is on our rules, it's just cut and paste and put in there what it is.

Q. And by "code" do you mean Arkansas statutes?

A. Yes.

Q. Okay. And let's look at number 43, Genetic Counselor Licensure, was that taken directly from the code?

A. Yes.

Q. All of it?

A. To my knowledge, yes. Without having documents in front of me, to my knowledge yes.

Q. Okay. Is it your understanding that all of the regulations are language from the legislature or -- let me ask it differently. Strike that.

Does the Board ever develop language for regulations, itself?

A. Yes.

Q. And is there ever a case where the statute mandates a regulation and certain requirements but the Board may fill that out with additional details in

AMY E. EMBRY

the regulation?

A. Yes.

Q. And is that where the expertise of professional associations may come in; is that correct?

A. Yes.

Q. Okay. Which professional associations do you recall the Board having relied on?

A. The ones that we work closest with, the ones that we have the most contact with and I would say, okay, the Medical Society, the Hospital Association, Physician Assistant, and these are all within Arkansas, these are all Arkansas organizations. Let's see who else? Occupational Therapy and Respiratory.

Q. So when you say the Medical Society, is that an association called the Arkansas Medical Society, is that its name?

A. Yes.

Q. And is that a professional

AMY E. EMBRY

association of doctors within Arkansas?

A. Yes, it is.

Q. Okay. And when you mentioned, say, the Occupational Therapy, you said Occupational Therapy, is that an association, a professional association of occupational therapists in Arkansas?

A. Yes, ma'am. I can't remember the exact name off the top of my head.

Q. Okay. And when you've worked with these groups did they -- again, did members of those groups provide expertise as professionals within the field?

A. Sometimes, yes.

Q. And when you've worked with these groups did you ever review -- and by "you" I mean the Board -- best practices guidelines of those organizations?

A. Yes.

Q. And does the Board, when it enacts regulations, attempt to try to enact regulations that are consistent with best practices in a particular

AMY E. EMBRY

field?

A. They do try, yes.

Q. Are you familiar with the regulation about opioid prescriptions?

A. Yes.

Q. Was that a regulation that was passed based on a statutory mandate?

A. That was before I was the Director. My understanding is that it was drafted and put through the promulgation process at the request of the legislature because of the opioid epidemic.

Q. So your understanding is that's in that category of a request of the legislature but not a statutory provision?

A. Correct.

Q. That's correct?

A. Yes. That's my understanding.

Q. I may not have heard part of your answer. I understood you to say it was drafted at the request of the legislature because of a concern; is that what I heard?

AMY E. EMBRY

A. It was because of the opioid epidemic.

Q. Okay. That was before your time on the Board; is that right?

A. Yes. Before I was Director, yes.

Q. You were employed at the Board at that time?

A. Yes. But in my previous job I had nothing to do with the rules or anything.

Q. Understood. Okay. Thank you. You mentioned that the legislature needs to approve any regulations that the Board enacts. Did I understand that correctly?

A. Yes.

Q. Has that always been a requirement since you're aware?

A. Yes.

Q. Since you've been employed by the Board?

A. Yes.

Q. And the process to get the

AMY E. EMBRY

legislature approval after you enact a regulation, or I guess you would call it a proposed regulation at that point, does it actually have to get voted on by the State Legislature?

A. It must be voted on by committees and subcommittees.

Q. So it's not the full legislature that has to approve it but the relevant committee; is that correct?

A. That's my understanding, yes.

Q. Is it a particular committee or subcommittee that generally has to approve your regulations?

A. I do know it's -- it's the Rules Subcommittee and I'm sorry, I can't remember the name of the actual committee that it's the subcommittee of.

Q. You mentioned various Arkansas professional medical or related organizations that the Board will sometimes look to for guidance in developing regulations. Does the Board ever look to national professional

AMY E. EMBRY

medical groups like the American Medical Association?

A. Since I have been Director I think it's more for information, data collection, things of that nature.

Q. And the Board will look to those national groups for information and data collection; is that correct?

A. If needed, yes.

Q. Can you tell me in what context?

A. An example may be that if they need to know what the national average is for a particular prescription of a drug, the AMA, for example, may have that information. They would go to the website and see what information is there, so just basically on an informational scale.

Q. Got it. And when the Board passes a regulation, that's by a majority vote; is that right?

A. Yes.

Q. So it's not a consensus requirement?

AMY E. EMBRY

A. No, but it does require a vote.

Q. Is there a public comment period for regulations?

A. Yes.

Q. Is that before or after it goes to the legislature?

A. Before.

Q. So do I understand right, the Board will write the regulation, vote to approve it, then put it out for public comment or do I have that backwards?

A. You are correct.

Q. Okay. And then the Board considers the comments that were made by the public?

A. Absolutely.

Q. And potentially change the regulation as a result?

A. Could be. Could be. That is an option.

Q. And then they would have a perhaps a revised version that they would vote on again; is that right?

AMY E. EMBRY

A. That is correct.
Q. And at that point it would get sent to the legislature for approval?
A. At that point any changes that are made it has to go through the whole promulgation process again, so it would have the public comment period again and then begin the legislative process.
Q. Okay. Has the legislature ever rejected a proposed regulation?
A. Yes.
Q. Do you know what about?
A. It was the one we discussed earlier, the one about the cosmetic procedures. That's the only one that I know of.
Q. Oh, I misunderstood. So the Board actually did adopt a regulation but the legislature rejected it; is that right?
A. Correct.
Q. Do you know why?
A. During the committee meeting they thought the Medical Board did not

AMY E. EMBRY

have the authority to -- to regulate those procedures when they were not their licensees and it was also a scope of practice issue. So it was voted down in the legislature -- in the committee, in the committee.
Q. And what do you mean by "a scope of practice issue"?
A. Scope of practice basically means was it in the Board's scope to say this -- this person can or cannot do this procedure; was it in the law?
Q. And by "the law" you mean the law that gives the Board authority to regulate various healthcare providers?
A. Yes.
Q. The Arkansas Medical Practices Act?
A. Yes.
Q. Okay. You mention the public comment period. Do public comments ever get submitted on proposed regulations by professional medical groups?
A. Yes.

AMY E. EMBRY

Q. Would those be Arkansas professional medical groups or national groups or both?
A. Usually they are Arkansas.
Q. Would that include the same groups that you mentioned earlier, the Arkansas Medical Society and similar organizations for occupational therapists and physician assistants, I think you said?
A. Yes.
Q. Any others?
A. Not that I can think of but public comments can come from anyone, anywhere on the planet.
Q. Okay. And are those comments from the medical groups given weight by the Board in making a decision?
A. Sometimes.
Q. I want to talk a little bit about licensing.
I understand the Board licenses certain kind of medical providers, correct?

AMY E. EMBRY

A. Yes.
Q. And that includes medical doctors, right?
A. Yes.
Q. Where would I find the requirements for licensure of a medical doctor in Arkansas? Where are those contained?
A. They're contained in the Medical Practices Act but they're also on our applications on our website.
Q. Okay. But no other places besides that?
A. Not that I'm aware of.
Q. Okay.
MS. COOPER: Can we look at tab 4 and post that, please, and mark that as Exhibit 4?
(Exhibit 4, printout from the Medical Board re: Regulatory and Discipline was received and marked on this date for identification.)
MS. LAND: I have it.
MS. COOPER: Thank you.

AMY E. EMBRY

Q. Do you recognize this page?
A. Yes.
Q. Do I understand correctly this is from the Arkansas State Medical Board's website?
A. Yes.
Q. And if you'll read with me the box that says Regulatory/Discipline, it says, "The Arkansas State Medical Board's mission is to protect the health, safety and welfare of the people of the State of Arkansas with the goal that all citizens are provided with the highest quality healthcare. The Medical Board receives and reviews complaints against each type of medical profession it licenses. All complaints received are reviewed by the Medical Board to determine if there have been any violations of the Medical Practices Act. If the Medical Board determines that violations have occurred disciplinary actions are taken." Did I read that correctly?
A. Yes.

AMY E. EMBRY

Q. Is this an accurate statement of the Board's mission concerning regulatory work?
A. Yes.
Q. Okay. I'd like to go back to what we marked as Exhibit 2, the Medical Practices Act and Regulations.
Before I turn to a particular provision, I just have a more open general question.
Can the Board, is it right, can investigate allegations of wrongdoing by doctors; is that correct?
A. Yes.
Q. And if you can turn to Section 17-80-106. I understand this is the provision that says, "Investigations and inspections of alleged wrongdoing", correct?
A. Yes.
Q. If you look down to Section C it has some subsections there and if you would like to take the time to read (c), and then the (2), I have a question about

AMY E. EMBRY

that. So why don't you take a moment.
(Deponent reviews the document.)
A. Okay.
Q. So do I understand correctly from this provision or perhaps somewhere else that the Board can investigate to determine if doctors are practicing their profession in a way as to endanger the general health and welfare of the public?
A. Yes.
Q. So if somebody brings a complaint that there is a doctor engaging in some conduct that they say is harmful, you would investigate that? You, the Board, will investigate that complaint?
A. Yes.
Q. You mentioned you're a complaint-based -- it's a complaint-based process. If it comes to the attention of the Board that a doctor is practicing in a way that is endangering the public, but nobody has brought a formal complaint, can the Board investigate?

AMY E. EMBRY

A. Yes.
Q. Has that ever happened?
A. Oh, yes.
Q. Can you tell me about those times?
A. Well, I don't -- I could not tell you specifically which ones without documents in front of me but other ways that we can be notified is if someone is arrested, if they make the news, if a Board member finds out about it, if it happens in front of a Board member.
Q. And this is something that's happened -- when I say "this" let me rephrase that.
Investigations that were done in the absence of a formal complaint, is that something that's happened since you've been with the Board?
A. Yes.
Q. Can you estimate how many times?
A. If I had to guess, if I had to guess in the four years since I've been

AMY E. EMBRY

there, I would say a dozen, maybe a little less. But that's my best guess without documents in front of me.

Q. Understood. And you said you gave some examples of potential ways an issue could come to the Board's attention and in one example you mention was if it made the news.

Are there particular examples you can think of where something was in the news that prompted the Board to act?

A. Usually what happens is if we hear on the news that a doctor or a licensee, it doesn't have to be a doctor, just one of our licensees is arrested, if they are actually arrested that sends up red flags. If they are just suspected but no arrest has been made, that still sends up red flags. But usually an arrest means they have something, some sort of proof that they could justify an arrest. And then we would usually have what's called a "called meeting", which means a meeting outside of our regular scheduled

AMY E. EMBRY

board meetings, if that individual is an immediate threat to the public, and we could -- the Board could decide; does this need to be an Emergency Order of Suspension or what needs to be done?

Q. And just to understand this type of circumstance better, I imagine a doctor or other licensed provider could be arrested for something that has nothing to do with their practice of medicine, say, you know, really bad speeding violations, would that be something that would prompt the Board's attention and investigation?

A. Every situation is different. They look at it; does it put the public in danger? Speeding is one thing, two DUIs is something else. So it just really depends. That's just examples, it's just an example. So every situation is different and the Board must address that situation and decide what needs to be done.

Q. Have there been times when a

AMY E. EMBRY

licensee was arrested for something related to how they were providing care?

A. Yes.

Q. Can you give me examples?

A. We had a physician who was arrested on suspicion of rape with patients and the Board took actions to protect the public.

It was later, once it made it to court, they could not have any witnesses, no witnesses would testify, so all the charges were dropped but the Board had to take action to protect the public.

Q. Any other examples of somebody arrested in relation to the practice of medicine?

A. Not that I can recall. And again, if I had documents in front of me I may have more information.

Q. Could it be a substance abuse issue, arrest for that would be something that could prompt the Board's attention?

A. Yes, absolutely.

AMY E. EMBRY

Q. What if, for example, somebody was arrested for writing improper prescriptions, you know, for friends to get painkillers or something like that, would that be something that could prompt the Board's investigation?

A. Yes.

Q. And that would be whether or not somebody brought a formal complaint against the Board, is that right, against the doctor?

A. Not necessarily. There does not have to be a formal complaint if there is an arrest or something that shows substance abuse or that could affect their ability to practice medicine safely.

Q. Okay. Understood. I think I asked the question awkwardly.

So there does not need to be a complaint for the Board to investigate?

A. No.

Q. Understood. Have there been any investigations of doctors or other

licensees for providing care that is
considered harmful to patients?
A. Yes.
Q. Can you tell me about those
examples?
A. We've had complaints, for
example, most recently we've had
complaints that a doctor was prescribing
a drug to county inmates that they felt
was inappropriate. And that's the most
recent one.
Q. What drug was that?
A. Ivermectin.
Q. So that was a formal complaint
made to the Board?
A. Several formal complaints made
to the Board and it also made the news.
Q. That's something that the
Board was going to address and did
address?
A. Yes. They are currently
addressing it and I can't say much more
on open investigations.
Q. So the investigation is open

now?
A. Yes.
Q. How many complaints did the
Board receive about that Ivermectin use
in the jail?
A. Written complaints, if I had
to give a ballpark number, around ten.
Q. And what about unwritten?
A. Well, that would be from
media, social media and I could not tell
you how many there were. There were quite
a few but I could not give you an exact
number.
Q. Has the Board received any
complaints or otherwise chosen to
investigate doctors that provided care
that departed from accepted standards in
the field?
A. Yes.
Q. Can you tell me some of those?
A. I couldn't tell you exactly
but it is very common to receive a
complaint that the Board reviews in
which, for example we'll use surgery,

somebody writes a complaint that the
surgery did not go well, that they're not
healing well or they're suffering from
that and it is very common when the Board
reviews that complaint they may ask the
surgeons on the Board; is this common?
They will say; yes, this is a common
occurrence in surgery; or no, it is not a
common occurrence, and we need to do an
investigation.
Q. In the surgery example you
gave, that's a real life example that has
happened at least once that someone
complained about a surgery that they felt
went wrong; is that correct?
A. Yes.
Q. And then so the surgeons on
the Board would be consulted about
whether what was described is a common
occurrence or not?
A. That's just my example, but
usually during the board meeting all the
Board members review that complaint, but
some of them may have, you know, may say;

surgeons, what do you think about this,
and get their expertise.
Q. And then if there's concern
that it may be inappropriate treatment,
then it would be investigated?
A. Usually, yes.
Q. And when you say they may ask
the surgeons about what do you think, is
the question; is this conduct by the
surgeon at issue consistent with accepted
medical practice or something else? I
just want to make sure I understand.
A. Yes, it is usually accepted
medical practice.
Q. So failure to follow accepted
medical practice could be a reason for
investigation?
A. Could be.
Q. And to determine the accepted
medical practice, does that involve
looking to some of these medical
professional groups that you talked
about?
A. That would be a question for a

AMY E. EMBRY

physician. I can't answer that as an unphysician, as far as use.

Q. But for the Board to determine whether this is something that should be investigated for failing to comply with accepted medical practices, how do they determine that?

A. There are 14 Board members, so each one determines that individually. I think what I was trying to get to is that if they ask the surgeons their expertise and the surgeon says; this never should have happened, they would have been taught in medical school, or something like that. So it could be from medical education, it could be from continuing education, it could be from certifications.

Q. When you say "it could be from medical education" and these other things, what is the "it" you mean?

A. Their decision.

Q. Oh, what they might base it on?

AMY E. EMBRY

A. A-hum.

Q. I see. But would it be a violation of the Arkansas State Medical Practices Act for doctors to provide care that departs from accepted standards in the field?

MS. LAND: Objection to form.

A. Could you repeat the question?

Q. Sure. Would it be a violation of the Arkansas Medical Practices Act for doctors to provide care in a way that departs from accepted standards in the field?

A. Not necessarily. I think it would just depend on the situation.

Q. But the accepted standards in the field are relevant to assessing whether there was a violation; is that right?

A. If I had to answer on how the Board makes their decision, I would say yes, that is part of their consideration.

MS. COOPER: Okay. I'm mindful of the time, we've been going for

AMY E. EMBRY

close to an hour and a half. Are folks, including the court reporter, okay going a few more minutes until a break to wrap up a line of questions?

(Discussion is held off the record.)

Q. Just to explore a little bit more this process the Board goes through when it's considering whether to investigate a complaint, and I should back up and ask, am I even describing that right, that there is a process that happens before a decision is made whether to investigate; is that correct?

A. Yes. Yes.

Q. So in the case of a complaint, a complaint is filed with the Board and I understand you spoke earlier about potentially hiring or not hiring, I guess working with investigators to collect subpoenaed information from the licensee and then issuing the report, but before you get to that stage does something

AMY E. EMBRY

happen at the Board before investigators are called to assist?

A. Yes. And again, every situation is different, but we do have a process within the office that is followed before it's presented to the Board.

Q. And what is that process before the investigation would be launched?

A. Okay. So when a complaint comes in the complaint is processed, a letter is sent to the complainant saying we have received your complaint; a copy of that complaint is also sent to the licensee and that licensee needs to respond to that complaint.

At that point when we receive that response both the complaint and the response from the licensee is presented to the Board and they determine if there has been a violation of the Medical Practices Act and then from there that is -- they determine; are we going to do an

AMY E. EMBRY

investigation; does the licensee need to come and talk to us more before we decide what we need to do? There could be a variety of situations of how this could work out.

It could also be that the Board reads it, reads the response and they take it as information only, meaning that we understand we've received the complaint, we've reviewed the complaint, there has been no violation of the Medical Practices Act and that's the end. And then once it is concluded a letter is sent to the complainant and also the physician to let them know the outcome.

Q. Thank you. Very helpful.

So in the event that they determine there is a violation, that's when they would then investigate? Or do they need the investigation to determine if there is a violation?

A. Again, it all depends on the complaint. There are some complaints that we receive that are so severe that we may

AMY E. EMBRY

call the Chairman of the Board saying; do you want us to start an investigation now to at least gather some medical records, description records, whatever they did? Or it could be that it's a standard complaint, it's presented to the Board and the Board says; yes, we need to open an investigation and we would like to see these medical records for these patients. And this is just an example, just to give you an idea, that they could say we want the medical records, we also want the PDMP report, which is the Prescription Drug Monitoring Program in Arkansas, for opioids and so forth and they can determine from there. So, again, it really depends on the complaint.

Q. So there are some complaints where -- tell me if this is correct -- that when the complaint and the response are presented to the Board, on the face of it the Board can determine that a violation has or has not occurred; is that correct?

AMY E. EMBRY

A. Yes.

Q. Do they ever review, the Board ever review the complaint and response and determine they need an investigation to determine if a violation has occurred?

A. Yes.

Q. And then in terms of where they look to determine what constitutes a violation, would that be the provisions that we looked at -- actually, let me ask you generally because I don't want to limit your answer if there is more.

Where does the Board look to determine what standards they're applying to determine what constitutes a violation of the Medical Practices Act by a doctor or other licensee?

A. They look at the Medical Practices Act and the rules that are a part of it.

MS. COOPER: Okay. I think this would be a good time to take a break. How is ten minutes.

VIDEOGRAPHER: We are off the

AMY E. EMBRY

record at 11:36 a.m.

(Recess is taken.)

VIDEOGRAPHER: We are back on the record at 11:48 a.m.

Q. Thank you. When we were speaking before we were talking about the process the Board follows when there is a complaint against a licensee and I just have a couple of additional questions about that.

Is there ever a hearing involving a complaint against a licensee?

A. A hearing occurs whenever there is any action against a licensee, against their license. Usually that's an Emergency Order of Suspension.

Q. So if the Board decides to suspend a license there would be a hearing first?

A. Yes -- no. Let me -- you can do an Emergency Order of Suspension if you feel there is an immediate threat to the public and then there will be a hearing at the next scheduled board

meeting.
Q. If the Board does not believe there is an immediate threat would there be a meeting before the suspended license?
A. Yes.
Q. So if there is an emergency suspension of the license it's followed up by a hearing to allow the person to contest it; is that correct?
A. Correct.
Q. So a licensee could have their license suspended without any hearing?
A. Yes. If there is -- if there is a perceived threat to the public.
Q. I'm sorry. Let me -- let me try to ask it differently.
If there is a complaint about some wrongdoing by a licensee, and the Board determines that a violation has occurred, it would make that determination before there would be any hearing for the licensee?
A. That is correct. Action can be

taken on a license without a licensee being present, but they must be given a hearing and that is actually part of the administrative rules in Arkansas.
Q. So they get a hearing if action is taken to rescind or suspend their license?
A. Correct. Any action on a license, if they feel that it needs to be a revocation, which is very rare, and EOS, Emergency Order of Suspension is usually the most common done by our Board.
Q. In that case there would be an emergency order of suspension but it would be followed up by a hearing?
A. Correct.
Q. But if it's not an emergency order of suspension, but the Board would like to suspend, would there be a hearing and then a decision whether to suspend?
A. No, they can suspend at a meeting. For example, if a complaint comes in, they review that complaint,

they vote that there has been a violation of the Medical Practices Act, they can suspend the license then.
Q. And then there is no hearing?
A. And then there is a hearing, the licensee is given notice that their hearing will be at the next board meeting.
Q. And they give -- are given an opportunity to convince the Board to change their mind, is that the idea?
A. Correct.
Q. And when there is a hearing -- so there's always a hearing when action is taken to suspend or revoke a license; is that correct?
A. Yes.
Q. Does the Board make a case at the hearing for why it is suspending the license?
A. Yes. That falls on the attorneys.
Q. The attorneys for the Board would do that?

A. Correct.
Q. Would the attorneys for the Board present experts?
A. Yes, they could.
Q. And those would be experts in the relevant field at issue?
A. Usually, yes.
Q. Okay. And how does the Board find those experts?
A. There really is no official way that we find them. We could use recommendations of somebody in a particular field.
For example, if a complaint was against an ENT doctor, we may ask our Board member who is an ENT; do you know of anybody that would be a good expert to review this.
Q. So we've kind of been talking about this but I haven't asked this question; can the Board discipline a doctor who is licensed by the Board?
A. Oh, absolutely, yes.
Q. And under what circumstances

can a Board discipline a doctor?
A. It could be that they're -- I will give an example, that a complaint comes in and it's more about boundaries, that they feel they overstep their bounds, they've become too close to patients, they could have a relationship with the patient. It could be numerous things.
So part of the discipline can be you need to take a boundaries course and you need to take that documentation to the Board and report back to the Board to let us know what's going on. Discipline, if there is substance abuse involved they could say; you need to meet with the Foundation, which is the organization that handles licensees in distress. So they can administer discipline that way. Very rarely do we issue a reprimand, but reprimands can be issued.
Q. If we can go back to Exhibit 2, the Medical Practices Act, and turn to

Section 17-95-409, page 28.
A. 28?
Q. Got that? If you'll read with me (a)(1) says, "The Arkansas State Medical Board may revoke an existing license, impose penalties as listed in 17-95-410 or refuse to issue a license in the event the holder or -- in the event that holder or complainant, as the case may be, has committed any of the acts or defenses defined in this section to be unprofessional conduct."
My first question is, is this the provision that defines the scope of when the Board can discipline or the circumstances under which the Board can discipline a licensee?
A. Well, this is when it may revoke. This says when it may revoke.
Q. Well, it says -- I'm sorry. Go ahead.
A. This section specifically relates to revocation and refusal to issue a license.

Q. And they impose penalties as listed in Section 95-410, that's also limited to, I see denial, suspension or revocation. Okay.
So these are -- Section 17-95-409 are the circumstances under which a license may be revoked or not issued; is that correct?
A. Correct.
Q. And other types of discipline for other -- excuse me. Sorry. Strike that.
You talked about other kinds of discipline, like requiring a doctor to take a particular kind of course about boundaries. Where in the act, if anywhere, are those kinds of discipline options enumerated?
A. That's going to be in the code. I don't know exactly where in the code. I would have to do some research to find it.
Q. Okay. Then let me ask a different way.

So the Board has the ability to deny, suspend or revoke a license based on the grounds listed in Section 17-95-409, correct?
A. Yes.
Q. And is it correct that the Board has the authority to take other action, like suspension of a license?
A. Within this section, is that what you're asking?
Q. Well, let me ask it differently.
You've talked about suspension and emergency suspension. Is that something -- I'm sorry. Strike that. I read it wrong.
Apart from denial, suspension and revocation, are there other types of discipline a Board can impose?
A. Just off the top of my head, the ones I've already mentioned. Usually it is, you know, we want you to report back, check in, you need to take these courses just as a refresher. That's, off

AMY E. EMBRY

the top of my head, without having other things in front of me, that's what I can think of.

Q. Thank you. And focusing then on suspension and revocation, it is correct then that 17-95-409 are all of the grounds for suspension or revocation or denial of license?

A. In the code, yes. I'm going to have to read through each one of these individually. There may be other issues but I need to see if it's included in there.

Q. Well, let's look at subsection (2) of 17-95-409. It says -- and actually, before we look at that, just because we've skipped around a little bit, going back to section (a)(1), it says, "The Arkansas State Medical Board may revoke an existing license, impose penalties as listed in Section 17-95-410 or refuse to issue a license in the event that the holder or applicant, as the case may be, has committed any of the actions

AMY E. EMBRY

or offenses defined in this section to be unprofessional conduct." And if we look at subsection Unprofessional Conduct, as used in the Arkansas Medical Practices Act, what the citations mean, and it lists sections (A) through (S), correct?

A. Yes.

Q. So those are all practices or conduct deemed to be unprofessional conduct under the Act; is that correct?

A. Correct.

Q. And are there other places where conduct may be deemed unprofessional conduct, besides what's in this statute?

A. To my knowledge, yes, everything is listed here.

Q. Okay. I have a few questions about just a couple of these provisions.

If you could look at subsection (G), "grossly negligent or ignorant malpractice", does the Board have a standard for determining grossly negligent or ignorant malpractice?

AMY E. EMBRY

A. They do have a definition of grossly negligent that they have as part of their Board packet when considering this. I do not have it in front of me, though.

Q. When you say "part of their Board packet when considering this", what do you mean by that?

A. We give them a list of definitions so they'll understand what suspension means; grossly negligent they'll understand that; if we say revoke, what does revoke mean. It's just a reference sheet, the reference sheets of commonly used words.

Q. And does "grossly negligent" include departing from accepting standards of medical care?

A. I would have to look at the definition that they use. Again, I don't have that with me.

Q. Okay. Is it based on community standards of care?

A. I do not know.

AMY E. EMBRY

Q. Okay. Can you give examples of some -- well, let me ask it differently.

Since you've been with the Board has anyone faced discipline based on gross and ignorant -- grossly negligent or ignorant malpractice?

A. Not that I can recall.

Q. Could you look down to subsection (S), the last one, it says, "committing an ethical violation as determined by the Board by rule." Did I read that right?

A. Yes.

Q. Okay. So I understand from this the Board has authority under this provision to determine ethical violations or to enact rules to identify what are ethical violations; is that correct?

A. Yes.

Q. Has the Board done that?

A. Yes.

Q. Can you tell me where they've done that?

A. It is Rule -- I don't want to

AMY E. EMBRY

say it wrong, I'm thinking it is 17 but I need to make sure.

Q. Okay.

A. No. It is Rule 32, Rule 32.

Q. Do I understand from previous testimony that this was a rule that was enacted prior to you joining or becoming employed by the Board?

A. That is correct.

Q. Okay. Is this the only rule the Board has identifying ethical violations?

A. To my knowledge, yes.

Q. By the way, I see sometimes the terminology in these -- in the regulations calls it a regulation and sometimes it calls it a rule. Is there any difference?

A. It was in 2019 the legislature said we had to change everything that says "regulation" to "rule", that was statewide, all agencies. So we are in the process of updating everything. So anything that says "regulation" would be

AMY E. EMBRY

changed to "rule". That is the only difference.

Q. Okay. But the content won't be changed, just the name --

A. Just the name.

Q. -- that they would be all rules. Okay.

Let's look at Regulation 32 that I suppose will soon be referred to as Rule 32; is that correct?

A. Yes.

Q. It says, "Pursuant to Act 1178 of the 87th General Assembly the Arkansas State Medical Board determines that the following conduct is an ethical violation." And in that regulation it lists subsections (a) through (e), correct?

A. Yes.

Q. So these are enumerated examples of -- strike that.

The conduct listed in subsections (a) through (e) are the only things that are deemed unethical or

AMY E. EMBRY

ethical violations by the Board; is that correct?

A. That is correct for this rule, yes.

Q. Are there other rules that address ethical violations that the Board has promulgated?

A. Not to my knowledge.

Q. So to your knowledge, this is the universe of ethical violations for physicians?

A. Yes.

Q. Okay. If we can just fairly briefly go through them, subsection (a) is about improper sexual contact or relationship with patients; is that correct?

A. Yes.

Q. Section (b) is about physician disclosing confidential information about a patient, correct?

A. Yes.

Q. Section (c) is about failing to notify a patient that they have an

AMY E. EMBRY

ownership in a facility or service?

A. Yes.

Q. And (d) is sexual harassment by the physician; is that correct?

A. Yes.

Q. And (e) is a licensed physician grossly overutilizing or ordering or performing tests or procedures on a patient when that may result in harm to the patient; is that correct?

A. Yes.

Q. So that's the universe of ethical violations for physicians; is that correct?

A. Yes.

MS. COOPER: I'd like to mark as Exhibit -- sorry -- 5 what is tab 5.

(Exhibit 5, Arkansas State House Bill 1718 was received and marked on this date for identification.)

MS. LAND: It has pulled up on

AMY E. EMBRY
my screen.
MS. COOPER: Thank you.
Q. Just for the record, I'm going to say this is Section 20-6-201 of Arkansas Statutes.
Are you familiar with this statute?
A. I am. It's been a while since I've read it.
Q. I would like to call your attention to a particular part of this statute but if you need to read more we can take time to do that.
I'm going to, instead of taking your time, why don't I look for the relevant provision. Let's put that to the side and we'll come back to that.
So we talked earlier about the provision in the Medical Practices Act about unprofessional conduct. And that one of the examples of unprofessional conduct was an ethical violation as determined by the Board by rule, correct?
A. Could you repeat that?

AMY E. EMBRY
Q. Right. That one of the -- we talked earlier about the definition of unprofessional conduct with subsections (A) through (S) in the Arkansas Medical Practices Act; do you remember that?
A. Yes.
Q. And then one of those provisions for unprofessional conduct was defined as unethical conduct or violations as determined by the Board by rule; is that correct?
A. Yes.
Q. So what I'm trying to understand is if there were a complaint about a doctor engaging in conduct that was considered harmful by the complainant but it didn't fall under any of the categories in the unprofessional conduct statute (A) through (S), and wasn't considered an ethical violation under Regulation 32, is that something the Board could investigate and potentially address?
MS. LAND: Objection to form.

AMY E. EMBRY
A. Yes. Yes, they could.
Q. So anything that involves a complaint by someone in the public alleging that a doctor is engaging in harmful conduct could be investigated by the Board?
A. Yes. It could be, yes.
Q. And would the Board need to determine that the doctor violated any of those provisions that were defined as unprofessional conduct subsections (A) through (S) or an ethical violation under Regulation 32 to take action against a licensee?
A. They would need to determine if there had been any violation in any part of the Medical Practices Act, whether it's in code or in the rule.
Q. And to revoke -- let me ask it differently.
To revoke or suspend a license would it have to be "unprofessional conduct" under the statute we discussed?
A. I don't know if it's limited

AMY E. EMBRY
just to that, a revocation. I would have to do some research on that one.
Q. Okay.
A. But if -- I can't -- I can't answer truthfully to that.
Q. I'm just trying to think of -- for example, somebody says; I went to a surgeon and the surgeon did this treatment that left me disfigured, would that potentially be a basis to suspend a license?
A. They would have to research, they would have to do an investigation, unless there was an immediate threat to the public.
Q. If we can look at the Medical Practices Act, Exhibit 2, Section 17-95-410. Can we look at subsection (e)(1), and when you have that let me know, it's on page 29.
A. What subsection?
Q. (e)(1).
A. Okay.
Q. So it says here, "At the

1 AMY E. EMBRY
2 conclusion of the hearing the Board shall
3 first decide whether the accused is
4 guilty of the charges against him or her
5 and then decide on the appropriate
6 disciplinary action; subsection (2), If
7 the accused is not guilty the Board shall
8 dismiss the charges; subsection (3), If
9 the accused is found guilty the Board may
10 do one or more of the following; (a)
11 revoke his or her license; (b) suspend
12 his or her license not to exceed one
13 year; (c) issue a reprimand; (d) issue a
14 probation allowing the licensee to
15 continue practicing under terms and
16 conditions found to be in the best
17 interests of the accused and the general
18 public; or (e) levy a fine up to $1,000
19 under the Arkansas Medical Practices Act
20 and collect out-of-pocket costs of
21 investigation incurred by the Board to
22 conduct the disciplinary hearing."
23 Those are all forms of
24 discipline that the Board can impose if a
25 doctor is found to be in violation of the

1 AMY E. EMBRY
2 Medical Practices Act?
3 A. Yes.
4 Q. Are there other discipline
5 options besides those?
6 A. As we discussed earlier, you
7 know, if there's no action taken against
8 the license they can say prescribing
9 courses, they need you to meet with
10 so-and-so or whatever. But if this is --
11 if there is an actual -- an actual -- I'm
12 sorry -- an actual action against the
13 license.
14 Q. Okay. And focusing in on
15 subsection (3)(d) that we looked at it
16 says, "The Board can impose a probation
17 allowing the licensee to continue
18 practicing under terms and conditions
19 found to be in the best interests of the
20 accused and the general public". Is what
21 you just described an example of that,
22 you know, a course on anything that you
23 thought the doctor needed?
24 A. Imposing a probation, I'm
25 wondering if this can refer to what we

1 AMY E. EMBRY
2 call consent orders, meaning you're
3 allowed to practice as long as you do A,
4 B and C.
5 Q. That's called a consent order?
6 A. Yes. That's a legal document.
7 As far as impose a probation, I'm
8 thinking that's what that is.
9 Q. And can you tell me examples
10 of some of those? You called it a
11 consent order?
12 A. Yes.
13 Q. What kinds of conditions are
14 required? You can continue practicing if
15 you do A, B or C, what kinds of
16 conditions?
17 A. Just some off the top of my
18 head, if it is a substance abuse issue,
19 they're allowed to practice as long as
20 they're in compliance with their contract
21 with the Arkansas Medical Foundation who
22 monitors distressed physicians licensed
23 by our Board. It could also be that they
24 have to complete these courses in a
25 certain timeframe and present it to the

1 AMY E. EMBRY
2 Board member, the Board as a whole, and
3 -- I mean, that gives you some ideas,
4 that there are certain stipulations that
5 they must adhere to in order to continue
6 practicing.
7 Q. Is there something called a
8 restricted license?
9 A. No. We do not have a
10 restricted license.
11 Q. You just have the consent
12 order that says you need to do X, Y or Z
13 to continue practicing?
14 A. Right.
15 Q. But even with, say, issues
16 concerning, you know, prescription of
17 drugs improperly there couldn't be a
18 consent order that says you can continue
19 practicing but you can't prescribe drugs?
20 Could that be something?
21 A. Sure. It could be in the
22 consent order, yes.
23 Q. Has the Board ever done that?
24 A. I can't recall. We've had a
25 lot of consent orders, so I would have to

AMY E. EMBRY

look at that.
Q. So one example you gave was involving substance abuse. Have there ever been consent orders that do relate to prescription practices?
A. Yes.
Q. What kinds of consent orders?
A. It could be, for example, if the complaint was the physician or whomever was overprescribing, that part of the consent orders, if the Board chose to do so, they could say, you know, continue practicing but you must surrender your DEA license.
Q. And what is a DEA license?
A. Drug enforcement, so you can prescribe controlled substances.
Q. So the doctor could continue practicing but couldn't prescribe controlled substances?
A. Correct.
Q. Is there ever monitoring as part of the consent order, monitoring by the Board?

AMY E. EMBRY

A. There is monitoring, but we would gather that information from other sections. For example, as I discussed earlier, the PDMP is the Prescription Drug Monitoring Program, we can request a report from that program to show what physician or licensee prescribed to whomever whenever. So we could use that as -- to give you an example.
Q. And when the decision is made to impose discipline, whether suspension or revocation or something else, is that a majority vote by the Board?
A. Yes.
Q. If the Board learned that a doctor were using a treatment that is unsafe, could the Board issue a rule prohibiting the use of that treatment?
A. They could. They could draft a rule and put it through the promulgation process.
Q. Has it ever done that?
A. Yes.
Q. Tell me about that.

AMY E. EMBRY

A. It was discussed earlier, it was the rule about the cosmetic procedures and that's the one that I have since I have been at the Board that I know about.
Q. And that was a rule to ban certain procedures across the board or prohibit them from being provided at all?
A. It was to say who could provide those services, not prohibit.
Q. So let me ask it differently.
Has the Board ever promulgated a rule that prohibits anyone from performing a particular service or medical treatment?
A. Not to my knowledge, no.
Q. But it could if that came to its attention that there was a harmful treatment going around?
A. Yes.
Q. Has the Board ever considered prohibiting a treatment across the board?
A. Not to my knowledge, no.
Q. I want to switch gears away

AMY E. EMBRY

from the process, the Board's process.
When the legislature passes laws concerning the regulation of medicine, is the Board consulted about legislation of that nature?
A. Sometimes.
Q. Can you tell me examples of when it has been consulted?
A. Most recently they were considering licensing another healthcare provider and they consulted with the Board. They had a bill that was introduced and they said if we went forward with this bill what would need to be done. We went with them and went through that process.
Q. I'm sorry. I may not have understood. You said "they" meaning the legislature were considering licensing a healthcare provider?
A. Correct.
Q. I didn't realize the legislature licenses healthcare providers. What do you mean by that?

AMY E. EMBRY

A. They put forward a bill to license naturopathic physicians.

Q. I see. Not a particular provider but a category of providers?

A. Correct. Correct.

Q. So there was a bill to license -- I'm sorry, what did you call the category?

A. Naturopathic.

Q. Naturopathic physicians. And the legislature consulted with the Board about what sorts of issues the --

A. They would say if we decided to license, how would your office handle this if we put it underneath your Board? And we told them when you're drafting the bill this is how our licensure process is set up now, so if you do move forward with this bill we would ask you to consider X, Y or Z.

Q. Was the Board asked its view on whether that was a good idea to license naturopathic physicians?

A. In that instance, no.

AMY E. EMBRY

Q. Are there any other examples where you think that the legislature consulted with the Board about a bill?

A. There may have been. The one that I gave earlier, that's the one that actually required a sit-down meeting but it's very common for the legislature to ask for statistics or information before they draft a bill.

It is -- to my knowledge, it is not required for the legislature to do that and it has not done on any -- any and all bills that would affect our licensees.

Q. Since you've been with the Board or since you've been Executive Director, are there other examples besides the naturopathic physician licensing measure that the legislature consulted with the Board about?

A. Let me think on that for a minute. There may have been. I just can't think of any off the top of my head. I just remember that one about the

AMY E. EMBRY

naturopaths, that stuck out in my mind.

Q. And since you've been the Executive Director have there been any bills that actually were passed concerning the regulation of medicine?

A. Yes.

Q. Which ones?

A. Well, I don't have the documents in front of me, but 2021 was a very active session and I do know that the Act 626 that we're here about today, that was passed, that would affect the Medical Practices Act. There was also, that affected the Board directly, is that they changed that physicians could renew for two years rather than one year, they put that into law.

I don't have my list in front of me. That's a couple of them.

Q. Did the legislature consult with the Board about the rule or bill about physicians renewing for two years?

A. No.

Q. And when you said before that,

AMY E. EMBRY

referring to the naturopathic physician bill, that the legislature consulted with the Board, who in the legislature did that?

A. I don't have my notes in front of me but it was one representative and I believe one senator and I believe they were the sponsor and co-sponsors of the bill so they met -- it was during the pandemic, so it was via Zoom.

Q. So is that something that has happened in other situations that the sponsors of a bill would consult with the Board about a bill?

A. It could happen, yes, that could happen.

Q. Have there been any significant bills concerning the regulation of medicine where the legislature did not consult with the Board?

MS. LAND: Object to form.

A. I would have to say yes. I don't know what they are, but at some

AMY E. EMBRY

point, yes.
Q. That there are times that the legislature does not consult with the Board?
A. Correct.
Q. Is it typical that they do consult with the Board when it's a matter of medical regulation?
A. In my opinion, I wouldn't say typical.
Q. Sometimes yes, sometimes no?
A. Correct.
Q. And when they consult with the Board, who on the Board do they consult with?
A. It would come through the office. So they could speak to me, they could speak to a member of my staff. They could also reach out because we're under the Department of Health, it may come through the Department of Health. It would be direct contact or it could be indirect contact.
Q. So in the example you gave

AMY E. EMBRY

about the naturopathic physicians, did that come through you?
A. Yes, it did, yes.
Q. And you said it was the sponsors of the bill that reached out?
A. From what I can recollect, without anything in front of me, yes.
Q. And then do you then connect the legislators with members of the Board or do you just talk to them yourself?
A. No. We do not do that at the Board. We do not connect them unless it's specifically requested by the legislator or Department of Health or anything like that, no.
Q. So when the Board gave input to the legislature -- legislators, I should say, in what format did that come?
A. For?
Q. Let me ask it differently.
I understood you to be saying that these legislators asked for the view of the Board with respect to some questions related to the bill. Were you

AMY E. EMBRY

the one who answered those questions to provide the information they were seeking?
A. Yes. Because in that instance for the naturopathic it was specifically licensing questions and that would come from the Board staff.
Q. So the Board staff would typically provide the information that the legislators are seeking regarding a bill?
A. Yes.
Q. It would not go to the Board members?
A. Only if it is something that the Board needs to consider before returning that. For example, as I used in that example, the licensing practices, the Board would -- the licensing practices are what they are, the staff could answer that. But if they are asking; we want your input from a physician point of view, or something like that, we would either ask them to

AMY E. EMBRY

draft something that we would present to the Board or they could come and address the Board at the next board meeting.
Q. And have legislators ever come to address the Board on questions about which they wanted input?
A. I'm trying to recall. Since I've been Director, no.
Q. But do you know if that's been done in the past?
A. I'm not sure. I'm not sure.
Q. And you said they could put, the legislators could put questions in writing for the Board; is that correct?
A. Yes.
Q. Has that ever been done?
A. Not since I've been Director.
Q. Before that?
A. I don't know.
Q. Okay. But I understand you to be saying that if it were a question about wanting input from the Board on a matter of practice of medicine, that you would take that to the Board, not answer

it by staff alone?
A. Correct.
Q. Okay.
A. The staff handles what the staff can handle. The rest goes to the Board.
Q. Okay. We talked earlier about prescription of opioids and I'd like to look at Section 17-95-701 of the Medical Practices Act. And this is titled -- subchapter (7) is titled Chronic Intractable -- Chronic Intractable Pain Treatment Act, correct?
A. Yes.
Q. And is this the provision of the Medical Practices Act that governs prescriptions for painkillers?
A. Yes.
Q. And I think you touched on it in the past. Has overprescription of opioids been a problem in Arkansas?
A. Yes.
Q. Has it caused harm to the public?

A. Yes.
Q. What kind of harms?
A. Addiction.
Q. And there have been complaints to the Board about doctors overprescribing opioids; is that correct?
A. Yes.
Q. Did the Board enact regulations to address overprescription of opioids?
A. Yes, 2.8.
Q. Okay. And that one is which one, I think we talked about it, but --
A. It's Rule 2.8.
Q. Thank you. You said 2.8?
A. No. I'm wrong about that. I'm sorry.
Q. I'm not finding it there.
A. It is -- it's in Regulation 2, Regulation 2 has quite a bit to it, and if you look at 6 (a) and (b).
Q. You said subsection 6 of Regulation 2?
A. Correct.

Q. "The treatment of pain with dangerous drugs and controlled substances is a legitimate medical practice when done in the usual course of medical practice", that provision? I'm reading just a portion of it just to make sure we're on the same page; is that correct?
A. Yes.
Q. And this regulation, was this all dictated by statute or did the Board develop any of this?
A. This was before my time, but from what I understand, this was at the request of the legislature.
Q. Not by a statute but legislators requesting it?
A. Correct. That is my understanding.
Q. If we can go back to subchapter 7 of the Medical Practices Act that's on page 34, and if we look at subsection (c)(1) it says, "In lieu of a finding of gross and ignorant malpractice the Board after a hearing may

incrementally impose sanctions as follows: (a) monitor prescribing habits of the physician not to exceed six months; (b) require that the decision to voluntarily surrender his or her United States Drug Enforcement Agency license to the Board for a specified period of time not to exceed three months; (c) suspend the physician's license, stay the suspension and require monitoring of prescribing habits; (d) revoke the physician's license, stay revocation and require monitoring of the physician's prescribing habits for a specified time; and (e) revoke the physician's license for serious violations of statutes and regulations."
Are these all steps the Board can take if a doctor is found to violate the provisions regarding prescription of pain medication?
A. Yes.
Q. And the Board has a Pain Management Review Committee to review

complaints of overprescription of main medications; is that right?
A. Yes.
Q. And have doctors faced discipline due to improper prescription of opioids?
A. Yes.
Q. Can you say approximately how many, since you've been ED?
A. Not truthfully. I honestly could not give an honest number on that. It has occurred.
Q. Do you know if it's more than 20?
A. Since I've been Director, no, it's not more than 20.
Q. Okay. But it's happened?
A. Yes.
Q. Did any of them have monitoring or surrender of DEA license as a discipline that was imposed?
A. Describe "monitoring"?
Q. Well, I'm just reading what it says there; "monitoring prescribing

habits up to six months."
A. Yes. They can be referred to the Pain Management Review Committee and it could be that we want an MP run every month for the next six months.
Q. And some doctors have had their DEA license revoked or they've had to surrender it, I should say?
A. We cannot revoke a DEA license.
Q. But you can require them to surrender it as a condition to continuing to practice?
A. Yes, if that's what the Board decides.
Q. And has that happened?
A. Yes.
Q. Did these actions serve to protect the public from harmful conduct by these doctors?
A. Yes.
Q. Did the Board consider just prohibiting the use of opioids altogether, given the harm they were

causing to the public?
A. I do not know.
Q. You do not know. Okay. That's never been proposed as a regulation by the Board?
A. Not since I've been Director, no.
Q. Do you know why they did not do that?
A. I have no knowledge about that. This was before I was there.
Q. Okay. Can we look at Regulation 27? This is the provision, "Informed consent for gastric bypass surgery." Okay?
A. A-hum.
Q. Do I understand correctly from this that the Board has established requirements for the informed consent process before a doctor can perform gastric bypass surgery?
A. Yes.
Q. And is this a regulation that was mandated by statute?

A. Yes. Actually, by Act 1356.
Q. Okay. And did the Board develop any part of the regulation or was it all specified by statute?
A. I do not know. I would have to look at the document.
Q. And in looking at this I see it says here, "Pursuant to Act 1356 of the 84th General Assembly of 2003 all physicians of the State prior to performing gastric bypass surgery, also known as open or laparoscopic Roux-en-Y, will have the patient signs an informed patient consent form acknowledging they have been told information about the various complications that can result from the surgery. The complications and information the patient must be informed of are as follows:" Did I read that correctly?
A. Yes.
Q. And then it lists (a) through (i) as complications that patients must be informed of, correct?

AMY E. EMBRY

A. It's actually A through M.
Q. Oh, sorry. It is A through M.
And then some of those provisions have subsections, correct?
A. Yes.
Q. Okay. So, for example, subsection I says, "The following surgical complications may arise", and it lists 33 potential complications, correct?
A. Yes.
Q. And then there are a series of nutritional complications, four of those, correct, under J?
A. Yes.
Q. And psychiatric complications under K include 4, psychiatric complication, correct?
A. Yes.
Q. And then L lists items 1 through 22 as additional complications, correct?
A. Yes.
Q. And then M identifies

AMY E. EMBRY

pregnancy complications, correct?
A. Yes.
Q. And then going back to Section E says, "There is no guarantee of weight loss or long-term weight management as a result of getting surgery." Did I read that right?
A. Yes.
Q. Okay. And then F, a lifetime of followup medical care is required; is that correct?
A. Yes.
Q. So these are all provisions that doctors have to inform patients about, complications and risks that the doctors have to inform patients about before performing gastric bypass surgery, correct?
A. Yes.
Q. Now, how did the Board identify all of these complications?
A. I do not know. I was not at the Board when this was created and promulgated. So I would have to look at

AMY E. EMBRY

that documentation.
Q. Okay.
A. But it is possible it came directly from the Act.
Q. Okay. And do these provisions that lay out requirements for informed consent for gastric bypass protect the public from harm?
A. My belief is yes.
Q. And how is that?
A. Well, it's information to the patient, they need to be made aware of these complications.
Q. Did the Board ever discuss prohibiting gastric bypass surgery?
A. I do not know.
Q. Okay. Does the Board prohibit any -- I think I asked a version of this question before but I want to make sure I understand. Does the Board prohibit any medical treatment across the Board?
A. No.
Q. And has the Board ever considered, to your knowledge, a proposal

AMY E. EMBRY

to prohibit a particular medical treatment across the Board?
A. Not to my knowledge, no.
Q. Has any member of the Board proposed a regulation that would prohibit a particular medical treatment across the Board?
A. Not since I've been the Director, no.
Q. Okay. Are you aware of, as the Director of the Board, of any State statutes that prohibit a particular medical treatment?
A. The only one that I am aware of is the one that we're here today to discuss, Act 626.
Q. You're not aware of any others?
A. No, I am not.
Q. Now, is off-label use of drugs permitted in Arkansas?
A. Yes.
Q. Is it common?
A. Yes. I would say so, yes.

AMY E. EMBRY

Q. And I understand that the State allows off-label use of hydroxychloroquine to treat COVID; is that correct?

MS. LAND: Objection to relevance. You can answer.

A. It does not prohibit it.

MS. COOPER: Can we mark as Exhibit 6, tab 8?

(Exhibit 6, Guidance For the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19 was received and marked on this date for identification.)

MS. COOPER: Amanda, do you have it up?

MS. LAND: Leslie, it is not loading for me.

MR. RICHARDSON: One moment. That should be available to you now.

MS. LAND: Yes, I have it.

MS. COOPER: Great.

Q. For the record, I'll just

AMY E. EMBRY

state that the document is called Guidance For the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19, dated July 29, 2020 from the Arkansas Department of Health.

Have you ever seen this before, Ms. Embry?

A. Yes.

Q. When did you see it?

A. When it was released back in 2020.

Q. And why was this -- why did you see it? How did you come to see it?

A. It was sent out by the Department of Health to all of its sub-agencies and sections. It was also on their website.

Q. Did the Board have any role in the creation of this guidance?

A. No.

Q. That was done by the Department of Health?

A. To my knowledge, yes.

AMY E. EMBRY

Q. And just stepping back, I understand that you're -- well, let me ask you differently.

What is the relationship between the Arkansas State Medical Board and the Department of Health?

A. We are within the Department of Health. The State Medical Board is an agency or subsection or whatever you want to call it of the Department of Health.

Q. Okay. Thank you.

And if we can just read along together, since it's pretty short, it says, "On June 15, 2020 the Food and Drug Administration, FDA, revoked the emergency use authorization, EUA, for the use of chloroquine, CQ, and hydroxychloroquine, HCQ, to treat COVID 19 after concluding it was 'no longer reasonable to believe that oral formulations of HCQ and CQ may be effective in treating COVID 19, nor is it reasonable to believe that the known and potential benefits of these products

AMY E. EMBRY

outweigh their known and potential risks.' The latter included serious adverse events. Based on this information, the Arkansas Department of Health, ADH, updated its guidance related to HCQ and CQ indicating that their use for treatment of COVID 19 should be avoided in both outpatient and hospitalized settings, but could be administered prescribed and dispensed for FDA medical supervision of a patient's healthcare provider. Unapproved use, i.e., off-label use, of these medications is left to the discretion of individual clinicians and their patients. However, the ADH wants clinicians to be aware that coadministration of HCQ or CQ with remdesivir and MEUA, approved medication for treatment of COVID 19, is not recommended based on data showing an antagonistic effect of these medications on the antiviral activity of remdesivir."

Did I read that reasonably okay?

AMY E. EMBRY

A. Yes.
Q. Despite some of the big words. So you said you were familiar with this guidance, correct?
A. Yes.
Q. Was the Board consulted in any way about this guidance?
A. This was nearly two years ago but my recollection right now is no, they were not consulted.
Q. Okay. Did the Board have any conversations about this guidance?
A. Not that I can recall. I would need to go back and look at meetings. It's been years.
Q. Did you have any conversation with Board members or Board have about this guidance?
A. No.
Q. Did you hear any conversations from Board staff or Board members about it?
A. No.
Q. So I understand here that the

AMY E. EMBRY

Department of Health is allowing off-label use of hydroxychloroquine to treatment COVID despite the State's awareness of the lack of evidence of effectiveness plus serious risks of use, correct?
A. Repeat that question.
Q. Yes. I understand from here the State is -- the Department of Health is allowing the off-label use of hydroxychloroquine to treat COVID despite the State's awareness of the lack of evidence of effectiveness for this purpose and the serious risks of using it; is that correct?
A. According to this document, it says it's allowing the decision to be left to the individual clinicians and their patients.
Q. Okay. And this is not something the Board considered weighing in on?
A. Not that I can recall.
VIDEOGRAPHER: Is there a

AMY E. EMBRY

chance we can take a break? I've got to change a card and I'm getting pretty close.
MS. COOPER: Sure. We can take a break now. How much time do you need?
VIDEOGRAPHER: We are off the record at 12:56 p.m.
(Recess is taken.)
VIDEOGRAPHER: We are back on the record at 1:50 p.m.
Q. Thank you. Welcome back. You mentioned earlier an issue with some doctors or a doctor at a jail prescribing Ivermectin for COVID. Did I say that right?
A. Yes.
Q. Okay. And I think you mentioned there were a number of complaints about that use of Ivermectin; is that right?
A. Yes.
Q. And was it all against the same doctor or multiple doctors?

AMY E. EMBRY

A. In that instance it was the same doctor.
Q. And so I understand that there were multiple complaints against this doctor and am I right that there was a determination that no action was taken at some point by the Board with respect to the complaint against this doctor for prescribing Ivermectin for COVID?
A. This one is still open, so I cannot say that nothing has been done.
Q. Okay. So when you say "this one is still open" and maybe I may be misspeaking here, but if there is multiple complaints about one doctor, then they get joined together as one investigation or are they separate investigations?
A. It could. It depends on the nature of the complaint as well.
Q. And in this case with the doctor prescribing Ivermectin, is there one process only or have there been more than one process in investigating these

complaints?
A. I think we did group this one into one investigation.
Q. So the Board never reached any conclusion with respect to this -- any complaint against this doctor?
A. It is still ongoing.
Q. And it never took a complaint for "information only" at any stage?
A. They may have taken some for "information only".
Q. When you say "some", some complaints against this doctor?
A. Yes. So, for example, let's say ten complaints were received. All ten complaints would be presented to the Board individually as separate complaints. Some complaints may say we need to look into this one further, we need to do an investigation, whatever they decide. There may be another complaint to say, no, there was no violation, from what we have found there is no violation of the Medical Practices

Act and this one is closed.
Q. So with these Ivermectin complaints, some of them have been closed?
A. Yes.
Q. And was that based on a determination in those complaints there wasn't a violation of the Medical Practices Act?
A. Yes.
Q. And does that mean in those situations the Board determined that Ivermectin had not been prescribed to treat COVID in those cases?
A. It would depend on what that particular complaint was. If it was a complaint about Ivermectin and they took it as no violation, then that's it but I would have to go back and review every single one of those to see if it was specifically Ivermectin.
Q. Was there ever a complaint -- and I know I could go review all the board meetings and look at this myself,

but maybe you can help me cut to the chase here.
Was there ever one where the Board heard the complaint, had a hearing and determined that even though the doctor was found to have prescribed Ivermectin to treat COVID, that it was not a violation of the Medical Practices Act?
A. No. There has not been anything like that.
Q. Okay. Has the Board considered passing any regulation prohibiting the use of Ivermectin for COVID?
A. No.
Q. It's not been proposed by anybody?
A. I'm sorry. Could you repeat that?
Q. It hasn't been proposed by anybody?
A. Not to my knowledge.
Q. Okay. Is informed consent a requirement for medical treatments

generally in Arkansas?
A. Could you repeat that?
Q. Let me repeat that. Are you having trouble hearing me?
A. I think you were just breaking up on that question.
Q. Okay. I'll repeat it.
Is informed consent a requirement for medical treatment in Arkansas?
A. I would have to check the code but I do know we have some regulations for informed consent, abortion, gastric bypass and I do know on certain instances you do have to have a consent form to treat certain patients. For all of them, I'm not sure about.
Q. Is the Board aware of the Gender Spectrum Clinic at Arkansas Children's Hospital?
A. I can't answer for all the Board members, so I don't know if they're aware of it or not.
Q. But the Board, itself, has the

AMY E. EMBRY

Board had any information provided to the Board that made it aware of the Arkansas Children's Hospital Gender Spectrum Clinic?

A. Not to my knowledge, no.

Q. Did the Board ever have any discussions about the Gender Spectrum Clinic at Arkansas Children's Hospital?

A. Not to my knowledge no.

Q. Did any members of the Board have any discussion about the Gender Spectrum Clinic at Arkansas Children's Hospital?

A. Not to my knowledge.

Q. What about Board staff?

A. No. Not to my knowledge, no.

Q. So you've not been part of any conversations about the Gender Spectrum Clinic?

A. No.

Q. Do you know what I refer to when I refer to Gender Spectrum Clinic?

A. No. I just figure it's a section of that hospital.

AMY E. EMBRY

Q. Has the Board ever received any complaints concerning gender-affirming medical care for minors?

A. No.

Q. And by the way, do you know what I mean by "gender-affirming medical care" or do you have an understanding of that term?

A. Yes. It was the definition provided in the document to me.

Q. Okay. And just to be clear, in case there is any confusion, by "gender-affirming medical care", I'm referring to medical interventions for adolescents with gender dysphoria, including hormone therapy or puberty blocker or surgery to treat their gender dysphoria. Are we having a common understanding there?

A. Yes.

Q. So I will use the term gender-affirming medical care as shorthand rather than say that every time, okay?

AMY E. EMBRY

A. Okay.

Q. So going back to my question, has the Board ever received any complaints regarding doctors providing gender-affirming medical care?

A. No.

Q. Never? And that's including before the introduction of what became Act 626 and since?

A. To my knowledge, it has never received a complaint regarding gender-affirming medical care.

Q. And is that for minors or adults?

A. Correct.

Q. Has the Board ever had any discussions about gender-affirming medical care?

A. Not to my knowledge, no.

Q. Well, so does that -- you are testifying on behalf of the Board, and you have been designated by the Defendant Board to testify on this topic.

So have you been prepared --

AMY E. EMBRY

can you answer on behalf of the Board that the Board has not had discussions about this topic, let's say, since you've been Executive Director?

A. There has not been discussion at any of the board meetings. I cannot speak for every single Board member to see if they ever discussed it.

Q. Are you aware of any conversations with any -- with or between any Board members concerning gender-affirming medical care?

A. No.

Q. And are you aware of any conversations that included any Board staff about gender-affirming medical care?

A. No.

Q. Okay. So when the bill that became Act 626 was being debated and ultimately passed, nobody at the Board staff or at board meetings discussed it at all?

A. No.

AMY E. EMBRY

Q. Has the Board ever considered are passing a regulation concerning gender-affirming medical care?

A. No. Not as I've been Director, no.

Q. Did the Board ever see a need for a regulation concerning gender-affirming medical care?

A. It was not communicated to me if they did.

Q. And so I asked you about whether there were complaints about gender-affirming medical care and you said there weren't, but I understand from your testimony earlier sometimes things come to the Board's attention apart from complaints.

Did any problems related to gender-affirming medical care for minors ever come to the Board's attention outside of complaints?

MS. LAND: Object to form.

A. No.

Q. Okay.

AMY E. EMBRY

MS. COOPER: Beth, if you can take tab 9 and we'll have that marked as Exhibit 7? Thank you.

(Exhibit 7, May 5, 2021 email re: Public Health Grand Rounds was received and marked on this date for identification.)

MR. RICHARDSON: Exhibit 7 has been introduced.

MS. LAND: I have it.

MS. COOPER: Thank you.

Q. Ms. Embry, you have Exhibit 7 in front of you?

A. Yes.

Q. Have you seen this document before?

A. I cannot recall seeing this specific one.

Q. Have you seen any documents representing grand rounds regarding gender-affirming medical care?

A. I have to grand rounds. I can't say that I have seen it for gender-affirming but I have seen grand

AMY E. EMBRY

rounds.

Q. And just to be clear the document marked as Exhibit 7 is an email including a document that has in large text Public Health Grand Rounds, Announcing a Session on Gender-Affirming Care Services in Arkansas. I'm just stating that for the record, not as part of the question.

So you were not aware of a grand rounds --public health grand rounds on gender-affirming care services in Arkansas?

A. Well, I may have received this email but we receive these normally weekly, so I do not recall this one in particular.

Q. And so sitting here now is the first time that you think you have been aware of this grand round?

A. Correct.

Q. Just so I understand the email at the top, it says from Matt Gilmore ADH, is that the Arkansas Department of

AMY E. EMBRY

Health?

A. Yes.

Q. And it's sent to Heather Owen cc: Sarah Morris. Who is Heather Owen?

A. Heather Owen is an employee of the Board.

Q. What is her position on the Board?

A. She is one of the licensing managers.

Q. Okay. And Sarah Morris?

A. I have no idea who Sarah Morris is.

Q. Okay. Below that there is a -- it looks like it was forwarding an earlier email from Sarah Morris to ADH All. Is ADH All, do I take it, an email list of all ADH employees?

A. Correct.

Q. Okay. So you would have received this but you don't recall that particular grand rounds?

A. Correct.

Q. Okay. Did anyone at the Board

AMY E. EMBRY
discuss the fact that there was going to be a grand rounds on gender-affirming care in Arkansas?
A. Not to my knowledge.
Q. And just for the record, I'm noting that it's dated, the event was dated to occur May 6th, 2021.
Does that help refresh your recollection about whether there was any conversation about this?
A. There was no conversation with me about this.
Q. And you're not aware of others discussing it?
A. No.
Q. Okay. When Act 626 was first introduced in the legislature as HB 1570, during that period when it was being considered, did anyone at the Board discuss the bill?
A. No, not to my knowledge.
Q. Okay so no official board meeting discussion of the bill?
A. No.

AMY E. EMBRY
Q. And you're not aware of any conversations among the Board members about the bill?
A. No.
Q. And you're not aware -- well, let me ask you a different question.
Are you aware of any conversation involving any Board staff or employees about the bill?
A. No.
Q. Sorry if I'm -- I'm finding it surprising that a bill that obviously had a lot of public attention involving medical regulation, nobody at the Board talked about it at all?
MS. LAND: Object to form.
Q. Is that right? Really, nobody discussed it?
A. I found out about the bill it was either on social media or the news.
Q. Back at the time it was being considered?
A. Correct.
Q. So just to be clear, you are

AMY E. EMBRY
not aware of any conversations had among any Board members or involving any Board members or any staff about this bill that became Act 626?
A. No.
Q. Now, we talked earlier about other areas of regulations by the Board that were -- where the regulations after statutes were passed on the particular topic like gastric bypass procedures.
Is the Board expected to pass regulations relating to Act 626?
A. I do not have the act in front of me, but I do not recall that act requiring any Licensing Board to promulgate a rule. If it is specifically in there that they will promulgate a rule then it will be promulgated.
Q. But at this point so far has there been any discussion about a possibility of promulgating a rule?
A. No.
Q. Has any government official in the executive branch or the legislature

AMY E. EMBRY
communicated with the Board about Act 626?
A. No, not to my knowledge, no.
Q. Okay. And when the bill was introduced and being considered did anyone from the legislature consult with the Board regarding this bill?
A. No.
Q. And just to be clear, "this bill" I'm referring to the bill that became Act 626.
A. No. No one contacted, no.
Q. So the Board's input was not sought by any member of the legislature?
A. No.
Q. Okay. And since the law Act 626 was enacted has any government official communicated with the Board about enacting regulations regarding the Act?
A. No.
Q. So your understanding is that the Act 626 does not require any regulations or rules to be promulgated by

AMY E. EMBRY

the Board?
A. Yes, from my recollection. I don't have it in front of me, I would have to read through it again, but I do not recall a requirement for rules in that Act.
Q. So there is no plan on the part of the Board to pass a regulation relating to Act 626?
A. No.
Q. Has the Board consulted with any experts on the topic of gender-affirming medical care?
A. No.
Q. So prior to the introduction of HB 1570, the bill that became Act 626, was the Board ever approached by any government official or their representatives about enacting regulations concerning gender transition procedures?
A. As long as I've been Director, no. Before that, I can't answer that.
Q. And was the Board or any Board

AMY E. EMBRY

member or Board staff contacted by anybody from the Governor's Office related to HB 1570 or Act 626, which it later became?
A. I was not, and I don't recall anybody else in the office, being contacted by the Governor's Office.
Q. Are you aware of any Board member being contacted by anyone from the Governor's Office?
A. I am not aware of anything.
Q. So the way I had asked the questions before about legislators, is whether any of the legislators contacted the Board. Do you know if anybody from the Board contacted any legislators concerning HB 1570?
A. Not to my knowledge, no.
Q. Do you know if anybody from the Board staff contacted any legislator regarding Act 626 or HB 1570?
A. Not to my knowledge.
Q. Okay. Did anyone from the Board or the Board staff reach out to any

AMY E. EMBRY

government official, executive or legislative branches regarding HB 1570, which later became Act 626?
A. Did you say executive branches?
Q. Yes, from the executive or legislative branches.
A. No.
Q. Okay. Did the Board ever take a position on HB 1570?
A. No.
Q. Why not?
A. The Board does not lobby.
Q. Did the Board ever discuss the possibility of taking a position about the bill?
A. No.
Q. Was the Board ever asked its position by anyone?
A. Not to my knowledge.
Q. But it was asked by press reporters, right?
A. I don't recall being contacted by the press on this.

AMY E. EMBRY

MS. COOPER: Okay. Can we, Beth, take tab 10 and let's mark that as Exhibit 8.
(Exhibit 8, email dated May 25, 2021, re: CNN Inquiry was received and marked on this date for identification.)
MR. RICHARDSON: Exhibit 8 has been introduced.
MS. LAND: I've got it pulled up.
Q. I'll give you a moment to just take a look at that.
A moment ago I asked whether the Board was ever asked its position on HB 1570 or after it became law Act 626. I'll ask a slightly different question now.
Was the Board ever asked its view on the lawsuit challenging Act 626?
A. Yes.
Q. And so the exhibit marked Exhibit 8, which I have handed to you, is a -- I'll describe for the record, an

AMY E. EMBRY

email from Chance Pagan sent Tuesday, May 25th, 2021 to Juli Carlson, cc: Ann Embry ASMB Regulatory/Disciplinary Department, subject: Forward CNN Inquiry. That's just for the record.

Do you recognize this email?

A. Yes, I do.

Q. You were copied on it? You saw it at the time?

A. I was. This was a year ago.

Q. Okay. And is this -- I do read right that CNN was asking for comment from the Board on the ACLU lawsuit against Act 626?

A. Yes.

Q. And so tell me if I'm getting this right, it looks like the initial email is from someone named Jamiel Lynch from Warner Media at, according to their email address, to ASMB Support Department, copying Kodwyer, K-o-d-w-y-e-r, @HDLlaw.com, subject: CNN Interview.

What is ASMB Support

AMY E. EMBRY

Department, do you know?

A. That's just an email, email that can go to Support Department, which means more than one person has access to that email. Anything that they need assistance with they send it to that, and so one of three or four people will be able to help out.

Q. Okay. So then it looks like someone named Chance Pagan listed as Systems Administrator sent this, forwarded this email to Juli Carlson and you; is that correct?

A. Correct.

Q. And who is Chance Pagan?

A. He is in our IT department.

Q. It says here in the email, "I believe this would be for you." I assume he meant Juli Carlson; is that correct?

A. That's why he sent it to Juli and this was sent to the Support department, which goes to IT. He forwarded it onto the Regulatory department.

AMY E. EMBRY

Q. Thank you. Did you talk with Juli Carlson about this request?

A. I'm sure I did but this was a year ago, and I don't remember. We would have responded but I'd have to go back and look at my emails and notes on this.

Q. Did the Board take a position on the ACLU lawsuit?

A. No. We would not have taken a position.

Q. Did it make a statement?

A. I can't remember. I would have to go back and look in my emails and look at in my notes.

Q. Okay. Was the Board asked for comment or statements about Act 626 or the ACLU lawsuit challenging Act 626, apart from this CNN inquiry?

A. It's possible. It is possible.

Q. And what responses would the Board have made?

A. I would have to go back and look at my notes but it would be a generic response.

AMY E. EMBRY

Q. A generic response to the effect of what?

A. We would not take a stance in the lawsuit, it would be somewhere along the lines -- and again, this is not what the response would have said -- is that we would have followed the process; we have a lawsuit filed against us, we'll follow the process.

Q. Are you aware that the Governor vetoed HB 1570 before it ultimately became law?

A. I think I do recall that, yes.

Q. And were you aware that -- well, let me ask a different question.

Have you seen the Governor's veto statement or heard him speak about his veto?

A. No.

Q. You never saw it?

A. Not that I can recall.

Q. Do you know why the Governor vetoed the law?

A. No.

AMY E. EMBRY

Q. Does the Board have a view about the appropriate course of treatment for adolescents with gender dysphoria?
A. No.
Q. Does the Board recognize that gender-affirming hormones can be a help to some adolescents?
A. Not to my knowledge.
Q. "Not to my knowledge" that the Board knows, or the Board recognizes this, rather?
A. You're going to have 14 different Board members with 14 different opinions, so you can have 14 different answers.
Q. Do you know the views of any individual Board member?
A. No.
Q. Is the Board taking the position in this case that no adolescent can benefit from gender-affirming hormone therapy?
A. I don't feel I can answer that question. The Board has not discussed it,

AMY E. EMBRY

so I don't know the answer to that.
Q. So the Board doesn't -- the Board doesn't have a position on that?
A. No.
Q. And is it also true the Board does not have -- does not take the position that gender-affirming medical treatments can never be helpful to alleviate gender dysphoria in adolescents?
A. Can you repeat that?
Q. I'm realizing that was a terrible question with a double negative. I'm going to rephrase it.
Is it the Board's position that gender-affirming medical treatments can never alleviate gender dysphoria in adolescents?
A. It's never been discussed, so they do not have an opinion on this at the Board.
Q. Is it the Board's position that the risks of gender transition procedures always outweigh the benefits

AMY E. EMBRY

for every minor patient with gender dysphoria?
A. Again, they haven't discussed this, so there is no position that I'm aware of.
Q. Does the Board recognize that for adolescents who are currently receiving gender-affirming medical treatments that withdrawing that treatment from them could put them at risk of harm?
A. Again, they haven't discussed this, so I do not know the Board's position on this.
Q. So does the Board have a position on this?
A. No, they have never discussed it.
Q. So it's not just that you don't know the Board's position, is it your testimony that the Board doesn't have a position on this?
A. They have not discussed anything to have a position on this. This

AMY E. EMBRY

issue has not come up. The Board did not know about the bill or anything until it hit the media, same as us.
Q. So is it fair to assume that nobody from the Board lobbied legislators to support the bill?
A. No.
Q. Nobody lobbied -- nobody from the Board lobbied legislators one way or the other related to the bill?
A. The Board does not lobby.
Q. The Board doesn't lobby about any bills; is that right?
A. That is correct.
Q. So members of the Board, have they ever individually taken positions on any bill related to medical care?
A. Not at the Board meeting.
Q. But outside of the board meeting?
A. I wouldn't know that.
Q. Are you aware of any times that happened?
A. No. I don't know, no.

AMY E. EMBRY

Q. In Arkansas do parents have to consent to medical treatment for their children, for their minor children?

A. Usually yes. That's between the physician and the parent and the patient.

Q. And what do you mean by it's "between the physician and the parent and the patient"?

A. Well, any care on any patient, whether it's a minor or an adult, that is between the physician and the patient. If a minor is involved, then the parent is involved.

Q. When you say any care between the patient and the physician and if it's a minor the parent, do you mean the decision about whether to undergo care?

A. I would think it -- yes. Yes.

Q. But I think you testified that generally parents do have to consent for medical treatment for their children, if they want them to have that care? Excuse me. Let me do that again because that was

AMY E. EMBRY

my fault. I spoke over you. I just want to get a clear record.

Do you understand your testimony that in Arkansas generally before minors can have medical care their parents need to consent?

A. Yes.

Q. Okay. Are there exceptions where the minor could consent on their own without parents?

A. I don't know.

MS. COOPER: Beth, if we can take tab 12 and mark that as Exhibit 9.

(Exhibit 9, copy of House Bill 1570 was received and marked on this date for identification.)

MS. LAND: Okay. It's pulled up for me.

Q. For the record, I'm going to identify Exhibit 9 as House Bill 1570.

Have you seen this bill before?

A. Yes.

AMY E. EMBRY

Q. When did you see it for the first time?

A. For the first time it would be after it was put on the news or social media, however I heard of it, I pulled it up.

Q. Why did you -- sorry. Go ahead.

A. I pulled it up on the legislative website.

Q. Why did you do that?

A. Because I knew that it would probably affect the Board in some form or fashion, so I was just looking at it.

Q. Why did you think it would affect the Board in some form or fashion?

A. Because it involved physicians.

Q. And now that you've looked at it, does it involve the Board in some form or fashion?

A. One section.

Q. Which section is that?

A. It's going to be from page 9

AMY E. EMBRY

line 27, and the Code is 20-9-1504, it's the enforcement. And it says, "Any referral for or provision of gender transition procedures to an individual under 18 years of age is unprofessional conduct and is subject to discipline by the appropriate licensing entity or Disciplinary Review Board with competent jurisdiction in this State."

Q. And that's the one provision within HB 1570 that you understand to involve the Board --

A. Yes.

Q. -- is that right? Is that because the Board is the appropriate licensing entity at issue?

A. Well, it is the appropriate --

Q. Excuse me. I have to -- I asked my question terrible. I'll redo it.

Is it because the Board is the appropriate licensing entity or Disciplinary Review Board with jurisdiction in this State?

MS. LAND: I'll object to the

AMY E. EMBRY

form. You can answer that.

A. It is the licensing entity for some healthcare professionals in the State of Arkansas.

Q. And is it also the Disciplinary Review Board for some healthcare professionals in Arkansas?

A. We've always just been called a Licensing Board. I've never heard us called a Disciplinary Review Board.

Q. Okay. So I have a few questions about this provision, which is 20-9-1504, subsection (a).

As you read it says, "Any referral for or provision of gender transition procedures to an individual under 18 years of age is unprofessional conduct."

I'm trying to understand what that means for your enforcement as you, the Board, because there's a whole other provision in the Medical Practices Act laying out unprofessional conduct.

Is it your understanding that

AMY E. EMBRY

this is an additional type of conduct that now constitutes unprofessional conduct, in addition to what we discussed in the other statute defining that term?

A. Yes.

Q. Okay. So I believe that one had subpoints A through S defining unprofessional conduct, so this is just one more?

A. Yes.

Q. Okay. And you testified that the Board is the licensing entity for some medical providers.

Is there any other entity that enforces or that is a licensing entity or Disciplinary Review Board that would be relevant with respect to enforcing Act 626?

A. It depends on what healthcare professionals would be providing these services.

Q. Okay. So let's break that down. That's helpful.

So for physicians who are

AMY E. EMBRY

providing procedures that are prohibited by HB 1570, the Board would be the appropriate licensing entity; is that correct?

A. Yes.

Q. Okay. Is there any other entity in Arkansas that would be a licensing entity for physicians?

A. No, not for physicians.

Q. Is there any other entity in Arkansas that would be responsible for discipline of physicians in Arkansas?

A. No.

Q. Does the Board have discretion in deciding how to enforce Act 626, should it take effect?

A. It would -- it would work, as the same as any other enforcement, if the complaint came, that they would read the law and see what needs to be done because that's just how it works on a complaint basis.

Q. Well, I think you also said while it's on a complaint basis, things

AMY E. EMBRY

can come to the Board's attention apart from complaints that the Board could then act on; is that right?

A. Yes.

Q. Like if it's in the news, for example, I think you said?

A. Correct.

Q. Okay. Has the Board been provided any direction from any government official or entity about how to enforce Act 626 if it takes effect?

A. No.

Q. Has the Board had any conversations or any Board members or Board staff about how the Board would enforce Act 626 should it take effect?

A. No.

Q. Are you aware that the law Act 626 was preliminarily enjoined by Federal Court in Arkansas and is not currently in effect?

A. Yes.

Q. Okay. And prior to that, before the court ruled, I believe --

AMY E. EMBRY

well, let's find this. I'm going to just strike that and ask it differently.

If the law were to take effect would there be a process the Board would need to undergo to determine how to enforce Act 626?

A. No. It would go through the usual process of any complaint received, it would be addressed by the entire Board and they would determine if there has been a violation.

Q. So if tomorrow Act 626 went into effect the Board would be ready to field any complaints should they arise?

A. Yes.

Q. Okay. It doesn't have anything it needs to do to get ready for that?

A. No.

Q. Okay. So if Act 626 took effect and a complaint came to the Board saying that there is a doctor who is providing gender-affirming medical care to an adolescent, what would happen? What would the Board do?

AMY E. EMBRY

A. It would be the same as any other complaint. The physician would be provided a copy of the complaint and asked to respond and once that is received by the complaint and the response is presented to the Board and then they will move forward from there; if there needs to be an investigation; does action need to be brought against the license; it could be a variety of situations, but the whole thing will go before the full Board and it will be discussed.

Q. And so if they got a complaint, the Board got a complaint about this and the physician responded and admitted providing that care, would a violation be determined?

A. I can't answer that question. That would go before the Board, they would look at all situations, all circumstances surrounding it. So I can't answer how the Board would vote.

Q. So there could be

AMY E. EMBRY

circumstances under which it might not constitute a violation?

A. No. I can't think of anything off the top of my head.

Q. So the Board would not have any discretion not to find a violation if the person admitted to providing care prohibited by Act 626?

A. Could you repeat?

MS. LAND: Object to form.

Q. Sure. Would the Board have no discretion, it would have to find a violation if a doctor admitted providing care prohibited by Act 626?

A. That is possible, that is a possible outcome.

Q. Possible? Let me ask the question differently because I'm not sure I understand your answer.

Would the Board be required to make a finding of a violation of Act 626 -- let me ask that differently. I didn't ask that right.

Would the Board have to make a

AMY E. EMBRY

finding of unprofessional conduct as directed by Act 626 if a doctor admitted to providing prohibited care under the statute?

A. Yes.

Q. Okay. Would the doctor be subject to discipline by the Board?

A. Yes.

Q. And what would happen? What would be the discipline?

A. That is strictly up to the Board. You are looking at different scenarios every single time. Every single case is different. It could be that they find that they may have to suspend the license, it could be that they say; okay, you need to go back and take these courses and make sure you understand the law. It just depends. Every situation is different.

Q. Could the Board revoke the license of the doctor?

A. If their legal counsel says they do have enough and that's what the

AMY E. EMBRY

Board votes to do, yes, they can.
Q. When you say if their legal counsel says they do have enough, if the Board's legal counsel says they do have enough, is that what you mean?
A. Correct. Yes.
Q. And have enough what?
A. Evidence to either suspend or revoke a license.
Q. Would admission or proof of providing gender-affirming medical care to a minor be enough to suspend or revoke a license?
A. That would actually be a question for the Board's legal counsel, not me. It is very common for the Board to ask the legal counsel in the room; do we have enough for a suspension or revocation before they make any decision.
Q. But it's a possible outcome?
A. Yes.
Q. When we talked earlier about the definition of unprofessional conduct in 17-95-409 of the Medical Practices Act

AMY E. EMBRY

and they had subsection A through S as conduct that's deemed unprofessional conduct, were those all determined by the legislature, those categories of unprofessional conduct or the Board?
A. Let me go back to that 17-95 --
Q. Actually, withdraw the question. I answered it myself. I withdraw it.
If there were a complaint against a doctor for violating Act 626 and the doctor responded by saying withdrawing treatment from a patient would cause severe harm to the patient, would that be a defense to the complaint for unprofessional conduct based on 626?
A. Yes, it could be a defense.
Q. It could be a defense. And there would be a hearing on that?
A. I hearing is usually held only if a license is going to be -- action is going to be taken against a license. A hearing is not held just because a

AMY E. EMBRY

complaint is received.
Q. So you're saying even before the need for a hearing, the Board could potentially deem a doctor's defense or I should say the doctor's statement that withdrawing the care a patient could cause harm to the patient as a defense to a complaint of unprofessional conduct based on Act 626?
MS. LAND: Object to form.
A. So I want to make sure I understand your question. The original question was, you can do all this without a hearing. So if a complaint comes in on a physician, they gather the complaint, the response from the physician, the Board reviews it, they can decide then there's been no violation and it's done. They can also decide we want to see this doctor at the next board meeting. They can also determine just from the response or from the complaint; has there been a violation that rises to the level of a suspension or a revocation? If they do

AMY E. EMBRY

that, then the hearing will be at the next meeting.
So I'm getting confused as far as what you're asking as far as a hearing and a defense because a hearing is only held if action is brought against a license. Asking a doctor to appear is not an action against a license. Asking a doctor to respond is not an action against a license. So I'm confused as to what you're asking.
Q. Thank you. That's helpful. I'll break it down into smaller bits and try to focus better.
If there is a complaint against a doctor on the basis that the doctor is providing gender-affirming medical care and the doctor's response is to say withdrawing treatment for this particular patient would cause severe harm to the patient, so I could not do that, is it possible that the Board could determine that the doctor's conduct was not a violation?

AMY E. EMBRY

A. It's possible. They could choose to do that.

Q. So the Board would not be required to discipline a doctor for providing gender-affirming medical care in all cases?

A. Again, it depends on the situation. They would have to look at all the evidence before them.

If I had to speculate, if a complaint came in of this nature they would want to speak with the physician. So more than likely the physician would be likely to appear to discuss this.

Q. And then if the Board were convinced that the doctor's concern about harm to patient in the event of withdrawing treatment was valid, the Board would not have to find a violation and discipline the doctor?

A. That is possible.

Q. Okay. One of the topics on our 30(b)(6) deposition notice had to do with two doctor plaintiffs in this case and

AMY E. EMBRY

their -- let me pull up the notice. The medical license of Dr. Michelle Hutchison and the medical license of Dr. Katherine Stambough.

Do those doctors have any pending complaints against them?

A. No.

Q. Have there been any complaints against either doctor?

A. No.

Q. Okay. Another topic on our notice was what the Board did to search for documents in response to our subpoena. I believe that was the last item on the list.

Can you tell me what was done to search for documents?

MS. LAND: I'm going to object to that question to the extent it elicits any attorney-client privilege information. So to the extent she can answer that without revealing any of that, I'll assert that objection.

AMY E. EMBRY

Q. Right. So without revealing any attorney-client communications, what was searched or how did the search happen?

A. We received the request and then we gave it to our IT department and I don't have the original request in front of me but I think it was along the lines any information we had on HB 1570 or 626. So we researched our entire email system for those terms.

And then the second request came in and we did it again and because the Board hadn't any involvement with this legislation there was not anything in there.

When the third request came it came with two or three pages of search terms or search items and that is when they put that through the system and all these documents came out, whether they were relevant to this act or not.

Q. And when you say "through the system" does that mean all employees of

AMY E. EMBRY

the Board?

A. Yes, the entire email system.

Q. For Board employees, though; is that right?

A. Yes.

Q. Or is it beyond Board employee?

A. No. It is only Board employee employees.

Q. And what about Board members?

A. No, we do not have email addresses for Board members.

Q. So you didn't search files of any Board members?

A. We don't have files on Board members as far as communications. They don't use any of our systems to communicate.

Q. Okay. So the Board members don't have an official email that they use in their business as Board members?

A. No.

Q. They just use their personal email?

AMY E. EMBRY

A. Correct.
Q. So when the Board members are conducting Board business is it ever done through email?
A. No. Well, that is if we have to send out some attachments that were not part of the, you know, original Board package, things of that nature, or if we have to say; here is the Zoom link for the board meeting or something like that.
Q. And in those cases you'll email to their personal email?
A. Correct.
Q. Or might it be their workplace email?
A. It might it depends on what email address they choose to use.
Q. For these Board members this is just a part-time activity for them, is that right, it's not their full-time?
A. No. No. The majority of them are full-time physicians.
Q. Okay. And when you talked about giving a packet to members of the

AMY E. EMBRY

Board, I assume that relates to different complaints against medical providers; is that right?
A. Yes. It is what is provided that they review at every single board meeting. They are sent out on disks and they are loaded into their computer and into the Board system and that is everything that they will discuss or that any appearances for that board meeting.
Q. So it's based on what's on the agenda at the next board meeting, they will get a packet of materials; is that right?
A. Correct.
Q. And that could be related to a complaint against a physician; is that right?
A. Yes.
Q. And that could include something related to a regulation being considered; is that right?
A. A-hum.
Q. And all of those kinds of

AMY E. EMBRY

materials are sent on a disk in the U.S. mail or how do they get them?
A. No. They are sent FedEx with signature required.
Q. Wow. Okay.
MS. COOPER: Why don't we take a break, maybe about ten minutes. Okay?
VIDEOGRAPHER: We are off the record at 2:53 p.m.
(Recess is taken.)
VIDEOGRAPHER: We are back on the record at 3:06 p.m.
MS. COOPER: Thank you. I just want to put on the record that Beth Echols, who is on the Plaintiff's counsel team joined the deposition some time ago but we have not mentioned that until now.
Beth, can you grab tab 5? Actually, I'm sorry, did we already mark tab 5? We did, didn't we?
MR. RICHARDSON: We marked it as Exhibit 5.

AMY E. EMBRY

Q. So let's turn to Exhibit 5.
A. I'm afraid, Leslie, that the ones before 6 were not marked, so if you could identify them?
Q. I'm sorry, yes. We'll do that after but it is the document that says on the top A Bill and it's House Bill 1718.
Do you see that?
A. Yes.
Q. Okay. Ms. Embry, are you familiar with this law?
A. I know of it. I've read it.
Q. Well, I want to call your attention to a particular part of it and if you want to read more, that will be fine but I specifically want to point to the beginning where it says, it's called Subsector 2, Patient Right-to-Know Act and it says 20-6-201 is the title and if you look right below that 20-6-202 Legislative Findings and Purpose. You got that?
A. Yes.
Q. And it says, "(a) the General

AMY E. EMBRY

assembly finds that; (1) is patients are entitled to continuity of care with their healthcare providers; (2) healthcare providers are prohibited legally and ethically from abandoning a patient before treatment has concluded." We can stop reading there.

Does that refresh your recollection about this statute?

A. Yes. This was done before I was Director.

Q. Okay.

A. So I would not have been as involved with this.

Q. Okay. And so I wanted to ask you, focusing in on subsection (a)(2) it says, "Healthcare providers are prohibited legally and ethically from abandoning a patient before treatment has concluded."

So is this another source of ethical obligations of doctors in Arkansas?

A. Ethical I don't know, but it

AMY E. EMBRY

is an obligation that the Board would look at.

Q. Okay. Well, I ask because it says, "The healthcare providers are prohibited legally and ethically from abandoning a patient."

So is that your understanding, that it would be an ethical violation to abandon a patient before treatment has concluded?

A. Yes.

Q. Okay. And so under this provision if a doctor is treating a patient and has to stop care for any reason before treatment is concluded, they have -- is it an ethical obligation to help them find care from another doctor?

A. Yes.

Q. Is that right? I'm sorry?

A. Yes.

Q. Yes, okay. And can complaints be filed with the Board for doctors abandoning patients in violation of this

AMY E. EMBRY

section?

A. Yes.

Q. Has that ever happened?

A. Yes.

Q. Under your watch?

A. Yes.

Q. Can you tell me about those kinds of circumstances?

A. It would be a letter of complaint saying that either they were fired or they were abandoned by the physician without providing another physician or a referral to another physician and it would go through the complaint process.

Q. Have any doctors been disciplined for abandoning patients?

A. I can't recall if they were disciplined. I know some were called before the Board to explain what happened, but without looking at documents, I can't recall if they were disciplined.

Q. But under the Board's

AMY E. EMBRY

authority that could be something that would happen?

A. Yes.

Q. And just to be clear, the Board could discipline a doctor for abandoning a patient in violation of 20-6-202?

A. Yes, they could.

Q. We talked about the ethical obligations for doctors contained in Regulation 32. And now we've talked about an ethical requirement in Section 20-6-202.

Are there other sources of ethical obligations for doctors in Arkansas besides those?

A. Not that I'm aware of. You know, anything in the code that is law we adhere to that as well. Just because it's in the law doesn't necessarily mean there is a rule.

Q. I'm sorry. I didn't hear you.

A. So if there could be a law that we're not required to have a rule on

AMY E. EMBRY

that we must adhere to that law as well.
Q. So if there were other statutes that identified ethical duties of doctors, that would be an ethical obligation of doctors even if there is no corresponding rule; is that what you're saying?
A. Correct.
Q. Are you aware of any besides this ethical obligation contained in Section 20-6-202?
A. Without looking at all my documents, no, I can't answer that truthfully. I can't say that with all, through the Arkansas -- all Arkansas statutes there aren't any others. I can't say that honestly.
Q. Okay. We talked a few minutes before the break about parents being required generally, I think you said, to provide informed consent for treatment of their minor children. Do you recall that?
A. Yes.
MS. LAND: I objected to the

AMY E. EMBRY

form of that previous question.
MS. COOPER: Okay.
Q. Is that correct, that as a general matter, minors cannot undergo medical treatment without their parents providing informed consent?
A. As far as I know.
Q. Well, okay. That's fine.
Are there any other medical treatments, besides gender-affirming medical care for minors with gender dysphoria, that parents cannot provide informed consent for their children to undergo?
A. I don't -- I don't think so. This is the only one that I saw that meets those parameters, but no.
Q. Under what circumstances could the Board step in and ban a particular medical treatment?
A. I don't know of any because they have not banned any medical treatment, so that would be new ground, new territory.

AMY E. EMBRY

Q. So because it's not something they've ever done you can't say under what circumstances they would do something like that; is that right?
A. No.
Q. Okay. And as the Board being the entity responsible for regulating the areas of medicine that you cover, when would banning a particular treatment be an appropriate regulation of the field of medicine?
A. I don't know.
Q. The Board doesn't have a view on that?
A. No.
Q. And when is it appropriate for the State entity that regulates medicine, the Board, to override patients and their doctors' decisions about medical care?
MS. LAND: Objection, form.
A. I do not know the answer to that question.
Q. Does the Board have a view about when it's appropriate to override

AMY E. EMBRY

patients and their doctors' decisions about medical care?
A. Not to my knowledge.
MS. LAND: Objection to form.
Q. Does the Board have any view about the type of -- excuse me. Let me rephrase that.
Does the Board have a view about the level of evidence of effectiveness that is required before doctors should be permitted to provide a medical treatment?
A. No. That has not been addressed since I've been the Director.
Q. So am I right that the Board would not prohibit or restrict a particular medical treatment based on the level of scientific evidence that supports that treatment?
A. They have not, I can say that. They have not prohibited any procedure. I can't say what would be done in the future.
Q. Has it ever come up before the

Board that a particular treatment is harmful because it's not supported by adequate scientific research demonstrating its effectiveness?
A. Not to my knowledge.
Q. So as the representative of the Board here, the Board is not aware of that ever coming up, that has not come up?
A. Not to my knowledge.
Q. Has there ever been any issue raised with the Board whether in the context of a complaint against a doctor or otherwise an investigation against a doctor or a proposed regulation about the appropriate amount of evidence that's required before medical treatment should be allowed?
A. No.
Q. Is it the Board's understanding that only -- sorry.
Is it the Board's understanding that all medical treatment that is provided in Arkansas and allowed

to be provided is supported by randomized control clinical trials?
A. No.
Q. Are there medical treatments that are permitted to be provided in Arkansas that are not supported by randomized controlled clinical trials?
A. I do not know the answer to that.
Q. We talked earlier about the complaints about Ivermectin being used for COVID and I think -- I don't think I asked this question, has anyone proposed, within the Board, to prohibit doctors from prescribing Ivermectin to treat COVID?
A. No.
MS. LAND: Objection to relevance.
Q. Why not?
A. You are asking me? Is that question toward me?
Q. That's for you, Ms. Embry.
So you said there have not

been any proposals to prohibit the use of Ivermectin to treat COVID and I asked why not?
A. Because it is off-label drug and what is prescribed between a patient and the physician is between the physician and the patient, as with any prescription.
Q. So even if there are known risks for using Ivermectin for COVID and no evidence of its effectiveness, the Board leaves that decision to patients and their physicians?
A. It is left between physicians and patients, yes.
Q. And the Board is in agreement with that position, that that should be between the patients and their physicians?
A. Yes.
Q. Am I right that doctors can't provide treatment to patients in Arkansas without informing the patients of potential risks? I'm not talking about

Ivermectin specifically, but in general.
A. Do you mean as far as prescription or treatment in general?
Q. We can break that down. Let's start with treatment in general. Is it correct that doctors can't provide medical treatments to patients without informing them of any potential risks?
A. I believe so. I can't answer completely on that point.
Q. Okay. What about with respect to use of prescriptions, that doctors -- is it your understanding that doctors are required to inform patients of risks before prescribing drugs?
A. I'm not -- I don't know of a requirement. I know it is usually done. I don't know of a requirement.
Q. Is it the Board's position that there are some treatments patients should not be permitted to consent to after being fully informed of the risks?
A. Could you repeat that?
Q. Is it the Board's position

AMY E. EMBRY

that there are some medical treatments patients should not be permitted to consent to after being fully informed by their doctors of the risks of the treatment?

A. I don't know. That would be a -- the Board members would have to decide that.

Q. Okay. Imagine Act 626 didn't exist, no one ever thought about it and it was just -- imagine times before that law.

If there was a doctor that was providing gender-affirming medical care to minors and was not following the accepted standards in that field, could that issue be addressed by the Board?

A. If the complaint is filed, yes.

Q. And would that also be true if it otherwise came to the Board's attention that that was happening?

A. Yes.

Q. If the Board had a broader

AMY E. EMBRY

concern about doctors overprescribing hormone therapy for adolescents with gender dysphoria, is that something the Board could step in and regulate?

A. Regulate means to form a regulation?

Q. Yes.

A. They can create a rule if they choose to do so. It would go through the promulgation process. It does not mean that it would pass.

Q. I'm just thinking about, we talked about the very detailed regulations about pain medications and regulation in place to govern how prescriptions can be provided, is that a fair description?

A. Could you repeat that?

Q. Yeah. I'll ask it clearer.

We talked earlier about the regulations for pain medications. You remember that?

A. Yes.

Q. If there were an issue with,

AMY E. EMBRY

say, some doctors in the State providing gender-affirming medical care to minors and specifically overprescribing hormone therapy, similar to the way opioids have been overprescribed, would it be possible for the Board to enact a regulation to address that problem?

A. Yes. If they found it necessary, yes.

Q. And similarly, if the Board were to learn that some doctors in Arkansas who provide gender-affirming medical care to minors were not providing sufficient information in the informed consent process about the risks and benefits of these treatments, could the Board enact regulations to impose informed consent requirements?

A. The Board can create a regulation on any subject they choose. Whether or not it passes the promulgation process is what determines if it goes into effect.

Q. But I'm just thinking about,

AMY E. EMBRY

for example, the gastric bypass regulation that we talked about earlier that had, I don't know, dozens, dozens of risks that doctors are required to tell patients about before they can obtain informed consent for the procedure. If there was a concern about inadequate informed consent with gender-affirming medical care for minors, could the Board pass a regulation to spell out informed consent requirements in a similar way?

A. Again, if they feel a need to, for which they have a concern, they can do that.

MS. LAND: I'll object to the form of that previous question as well.

Q. Okay. So that would include enacting a regulation like the gastric bypass informed consent regulation that would impose requirements for informed consent before obtaining -- before providing hormone therapy for minors?

A. Yes. And I believe on that

AMY E. EMBRY

one, though, that that was through an Act that was required.

Q. Thank you. But that is something the Board could do if it saw a need; is that right?

A. Yes. It could -- it could attempt. Let me say that, it could attempt to promulgate a rule.

Q. And I want to make sure I understand what you mean by that.

Do you mean they could come up with a rule but there is no guarantee the legislature would approve it; is that what you mean?

A. Correct. Right.

Q. But assuming the legislature were onboard, they could pass a rule to establish informed consent requirements for hormone therapy for minors if they felt that that was something that was not being done properly by all doctors in Arkansas?

A. If that's what the Board chose to create a rule on, yes, that's the

AMY E. EMBRY

process.

Q. There is nothing about that type of regulation that couldn't be done?

A. Well, we can't make a regulation that is against law. Right, but we can --

Q. Understood. Assuming Act 626 never existed, you would be able to do that?

A. If that's what the Board voted to do.

Q. Okay. And I think we touched on this before but I want to be sure, if the Board felt that gender-affirming medical care for adolescents were inherently harmful, it could enact a regulation to prohibit that care; is that right?

A. I mean, if that was a concern and that's what the Board felt was necessary it would start the process, go through the appropriate channels to create a rule.

Q. Right. And it could enact a

AMY E. EMBRY

rule and then it would just be a question of whether the legislature approved it; is that right?

A. Yes. And I mean, there's various steps to this. I mean, it is a lengthy process. It takes at least months to get it done.

Q. It takes how long?

A. At least months. It could go into years.

Q. Okay. But if they felt -- if the Board felt there was a problem and they needed -- let me rephrase that.

If the Board felt that gender-affirming medical care for adolescents was inherently harmful it could -- if the Board agreed that was the case, they could pass a regulation banning that care that could take effect as long as the legislature approved it?

MS. LAND: Object to form.

THE WITNESS: Answer it?

MS. LAND: Yes.

A. Yes.

AMY E. EMBRY

Q. That issue of gender-affirming medical care for minors has never been raised as an issue at the Board; is that right?

A. That is correct.

MS. COOPER: I'd like to take tab 11. We haven't done that one yet, right? I'm checking with my team. Can we mark that as the next exhibit, which is --

MR. RICHARDSON: This will be -- apologies, uploading -- this will be Exhibit 10.

MS. COOPER: Exhibit 10. Thank you.

(Exhibit 10, Opinion article in Washington Post dated April 8, 2021 was received and marked on this date for identification.)

MR. RICHARDSON: Exhibit 10 has been produced.

MS. LAND: I've got it.

Q. So we've now marked Exhibit 10, and just for identification, it's a

AMY E. EMBRY

document from the Washington Post opinion titled Why I Vetoed My Party's Bill Restricting Healthcare For Transgender Youth by Asa Hutchinson, dated April 8th, 2021.

We talked a few minutes a while back about the Governor's veto of HB 1570 before it became law and I can't remember if you said you've seen his veto statement or his reasons for his veto. Have you seen this before?

A. No, I have not.

Q. Could you -- why don't you take a minute to read this and I'll have a couple of questions.

(Deponent reviews the document.)

Q. Have you had a chance to read it? Okay.

Just to make sure I'm covering all bases, did the Board have any discussions about the Governor's veto or his statement about the veto?

A. No.

AMY E. EMBRY

Q. And the staff, the same?

A. No. There may have been conversations; hey, did you see he vetoed it? But nothing as far as Board business.

Q. So you were aware at the time that he vetoed HB 1570?

A. Yes.

Q. And that was something that was acknowledged among members of the Board staff?

A. Yes.

Q. Do you remember who?

A. It was me and Juli Carlson.

Q. That was back at the time?

A. Yes.

Q. Roughly around April 8th, '21?

A. Thereabouts. I don't know the date.

Q. Who brought it up; was it you or Juli Carlson?

A. I don't recall and I know we both got it on our phone that's how we found out about it.

AMY E. EMBRY

Q. I didn't hear part of what you said.

A. We saw it on social media or from a news station, social media and that's how we found out about it. That's what started the conversation, that's it.

Q. And what did you say to one another about it?

A. Nothing. It was not a long drawn out conversation. It was just; hey, the Governor vetoed this bill.

Q. Okay. Did anybody -- did either you or Juli Carlson express agreement or disagreement with the Governor's decision?

A. No.

Q. Neither one?

A. Not that I recall. This was well over a year ago, so not that I recall.

Q. Okay. In part of the message the Governor talks about concerns about youth accessing treatment on the black market. Do you recall seeing that part?

AMY E. EMBRY

A. Yes.

Q. Well, do you agree in general that it is harmful for people to access medical treatment on the black market?

A. Are you asking as a personal opinion or as my opinion as Executive Director?

Q. Let's start with the Board, as the Executive Director of the Board.

A. Yes. It is dangerous to receive it on the black market.

Q. Do you have a different personal opinion about it?

MS. LAND: I'll object to any questions about her personal opinions, that would be outside the scope of the notice for her 30(b)(6) witness.

MS. COOPER: Okay.

Q. Did you have a different personal opinion? You can answer, she objected.

A. No. I don't have a different personal opinion.

AMY E. EMBRY

Q. Does the Board recognize, as the Governor mentioned, that the procedures banned by the Law 626 are considered best practice medical care for youth with gender dysphoria?

A. I'm sorry. Repeat that question.

Q. Yeah. Does the Board recognize, as the Governor does, that the gender transition procedures banned by Act 626 are part of best practice medical care for youth with gender dysphoria?

A. The Board has never discussed that, so I don't know what their stand is on that.

MS. LAND: Object to the form of that previous question.

Q. And does the Board agree with the Governor that the decision about providing gender-affirming medical care to minors is best left to parents and doctors?

A. Again, the Board has never discussed this, so I do not know the

AMY E. EMBRY

Board's stance.

Q. Okay. And does that mean the Board doesn't have a stance, since you're testifying on behalf of the Board?

A. I don't know how to answer that. They've never discussed it. It's never been brought up to discuss. So I don't -- as of right now they don't have a stance because it's not been discussed. It has not been an issue.

Q. Understood. I want to go back to few more questions about the Board's enforcement of 626, if it should take effect and to understand a little bit more about that.

You mentioned a little while ago we talked about Arkansas Stat 20-6-202 which says, "Healthcare providers are legally and ethically prohibited from abandoning a patient before treatment has been concluded." Do you recall that?

A. Yes.

Q. So if doctors are currently

AMY E. EMBRY

treating adolescents with gender-affirming hormones, would the doctor be violating their ethical duty to discontinue treatment for a patient without referring them to an alternative provider?

A. According to this law, yes.

Q. And by "this law" you mean 20-6-202?

A. Yes.

Q. Okay. So that would be unprofessional conduct on the part of a doctor to discontinue gender-affirming hormones without providing a referral to another doctor to continue that care; is that correct?

A. Yes, that is my understanding.

Q. So what is the Board to do if that situation arises and a complaint is filed or the Board otherwise comes to learn about a doctor who is providing care to a patient, an adolescent patient, specifically gender-affirming medical care, and was providing that care before

AMY E. EMBRY

Act 626 took effect and then after 626 takes effect feels the doctor cannot discontinue that care because it would be abandoning their patient? So on the one hand, there's the issue of abandonment and on the other hand, Act 626 says the doctor can't provide that care; how are doctors supposed to navigate that conflict?

MS. LAND: Objection to form.

A. If that were to occur, then what would happen is the Board would let their legal counsel know there is a conflict of these two rules and we need to know how to proceed. That attorney may go further and it may require an AG opinion. When two laws conflict they have to ask for legal assistance.

Q. Has the Board raised the concern about Act 626 putting it in this bind?

A. No. The Board has not addressed Act 626 at all.

Q. Okay. Does the Board have any

AMY E. EMBRY

concerns about the impact of enforcing Act 626 on adolescents who are receiving gender-affirming medical care?

A. The Board has not addressed this. Nothing has been discussed at the Board level of Act 626, so nothing has been addressed.

Q. So if the Board were put in that situation where Act 626 took effect, a complaint was brought to the Board because a doctor is continuing to provide care to a patient that they had been treating beforehand, I'm trying to understand, would the Board tell that doctor they have to stop providing that care?

A. So are you asking if 626 was in effect and it conflicts with 20-6-202, the Board would ask for legal assistance on this; what do they need to do.

Q. Does the Board view Act 626 promoting the well being of minors?

A. Again, the Board has not addressed Act 626 so this has not been

AMY E. EMBRY

discussed.

Q. So the Board has no position?

A. No position.

Q. So then just to make sure I understand, does the Board not have any knowledge of ways Act 626 to benefit minors?

A. It has not been provided by the Board Office to the Board members anything about Act 626.

Q. So the -- what I'm trying to learn is whether the Board, itself, has any evidence or knowledge that Act 626 would benefit minors in some way?

A. To my knowledge, no.

Q. Okay. Is the Board aware of any minors in Arkansas who have been harmed by gender-affirming medical care?

A. The Board has not received any complaints and that's how they would learn about that. So, no.

Q. So again, I can be confident that the Board will not be presenting any evidence based on its own experiences of

AMY E. EMBRY

any minors being harmed by gender-affirming medical care?

A. We have not received any information or any complaints to that nature.

MS. LAND: Objection to form on that previous question.

Q. So I think you testified earlier that the Board is the State entity charged with regulating medicine in Arkansas with respect to the categories of medical professionals that you license; is that correct?

A. Correct.

Q. And that includes doctors; is that correct?

A. I'm sorry? What was that?

Q. And that includes doctors?

A. Yes.

Q. Is it the Board's view that Act -- sorry. Is it the Board's view that Act 626 is an appropriate regulation of medicine?

A. The Board has not addressed

AMY E. EMBRY

Act 626.

Q. So it has no view?

A. It has no view.

Q. Okay.

MS. COOPER: Can we mark tab 13 as Exhibit 11?

(Exhibit, 11, email dated March 22, 2021, from Sarah Vestal to ASMB was received and marked on this date for identification.)

MR. RICHARDSON: Exhibit 11 has been introduced.

MS. LAND: I've got it.

Q. Okay. Thank you. Ms. Embry, have you seen Exhibit 11?

A. Yes, I have.

Q. For the record, I'll identify it as an email marked "Confidential" from Sarah Vestal sent Monday, 22 March, 2021.

I understand this to be referencing a complaint against a surgeon based on the complainant being transgender; do I read that right?

A. That is correct.

AMY E. EMBRY

Q. Okay. Now, we didn't get the complaint that this was about. Was there ever a complaint filed?

A. I believe that I would have to go back and look at the files again. I do not have the files with me and we get an average of 400 complaints a year. So I would have to actually have documents to answer anything about this.

However, when this came in I think this was the complaint because this was asking, it was not filing a complaint against a physician, no physician is named. It asks if there was a statute of limitations for filing an ethics complaint.

Q. I see. So and this could satisfy your requirements for a complaint, they just have to notify the Board that they are making a complaint, there is no form they have to use?

A. No, but it must be in writing. It can be email, it can be handwritten, U.S. mail, whatever, but it must be in

AMY E. EMBRY

writing and must include the doctor's name or licensee's name.

Q. Okay. And what -- did this complaint get taken up by the Board?

A. I would have to see if an actual complaint came in after this. This cannot be considered a complaint because it does not mention a licensee's name. This was specifically a question as to the statute of limitations for filing an ethics complaint.

Q. So you don't know whether Sarah Vestal subsequently filed a complaint?

A. She may have because I do remember this name but, again, it could be that I'm remembering her name from this document.

Q. So sitting here now, you have no recollection of the outcome of that. Okay.

Now, assuming what she alleged here is correct, understanding that we don't know, but would the refusal to

AMY E. EMBRY

treat a patient because they're transgender be something that would be an appropriate issue for the Board to address?

A. Again, that depends on the situation. If it's a new patient, the doctor can refuse new patients. So I mean, you would have to get into more detail to determine if there had been a violation.

Q. So if it was discrimination by a doctor based on any of the protected characteristics, that would not be something the Board would be involved with?

A. If the investigation can be proven, then that is something the Board would take up.

Q. Oh, sorry. Let me clarify my question.

Assuming she were able to prove discrimination by her doctor because she's transgender, is that something the Board would -- could find

AMY E. EMBRY

in violation?

A. Yes.

MS. COOPER: Can we take a short break? Let's take ten minutes and I think we're getting close.

VIDEOGRAPHER: We are off the record at 3:56 p.m.

(Recess is taken.)

VIDEOGRAPHER: We are back on the record at 4:15 p.m.

Q. Ms. Embry, is Act 626 an appropriate regulation of medicine?

A. I do not have an opinion on that.

Q. And does that mean the Board doesn't have an opinion about that?

A. The Board, that would be a question for the Board. Also, I'm not a physician.

Q. Okay. Now, this is one of our topics on the notice about regulation of medicine and so -- and you're testifying on behalf of the Board and you should have been prepared on these. So I'm

AMY E. EMBRY
looking at the, you know, much of the notice is about regulating the medical profession. So is this -- is Act 626 an appropriate regulation of medicine?
MS. LAND: I'll object to the form of that question and it is also vague. You can answer.
A. I would need more detail, such as who drafted the legislation, who did they consult with, did they consult with anybody in the medical field? I don't have enough information as to how this was drafted to say if this is a good form of medicine.
Q. And I hear you and I think that your answer is telling me maybe my question could have been clearer because I wasn't -- I wasn't asking about what medical experts would say about appropriate medical care for youth with gender dysphoria, so let me ask the question a little bit differently because I see how it was heard by you.
Is prohibiting treatment that

AMY E. EMBRY
is -- well, let me just ask it this way; you're aware that gender-affirming medical care is recognized as best practices in the medical field by many professional medical professional associations?
MS. LAND: Objection to form.
A. Could you repeat that question again?
Q. Are you aware that gender-affirming medical care is recognized as best practice in the -- for the treatment of gender dysphoria by many medical associations, medical professional associations?
A. No, I was not aware of that.
Q. Okay. Is prohibiting a particular medical treatment, blanket ban, typical of how medicine is -- the field of medicine is normally regulated?
MS. LAND: Objection to form.
A. It is not typical as to how Arkansas regulates medicine at the moment.

AMY E. EMBRY
Q. And I think you said earlier this is the only -- strike that.
I believe you said earlier Act 626 is the only ban on a particular medical treatment in Arkansas that you're aware of; is that correct?
A. That I am aware of.
Q. Okay. And that the Board is aware of; is that correct?
A. Yes, it is.
Q. Okay. So do you have any concerns about the government intruding on the medical decisions families make with their doctors?
MS. LAND: Objection to form.
A. I believe the Board would have concern with some of the issues in 626. If they were to address this issue they may have concerns.
Q. And which concerns or what concerns?
A. If I had to speculate to answer for 14 individuals, it would be about cutting off care to patients that

AMY E. EMBRY
are already undergoing treatment. It would also be a conflict with another law, as we've already discussed earlier.
Q. And what is your basis for thinking that might be -- those may be concerns? And let's start with the cutting off care to patients already receiving treatment.
A. That is strictly from witnessing the Board at board meetings. What is -- issues that may not be exactly like this but similar to it and how they have addressed those issues.
Q. So are you speaking of other issues unrelated to gender-affirming medical care where there were concerns expressed by the Board about physicians cutting off care for patients; is that correct?
A. Yes. It's called patient abandonment.
Q. And the Board, some of the Board members have expressed concerns about when that happens, when patients

AMY E. EMBRY

are abandoned by doctors; is that right?
A. Yes.
Q. What concerns were raised by the Board members about that?
A. Just, in general, just the fact that patient abandonment happened, that they abandoned a patient with nowhere else to go and a complaint was filed against the Board and they addressed it as would any other complaint.
Q. Did the Board express concerns that that's harmful to patients when that happens?
A. Yes. At times they have said it is harmful to the patient.
Q. And why? Why did they say it was harmful?
A. They did not give a reason why. When they spoke of that it was just a statement that it was harmful to patients when you abandon them.
Q. Which Board member said that?
A. Oh, there's been -- I don't

AMY E. EMBRY

know. I don't know, but there have been issues of patient abandonment that have been brought before the Board.
Q. I'm sorry. I can't recall if I asked you this question. Do you have concerns about the government intruding on the medical decisions families make with their doctors?
MS. LAND: Objection to form and to the scope of that question. You can answer.
A. I do believe upon any legislation that comes before the Board if they discuss, if they do have concerns they do discuss it and they would ask their legal counsel what would be the best way to proceed.
Q. And are you speaking -- I asked the question a little bit generally but I didn't probably ask it as specifically as I should have and that may help clarify your answer.
Do you have concerns about, with respect to Act 626, the government

AMY E. EMBRY

intruding on the medical decisions families make with their doctors?
MS. LAND: Objection to form and scope.
A. There is a possibility, yes. It's all I can say on that is that there is a possibility. Until it is addressed by the Board, I can't give a definite answer.
Q. And there is a possibility that you would have concerns or there is a possibility that if Act 626 takes effect that the government would be intruding on medical decisions families make with their doctors? I'm not sure I understood your answer.
A. I would say yes to both.
Q. So does that mean there is a possibility that the Board, if faced with complaints about doctors providing care that is prohibited by Act 626, that the Board may not enforce Act 626 and prohibit doctors from or discipline doctors for engaging in such care?

AMY E. EMBRY

A. Again, every situation is different, but if Act 626 went into effect, as your question is based on, if it were to go into effect, it would be in conflict with another law and the Board would need to ask for legal assistance on what to do.
MS. LAND: I'll object to the form of that previous question.
Q. And that conflict would only be, if I understand correctly, in the case of individuals who are already receiving care from a doctor; is that right?
MS. LAND: Object to form.
A. Yes. According to 20-6-202 it's legally and ethically prohibited from abandoning a patient before treatment has been concluded. So that means they are already within treatment.
Q. Right. So understanding that the Board would need to ask for legal advice from counsel about what to do in the event of a complaint that raises this

AMY E. EMBRY
conflict between two statutes, if you had, you know, putting aside patients who are already receiving care and just somebody who their doctor recommends or would recommend that they initiate care that would violate Act 626, do you have concerns about the government intruding into that decision made by families with their doctor?
MS. LAND: Objection to form.
A. I don't understand the question. I don't understand exactly --
Q. Let me ask it differently.
If Act 626 were in effect and a patient, minor patient and their parent saw a doctor and after assessment the doctor's recommendation would be gender-affirming medical treatment, and the parents and minor agree that that's in the best interests of that patient, but that Act 626 would not permit the child or minor to receive that care that the parent and doctor believe is in the child's best interests, do you have

AMY E. EMBRY
concerns about the law intruding into this medical decision that families make with their doctors?
MS. LAND: Objection to form and scope.
A. I would say that the Board, it is possible that they would have concerns. But, again, if it were in effect and it's in conflict with another law, they would not do anything until they advised their legal counsel.
Q. And in your view it's possible the Board would have concerns even if there's an individual minor who is not currently receiving care but is -- parents and doctors believe care would be in their best interest?
A. It is possible, it is a possibility that the Board would voice concerns.
Q. But you have not heard specific concerns voiced by anybody at this point?
A. No.

AMY E. EMBRY
Q. Okay. Do you have concerns?
MS. LAND: I'll object to the form of that question to the extent it's asking for any personal views that would be outside the scope of this notice. So I will object to any question that's going to elicit personal views of this witness.
MS. COOPER: Okay.
MS. LAND: And if we're going to continue to ask her personal views, that might need to be a discussion we need to have further.
MS. COOPER: Yeah. I just have this question.
Q. Do you remember the question?
MS. LAND: You can answer.
A. Okay. So I have concerns that the law that was passed, Act 626, is in violation of other laws. That is my concern.
Q. And which other laws?
A. The 20-6-202.
Q. Any others?

AMY E. EMBRY
A. Not that I'm aware of right now.
Q. Okay. So that's a concern about people who are currently receiving care not being able to have the doctor continue to provide or refer them for continuation of that care?
A. Correct.
Q. Okay. But not about the people who haven't started care yet, there are no concerns about that?
A. I don't know -- at this point, no. If the law were enacted, then more research would need to be done.
Q. And have you talked with any families who will be directly affected by Act 626 if it takes effect?
A. Have I spoken to anyone? No.
Q. Do you know any?
A. No, I do not.
Q. Okay. Do you know any transgender adolescents who are receiving gender-affirming medical care?
A. The only ones that I am aware

AMY E. EMBRY
of are the ones that were listed in the lawsuit.
Q. So you don't personally know or the Board doesn't have interaction with any minors who are receiving gender-affirming medical care?
A. Not to my knowledge.
MS. COOPER: Just a minute. That's all I've got.
MS. LAND: I don't have any questions.
VIDEOGRAPHER: We are off the record at 4:35 p.m.
MS. LAND: We would like to read and sign.
(The proceedings were adjourned at 4:35 p.m.)

C E R T I F I C A T E

I, MAUREEN M. RATTO, a Registered Professional Reporter, do hereby certify that prior to the commencement of the examination, AMY E. EMBRY was sworn by me to testify the truth, the whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a true and accurate transcript of the proceedings as taken stenographically by and before me at the time, place and on the date hereinbefore set forth.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in this action.

MAUREEN M. RATTO, RPR
License No. 817125

I N D E X

WITNESS: AMY E. EMBRY 6
DIRECT EXAMINATION BY MS. COOPER 6

E X H I B I T S

Exhibit 1, 30(b)(6) notice for Defendant Arkansas State Medical Board 15
Exhibit 2, Arkansas Medical Practices Act and Regulations, revised as of December 2, 2020 24
Exhibit 3, printout of the homepage of the Arkansas State Medical Board website 44
Exhibit 4, printout from the Medical Board re: Regulatory and Discipline 69
Exhibit 5, Arkansas State House Bill 1718 105
Exhibit 6, Guidance For the Use of Hydroxychloroquine and Chloroquine For the Treatment of COVID 19 138
Exhibit 7, May 5, 2021 email re: Public Health Grand Rounds 155

Exhibit 8, email dated May 25, 2021, re: CNN Inquiry 165
Exhibit 9, copy of House Bill 1570 175
Exhibit 10, Opinion article in Washington Post dated April 8, 2021 217
Exhibit 11, email dated March 22, 2021, from Sarah Vestal to ASMB 229

AMANDA LAND, ESQ.
aland@arkansasag.gov
May 24, 2022
RE: BRANDT, et al. vs. RUTLEDGE, et al.
5/10/2022, Amy E. Embry (#5219516)

The above-referenced transcript is available for review.

Within the applicable timeframe, the witness should read the testimony to verify its accuracy. If there are any changes, the witness should note those with the reason, on the attached Errata Sheet.

The witness should sign the Acknowledgment of Deponent and Errata and return to the deposing attorney. Copies should be sent to all counsel, and to Veritext at erratas-cs@veritext.com.

Return completed errata within 30 days from receipt of testimony.

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

Yours,
Veritext Legal Solutions

BRANDT, et al. vs. RUTLEDGE, et al.
5/10/2022 - Amy E. Embry (#5219516)

E R R A T A S H E E T

PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____
PAGE_____ LINE_____ CHANGE_____
_____
REASON_____

_____ _____
Amy E. Embry Date

BRANDT, et al. vs. RUTLEDGE, et al.
5/10/2022 - Amy E. Embry (#5219516)

ACKNOWLEDGEMENT OF DEPONENT

I, Amy E. Embry, do hereby declare that I have read the foregoing transcript, I have made any corrections, additions, or changes I deemed necessary as noted above to be appended hereto, and that the same is a true, correct and complete transcript of the testimony given by me.

_____ _____
Amy E. Embry Date
*If notary is required

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20___.

_____
NOTARY PUBLIC

&

& 3:4 5:15 6:4,7

0

00450 1:4 5:13

1

1 15:10,13 16:10 17:10 95:5 98:19 109:20,23 128:23 134:21 198:2 248:6
1,000 110:18
10 1:18 27:8 165:3 217:14,15,17,21 217:25 249:5
10004 3:6,12
105 248:18
10:00 1:19
10:05 5:3
10:18 17:3
10:20 17:7
10th 5:3
11 217:8 229:7,8 229:12,16 249:8
1178 103:13
11:36 89:2
11:48 89:5
12 175:14
125 3:5,11
12:56 144:9
13 54:9 229:7
1356 133:2,9
138 248:20
14 22:25 27:5 54:10 82:9 170:13 170:14,15 236:24
15 140:15 248:6
155 248:24
1570 158:18 162:17 163:4,18 163:22 164:3,11 165:17 169:12 175:17,22 177:12 180:3 192:10 218:9 219:8 249:4
16 51:25
165 249:1
17 102:2
17-80-106 71:17
17-95 187:7
17-95-301 26:21
17-95-303 34:5 40:22
17-95-409 95:2 96:7 97:5 98:7,16 186:25
17-95-410 95:8 98:22 109:19
17-95-701 126:10
1718 105:22 197:8 248:19
17425 247:23
175 249:3
18 177:6 178:18
19 43:19 138:14 139:5 140:20,23 141:8,20 248:23
1998 54:9
1:50 144:12

2

2 24:6,6,9,11 25:17 26:6 51:25 71:7 71:25 94:25 98:16 109:18 110:6 127:20,21,24 197:19 198:4,17 248:9,11
2.8 127:16
2.8. 127:12,15
20 43:19 130:15,17 252:15
20-6-201 106:5 197:20
20-6-202 197:21 201:8,14 202:12 223:19 224:10 226:19 241:17 244:24
20-9-1504 177:2 178:14
2003 133:10
2014 19:7 48:7
2015 54:9,10
2018 18:17,19
2019 102:20
2020 24:11 139:6 139:13 140:15 248:11
2021 23:6,11,16 120:10 155:5 158:8 165:6 166:3 217:19 218:6 229:9,20 248:24 249:2,7,9
2022 1:18 5:4 250:3
21 26:24 52:20 53:20 219:18
217 249:5
22 52:8 134:22 229:9,20 249:9
229 249:8
24 248:9 250:3
25 21:2,2 165:6 249:1
25th 166:3
27 52:16 132:14 177:2
28 95:2,3
29 109:21 139:5
2:53 196:11
2nd 3:17

3

3 27:13 44:10,11 44:12,25 110:8 111:15 248:12
30 15:10,13 16:11 21:2 50:11 190:24 221:19 248:6 250:17
303 34:6 35:3
32 102:5,5 103:9 103:11 107:22 108:14 201:12
323 4:7
33 134:10
34 128:22
36 52:14
3800 5:16
39 57:17
3:06 196:14
3:56 233:8

4

4 69:18,19,20 134:18 248:15
40 57:17,20
400 230:8
41 57:17
42 57:18
425 3:22 5:15
43 57:18 58:8
44 57:18 248:12
45 57:18
4:15 233:11
4:21 1:4 5:13
4:35 246:14,18

5

5 34:5,6,9 105:19 105:20,21 155:5 196:21,23,25 197:2 248:18,24

5/10/2022 250:5 251:2 252:2
5219516 250:5 251:2 252:2

6

6 15:10,13 16:11 54:9 127:22,23 138:10,11 190:24 197:4 221:19 248:2,3,6,20
626 120:12 137:17 152:10 153:21 158:17 160:5,13 161:3,12,18,24 162:10,17 163:4 163:22 164:4 165:17,21 166:15 168:17,18 179:19 180:16 181:12,17 181:20 182:7,13 182:20 184:9,15 184:22 185:3 187:13,18 188:10 192:11 210:10 215:8 222:4,12 223:14 225:2,2,7 225:21,24 226:3,7 226:10,18,22,25 227:7,11,14 228:23 229:2 233:12 234:4 236:5,18 239:25 240:13,22,23 241:3 242:7,15,22 244:20 245:18
69 248:15
6th 158:8

7

7 35:4 126:12 128:21 155:4,5,9 155:13 156:4 248:24
72201 3:18,23 4:8

8

8 138:10 165:4,5,9 165:24 217:18 249:1,6
817125 2:10 247:25
84th 133:10
87th 103:14
8th 218:5 219:18

9

9 40:23 155:3 175:15,16,22 176:25 249:3
904 3:17
95-410 96:3

a

a.m. 1:19 5:3 17:3 17:7 89:2,5
abandon 16:3 199:10 238:23
abandoned 200:12 238:2,8
abandoning 198:6 198:20 199:7,25 200:18 201:7 223:21 225:5 241:19
abandonment 225:6 237:22 238:7 239:3
ability 77:17 97:2
able 16:16,16 25:3 25:14,19 167:9 215:9 232:22 245:6
abortion 52:14 149:14
absence 73:18
absolutely 65:18 76:25 93:24
abuse 76:22 77:16 94:16 112:18 114:4
accepted 79:18 81:11,14,16,20 82:7 83:6,13,17 210:17
accepting 100:18
access 167:5 221:4
accessing 220:24
accounting 19:3
accuracy 250:9
accurate 10:12 45:23 71:2 247:10
accused 110:3,7,9 110:17 111:20
acknowledged 219:11
acknowledgement 252:3
acknowledging 133:15
acknowledgment 250:12
aclu 6:1,10 7:5 166:14 168:9,18
act 24:7,10 26:11 26:14 34:5 35:8 40:22 41:10 45:13 46:5 67:19 69:11 70:21 71:8 74:12 83:5,11 85:24 86:13 88:17,20 92:3 94:25 96:17 99:6,11 103:13 106:20 107:6 108:18 109:18 110:19 111:2 120:12,14 126:11 126:14,17 128:21 133:2,9 136:5 137:17 147:2,10 148:10 152:10 153:21 158:17 160:5,13,14,15 161:2,12,17,21,24 162:7,10,17 163:4 163:22 164:4 165:17,21 166:15 168:17,18 178:23 179:18 180:16 181:4,12,17,19 182:7,13,20 184:9 184:15,22 185:3 186:25 187:13 188:10 192:23 197:19 210:10 214:2 215:8 222:12 225:2,7,21 225:24 226:3,7,10 226:22,25 227:7 227:11,14 228:22 228:23 229:2 233:12 234:4 236:4 239:25 240:13,22,23 241:3 242:7,15,22 244:20 245:18 248:10
action 7:23,23 76:14 89:15 90:25 91:7,9 92:15 97:9 108:14 110:6 111:7,12 145:7 183:10 187:23 189:7,9,10 247:18 247:21
actions 70:23 76:8 98:25 131:19

active 27:8 50:5 120:11
activity 141:23 194:20
acts 95:11
actual 63:18 111:11,11,12 231:7
addiction 127:4
addition 179:4
additional 58:25 89:10 134:22 179:2
additions 252:6
address 75:22 78:20,21 104:7 107:24 125:3,6 127:10 166:21 194:18 212:8 232:5 236:19
addressed 182:10 205:15 210:18 225:24 226:5,8,25 228:25 237:14 238:11 240:8
addresses 193:13
addressing 78:23
adequate 206:4
adh 141:6,17 156:25 157:17,18 157:19
adhere 113:5 201:20 202:2
adjourned 246:18
adjust 25:24
administer 94:20
administered 141:11
administration 19:13 140:16
administrative 18:22 91:5
administrator 167:12
admission 186:11
admitted 183:18 184:8,14 185:3
adolescent 170:21 182:24 224:23
adolescents 151:16 170:4,8 171:11,19 172:8 211:3 215:16 216:17 224:2 226:3 245:23
adopt 66:19
adopted 54:8
adult 174:12
adults 152:15
adverse 141:4
advice 241:24
advised 243:12
advocate 45:13
affect 77:17 119:14 120:13 176:14,17
affirming 151:4,7 151:14,23 152:6 152:13,18 153:13 153:17 154:4,9,14 154:20 155:22,25 156:7,13 158:3 162:14 170:7,22 171:8,17 172:9 182:23 186:12 189:18 190:6 203:11 210:15 212:3,13 213:9 215:15 216:16 217:2 222:21 224:3,14,24 226:4 227:19 228:3 235:3,12 237:16 242:19 245:24 246:7
afraid 197:3
ag 225:17
age 177:6 178:18
agencies 102:23 139:18
agency 129:7 140:10
agenda 195:13
ago 14:11 15:2 142:9 165:15 166:11 168:5 196:19 220:20 223:18
agree 221:3 222:19 242:20
agreed 216:18
agreement 208:17 220:15
ahead 95:22 176:9
al 1:7,10 5:8,9 250:4,4 251:1,1 252:1,1
aland 250:2
allegations 71:13
alleged 71:19 231:23
alleging 108:5
alleviate 171:10 171:18
allotted 250:20
allow 90:10
allowed 112:3,19 206:19,25
allowing 110:14 111:17 143:2,11 143:18
allows 138:3
alternative 224:6
altogether 131:25
ama 64:16
amanda 4:9 6:14 10:24 24:21 25:4 25:18,22 44:17 138:16 250:1
amended 54:9 57:17
american 3:10,15 64:2
amount 206:17
amy 1:16 2:3 5:6 7:1,10 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1

88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 152:1 153:1 154:1 155:1 156:1 157:1 158:1 159:1 160:1 161:1 162:1 163:1 164:1 165:1 166:1 167:1 168:1 169:1 170:1 171:1 172:1 173:1 174:1 175:1 176:1 177:1 178:1 179:1 180:1 181:1 182:1 183:1 184:1 185:1 186:1 187:1 188:1 189:1 190:1 191:1 192:1 193:1 194:1 195:1 196:1 197:1 198:1 199:1 200:1 201:1 202:1 203:1 204:1 205:1 206:1 207:1 208:1 209:1 210:1 211:1 212:1 213:1 214:1 215:1 216:1 217:1 218:1 219:1 220:1 221:1 222:1 223:1 224:1 225:1 226:1 227:1 228:1 229:1 230:1 231:1 232:1 233:1 234:1 235:1 236:1 237:1 238:1 239:1 240:1 241:1 242:1 243:1 244:1 245:1 246:1 247:5 248:2 250:5 251:2,24 252:2,4 252:12

anderson 30:18
ann 166:3
announcing 156:7
anorexiant 52:22 52:23,24
anorexiants 53:20
answer 8:25 9:4,9 9:20 13:2,4 37:10 42:16 49:19 53:18 54:3 61:22 82:2 83:21 88:13 109:6 124:22 125:25 138:7 149:22 153:2 162:24 170:24 171:2 178:2 183:20,24 184:20 191:23 202:14 204:22 207:9 209:10 216:23 221:22 223:6 230:10 234:8,17 236:24 239:12,23 240:10 240:17 244:18
answered 124:2 187:10
answering 8:20 12:16 13:5
answers 10:5 170:16
antagonistic 141:22
anticipate 8:19
antiviral 141:23
anybody 14:20 48:21,22 49:4 93:18 148:18,22 163:3,7,16,20 220:13 234:12 243:23
apart 97:18 154:17 168:19 181:2
apologies 217:13
apologize 16:6
appear 189:8 190:15
appearances 195:11
appended 252:7
applicable 250:8
applicant 98:24
applications 69:12
applying 88:15
appointed 23:14 27:5,16
approached 162:18
appropriate 110:5 170:3 177:8,16,18 177:22 180:4 204:11,17,25 206:17 215:23 228:23 232:4 233:13 234:5,21
approval 63:2 66:4
approve 50:2 55:19 62:15 63:10 63:15 65:12 214:14
approved 50:4,14 141:19 216:3,21
approximately 130:9
april 217:18 218:5 219:18 249:6
area 28:13 29:2,13 30:16 31:16,23 32:6,14 33:6,13
areas 33:24 160:8 204:9
arises 224:20
arkansas 1:2,17 3:16,18,23 4:6,8 5:11,17 6:10,15,22 15:14 17:21 18:7 18:10 19:14 22:3 24:7,9 26:9,10 34:4,8 35:8,25 36:3 40:21,24 41:9 42:8 44:13 57:20 58:5 59:16 59:17,22 60:2,8 63:20 67:18 68:2 68:5,8 69:8 70:5 70:10,13 83:4,11 87:15 91:5 95:5 98:20 99:5 103:14 105:21 106:6 107:5 110:19 112:21 126:22 137:22 139:6 140:6 141:5 149:2 149:11,20 150:3,9 150:13 156:8,14 156:25 158:4 174:2 175:5 178:5

178:8 180:8,12,13 181:21 198:24 201:17 202:16,16 206:25 207:7 208:23 212:13 214:23 223:18 227:18 228:12 235:24 236:6 248:7,9,13,18
arkansasag.gov 250:2
arrangement 35:23
arrest 74:19,20,22 76:23 77:15
arrested 73:11 74:16,17 75:10 76:2,7,17 77:3
article 217:17 249:5
asa 218:5
aside 18:5 242:3
asked 24:22 47:14 49:2,15 50:21,25 77:20 93:21 118:22 123:23 136:19 154:12 163:13 164:19,22 165:15,16,20 168:16 177:20 183:5 207:14 208:3 239:6,20
asking 8:19 97:11 124:23 166:13 189:5,8,9,12 207:22 221:6 226:18 230:13 234:19 244:5
asks 38:19 230:15
asmb 166:4,21,25 229:10 249:10
assembly 103:14 133:10 198:2
assert 191:24
assessing 83:18
assessment 242:17
assist 34:14 85:3
assistance 55:14 167:7 225:19 226:20 241:7
assistant 4:4 59:15
assistants 45:16 45:19,20,21 68:10
association 56:18 59:15,21 60:2,7,7 64:3
associations 59:5 59:9 235:7,15,16
assume 9:21 21:23 167:19 173:5 195:2
assuming 214:17 215:8 231:23 232:22
attached 250:11
attachments 194:7
attempt 60:23 214:8,9
attention 72:21 74:7 75:15 76:24 106:12 116:19 154:17,21 159:14 181:2 197:15 210:23
attorney 4:4,6 6:15 55:15 191:21 192:3 225:16 247:17,20 250:13
attorneys 48:4 92:23,24 93:3
audio 5:2
audits 21:21
august 54:9
authority 34:10 35:5 46:3 67:2,15 97:8 101:16 201:2
authorization 140:17
authorized 6:21
available 44:18 138:21 250:6
avenue 3:22
average 64:14 230:8
avoid 8:16
avoided 141:9
aware 51:4,6 62:20 69:15 136:13 137:11,15 137:18 141:17 149:19,24 150:3 153:10,15 156:11 156:21 158:14 159:2,6,8 160:2 163:9,12 169:11 169:15 172:6 173:23 181:19 201:18 202:10 206:8 219:7 227:17 235:3,11 235:17 236:7,8,10 245:2,25
awareness 143:5 143:13
awkwardly 77:20

b

b 6:20 15:10,13 16:11 104:20 110:11 112:4,15 127:22 129:5 190:24 221:19 248:5,6
back 17:6 23:8 38:7,23 42:5 51:22 53:12,16 54:4 57:15 71:6 84:13 89:4 94:14 94:24 97:24 98:19 106:18 128:20 135:4 139:12 140:2 142:15 144:11,13 147:20 152:3 159:22 168:6,14,23 185:18 187:7 196:13 218:8 219:16 223:12 230:6 233:10
backwards 65:13
bad 75:12
ballpark 79:8
ban 116:7 203:20 235:20 236:5
banned 203:23 222:4,11
banning 204:10 216:20
base 82:24
based 61:8 72:20 72:20 97:4 100:23 101:5 141:4,21 147:7 187:18 188:10 195:12 205:18 227:25 229:23 232:13 241:4
bases 218:22
basically 7:22 47:16 64:19 67:10
basis 43:18 44:9 109:11 180:23,25 189:17 237:5

bear 23:22
becoming 102:8
began 49:19 54:5
beginning 11:25 23:6 197:18
behalf 6:15 17:22 18:2 152:22 153:2 223:5 233:24
belief 136:10
believe 13:18,25 24:23 26:24 33:16 36:16 50:10 57:24 90:3 121:8,8 140:21,24 167:19 179:7 181:25 191:15 209:10 213:25 230:5 236:4,17 239:13 242:24 243:17
benefit 170:22 227:7,15
benefits 140:25 171:25 212:17
best 8:14,15 9:8 43:16 57:6 60:18 60:25 74:3 110:16 111:19 222:5,12 222:22 235:4,13 239:18 242:21,25 243:18
beth 3:25 155:2 165:3 175:13 196:16,21
better 75:8 189:15
betty 32:17,20
beyond 193:7
big 142:3
bill 105:22 117:13 117:15 118:2,7,18 118:20 119:4,10 120:22 121:3,10 121:14,15 123:6 123:25 124:12 153:20 158:21,24 159:4,10,13,20 160:4 161:5,8,11 161:11 162:17 164:17 173:3,7,11 173:18 175:16,22 175:23 197:8,8 218:3 220:12 248:19 249:3
bills 119:14 120:5 121:19 173:14
bind 225:22
bit 46:14 68:21 84:9 98:19 127:21 223:15 234:23 239:20
bits 189:14
black 220:24 221:5,12
blanket 235:19
blocker 151:18
board 7:18 13:13 13:16 14:12,14,16 14:21,22 15:3,7,11 15:15 17:21 18:2 18:7,9,11,14,19 19:4,9,23,25 20:3 20:3,4,5,20 21:18 21:19 22:20,21,24 22:25 23:3,4,5,10 23:16,18 26:10,15 27:2,20 28:8,10,17 28:18,21,23,23 29:6,17,22 30:6,9 30:12,19,24 31:3,7 31:19 32:2,10,21 33:2,9,18 34:7,8 34:15,17,21 35:5,9 35:19,21 36:21 37:22 38:7,8 39:2 39:6,13 40:11,15 40:17,25 41:11,17 41:25 42:8,14,18 42:24 43:2,6,10,11 43:20,24,25 44:6 44:14 46:2,8,10,16 46:18,23 47:6,23 48:3,4,7,15 49:5 49:13,15,22 50:7 50:21 51:8,17 52:25 53:2,3,8 54:13,15,18 55:4,6 55:11,12,18 56:13 56:14,15,21 57:9 57:10,21 58:19,24 59:9 60:18,22 62:5,8,16,23 63:22 63:24 64:7,20 65:11,15 66:19,25 67:15 68:19,23 69:21 70:15,19,21 71:12 72:8,17,22 72:25 73:12,13,20 74:12 75:2,4,22 76:8,14 77:11,22 78:16,18,20 79:5 79:15,24 80:5,7,19 80:23,24 82:4,9 83:22 84:10,19 85:2,8,22 86:8 87:2,7,8,22,23 88:3,14 89:8,18,25 90:3,21 91:14,20 92:8,11,19,24 93:4 93:9,17,22,23 94:2 94:14,14 95:6,16 95:17 97:2,8,20 98:20 99:23 100:4 100:8 101:5,12,16 101:21 102:9,12 103:15 104:2,7 106:24 107:11,23 108:7,9 110:2,7,9 110:21,24 111:16 112:23 113:2,2,23 114:12,25 115:14 115:16,18 116:5,8 116:13,22,23 117:5,13 118:12 118:16,22 119:4 119:17,21 120:15 120:22 121:4,15 121:22 122:5,8,15 122:15 123:10,13 123:17,24 124:8,9 124:14,17,20 125:3,4,4,6,15,23 125:25 126:7 127:6,9 128:11,25 129:8,19,24 131:15,23 132:6 132:19 133:3 135:21,24 136:15 136:18,21,22,24 137:3,5,8,12 139:20 140:6,9 142:7,12,18,18,22 142:22 143:22 145:8 146:5,18 147:13,25 148:5 148:13 149:19,23 149:25 150:2,3,7 150:11,16 151:2 152:4,17,22,24 153:2,3,7,8,12,16 153:22,23 154:2,7 157:7,9,25 158:20 158:23 159:3,9,15 160:3,3,8,12,16 161:2,8,19 162:2,9 162:12,18,25,25

163:2,9,16,17,21 163:25,25 164:10 164:14,15,19 165:16,20 166:14 168:8,16,22 170:2 170:6,11,11,14,18 170:20,25 171:3,4 171:6,22 172:7,16 172:22 173:2,6,10 173:12,13,16,19 173:20 176:14,17 176:21 177:9,13 177:16,21,23 178:7,10,11,22 179:13,17 180:3 180:15 181:3,9,14 181:15,16,16 182:5,10,14,21,25 183:7,13,16,21,24 184:6,12,21,25 185:8,13,22 186:2 186:17 187:6 188:4,18,21 189:23 190:4,16 190:20 191:13 192:15 193:2,4,7,9 193:11,13,15,16 193:20,22 194:3,4 194:8,11,19 195:2 195:6,9,11,13 199:2,24 200:21 201:6 203:20 204:7,14,19,24 205:6,9,16 206:2,8 206:8,13 207:15 208:13,17 210:8 210:18,25 211:5 212:7,11,18,20 213:10 214:5,24 215:11,15,21 216:13,15,18 217:4 218:22 219:5,12 221:9,10 222:2,9,14,19,24 223:4,5 224:19,21 225:13,20,23,25 226:5,7,9,11,15,20 226:22,24 227:3,6 227:10,10,13,17 227:20,24 228:10 228:25 230:21 231:5 232:4,15,18 232:25 233:16,18 233:19,24 236:9 236:17 237:11,11 237:18,23,24 238:5,10,13,24 239:4,14 240:9,20 240:23 241:6,23 243:7,14,20 246:5 248:8,14,16

board's 41:8 45:9 45:12,24 67:11 70:6,10 71:3 74:7 75:14 76:24 77:7 117:2 154:17,21 161:14 171:16,23 172:14,21 181:2 186:5,16 200:25 206:21,23 209:20 209:25 210:22 223:2,13 228:21 228:22

body 48:13

bottom 40:23

boundaries 94:5 94:12 96:17

bounds 94:7

box 45:8 70:9

branch 50:20 160:25

branches 164:3,6 164:8

brandt 1:6,7 5:8 250:4 251:1 252:1

branman 31:6,13

break 9:25 10:7,8 84:5 88:24 144:2 144:6 179:23 189:14 196:8 202:20 209:5 233:5

breaking 10:3 149:6

breaks 9:23

breving 31:18

brian 23:13 29:5

briefly 104:15

bring 10:2

brings 72:13

broad 3:5,11

broader 210:25

broken 49:2

brought 72:24 77:10 183:10 189:7 219:21 223:8 226:11 239:4

budget 19:3

business 193:22 194:4 219:6

bypass 52:18 132:15,22 133:12 135:18 136:8,16 149:15 160:11 213:2,21

c

c 3:1 4:1 71:22,24 104:24 110:13 112:4,15 128:23 129:9 247:1,1

call 63:3 87:2 106:11 112:2 118:8 140:11 197:14

called 22:12 59:21 74:24,24 85:3 112:5,10 113:7 139:2 178:9,11 197:18 200:20 237:21

calls 102:17,18

capacity 7:17

capitol 3:22 5:16

card 144:3

care 54:16 76:3 78:2 79:17 83:5 83:12 100:19,24 135:11 151:4,8,14 151:23 152:6,13 152:19 153:13,18 154:4,9,14,20 155:22 156:8,13 158:4 162:14 173:18 174:11,16 174:19,24 175:6 182:23 183:18 184:8,15 185:4 186:12 188:7 189:19 190:6 198:3 199:15,18 203:12 204:20 205:3 210:15 212:3,14 213:10 215:16,18 216:16 216:20 217:3 222:5,13,21 224:16,23,25,25 225:4,8 226:4,13 226:17 227:19 228:3 234:21 235:4,12 236:25

237:8,17,19 240:21,25 241:14 242:4,6,23 243:16 243:17 245:6,8,11 245:24 246:7
carlson 21:11 166:3 167:13,20 168:3 219:15,22 220:14
carry 35:7 46:3
case 1:4 5:12 7:21 12:23 14:8 58:22 84:18 91:15 92:19 95:10 98:24 145:22 151:13 170:21 185:15 190:25 216:19 241:13
cases 147:15 190:7 194:12
categories 107:19 187:5 228:13
category 61:15 118:5,9
cause 187:16 188:8 189:21
caused 126:24
causing 132:2
cc 157:5 166:3
ccr 1:25
center 4:7 41:4
central 1:3 5:12
certain 20:2 58:24 68:24 112:25 113:4 116:8 149:15,17
certifications 82:19
certified 2:7
certify 247:4,9,15
chair 29:10
chairman 28:22 87:2
chairperson 28:23
challenging 8:2 165:21 168:18
chance 8:17 144:2 166:2 167:11,16 218:19
change 65:19 92:12 102:21 144:3 251:4,7,10 251:13,16,19
changed 103:2,5 120:16
changes 56:20 66:5 250:10 252:6
channels 215:23
characteristics 232:14
charged 42:9 228:11
charges 76:13 110:4,8
chase 148:3
check 23:8 97:24 149:12
checking 217:9
child 242:23
child's 242:25
children 174:4,4 174:23 202:23 203:14
children's 149:21 150:4,9,13
chloroquine 138:13 139:4 140:18 248:22
choose 190:3 194:18 211:10 212:21
chose 114:12 214:24
chosen 79:16
chronic 126:12,13
circumstance 75:8
circumstances 46:7 93:25 95:17 96:7 183:23 184:2 200:9 203:19 204:4
citations 99:6
citizens 70:13
civil 3:10,15
clarify 9:16 39:7 232:20 239:23
clean 8:10
clear 8:13 9:15,18 151:12 156:3 159:25 161:10 175:3 201:5
clearer 211:20 234:18
client 191:21 192:3
clinic 149:20 150:5,9,13,20,23
clinical 207:3,8
clinicians 141:16 141:17 143:19
close 84:2 94:7 144:4 233:6
closed 147:2,5
closely 20:3
closest 59:11
cnn 165:6 166:5 166:13,23 168:19 249:2
coadministration 141:18
code 35:25 42:17 57:25 58:4,9 96:21,22 98:10 108:19 149:12 177:2 201:19
collect 84:22 110:20
collection 64:6,9
collects 38:20
come 21:17,21 41:15 47:10,14,24 49:16 59:6 68:15 74:7 86:3 106:18 122:17,21 123:3 123:19 124:7 125:3,5 139:15 154:17,21 173:2 181:2 205:25 206:9 214:12
comes 37:24 43:22 72:21 85:13 91:25 94:5 188:15 224:21 239:14
coming 206:9
commencement 247:5
comment 65:4,13 66:8 67:22 166:13 168:17
comments 65:16 67:22 68:15,17
committed 95:11 98:25
committee 63:11 63:13,18 66:24 67:6,7 129:25 131:4
committees 63:8
committing 101:11
common 79:23 80:5,7,8,10,20 91:13 119:8

137:24 151:19 186:17
commonly 100:16
communicable 52:5
communicate 193:19
communicated 47:22 154:10 161:2,19
communication 15:3 21:19
communications 192:3 193:17
community 100:24
competent 177:9
complainant 85:14 86:15 95:10 107:17 229:23
complained 80:15
complaint 21:22 36:20 37:24 43:4 43:18,22,23,24 44:8 72:14,17,20 72:20,24 73:18 77:10,14,22 78:15 79:24 80:2,6,24 84:12,18,19 85:12 85:13,15,16,18,20 86:11,11,24 87:7 87:18,21 88:4 89:9,13 90:19 91:24,25 93:15 94:4 107:15 108:4 114:10 145:9,21 146:7,9,23 147:17 147:18,23 148:5 152:12 180:20,22 180:25 182:9,21 183:3,4,6,16,16 187:12,17 188:2,9 188:15,16,23 189:16 190:12 195:18 200:11,16 206:14 210:19 224:20 226:11 229:22 230:3,4,12 230:13,17,20,21 231:5,7,8,12,15 238:9,12 241:25
complaints 21:16 22:7 44:3 70:16 70:18 78:7,9,17 79:4,7,16 86:24 87:19 127:5 130:2 144:21 145:5,16 146:2,14,16,17,19 146:19 147:4,8 151:3 152:5 154:13,18,22 181:3 182:15 191:7,9 195:3 199:23 207:12 227:21 228:5 230:8 240:21
complete 8:25 10:11 112:24 252:8
completed 10:5 250:17
completely 54:4 209:11
compliance 112:20
complication 134:19
complications 133:17,18,24 134:9,10,14,17,22 135:2,16,22 136:14
comply 82:6
computer 195:8
concern 54:16 61:24 81:4 190:17 211:2 213:8,14 215:20 225:21 236:18 244:22 245:4
concerning 8:2 17:22 36:7 42:2 46:17 51:21 52:9 52:13,21 53:20 71:3 113:16 117:4 120:6 121:19 151:3 153:12 154:3,8 162:21 163:18
concerns 52:17 220:23 226:2 236:13,20,21,22 237:7,17,24 238:4 238:13 239:7,15 239:24 240:12 242:8 243:2,9,14 243:21,23 244:2 244:19 245:12
concluded 86:14 198:7,21 199:11 199:16 223:22 241:20
concluding 140:20
conclusion 110:2 146:6
conclusions 41:3,7 41:24
condition 131:13
conditions 110:16 111:18 112:13,16
conduct 72:15 81:10 95:13 99:3 99:4,10,11,14,15 103:16,23 106:21 106:23 107:4,9,10 107:16,19 108:6 108:12,24 110:22 131:20 177:7 178:19,24 179:2,4 179:9 185:2 186:24 187:3,4,6 187:18 188:9 189:24 224:13
conducting 194:4
confident 227:23
confidential 104:21 229:19
confirm 11:8
conflict 225:10,15 225:18 237:3 241:6,11 242:2 243:10
conflicts 226:19
confused 189:4,11
confusing 9:13
confusion 151:13
connect 123:9,13
connection 10:15
consensus 41:2,6 41:23 64:24
consent 52:17 112:2,5,11 113:11 113:18,22,25 114:5,8,12,24 132:15,20 133:15 136:8 148:24 149:9,14,16 174:3 174:22 175:7,10 202:22 203:7,14 209:22 210:4 212:16,19 213:7,9 213:12,21,23 214:19

consider 40:25 118:21 124:17 131:23
consideration 83:23
considered 41:25 47:19,20 50:5 78:3 107:17,21 116:22 136:25 143:22 148:13 154:2 158:20 159:23 161:6 195:23 222:5 231:8
considering 84:11 100:4,8 117:11,20
considers 65:16
consistent 60:24 81:11
constitute 184:3
constitutes 88:9 88:16 179:3
consult 120:21 121:14,21 122:4,8 122:14,15 161:7 234:11,11
consulted 80:19 117:5,9,12 118:12 119:4,21 121:3 142:7,11 162:12
consulting 10:15
contact 59:13 104:16 122:23,24
contacted 161:13 163:2,8,10,15,17 163:21 164:24
contained 69:9,10 201:11 202:11
content 11:22 55:17 103:4
contents 26:23 57:16
contest 90:11
context 39:17 47:3 55:24 64:12 206:14
continuation 245:8
continue 13:4 110:15 111:17 112:14 113:5,13 113:18 114:14,19 224:16 244:12 245:7
continued 4:1
continuing 21:20 82:17 131:13 226:12
continuity 198:3
contract 112:20
control 41:4 207:3
controlled 114:18 114:21 128:3 207:8
conversation 11:22 142:17 158:11,12 159:9 220:7,11
conversations 9:4 142:13,21 150:19 153:11,16 159:3 160:2 181:15 219:4
convince 92:11
convinced 190:17
cooper 3:13 5:25 6:1,24 7:4 12:10 15:24 16:7,20 24:5,18,25 25:11 25:22 26:3 44:10 44:17 69:17,25 83:24 88:22 105:18 106:3 138:9,16,24 144:5 155:2,12 165:2 175:13 196:7,15 203:3 217:7,15 221:20 229:6 233:4 244:10,15 246:9 248:3
copied 166:9
copies 250:14
copy 24:23 85:15 175:16 183:4 249:3
copying 166:22
corporations 45:17
correct 8:4,6 11:19 12:24 22:3 22:10 24:3 26:11 28:2,6 30:25 33:19 36:15 37:14 38:14 39:22 42:10 46:19 50:9,9 52:2 52:5,10 59:6 61:18,19 63:11 64:9 65:14 66:2 66:22 68:25 71:14 71:20 80:16 84:16 87:20,25 90:11,12 90:25 91:9,18 92:13,17 93:2 96:9,10 97:5,7 98:7 99:7,11,12 101:19 102:10 103:11,19 104:3,4 104:18,22 105:5 105:12,16 106:24 107:12 114:22 117:22 118:6,6 122:6,13 125:15 126:3,14 127:7,25 128:8,18 133:25 134:5,11,15,19,23 135:2,12,19 138:5 142:5 143:7,16 152:16 156:22 157:20,24 159:24 167:14,15,20 173:15 180:5 181:8 186:7 194:2 194:14 195:16 202:9 203:4 209:7 214:16 217:6 224:17 228:14,15 228:17 229:25 231:24 236:7,10 237:20 245:9 252:8
corrections 252:6
correctly 21:23 27:4,24 30:3 51:24 62:17 70:4 70:24 72:6 132:18 133:21 241:12
corresponding 202:7
cosmetic 47:17 49:13 66:15 116:3
costs 110:20
counsel 3:3 4:3 5:7 5:23 7:5 12:8,19 25:13 39:23 185:24 186:4,5,16 186:18 196:18 225:14 239:17 241:24 243:12 247:17,20 250:14
counselor 58:8
count 22:22
county 78:10

couple 89:10 99:20 120:20 218:16
course 94:12 96:16 111:22 128:5 170:3
courses 97:25 111:9 112:24 185:19
court 1:1 2:7 5:10 5:20 8:20 16:13 76:11 84:3 181:21 181:25
cover 204:9
covering 218:21
covid 138:4,14 139:5 140:19,23 141:8,20 143:4,12 144:16 145:10 147:15 148:8,15 207:13,17 208:3 208:11 248:23
cq 140:18,22 141:7 141:18
create 211:9 212:20 214:25 215:24
created 57:17 135:24
creation 139:21
credentialing 20:11
cromwell 3:4 6:4,7
cs 250:15
current 22:20 28:8
currently 18:6,13 23:4 35:17 78:22 172:8 181:21 223:25 243:16 245:5
cut 58:2 148:2
cutting 236:25 237:8,19
cv 1:4 5:13

d

d 105:4 110:13 111:15 129:12 166:23 248:1
danger 75:18
dangerous 128:3 221:11
daniel 3:8 6:6
data 41:2,6,22 64:5,9 141:21
date 5:3 14:2,3 15:16 24:12 44:15 69:23 105:23 138:15 155:7 165:7 175:18 217:20 219:20 229:11 247:13 251:24 252:12
dated 139:5 158:7 158:8 165:5 217:18 218:5 229:8 249:1,6,8
dates 35:16
david 33:17
day 19:24,24 252:15
days 250:17
dea 114:15,16 130:21 131:8,10
deal 22:5
debated 153:21
december 24:11 54:10 248:11
decide 75:4,23 86:3 110:3,5 146:22 188:18,20 210:8
decided 118:14
decides 55:16 89:18 131:16
deciding 180:16
decision 8:2 40:18 41:8 68:19 82:23 83:22 84:15 91:22 115:11 129:5 143:18 174:19 186:20 208:13 220:16 222:20 242:9 243:3
decisions 42:2 204:20 205:2 236:14 239:8 240:2,15
declare 252:4
deem 188:5
deemed 99:10,14 103:25 187:3 252:6
defendant 15:14 17:21 152:23 248:7
defendants 1:11 4:3 6:16
defense 187:17,19 187:20 188:5,8 189:6
defenses 95:12
deference 41:2
defined 95:12 99:2 107:10 108:11
defines 95:15
defining 179:5,8
definite 240:9
definition 100:2 100:21 107:3 151:10 186:24
definitions 100:11
deliver 38:12
demonstrating 206:5
denial 96:4 97:18 98:9
deny 97:3
departed 79:18
departing 100:18
department 13:11 19:12 36:3,14 122:21,22 123:15 139:6,17,24 140:7 140:8,11 141:5 143:2,10 156:25 166:5,22 167:2,4 167:17,23,25 192:7
departs 83:6,13
depend 83:16 147:16
depends 75:20 86:23 87:18 145:20 179:20 185:20 190:8 194:17 232:6
deponent 72:3 218:17 250:13 252:3
deposed 8:7 11:6 13:14
deposing 250:13
deposition 1:16 2:3 5:6,14 7:6,13 8:12 10:16,21,23 11:10,13 12:15 13:8,12 15:6 16:11 17:14 190:24 196:18
describe 130:23 165:25

described 80:20 111:21
describing 84:13
description 37:19 87:5 211:18
designated 17:20 28:9,20 29:8,19 30:11,23 31:10,11 152:23
despite 142:3 143:4,12
detail 232:10 234:9
detailed 211:14
details 58:25
determination 90:23 145:7 147:8
determine 70:19 72:9 81:20 82:4,8 85:22,25 86:19,21 87:17,23 88:5,6,9 88:15,16 101:17 108:10,16 182:6 182:11 188:22 189:24 232:10
determined 44:2 101:12 106:24 107:11 147:13 148:6 183:19 187:4
determines 70:22 82:10 90:21 103:15 212:23
determining 99:24
develop 58:19 128:12 133:4
developing 57:23 63:24
dictated 128:11
dictates 26:25
difference 102:19 103:3
different 9:16 51:16 75:16,22 85:5 96:25 159:7 165:18 169:16 170:14,14,15 185:13,15,21 195:2 221:13,21 221:24 241:3
differently 58:18 90:18 97:13 101:3 108:21 116:12 123:21 140:4 182:3 184:19,23 234:23 242:14
direct 6:24 122:23 248:3
directed 185:3
direction 181:10
directive 53:11
directly 57:25 58:9 120:15 136:5 245:17
director 18:14 19:23 34:11,18,22 41:14,17 47:8,9 51:2 57:14 61:10 62:6 64:4 119:18 120:4 125:9,18 130:16 132:7 137:10,12 153:5 154:6 162:23 198:12 205:15 221:8,10
directors 45:16
disagreement 220:15
disciplinary 70:23 110:6,22 166:4 177:9,23 178:7,11 179:17
discipline 69:22 70:9 93:22 94:2 94:11,16,21 95:16 95:18 96:11,15,18 97:20 101:5 110:24 111:4 115:12 130:6,22 177:7 180:13 185:8,11 190:5,21 201:6 240:24 248:17
disciplined 200:18 200:20,24
disclosing 104:21
discontinue 224:5 224:14 225:4
discretion 141:15 180:15 184:7,13
discrimination 232:12,23
discuss 136:15 137:17 158:2,21 164:15 190:15 195:10 223:8 239:15,16
discussed 40:12 66:14 108:24 111:6 115:4 116:2 153:9,23 159:19 170:25 171:20 172:4,13,18,24 179:4 183:14 222:14,25 223:7 223:10 226:6 227:2 237:4
discusses 40:17
discussing 158:15
discussion 17:4 84:7 150:12 153:6 158:24 160:21 244:14
discussions 150:8 152:18 153:3 218:23
disease 41:4
diseases 52:5
disfigured 109:10
disk 196:2
disks 195:7
dismiss 110:8
dispensed 141:11
distress 94:20
distressed 112:22
district 1:1,2 5:10 5:11
division 1:3 4:5 5:12
doctor 30:2 32:7 69:8 72:14,22 74:14,15 75:9 77:12 78:9 88:17 93:16,23 94:2 96:15 107:16 108:5,10 110:25 111:23 114:19 115:17 129:20 132:21 144:15,25 145:3,6,9,16,23 146:7,14 148:7 182:22 184:14 185:3,7,23 187:13 187:14 188:21 189:8,10,17,18 190:5,21,25 191:10 199:14,19 201:6 206:14,16 210:14 224:4,14 224:16,22 225:3,8 226:12,16 232:8 232:13,23 241:14 242:5,10,17,24

245:6
doctor's 188:5,6 189:19,24 190:17 231:2 242:18
doctors 21:25 45:15 60:2 69:4 71:14 72:9 77:25 79:17 83:5,12 127:6 130:5 131:7 131:21 135:15,17 144:15,25 152:5 191:6 198:23 199:24 200:17 201:11,16 202:5,6 204:20 205:2,12 207:15 208:22 209:7,13,14 210:5 211:2 212:2,12 213:5 214:22 222:23 223:25 225:9 228:16,19 236:15 238:2 239:9 240:3,16,21 240:24,25 243:4 243:17
document 11:5 12:14 17:9,11,17 26:5,18 72:4 112:6 133:7 139:2 143:17 151:11 155:16 156:4,5 197:7 218:2,18 231:19
documentation 94:13 136:2
documents 10:23 11:2,3 12:8 13:20 14:23 38:11,19 39:4 41:3,7,23 42:5 58:13 73:9 74:4 76:20 120:10 155:20 191:14,18 192:22 200:23 202:14 230:9
doing 55:3
don 33:8
double 171:14
dozen 74:2
dozens 213:4,4
dr 23:13,21,22 33:25 34:2 191:3 191:4
draft 50:3 55:19 55:22 56:2,6,22 115:20 119:10 125:2
drafted 55:13 61:11,23 234:10 234:14
drafting 56:4 118:17
drafts 55:12
drake 3:24 6:12
drawn 220:11
dropped 76:13
drug 64:15 78:10 78:13 87:15 114:17 115:6 129:7 140:15 208:5
drugs 36:8,11 52:22 113:17,19 128:3 137:21 209:16
due 130:6
duis 75:19
duly 6:20
duties 34:7 41:9 202:4
duty 224:4
dylan 1:6 5:8
dysphoria 151:16 151:19 170:4 171:10,18 172:3 203:13 211:4 222:6,13 234:22 235:14

e

e 1:16 2:3 3:1,1 4:1 4:1 6:20,20 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1,18,24 104:1 105:1,7 106:1 107:1 108:1 109:1,20,23 110:1 110:18 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 129:16 130:1 131:1 132:1 133:1 134:1 135:1,5 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 152:1 153:1 154:1 155:1 156:1 157:1 158:1 159:1 160:1 161:1 162:1 163:1 164:1 165:1 166:1,23 167:1 168:1 169:1 170:1 171:1 172:1 173:1 174:1 175:1 176:1 177:1 178:1 179:1 180:1 181:1 182:1 183:1 184:1 185:1 186:1 187:1 188:1 189:1 190:1 191:1 192:1 193:1 194:1 195:1 196:1 197:1 198:1 199:1 200:1 201:1 202:1 203:1 204:1 205:1 206:1 207:1 208:1 209:1 210:1 211:1 212:1 213:1 214:1 215:1 216:1 217:1 218:1

219:1 220:1 221:1 222:1 223:1 224:1 225:1 226:1 227:1 228:1 229:1 230:1 231:1 232:1 233:1 234:1 235:1 236:1 237:1 238:1 239:1 240:1 241:1 242:1 243:1 244:1 245:1 246:1 247:1,1,5 248:1,2,5 250:5 251:2,3,3,3,24 252:2,4,12
earlier 17:14 66:15 68:7 84:20 106:19 107:3 111:6 115:5 116:2 119:6 126:8 144:14 154:16 157:17 160:7 186:23 207:11 211:21 213:3 228:10 236:2,4 237:4
eastern 1:2 5:11
echols 3:25 196:17
ed 130:10
education 21:21 82:17,18,21
edward 31:25
effect 141:22 169:3 180:17 181:12,17,22 182:4,14,21 212:24 216:20 223:15 225:2,3 226:10,19 240:14 241:4,5 242:15 243:10 245:18
effective 54:10 140:23
effectively 45:14
effectiveness 143:6,14 205:11 206:5 208:12
either 12:24 48:2 55:13 124:25 159:21 186:9 191:10 200:11 220:14
elicit 244:8
elicits 191:21
elizabeth 7:10 21:14 30:18
email 155:5 156:4 156:16,23 157:17 157:18 165:5 166:2,7,19,21 167:3,3,6,13,18 192:12 193:3,12 193:21,25 194:5 194:13,13,16,18 229:8,19 230:24 248:24 249:1,8
emails 168:7,14
embry 1:16 2:4 5:6 7:1,4,11 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1,8 18:1 19:1 20:1 21:1 22:1 23:1 24:1,15 25:1 26:1,4 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1,23 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1,9 140:1 141:1 142:1 143:1 144:1 145:1 146:1 147:1 148:1 149:1 150:1 151:1 152:1 153:1 154:1 155:1 155:13 156:1 157:1 158:1 159:1 160:1 161:1 162:1 163:1 164:1 165:1 166:1,4 167:1 168:1 169:1 170:1 171:1 172:1 173:1 174:1 175:1 176:1 177:1 178:1 179:1 180:1 181:1 182:1 183:1 184:1 185:1 186:1 187:1 188:1 189:1 190:1 191:1 192:1 193:1 194:1 195:1 196:1 197:1 197:11 198:1 199:1 200:1 201:1 202:1 203:1 204:1 205:1 206:1 207:1 207:24 208:1 209:1 210:1 211:1 212:1 213:1 214:1 215:1 216:1 217:1 218:1 219:1 220:1 221:1 222:1 223:1 224:1 225:1 226:1 227:1 228:1 229:1 229:15 230:1 231:1 232:1 233:1 233:12 234:1 235:1 236:1 237:1 238:1 239:1 240:1 241:1 242:1 243:1 244:1 245:1 246:1 247:6 248:2 250:5 251:2,24 252:2,4 252:12
emergency 75:5 89:17,22 90:8 91:12,16,19 97:15 140:17
employ 34:10,17 35:6,9
employed 18:6 34:21 35:11,18,19 35:21 36:13 53:3 57:10 62:8,22 102:9

employee 7:18 39:5 157:6 193:8 193:9 247:16,19
employees 20:19 20:25 21:3,7,9,12 22:14,16 39:20 157:19 159:10 192:25 193:4,10
employment 19:9
en 133:13
enact 46:3,8,16,18 46:23 48:16 49:6 49:22 50:21 51:8 60:24 63:2 101:18 127:9 212:7,18 215:17,25
enacted 47:12 53:5 57:9 102:8 161:18 245:14
enacting 55:10 161:20 162:20 213:20
enacts 60:23 62:16
endanger 72:10
endangering 72:23
enforce 180:16 181:12,17 182:7 240:23
enforcement 114:17 129:7 177:3 178:21 180:19 223:14
enforces 179:16
enforcing 179:18 226:2
engaging 72:14 107:16 108:5 240:25
enjoined 181:20
ent 32:7,7 93:16 93:17
entire 17:17 182:10 192:11 193:3
entitled 198:3
entity 42:8 177:8 177:17,22 178:3 179:13,15,16 180:4,8,9,11 181:11 204:8,18 228:11
enumerated 96:19 103:21
eos 91:12
epidemic 61:13 62:3
errata 250:11,13 250:17
erratas 250:15
esq 3:7,8,13,19,24 3:25 4:9 250:1
establish 214:19
established 132:19
estimate 73:22
et 1:7,10 5:8,9 250:4,4 251:1,1 252:1,1
ethical 101:11,17 101:19 102:12 103:16 104:2,7,11 105:15 106:23 107:21 108:13 198:23,25 199:10 199:17 201:10,13 201:16 202:4,5,11 224:4
ethically 198:6,19 199:6 223:20 241:18
ethics 230:16 231:12
eua 140:17
evaluate 34:13 38:6
event 86:18 95:9,9 98:23 158:7 190:18 241:25
events 141:4
evidence 143:5,14 186:9 190:10 205:10,19 206:17 208:12 227:14,25
exact 35:16 60:10 79:13
exactly 40:2 79:22 96:21 237:12 242:13
examination 6:24 247:5 248:3
example 36:21 44:4 49:11 56:3 56:16 57:20 64:13 64:16 74:8 75:21 77:2 78:8 79:25 80:12,13,22 87:11 91:24 93:15 94:4 109:8 111:21 114:3,9 115:4,10 122:25 124:18,19 134:7 146:15 181:7 213:2
examples 74:6,10 75:20 76:5,16 78:6 101:2 103:22 106:22 112:9 117:8 119:2,18
exceed 110:12 129:4,9
exception 23:7
exceptions 175:9
excuse 45:11 53:2 96:12 174:24 177:19 205:7
executive 18:14 19:22 50:20 119:17 120:4 153:5 160:25 164:2,5,7 221:7,10
exhibit 15:10,11 15:13,19,22 16:3,5 16:10 17:10 24:6 24:9,17 25:2,5,7,9 25:13,17 26:2,6 44:11,12,24 51:25 69:19,20 71:7 94:24 105:19,21 109:18 138:10,11 155:4,5,9,13 156:4 165:4,5,9,23,24 175:15,16,22 196:25 197:2 217:11,14,15,17 217:21,24 229:7,8 229:12,16 248:6,9 248:12,15,18,20 248:24 249:1,3,5,8
exhibits 16:9 25:12
exist 210:11
existed 215:9
existing 95:6 98:21
expected 160:12
experiences 227:25
expert 93:18
expertise 56:5,19 56:20,25 57:3 59:5 60:13 81:3 82:12

experts 93:4,6,10 162:13 234:20
explain 35:24 200:21
explore 84:9
express 220:14 238:13
expressed 237:18 237:24
extent 191:20,23 244:4

f

f 135:10 247:1
face 87:22
faced 101:5 130:5 240:20
facility 105:2
fact 158:2 238:7
failing 82:6 104:24
fails 250:19
failure 81:16
fair 42:7 173:5 211:18
fairly 21:12 104:14
fall 14:2,4 43:2 107:18
falls 92:22
familiar 8:9 51:19 61:4 106:7 142:4 197:12
families 236:14 239:8 240:3,15 242:9 243:3 245:17
family 29:3 30:17 32:15 33:7 34:2
far 21:22 32:15 47:17 50:8 82:3 112:7 160:20 189:4,5 193:17 203:8 209:3 219:5
fashion 176:15,17 176:22
fault 175:2
fda 140:16 141:12
federal 181:20
fedex 196:4
feed 16:17
feel 9:25 40:13 89:23 91:10 94:6 170:24 213:13
feels 36:21 225:3
felt 78:10 80:15 214:21 215:15,21 216:12,13,15
field 54:17 56:6 60:14 61:2 79:19 83:7,14,18 93:7,14 182:15 204:11 210:17 234:12 235:5,21
figure 150:24
file 21:22
filed 5:9 14:2,5,8 84:19 169:9 199:24 210:19 224:21 230:4 231:14 238:10
files 193:14,16 230:6,7
filing 230:13,16 231:11
fill 58:25
final 55:18
finance 19:13
financially 247:21
find 10:3,6 15:20 69:6 93:10,12 96:23 182:2 184:7 184:13 185:16 190:20 199:18 232:25
finding 127:19 128:24 159:12 184:22 185:2
findings 197:22
finds 73:12 198:2
fine 110:18 197:17 203:9
finish 8:18
finished 47:7
fired 200:12
firm 5:19,21
first 8:14 15:18 25:7 46:15 89:20 95:14 110:3 156:20 158:17 176:3,4
flags 74:18,20
flip 57:24
focus 189:15
focusing 98:5 111:14 198:17
folder 16:9
folks 84:3
follow 81:16 169:10
followed 85:7 90:9 91:17 169:8
following 103:16 110:10 134:8 210:16
follows 6:23 89:8 129:3 133:20
followup 135:11
food 140:15
foregoing 247:10 252:5
form 12:22 42:15 56:9 83:8 107:25 121:23 133:15 149:16 154:23 159:17 176:14,17 176:22 178:2 184:11 188:11 203:2 204:21 205:5 211:6 213:17 216:22 222:17 225:11 228:7 230:22 234:7,14 235:8,22 236:16 239:10 240:4 241:10,16 242:11 243:5 244:4
formal 72:24 73:18 77:10,14 78:15,17
format 123:19
forms 110:23
formulations 140:22
forth 87:16 247:14
forward 44:5,22 117:15 118:2,19 166:5 183:8
forwarded 167:13 167:24
forwarding 157:16
found 110:9,16,25 111:19 129:20 146:24 148:7 159:20 212:9 219:25 220:6
foundation 94:18 112:21
four 31:12 73:25 134:14 167:8
friends 77:4
front 24:14 26:5 49:18 58:13 73:9 73:13 74:4 76:20

98:3 100:5 120:10 120:19 121:6 123:8 155:14 160:14 162:4 192:9
full 7:8 37:19 63:9 183:13 194:21,23
fully 9:12 209:23 210:4
functions 19:25
further 146:20 225:17 244:14 247:9,15
future 205:24

g

g 3:7 99:22
gained 24:2
gardner 31:25
gary 3:19 6:9
gastric 52:17 132:15,22 133:12 135:18 136:8,16 149:14 160:11 213:2,20
gather 38:5,9,11 38:24 87:4 115:3 188:16
gears 116:25
gender 149:20 150:4,8,12,19,23 151:4,7,14,16,18 151:23 152:6,13 152:18 153:13,17 154:4,9,14,20 155:22,25 156:7 156:13 158:3 162:14,21 170:4,7 170:22 171:8,10 171:17,18,24 172:2,9 177:4 178:16 182:23 186:12 189:18 190:6 203:11,12 210:15 211:4 212:3,13 213:9 215:15 216:16 217:2 222:6,11,13 222:21 224:3,14 224:24 226:4 227:19 228:3 234:22 235:3,12 235:14 237:16 242:19 245:24 246:7
general 4:5,6 6:15 19:4 71:11 72:11 103:14 110:17 111:20 133:10 197:25 203:5 209:2,4,6 221:3 238:6
generally 63:14 88:12 149:2 174:22 175:5 202:21 239:20
generic 39:25 168:25 169:2
genetic 58:8
getting 22:2 135:7 144:4 166:17 189:4 233:6
gill 3:21 5:15 6:12
gilmore 156:24
give 8:17 16:2 40:25 76:5 79:8 79:13 87:11 92:10 94:4 100:10 101:2 115:10 130:12 165:13 238:20 240:9
given 16:20 48:10 68:18 91:3 92:7 92:10 131:25 252:9
gives 67:15 113:3
giving 10:11 25:14 194:25
go 8:10 9:23 16:16 16:24 22:8 23:8 26:22 28:7 34:5 42:5 53:12,16 64:17 66:6 71:6 80:3 94:24 95:21 104:15 124:14 128:20 142:15 147:20,24 167:4 168:6,14,23 176:8 182:8 183:12,21 185:18 187:7 200:15 211:10 215:22 216:10 223:12 225:17 230:6 238:9 241:5
goal 70:13
goes 65:8 84:10 126:6 167:23 212:23
going 8:10 9:8 11:6 16:4,13 22:22 29:3 44:21 51:18 54:4 78:20 83:25 84:4 85:25 94:15 96:20 98:10 98:19 106:4,15 116:20 135:4 152:3 158:2 170:13 171:15 175:21 176:25 182:2 187:23,24 191:19 244:8,11
good 7:3 88:23 93:18 118:23 234:14
govern 211:16
government 50:18 50:20 160:24 161:18 162:19 164:2 181:11 236:13 239:7,25 240:14 242:8
governor 27:6 169:12,23 220:12 220:23 222:3,10 222:20
governor's 50:25 163:3,8,11 169:17 218:8,23 220:16
governs 26:14 126:17
grab 196:21
grand 155:6,21,23 155:25 156:6,12 156:12,21 157:23 158:3 248:25
great 26:3 138:24
griffin 32:9
gross 101:6 128:24
grossly 99:22,24 100:3,12,17 101:6 105:8
ground 203:24
groundrules 8:11
grounds 97:4 98:8
group 146:3
groups 57:22 60:12,13,17 64:2,8 67:24 68:3,4,7,18 81:23
guarantee 135:5 214:13
guess 7:24 55:23 63:3 73:24,25 74:3 84:21

guhman 32:17,19 32:20
guidance 63:23 138:11 139:3,21 141:6 142:5,8,13 142:19 248:20
guidelines 52:8,12 57:6 60:19
guilty 110:4,7,9

h

h 248:5 251:3
habits 129:3,12,15 131:2
half 84:2
hand 225:6,7
handed 165:24
handle 21:16,18 21:20 48:20 118:15 126:6
handles 94:19 126:5
handwritten 230:24
happen 13:24 85:2 121:16,17 182:24 185:10 192:5 201:3 225:13
happened 47:5 48:8 49:12,25 51:5,7 73:3,15,19 80:14 82:14 121:13 130:18 131:17 173:24 200:4,22 238:7
happening 47:18 210:23
happens 9:13 40:8 73:13 74:13 84:15 237:25 238:15
happy 51:22
harassment 105:4
hard 9:6
hardcopies 16:23 25:15
harm 105:11 126:24 131:25 136:9 172:12 187:16 188:8 189:22 190:18
harmed 227:19 228:2
harmful 72:15 78:3 107:17 108:6 116:19 131:20 206:3 215:17 216:17 221:4 238:14,17,19,22
harms 127:3
hb 158:18 162:17 163:4,18,22 164:3 164:11 165:17 169:12 177:12 180:3 192:10 218:9 219:8
hcq 140:19,22 141:7,18
hdllaw.com 166:23
head 60:10 97:21 98:2 112:18 119:25 184:5
healing 80:4
health 13:11 36:3 36:14 41:5 70:11 72:11 122:21,22 123:15 139:7,17 139:24 140:7,9,11 141:6 143:2,10 155:6 156:6,12 157:2 248:25
healthcare 19:19 21:25 22:4,8,17 42:21,25 43:13 67:16 70:15 117:11,21,24 141:13 178:4,8 179:20 198:4,4,18 199:5 218:4 223:19
hear 8:21 12:11 24:20 25:23 74:14 142:21 201:23 220:2 234:16
heard 61:21,25 148:5 169:18 176:6 178:10 234:24 243:22
hearing 89:12,14 89:20,25 90:10,14 90:24 91:4,6,17,21 92:5,6,8,14,15,20 110:2,22 128:25 148:5 149:5 187:21,22,25 188:4,15 189:2,5,6
heather 157:4,5,6
held 2:4 5:14 17:4 84:7 187:22,25 189:7
help 148:2 158:9 167:9 170:7 199:18 239:23
helpful 86:17 171:9 179:24 189:13
henderson 21:13
hereinbefore 247:14
hereto 252:7
hey 219:4 220:12
higher 13:10
highest 70:14
hiring 84:21,21
history 53:17 54:8
hit 173:4
hiv 51:21 52:4
hodges 29:15
hold 18:18 19:8 34:11
holder 95:9,10 98:24
homepage 44:13 45:5 248:13
honest 130:12
honestly 53:18 54:4 130:11 202:18
hormone 151:17 170:22 211:3 212:4 213:24 214:20
hormones 170:7 224:3,15
hospital 59:14 149:21 150:4,9,14 150:25
hospitalized 141:10
hosted 2:5
hour 11:24,24 12:2 84:2
house 105:22 175:16,22 197:8 248:18 249:3
hum 9:5 83:2 132:17 195:24
human 19:3
hutchinson 218:5
hutchison 191:3
hyatt 29:5

hydroxychloroq... 138:4,12 139:4 140:19 143:3,12 248:21

i

i.e. 141:14
idea 87:12 92:12 118:23 157:13
ideas 113:3
identification 15:17 24:13 44:16 69:23 105:24 138:15 155:8 165:8 175:18 217:20,25 229:11
identified 202:4
identifies 39:3 134:25
identify 101:18 135:22 175:22 197:5 229:18
identifying 102:12
ignorant 99:23,25 101:6,7 128:24
imagine 75:8 210:10,12
immediate 75:3 89:23 90:4 109:15
impact 226:2
impose 95:7 96:2 97:20 98:21 110:24 111:16 112:7 115:12 129:2 212:18 213:22
imposed 130:22
imposing 111:24
improper 77:3 104:16 130:6
improperly 113:17
inadequate 213:8
inappropriate 78:11 81:5
include 50:24 68:6 100:18 134:18 195:21 213:19 231:2
included 11:12 98:13 141:3 153:16
includes 48:11 69:3 228:16,19
including 21:3 84:3 151:17 152:8 156:5
incrementally 129:2
incurred 110:21
indicating 141:7
indirect 122:24
individual 43:5,7 48:15 75:2 141:15 143:19 170:18 177:5 178:17 243:15
individually 82:10 98:12 146:18 173:17
individuals 43:17 236:24 241:13
inform 13:17 135:15,17 209:15
information 38:5 38:10,10,25 40:14 53:23 64:5,8,17,18 76:21 84:23 86:9 104:21 115:3 119:9 124:3,10 133:16,19 136:12 141:5 146:10,12 150:2 191:22 192:10 212:15 228:5 234:13
informational 64:19
informed 13:13,16 52:17 132:15,20 133:14,19,25 136:7 148:24 149:9,14 202:22 203:7,14 209:23 210:4 212:15,19 213:7,9,11,21,22 214:19
informing 208:24 209:9
inherently 215:17 216:17
initial 166:18
initiate 242:6
inmates 78:10
input 56:15 123:17 124:23 125:7,23 161:14
inquiry 165:6 166:6 168:19 249:2
inspections 36:4,5 71:19
inspector 35:11
inspectors 35:6,10 35:18,20 36:12,16
instance 118:25 124:5 145:2
instances 149:15
institute 41:5
instructs 13:3
intentions 46:4
interaction 246:5
interest 243:18
interested 48:5 247:21
interests 110:17 111:19 242:21,25
interventions 151:15
interview 166:24
intractable 126:13 126:13
introduce 5:23
introduced 117:14 155:10 158:18 161:6 165:10 229:13
introduction 152:9 162:16
intruding 236:13 239:7 240:2,15 242:8 243:2
investigate 71:13 72:8,16,17,25 77:22 79:17 84:12 84:16 86:20 107:23
investigated 81:6 82:6 108:6
investigating 145:25
investigation 36:22 37:23 40:9 40:14 75:15 77:7 78:25 80:11 81:18 85:10 86:2,21 87:3,9 88:5 109:14 110:21 145:18 146:4,21 183:9 206:15 232:17
investigations 34:14 36:4,5,7 71:18 73:17 77:25 78:24 145:19

investigator 36:23 38:18
investigators 36:16,17 37:2,16 37:20 38:2 39:10 84:22 85:2
involve 81:21 176:21 177:13
involved 39:24 94:17 174:14,15 176:18 198:15 232:15
involvement 192:15
involves 108:3
involving 89:13 114:4 159:9,14 160:3
issue 8:5 16:21,22 47:13 49:14 67:5 67:9 74:7 76:23 81:11 93:7 94:22 95:8,25 98:23 110:13,13 112:18 115:18 144:14 173:2 177:17 206:12 210:18 211:25 217:2,4 223:11 225:6 232:4 236:19
issued 37:25 41:3 41:24 94:23 96:9
issues 34:13 36:7 98:12 113:15 118:13 236:18 237:12,14,16 239:3
issuing 84:24
item 191:16
items 34:9 134:21 192:20
ivermectin 78:14 79:5 144:16,21 145:10,23 147:3 147:14,18,22 148:8,15 207:12 207:16 208:3,11 209:2

j

j 134:15
jail 79:6 144:15
jamiel 166:19
january 23:16
jm 1:4 5:13
joanna 1:7
job 62:10
jobs 21:15
john 6:3 30:5,7
joined 145:17 196:18
joining 102:8
jonathan 3:7
jones 21:14
juli 21:11 166:3 167:13,20,21 168:3 219:15,22 220:14
july 139:5
june 140:15
jurisdiction 177:10,24
justify 74:22

k

k 134:18 166:23
katherine 191:4
kind 9:6 38:16 68:24 93:20 96:16 127:3
kinds 96:14,18 112:13,15 114:8 195:25 200:9
knew 176:13
know 9:14 10:3 13:11,16,23 14:13 22:24 23:10 25:19 28:17 34:24 37:5 37:12 41:14 44:18 44:21 49:17 50:23 51:12 53:9 54:21 55:5,8 63:16 64:14 66:13,17,23 75:12 77:4 80:25 86:16 93:17 94:15 96:21 97:23 100:25 108:25 109:21 111:7,22 113:16 114:13 116:6 120:11 121:25 125:10,20 130:14 132:3,4,9 133:6 135:23 136:17 147:24 149:13,15,23 150:22 151:6 163:16,20 167:2 169:23 170:17 171:2 172:14,21 173:3,22,25 175:12 194:8 197:13,19 198:25 200:20 201:19 203:8,22 204:13 204:22 207:9 209:17,18,19 210:7 213:4 219:19,23 222:15 222:25 223:6 225:14,16 231:13 231:25 234:2 239:2,2 242:3 245:13,20,22 246:4
knowledge 14:19 22:18 48:19,20 50:17,22 54:23,25 58:12,14 99:17 102:14 104:9,10 116:17,24 119:11 132:11 136:25 137:4 139:25 148:23 150:6,10 150:15,17 152:11 152:20 158:5,22 161:4 163:19,23 164:21 170:9,10 205:4 206:6,11 227:7,14,16 246:8
known 133:13 140:24 141:2 208:10
knows 170:11
kodwyer 166:22

l

l 134:21
label 137:21 138:3 141:14 143:3,11 208:5
lack 143:5,13
land 4:9 6:14,14 10:25 11:19 12:9 12:12 13:8 15:18 24:16,21,22 25:5 25:20,25 42:15 44:20 56:9 69:24 83:8 105:25 107:25 121:23 138:6,18,23 154:23 155:11 159:17 165:11 175:19 177:25 184:11 188:11 191:19 202:25 204:21 205:5

207:19 213:16 216:22,24 217:23 221:15 222:17 225:11 228:7 229:14 234:6 235:8,22 236:16 239:10 240:4 241:9,16 242:11 243:5 244:3,11,18 246:11,15 250:1
language 58:16,20
laparoscopic 133:13
large 156:5
laser 52:9
launched 85:11
law 46:9 67:13,14 67:15 120:18 161:17 165:17 169:13,24 180:21 181:19 182:4 185:20 197:12 201:19,21,24 202:2 210:13 215:6 218:9 222:4 224:8,9 237:4 241:6 243:2,11 244:20 245:14
laws 117:4 225:18 244:21,23
lawsuit 7:22 13:25 14:4,8 165:21 166:14 168:9,18 169:5,9 246:3
lay 37:17 136:7
laying 178:24
learn 212:12 224:22 227:13,22
learned 115:16
leave 12:25
leaves 208:13
left 109:10 141:15 143:19 208:15 222:22
legal 2:6 4:12 112:6 185:24 186:3,5,16,18 225:14,19 226:20 239:17 241:7,23 243:12 250:23
legally 198:5,19 199:6 223:20 241:18
legislation 13:21 53:14 117:6 192:16 234:10 239:14
legislative 66:9 164:3,8 176:11 197:22
legislator 48:15 123:14 163:21
legislators 123:10 123:18,23 124:11 125:5,14 128:17 163:14,15,17 173:6,10
legislature 46:12 46:22 47:10,14,23 48:11,12,19,23 49:5,10,21,22 50:2 50:4,15,19 53:11 58:17 61:12,16,24 62:15 63:2,6,10 65:8 66:4,10,20 67:6 102:20 117:3 117:20,24 118:12 119:3,8,12,20 120:21 121:3,4,21 122:4 123:18 128:15 158:18 160:25 161:7,15 187:5 214:14,17 216:3,21
legitimate 128:4
lengthy 216:7
leslie 1:10 3:13 5:9 6:1 7:4 15:21 138:18 197:3
lester 3:7 6:3,3
letter 85:14 86:14 200:10
letters 21:18
level 188:24 205:10,19 226:7
levy 110:18
liberties 3:10,15
license 2:8,10 7:23 7:24 22:2,5 34:12 42:22,23,25 89:16 89:19 90:6,9,14 91:2,8,10 92:4,16 92:21 95:7,8,25 96:8 97:3,9 98:9 98:21,23 108:22 109:12 110:11,12 111:8,13 113:8,10 114:15,16 118:3,7 118:15,24 129:7 129:10,13,16 130:21 131:8,11 183:11 185:17,23 186:10,14 187:23 187:24 189:8,9,11 191:3,4 228:14 247:25
licensed 22:8 43:9 43:11,17 75:9 93:23 105:7 112:22
licensee 74:15 76:2 84:23 85:17 85:17,21 86:2 88:18 89:9,13,15 90:13,20,24 91:2 92:7 95:18 108:15 110:14 111:17 115:8
licensee's 231:3,9
licensees 21:20 67:4 74:16 78:2 94:19 119:15
licenses 43:22 68:24 70:17 117:24
licensing 8:3 21:24 43:2 46:10 68:22 117:11,20 119:20 124:7,19,20 157:10 160:16 177:8,17,22 178:3 178:10 179:13,16 180:4,9
licensure 20:10 21:24 58:8 69:7 118:18
lieu 128:23
life 80:13
lifetime 135:10
limit 88:13
limitations 230:16 231:11
limited 96:4 108:25
line 84:6 177:2 251:4,7,10,13,16 251:19
lines 169:6 192:10
link 194:10
liscensees 43:20
list 23:17 34:9 51:18 100:10 120:19 157:19

191:16
listed 17:23 18:3 38:3 41:21 95:7 96:3 97:4 98:22 99:18 103:23 167:11 246:2
listing 40:2
lists 99:7 103:18 133:23 134:10,21
little 1:17 3:18,23 4:8 5:16 25:24 46:14 68:21 74:3 84:9 98:18 223:15 223:17 234:23 239:20
llp 3:4
loaded 195:8
loading 138:19
lobbied 173:6,9,10
lobby 164:14 173:12,13
long 11:22 112:3 112:19 135:6 162:23 216:9,21 220:10
longer 23:18 28:17 33:18 140:20
look 11:7 23:17 27:13 38:24 40:22 42:5 51:23 53:19 54:8 56:5 57:5 58:7 63:23,25 64:7 69:17 71:22 75:17 88:9,14,19 98:15,17 99:3,21 100:20 101:9 103:9 106:16 109:17,19 114:2 126:10 127:22 128:22 132:13 133:7 135:25 142:15 146:20 147:25 165:14 168:7,14,14,24 183:22 190:9 197:21 199:3 230:6
looked 51:14 88:11 111:15 176:20
looking 34:4 53:21 54:5 81:22 133:8 176:15 185:13 200:22 202:13 234:2
looks 157:16 166:18 167:10
loss 135:6
lost 23:23,25
lot 13:16 48:11 113:25 159:14
lots 51:16
louder 25:24
lynch 166:19

m

m 6:20,20 134:2,3 134:25 247:2,24
ma'am 22:13 45:22 60:9
mail 196:3 230:25
main 130:2
majority 48:13 64:21 115:14 194:22
making 12:23 15:20 42:2 68:19 230:21
malpractice 99:23 99:25 101:7 128:24
manage 19:24 20:2
management 19:4 129:25 131:4 135:6
manager 18:23 20:16 21:10 39:19
manager's 21:10
managers 19:25 20:21,24 21:3 157:11
mandate 61:8
mandated 132:25
mandates 58:23
mann 3:24 6:12,12
march 54:9 229:9 229:20 249:8
mark 15:9 17:10 24:5 44:11 69:19 105:18 138:9 165:3 175:14 196:23 217:10 229:6
marked 15:16 16:9 24:12 26:6 44:15,24 69:22 71:7 105:23 138:14 155:4,7 156:4 165:7,23 175:17 196:24 197:4 217:19,24 229:10,19
market 220:25 221:5,12
material 10:14
materials 10:17 38:20,21 195:14 196:2
matt 156:24
matter 5:8 122:8 125:24 203:5
maureen 1:25 2:7 5:21 247:2,24
mcgee 23:13
mean 16:16 18:10 38:13 42:12 43:14 56:25 57:3 58:4 60:18 67:8,14 82:22 99:6 100:9 100:14 113:3 117:25 147:12 151:7 174:8,18 186:6 192:25 201:21 209:3 211:11 214:11,12 214:15 215:20 216:5,6 223:3 224:9 232:9 233:16 240:19
meaning 86:9 112:2 117:19
means 9:7,21 67:11 74:21,24 100:12 167:5 178:21 211:6 241:21
meant 167:20
measure 119:20
media 79:11,11 159:21 166:20 173:4 176:6 220:4 220:5
medical 7:25 15:15 17:21 18:7 19:15 21:20 22:16 24:7,9 26:10,10 27:8,25 28:11,12 28:13 34:4,8,11,13 34:18,21 35:4,8 38:16 40:21,25 41:10 42:3,18 43:6,10 44:14 45:9,12,15,15,16 46:5 47:18 54:16

59:14,20,22 63:21 64:2,2 66:25 67:18,24 68:3,8,18 68:24 69:3,7,11,21 70:5,10,15,17,19 70:20,21 71:7 81:12,15,17,21,22 82:7,15,16,21 83:4 83:11 85:23 86:13 87:4,10,13 88:17 88:19 92:3 94:25 95:6 98:20 99:5 100:19 103:15 106:20 107:5 108:18 109:17 110:19 111:2 112:21 116:16 120:14 122:9 126:10,17 128:4,5 128:21 135:11 136:22 137:2,7,14 140:6,9 141:12 146:25 147:9 148:9,25 149:10 151:4,7,14,15,23 152:6,13,19 153:13,17 154:4,9 154:14,20 155:22 159:15 162:14 171:8,17 172:9 173:18 174:3,23 175:6 178:23 179:14 182:23 186:12,25 189:19 190:6 191:3,4 195:3 203:6,10,12 203:21,23 204:20 205:3,13,18 206:18,24 207:5 209:8 210:2,15 212:3,14 213:10 215:16 216:16 217:3 221:5 222:5 222:12,21 224:24 226:4 227:19 228:3,13 234:3,12 234:20,21 235:4,5 235:6,12,15,15,19 236:6,14 237:17 239:8 240:2,15 242:19 243:3 245:24 246:7 248:7,9,14,16

medication 129:22 141:19

medications 130:3 141:14,22 211:15 211:22

medicine 32:15 33:7 34:12 42:10 42:13,23 43:7,8 47:19,21 75:12 76:18 77:17 117:5 120:6 121:20 125:24 204:9,12 204:18 228:11,24 233:13,23 234:5 234:15 235:20,21 235:24

meet 11:23 94:17 111:9

meeting 13:18 14:6 40:13 66:24 74:24,25 80:23 90:2,5 91:24 92:9 119:7 125:4 158:24 173:19,21 188:21 189:3 194:11 195:7,11 195:13

meetings 20:3 75:2 142:15 147:25 153:7,23 237:11

meets 203:18

member 14:12,14 15:4 48:4 49:4,14 49:21 73:12,13 93:17 113:2 122:19 137:5 153:8 161:15 163:2,10 170:18 238:24

members 22:20,24 23:2,3,15,18 27:5 27:24 28:8 38:8 40:12 56:14,14,15 60:13 80:24 82:9 123:10 124:15 142:18,22 149:23 150:11 153:12 159:3 160:3,4 170:14 173:16 181:15 193:11,13 193:15,17,20,22 194:3,19,25 210:8 219:11 227:10 237:24 238:5

membership 26:25

memory 55:3

mention 20:7 39:9 49:12 67:21 74:8 231:9

mentioned 12:19 31:12 53:6 60:4 62:14 63:20 68:7 72:19 97:22 144:14,20 196:20 222:3 223:17

message 220:22

met 11:18 121:10

meua 141:19

mic 25:24

michelle 191:3

middle 45:9

mind 92:12 120:2

mindful 83:24

minor 172:2 174:4 174:12,14,18 175:10 186:13 202:23 242:16,20 242:23 243:15

minors 151:4 152:14 154:20 175:6 203:5,12 210:16 212:3,14 213:10,24 214:20 217:3 222:22 226:23 227:8,15 227:18 228:2 246:6

minute 16:2 119:23 218:15 246:9

minutes 84:5 88:24 196:8 202:19 218:7 233:5

mission 45:10,12 45:24 70:11 71:3

misspeaking 145:15

misunderstood 66:18

moment 15:12 16:25 72:2 138:20 165:13,15 235:25

monday 229:20

monitor 129:3

monitoring 87:15 114:23,24 115:2,6 129:11,14 130:21

130:23,25
monitors 112:22
month 131:6
months 14:11 15:2 23:14 129:5,9 131:2,6 216:7,10
morning 7:3
morris 157:5,12 157:14,17
mother 1:7
move 118:19 183:8
mp 131:5
multiple 144:25 145:5,16

n

n 3:1 4:1 248:1
name 5:18 7:8,10 21:11 28:16 59:23 60:10 63:18 103:5 103:6 231:3,3,9,17 231:18
named 16:9 166:19 167:11 230:15
national 41:5 63:25 64:8,14 68:3
nature 64:6 117:6 145:21 190:12 194:9 228:6
naturopathic 118:3,10,11,24 119:19 121:2 123:2 124:6
naturopaths 120:2
navigate 225:9
nay 56:22
nearly 53:13 142:9
necessarily 77:13 83:15 201:21
necessary 35:7 212:10 215:22 252:6
need 9:25 10:4,7 16:13 21:17 36:21 39:7 40:2,16 53:12 64:14 75:5 77:21 80:10 86:2 86:4,21 87:8 88:5 94:12,13,17 97:24 98:13 102:3 106:13 108:9,16 111:9 113:12 117:15 136:13 142:15 144:7 146:20,21 154:7 167:6 175:7 182:6 183:10 185:18 188:4 213:13 214:6 225:15 226:21 234:9 241:7,23 244:13 244:14 245:15
needed 64:10 111:23 216:14
needs 37:23 40:18 44:2 62:15 75:6 75:23 85:17 91:10 124:17 180:21 182:18 183:9
negative 171:14
negligent 99:22,25 100:3,12,17 101:7
neither 220:18 247:16,19
never 50:25 51:12 82:13 132:5 146:5 146:9 152:8,11 169:21 171:9,18 171:20 172:18 178:10 215:9 217:3 222:14,24 223:7,8
new 3:6,6,12,12 9:2 21:12 203:24 203:25 232:7,8
news 73:11 74:9 74:12,14 78:18 159:21 176:5 181:6 220:5
nod 9:5
non 28:12 30:24
normally 156:16 235:21
notary 2:10 6:21 252:13,19
note 250:10
noted 252:7
notes 10:16,18 121:6 168:7,15,24
notice 2:6 11:9 15:10,13 16:10 17:13,23 18:3 92:7 190:24 191:2 191:13 221:18 233:22 234:3 244:7 248:6
notified 15:5 73:10
notify 14:16,21 104:25 230:20
noting 158:7
number 17:22 34:9,9 58:7 79:8 79:14 130:12 144:20
numerous 94:9
nurse 44:4
nurses 44:5
nursing 44:5
nutritional 134:14
nutshell 20:6

o

o 166:23
obgyn 33:15
object 12:20 42:15 121:23 154:23 159:17 177:25 184:11 188:11 191:19 213:16 216:22 221:15 222:17 234:6 241:9,16 244:3,7
objected 202:25 221:23
objection 12:9,13 13:3 56:9 83:8 107:25 138:6 191:25 204:21 205:5 207:19 225:11 228:7 235:8,22 236:16 239:10 240:4 242:11 243:5
objections 12:22
obligation 199:2 199:17 202:6,11
obligations 198:23 201:11,16
obtain 213:6
obtaining 213:23
obviously 159:13
occupational 45:18,18 59:18 60:5,6,8 68:9
occur 158:8 225:12
occurred 14:7 70:22 87:24 88:6 90:22 130:13
occurrence 80:9 80:10,21

occurs 89:14
offenses 99:2
offer 57:2
office 4:6 19:4 39:2,13,14 50:25 85:6 118:15 122:18 163:3,7,8 163:11 227:10
officers 31:12
offices 38:8
official 50:18 93:11 158:23 160:24 161:19 162:19 164:2 181:11 193:21
oh 66:18 73:4 82:24 93:24 134:3 232:20 238:25
okay 7:15,20 8:22 8:24 9:9,10,18,19 9:22 10:8,9,14,20 11:7,15,18 12:7 13:5,6,15 14:16,20 14:25 15:9 17:16 17:19 18:16 21:5 22:14,19 24:4 25:11,15 26:8,20 27:23 30:18 31:2 31:13 32:25 33:16 33:20 34:3 35:2 37:12 41:19,22 42:7 46:13,21 48:10 49:20 50:17 51:8 53:9,19 54:2 54:15 56:11 58:7 58:15 59:8,13 60:4,11 62:4,13 65:15 66:10 67:21 68:17 69:13,16 71:6 72:5 77:19 83:24 84:4 85:12 88:22 93:9 96:5 96:24 99:19 100:23 101:2,15 102:4,11 103:4,8 104:14 109:4,24 111:14 125:21 126:4,8 127:13 130:18 132:4,13 132:16 133:3 134:7 135:10 136:3,6,18 137:11 140:12 141:25 142:12 143:21 144:19 145:13 148:13,24 149:8 151:12,25 152:2 153:20 154:25 157:12,15,21,25 158:17,23 161:5 161:17 163:24 164:10 165:2 166:12 167:10 168:16 175:9,19 178:12 179:7,12 179:23 180:7 181:9,24 182:17 182:20 185:7,18 190:23 191:12 193:20 194:24 196:6,9 197:11 198:13,16 199:4 199:13,23 202:19 203:3,9 204:7 209:12 210:10 213:19 215:13 216:12 218:20 220:13,22 221:20 223:3 224:12 225:25 227:17 229:5,15 230:2 231:4,22 233:21 235:18 236:9,12 244:2,10,19 245:4 245:10,22
onboard 214:18
once 7:16 8:7,22 48:8 76:10 80:14 86:14 183:5
ones 37:8 53:6 57:12,14,16 59:11 59:12 73:8 97:22 120:8 197:4 245:25 246:2
ongoing 146:8
open 71:10 78:24 78:25 87:8 133:13 145:11,14
opinion 122:10 171:21 217:17 218:2 221:7,7,14 221:22,25 225:18 233:14,17 249:5
opinions 170:15 221:17
opioid 61:5,13 62:2
opioids 87:16 126:9,22 127:7,11 130:7 131:24 212:5
opportunity 92:11
option 65:22
options 96:19 111:5
oral 1:15 140:21
order 75:5 89:17 89:22 91:12,16,20 112:5,11 113:5,12 113:18,22 114:24
ordering 105:9
orders 112:2 113:25 114:5,8,12
organization 27:17 56:24 94:19
organizations 41:20,24 59:17 60:20 63:22 68:9
original 188:13 192:8 194:8
orthopedic 56:18 56:24
orthopedics 56:3,6 56:17
orthopedists 57:2
osteopathic 28:4 45:15
osteopathy 30:2
outcome 86:16 184:17 186:21 231:21
outpatient 141:9
outside 47:2 49:20 50:18 74:25 154:22 173:20 221:17 244:6
outweigh 141:2 171:25
overprescribed 212:6
overprescribing 114:11 127:7 211:2 212:4
overprescription 126:21 127:10 130:2
override 204:19 204:25
overstep 94:6
overutilizing 105:8
owen 3:21 5:15 6:13 157:4,5,6

ownership 105:2

p

p 3:1,1 4:1,1
p.m. 144:9,12 196:11,14 233:8 233:11 246:14,18
pa 3:21 5:15
package 194:9
packet 100:4,8 194:25 195:14
paden 32:25
pagan 166:2 167:11,16
page 26:9,23 40:23 45:6 70:2 95:2 109:21 128:8,22 176:25 251:4,7,10 251:13,16,19
pages 192:19
pain 126:13 128:2 129:22,24 131:4 211:15,22
painkillers 77:5 126:18
pandemic 121:11
paper 25:9
parameters 203:18
parent 174:6,9,14 174:18 242:16,24
parents 174:2,22 175:7,11 202:20 203:6,13 222:22 242:20 243:17
part 35:3 40:21 61:21 83:23 88:21 91:4 94:11 100:3 100:7 106:12 108:18 114:11,24 133:4 150:18 156:9 162:9 194:8 194:20 197:15 220:2,22,25 222:12 224:13
particular 46:17 54:17 60:25 63:13 64:15 71:9 74:10 93:14 96:16 106:12 116:15 118:4 137:2,7,13 147:17 156:18 157:23 160:10 189:21 197:15 203:20 204:10 205:18 206:2 235:19 236:5
parties 247:18
party's 218:3
pass 47:11 48:9 160:12 162:9 211:12 213:11 214:18 216:19
passed 13:21 50:7 51:17 61:8 120:5 120:13 153:22 160:10 244:20
passes 64:21 117:3 212:22
passing 148:14 154:3
paste 58:3
patient 94:9 104:22,25 105:10 105:11 133:14,15 133:19 136:13 172:2 174:7,10,11 174:13,17 187:15 187:16 188:7,8 189:21,22 190:18 197:19 198:6,20 199:7,10,15 201:7 208:6,8 223:21 224:5,23,23 225:5 226:13 232:2,7 237:21 238:7,8,17 239:3 241:19 242:16,16,21
patient's 141:12
patients 76:8 78:3 87:10 94:8 104:17 133:24 135:15,17 141:16 143:20 149:17 198:2 199:25 200:18 204:19 205:2 208:13,16,19,23 208:24 209:8,15 209:21 210:3 213:6 232:8 236:25 237:8,19 237:25 238:14,23 242:3
pdmp 87:14 115:5
penalties 95:7 96:2 98:22
pending 10:6 34:14 191:7
penny 21:13
people 13:17 23:17 48:11 70:12 167:8 221:4 245:5 245:10
perceived 90:16
perform 132:21
performing 105:9 116:15 133:12 135:18
period 65:5 66:8 67:22 129:8 158:19
periodically 9:24
permit 242:22
permitted 137:22 205:12 207:6 209:22 210:3
person 6:11 28:16 67:12 90:10 167:5 184:8
personal 193:24 194:13 221:6,14 221:16,22,25 244:5,9,12
personally 246:4
pharmacy 36:2,13 36:23 37:3 39:10
philips 33:8
phone 219:24
physician 27:12 28:5,24 29:11,23 30:14,21 31:14,21 32:4,8,12,23 33:4 33:11 36:20 45:16 59:15 68:10 76:6 82:2 86:16 104:20 105:5,8 114:10 115:8 119:19 121:2 124:24 129:4 174:6,9,13 174:17 183:3,17 188:16,17 190:13 190:14 195:18 200:13,14,15 208:7,8 230:14,14 233:20
physician's 129:10 129:13,14,16
physicians 27:15 27:20 30:24 33:21 104:12 105:15 112:22 118:3,11 118:24 120:16,23 123:2 133:11 176:19 179:25

180:9,10,13 194:23 208:14,15 208:20 237:18
place 211:16 247:13
placed 26:5
places 69:13 99:13
plaintiff 5:7
plaintiff's 196:17
plaintiffs 1:8 3:3 6:2,5,8,11,13 7:5 190:25
plan 162:8
planet 68:16
plastic 31:17
please 5:23 6:18 9:17 24:6 69:18
plus 143:6
pocket 110:20
point 10:3 22:21 63:4 66:3,5 85:19 122:2 124:24 145:8 160:20 197:17 209:11 243:24 245:13
popped 25:20
portion 128:7
position 18:18,21 18:25 19:6 28:10 28:21 29:9,20 30:12 31:10 157:8 164:11,16,20 165:16 168:8,11 170:21 171:4,8,16 171:23 172:5,15 172:17,21,23,25 208:18 209:20,25 227:3,4
positions 21:7 173:17
possibility 160:22 164:16 240:6,8,11 240:13,20 243:20
possible 136:4 168:20,20 184:16 184:17,18 186:21 189:23 190:2,22 212:6 243:8,13,19
post 69:18 217:18 218:2 249:6
posted 15:11
potential 74:6 134:10 140:25 141:2 208:25 209:9
potentially 65:19 84:21 107:23 109:11 188:5
power 35:5
powers 41:9
practice 22:3 28:13 29:2,4,13 30:16,17 31:16,23 32:6,14 33:6,14,24 34:2,12 42:9,13 43:3,21 47:19,20 67:5,9,10 75:11 76:17 77:17 81:12 81:15,17,21 112:3 112:19 125:24 128:4,6 131:14 222:5,12 235:13
practices 24:7,10 26:10 34:4 35:8 40:21 41:10 45:14 46:5 57:6 60:19 60:25 67:18 69:11 70:21 71:8 82:7 83:5,11 85:24 86:13 88:17,20 92:3 94:25 99:5,9 106:20 107:6 108:18 109:18 110:19 111:2 114:6 120:14 124:19,21 126:11 126:17 128:21 146:25 147:10 148:9 178:23 186:25 235:5 248:10
practicing 27:11 42:22 43:7,8 72:9 72:22 110:15 111:18 112:14 113:6,13,19 114:14,20
practitioner 28:11 45:20
practitioners 27:9
precautions 51:20 52:3
preference 25:10
pregnancy 135:2
preliminarily 181:20
prepare 10:21
prepared 17:25 40:10,11 152:25 233:25
prescribe 113:19 114:18,20
prescribed 115:8 141:11 147:14 148:7 208:6
prescribing 78:9 111:8 129:3,12,15 130:25 144:16 145:10,23 207:16 209:16
prescription 36:8 36:11 64:15 87:14 113:16 114:6 115:5 126:9 129:21 130:6 208:9 209:4
prescriptions 61:5 77:4 126:18 209:13 211:17
present 4:11 38:7 38:8 39:2 40:15 91:3 93:4 112:25 125:2
presented 40:11 85:7,21 87:7,22 146:17 183:7
presenting 227:24
press 164:22,25
presumably 39:16 39:23
pretty 140:14 144:4
prevent 8:20 10:11
prevention 41:4
previous 47:9 56:10 62:10 102:6 203:2 213:17 222:18 228:8 241:10
printout 44:12 69:20 248:12,15
prior 19:8 55:5 102:8 133:11 162:16 181:24 247:4
privilege 13:2 191:22
probably 12:18 22:23 43:5 176:14 239:21
probation 110:14 111:16,24 112:7

problem 10:7 126:22 212:8 216:13
problems 154:19
procedure 49:14 67:13 205:22 213:7
procedures 47:17 66:16 67:3 105:10 116:4,8 160:11 162:22 171:25 177:5 178:17 180:2 222:4,11
proceed 7:2 225:16 239:18
proceedings 246:17 247:11
process 25:16 40:9 49:25 55:10,21 61:12 62:25 66:7 66:9 72:21 84:10 84:14 85:6,9 89:8 102:24 115:22 117:2,2,17 118:18 132:21 145:24,25 169:8,10 182:5,9 200:16 211:11 212:16,23 215:2 215:22 216:7
processed 21:17 85:13
produced 217:22
products 140:25
profession 70:17 72:10 234:4
professional 2:9 57:22 59:5,8,25 60:7 63:21,25 67:24 68:3 81:23 235:6,6,16 247:3
professionals 42:3 42:21 43:10,13 60:14 178:4,8 179:21 228:13
program 87:15 115:6,7
prohibit 116:9,11 136:18,21 137:2,6 137:13 138:8 205:17 207:15 208:2 215:18 240:24
prohibited 180:2 184:9,15 185:4 198:5,19 199:6 205:22 223:21 240:22 241:18
prohibiting 115:19 116:23 131:24 136:16 148:14 234:25 235:18
prohibits 116:14
promoting 226:23
prompt 75:14 76:24 77:6
prompted 53:10 53:14,24 54:11 74:12
promulgate 46:11 160:17,18 214:9
promulgated 104:8 116:13 135:25 160:19 161:25
promulgating 160:22
promulgation 55:21 61:11 66:7 115:21 211:11 212:22
proof 74:22 186:11
properly 214:22
proposal 136:25
proposals 208:2
proposed 63:4 66:11 67:23 132:5 137:6 148:17,21 206:16 207:14
protect 45:10,12 70:11 76:9,14 131:20 136:8
protected 232:13
protection 4:5
prove 232:23
proven 232:18
provide 53:22 60:13 83:5,12 116:11 124:3,10 202:22 203:13 205:12 208:23 209:7 212:13 225:8 226:12 245:7
provided 40:5 54:17 70:14 79:17 116:9 150:2 151:11 181:10 183:4 195:5 206:25 207:2,6 211:17 227:9
provider 7:25 28:12 75:9 117:12 117:21 118:5 141:13 224:7
providers 22:2,4,8 27:25 28:14 67:16 68:25 117:25 118:5 179:14 195:3 198:4,5,18 199:5 223:20
providing 76:3 78:2 152:5 179:21 180:2 182:23 183:18 184:8,14 185:4 186:12 189:18 190:6 200:13 203:7 210:15 212:2,14 213:24 222:21 224:15,22,25 226:16 240:21
provision 26:25 52:20 61:17 71:10 71:18 72:7 95:15 101:17 106:17,20 126:16 128:6 132:14 177:4,11 178:13,16,23 199:14
provisions 35:7 53:4,10 88:10 99:20 107:9 108:11 129:21 134:4 135:14 136:6
psychiatric 134:17 134:18
psychiatry 29:14
puberty 151:17
public 2:10 4:5 45:10,13 65:4,12 65:17 66:8 67:21 67:22 68:15 72:11 72:23 75:3,17 76:9,15 89:24 90:16 108:4 109:16 110:18 111:20 126:25 131:20 132:2 136:9 155:6 156:6 156:12 159:14

248:25 252:19
pull 191:2
pulled 105:25 165:11 175:19 176:6,10
purpose 143:15 197:22
purposes 46:4
pursuant 2:6 41:8 103:13 133:9
put 18:5 42:17 54:18 58:3 61:11 65:12 75:17 106:17 115:21 118:2,16 120:18 125:13,14 172:11 176:5 192:21 196:16 226:9
putting 225:21 242:3

q

quality 70:14
question 8:18 9:2 9:14,16,18,21 12:22,24 13:22 27:18 39:8 49:2,9 56:10 71:11,25 77:20 81:10,25 83:9 93:22 95:14 125:22 136:20 143:8 149:7 152:3 156:10 159:7 165:18 169:16 170:25 171:14 177:20 183:20 184:19 186:16 187:10 188:13,14 191:20 203:2 204:23 207:14,23 213:17 216:2 222:8,18 228:8 231:10 232:21 233:19 234:7,18 234:23 235:9 239:6,11,20 241:4 241:10 242:13 244:4,8,16,17
questions 9:12 10:5 12:21 21:21 22:20 84:6 89:10 99:19 123:25 124:2,7 125:6,14 163:14 178:13 218:16 221:16 223:13 246:12
quite 79:12 127:21

r

r 3:1 4:1 6:20 166:23 247:1 251:3,3
radiologist 45:20
radiology 45:19
ragon 3:21 5:15 6:13
raised 206:13 217:4 225:20 238:4
raises 241:25
randomized 207:2 207:8
randy 4:12 5:18
rape 76:7
rare 47:4 48:6 91:11
rarely 94:21
ratto 1:25 2:7 5:21 247:2,24
reach 56:23 57:21 122:20 163:25
reached 123:6 146:5
read 28:16 34:15 45:7,21 53:17 70:8,24 71:24 95:4 97:17 98:11 101:13 106:10,13 133:20 135:7 140:13 141:24 162:5 166:12 178:15 180:20 197:13,16 218:15 218:19 229:24 246:16 250:9 252:5
reading 128:6 130:24 198:8
reads 86:8,8
ready 182:14,18
real 80:13
realize 16:22 117:23
realizing 171:13
really 8:15 75:12 75:19 87:18 93:11 159:18
reason 81:17 199:16 238:20 250:11 251:6,9,12 251:15,18,21
reasonable 140:21 140:24
reasonably 141:24
reasons 218:11
recall 14:13 32:16 42:4 59:9 76:19 101:8 113:24 125:8 142:14 143:24 155:18 156:17 157:22 160:15 162:6 163:6 164:24 169:14,22 200:19 200:23 202:23 219:23 220:19,21 220:25 223:23 239:5
receipt 250:18
receive 79:5,23 85:19 86:25 156:16 221:12 242:23
received 10:23 11:3 12:15 13:19 15:15 24:12 44:14 51:3 69:22 70:18 79:15 85:15 86:10 105:22 138:14 146:16 151:2 152:4,12 155:7 156:15 157:22 165:7 175:17 182:9 183:6 188:2 192:6 217:19 227:20 228:4 229:10
receives 70:15
receiving 172:9 226:3 237:9 241:14 242:4 243:16 245:5,23 246:6
recess 89:3 144:10 196:12 233:9
recognize 17:10 26:4 44:24 70:2 166:7 170:6 172:7 222:2,10
recognized 235:4 235:13
recognizes 170:11
recollect 123:7
recollection 142:10 158:10

162:3 198:10 231:21
recommend 242:6
recommendation 242:18
recommendations 93:13
recommended 141:21
recommends 242:5
record 5:2,24 7:9 8:10 12:23 16:24 17:3,5,7 24:20 26:9 49:3 84:8 89:2,5 106:4 138:25 144:9,12 156:9 158:6 165:25 166:6 175:3,21 196:11 196:14,16 229:18 233:8,11 246:14
recorded 5:5
records 23:9 38:16 87:4,5,10,13
red 74:18,20
redo 177:20
refer 111:25 150:22,23 245:7
reference 100:15 100:15
referenced 250:6
referencing 229:22
referral 177:4 178:16 200:14 224:15
referred 17:14 42:24 43:6 103:10 131:3
referring 11:4,9 121:2 151:15 161:11 224:6
refresh 158:9 198:9
refresher 97:25
refusal 95:24 231:25
refuse 95:8 98:23 232:8
regarding 18:2 22:7 124:11 129:21 152:5,12 155:21 161:8,20 163:22 164:3
registered 2:9 247:3
regular 9:3 74:25
regulate 42:13 44:4 67:2,16 211:5,6
regulated 235:21
regulates 204:18 235:24
regulating 42:9,21 43:12,14 45:14 204:8 228:11 234:3
regulation 22:9 42:3 46:17,19,23 47:25 48:14,16 49:6,23 50:21 51:9,25 52:8,14,16 52:21 53:20,22 54:6,19 56:2,5,7 57:20,23 58:23 59:2 61:5,7 63:3,4 64:21 65:11,20 66:11,19 102:17 102:22,25 103:9 103:17 107:22 108:14 117:4 120:6 121:20 122:9 127:20,21 127:24 128:10 132:6,14,24 133:4 137:6 148:14 154:3,8 159:15 162:9 195:22 201:12 204:11 206:16 211:7,16 212:7,21 213:3,11 213:20,21 215:4,6 215:18 216:19 228:23 233:13,22 234:5
regulations 24:8 24:10 26:11,14 46:3,8 51:15,17 52:13 55:10,12,25 57:8 58:16,20 60:23,24 62:16 63:15,24 65:5 67:23 71:8 102:17 127:10 129:18 149:13 160:8,9,13 161:20,25 162:21 211:15,22 212:18 248:10
regulatory 20:9 21:6 22:11,15 39:16,18,20 40:5 55:24 69:21 70:9 71:4 166:4 167:24 248:16
rejected 66:11,20
relate 114:5
related 19:18 52:4 63:21 76:3 123:25 141:6 154:19 163:4 173:11,18 195:17,22
relates 52:20 55:23 95:24 195:2
relating 36:7 56:3 160:13 162:10
relation 76:17
relationship 94:8 104:17 140:5
relative 247:16,19
released 139:12
relevance 138:7 207:20
relevant 41:7 63:11 83:18 93:7 106:17 179:18 192:23
relied 59:10
reload 16:5,8
remdesivir 141:19 141:23
remember 54:14 60:9 63:18 107:6 119:25 168:5,13 211:23 218:10 219:14 231:17 244:17
remembering 231:18
remote 1:15
renew 120:16
renewing 120:23
repeat 83:9 106:25 143:8 148:19 149:3,4,8 171:12 184:10 209:24 211:19 222:7 235:9
rephrase 73:16 171:15 205:8 216:14
report 38:7,21 39:2 40:4,10

84:24 87:14 94:14 97:23 115:7
reported 1:24
reporter 2:8,9 5:20 8:21 16:13 84:4 247:3
reporters 164:23
representative 121:7 206:7
representatives 162:20
representing 155:21
reprimand 94:22 110:13
reprimands 94:22
request 48:2,14 51:3 61:12,15,23 115:6 128:15 168:3 192:6,8,13 192:18
requested 38:11 39:4 46:11 47:10 51:10 123:14
requesting 128:17
requests 46:22
require 65:2 129:5 129:11,14 131:12 161:24 225:17
required 112:14 119:7,12 135:11 184:21 190:5 196:5 201:25 202:21 205:11 206:18 209:15 213:5 214:3 252:13
requirement 62:20 64:25 148:25 149:10 162:6 201:13 209:18,19
requirements 58:24 69:7 132:20 136:7 212:19 213:12,22 214:19 230:19
requiring 96:15 160:16
rescind 91:7
research 53:13 96:22 109:3,13 206:4 245:15
researched 192:11
resort 16:23
resources 19:3
respect 123:24 145:8 146:6 179:18 209:12 228:12 239:25
respiratory 45:17 59:19
respond 85:18 183:5 189:10
responded 168:6 183:17 187:14
response 85:20,21 86:8 87:21 88:4 168:25 169:2,7 183:7 188:17,22 189:19 191:14
responses 168:21
responsibilities 18:25 19:22
responsible 12:16 19:2 42:20 43:12 43:16 180:12 204:8
rest 126:6
restrict 205:17
restricted 113:8 113:10
restricting 218:4
result 65:20 105:11 133:17 135:7
return 250:13,17
returning 124:18
revealing 191:24 192:2
review 11:15 12:7 25:4,14 60:17 80:24 88:3,4 91:25 93:19 129:25,25 131:4 147:20,24 177:9 177:23 178:7,11 179:17 195:6 250:7
reviewed 10:22,24 17:16 43:23,24 70:18 86:11
reviews 70:16 72:3 79:24 80:6 188:18 218:17
revised 24:11 65:24 248:11
revocation 91:11 95:24 96:5 97:19 98:6,8 109:2 115:13 129:13 186:20 188:25
revoke 92:16 95:6 95:20,20 97:3 98:21 100:14,14 108:20,22 110:11 129:12,16 131:10 185:22 186:10,13
revoked 96:8 131:8 140:16
rhys 31:6,13
richardson 3:8 6:6 6:7 16:8 138:20 155:9 165:9 196:24 217:12,21 229:12
right 14:9 20:17 20:25 22:9 27:12 32:18 34:15 36:24 37:13 38:22 39:17 43:20 45:21 46:5 46:24 50:12,13 52:18,22 55:24 62:5 64:22 65:10 65:25 66:21 69:4 71:12 77:11 83:20 84:14 101:13 107:2 113:14 130:3 135:8 142:10 144:17,22 145:6 159:18 164:23 166:13,18 173:14 177:15 181:4 184:24 192:2 193:5 194:21 195:4,15 195:19,23 197:19 197:21 199:21 204:5 205:16 208:22 214:6,16 215:6,19,25 216:4 217:5,9 223:9 229:24 238:2 241:15,22 245:2
rises 188:24
risk 172:12
risks 135:16 141:3 143:6,15 171:24 208:11,25 209:9 209:15,23 210:5 212:16 213:5
robert 31:18
rock 1:17 3:18,23 4:8 5:16

rodney 32:9
role 37:15 139:20
room 186:18
roughly 219:18
round 156:21
rounds 155:6,21 155:23 156:2,6,12 156:12 157:23 158:3 248:25
roux 133:13
rpr 1:25 247:24
rule 46:11 47:11 47:11,15 48:5,8 50:3,5 53:13,21 55:19 101:12,25 102:5,5,7,11,18,22 103:2,11 104:4 106:24 107:12 108:19 115:18,21 116:3,7,14 120:22 127:15 160:17,18 160:22 201:22,25 202:7 211:9 214:9 214:13,18,25 215:24 216:2
ruled 181:25
rules 50:3,7,11 58:2 62:11 63:17 88:20 91:5 101:18 103:8 104:6 161:25 162:6 225:15
run 131:5
rutledge 1:10 5:9 23:21 33:17,25 250:4 251:1 252:1

s

s 3:1 4:1 99:7 101:10 107:5,20 108:13 179:8 187:2 248:5 251:3
safely 77:18
safety 70:11
sanctions 129:2
sarah 157:5,12,13 157:17 229:9,20 231:14 249:9
satisfy 230:19
saw 51:20 166:9 169:21 203:17 214:5 220:4 242:17
saying 30:2 32:17 52:22 55:2 85:14 87:2 123:22 125:22 182:22 187:14 188:3 200:11 202:8
says 29:25 34:7,10 35:4 45:9 46:10 46:16 54:7 70:9 70:10 71:18 82:13 87:8 95:5,20,21 98:16,20 101:10 102:22,25 103:13 109:8,25 111:16 113:12,18 128:23 130:25 133:9 134:8 135:5 140:15 143:18 156:24 167:18 177:3 178:15 185:24 186:4,5 197:7,18,20,25 198:18 199:5 223:19 225:7
scale 64:19
scenario 46:15,22
scenarios 185:14
scheduled 74:25 89:25
schoening 4:12 5:18
school 82:15
scientific 205:19 206:4
scope 43:3 67:4,9 67:10,11 95:15 221:18 239:11 240:5 243:6 244:6
screen 16:14,19 106:2
scribber 30:5
scribner 30:7
search 191:13,18 192:4,19,20 193:14
searched 192:4
second 192:13
secretary 29:21 31:3
section 20:4,9,11 21:6,24 22:9,15 26:21 34:5,6 35:3 39:18,21 40:6 41:21 45:8 71:16 71:22 95:2,12,23 96:3,6 97:4,10 98:19,22 99:2 104:20,24 106:5 109:18 126:10 135:4 150:25 176:23,24 200:2 201:13 202:12
sections 20:2,7,8 20:13,16 99:7 115:4 139:18
see 16:10 23:9 25:7,19,25 29:25 42:6 44:10 51:15 59:17 64:18 83:3 87:9 96:4 98:13 102:15 118:4 133:8 139:11,15 139:15 147:21 153:9 154:7 176:2 180:21 188:20 197:9 219:4 230:18 231:6 234:24
seeing 15:22 155:18 220:25
seeking 124:4,11
seen 26:17 41:13 41:18,22 139:8 155:16,20,24,25 169:17 175:23 218:10,12 229:16
senator 121:8
send 167:7 194:7
sends 74:17,19
senior 4:4
sent 55:20 66:4 85:14,16 86:15 139:16 157:4 166:2 167:12,21 167:22 195:7 196:2,4 229:20 250:14
separate 46:21 145:18 146:18
series 134:13
serious 129:17 141:3 143:6,15
serve 38:2 39:11 131:19
serves 38:18
service 105:2 116:15
services 18:23 36:2,13,23 37:3 39:10 116:11 156:8,13 179:22

session 120:11 156:7
set 26:13,14 118:19 247:14
settings 141:10
severe 86:25 187:16 189:21
sexual 104:16 105:4
share 15:12,19,22 16:3,14,15,17,18 24:17 25:2,6,10,13
sharing 11:21
sheet 100:15 250:11
sheets 100:15
short 140:14 233:5
shorthand 151:24
shortly 14:4,7
show 115:7
showing 24:16 141:21
shown 17:9
shows 77:16
side 106:18
sign 37:25 246:16 250:12
signature 196:5 247:23
signed 250:20
significant 121:19
signs 133:14
similar 68:8 212:5 213:12 237:13
similarly 8:24 212:11
simon 28:18
simultaneously 25:3
single 43:23,24 49:14 147:21 153:8 185:14,15 195:6
sit 119:7
sitting 1:17 156:19 231:20
situation 41:15 75:16,21,23 83:16 85:5 185:21 190:9 224:20 226:10 232:7 241:2
situations 86:5 121:13 147:13 183:12,22
six 129:4 131:2,6
skipped 98:18
slightly 165:18
smaller 189:14
social 79:11 159:21 176:5 220:4,5
society 56:18,24 59:14,21,22 68:8
solutions 2:6 250:23
somebody 51:10 56:2 72:13 76:16 77:2,10 80:2 93:13 109:8 242:5
soon 103:10
sorry 12:10 15:25 20:23 24:18 63:17 90:17 95:21 96:12 97:16 105:19 111:12 117:18 118:8 127:18 134:3 148:19 159:12 176:8 196:22 197:6 199:21 201:23 206:22 222:7 228:18,22 232:20 239:5
sort 37:17 74:21
sorts 118:13
sought 161:15
sound 8:9,22
source 198:22
sources 201:15
spas 47:18
speak 15:6 25:23 48:17 57:2 122:18 122:19 153:8 169:18 190:13
speaking 8:16 24:19 89:7 237:15 239:19
specialist 4:12
specific 14:3 27:16 155:19 243:23
specifically 73:8 95:23 123:14 124:6 147:22 160:17 197:17 209:2 212:4 224:24 231:10 239:22
specified 129:8,15 133:5
spectrum 149:20 150:4,8,13,19,23
speculate 190:11 236:23
speeding 75:13,18
spell 213:11
spoke 10:24 13:10 14:12 84:20 175:2 238:21
spoken 13:7 245:19
sponsor 121:9
sponsors 121:9,14 123:6
staff 37:10 39:13 39:15 55:14 56:4 122:19 124:8,9,21 126:2,5,6 142:22 150:16 153:17,23 159:9 160:4 163:2 163:21,25 181:16 219:2,12
stage 84:25 146:10
staggs 23:22 33:17 34:2
stambough 191:5
stance 169:4 223:2 223:4,10
stand 222:15
standard 87:6 99:24
standards 79:18 83:6,13,17 88:15 100:19,24 210:17
start 19:5 28:15 42:19 45:11 87:3 209:6 215:22 221:9 237:7
started 7:7 47:8 220:7 245:11
stat 223:18
state 6:22 7:8 15:14 17:21 18:7 18:11 19:13 26:9 34:8,13 40:24 42:8,18 44:13 63:6 70:5,10,12 83:4 95:5 98:20 103:15 105:21 133:11 137:12 138:3 139:2 140:6 140:9 143:10 177:10,24 178:5 204:18 212:2 228:10 248:7,13

248:18
state's 143:4,13
statement 45:23 71:2 168:12 169:18 188:6 218:11,24 238:22
statements 168:17
states 1:1 5:10 129:7
statewide 102:23
stating 11:5 156:9
station 220:5
statistics 119:9
statute 35:3 46:16 47:3 53:24 58:23 99:16 106:8,13 107:20 108:24 128:11,16 132:25 133:5 179:5 185:5 198:10 230:15 231:11
statutes 58:5 106:6 129:17 137:13 160:10 202:4,17 242:2
statutory 53:11 61:8,16
stay 129:10,13
staying 35:2
stenographically 247:12
step 203:20 211:5
stepping 140:2
steps 129:19 216:6
stipulations 113:4
stop 198:8 199:15 226:16
street 3:5,11,17 4:7
strictly 185:12 237:10
strike 58:18 96:12 97:16 103:22 182:3 236:3
stuck 120:2
studies 41:2,6,23
sub 139:18
subchapter 126:12 128:21
subcommittee 63:14,17,19
subcommittees 63:8
subject 166:5,23 177:7 185:8 212:21
submitted 67:23
subpoena 37:24 38:2,3,12,19 39:5 39:11,12,14,21 40:2 191:15
subpoenaed 84:23
subpoints 179:8
subscribed 252:14
subsection 27:13 35:4 40:23 98:15 99:4,22 101:10 104:15 109:19,22 110:6,8 111:15 127:23 128:23 134:8 140:10 178:14 187:2 198:17
subsections 71:23 103:18,24 107:4 108:12 134:5
subsector 197:19
subsequently 231:14
substance 76:22 77:16 94:16 112:18 114:4
substances 114:18 114:21 128:3
sued 13:14,20 14:15,18,22 15:4
suffering 80:4
sufficient 212:15
suing 13:23
suite 5:16
sullivan 3:4,19 6:4 6:7,9,9 16:4
supervision 141:12
support 166:21,25 167:4,22 173:7
supported 206:3 207:2,7
supports 205:20
suppose 49:24,24 103:10
supposed 225:9
sure 8:9 9:17 10:4 15:20 36:18 37:18 39:9 48:25 81:13 83:10 102:3 113:21 125:12,12 128:7 136:20 144:5 149:18 168:4 184:12,19 185:19 188:12 214:10 215:14 218:21 227:5 240:16
surgeon 33:25 81:11 82:13 109:9 109:9 229:22
surgeons 80:7,18 81:2,9 82:12
surgeries 52:18
surgery 31:17,24 52:9 79:25 80:3,9 80:12,15 132:16 132:22 133:12,18 135:7,18 136:16 151:18
surgical 57:20,22 134:9
surprising 159:13
surrender 114:15 129:6 130:21 131:9,13
surrounding 183:23
suspected 74:18
suspend 89:19 91:7,21,22,23 92:4 92:16 97:3 108:22 109:11 110:11 129:9 185:17 186:9,13
suspended 90:5,14
suspending 92:20
suspension 75:6 89:17,22 90:9 91:12,16,20 96:4 97:9,14,15,18 98:6 98:8 100:12 115:12 129:11 186:19 188:25
suspicion 76:7
switch 116:25
sworn 6:18,21 247:6 252:14
sylvia 28:18
system 192:12,21 192:25 193:3 195:9
systems 167:12 193:18

t

t 247:1,1 248:5 251:3,3

tab 24:6 44:10 69:18 105:20 138:10 155:3 165:3 175:14 196:21,23 217:8 229:6
table 26:22 57:15
take 9:23,24 10:6 10:8 26:17 38:23 57:19 71:24 72:2 76:14 86:9 88:23 94:12,13 96:16 97:8,24 106:14 108:14 125:25 129:20 144:2,5 155:3 157:18 164:10 165:3,14 168:8 169:4 171:7 175:14 180:17 181:17 182:4 185:19 196:7 216:20 217:7 218:15 223:14 232:19 233:4,5
taken 5:6 7:13 57:25 58:9 70:23 89:3 91:2,7 92:16 111:7 144:10 145:7 146:11 168:10 173:17 187:24 196:12 231:5 233:9 247:11
takes 181:12 216:7 216:9 225:3 240:13 245:18
talk 68:21 86:3 123:11 168:2
talked 81:23 96:14 97:14 106:19 107:3 126:8 127:14 159:16 160:7 186:23 194:24 201:10,12 202:19 207:11 211:14,21 213:3 218:7 223:18 245:16
talking 89:7 93:20 208:25
talks 220:23
taught 82:15
team 196:18 217:10
tech 16:21
technologists 57:21
teleconference 2:5
tell 7:20 14:14 19:21 20:8 21:5 22:23 28:9 33:23 45:3 54:11,12 57:12 64:11 73:5 73:8 78:5 79:11 79:21,22 87:20 101:23 112:9 115:25 117:8 166:17 191:17 200:8 213:5 226:15
telling 234:17
ten 79:8 88:24 146:16,16 196:8 233:5
tenure 41:14
term 43:16 135:6 151:9,22 179:5
terminology 102:16
terms 88:8 110:15 111:18 192:12,20
terrible 171:14 177:20
territory 203:25
test 51:21
testified 174:21 179:12 228:9
testifies 6:22
testify 17:22 18:2 76:12 152:24 247:6
testifying 152:22 223:5 233:23
testimony 10:12 102:7 154:16 172:22 175:5 250:9,18 252:8
tests 105:9
text 156:6
thank 5:25 7:12 16:7 17:8 22:14 26:3 27:19 30:8 34:3 40:20 44:7 44:23 57:19 62:13 69:25 86:17 89:6 98:5 106:3 127:16 140:12 144:13 155:4,12 168:2 189:13 196:15 214:4 217:15 229:15
thanks 7:3
therapists 45:17 45:18 60:8 68:9
therapy 45:19 59:18 60:5,6 151:17 170:23 211:3 212:5 213:24 214:20
thereabouts 219:19
thing 8:14 38:16 75:18 183:12
things 8:22 36:9 40:16 64:6 82:22 94:10 98:3 103:25 154:16 180:25 194:9
think 15:24 16:20 23:22,23 64:5 68:10,14 74:11 77:19 81:2,9 82:11 83:15 88:22 98:4 109:7 119:3 119:22,24 126:20 127:14 136:19 144:19 146:3 149:6 156:20 169:14 174:20,21 176:16 180:24 181:7 184:4 192:9 202:21 203:16 207:13,13 215:13 228:9 230:12 233:6 234:16 236:2
thinking 102:2 112:8 211:13 212:25 237:6
third 192:18
thought 66:25 111:23 210:11
thousand 43:20
threat 75:3 89:23 90:4,16 109:15
three 21:9 37:6,12 129:9 167:8 192:19
throwing 27:17
time 9:9 10:2,6 11:25 12:2,5,20,20 14:7,17 15:19

41:16 44:21 49:12 55:4,6 62:5,9 71:24 83:25 88:23 106:14,16 128:13 129:8,15 144:6 151:25 156:20 159:22 166:10 176:3,4 185:14 194:20,21,23 196:19 219:7,16 247:13 250:19
timeframe 112:25 250:8
times 7:15 73:6,23 75:25 122:3 173:23 210:12 238:16
timothy 32:25
title 26:9 29:25 31:2,10 197:20
titled 126:11,12 218:3
today 7:6 10:12,15 10:21 11:6 12:17 13:9,12 120:12 137:16
told 13:19 118:17 133:16
tomorrow 182:13
top 60:10 97:21 98:2 112:17 119:24 156:24 184:5 197:8
topic 46:17 49:23 152:24 153:4 160:11 162:13 191:12
topics 11:12 17:23 18:3 51:16 190:23 233:22
total 21:2
touched 126:20 215:13
training 19:16,18 22:17
transcript 8:12 247:11 250:6,20 252:5,8
transgender 218:4 229:24 232:3,24 245:23
transition 162:21 171:24 177:5 178:17 222:11
treasurer 30:13 31:4
treat 138:4 140:19 143:12 147:15 148:8 149:17 151:18 207:16 208:3 232:2
treating 140:23 199:14 224:2 226:14
treatment 81:5 109:10 115:17,19 116:16,20,23 126:14 128:2 136:22 137:3,7,14 138:13 139:5 141:8,20 143:4 149:10 170:3 172:11 174:3,23 187:15 189:20 190:19 198:7,20 199:11,16 202:22 203:6,21,24 204:10 205:13,18 205:20 206:2,18 206:24 208:23 209:4,6 210:6 220:24 221:5 223:22 224:5 234:25 235:14,19 236:6 237:2,9 241:20,21 242:19 248:22
treatments 148:25 171:9,17 172:10 203:11 207:5 209:8,21 210:2 212:17
trials 207:3,8
tried 37:17
trouble 149:5
true 50:6 171:6 210:21 247:10 252:8
truth 247:7,7,8
truthfully 37:11 109:6 130:11 202:15
try 8:16,21,24 9:15 16:5 38:24 60:23 61:3 90:18 189:15
trying 82:11 107:14 109:7 125:8 178:20 226:14 227:12
tuesday 166:2
turn 26:20 71:9,16 94:25 197:2
two 8:21 21:11 23:14,24,25 27:24 75:18 120:17,23 142:9 190:25 192:19 225:15,18 242:2
type 70:16 75:8 179:2 205:7 215:4
typed 9:7
types 43:21 96:11 97:19
typical 122:7,11 235:20,23
typically 124:10

u

u.s. 196:2 230:25
ultimately 153:22 169:13
unapproved 141:13
undergo 174:19 182:6 203:5,15
undergoing 237:2
underneath 118:16
understand 9:6,12 11:8 17:19 18:10 27:4,23,24 34:6 36:19 46:2,24 51:24 52:7 62:17 65:10 68:23 70:4 71:17 72:6 75:7 81:13 84:20 86:10 100:11,13 101:15 102:6 107:15 125:21 128:14 132:18 136:21 138:2 140:3 142:25 143:9 145:4 154:15 156:23 175:4 177:12 178:20 184:20 185:20 188:13 214:11 223:15 226:15 227:6 229:21 241:12 242:12,13
understanding 11:10 37:9 48:18

48:21 49:7,8 58:15 61:10,14,20 63:12 128:19 151:8,20 161:23 178:25 199:9 206:22,24 209:14 224:18 231:24 241:22
understood 9:22 27:19 37:18 61:22 62:13 74:5 77:19 77:24 117:19 123:22 215:8 223:12 240:17
unethical 103:25 107:10
union 3:10,15
united 1:1 5:10 129:6
universe 104:11 105:14
unpack 46:13
unphysician 82:3
unprofessional 95:13 99:3,4,10,15 106:21,22 107:4,9 107:19 108:12,23 177:6 178:18,24 179:3,9 185:2 186:24 187:3,6,18 188:9 224:13
unrelated 237:16
unsafe 115:18
unwritten 79:9
updated 141:6
updating 102:24
upload 25:2,8,12
uploaded 15:21
uploading 15:25 24:24 25:16 217:13
ups 13:10
use 36:2,9 79:5,25 82:3 93:12 100:21 115:9,19 131:24 137:21 138:3,12 139:3 140:17,18 141:7,13,14 143:3 143:6,11 144:21 148:15 151:22 193:18,22,24 194:18 208:2 209:13 230:22 248:20
usual 128:5 182:9
usually 42:23 51:12 55:13 68:5 74:13,20,23 80:23 81:7,14 89:16 91:13 93:8 97:22 174:5 187:22 209:18

v

v 1:9
vague 234:8
valid 34:11 190:19
variety 86:5 183:11
various 43:21,21 63:20 67:16 133:17 216:6
verbally 9:5,9
verify 250:9
veritext 2:5 5:19 5:22 250:14,23
veritext.com. 250:15
version 65:24 136:19
versus 5:9
veryl 29:15
vestal 229:9,20 231:14 249:9
veto 169:18,19 218:8,10,11,23,24
vetoed 169:12,24 218:3 219:4,8 220:12
vice 29:10
video 4:12 5:2
videoconference 1:15
videographer 5:1 5:20 6:17,25 16:12 17:2,6 88:25 89:4 143:25 144:8,11 196:10 196:13 233:7,10 246:13
videotape 2:3 5:5
videotaped 1:16
view 118:22 123:23 124:24 165:21 170:2 204:14,24 205:6,9 226:22 228:21,22 229:3,4 243:13
views 170:17 244:5,9,13
violate 129:20 242:7
violated 108:10
violating 187:13 224:4
violation 83:4,10 83:19 85:23 86:12 86:19,22 87:24 88:6,10,16 90:21 92:2 101:11 103:17 106:23 107:21 108:13,17 110:25 146:24,25 147:9,19 148:9 182:12 183:19 184:3,7,14,22 188:19,24 189:25 190:20 199:10,25 201:7 232:11 233:2 244:21
violations 70:20 70:22 75:13 101:17,19 102:13 104:2,7,11 105:15 107:11 129:17
virtually 2:4
voice 243:20
voiced 243:23
voluntarily 129:6
vote 48:13 56:21 64:22 65:3,11,25 92:2 115:14 183:24
voted 48:13 63:5,7 67:5 215:11
votes 37:22 55:18 186:2
vs 250:4 251:1 252:1

w

w 166:23
wait 8:25
want 22:19 36:18 46:13 55:9 68:21 81:13 87:3,12,13 88:12 97:23 101:25 116:25 124:23 131:5 136:20 140:10 174:24 175:2 188:12,20 190:13 196:16 197:14,16 197:17 214:10 215:14 223:12

wanted 47:24 125:7 198:16
wanting 125:23
wants 141:17
warner 166:20
washington 217:18 218:2 249:6
watch 200:6
way 9:16 20:5 72:10,23 83:12 93:12 94:21 96:25 102:15 142:8 151:6 163:13 173:10 212:5 213:12 227:15 235:2 239:18
ways 73:9 74:6 227:7
we've 23:23 31:12 78:7,8 83:25 86:10,11 93:20 98:18 113:24 178:9 201:12 217:24 237:4
web 1:15
website 44:14 45:6 64:17 69:12 70:6 139:19 176:11 248:14
weekly 156:17
weighing 143:22
weight 68:18 135:5,6
welcome 144:13
welfare 70:12 72:11
went 80:16 109:8 117:14,16,16 182:13 241:3
west 3:17,22 5:15
william 33:17
withdraw 187:9 187:11
withdrawing 172:10 187:15 188:7 189:20 190:19
witness 6:18 16:15 25:15 216:23 221:19 244:9 248:2 250:8,10,12 250:19
witnesses 76:12,12
witnessing 237:11
wondering 111:25
words 28:10 100:16 142:3
work 20:2 35:20 36:22 37:3,21 43:18 44:8 56:13 59:11 71:4 86:6 180:18
worked 19:12 37:5 37:8 60:11,16
working 25:6 84:22
workplace 194:15
works 20:4 36:19 180:22
wow 196:6
wrap 84:5
write 11:25 39:21 65:11
writes 38:20 39:11 39:14 80:2
writing 14:17,21 77:3 125:15 230:23 231:2
written 10:17 79:7
wrong 80:16 97:17 102:2 127:17
wrongdoing 71:13 71:19 90:20

x

x 1:5,12 113:12 118:21 248:1,5
xi01165 2:8

y

y 6:20,20 113:12 118:21 133:13 166:23
yay 56:21
yeah 24:25 211:20 222:9 244:15
year 35:15 110:13 120:17 166:11 168:5 220:20 230:8
years 73:25 120:17,23 142:9 142:16 177:6 178:18 216:11
yesterday 12:4
york 3:6,6,12,12
youth 218:5 220:24 222:6,13 234:21

z

z 113:12 118:21
zoom 2:4 121:11 194:10

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

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

(A) to review the transcript or recording; and

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

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

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

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

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.

EXHIBIT 3

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION

DYLAN BRANDT, ET AL. Plaintiffs
VS Case Number: 4:21-CV-00450-JM
LESLIE RUTLEDGE, ET AL. Defendants

VOLUME 1

---o---

DEPOSITION
OF
KATHRYN STAMBOUGH

---o---

April 25, 2022

---o---

VERITEXT
620 West Third Street, Suite 302
Little Rock, Arkansas 72201
(501) 372-5115

A P P E A R A N C E S

ON BEHALF OF THE PLAINTIFFS:

LESLIE COOPER, ESQUIRE
American Civil Liberties Union Foundation
124 Broad Street
New York, New York 10004
BRANDYN RODGERSON, ESQUIRE
Sullivan and Cromwell
124 Broad Street
New York, New York 10004

GARY L. SULLIVAN, ESQUIRE
ACLU of Arkansas
415 North McKinley, Suite 180
Little Rock, Arkansas 2205

ON BEHALF OF THE DEFENDANTS:

MICHAEL A. CANTRELL, ESQUIRE
Office of Arkansas Attorney General
3232 Center Street, Suite 200
Little Rock, Arkansas 72201

I N D E X

PAGE

WITNESS: KATHRYN STAMBOUGH

EXAMINATION
By Mr. Cantrell.....005
EXAMINATION
By Ms. Cooper.....131

FURTHER EXAMINATION
By Mr. Cantrell.....133

E X H I B I T S

NUMBER	DESCRIPTION	PAGE
1	Website printout	025
2	Declarations	046
3	Book excerpts	065

COURT REPORTER'S CERTIFICATE.....135

The deposition of KATHRYN STAMBOUGH, M.D., was taken before me, Leigh Ann Cook, Certified Court Reporter and Notary Public within and for the County of Conway, State of Arkansas, duly commissioned and acting on Monday, April 25, 2022, beginning at the hour of 9:17 a.m. at the Offices of the Attorney General, 323 Center Street, Suite 200, Little Rock, Arkansas.

Said deposition being taken in accordance with the Federal Rules of Civil Procedure and pursuant to the provisions of the Arkansas Rules of Civil Procedure at instance of counsel for the Defendants in the above-styled cause pending in the United States District Court, Eastern District of Arkansas, Central Division.

---o---

P R O C E E D I N G S

THEREUPON,

THE VIDEOGRAPHER: We are on the audio and video record at 9:17 a.m., on April 25th, 2022. This is the videotaped deposition of Catherine Stambough taken by the Defendant in the matter of Dillon Brandt versus Leslie Rutledge. This is in the US District Court, Eastern District of Arkansas, Case Number is 4:21-CV-450.

The deposition is being held at the Arkansas Attorney General's office, 323 Center Street,

Suite 200, Little Rock, Arkansas. My name is Randy Shinning from the firm Veritext. I'm the videographer. The court reporter is Leigh Ann Cook from the firm Veritext.

Will counsel please introduce themselves for the record?

MR. CANTRELL: Michael Cantrell with the Arkansas Attorney General's office for the Defendants.

MS. COOPER: Leslie Cooper with the ACLU for Plaintiffs.

MR. RODGERSON: Brandyn Rodgerson with Sullivan and Cromwell, LLP, for the Plaintiffs. And calling in on Zoom is Sophia Matthew and Daniel Richardson, both from Sullivan and Cromwell for the Plaintiffs.

THE VIDEOGRAPHER: Will the witness please be sworn.

THE REPORTER: Would you raise your right hand, please?

KATHRYN STAMBOUGH,

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

THE VIDEOGRAPHER: You may proceed.

EXAMINATION

1 BY MR. CANTRELL:
2 Q. Good morning --
3 A. Good morning.
4 Q. -- Ms. Stambough. So we're on the record. As I
5 said, my name is Michael Cantrell. I'm with the
6 Attorney General's office and I represent the Defendants
7 in this litigation and I've got some questions. This is
8 my opportunity to ask you some questions today. So have
9 you ever been deposed before?
10 A. Yes.
11 Q. How many times?
12 A. One.
13 Q. Okay. And were you a plaintiff or a defendant?
14 A. No.
15 Q. Okay. What was your role in the litigation?
16 A. I -- so I don't know how to describe my formal
17 role but the case had to do with a patient while I was a
18 resident and so I was called as a witness in that case.
19 Q. Okay. Was -- was that a medical malpractice
20 case?
21 A. It was.
22 Q. Okay. Okay. And you've been deposed so you
23 understand you're under oath?
24 A. Yes.
25 Q. Okay. And that's the same oath you would take in

1 a court of law?
2 A. Yes.
3 Q. Okay. And the court reporter is transcribing our
4 conversation and you're doing great, yes or no answers
5 if the question calls for it. Can you do that for me?
6 A. Yes, sir.
7 Q. Perfect. And I'll try not to cut you off when
8 you're answering. I'll ask you to let me finish asking
9 my question before you answer. Can you do that?
10 A. Yes, sir.
11 Q. Thank you. And let me know if I ask a question
12 and you don't understand it. Will you do that for me?
13 A. Yes, sir.
14 Q. Thank you. And if you need a break, just let me
15 know and we'll take a break. I'll just ask that if I've
16 asked a question, you answer that question and then we
17 can take a break.
18 Okay. Is there any reason why you can't give
19 full and complete testimony today?
20 A. No.
21 Q. Did you prepare for today?
22 A. Yes.
23 Q. How did you prepare?
24 A. I prepared with my legal team through a series of
25 meetings.

1 Q. I'm sorry?
2 A. Through a series of meetings.
3 Q. Okay. And I don't want to know anything that
4 you've discussed with --
5 A. Uh-huh.
6 Q. -- your attorneys but did you review any
7 documents for today?
8 A. I did.
9 Q. What documents did you review?
10 A. I reviewed the W path guidelines as well as the
11 Endocrine Society guidelines in addition to our clinic
12 protocols. And then society statements from the AAP and
13 ACOG.
14 Q. You said the AAP?
15 A. Uh-huh.
16 Q. And ACOG?
17 A. ACOG.
18 Q. Okay. Okay. Any others?
19 A. No.
20 Q. Okay. Any other way that you prepared for today?
21 A. No.
22 Q. Okay. And what is your current employment?
23 A. So I'm assistant professor at the University of
24 Arkansas for Medical Sciences.
25 Q. Any other current employment?

1 A. I'm a spinning instructor in my free time.
2 Q. Okay. Okay. As far as your medical employment,
3 so you're employed by UAMS?
4 A. Yes.
5 Q. And I understand that you work at Arkansas
6 Children's Hospital. Is that right?
7 A. Yes.
8 Q. Okay. Can you explain how that works?
9 A. Yes.
10 Q. Okay.
11 A. So my --
12 Q. Please.
13 A. So my employment is under UAMS, that's who I'm
14 hired by. However, they have some sort of contract or
15 understanding with Arkansas Children's so a majority of
16 my practice is done at Arkansas Children's but I'm
17 officially employed by UAMS.
18 Q. Okay. So the majority of your practice is with
19 Children's. And so help me understand what do you do at
20 UAMS and what do you do at Children's, generally?
21 A. So I am an obstetrician/gynecologist with a
22 specialized training in pediatric annals and gynecology.
23 So a majority of my practice is in patients under the
24 age of 22 at Arkansas Children's Hospital.
25 Q. Okay. And how about UAMS?

1 A. So primarily at UAMS my role is in education from
2 both a resident and medical student perspective.
3 Q. Okay. And so are you -- do you have more of a
4 teaching role at UAMS?
5 A. Yes.
6 Q. Okay. Do you work in a clinic at UAMS?
7 A. No, sir.
8 Q. Okay. Do you provide any clinical services at
9 UAMS?
10 A. Not currently.
11 Q. Okay. And at Children's, can you breakdown for
12 me your clinical practice at Children's?
13 A. Yes. Do you mind clarifying?
14 Q. Sure. So as I understand it, you have -- do you
15 practice with a clinic, a particular clinic, at
16 Children's?
17 A. Yes.
18 Q. And what clinic do you practice with?
19 A. So I practice in pediatric annals and gynecology
20 clinic at Children's primarily --
21 Q. Okay.
22 A. -- so that's where a majority of my time would be
23 spent. However, I serve as a practitioner in number of
24 other multidisciplinary clinics as well.
25 Q. Okay. And what other clinics?

1 A. Those would be the instep clinic or clinic for
2 disorders of sex development, the spina bifida clinic,
3 the gender spectrum clinic. Those are them.
4 Q. Okay. So you mentioned, I guess, four, four
5 clinics. Okay. And am I missing anything just by
6 focussing on clinics at Children's? Does that encompass
7 all of what you do at Children's?
8 A. Yes.
9 Q. Okay. So you practice at these four clinics, do
10 you -- what's the -- what's the time you devote to each
11 clinic?
12 A. So a majority of my time is in our general
13 pediatric annals and gynecology clinic. The In STEP
14 clinic is done the fifth Tuesday of a month. So ends up
15 being about quarterly. Spina bifida or spinal cord
16 disorder clinic is every week on a Thursday. And then
17 my role in gender spectrum clinic is one Friday a month.
18 Q. Okay. And when you serve at each clinic, what
19 are you doing? What are the activities that you're
20 actually engaging in when you go to these particular
21 clinics?
22 A. Do you mind clarifying?
23 Q. Sure. I'm just trying to understand what is it
24 that you do? You know, so you are associated with four
25 clinics --

1 A. Uh-huh.
2 Q. -- and you participate with each of them at
3 various times. What is it that you're engaged in? Say,
4 when you go to the spina bifida clinic, what are you
5 doing?
6 A. Patient care.
7 Q. Patient care?
8 A. Uh-huh.
9 Q. Okay. So you're seeing patients?
10 A. Yes, sir.
11 Q. And you know, like, you know, for example, I
12 would go to the doctor and this is just a -- well, let
13 me not go there. Let me...
14 You're seeing patients in a clinical setting,
15 patients who have, you know, quote, unquote, gone to the
16 doctor to see someone who specializes in, for example,
17 spina bifida and you are that specialist that they
18 consult with?
19 A. Yes.
20 Q. Okay. Is there a better way to characterize it?
21 A. No. I mean, I would say in the multi
22 disciplinary clinic my role is to provide gynecologic
23 considerations for the care of those patients, both in
24 the In STEP clinic and the spinal cord disorder clinic.
25 So I'm not providing general care for a patient for

1 spina bifida who may require a different expertise but I
2 approach the gynecologic conditions of their case.
3 Q. Okay. And so is that the case, generally, that
4 you're providing a gynecological specialty at each of
5 the clinics that you work at?
6 A. In those two clinics.
7 Q. Okay.
8 A. Yes.
9 Q. In which ones?
10 A. In spinal cord disorders.
11 Q. Okay.
12 A. And then in the In STEP disorders of sex
13 development clinic.
14 Q. Okay. And so do you have a different role in the
15 other clinics?
16 A. I would say the role in the other clinics -- so
17 in that clinic, it's -- I'm not their primary provider
18 for the issue with which they may be presenting. In the
19 other clinics, I typically am the primary provider for
20 the issue with which they present.
21 Q. Okay. So then that would leave the pediatric
22 clinic and the gender spectrum clinic, you're saying you
23 are not the primary provider in those?
24 MS. COOPER: Object to form.
25 THE WITNESS: Do you mind restating the

1 question?
2 BY MR. CANTRELL:
3 Q. Sure. Which of the clinics are you not the
4 primary provider?
5 A. I'm not the primary provider in the DSD clinic or
6 In STEP, or spinal cord disorder clinic.
7 Q. Okay. Okay. But you are in the gynecologic
8 clinic and in the gender spectrum clinic?
9 A. I'm the primary physician provider in those
10 clinics. Yes.
11 Q. Got it. Okay. Okay. Thank you for helping
12 me --
13 A. Oh. You're welcome.
14 Q. -- get a grasp on -- on that. Let me ask you
15 about your gynecology practice. Is -- what conditions
16 do you evaluate and treat in your gynecology practice?
17 A. I don't know that I can provide an exhaustive
18 list but I can give some examples.
19 Q. Okay.
20 A. So -- because there's lots of conditions that we
21 treat. We treat pubertal disorders, early puberty, late
22 puberty, menstrual issues, painful periods, frequent
23 periods, irregular periods. We provide discussion with
24 regards to fertility preservations in patients who may
25 be undergoing treatment where fertility may be at risk.

1 We provide contraceptive counseling, comprehensive
2 reproductive health, general anticipatory guidance and
3 routine healthcare maintenance in the area of
4 reproductive care. For our young pediatric patients, we
5 provide counseling and care regarding vulvar disorders.
6 We take care of pediatric gynecologic malignancies. I'm
7 sure there's things I'm forgetting. It seems to be
8 different day-to-day but that's the majority of our
9 practice.
10 Q. Okay. And so let's see -- let me...
11 MR. CANTRELL: Give me one second.
12 (Brief pause.)
13 BY MR. CANTRELL:
14 Q. Okay. This is just the complaint. So I'm
15 looking at the complaint that has been filed in this
16 case to initiate the lawsuit. It's the, you know,
17 document that sets forth the claims that the Plaintiffs
18 are making. And I'm looking at paragraph 122, and I'll
19 just -- I'll just hand --
20 MR. CANTRELL: Did you want to take a --
21 MS. COOPER: Yeah, take a peek.
22 MR. CANTRELL: Okay. Paragraph 122, first
23 sentence.
24 (Brief pause.)
25 MS. COOPER: Okay. Right there.

1 THE WITNESS: Thank you.
2 BY MR. CANTRELL:
3 Q. Yeah. If you could just read paragraph 122, the
4 first sentence.
5 A. When Dr. Stambough sees patients in her
6 gynecology practice who present with signs of gender
7 dysphoria, she refers them to the gender spectrum
8 clinic.
9 Q. Okay. Thank you.
10 MR. CANTRELL: And I'm not going to make
11 this an exhibit.
12 BY MR. CANTRELL:
13 Q. And so is it -- is it true that when you see
14 patients in your gynecology practice who present signs
15 for gender dysphoria you refer them to gender spectrum
16 clinic?
17 A. Yes. If the patients and their parent or
18 caregivers desire that referral.
19 Q. I'm sorry. I didn't catch that.
20 A. Yes. If the patients and their parents or
21 caregivers desire that referral.
22 Q. Okay. And so if a patient doesn't present with
23 signs of gender dysphoria, just a gynecological patient,
24 is there any reason that you would refer them to the
25 gender spectrum clinic?

1 A. No.
2 Q. Okay. You would treat them in the gynecological
3 clinic. Correct?
4 A. Yes.
5 Q. Okay. Okay. And -- and paragraph 122, that
6 first sentence, refers to signs of gender dysphoria.
7 And just reading it again, it says, When Dr. Stambough
8 sees patients in her gynecology practice who present
9 signs of gender dysphoria, she refers them to gender
10 spectrum clinic. And my question just is, what are the
11 signs of gender dysphoria?
12 A. So signs of gender dysphoria include how the
13 patient expresses conflicts between their gender
14 identity and their sex assigned at birth in some sort of
15 distress.
16 Q. That last part?
17 A. In some sort of distress for the patient with
18 that conflict.
19 Q. Okay. And what -- what is the gender spectrum
20 clinic?
21 A. The gender spectrum clinic is a multidisciplinary
22 clinic which provides affirming care to patients with
23 gender dysphoria or with questions with regards to their
24 gender identity.
25 Q. Okay. And it's an interesting name, Gender

1 Spectrum Clinic. How did -- how did it come to have
2 that name?
3 A. I wasn't a part of the development of the clinic.
4 Q. Okay. So it had that name whenever you came to
5 be associated with it?
6 A. Yes.
7 Q. Okay. And you're not aware of how that name came
8 to be associated with the clinic?
9 A. No.
10 Q. Okay. Can you give me, like, a verbal personnel
11 chart of people who are associated with the Gender
12 Spectrum Clinic?
13 A. There's myself as a pediatric adolescent
14 gynecology, there is a pediatric and endocrinologist,
15 there's a social worker, there's support staff,
16 primarily nursing, there is a psychologist.
17 Q. And are each of the -- each of the roles that you
18 mentioned, these are played by, for example -- let me
19 back up.
20 Well, let me ask you a different question. Is
21 there -- how many -- how many people fulfill the role of
22 psychologist for the Gender Spectrum Clinic?
23 A. One.
24 Q. Okay. And who is that person?
25 A. Dr. Sherry Gaudette.

1 Q. And how many people fill the role of the social
2 worker?
3 A. One.
4 Q. Okay. And who is that person?
5 A. We currently don't have a social worker in that
6 role.
7 Q. Okay. Who -- is anyone fulfilling that role in
8 the absence of a social worker?
9 A. Not currently with any regularity.
10 Q. Okay. And so what are the -- what are the things
11 that a social worker would typically do as part of
12 responsibilities with the Gender Spectrum Clinic?
13 A. The social worker assists with the general intake
14 with patients in the clinic. The social worker also
15 helps facilitate mental health referrals if that's
16 warranted with regards to the patient's care, as well as
17 obtains release of information where necessary. And
18 then helps provide support from a psychosocial
19 perspective, if needed.
20 Q. Okay. And so for each of those -- I mean, I
21 assume that those functions are still taking place and
22 so are different individuals stepping in to fulfill
23 those roles?
24 A. Yes.
25 Q. And who would be doing that?

1 A. Those would be the current members of the team.
2 Q. And in particular, so for example, assisting with
3 intake, who would be picking that up?
4 A. The nursing staff.
5 Q. The nursing staff?
6 A. Uh-huh.
7 Q. Okay. And as far as referrals for mental health,
8 would that also be something picked up by the nursing
9 staff?
10 A. That would -- that falls under a number of
11 individuals so it would be the nursing staff or where
12 appropriate, the social work office does support that
13 role but not with a regular individual for every clinic.
14 Q. Okay. I'm not sure I understood the last part of
15 what you said. Could you --
16 A. Yeah. So -- so there is -- social work does have
17 a social worker that assists in that clinic but it's not
18 a regular individual for every clinic, like previously
19 done, until they can fill that role.
20 Q. Okay. And I'm still not sure that I'm
21 understanding. So you said that there's no social
22 worker right now -- and I don't mean to belabor this --
23 A. Okay.
24 Q. -- I'm just trying to understand. The clinic,
25 the gender clinic doesn't have a social worker right

1 now, and -- as I understand your testimony, and I'm --
2 I'm just wanting to understand, you know, who is
3 stepping in to fulfill the roles that the social worker
4 would have played and are you -- are you saying now that
5 that there are other social workers from outside who
6 come in?
7 A. So there's there was previously a social worker
8 whose role was primarily to be in Gender Spectrum
9 Clinic.
10 Q. Okay.
11 A. At the moment, they don't have a replacement for
12 that role as it existed, meaning somebody to devote, you
13 know, whatever amount of her time was allotted for that
14 clinic.
15 Q. Okay.
16 A. So there are social workers as needs arise from
17 our social work department that step in to meet those
18 needs if it's appropriate to get a social worker
19 involved.
20 Q. Okay. With respect to mental health referrals in
21 particular?
22 A. Yes.
23 Q. Okay. And you mentioned nursing staff. How many
24 nursing staff are there?
25 A. Two.

1 Q. Two?
2 A. (Indicating.)
3 Q. Okay. And what are their names?
4 A. Crystal Morgan and Nikki Boak.
5 Q. What was the last name?
6 A. Boak, B-o-a-k.
7 Q. Okay. And what are the -- what are the
8 professional qualifications of the nursing staff?
9 A. I do not know the answer to that question.
10 Q. Okay. Okay. So we've talked about psychology,
11 we've talked about social workers. You are the OB/GYN
12 specialist. Correct?
13 A. Yes.
14 Q. Okay. And then there is you mentioned
15 endocrinology who would fill the endocrinology spot?
16 A. Dr. Michele Hutchison.
17 Q. Okay. Okay. Any others that I've missed?
18 A. No.
19 Q. Okay. So together that comprises the staff of
20 the Gender Spectrum Clinic?
21 A. Yes.
22 Q. Okay. Okay. And so tell me what you do in
23 particular in contrast to all of the other members of
24 the clinic.
25 A. Do you mind clarifying that question?

1 Q. Yeah. I'm just trying to understand, you know,
2 you've got different -- different people doing different
3 things and you're not responsible for the same thing
4 that, you know, a social worker is responsible for, for
5 example. And so I'm just trying to understand what role
6 you play that's different from the roles that everybody
7 else in the clinic plays.
8 A. So my role in the clinic is as the physician in
9 the clinic and so that involves the medical evaluation
10 and care of the patient, primarily, as distinct from
11 other members of the team.
12 Q. Okay. Anything else?
13 A. No.
14 Q. Okay. Okay. Do you know when the gender clinic
15 began operating and when I say gender clinic, I mean,
16 the Gender Spectrum Clinic in the -- let me repeat the
17 question.
18 Do you know when the gender clinic began
19 operating?
20 A. I do not know the exact date.
21 Q. Okay. Do you know a round-about date?
22 A. I don't.
23 Q. Okay. Do you know, you know, how it came to be
24 established? Was there a perceived need for a clinic of
25 that nature, for example?

1 A. I do not know.
2 Q. Okay. Who was -- do you know who was the
3 original physician or physicians involved in creating
4 the gender clinic?
5 A. I do not.
6 Q. Okay. Okay. And I think we've touched on this
7 earlier but let me ask just to make sure. How does the
8 purpose of the gender clinic differ from the purpose of
9 the gynecology clinic, for example?
10 A. So gynecology clinic doesn't provide care in a
11 multidisciplinary fashion. And Gender Spectrum Clinic
12 approaches the care of patients who present in a way
13 that allows it to be approached with a supportive
14 multidisciplinary team.
15 Q. Okay. And so the gender clinic has a
16 multidisciplinary approach, and the -- is it a
17 multidisciplinary approach to particular conditions?
18 A. Yes.
19 Q. Okay. What particular conditions?
20 A. So I would -- it is an approach to the care of
21 patients who present surrounding issues with regards to
22 their gender identity, who may identify as transgender
23 or who have expressed gender dysphoria or gender
24 nonconforming.
25 MR. CANTRELL: Give me one moment.

1 (Brief pause.)
2 BY MR. CANTRELL:
3 Q. Are you familiar with the Gender Spectrum Clinic
4 website?
5 A. I've previously looked at it.
6 Q. Okay.
7 (WHEREUPON, the hereinafter-referenced
8 document was marked as Exhibit Number 1 to the
9 deposition.)
10 MS. COOPER: Thanks.
11 BY MR. CANTRELL:
12 Q. Okay. I'm handing you what I've marked as
13 Exhibit 1. Do you recognize this page?
14 A. I do not recognize this page.
15 Q. Okay. Well, let me -- let me ask you -- take a
16 look at the first paragraph there and read with me, it
17 says, The Gender Spectrum Clinic provides healthcare
18 services to youth with gender dysphoria using a gender
19 affirmative model of care and individualized treatment
20 plans developed for each patient. Did I read that
21 correctly?
22 A. Yes.
23 Q. Okay. Is that true of the Gender Spectrum
24 Clinic?
25 A. Yes.

1 Q. Okay. And I want to ask you particularly about
2 the phrase gender affirmative model of care. Can you
3 explain to me what that means?
4 A. Yes. Gender affirmative model of care is one in
5 which patients and their parent or caregivers can obtain
6 care in way that creates space for them to explore their
7 gender identity.
8 Q. And so is there -- and so is there -- are there
9 any contrasting models of care?
10 A. Do you mind clarifying?
11 Q. Yeah. So -- so the Gender Spectrum Clinic uses a
12 gender affirmative model of care. Does that distinguish
13 the approach taken by the Gender Spectrum Clinic from
14 other providers in any way?
15 A. Yes.
16 Q. Okay. And my question then would be what -- what
17 would be the contrast -- contrasting models of care?
18 A. Contrasting models of care would be one in which
19 a clinic space did not acknowledge or use a patient's
20 preferred pronouns or name and was not able to support a
21 patient and their parent and caregivers in exploring
22 gender identity or a clinic that provided care in a
23 directive way.
24 Q. In a?
25 A. Directive way.

1 Q. In a directive way. Okay. And can you explain
2 what you mean by that?
3 A. Yes. So if a patient came to me in gynecology
4 clinic with a problem, because of my training I would
5 tell them that I had a solution. So you come to me with
6 an annexal mass, you need surgery and these are the
7 reasons why. A gender affirmative model is a way in
8 which we work with the patient in a nondirective way to
9 allow them to explore their gender identity and best
10 support them.
11 Q. Okay. And so what would be -- just -- this helps
12 me understand the approach taken by the Gender Spectrum
13 Clinic by contrasting it to others. So -- so what would
14 be a way in which other providers might use a directive
15 model of care?
16 A. A directive model of care is one in which you
17 tell a patient what you think they need to do.
18 Q. Okay. And so -- and what would that look like in
19 the context of the types of issues dealt with by the
20 Gender Spectrum Clinic?
21 A. Do you mind clarifying that question?
22 Q. Yeah. I'm just trying to understand it. Like,
23 you know, you -- you would be -- you would say that
24 you're different from another clinician or another
25 practice that uses a directive model of care with

1 respect to gender dysphoria or gender nonconformity.
2 MS. COOPER: Object to form.
3 THE WITNESS: Do you mind stating that one
4 more time? I'm sorry.
5 BY MR. CANTRELL:
6 Q. Yeah. What would -- can you give an example of
7 what a directive model of care would look like in the
8 context of gender dysphoria or gender nonconformity?
9 A. I cannot because I'm not familiar with those
10 models of care in the context of this -- this clinical
11 issue.
12 Q. Okay. But you're aware that they exist, I guess?
13 A. No.
14 Q. Okay. So you're not aware of any approach other
15 than the gender-affirming model of care?
16 A. No.
17 Q. Okay. I think maybe we've -- I hope we're not
18 talking past each other. Let me -- let me come back to
19 that at another point.
20 Okay. Okay. Are you familiar with the idea of
21 detransitioning?
22 A. Yes.
23 Q. What does it mean to detransition?
24 A. It means to stop or halt the process of
25 transitioning.

1 Q. Are you aware of any patients of the gender
2 clinic who have detransitioned?
3 A. No.
4 Q. Does the gender clinic provide support for
5 detransitioners?
6 A. Yes.
7 Q. What support does the gender clinic provide for
8 detransitioners?
9 A. So part of the support of the gender clinic in
10 general is mental health, as well as supporting a
11 patient's experience and exploration of their gender
12 identity, and so for a patient that sought to
13 detransition, that would be supported under that model.
14 Q. Does the Gender Clinic communicate that
15 detransitioning is a valid option for patients who have
16 transitioned?
17 MS. COOPER: Object to form.
18 THE WITNESS: Do you mind clarifying that
19 question or restating it?
20 BY MR. CANTRELL:
21 Q. Sure. So as I understand it the Gender Clinic
22 provides -- and tell me if I'm wrong. I understand that
23 the Gender Clinic provides counseling to a certain
24 degree, and provides information to patients and so the
25 question is, in the -- in the counseling or the

1 information that the Gender Clinic provides to patients,
2 does the Gender Clinic communicate that detransitioning
3 is a valid option for those who have -- those that have
4 transitioned?
5 A. As part of the informed consent process, patients
6 are aware that therapy can be stopped at any time.
7 Q. Okay. So they're made aware they can stop taking
8 whatever treatments they're taking. Right?
9 A. Yes.
10 Q. Okay. And then beyond that -- okay. I think --
11 I think that answers my question.
12 Are you aware of the stigma that detransitioners
13 suffer among those who believe in gender-affirmative
14 therapy?
15 A. No.
16 MS. COOPER: Object to form.
17 BY MR. CANTRELL:
18 Q. Okay. Does the Gender Clinic have any criteria
19 to assess whether particular patients will persist in a
20 transgender identity into adulthood?
21 A. Do you mind restating that question?
22 Q. Sorry?
23 A. Do you mind restating that question?
24 Q. Sure. So does the Gender Clinic have any
25 criteria to evaluate whether particular patients will

1 persist in a transgender identity into adulthood?
2 A. So the evaluation of patients who present to
3 clinic involves a formal evaluation with regards to the
4 presence of gender dysphoria and is an ongoing process
5 that claims to support people as they -- individuals as
6 they explore their gender identity and part of that has
7 a formal evaluation for things like gender dysphoria.
8 Q. And so specifically, is there some way that you
9 can assess -- well, say, you know, this person -- this
10 person is going to persist in this identity whereas, you
11 know, this person isn't?
12 A. So our clinic follows best practices with regards
13 to the evaluation of individuals who present with issues
14 surrounding gender identity and the presence of gender
15 dysphoria, but like anywhere in medicine, I don't have
16 an absolute to say a hundred percent for any patient.
17 Q. Okay.
18 A. But we practice based on best practices that
19 exist.
20 Q. And so I guess -- I take it that the short answer
21 is no, there is no criteria to assess for any particular
22 person whether they will persist in a transgender
23 identity into adulthood?
24 MS. COOPER: Object --
25 MR. CANTRELL: Is that right?

1 MS. COOPER: Object to form.
2 THE WITNESS: Do you mind clarifying that
3 question.
4 BY MR. CANTRELL:
5 Q. Yeah. And I think -- I think you've -- you've
6 answered it in a round-about way. But the question is,
7 it appears that the answer is no, that there is no
8 criteria that you have that you can use to determine
9 whether or not a particular person will persist in a
10 transgender identity?
11 A. No. So -- so I would disagree with the way that
12 you interpreted my answer.
13 Q. Okay. Can you clarify.
14 A. Yes. Yes, I can.
15 Q. Thank you.
16 A. So patients who are prepubertal are supported
17 with regards to their gender identity in a way that they
18 are -- continue to have an ongoing evaluation over time,
19 with a recognition that some of those patients may
20 desist in their gender identity, particularly based on
21 clinical experience and research.
22 Patients who are post-pubertal and have
23 persistence and consistent gender identity are then
24 evaluated with criteria with regards to gender dysphoria
25 in a formal way to give us the best information that we

1 can to know if that is going to be a persistent and
2 consistent gender identity for that patient with gender
3 dysphoria moving forward based on the best protocols and
4 information that we have.
5 Q. Okay. So you can know that your patients will
6 not detransition when they become adults or will not
7 desist once they become adults, it sounds like you're
8 telling me?
9 MS. COOPER: Object to form.
10 THE WITNESS: No.
11 BY MR. CANTRELL:
12 Q. Okay. And again, I'm not trying to belabor this,
13 I --
14 A. Okay.
15 Q. What is the criteria that you use to determine
16 whether or not a particular patient will persist in a
17 transgender identity into adulthood?
18 A. The criteria -- do you mind restating that one
19 more time?
20 Q. Sure. What is the -- what are the criteria that
21 you use to determine whether a particular patient will
22 persist in transgender identity into adulthood?
23 MS. COOPER: Object to form.
24 THE WITNESS: So the criteria used to
25 evaluate and treat a patient in clinic is

1 criteria to evaluate the presence of gender
2 dysphoria. That criteria and the way -- the time
3 points in which we evaluate and then treat
4 patients is ment to be intentional in what we
5 know about persistence of gender identity. But
6 like, any area in medicine, nothing is an
7 absolute.
8 BY MR. CANTRELL:
9 Q. Okay. And I think you said something that I
10 think might help and let me ask it like this.
11 A. Uh-huh.
12 Q. When you evaluate for gender dysphoria, you're
13 evaluating a patient now, essentially. They have gender
14 dysphoria now. Is that correct?
15 A. It's over a period of time.
16 Q. Okay. So it's -- it's looking now and to the
17 past somewhat, or you know, I take it you can't look
18 into the future? Right?
19 A. Right.
20 Q. Okay. And so -- so your evaluation pertains to
21 the patient in the current time. Correct?
22 MS. COOPER: Object to form.
23 THE WITNESS: My evaluation of the patient
24 not only is in the current time that I'm
25 evaluating that patient and again time points as

1 A. I do not know.
2 Q. Are you aware that some Gener Clinic patients
3 have been prescribed puberty blockers?
4 A. No.
5 Q. Okay. So you're not aware of any patient who has
6 been prescribed puberty blocker?
7 A. No.
8 Q. Are you aware of any age threshold a patient has
9 to meet before they will be prescribed a puberty
10 blocker?
11 A. Do you mind clarifying that question?
12 Q. Is there youngest age at which puberty blockers
13 are prescribed to patients at the Gener Clinic?
14 A. To be a candidate for a pubertal blockade you
15 have to demonstrate some pubertal development.
16 Q. Okay.
17 A. And that is going to be different depending on
18 the patient's age and their endogenous puberty.
19 Q. And the last part?
20 A. Their endogenous puberty.
21 Q. Okay. And so I mean, that could come as young as
22 -- as six years old or...
23 A. So if a patient had puberty at six years old,
24 that falls under the category of precocious puberty and
25 would involve different treatment --

1 we develop our physician-patient relationship but
2 also in regards to the patient's past, not only
3 with the patient's input but their parent and
4 family input as well.
5 BY MR. CANTRELL:
6 Q. Okay. Has the Gender Clinic ever lost contact
7 with a patient once they've completed the transition
8 phase of treatment?
9 A. I do not know.
10 Q. Okay. What treatments are available to patients
11 through the Gender Clinic?
12 A. So treatments available to the patients include
13 establishing care and -- with our clinic in a space that
14 is affirming, referrals to mental health providers,
15 formal psychologic evaluation. It provides medications
16 that assist with suppression of cycles or periods,
17 medications which can suppress androgenous androgen
18 production or block androgen production, pubertal
19 blockade, and affirming hormone therapy.
20 Q. Okay. And you mentioned pubertal blockade and I
21 understand that there are drugs that are referred to as
22 puberty blockers. Is that what you're talking about?
23 A. Yes.
24 Q. Okay. How many Gener Clinic patients have been
25 prescribed puberty blockers?

1 Q. Okay.
2 A. -- considerations.
3 Q. Okay. And so how old then would a patient need
4 to be when they are outside of that precocious puberty
5 area?
6 A. So that depends on the patient's assigned sex at
7 birth.
8 Q. Okay. And can you break it down then by sex at
9 birth?
10 A. Yes. So if they're assigned female at birth, we
11 would consider precocious puberty to potentially be less
12 than seven or eight, depending on what standards you
13 use.
14 Q. Okay. And I'm sorry, that was for?
15 A. Natal females, assigned female at birth.
16 Q. Okay. For natal females. So then if a natal
17 female then was seven or eight and they were beginning
18 puberty, they could be a candidate for puberty blockers?
19 A. So I would have to review or protocol again as to
20 whether there was an age cut off for pubertal blockers.
21 Q. Okay. But your knowledge there's no minimum
22 threshold?
23 A. No. I just would -- I would have to review the
24 protocol again.
25 Q. Okay. But as you sit here now, you're not aware

1 of a minimum age for puberty blockers?
2 A. So when you consider the WPATH guidelines, there
3 is discussion, and again, in clinical practice, with the
4 fact that these medications are started when patients
5 demonstrate their own puberty. And so like, any
6 practice that is going to be individualized based on the
7 patient.
8 Q. And so I'm not -- I'm not sure that you answered
9 my question. And my question was as you sit here today,
10 you're not -- you can't recall an age that a child has
11 to reach before they can be a candidate for puberty
12 blockers. Is that right?
13 MS. COOPER: Object to form.
14 THE WITNESS: So the protocols generally
15 discus an age of 12 with regards to where the
16 bulk of the research lies. However, it
17 acknowledges that pubertal development is going
18 to look different for every patient and so allows
19 room for an individualized approach to the
20 patient.
21 BY MR. CANTRELL:
22 Q. Is there a maximum length of time for which
23 puberty blockers can be prescribed to a patient?
24 A. Pubertal blockade is prescribed for a duration
25 that allows for the patient and their team to allow them

1 to explore their gender identity and assess for
2 persistence and consistency of that in a way that would
3 then allow to make decisions with regards to
4 discontinuation of therapy. So in considering a
5 duration, that would be an ongoing discussion with the
6 patient, their support people, and then considerations
7 from a medical perspective of when to stop that care.
8 Q. Okay. So there's no, you know, flat, you know,
9 you can only be on puberty blockers X numbers of years?
10 A. Not to my knowledge.
11 Q. Okay. Is there an oldest age at which puberty
12 blockers can be continued for a patient?
13 A. So the provision of care with pubertal blockade
14 is done on an individual basis with patients and so I
15 can't give you an upper limit --
16 Q. Okay.
17 A. -- to answer that question.
18 Q. Okay. And so -- so again, there's no, like,
19 flat, you know, you can only -- you can't be on puberty
20 blockers after you reach your X number birthday or any
21 rule like that?
22 A. No.
23 Q. Okay. Are you aware of any patient suffering
24 side effects from puberty blockers?
25 A. Do you mind clarifying?

1 Q. Sure. Of the patients in the Gener Clinic on
2 puberty blockers, have any of those experienced side
3 effects from that medication?
4 MS. COOPER: Object to form.
5 THE WITNESS: I am not aware of any
6 patients in Gender Spectrum Clinic on puberty
7 blockers.
8 BY MR. CANTRELL:
9 Q. Okay. But puberty blockers, you -- as I
10 understand your testimony, providing puberty blockers is
11 a therapy that the Gener Clinic provides. Correct?
12 A. Yes.
13 Q. Okay. You're just not aware of any particular
14 patients who are on puberty blockers?
15 A. Yes.
16 Q. Okay. Okay. Got you.
17 MR. CANTRELL: Okay. We've been going
18 about an hour. Do you want to take a short
19 break?
20 THE WITNESS: Sounds great.
21 MR. CANTRELL: Okay.
22 MS. COOPER: Yes.
23 THE WITNESS: Thank you.
24 THE VIDEOGRAPHER: We are off the record
25 at 10:18 a.m.

1 (Short break taken.)
2 THE VIDEOGRAPHER: We are back on the
3 record at 10:31 a.m.
4 MR. CANTRELL: Okay. And we've been
5 joined by Mr. Gary Sullivan.
6 MR. SULLIVAN: Yes. I'm Garry Sullivan.
7 I represent the Plaintiffs. I'm the legal
8 director for the ACLU of Arkansas.
9 MR. CANTRELL: All right. Thank you,
10 Gary.
11 BY MR. CANTRELL:
12 Q. Okay. Ms. Stambough, we'll just jump right back
13 in. I was asking about puberty blockers. I want to
14 move to 00 you mentioned various things, like, androgen
15 blockade and as I recall, I think you also mentioned
16 that the hormones are provided by the Gener Clinic. Is
17 that correct?
18 A. Yes.
19 Q. Okay. And so I understand that often these are
20 -- there's a category of things referred to as hormone
21 therapy or sometimes they're referred to as -- well,
22 there's different categories. If I -- if I say hormone
23 therapy, what do you understand that to mean?
24 A. So that's fairly broad. So do you mind restating
25 that question?

1 Q. How about -- how about this, when you -- okay.
2 So the Gener Clinic prescribes hormones, they prescribe
3 hormone suppressants, I understand, those sorts of
4 drugs. Do those belong to a class of drugs that you can
5 refer to using a single term? I'm just trying to
6 understand --
7 A. Uh-huh.
8 Q. -- how you talk about the treatments that you
9 provide. So what are the terms you use?
10 A. So when you talk about treatments we provide --
11 Q. Uh-huh.
12 A. -- there's different categories if that's the
13 question.
14 Q. Uh-huh.
15 A. So we talk about pubertal blockade, which we've
16 touched upon. And depending on the patient, there may
17 be a discussion with regards to certain hormonal
18 therapies that are used to suppress menstruation. We
19 talk about certain medications that are used to help
20 lower endogenous testosterone production, and then we
21 talk about medications that are used either to
22 masculinize or feminize with regards to hormone therapy.
23 Q. Okay. And so what would -- what would a therapy
24 to masculinize, what would that involve?
25 A. So masculinizing hormone therapy generally

1 involves the provision of testosterone.
2 Q. Anything else?
3 A. No.
4 Q. Okay. And so how about feminizing therapy, what
5 does that involve?
6 A. Feminizing therapy generally involves some sort
7 of blockade of androgen production, in addition to the
8 provision of estrogen.
9 Q. Okay. Do you know -- do you know how many Gender
10 Clinic patients have been prescribed masculinizing
11 therapy?
12 A. I do not.
13 Q. Do you know a ball park figure?
14 A. I do not.
15 Q. Do you know how many Gender Clinic patients have
16 been prescribed feminizing therapy?
17 A. I do not.
18 Q. Again, ball park figure?
19 A. (Indicating.)
20 THE REPORTER: I didn't hear you.
21 THE WITNESS: I do not. Sorry.
22 BY MR. CANTRELL:
23 Q. Okay. When did you begin seeing patients at the
24 Gender Clinic?
25 A. Approximately two years ago.

1 Q. So approximately April of 2020?
2 A. I don't recall the exact month I started.
3 Q. How many patients have you treated through the
4 Gender Clinic since then?
5 A. I do not know.
6 Q. Do you have an idea of a ball park?
7 A. I do not.
8 Q. Would it be closer to five or a hundred or...
9 A. I do not know the exact answer. In general, I
10 see patients once a month and generally see about ten
11 patients.
12 Q. About ten?
13 A. Per clinic session.
14 Q. Ten patients?
15 A. (Indicating.)
16 Q. So ten patients once a month. Would these be the
17 same patients recurring?
18 A. Some are new patients and some are established
19 recurring patients.
20 Q. Okay. Do you see -- you know, there are natal
21 males and natal females. Do you see more of one than
22 the other?
23 A. Because of my training as a gynecologist,
24 patients who tend to be placed into my clinic are
25 generally assigned female at birth.

1 Q. Assigned to be male at birth?
2 A. Female at birth.
3 Q. Female. Okay. And so then are your patients in
4 the Gender Clinic, are they exclusively natal females?
5 A. No.
6 Q. Okay. Are you a prescribing physician for
7 masculinizing therapy?
8 A. Yes.
9 Q. Are you a prescribing physician for feminizing
10 therapy?
11 A. Yes.
12 Q. How many patients have you prescribed
13 masculinizing therapy to?
14 A. I do not know an exact number.
15 Q. Okay. Can you give me an estimate?
16 A. No.
17 Q. And would the answer be same for -- I forget if I
18 was asking about masculinizing or feminizing. Would the
19 answer be the same for both?
20 A. It would.
21 Q. Okay. And with respect to the suppression of
22 menstruation, is that also something that you -- that
23 you do with respect to the -- the Gender Clinic?
24 A. Yes.
25 Q. Okay. Do you know how many patients of the

1 Gender Clinic you have prescribed medication to suppress
2 menstruation?
3 A. I do not.
4 Q. Okay.
5 A. I do not.
6 Q. Okay. And that would include I'm -- I've run
7 across Depo-Provera. Is that right?
8 A. Depo-Provera is a medication used to suppress
9 cycles.
10 Q. Okay. Okay. I'm handing you what I have marked
11 as Exhibit Number 2.
12 (Whereupon, the above-mentioned document
13 was marked as Exhibit Number 2 to the
14 deposition.)
15 BY MR. CANTRELL:
16 Q. Do you recognize that document?
17 A. Yes.
18 Q. Okay. Can you tell me what it is?
19 A. It is a declaration.
20 Q. Okay. Is it a declaration that you submitted in
21 support of the Plaintiff -- well, in support of the
22 motion for preliminary injunction in this case?
23 A. It is.
24 MR. CANTRELL: And just for the record,
25 this is also Plaintiff's Exhibit 10 to the motion

1 for preliminary injunction.
2 BY MR. CANTRELL:
3 Q. Okay. Does this appear to be a true and accurate
4 copy of your declaration?
5 A. It is.
6 Q. Okay. Let's take a look with me at paragraph 4
7 and let's see -- read along with me there, it says, For
8 the past year, I have also worked at the clinic one day
9 each month. The clinic treats patients in accordance
10 with the standards of care developed by the World
11 Professional Association for Transgender Health, WPATH,
12 and the Endocrine Society. Okay. Did I read that
13 correctly?
14 A. Yes.
15 Q. Okay. And so the reference to WPATH, is that a
16 reference to the W{ATH standards of care Version 7?
17 A. Yes.
18 Q. And does the Gender Clinic follow the WPATH
19 Version 7 guidelines in its entirety?
20 A. Do you mind restating that?
21 Q. Sorry?
22 A. Do you mind restating that?
23 Q. Sure. Does the Gender Clinic follow the WPATH
24 guidelines, Version 7 guidelines, in its entirety?
25 A. The clinic protocol incorporates both WPATH

1 guidelines as well as Endocrine Society guidelines.
2 Q. Okay. So if -- okay. It incorporates them.
3 Does it incorporate all of the guidelines, take all the
4 guidelines from WPATH, all the guidelines from Endocrine
5 Society, and stick them together or how does that work?
6 A. It -- well, so I didn't develop the protocols.
7 Q. Okay.
8 A. So I can't speak to the development of the
9 protocols.
10 Q. Okay. Are there are you aware of any part of the
11 WPATH standards of care Version 7 that are not followed
12 by the Gender Clinic?
13 A. I am not.
14 Q. Okay. Are you familiar with the draft WPATH
15 standards of care Version 8 --
16 A. I am not.
17 Q. -- that were released? You're not?
18 A. No.
19 Q. If WPATH issued a Version 8, would that change
20 the clinic's treatment of patients?
21 A. Anytime new guidance comes out, it would be
22 important to review that guidance as well as the
23 evidence to support it and then take time to determine
24 whether and what type of impact that has on your
25 practice.

1 Q. Okay. So does the Gender Clinic have a policy of
2 following the latest guidance from WPATH or the
3 Endocrine Society?
4 A. The clinic does not have a formal policy as
5 guidelines are updated but the protocol is reviewed,
6 like any area of medicine when changes would occur with
7 regards to guidance from societies that provide it.
8 Q. Okay. Okay. And going back to I asked you to
9 give me, like, a verbal organizational chart earlier,
10 going back to that briefly. Is there any one person
11 that has oversight over the whole clinic?
12 A. So Dr. Michele Hutchison is the medical director
13 for the clinic.
14 Q. And practically, what does it mean that she's the
15 medical director?
16 A. Do you mind restating your question?
17 Q. What responsibilities does Dr. Hutchison have as
18 a result of being the medical director?
19 A. So she has responsibilities from an
20 administrative standpoint, which would include the
21 minutia of things like scheduling and meeting to make
22 sure that the background of the support of the clinic is
23 in place like any other clinic. And then she has
24 responsibilities in terms of, again, kind of being the
25 director of the team.

1 Q. Okay. And I guess that's what I'm trying to
2 understand. What does it mean that she's the director
3 of the team at the Gender Clinic?
4 A. So her role is one where she is a physician
5 provider, but also when it comes to, kind of, the
6 general evaluation of the clinic from, you know, like,
7 are we going to make schedule changes, things like that
8 minutia, she would be the one who would primary be
9 responsible for things like that.
10 Q. Okay. So is it a formal relationship where,
11 like, you know, she's the boss and you're the
12 subordinate or is it more of a egalitarian relationship
13 that exists?
14 A. We generally operate as colleagues.
15 Q. Operate as colleagues?
16 A. (Indicating.)
17 Q. Okay. And you're familiar with, like, the idea
18 of there being a chair of an academic department. Is
19 that right?
20 A. Yes.
21 Q. Okay. Would it be completely out of bounds to
22 say that a medical director is analogous to the chair of
23 an academic department only in a clinical setting?
24 A. I'm sorry. Do you mind restating that?
25 Q. Sure. Sure. Just is there an analogy between a

1 medical director in a clinical setting to a chair of an
2 academic department?
3 A. I think the analogy only holds so much in this
4 setting as there would be more administrative burden on
5 the individual who holds the higher position in the
6 hierarchy. But beyond that, I don't think they're
7 analogous.
8 Q. More of a burden in the clinical setting?
9 A. Outside the clinical setting.
10 Q. Okay.
11 A. The administrative component outside the
12 day-to-day practice.
13 Q. Okay. Take a look at back at exhibit -- Exhibit
14 2, your declaration, and the last sentence of that
15 paragraph 4, read with me. It says, We require all of
16 our patients to be receiving mental health counseling
17 while they are in treatment at the clinic. Did I read
18 that correctly?
19 A. Yes.
20 Q. Okay. And why is it necessary for patients to
21 receive mental health counseling while in treatment at
22 the clinic?
23 A. That requirement was developed as part of the
24 protocol prior to my involvement in clinic.
25 Q. Okay. So you're not sure or...

1 A. So I can speak to why I appreciate its importance
2 but I can't speak to why it was included as a
3 requirement in the protocol.
4 Q. Okay. Then I'll ask you to do the former.
5 A. Sure. Yeah. So I think it is important in the
6 provision of care for these patients to offer referral
7 to mental health resources so that patients not only
8 have support in the model of care seeing us in clinic
9 but also outside of that care in a space with other
10 providers that can assist with exploration of issues
11 surrounding gender identity and support any other issues
12 that the patient may need from a mental health capacity.
13 Q. Okay. Is there any requirement that the mental
14 health counseling be done by a clinical psychologist?
15 A. No.
16 Q. Okay. Okay. And take a look at paragraph 5 of
17 that declaration. Paragraph 5, read with me says, When
18 I am at the clinic, I provide gender-affirming hormone
19 therapy, testosterone suppression and estrogen for
20 transgender girls, testosterone for transgender boys
21 when medical indicated for patient or patients with
22 gender dysphoria diagnoses beginning around the age of
23 14. Did I read that correctly?
24 A. Yes.
25 Q. Okay. And by transgender girls, that would be a

1 natal male?
2 A. Yes.
3 Q. Okay. And transgender boy would be natal girl.
4 Correct?
5 A. Yes.
6 Q. Okay. And then the phrase gender dysphoria
7 diagnoses, can you explain what that means?
8 A. A diagnosis of gender dysphoria.
9 Q. Okay. So it wouldn't include anything other than
10 gender dysphoria. Like, that's not an umbrella term
11 encompassing other conditions?
12 A. No.
13 Q. Okay. Okay. And then around the age of 14, is
14 it possible that that hormone therapy is begun before
15 age 14?
16 A. Not per our protocol.
17 Q. Not for your protocol?
18 A. Huh-uh.
19 Q. Okay. Okay. And then in paragraph 6, you list a
20 number of -- a number of other conditions. So for
21 example, you say that you provide estrogen, for example,
22 primary ovarian insufficiency, hypogonadotropic,
23 hypogonadism.
24 A. Very good.
25 Q. Is that correct?

1 A. Yeah.
2 Q. Okay. Also you provide estrogen for Turner
3 Syndrome. Is that right?
4 A. Yes.
5 Q. Okay. You say you prescribe puberty delaying
6 medication for precocious puberty. Is that right?
7 A. Yes.
8 Q. And then that same medication for endometriosis.
9 Is that right?
10 A. Yes.
11 Q. Okay. And then you mention other forms of
12 hormone therapy. You treat poly systic ovarian
13 syndrome, menstrual issues including painful, irregular,
14 or heavy periods, and for menstrual suppression for
15 patients with many conditions, including cancer and
16 spinal cord disorders. Is that right?
17 A. Yes.
18 Q. Okay. Okay. In paragraph 7, you say that you
19 have patients with macromastia. Tell me what are the --
20 what are the -- what is the what is macromastia?
21 A. It's enlarged breasts that cause the patient pain
22 or discomfort.
23 Q. Okay. And so with -- with the enlarged breast
24 tissue, does that create concerns of -- for, you know,
25 posture problems or those sorts of issues?

1 A. Yes.
2 Q. And you mentioned pain. Where do patient suffer
3 pain from macromastia?
4 A. Typically in their neck and their upper back and
5 shoulders.
6 Q. Are patients with macromastia ever referred to
7 chiropractors or physical therapists?
8 A. Yes.
9 Q. Okay. Have you ever made those referrals?
10 A. Yes.
11 Q. Okay. In the last sentence that in paragraph,
12 read with me, it says, As a result of these referrals,
13 some of these patients have received breast
14 reconstruction surgery. And I wanted to ask about the
15 breast reconstruction surgery. When that is performed,
16 do you know whether that surgery is intended to preserve
17 the functions necessary for breastfeeding?
18 A. I do not.
19 Q. Do you have patients who have undergone breast
20 reconstruction surgery?
21 A. Yes.
22 Q. Do you know whether they have, after surgery,
23 been able to maintain the functions necessary for
24 breastfeeding?
25 A. I do not.

1 Q. Okay. And take a look at paragraph 8. There,
2 you use a phrase in that first sentence, the accepted
3 standards of care. Can you elaborate on what you mean
4 by accepted standards of care?
5 A. So what I mean with regards to that statement is
6 that I would not be able to practice under the standards
7 of care put forth by the WPATH guidelines as well as the
8 Endocrine Society and espoused by the professional
9 societies to which I belong, including ACOG.
10 Q. Okay. And so there you're specifically referring
11 to -- if I understand you, you're specifically referring
12 to the WPATH guidelines, the Endocrine Society
13 guidelines, and ACOG's standards?
14 MS. COOPER: Object to form.
15 THE WITNESS: Do you mind restating that?
16 BY MR. CANTRELL:
17 Q. Can you characterize what I'm trying to get at?
18 Do you understand what I'm asking you, generally
19 speaking? I'm trying to understand standards of care
20 and it sounds to me like you're saying it's the WPATH
21 standards, the Endocrine Society standards, and ACOG 's
22 standards.
23 MS. COOPER: Object to form.
24 THE WITNESS: I would say guidance from
25 professional organizations.

1 BY MR. CANTRELL:
2 Q. Okay. Any other organizations than WPATH,
3 Endocrine Society, or ACOG?
4 A. AAP.
5 Q. Okay. Are you aware of the distinction between a
6 clinical guideline and a standard of care?
7 A. Yes.
8 Q. Okay. What's -- what's the distinction between
9 those?
10 A. So there's -- they're similar in that they both
11 take into account existing evidence as well as expert
12 opinion to help provide guidance.
13 Q. Okay. So how do they differ?
14 A. So when we talk about standards of care, again, I
15 think if you look at each document or talk to anybody,
16 they're going to maybe have a different interpretation
17 of those. But to me, it means that that provides a
18 framework to help standardize care across different
19 individuals in places of practice with regards to a
20 specific condition. Guidance is putting together the
21 best available evidence and expert opinion to give
22 guidance in those areas of care.
23 Q. Okay. And by guidance, you mean clinical
24 guidelines?
25 A. Recommendations.

1 Q. I'm sorry?
2 A. Recommendations or clinical guidelines. Yes.
3 Q. Okay. And so are you aware that the WPATH and
4 Endocrine Society guidelines do not establish a standard
5 of care?
6 MS. COOPER: Object to form.
7 THE WITNESS: Do you mind restating?
8 MR. CANTRELL: Sorry?
9 THE WITNESS: Do you mind restating the
10 question?
11 BY MR. CANTRELL:
12 Q. Sure. Are you aware that the W -- let's just
13 take one of them, that the Endocrine Society guidelines
14 cannot establish a standard of care by themselves?
15 MS. COOPER: Object to form.
16 THE WITNESS: I still don't think I fully
17 understand the question.
18 BY MR. CANTRELL:
19 Q. Okay. We've talked about a standard of care.
20 Let's back up and ask -- and talk a little bit more
21 about standard of care. So let me ask you this, by
22 standard of care, do you mean, for example, the level of
23 care that any decision would have a duty to provide?
24 MS. COOPER: And objection, calls -- it's
25 calling for a legal a conclusion.

1 MR. CANTRELL: Okay.
2 BY MR. CANTRELL:
3 Q. And I understand you're not an attorney --
4 A. Uh-huh.
5 Q. -- and I'm not asking you to give a legal
6 conclusion.
7 A. Sorry. One more time?
8 Q. Sure. Sure. So there's a -- by a standard of
9 care, do you understand that to mean, you know, the
10 ordinary level of care that any physician would have a
11 duty to provide?
12 A. No. In the sense that standards of care allow
13 room for expectations that not any physician would have
14 the expertise or training to provide that level of care.
15 Q. So let me -- let me ask it like this, if -- if a
16 physician did not follow the WPATH standards of care in
17 treating a patient with gender dysphoria, would that
18 physician be violating their duty to provide -- so
19 here's -- here is what I'm trying to get at --
20 A. Uh-huh.
21 Q. -- I'm trying to understand when you use the
22 phrase standard of care, I'm trying to understand if by
23 that you mean this is -- this is the standard of care
24 that a physician has a duty to provide and if they don't
25 provide that, then they have, essentially, you know,

1 they violated their duty, I mean, for lack of a better
2 way to put it. And I'm trying to understand do you see
3 a distinction between that and clinical guidance that is
4 issued by WPATH, Endocrine Society, and other
5 organizations?
6 MS. COOPER: I'm going to object -- object
7 calling for a legal conclusion again. Go ahead.
8 THE WITNESS: Sorry. There's a lot. Do
9 you mind one more time?
10 BY MR. CANTRELL:
11 Q. Okay. So there's this idea of a standard of care
12 --
13 A. Uh-huh.
14 Q. -- which is the ordinary level of care that a
15 physician would have a duty to provide. Okay? That's
16 the standard that physicians are held to and if you
17 don't do that, you know, you've violated your duty.
18 That's on one hand. On the other hand are clinical --
19 clinical guidelines by, you know, the WPATH, Endocrine
20 Society, other organizations. And I'm -- what I am
21 trying to get at is, I'm trying to understand, do you
22 see these two things as the same or do you see them as
23 different?
24 MS. COOPER: Same objection and object to
25 form.

1 THE WITNESS: So your question has two
2 parts. The first of which is how you define a
3 standard of care. The definition of a standard
4 of care will depend on what level and type of
5 care you're trying to provide. So if a physician
6 elects to enter into a patient-physician
7 relationship and the provision of care for a
8 transgender or gender nonconforming or diverse
9 patient, that would look different than an
10 ordinary physician who just has that patient come
11 into their office.
12 BY MR. CANTRELL:
13 Q. Okay. So take the former category, in that case,
14 dealing with that physician, is there a distinction
15 between that standard of care and -- on one hand, and
16 clinical guidance from WPATH, Endocrine Society, other
17 organizations?
18 MS. COOPER: Objection; legal conclusion
19 and form.
20 THE WITNESS: So the WPATH guidelines help
21 us frame a standard of care that providers who
22 provide care for transgender and gender
23 nonconforming patients can follow. And to agree
24 to provide that care but not meet the threshold
25 of that standard would conflict with the standard

1 of care that they went into that practice to
2 provide.
3 BY MR. CANTRELL:
4 Q. So do you see the guidance issued by WPATH as one
5 in the same with the standard of care that a physician
6 has a duty to provide?
7 MS. COOPER: Object to form, and legal
8 conclusion.
9 THE WITNESS: So I think we're getting
10 caught up on language here and some of that, I
11 think, has to do with legal language that I don't
12 have a full appreciation for. But like many
13 areas of medicine, the standard of care with
14 which we practice comes not only from these
15 whatever standard of care legal definitions, but
16 best practices in clinical guidelines that create
17 the framework to establish the appropriate
18 standard of care that needs to be met to care for
19 a patient.
20 BY MR. CANTRELL:
21 Q. Okay. Let me ask it like this, take a look at
22 the second line of paragraph 8. Actually, let's just --
23 let's just read from the beginning. So paragraph 8, If
24 House Bill 1570, the clinical healthcare ban, takes
25 effect, I will be barred from treating my transgender

1 patients with gender dysphoria and in accordance with
2 the accepted standards of care. I will thus knowingly
3 be causing harm to my patients by following Arkansas
4 law. Do I understand that correctly to be saying that
5 by -- by not treating patients in accordance with WPATH
6 guidelines, Endocrine Society guidelines, that you will
7 knowingly be causing harm to your patient by following
8 Arkansas law?
9 A. Yes.
10 Q. Okay. So then you believe that by not following
11 WPATH guidelines, not following Endocrine Society
12 guidelines, that you would be causing harm to your
13 patients?
14 A. Yes.
15 Q. Okay. And you believe you have a duty not to
16 cause harm to patients?
17 A. Yes.
18 Q. Okay. Okay.
19 MR. CANTRELL: Why don't we take a short
20 break?
21 THE VIDEOGRAPHER: We are off the record
22 at 11:15 a.m.
23 (Short break taken.)
24 THE VIDEOGRAPHER: We are back on the
25 record at 11:28 a.m.

1 BY MR. CANTRELL:
2 Q. Okay. Now we're back. All right. So I am
3 handing you what I have marked as Exhibit Number 3. Can
4 you tell me what this is?
5 MR. CANTRELL: Oh.
6 MS. COOPER: Thank you.
7 MR. CANTRELL: There you are.
8 (Whereupon, the above-mentioned document
9 was marked as Exhibit Number 3 to the
10 deposition.)
11 BY MR. CANTRELL:
12 Q. Can you tell me what this is?
13 A. Yes. This is the Clinical Protocols In Pediatric
14 And Adolescent Gynecology, Second Edition.
15 Q. Okay. Did you have any part in putting this in
16 -- contributing to this book?
17 A. I did.
18 Q. Generally, what is -- what is this book?
19 A. So this is a new version of a book by Paige
20 Hertweck and her colleague to provide clinical protocols
21 for pediatric and adolescent gynecologists.
22 Q. Okay. Are you familiar with the First Edition?
23 A. No.
24 Q. No? Just the Second Edition?
25 A. Well, I should clarify only parts of the Second

1 Edition that I've contributed to, because I've not seen
2 the complete --
3 Q. Okay.
4 A. -- Second Edition in print.
5 Q. Okay. Is it your understanding that this book
6 sets forth the clinical protocols for managing pediatric
7 -- excuse me, pediatric and adolescent gynecological
8 conditions?
9 A. I do not know the objectives that the authors set
10 forth for this book. I only know those that were given
11 to my for specific sections.
12 Q. Okay. What were given to you for your section?
13 A. To review the existing document as it had been
14 written in the First Edition and to provide updates as
15 necessary.
16 Q. Okay. And what were you reviewing the existing
17 documents for?
18 A. The sections assigned to me.
19 Q. Right. I guess let me -- you reviewed the
20 section that was an assigned to you?
21 A. Yeah.
22 Q. And what was the purpose of your review of that
23 section?
24 A. My review of that section was to evaluate the
25 previous version of the chapter and then provide any

1 updates or edits as necessary.
2 Q. Okay. And when you were evaluating, are you
3 evaluating it for accuracy, for completeness, or -- or
4 all of the above?
5 A. All of the above.
6 Q. Okay. Anything else that you were evaluating it
7 for?
8 A. So in terms of accuracy you evaluate it based on
9 any new evidence research, guidance, that's come out in
10 the interim.
11 Q. Okay.
12 A. As well as in the context of your own clinical
13 practice.
14 Q. Okay. Would you expect this book to be a
15 reliable reference work for managing the conditions it
16 deals with?
17 A. Can you rephrase that question?
18 Q. Sure.
19 A. Or restate it? Sorry.
20 Q. Sure. Would you expect this book to be a
21 reliable reference work for managing the conditions it
22 deals with?
23 A. So again, I've not evaluated all of the different
24 chapters in this book, but in speaking to the ones that
25 I did help, they're meant to provide an overview or

1 framework with which to approach each condition that
2 would be used in the context of likely other guidance
3 with regards to the area in which you're treating.
4 Q. Okay. And so would you expect -- would you
5 expect this to be unreliable as far as the protocols
6 that it gives?
7 A. No.
8 Q. Okay. So do you have any reason to believe that
9 -- well, let me just leave it at that.
10 Okay. And you --
11 A. Can I -- can I clarify -- can I clarify a
12 response?
13 Q. Sure.
14 A. So with regards to these protocols, they're short
15 documents that provide a framework for providers in
16 which to approach care, but they're meant to be used,
17 for most people, in the context of a number of resources
18 with regards to the provision of care for that
19 condition.
20 Q. Okay.
21 A. So they would be used likely, by most individuals
22 or at least the way my chapters were written, to be one
23 of likely many resources that you may use to provide
24 care for that area.
25 Q. Okay.

1 A. They're not be a freestanding document that is
2 the only document by which you would provide care for
3 that condition.
4 Q. Okay. And that goes not just for yours but for
5 all of them?
6 A. I can't speak to the rest to the rest of them. I
7 have not reviewed them.
8 Q. Okay. So is it possible some of these might be
9 intended as a standalone document to be used?
10 MS. COOPER: Object to form.
11 THE WITNESS: I don't know the intent that
12 was given to each author with regards to their
13 separate areas.
14 BY MR. CANTRELL:
15 Q. Okay. Okay. Take a look with me on page 10 of
16 this document and I've inserted the Hertweck and
17 Dwiggins excerpts and then the page number up at the
18 upper right-hand corner. If you look at page 10. The
19 preference -- and read along with me, This book provides
20 a comprehensive review of the common and less commonly
21 encountered pediatric and adolescent gynecology (PAG)
22 condition that present in an ambulatory as well as
23 surgical setting. Did I read that correctly?
24 A. Yes.
25 Q. Okay. Do you have any reason to doubt that

1 that's true?
2 A. No.
3 Q. Okay. And then take a look at -- not the next
4 sentence but the following one. It starts, We have
5 placed. Do you see that?
6 A. Yes.
7 Q. Okay. Says, We have placed information in a
8 bulleted text format, listing key points about each
9 condition, following by what to ask for in history
10 taking then what to look for on physical examination and
11 concluding with how to manage conditions. Did I read
12 that correctly?
13 A. Yes.
14 Q. Okay. Turn to page 32. Okay. Do you recognize
15 this chapter?
16 A. I do.
17 Q. Okay. What is this chapter?
18 A. Osteoporosis.
19 Q. And does this -- is this the chapter that you've
20 reviewed and updated for the Second Edition of this
21 book?
22 A. This is one of several chapters that I reviewed
23 and updated for this book.
24 Q. Okay. What were the other chapters?
25 A. Chapter 43 Prolactin Disorders, Chapter 50 Toxic

1 Shock Syndrome, and -- those are the ones listed.
2 Q. I'm sorry?
3 A. I said those are the ones listed.
4 Q. Okay. In looking at --
5 A. Oh. Sorry. Chapter 59. It's on the next page
6 Vulvar Disorders with a bunch of them named.
7 Q. Okay. And then looking at page 32, again, under
8 the definition heading -- let's see, so this is
9 discussing bone mineral density, I believe that's what
10 BMD stands for. Read with me there that second bullet
11 point. It says, Note that Normative BMD values for
12 adults do not apply to the pediatric adolescent
13 population because of dramatic and variable rates of
14 bone mineral acquisition that take place through
15 adolescent -- throughout adolescence. Did I read that
16 correctly?
17 A. Yes.
18 Q. Okay. And so is it true that there are dramatic
19 rates of bone mineral acquisition that take place
20 throughout adolescence?
21 A. It is true that patients and adolescents accrue
22 their peak bone mineral density during adolescence.
23 Q. So the answer is yes?
24 A. Yes.
25 Q. Okay. And then look under key points there.

1 Read with me that first bullet, Adolescence is a
2 critical time for peak bone accrual during which
3 approximately 40 percent of adult bone mass is
4 established. Did I read that correctly?
5 A. Yes.
6 Q. Okay. Is that true?
7 A. Yes.
8 Q. And then the third bullet point, Every ten
9 percent increase in bone mass acquired during
10 adolescence translates to a potential 50 percent
11 reduction in future fracture risk. Did I read that
12 correctly?
13 A. Yes.
14 Q. Okay. Is that true?
15 A. Yes.
16 Q. Okay. And then the last bullet point on that
17 page, osteoporosis and low bone mineral density are
18 associated with poor nutrition, chronic disease states,
19 genetic disorders, prolonged corticosteroid use, primary
20 ovarian insufficiency, cancer, renal disease, and
21 certain other medication use. Did I read that
22 correctly?
23 A. Yes.
24 Q. Okay. Is that true?
25 A. Yes.

1 Q. What other medication use are osteoporosis and
2 low bone mineral density associated with?
3 A. As I don't know that I can provide an exhaustive
4 list, there's anti-epileptic medications, there are
5 steroids, again which is mentioned, I believe, somewhere
6 in there. There are medications from a hormone
7 perspective that we use, like, Depo-Provera that effect
8 bone mineral density. That's not exhaustive though.
9 Q. Okay.
10 A. So I'm sure there are things I'm missing.
11 Q. Would that list also include puberty blockers?
12 A. So that list would include geneary genologues.
13 Q. Okay. Which are colloquially referred to as
14 puberty blockers?
15 A. So their use is beyond that for pubertal blockade
16 aid.
17 Q. Okay. They can be used for other than to block
18 puberty --
19 A. Many other things.
20 Q. -- but they are used to block puberty?
21 A. Yes.
22 Q. Okay. Thank you. Okay. And turn the page to
23 page 33. Under history, diagnosis and history there,
24 read with me, it says, Menstrual history, absence of
25 menses for more than six months is concerning for

1 decreased estradiol and potential bone loss. Did I read
2 that correctly?
3 A. Estradiol, but yes.
4 Q. Okay. So I pronounced one way --
5 A. That's okay.
6 Q. -- and that was the wrong way?
7 A. Yes.
8 Q. Okay. Estradiol. Got it. Okay. Is that true,
9 that statement?
10 A. Yes.
11 Q. You said yes?
12 A. Uh-huh. I did.
13 Q. Okay. And on -- under physical examination, the
14 second main bullet point says, Look for signs of
15 hypoestrogenism, e.g. breast or vaginal atrophy. Did I
16 read that correctly?
17 A. Yes.
18 Q. Okay. So what -- what does -- what's the
19 significance of this bullet point here in the context of
20 physical examination?
21 A. So when a patient comes in with a history of
22 amenorrhea, which means not having a cycle for prolonged
23 period of time, among the many diagnoses in the
24 differential, and would be hypo estrogen conditions, and
25 there are physical exam findings that can help suggest

1 that as a diagnosis.
2 Q. Okay. Turn back to page 16. Okay. Do you
3 recognize the word dysmenorrhea?
4 A. Yes.
5 Q. Did I pronounce that correctly?
6 A. Uh-huh.
7 Q. Okay. What does that mean?
8 A. Painful periods.
9 Q. Okay. And what causes dysmenorrhea?
10 A. There are a number of causes of dysmenorrhea.
11 Q. Is it often secondary to another medical
12 condition?
13 A. No. There's primary causes, which is that with
14 the process of menstruation the uterus cramps due to
15 being a muscle, and then there's secondary causes of
16 which there are a number of etiologies.
17 Q. A number of?
18 A. Causes.
19 Q. Causes. Got it. Okay. Okay. And then looking
20 down under key points, there the last couple of bullet
21 points, it says, NSAIDs, N-S-A-I-D-S, I take it that's
22 nonsteroidal antiinflammatory?
23 A. Yes.
24 Q. What's the D?
25 A. Drugs.

1 Q. Drugs. Okay. So NSAIDs are first line in
2 treating primary dysmenorrhea. Did I read that
3 correctly?
4 A. Yes.
5 Q. Okay. And then hormonal therapy should be
6 considered if NSAIDs are not effective. Did I read that
7 correctly?
8 A. Yes.
9 Q. Okay. And take a look at this protocol for
10 dysmenorrhea. Does this appear to be a reasonable
11 protocol for managing dysmenorrhea?
12 A. I mean, I would need to have time to read the
13 entire document.
14 Q. Okay. Well, go ahead and take a look at it.
15 A. Okay.
16 (Brief pause.)
17 THE WITNESS: Do you mind restating your
18 question or...
19 BY MR. CANTRELL:
20 Q. Yeah. Does this appear to be a reasonable
21 protocol for managing dysmenorrhea?
22 A. There are areas of this document that I feel are
23 lacking and would need more probably clarification to be
24 used as a primary source of your approach to
25 dysmenorrhea.

1 Q. Okay. Do you consider that to be a criticism of
2 that particular chapter given what you said earlier that
3 this is a document to be used in conjunction with other
4 resources?
5 A. Can you -- sorry. Can you say that again?
6 Q. So earlier, your testimony -- I understood you to
7 say that this would be one resource you would use among
8 others in providing clinical care. And so the
9 limitations that you're suggesting exist, would those
10 limitations be ameliorated by the use of the other
11 resources?
12 MS. COOPER: Object to form.
13 THE WITNESS: Not for this document. I've
14 not reviewed the other ones to speak to that but
15 not for this document.
16 BY MR. CANTRELL:
17 Q. Okay. So then you think that -- well, go ahead
18 and set that aside and took a look at page 20. All
19 right. What is endometriosis?
20 A. It's a gynecologic condition where endometrial
21 stroma and glands implant outside the uterus.
22 Q. Okay. And so what causes endometriosis?
23 A. That's a great question. We actually don't know
24 what causes endometriosis so there's multiple theories
25 as to the etiology.

1 Q. Okay. When you were evaluating a patient, is
2 there a difference between objective and subjective data
3 that you gather?
4 MS. COOPER: Object to form.
5 THE WITNESS: Do you mind clarifying?
6 BY MR. CANTRELL:
7 Q. I'm sorry?
8 A. Do you mind clarifying that question?
9 Q. Sure. So when you are -- when a patient comes to
10 you and you are evaluating that patient in the context
11 of a medical appointment, is there a distinction between
12 objective data that you gather and subjective data about
13 their condition?
14 MS. COOPER: Object to form.
15 THE WITNESS: Do you mind clarifying what
16 you mean by distinction?
17 BY MR. CANTRELL:
18 Q. Is there a difference between objective data and
19 subjective data?
20 MS. COOPER: Object to form.
21 THE WITNESS: Do you mind clarifying what
22 you mean from a difference perspective?
23 BY MR. CANTRELL:
24 Q. I'm not sure I understand?
25 A. Right. So -- so when you think about -- I think

1 I understand what you mean so I'm going to answer what I
2 think you're saying.
3 Q. Okay.
4 A. Which is when we think about subjective data, it
5 is what the patient reports to you, but that you may not
6 have a formal way to evaluate beyond what the patient
7 gives you as --
8 Q. Okay.
9 A. -- part of their history taking. But when we
10 talk about a difference, they both carry weight in the
11 medical decision making process, whether it's subjective
12 based on patient history, or objective based on
13 something that I can formally measure.
14 Q. Okay. Thank you. Are there objective criteria
15 that's useful for diagnosing endometriosis?
16 A. So endometriosis can be objectively or formally
17 diagnosed with a laparoscopic evaluation of pelvis and
18 either on visual inspection or with biopsy, but there's
19 clinical guidance that allows for patients to be treated
20 imperially if they provide a history consistent with
21 endometriosis and that is done on an individualized
22 basis.
23 Q. Okay. Thank you. And what are the goals of
24 treatment for endometriosis?
25 A. The goals are to alleviate the patient's pain and

1 discomfort, and secondarily, would be consideration of
2 preservation of the patient's anatomy and minimization
3 of long-term complications --
4 Q. Okay.
5 A. -- like scar tissue.
6 Q. Okay. Any other goals?
7 A. Prevention of disease progression.
8 Q. I'm sorry? Progression?
9 A. Disease progression.
10 Q. Okay. And maybe that addresses my next question
11 which is how do you determine whether the treatment is
12 successful?
13 A. Patient report.
14 Q. Okay. Patient report meaning?
15 A. They report with regards to the symptoms for
16 which they presented.
17 Q. Okay. So would that include -- I'm not sure that
18 I'm following you, but would that include again,
19 objective assessment of the patient's condition?
20 A. No.
21 Q. Okay. So you determine whether treatment is
22 successful based completely on subjective data?
23 MS. COOPER: Object to form.
24 THE WITNESS: So it's based primarily on
25 subjective data.

1 BY MR. CANTRELL:
2 Q. Okay. But it does include objective data?
3 A. It is not common that a patient undergoes a
4 repeat laparoscopy for the sole purpose to evaluate
5 whether they've responded to treatment.
6 Q. I see. Okay. I see. Okay. And take a look on
7 page 21 under physical examination, the second bullet
8 point. So I think this is talking about the goal of a
9 physical examination of a patient. It says, Goal is to
10 exclude alternative explanations for the patient's pain,
11 such as gastrointestinal, urinary musculoskeletal,
12 pelvic mass, or reproductive tract anomaly. Did I read
13 that correctly?
14 A. Yes.
15 Q. Okay. So is it -- is that true?
16 A. Yes.
17 Q. Okay. And then turn the page to page 22 under
18 imaging and I think maybe this could be some of what you
19 were getting at a minute ago, I don't know. Under
20 imaging, the first bullet points says, Not routine but
21 can exclude presence of cyst, pelvic mass, torsion, or
22 an anomaly. Did I read that correctly?
23 A. Yes.
24 Q. Okay. So I take that as imaging, it's possible,
25 but it's not routinely done. Is that right?

1 A. Yes.
2 Q. Okay. And then under diagnosis, take a look at
3 the second bullet point. Read with me, empiric use of
4 gonadotropin-releasing hormone, agonist therapy, is not
5 recommended due to potential detrimental effects on
6 bones density. Did I read that correctly?
7 A. You did.
8 Q. What is empiric use?
9 A. Empiric use is use of the medication without
10 undergoing surgical evaluation.
11 Q. Okay. And so is that statement that I just read
12 there, that second bullet point, is that true?
13 A. I disagree with that statement.
14 Q. Okay. Why do you disagree with that?
15 A. I disagree with that statement because like
16 anything in clinical practice there maybe risks to
17 undergoing a surgical procedure with a patient who
18 presents with a history consistent or concerning for
19 endometriosis, who would otherwise meet criteria for the
20 medication. Unlike any area of medicine, it would be an
21 individualized approach with regards to the risks and
22 benefit of the treatment being discussed.
23 Q. Okay. Then take a look further down. There's a
24 line there under diagnosis that's says, Make a
25 definitive diagnosis with laparoscopy. So I take that

1 to indicate that you can make a definitive diagnosis of
2 endometriosis with laparoscopy. Is that right?
3 A. You can.
4 Q. And what is laparoscopy?
5 A. A surgery.
6 Q. A surgery?
7 A. Uh-huh.
8 Q. Okay. What does it involve?
9 A. It involves placing a laparoscope or camera into
10 the peritoneal cavity and evaluating the structures of
11 concern.
12 Q. Okay. And then take a look at page 25. Under
13 the heading GnRH agonist therapy. That third bullet
14 point says, Recommended duration of 12 months by the
15 FDA. So it true that therapy with GnRH agonists for
16 endometriosis is recommended for duration of not more
17 than 12 months by the FDA?
18 MS. COOPER: Object to form.
19 THE WITNESS: The FDA recommendation is to
20 limit use of GnRH agonist to 12 months or less.
21 BY MR. CANTRELL:
22 Q. Thank you.
23 A. In the indication of endometriosis.
24 Q. I'm sorry?
25 A. In the indication of endometriosis.

1 Q. Okay. Thank you. And then the next bullet point
2 there says, Limit to above the age of 16 years due to
3 potential long-term adverse effects on bone. Did I read
4 that correctly?
5 A. You did.
6 Q. Okay. And so would you agree that that is true,
7 that they should be limited in that way?
8 A. No. I disagree with that statement.
9 Q. And why do you disagree?
10 A. I disagree with that statement in the context of
11 what we discussed earlier, that the approach to the care
12 of each patient is individualized and you have to weigh
13 the risks of withholding a treatment or not providing a
14 treatment with the risks of said treatment and so I
15 disagree that you can put an age of 16 years on that.
16 Q. So is it not possible to make general
17 recommendations that apply to the population as a whole?
18 MS. COOPER: Object to form.
19 THE WITNESS: Do you mind restating that?
20 BY MR. CANTRELL:
21 Q. Yeah. So it sounds like the issues that you have
22 with these protocols are that there must be an
23 individualized assessment. And so it sounds to me like
24 you're saying that it's not possible to make a
25 generalized recommendation?

1 MS. COOPER: Object to form.
2 BY MR. CANTRELL:
3 Q. Is that right?
4 A. I'm not saying it's not possible.
5 Q. Okay. So it is sometimes possible to make a
6 general recommendation of this nature, for example, when
7 you should limit GnRH agonist therapy. Is that right?
8 A. In most areas, I think it's important to present
9 treatment in the context of why you're providing it with
10 a discussion of the risks and benefits of its provision.
11 Q. And so here it would be provided for the purpose
12 of treating endometriosis. Right?
13 A. Yes.
14 Q. Okay. And so in that context, is it not possible
15 to make a general recommendation of limitations
16 concerning the therapy?
17 A. So endometriosis is a condition that isn't
18 isolated to patients who are 16 and over. So in this
19 context, to provide an age, doesn't account for the fact
20 that it's a condition that presents in patients less
21 than 16 who may have compelling reasons to use the
22 medication.
23 Q. Okay. And what might those compelling reasons
24 be?
25 A. A failure to respond to other treatments, or a

1 contraindication to those treatments.
2 Q. Okay. And so absent failure to respond to other
3 treatment or a contraindication, would you agree that
4 this limitation is reasonable?
5 A. Do you mind restating that?
6 Q. Sure. So it recommends a limitation on GnRH
7 agonist therapy to patients above the age of 16 due to
8 potential long-term adverse effects on bone. And the
9 question is, you know, absence contraindication or
10 failure to respond to other treatment, is this a
11 reasonable limitation in this context?
12 A. So I think the statement -- the sentence would
13 then be used out of context because a GnRH agonist
14 wouldn't be a potential treatment for a patient if they
15 responded to or did not have contraindications to other
16 treatments. So the guidance wouldn't be warranted
17 because they wouldn't need that treatment.
18 Q. Okay. So then it's not the first line treatment
19 that you go to. Is that what you're saying?
20 A. Correct.
21 Q. Okay. And why is it not the first line
22 treatment?
23 A. Because there are other medications that -- so
24 there's -- for some patients, there's issues with
25 regards to being able to afford the medication or be

1 able to get the medication and there's other medications
2 that would be considered first line for the treatment of
3 endometriosis.
4 Q. And is that because of their risk profile in
5 part?
6 A. Not necessarily.
7 Q. But in part?
8 A. But in part.
9 Q. Okay.
10 A. It's also important to remember that Lupron is
11 not a contraceptive so for a lot of patients who are
12 undergoing treatment for endometriosis, that would be a
13 consideration. So there's a number of things that go
14 into a discussion about what's considered first line
15 verses second line with regards to the treatment.
16 Q. Okay. Take a look at page 38. Okay. What is
17 polycystic ovary syndrome?
18 A. Polycystic ovarian syndrome is a clinical
19 syndrome in which patients exhibit disfunction of the
20 ovaries, which usually presents with some irregularity
21 to menstruation. Different societies use different
22 guidelines, but in general, it also requires either
23 clinical or biochemical evidence of elevated androgens.
24 Q. Okay. And I think you just answered at least
25 partly my next question which is are there objective

1 criteria useful for diagnosing polycystic ovary
2 syndrome?
3 A. So those criteria have been established or
4 attempted to be established in adult patients, although
5 there's not -- there's clinical guidance on what that
6 criteria should be in adolescent patients, and there are
7 different -- there's several different proposed
8 criteria.
9 Q. Okay. And what is it that you're looking for if
10 you want to confirm diagnosis of polycystic ovary
11 syndrome?
12 A. So irregular cycles that meet the threshold for
13 what we would consider amenorrhea and the presence of
14 either lab findings of elevated androgens or clinical
15 evidence of elevated androgens.
16 Q. Okay. And what lab findings would those be?
17 A. Elevated testosterone.
18 Q. Okay. And testosterone is something you can
19 check with a blood tests or --
20 A. Yes.
21 Q. Okay.
22 A. Sorry. And when I say clinical, I mean physical
23 evidence of elevated androgens, which cannot be measured
24 with a blood test.
25 Q. Which cannot?

1 A. Be measured with a blood test.
2 Q. Okay. Okay. And so what are the goals of
3 treatment for polycystic ovary syndrome?
4 A. The goals of treatment are to obviate or mitigate
5 their risk of uterine cancer.
6 Q. Okay. Turn to page 43. What is primary ovarian
7 insufficiency?
8 A. Primary ovarian insufficiency is cessation or
9 stopping of ovarian function prior to the age of 40.
10 Q. Okay. And are there objective criteria useful
11 for diagnosing primary ovarian insufficiency?
12 A. There are.
13 Q. There are?
14 A. (Indicating.)
15 Q. Okay. What are there?
16 A. They are cessation of a menstrual cycle in the
17 presence of an elevated FSH on two separate occasions,
18 greater than a month apart.
19 Q. Okay. And what's the goal of treatment for
20 primary ovarian insufficiency?
21 A. The goal of treatment for primary ovarian
22 insufficiency is to obviate or mitigate their risk of
23 complications related to hypoestrogenism or a lack of
24 endogenous estrogen production.
25 Q. What would those complications be?

1 A. Those complications include cardiovascular
2 disease, bone health, and overall all-cause mortality.
3 Q. Can you confirm the presence of primary ovarian
4 insufficiency with genetic testing?
5 A. No.
6 Q. Okay. Is -- is there are there chromosomal
7 abnormalities that patients sometime have that cause
8 primary ovarian insufficiency?
9 A. Yes.
10 Q. Is it possible to test for those chromosomal
11 abnormalities?
12 A. Yes.
13 Q. Is that like a blood test?
14 A. It is primarily a blood test.
15 Q. Okay. What else is involved in testing for the
16 chromosomal abnormality?
17 A. So first line is a blood test, although those may
18 be patients who then undergo genetic testing of other
19 issue, so you can carry a type more than just blood.
20 Q. Okay. Okay. And then take a look at page 48 so
21 there is bolded text additional considerations, and then
22 under that is an indented bullet point, starting,
23 Adolescence accrued. Do you see that?
24 A. I do.
25 Q. Okay. Let's -- read that with me. Adolescents

1 accrued peak bone and puberty, any interruption can have
2 a negative impact, which should be documented,
3 monitored, and addressed. Did I read that correctly?
4 A. You did.
5 Q. Okay. And so would you agree that in the context
6 of treating primary ovarian insufficiency that
7 interruptions in accruing bone mineral density should be
8 monitored and addressed?
9 A. Yes.
10 Q. And why is that?
11 A. It's important to evaluate the effects of that
12 condition on the patient's bone mineral density and then
13 with treatment change or recommendations to then follow
14 it over time.
15 Q. And what are the risks over time?
16 MS. COOPER: Object to form.
17 THE WITNESS: Yeah. Do you mind
18 clarifying?
19 BY MR. CANTRELL:
20 Q. Yeah. Let me restate it. What the risks of an
21 interruption in accruing peak bone mineral density in
22 puberty?
23 A. So what we know is bone health is multifactorial
24 with regards to what goes on to effect concerning
25 surrounding bone mineral density, namely fracture risk,

1 and so a component of that would be any impact on bone
2 mineral density accrual in the context of other risk
3 factors that a patient may develop over time.
4 Q. Okay. So do I understand you to say that if
5 there's an interpretation in the accrual of bone mineral
6 density during puberty, that later in life that could
7 lead to bone fractures or even, like, osteoporosis or
8 something along those lines?
9 MS. COOPER: Object to form?
10 THE WITNESS: So it may be one of many
11 factors. They may impact a patient's risk for
12 fracture --
13 BY MR. CANTRELL:
14 Q. Okay.
15 A. -- as they get older.
16 Q. Okay. So it could increase the risk?
17 A. It could potentially increase their risk.
18 Q. Okay. Okay. Turn to Page 55. Okay. What is
19 precocious puberty?
20 A. Precocious puberty is the onset of pubertal
21 development prior to what is considered to be normative.
22 Q. Okay. And what -- what objective data would you
23 gather to diagnose precocious puberty?
24 A. The objective data would be the presence of
25 development of secondary sexual characteristics prior to

1 what's considered to be normative, in addition to lab
2 testing, which may show productive or elevation in
3 hormone levels prior to what be considered normative as
4 well. In addition, there can be studies that may help
5 with regard to advancement in bone age and then
6 development of reproductive organs beyond that which
7 would be considered normative for a prepubertal patient.
8 Q. Okay. What are the -- what are the risks
9 associated with untreated precocious puberty?
10 A. Untreated precocious puberty would mean that the
11 patient progresses throughout puberty earlier than what
12 is considered normative. Which has implications with
13 regards primarily to patient's height potential.
14 Q. Okay. So to put it in laymen's terms, it causes
15 -- you're not as tall when you get older?
16 A. That's a concern --
17 Q. Okay.
18 A. -- with regards to precocious puberty.
19 Q. Okay. Any other concerns?
20 A. There are other concerns which can include the
21 onset of menstruation in the patient who is younger than
22 what's considered normative and potential implications
23 from a psychosocial perspective on what that could mean
24 for the patient.
25 Q. Okay. And what are the goals of treatment for

1 precocious treatment?
2 A. The goals of treatment are to delay puberty until
3 what would be considered normative for progression
4 through puberty.
5 Q. And by delaying puberty, are those other concerns
6 dealt with?
7 A. You allow them to reach, ideally, their height
8 potential and then data surrounding the psychosocial
9 implications on early onset of periods is lacking, but
10 in practice, we follow expert opinion which is that
11 there's likely benefit to a patient when delaying
12 menstruation until more in line with their peers.
13 Q. Okay.
14 THE VIDEOGRAPHER: Is there a possibility
15 we could take a break? I've got to change a card
16 real quick.
17 MR. CANTRELL: Okay. Okay. Sure. Sure.
18 Let's take a break.
19 THE VIDEOGRAPHER: We are off the record
20 at 12:19 p.m.
21 (Short break taken.)
22 THE VIDEOGRAPHER: We are back on the
23 record at 12:22 p.m.
24 BY MR. CANTRELL:
25 Q. Okay. We're back. Ms. Stambough, can you turn

1 to page 56. We were discussing precocious puberty.
2 Take a look under the history heading. Let's see -- the
3 one, two, three, four -- fifth, bullet point beginning
4 family history. Do you see that?
5 A. I do.
6 Q. Okay. So it says family history parental heights
7 puberal toning of family members. I understand this to
8 say that those are two things that are helpful to know
9 in evaluating a child for precocious puberty. Would you
10 agree that those are helpful and relevant to evaluating
11 someone for precocious puberty?
12 A. Yes.
13 Q. Okay. Okay. Turn to Page 73. What is Turner
14 Syndrome?
15 A. Turner Syndrome is a condition in which a portion
16 or all of an X chromosome is effected and because it's a
17 syndrome, has a number of ways in which that may present
18 from patient perspective.
19 Q. And what objective data would you gather to
20 diagnose Turner Syndrome?
21 A. A karyotype.
22 Q. And what is a karyotype?
23 A. It's a genetic evaluation of the patient looking
24 at the chromosomes that are present.
25 Q. Okay. And is that a blood test?

1 A. It's typically done in initially with a blood
2 test.
3 Q. Okay. And then later is it, like you said
4 earlier, and then later you can test tissue?
5 A. Yes. So there are nuances to patient care in
6 which there may be other tissues that get tested.
7 Q. Okay. What are the goals of treatment for Turner
8 Syndrome?
9 A. Do you mind clarifying?
10 Q. Yeah. What is the purpose of providing treatment
11 for Turner Syndrome?
12 A. So there's several purposes of providing
13 treatment for Turner Syndrome, which would depend on
14 what aspects of Turner Syndrome a patient presents with.
15 Q. Okay. Can you explain what those would be?
16 A. Potentially, short stature, which would involve
17 medications like growth hormone to help with benefit to
18 the patient's final height.
19 Q. What else?
20 A. They may have cardiac anomalies that would
21 require evaluation and intervention as appropriate.
22 Q. What else?
23 A. They should be evaluated for the presence of any
24 Y or SRY material to evaluate whether they have a risk
25 of malignancy.

1 Q. Okay. Now you said --
2 A. SRY or Y material.
3 Q. What is that?
4 A. So it's the presence of Y material in the
5 patient's genetic make-up, which would make them at risk
6 for development of a malignancy or cancer.
7 Q. Okay.
8 A. You should evaluate them for other endocrine
9 disorders, like thyroid disease or the development of
10 celiac disease. Develop -- or evaluating gonadal
11 function over time and whether the patient goes into
12 spontaneous puberty or whether there needs to be
13 pubertal induction and or maintenance due to the risk of
14 gonadal failure. That's not exhaustive though, I'm
15 sure.
16 Q. Uh-huh. Is Turner Syndrome sometimes treated
17 with estrogen?
18 A. So patients with Turner Syndrome are at risk for
19 primary ovarian insufficiency and that may either
20 present in a way that the ovary stops functioning or
21 never begins functioning. If a patient with Turner
22 Syndrome has POI, that would be treated with estrogen
23 therapy.
24 Q. Okay. And what would the goal of treatment with
25 estrogen be?

1 A. The goal of estrogen is to obviate any risk of
2 low estrogen to the patient.
3 Q. Which is what?
4 A. Cardiovascular risks, bone health, and overall
5 increase risk of mortality with disruption in ovarian
6 function before age 40, among other things.
7 Q. I'm sorry?
8 A. I said among other things.
9 Q. Okay. And if you would --
10 A. Sure. Like hot flashes, you know.
11 Q. Okay.
12 A. A significant symptom for the patient.
13 Q. Okay. Anything else?
14 A. Estrogen can have a synergistic effect with
15 growth hormone at the end of grown hormone therapy and
16 allow for a little bit of additional height in some
17 patients.
18 Q. Okay. Okay. So we've discussed a number of
19 conditions. And we've looked some at this book, would
20 it be reasonable for a physician who wanted to manage a
21 patient's gender identity condition to go to the -- any
22 of the chapters that we've looked at so far to do that?
23 MS. COOPER: Object to form.
24 THE WITNESS: I don't think it would be
25 reasonable for a physician to use this as their

1 sole document for the provision of care for
2 transgender and gender nonconforming patients.
3 BY MR. CANTRELL:
4 Q. Okay. And I asked a different question. The
5 question I asked was would it be reasonable for a
6 physician who wanted to manage a patient's gender
7 identity condition to consult any of the chapters that
8 we've looked at in order to do that?
9 A. The ones we just reviewed?
10 Q. The ones that we've looked at already.
11 A. That we just talked about?
12 Q. Yeah.
13 A. No.
14 Q. Okay. And why not?
15 A. Because they don't address the care specific to
16 transgender and gender diverse individuals. Can I
17 clarify?
18 Q. Okay.
19 A. Am I allowed to clarify? I don't know if I'm
20 misunderstanding your question.
21 Q. Okay.
22 A. So again, if I could ask you, sorry. Are you
23 asking me if in the approach to somebody who says, I'm
24 going to provide care to transgender and gender
25 nonconforming or diverse patients, this would be the

1 document that they would go to for it?
2 Q. Yes.
3 A. Or that they would review those documents in the
4 context of their overall provision of care?
5 Q. Yeah. So -- so here's -- here is what I'm
6 asking. You know, we looked at -- you know, we look at
7 your chapter on osteoporosis or take, you know, the
8 chapter on endometriosis --
9 A. Uh-huh.
10 Q. -- if I'm a physician and I want to treat someone
11 with a gender identity condition, that's my goal, pull
12 out the endometriosis chapter and use this to help me
13 treat that person's gender identity condition, would
14 that be a reasonable way to proceed?
15 A. No.
16 Q. Okay. And the question was why not?
17 A. Because the document wasn't developed in the
18 context of giving guidance for the treatment of an
19 individual specifically for their gender identity.
20 Q. Okay.
21 A. It would be appropriate if the patient came to
22 you with endometriosis.
23 Q. Okay.
24 A. But really they're specific to the condition in
25 which they're written.

1 Q. Okay. So would it be reasonable for a physician
2 who wanted to manage any of the conditions we've talked
3 about that we've looked at in the book, would it be
4 reasonable for a physician who wanted to manage any of
5 those conditions to employ the WPATH guidelines?
6 MS. COOPER: Object to form.
7 BY MR. CANTRELL:
8 Q. So let me ask that a different way. So take
9 endometriosis, for example, and if a physician -- would
10 it be reasonable for a physician to use the WPATH
11 guidelines to treat a patient with endometriosis?
12 A. No.
13 Q. Okay. And again, why not?
14 A. Because the guidelines aren't written for --
15 specific to the treatment of endometriosis with regard
16 to the evidence and expert opinion supporting --
17 Q. Okay.
18 A. -- it's management.
19 Q. And then the same question for the switching out
20 WPATH and Endocrine Society. Would it be reasonable for
21 someone who wanted to treat endometriosis or polycystic
22 ovary syndrome or the other conditions we've been
23 discussing to go to the Endocrine Society guidelines
24 that we discussed earlier to treat those conditions?
25 A. Do you mean the Endocrine Society guidelines with

1 regards to the provision of transgender and that --
2 Q. Yes.
3 A. -- or PCOS guidelines?
4 Q. Yes.
5 A. Okay.
6 MS. COOPER: Well --
7 BY MR. CANTRELL:
8 Q. The transgender guidelines.
9 A. Thank you. Okay. Yes. So it would not be
10 appropriate to use the Endocrine Society guidelines for
11 the provision of transgender care to be your resource
12 for the provision of care for patients with PCOS.
13 Q. Or endometriosis or...
14 A. Or endometriosis.
15 Q. Okay. Okay. And take a look at page 63. This
16 chapter deals with transgender and gender diverse care.
17 Let me ask, what does it mean to be transgender?
18 A. So transgender is the term used to describe when
19 an individual's gender identity doesn't match the sex
20 with which they were assigned at birth.
21 Q. Okay. And what objective data would you gather
22 to diagnose someone as being transgender?
23 MS. COOPER: Object to form.
24 THE WITNESS: Do you mind clarifying that
25 question?

1 BY MR. CANTRELL:
2 Q. Yeah. So we've been talking about objective data
3 and in a lot of cases there's blood tests or other --
4 A. Uh-huh.
5 Q. -- labs, I guess, that you can do. And so if you
6 want to identify whether or not someone is transgender,
7 are there objective data that can confirm whether or not
8 a person is transgender?
9 MS. COOPER: Object to form.
10 THE WITNESS: Sure. Like many areas in
11 medicine -- and again, I think we talked about it
12 a little bit earlier, when you approach a
13 patient's care, there is going to be information
14 that the patient gives you in what you might
15 consider subjective way, which is history taking,
16 what they tell you about they themselves, what
17 they tell you about the symptoms they experience,
18 what their parent or caregiver may give to that
19 presentation. There's no additional weight given
20 to objective or subjective in many areas of
21 medicine. And in fact, there are lots of areas
22 where we don't have the ability to get objective
23 data in the form of a blood test or a lab
24 evaluation for conditions. And so there is not a
25 blood test to diagnose somebody as transgender.

1 That's comparable to other areas that we
2 practice.
3 BY MR. CANTRELL:
4 Q. Okay. So --
5 A. But there's objective data in the sense that we
6 have a formal evaluation for things like gender
7 dysphoria, with regards to tests that can be done from
8 psychological perspective that carry weight.
9 Q. Aren't those based on self-report though?
10 A. They're an objective measurement.
11 Q. An objective measurement of self-report?
12 A. They've been validated.
13 Q. Okay. They've been validated but they're still
14 an objective measure based on subjective report.
15 Correct?
16 A. So I would disagree with your use of subjective
17 in the sense that it seems like the way you're using it
18 is that that doesn't hold as much value or meaning in
19 the evaluation of a patient. And I would push back on
20 that a little bit in that there are many areas in the
21 way that we provide care where they may be weighted
22 equal or if not more based on the patient's subjective
23 -- subjective again report.
24 Q. And I understand what you're telling me. But the
25 question is, the criteria for a gender dysphoria, even

1 if you say it's an objective assessment but it is based
2 on self-report from the individual. Correct?
3 A. It is based on the patient providing you
4 information that would then meet criteria for gender
5 dysphoria.
6 Q. And there's no way to objectively verify that.
7 Correct?
8 MS. COOPER: Object to form.
9 THE WITNESS: Yeah. So I think I'd like
10 to just say in the context of the provision of
11 medical care for many diagnoses, there are not
12 the ability to get objective evidence. So if a
13 patient comes in and --
14 BY MR. CANTRELL:
15 Q. And let me stop you.
16 A. Yeah.
17 Q. I understand.
18 A. Sure.
19 Q. I understand that. There's no way -- the
20 question is, is there any way to objectively verify a
21 patient's self-report with respect to their gender
22 identity?
23 A. There's no way to objectively evaluate any
24 patient's gender identity.
25 Q. Okay. Okay.

1 A. In the context of how I think you're asking that
2 question.
3 Q. Okay. Well, and I mean, I understand you to -- I
4 understand you're telling me -- and let's make sure we
5 understand each other.
6 A. Yeah. I think that would be helpful. Yeah.
7 Q. Okay. So -- so again, we've looked at objective
8 data for various conditions, and my question here is the
9 same as there, is there objective data that can confirm
10 that someone is transgender or that someone has a gender
11 identity that differs from their birth sex?
12 A. So based --
13 MS. COOPER: Object to form.
14 THE WITNESS: Yeah. So sorry. So based
15 on your question, in the context of the other
16 chapters where we have delineated what's
17 considered subjective and objective data --
18 BY MR. CANTRELL:
19 Q. Uh-huh.
20 A. I don't have objective data to support whether
21 somebody's gender identity as cisgender or transgender.
22 I can't evaluate that --
23 Q. Okay.
24 A. -- with the objective data in the way that you've
25 defined it in these chapters. Whether you identify as

1 cis or transgender.
2 Q. Whether?
3 A. You identify as cisgender or transgender.
4 Q. Okay. Okay. What are the goals of treating
5 someone with gender identity condition?
6 A. The goals of treatment are to obviate or
7 alleviate the patient's gender dysphoria.
8 Q. And as far as what about -- what about treatment
9 for patients who -- who are gender nonconfirming, say,
10 as opposed to having gender dysphoria? Would the
11 treatment for a gender nonconforming person have the
12 same goal?
13 MS. COOPER: Object to form.
14 THE WITNESS: So the treatment -- the
15 treatment of patients is to obviate or mitigate
16 their gender dysphoria, whether that patient
17 identifies as gender nonconfirming, transgender,
18 the goal is to obviate or alleviate their gender
19 dysphoria.
20 BY MR. CANTRELL:
21 Q. Okay. And you're using gender dysphoria as
22 defined in the DSM?
23 A. Yes.
24 Q. Okay. And so is treatment only indicated for a
25 patient who meets the DSM-5 criteria?

1 A. Treatment is indicated for patients who have
2 gender dysphoria which would be primarily evaluated by
3 the DSM criteria.
4 Q. Okay. Are there any other criteria that are
5 used?
6 A. So they would -- they would meet that criteria
7 but there's a number of other measures to evaluate
8 gender dysphoria.
9 Q. Okay. So you're using gender dysphoria in a way
10 that's not necessarily connected to the DSM-5. Correct?
11 A. Correct.
12 Q. Okay. You're using it as a more general term?
13 A. Yes.
14 Q. Okay. And so -- and so --
15 A. Can I clarify that? So when you say more general
16 term, I am saying that patients undergo evaluation for
17 gender dysphoria. Meeting those criteria set out by the
18 DSM-5, which would indicate treatment of individuals
19 that are transgender or gender nonconforming. But there
20 are a number of other tools that are used to assess
21 gender dysphoria outside of the context of just DSM-5.
22 Q. Okay. And so let me ask this then, so it's not
23 necessary for someone to meet the DSM-5 criteria in
24 order to be treated --
25 MS. COOPER: Object to form.

1 BY MR. CANTRELL:
2 Q. -- for gender dysphoria. Correct?
3 A. Patients -- do you mind restating that?
4 Q. I'm sorry?
5 A. Do you mind restating?
6 Q. Oh. Sure. So I guess the question would be is
7 would you treat a patient with a gender identity
8 condition -- let me back up. Let me think about how to
9 word this.
10 Is there ever a situation in which you would
11 treat a patient for a gender identity related condition
12 even if they did not satisfy the DSM-5 criteria?
13 MS. COOPER: Object to form.
14 THE WITNESS: Can you clarify what you
15 mean by treatment?
16 BY MR. CANTRELL:
17 Q. Sure. Hormone therapy or puberty blockers.
18 A. So patients -- again, it's hard to make these
19 blanket statement. Right? So if a patient with gender
20 identity disorder came in to me at five with precocious
21 puberty, I would treat them with what you consider
22 pubertal blockade for the condition of precocious
23 puberty. So I can't make a blanket statement all or
24 none.
25 Q. Okay. Just limit it to adolescents then.

1 A. Sure. In general, the indication for treatment
2 with the medications that you're discussing, would be in
3 the context of a patient expressing gender dysphoria and
4 meeting those criteria with what you're considering a
5 gender identity disorder?
6 Q. In general, but not always. Right?
7 A. They should fulfill criteria, meaning that they
8 have gender dysphoria.
9 Q. Under the DSM-5?
10 A. Yes.
11 Q. So if I understand what you just said, it is
12 necessary to meet the DSM-5 criteria for gender
13 dysphoria in order to be treated with hormone therapy or
14 puberty blockers. Correct?
15 A. Can you clarify what you mean by hormone therapy?
16 Q. I mean, either, you know, the feminizing or the
17 masculinizing therapy that we've discussed previously.
18 A. So in the context of our clinic with our
19 protocol, they should meet those criteria.
20 Q. They should meet the DSM-5 criteria?
21 A. Yes.
22 Q. Okay. So I think we -- I think we're
23 understanding each other. In the context of the Gender
24 Spectrum Clinic, a patient must meet the DSM-5 criteria
25 for gender dysphoria in order to be treated with

1 masculinizing therapy or --
2 A. Yes.
3 Q. -- feminizing therapy or puberty blockers for the
4 gender dysphoria?
5 A. Yes.
6 Q. Okay. Take a look at page 27. Okay. And this
7 just deals with fertility preservation. If you would
8 take a look at page 29. And this lists various ways
9 that fertility can be preserved. So first is -- and I
10 don't know thousand pronounce that first word o-o- --
11 A. Oocyte.
12 Q. How do you pronounce it?
13 A. Oocyte.
14 Q. Oocyte. I would not have guessed that.
15 A. Okay.
16 Q. Oocyte/embryo cryopreservation is the first one.
17 And are you familiar with that form of fertility
18 preservation?
19 A. Yes.
20 Q. Okay. And so and let me -- let me back up just a
21 second.
22 Fertility preservation is an issue for some
23 patients of the Gender Clinic. Is that right?
24 MS. COOPER: Object to form.
25 BY MR. CANTRELL:

1 Q. Is fertility preservation a concern for patients
2 of the Gender Clinic?
3 A. Yes.
4 Q. Okay. And looking here back at oocyte/embryo
5 cryopreservation, the second bullet point says refer to
6 reproductive endocrinology specialist with understanding
7 of random start simulation. And my question there is
8 does this form of fertility preservation require a
9 referral to a reproductive endocrinologist?
10 A. Yes.
11 Q. Is there a reproductive endocrinologist employed
12 at the Gender Spectrum Clinic?
13 A. There is not.
14 Q. Okay. Take a look at two bullet points, it says
15 counseling difficult as results may not be
16 generalizable, response to stimulation may be impaired
17 and patients typically only time have time for single
18 cycle. Did I read that correctly?
19 A. You did.
20 Q. Okay. Can you tell me what it means that
21 response to stimulation may be impaired?
22 A. If the patient actively has the a malignancy that
23 they're undergoing treatment for. There may -- or like
24 any patient, there may be impact on their response to
25 the stimulatory process that the REI puts the patient

1 through to be able to then get eggs.
2 Q. Okay. And then patients typically only have time
3 for a cycle. Do you understand what that's saying?
4 A. I do.
5 Q. Okay. What does that mean?
6 A. So most of those aye patient have been recently
7 diagnosed with malignancy and have a timeframe in which
8 they need to be started on their chemotherapy.
9 Q. Okay.
10 A. So I think -- can I clarify a little bit of this?
11 So -- so you asked earlier if there's an REI in the
12 clinic. So the patients in our clinic -- so every
13 patient gets counseled in the informed consent process
14 with regards to any implications on fertility of the
15 treatments that they're getting.
16 Q. Uh-huh.
17 A. Like any other treatment we may provide in
18 medicine. Part of that counseling is to offer a
19 referral to reproductive endocrinologist. As like most
20 institutions, many don't have one within that space.
21 And so that referral is provided in our clinic if the
22 patients elect to pursue that referral.
23 Q. Okay. Would this oocyte/embryo cryopreservation
24 preservation be an option for some patients of the
25 Gender Clinic?

1 A. Yes.
2 Q. Okay. Okay. And then look at the next bullet
3 point down we were just looking at, says, risks ovarian
4 hyperstimulation syndrome, delay in cancer therapy,
5 theoretic stimulation of estrogen sensitive cancers,
6 increased thromboembolic events, intraabdominal
7 hemorrhage, pain, inadequate number of mature oocytes
8 retrieved. Does that -- did I read that correctly?
9 A. You did.
10 Q. Does that look to you like a correct listing of
11 some of the risks oocyte/embryo cryopreservation?
12 A. With regards to the treatment of patients who
13 have an underlying malignancy as their reason of
14 approaching cryopreservation, yes.
15 Q. Okay. So would -- would those risks apply to the
16 typical patient for -- not the typical patient.
17 Would those risks be a concern for a patient of
18 the Gender Spectrum Clinic, who is pursuing fertility
19 preservation?
20 A. Not all of them.
21 Q. Okay. Which ones would be?
22 A. Ovarian hyperstimulation syndrome, increased risk
23 of thromboembolic events, intraabdominal hemorrhage,
24 pain, inadequate number of mature oocytes retrieved.
25 Q. Okay. Thank you. Okay. The second one ovarian

1 tissue cryopreservation, do you see that one?
2 A. I do.
3 Q. Would this be a form of fertility preservation
4 that would be relevant to patients of the Gender
5 Spectrum Clinic?
6 A. So ovarian tissue cryopreservation is the only
7 method available for prepubertal patients in any
8 context. And so it would potentially be a consideration
9 in patients in Gender Spectrum Clinic who met that
10 criteria.
11 Q. Okay. Would that include -- well, what patients
12 would that include, I guess?
13 A. That would include prepubertal natal females.
14 Q. Okay. Okay. And look at there's a bullet point
15 in there an indented bullet point. Look at that one
16 that says although standard of care should counsel
17 regarding limited data on live birth rates and success
18 in the prepubertal patient. Did I read that correctly?
19 A. You did.
20 Q. Okay. Is it your understanding that there's
21 limited data on live birth rates and success in
22 prepubertal patients?
23 A. Within the context of the use of ovarian tissue
24 cryopreservation for the treatment of patients who have
25 a diagnosis of malignancy as their indication, there's

1 limited data on rates of live birth, as well as -- where
2 is the -- and success, and that mainly has to do with
3 the fact that ovarian tissue cryopreservation is a newer
4 model of fertility preservation and many of those
5 patients haven't come to an age where they would
6 otherwise use the tissue cryopreserved.
7 Q. Okay. So the data on patients with a malignancy
8 that you mentioned earlier, with respect to that, is
9 that -- is that the only data that exists or I'm
10 probably botching this.
11 A. Yeah.
12 Q. Let me --
13 A. Okay.
14 Q. -- ask it a different way. So is there any other
15 data that would be helpful for a patient of the Gender
16 Spectrum Clinic to look at when determining whether or
17 not to engage in ovarian tissue cryopreservation?
18 A. I've not done a recent exhaustive review of the
19 literature with regards to the current state surrounding
20 ovarian tissue cryopreservation, so I wouldn't be able
21 to answer that question.
22 Q. Okay. You're not aware of any data other than
23 that pertaining to patients with a malignancy?
24 A. I couldn't speak to it currently.
25 Q. I'm sorry?

1 A. I said I couldn't speak to it currently. No.
2 Q. Okay. And this is -- so the next bullet point
3 down says surgically obtain ovarian cortical tissue
4 typically by laparoscopy. Did I read that right?
5 A. You did.
6 Q. Is that your understand that that's the way that
7 ovarian tissue cryopreservation is done?
8 A. Yes.
9 Q. Okay. So it's by laparoscopic surgery?
10 A. Yes.
11 Q. Okay. And then that next bullet point, not the
12 indented ones but the next bullet point down, says
13 tissue is cryopreserved until pregnancy attempt is
14 desired. Did I correct that correctly?
15 A. Yes.
16 Q. Is that also your understanding that tissue is
17 preserved until the patient wants to become pregnant?
18 A. Yes.
19 Q. Okay. And in this context being for prepubertal
20 child, that could be several years. Is that right?
21 A. Yes.
22 Q. Okay. And then look -- there's the two indented
23 bullet points. Look at that second bullet point, says
24 require second surgery for grafting of tissue
25 orthotopically into remaining ovary, ovarian fossa, or

1 posterior uterus. Did I read that part correctly?
2 A. You did.
3 Q. Okay. And so is it correct that ovarian tissue
4 cryopreservation requires a second surgery to be done?
5 A. In its current state, patients are counseled that
6 it likely will require a second surgery for grafting of
7 the tissue when the patient elects to use it from a
8 pregnancy perspective. There's some data that suggests
9 that tissue in the future can be used for invitro
10 maturation where you would be able to harvest a single
11 egg from that tissue and then implant that egg in either
12 a patient or carrier in the future.
13 Q. Okay.
14 A. So patients may be counseled about that option as
15 well.
16 Q. Okay. And then look at the bullet points at the
17 top of page 30 there. Read with me, live birth rate
18 suggested to be around 30 percent, however, exact rates
19 are poorly documented. Did I read that part correctly?
20 A. You did.
21 Q. Okay. And so I read this to say that when they
22 attempt this method of fertility preservation in an
23 attempt to, I guess, induce pregnancy, that the success
24 rate is only around 30 percent. Is that right?
25 A. Comparable to other methods of fertility

1 preservation, yes.
2 Q. Okay.
3 A. So when you look at fertility preservation
4 success rates in terms of live birth, that number is not
5 that far off from using assisted reproductive technology
6 when you think about things like oocyte or
7 cryopreservation.
8 Q. Okay. So if I understand what you just said,
9 basically, any type of fertility preservation you're
10 only going to have a success rate that's comparable to
11 about 30 percent?
12 A. It depends on the clinic and their criteria and
13 their numbers, but it's not that far off from baseline
14 rates of live birth with regards to the other methods
15 you mentioned --
16 Q. Okay.
17 A. -- or we would consider to be assisted
18 reproductive technology.
19 Q. So -- and let me try to put it in laymen's terms.
20 A. Uh-huh.
21 Q. So pretty much across the board, it's -- there's
22 not a high success rate for inducing pregnancy when you
23 have to engage in fertility preservation. Is that
24 right?
25 A. Yes.

1 under testicular tissue cryopreservation, says only --
2 read with me here, only option for prepubertal boys,
3 should be performed under research protocol. Did I read
4 that correctly?
5 A. You did.
6 Q. So should be performed under research protocol,
7 is that consistent with your understanding of this form
8 of tissue of -- sorry, this form of fertility
9 preservation?
10 A. It is.
11 Q. Okay. And why is that?
12 A. This is a newer form of tissue cryopreservation
13 that doesn't, to my understanding, have the data to
14 support it being considered not to be experimental.
15 This isn't also a form that I typically, have a --
16 again, we don't offer it here and so, like, I'd probably
17 be limited in my ability to counsel a patient about that
18 without having read the up to date guidance on it.
19 Q. Okay. Okay. That next bullet point says removal
20 of testicular tissue via wedge biopsy. Did I read that
21 correctly?
22 A. You did.
23 Q. Is that consistent with your understanding of how
24 testicular tissue cryopreservation is performed?
25 A. I have not done any research on the various

1 MS. COOPER: Object to form.
2 THE WITNESS: That's right.
3 BY MR. CANTRELL:
4 Q. Okay. Okay. Let's see -- so there's ovarian
5 transposition. Is this a method of fertility
6 preservation relevant to patients of the Gender Clinic?
7 A. No.
8 Q. Okay. Sperm banking is the next one. Is that a
9 method of fertility preservation relevant to patients of
10 the Gender Clinic?
11 A. Yes.
12 Q. And this is a form that's available to post
13 pubertal?
14 A. Neonatal males. Yes.
15 Q. Okay. Post pubertal natal males. Got you. How
16 about testicular tissue cryopreservation? Is that a
17 method relevant to patients of the Gender Clinic?
18 A. It is not.
19 Q. Okay.
20 A. And I should say that's because it's not offered
21 at our institution.
22 Q. Okay. So it is offered at other hospitals?
23 A. Other hospitals have protocols for testicular
24 tissue cryopreservation.
25 Q. Okay. Okay. And the first bullet point there

1 surgical methods for testicular tissue cryopreservation.
2 Q. Okay. What is a wedge biopsy?
3 A. I don't know.
4 Q. What is a biopsy?
5 A. To take a sample of tissue.
6 Q. Okay.
7 A. I should clarify, when I say I don't know, I
8 can't tell you, like, the technique or how much they do
9 with regards to the testes.
10 Q. With regard to?
11 A. The testes.
12 Q. Okay.
13 A. But it's a sample of tissue.
14 Q. Okay. Take a look on page 31, the next to last
15 little indented bullet point. So it says oocytes/embryo
16 cryopreservation, sperm banking, could be should be
17 performed prior to hormone treatment due to risk of
18 infertility. Did I read that correctly?
19 A. You did.
20 Q. Okay. And this is in the specific context of
21 transgender patients based on the nonindented bullet
22 point. Do you see that up there?
23 A. I do.
24 MS. COOPER: Object to form.
25 BY MR. CANTRELL:

1 Q. Okay. And so is that consistent with your
2 understanding that -- let me ask it like this.
3 Is this next to the last bullet point beginning
4 oocyte/embryo cryopreservation, dot, dot, dot -- I won't
5 read the whole thing, is that consistent with your
6 understanding?
7 A. So I think the approach to fertility preservation
8 in patients, transgender patients, is more nuance can be
9 captured in that one sentence.
10 Q. Okay. Then look at that last bullet point. Read
11 with me, gonadal tissue cryopreservation performed under
12 research protocols in most institutions due to
13 insufficiency of data regarding pregnancy outcomes
14 versus risk of surgery and possible endocrine
15 disfunction. Did I read that correctly?
16 A. You did.
17 Q. Okay. Help me understand what that means. Does
18 that refer to testicular tissue cryopreservation?
19 A. It does. That statement is actually inaccurate
20 based on the evidence that we just reviewed. So ovarian
21 tissue cryopreservation is considered standard of care
22 for both prepubertal and post pubertal natal females and
23 no longer considered experimental so it does not need to
24 be done under a research protocol.
25 Testicular tissue cryopreservation continues to

1 be considered experimental and so should be pursued
2 under a research protocol.
3 Q. Okay. So it is true for testicular tissue
4 cryopreservation?
5 A. Yes.
6 Q. Okay. Okay. What medical providers in Arkansas
7 provide fertility preservation for minors?
8 A. The providers that I'm familiar with are the
9 providers at Arkansas Fertility Clinic.
10 Q. I'm sorry.
11 A. Is that what you said, fertility preservation?
12 Q. Yes. Yes.
13 A. The providers at Arkansas Fertility Clinic.
14 Q. That's the name of clinic?
15 A. Yes.
16 Q. Okay. Any others in Arkansas?
17 A. I am not familiar with any other providers in
18 Arkansas.
19 Q. Do you know what percentage of patients of the
20 Gender Clinic pursue fertility preservation?
21 A. I do not.
22 Q. Would it surprise you if it were a very low
23 percentage?
24 MS. COOPER: Object to form.
25 THE WITNESS: Can you clarify your

1 question?
2 BY MR. CANTRELL:
3 Q. Yeah. Would it surprise you if the percentage of
4 patients of the Gender Spectrum Clinic pursuing
5 fertility preservation were around five percent?
6 A. So I can't conjecture on the percentage of
7 patients that pursue fertility preservation techniques
8 out of our clinic. What I can say is it's likely
9 comparable to patients who are under going other
10 condition that require consideration of fertility
11 preservation because there are a number of factors that
12 go into whether or not a patient pursues that treatment,
13 which is not limited to the risks that we discussed but
14 also costs, access, and other consideration.
15 Q. Okay. And so generally speaking, among patient
16 populations for whom it's appropriate to consider
17 fertility preservation, among that general population,
18 is it a low percentage who actually pursues fertility
19 preservation?
20 A. So speaking on my clinical experience as the
21 individual who also provides this care for patients who
22 are undergoing gonad atoxic treatment for cancer, the
23 rate of -- or percent of individuals who pursue
24 fertility preservation with regards to patients who are
25 transgender or gender nonconforming are comparable to

1 patients who are pursuing or counseled with regards to
2 it because of a malignancy diagnosis.
3 Q. Okay. And what percentage are we talking about?
4 A. Low.
5 Q. I'm sorry?
6 A. Low.
7 Q. Okay. So around five percent?
8 A. I can't give you a percentage with regard to the
9 totality of patients that get the comprehensive
10 counseling with regards to fertility preservation and
11 then ones who go on to pursue that method.
12 Q. Okay. Okay. Outside of the Gender Spectrum
13 Clinic, are you aware of other Arkansas medical
14 professionals that who puberty blockers to minors,
15 specifically for gender identity related conditions?
16 A. I am not.
17 Q. Okay. And again, outside of the Gender Spectrum
18 Clinic, are you aware of medical professionals in
19 Arkansas who provide hormone therapy for gender identity
20 related issues?
21 A. Can you clarify what you mean by hormone therapy?
22 Q. Well, we've been talking about gender dysphoria,
23 and gender nonconformality, and I'm not sure what all
24 there would be, but for those conditions, in particular?
25 A. Are you specifying masculinizing and feminizing

1 hormone therapy?
2 Q. I guess masculinizing therapy, as we've talked
3 about it, feminizing therapy, yes.
4 A. I am.
5 Q. Okay. What -- what providers are they?
6 A. Dr. Stephanie Ho.
7 Q. Any others?
8 A. I'm not aware of any others.
9 Q. Okay. So you're not aware of any other provider
10 other than Dr. Stephanie Ho outside of the Gender
11 Spectrum Clinic that provides masculinizing or
12 feminizing therapy to -- to minors?
13 A. I am not.
14 Q. Okay. Does the Gender Spectrum Clinic refer
15 young people to other medical professionals for surgical
16 procedures for gender identity related issues?
17 A. Do you mind clarifying your question?
18 Q. Sure. So there's surgeries that are sometimes
19 pursued by patients with gender identity related
20 conditions; mastectomies, those sorts of surgeries. And
21 so the question is, does the Gender Spectrum Clinic
22 refer patients to medical professionals who provide
23 those surgeries?
24 A. So in patients who are over 18, referrals are
25 provided as -- as part of meeting the patient's goal and

1 in the context of, as a team, evaluating the
2 appropriateness for that referral in the context of the
3 patient's general care.
4 For patients less than 18, there may be
5 consideration on an individualized basis for a referral
6 for what would be colloquial considered top surgery in
7 older adolescents as appropriate.
8 Q. Is there any age threshold that a patient needs
9 to meet in order to be referred for what you referred to
10 as top surgery?
11 A. Generally, the recommendation is for them to be
12 an older adolescent.
13 Q. Okay. What is an older adolescent?
14 A. So considering for 16 or 17.
15 Q. Okay.
16 A. I should also clarify, bottom surgery is not --
17 there are not referrals made for that until a patient is
18 18.
19 Q. Until?
20 A. A patient is 18.
21 Q. Okay.
22 A. Or over.
23 Q. Okay.
24 A. Again, in the context of the appropriateness for
25 their clinical care.

1 Q. Okay.
2 MR. CANTRELL: Okay. Give me just a
3 second.
4 (Brief pause.)
5 BY MR. CANTRELL:
6 Q. Okay. I guess the only question I need to ask is
7 who are the -- who are the surgical providers that the
8 Gender Spectrum Clinic refers patients under 18 years
9 old to?
10 MS. COOPER: I'm sorry.
11 THE WITNESS: Yeah.
12 MS. COOPER: Belated object to form on
13 that but go ahead. Sorry.
14 THE WITNESS: The surgical provider -- so
15 I can't speak to who those surgical providers
16 are, because the patents that I'm thinking of
17 have sought care outside of, like, me referring
18 or sending them to them.
19 BY MR. CANTRELL:
20 Q. Okay. So have you ever referred a patient for a
21 surgical procedure?
22 A. Not since I've been in practice here.
23 Q. Okay. Not since you've been in practice at the
24 Gender Spectrum Clinic?
25 A. Uh-huh.

1 Q. Okay. Okay. And as far as the patients who have
2 sought surgeries, what providers have they sought the
3 surgeries from?
4 A. The one I can remember is Dr. Melanie Prince.
5 Q. I'm sorry. The last name?
6 A. Prince. Melanie Prince. Like prince and
7 princess.
8 Q. Oh. Okay. Where does Dr. Prince practice?
9 A. Little Rock.
10 Q. In Little Rock?
11 A. (Indicating.)
12 Q. And what -- what type of surgery was performed?
13 A. Both those patient underwent top surgery.
14 Q. Top surgery meaning mastectomy?
15 A. Yes.
16 Q. Anything else?
17 A. No. And both were over 18.
18 Q. I'm sorry?
19 A. Both were over 18.
20 Q. Both were over 18 years. So you're saying the
21 patients who received the mastectomies were over 18 at
22 the time that they had the surgery?
23 A. Yes.
24 Q. Okay. Do you know whether Dr. Prince provides
25 mastectomies to patients under the able of 18?

1 A. I do not.
2 Q. Okay. Okay. Are you aware of any Arkansas
3 provider that performs mastectomies on patients under
4 18?
5 A. I am not.
6 Q. Okay. Are you aware of any Arkansas provider
7 that provides masculinizing or feminizing surgeries on
8 patients under 18?
9 A. I am not.
10 Q. Okay.
11 MR. CANTRELL: Let me look through one
12 thing real quick.
13 (Brief pause.)
14 MR. CANTRELL: Okay. Pass the witness.
15 MS. COOPER: Great. Can we take a few
16 minutes?
17 MR. CANTRELL: Sure.
18 MS. COOPER: Go off the record.
19 THE VIDEOGRAPHER: Okay.
20 MR. CANTRELL: Take a break.
21 THE VIDEOGRAPHER: We're off the record at
22 1:21 p.m.
23 (Short break taken.)
24 THE VIDEOGRAPHER: We're back on the
25 record at 1:31 p.m.

1 MS. COOPER: And I believe you have passed
2 the witness?
3 MR. CANTRELL: Yes, I pass the witness.
4 MS. COOPER: Okay. I just have a couple
5 of questions, Dr. Stambough.
6 EXAMINATION
7 BY MS. COOPER:
8 Q. You were asked some questions from Mr. Cantrell
9 about the age at which puberty blockers may be
10 prescribed. What is the youngest age you've seen
11 patients prescribed puberty blockers in any of the
12 clinics where you've worked?
13 A. Five is the youngest age that I've seen them
14 prescribed.
15 Q. What clinic was that with?
16 A. That was in the context of my general gynecology
17 in conjunction with general endocrinology.
18 Q. And what was the condition that was
19 being treated?
20 A. Central precocious puberty.
21 Q. Okay. If you had a patient that young, say five,
22 at any of the clinics you work at, including the Gender
23 Spectrum Clinic, experiencing puberty, would blockers be
24 potentially indicated for that patient?
25 MR. CANTRELL: Object to form.

1 THE WITNESS: Do you mind clarifying?
2 BY MS. COOPER:
3 Q. Yes. If you had a patient in any of your clinics
4 that was experiencing puberty at age five, would you
5 potentially consider puberty blockers to treat that
6 child?
7 A. Yes.
8 MR. CANTRELL: Object to form.
9 BY MS. COOPER:
10 Q. But if that was a patient -- it would not be a
11 treatment for gender dysphoria. Is that right?
12 A. That is correct. The patient would undergo an
13 evaluation for the cause of their pubertal development
14 and if it was found to be central precocious puberty,
15 part of that treatment would be pubertal blockade.
16 Q. Okay. And just a couple of follow-up questions
17 on ovarian tissue cryopreservation. I think you
18 testified that that is the only form of fertility
19 preservation for prepubertal patients. Is that right?
20 A. Yes.
21 Q. At the Gender Spectrum Clinic, do you provide any
22 hormonal treatments to prepubertal patients --
23 A. No.
24 Q. -- to treat gender dysphoria?
25 A. No.

1 Q. No? So if you had a gender spectrum patient who
2 had a need for consultation on ovarian tissue
3 cryopreservation, that wouldn't be until after the onset
4 of puberty. Is that right?
5 A. That is right.
6 Q. Okay. But in other clinics you've worked -- that
7 you work at, might you consider ovarian tissue
8 cryopreservation for prepubertal children?
9 A. Yes.
10 MS. COOPER: That's all I have.
11 MR. CANTRELL: Okay. And just follow-up
12 on that.
13 FURTHER EXAMINATION
14 BY MR. CANTRELL:
15 Q. Correct me if I'm wrong, I thought that you
16 testified that ovarian tissue cryopreservation was a
17 form of fertility preservation that was relevant to
18 patients of the Gender Spectrum Clinic. Is that right
19 or not?
20 A. It is for a subset of patients but not in the
21 context that it's introduced in that document with
22 regards to prepubertal patients.
23 Q. Okay. So what subset of patients is it relevant
24 to?
25 A. So ovarian tissue cryopreservation can be

1 considered a form of fertility preservation in post
2 pubertal patients as well.
3 Q. Okay. Okay.
4 MR. CANTRELL: I think that's all I've got
5 on that. So that ends the nonconfidential
6 portion and let's go off the record.
7 THE VIDEOGRAPHER: We are off the record
8 at 1:35 p.m.
9 (This concludes Volume 1.)
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 C E R T I F I C A T E
2
3 STATE OF ARKANSAS)
4) ss
5 COUNTY OF CONWAY)
6
7 I, LEIGH ANN COOK, Certified Court Reporter and
Certified Shorthand Reporter, and Notary Public, duly
8 and qualified in and for the State of Arkansas, do
hereby certify that the foregoing proceedings were taken
9 before me at the time and place stated in the foregoing
styled cause with the appearances as noted;
10
11 I further certify that the foregoing proceedings
pending Before The United States District Court, in the
12 matter of Brandt, et al., versus Rutledge, et al., the
witness being Kathryn Stambough, was taken on April 25,
13 2022, was reported in Stenotype and the foregoing 134
pages contain a true and correct transcript of my
14 original Stenographic notes.
15
I further certify that I am neither attorney or
16 counsel for, nor related to or employed by any of the
parties to the action in which this deposition is taken;
17 and furthermore, that I am not a relative nor employee
of any attorney or counsel employed by the parties
18 hereto or financially interested in the action.
19
IN WITNESS WHEREOF, I have hereunto set my hand
20 and affixed my Notarial Seal this 18th day of May, 2022.
21
22
_____
23 LEIGH ANN COOK, CCR, CSR
LS Certificate Number 544
24
25

C E R T I F I C A T E

STATE OF ARKANSAS)
) ss
COUNTY OF CONWAY)

I, LEIGH ANN COOK, Certified Court Reporter and Certified Shorthand Reporter, and Notary Public, duly and qualified in and for the State of Arkansas, do hereby certify that the foregoing proceedings were taken before me at the time and place stated in the foregoing styled cause with the appearances as noted;

I further certify that the foregoing proceedings pending Before The United States District Court, in the matter of Brandt, et al., versus Rutledge, et al., the witness being Kathryn Stambough, was taken on April 25, 2022, was reported in Stenotype and the foregoing 134 pages contain a true and correct transcript of my original Stenographic notes.

I further certify that I am neither attorney or counsel for, nor related to or employed by any of the parties to the action in which this deposition is taken; and furthermore, that I am not a relative nor employee of any attorney or counsel employed by the parties hereto or financially interested in the action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal this 18th day of May, 2022.

LEIGH ANN COOK, CCR, CSR
CS Certificate Number 544

0

00 41:14
00450 1:5
005 3:5
025 3:13
046 3:14
065 3:15

1

1 1:9 3:13 25:8,13 134:9
10 46:25 68:15,18
10004 2:6,8
10:18 40:25
10:31 41:3
11:15 63:22
11:28 63:25
12 38:15 82:14,17 82:20
122 15:18,22 16:3 17:5
124 2:5,8
12:19 93:20
12:22 93:23
131 3:6
133 3:8
134 135:13
135 3:25
14 52:23 53:13,15
1570 62:24
16 74:2 83:2,15 84:18,21 85:7 127:14
17 127:14
18 126:24 127:4,18 127:20 128:8 129:17,19,20,21 129:25 130:4,8
180 2:11
18th 135:20
1:21 130:22
1:31 130:25
1:35 134:8

2

2 3:14 46:11,13 51:14
20 76:18
200 2:15 4:7 5:1
2020 44:1
2022 1:16 4:5,18 135:13,20
21 80:7
22 9:24 80:17
2205 2:11
25 1:16 4:5 82:12 135:12
25th 4:18
27 110:6
29 110:8

3

3 3:15 64:3,9
30 117:17,18,24 118:11
302 1:24
31 121:14
32 69:14 70:7
323 4:6,25
3232 2:15
33 72:23
372-5115 1:25
38 86:16

4

4 47:6 51:15
40 71:3 88:9 97:6
415 2:11
43 69:25 88:6
450 4:23
48 89:20
4:21 1:5 4:23

5

5 52:16,17 106:25 107:10,18,21,23 108:12 109:9,12 109:20,24
50 69:25 71:10
501 1:25
544 135:23
55 91:18
56 94:1
59 70:5

6

6 53:19
620 1:24
63 101:15

7

7 47:16,19,24 48:11 54:18
72201 1:25 2:16
73 94:13

8

8 48:15,19 56:1 62:22,23

a

a.m. 4:6,18 40:25 41:3 63:22,25
aap 8:12,14 57:4
ability 102:22 104:12 120:17
able 26:20 55:23 56:6 85:25 86:1 112:1 115:20 117:10 129:25
abnormalities 89:7,11
abnormality 89:16
absence 19:8 72:24 85:9
absent 85:2
absolute 31:16 34:7
academic 50:18,23 51:2
accepted 56:2,4 63:2
access 124:14
account 57:11 84:19
accrual 71:2 91:2 91:5
accrue 70:21
accrued 89:23 90:1
accruing 90:7,21
accuracy 66:3,8
accurate 47:3
acknowledge 26:19
acknowledges 38:17
aclu 2:10 5:10 41:8
acog 8:13,16,17 56:9,21 57:3
acog's 56:13
acquired 71:9
acquisition 70:14 70:19
acting 4:4
action 135:16,18
actively 111:22
activities 11:19
addition 8:11 43:7 92:1,4
additional 89:21 97:16 102:19
address 98:15
addressed 90:3,8

addresses 79:10
administrative 49:20 51:4,11
adolescence 70:15 70:20,22 71:1,10 89:23
adolescent 18:13 64:14,21 65:7 68:21 70:12,15 87:6 127:12,13
adolescents 70:21 89:25 108:25 127:7
adult 71:3 87:4
adulthood 30:20 31:1,23 33:17,22
adults 33:6,7 70:12
advancement 92:5
adverse 83:3 85:8
affirmative 25:19 26:2,4,12 27:7 30:13
affirming 17:22 28:15 35:14,19 52:18
affixed 135:20
afford 85:25
age 9:24 36:8,12 36:18 37:20 38:1 38:10,15 39:11 52:22 53:13,15 83:2,15 84:19 85:7 88:9 92:5 97:6 115:5 127:8 131:9,10,13 132:4
ago 43:25 80:19
agonist 81:4 82:13 82:20 84:7 85:7 85:13
agonists 82:15
agree 61:23 83:6 85:3 90:5 94:10
ahead 60:7 75:14 76:17 128:13
aid 72:16
al 1:4,6 135:12,12
alleviate 78:25 106:7,18
allotted 21:13
allow 27:9 38:25 39:3 59:12 93:7 97:16
allowed 98:19
allows 24:13 38:18 38:25 78:19
alternative 80:10
ambulatory 68:22
ameliorated 76:10
amenorrhea 73:22 87:13
american 2:5
amount 21:13
analogous 50:22 51:7
analogy 50:25 51:3
anatomy 79:2
androgen 35:17 35:18 41:14 43:7
androgenous 35:17
androgens 86:23 87:14,15,23
ann 4:2 5:3 135:7 135:23
annals 9:22 10:19 11:13
annexal 27:6
anomalies 95:20
anomaly 80:12,22
answer 7:9,16 22:9 31:20 32:7 32:12 39:17 44:9 45:17,19 70:23 78:1 115:21
answered 32:6 38:8 86:24
answering 7:8
answers 7:4 30:11
anti 72:4
anticipatory 15:2
antiinflammatory 74:22
anybody 57:15
anytime 48:21
apart 88:18
appear 47:3 75:10 75:20
appearances 135:9
appears 32:7
apply 70:12 83:17 113:15
appointment 77:11
appreciate 52:1
appreciation 62:12
approach 13:2 24:16,17,20 26:13 27:12 28:14 38:19 67:1,16 75:24 81:21 83:11 98:23 102:12 122:7
approached 24:13
approaches 24:12
approaching 113:14
appropriate 20:12 21:18 62:17 95:21 99:21 101:10 124:16 127:7
appropriateness 127:2,24
approximately 43:25 44:1 71:3
april 1:16 4:5,18 44:1 135:12
area 15:3 34:6 37:5 49:6 67:3,24 81:20
areas 57:22 62:13 68:13 75:22 84:8 102:10,20,21 103:1,20
arkansas 1:1,25 2:10,11,15,16 4:4 4:7,10,13,23,24 5:1,8 8:24 9:5,15 9:16,24 41:8 63:3 63:8 123:6,9,13,16 123:18 125:13,19 130:2,6 135:3,8
aside 76:18
asked 7:16 49:8 98:4,5 112:11 131:8
asking 7:8 41:13 45:18 56:18 59:5 98:23 99:6 105:1
aspects 95:14
assess 30:19 31:9 31:21 39:1 107:20
assessment 79:19 83:23 104:1
assigned 17:14 37:6,10,15 44:25 45:1 65:18,20 101:20
assist 35:16 52:10

assistant 8:23
assisted 118:5,17
assisting 20:2
assists 19:13 20:17
associated 11:24 18:5,8,11 71:18 72:2 92:9
association 47:11
assume 19:21
ath 47:16
atoxic 124:22
atrophy 73:15
attempt 116:13 117:22,23
attempted 87:4
attorney 2:15 4:6 4:25 5:8 6:6 59:3 135:15,17
attorneys 8:6
audio 4:17
author 68:12
authors 65:9
available 35:10,12 57:21 114:7 119:12
aware 18:7 28:12 28:14 29:1 30:6,7 30:12 36:2,5,8 37:25 39:23 40:5 40:13 48:10 57:5 58:3,12 115:22 125:13,18 126:8,9 130:2,6
aye 112:6

b

b 3:11 22:6
back 18:19 28:18 41:2,12 49:8,10 51:13 55:4 58:20 63:24 64:2 74:2 93:22,25 103:19 108:8 110:20 111:4 130:24
background 49:22
ball 43:13,18 44:6
ban 62:24
banking 119:8 121:16
barred 62:25
based 31:18 32:20 33:3 38:6 66:8 78:12,12 79:22,24 103:9,14,22 104:1 104:3 105:12,14 121:21 122:20
baseline 118:13
basically 118:9
basis 39:14 78:22 127:5
began 23:15,18
beginning 4:5 37:17 52:22 62:23 94:3 122:3
begins 96:21
begun 53:14
behalf 2:3,13
belabor 20:22 33:12
belated 128:12
believe 30:13 63:10,15 67:8 70:9 72:5 131:1
belong 42:4 56:9
benefit 81:22 93:11 95:17
benefits 84:10
best 27:9 31:12,18 32:25 33:3 57:21 62:16
better 12:20 60:1
beyond 30:10 51:6 72:15 78:6 92:6
bifida 11:2,15 12:4 12:17 13:1
bill 62:24
biochemical 86:23
biopsy 78:18 120:20 121:2,4
birth 17:14 37:7,9 37:10,15 44:25 45:1,2 101:20 105:11 114:17,21 115:1 117:17 118:4,14
birthday 39:20
bit 58:20 97:16 102:12 103:20 112:10
blanket 108:19,23
block 35:18 72:17 72:20
blockade 35:19,20 36:14 38:24 39:13 41:15 42:15 43:7 72:15 108:22 132:15
blocker 36:6,10
blockers 35:22,25 36:3,12 37:18,20 38:1,12,23 39:9,12 39:20,24 40:2,7,9 40:10,14 41:13 72:11,14 108:17 109:14 110:3 125:14 131:9,11 131:23 132:5
blood 87:19,24 88:1 89:13,14,17 89:19 94:25 95:1 102:3,23,25
bmd 70:10,11
boak 22:4,6
board 118:21
bolded 89:21
bone 70:9,14,19 70:22 71:2,3,9,17 72:2,8 73:1 83:3 85:8 89:2 90:1,7 90:12,21,23,25 91:1,5,7 92:5 97:4
bones 81:6
book 3:15 64:16 64:18,19 65:5,10 66:14,20,24 68:19 69:21,23 97:19 100:3
boss 50:11
botching 115:10
bottom 127:16
bounds 50:21
boy 53:3
boys 52:20 120:2
brandt 1:4 4:21 135:12
brandyn 2:7 5:12
break 7:14,15,17 37:8 40:19 41:1 63:20,23 93:15,18 93:21 130:20,23
breakdown 10:11
breast 54:23 55:13 55:15,19 73:15
breastfeeding 55:17,24
breasts 54:21
brief 15:12,24 25:1 75:16 128:4 130:13
briefly 49:10
broad 2:5,8 41:24
bulk 38:16
bullet 70:10 71:1,8 71:16 73:14,19

74:20 80:7,20 81:3,12 82:13 83:1 89:22 94:3 111:5,14 113:2 114:14,15 116:2 116:11,12,23,23 117:16 119:25 120:19 121:15,21 122:3,10
bulleted 69:8
bunch 70:6
burden 51:4,8

c

c 2:1 4:15 135:1,1
called 5:22 6:18
calling 5:14 58:25 60:7
calls 7:5 58:24
camera 82:9
cancer 54:15 71:20 88:5 96:6 113:4 124:22
cancers 113:5
candidate 36:14 37:18 38:11
cantrell 2:14 3:5,8 5:7,7 6:1,5 14:2 15:11,13,20,22 16:2,10,12 24:25 25:2,11 28:5 29:20 30:17 31:25 32:4 33:11 34:8 35:5 38:21 40:8 40:17,21 41:4,9,11 43:22 46:15,24 47:2 56:16 57:1 58:8,11,18 59:1,2 60:10 61:12 62:3 62:20 63:19 64:1 64:5,7,11 68:14 75:19 76:16 77:6 77:17,23 80:1 82:21 83:20 84:2 90:19 91:13 93:17 93:24 98:3 100:7 101:7 102:1 103:3 104:14 105:18 106:20 108:1,16 110:25 119:3 121:25 124:2 128:2,5,19 130:11 130:14,17,20 131:3,8,25 132:8 133:11,14 134:4
capacity 52:12
captured 122:9
card 93:15
cardiac 95:20
cardiovascular 89:1 97:4
care 12:6,7,23,25 15:4,5,6 17:22 19:16 23:10 24:10 24:12,20 25:19 26:2,4,6,9,12,17 26:18,22 27:15,16 27:25 28:7,10,15 35:13 39:7,13 47:10,16 48:11,15 52:6,8,9 56:3,4,7 56:19 57:6,14,18 57:22 58:5,14,19 58:21,22,23 59:9 59:10,12,14,16,22 59:23 60:11,14 61:3,4,5,7,15,21 61:22,24 62:1,5,13 62:15,18,18 63:2 67:16,18,24 68:2 76:8 83:11 95:5 98:1,15,24 99:4 101:11,12,16 102:13 103:21 104:11 114:16 122:21 124:21 127:3,25 128:17
caregiver 102:18
caregivers 16:18 16:21 26:5,21
carrier 117:12
carry 78:10 89:19 103:8
case 1:5 4:23 6:17 6:18,20 13:2,3 15:16 46:22 61:13
cases 102:3
catch 16:19
categories 41:22 42:12
category 36:24 41:20 61:13
catherine 4:19
caught 62:10
cause 4:12 54:21 63:16 89:2,7 132:13 135:9
causes 74:9,10,13 74:15,18,19 76:22 76:24 92:14
causing 63:3,7,12
cavity 82:10
ccr 135:23
celiac 96:10
center 2:15 4:6,25
central 1:2 4:13 131:20 132:14
certain 29:23 42:17,19 71:21
certificate 3:25 135:23
certified 4:2 135:7 135:7
certify 135:8,11 135:15
cessation 88:8,16
chair 50:18,22 51:1
change 48:19 90:13 93:15
changes 49:6 50:7
chapter 65:25 69:15,17,19,25,25 70:5 76:2 99:7,8 99:12 101:16
chapters 66:24 67:22 69:22,24 97:22 98:7 105:16 105:25
characteristics 91:25
characterize 12:20 56:17
chart 18:11 49:9
check 87:19
chemotherapy 112:8
child 38:10 94:9 116:20 132:6
children 133:8
children's 9:6,15 9:16,19,20,24 10:11,12,16,20 11:6,7
chiropractors 55:7
chromosomal 89:6 89:10,16
chromosome 94:16
chromosomes 94:24
chronic 71:18

cis 106:1
cisgender 105:21 106:3
civil 2:5 4:9,10
claims 15:17 31:5
clarification 75:23
clarify 32:13 64:25 67:11,11 98:17,19 107:15 108:14 109:15 112:10 121:7 123:25 125:21 127:16
clarifying 10:13 11:22 22:25 26:10 27:21 29:18 32:2 36:11 39:25 77:5 77:8,15,21 90:18 95:9 101:24 126:17 132:1
class 42:4
clinic 8:11 10:6,15 10:15,18,20 11:1,1 11:2,3,11,13,14,16 11:17,18 12:4,22 12:24,24 13:13,17 13:22,22 14:5,6,8 14:8 16:8,16,25 17:3,10,20,21,22 18:1,3,8,12,22 19:12,14 20:13,17 20:18,24,25 21:9 21:14 22:20,24 23:7,8,9,14,15,16 23:18,24 24:4,8,9 24:10,11,15 25:3 25:17,24 26:11,13 26:19,22 27:4,13 27:20 29:2,4,7,9 29:14,21,23 30:1,2 30:18,24 31:3,12 33:25 35:6,11,13 35:24 36:2,13 40:1,6,11 41:16 42:2 43:10,15,24 44:4,13,24 45:4,23 46:1 47:8,9,18,23 47:25 48:12 49:1 49:4,11,13,22,23 50:3,6 51:17,22,24 52:8,18 109:18,24 110:23 111:2,12 112:12,12,21,25 113:18 114:5,9 115:16 118:12 119:6,10,17 123:9 123:13,14,20 124:4,8 125:13,18 126:11,14,21 128:8,24 131:15 131:23 132:21 133:18
clinic's 48:20
clinical 10:8,12 12:14 28:10 32:21 38:3 50:23 51:1,8 51:9 52:14 57:6 57:23 58:2 60:3 60:18,19 61:16 62:16,24 64:13,20 65:6 66:12 76:8 78:19 81:16 86:18 86:23 87:5,14,22 124:20 127:25
clinician 27:24
clinics 10:24,25 11:5,6,9,21,25 13:5,6,15,16,19 14:3,10 131:12,22 132:3 133:6
closer 44:8
colleague 64:20
colleagues 50:14 50:15
colloquial 127:6
colloquially 72:13
come 18:1 21:6 27:5 28:18 36:21 61:10 66:9 115:5
comes 48:21 50:5 62:14 73:21 77:9 104:13
commissioned 4:4
common 68:20 80:3
commonly 68:20
communicate 29:14 30:2
comparable 103:1 117:25 118:10 124:9,25
compelling 84:21 84:23
complaint 15:14 15:15
complete 7:19 65:2
completed 35:7
completely 50:21 79:22
completeness 66:3
complications 79:3 88:23,25 89:1
component 51:11 91:1
comprehensive 15:1 68:20 125:9
comprises 22:19
concern 82:11 92:16 111:1 113:17
concerning 72:25 81:18 84:16 90:24
concerns 54:24 92:19,20 93:5
concludes 134:9
concluding 69:11
conclusion 58:25 59:6 60:7 61:18 62:8
condition 57:20 67:1,19 68:3,22 69:9 74:12 76:20 77:13 79:19 84:17 84:20 90:12 94:15 97:21 98:7 99:11 99:13,24 106:5 108:8,11,22 124:10 131:18
conditions 13:2 14:15,20 24:17,19 53:11,20 54:15 65:8 66:15,21 69:11 73:24 97:19 100:2,5,22,24 102:24 105:8 125:15,24 126:20
confirm 87:10 89:3 102:7 105:9
conflict 17:18 61:25
conflicts 17:13
conjecture 124:6
conjunction 76:3 131:17
connected 107:10
consent 30:5 112:13
consider 37:11 38:2 76:1 87:13 102:15 108:21 118:17 124:16

132:5 133:7
consideration 79:1 86:13 114:8 124:10,14 127:5
considerations 12:23 37:2 39:6 89:21
considered 75:6 86:2,14 91:21 92:1,3,7,12,22 93:3 105:17 120:14 122:21,23 123:1 127:6 134:1
considering 39:4 109:4 127:14
consistency 39:2
consistent 32:23 33:2 78:20 81:18 120:7,23 122:1,5
consult 12:18 98:7
consultation 133:2
contact 35:6
contain 135:13
context 27:19 28:8 28:10 66:12 67:2 67:17 73:19 77:10 83:10 84:9,14,19 85:11,13 90:5 91:2 99:4,18 104:10 105:1,15 107:21 109:3,18 109:23 114:8,23 116:19 121:20 127:1,2,24 131:16 133:21
continue 32:18
continued 39:12
continues 122:25
contraceptive 15:1 86:11
contract 9:14
contraindication 85:1,3,9
contraindications 85:15
contrast 22:23 26:17
contrasting 26:9 26:17,18 27:13
contributed 65:1
contributing 64:16
conversation 7:4
conway 4:4 135:5
cook 4:2 5:4 135:7 135:23
cooper 2:4 3:6 5:10,10 13:24 15:21,25 25:10 28:2 29:17 30:16 31:24 32:1 33:9 33:23 34:22 38:13 40:4,22 56:14,23 58:6,15,24 60:6,24 61:18 62:7 64:6 68:10 76:12 77:4 77:14,20 79:23 82:18 83:18 84:1 90:16 91:9 97:23 100:6 101:6,23 102:9 104:8 105:13 106:13 107:25 108:13 110:24 119:1 121:24 123:24 128:10,12 130:15 130:18 131:1,4,7 132:2,9 133:10
copy 47:4
cord 11:15 12:24 13:10 14:6 54:16
corner 68:18
correct 17:3 22:12 34:14,21 40:11 41:17 53:4,25 85:20 103:15 104:2,7 107:10,11 108:2 109:14 113:10 116:14 117:3 132:12 133:15 135:13
correctly 25:21 47:13 51:18 52:23 63:4 68:23 69:12 70:16 71:4,12,22 73:2,16 74:5 75:3 75:7 80:13,22 81:6 83:4 90:3 111:18 113:8 114:18 116:14 117:1,19 120:4,21 121:18 122:15
cortical 116:3
corticosteroid 71:19
costs 124:14
counsel 4:11 5:5 114:16 120:17 135:16,17
counseled 112:13 117:5,14 125:1
counseling 15:1,5 29:23,25 51:16,21 52:14 111:15 112:18 125:10
county 4:3 135:5
couple 74:20 131:4 132:16
court 1:1 3:25 4:2 4:13,22 5:3 7:1,3 135:7,11
cramps 74:14
create 54:24 62:16
creates 26:6
creating 24:3
criteria 30:18,25 31:21 32:8,24 33:15,18,20,24 34:1,2 78:14 81:19 87:1,3,6,8 88:10 103:25 104:4 106:25 107:3,4,6,17,23 108:12 109:4,7,12 109:19,20,24 114:10 118:12
critical 71:2
criticism 76:1
cromwell 2:7 5:13 5:16
cryopreservation 110:16 111:5 112:23 113:11,14 114:1,6,24 115:3 115:17,20 116:7 117:4 118:7 119:16,24 120:1 120:12,24 121:1 121:16 122:4,11 122:18,21,25 123:4 132:17 133:3,8,16,25
cryopreserved 115:6 116:13
crystal 22:4
csr 135:23
current 8:22,25 20:1 34:21,24 115:19 117:5
currently 10:10 19:5,9 115:24 116:1

[cut - disorder]

cut 7:7 37:20
cv 1:5 4:23
cycle 73:22 88:16 111:18 112:3
cycles 35:16 46:9 87:12
cyst 80:21

d

d 3:1 4:15 74:21 74:24
daniel 5:15
data 77:2,12,12,18 77:19 78:4 79:22 79:25 80:2 91:22 91:24 93:8 94:19 101:21 102:2,7,23 103:5 105:8,9,17 105:20,24 114:17 114:21 115:1,7,9 115:15,22 117:8 120:13 122:13
date 23:20,21 120:18
day 15:8,8 47:8 51:12,12 135:20
dealing 61:14
deals 66:16,22 101:16 110:7
dealt 27:19 93:6
decision 58:23 78:11
decisions 39:3
declaration 46:19 46:20 47:4 51:14 52:17
declarations 3:14
decreased 73:1
defendant 4:20 6:13
defendants 1:6 2:13 4:11 5:9 6:6
define 61:2
defined 105:25 106:22
definition 61:3 70:8
definitions 62:15
definitive 81:25 82:1
degree 29:24
delay 93:2 113:4
delaying 54:5 93:5 93:11
delineated 105:16
demonstrate 36:15 38:5
density 70:9,22 71:17 72:2,8 81:6 90:7,12,21,25 91:2 91:6
department 21:17 50:18,23 51:2
depend 61:4 95:13
depending 36:17 37:12 42:16
depends 37:6 118:12
depo 46:7,8 72:7
deposed 6:9,22
deposition 1:12 4:1,8,19,24 25:9 46:14 64:10 135:16
describe 6:16 101:18
description 3:12
desire 16:18,21
desired 116:14
desist 32:20 33:7
determine 32:8 33:15,21 48:23 79:11,21
determining 115:16
detransition 28:23 29:13 33:6
detransitioned 29:2
detransitioners 29:5,8 30:12
detransitioning 28:21 29:15 30:2
detrimental 81:5
develop 35:1 48:6 91:3 96:10
developed 25:20 47:10 51:23 99:17
development 11:2 13:13 18:3 36:15 38:17 48:8 91:21 91:25 92:6 96:6,9 132:13
devote 11:10 21:12
diagnose 91:23 94:20 101:22 102:25
diagnosed 78:17 112:7
diagnoses 52:22 53:7 73:23 104:11
diagnosing 78:15 87:1 88:11
diagnosis 53:8 72:23 74:1 81:2 81:24,25 82:1 87:10 114:25 125:2
differ 24:8 57:13
difference 77:2,18 77:22 78:10
different 13:1,14 15:8 18:20 19:22 23:2,2,2,6 27:24 36:17,25 38:18 41:22 42:12 57:16 57:18 60:23 61:9 66:23 86:21,21 87:7,7 98:4 100:8 115:14
differential 73:24
differs 105:11
difficult 111:15
dillon 4:21
directive 26:23,25 27:1,14,16,25 28:7
director 41:8 49:12,15,18,25 50:2,22 51:1
disagree 32:11 81:13,14,15 83:8,9 83:10,15 103:16
disciplinary 12:22
discomfort 54:22 79:1
discontinuation 39:4
discus 38:15
discussed 8:4 81:22 83:11 97:18 100:24 109:17 124:13
discussing 70:9 94:1 100:23 109:2
discussion 14:23 38:3 39:5 42:17 84:10 86:14
disease 71:18,20 79:7,9 89:2 96:9 96:10
disfunction 86:19 122:15
disorder 11:16 12:24 14:6 108:20

109:5
disorders 11:2 13:10,12 14:21 15:5 54:16 69:25 70:6 71:19 96:9
disruption 97:5
distinct 23:10
distinction 57:5,8 60:3 61:14 77:11 77:16
distinguish 26:12
distress 17:15,17
district 1:1,1 4:12 4:13,22,22 135:11
diverse 61:8 98:16 98:25 101:16
division 1:2 4:13
doctor 12:12,16
document 15:17 25:8 46:12,16 57:15 64:8 65:13 68:1,2,9,16 75:13 75:22 76:3,13,15 98:1 99:1,17 133:21
documented 90:2 117:19
documents 8:7,9 65:17 67:15 99:3
doing 7:4 11:19 12:5 19:25 23:2
dot 122:4,4,4
doubt 68:25
dr 16:5 17:7 18:25 22:16 49:12,17 126:6,10 129:4,8 129:24 131:5
draft 48:14
dramatic 70:13,18
drugs 35:21 42:4,4 74:25 75:1
dsd 14:5
dsm 106:22,25 107:3,10,18,21,23 108:12 109:9,12 109:20,24
due 74:14 81:5 83:2 85:7 96:13 121:17 122:12
duly 4:4 5:22 135:7
duration 38:24 39:5 82:14,16
duty 58:23 59:11 59:18,24 60:1,15 60:17 62:6 63:15
dwiggins 68:17
dylan 1:4
dysmenorrhea 74:3,9,10 75:2,10 75:11,21,25
dysphoria 16:7,15 16:23 17:6,9,11,12 17:23 24:23 25:18 28:1,8 31:4,7,15 32:24 33:3 34:2 34:12,14 52:22 53:6,8,10 59:17 63:1 103:7,25 104:5 106:7,10,16 106:19,21 107:2,8 107:9,17,21 108:2 109:3,8,13,25 110:4 125:22 132:11,24

e

e 2:1,1 3:1,11 4:15 4:15 135:1,1
e.g. 73:15
earlier 24:7 49:9 76:2,6 83:11 92:11 95:4 100:24 102:12 112:11 115:8
early 14:21 93:9
eastern 1:1 4:13 4:22
edition 64:14,22 64:24 65:1,4,14 69:20
edits 66:1
education 10:1
effect 62:25 72:7 90:24 97:14
effected 94:16
effective 75:6
effects 39:24 40:3 81:5 83:3 85:8 90:11
egalitarian 50:12
egg 117:11,11
eggs 112:1
eight 37:12,17
either 42:21 78:18 86:22 87:14 96:19 109:16 117:11
elaborate 56:3
elect 112:22
elects 61:6 117:7
elevated 86:23 87:14,15,17,23 88:17
elevation 92:2
embryo 110:16 111:4 112:23 113:11 121:15 122:4
empiric 81:3,8,9
employ 100:5
employed 9:3,17 111:11 135:16,17
employee 135:17
employment 8:22 8:25 9:2,13
encompass 11:6
encompassing 53:11
encountered 68:21
endocrine 8:11 47:12 48:1,4 49:3 56:8,12,21 57:3 58:4,13 60:4,19 61:16 63:6,11 96:8 100:20,23,25 101:10 122:14
endocrinologist 18:14 111:9,11 112:19
endocrinology 22:15,15 111:6 131:17
endogenous 36:18 36:20 42:20 88:24
endometrial 76:20
endometriosis 54:8 76:19,22,24 78:15,16,21,24 81:19 82:2,16,23 82:25 84:12,17 86:3,12 99:8,12,22 100:9,11,15,21 101:13,14
ends 11:14 134:5
engage 115:17 118:23
engaged 12:3
engaging 11:20
enlarged 54:21,23
enter 61:6
entire 75:13
entirety 47:19,24
epileptic 72:4

equal 103:22
espoused 56:8
esquire 2:4,7,10 2:14
essentially 34:13 59:25
establish 58:4,14 62:17
established 23:24 44:18 71:4 87:3,4
establishing 35:13
estimate 45:15
estradiol 73:1,3,8
estrogen 43:8 52:19 53:21 54:2 73:24 88:24 96:17 96:22,25 97:1,2,14 113:5
et 1:4,6 135:12,12
etiologies 74:16
etiology 76:25
evaluate 14:16 30:25 33:25 34:1 34:3,12 65:24 66:8 78:6 80:4 90:11 95:24 96:8 104:23 105:22 107:7
evaluated 32:24 66:23 95:23 107:2
evaluating 34:13 34:25 66:2,3,6 77:1,10 82:10 94:9,10 96:10 127:1
evaluation 23:9 31:2,3,7,13 32:18 34:20,23 35:15 50:6 78:17 81:10 94:23 95:21 102:24 103:6,19 107:16 132:13
events 113:6,23
everybody 23:6
evidence 48:23 57:11,21 66:9 86:23 87:15,23 100:16 104:12 122:20
exact 23:20 44:2,9 45:14 117:18
exam 73:25
examination 3:4,6 3:7 5:25 69:10 73:13,20 80:7,9 131:6 133:13
examined 5:23
example 12:11,16 18:18 20:2 23:5 23:25 24:9 28:6 53:21,21 58:22 84:6 100:9
examples 14:18
excerpts 3:15 68:17
exclude 80:10,21
exclusively 45:4
excuse 65:7
exhaustive 14:17 72:3,8 96:14 115:18
exhibit 16:11 25:8 25:13 46:11,13,25 51:13,13 64:3,9 86:19
exist 28:12 31:19 76:9
existed 21:12
existing 57:11 65:13,16
exists 50:13 115:9
expect 66:14,20 67:4,5
expectations 59:13
experience 29:11 32:21 102:17 124:20
experienced 40:2
experiencing 131:23 132:4
experimental 120:14 122:23 123:1
expert 57:11,21 93:10 100:16
expertise 13:1 59:14
explain 9:8 26:3 27:1 53:7 95:15
explanations 80:10
exploration 29:11 52:10
explore 26:6 27:9 31:6 39:1
exploring 26:21
expressed 24:23
expresses 17:13
expressing 109:3

f

f 135:1
facilitate 19:15
fact 38:4 84:19 102:21 115:3
factors 91:3,11 124:11
failure 84:25 85:2 85:10 96:14
fairly 41:24
falls 20:10 36:24
familiar 25:3 28:9 28:20 48:14 50:17 64:22 110:17 123:8,17
family 35:4 94:4,6 94:7
far 9:2 20:7 67:5 97:22 106:8 118:5 118:13 129:1
fashion 24:11
fda 82:15,17,19
federal 4:9
feel 75:22
female 37:10,15 37:17 44:25 45:2 45:3
females 37:15,16 44:21 45:4 114:13 122:22
feminize 42:22
feminizing 43:4,6 43:16 45:9,18 109:16 110:3 125:25 126:3,12 130:7
fertility 14:24,25 110:7,9,17,22 111:1,8 112:14 113:18 114:3 115:4 117:22,25 118:3,9,23 119:5,9 120:8 122:7 123:7 123:9,11,13,20 124:5,7,10,17,18 124:24 125:10 132:18 133:17 134:1
fifth 11:14 94:3
figure 43:13,18
filed 15:15

fill 19:1 20:19 22:15
final 95:18
financially 135:18
findings 73:25 87:14,16
finish 7:8
firm 5:2,4
first 5:22 15:22 16:4 17:6 25:16 56:2 61:2 64:22 65:14 71:1 75:1 80:20 85:18,21 86:2,14 89:17 110:9,10,16 119:25
five 44:8 108:20 124:5 125:7 131:13,21 132:4
flashes 97:10
flat 39:8,19
focussing 11:6
follow 47:18,23 59:16 61:23 90:13 93:10 132:16 133:11
followed 48:11
following 49:2 63:3,7,10,11 69:4 69:9 79:18
follows 5:23 31:12
foregoing 135:8,9 135:11,13
forget 45:17
forgetting 15:7
form 13:24 28:2 29:17 30:16 32:1 33:9,23 34:22 38:13 40:4 56:14 56:23 58:6,15 60:25 61:19 62:7 68:10 76:12 77:4 77:14,20 79:23 82:18 83:18 84:1 90:16 91:9 97:23 100:6 101:23 102:9,23 104:8 105:13 106:13 107:25 108:13 110:17,24 111:8 114:3 119:1,12 120:7,8,12,15 121:24 123:24 128:12 131:25 132:8,18 133:17 134:1
formal 6:16 31:3,7 32:25 35:15 49:4 50:10 78:6 103:6
formally 78:13,16
format 69:8
former 52:4 61:13
forms 54:11
forth 15:17 56:7 65:6,10
forward 33:3
fossa 116:25
found 132:14
foundation 2:5
four 11:4,4,9,24 94:3
fracture 71:11 90:25 91:12
fractures 91:7
frame 61:21
framework 57:18 62:17 67:1,15
free 9:1
freestanding 68:1
frequent 14:22
friday 11:17
fsh 88:17
fulfill 18:21 19:22 21:3 109:7
fulfilling 19:7
full 7:19 62:12
fully 58:16
function 88:9 96:11 97:6
functioning 96:20 96:21
functions 19:21 55:17,23
further 3:7 81:23 133:13 135:11,15
furthermore 135:17
future 34:18 71:11 117:9,12

g

g 4:15
garry 41:6
gary 2:10 41:5,10
gastrointestinal 80:11
gather 77:3,12 91:23 94:19 101:21
gaudette 18:25
gender 11:3,17 13:22 14:8 16:6,7 16:15,15,23,25 17:6,9,9,11,12,13 17:19,21,23,24,25 18:11,22 19:12 20:25 21:8 22:20 23:14,15,16,18 24:4,8,11,15,22,23 24:23 25:3,17,18 25:18,23 26:2,4,7 26:11,12,13,22 27:7,9,12,20 28:1 28:1,8,8,15 29:1,4 29:7,9,11,14,21,23 30:1,2,13,18,24 31:4,6,7,14,14 32:17,20,23,24 33:2,2 34:1,5,12 34:13 35:6,11 39:1 40:6 43:9,15 43:24 44:4 45:4 45:23 46:1 47:18 47:23 48:12 49:1 50:3 52:11,18,22 53:6,8,10 59:17 61:8,22 63:1 97:21 98:2,6,16,24 99:11,13,19 101:16,19 103:6 103:25 104:4,21 104:24 105:10,21 106:5,7,9,10,11,16 106:17,18,21 107:2,8,9,17,19,21 108:2,7,11,19 109:3,5,8,12,23,25 110:4,23 111:2,12 112:25 113:18 114:4,9 115:15 119:6,10,17 123:20 124:4,25 125:12,15,17,19 125:22,23 126:10 126:14,16,19,21 128:8,24 131:22 132:11,21,24 133:1,18
geneary 72:12
gener 35:24 36:2 36:13 40:1,11 41:16 42:2
general 2:15 4:6 11:12 12:25 15:2

19:13 29:10 44:9 50:6 83:16 84:6 84:15 86:22 107:12,15 109:1,6 124:17 127:3 131:16,17
general's 4:25 5:8 6:6
generalizable 111:16
generalized 83:25
generally 9:20 13:3 38:14 42:25 43:6 44:10,25 50:14 56:18 64:18 124:15 127:11
genetic 71:19 89:4 89:18 94:23 96:5
genologues 72:12
getting 62:9 80:19 112:15
girl 53:3
girls 52:20,25
give 7:18 14:18 15:11 18:10 24:25 28:6 32:25 39:15 45:15 49:9 57:21 59:5 102:18 125:8 128:2
given 65:10,12 68:12 76:2 102:19
gives 67:6 78:7 102:14
giving 99:18
glands 76:21
gnrh 82:13,15,20 84:7 85:6,13
go 11:20 12:4,12 12:13 60:7 75:14 76:17 85:19 86:13 97:21 99:1 100:23 124:12 125:11 128:13 130:18 134:6
goal 80:8,9 88:19 88:21 96:24 97:1 99:11 106:12,18 126:25
goals 78:23,25 79:6 88:2,4 92:25 93:2 95:7 106:4,6
goes 68:4 90:24 96:11
going 16:10 31:10 33:1 36:17 38:6 38:17 40:17 49:8 49:10 50:7 57:16 60:6 78:1 98:24 102:13 118:10 124:9
gonad 124:22
gonadal 96:10,14 122:11
gonadotropin 81:4
good 6:2,3 53:24
grafting 116:24 117:6
grasp 14:14
great 7:4 40:20 76:23 130:15
greater 88:18
grown 97:15
growth 95:17 97:15
guess 11:4 28:12 31:20 50:1 65:19 102:5 108:6 114:12 117:23 126:2 128:6
guessed 110:14
guidance 15:2 48:21,22 49:2,7 56:24 57:12,20,22 57:23 60:3 61:16 62:4 66:9 67:2 78:19 85:16 87:5 99:18 120:18
guideline 57:6
guidelines 8:10,11 38:2 47:19,24,24 48:1,1,3,4,4 49:5 56:7,12,13 57:24 58:2,4,13 60:19 61:20 62:16 63:6 63:6,11,12 86:22 100:5,11,14,23,25 101:3,8,10
gyn 22:11
gynecologic 12:22 13:2 14:7 15:6 76:20
gynecological 13:4 16:23 17:2 65:7
gynecologist 9:21 44:23
gynecologists 64:21
gynecology 9:22 10:19 11:13 14:15 14:16 16:6,14 17:8 18:14 24:9 24:10 27:3 64:14 68:21 131:16

h

h 3:11
halt 28:24
hand 5:20 15:19 60:18,18 61:15 68:18 135:19
handing 25:12 46:10 64:3
hard 108:18
harm 63:3,7,12,16
harvest 117:10
heading 70:8 82:13 94:2
health 15:2 19:15 20:7 21:20 29:10 35:14 47:11 51:16 51:21 52:7,12,14 89:2 90:23 97:4
healthcare 15:3 25:17 62:24
hear 43:20
heavy 54:14
height 92:13 93:7 95:18 97:16
heights 94:6
held 4:24 60:16
help 9:19 34:10 42:19 57:12,18 61:20 66:25 73:25 92:4 95:17 99:12 122:17
helpful 94:8,10 105:6 115:15
helping 14:11
helps 19:15,18 27:11
hemorrhage 113:7 113:23
hereinafter 25:7
hereto 135:18
hereunto 135:19
hertweck 64:20 68:16
hierarchy 51:6
high 118:22
higher 51:5
hired 9:14
history 69:9 72:23 72:23,24 73:21 78:9,12,20 81:18

94:2,4,6 102:15
ho 126:6,10
hold 103:18
holds 51:3,5
hope 28:17
hormonal 42:17 75:5 132:22
hormone 35:19 41:20,22 42:3,22 42:25 52:18 53:14 54:12 72:6 81:4 92:3 95:17 97:15 97:15 108:17 109:13,15 121:17 125:19,21 126:1
hormones 41:16 42:2
hospital 9:6,24
hospitals 119:22 119:23
hot 97:10
hour 4:5 40:18
house 62:24
huh 8:5,15 12:1,8 20:6 34:11 42:7 42:11,14 53:18 59:4,20 60:13 73:12 74:6 82:7 96:16 99:9 102:4 105:19 112:16 118:20 128:25
hundred 31:16 44:8
hutchison 22:16 49:12,17
hyperstimulation 113:4,22
hypo 73:24
hypoestrogenism 73:15 88:23
hypogonadism 53:23
hypogonadotropic 53:22

i

idea 28:20 44:6 50:17 60:11
ideally 93:7
identifies 106:17
identify 24:22 102:6 105:25 106:3
identity 17:14,24 24:22 26:7,22 27:9 29:12 30:20 31:1,6,10,14,23 32:10,17,20,23 33:2,17,22 34:5 39:1 52:11 97:21 98:7 99:11,13,19 101:19 104:22,24 105:11,21 106:5 108:7,11,20 109:5 125:15,19 126:16 126:19
imaging 80:18,20 80:24
impact 48:24 90:2 91:1,11 111:24
impaired 111:16 111:21
imperially 78:20
implant 76:21 117:11
implications 92:12 92:22 93:9 112:14
importance 52:1
important 48:22 52:5 84:8 86:10 90:11
inaccurate 122:19
inadequate 113:7 113:24
include 17:12 35:12 46:6 49:20 53:9 72:11,12 79:17,18 80:2 89:1 92:20 114:11 114:12,13
included 52:2
including 54:13,15 56:9 131:22
incorporate 48:3
incorporates 47:25 48:2
increase 71:9 91:16,17 97:5
increased 113:6 113:22
indented 89:22 114:15 116:12,22 121:15
indicate 82:1 107:18
indicated 52:21 106:24 107:1 131:24
indicating 22:2 43:19 44:15 50:16 88:14 129:11
indication 82:23 82:25 109:1 114:25
individual 20:13 20:18 39:14 51:5 99:19 104:2 124:21
individual's 101:19
individualized 25:19 38:6,19 78:21 81:21 83:12 83:23 127:5
individuals 19:22 20:11 31:5,13 57:19 67:21 98:16 107:18 124:23
induce 117:23
inducing 118:22
induction 96:13
infertility 121:18
information 19:17 29:24 30:1 32:25 33:4 69:7 102:13 104:4
informed 30:5 112:13
initially 95:1
initiate 15:16
injunction 46:22 47:1
input 35:3,4
inserted 68:16
inspection 78:18
instance 4:11
instep 11:1
institution 119:21
institutions 112:20 122:12
instructor 9:1
insufficiency 53:22 71:20 88:7 88:8,11,20,22 89:4 89:8 90:6 96:19 122:13
intake 19:13 20:3
intended 55:16 68:9
intent 68:11
intentional 34:4
interested 135:18

interesting 17:25
interim 66:10
interpretation 57:16 91:5
interpreted 32:12
interruption 90:1 90:21
interruptions 90:7
intervention 95:21
intraabdominal 113:6,23
introduce 5:5
introduced 133:21
invitro 117:9
involve 36:25 42:24 43:5 82:8 95:16
involved 21:19 24:3 89:15
involvement 51:24
involves 23:9 31:3 43:1,6 82:9
irregular 14:23 54:13 87:12
irregularity 86:20
isolated 84:18
issue 13:18,20 28:11 89:19 110:22
issued 48:19 60:4 62:4
issues 14:22 24:21 27:19 31:13 52:10 52:11 54:13,25 83:21 85:24 125:20 126:16

j

jm 1:5
joined 41:5
jump 41:12

k

k 22:6
karyotype 94:21 94:22
kathryn 1:14 3:3 4:1 5:21 135:12
key 69:8 70:25 74:20
kind 49:24 50:5
know 6:16 7:11,15 8:3 11:24 12:11 12:11,15 14:17 15:16 21:2,13 22:9 23:1,4,14,18 23:20,21,23,23 24:1,2 27:23 31:9 31:11 33:1,5 34:5 34:17 35:9 36:1 39:8,8,19 43:9,9 43:13,15 44:5,9,20 45:14,25 50:6,11 54:24 55:16,22 59:9,25 60:17,19 65:9,10 68:11 72:3 76:23 80:19 85:9 90:23 94:8 97:10 98:19 99:6 99:6,7 109:16 110:10 121:3,7 123:19 129:24
knowingly 63:2,7
knowledge 37:21 39:10

l

l 2:10
lab 87:14,16 92:1 102:23
labs 102:5
lack 60:1 88:23
lacking 75:23 93:9
language 62:10,11
laparoscope 82:9
laparoscopic 78:17 116:9
laparoscopy 80:4 81:25 82:2,4 116:4
late 14:21
latest 49:2
law 7:1 63:4,8
lawsuit 15:16
laymen's 92:14 118:19
lead 91:7
leave 13:21 67:9
legal 7:24 41:7 58:25 59:5 60:7 61:18 62:7,11,15
leigh 4:2 5:3 135:7 135:23
length 38:22
leslie 1:6 2:4 4:21 5:10
level 58:22 59:10 59:14 60:14 61:4
levels 92:3
liberties 2:5
lies 38:16
life 91:6
limit 39:15 82:20 83:2 84:7 108:25
limitation 85:4,6 85:11
limitations 76:9 76:10 84:15
limited 83:7 114:17,21 115:1 120:17 124:13
line 62:22 75:1 81:24 85:18,21 86:2,14,15 89:17 93:12
lines 91:8
list 14:18 53:19 72:4,11,12
listed 70:1,3
listing 69:8 113:10
lists 110:8
literature 115:19
litigation 6:7,15
little 1:25 2:11,16 4:7 5:1 58:20 97:16 102:12 103:20 112:10 121:15 129:9,10
live 114:17,21 115:1 117:17 118:4,14
llp 5:13
long 79:3 83:3 85:8
longer 122:23
look 25:16 27:18 28:7 34:17 38:18 47:6 51:13 52:16 56:1 57:15 61:9 62:21 68:15,18 69:3,10 70:25 73:14 75:9,14 76:18 80:6 81:2 81:23 82:12 86:16 89:20 94:2 99:6 101:15 110:6,8 111:14 113:2,10 114:14,15 115:16 116:22,23 117:16 118:3 121:14 122:10 130:11
looked 25:5 97:19 97:22 98:8,10 99:6 100:3 105:7

looking 15:15,18 34:16 70:4,7 74:19 87:9 94:23 111:4 113:3
loss 73:1
lost 35:6
lot 60:8 86:11 102:3
lots 14:20 102:21
low 71:17 72:2 97:2 123:22 124:18 125:4,6
lower 42:20
ls 135:23
lupron 86:10

m

m.d. 4:1
macromastia 54:19,20 55:3,6
main 73:14
maintain 55:23
maintenance 15:3 96:13
majority 9:15,18 9:23 10:22 11:12 15:8
making 15:18 78:11
male 45:1 53:1
males 44:21 119:14,15
malignancies 15:6
malignancy 95:25 96:6 111:22 112:7 113:13 114:25 115:7,23 125:2
malpractice 6:19
manage 69:11 97:20 98:6 100:2 100:4
management 100:18
managing 65:6 66:15,21 75:11,21
marked 25:8,12 46:10,13 64:3,9
masculinize 42:22 42:24
masculinizing 42:25 43:10 45:7 45:13,18 109:17 110:1 125:25 126:2,11 130:7
mass 27:6 71:3,9 80:12,21
mastectomies 126:20 129:21,25 130:3
mastectomy 129:14
match 101:19
material 95:24 96:2,4
matter 4:20 135:12
matthew 5:14
maturation 117:10
mature 113:7,24
maximum 38:22
mckinley 2:11
mean 12:21 19:20 20:22 23:15 27:2 28:23 36:21 41:23 49:14 50:2 56:3,5 57:23 58:22 59:9 59:23 60:1 74:7 75:12 77:16,22 78:1 87:22 92:10 92:23 100:25 101:17 105:3 108:15 109:15,16 112:5 125:21
meaning 21:12 79:14 103:18 109:7 129:14
means 26:3 28:24 53:7 57:17 73:22 111:20 122:17
meant 66:25 67:16
measure 78:13 103:14
measured 87:23 88:1
measurement 103:10,11
measures 107:7
medical 6:19 8:24 9:2 10:2 23:9 39:7 49:12,15,18 50:22 51:1 52:21 74:11 77:11 78:11 104:11 123:6 125:13,18 126:15 126:22
medication 40:3 46:1,8 54:6,8 71:21 72:1 81:9 81:20 84:22 85:25 86:1
medications 35:15 35:17 38:4 42:19 42:21 72:4,6 85:23 86:1 95:17 109:2
medicine 31:15 34:6 49:6 62:13 81:20 102:11,21 112:18
meet 21:17 36:9 61:24 81:19 87:12 104:4 107:6,23 109:12,19,20,24 127:9
meeting 49:21 107:17 109:4 126:25
meetings 7:25 8:2
meets 106:25
melanie 129:4,6
members 20:1 22:23 23:11 94:7
menses 72:25
menstrual 14:22 54:13,14 72:24 88:16
menstruation 42:18 45:22 46:2 74:14 86:21 92:21 93:12
ment 34:4
mental 19:15 20:7 21:20 29:10 35:14 51:16,21 52:7,12 52:13
mention 54:11
mentioned 11:4 18:18 21:23 22:14 35:20 41:14,15 46:12 55:2 64:8 72:5 115:8 118:15
met 62:18 114:9
method 114:7 117:22 119:5,9,17 125:11
methods 117:25 118:14 121:1
michael 2:14 5:7 6:5
michele 22:16 49:12
mind 10:13 11:22 13:25 22:25 26:10

27:21 28:3 29:18 30:21,23 32:2 33:18 36:11 39:25 41:24 47:20,22 49:16 50:24 56:15 58:7,9 60:9 75:17 77:5,8,15,21 83:19 85:5 90:17 95:9 101:24 108:3,5 126:17 132:1
mineral 70:9,14 70:19,22 71:17 72:2,8 90:7,12,21 90:25 91:2,5
minimization 79:2
minimum 37:21 38:1
minors 123:7 125:14 126:12
minute 80:19
minutes 130:16
minutia 49:21 50:8
missed 22:17
missing 11:5 72:10
misunderstanding 98:20
mitigate 88:4,22 106:15
model 25:19 26:2 26:4,12 27:7,15,16 27:25 28:7,15 29:13 52:8 115:4
models 26:9,17,18 28:10
moment 21:11 24:25
monday 4:5
monitored 90:3,8
month 11:14,17 44:2,10,16 47:9 88:18
months 72:25 82:14,17,20
morgan 22:4
morning 6:2,3
mortality 89:2 97:5
motion 46:22,25
move 41:14
moving 33:3
multi 12:21
multidisciplinary 10:24 17:21 24:11 24:14,16,17
multifactorial 90:23
multiple 76:24
muscle 74:15
musculoskeletal 80:11

n

n 2:1 3:1 4:15 74:21
name 5:1 6:5 17:25 18:2,4,7 22:5 26:20 123:14 129:5
named 70:6
names 22:3
natal 37:15,16,16 44:20,21 45:4 53:1,3 114:13 119:15 122:22
nature 23:25 84:6
necessarily 86:6 107:10
necessary 19:17 51:20 55:17,23 65:15 66:1 107:23 109:12
neck 55:4
need 7:14 23:24 27:6,17 37:3 52:12 75:12,23 85:17 112:8 122:23 128:6 133:2
needed 19:19
needs 21:16,18 62:18 96:12 127:8
negative 90:2
neither 135:15
neonatal 119:14
never 96:21
new 2:6,6,8,8 44:18 48:21 64:19 66:9
newer 115:3 120:12
nikki 22:4
nonconfidential 134:5
nonconfirming 106:9,17
nonconformality 125:23
nonconforming 24:24 61:8,23 98:2,25 106:11 107:19 124:25
nonconformity 28:1,8
nondirective 27:8
nonindented 121:21
nonsteroidal 74:22
normative 70:11 91:21 92:1,3,7,12 92:22 93:3
north 2:11
notarial 135:20
notary 4:3 135:7
note 70:11
noted 135:9
notes 135:14
nsaids 74:21 75:1 75:6
nuance 122:8
nuances 95:5
number 1:5 3:12 4:23 10:23 20:10 25:8 39:20 45:14 46:11,13 53:20,20 64:3,9 67:17 68:17 74:10,16,17 86:13 94:17 97:18 107:7,20 113:7,24 118:4 124:11 135:23
numbers 39:9 118:13
nursing 18:16 20:4,5,8,11 21:23 21:24 22:8
nutrition 71:18

o

o 1:11,15,17 4:14 4:15 22:6 110:10 110:10
oath 6:23,25
ob 22:11
object 13:24 28:2 29:17 30:16 31:24 32:1 33:9,23 34:22 38:13 40:4 56:14,23 58:6,15 60:6,6,24 62:7 68:10 76:12 77:4 77:14,20 79:23 82:18 83:18 84:1

[object - ones]

90:16 91:9 97:23 100:6 101:23 102:9 104:8 105:13 106:13 107:25 108:13 110:24 119:1 121:24 123:24 128:12 131:25 132:8
objection 58:24 60:24 61:18
objective 77:2,12 77:18 78:12,14 79:19 80:2 86:25 88:10 91:22,24 94:19 101:21 102:2,7,20,22 103:5,10,11,14 104:1,12 105:7,9 105:17,20,24
objectively 78:16 104:6,20,23
objectives 65:9
obstetrician 9:21
obtain 26:5 116:3
obtains 19:17
obviate 88:4,22 97:1 106:6,15,18
occasions 88:17
occur 49:6
offer 52:6 112:18 120:16
offered 119:20,22
office 2:15 4:25 5:8 6:6 20:12 61:11
offices 4:6
officially 9:17
oh 14:13 64:5 70:5 108:6 129:8
okay 6:13,15,19 6:22,22,25 7:3,18 8:3,18,18,20,22 9:2,2,8,10,18,25 10:3,6,8,11,21,25 11:4,5,9,18 12:9 12:20 13:3,7,11,14 13:21 14:7,7,11,11 14:19 15:10,14,22 15:25 16:9,22 17:2,5,5,19,25 18:4,7,10,24 19:4 19:7,10,20 20:7,14 20:20,23 21:10,15 21:20,23 22:3,7,10 22:10,14,17,17,19 22:22,22 23:12,14 23:14,21,23 24:2,6 24:6,15,19 25:6,12 25:15,23 26:1,16 27:1,11,18 28:12 28:14,17,20,20 30:7,10,10,18 31:17 32:13 33:5 33:12,14 34:9,16 34:20 35:6,10,20 35:24 36:5,16,21 37:1,3,8,14,16,21 37:25 39:8,11,16 39:18,23 40:9,13 40:16,16,17,21 41:4,12,19 42:1,23 43:4,9,23 44:20 45:3,6,15,21,25 46:4,6,10,10,18,20 47:3,6,12,15 48:2 48:2,7,10,14 49:1 49:8,8 50:1,10,17 50:21 51:10,13,20 51:25 52:4,13,16 52:16,25 53:3,6,9 53:13,13,19,19 54:2,5,11,18,18,23 55:9,11 56:1,10 57:2,5,8,13,23 58:3,19 59:1 60:11,15 61:13 62:21 63:10,15,18 63:18 64:2,15,22 65:3,5,12,16 66:2 66:6,11,14 67:4,8 67:10,20,25 68:4,8 68:15,15,25 69:3,7 69:14,14,17,24 70:4,7,18,25 71:6 71:14,16,24 72:9 72:13,17,22,22 73:4,5,8,8,13,18 74:2,2,7,9,19,19 75:1,5,9,14,15 76:1,17,22 77:1 78:3,8,14,23 79:4 79:6,10,14,17,21 80:2,6,6,15,17,24 81:2,11,14,23 82:8 82:12 83:1,6 84:5 84:14,23 85:2,18 85:21 86:9,16,16 86:24 87:9,16,18 87:21 88:2,2,6,10 88:15,19 89:6,15 89:20,20,25 90:5 91:4,14,16,18,18 91:18,22 92:8,14 92:17,19,25 93:13 93:17,17,25 94:6 94:13,13,25 95:3,7 95:15 96:1,7,24 97:9,11,13,18,18 98:4,14,18,21 99:16,20,23 100:1 100:13,17 101:5,9 101:15,15,21 103:4,13 104:25 104:25 105:3,7,23 106:4,4,21,24 107:4,9,12,14,22 108:25 109:22 110:6,6,15,20 111:4,14,20 112:2 112:5,9,23 113:2,2 113:15,21,25,25 114:11,14,14,20 115:7,13,22 116:2 116:9,11,19,22 117:3,13,16,21 118:2,8,16 119:4,4 119:8,15,19,22,25 119:25 120:11,19 120:19 121:2,6,12 121:14,20 122:1 122:10,17 123:3,6 123:6,16 124:15 125:3,7,12,12,17 126:5,9,14 127:13 127:15,21,23 128:1,2,6,20,23 129:1,1,8,24 130:2 130:2,6,10,14,19 131:4,21 132:16 133:6,11,23 134:3 134:3
old 36:22,23 37:3 128:9
older 91:15 92:15 127:7,12,13
oldest 39:11
once 33:7 35:7 44:10,16
ones 13:9 66:24 70:1,3 76:14 98:9 98:10 113:21 116:12 125:11

ongoing 31:4 32:18 39:5
onset 91:20 92:21 93:9 133:3
oocyte 110:11,13 110:14,16 111:4 112:23 113:11 118:6 122:4
oocytes 113:7,24 121:15
operate 50:14,15
operating 23:15 23:19
opinion 57:12,21 93:10 100:16
opportunity 6:8
opposed 106:10
option 29:15 30:3 112:24 117:14 120:2
order 98:8 107:24 109:13,25 127:9
ordinary 59:10 60:14 61:10
organizational 49:9
organizations 56:25 57:2 60:5 60:20 61:17
organs 92:6
original 24:3 135:14
orthotopically 116:25
osteoporosis 69:18 71:17 72:1 91:7 99:7
outcomes 122:13
outside 21:5 37:4 51:9,11 52:9 76:21 107:21 125:12,17 126:10 128:17
ovarian 53:22 54:12 71:20 86:18 88:6,8,9,11,20,21 89:3,8 90:6 96:19 97:5 113:3,22,25 114:6,23 115:3,17 115:20 116:3,7,25 117:3 119:4 122:20 132:17 133:2,7,16,25
ovaries 86:20
ovary 86:17 87:1 87:10 88:3 96:20 100:22 116:25
overall 89:2 97:4 99:4
oversight 49:11
overview 66:25

p

p 2:1,1 4:15
p.m. 93:20,23 130:22,25 134:8
pag 68:21
page 3:2,12 25:13 25:14 68:15,17,18 69:14 70:5,7 71:17 72:22,23 74:2 76:18 80:7 80:17,17 82:12 86:16 88:6 89:20 91:18 94:1,13 101:15 110:6,8 117:17 121:14
pages 135:13
paige 64:19
pain 54:21 55:2,3 78:25 80:10 113:7 113:24
painful 14:22 54:13 74:8
paragraph 15:18 15:22 16:3 17:5 25:16 47:6 51:15 52:16,17 53:19 54:18 55:11 56:1 62:22,23
parent 16:17 26:5 26:21 35:3 102:18
parental 94:6
parents 16:20
park 43:13,18 44:6
part 17:16 18:3 19:11 20:14 29:9 30:5 31:6 36:19 48:10 51:23 64:15 78:9 86:5,7,8 112:18 117:1,19 126:25 132:15
participate 12:2
particular 10:15 11:20 20:2 21:21 22:23 24:17,19 30:19,25 31:21 32:9 33:16,21 40:13 76:2 125:24
particularly 26:1 32:20
parties 135:16,17
partly 86:25
parts 61:2 64:25
pass 130:14 131:3
passed 131:1
patents 128:16
path 8:10
patient 6:17 12:6,7 12:25 16:22,23 17:13,17 23:10 25:20 26:21 27:3 27:8,17 29:12 31:16 33:2,16,21 33:25 34:13,21,23 34:25 35:1,7 36:5 36:8,23 37:3 38:7 38:18,20,23,25 39:6,12,23 42:16 52:12,21 54:21 55:2 59:17 61:6,9 61:10 62:19 63:7 73:21 77:1,9,10 78:5,6,12 79:13,14 80:3,9 81:17 83:12 85:14 91:3 92:7,11,21,24 93:11 94:18,23 95:5,14 96:11,21 97:2,12 99:21 100:11 102:14 103:19 104:3,13 106:16,25 108:7 108:11,19 109:3 109:24 111:22,24 111:25 112:6,13 113:16,16,17 114:18 115:15 116:17 117:7,12 120:17 124:12,15 127:8,17,20 128:20 129:13 131:21,24 132:3 132:10,12 133:1
patient's 19:16 26:19 29:11 35:2 35:3 36:18 37:6 78:25 79:2,19 80:10 90:12 91:11 92:13 95:18 96:5 97:21 98:6 102:13 103:22 104:21,24 106:7 126:25

127:3
patients 9:23 12:9 12:14,15,23 14:24 15:4 16:5,14,17,20 17:8,22 19:14 24:12,21 26:5 29:1,15,24 30:1,5 30:19,25 31:2 32:16,19,22 33:5 34:4 35:10,12,24 36:2,13 38:4 39:14 40:1,6,14 43:10,15,23 44:3 44:10,11,14,16,17 44:18,19,24 45:3 45:12,25 47:9 48:20 51:16,20 52:6,7,21 54:15,19 55:6,13,19 61:23 63:1,3,5,13,16 70:21 78:19 84:18 84:20 85:7,24 86:11,19 87:4,6 89:7,18 96:18 97:17 98:2,25 101:12 106:9,15 107:1,16 108:3,18 110:23 111:1,17 112:2,12,22,24 113:12 114:4,7,9 114:11,22,24 115:5,7,23 117:5 117:14 119:6,9,17 121:21 122:8,8 123:19 124:4,7,9 124:21,24 125:1,9 126:19,22,24 127:4 128:8 129:1 129:21,25 130:3,8 131:11 132:19,22 133:18,20,22,23 134:2
pause 15:12,24 25:1 75:16 128:4 130:13
pcos 101:3,12
peak 70:22 71:2 90:1,21
pediatric 9:22 10:19 11:13 13:21 15:4,6 18:13,14 64:13,21 65:6,7 68:21 70:12
peek 15:21
peers 93:12
pelvic 80:12,21
pelvis 78:17
pending 4:12 135:11
people 18:11,21 19:1 23:2 31:5 39:6 67:17 126:15
perceived 23:24
percent 31:16 71:3 71:9,10 117:18,24 118:11 124:5,23 125:7
percentage 123:19 123:23 124:3,6,18 125:3,8
perfect 7:7
performed 55:15 120:3,6,24 121:17 122:11 129:12
performs 130:3
period 34:15 73:23
periods 14:22,23 14:23 35:16 54:14 74:8 93:9
peritoneal 82:10
persist 30:19 31:1 31:10,22 32:9 33:16,22
persistence 32:23 34:5 39:2
persistent 33:1
person 18:24 19:4 31:9,10,11,22 32:9 49:10 102:8 106:11
person's 99:13
personnel 18:10
perspective 10:2 19:19 39:7 72:7 77:22 92:23 94:18 103:8 117:8
pertaining 115:23
pertains 34:20
phase 35:8
phrase 26:2 53:6 56:2 59:22
physical 55:7 69:10 73:13,20,25 80:7,9 87:22
physician 14:9 23:8 24:3 35:1 45:6,9 50:4 59:10 59:13,16,18,24 60:15 61:5,6,10,14 62:5 97:20,25 98:6 99:10 100:1 100:4,9,10
physicians 24:3 60:16
picked 20:8
picking 20:3
place 19:21 49:23 70:14,19 135:9
placed 44:24 69:5 69:7
places 57:19
placing 82:9
plaintiff 6:13 46:21
plaintiff's 46:25
plaintiffs 1:4 2:3 5:11,13,16 15:17 41:7
plans 25:20
play 23:6
played 18:18 21:4
plays 23:7
please 5:5,17,20 9:12
poi 96:22
point 28:19 70:11 71:8,16 73:14,19 80:8 81:3,12 82:14 83:1 89:22 94:3 111:5 113:3 114:14,15 116:2 116:11,12,23 119:25 120:19 121:15,22 122:3 122:10
points 34:3,25 69:8 70:25 74:20 74:21 80:20 111:14 116:23 117:16
policy 49:1,4
poly 54:12
polycystic 86:17 86:18 87:1,10 88:3 100:21
poor 71:18
poorly 117:19
population 70:13 83:17 124:17
populations 124:16

[portion - protocol]

portion 94:15 134:6
position 51:5
possibility 93:14
possible 53:14 68:8 80:24 83:16 83:24 84:4,5,14 89:10 122:14
post 32:22 119:12 119:15 122:22 134:1
posterior 117:1
posture 54:25
potential 71:10 73:1 81:5 83:3 85:8,14 92:13,22 93:8
potentially 37:11 91:17 95:16 114:8 131:24 132:5
practically 49:14
practice 9:16,18 9:23 10:12,15,18 10:19 11:9 14:15 14:16 15:9 16:6 16:14 17:8 27:25 31:18 38:3,6 48:25 51:12 56:6 57:19 62:1,14 66:13 81:16 93:10 103:2 128:22,23 129:8
practices 31:12,18 62:16
practitioner 10:23
precocious 36:24 37:4,11 54:6 91:19,20,23 92:9 92:10,18 93:1 94:1,9,11 108:20 108:22 131:20 132:14
preference 68:19
preferred 26:20
pregnancy 116:13 117:8,23 118:22 122:13
pregnant 116:17
preliminary 46:22 47:1
prepare 7:21,23
prepared 7:24 8:20
prepubertal 32:16 92:7 114:7,13,18 114:22 116:19 120:2 122:22 132:19,22 133:8 133:22
prescribe 42:2 54:5
prescribed 35:25 36:3,6,9,13 38:23 38:24 43:10,16 45:12 46:1 131:10 131:11,14
prescribes 42:2
prescribing 45:6,9
presence 31:4,14 34:1 80:21 87:13 88:17 89:3 91:24 95:23 96:4
present 13:20 16:6 16:14,22 17:8 24:12,21 31:2,13 68:22 84:8 94:17 94:24 96:20
presentation 102:19
presented 79:16
presenting 13:18
presents 81:18 84:20 86:20 95:14
preservation 79:2 110:7,18,22 111:1 111:8 112:24 113:19 114:3 115:4 117:22 118:1,3,9,23 119:6 119:9 120:9 122:7 123:7,11,20 124:5 124:7,11,17,19,24 125:10 132:19 133:17 134:1
preservations 14:24
preserve 55:16
preserved 110:9 116:17
pretty 118:21
prevention 79:7
previous 65:25
previously 20:18 21:7 25:5 109:17
primarily 10:1,20 18:16 21:8 23:10 79:24 89:14 92:13 107:2
primary 13:17,19 13:23 14:4,5,9 50:8 53:22 71:19 74:13 75:2,24 88:6,8,11,20,21 89:3,8 90:6 96:19
prince 129:4,6,6,6 129:8,24
princess 129:7
print 65:4
printout 3:13
prior 51:24 88:9 91:21,25 92:3 121:17
probably 75:23 115:10 120:16
problem 27:4
problems 54:25
procedure 4:9,10 81:17 128:21
procedures 126:16
proceed 5:24 99:14
proceedings 135:8 135:11
process 28:24 30:5 31:4 74:14 78:11 111:25 112:13
production 35:18 35:18 42:20 43:7 88:24
productive 92:2
professional 22:8 47:11 56:8,25
professionals 125:14,18 126:15 126:22
professor 8:23
profile 86:4
progresses 92:11
progression 79:7,8 79:9 93:3
prolactin 69:25
prolonged 71:19 73:22
pronounce 74:5 110:10,12
pronounced 73:4
pronouns 26:20
proposed 87:7
protocol 37:19,24 47:25 49:5 51:24 52:3 53:16,17 75:9,11,21 109:19 120:3,6 122:24

123:2
protocols 8:12 33:3 38:14 48:6,9 64:13,20 65:6 67:5,14 83:22 119:23 122:12
provera 46:7,8 72:7
provide 10:8 12:22 14:17,23 15:1,5 19:18 24:10 29:4,7 42:9 42:10 49:7 52:18 53:21 54:2 57:12 58:23 59:11,14,18 59:24,25 60:15 61:5,22,24 62:2,6 64:20 65:14,25 66:25 67:15,23 68:2 72:3 78:20 84:19 98:24 103:21 112:17 123:7 125:19 126:22 132:21
provided 26:22 41:16 84:11 112:21 126:25
provider 13:17,19 13:23 14:4,5,9 50:5 126:9 128:14 130:3,6
providers 26:14 27:14 35:14 52:10 61:21 67:15 123:6 123:8,9,13,17 126:5 128:7,15 129:2
provides 17:22 25:17 29:22,23,24 30:1 35:15 40:11 57:17 68:19 124:21 126:11 129:24 130:7
providing 12:25 13:4 40:10 76:8 83:13 84:9 95:10 95:12 104:3
provision 39:13 43:1,8 52:6 61:7 67:18 84:10 98:1 99:4 101:1,11,12 104:10
provisions 4:10
psychologic 35:15
psychological 103:8
psychologist 18:16 18:22 52:14
psychology 22:10
psychosocial 19:18 92:23 93:8
puberal 94:7
pubertal 14:21 32:22 35:18,20 36:14,15 37:20 38:17,24 39:13 42:15 72:15 91:20 96:13 108:22 119:13,15 122:22 132:13,15 134:2
puberty 14:21,22 35:22,25 36:3,6,9 36:12,18,20,23,24 37:4,11,18,18 38:1 38:5,11,23 39:9,11 39:19,24 40:2,6,9 40:10,14 41:13 54:5,6 72:11,14,18 72:20 90:1,22 91:6,19,20,23 92:9 92:10,11,18 93:2,4 93:5 94:1,9,11 96:12 108:17,21 108:23 109:14 110:3 125:14 131:9,11,20,23 132:4,5,14 133:4
public 4:3 135:7
pull 99:11
purpose 24:8,8 65:22 80:4 84:11 95:10
purposes 95:12
pursuant 4:9
pursue 112:22 123:20 124:7,23 125:11
pursued 123:1 126:19
pursues 124:12,18
pursuing 113:18 124:4 125:1
push 103:19
put 56:7 60:2 83:15 92:14 118:19
puts 111:25
putting 57:20 64:15

q

qualifications 22:8
qualified 135:8
quarterly 11:15
question 7:5,9,11 7:16,16 14:1 17:10 18:20 22:9 22:25 23:17 26:16 27:21 29:19,25 30:11,21,23 32:3,6 36:11 38:9,9 39:17 41:25 42:13 49:16 58:10,17 61:1 66:17 75:18 76:23 77:8 79:10 85:9 86:25 98:4,5 98:20 99:16 100:19 101:25 103:25 104:20 105:2,8,15 108:6 111:7 115:21 124:1 126:17,21 128:6
questions 6:7,8 17:23 131:5,8 132:16
quick 93:16 130:12
quote 12:15

r

r 2:1 4:15 135:1
raise 5:19
random 111:7
randy 5:2
rate 117:17,24 118:10,22 124:23
rates 70:13,19 114:17,21 115:1 117:18 118:4,14
reach 38:11 39:20 93:7
read 16:3 25:16,20 47:7,12 51:15,17 52:17,23 55:12 62:23 68:19,23 69:11 70:10,15 71:1,4,11,21 72:24 73:1,16 75:2,6,12 80:12,22 81:3,6,11 83:3 89:25 90:3 111:18 113:8 114:18 116:4 117:1,17,19,21 120:2,3,18,20 121:18 122:5,10

[read - retrieved]

122:15
reading 17:7
real 93:16 130:12
really 99:24
reason 7:18 16:24 67:8 68:25 113:13
reasonable 75:10 75:20 85:4,11 97:20,25 98:5 99:14 100:1,4,10 100:20
reasons 27:7 84:21 84:23
recall 38:10 41:15 44:2
receive 51:21
received 55:13 129:21
receiving 51:16
recognition 32:19
recognize 25:13 25:14 46:16 69:14 74:3
recommendation 82:19 83:25 84:6 84:15 127:11
recommendations 57:25 58:2 83:17 90:13
recommended 81:5 82:14,16
recommends 85:6
reconstruction 55:14,15,20
record 4:18 5:6 6:4 40:24 41:3 46:24 63:21,25 93:19,23 130:18 130:21,25 134:6,7
recurring 44:17 44:19
reduction 71:11
refer 16:15,24 42:5 111:5 122:18 126:14,22
reference 47:15,16 66:15,21
referenced 25:7
referral 16:18,21 52:6 111:9 112:19 112:21,22 127:2,5
referrals 19:15 20:7 21:20 35:14 55:9,12 126:24 127:17
referred 35:21 41:20,21 55:6 72:13 127:9,9 128:20
referring 56:10,11 128:17
refers 16:7 17:6,9 128:8
regard 92:5 100:15 121:10 125:8
regarding 15:5 114:17 122:13
regards 14:24 17:23 19:16 24:21 31:3,12 32:17,24 35:2 38:15 39:3 42:17,22 49:7 56:5 57:19 67:3 67:14,18 68:12 79:15 81:21 85:25 86:15 90:24 92:13 92:18 101:1 103:7 112:14 113:12 115:19 118:14 121:9 124:24 125:1,10 133:22
regular 20:13,18
regularity 19:9
rei 111:25 112:11
related 88:23 108:11 125:15,20 126:16,19 135:16
relationship 35:1 50:10,12 61:7
relative 135:17
release 19:17
released 48:17
releasing 81:4
relevant 94:10 114:4 119:6,9,17 133:17,23
reliable 66:15,21
remaining 116:25
remember 86:10 129:4
removal 120:19
renal 71:20
repeat 23:16 80:4
rephrase 66:17
replacement 21:11
report 79:13,14,15 103:9,11,14,23 104:2,21
reported 135:13
reporter 4:3 5:3 5:19 7:3 43:20 135:7,7
reporter's 3:25
reports 78:5
represent 6:6 41:7
reproductive 15:2 15:4 80:12 92:6 111:6,9,11 112:19 118:5,18
require 13:1 51:15 95:21 111:8 116:24 117:6
124:10
requirement 51:23 52:3,13
requires 86:22 117:4
research 32:21 38:16 66:9 120:3 120:6,25 122:12 122:24 123:2
resident 6:18 10:2
resource 76:7 101:11
resources 52:7 67:17,23 76:4,11
respect 21:20 28:1 45:21,23 104:21 115:8
respond 84:25 85:2,10
responded 80:5 85:15
response 67:12 111:16,21,24
responsibilities 19:12 49:17,19,24
responsible 23:3,4 50:9
rest 68:6,6
restate 66:19 90:20
restating 13:25 29:19 30:21,23 33:18 41:24 47:20 47:22 49:16 50:24 56:15 58:7,9 75:17 83:19 85:5 108:3,5
result 49:18 55:12
results 111:15
retrieved 113:8,24

review 8:6,9 37:19 37:23 48:22 65:13 65:22,24 68:20 99:3 115:18
reviewed 8:10 49:5 65:19 68:7 69:20,22 76:14 98:9 122:20
reviewing 65:16
richardson 5:15
right 5:19 9:6 15:25 20:22,25 30:8 31:25 34:18 34:19 38:12 41:9 41:12 46:7 50:19 54:3,6,9,16 64:2 65:19 68:18 76:19 77:25 80:25 82:2 84:3,7,12 108:19 109:6 110:23 116:4,20 117:24 118:24 119:2 132:11,19 133:4,5 133:18
risk 14:25 71:11 86:4 88:5,22 90:25 91:2,11,16 91:17 95:24 96:5 96:13,18 97:1,5 113:22 121:17 122:14
risks 81:16,21 83:13,14 84:10 90:15,20 92:8 97:4 113:3,11,15 113:17 124:13
rock 1:25 2:11,16 4:7 5:1 129:9,10
rodgerson 2:7 5:12,12
role 6:15,17 10:1,4 11:17 12:22 13:14 13:16 18:21 19:1 19:6,7 20:13,19 21:8,12 23:5,8 50:4
roles 18:17 19:23 21:3 23:6
room 38:19 59:13
round 23:21 32:6
routine 15:3 80:20
routinely 80:25
rule 39:21
rules 4:9,10
run 46:6
rutledge 1:6 4:21 135:12

s

s 2:1 3:11 4:15 56:21 74:21,21
sample 121:5,13
satisfy 108:12
saying 13:22 21:4 56:20 63:4 78:2 83:24 84:4 85:19 107:16 112:3 129:20
says 17:7 25:17 47:7 51:15 52:17 55:12 69:7 70:11 72:24 73:14 74:21 80:9,20 81:24 82:14 83:2 94:6 98:23 111:5,14 113:3 114:16 116:3,12,23 120:1 120:19 121:15
scar 79:5
schedule 50:7
scheduling 49:21
sciences 8:24
seal 135:20
second 15:11 62:22 64:14,24,25 65:4 69:20 70:10 73:14 80:7 81:3 81:12 86:15 110:21 111:5 113:25 116:23,24 117:4,6 128:3
secondarily 79:1
secondary 74:11 74:15 91:25
section 65:12,20 65:23,24
sections 65:11,18
see 12:16 15:10 16:13 44:10,10,20 44:21 47:7 60:2 60:22,22 62:4 69:5 70:8 80:6,6 89:23 94:2,4 114:1 119:4 121:22
seeing 12:9,14 43:23 52:8
seen 65:1 131:10 131:13
sees 16:5 17:8
self 103:9,11 104:2 104:21
sending 128:18
sense 59:12 103:5 103:17
sensitive 113:5
sentence 15:23 16:4 17:6 51:14 55:11 56:2 69:4 85:12 122:9
separate 68:13 88:17
series 7:24 8:2
serve 10:23 11:18
services 10:8 25:18
session 44:13
set 65:9 76:18 107:17 135:19
sets 15:17 65:6
setting 12:14 50:23 51:1,4,8,9 68:23
seven 37:12,17
sex 11:2 13:12 17:14 37:6,8 101:19 105:11
sexual 91:25
sherry 18:25
shinning 5:2
shock 70:1
short 31:20 40:18 41:1 63:19,23 67:14 93:21 95:16 130:23
shorthand 135:7
shoulders 55:5
show 92:2
side 39:24 40:2
significance 73:19
significant 97:12
signs 16:6,14,23 17:6,9,11,12 73:14
similar 57:10
simulation 111:7
single 42:5 111:17 117:10
sir 7:6,10,13 10:7 12:10
sit 37:25 38:9
situation 108:10
six 36:22,23 72:25

social 18:15 19:1,5 19:8,11,13,14 20:12,16,17,21,25 21:3,5,7,16,17,18 22:11 23:4
societies 49:7 56:9 86:21
society 8:11,12 47:12 48:1,5 49:3 56:8,12,21 57:3 58:4,13 60:4,20 61:16 63:6,11 100:20,23,25 101:10
sole 80:4 98:1
solution 27:5
somebody 21:12 98:23 102:25
somebody's 105:21
somewhat 34:17
sophia 5:14
sorry 8:1 16:19 28:4 30:22 37:14 43:21 47:21 50:24 58:1,8 59:7 60:8 66:19 70:2,5 76:5 77:7 79:8 82:24 87:22 97:7 98:22 105:14 108:4 115:25 120:8 123:10 125:5 128:10,13 129:5 129:18
sort 9:14 17:14,17 43:6
sorts 42:3 54:25 126:20
sought 29:12 128:17 129:2,2
sounds 33:7 40:20 56:20 83:21,23
source 75:24
space 26:6,19 35:13 52:9 112:20
speak 48:8 52:1,2 68:6 76:14 115:24 116:1 128:15
speaking 56:19 66:24 124:15,20
specialist 12:17 22:12 111:6
specialized 9:22
specializes 12:16
specialty 13:4
specific 57:20 65:11 98:15 99:24 100:15 121:20
specifically 31:8 56:10,11 99:19 125:15
specifying 125:25
spectrum 11:3,17 13:22 14:8 16:7 16:15,25 17:10,19 17:21 18:1,12,22 19:12 21:8 22:20 23:16 24:11 25:3 25:17,23 26:11,13 27:12,20 40:6 109:24 111:12 113:18 114:5,9 115:16 124:4 125:12,17 126:11 126:14,21 128:8 128:24 131:23 132:21 133:1,18
spent 10:23
sperm 119:8 121:16
spina 11:2,15 12:4 12:17 13:1
spinal 11:15 12:24 13:10 14:6 54:16
spinning 9:1
spontaneous 96:12
spot 22:15
sry 95:24 96:2
ss 135:4
staff 18:15 20:4,5 20:9,11 21:23,24 22:8,19
stambough 1:14 3:3 4:1,20 5:21 6:4 16:5 17:7 41:12 93:25 131:5 135:12
standalone 68:9
standard 57:6 58:4,14,19,21,22 59:8,22,23 60:11 60:16 61:3,3,15,21 61:25,25 62:5,13 62:15,18 114:16 122:21
standardize 57:18
standards 37:12 47:10,16 48:11,15 56:3,4,6,13,19,21 56:21,22 57:14 59:12,16 63:2
standpoint 49:20
stands 70:10
start 111:7
started 38:4 44:2 112:8
starting 89:22
starts 69:4
state 4:4 115:19 117:5 135:3,8
stated 135:9
statement 56:5 73:9 81:11,13,15 83:8,10 85:12 108:19,23 122:19
statements 8:12
states 1:1 4:12 71:18 135:11
stating 28:3
stature 95:16
stenographic 135:14
stenotype 135:13
step 11:13 12:24 13:12 14:6 21:17
stephanie 126:6 126:10
stepping 19:22 21:3
steroids 72:5
stick 48:5
stigma 30:12
stimulation 111:16,21 113:5
stimulatory 111:25
stop 28:24 30:7 39:7 104:15
stopped 30:6
stopping 88:9
stops 96:20
street 1:24 2:5,8 2:15 4:7,25
stroma 76:21
structures 82:10
student 10:2
studies 92:4
styled 4:12 135:9
subjective 77:2,12 77:19 78:4,11 79:22,25 102:15

102:20 103:14,16 103:22,23 105:17
submitted 46:20
subordinate 50:12
subset 133:20,23
success 114:17,21 115:2 117:23 118:4,10,22
successful 79:12 79:22
suffer 30:13 55:2
suffering 39:23
suggest 73:25
suggested 117:18
suggesting 76:9
suggests 117:8
suite 1:24 2:11,15 4:7 5:1
sullivan 2:7,10 5:13,15 41:5,6,6
support 18:15 19:18 20:12 26:20 27:10 29:4,7,9 31:5 39:6 46:21 46:21 48:23 49:22 52:8,11 105:20 120:14
supported 29:13 32:16
supporting 29:10 100:16
supportive 24:13
suppress 35:17 42:18 46:1,8
suppressants 42:3
suppression 35:16 45:21 52:19 54:14
sure 10:14 11:23 14:3 15:7 20:14 20:20 24:7 29:21 30:24 33:20 38:8 40:1 47:23 49:22 50:25,25 51:25 52:5 58:12 59:8,8 66:18,20 67:13 72:10 77:9,24 79:17 85:6 93:17 93:17 96:15 97:10 102:10 104:18 105:4 108:6,17 109:1 125:23 126:18 130:17
surgeries 126:18 126:20,23 129:2,3 130:7
surgery 27:6 55:14,15,16,20,22 82:5,6 116:9,24 117:4,6 122:14 127:6,10,16 129:12,13,14,22
surgical 68:23 81:10,17 121:1 126:15 128:7,14 128:15,21
surgically 116:3
surprise 123:22 124:3
surrounding 24:21 31:14 52:11 90:25 93:8 115:19
switching 100:19
sworn 5:18,23
symptom 97:12
symptoms 79:15 102:17
syndrome 54:3,13 70:1 86:17,18,19 87:2,11 88:3 94:14,15,17,20 95:8,11,13,14 96:16,18,22 100:22 113:4,22
synergistic 97:14
systic 54:12

t

t 3:11 135:1,1
take 6:25 7:15,17 15:6,20,21 25:15 31:20 34:17 40:18 47:6 48:3,23 51:13 52:16 56:1 57:11 58:13 61:13 62:21 63:19 68:15 69:3 70:14,19 74:21 75:9,14 80:6,24 81:2,23,25 82:12 86:16 89:20 93:15,18 94:2 99:7 100:8 101:15 110:6,8 111:14 121:5,14 130:15 130:20
taken 4:2,8,20 26:13 27:12 41:1 63:23 93:21 130:23 135:8,12 135:16
takes 62:24
talk 42:8,10,15,19 42:21 57:14,15 58:20 78:10
talked 22:10,11 58:19 98:11 100:2 102:11 126:2
talking 28:18 35:22 80:8 102:2 125:3,22
tall 92:15
teaching 10:4
team 7:24 20:1 23:11 24:14 38:25 49:25 50:3 127:1
technique 121:8
techniques 124:7
technology 118:5 118:18
tell 22:22 27:5,17 29:22 46:18 54:19 64:4,12 102:16,17 111:20 121:8
telling 33:8 103:24 105:4
ten 44:10,12,14,16 71:8
tend 44:24
term 42:5 53:10 79:3 83:3 85:8 101:18 107:12,16
terms 42:9 49:24 66:8 92:14 118:4 118:19
test 87:24 88:1 89:10,13,14,17 94:25 95:2,4 102:23,25
tested 95:6
testes 121:9,11
testicular 119:16 119:23 120:1,20 120:24 121:1 122:18,25 123:3
testified 5:23 132:18 133:16
testimony 7:19 21:1 40:10 76:6
testing 89:4,15,18 92:2
testosterone 42:20 43:1 52:19,20 87:17,18
tests 87:19 102:3 103:7

text 69:8 89:21
thank 7:11,14 14:11 16:1,9 32:15 40:23 41:9 64:6 72:22 78:14 78:23 82:22 83:1 101:9 113:25
thanks 25:10
theoretic 113:5
theories 76:24
therapies 42:18
therapists 55:7
therapy 30:6,14 35:19 39:4 40:11 41:21,23 42:22,23 42:25 43:4,6,11,16 45:7,10,13 52:19 53:14 54:12 75:5 81:4 82:13,15 84:7,16 85:7 96:23 97:15 108:17 109:13,15 109:17 110:1,3 113:4 125:19,21 126:1,2,3,12
thing 23:3 122:5 130:12
things 15:7 19:10 23:3 31:7 41:14 41:20 49:21 50:7 50:9 60:22 72:10 72:19 86:13 94:8 97:6,8 103:6 118:6
think 24:6 27:17 28:17 30:10,11 32:5,5 34:9,10 41:15 51:3,6 52:5 57:15 58:16 62:9 62:11 76:17 77:25 77:25 78:2,4 80:8 80:18 84:8 85:12 86:24 97:24 102:11 104:9 105:1,6 108:8 109:22,22 112:10 118:6 122:7 132:17 134:4
thinking 128:16
third 1:24 71:8 82:13
thought 133:15
thousand 110:10
three 94:3
threshold 36:8 37:22 61:24 87:12 127:8
thromboembolic 113:6,23
thursday 11:16
thyroid 96:9
time 9:1 10:22 11:10,12 21:13 28:4 30:6 32:18 33:19 34:2,15,21 34:24,25 38:22 48:23 59:7 60:9 71:2 73:23 75:12 90:14,15 91:3 96:11 111:17,17 112:2 129:22 135:9
timeframe 112:7
times 6:11 12:3
tissue 54:24 79:5 95:4 114:1,6,23 115:3,6,17,20 116:3,7,13,16,24 117:3,7,9,11 119:16,24 120:1,8 120:12,20,24 121:1,5,13 122:11 122:18,21,25 123:3 132:17 133:2,7,16,25
tissues 95:6
today 6:8 7:19,21 8:7,20 38:9
toning 94:7
tools 107:20
top 117:17 127:6 127:10 129:13,14
torsion 80:21
totality 125:9
touched 24:6 42:16
toxic 69:25
tract 80:12
training 9:22 27:4 44:23 59:14
transcribing 7:3
transcript 135:13
transgender 24:22 30:20 31:1,22 32:10 33:17,22 47:11 52:20,20,25 53:3 61:8,22 62:25 98:2,16,24 101:1,8,11,16,17 101:18,22 102:6,8 102:25 105:10,21 106:1,3,17 107:19 121:21 122:8 124:25
transition 35:7
transitioned 29:16 30:4
transitioning 28:25
translates 71:10
transposition 119:5
treat 14:16,21,21 17:2 33:25 34:3 54:12 99:10,13 100:11,21,24 108:7,11,21 132:5 132:24
treated 44:3 78:19 96:16,22 107:24 109:13,25 131:19
treating 59:17 62:25 63:5 67:3 75:2 84:12 90:6 106:4
treatment 14:25 25:19 35:8 36:25 48:20 51:17,21 78:24 79:11,21 80:5 81:22 83:13 83:14,14 84:9 85:3,10,14,17,18 85:22 86:2,12,15 88:3,4,19,21 90:13 92:25 93:1,2 95:7 95:10,13 96:24 99:18 100:15 106:6,8,11,14,15 106:24 107:1,18 108:15 109:1 111:23 112:17 113:12 114:24 121:17 124:12,22 132:11,15
treatments 30:8 35:10,12 42:8,10 84:25 85:1,16 112:15 132:22
treats 47:9
true 16:13 25:23 47:3 69:1 70:18 70:21 71:6,14,24 73:8 80:15 81:12

82:15 83:6 123:3 135:13
try 7:7 118:19
trying 11:23 20:24 23:1,5 27:22 33:12 42:5 50:1 56:17,19 59:19,21 59:22 60:2,21,21 61:5
tuesday 11:14
turn 69:14 72:22 74:2 80:17 88:6 91:18 93:25 94:13
turner 54:2 94:13 94:15,20 95:7,11 95:13,14 96:16,18 96:21
two 13:6 21:25 22:1 43:25 60:22 61:1 88:17 94:3,8 111:14 116:22
type 48:24 61:4 89:19 118:9 129:12
types 27:19
typical 113:16,16
typically 13:19 19:11 55:4 95:1 111:17 112:2 116:4 120:15

u

uams 9:3,13,17,20 9:25 10:1,4,6,9
uh 8:5,15 12:1,8 20:6 34:11 42:7 42:11,14 53:18 59:4,20 60:13 73:12 74:6 82:7 96:16 99:9 102:4 105:19 112:16 118:20 128:25
umbrella 53:10
undergo 89:18 107:16 132:12
undergoes 80:3
undergoing 14:25 81:10,17 86:12 111:23 124:22
undergone 55:19
underlying 113:13
understand 6:23 7:12 9:5,19 10:14 11:23 20:24 21:1 21:2 23:1,5 27:12 27:22 29:21,22 35:21 40:10 41:19 41:23 42:3,6 50:2 56:11,18,19 58:17 59:3,9,21,22 60:2 60:21 63:4 77:24 78:1 91:4 94:7 103:24 104:17,19 105:3,4,5 109:11 112:3 116:6 118:8 122:17
understanding 9:15 20:21 65:5 109:23 111:6 114:20 116:16 120:7,13,23 122:2 122:6
understood 20:14 76:6
underwent 129:13
union 2:5
united 1:1 4:12 135:11
university 8:23
unquote 12:15
unreliable 67:5
untreated 92:9,10
updated 49:5 69:20,23
updates 65:14 66:1
upper 39:15 55:4 68:18
urinary 80:11
use 26:19 27:14 32:8 33:15,21 37:13 42:9 56:2 59:21 67:23 71:19 71:21 72:1,7,15 76:7,10 81:3,8,9,9 82:20 84:21 86:21 97:25 99:12 100:10 101:10 103:16 114:23 115:6 117:7
useful 78:15 87:1 88:10
uses 26:11 27:25
usually 86:20
uterine 88:5
uterus 74:14 76:21 117:1

v

vaginal 73:15
valid 29:15 30:3
validated 103:12 103:13
value 103:18
values 70:11
variable 70:13
various 12:3 41:14 105:8 110:8 120:25
verbal 18:10 49:9
verify 104:6,20
veritext 1:24 5:2,4
verses 86:15
version 47:16,19 47:24 48:11,15,19 64:19 65:25
versus 4:21 122:14 135:12
video 4:18
videographer 4:17 5:3,17,24 40:24 41:2 63:21,24 93:14,19,22 130:19,21,24 134:7
videotaped 4:19
violated 60:1,17
violating 59:18
visual 78:18
volume 1:9 134:9
vs 1:5
vulvar 15:5 70:6

w

w 8:10 47:16 58:12
want 8:3 15:20 26:1 40:18 41:13 87:10 99:10 102:6
wanted 55:14 97:20 98:6 100:2 100:4,21
wanting 21:2
wants 116:17
warranted 19:16 85:16
way 8:20 12:20 24:12 26:6,14,23 26:25 27:1,7,8,14 31:8 32:6,11,17,25 34:2 39:2 60:2 67:22 73:4,6 78:6 83:7 96:20 99:14 100:8 102:15 103:17,21 104:6

104:19,20,23 105:24 107:9 115:14 116:6
ways 94:17 110:8
we've 22:10,11 24:6 28:17 40:17 41:4 42:15 58:19 97:18,19,22 98:8 98:10 100:2,3,22 102:2 105:7 109:17 125:22 126:2
website 3:13 25:4
wedge 120:20 121:2
week 11:16
weigh 83:12
weight 78:10 102:19 103:8
weighted 103:21
welcome 14:13
went 62:1
west 1:24
whereof 135:19
withholding 83:13
witness 3:3 5:17 5:22 6:18 13:25 16:1 28:3 29:18 32:2 33:10,24 34:23 38:14 40:5 40:20,23 43:21 56:15,24 58:7,9,16 60:8 61:1,20 62:9 68:11 75:17 76:13 77:5,15,21 79:24 82:19 83:19 90:17 91:10 97:24 101:24 102:10 104:9 105:14 106:14 108:14 119:2 123:25 128:11,14 130:14 131:2,3 132:1 135:12,19
word 74:3 108:9 110:10
work 9:5 10:6 13:5 20:12,16 21:17 27:8 48:5 66:15,21 131:22 133:7
worked 47:8 131:12 133:6
worker 18:15 19:2 19:5,8,11,13,14 20:17,22,25 21:3,7 21:18 23:4
workers 21:5,16 22:11
works 9:8
world 47:10
wpath 38:2 47:11 47:15,18,23,25 48:4,11,14,19 49:2 56:7,12,20 57:2 58:3 59:16 60:4 60:19 61:16,20 62:4 63:5,11 100:5,10,20
written 65:14 67:22 99:25 100:14
wrong 29:22 73:6 133:15

x

x 3:1,11 39:9,20 94:16

y

y 95:24 96:2,4
yeah 15:21 16:3 20:16 23:1 26:11 27:22 28:6 32:5 52:5 54:1 65:21 75:20 83:21 90:17 90:20 95:10 98:12 99:5 102:2 104:9 104:16 105:6,6,14 115:11 124:3 128:11
year 47:8
years 36:22,23 39:9 43:25 83:2 83:15 116:20 128:8 129:20
york 2:6,6,8,8
young 15:4 36:21 126:15 131:21
younger 92:21
youngest 36:12 131:10,13
youth 25:18

z

zoom 5:14

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

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

(A) to review the transcript or recording; and

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

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

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

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

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.