Exhibit 5

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE 1, JANE DOE 2, JANE DOE 3, JANE DOE 4, JANE DOE 5, JOHN DOE 1, REGAN V. KIBBY, and DYLAN KOHERE,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States; et al.,

Defendants.

) Civil Action
) No. 17-cv-1597 (CKK)

Complete caption on Page 2.

- - -

Thursday, February 1, 2018

- - -

Deposition of MARTIE SOPER, taken at the offices of Foley Hoag LLP, 1717 K Street NW, Washington, D.C., beginning at 9:13 a.m., before Nancy J. Martin, a Registered Merit Reporter, Certified Shorthand Reporter.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA
Civil Case No. 17-cv-1597 (CKK)

JANE DOE 1, JANE DOE 2, JANE DOE 3, JANE DOE 4, JANE DOE 5, JOHN DOE 1, REGAN V. KIBBY, and DYLAN KOHERE,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States; JAMES N. MATTIS, in his official capacity as Secretary of Defense; JOSEPH F. DUNFORD, JR., in his official capacity as Chairman of the Joint Chiefs of Staff; the UNITED STATES DEPARTMENT OF THE ARMY; RYAN D. MCCARTHY, in his official capacity as Secretary of the Army; the UNITED STATES DEPARTMENT OF THE NAVY; RICHARD V. SPENCER, in his official capacity as Secretary of the Navy; the UNITED STATES DEPARTMENT OF THE AIR FORCE; HEATHER A. WILSON, in her official capacity as Secretary of the Air Force; the UNITED STATES COAST GUARD; ELAINE C. DUKE, in her official capacity as Secretary of Homeland Security; the DEFENSE HEALTH AGENCY; RAQUEL C. BONO, in her official capacity as Director of the Defense Health Agency; and the UNITED STATES OF AMERICA,

Defendants.

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WASHINGTON, D.C., THURSDAY, FEBRUARY 1, 2018;
9:31 A.M.
- - -
MARTIE SOPER,
having been first duly sworn,
was examined and testified as follows:

EXAMINATION

BY MS. LAPORTE:

Q. All right, Ms. Soper. Good morning.

A. Good morning.

Q. And thank you for making yourself available today.

Have you ever had your deposition taken before?

A. No, ma'am.

Q. Okay. Well, let me explain a little bit about how it's going to go because it's quite different from an ordinary conversation.

During the deposition I'll be asking you questions, and you, hopefully, will be answering them, and our stenographer will be recording everything that either one of us says.

And what that means is that it's important that we not talk over each other. So if you could

please wait until I finish asking my question before you begin answering it, that would be good.

If you don't understand any of my questions or need me to restate one of them in a clearer way, please let me know. All right?

A. Yes, ma'am.

Q. Okay. Great. Thank you.

The other thing is that, obviously, since you're having to answer all these questions, your comfort and ability to focus is important to us. So if at any point you feel that you need a break, please let us know.

A. Yes, ma'am. Thank you.

Q. I also need breaks on a regular basis. So I may be the one who initiates them, but I just wanted you to know that you are not required to sit there if you feel that you need a break.

A. Thank you.

Q. Just please don't take a break after I've asked a question and before you answer it. Okay?

A. Yes, ma'am.

Q. Okay. Excellent.

So let me just start out by asking you a little bit about your background. When did you graduate from college?

A. I graduated from Lowell General School of Nursing in 1982.

Q. Okay. And did you do any further educational training after that?

A. Yes, ma'am. I have done some follow-on training. I graduated from Troy University with a bachelor's in health services administration in 2005, and then I continued on with a master's in emergency management in 2007.

Q. Okay. And have you had any other -- attended any other degree programs since those ones?

A. No, ma'am, not civilian degree programs. I have taken several military educational programs, professional development courses.

Q. Okay. So after you graduated from the Lowell Nursing School in 1982, what was your -- what has your professional pathway been since then?

A. My pathway has been -- I graduated from Lowell general, and I started -- actually, at that time there was an abundance of nurses. So there wasn't a nursing shortage. So I ended up working in a nursing home in a local town and had to wait for a position to open up in one of the local hospitals.

And I began working -- I don't remember the order of which of the hospitals I started at, but I

started at either National Memorial Hospital or St. Joseph's Hospital in Nashua in the critical care unit -- cardiac critical care.

And from there my career had been majorly in cardiac critical care. I went down to Boston and worked at Mass General and did critical care at Mass General, and then I ventured out a little bit and I did some pediatric burn trauma training, and I worked at Shiners Burn Center in Boston for about five years.

And then I ended up moving down to Connecticut and worked at Yale, New Haven in the cardio critical care unit there.

Q. Okay. And did you work at Yale, New Haven until you began your military career?

A. No. I actually started my military career in 1991, and I believe I was working at Mass General at the time. No. I'm sorry. I was working at St. Joe's -- or National Memorial Hospital in Nashua, New Hampshire at the time.

Q. Okay. So did you combine the work that you were doing that you have just been describing with initiating a military career?

A. Yes, ma'am.

Q. Okay. So you had things running in two tracks?

A. Yes, ma'am.

Q. Okay. And when did your military career start?

A. I sought to join the Air Force Reserve in 1991 during the first Gulf War, Desert Shield/Desert Storm, and I went to the recruiters to find out what I could do. Having a critical care background, I like that pace of nursing and I like that type of care. So I wanted to do something different other than just, you know, hospital nursing.

I have a love of flying. So I wanted explore being a flight nurse in the Air Force Reserves. So I went to the recruiters. They told me it would take about eight months for the commissioning process to occur, which it did. So in September of '91 I was commissioned into the Air Force Reserve as a flight nurse.

Q. Okay. And how long did you serve in the Air Force Reserve?

A. For 23 years.

Q. So September '91 until about 2004?

A. No. To October of 2014.

Q. 2014. Sorry. I guess I got my math wrong here.

So all right. And so you were in the Reserve

the entire time from 1991 to 2014?

A. Yes, ma'am.

Q. And so did you continue to have civilian jobs all during that time?

A. I did. My civilian career in the hospital environment went through 1997.

Q. Okay. And what were the institutions that you worked at after Yale, New Haven, if any?

A. Well, that was in 1997 that -- my position within my Reserve unit was a trainer. Because of my background in critical care, I did a lot of training for the unit in cardiac critical care using EKG monitors, defibrillators and things like that. I was asked to become the training manager for the squadron, which is a full-time civil service position.

So in 1997 I left the civilian hospital environment and put a package in to be hired as a GS-11 for my Reserve unit at Westover.

Q. Okay. And have you served full time in some capacity for the Air Force ever since 1997?

A. Yes, ma'am.

Q. Okay. So can you give me, then, your trajectory within the Air Force starting with 1997.

A. Yes, ma'am. I was -- so I was hired as a GS-11 and was the air crew training manager at

Westover --

REPORTER MARTIN: As what?

THE WITNESS: Air crew training manager or, you know, training -- the position is what they call an "air reserve technician." So it was an ART nurse. And my duties were to manage the training for the squadron for all unit members, as well as my reserve position is the air corps training manager. So when you have a civil service position for a reserve unit, you're dual-hatted because the Reserves just don't operate on a weekend basis. They have a full-time staff that operates Monday through Friday because there's a lot of work that needs to be done in preparation for the monthly drills or any other training activities that occur during the month or during the week.

So my full-time job is preparing for the weekend drills. If we had to deploy people or people had to come in for traditional training, being a flying squadron we were required to come to our weekend drills, but on every other weekend we had to fly. So our flight training requirements were in addition to our just regular drill weekends.

So my position was scheduling flights, making sure people -- we had enough crew members, making sure

training packets were developed and everything to make the mission training a success. So I did that until 1999.

BY MS. LAPORTE:

Q. Okay. And what did you do starting in 1999?

A. I was asked to go down to Dobbins Air Reserve Base and take a position as the -- setting up the very first STAN-EVAL section for flight nurses and med techs at 22nd Air Force.

Q. The very first what?

A. It's the chief of -- chief flight nurses STAN-EVAL, standards and evaluations. So that's the division for the flyers that go and do check rides, if you will, for flight nurses and med techs within our respective numbered Air Force.

Q. Okay. And so how long were you at Dobbins?

A. I -- full time at Dobbins. I was there until 2007.

Q. And what did you do starting in 2007?

A. I was asked to go down and become a commander of an air vac squad down at McDill.

Q. And how long did you serve in that capacity?

A. I was -- until 2009, and then I returned back to Dobbins for another position. I had been promoted while I was down at McDill, and then I was asked to

come and fill a position that was becoming vacant back at Dobbins in a different capacity.

Q. And what was that?

A. That was the director of AE operation, air medical evacuation operations.

Q. Okay. And how long did you serve at McDill in that capacity?

A. I served as the commander from 2007 until 2009, and then I was -- as a GS employee. I did have a break in my GS position from the time I went from Dobbins to the time I went from McDill. So I had a break in my civil service capacity because of working full time for the Air Force. I was on orders.

So I went to McDill until 2009. Went back to Dobbins from 2009 until 2010.

Q. Okay. And what happened next?

A. I was asked to go to Pope Air Force Base to stand up the first air medical evacuation formal training unit.

Q. And what was the period in which you worked on that?

A. From 2010 to 2012.

Q. What was your next posting?

A. My next posting was I was asked to take an AGR position, an active guard reserve position. It's

a three- to four-year active duty tour at the Pentagon, and become the medical director for OSD Reserve Affairs.

Q. What were the years in which you served as the medical director for OSD Reserve Affairs?

A. I served from 2012 until I retired. I retired from the Air Force Reserve in that position. So October 2014.

Q. Did you continue to be attached to the Air Force during the time that you were the medical director?

A. When you go on an AGR tour, you actually -- I don't want to say "resign" but -- forgive me. I don't know the correct term, but I give up my affiliation with the Air Force Reserve, and I had to take a leave of absence from my civil service position to take this active duty tour. So now I'm actually on the active duty books as a member of the active duty force.

So, yes, your question is -- I did give up my affiliation with the reserve during that time, but I was still affiliated with the Air Force.

Q. Okay. All right. So when you retired in 2014, what was your next step?

A. My next step was applying for the position that I currently have right now as the assistant

deputy for health policy for the Air Force.

Q. And what are your responsibilities in that job?

A. My responsibilities cover the management and oversight for all healthcare policy matters for the Air Force. That's a very broad position.

Q. At some point during all of the different jobs, responsibilities, postings, whatever you would call them that you've had, did you acquire any kind of expertise in matters relating to transgender health?

A. I started becoming familiar about transgender health during my position here with the -- with staff -- with my Air Force position right now, yes, ma'am.

Q. So, in other words, starting when you were an assistant deputy for health policy?

A. Correct. With my current position. Yes, ma'am.

Q. And what was it that got you involved in looking into health issues of transgender people?

A. Actually, it was following the release of Secretary Carter's statement in 2015.

Q. Okay. I'm going to come back to that.

A. Okay.

MS. LAPORTE: So I'd like to start out, as

I'm sure you've already managed to figure out, we, on the plaintiffs' side here, are not too hugely expert about how the military is structured. And so we'd like to get some information from you about how health affairs fit into the rest of the structure.

So what I'd like to do is mark this as the first exhibit.

(Deposition Exhibit 1 was marked for identification.)

BY MS. LAPORTE:

Q. So, Ms. Soper, you should have in front of you something marked Exhibit 1, which contains a couple of organizational charts. Can you -- well, let me ask you first: There's one at the top that is in color with gray and black, and it starts with "Secretary of Defense" and goes down all the way to the bottom right to "MTS." Do you see that?

A. Yes, ma'am.

Q. And is this organizational chart accurate as far as it goes?

A. Yes, ma'am. For looking at the Air Force SG side.

Q. Let me withdraw that and ask you a more specific question.

So at the top of this organizational chart it

start out with the "Secretary of Defense." Do you see that?

A. Yes, ma'am.

Q. And then there are a number of boxes indicating a level immediately below the Secretary of Defense, and one of those is "USD(P&R)." Do you see that?

A. Yes, ma'am.

Q. What is that?

A. USD(P&R)," that's personnel and readiness.

Q. Okay. And what is the responsibility of personnel and readiness?

A. To be honest, ma'am, that -- I don't fall within that division. So I can't, you know, tell you exactly what their responsibilities are.

Q. Okay. And so I take it that you fall under the jurisdiction of the Secretary of the Air Force, which is another one of those at that same level?

A. Yes, ma'am.

Q. Okay. And in that branch where the Secretary of the Air Force is indicated, underneath there, there is a box a couple of layers down for the "Air Force SG." Do you see that?

A. Yes, ma'am.

Q. And that refers to the surgeon general?

A. Yes, ma'am.

Q. Okay. What is your relationship -- or where do you fall into the different levels of authority that are shown with respect to the Air Force -- yeah -- the Air Force structure in Exhibit 1 at the top.

A. I fall into the civilian side that is constructed very similar. It mirrors a lot of these positions. So what you have here is a military org chart of the side of the Air Force, and my side falls more under the secretariat side. So my organizational structure falls under the secretariat, the civilian side.

Q. Okay. So if you were going to draw where you fit on the organizational chart that's at the top of Exhibit 1, would it have some reporting structure that goes up to the Secretary of the Air Force?

A. Yes, ma'am.

Q. Okay. And what are the layers of reporting between the secretary of the Air Force and you, if you can figure that out, as you sit here now?

A. Sure. For the civilian side it would be the secretary of the Air Force, and it would fall under to several different directorates. So there's manpower reserve affairs. I can -- there's manpower reserve

affairs. There's -- and I'd have to remember all the direct names, but there's MRR, MRB, different sub directorates.

And so I fall under MRR, which is reserve affairs and airmen readiness. So there's four or five different directorates under -- actually, SAF-MR -- and forgive me, I'm realizing that I don't automatically know off the top of my head the whole civilian side. But I know my side of it with the job requirements.

So under SAF-MR, manpower and reserve affairs, there's my division, which is SAF-MRR. I don't know why we have all these acronyms, but there's a couple of layers between myself and the secretary of the Air Force.

Q. So it's the secretary of the Air Force and then --

A. Staff MR, manpower reserve affairs, and then under SAF-MR there would be my division, reserve affairs and airmen readiness. There's a manpower division. There's the review board agency. So there's several other directorates, and we all funnel up to SAF-MR, who reports directly to the secretary of the Air Force.

Q. Okay. And who's the SAF-MR right now?

A. Right now it's Mr. Shon Manasco.

Q. And how recently did he start?

A. He started within this past month. Within the first calendar year.

Q. And who was it before that?

A. The position has been vacant, and it's been dual headed by the deputy, who is Mr. Dan Sitterly.

Q. Deputy what?

A. They call him the principal deputy of SAF-MR. So he's a principal deputy. The position of SAF-MR is a politically appointed position. So when the change of administration -- the person who filled that which was Mr. Gabe Camarillo.

Q. Was he replaced by someone else?

A. By Mr. Manasco. So with the change of administration, the political appointees had to vacate their positions in January. So it's taken the past year to have that position filled.

Q. I see. So under the secretary of the Air Force there was, for a long time, a vacant position now filled by Shon Manasco?

A. Right. S-h-o-n.

Q. S-h-o-n. And the principal deputy to that position is filled by Mr. Sitterly?

A. Correct.

Q. And has been since before the change in the administration?

A. Yes, ma'am. Mr. Sitterly has been in that position for -- he's been there since I started in 2014. So I don't know how long he's been in that position, but he's been there for a number of years.

Q. And do you report to Mr. Sitterly directly?

A. No, ma'am. I report to my boss, Mr. John Fedrigo.

Q. Okay. And does he report directly to Mr. Sitterly?

A. Yes, ma'am.

Q. All right. Great. Let me see if I can ask you a little bit going back to the organizational chart. Underneath the personnel and readiness, there is a box for "ASDHA." Do you see that?

A. Yes, ma'am.

Q. And does that refer to an assistant secretary of defense for health affairs?

A. Yes, ma'am.

Q. Okay. And underneath that there's a box for the "Defense Health Agency"; right?

A. Yes, ma'am.

Q. Okay. So in your position -- or the position that you've held since 2014, do you end up interacting

with either the assistant Secretary of Defense for health affairs or with the Defense Health Agency?

A. In my position I interact with both agencies, yes, ma'am.

Q. Okay. And so can you explain a little bit about what those two agencies do. Let's start with health affairs.

A. Right. And the reason I hesitate right now, due to the NDA 17, there's a massive rework of the military health systems. So their jobs and roles are changing right now. So what I tell you today may change tomorrow.

Q. Okay. Understood. Can you explain what NDA 17 is, please.

A. Sure. Yes, ma'am. That's the National Defense Authorization Act of 2017.

Q. Okay. So understanding that what you're saying is in flux, could you give me an understanding of what goes on at Health Affairs, at least during 2017.

A. Yes, ma'am. So the Health Affairs Agency is responsible for the development of -- development and oversight of policy -- health policy for DoD. Also referred to as OSD.

So they'll look at a plethora of different

health issues and write what they call DoD instructions," DODIs to provide guidance to the services on the implementation of the laws that are enacted through the NDAA. So each year there's an NDAA that's written, and there may be -- I think it's Section 7 of the NDAA is the health policy section, and it will address issues such as sexual assault, TRICARE, operational requirements for the services. So what Health Affairs will do is take that law and make a policy out of it and establish it as a DODIs, DoD instructions for which, once that's published, the services will then incorporate their mechanisms to carry out those policy requirements.

So Health Affairs is the policy oversight that is the filter between the laws that are established in the NDAA and then putting it out to OSD.

Q. And can you translate "NDAA" for us, please.

A. I'm sorry. Yes. National Defense Authorization Act.

Q. Okay. That's what I thought.

In general, the documents that we've seen are thick with acronyms, and it would be helpful if, when you run across an acronym, you either translate it right on the spot or you're very patient when I ask

you to translate it later.

A. Yes, ma'am. I understand.

Q. Okay. Thank you.

So underneath Health Affairs with its policy oversight function comes the Defense Health Agency. Can you explain what the Defense Health Agency does that is different from what Health Affairs does?

A. Yes, ma'am. The Defense Health Agency was established following a requirement from the National Defense Authorization Act for the services to downsize, headquarter elements in all of the services to downsize their personnel.

So Health Affairs, in their downsizing, moved personnel to an organization which they established called the "Defense Health Agency." So they downsized their organization, Health Affairs, but created the Defense Health Agency.

So the Defense Health Agency, in their inception, was to focus on the mission-readiness requirements for the services. So the Defense Health Agency has been established as what they call a combat support agency for the services.

They are required -- and the current change that's happening right now from the most recent National Defense Authorization Act 2017 was to create

a single organization that manages all the oversight and management of the military treatment facilities.

Q. Those are the MTFs?

A. Yes, ma'am.

Q. All right.

A. So there has been a desire over many years from Congress to reduce the redundancy and duplication of the service efforts within their medical treatment facilities to a single organization and have them all pretty much act under one umbrella.

And so with the recent National Defense Authorization Act of 2017, the Defense Health Agency was identified as the sole source and provide oversight over all the medical treatment facilities for all the services. So right now their role is to provide operational, administrative policy oversight over the medical treatment facilities, which include the CFO, the chief financial officer, the IT, administration, patient safety, pretty much all the management of what a medical treatment facility -- the responsibilities that they would have. So...

Q. And in your job as assistant deputy for health policy, how do you interact with the Defense Health Agency?

A. We work together to look at their proposals.

As they're standing up their agency, they have -- their organizational structure has changed many times as they figure out what their jobs are and how they're going to be organized and how they're going to be structured and look at the responsibilities that they have and where they're going to go in order to take over the medical treatment facilities.

So right now, my position is working with the defense health agencies in looking at the Air Force Surgeon General's directorates and the different capabilities that we have right now to try and figure out how we can best support the transition, but yet minimize the impact to the operational and readiness requirements of the Air Force.

Each service has a different construct of how they do their business. You know, how they deploy. The Army deploys much different than the Navy, than deploys much different than the Air Force. So for the Air Force, our medical capabilities have a reporting requirement directly to the wing commander. So our medical capabilities are specific to that wing mission.

Whereas the Army, they have a medical capability which takes care of the soldiers at their local fort, post, you know, whatever they establish it

as, and then when they deploy, they go to a separate location to deploy, to prepare for their deployment and when they redeploy.

For the Air Force, our requirement is to be able to be ready to be deployed in 72 hours. So which means we have a higher medical requirement for our wings than we do with the Army.

So trying to organize and have the Defense Health Agency come in and do a generic reorganization of the MTS so they are the same has had some growing pains.

So my interface with the Defense Health Agency is to make sure that the Air Force requirements and constructs are recognized and have its minimal impact on our ability to do our mission and also meet the requirements of the Defense Health Agency.

Q. So let me ask you to go back up to Health Affairs for a moment. In your position as assistant deputy for health policy, how have you interacted with Health Affairs?

A. My interaction with Health Affairs is more of a representative to different working groups in organizations and meetings.

Q. So you contribute to some of the ongoing policy review by health affairs?

A. Yes, ma'am.

Q. Okay. So now let me turn back to the Air Force. I think that you mentioned earlier that the Air Force surgeon general is not on the civilian side; is that correct?

A. This diagram that you have right here is more of a military construct, correct.

Q. Okay. And so do you interact with the Air Force surgeon general in your capacity as assistant deputy for health policy?

A. Yes, ma'am.

Q. And what is the nature of your interaction with the Air Force surgeon general?

A. My interaction with that office is -- on the organizational chart would be a parallel kind of cohort, if you would. So as the surgeon general works with the Defense Health Agency or if the Defense Health Agency tasks the service SGs, surgeon generals, to do "X" and it has an impact on the mission or it's a change in Air Force health policy, then the Air Force surgeon general's office would work an issue, provide a recommendation, and then that would go back up through my office for review.

And then if it's a policy -- specific overall policy issue, it will come through my office. I

eview it, provide my recommendation for approval or nconcur, and then we'd send it up through the ivilian side, through SAF-MR.

Q. Have you had interactions with the Air Force rgeon general relating to -- actually, let me step ack for a moment before I start that question.

In 2016 Ash Carter announced a policy that ll call the "Open Service policy," if that's all ght with you.

A. Yes, ma'am.

Q. And you know the policy that I'm referring , I assume. Okay. Let me step back.

So you're aware that on June 30 of 2016 ecretary Carter announced a policy under which ransgender people would be able to serve openly in he military; correct?

A. Yes, ma'am.

Q. Okay. And just for the sake of trying to ave a little time, I'm going to refer to that as the Open Service policy," if that's all right with you.

A. Yes, ma'am.

Q. Okay. Great.

So have you had any -- have you interacted on regular basis with the Air Force SG relating to that olicy?

A. Yes, ma'am.

Q. Okay. And what have been the nature of your interactions with the Air Force SG on that subject?

A. We've had a lot of discussion on how to implement this policy to ensure that we provide the best healthcare for all of our service members with the constraints of the current policy that's -- DoD already has in place.

Q. And by the "current policy," which one are you referring to?

A. The current policy that we have right now that relates to healthcare is a DoDI, a D-O-D-I, instruction, and the number is 6130.03, and it's the medical accessions standards guide. That's what I refer it to. I'd have to look up at the official title of the policy, but it's...

Q. So I'm not sure that I fully understand what you're saying, but are you saying that your primary interactions with the Air Force SG have related to the issue of accessions when it comes to the Open Service policy?

A. Not only just accessions, but for our currently serving service members.

Q. Okay. And so who at the Air Force SG's office have you interacted with about those issues?

A. There have been several physicians that I have worked with, and they also are members of the medical accessions standards working group, as well as looking at the current retention policies, the healthcare issues. All healthcare-related policies.

So one of the primary physicians that I've worked with is Dr. -- Lieutenant Colonel Dave Miller --

Q. Okay.

A. -- and Colonel Dave Cunningham.

Q. They've been your primary points of contact with the surgeon general's office on issues relating to the Open Service policy?

A. Yes, ma'am.

Q. And what kinds of issues have you worked on with them?

A. Again, they were discussions on -- with Secretary Carter -- his first declaration was in July of 2015 where he said, you know, the open service of transgender members should be allowed and they should be able to serve openly without any fear of reprisal, discharge, you know, anything like that.

So following that announcement, OSD was directed to start looking at policy, and we were given 180 days to develop policy to allow the open service

of transgender individuals.

Q. And you worked with -- I forgot the ranks already that you told me with Miller and Cunningham.

A. Yes, ma'am.

Q. On that?

A. Yes, ma'am. So during that -- after the announcement of July, in 2015, there was a working group that was established in August of 2015 by the USD P&R at the time where all the services were brought together to take a look at the policy. "What are we going to do? What does this mean?" And my role specifically was looking at the healthcare. What are the healthcare concerns. Are there any and what can we do.

Q. So you were a member of that working group?

A. Indirectly.

Q. What do you mean by that?

A. So the working group was led by the USD P&R, Mr. Brad Carson at the time, and the official invitees were the representatives from SAF-MR, the surgeon generals, and the personnel -- personnel divisions. Because any time you want to do a change in policy, personnel and medical are very intertwined.

So there was representatives from those three major groups from all the services, and they were

allowed to bring what they called a "plus one." So I was the plus one for SAF-MR as a health person.

Q. Okay. And the SAF-MR that you were the plus one of was who?

A. Mr. Fedrigo was the primary attendee for that working group.

Q. Okay. Let me ask you one more question about what's shown in Exhibit 1. At the bottom of the page you'll see that there is an almost identical organizational chart that I think has the same problem that the last one did, which is that it's the military and not the civilian side.

A. Correct.

Q. But let me just ask you about one aspect of it, which is that underneath the Assistant Secretary of Defense for Health Affairs, there is listed a further box for director of TRICARE management activity. Do you see that?

A. Yes, ma'am.

Q. Okay. So what is TRICARE?

A. TRICARE is the civilian counterpart for healthcare, if you will. It's -- the active duty personnel receive healthcare through their medical treatment facilities. TRICARE is the -- kind of what we would refer to as OHI and other health insurance.