

1 you're talking about.

2 A. Yes, ma'am.

3 MS. LAPORTE: Let me ask you to turn back to  
4 Exhibit 28.

5 (The witness reviewed Exhibit 28.)

6 BY MS. LAPORTE:

7 Q. Do you have Exhibit 28? Is that what you're  
8 looking at?

9 A. Yes, ma'am.

10 Q. Okay. Great. Is that the policy of the  
11 Secretary of Defense that you referred to that  
12 directed that standards be developed for military  
13 effectiveness and legality?

14 A. No, ma'am, it's not.

15 (The witness reviewed Exhibit 28.)

16 BY MS. LAPORTE:

17 Q. All right. Well, let's go back to  
18 Exhibit 29, which is the various working groups. And  
19 if you'd turn two pages after the one that we were  
20 looking at, the next one that you get to is I think  
21 you referred to it before as AMSWG?

22 A. AMSWG, yes, ma'am.

23 Q. And could you remind us, please, what AMSWG  
24 stands for?

25 A. This is the Accessions Medical Standards

1 Working Group.

2 Q. And you're on this working group?

3 A. Yes, ma'am.

4 Q. And is this a working group that was put into  
5 place as a result of the President's tweets and  
6 subsequent memorandum?

7 A. No, ma'am.

8 Q. So was that one that had been going on before  
9 that?

10 A. Yes, ma'am.

11 Q. The next page contains or next two pages  
12 really contain something called "MEDPERS - Transgender  
13 Policy Review 2017." Do you see that?

14 A. Yes, ma'am.

15 Q. What is that group?

16 A. This is a long-standing, established group  
17 that looks at medical and personnel policy issues,  
18 subworking groups that report up to the MEDPERS, and  
19 there are a variety of subworking groups that report  
20 up to the MEDPERS that will present information on  
21 recommendations for policy changes. So the MEDPERS  
22 staff will listen to the decision brief and then  
23 either provide a decision following the presentation  
24 to accept or reject or delay the recommendation from  
25 the working group.

1 Q. Okay. So what is MEDPERS?

2 A. It's a medical personnel executive steering  
3 group.

4 Q. Is this transgender policy review a subgroup  
5 of MEDPERS?

6 A. This was -- this was a decision brief or  
7 informational brief provided to the MEDPERS. So the  
8 agenda topic was transgender policy review.

9 Q. And so you were on the group that was making  
10 these recommendations to MEDPERS?

11 A. No, ma'am. I was the plus one listening to  
12 the presentations to the MEDPERS.

13 Q. Okay. So when you're listed on this document  
14 at the page with the Bates No. -16605 --

15 A. Yes, ma'am. No. 74?

16 Q. 45, actually.

17 A. Oh.

18 Q. Yes. I guess you've got a couple of  
19 different --

20 A. Yeah.

21 Q. So that actually gets me to another question,  
22 which is the medical IPT team. Is that another part  
23 of the MEDPERS transgender policy review, or is it  
24 something different?

25 A. That's something totally different, ma'am.

1 Q. Okay. So, actually, this MEDPERS seems to be  
2 divided into MEDPERS, AMSWG and medical IPT team; is  
3 that right?

4 A. Yes, ma'am.

5 Q. And so is that like three different things  
6 that are reporting to MEDPERS or not?

7 A. These would be three different examples of  
8 three different working groups that would provide  
9 proposals up to the MEDPERS to vote whether or not  
10 this would be a recommendation for a policy change or  
11 not.

12 Q. Okay. So the first one that you're not on,  
13 do you have any idea of exactly what they were trying  
14 to accomplish?

15 MR. PARKER: Object to the extent that the  
16 question calls for the recommendations that came out  
17 of the panel.

18 BY MS. LAPORTE

19 Q. And I'm not asking about that. I just want  
20 to know what they were supposed to do.

21 A. On which, this transgender review?

22 Q. Yes. The first group of people starting with  
23 Mr. --

24 A. Until Line 31?

25 Q. Yes.

1           A. So those are the senior level attendees that  
2 headed or chaired the MEDPERS meetings. So these  
3 would be the people that would listen to  
4 recommendations from the AMSWG. They would listen to  
5 recommendations provided by the medical IPT. That's  
6 an interim policy team. And that is a team that DHA,  
7 the Defense Health Agency, leads.

8           Q. So the interim policy team, was that  
9 something that was initiated in response to the tweets  
10 and the Presidential memorandum, or was that something  
11 already in place?

12          A. That was something already in place.

13          Q. So there's some deliverables mentioned in the  
14 AMSWG and medical IPT team parts of this. Do you see  
15 those?

16          A. Yes, ma'am.

17          Q. So the first one for AMSWG was a deliverable  
18 for accession standard; right?

19          A. Uh-huh.

20          Q. And we've already talked about that, I think;  
21 correct? That AMSWG was working on developing an  
22 accession standard?

23          A. Yes, ma'am.

24          Q. Okay. And so the medical IPT team has a  
25 couple of deliverables listed, 2 and 3. Can you

1 explain what those are?

2 A. This is information that DHA wanted to  
3 provide regarding transgender care. The information  
4 that they put together, as far as a data analysis and  
5 information on medical procedures. So while I'm a  
6 member of the medical IPT, this information is not  
7 formulated with this group. Rather, it was gathered  
8 by the Defense Health Agency core members, Dr. Findley  
9 and Dr. Adirim.

10 Q. So are you saying that these two individuals  
11 put together the deliverables that are listed in this  
12 part of the document?

13 A. For the presentation to the MEDPERS, yes,  
14 ma'am.

15 Q. And those two people are who again?

16 A. Dr. Findley works for, actually, Dr. Adirim,  
17 and Dr. Adirim is the director of the Defense Health  
18 Agency. And it's Terry Adirim, A-d-i-r-i-m.

19 Q. So Dr. Findley and Dr. Adirim put together  
20 these two deliverables, the data analysis and medical  
21 procedures?

22 A. Yes, ma'am.

23 Q. Okay. Why is there a whole -- what looks  
24 like a whole working group in this piece of it? Do  
25 you know?

1 A. No, ma'am.

2 Q. Okay. Were you asked to give any input on  
3 either of those deliverables that they've supplied?

4 A. No, ma'am.

5 Q. Do you have any idea where they obtained the  
6 data analysis from?

7 A. No, ma'am.

8 Q. Did you ever see the data analysis that they  
9 performed?

10 A. No, ma'am.

11 Q. In the following page, after the one about of  
12 medical -- well, so, what did the medical IPT -- did  
13 this group that is shown here on this page, -16605,  
14 ever actually convene to meet?

15 A. Yes, ma'am.

16 Q. But you didn't supply the deliverables?

17 A. No, ma'am.

18 Q. What did you do during those meetings?

19 A. In those meetings we talked about --  
20 Dr. Findley led the discussion and Dr. Pauldone led  
21 the discussion to further define the Defense Health  
22 Agency's policy on the provision of healthcare for  
23 transgender individuals. So that medical IPT was  
24 specifically policy focused on defining medically  
25 necessary procedures, elective procedures,

1 responsibilities of providers, and then it went into a  
2 little bit about the supplemental healthcare waiver  
3 process.

4 Q. So this is the waiver process that would be  
5 necessary if somebody wanted to get care that couldn't  
6 be provided at a military health facility?

7 A. Yes, ma'am. And the data analysis and  
8 medical procedures was something different that was  
9 provided to the MEDPERS.

10 Q. In the page following that, there's stuff  
11 listed, "Organization, Principal Representatives," and  
12 "Routine Attendees." Do you see that?

13 A. Yes, ma'am.

14 Q. What does that relate to? Do you know?

15 A. Additional attendees for the various work  
16 groups, supporting members.

17 So as I mentioned, Pauldone and Andrew  
18 Findley, they work for OSD, for DHA. I'm not sure  
19 what they're talking about as co-chairs or which  
20 group.

21 Q. Okay.

22 A. It could be that the DHA, IPT.

23 Q. Just as a "yes" or "no," have you been  
24 involved in making any specific recommendations to the  
25 panel of experts?



1 A. No.

2 Q. I think that we have the memo that you  
3 referred to earlier from Secretary Mattis. Can you  
4 take a look at Exhibit 17, please.

5 (Pause in proceedings.)

6 BY MS. LAPORTE:

7 Q. Okay. Great. Is Exhibit 17 the memorandum  
8 from Secretary Mattis that you referred to earlier  
9 when you said that there was a direction to develop a  
10 single standard that would be applicable?

11 A. Yes, ma'am.

12 Q. And the thing that Secretary Mattis wants to  
13 be kept in mind is how the decision would affect the  
14 readiness and lethality of the armed forces; is that  
15 right?

16 A. Yes.

17 Q. So the working group in the document that we  
18 just looked at before that was addressing this issue,  
19 is that a working group that came into existence to  
20 implement Secretary Mattis' request for information in  
21 the June 30, 2017 memorandum that is Exhibit 17?

22 A. Secretary Mattis, when he first took his  
23 position, emphasized a critical decision of the force  
24 at large, and that's lethality and readiness.

25 Q. Right. All I'm trying to understand is

1 timing, actually. I'm at a much humbler level --

2 A. I'm sorry.

3 Q. -- here in terms of whether this memo was  
4 what kicked off the work of that particular group that  
5 was focused on, for example, the accessions policy and  
6 developing a single standard.

7 A. No, ma'am. That working group was  
8 established prior to this memo.

9 Q. So what caused you to mention this memo when  
10 you were testifying about the work of that working  
11 group?

12 A. I'd have to go back to your question that you  
13 asked me.

14 MS. LAPORTE: Okay.

15 (Deposition Exhibit 30 was marked for  
16 identification.)

17 BY MS. LAPORTE:

18 Q. Ms. Soper, you should have Exhibit 30 before  
19 you now.

20 A. Yes, ma'am.

21 Q. And that should be USDOE4539 through -4560.

22 A. Yes, ma'am.

23 Q. The only thing is that I think that that is  
24 not continuously numbered. So it should be -45  
25 through -39, -40 and -41, and then -60.

1 A. Yes, ma'am.

2 MS. LAPORTE: And just for the record, I'll  
3 say that the reason that we omitted the intervening  
4 pages from the middle of this exhibit is that they  
5 were redacted in their entirety, and so it would be a  
6 lot of photocopying for not very much substantive  
7 result. So that's what's missing is a bunch of stuff  
8 that we don't know what it is.

9 Q. Okay. So with Exhibit 30 before you now, and  
10 its content clarified, the last page of it is a  
11 working group agenda; correct?

12 A. Yes, ma'am.

13 Q. Okay. And is this an agenda for the revision  
14 of DoDI 1300.28?

15 A. Yes, ma'am.

16 Q. And this was something that you and  
17 colleagues were doing in order to provide input to the  
18 panel of experts?

19 A. Yes, ma'am.

20 Q. Now, which one of the various groups that we  
21 just went over was having the meeting that is shown on  
22 the last page of this exhibit?

23 A. This is a reconvening of a pre-existing  
24 working group.

25 Q. So is it not one of the ones that was

1 enumerated in the document we just looked at with all  
2 the different lists of working groups?

3 A. This is a different working group, yes,  
4 ma'am.

5 Q. Okay. So who's on the working group that was  
6 going to be having this series of meetings to work on  
7 the DoDI?

8 A. Pretty much the attendees that are listed.

9 Q. In which message?

10 A. On the first page, ma'am.

11 Q. So in the message from Aaron Wellman to a  
12 bunch of other people, those are the ones who were  
13 working on this?

14 A. Uh-huh. This is a reconvening of the working  
15 group that was halted earlier.

16 Q. So when you say, "the working group that was  
17 halted," do you mean the working group where you  
18 essentially stopped the original point of the meeting  
19 because the tweets intervened?

20 A. Yes, ma'am.

21 Q. That's what this is reconvening?

22 A. Yes, ma'am.

23 Q. Has the DoDI 1300.28 now been revised?

24 A. No, ma'am.

25 Q. So that is still in process?

1 A. Yes, ma'am.

2 Q. Have any final recommendations of your group  
3 been made? Just "yes" or "no."

4 A. No.

5 Q. How much more work does your group have to do  
6 before it can make final recommendations?

7 A. Not much.

8 Q. Other than the work that you were doing to  
9 revise the DoDI, it's correct, isn't it, that you  
10 didn't give any other input into the panel of experts?

11 A. Correct.

12 (Deposition Exhibit 31 was marked for  
13 identification.)

14 BY MS. LAPORTE:

15 Q. Ms. Soper, Exhibit 31 should be USDOE2061.  
16 Do you have that?

17 A. Yes, ma'am.

18 Q. Can you identify this document?

19 A. This is a memorandum for the -- from  
20 General Allen, director of medical operations and  
21 research, the office of the Air Force surgeon  
22 general's office, and its subject title is  
23 "Transgender Policy Update."

24 Q. Did you receive this memo at the time that it  
25 was issued?

1 A. No, ma'am.

2 Q. Have you seen it before?

3 A. Let me take a minute to read it.

4 Q. Sure.

5 (The witness reviewed Exhibit 31.)

6 THE WITNESS: I don't remember seeing this  
7 memo before but...

8 BY MS. LAPORTE:

9 Q. At the bottom it says that "Effective 22  
10 March 2018, no new SRS will be permitted as directed  
11 by the Presidential Memorandum dated 25 August 2017."  
12 Do you see that?

13 A. Yes, ma'am.

14 Q. Then there's an exception about protecting  
15 the health. Do you see that?

16 A. Uh-huh.

17 Q. Were you aware that General Allen was giving  
18 out policy guidance about surgery for transgender care  
19 in this time frame?

20 A. I'm aware that General Allen provided  
21 guidance to the field.

22 Q. Okay. Is it because this is guidance to the  
23 field that you don't recall receiving about the time  
24 it was issued?

25 A. Yes, ma'am. It's not any update or changes

1 to current policy. It's just a reaffirmation of where  
2 we are now.

3 Q. Do you have any idea why General Allen was  
4 sending out this information at this time?

5 A. That's his job. I mean that's what he does.  
6 That's what his position is is medical operations and  
7 research grants.

8 Q. Why was there any need for further  
9 clarification after Secretary Mattis' interim  
10 guidance?

11 A. Well, as evidenced by previous E-mails for me  
12 asking for clarification from Health Affairs on what  
13 guidance are we to follow for the field, General Allen  
14 reaffirmed the current position and the current  
15 policies that are in effect and with the current  
16 guidance that we have. So...

17 Q. So well, when you were asking for  
18 clarification, that was before the interim guidance  
19 had been issued; correct?

20 A. Secretary Mattis' interim guidance?

21 Q. Yes.

22 A. Yes. We were asking for clarification from  
23 the field.

24 Q. And this is after the issuance of the interim  
25 guidance; correct?

1 A. Correct.

2 Q. So do you know why there was a need for  
3 further guidance at this point?

4 A. Because we still hadn't received any answers  
5 from Health Affairs. So it was just a reaffirmation  
6 to the Air Force medical field to say, you know,  
7 "Pending any other information we have, we're going to  
8 continue business as usual."

9 Q. And did you have any input into General Allen  
10 putting out this memo?

11 A. No, ma'am.

12 (Deposition Exhibit 32 was marked for  
13 identification.)

14 BY MS. LAPORTE:

15 Q. You should have Exhibit 32 before you now,  
16 which should be USDOE5244 through -5248. Do you see  
17 that?

18 A. Yes, ma'am.

19 Q. Now, the top of it, we've put on here just to  
20 provide some context, because this document has a lot  
21 of material redacted. So it shows a date of  
22 October 31, 2017. What I'd like to do is direct your  
23 attention to the last page of the exhibit, which is a  
24 slide or some kind of a graphic that relates to the  
25 choices that are available to the transgender panel



1 about currently serving transgender service members;  
2 correct?

3 A. Yes, ma'am.

4 Q. Have you seen this slide before, or this  
5 graphic, whatever it is?

6 A. Yes, ma'am.

7 Q. Did you have any role in putting it together?

8 A. No, ma'am.

9 Q. In what context did you see this before?

10 A. This was a document that was pulled down from  
11 the MAX.GOV site in order to present it to the panel  
12 of experts.

13 Q. And who put it onto the MAX.GOV site?

14 A. Somebody from OSD, either -- I think  
15 Colonel Wellman, Aaron Wellman.

16 Q. So was it Colonel Wellman who devised this  
17 menu of options for the panel to consider?

18 A. I don't know if he devised it. I just know  
19 he was perhaps one of the -- whoever posts the  
20 documents on MAX.GOV, their name is posted there. So  
21 it's one of those two people. Colonel Wellman is  
22 mostly the person who posts this. So I don't know if  
23 he devised it or not. I don't know who the author is.

24 Q. In what context did you see it before?

25 A. When I went onto the MAX.GOV website. That

1 is the repository for all briefings and things for the  
2 panel of experts.

3 Q. Yes or no, did you have any involvement in  
4 the discussion of the issues that are highlighted in  
5 this graphic?

6 A. No.

7 Q. When it refers to the transgender panel  
8 making two recommendations, is that a reference to the  
9 panel of experts?

10 A. Yes, ma'am.

11 Q. And what they're supposed to be doing is,  
12 according to this slide, based on the Presidential  
13 guidance; is that right?

14 A. I don't know, ma'am.

15 MS. LAPORTE: Okay.

16 (Deposition Exhibit 33 was marked for  
17 identification.)

18 BY MS. LAPORTE:

19 Q. Exhibit 33 should be USDOE529 through -531.  
20 Do you see that?

21 A. Yes, ma'am.

22 Q. And this document is not very substantive,  
23 given the fact that it's almost entirely redacted.  
24 The main thing I wanted to ask you about is the title  
25 or the subject matter line of this series of E-mails,

1 which is "Post TG Policy 'Grace Period.'" Do you see  
2 that?

3 A. Yes, ma'am.

4 Q. What is the grace period that you're talking  
5 about there?

6 A. It's something that was never fully  
7 established.

8 Q. Was it something that was under discussion?

9 A. Yes, ma'am.

10 Q. And is it something that is no longer among  
11 the possible options that somebody might choose to  
12 implement?

13 MR. PARKER: Objection to the extent this is  
14 a recommendation that was made pending a decision on a  
15 final policy.

16 BY MS. LAPORTE:

17 Q. I'm not asking about a recommendation. I'm  
18 just asking whether it's something that's still on the  
19 table.

20 A. I don't know.

21 Q. You mentioned in the top E-mail in this  
22 series that "It's a tough situation on the next step."  
23 Do you see that?

24 A. Yes, ma'am.

25 Q. What is the "tough situation" to which you

1 were referring?

2 A. It's in reference to his position, and with  
3 the redacted information, I don't recall.

4 Q. So just to return to the question of what is  
5 the grace period, can you explain what that means?

6 A. No, ma'am, I can't.

7 Q. Is that because you don't know?

8 A. It was never really defined.

9 Q. Did you understand the concept when you were  
10 reading about it?

11 A. I did.

12 Q. And what was it?

13 MR. PARKER: Objection to the extent, again,  
14 that you're asking about a recommendation, even if it  
15 was in its earliest stages, that related to a final --  
16 or could have related to a recommendation related to a  
17 final policy.

18 MS. LAPORTE: I just asked if she understood  
19 the concept and what it was. So I'm not asking about  
20 a recommendation. I'm just asking for what a  
21 particular concept was.

22 MR. PARKER: Okay. I don't have the question  
23 in front of me. I thought you asked her if she  
24 understood it. She said, "yes," and then you asked  
25 her for the substantive content of what a grace period

1 meant.

2 MS. LAPORTE: Yes. That's right. I'm just  
3 asking what it is, not who recommended it, whether it  
4 was recommended or anything else like that. I just  
5 want to know what it means.

6 MR. PARKER: To the extent it's a  
7 recommendation, I'll object on deliberative process,  
8 privileged grounds. If it's not a recommendation that  
9 she made regarding a policy, then she's free to answer  
10 the question.

11 I won't instruct her not to answer.

12 THE WITNESS: It was a topic discussed as a  
13 part of recommendation for policy.

14 BY MS. LAPORTE:

15 Q. A recommendation by you?

16 A. No, ma'am.

17 (Deposition Exhibit 34 was marked for  
18 identification.)

19 BY MS. LAPORTE:

20 Q. Ms. Soper, you should have before you  
21 Exhibit 34, which should be USDOE8711 through -8729.  
22 Does your exhibit match that?

23 A. Yes, ma'am.

24 Q. Okay. Great.

25 This document is entitled "Data Extracts,

1 "Key information used by the Panel to make  
2 recommendations." Do you see that?

3 A. Yes, ma'am.

4 Q. Do you know who provided this data?

5 A. No, ma'am.

6 Q. Did you help put it together?

7 A. No, ma'am.

8 Q. Have you ever seen this document before?

9 A. I'd have to go through and look at it all.

10 Yes, ma'am.

11 Q. You have seen it before?

12 A. Yes, ma'am.

13 Q. Okay. But you had no involvement in putting  
14 it together?

15 A. No, ma'am.

16 Q. Did you supply any of the data?

17 A. No, ma'am.

18 Q. Do you know who did put it together?

19 A. Yes, ma'am.

20 Q. Who?

21 A. Dr. Adirim and Dr. Findley.

22 Q. So is this one of the deliverables that we  
23 talked about earlier?

24 A. This is -- yes. This was the deliverable  
25 they identified in the study cohort and data

1 recommendations.

2 Q. Do you have any understanding how this data  
3 was collected?

4 A. No, ma'am.

5 Q. Did you ever hear about a study done with the  
6 study cohort of 994 transgender service members?

7 A. No, ma'am.

8 Q. So if you'd turn to the page marked DOE8716.

9 A. Yes, ma'am.

10 Q. Do you see the slide there is marked "Medical  
11 Utilization for Study Cohort (n=994)"?

12 A. Yes, ma'am.

13 Q. So have you seen any other documents relating  
14 to this study of 994 people?

15 A. No, ma'am.

16 Q. You have seen this entire document before  
17 though; right?

18 A. Yes, ma'am.

19 Q. Okay. So what you've seen is what appears in  
20 the document?

21 A. Yes, ma'am.

22 Q. Okay. And were you ever present -- this is  
23 just a "yes" or "no" question -- at a discussion of  
24 this document?

25 A. No, ma'am.

1 Q. What expertise or -- I mean do you have any  
2 understanding of what the two people who put this  
3 together, what their particular ability was to collect  
4 this particular kind of data?

5 A. No, ma'am.

6 Q. At Page -8719 there's a cost estimate of  
7 services for gender dysphoria. Do you see that?

8 A. Yes, ma'am.

9 Q. Were you aware, before seeing this  
10 presentation, of the total number of about \$3 million  
11 for the cost?

12 A. No, ma'am.

13 (Deposition Exhibit 35 was marked for  
14 identification.)

15 BY MS. LAPORTE:

16 Q. You should have Exhibit 35 before you now,  
17 which should be USDOE2633 through -2664. Is that what  
18 you've got?

19 A. Yes, ma'am.

20 Q. Okay. Great. Have you seen this document  
21 before?

22 A. Yes, ma'am.

23 Q. What is it?

24 A. It is the "Health Data on Active Duty Service  
25 Members with Gender Dysphoria."



1 Q. Okay. And when did you see this document?

2 A. When I pulled it down off to the MAX.GOV  
3 website to present to the undersecretary of the  
4 Air Force and the vice chief of staff of the  
5 Air Force.

6 Q. Who made the presentation?

7 A. I don't know who developed it. Dr. Adirim  
8 presented it.

9 Q. To whom did she present it?

10 A. She presented it to the panel of experts.

11 Q. So Dr. Adirim presented this to the panel of  
12 experts. And was that on December 13?

13 A. I'd have to look at the agenda, ma'am. I  
14 don't know.

15 Q. Okay. Were you present when Dr. Adirim  
16 presented this data?

17 A. No, ma'am.

18 Q. But you pulled it off the MAX.COM website so  
19 that it could be presented?

20 A. MAX.GOV.

21 Q. MAX.GOV. Sorry.

22 A. I pulled it down from the MAX.GOV website,  
23 which is the repository for what they called  
24 "read-ahead materials." So in order to provide my  
25 leadership with the information, I would put it down

1 and deliver it to the undersecretary and the vice  
2 chief of staff of the Air Force.

3 Q. Okay. So how do you know that Dr. Adirim  
4 presented this if you weren't present?

5 A. It was on the agenda for the meeting.

6 Q. Okay. So this was an agenda of the meeting  
7 of the panel of experts at which this data was  
8 supposed to be presented?

9 A. Yes, ma'am.

10 Q. And so in preparation for that meeting, you  
11 pulled this down from the MAX.GOV website?

12 A. Yes, ma'am.

13 Q. And who were the attendees that you were  
14 briefing?

15 A. It was -- I don't remember the specific day.  
16 The attendees -- because sometimes the -- General  
17 Wilson, the vice chairman -- the vice chief of staff  
18 would be out of the office. So it would be  
19 Secretary Donovan, the undersecretary of the  
20 Air Force. It would be the vice chief of staff,  
21 General Wilson. Myself and Mr. Fedrigo, and the  
22 support staff for Secretary Donovan's and  
23 General Wilson, and sometimes General Allen would be  
24 present.

25 Q. Okay. But you weren't present when this

1 specific presentation was made?

2 A. No, ma'am. This was a prebrief to review any  
3 information before the panel of experts.

4 Q. Did you have any discussion with the panel of  
5 expert members representing the Air Force about this  
6 data?

7 A. The only discussion I had was the prebrief to  
8 Secretary Donovan and General Wilson.

9 Q. Okay. And did you provide the prebrief?

10 A. I gave him the slides.

11 Q. Okay. Was there any substantive discussion  
12 between you at that time?

13 A. Not really. I don't understand the slides.  
14 It was information that was pulled down, and there's a  
15 lot of information. I'm sorry. We went through them,  
16 and he identified questions he may have and asked me  
17 questions. I couldn't really answer him because I  
18 don't understand how they got this information.

19 Q. Did you have any concern that the information  
20 was incorrect?

21 A. I had concerns because the information was  
22 confusing.

23 Q. What did you find confusing?

24 A. The study groups, final study groups, the  
25 varying numbers. Study cohort counts. Page 8, the

1 study group of 691, and then the mental health control  
2 group of 3,500, 3,400. So what was confusing is the  
3 picture they were trying to paint with the information  
4 here. It wasn't very clear on where we were going.

5 Q. Were there any other aspects of it that you  
6 found confusing?

7 A. Some of the information in the time lines  
8 that were presented.

9 Q. When you're talking about the time lines,  
10 you're referring to the deployment statistics?

11 A. Well, on Page 11, this top number says  
12 "Service members were a primary diagnosis of gender  
13 dysphoria," and it has the number 994.

14 And then underneath it says, "Deployed in  
15 support of OEF/OIF" and "OND." Gender dysphoria  
16 didn't exist during those time lines. So we're not  
17 really sure what they're trying to say here at this  
18 time.

19 Q. Okay. Did you have any discussion with the  
20 people who were in attendance when Dr. Adirim  
21 presented this material? Did you have any discussion  
22 with them after the fact?

23 A. No, ma'am.

24 Q. Are you aware of the panel of experts having  
25 reached any decisions about accessions?

1 MR. PARKER: I'm going to just object to the  
2 extent this is more than a "yes" or "no" question.

3 BY MS. LAPORTE:

4 Q. You can answer that "yes" or "no."

5 A. Yes.

6 Q. So you're aware that they have reached some  
7 decisions about accessions?

8 A. I am aware that they have provided  
9 recommendations.

10 Q. Okay. And did they vote on the  
11 recommendations that they were going to be making?

12 A. I have no idea.

13 Q. Okay. Is it true that they recommended in  
14 favor of accessing only transgender people who will  
15 not seek transition to the preferred gender?

16 MR. PARKER: Objection. The answer to that  
17 question calls for deliberative material.

18 MS. LAPORTE: Well, I think that once they're  
19 done deliberating and they've voted on it, it's not  
20 really deliberative anymore.

21 MR. PARKER: You're asking for the  
22 recommendation of a panel for a decision process  
23 that's ongoing. There hasn't been a final decision.  
24 So it's both predecisional and deliberative.

25 BY MS. LAPORTE:

1 Q. Well, once they've voted, I don't think that  
2 it's deliberative at all. It just reflects the final  
3 decision that they've arrived at.

4 MR. PARKER: The witness testified that the  
5 panel has made a recommendation and an ongoing  
6 decision process. A recommendation would be a  
7 deliberative statement or a recommendation, and it  
8 would be predecisional because a final decision hasn't  
9 been made on a new policy.

10 BY MS. LAPORTE:

11 Q. Are you aware -- this is just "yes" or  
12 "no" -- of what the recommendations are that the panel  
13 of experts has made to the Secretary of Defense?

14 A. No.

15 Q. Are you aware of what their recommendations  
16 about accessions have been, "yes" or "no"?

17 A. No.

18 Q. What about the handling of people who are  
19 already in service and who identify as transgender?  
20 Have you heard, yes or no, what their decisions have  
21 been with respect to those people?

22 A. No.

23 MS. LAPORTE: All right. Why don't we take a  
24 brief break.

25 (A recess was taken from 4:15 p.m.)

1 to 4:24 p.m.)

2 (Deposition Exhibit 36 was marked for  
3 identification.)

4 BY MS. LAPORTE:

5 Q. Okay. So, Ms. Soper, you should have  
6 Exhibit 36 before you. USDOE1783 through -1784. Do  
7 you have that?

8 A. Yes, ma'am.

9 Q. Can you identify that document?

10 A. It is an E-mail from Ms. Stephanie Miller,  
11 and the subject is "Transgender Accession:  
12 Implementation Discussion."

13 Q. Okay. So did you participate in a meeting at  
14 the end of November relating to the development of  
15 accessions procedures for January 1, 2018?

16 A. May I ask if you're referring to this E-mail  
17 here (indicating)?

18 Q. Well, the E-mail refers to -- it requests  
19 people's "participation in a meeting Tuesday, 11/28  
20 (calendar invite pending) regarding implementation of  
21 accessions ICO transgender applicants for military  
22 service on 1, January 2018." Do you see that?

23 A. Yes, ma'am.

24 Q. So since that refers to a meeting, did you  
25 attend that meeting?

1 A. No, ma'am, I did not.

2 Q. Did you have any role in preparing people who  
3 did?

4 A. No, ma'am.

5 Q. Did you have any role in the process of  
6 preparing for accession of transgender applicants  
7 beginning on January 1, 2018?

8 A. No, ma'am.

9 (Deposition Exhibit 37 was marked for  
10 identification.)

11 BY MS. LAPORTE:

12 Q. Ms. Soper, Exhibit 37 is a memo headed  
13 "DEPARTMENT OF DEFENSE," and the title is "MEMORANDUM  
14 FOR SECTOR COMMANDERS,  
15 "BATTALION COMMANDERS,  
16 "MEPS COMMANDERS,  
17 "DIRECTORS AND SPECIAL STAFF OFFICERS." Do  
18 you see that?

19 A. Yes, ma'am.

20 Q. Have you seen this memorandum before?

21 A. Yes, ma'am.

22 Q. Did you have any input into the content?

23 A. No, ma'am.

24 Q. In what connection did you see this memo  
25 before?



1           A. It was published to the field, and I can't  
2 say specifically the avenue which E-mail I got it in,  
3 but it was a -- it's an E-mail that talks about the  
4 process of accessing individuals that are identified  
5 as transgender into military service.

6                   (Deposition Exhibit 38 was marked for  
7 identification.)

8 BY MS. LAPORTE:

9           Q. Ms. Soper, you should have Exhibit 38, which  
10 should be USDOE9191 to -93. Is that what you have?

11           A. Yes, ma'am.

12           Q. And can you identify this document?

13           A. This is the Department of the Air Force, the  
14 Air Force recruiting service, "MEMORANDUM FOR ALL AFRS  
15 PERSONNEL," and the subject is "IPCM 18-04,  
16 Transgender Accession Proceeding Procedures."

17           Q. And what is "FROM: HQ AFRS/RSO"?

18           A. The headquarters Air Force recruiting  
19 service, and RSO, I'm not sure.

20           Q. Okay. Well, if you're not sure, I don't  
21 think we need to know. So have you seen this memo  
22 before?

23           A. No, ma'am.

24           Q. Did you have any input into helping the  
25 Air Force with specifics of transgender accession

1 proceeding procedures?

2 A. No, ma'am.

3 Q. Have you been involved in putting together  
4 potential questions for recruiters concerning  
5 transgender accessions?

6 A. Yes, ma'am.

7 (Deposition Exhibit 39 was marked for  
8 identification.)

9 BY MS. LAPORTE:

10 Q. Exhibit 39 is a document marked USDOE1357  
11 through -1358. Do you see that?

12 A. Yes, ma'am.

13 Q. Is this -- did you work on these questions  
14 for recruiters?

15 A. No, ma'am.

16 Q. Okay. You worked on some other questions for  
17 recruiters?

18 A. No, ma'am. My role in this was to look at  
19 the finished product and provide input, any comment  
20 that I had on it.

21 Q. Okay. So they came to you because of your  
22 knowledge base about transgender issues, to look this  
23 over?

24 A. Yes, ma'am.

25 Q. And you approved it in the form that I see it

1 here?

2 A. I didn't have any comments.

3 MS. SOPER: Okay. All right. Let's take  
4 another break because we're about getting ready to  
5 wrap up here.

6 (A recess was taken from 4:30 p.m.  
7 to 4:43 p.m.)

8 BY MS. LAPORTE:

9 Q. Okay. So just a couple more questions on  
10 Exhibit 39, which is that list of questions.

11 A. Yes.

12 Q. So this is a list of questions. Are there  
13 answers to these questions?

14 A. There are someplace. I don't know where they  
15 are.

16 Q. And in addition to reviewing the questions,  
17 did you also review the answers?

18 A. No, ma'am.

19 Q. If --

20 A. I stand corrected. I did provide some  
21 clarification, some clarity to the answers that were  
22 submitted with this. I don't know where those --  
23 where the papers are, where the documents are right  
24 now.

25 Q. But so you saw this document in a version

1 that had questions and answers, and you provided some  
2 clarification for the answers?

3 A. I provided some input.

4 Q. Okay. And who communicated with you about  
5 putting this document together?

6 A. This came from the Air Force recruiters that  
7 we have in coordination with the staff from DODMARBS,  
8 D-O-D-M-A-R-B-S. The DoD medical evaluation and  
9 review board and U.S. Med Com. So it was kind of what  
10 we call a PAG, Public Advisory Guidance, kind of like  
11 a Q&A sheet to put out for the recruiters. To educate  
12 the recruiters.

13 Q. Does the Air Force have separate recruiting  
14 from the rest of the services?

15 A. Yes.

16 Q. And so the Air Force recruiters, this  
17 document is specific to the Air Force; correct?

18 A. Uh-huh.

19 Q. Exhibit 39.

20 A. Yes, ma'am.

21 Q. Okay. And if there were questions that arose  
22 during the accessions process for a potential or  
23 prospective transgender airman, would you hear about  
24 it?

25 A. Probably not.

1 Q. Who are the subject matter experts who would  
2 be helping the -- helping to support the recruitment  
3 process?

4 A. That would be the staff at U.S. Med Com or  
5 DODMARBS.

6 Q. And who in particular are the staff at U.S.  
7 Med Com or DODMARBS who are subject matter experts in  
8 accessing transgender people?

9 A. The staff that headquarter, the lead staff  
10 for Med Com is Captain Kim. He's in one of the memos  
11 that we saw. So Med Com is an organization that  
12 reports to the office of Secretary of Defense  
13 personnel and readiness P&R. So they're an OSD  
14 organization, and they are specific for the accession  
15 portion of an individual coming into the military  
16 services.

17 So they work with the recruiters, which is a  
18 separate agency. The recruiters will refer somebody  
19 to Med Com or DODMARBS, depending on the career field  
20 or officer enlisted-type thing, and then Med Com will  
21 go through and do a medical evaluation and assessment  
22 of the individual.

23 So Med Com has trained their stations, their  
24 locations, that they do these assessments for any  
25 individual wanting to assess into the military.

1 Q. Right. And so all I'm trying to find out is  
2 if there are questions that arise because of the fact  
3 that accession by transgender people is new and it  
4 relates to the Air Force recruiting, would you hear  
5 about it?

6 A. Probably not.

7 Q. Okay. And that's because the subject matter  
8 experts who are at the recruiting stations themselves  
9 would take care of it?

10 A. Well, they're referred from the recruiting  
11 station to this medical facility at the location where  
12 they do. So if there's any questions there, they  
13 would ask their questions internal to their specific  
14 command.

15 Q. Okay. And do you know who those people are?

16 A. No, ma'am.

17 Q. When you looked at the answers to this  
18 document, was there an answer to Question 11?

19 A. The answer to that question, I referred them  
20 back to the accession medical standard policy,  
21 DoDI 6130.03, because that policy identifies the  
22 standard for any medication for any individual. So it  
23 is a single standard across DoD.

24 Q. So what's the answer?

25 A. I'd have to go read the DoDI. I don't know

1 the answer off the top of my head.

2 Q. Okay. Have you heard any reports from the  
3 processing stations of how the process of accessing  
4 transgender individuals into the Air Force is going?

5 A. No, ma'am.

6 Q. In the past you mentioned your work on a  
7 whole number of working groups and committees and so  
8 forth. How many of those are still in operation  
9 relating to the issue of service by transgender people  
10 in the military?

11 A. The core working groups are always  
12 functioning. They will address transgender issues as  
13 they come up. So they're not convened just for  
14 transgender issues. And those core working groups  
15 would be the AMSWG, the Accession Medical Standard  
16 Working Group, the Medical Personnel Executive  
17 Steering Committee. Specific to transgender is the  
18 DHA IPT, the Defense Health Agency Interim  
19 Procedures -- I don't know what "T" stands for.

20 The SCCC, and then any OSD directed  
21 transgender policy working groups.

22 Q. So specifically as it relates to the Open  
23 Service policy and service by transgender people in  
24 the military -- so in other words, not as it relates  
25 to ongoing working groups that aren't specifically

1 related to that -- what are you still doing with  
2 respect to addressing issues of service by transgender  
3 people in the military now?

4 A. So the working group that -- well, it's not  
5 really a working group. It's the SCCC. So we  
6 continue to field questions from the Air Force field  
7 service members, and right now the remaining working  
8 groups are on pause. So the transgender policies  
9 working group.

10 Q. And they're on pause until what?

11 A. Until we get further direction.

12 Q. When did the pause start?

13 A. The pause started when we provided a  
14 recommendation for an update to DoDI 1300.28.

15 Q. And that recommendation is still pending?

16 A. Yes, ma'am.

17 Q. So just to go back to this document we've  
18 talked about, Exhibit 39, you've seen the document  
19 that includes both the questions and the answers?

20 A. Yes, ma'am.

21 Q. And do you know how that information, both  
22 the questions and the answers, was transmitted to  
23 recruiters?

24 A. No, ma'am. The document that I saw was a  
25 draft document.