

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION
Case No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN,)
)
 Plaintiff,)
)
 vs.)
)
 THE NORTH CAROLINA)
 DEPARTMENT OF PUBLIC)
 SAFETY, et al.,)
)
 Defendants.)

DEPOSITION MARVELLA BOWMAN, Ph.D.

10:08 A.M.

THURSDAY, JUNE 29, 2023

NORTH CAROLINA DEPARTMENT OF JUSTICE
114 WEST EDENTON STREET
RALEIGH, NORTH CAROLINA

By: Denise Myers Byrd, CSR 8340, RPR

CONTAINS GENERAL CONFIDENTIAL INFORMATION

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COURT REPORTER'S CERTIFICATE

I, DENISE MYERS BYRD, Court Reporter, CSR 8340,
the officer before whom the foregoing deposition of
MARVELLA BOWMAN, Ph.D., was conducted, do hereby certify
that the witness's testimony was taken down by me in
stenotype to the best of my ability and thereafter
transcribed under my supervision; and that the foregoing
pages, inclusive, constitute a true and accurate
transcription of the testimony of the witness.

Before completion of the deposition, review of the
transcript [X] was [] was not requested. If requested, any
changes made by the deponent (and provided to the reporter)
during the period allowed are appended hereto.

I further certify that I am neither counsel for,
related to, nor employed by any of the parties to this
action, and further, that I am not a relative or employee of
any attorney or counsel employed by the parties thereof, nor
financially or otherwise interested in the outcome of said
action. Signed this 10th day of July 2023.

Denise Myers Byrd
CSR 8340, RPR

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A C K N O W L E D G E M E N T O F D E P O N E N T

I, MARVELLA BOWMAN, Ph.D., declare under the penalties of perjury that I have read the foregoing pages, which contain a correct transcription of answers made by me to the questions therein recorded, with the exception(s) and/or addition(s) reflected on the correction sheet attached hereto, if any.

Signed this the day of , 2023.

MARVELLA BOWMAN, Ph.D.

1 A. At the time, that would have been Anson
2 Correctional Institution.

3 Q. How did she come to be your patient?

4 A. So let's see. As is very common in our system,
5 people leave the system or transition to
6 different roles, and so at some point after her
7 therapist left, she was assigned to my caseload.

8 Q. And what therapist was that that left?

9 A. I believe -- I think I saw her directly after
10 Dr. Hahn, H-A-H-N.

11 Q. And do you recall around when that would have
12 been that she became your patient?

13 A. I believe sometime in late 2020.

14 Q. And how long -- for how long was
15 Mrs. Zayre-Brown your patient?

16 A. A few months.

17 Q. Fewer than six months?

18 A. Might be right at six months or so. I'm trying
19 to recall. I could be misstating that, though.

20 Q. While Mrs. Zayre-Brown was your patient, about
21 how frequently did you meet with her?

22 A. So I believe that -- though I scheduled her for
23 the typical -- what's typical for us is 30 to
24 45 days, I believe she requested more frequent
25 meetings. So at some point I may have been

1 meeting with her every two weeks, but that would
2 just depend on scheduling things. It may not
3 have been an exact two weeks each time in the
4 record. Definitely wasn't because there would
5 have been many more notes than what I reviewed,
6 but within that time frame, about every two to
7 three weeks, I would say.

8 Q. And were those meetings in person or via
9 telehealth?

10 A. In person.

11 Q. Did you diagnosis Mrs. Zayre-Brown with gender
12 dysphoria?

13 A. I did not do the preliminary diagnosis. I
14 carried it over during an update. So we do
15 mental health assessment updates, and I carried
16 it on from the previous diagnosis.

17 Q. And when you say that you carried it on from the
18 previous diagnosis, does that mean that you
19 concurred with the diagnosis of gender
20 dysphoria?

21 A. Yes.

22 Q. While you were treating with Mrs. Zayre-Brown,
23 did she express an interest in gender-affirming
24 surgery?

25 A. Yes.

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as medically necessary.

"I confirmed for Katherine Croft that Offender Brown was not denied the surgery and that we were not in a position yet to even complete the final review and recommendation related to the surgery."

Does that refresh your recollection about any conversation with Dr. Peiper?

A. It does not. I don't know if I was even privy to this until after review of this note, but I don't recall any detailed conversation or anything.

Q. So you don't recall Dr. Peiper sharing the same information with you that he noted that he confirmed with Katherine Croft?

ATTORNEY RODRIGUEZ: Asked and answered.

You can answer.

THE WITNESS: I don't recall.

ATTORNEY MAFFETTORE: I'm now handing the court reporter what will be marked as Exhibit 5 which is a document Bates-stamped DAC 701.

///

1 (WHEREUPON, Plaintiff's Exhibit 5 was
2 marked for identification.)

3 BY ATTORNEY MAFFETORE:

4 Q. Do you recognize this document?

5 A. Yes.

6 Q. What is it?

7 A. A mental health progress note dated 8/13/2021.

8 Q. And would this have been a mental health
9 progress note from an encounter with
10 Mrs. Zayre-Brown?

11 A. Yes.

12 Q. And would Mrs. Zayre-Brown have been your
13 patient at this point?

14 A. Yes.

15 Q. And do you have any understanding of about how
16 long you would have been treating
17 Ms. Zayre-Brown at this point?

18 A. Looks like a little -- about two weeks.

19 Q. And so in the first full paragraph, you note:

20 "She stated that she cannot
21 focus on anything but her weight and
22 attempts at weight loss."

23 What is your understanding of why
24 Mrs. Zayre-Brown was seeking to lose weight?

25 A. At this point, I believe she did share with me

1 that because part of the recommendations for --
2 I guess it was being considered for proceeding
3 in her mind was with the -- she had to lose a
4 certain amount of weight to be eligible or
5 something of that nature.

6 I have no direct knowledge of that
7 coming from anyone from medical. I have her
8 information of what she shared, and so she was
9 under the impression that she needed to lose a
10 certain amount of weight to be eligible or
11 appropriate for gender-affirming care.

12 Q. You also noted:

13 "She expressed concern that
14 despite losing 40 pounds to date,
15 those with decisionmaking authority
16 will deny her surgery anyway."

17 Did I read that correctly?

18 A. I believe so. Let me find it.

19 Yes.

20 Q. What was your understanding of why it was
21 concerning to Mrs. Zayre-Brown that her surgery
22 might be denied?

23 ATTORNEY RODRIGUEZ: Objection.

24 Speculation.

25 You can answer.

1 THE WITNESS: So repeat the question.

2 I'm sorry.

3 BY ATTORNEY MAFFETORE:

4 Q. What was your understanding of why it was
5 concerning to Mrs. Zayre-Brown that despite
6 losing weight her surgery might be denied?

7 ATTORNEY RODRIGUEZ: Same objection.

8 You can answer.

9 THE WITNESS: I think based off of what
10 she was communicating. She appeared --
11 according to her, she had some information that
12 indicated that she was denied, and as I had
13 mentioned before, this was something that she
14 was -- that she would really persevere on
15 despite being told the contrary at that point in
16 time.

17 And in my role, all I could do was
18 receive the information from her and share what
19 I was aware of, which was that I'm not aware of
20 any decision being reached and kind of reassure
21 her that, you know, continue to do things in a
22 healthy manner and be patient as possible.

23 BY ATTORNEY MAFFETORE:

24 Q. Are you aware of whether or not DPS had
25 previously denied Mrs. Zayre-Brown's request for

1 gender-affirming surgery?

2 A. I am not aware in this time frame of what was
3 done.

4 Q. Your note in the same paragraph also states that
5 she just --

6 "She described increasing mental
7 anguish and stated 'Zoloft is not
8 going to help but for so long.' She
9 described feeling as if she was
10 driving in the rain on a highway with
11 bald tires. 'I am bound to crash.'"

12 Did I read that correctly?

13 A. Yes.

14 Q. What did you understand Mrs. Zayre-Brown to mean
15 by this?

16 A. Basically, that she wanted -- she was getting
17 more and more frustrated by not having the
18 information, kind of being in a no-man's-land of
19 not knowing where things stood, and so she was
20 not going to, you know, basically be okay. She
21 was going to be upset and saddened by that fact
22 until she could be provided with information,
23 and Zoloft wasn't really helping relieve her
24 distress regarding that.

25 Q. Did you have any concerns regarding what would

1 happen if Mrs. Zayre-Brown's surgery was not
2 approved as she feared?

3 A. At this point in time, if I had any concerns
4 about -- repeat the question. I'm sorry.

5 Q. What would happen to Mrs. Zayre-Brown if her
6 surgery was not approved.

7 A. At this point, I do not believe that I had any
8 specific concerns. Obviously, I knew she would
9 be upset, but I didn't have any other concerns
10 other than, you know, kind of helping alleviate
11 some of the stress surrounding not being aware.

12 Q. Did you understand Mrs. Zayre-Brown to be
13 experiencing gender dysphoria at this time?

14 A. Well, that was her diagnosis at the time.
15 Whether or not the presentation was due to the
16 gender dysphoria at this point, I don't think I
17 would have concluded that from this contact.

18 Q. So did you assess the severity of
19 Mrs. Zayre-Brown's gender dysphoria?

20 A. At this contact, probably not. This was
21 probably just a discussion where I did not do an
22 actual check for her ratings, so like her
23 subjective ratings. Usually I'll ask someone to
24 rate their level of distress at any given time,
25 and I don't believe I did that during this

1 encounter.

2 Q. Why wouldn't you have done that during this
3 encounter?

4 A. It just may not have come up specifically or the
5 nature of how the session went, I just may not
6 have been able to document that specifically.
7 That would have been the only reason probably at
8 this point. I probably had not -- I don't see
9 any specific -- like when the treatment progress
10 towards goals are not specifically discussed,
11 it's usually because I haven't reviewed the
12 treatment plan with the client yet. So if I
13 didn't update it yet, which I probably wouldn't
14 have since it was only two weeks after this one,
15 it probably wasn't solidified from my
16 perspective yet so I didn't specifically ask
17 during this encounter. I'm guessing to the best
18 of my recollection. Usually that would be in
19 that section.

20 Q. I believe we've been going for about an hour.
21 We can take a break if you'd like. I'm happy to
22 continue.

23 A. I'm fine to continue.

24 Q. We can do a couple more.

25 A. When this gets to about halfway, I might need to

1 A. I am not certain. I might have notified
2 Dr. Peiper perhaps, but I don't recall if I did
3 at this point.

4 Q. Would you have communicated any recommendations
5 at that point?

6 A. Not likely.

7 ATTORNEY MAFFETORE: So I am now going
8 to hand to the court reporter what will be
9 marked as Exhibit 10.

10 (WHEREUPON, Plaintiff's Exhibit 10 was
11 marked for identification.)

12 ATTORNEY MAFFETORE: And Exhibit 10 is
13 a document with a Bates stamp DAC 673.

14 BY ATTORNEY MAFFETORE:

15 Q. Do you recognize Exhibit 10?

16 A. Yes.

17 Q. And what is it?

18 A. A mental health progress note by me dated
19 November 8, 2021.

20 Q. And is this mental health progress note
21 pertaining to Mrs. Zayre-Brown?

22 A. Yes.

23 Q. And it notes -- the fourth line under
24 MSE/Behavioral Observations notes:

25 "Offender Brown shared that

1 alleviation of gender dysphoria is
2 her main focus."

3 Did I read that correctly?

4 A. Yes.

5 Q. What did you understand her to mean by that?

6 A. To my knowledge, she was basically stating that
7 improving her experience of gender dysphoria, so
8 being less dysphoric or being less distressed
9 based on these issues, was her main focus at the
10 time.

11 Q. Did you understand Mrs. Zayre-Brown to be
12 experiencing gender dysphoria at this time?

13 A. So, yes, that was still her diagnosis.

14 Q. What did you assess the severity of that
15 dysphoria to be?

16 A. Well, based off of her report, I am
17 imagining -- I know she would always typically
18 describe it as high, right, so she described
19 distress due to the difference being very
20 distinct, but as with any mental health
21 disorder, a clinician is looking at overall
22 functional impairment, and that wasn't typically
23 consistent with her report of the level of
24 distress, but she definitely would describe
25 herself as extremely distressed due to gender

1 dysphoria.

2 Q. So lower on the same page, Mrs. Zayre-Brown
3 reports that she cannot focus on other things in
4 life, she cannot be her authentic self under
5 present conditions, and she also stated that she
6 cannot focus on that or anything else because of
7 issues surrounding her gender dysphoria and lack
8 of information regarding surgery.

9 As her provider, did you believe that
10 Mrs. Zayre-Brown's gender dysphoria was impeding
11 her ability to engage with other aspects of her
12 mental health?

13 A. Honestly, I did feel as if it was primarily her
14 feelings about the process more so than the
15 gender dysphoria itself. And I simply say that
16 because of the fluctuations in her presentation
17 would be very consistent or specific to I want
18 the information, I want the information versus a
19 more general this is functioning how it is all
20 of the time. So like she described, I can't
21 focus on anything else, I can't do other things.
22 With discussion of some other strategies, I
23 believe she was able to overcome that.

24 So again, there's a level of distress
25 that I do believe was there, yes. Do I think it

1 was at the level that she would have
2 communicated, no, based off of her
3 functional -- her ability to function in
4 general. She's describing a lot of difficulty
5 at this point, and again, it could be a number
6 of factors. I don't have -- I didn't have
7 a -- I guess you would say like a specific tool
8 to be able to separate is this from the actual
9 dysphoria versus frustrations about this versus
10 anxiety symptoms. So, like, I don't have that
11 in a form of any kind, but just based off of her
12 overall functioning in general, it appeared to
13 be that this was very connected to I'm upset
14 about this process, I'm upset about the fact
15 that this is not going the way that it ought to,
16 so that's how I perceived it.

17 Q. What do you understand the symptoms of gender
18 dysphoria to be?

19 A. So not being consistent -- your physical
20 presentation not being consistent with your
21 identity. Your desire to be -- to present as
22 the identity you endorse. So significantly --
23 just in addition to having the desire to present
24 in that way, feeling as if your identity is more
25 aligned or consistent with that of the opposite

1 gender and wanting to appear in that way.

2 So usually it's about the physical
3 aspects of it, feeling as if your behaviors are
4 more consistent with the other gender and that
5 you want to -- greatly desire to have the parts
6 of the gender with which you identity.

7 Q. And how do you understand that to manifest the
8 symptoms in a patient?

9 A. Typically, people will desire -- will be seeking
10 to achieve -- so whether it's the social aspects
11 of it presentation-wise, and there's different
12 levels of being able to alleviate some of that.
13 So as she was describing, she -- in -- I will
14 just speak generally since the way it was
15 phrased, just understanding that folks will --
16 in this circumstance will desire to present as
17 such, so they may change their clothing, change
18 what they're wearing, how they present
19 themselves, and then there's different layers
20 which would go and include potentially receiving
21 gender-affirming medical care.

22 Q. So I understood you to just describe the
23 treatment that individuals seek --

24 A. And how it would --

25 Q. So I guess what I'm asking is do you understand

1 gender dysphoria to be associated with distress?

2 A. Yes.

3 Q. And how does that distress present in patients?

4 A. It can present in a number of different ways.

5 It can present as very similar to like
6 depression and anxiety symptoms and typically
7 related to the -- you know, not achieving what's
8 the alignment that they believe should
9 be -- should exist.

10 But typically the symptoms themselves
11 would appear or be more, I guess, accurately
12 encapsulated by depression, anxiety, things of
13 that nature. Those are the kind of symptoms
14 that we would be looking at.

15 So as that is stated, with all of these
16 disorders, everybody can experience any level of
17 distress, but typically the functional
18 impairment that's associated with that distress
19 is what we look at in terms of severity.

20 So, yes, I believe she was distressed
21 and upset about the gender aspects not being
22 consistent, but I believe more of the
23 presentation that I would see when she would
24 come in and be upset was focused on the process.

25 Q. So understanding that you just testified that

1 individuals experiencing gender dysphoria as a
2 result will seek out treatment, isn't it the
3 case that the process that Mrs. Zayre-Brown was
4 frustrated with was the process through which
5 she was seeking treatment and was as of the
6 date -- well, as we sit here today, still unable
7 to receive?

8 ATTORNEY RODRIGUEZ: I'm going to -- I
9 was waiting to make sure -- I'm going to object
10 to the form.

11 You can answer.

12 THE WITNESS: I was going to say,
13 clearly she has -- she is seeking to achieve it
14 and she has been unable to get with the full
15 treatment that she has requested, that is true.
16 And I would expect the stress to be associated
17 with that, that is true, yes.

18 BY ATTORNEY MAFFETORE:

19 Q. And so the process that you were discussing that
20 you say that it seems that her frustration is
21 centered around, that's the process through
22 which she's seeking to get treatment for her
23 gender dysphoria, correct?

24 A. Correct.

25 Q. And so does it then follow that she is

1 frustrated because she is not receiving
2 treatment for her gender dysphoria?

3 A. That is what she believes, yes, the frustration
4 is due to not getting the treatment that she
5 wants.

6 Q. In the same note that we were just discussing,
7 Exhibit 10, Mrs. Zayre-Brown states -- or you
8 noted:

9 "She stated that she now
10 understands the reason that suicide
11 rates for transgender individuals is
12 so high. 'Lack of care can kill you.'
13 She explicitly stated that she is not
14 suicidal and explained the reason she
15 made statements about engaging in
16 self-injury in the past."

17 What did you understand her to mean
18 by -- that she understands the reasons that
19 suicide rates for transgender individuals are so
20 high?

21 ATTORNEY RODRIGUEZ: Objection.
22 Speculation.

23 You can answer.

24 THE WITNESS: I think she was basically
25 stating like she understands why people who go

1 through this same type of process and have to
2 await medical care and await treatment and await
3 outcomes lining up for them, they can be so
4 frustrated that they will get upset enough to
5 self-harm and to engage in suicidal behaviors.

6 BY ATTORNEY MAFFETORE:

7 Q. So your understanding of what Mrs. Zayre-Brown
8 was saying that not receiving care can lead to
9 self-harm and suicide?

10 ATTORNEY RODRIGUEZ: Objection.

11 Mischaracterization of the testimony.

12 You can answer.

13 BY ATTORNEY MAFFETORE:

14 Q. And I'm just trying to understand your
15 testimony.

16 A. Okay. So based off what she was saying, that
17 she can see why other people engage in this
18 behavior.

19 Q. I understand.

20 You can set that aside.

21 ATTORNEY MAFFETORE: I am now going to
22 hand the court reporter what will be marked as
23 Exhibit 11.

24 (WHEREUPON, Plaintiff's Exhibit 11 was
25 marked for identification.)

1 support."

2 So she has found that helpful and
3 useful, so I encouraged her to continue doing
4 that because though she found it -- she was
5 trying to strike a balance between the impact
6 that would have on her and her family, where
7 people's knowledge and awareness of the details
8 of what she has going on, but she also found it
9 necessary to pursue her objectives. And so I
10 would never tell somebody to stop pursuing your
11 objective. I always say, which she was doing,
12 was balance the pros and cons of that.

13 ATTORNEY MAFFETORE: I'm now going to
14 hand you what I'll ask the court reporter to
15 mark as Exhibit 12.

16 (WHEREUPON, Plaintiff's Exhibit 12 was
17 marked for identification.)

18 BY ATTORNEY MAFFETORE:

19 Q. Do you recognize Exhibit 12?

20 A. Yes.

21 Q. Just for the record, Exhibit 12 is a document
22 Bates-stamped DAC 666.

23 What is Exhibit 12?

24 A. This is a mental health progress note that I
25 completed on December 6, 2021.

1 Q. And does this mental health progress note
2 pertain to Mrs. Zayre-Brown?

3 A. It does.

4 Q. So at the last paragraph, under the section
5 MSE/Behavioral Observations, you write:

6 "This writer noted that all
7 appears to be moving in the direction
8 Offender Brown desires, but cautioned
9 her against making any assumptions."

10 Did I read that correctly?

11 A. Uh-huh.

12 Q. What did you mean by that?

13 A. So basically that I believe by this time some of
14 the evaluations that needed to be completed and
15 sent to DTARC were already completed. She was
16 communicating that she was receiving some -- the
17 FTARC had proceeded at the facility level I
18 think by this time, yeah, the most recent FTARC,
19 so I think all of the facility could have done
20 up to that point was completed by that time.

21 So from our end, we did what we could
22 do to facilitate her accomplishing what she
23 wanted to accomplish. And the cautioning, of
24 course, as with anything in our system, you
25 know, there's still another step. So though at

1 the facility level, I think we probably did as
2 far as what we could do as far as our
3 assessments from a mental health aspect and
4 likely the medical aspect as well; that, you
5 know, don't -- again, I always try to give
6 everyone a balanced view of reality, so things
7 might go the way you want to or they may not,
8 so...

9 Q. So you additionally noted:

10 "Offender Brown expressed
11 hopefulness that she may be the first
12 transgender offender to receive
13 gender-affirming surgery without
14 needing to pursue litigation to do so."

15 Did I read that correctly?

16 A. Uh-huh.

17 Q. In your view as her mental health care provider,
18 did this hopefulness contribute to her
19 representation at this time that she was
20 content?

21 A. Partially. So that wasn't the only thing she
22 had described. Throughout the note, if just
23 glancing through, she reported like distress
24 levels were better. She was able to focus on
25 doing school work better. She was fine with her

1 weight. She wasn't as hyper focused as all of
2 those things could have been connected to that
3 or not. I don't know necessarily if it would
4 have been. I'm sure it could have contributed,
5 but, also, she was thinking about other things
6 and not as focused on the process at this time.

7 So I don't know if there was additional
8 information she may have received from other
9 parties or anything like that, but based on the
10 presentation that day, you know, she was just
11 thinking in a different direction and wanted to
12 improve relationships with some individuals that
13 she thought she might have disrupted some
14 alliances with.

15 Q. Did you understand Mrs. Zayre-Brown to be
16 experiencing gender dysphoria on this day?

17 A. Yes, that was still her diagnosis. And notably
18 she reported a level of 11 despite, again, all
19 of the functional descriptions of improvement,
20 so there's that inconsistency, whereas a
21 clinician, particularly in the setting, we often
22 see that folks will say I'm a 10, I'm an 11, but
23 the rest of their functioning and appearance and
24 presentation doesn't -- isn't necessarily
25 consistent with that.

1 So I do believe, yes, she was still
2 experiencing gender dysphoria. That was still
3 her diagnosis. She was reporting an 11 that
4 day, but as far as presentation-wise, I wouldn't
5 have necessarily rated that as high from my
6 perspective.

7 Q. Your representation to Mrs. Zayre-Brown on this
8 day was that it seemed that things were on the
9 right track for her to potentially receive
10 surgery, correct?

11 A. That's what she had communicated that she felt.

12 Q. And that the surgery that she was seeking was at
13 that point genital gender-affirming surgery,
14 correct?

15 A. As far as I'm aware, yes.

16 Q. And that surgery would have removed her phallus;
17 is that correct?

18 A. Yes.

19 Q. And to the best of your understanding, what is
20 the main source of Mrs. Zayre-Brown's gender
21 dysphoria?

22 A. She was referred to still having the phallus.

23 Q. And so if on this day Mrs. Zayre-Brown was of
24 the belief that she was going to be having
25 surgery to remove her phallus, could that have

1 contributed to the fact that she might have
2 seemed more content and hopeful?

3 ATTORNEY RODRIGUEZ: Objection.
4 Speculation.

5 You can answer.

6 THE WITNESS: That would absolutely
7 contribute to that, but, again, as with
8 everything else in each of these notes, there's
9 a larger picture that I view which includes her
10 presentation and her behaviors and kind of other
11 information. And, again, I think it all does
12 relate to, again, the process more so than the
13 actual end point.

14 ATTORNEY MAFFETORE: Understood.

15 I am now going to hand the
16 court reporter what will be marked as
17 Exhibit 13.

18 (WHEREUPON, Plaintiff's Exhibit 13 was
19 marked for identification.)

20 BY ATTORNEY MAFFETORE:

21 Q. And Exhibit 13 is a document Bates-stamped
22 DAC 376.

23 Do you recognize Exhibit 13?

24 A. Yes.

25 Q. What is it?

1 A. A mental health progress note dated January 3,
2 2022, by me.

3 Q. And does this mental health progress note
4 pertain to Mrs. Zayre-Brown?

5 A. Yes, it does.

6 Q. And when you had this encounter with
7 Mrs. Zayre-Brown on January 3, 2022, did she
8 report that she was experiencing gender
9 dysphoria?

10 A. Yes. She reported a level of 10.

11 Q. And on the second page of this document,
12 Exhibit 13, you've noted that she consistently
13 reports a level of 10 due to desire for surgery,
14 correct?

15 A. Uh-huh.

16 Q. And what did you mean by due to desire for
17 surgery?

18 A. That she would like the surgery to proceed, and
19 she consistently was reporting high levels of
20 dysphoria because that had not happened yet.

21 Q. And so by -- because it had not happened yet,
22 that meant that Mrs. Zayre-Brown still had what
23 you referred to as her phallus, correct?

24 A. Correct.

25 Q. And you had just testified that her phallus was

1 her primary source of gender dysphoria, correct?

2 A. Uh-huh. Yes.

3 Q. So at this time, she was reporting a level of 10
4 of gender dysphoria due to still having a
5 phallus, correct?

6 A. Uh-huh. Yes. She was reporting that, yes.

7 Q. And at this time, did you -- strike that.

8 Did you believe anything short of
9 surgery could ameliorate Mrs. Brown's gender
10 dysphoria at this time?

11 ATTORNEY RODRIGUEZ: Objection to
12 speculation.

13 You can answer.

14 THE WITNESS: I believe that for -- in
15 her opinion, no.

16 ATTORNEY MAFFETORE: You can set that
17 aside.

18 I will now hand to the court reporter
19 what will be marked as Exhibit 14.

20 (WHEREUPON, Plaintiff's Exhibit 14 was
21 marked for identification.)

22 BY ATTORNEY MAFFETORE:

23 Q. Exhibit 14 is a documented Bates-stamped
24 DAC 166.

25 Do you recognize Exhibit 14?

1 A. Absolutely.

2 Q. It's kind of a lengthier document. If you want
3 to go off the record to give you some time to go
4 through it.

5 A. (Witness complying.)

6 Q. Sorry. This is the wrong document, so you don't
7 have to look at it.

8 A. Do you still want me to review it?

9 Q. No, you don't have to.

10 ATTORNEY MAFFETORE: We'll go off the
11 record for one second.

12 (Discussion held off the record.)

13 ATTORNEY MAFFETORE: I'm going to hand
14 you a different document.

15 So I'm going state on the record that
16 what was previously marked as Exhibit 15 has
17 been rescinded, and we will be marking a
18 different document as Exhibit 15.

19 (WHEREUPON, Plaintiff's Exhibit 15 was
20 marked for identification.)

21 BY ATTORNEY MAFFETORE:

22 Q. Do you recognize Exhibit 15?

23 A. This is my first time seeing it, but I recognize
24 it, yes.

25 Q. And Exhibit 15 is a document Bates-stamped

1 DAC 3416.

2 What is Exhibit 15?

3 A. It is a Division Transgender Accommodation
4 Review Committee Report, or DTARC report, dated
5 February 17, 2022.

6 Q. Were you aware that Mrs. Zayre-Brown's case was
7 up for review on February 17, 2022?

8 A. I don't think I knew the exact date, but I
9 thought that that was -- the next quarterly
10 meeting was going to be in February, so I think
11 we were hopeful that she would be up for review
12 at that time.

13 Q. Did anyone seek out your input before the
14 February 17, 2022, meeting regarding
15 Mrs. Zayre-Brown?

16 A. Not that I recall. By this time I was working
17 at NCCIW and wouldn't have had direct additional
18 knowledge that wouldn't have been in the record.

19 Q. Did anybody ask you about the severity of
20 Mrs. Zayre-Brown's dysphoria prior to the
21 February 17, 2022, meeting?

22 A. I don't believe anyone asked me. I believe they
23 would have referred to the record.

24 Q. Did anybody ask you about the persistence of
25 Mrs. Zayre-Brown's gender dysphoria?

1 A. I don't recall anybody directly asking me for
2 anything outside of records.

3 Q. Did anybody seek your input following the
4 February 17, 2022, meeting?

5 A. I have no recollection if anybody -- I don't
6 believe they would have.

7 Q. Did Dr. Junker request any input from you
8 regarding Mrs. Zayre-Brown following this
9 meeting?

10 A. I don't believe so.

11 Q. How about former Assistant Commissioner
12 Brandeshawn Harris?

13 A. No, I don't believe I've had any communication
14 with her.

15 Q. Do you believe -- or did you believe at the time
16 that you stopped seeing Mrs. Zayre-Brown that
17 she was stable?

18 A. At the point at which I saw her, I believe that
19 last contact was one of the notes that we looked
20 at, or maybe one following that, but, yes, at
21 that time I believed she was. There was no
22 reason to, like, refer her for inpatient treat
23 or require a higher level of care at that point
24 for any mental health reasons at that time.

25 Q. What is your understanding of how a patient's

1 stability factors into their suitability for
2 gender-affirming surgery?

3 A. To my knowledge, I believe that typically -- as
4 far as from the division or in general?

5 Q. Based on accepted standards of care for the
6 treatment of gender dysphoria.

7 ATTORNEY RODRIGUEZ: I'm going to
8 object to vague and ambiguous.

9 You can answer.

10 THE WITNESS: I would just -- my best
11 guess would be, and based off of the information
12 that I have, that some level of stability is
13 requested in terms of not displaying
14 significant, for example, trips to inpatient or
15 requiring inpatient mental health care, engaging
16 in self-harm, kind of just the more concerning
17 things that would be like a higher level or
18 being at a high level of distress to the point
19 that the functional impairment is impacted.

20 BY ATTORNEY MAFFETORE:

21 Q. So to make sure I understand your testimony,
22 your understanding is that the type of
23 functional impairment that would lead to, for
24 example, self-harm or suicide attempts,
25 et cetera, would make a patient unsuitable for

1 gender-affirming surgery based on the, for
2 example, guidelines?

3 ATTORNEY RODRIGUEZ: Objection.
4 Ambiguous and mischaracterization of testimony.
5 You can answer.

6 THE WITNESS: So typically, in terms of
7 what I'm aware of, it would be concerning if,
8 for example, the individual is engaging in that
9 behavior or showing significant functional
10 impairment at a time when those determinations
11 were going to be made.

12 I think it's preferred that the person
13 does show some stability. It's not saying that
14 they can't have distress or that they may not
15 have an episode, but it's kind of the overall
16 picture of how someone is looking over time that
17 refers to the stability that's being sought.

18 BY ATTORNEY MAFFETORE:

19 Q. Understood.

20 At the time that you stopped treating
21 Mrs. Zayre-Brown -- well, first, are you
22 familiar with the term de-transition?

23 A. I believe so.

24 Is that the reversal -- if people
25 decide to reverse any surgical procedures.

1 request for gender-affirming surgery?

2 A. Pretty loaded question. I don't know that there
3 would be anything that would be under
4 consideration at the division level.

5 Q. When you stopped treating Mrs. Zayre-Brown, were
6 you aware of any contraindications for
7 Mrs. Zayre-Brown to receiving gender-affirming
8 surgery?

9 A. I don't know what the division would have said.
10 As myself as a clinician, my largest concern for
11 her has always been the focus on the surgery to
12 the exclusion of other factors and the
13 possibility that this may not result in the
14 outcome that you think it will and what happens
15 if that is the case, so the lack of
16 consideration of that, but I think that's
17 something that can be dealt with in ongoing
18 treatment regardless of which way -- or what
19 outcome occurs. I just wanted to make sure she
20 addressed some of the other issues that she has
21 presented and shared.

22 Q. Did you have any reason to believe that
23 Mrs. Zayre-Brown does not still have gender
24 dysphoria today?

25 A. No, I don't have any reason to believe that that

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diagnostic opinion would change.

Q. Do you have any reason to believe that Mrs. Zayre-Brown will stop experiencing gender dysphoria as long as she has a phallus?

ATTORNEY RODRIGUEZ: Objection. Speculation.

You can answer.

THE WITNESS: I don't believe -- I believe that she will continue to express the same -- what she has communicated has not changed. As long as I worked with her, I don't think it would change. I can't imagine it would based off of my knowledge of her.

ATTORNEY MAFFETORE: We can go off the record.

(Discussion held off the record.)

ATTORNEY MAFFETORE: Dr. Bowman, I have no further questions for you. So unless your counsel has no questions, you're done.

ATTORNEY RODRIGUEZ: No, no questions.

THE WITNESS: Thank you.

[SIGNATURE RESERVED]

[DEPOSITION CONCLUDED AT 12:53 P.M.]

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COURT REPORTER'S CERTIFICATE

I, DENISE MYERS BYRD, Court Reporter, CSR 8340,
the officer before whom the foregoing deposition of
MARVELLA BOWMAN, Ph.D., was conducted, do hereby certify
that the witness's testimony was taken down by me in
stenotype to the best of my ability and thereafter
transcribed under my supervision; and that the foregoing
pages, inclusive, constitute a true and accurate
transcription of the testimony of the witness.

Before completion of the deposition, review of the
transcript [X] was [] was not requested. If requested, any
changes made by the deponent (and provided to the reporter)
during the period allowed are appended hereto.

I further certify that I am neither counsel for,
related to, nor employed by any of the parties to this
action, and further, that I am not a relative or employee of
any attorney or counsel employed by the parties thereof, nor
financially or otherwise interested in the outcome of said
action. Signed this 10th day of July 2023.

Denise Myers Byrd
CSR 8340, RPR