

EXHIBIT C

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NORTH DAKOTA
SOUTHWESTERN DIVISION

MKB MANAGEMENT CORP, D/B/A RED)
RIVER WOMEN'S CLINIC, AND) Civil No:
KATHRYN L. EGGLESTON, M.D.,) 1:13-CV-071

Plaintiffs,)

-vs-)

BIRCH BURDICK, in his official)
capacity as State Attorney for Cass)
County; WAYNE STENEHJEM, in his)
official capacity as Attorney General)
for the State of North Dakota; and)
LARRY JOHNSON, M.D.; ROBERT TANOUS,)
D.O.; KATE LARSON, P.A.C.; NORMAN)
BYERS, M.D.; CORY MILLER, M.D.;)
KAYLEEN WARDNER; GAYLORD KAVLIE,)
M.D.; KENT MARTIN, M.D.; KENT)
HOERAUF, M.D.; BURT RISKEDAHL;)
JOHNATHAN HAUG, M.D.; AND ROBERT)
J. OLSON, M.D., in their official)
capacities as members of the North)
Dakota Board of Medical Examiners,)

Defendants.

D E P O S I T I O N

of

TAMMI KROMENAKER

November 26, 2013

12:30 p.m.

Taken at: JOE TURMAN OFFICES
505 North Broadway, Suite 207
Fargo, North Dakota

REPORTER: KRISTEN M. KEEGAN

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1 APPEARANCES
 2
 3 DANIEL L. GAUSTAD
 Special Assistant Attorney General
 4 24 North 4th Street
 P.O. Box 5758
 5 Fargo, North Dakota 58108-6017
 dan@grandforkslaw.com
 6 COUNSEL FOR STATE DEFENDANTS
 7
 8 DAVID BROWN
 Staff Attorney, U.S. Legal Program
 9 Center for Reproductive Rights
 120 Wall Street, 14th Floor
 10 New York, New York 10005
 dbrown@reprorights.org
 11 COUNSEL FOR PLAINTIFFS
 12
 13 JANET CREPPS
 Senior Counsel, U.S. Legal Program
 14 Center for Reproductive Rights
 120 Wall Street, 14th Floor
 15 New York, New York 10005
 jcrepps@reprorights.org
 16 COUNSEL FOR PLAINTIFFS
 17
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1 WHEREUPON,
 2 the following proceedings were had
 3 to-wit:
 4 TAMMI KROMENAKER, a witness, called by the
 5 Defense, being first duly sworn, testified on her
 6 oath as follows:
 7 BY MR. GAUSTAD: EXAMINATION
 8 Q. Will you state your name.
 9 A. Tammi Kromenaker.
 10 Q. Okay. I may mispronounce the name --
 11 A. That's fine.
 12 Q. -- and I apologize for that. My name
 13 is Dan Gaustad. I represent the state defendants
 14 in this action. As I understand, you're here as
 15 the designated -- corporate designee for -- is it
 16 MKB?
 17 A. MKB Management, yes.
 18 Q. Yes. You were here during the
 19 deposition of Dr. Eggleston --
 20 A. Yes.
 21 Q. -- correct? So you kinda understand
 22 what the rules are? I don't think I need to go
 23 through them again unless there's some confusion?
 24 A. Nope. That's fine.
 25 Q. Have you been deposed before?

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1 A. No, I have not.
 2 Q. For today's deposition, what did you
 3 do to prepare? Who did you speak to?
 4 A. My attorneys.
 5 Q. Anybody else?
 6 A. No.
 7 Q. Did you review anything?
 8 A. No, I did not.
 9 Q. Okay. Your involvement in any other
 10 litigation and I'm talking just anything as a
 11 witness, as a plaintiff, defendant, if you've
 12 been involved in litigation before?
 13 A. With MKB in other cases, yes.
 14 Q. Okay. And one was a State Court case
 15 that's still going on, right?
 16 A. Correct.
 17 Q. Any other cases with MKB?
 18 A. Yes. Well, that case which S.B.
 19 2305 has been added to, and in 2001, there was a
 20 case, a false advertising case.
 21 Q. That was brought by who?
 22 A. A citizen of North Dakota.
 23 Q. Do you remember who that was?
 24 A. Amy Jo Matson.
 25 Q. She brought it against the clinic?

2 (Pages 2 to 5)

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1 A. Yes.
 2 Q. Tell me -- I don't understand. False
 3 advertising?
 4 A. We had a brochure that stated an
 5 abortion does not cause breast cancer, and she
 6 disagreed with that and accused us of false
 7 advertising.
 8 Q. Okay. What was the outcome?
 9 A. We prevailed at the North Dakota
 10 Supreme Court.
 11 Q. Okay. Any other -- you were --
 12 you're the director at that time, right?
 13 A. Yes.
 14 Q. Okay. And so your involvement would
 15 have been kinda like a witness or representing
 16 the clinic in that case? Were you actually a
 17 named party?
 18 A. I was not a named party.
 19 Q. Okay. Do you know who else besides
 20 the clinic was the named party in that action?
 21 A. No.
 22 Q. And was Amy Jo, I didn't get the last
 23 name. I didn't write it down.
 24 A. Matson.
 25 Q. Matson. Was she the only plaintiff?

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1 A. Yes.
 2 Q. You were successful at the North
 3 Dakota Supreme Court. What happened at the trial
 4 court level?
 5 A. We prevailed at the trial court as
 6 well.
 7 Q. On both levels?
 8 A. Yes.
 9 Q. Okay. Was there -- so you prevailed
 10 at both the Trial Court and the Supreme Court
 11 level?
 12 A. Yes.
 13 Q. Okay. Any other litigation you've
 14 been involved with? We've talked about this one
 15 obviously and --
 16 A. Yes. In 2009, the State of North
 17 Dakota passed a bill regarding ultrasounds that
 18 we challenged and were able to come to a
 19 settlement, I believe is the proper term with the
 20 State on that.
 21 Q. Okay. What was the statute that --
 22 what was the problem in your estimation?
 23 A. It was a confusing statute that we
 24 weren't sure how to implement at the clinic.
 25 Q. Okay. What was the statute? I mean,

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1 as a result of the settlement, did you clear up
 2 -- you got some clarity?
 3 A. Yes. We were able to clarify what
 4 the statute called for and what we were supposed
 5 to do at the clinic.
 6 Q. Okay. And that deals with
 7 ultrasounds?
 8 A. Correct.
 9 Q. Tell me what it is then that you have
 10 to -- the clarity.
 11 A. We have to offer women the
 12 opportunity to receive and view an active
 13 ultrasound of her pregnancy at least 24 hours in
 14 advance.
 15 Q. Of the abortion?
 16 A. Of the abortion. It's part of the
 17 informed, 24 hour informed consent process.
 18 Q. Okay. And it is a 24 hour process,
 19 right? That before the woman can have an
 20 abortion, there's a 24 hour kinda waiting period?
 21 A. That's correct.
 22 Q. 'Cause I thought Dr. Eggleston
 23 thought it was 24 to 48 hours, but it is just 24
 24 hours, right?
 25 A. The waiting period in North Dakota is

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1 a 24 hour waiting period.
 2 Q. Okay. Any other litigation that
 3 you've been involved in?
 4 A. Not that I can recall.
 5 Q. How about any -- have you been
 6 involved or the clinic been involved in any type
 7 of complaints with any type of medical boards?
 8 A. No.
 9 Q. Your education. Do you have a
 10 degree? Post high school degree?
 11 A. Yes. I have a bachelor's degree in
 12 social work.
 13 Q. When did you get that?
 14 A. 1994.
 15 Q. Where?
 16 A. Moorhead State University.
 17 Q. Did you ever use -- I mean, in a --
 18 like a social services -- an agency, did you ever
 19 work for a social services agency?
 20 A. Yes, I did.
 21 Q. Where?
 22 A. Becker County Social Services.
 23 Q. And what did you do there?
 24 A. I was a child support officer.
 25 Q. And when was that?

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1 A. 1995 and 1996.
 2 Q. So right out of college?
 3 A. About a year later.
 4 Q. What did you do between that year you
 5 graduated before you came to social services?
 6 A. I worked at another -- the former
 7 abortion clinic in Fargo part time, and I also
 8 worked at the YWCA Women's Shelter part time.
 9 Q. And that was that interim period
 10 between when you graduated from MSU and this
 11 Becker County Social Services?
 12 A. Yes. I worked at both of those
 13 places.
 14 Q. In that one year period of time
 15 roughly?
 16 A. Yeah.
 17 Q. Okay. And why did you decide to go
 18 to Becker County Social Services?
 19 A. It was full-time employment.
 20 Q. How long did you work there?
 21 A. Approximately nine months.
 22 Q. Why'd you leave?
 23 A. I had a baby.
 24 Q. And then what did you do after you --
 25 Becker County?

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1 A. Then I became a full-time staff
 2 person at Fargo Women's Health Organization.
 3 Q. Is that the former clinic that was
 4 before this MKB?
 5 A. Yes.
 6 Q. And what did you do there?
 7 A. I was the assistant administrator.
 8 Q. And as an assistant administrator,
 9 what did you -- what were your duties?
 10 A. Much of what I do now just overseeing
 11 day-to-day operations.
 12 Q. So what you did for the Fargo Women's
 13 Health Organization is similar to what you're
 14 doing today?
 15 A. Similar, yes.
 16 Q. Okay. Tell me a difference.
 17 A. I had less responsibility when I
 18 first started there --
 19 Q. Okay.
 20 A. -- at the Fargo Women's Health
 21 Organization.
 22 Q. How long did you work for Fargo
 23 Women's Health Organization?
 24 A. I began part time there in November
 25 of 1993, full time 1996, and I left there in July

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1 of 1998.
 2 Q. Why?
 3 A. To start working at Red River Women's
 4 Clinic.
 5 Q. And that Fargo Women's Health
 6 Organization, that doesn't exist anymore, right?
 7 A. No. It has closed.
 8 Q. When did it close?
 9 A. I believe the end of January 2001.
 10 Q. And was there a problem that you
 11 decided to go to the Fargo Women's Clinic versus
 12 the Fargo Women's Health Organization that caused
 13 you to make the transfer?
 14 A. I liked my boss better.
 15 Q. Over at the clinic -- the clinic
 16 you're at now?
 17 A. Correct.
 18 Q. It was a lateral move though wasn't
 19 it? From a professional standpoint?
 20 A. Basically yes.
 21 Q. And you've been at the Fargo Women's
 22 Clinic since '98 then?
 23 A. I've been at Red River Women's --
 24 Q. Excuse me.
 25 A. -- Clinic since July of 1998, yes.

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1 Q. Yeah. Let's talk about what your
 2 position was when you first came over in '98.
 3 What was --
 4 A. I was the clinic director at that
 5 time and have been the clinic director since that
 6 time.
 7 Q. Okay. So you became the clinic
 8 director all the way from '98 forward?
 9 A. Correct.
 10 Q. Okay. We'll get into that in a
 11 little bit. Any type of post-graduate degrees
 12 that you've got?
 13 A. No.
 14 Q. How about any type of licenses?
 15 A. I had a social work license at one
 16 time, and I have not renewed it.
 17 Q. When was it last renewed?
 18 A. I got it right out of college, and I
 19 honestly don't remember how long they're active
 20 for. I probably renewed it -- I know I took
 21 continuing education, so I probably renewed it at
 22 least once. So it may have been a year or two or
 23 up to four. I honestly don't remember how long
 24 Minnesota licenses for.
 25 Q. Okay. You've never been licensed in

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1 North Dakota as a social worker?
 2 A. No, I have not.
 3 Q. And so it's been a number of years
 4 since you've had your social work license; is
 5 that fair?
 6 A. Correct.
 7 Q. Probably more then ten years?
 8 A. Correct.
 9 Q. Any other licenses that you --
 10 driver's license obviously, right?
 11 A. Yes. I have a driver's license.
 12 Q. Any other -- and I think you
 13 understand what I'm -- any other type of --
 14 A. I have no other professional
 15 licenses.
 16 Q. How about any type of designations?
 17 Professional designations? Special designations
 18 that you might hold?
 19 A. What do you mean by designations?
 20 Q. Something more than just a licensed
 21 social worker. You've attained some board
 22 certification or anything like that?
 23 A. No, I have not.
 24 Q. Have you served on any type of boards
 25 or organizations?

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1 A. Yes. I'm currently on the board of
 2 The Abortion Care Network.
 3 Q. And how long have you been on that?
 4 A. Approximately three to four years.
 5 Q. How do you get -- does somebody
 6 nominate you or how do you get on that board?
 7 A. You make an application and you gain
 8 board approval.
 9 Q. How many members are on that board?
 10 A. Approximately a dozen.
 11 Q. Is this a national organization?
 12 A. Yes, it is.
 13 Q. What does it do?
 14 A. The Abortion Care Network is an
 15 organization that represents independent abortion
 16 providers.
 17 Q. What do you mean by independent
 18 abortion providers?
 19 A. Independent abortion providers are
 20 providers like Red River Women's Clinic that have
 21 no national affiliate.
 22 Q. And I'm gonna ask you: What national
 23 affiliate? Give me an example of that.
 24 A. For an example, Planned Parenthood is
 25 part -- is a, you know, the Planned Parenthood

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1 Clinic in Sioux Falls that Dr. Eggleston
 2 referenced, is part of the affiliate of Planned
 3 Parenthood which has a national organization
 4 Planned Parenthood Federation of America. So an
 5 independent abortion provider is a doctor in
 6 their solo practice, a clinic like Red River
 7 Women's Clinic, or a hospital that has no --
 8 basically not Planned Parenthood.
 9 Q. Does it belong to this National
 10 Abortion Federation though?
 11 A. Does what?
 12 Q. The Fargo clinic.
 13 A. Red River Women's Clinic is a member
 14 of the National Abortion Federation, yes.
 15 Q. Okay. And how is that different than
 16 between that Planned Parenthood and National
 17 Abortion Federation?
 18 A. NAF is a professional membership
 19 organization and Planned Parenthood is a
 20 corporation.
 21 Q. Okay. And so Planned Parenthood runs
 22 the clinics? Is that -- and the National
 23 Abortion --
 24 A. I don't work for Planned Parenthood
 25 so I'm not exactly sure how that works. That's

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1 my understanding.
 2 Q. Okay. That's your understanding that
 3 they actually operate the clinics?
 4 A. Yes.
 5 Q. Okay. And the National Abortion
 6 Federation, they don't run the clinics? They
 7 evidently provide some protocol but --
 8 A. They do not run clinics. Correct.
 9 Q. Any other boards?
 10 A. I'm also on the board of The North
 11 Dakota Women in Need Abortion Access Fund.
 12 Q. And how long have you been on that?
 13 A. 14 years.
 14 Q. And how many board members are there?
 15 A. Approximately a dozen.
 16 Q. And how does one get on that board?
 17 A. Makes an application and the board
 18 determines if that person will be on the board or
 19 not.
 20 Q. Okay. And that's just within the
 21 State of North Dakota, right?
 22 A. Yes.
 23 Q. What does this organization do?
 24 A. The North Dakota Women Abortion
 25 Access Fund is a 501c3 charitable fund that helps

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1 women seeking reproductive healthcare services at
 2 Red River Women's Clinic afford those services.
 3 Q. So they pay the fees then?
 4 A. They assist with grants for services.
 5 Q. Do they issue the grants themselves?
 6 A. The Red River Women's Clinic bills
 7 the WIN Fund for the grants given to women.
 8 Q. Okay. And so the funds come from
 9 this access fund organization that you're
 10 involved with, correct?
 11 A. Yes.
 12 Q. So there's a -- I'm gonna put it in
 13 laymen's terms. If the cost is let's say \$500,
 14 the woman comes up with \$200, this access fund
 15 would then make up the \$300 difference?
 16 A. Not every time.
 17 Q. No. But to the extent that they do,
 18 is that kind of the way it works? Just as kind
 19 of an example?
 20 A. If the woman meets the guidelines set
 21 out by the board of the WIN Fund to receive grant
 22 money, it will be designated towards her, yes.
 23 Q. Okay. Any other boards?
 24 A. Yes. The North Dakota Planned
 25 Parenthood Advisory Council.

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1 Q. And what is that?
 2 A. It is a board for the local Planned
 3 Parenthood affiliate, and we advise the Planned
 4 Parenthood public affairs office and provide
 5 support.
 6 Q. That I don't understand. What do you
 7 mean provide support? It's a lot of words that
 8 didn't say much to me that candidly.
 9 A. I sit on the advisory committee of
 10 somebody who is knowledgeable about reproductive
 11 health in North Dakota, and I provide that
 12 information and -- to the Planned Parenthood
 13 affiliate.
 14 Q. And that's I think Dr. Eggleston
 15 talked about some advocacy -- Planned Parenthood
 16 advocacy that she was involved with that. Is
 17 that the Planned Parenthood you're referring to?
 18 A. I don't think Dr. Eggleston is
 19 involved in the advocacy. There's a public
 20 affairs office of the affiliate that she works
 21 for that is located here in Fargo, North Dakota.
 22 Q. Okay. And is this Planned Parenthood
 23 Advisory Council kinda part of the Planned
 24 Parenthood National Organization?
 25 A. It's associated with the St. Paul

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1 affiliate which is associated with Planned
 2 Parenthood Federation of America.
 3 Q. So the answer is yes?
 4 A. Yes.
 5 Q. Okay. Any other organizations or
 6 boards you're -- you're on?
 7 A. I was recently asked to join the
 8 Social Workers for Reproductive Justice Advisory
 9 Council. I don't think that's really considered
 10 a board though.
 11 Q. Are you on that?
 12 A. It's newly formed. That's all I can
 13 -- that's all I know about it at this point.
 14 Q. Okay. You've been asked but you
 15 don't know if you're on it or not?
 16 A. I know I'm on it. It's a very new
 17 organization. We have not even had a meeting.
 18 Q. Okay. Do you know what the purpose
 19 of this organization is?
 20 A. I don't think that's been -- I don't
 21 think the mission statement has been created.
 22 Q. Okay. Any other boards?
 23 A. Not that I can think of, no.
 24 MR. GAUSTAD: Would you mark
 25 this, please.

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1 (Deposition Exhibit No. 8 was marked
 2 for identification.)
 3 Q. Ms. Kromenaker, (phonetic) did I say
 4 that right?
 5 A. Kromenaker.
 6 Q. Kromenaker. Sorry. You have Exhibit
 7 Number 8 in front of you?
 8 A. Yes, I do.
 9 Q. And looking at the last page, that's
 10 your signature?
 11 A. It is.
 12 Q. Okay. We talked about you becoming
 13 clinic director in 1998, and I'm looking at
 14 paragraph 3. "As director, I am responsible for
 15 overseeing the Clinic's day-to-day operations."
 16 Do you see that?
 17 A. Yes, I do.
 18 Q. And then you describe what that
 19 means. As I understand, it includes personnel
 20 matters?
 21 A. Correct.
 22 Q. Tell me what you do with personnel
 23 matters.
 24 A. I hire and schedule staff.
 25 Q. You schedule Dr. Eggleston?

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1 A. I work with Dr. Eggleston on her
 2 schedule, yes.
 3 Q. Is that -- and what about the other
 4 physicians that perform abortions? Are they
 5 scheduled through you?
 6 A. Yes.
 7 Q. Are those other physicians, are they
 8 OB/GYN or are they just in the family practice
 9 that Dr. Eggleston has?
 10 A. All of our physicians are board
 11 certified family medicine.
 12 Q. Okay. So are they OB/GYN or not?
 13 A. No. They are family -- they are
 14 board certified in family medicine.
 15 Q. Okay. And then you -- part of your
 16 day-to-day operations is the clinic's business
 17 affairs. Tell me what that means.
 18 A. It means I run the pay roll, I pay
 19 the bills, oversee ordering supplies.
 20 Q. Anything else that would fall within
 21 that business affair?
 22 A. No, I don't think so.
 23 Q. And then you say, "serving patients
 24 in virtually all non-medical capacities,
 25 including education, counseling, and billing."

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1 Do you see that?
 2 A. Yes.
 3 Q. Tell me what you do as far as the
 4 non-medical education.
 5 A. I often make appointments, and when
 6 patients are in the clinic, I answer questions
 7 and provide them information.
 8 Q. What type of information do you
 9 provide them?
 10 A. Information about the services that
 11 Red River Women's Clinic offers.
 12 Q. Are patients in there for only one
 13 reason to get an abortion?
 14 A. No.
 15 Q. Okay. How much of your -- of the Red
 16 River Clinic is abortion? Percentage wise.
 17 A. Over 90 percent.
 18 Q. Would that be, you know, the revenue
 19 stream too? Is that what you're -- be 90 percent
 20 of the revenue is from abortions?
 21 A. Yes.
 22 Q. So tell me what the other ten percent
 23 comprises of.
 24 A. We do walk-in pregnancy tests, sexual
 25 transmitted infection screenings, and provide

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1 birth control to non, you know, patients who are
 2 not having an abortion that day.
 3 Q. And so you're providing the
 4 information primarily on the abortion services,
 5 correct?
 6 A. No. I'm providing information on all
 7 of the services that we offer at the clinic.
 8 Q. Okay. But if 90 percent of your
 9 services are abortion, it would be about 90
 10 percent of the information you're providing would
 11 be about abortion?
 12 A. That's correct.
 13 Q. Is this information in written form
 14 or --
 15 A. It's in various forms.
 16 Q. Okay. Is it in written form that the
 17 State of North Dakota requires?
 18 A. Yes.
 19 Q. Okay. And you provide that
 20 information --
 21 A. Yes.
 22 Q. -- that's part of your day-to-day
 23 operations, correct?
 24 A. Yes.
 25 Q. Is there information that the clinic

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1 has prepared itself?
 2 A. On our website we have information.
 3 Q. But that's -- do you provide that
 4 then to the women when they come in? Is that
 5 part of your day-to-day operations?
 6 A. Well, I maintain the clinic's
 7 website, so I believe that women receive
 8 information from us in a variety of ways --
 9 Q. Okay.
 10 A. -- both with the state required
 11 materials, verbally over the phone asking
 12 questions, they may visit our website ahead of
 13 time to get some of that information, and then
 14 when they're physically in the building, we
 15 provide them information both, you know,
 16 verbally, written, however they --
 17 Q. When the patient comes in, are you
 18 the designated go-to person then to say if
 19 there's some question they have it's talk to
 20 Tammi?
 21 A. What do you mean by when they come
 22 in?
 23 Q. When they walk into your clinic and
 24 they're looking for information, are you the
 25 go-to person?

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1 A. No. We have many staff who are
 2 trained to provide information.
 3 Q. Okay. And when you say trained, what
 4 training do they go to to provide that
 5 information?
 6 A. We train our staff.
 7 Q. Okay. How? Tell me what you do to
 8 train your staff.
 9 A. We train our staff on Red River
 10 Women's Clinic protocols and how we conduct, you
 11 know, our services at our clinic. Many of our
 12 staff are also nurses so they've received
 13 training through their nursing course of --
 14 course of education.
 15 Q. Okay. Do they have any other special
 16 type of training that they go to so that they
 17 know what type of information, what type of
 18 responses should be given to patients?
 19 A. Many staff go to professional
 20 conferences and we have ongoing, you know, staff
 21 meetings that Dr. Eggleston will be present at so
 22 that staff can ask questions of her.
 23 Q. And she's the one that sets the
 24 protocols to the procedures for abortions,
 25 correct?

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1 A. Yes.
 2 Q. What about as far as your non-medical
 3 counseling. What do you do there?
 4 A. We educate --
 5 Q. I'm asking about you. 'Cause you --
 6 I'm talking about your day-to-day operations.
 7 And you say you serve virtually -- patients in
 8 virtually all non-medical capacities. And you've
 9 said counseling. So I'm asking about you.
 10 A. I make many of the appointments, and
 11 I speak to many patients when they're in our
 12 building.
 13 Q. So what is it that you do as far as
 14 counseling? I understand you make the
 15 appointments and you talk to them, but what is it
 16 that you're doing as far as this counseling is
 17 concerned?
 18 A. It's part of our patient education
 19 process of talking with the woman about her
 20 circumstances and her situation and providing her
 21 information on what she needs from us that day.
 22 Q. How many people are providing this
 23 non-medical counseling besides you?
 24 A. Most of our staff are cross-trained
 25 in many areas, so it -- there's approximately

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1 five to seven people who, when I'm answering that
 2 question, I'm thinking of who knows how to be
 3 part of the patient education session.
 4 Q. And these five to seven people are
 5 they -- are they all RNs? Do you know?
 6 A. Well, I think I'm gonna -- say --
 7 elaborate a little more that all or our staff
 8 are, you know, trained and educated to answer
 9 questions throughout the day whatever station a
 10 patient might, you know, be at at that time.
 11 Q. And that training is through the
 12 clinic?
 13 A. And in addition to some of our staff
 14 are nurses, part of their nursing education.
 15 Q. How many nurses do you have on staff?
 16 A. Approximately five to six.
 17 Q. How many social workers do you have
 18 on staff?
 19 A. I don't know that I can at this
 20 moment tell you every single person's educational
 21 degree. I know for a fact I have a social work
 22 degree and as I think about our staff, I don't
 23 know -- memorized what all of their, you know,
 24 degrees are.
 25 Q. Have you ever advertised -- you're

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1 the clinic director, have you ever advertised
 2 saying hey we're hiring social workers?
 3 A. No. I don't believe we've ever run a
 4 specific add for a social worker.
 5 Q. How about like psychiatrist or a
 6 psychologist? How many are on staff?
 7 A. Zero.
 8 Q. Do you know if you have any licensed
 9 counselors on staff?
 10 A. I do not have any licensed counselors
 11 on staff at this time, no.
 12 Q. Have you ever had any licensed
 13 counselors on staff?
 14 A. Yes, I have.
 15 Q. When?
 16 A. Sometime in the past decade.
 17 Q. Okay. Do you know for a length of
 18 time they were employed?
 19 A. I had a staff person who was getting
 20 her master's and licensing. I don't recall the
 21 exact dates when she was from master's to
 22 licensed and, you know, she worked at our clinic
 23 throughout that time.
 24 Q. And she's no longer with the clinic,
 25 correct?

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1 A. Correct.
 2 Q. Do you know why she left?
 3 A. She needed full-time employment.
 4 Q. The billing is pretty
 5 self-explanatory I suspect? You send out the
 6 bills and you receive payments. Or is there
 7 something more to the billing?
 8 A. No. It's a very straight forward.
 9 We don't bill patients. The patients pay the day
 10 that they receive their services.
 11 Q. Before --
 12 A. But billing --
 13 Q. -- is that before they walk in? Do
 14 they come to the desk and say here's my money?
 15 A. No.
 16 Q. When is it in the process that they
 17 cut the check?
 18 A. We don't take checks. Patients
 19 pay --
 20 Q. It's an analogy. I'm sorry.
 21 A. -- patients pay after we've
 22 determined how far along they are, what their
 23 blood type is, if they want STI testing or not,
 24 and what method of birth control they want or
 25 not.

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1 Q. And -- 'cause that's all factored in
 2 to what the fees are going to be then?
 3 A. That is correct.
 4 Q. How much is it for an abortion?
 5 A. An abortion in the first trimester is
 6 \$550.
 7 Q. And that's the first -- how many
 8 weeks of Imp is that?
 9 A. Up to 12 weeks.
 10 Q. Okay. And then after 12 weeks is it
 11 more?
 12 A. Yes.
 13 Q. How much?
 14 A. 12 to 13 weeks is \$600, 14 weeks is
 15 \$750, 15 weeks is \$850.
 16 Q. And how long have you -- that fee
 17 structure been in place? Have there been
 18 changes?
 19 A. There's been changes in the 15 years
 20 that we've been open. I believe the fee
 21 structure that's in place right now has been in
 22 place for at least the last -- we've not raised
 23 our prices in three to five years.
 24 Q. Do you have any other
 25 responsibilities at the clinic other than what's

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1 shown in Exhibit Number 3 -- or excuse me,
 2 paragraph 3 of Exhibit Number 8?
 3 A. No.
 4 Q. Why is it your fees, as far as the 12
 5 to 13, why does it go up?
 6 A. We have to pay the physician more.
 7 Q. Do you know why that is?
 8 A. My understanding it's standard to pay
 9 the physician more after the first trimester.
 10 Q. But do you know why that's standard?
 11 A. Because of their skill and expertise
 12 and the procedure may take a little bit more of
 13 their time.
 14 Q. Okay. Any other reason that you know
 15 as to why it costs more?
 16 A. No.
 17 Q. Is there -- does the National
 18 Abortion Federation kinda set the standard?
 19 A. No, they do not.
 20 Q. In paragraph 4, of your declaration,
 21 which is Exhibit Number 8, you say the clinic is
 22 only open one day per week, correct?
 23 A. That's what it says, yes, and that is
 24 generally true.
 25 Q. Is there a time when it's open more

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1 then one day per week? Or excuse me, performs
 2 abortions more than one day per week?
 3 A. Yes.
 4 Q. How often does that happen?
 5 A. Once every couple of months.
 6 Q. Okay. And how many days does --
 7 every couple of months does it occur? Is it two
 8 days? Three days? Four days?
 9 A. Two days per week.
 10 Q. So the maximum is two days per week?
 11 A. That is generally the practice, yes.
 12 Q. And why is it that you're only
 13 performing abortions one day per week?
 14 A. That's our physician availability and
 15 our patient demand.
 16 Q. And you're talking doctor -- the
 17 three physicians that you've got? Those are --
 18 they can only come in one day a week?
 19 A. Correct.
 20 Q. Have you ever advertised to bring a
 21 physician on full time?
 22 A. No.
 23 Q. Why not?
 24 A. We don't have the capacity to provide
 25 a physician with full-time work.

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1 Q. Just not enough patients?
 2 A. Correct.
 3 Q. Any other reason why you wouldn't
 4 bring on a physician more then just one day per
 5 week to do abortions?
 6 A. No.
 7 Q. Is there any other reason why you're
 8 not open more then one day a week other than we
 9 don't have enough patients?
 10 A. We're only open to perform abortions
 11 one day a week due to patient demand and our
 12 physician schedule.
 13 Q. Okay. And the physician schedule,
 14 that's based upon patient demand too, isn't it?
 15 A. Yes.
 16 Q. So ultimately it's, we just don't
 17 have enough patients to warrant more then one day
 18 per week?
 19 A. That's correct.
 20 Q. Any other reason why you don't
 21 perform abortions more then one day per week?
 22 A. None that I can think of.
 23 Q. And there's nothing in the state
 24 statutes that you're aware of that would preclude
 25 you from being open or offering abortions more

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1 then one day a week, right?
 2 MR. BROWN: I'm gonna object to
 3 that. That's a legal question. She doesn't have
 4 any familiarity. She's talking about the
 5 practices not the law.
 6 Q. Are you -- thank you. Are you aware
 7 of anything that would preclude you from being --
 8 from providing abortions more then one day per
 9 week?
 10 MR. BROWN: You can answer the
 11 question.
 12 THE WITNESS: I don't know of
 13 any law, no.
 14 Q. How about anything that would
 15 preclude you other than the number of patients
 16 that want to have an abortion is -- are there any
 17 other reasons why you couldn't offer abortions
 18 more then one day per week?
 19 A. None that I can think of.
 20 Q. Then looking at paragraph 5 of your
 21 declaration. Do you have that in front of you?
 22 A. Yes.
 23 Q. Okay. In that paragraph you set out
 24 the reasons why women seek abortion services. Do
 25 you see that?

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1 A. Yes, I do.
 2 Q. You say, "Fifty-eight percent of the
 3 clinic's patients already have children and many
 4 do not feel they can adequately parent and
 5 support additional children." Do you see that?
 6 A. Yes.
 7 Q. Where would I look to get this
 8 information to support that?
 9 A. From the North Dakota Department of
 10 Health reports.
 11 Q. And where would that show me that
 12 they do not feel they can adequately parent and
 13 support additional children?
 14 A. That's from information that patients
 15 provide to us.
 16 Q. And where would I look to find that
 17 type of information then?
 18 A. Patients have a form that they fill
 19 out plus they also tell us that verbally.
 20 Q. Okay. So I'd look to those forms,
 21 correct?
 22 A. Yeah. There's forms that the
 23 patients tell us about their reasons plus they
 24 also, when they make their appointment, when
 25 they're at the clinic, will say why they are not

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1 going to continue this pregnancy.
 2 Q. And is that type of information then
 3 put into their medical records?
 4 A. The patient fills out a form.
 5 Q. Okay. But when they're at the clinic
 6 does that -- do they tell you why they're seeking
 7 an abortion? Does that then show up in their
 8 medical records?
 9 A. You know, if I'm making an
 10 appointment for somebody and she tells me her
 11 story over the phone, no, I do not write that
 12 story down on the appointment sheet.
 13 Q. Do you know if others write this type
 14 of information in those medical records?
 15 A. Not when a patient tells us
 16 information over the phone.
 17 Q. How about in person?
 18 A. There are times where a patient will
 19 tell us things that we may record but it's not --
 20 there's not a specific form that -- I'm imagining
 21 a checkbox form where we, you know, write down
 22 this, that, or the other that the patient said.
 23 Q. What about a non checkbox? Tell me
 24 the comments the patients made that you would
 25 include within their medical records.

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1 A. Yeah. We may write down some of what
 2 they share with us.
 3 Q. So that fifty-eight percent that
 4 you're referring to in paragraph 5, that only
 5 relates to the clinic's patients having children.
 6 Does that fifty-eight percent also mean -- that's
 7 -- I'm trying to connect the dots here with the
 8 -- fifty-eight percentage is only with respect to
 9 the patients that already have children, correct?
 10 A. Fifty-eight percent of our patients
 11 already have had at least one child, yes. That
 12 is correct.
 13 Q. Going on in that sentence, that
 14 fifty-eight percent doesn't necessarily reflect
 15 the -- that they do not feel that they can
 16 adequately parent and support additional
 17 children. You haven't done that math
 18 calculation, have you?
 19 A. I don't calculate or tabulate
 20 patients' reasons.
 21 Q. Okay. But do you follow what I'm
 22 saying is you've got a 50- -- you've got a
 23 specified percentage of -- in paragraph 5. That
 24 specified percentage only relates to your
 25 patients that already have children, correct?

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1 A. Fifty-eight percent of the clinic's
 2 patients already have children. That is correct.
 3 Q. Okay. And you haven't done that same
 4 type of tabulation with respect to those that do
 5 not feel they can adequately parent and support
 6 additional children, correct?
 7 A. That is correct. I have not
 8 tabulated that.
 9 Q. You make reference to younger
 10 patients. Do you see that in paragraph 5?
 11 A. Yes.
 12 Q. About their education and development
 13 and ability to provide for children in the
 14 future. Are -- what percentage of your patients
 15 are minors?
 16 A. Approximately five percent.
 17 Q. And you also make reference to, they
 18 seek abortions because they are pregnant as a
 19 result or rape, or domestic violence. How many
 20 of your patients do you know are pregnant because
 21 of a rape or -- do you know?
 22 A. No. I don't tabulate that.
 23 Q. Do you do any tabulation as to how
 24 many patients are subject to domestic violence?
 25 A. No, I do not.

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1 Q. How about with respect to -- that the
 2 pregnancy threatens their health?
 3 A. No, I do not.
 4 Q. Does the clinic -- does the clinic
 5 calculate that at all?
 6 A. No.
 7 Q. But that's something as far as the
 8 pregnancy threatens their health, you would
 9 certainly see that in the medical records,
 10 wouldn't we?
 11 A. I'm not a physician and can't -- can
 12 you rephrase the question?
 13 Q. Well, if the pregnancy threatens the
 14 health, and they're in there -- they're seeking
 15 an abortion because -- you said it threatens
 16 their health. Wouldn't I expect to see that in
 17 their medical records?
 18 A. It's possible.
 19 Q. Have you ever seen -- you don't know
 20 -- poorly worded question. Are you aware of an
 21 instance where an abortion was performed because
 22 of -- the pregnancy threatens the health and it
 23 didn't appear in the medical records?
 24 A. I have instances where patients have
 25 been recommended not to continue their pregnancy.

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1 And we have, at times, received records of their
 2 current health condition from their referring
 3 provider.
 4 Q. And that -- those records would then
 5 be within your records for that patient, correct?
 6 A. If we had -- yes. Yes.
 7 Q. And if the patient talked to you
 8 about I've been the subject of domestic violence,
 9 you'd expect to see that in their records too,
 10 wouldn't you?
 11 A. Not necessarily. Domestic violence
 12 is very common and we hear it many times from
 13 patients so it's not something that is -- that
 14 would always be written down or there's not a
 15 checkbox for that.
 16 Q. Okay. How about if they were the
 17 subject of rape? Would we expect to see that in
 18 their medical records? That they've disclosed to
 19 you I was raped and I became pregnant?
 20 A. If a patient discloses it, it's
 21 possible it would show up in her medical record.
 22 Q. And so you're telling me it's
 23 possible it may not show up as well?
 24 A. That is correct.
 25 Q. And then you go on to say that

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1 patients are informed of the risks associated
 2 with abortion and childbirth, and this is not the
 3 only thing that women consider in deciding
 4 whether or not to have an abortion. Do you see
 5 that?
 6 A. Yes, I do.
 7 Q. What risks are you referring to as
 8 far as associated with abortion?
 9 A. As part of the required 24 hour
 10 informed consent statements that we read to a
 11 woman, we list the risks of abortion.
 12 Q. That's it? Is there anything else
 13 that you're aware of?
 14 A. We read quite a bit to the patient as
 15 part of that informed consent process.
 16 Q. Okay. And that's coming from the
 17 State of North Dakota?
 18 A. It is the requirement of the State of
 19 North Dakota, yes.
 20 Q. Other than what's in that informed
 21 consent statement, what other risks that you are
 22 aware of that are associated with abortion?
 23 A. What risks am I aware of?
 24 Q. Well, because you say, "while the
 25 patients are informed of the risks associated

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1 with abortion," is that the only thing that you
 2 talk to them about is what the State of North
 3 Dakota requires you to --
 4 A. We read the required statements to
 5 the patients and a patient -- patients will often
 6 ask questions and we answer those questions.
 7 Q. Concerning the risks associated with
 8 abortion?
 9 A. Correct.
 10 Q. And those risks associated with
 11 abortion, as I understand, those are the things
 12 that are within that informed consent from the
 13 State of North Dakota?
 14 A. Yes.
 15 Q. Do you know do you talk to the
 16 patients about any other risks that may not be
 17 listed in that informed consent that are
 18 associated with abortion?
 19 A. Yes. Patients ask many questions
 20 about the risks of abortion.
 21 Q. Give me an example of --
 22 A. Am I going to die.
 23 Q. Any other --
 24 A. Will my uterus fall out.
 25 Q. And that's all listed from that

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1 informed consent or is that --
 2 A. No. We do not tell them that their
 3 uterus will not fall out.
 4 Q. I understand.
 5 A. That's not part of the informed
 6 consent.
 7 Q. I understand that it's a question
 8 that they're posing after they've read that
 9 informed consent statement, correct?
 10 A. Sometimes before.
 11 Q. What are the risks of -- associated
 12 with childbirth that you are referencing in
 13 paragraph 5?
 14 A. That's also required as part of the
 15 informed consent.
 16 Q. So it's -- whatever's in that
 17 informed consent, that's what you were
 18 referencing in these risks associated with
 19 abortion or childbirth?
 20 A. Yes.
 21 Q. And then you've got that inform
 22 consent and you go on to say, that is not the
 23 only thing that women consider in deciding
 24 whether or not to have an abortion," and I've got
 25 some here listed in paragraph 5. Is there

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1 anything else that you know of as to what women
 2 consider in whether or not to have an abortion?
 3 Other than what's enumerated in paragraph 5.
 4 A. I think it's alluded to in some
 5 younger patients but, you know, the ability to
 6 provide that's not only younger patients, so
 7 financial reasons. I believe -- I don't know
 8 that I could give you a complete list of every
 9 reason that every patient has ever, you know,
 10 told us. These are the general, sort of, most
 11 typical reasons that we hear but many -- you
 12 know, every women is unique, every women has a
 13 unique situation and will have her own reasons.
 14 Q. And in paragraph 5, are these reasons
 15 why women would seek an abortion or actually have
 16 an abortion?
 17 A. I believe women seek an abortion
 18 because they don't want to be pregnant for some
 19 reason.
 20 Q. And tell me what reasons they
 21 consider not having an abortion. Do you know?
 22 If a patient comes and decides not to have an
 23 abortion, do you know what factors that --
 24 A. Many of the same exact reasons.
 25 Q. That are listed paragraph 5?

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1 A. Yes.
 2 Q. Do you need a break?
 3 A. No, I do not. Thank you.
 4 Q. You're statement in the last sentence
 5 of paragraph 5, you say, "women take several days
 6 or weeks to decide whether to continue the
 7 pregnancy or have an abortion." Do you see that?
 8 A. Yes, I do.
 9 Q. Tell me the -- when a woman first
 10 calls to schedule an appointment, what's the
 11 length of time before they're actually brought
 12 into the clinic?
 13 A. At least 24 hours, and it can vary
 14 depending on the woman's financial situation,
 15 ability to get time off from work, provide child
 16 care if she has children she needs to, make the
 17 trip to Fargo, and our availability.
 18 Q. And at that point when they call,
 19 have they made the decision, at least initially,
 20 that they want to seek an abortion? That's why
 21 they're trying at get an appointment at your
 22 clinic?
 23 A. I would assume that somebody calling
 24 and saying I would like to make an appointment
 25 for an abortion has made that decision that that

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1 is her intention.
 2 Q. Okay. And so once that initial phone
 3 call is made, the decision has been made that
 4 she's going to seek and abortion, it's just
 5 trying to schedule things out is the problem? It
 6 could be -- it has to be at least 24 hours but if
 7 there's a longer period of time, it's just a
 8 scheduling problem then, correct?
 9 A. Well, she, you know, has to wait at
 10 least the 24 hours required by law and then
 11 there's a variety of factors that may play into
 12 how soon she can get in. This sentence is
 13 referencing what I believe happens before she
 14 even makes the call to us.
 15 Q. Okay. So when they make the call to
 16 you, they've already gone through this several
 17 days or weeks of deciding whether they want to
 18 continue the pregnancy or have an abortion?
 19 A. That's my experience, yes.
 20 Q. Have they ever told you when they
 21 call for the appointment, geez, this has taken me
 22 forever to decide?
 23 A. Yes.
 24 Q. And is that something that would get
 25 noted in the records somehow?

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1 A. No.
 2 Q. And tell me what information do you
 3 get from a woman when they call in for the
 4 appointment.
 5 A. A lot.
 6 Q. Tell me what's the protocol as to
 7 what the clinic requires to -- the information
 8 you're required to get.
 9 A. We first ask her if she's confirmed
 10 the pregnancy with a pregnancy test, her name,
 11 age, date of birth, where she lives, her last
 12 period, whether or not she's been a patient at
 13 our clinic before, we ask her if she's had an
 14 ultrasound with this pregnancy, then we ask her a
 15 series of medical history questions. Would you
 16 like me to list those?
 17 Q. Just -- go ahead. Yes.
 18 A. We ask her what medications she's
 19 taking, we ask her if she has a history of
 20 asthma, diabetes, seizures, high blood pressure,
 21 we ask her if she has a history of heart surgery,
 22 or heart condition, we ask her if she has a -- if
 23 she's taking blood thinners or has a bleeding
 24 disorder, and we ask her if she has any other
 25 medical problems that she knows of and we also

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1 ask her if she's been hospitalized for any reason
 2 other than childbirth.
 3 Q. Okay. Those are things that are
 4 required by the clinic protocol, correct?
 5 A. Dr. Eggleston has directed us to ask
 6 those questions to screen for medical situations
 7 that might require more information before the
 8 patient comes and sees us.
 9 Q. Okay. And that would then be within
 10 their medical records? You retain that
 11 information?
 12 A. That appointment sheet, it is part of
 13 her medical record.
 14 Q. And to the extent that you -- is
 15 there space in that appointment sheet to add
 16 additional comments the patient may provide to
 17 you do during this communication?
 18 A. Yes. There's spots where somebody --
 19 if a patient tells me she's been raped, I will
 20 write rape on there because we also waive her fee
 21 at that time, so it's an indicator that this
 22 person is not going to be paying the fee.
 23 Q. Okay. And to the extent that you
 24 might write down things like rape or domestic
 25 violence or the reasons why they're seeking an

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1 abortion, it would be within that type of initial
 2 appointment?
 3 A. I generally don't make those kinds of
 4 notes on the appointment sheet. I would put
 5 rape. The only other note I would put is if the
 6 patient says she has, you know, an IUD.
 7 Q. And these -- the items in paragraph
 8 5, as I understand it, you're trying to explain
 9 what the impact of this Heartbeat Detection Bill
 10 has on women, correct? Your patients.
 11 A. I think paragraph 5 is just
 12 explaining why women seek abortion services.
 13 Q. Okay. Paragraph 7 of Exhibit Number
 14 8. You say, "it would be difficult for most
 15 patients to schedule their abortion prior to the
 16 cutoff of approximately six weeks imposed by H.B.
 17 1456."
 18 A. Yes, I see that.
 19 Q. And that's the Heartbeat Detection
 20 Statute, right?
 21 A. Yes.
 22 Q. Does that statute actually make
 23 reference to a time period? Do you know?
 24 A. My understanding of H.B. 1456 is that
 25 it says no abortion can be performed once a

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1 detectable heartbeat is found.
 2 Q. Okay. And you're assuming that that
 3 occurs at around six weeks?
 4 A. Yes.
 5 Q. Okay. So tell me what the purpose of
 6 paragraph 7 is. Is that then to demonstrate the
 7 impact or the harm of the women as a result of
 8 this Heartbeat Detection Statute?
 9 A. Can you repeat the question?
 10 Q. Yeah. You said paragraph 5 is --
 11 your purpose was to explain why women seek
 12 abortions.
 13 A. Yes.
 14 Q. I'm trying to figure out what your
 15 purpose was in drafting paragraph 7. Was that to
 16 describe what the impact of the Heartbeat
 17 Detection Statute would have on your patients?
 18 A. Yes.
 19 Q. And I don't see anything in here
 20 about the impact, in your affidavit as part of
 21 summary judgment, the impact that 1456 would have
 22 on the clinic. Is there anything in your
 23 affidavit that makes reference to any harm or
 24 impact of 1456 has on your clinic?
 25 A. I don't believe there's any

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1 paragraphs that talk about the harm to Red River
 2 Women's Clinic in my affidavit.
 3 Q. The affidavit that's marked as
 4 Exhibit Number 8?
 5 A. Yes.
 6 Q. Do you know what the harm to the
 7 clinic would be from 1456 that's not in your
 8 affidavit?
 9 A. I believe the harm would be we would
 10 no longer be able to stay open.
 11 Q. Why?
 12 A. 'Cause the vast majority of our
 13 patients would not be able to comply with H.B.
 14 1456.
 15 Q. And why wouldn't they be able to
 16 comply with H.B. 1456?
 17 A. For all the reasons I listed in
 18 paragraph 7.
 19 Q. Okay. Any other reason?
 20 A. No.
 21 Q. If you're open more then one day a
 22 week providing services though, would that still
 23 be the same scenario?
 24 A. The patient population wouldn't be
 25 any different if we were op- -- there's -- by

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1 being open more days a week, we're not creating
 2 more women in North Dakota and the surrounding
 3 areas that we serve.
 4 Q. Okay. But that wasn't my question.
 5 I understand that you believe that there's a
 6 limited number of customers that you've got or
 7 patients, potential patients that come in for
 8 abortion services. The question is: If you're
 9 open more days a week providing abortion
 10 services, would that still be the same? The vast
 11 majority of your patients would not be able to
 12 comply with 1456?
 13 A. I think that's still correct, yes.
 14 Q. Why?
 15 A. Again, for all the reasons that are
 16 listed in 7 that it takes a woman time to find
 17 out she's pregnant, decide if she wants an
 18 abortion or not, discuss it with family members
 19 and friends, take a day off of work, provide
 20 childcare, travel to Fargo, that all takes time.
 21 Q. Any other reason that you believe
 22 other than what you've just described there as to
 23 why they wouldn't be able -- even if you're open
 24 more then one day a week, you still believe that
 25 1456 -- the vast majority of women would not be

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1 able to comply with 1456?
 2 A. I believe that is correct.
 3 Q. As far as viability is concerned,
 4 whether an unborn child is viable, do you have
 5 any qualifications to make that judgment as to
 6 when an unborn child is viable?
 7 A. No. I'm not a physician.
 8 Q. It takes medical judgement to -- I
 9 trust, as to whether an unborn child is viable?
 10 A. Viable -- a physician has to answer
 11 that question.
 12 Q. You're not qualified to make that
 13 determination?
 14 A. I am not a physician, no.
 15 Q. So the answer is you're not qualified
 16 to make that determination?
 17 A. To make what determination?
 18 Q. As to whether an unborn child is
 19 viable or not?
 20 A. No. I am not qualified to make that
 21 determination.
 22 Q. Do you know who Stacey Burns is?
 23 A. Yes, I do.
 24 Q. Who is she?
 25 A. Stacey Burns, I don't know her

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1 official title, but she works for the National
 2 Network of Abortion Funds as their social media
 3 person.
 4 Q. Is that one of the organizations
 5 you're involved in?
 6 A. No. The National Network of Abortion
 7 Funds is -- no, I am not involved with The
 8 National Network of Abortion Funds other than the
 9 North Dakota WIN Abortion Access Fund is one of a
 10 member fund of the National Network of Abortion
 11 Funds.
 12 Q. Is she on the board for the North
 13 Dakota Network of Abortion Funds?
 14 A. Stacey Burns is not on the board of
 15 the North Dakota Women In Need Abortion Access
 16 Fund, no.
 17 Q. Does she attend your meetings?
 18 A. No, she does not.
 19 Q. Do you know why she sent out this
 20 Twitter?
 21 A. Stacey Burns is a very active
 22 reproductive justice tweeter. I cannot tell you
 23 why she sends out tweets she sends out.
 24 Q. And then went through and -- with Dr.
 25 Eggleston, these forms that are, I think it

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1 starts at PL 624, if my memory serves me it goes
 2 to PL 675 as part of the discovery the plaintiffs
 3 provided in this case. Do you know how those are
 4 created?
 5 A. Yes. We ask patients to fill those
 6 -- the first forms out and the later ones are
 7 from patient journals at our clinic.
 8 Q. So these are -- these PL 627 to 694
 9 are patients that have already had an abortion?
 10 A. Yes.
 11 Q. So they're sitting in the recovery
 12 room filling this out?
 13 A. We have patient journals throughout
 14 the clinic and patients or their support person
 15 who comes with will often be seen writing in
 16 them. The recovery room is where most of that
 17 writing occurs 'cause it's a more private space.
 18 Q. Do you then retain these? I mean,
 19 how do you retain these journals?
 20 A. Every patient journal that's ever
 21 been written in is within Red River Women's
 22 Clinic. They never leave the building.
 23 Q. Do they ever go -- do you identify
 24 which patient they're from?
 25 A. No. Unless the patient writes her

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1 name in there, no. There's no way to know the
 2 identity of a specific patient who wrote those.
 3 Q. MKB is a North Dakota corporation,
 4 correct?
 5 A. That is correct.
 6 Q. Do you know who the officers are?
 7 A. Yes, I do.
 8 Q. Who are they?
 9 A. Jane Bovard, George Miks, and George
 10 Klopfer.
 11 Q. And who are the directors?
 12 A. Those same people.
 13 Q. Same people serve as officers and
 14 directors?
 15 A. They are the owners and officers of
 16 the corporation.
 17 Q. Okay. Which one is the president?
 18 A. Jane Bovard.
 19 Q. And the other -- the other two
 20 people, what are their positions?
 21 A. I don't know.
 22 Q. Don't know. Was she affiliated with
 23 The Fargo Women's Health Organization?
 24 A. Yes.
 25 Q. Have they always been officers and

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1 directors as far as you've been there?
 2 A. Yes.
 3 Q. Other than your attorneys, have you
 4 spoken to anybody about this case?
 5 A. No.
 6 MR. GAUSTAD: We will keep this
 7 deposition open as well for the same reasons
 8 that's cited in Dr. Eggleston's deposition.
 9 THE WITNESS: Okay.
 10 MS. CREPPS: Anything else?
 11 MR. GAUSTAD: That's it for now.
 12 (This deposition was concluded at 1:36
 13 p.m.)
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1 NOTARY REPORTER'S CERTIFICATE
 2 STATE OF NORTH DAKOTA
 3 COUNTY OF CASS
 4 I, Kristen M. Keegan, a Notary Public within
 5 and for the County of Cass and State of North
 6 Dakota do hereby certify: That the afore-named
 7 witness was by me sworn to testify the truth, the
 8 whole truth, and nothing but the truth.
 9 That the foregoing fifty-nine (59) pages
 10 contain an accurate transcription of my shorthand
 11 notes then and there taken.
 12 I further certify that I am neither related
 13 to any of the parties or counsel, nor interested
 14 in this matter directly or indirectly.
 15 WITNESS my hand and seal this 4th day of
 16 December, 2013.
 17
 18 Kristen M. Keegan
 19 Notary Public
 20 Fargo, North Dakota
 21
 22 THE FOREGOING CERTIFICATION OF THIS TRANSCRIPT
 23 DOES NOT APPLY TO THE REPRODUCTION OF THE SAME BY
 24 ANY MEANS, UNLESS UNDER THE DIRECT CONTROL AND/OR
 25 DIRECTION OF THE CERTIFYING COURT REPORTER.

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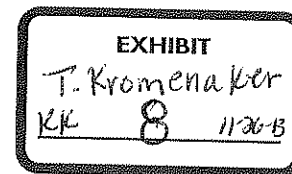
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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NORTH DAKOTA
SOUTHWESTERN DIVISION



MKB MANAGEMENT CORP, et al.,

Plaintiffs,

vs.

BIRCH BURDICK, et al.,

Defendants.

Case No. 1:13-CV-071

**DECLARATION OF TAMMI KROMENAKER IN SUPPORT OF PLAINTIFFS'
MOTION FOR SUMMARY JUDGMENT**

Tammi Kromenaker declares and states the following:

1. I am the Director of MKB Management Corporation, doing business as Red River Women's Clinic ("the Clinic"), a North Dakota corporation and one of the Plaintiffs in this lawsuit. I submit this declaration in support of Plaintiffs' Motion for Summary judgment.
2. Red River Women's Clinic is a reproductive health care facility located in Fargo, North Dakota. It provides a range of services, including abortions, contraception, gynecological examinations, cancer screening, and pregnancy testing.
3. I have been the Clinic's Director since it opened in 1998. As Director, I am responsible for overseeing the Clinic's day-to-day operations. This includes handling personnel matters and the Clinic's business affairs, and serving patients in virtually all non-medical capacities, including education, counseling, and billing.

4. Red River Women's Clinic is the only clinic providing abortions in North Dakota. The Clinic's patients travel from throughout the state, and from neighboring states. Due to the small population of North Dakota and surrounding areas, the Clinic typically performs abortions only one day per week.

5. As Director of the Clinic, I am familiar with the reasons why women seek our abortion services. Fifty-eight percent of the Clinic's patients already have children and many do not feel they can adequately parent and support additional children. Some younger patients believe that parenthood will prevent completion of their education, which would hinder both their own education and development and their ability to provide for children in the future. Some patients seek abortions because they are pregnant as a result of rape, are victims of domestic violence, or because the pregnancy threatens their health. While patients are informed of the risks associated with abortion and childbirth, that is not the only thing that women consider in deciding whether or not to have an abortion. Women often take several days or weeks to decide whether to continue the pregnancy or have an abortion.

6. According to the three most recent years of Induced Termination of Pregnancy Reports made available by the North Dakota Department of Health, *available at* <http://ndhealth.gov/vital/pubs.htm>, ninety-one percent of abortions performed in the state occurred at and after 6 weeks since the patients' last menstrual period ("lmp"). Comparing the number of abortions reported by the State with the number of abortions performed at the Clinic, it appears that Red River accounts for all of the abortions reported to the State.

7. It would be difficult for most patients to schedule their abortions prior to the cutoff of approximately six weeks imposed by H. B. 1456. Women come to the Clinic only once they have realized they are pregnant, carefully thought through the decision of whether to seek

an abortion and discussed it with family members or others, obtained the financial and other resources that they need to come to Fargo and receive an abortion, and waited through various delays imposed by North Dakota law. Only a small minority of women can accomplish all of these steps within the few days that HB 1456 permits them.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on October 15th, 2013

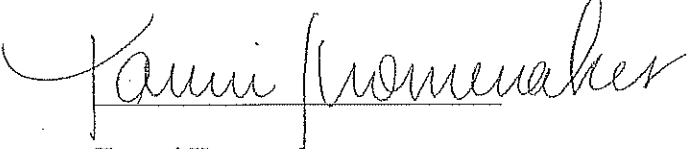

Tammi Kromenaker

Exhibit 3