

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

MKB MANAGEMENT CORP, d/b/a RED
RIVER WOMEN’S CLINIC, and KATHRYN
L. EGGELSTON, M.D.,

Plaintiffs,

-vs-

WAYNE STENEHJEM, in his official
capacity as Attorney General for the State of
North Dakota; et al.,

Defendants.

Civil No. 1:13-CV-071

**AFFIDAVIT OF RONALD F. FISCHER IN
SUPPORT OF REPLY BRIEF IN
SUPPORT OF THE DEFENDANTS’
APPEAL OF MAGISTRATE MILLER’S
DISCOVERY ORDER**

STATE OF NORTH DAKOTA)
)SS
COUNTY OF GRAND FORKS)

Ronald F. Fischer, being first duly sworn, on oath deposes and states the following:

1. I am one of the attorneys for Defendants Wayne Stenehjem, Attorney General, 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, Jonathan Haug, M.D., Genevieve Goven, M.D., Robert J. Olson, M.D. (hereinafter collectively referred to as “State Defendants”) in the above-entitled matter and am familiar with all the pleadings and proceedings herein.

2. Attached hereto as Exhibit A is a true and correct copy of the transcript of Kathryn Eggleston’s deposition taken November 26, 2013.

3. Attached hereto as Exhibit B is a true and correct copy of the transcript of Tammi Kromenaker’s deposition taken November 26, 2013.

Dated this 24th day of December, 2013.

/s/ Ronald F. Fischer

Ronald F. Fischer

Subscribed and sworn to before me in Grand Forks County, State of North Dakota by
Ronald F. Fischer this 24th day of December, 2013.

/s/ Illa Engel

Illa Engel

Notary Public for the State of North Dakota

My Commission Expires: Sept. 30, 2016

Eggleston, M.D. Kathryn
11/26/2013

Page 1

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

KATHRYN EGGLESTON M.D.

November 26, 2013

8:30 p.m.

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

REPORTER: KRISTEN M. KEEGAN

(PURSUANT TO NOTICE)

Eggleston, M.D. Kathryn
11/26/2013

Page 2

1 APPEARANCES
2
3 DANIEL L. GAUSTAD
4 Special Assistant Attorney General
5 24 North 4th Street
6 P.O. Box 5758
7 Fargo, North Dakota 58108-6017
8 dan@grandforkslaw.com
9 COUNSEL FOR STATE DEFENDANTS
10
11 DAVID BROWN
12 Staff Attorney, U.S. Legal Program
13 Center for Reproductive Rights
14 120 Wall Street, 14th Floor
15 New York, New York 10005
16 dbrown@reprorights.org
17 COUNSEL FOR PLAINTIFFS
18
19 JANET CREPPS
20 Senior Counsel, U.S. Legal Program
21 Center for Reproductive Rights
22 120 Wall Street, 14th Floor
23 New York, New York 10005
24 jcrepps@reprorights.org
25 COUNSEL FOR PLAINTIFFS

Also Present: Tammi Kromenaker

Page 3

1 INDEX
2
3 WITNESS: PAGE
4 Kathryn Eggleston, M.D.
5 Examination - by Mr. Gaustad 4
6
7 EXHIBITS
8 EX. NO. MARKED
9 Dep. Ex. No. 1 (Dr. Eggleston's CV) 13
10 Dep. Ex. No. 2 (2013 NAF Clinical Guidelines) 35
11 Dep. Ex. No. 3 (RR Women's Clinic Protocols) 43
12 Dep. Ex. No. 4 (Dr. Eggleston's Declaration) 78
13 Dep. Ex. No. 5 (2011 Century Code) 86
14 Dep. Ex. No. 6 (2013 Century Code) 87
15 Dep. Ex. No. 7 (Fertility & Sterility Article)100
16
17
18
19
20
21
22
23
24
25

Page 4

1 WHEREUPON,
2 the following proceedings were had to-wit:
3 KATHRYN L. EGGLESTON, a witness, called by
4 the State Defendants, being first duly sworn,
5 testified on her oath as follows:
6 BY MR. GAUSTAD: EXAMINATION
7 Q. Why don't you just state your name,
8 please.
9 A. Kathryn Eggleston.
10 Q. Dr. Eggleston is that the way you
11 want to be referred to?
12 A. Sure.
13 Q. My name is Dan Gaustad. I represent,
14 what I refer to as, the state defendants.
15 A. Okay.
16 Q. I know that Birch Burdick is a
17 defendant, but I don't represent him, okay. But
18 basically all the other defendants in this case.
19 A. Okay.
20 Q. Okay. Have you ever been deposed
21 before?
22 A. No, I have not.
23 Q. Okay. Couple of things that we need
24 to probably make sure that we understand here
25 today, some rules of engagement

Page 5

1 A. Okay.
2 Q. One is, you're doing very well so
3 far, is, you need to enunciate your answers so
4 that the court reporter can take them down.
5 Nodding the head and hand gestures, just don't do
6 it --
7 A. Okay.
8 Q. -- 'cause she can't get that down.
9 Another rule is, and I know I'm gonna break this
10 'cause I -- sometimes I get so darn excited that
11 I speak over people, but let's try not to speak
12 over one another -- I -- 'cause it's hard for her
13 to take down two people talking at once. So, I
14 will try to finish my question, I'll hopefully
15 allow you to finish your answer without talking
16 over each other. I'm sure she'll let us know if
17 we're violating that rule.
18 A. Okay.
19 Q. If, at any time, you need a break,
20 let me know. Use the restroom, whatever you need
21 just let me know and we can take a break at any
22 time, okay? The other thing is, I'm not the best
23 question formulator on the face of the earth.
24 I'm gonna be candid with you on that. So, to the
25 extent that you don't understand a question, let

Eggleston, M.D. Kathryn
11/26/2013

Page 6

1 me know that --
 2 A. Okay.
 3 Q. -- and I'll try to rephrase it so
 4 that you do understand it. Okay? But to the
 5 extent that you answer the question, it will be
 6 assumed that you understood; is that fair?
 7 A. Yes.
 8 Q. Okay. Are you under any medical
 9 condition or medication that would preclude you
 10 from being able to answer fully and truthfully
 11 here today?
 12 A. No.
 13 Q. Okay. What did you do to prepare for
 14 today? Did you review anything?
 15 A. No. Just talked with the -- my
 16 lawyers here.
 17 Q. Okay. And I don't want to talk about
 18 your communication with your attorneys 'cause
 19 you're one of the named plaintiffs, correct?
 20 A. Yes.
 21 Q. Okay. Other than talking to your
 22 attorney, did you speak to anybody else in
 23 preparation for today's deposition?
 24 A. No, I did not.
 25 Q. Did you review any documents?

Page 7

1 A. No, I did not.
 2 Q. Have you ever been involved in any
 3 prior litigation? Like a malpractice action?
 4 A. I was involved in a malpractice
 5 action many years ago in Minnesota.
 6 Q. In Minnesota?
 7 A. Uh-huh.
 8 Q. And were you a defendant? A
 9 plaintiff? What were you?
 10 A. So, I would have been a defendant. I
 11 had a patient -- a patient's husband,
 12 essentially, had claimed that I had provided
 13 inadequate care and went through the process. It
 14 went to mediation, and I was found that I
 15 provided very good medical care and it was
 16 dropped.
 17 Q. So when was this litigation roughly?
 18 A. It would have been '98 I bet.
 19 Q. And this was in Minnesota?
 20 A. Yes. No, I'm sorry -- I'm sorry.
 21 This is Wisconsin. I was in my residency so this
 22 was in Wisconsin.
 23 Q. Okay. And was there an actual
 24 lawsuit that was started then in Wisconsin? Do
 25 you know what I mean? Like you got a complaint

Page 8

1 that was handed to you or something like that?
 2 A. Well, we went to -- I'm not familiar
 3 with -- I'm assuming -- when people ask me, "Have
 4 you been sued for malpractice?" My answer is
 5 yes.
 6 Q. Okay.
 7 A. It went to mediation, and I was found
 8 to provide good medicine, there was no -- you
 9 know, it was dropped.
 10 Q. Okay.
 11 A. So that's as far as it went.
 12 Q. Okay. Do you know --
 13 A. So I'm assuming they went through the
 14 pro- -- those legal maneuvers.
 15 Q. Do you remember what the names of the
 16 parties were? The plaintiffs?
 17 A. Yes. I don't know if I -- do I --
 18 who sued me? My patient?
 19 Q. Yes.
 20 A. Yes. I'm assuming that I'm not
 21 breaking any HIPAA violations by talking about a
 22 patient's name?
 23 Q. Well, that was the question. If they
 24 brought an action, did they actually serve? Did
 25 it get into a court system type situation?

Page 9

1 A. Yes.
 2 Q. Okay. So tell me the --
 3 A. So then it's public.
 4 Q. -- name.
 5 A. Platt, P-L-A-T-T.
 6 Q. P-L-A-T-T?
 7 A. I believe.
 8 Q. Were you the only defendant?
 9 A. The residency program was named.
 10 Q. Which one? What was that called?
 11 A. Eau Claire Family Medicine Residency.
 12 Q. Anybody else?
 13 A. I do not believe so.
 14 Q. And that's the only other -- that's
 15 the only medical malpractice action you've been
 16 involved in?
 17 A. That's the only medical malpractice
 18 I've been involved in.
 19 Q. Even as a witness or anything like
 20 that?
 21 A. I was involved in the medical -- the
 22 trial last year in April here.
 23 Q. Okay. But that doesn't -- that
 24 didn't necessarily relate to a malpractice
 25 action?

Eggleston, M.D. Kathryn
11/26/2013

Page 10

1 A. Exactly. This is the only
2 malpractice.
3 Q. Okay. Even as a witness in any kind
4 of --
5 A. Correct.
6 Q. Okay. The other litigation you've
7 been involved in, you were in the case -- the
8 state court case that's kinda still pending,
9 right?
10 A. Yeah.
11 Q. Okay. Any other litigation that
12 you've been involved in? Not just malpractice,
13 anything else?
14 A. A divorce.
15 Q. When was that?
16 A. '99. I don't even -- I'm not even
17 100 percent sure.
18 Q. Okay. Are you single now?
19 A. No. I'm married.
20 Q. Okay. What's your husband's name?
21 A. I'm -- I don't feel comfortable
22 answering that question.
23 Q. Well, what's your husband's name?
24 A. I don't feel comfortable answering
25 that.

Page 11

1 Q. I understand that, but what's your
2 husband's name?
3 MS. CREPPS: I --
4 MR. GAUSTAD: I'm just asking.
5 I'm just trying to get some background
6 information.
7 MS. CREPPS: I know, but that's
8 completely irrelevant and I think well beyond the
9 scope of what the Magistrate has authorized even
10 as background. So I -- if she's not comfortable
11 answering a question and we have other incidents
12 like this, I think we should just make a list of
13 the questions that we don't think she needs to
14 answer and we can get the Magistrate on the phone
15 towards the end and have him sort this out.
16 MR. GAUSTAD: It's just
17 background information. I think he allowed
18 context and background information. If you're
19 not going to answer the question, just tell me
20 that.
21 THE WITNESS: I'm not gonna
22 answer the question.
23 Q. So you're divorced in '99. Any other
24 litigation?
25 A. No.

Page 12

1 Q. And I'm not talking about whether you
2 were a party to it, I'm talking as a witness.
3 Anything?
4 A. No.
5 Q. Have you been involved in any type of
6 complaints to like a medical board?
7 A. No.
8 Q. Do you serve on any professional
9 boards?
10 A. Serve on professional boards? No.
11 Q. Are you a member of any type of --
12 and I don't know how to -- if you understand what
13 I'm -- like professional --
14 A. I'm board certified --
15 Q. Yeah.
16 A. -- in American Board of Family
17 Medicine.
18 Q. Okay.
19 A. I'm a member of the American Academy
20 of Family Physicians, I'm a member of -- for
21 Physicians of Reproduction Health.
22 Q. Okay. But do you see -- these must
23 have some sort of overseeing board. Those, that
24 you've just described, you don't serve on any of
25 those boards, correct?

Page 13

1 A. No.
2 Q. How about any type of professional
3 societies? Any maybe there's a distinction if
4 you understand what I'm asking? Do you serve on
5 any -- or a member of any type of professional
6 society?
7 A. The ones I just listed.
8 Q. Okay. You're a member of it but you
9 don't serve in any like leadership capacity; is
10 that fair?
11 A. Correct.
12 MR. GAUSTAD: Would you mark
13 this.
14 (Deposition Exhibit No. I was marked
15 for identification.)
16 Q. Dr. Eggleston, I'm showing you what's
17 been marked as Deposition Exhibit Number 1.
18 A. Okay.
19 Q. Do you have that in front of you?
20 A. I do.
21 Q. Okay. And it's about the, I guess,
22 it's the fourth page in, it says Page 5 of 8 at
23 the top.
24 A. Yes.
25 Q. Is that your signature?

Eggleston, M.D. Kathryn
11/26/2013

Page 14

1 A. Yes.

2 Q. And, as I understand, this was a

3 declaration that has been submitted to the Court

4 for the Plaintiff's Summary Judgment Motion, and

5 attached to it was your CV?

6 A. Yes.

7 Q. Are there any -- and I -- I don't

8 want to go through, I mean, I think it speaks for

9 itself. But, are there any changes since this

10 thing was submitted? This CV.

11 A. The -- the only thing, I have been

12 promoted to -- the first listing with Planned

13 Parenthood. I'm the Medical Director of Family

14 Planning in addition to the Associate Medical

15 Director and that was since October of 2012.

16 Other than that --

17 Q. What's the --

18 A. -- that's the only update.

19 Q. So there's some additional

20 responsibilities then I presume as a Medical

21 Director of Family Planning?

22 A. Yes.

23 Q. Okay. Can you tell me what they are

24 in comparison to what I've got?

25 A. It's very -- very similar position

Page 15

1 there. It was more of a reorganization

2 delineation of responsibilities. So, I still

3 think the description is very accurate, and no

4 significant changes in the description.

5 Q. But you serve in both capacities?

6 A. Correct.

7 Q. As the Associate Medical Director and

8 Medical Director of Family Planning?

9 A. Correct.

10 Q. But the responsibilities are

11 generally what's described?

12 A. Yes.

13 Q. In the CV?

14 A. Yes.

15 Q. Okay. Any other changes?

16 A. No.

17 Q. And I know I probably asked you this

18 already and I apologize for that. These

19 professional memberships, those are the ones you

20 just described, the American Academy of Family

21 Medicine?

22 A. Right. I listed -- when I listed it,

23 the American -- the first one, the American Board

24 of Family Medicine, that's under Licensure and

25 Certification.

Page 16

1 Q. Okay.

2 A. So, it's a little different than the

3 Professional Membership. That's why it's listed

4 here separately.

5 Q. I see. And the American Board, you

6 don't serve in any type of leadership position in

7 that organization, correct?

8 A. Correct.

9 Q. And you don't serve in any leadership

10 position with respect to American Academy of

11 Family Medicine, correct?

12 A. Correct.

13 Q. And that's the same with Physicians

14 for Reproductive Choice?

15 A. Yeah.

16 Q. Okay.

17 A. The Physicians for Reproductive

18 Choice, it used to be Physicians for Reproductive

19 Health and Choice. Now it's Physicians for

20 Reproductive Health.

21 Q. Just changed the name?

22 A. I just saw that. Yeah. So, I just

23 saw that correction.

24 Q. Oh, okay. So that should be changed

25 to just the name --

Page 17

1 A. They just changed the name.

2 Q. Okay. How about with Abbott

3 Northwestern, any leadership capacity there?

4 A. No.

5 Q. And as I understand, you're a family

6 medicine physician?

7 A. Yes.

8 Q. And I'm trying to get a sense as to

9 what that is in comparison to an OB/GYN. What

10 distinctions are there? What can you -- well

11 maybe it's -- an OB/GYN probably takes more years

12 of education; is that fair --

13 A. No.

14 Q. -- or not?

15 A. No. It's a different residency

16 program.

17 Q. Okay.

18 A. That's the main difference. And then

19 who you're certified -- to be board certified in

20 family medicine, you need to go to an approved

21 family medicine residency to be board certified.

22 With ACOG, you would need to go to an OB/GYN

23 residency program.

24 Q. Okay. Are there things that an

25 OB/GYN can do -- some procedures an OB/GYN can do

Eggleston, M.D. Kathryn
11/26/2013

Page 18

1 that you can't do as a family medicine physician?
 2 A. Not -- there isn't a list of things
 3 that can't be done. It's all about training and
 4 being able to provide those procedures safely to
 5 patients and have -- be able to prove you that
 6 you can do that.
 7 Q. Have you ever been in a situation
 8 where you have been asked to perform a procedure
 9 and have not been able to because you don't have
 10 -- I'm not OB/GYN, and I'm not qualified to do
 11 that type of procedure?
 12 A. No. The -- for instance C-sections,
 13 I don't -- I was never trained to do C-sections
 14 but some family medicines are -- physicians are.
 15 And when they're taking care of their labor and
 16 delivery patients, they could do their own
 17 C-section. And, when I was delivering and doing
 18 full, essentially, OB/GYN -- or full OB for my
 19 family medicine patients, I would consult or
 20 refer for an OB- -- an OB/GYN would do the
 21 C-section. I would not do that.
 22 Q. Okay. But generally speaking then,
 23 an OB/GYN can do C-sections; is that fair? And a
 24 family medicine physician needs to be trained in
 25 that particular procedure?

Page 19

1 A. In that particular example, true.
 2 So, a lot of the focus for OB/GYN is more
 3 surgical based, you know, hysterectomy, you know,
 4 bladder slings, pelvic reconstructive surgery,
 5 that type of thing.
 6 Q. Okay.
 7 A. That is more -- that -- their scope
 8 is more surgical versus a lot of family medicine
 9 is, you know, outpatient procedures, more
 10 outpatient care.
 11 Q. Okay. So, have you ever been trained
 12 to do a C-section?
 13 A. I have never tried to do a C-section.
 14 Q. What other surgical procedures then
 15 do you then refer to an OB/GYN?
 16 A. Oh, I can't even --
 17 Q. There's a number of them?
 18 A. A number of them.
 19 Q. Do you do any type of surgical
 20 procedures?
 21 A. I do quite a few outpatient surgical
 22 procedures.
 23 Q. Okay. Just give me some examples of,
 24 you know, patients that you have -- abortions I
 25 know you do --

Page 20

1 A. Uh-hum.
 2 Q. -- that would be described as an
 3 outpatient surgical procedure?
 4 A. Uh-hum. D&Cs, endometrial biopsies,
 5 colposcopy, wart removal, lesion --
 6 Q. You might have to slow down for the
 7 court reporter.
 8 A. Sure. Skin lesion, toenail removal,
 9 stitches, casting, I could -- I would need time,
 10 but I could probably keep going for some time.
 11 Q. Okay. And, the C-section is
 12 something you would refer on to an OB/GYN. Can
 13 you give me another example of a surgical
 14 procedure that you would refer on to an OB/GYN?
 15 A. For -- like -- so something that I'm
 16 -- first of all, when you do a referral, it's up
 17 to the physician to do the -- to make the
 18 decision whether that needs to be done. You
 19 know, so I'm not going to tell the OB/GYN, you
 20 know, this patient needs a C-section. I would
 21 say I suspect and it's going to be up to that
 22 physician to, essentially, give a second opinion
 23 and do the procedure that they think is
 24 appropriate.
 25 Q. And that's fair. What I was asking

Page 21

1 was: You identified C-sections as something --
 2 A. Oh, sure.
 3 Q. -- you're not qualified to do.
 4 A. Sure.
 5 Q. I'm just trying to --
 6 A. Tubal ligation.
 7 Q. Okay. That would be something that,
 8 if the patient needed it, that would be something
 9 that --
 10 A. Right.
 11 Q. -- would be something you couldn't
 12 do?
 13 A. Exactly. That's not an outpatient
 14 procedure. Well, there's a new procedure that's
 15 an outpatient procedure but typically the
 16 straight for -- which has been done for many,
 17 many years tubal ligation is done in the OR. It
 18 is not an outpatient procedure.
 19 Q. Okay. Are there different rules of
 20 standards that you have to follow versus an
 21 OB/GYN has to follow? You follow like -- your --
 22 like the American Board of Family Medicine, if an
 23 OB/GYN is involved in that or your various
 24 licensing from various states, are there
 25 different rules for you as a family medicine

Eggleston, M.D. Kathryn
11/26/2013

Page 22

1 physician?
 2 A. No. I could be trained. I could be
 3 trained to do C-sections, I could be trained to
 4 do tubal ligations. If I lived in a very rural
 5 community, maybe that would be something that
 6 would be worth while but from where I have
 7 practiced and now, I don't need those skills, so
 8 I wouldn't do that. So, there's not a -- there's
 9 not a rule that a family physician can or cannot
 10 do this.
 11 Q. Okay.
 12 A. And typically, there are not rules
 13 from, you know, ACOG or other groups that say
 14 their physicians can or cannot do this.
 15 Q. And I'm just talking, you know, I
 16 mean for example, the state board for North
 17 Dakota, I presume, issues rules and regulations
 18 that apply to the practice of medicine. Would
 19 that be a fair -- I mean generally?
 20 A. They -- they licensed -- they are
 21 confirming that you are licensed to practice.
 22 And there are certain, you know, rules and
 23 regulations that are from the federal level and
 24 lots of them but they're not specific to you --
 25 you as this specialty can or cannot do this, this

Page 23

1 specialty can or cannot do that.
 2 Q. Okay. But what I'm trying to get at
 3 is: If a rule is say promulgated by the state
 4 board, for example, there are the -- you don't
 5 practice under a different set of, like, ethical
 6 rules or standards of care rules that an OB/GYN
 7 would -- would be practicing under --
 8 A. Correct.
 9 Q. -- with the exception that I might
 10 not be able to perform a certain procedure?
 11 A. Correct. We're all under the same
 12 requirements of standard of care and ethical and
 13 HIPAA and all that.
 14 Q. Okay. And I'm looking at your CV, it
 15 looks like, from what I can tell, you're --
 16 you've been engaged in or performing either
 17 medical or surgical abortions since about 2000;
 18 is that about --
 19 A. Yes. I was trained in 1999.
 20 Q. Okay. So I was pretty good on my --
 21 on my evaluation of your CV here. How much of
 22 your practice, percentage wise, is dealing with
 23 either medical or surgical abortion versus, you
 24 know, the stitching that you talked about
 25 earlier?

Page 24

1 A. The -- currently, my practice is 100
 2 percent reproductive healthcare.
 3 Q. Okay.
 4 A. And of that, approximately 50 percent
 5 is directly related to medical and surgical
 6 abortion related.
 7 Q. And when you -- and I'm trying to get
 8 a sense what you meant my directly related to.
 9 Are you actually --
 10 A. Well, performing the procedure,
 11 follow-up appointments, that type of patient --
 12 patient care.
 13 Q. Okay. So when you say "directly
 14 related" it's performing the procedure and/or
 15 following up afterwards?
 16 A. Yes.
 17 Q. Okay. Anything else when you say 50
 18 percent is directly related to medical or
 19 surgical abortions?
 20 A. Continually, you know, continually,
 21 we are making sure that -- as you can see from my
 22 CV, I have a lot of medical director and
 23 associate medical director, so we work on
 24 protocols, we make sure things are up to date,
 25 but I think in general, still 50 percent is --

Page 25

1 it's hard for me to say if you're -- I guess are
 2 you asking patient contact or just time?
 3 Q. Well, tell me --
 4 A. It's very close -- I think it's very
 5 close to 50 percent. Most of that would be
 6 patient -- direct patient care.
 7 Q. Okay.
 8 A. And a small portion would be related
 9 to reviewing charts and reviewing blood test
 10 results, et cetera --
 11 Q. And that's all --
 12 A. -- related to abortion.
 13 Q. -- and that's all related to the
 14 procedure itself --
 15 A. Yes.
 16 Q. Right? Okay. How much of your time
 17 then is spent for these protocols?
 18 A. Different capacity with each -- each
 19 job. It's more of a continual. I feel like
 20 we're always working on whether it'd be protocols
 21 or improving patient flow, paperwork, and making
 22 sure that things are running efficiently whether
 23 it's the clinic or, you know, whether it's the
 24 clinic here or where I work in Minnesota and
 25 South Dakota.

Eggleston, M.D. Kathryn
11/26/2013

Page 26

1 Q. Kind of management type of stuff?
 2 A. Yeah. Exactly.
 3 Q. How much is that? Do you -- you've
 4 got 50 percent actually involved in the
 5 procedure, how much is quote "management"?
 6 A. Management. 30- --
 7 Q. I'm not trying to --
 8 A. Off the top of my head, 35 percent --
 9 Q. Yeah, and I'm --
 10 A. -- and probably 15 percent of other
 11 direct patient contact, family planning.
 12 Q. That's not an abortion procedure or
 13 abortion protocol, right?
 14 A. Right.
 15 Q. The locations -- and I didn't -- the
 16 first one, this -- that you're now the Director
 17 of Family Planning, it says, "Planned Parenthood
 18 MN, ND, SD." Where is that? I mean is there a
 19 clinic -- for example in your second line of your
 20 CV, it says, "Medical Director present Women's
 21 Clinic in Fargo." I know where that's at.
 22 A. Uh-hum.
 23 Q. And then Women's Health Center,
 24 Duluth. So you've identified particular spots.
 25 I'm trying to figure out where this Planned

Page 27

1 Parenthood MN, ND, SD is?
 2 A. Planned Parenthood has different
 3 affiliates. So, our Planned Parenthood affiliate
 4 involves Minnesota, North Dakota, South Dakota.
 5 We do not have a clinic in the State of North
 6 Dakota but an advocacy office, and there's two
 7 clinics in South Dakota and 20 clinics in the
 8 State of Minnesota. I'm not exact on the number
 9 of clinics in Minnesota. There's been a few
 10 changes.
 11 Q. Do you then go to these two locations
 12 in South Dakota to perform abortions?
 13 A. I have. Abortions are performed at
 14 the Sioux Falls Clinic not at the Rapid City, so
 15 I've been to both clinics.
 16 Q. Okay.
 17 A. But abortions are provided at Sioux
 18 Falls.
 19 Q. Okay. And do you then go to -- are
 20 you the one that goes to the Sioux Falls Clinic
 21 to perform the abortions?
 22 A. I'm one of the physicians.
 23 Q. Okay. And there is no clinic in
 24 North Dakota for Planned Parenthood, correct?
 25 A. There's no -- right.

Page 28

1 Q. But you mentioned a patient advocacy.
 2 What's that?
 3 A. A med patient advocacy --
 4 Q. I may have miss heard you. I'm
 5 sorry.
 6 A. There's an office --
 7 Q. Okay.
 8 A. -- in -- in North Dakota.
 9 Q. Okay. Are you involved in that
 10 office?
 11 A. I'm not.
 12 Q. What does that office do? Do you
 13 know?
 14 A. That office works on -- for instance,
 15 the Planned Parenthood and, this is not my area
 16 of expertise, but Planned Parenthood and NDSU are
 17 working on teaching sex ed, and so that office
 18 helps promote that program or give support when
 19 needed.
 20 Q. Okay. But your time isn't -- the
 21 time that was just gone through isn't committed
 22 to any of that, correct?
 23 A. Correct.
 24 Q. And then you're in the -- you're in
 25 the Fargo office. As I understand, you come here

Page 29

1 one day a week?
 2 A. Approximately.
 3 Q. Approximately. And how many days are
 4 you in Duluth?
 5 A. One to two times per month.
 6 Q. Okay. And when you're in the Fargo
 7 clinic, how many abortions are you performing
 8 when you're here on a daily basis? And I'm
 9 talking both medical and surgical.
 10 A. And surgical. I don't -- I don't
 11 have the -- I can know approximately, but I don't
 12 -- I'm sure other people at this table know more
 13 about that number than I do.
 14 Q. I don't though.
 15 A. I would -- I would say probably right
 16 around 20 to 22.
 17 Q. Okay. Are you the only one that
 18 performs the abortion procedure in the Fargo
 19 clinic?
 20 A. I'm not -- when I -- physicians
 21 provide the abortion. I'm not the only
 22 physician.
 23 Q. Okay. There are other physicians
 24 that perform abortions?
 25 A. Correct.

Eggleston, M.D. Kathryn

11/26/2013

Page 30

1 Q. Okay. I'm not asking just -- do you
 2 know how many?
 3 A. Other physicians?
 4 Q. Yeah.
 5 A. There are three of us.
 6 Q. Okay. Are they also located -- do
 7 they come from the Minneapolis -- or come from
 8 outside the Fargo area and --
 9 A. They -- neither one of them live in
 10 North Dakota.
 11 Q. Okay. And that's done once per week,
 12 correct? So all three of you come together one
 13 day a week or do each one of you come on
 14 different days?
 15 A. Different days.
 16 Q. Okay. Do you know how many abortions
 17 those other physicians are performing when they
 18 come?
 19 A. I would believe it's very similar.
 20 Q. 20 to 22?
 21 A. Yes. And I -- I'm not saying that I
 22 know that number exact. That's my estimate.
 23 Q. I'm not trying to lock you into a
 24 precise number --
 25 A. Right.

Page 31

1 Q. -- I'm just trying to get a sense.
 2 A. Okay.
 3 Q. And are you -- what days do you come
 4 up?
 5 A. I'm here typically on Wednesdays.
 6 Q. Okay. Except for today, it's a
 7 Tuesday. What about the other physicians? Do
 8 you know what days they usually --
 9 A. Their schedule is more variable.
 10 Q. Okay. But they come up once a week
 11 too, correct?
 12 A. No.
 13 Q. Okay. How often?
 14 A. So typically --
 15 Q. Let me step back. You're coming up
 16 once a week, Wednesdays?
 17 A. Not 100 percent, but generally.
 18 Q. And I thought I read something it was
 19 like 50, 45 to 50 weeks per year?
 20 A. Correct.
 21 Q. Okay. These other physicians, how
 22 often do they come up then? Do they come up --
 23 A. So, our clinic is typically opened
 24 one day a week for providing abortion services.
 25 Q. Okay.

Page 32

1 A. And I'm the main -- I'm here the
 2 most.
 3 Q. Okay.
 4 A. And so they -- when they come, I'm
 5 not in the clinic, it's on at different day.
 6 Some days -- some weeks it does work out -- on
 7 occasion, it works out that we have two clinics
 8 in the same week but the majority of the time,
 9 it's one clinic.
 10 Q. Okay. So those weeks that you're not
 11 here, one of these other physicians come in and
 12 kind of fill in for you. Is that kinda the way
 13 it works?
 14 A. Yes.
 15 Q. I probably should ask you this: Do
 16 you perform any type of, you know -- and I've
 17 read research upon research upon research and
 18 data in this case and, you know, have you done
 19 any type of research as far as reproductive --
 20 published any type or articles or --
 21 A. I've never published. I've -- I see
 22 patients. I'm not one of the -- the researchers,
 23 so I've not been published.
 24 Q. Okay.
 25 A. But I keep up to date on journal --

Page 33

1 you know, journal articles, that type -- attend
 2 conferences and speak with colleagues and speak
 3 with people who are researchers.
 4 Q. Sure. Who -- what type of people --
 5 do you have a name of a researcher that you speak
 6 to often?
 7 A. No. But -- I mean at conferences.
 8 So, for instance, they would give a talk and if I
 9 had a question, I'd go up and talk to them
 10 afterwards type of thing.
 11 Q. Are those conferences usually done by
 12 Planned Parenthood or --
 13 A. There are some Planned Parenthood
 14 conferences. The National Abortion Federation
 15 has a conference a couple times a year.
 16 Q. Do you go to that regularly?
 17 A. Once a year usually.
 18 Q. And do you -- you usually attend
 19 that?
 20 A. Yes.
 21 Q. Okay. Have you ever presented at the
 22 National Abortion Federation conference?
 23 A. I have not.
 24 Q. Have you ever been involved in any
 25 type of teaching?

Eggleston, M.D. Kathryn
11/26/2013

Page 34

1 A. I teach medical students and
2 residents on a regular basis.
3 Q. Is that -- is that teaching done in
4 the Fargo clinic?
5 A. No.
6 Q. Where is that teaching done?
7 A. That's done at the -- when I work
8 with Planned Parenthood either, essentially, at
9 the Vandalia, the main clinic. It's in St. Paul.
10 Q. How long have you been doing that?
11 A. Ever since I started there. So,
12 October of 2010.
13 Q. Oh, for the last about three years or
14 so?
15 A. Yeah. And actually, I have worked --
16 when I was with Midwest Health Center for Women,
17 we had students and residents come through us.
18 And, at -- on occasion, the other two. But,
19 essentially, I've always been involved with
20 students and residents.
21 (A brief break was taken.)
22 Q. All right. Dr. Eggleston, we're back
23 on the record. You understand you're still under
24 oath?
25 A. Yes.

Page 35

1 Q. Okay. One of the things that I noted
2 is: Under your -- in your CV, that you develop
3 and implement clinical oversight of patient care
4 and medical protocols, ensuring adherence to NAF
5 standards of care. Do you see that?
6 A. Uh-hum.
7 Q. Is that the National Abortion
8 Federation?
9 A. National Abortion Federation.
10 MR. GAUSTAD: Would you mark
11 this.
12 (Deposition Exhibit No. 2 was marked
13 for identification.)
14 Q. Showing you what has been marked as
15 Exhibit Number 2, do you have that in front of
16 you, Dr. Eggleston?
17 A. Yes.
18 Q. And it's the -- reads, "2013 Clinical
19 Policy Guidelines, The National Abortion
20 Federation?
21 A. Correct.
22 Q. Have you seen this document before?
23 A. Yes.
24 Q. Were you involved in preparing any of
25 this?

Page 36

1 A. No.
2 Q. And referring back then to your CV,
3 is this the type of standards of care that you're
4 implementing or --
5 A. Correct.
6 Q. -- assuring adherences to this? Is
7 this the standard of care that you're referring
8 to in your CV?
9 A. Yeah. So, these are used as a
10 guideline to help make sure that protocols at
11 individual clinics are meeting the
12 recommendations, policies, and requirements.
13 Q. Okay. And you use these as
14 guidelines for protocols for the Fargo clinic,
15 correct?
16 A. Correct.
17 Q. And, as I understand it, if there's a
18 standard that's issued in these guidelines,
19 that's something that is required to be
20 incorporated within your protocols. Is that your
21 understanding?
22 A. I can read the definition of the
23 standards.
24 Q. Where are you referring to?
25 A. Three. The --

Page 37

1 Q. What page?
2 A. I, three I's.
3 MS. CREPPS: Three little I's.
4 THE WITNESS: Yeah.
5 Q. Okay.
6 A. "Standards are intended to be applied
7 rigidly. They must be followed in virtually all
8 cases. Exceptions will be rare and difficult to
9 justify."
10 Q. And do your protocols then follow
11 these standards?
12 A. Yes.
13 Q. And then the recommendations are
14 quote "steering in nature," correct?
15 A. Correct.
16 Q. Is there -- so that gives you some
17 discretion as to whether you're going to follow
18 the recommendation or not?
19 A. Correct.
20 Q. Can you recall a recommendation that
21 you haven't followed within this?
22 A. I would have to go through them
23 individually.
24 Q. Okay.
25 A. I do not know the answer.

Eggleston, M.D. Kathryn
11/26/2013

Page 38

1 Q. But are there some? I'm not
2 asking --
3 A. I'm not aware that we are out -- I
4 think we are -- we follow the standard of care,
5 and I'm not aware off hand of an exception to
6 that --
7 Q. Okay. You --
8 A. -- but I would need to go through
9 them individually to be able to answer that
10 question.
11 Q. Okay. You use the word "standard of
12 care."
13 A. Yes.
14 Q. Is that different than standards that
15 are in this clinic guideline?
16 A. So, when I say "standard of care,"
17 what I'm referring to is what -- any kind of
18 medicine, what is typical for a disease or an
19 illness, you know, for instance pneumonia,
20 there's -- in certain areas of the nation, this
21 is what they do. This is -- doesn't mean you
22 have to do it but the majority of the time,
23 that's what is recommended in the -- and people
24 have agreed to that.
25 Q. Okay. But a standard would have to

Page 39

1 be a standard of care, correct? A standard
2 that's set forth in this National Abortion
3 Federation?
4 A. Standards of care are not -- this is
5 a very focused document --
6 Q. Uh-hum.
7 A. -- on standards related to NAF
8 clinics or to be certified at a NAF clinic.
9 Q. Okay.
10 A. Standard of care is a much more broad
11 definition that all of medicine uses.
12 Q. Sure.
13 A. And I wouldn't say is written down or
14 defined like that.
15 Q. Okay. But if -- in -- and I'm just
16 trying to get my mind around because it says,
17 "standards are to be applied rigidly." Do you
18 see that?
19 A. Uh-hum.
20 Q. And as I understand, your protocols
21 follow those standards, correct?
22 A. Yes.
23 Q. Okay. So with respect to abortion
24 procedures, wouldn't the standards be the
25 standard of care?

Page 40

1 A. I suspect, yes.
2 Q. Okay. And the recommendations are
3 something then that you get to -- you guys have
4 some discretion as to whether this is something
5 we're going to follow or not?
6 A. Correct.
7 Q. And options are even more
8 discretionary?
9 A. Correct.
10 Q. Okay. Are there any other guidelines
11 or standards that you're referring to here in
12 this adherence to NAF standards of care? Other
13 than what's been marked as Exhibit Number 2?
14 A. No. That would be it.
15 Q. And this also deals with the clinical
16 quality standards as well, correct? Exhibit
17 Number 2?
18 A. Where are you?
19 Q. I'm looking at your CV. You're
20 saying that part of your job duties with this
21 Fargo clinic is to ensure adherence to NAF
22 standards of care, correct?
23 A. Correct.
24 Q. And adherence to clinical quality
25 standards?

Page 41

1 A. Yes.
2 Q. Are -- let me ask the question.
3 A. Okay.
4 Q. As I understand, Exhibit Number 2
5 sets forth the standard -- NAF standards of care,
6 correct?
7 A. Correct.
8 Q. Does Exhibit Number 2 also set forth
9 the clinical quality standards?
10 A. True. I think this is part of that
11 but there's more that goes into clinical quality
12 standards. For instance, we have certain -- when
13 you have a -- he have a hemoglobin machine that
14 checks your blood level and there's -- it comes
15 with expectation that this is how you're going to
16 use it and it's gonna be, you know, evaluated on
17 x many months, so those type of -- so there's
18 more that goes into that.
19 Q. That's kind of like a manufacturer
20 saying, hey, we can change --
21 A. True. But --
22 Q. -- batteries periodically, right?
23 A. True. But in lab and medicine, those
24 are more important then just changing a battery.
25 Q. And it was an analogy, but it's a

Eggleston, M.D. Kathryn
11/26/2013

Page 42

1 manufactures type of, here you've got this piece
 2 of equipment, these are the things you need to do
 3 to make sure it works properly?
 4 A. We have a lab that goes through the
 5 proper evaluations. So, there is more standards
 6 related to that.
 7 Q. Okay. And who does the lab
 8 evaluations?
 9 A. We have a physician who's -- is the
 10 lab director.
 11 Q. Of the clinic?
 12 A. Yes.
 13 Q. And that's not within the confines of
 14 your job duty?
 15 A. Correct.
 16 Q. You don't oversee -- is he your peer
 17 then? Or is it somebody that you oversee to make
 18 sure that they're meeting these quality
 19 standards?
 20 A. More of a peer.
 21 Q. Okay. He's not an outside consultant
 22 though, is he? And I refer to him as he, I don't
 23 know if it's a he or she?
 24 A. It's a he. And I don't know the
 25 specifics of that arrangement, whether he's a

Page 43

1 consultant or salaried.
 2 Q. Is he one of the physicians that
 3 performs the abortions?
 4 A. No.
 5 Q. Okay. And again I -- I'll have to
 6 apologize, I've got a few things on my mind, but
 7 I think I may have already asked you this: This
 8 Exhibit 2, is the NAF standards of care that you
 9 refer to in your CV?
 10 A. That's what I was referring to.
 11 Q. And the clinical quality standards
 12 you refer to, some may be in Exhibit Number 2 but
 13 there's some others that exist because of the --
 14 the labs or equipment that you've got? Things
 15 like that.
 16 A. Correct.
 17 MR. GAUSTAD: Would you mark
 18 this.
 19 (Deposition Exhibit No. 3 was marked
 20 for identification.)
 21 Q. Dr. Eggleston, I'm showing you what's
 22 been marked as Deposition Exhibit Number 3. Do
 23 you have that in front of you?
 24 A. Yes.
 25 Q. Okay. And it's a, looks like a, four

Page 44

1 page document. As I understand, this was
 2 introduced as an exhibit during the State Court
 3 action that it must have occurred about in April
 4 of this year. Have you seen this document
 5 before?
 6 A. Yes.
 7 Q. Is this something -- the protocols
 8 that you prepare as part of your job duties with
 9 the clinic --
 10 A. Yes.
 11 Q. -- here in Fargo? Okay. And these
 12 protocols then meet the standard of care that's
 13 marked as Exhibit 2, correct?
 14 A. Yes.
 15 Q. And I should have asked you this:
 16 Other than Exhibit 2, are there other National
 17 Abortion Federation standards that you're aware
 18 of? Other than these clinical policy guidelines
 19 that you used to develop your protocols?
 20 A. No. Not that I'm aware of.
 21 Q. Okay. Exhibit 2 is what you use to
 22 prepare your protocols, correct?
 23 A. Correct.
 24 Q. And I didn't -- I don't have an
 25 abortion or surgical abortion protocol. This is

Page 45

1 for your medication abortions, correct? Exhibit
 2 Number 3.
 3 A. Correct.
 4 Q. Is there a surgical abortion protocol
 5 similar to Exhibit Number 3?
 6 A. Yes.
 7 Q. And you're the one that's charged
 8 with preparing these type of protocols like
 9 Exhibit Number 3, the surgical protocols?
 10 A. Well, they were first developed prior
 11 to me being the medical director.
 12 Q. Before you became medical director?
 13 A. Right.
 14 Q. Okay.
 15 A. And so they were developed by
 16 somebody else and they are periodically reviewed
 17 and updated.
 18 Q. Okay. And that's your job is to
 19 review them to make sure, geez, are we meeting
 20 the standard of care that the National Abortion
 21 Federation wants us to meet?
 22 A. Right. And usually -- yeah. I'll
 23 just say yes.
 24 Q. How often do you go through your
 25 protocols?

Eggleston, M.D. Kathryn
11/26/2013

Page 46

1 A. We don't have a set schedule.
 2 Q. Generally? I mean sometimes I've got
 3 books that I put on the shelf and I never look at
 4 again. I presume you look at these?
 5 A. We -- because I attend conferences
 6 and involved with, whether it's a NAF conference
 7 or Planned Parenthood, we commonly learn new
 8 things and update our practice everyday, you
 9 know, I mean, regularly. Whether the paperwork
 10 is updated, there's definitely a lag and
 11 sometimes it -- we may change something and it's
 12 lag before the paperwork is updated.
 13 Q. Okay. Is there -- in looking at
 14 Exhibit Number 3 -- is there a lag? Is there
 15 something in Exhibit Number 3 that's --
 16 A. I've not looked at it since April and
 17 since that in detail, so I can read it right now.
 18 Q. Sure.
 19 A. (Reviewing document.)
 20 MR. GAUSTAD: We can go off the
 21 record.
 22 (A discussion was held off the
 23 record.)
 24 Q. Dr. Eggleston, you understand you're
 25 still under oath?

Page 47

1 A. Correct.
 2 Q. Okay. And you had an opportunity to
 3 review Exhibit Number 3?
 4 A. Yes.
 5 Q. Okay. And I think the question was:
 6 Is there something in here that is -- is there
 7 some procedure that's lag? That's not noted in
 8 Exhibit Number 3?
 9 A. So, these are just the -- on the last
 10 page, it refers to a follow-up visit. There was
 11 something -- hold on a minute, sorry.
 12 Q. You're reading under the conclusion
 13 of treatment?
 14 A. And I'm just gonna scratch that. I
 15 don't have a comment, it was more of a typo and
 16 it's fine. There is a lot of reference in here
 17 to ultrasound, it's in a couple different
 18 locations and different type of wording is used.
 19 So, to make it -- I could make edits to this to
 20 make it a little bit more clear, but I feel
 21 overall this is accurate.
 22 Q. Give me an example of where you would
 23 make an edit to make it more clear?
 24 A. So, on IB should have gestation no
 25 more than 63 days from the first day of the last

Page 48

1 menstrual period with concordant clinical
 2 examination. Confirmation by ultrasound may be
 3 used routinely and confirmation by ultrasound is
 4 used routinely. So, I wouldn't say it's an
 5 error, but that is what is routine in practice.
 6 Q. Anything else?
 7 A. The same thing. There was another
 8 reference to ultrasound. For instance,
 9 ultrasound examination will be used routinely.
 10 Q. Where are you reading?
 11 A. Under -- page 2, ultrasound
 12 examination.
 13 Q. Okay.
 14 A. So just to make sure that those two
 15 are consistent.
 16 Q. But that's what it reads.
 17 A. Right.
 18 Q. It says, "ultrasound will be used to
 19 obtain," there shouldn't be a change with that?
 20 A. Correct.
 21 Q. Any other change that you would -- to
 22 make it more clear?
 23 A. No. I believe that -- I believe that
 24 there was a few changes made to this within the
 25 last one year, and I can't pick them out, and I

Page 49

1 think they were small changes. It's hard for me
 2 to concentrate to read through it -- every -- but
 3 this, overall --
 4 Q. Do you -- are you having difficulty
 5 concentrating? 'Cause if you are, let me know if
 6 you need a break or --
 7 A. Well, in general, this document is
 8 correct.
 9 Q. Okay. And there is a protocol for
 10 surgical procedures similar to what we've got
 11 here for medical abortions?
 12 A. Similar, yes.
 13 Q. Okay. And I want to kind of go
 14 through and make sure that conceptionally 'cause
 15 I don't have that document, and I apologize for
 16 that, and I'm trying to utilize your memory as
 17 best as you can for the surgical procedure to go
 18 through these.
 19 Is there -- in the surgical abortion
 20 protocol, is there an eligibility section do you
 21 know? This one is pretty detailed as far as
 22 medical abortions are concerned. Is there an
 23 eligibility --
 24 A. Yes. And I'm not -- I can't comment
 25 whether it is as detailed but there is an

Eggleston, M.D. Kathryn
11/26/2013

Page 50

1 eligibility. Whether it's separated out under
2 eligibility, I can't remember the layout.
3 Q. Sure. But there's an eligibility --
4 A. Correct.
5 Q. -- component to the surgical
6 abortion?
7 A. Correct.
8 Q. Can you tell me what those
9 eligibility components are for a surgical
10 abortion?
11 A. I can tell you more what they are in
12 practice. I can't verbatim give you our surgical
13 --
14 Q. And I'm not asking -- that wouldn't
15 be a fair question. I'm just -- generally from
16 your knowledge what the eligibility components
17 are?
18 A. So, we -- the eligibility that the
19 women desires an abortion, has met -- is not
20 being forced to be there, that the decision is
21 her own, that she's been informed and consented
22 to the procedure, we evaluate -- from an exam
23 perspective, we evaluate their hemoglobin to make
24 sure it's safe, vital signs, general nature, that
25 they are, essentially, have stable vitals and are

Page 51

1 in good health. To -- essentially, to confirm
2 that it's safe for them to have an outpatient
3 surgical abortion. We use ultrasound to confirm
4 an intrauterine pregnancy and evaluate the
5 gestational age.
6 Q. How do you determine if they want --
7 first, that they desire to have an abortion and
8 are not forced? How do you make that assessment?
9 A. By talking with the woman by herself
10 without other people around and --
11 Q. Do you do that?
12 A. I do that at the time -- yes. When I
13 speak with the patient, I confirm that, and it is
14 also done -- that question is asked prior to them
15 seeing me.
16 Q. And do you ask that question?
17 A. I'm sorry?
18 Q. Do you ask the question whether they
19 desire to have an abortion?
20 A. Yes.
21 Q. And when does that -- when does that
22 happen?
23 A. Prior to the abortion.
24 Q. Are they in the exam room then with
25 you or is there a separate room?

Page 52

1 A. They're either in the exam room or a
2 separate room.
3 Q. Generally, are you asking this
4 question in the examination room or in the
5 separate room?
6 A. Most of the time it is in the exam
7 room.
8 Q. Who else is in the exam room?
9 A. Frequently there is another staff
10 member.
11 Q. Anybody else? And the patient?
12 A. And the patient.
13 Q. And you?
14 A. Uh-hum.
15 Q. Anybody else?
16 A. No. Possibly an additional staff
17 member but no other partner or family members are
18 not present.
19 Q. Why?
20 A. A variety of reasons. Number one, to
21 confirm this is her decision without feeling
22 pressured by other friends, partners, family;
23 second of all, we want to focus on the patient
24 rather than having extra people that we need to
25 focus on.

Page 53

1 Q. How do you determine whether this
2 other staff person is going to be in the exam
3 room when you're performing an abortion?
4 A. It just has to do with timing. So,
5 the other staff member is in the room during the
6 abortion. Whether they are in the room when I --
7 prior to the abortion, when I'm speaking with the
8 patient.
9 Q. And then the informed consent, that's
10 by state they have to sign off on something,
11 correct?
12 A. Uh-hum.
13 Q. Anything else with the -- that you
14 can recall as far as eligibility for a surgical
15 abortion other than what we just went through?
16 We went through I think seven of them. Is that
17 you're not being forced, informed consent, you do
18 their vital signs, hemoglobin, their general
19 nature of their health.
20 A. So, similar -- there are medical --
21 if they have a bleeding disorder, it may or may
22 not be safe for them to have an outpatient
23 procedure so we would do, you know, further
24 evaluation.
25 Q. You were referring to -- you're

Eggleston, M.D. Kathryn
11/26/2013

Page 54

1 pointing to Exhibit Number 3. Is there something
2 in Exhibit Number 3 that would --
3 A. Well, hemorrhagic --
4 Q. -- explain why?
5 A. -- Number 1, a hemorrhagic disorder,
6 or concurrent anticoagulant therapy.
7 Q. Okay.
8 A. So that can be a contraindication to
9 surgical or medical abortion.
10 Q. Okay. Anything else?
11 A. Very -- a very similar list. If they
12 had a -- if we could not -- like I had told you
13 before, we need to confirm it's an intrauterine
14 pregnancy so that would -- that's in reference to
15 Number I.A.4.
16 Number 6 there, an IUD in place.
17 That is a contraindication for medical abortion.
18 That is not a contraindication for a surgical
19 abortion.
20 Q. Okay.
21 A. And then Number 7: History of
22 allergy to mifepristone, misoprostol or other
23 prostaglandin. That would be not a
24 contraindication to a surgical abortion.
25 Q. 6 and 7 are not issues with respect

Page 55

1 to surgical abortion?
2 A. Correct.
3 Q. Okay. And looking at the Counseling,
4 Education, and Informed Consent in Exhibit Number
5 3.
6 A. Uh-hum.
7 Q. Is this generally what you go through
8 with respect to a surgical abortion?
9 A. Number 1, yes. Number 2, so, that's
10 not -- discussion of non-surgical and suction
11 abortion alternatives; so, essentially when
12 someone has a medical abortion, we also talk
13 about if it does not work, we would need a
14 surgical so would have to educate them both.
15 Q. Okay.
16 A. So that would limit the education
17 portion. So we would not talk about the side
18 effects of mife and miso, and so, that whole
19 Number 3 section is not related. Number 4, that
20 would not be discussed. Number 5, we do talk
21 about what to expect afterwards and how long the
22 procedure is. Number 6, we give the patient
23 typically 800 milligrams of Ibuprofen before the
24 procedure, so that's discussed. It's a little
25 different -- the -- when you do a -- when they

Page 56

1 talk about Number 8, it's about what to expect at
2 home.
3 Q. Number 7 is probably not something
4 you discuss in a surgical abortion?
5 A. Only if the patient is receiving
6 misoprostol.
7 Q. Okay.
8 A. So some surgical patients do receive
9 misoprostol.
10 Q. Okay.
11 A. Number 8, what to expect at home
12 after their -- after the surgical abortion. We
13 review that. And there's not a medication guide,
14 Number 9. Number 10, we're in compliance. I'm
15 not sure how that's necessarily discussed but
16 we're in compliance. And confidentiality is
17 discussed and after care instructions, 24-hour
18 emergency contact is discussed and contraception
19 is discussed.
20 Q. How about under the Medical History
21 and Physical Examination. Are these, the four
22 items there listed, generally what is the
23 protocol for a surgical abortion as well?
24 A. Correct. Once again, being
25 consistent with ultrasound is used routinely.

Page 57

1 Q. Where are you referring?
2 A. So, Number 4. It says, "ultrasound
3 exam when indicated."
4 Q. Okay. So when it said indicated it
5 should say ultrasound examination routinely?
6 A. Yes.
7 Q. Is what it should read?
8 A. Right. And the sentence below it
9 does say that.
10 Q. And so then my next question is: The
11 ultrasound examination, does this, items 1
12 through 4 under that section -- I don't know why
13 they're missing number two. Two is not missing
14 and it is missing for some reason, but I got the
15 same pages -- is the ultrasound examination --
16 there must be a misprint or something.
17 A. Yeah.
18 Q. Does that kind of set out the
19 ultrasound examination for a surgical abortion as
20 well?
21 A. Yes. The ultrasound examination is,
22 essentially, the same whether you're having a
23 surgical or a medical abortion.
24 Q. Okay. So what I'm showing here is
25 marked as Exhibit Number 3 under Ultrasound

Eggleston, M.D. Kathryn
11/26/2013

Page 58

1 Examination, that's the protocol for a surgical
2 abortion as well, correct?
3 A. Correct. There's just some reference
4 to the mifepristone and misoprostol. Number 4
5 so -- Number 4 --
6 Q. With the exception of the -- those
7 medications -- those references to the
8 medication, I can't pronounce them very well so
9 I'm not gonna try, but with respect to those
10 references the rest of it, under the ultrasound
11 section --
12 A. Correct. I'm sorry.
13 Q. -- is the same protocol for a
14 surgical abortion?
15 A. Correct.
16 Q. And then the Laboratory Evaluation.
17 Is that the same protocol that's used with
18 respect to a surgical abortion as well?
19 A. Correct.
20 Q. And Medication and Follow-up. There
21 must be some differences between the medication
22 and the surgical abortion?
23 A. Yes.
24 Q. This sets out the follow up for
25 medical abortion, correct? Medication abortion.

Page 59

1 A. Correct.
2 Q. What's the follow up for a surgical
3 abortion?
4 A. We offer patients a follow-up
5 appointment but the follow-up appointment is not
6 required.
7 Q. Not required by who?
8 A. Not required by us. By the clinic.
9 Q. How often do they come back? How
10 often in your experience does an abortion patient
11 come back?
12 A. If we have a -- so, on occasion we do
13 recommend it or require it but typically it's not
14 required. Of our surgical patients, I would say
15 less than ten percent come back for a follow-up
16 appointment.
17 Q. Out of the patients that you see that
18 have either a medication or surgical abortion,
19 how many come back to -- for further care by you?
20 A. For the follow-up appointment?
21 Q. Any type of -- any type of care.
22 A. I believe our follow-up -- our
23 follow-up rate for medical abortion is around 75
24 percent or so and then the follow up for
25 surgical, it's just a rough guesstimate because I

Page 60

1 don't keep track of that, but less than ten
2 percent and then a very rare patient do we see
3 for -- at a later time for whether it's a
4 physical or an IUD placement or other health
5 care. Our clinic is mainly an abortion clinic
6 and so those appointments are few and far
7 between.
8 Q. When you're doing those examinations,
9 when a woman has an abortion, is that the first
10 time you've met the patient?
11 A. The day of their abortion is the
12 first time I've met them, yes.
13 Q. Have they -- do you know do they come
14 in before the abortion to kinda do some prep work
15 and do any of this stuff as far as the desire and
16 things like that?
17 A. Well, the -- their appointment is a
18 few hours in length and during that time, they're
19 receiving this care but it's all in one day.
20 Q. How many hours does it take?
21 A. For an --
22 Q. Do you know? From the time the woman
23 walks in until the time she walks out.
24 A. I work at a couple different clinics
25 and some of them quote different hours so I can't

Page 61

1 quote you what Red River Women's Clinic tells the
2 patient on the phone, but anywhere from three to
3 six hours would be typical.
4 Q. Okay. And that's what you think they
5 tell them, what actually happens? Do you know?
6 A. I think it's very -- very close to
7 that.
8 Q. So you're between three and six hours
9 -- you're -- the woman walks in, gets this -- all
10 this testing that we just talked about,
11 protocols, the examination, and there's a -- how
12 long is she in a recovery room?
13 A. The recovery room is usually about 20
14 minutes.
15 Q. And then she's free to go?
16 A. Correct.
17 Q. Okay. The -- you talked about
18 surgical abortions. You sometimes say we don't
19 require but sometimes we do?
20 A. Require?
21 Q. A follow-up examination.
22 A. Correct.
23 Q. Tell me why that would be. Give me
24 an example of why they would be required when
25 generally it's not, correct?

Eggleston, M.D. Kathryn
11/26/2013

Page 62

1 A. Sure. When we do an abortion,
2 afterwards we examine the tissue, the pregnancy
3 tissue, and if there's any concern whether we're
4 concerned we may not see enough tissue and we
5 want to make sure that she's fine. Or if a
6 patient is in the recovery room having maybe more
7 pain or more bleeding than we like, we would --
8 we may require that.
9 Q. But you still let her go?
10 A. If she's stable, uh-hum.
11 Q. And percentage wise, how many do you
12 think you require to come back from a surgical
13 abortion?
14 A. I would say maybe one or two percent
15 and usually it would be because of the tissue
16 examination.
17 Q. And how many actually follow your
18 directive?
19 A. Of those? Most. The majority.
20 Because they want to make sure that the pregnancy
21 is ended.
22 Q. And I probably should have asked
23 this: The -- the Counseling component, the
24 protocol, the education. I understand you do
25 some of that when they get into the exam room,

Page 63

1 ask them whether they want to have this abortion.
2 Who else does that type of counseling?
3 A. We have staff that meet individually
4 with the patient and we also have group education
5 in a variety of different ways we interact with
6 the patient. There's also some education going
7 on during the ultrasound, so it's sort of
8 throughout the day.
9 Q. Is there like a counselor or somebody
10 that's licensed -- licensed counselor on staff
11 that does this -- this work?
12 A. No. It's more of a patient educator.
13 Q. Okay. And the -- in the Medical
14 History and Physical Examination, do you do --
15 are you involved in any of that?
16 A. The patient completes that prior to
17 meeting with me and then I review that --
18 Q. Okay.
19 A. -- prior to and ask questions and
20 review it with the patient, essentially.
21 Q. Anybody else involved in this Medical
22 History and Physical Examination we're talking
23 about?
24 A. There -- when somebody makes an
25 appointment, we ask them if they have a bleeding

Page 64

1 disorder and so those things can get flagged
2 ahead of time or brought to my attention ahead of
3 time, and so on occasion, it's brought to my
4 attention ahead of time.
5 Q. And who does the ultrasound
6 examination? Are you involved in that?
7 A. I'm -- occasionally I am when it's a
8 -- if it's a difficult or there's a question,
9 that type of thing.
10 Q. Would you have a staff person that
11 takes care of that?
12 A. Correct.
13 Q. Is there -- 'cause my niece is
14 thinking about becoming a sonographer. Is that
15 the correct term that performs ultrasounds?
16 A. Lots of people perform ultrasounds.
17 Q. Okay. You don't have to have a
18 particular license or --
19 A. Correct.
20 Q. Okay. Do you have to have a
21 particular degree in anything?
22 A. No. Not that I'm aware of.
23 Q. All right. Well, I'm gonna tell her
24 maybe she doesn't have to go on to school. The
25 lab evaluations, who -- are you involved in --

Page 65

1 A. What lab evaluations are you
2 referring to?
3 Q. Well, under your protocol here?
4 A. Like the hemoglobin?
5 Q. Any type of --
6 A. So, I review -- I review the lab
7 results prior to performing an abortion.
8 Q. Okay. And who actually takes the or
9 does the blood draw and things like this? Is
10 there somebody on staff that does that?
11 A. Yes.
12 Q. Do they have any particular -- is
13 there an RN or somebody like that?
14 A. I don't know that -- she is licensed
15 to do that. Whether it's a lab technician or
16 phlebotomist, I can't quote what -- but she has
17 training.
18 Q. She has some licensing or training in
19 doing the lab work that's required -- that's
20 necessary?
21 A. Right. And sometimes RNs can do it
22 also, and I can do it. So --
23 Q. How many RNs do you have on staff?
24 Do you know?
25 A. Quite a few. I don't -- I don't know

Eggleston, M.D. Kathryn
11/26/2013

Page 66

1 the number.

2 Q. During this counseling, does some

3 women that come in decide not to have an

4 abortion?

5 A. True.

6 Q. What's the percentage of that?

7 A. Less than five percent.

8 Q. Do you know why?

9 A. A variety of reasons.

10 Q. Can you give me some examples of why.

11 A. They may decide after the ultrasound

12 that maybe they thought they were earlier and

13 they're father then they thought they were, they

14 may have been somewhat undecided and came in and

15 decided that they needed more time, or may have

16 just changed their mind, and we also, maybe

17 someone was forcing them to have an abortion and

18 we talked with them and asked, you know, do you

19 want to be -- do you want to have an abortion and

20 they said no someone is forcing me to be here, we

21 would send those patients home.

22 Q. Do you -- I mean, when you do this

23 counseling, I presume you take records and take

24 notes of the communications that occur, correct?

25 A. Not verbatim.

Page 68

1 talk about, because I'm not that familiar with

2 the procedure itself, the medication procedure,

3 just -- if you could briefly describe to me

4 medication abortion?

5 A. So --

6 Q. I don't need you to go through each

7 of the protocols. I'm just trying to get a sense

8 of what happens.

9 A. So day one they take the mifepristone

10 and that's the pill that stops the pregnancy from

11 growing. 24 to 48 hours later, they take the

12 misoprostol which causes the pregnancy to expel.

13 That's when they have the heavy bleeding, and we

14 review when to call and what's normal and what's

15 not normal. There's antibiotics given whether

16 it's before, after, during that's in flux a

17 little bit, and then a follow-up appointment is

18 made to confirm that the pregnancy is passed and

19 that is done usually anywhere from one to three

20 weeks --

21 Q. Is that some sort of --

22 A. -- after.

23 Q. -- vaginal examination then?

24 A. It is a vaginal ultrasound.

25 Q. Okay. Is it the vaginal ultrasound

Page 67

1 Q. Sure.

2 A. But the -- there's a form that the

3 patients complete and if there's anything unusual

4 or outstanding, we would write that down, yes.

5 Q. Okay. But with respect to these

6 protocols, as you go through, you must keep some

7 record of yes, we went through this protocol and

8 this is how we did it and this was the result of

9 what we found?

10 A. What are you in reference --

11 referencing to?

12 Q. Well, I'm trying to, you know, for

13 example, you go through your protocols. It says

14 Counseling, Education, and Informed Consent --

15 A. Yes.

16 Q. -- right? And so I -- what I'm

17 trying to get a sense of: You must keep some

18 records of we went through this protocol with

19 this particular patient?

20 A. Correct. We have -- for instance,

21 when they sign the consent for a surgical or

22 medical abortion, that is laid out and that's

23 reviewed with them and then they sign it and I

24 sign it.

25 Q. Okay. I just want to briefly just

Page 69

1 that you use? Maybe I misheard you.

2 A. We use a vaginal ultrasound for the

3 follow-up on medication abortion I would say 99

4 percent of the time.

5 Q. And so they take the first medication

6 at your facility the day they come in?

7 A. Correct.

8 Q. And they take the second medication

9 24 hours later?

10 A. 24 to 48 hours later.

11 Q. Okay. And do they then call you? Is

12 that kind of the procedure? Hey, I have expelled

13 this unborn child. Is that what happens?

14 A. No. We tell them what to expect as

15 far as bleeding and cramping. And if anything is

16 unusual, then they should contact us and they

17 have our number, 24 contact, you know, that kind

18 of thing.

19 Q. Okay. So the next time that you --

20 unless there's something that they -- happens

21 during that expelling, the next time you see them

22 is that follow-up visit?

23 A. Correct.

24 Q. Assuming that they show up?

25 A. Correct.

Eggleston, M.D. Kathryn
11/26/2013

Page 70

1 Q. Surgical abortion. Walk me through
2 that process.
3 A. So --
4 Q. Not the -- I don't need the protocol.
5 Just when you're in that examination room.
6 A. So, the procedure itself takes
7 usually about five to ten minutes. After my
8 review of their history and discussion and asking
9 all -- making sure that they're confident in
10 their decision, the next step is a pelvic exam.
11 Then, speculum is placed in the vagina to view
12 the cervix, local anesthetic is given around the
13 cervix, and the cervix is dilated and the
14 pregnancy is removed by, it's called, suction,
15 and the whole procedure is usually five to ten
16 minutes and then it's confirmed that -- the
17 equipment is taken out and confirmed that the
18 pregnancy has been removed.
19 Q. And then they go into the exam room
20 -- do the medication abortions, do they go into a
21 recovery room?
22 A. The way our facility works, they do
23 actually go to the recovery room to kind of get a
24 final -- antibiotics, contraceptive
25 prescriptions, that's where those are given at

Page 71

1 that point. So, they are in the recovery room
2 but it could easily have been done in a different
3 room. It just logistically works out.
4 Q. Just -- this just happens to be the
5 room we use for the --
6 A. Correct.
7 Q. So there -- the surgical abortion
8 takes about five to ten minutes and that's for
9 the -- is that for the entire time they're in
10 that examination room with you?
11 A. It's probably closer to 15 minutes
12 would be typical.
13 Q. So anywhere from 5 to 15 minutes?
14 A. That they're --
15 Q. Is 15 minutes the top end?
16 A. The 15 -- I'm in the room with them,
17 I would say very close to 15 minutes.
18 Q. Okay.
19 A. The procedure, itself, is five to
20 ten.
21 Q. Okay. And then once they're done
22 with the procedure, itself, do you stay in the
23 room with them or do you just move on to the next
24 patient?
25 A. We have a staff member stay in with

Page 72

1 them. I make sure they're stable before I leave
2 and they're helped to get dressed and brought to
3 the recovery room.
4 Q. Okay. And so -- but you're -- once
5 the procedure is done, then you leave the
6 examination room; is that fair?
7 A. Yes.
8 Q. Do you ever see them again unless
9 they come back?
10 A. I frequently -- the way our clinic is
11 set up, the recovery room is very convenient so
12 -- and I'm walking by it throughout the day, so
13 I'm frequently popping my head in and probably,
14 most of the time, end up communicating with the
15 patient again just how are you doing or see them
16 in the hallway.
17 Q. And how long is that interchange
18 usually per patient in the recovery room?
19 A. So, they're in the recovery room with
20 a nurse for 20 minutes.
21 Q. Okay.
22 A. And then just a very brief -- unless
23 there's a concern, then I'm called to the
24 recovery room.
25 Q. How often does that happen?

Page 73

1 A. Not very often at all. Typically,
2 it's more like this patient needs a work note can
3 you sign this work note or, you know, that type
4 of --
5 Q. What's a work note?
6 A. For instance, if they -- were -- miss
7 that day of work --
8 Q. Oh.
9 A. -- and needed doctor verification.
10 Q. Okay. It's not something internal
11 with you? They just had to take time off?
12 A. Right.
13 Q. Okay.
14 MR. GAUSTAD: I've finished off
15 quite a bit of water here. I need to -- I need
16 to take a break to use the restroom.
17 MS. CREPPS: No. No. It's good.
18 Okay. How long would you like?
19 MR. GAUSTAD: Doesn't take me
20 very long to use the restroom. Maybe five or ten
21 minutes?
22 MS. CREPPS: Okay.
23 (A brief break was taken.)
24 Q. All right. Dr. Eggleston, you
25 understand you're still under oath?

Eggleston, M.D. Kathryn
11/26/2013

Page 74

1 A. Yes.
 2 Q. And am I pronouncing your name right?
 3 Eggleston?
 4 A. Yes.
 5 Q. If you could pull out Exhibit Number
 6 I, it should be your declaration. Do you have
 7 that in front -- yeah, Exhibit Number I. Do you
 8 have that?
 9 A. Yes.
 10 Q. Okay. And as I understand, and I'm
 11 looking at paragraph 8, where it says, "the
 12 protocols include an ultrasound for all abortion
 13 patients, which is important for dating the
 14 pregnancy and determining where the pregnancy is
 15 located within the uterus." And those are the
 16 protocols we just went through --
 17 A. Correct.
 18 Q. -- correct? And you go on to say, "A
 19 physician needs to confirm an intrauterine
 20 pregnancy and gestational age in order to safely
 21 provide an abortion." Do you see that?
 22 A. Yes.
 23 Q. Okay. And you use the term
 24 "pregnancy." What do you mean by that? In this
 25 declaration? You say, "determining where the

Page 75

1 pregnancy is located." What do you mean when you
 2 use the word "pregnancy"?
 3 A. The gestational sac where it is
 4 located to confirm it's not an atopic or --
 5 Q. What do you mean "it"? What do you
 6 mean by "where it is located"? What are you
 7 referring to?
 8 A. So the --the sac, the gestational
 9 sac, is a fluid filled sac and the -- depending
 10 on gestational age, the embryo or fetus is inside
 11 that sac.
 12 Q. Okay.
 13 A. So it depends on what we're looking
 14 -- depending on the gestational age, is what
 15 we're looking at to confirm where the pregnancy
 16 is.
 17 Q. Okay. And that's the purpose of the
 18 ultrasound, right? You need to find out that
 19 it's not -- that it's a normal intrauterine
 20 pregnancy and you need to know the age of this
 21 unborn child, correct?
 22 A. We need to know the location -- yes,
 23 of the pregnancy and the gestational age.
 24 Q. And those are the two things that you
 25 need to know in order to perform an abortion,

Page 76

1 right? From the ultrasound?
 2 A. Correct. That's the point of the
 3 ultrasound.
 4 Q. Precisely. Okay. And as I
 5 understand, the gestational age -- if it's less
 6 then five weeks Imp -- am I saying that right?
 7 A. Yes.
 8 Q. They're not eligible for an abortion?
 9 A. Correct.
 10 Q. Okay. And --
 11 A. That's not a hard-and-fast rule, but
 12 in general, that is correct.
 13 Q. Okay. And in general, what's the
 14 latest that the Fargo clinic performs an abortion
 15 as far as gestational age?
 16 A. We go through 16 weeks.
 17 Q. And so as long as it's an
 18 intrauterine pregnancy and it's within those
 19 perimeters, the gestational age perimeters,
 20 they're eligible for an abortion aside from the
 21 health and the other aspects?
 22 A. The only exception to that is at the
 23 beginning because five weeks we may or may not
 24 see a gestational sac. We may or may not see a
 25 yoke sac. So, some women are eligible to have an

Page 77

1 abortion as early as five weeks but it depends on
 2 what we see on ultrasound.
 3 Q. Sure. And depending on what you see
 4 on ultrasound, as long as it's an intrauterine
 5 pregnancy and you, in your medical judgement, has
 6 determined the gestational age fits within those
 7 perimeters, they're eligible for an abortion?
 8 A. Correct.
 9 Q. And one of the by-products is -- of
 10 the ultrasound is also you detect a heartbeat
 11 too, correct?
 12 A. If we see an embryo or fetus, we
 13 evaluate whether we see cardiac motion.
 14 Q. But that's not necessary to determine
 15 whether they're eligible for an abortion,
 16 correct?
 17 A. It is necessary --
 18 Q. Go ahead. I'm sorry. I didn't mean
 19 to interrupt.
 20 A. Can you ask me the question again?
 21 Q. Yeah. The detection of a heartbeat
 22 through the ultrasound, that doesn't -- does that
 23 affect where the -- whether it's an intrauterine
 24 pregnancy or not?
 25 A. If we are -- if we are questioning

Eggleston, M.D. Kathryn
11/26/2013

Page 78

1 what we are seeing on the ultrasound, the cardiac
 2 motion can help us to confirm that it is an
 3 intrauterine pregnancy.
 4 Q. Okay. And does the detection of a
 5 heartbeat, does that affect the gestational age?
 6 That component of --
 7 A. It is typically seen about six weeks.
 8 Q. Okay.
 9 A. So when we determine gestational age,
 10 we can do different types of measurements, and if
 11 that's noted, then that can -- can influence in
 12 those very early gestational age -- that can
 13 influence whether we would call it five weeks or
 14 six weeks.
 15 MR. GAUSTAD: Would you mark
 16 this for me.
 17 (Deposition Exhibit No. 4 was marked
 18 for identification.)
 19 Q. Dr. Eggleston, I'm showing you what
 20 has been marked as Deposition Exhibit Number 4.
 21 Do you have that in front of you?
 22 A. Yes.
 23 Q. And the last page of that, is that
 24 your signature?
 25 A. Yes.

Page 79

1 Q. Okay. And in turning to paragraph
 2 10, of Exhibit Number 4, you made reference, "In
 3 early pregnancy, the location and gestational age
 4 of the embryo, as well as the presence or absence
 5 of cardiac activity is usually determined by
 6 vaginal ultrasound, rather than by any other
 7 method." Do you see that?
 8 A. Yes.
 9 Q. What is the percentage of vaginal
 10 ultrasound versus the other method of ultrasound
 11 that you maybe use? Do you know?
 12 A. I don't know.
 13 Q. Usually? I'm just trying to figure
 14 out --
 15 A. In early pregnancy, that's what it's
 16 referring to.
 17 Q. Okay.
 18 A. It is used the majority of the time.
 19 Q. More then 50 percent?
 20 A. Well more, yes.
 21 Q. More then 75 percent?
 22 A. Yes.
 23 Q. Is it used 100 percent of the time?
 24 A. In early pregnancy -- no. It is not
 25 used 100 percent of the time.

Page 80

1 Q. When you say "early pregnancy," what
 2 do you mean?
 3 A. Well, I didn't define that in this.
 4 But, at the -- we were talking about cardiac
 5 motion at six weeks. At that gestational age,
 6 vaginal ultrasound, I suspect, is used 99
 7 percent.
 8 Q. Do you know or are you guessing?
 9 A. I'm using my experience.
 10 Q. And so the early pregnancy, you're
 11 referring to early pregnancy as somebody that
 12 comes in at a gestational age of six weeks? Six
 13 weeks lmp?
 14 A. Six weeks lmp or earlier. I -- very
 15 close to 100 percent are going to be having a
 16 vaginal ultrasound done.
 17 Q. Okay. When is it that you're beyond
 18 the early pregnancy period? I'm trying to figure
 19 out what you -- you said you didn't define it, so
 20 I'm trying to get you to tell me what you meant
 21 by early pregnancy? The timeline here. I get
 22 it's six weeks --
 23 A. Everybody has a different opinion of
 24 what an early pregnancy --
 25 Q. But you said that in your

Page 81

1 declaration --
 2 A. Yeah.
 3 Q. -- doctor, so I want you to tell me
 4 what you meant by early pregnancy?
 5 A. So I would say six weeks.
 6 Q. Okay. And then anything after that
 7 six weeks is no longer an early pregnancy as
 8 you've defined it?
 9 A. In reference to vaginal ultrasound,
 10 early pregnancy is right around six weeks.
 11 Q. Okay.
 12 A. But early pregnancy in other
 13 references, would be much more broad. For
 14 instance, first trimester.
 15 Q. When you're using it in reference to
 16 this paragraph 10, what did you mean by early
 17 pregnancy, Dr. Eggleston?
 18 A. I would say somewhere around six
 19 weeks gestational age.
 20 Q. And so under this early pregnancy as
 21 you've just defined, it's 99 percent of the time
 22 we're using the vaginal ultrasound?
 23 A. Correct.
 24 Q. And how is it that you know they're
 25 at six weeks lmp before you do the ultrasound?

Eggleston, M.D. Kathryn
11/26/2013

Page 82

1 A. Number one, we ask them their Imp
2 when we make the appointment. We would hate for
3 someone to drive and be 18 weeks, for instance.
4 We need to make sure that we're letting them know
5 our gestational age limits.
6 Q. Okay.
7 A. So, we have an idea of their Imp,
8 gestational age. Then, the patient has the --
9 the typical patient, will have an ultrasound and
10 that is initially done abdominally, and if we do
11 not see -- we cannot confirm those things we've
12 already discussed, then they would have a vaginal
13 ultrasound.
14 Q. Okay. So even in early pregnancy,
15 starts out with the abdominal. Is that what
16 you're saying?
17 A. In most circumstances, yes.
18 Q. Okay. And then if you -- so what
19 then prompts you to go to the next step and say
20 geez, now we need to do a vaginal ultrasound?
21 A. Because of determining the location
22 of the pregnancy and confirming it's an
23 intrauterine pregnancy.
24 Q. Okay. Because the abdominal
25 ultrasound doesn't confirm those or doesn't --

Page 83

1 A. It is much less clear. And so, at
2 that gestational age, it's frequent that we don't
3 see adequate visualization of the gestational sac
4 or the yoke sac, so that's why we need to do
5 vaginal.
6 Q. Okay. So you, as I understand then,
7 you are, even in the early pregnancy, you're
8 gonna start out with an abdominal ultrasound,
9 correct?
10 A. Correct.
11 Q. And if you're able to locate the
12 location and the gestational age on that, that's
13 good enough? You don't -- you don't have to go
14 on and do the vaginal ultrasound, right?
15 A. If we're able to confirm that it's an
16 intrauterine pregnancy and confirm the
17 gestational age by abdominal, we do not do a
18 transvaginal ultrasound.
19 Q. So in those instances, well, let's
20 start out with the early pregnancy. What's the
21 percentage of just the abdominal ultrasound being
22 -- whether you just -- you're able to figure out
23 the location and the gestational age just the
24 abdominal, in your experience?
25 A. So, six weeks -- that's what you're

Page 84

1 referring to?
2 Q. Early pregnancy. Yup.
3 A. I suspect 90 percent would need a
4 vaginal.
5 Q. And how about for those that are
6 beyond this early pregnancy stage?
7 A. Maybe 20 percent would require
8 vaginal.
9 Q. In your experience?
10 A. In my experience.
11 Q. Okay. And, as I understand then,
12 that if you don't detect cardiac activity, you
13 inform the patient of that, correct?
14 A. If --
15 Q. Through this ultrasound process?
16 A. Sometimes we don't see the embryo.
17 And so if we don't see the embryo, we're not
18 going to see the cardiac motion. So in that
19 instance, we would not necessarily inform the
20 patient, but if the patient is eight weeks
21 gestational age and there's an empty sac or an
22 embryo without cardiac motion, we inform the
23 patient of what the ultrasound find is.
24 Q. And why do you do that?
25 A. Because it's important to communicate

Page 85

1 with the patient. In this particular -- what
2 we're discussing is likely a miscarriage, and so
3 I want to make sure the patient is aware of that.
4 It also gives them more options for more care.
5 Q. Getting back to the vaginal
6 ultrasound, is that something that the National
7 Abortion Federation -- is that required under
8 these policy guidelines that are marked as
9 Exhibit Number 2? Do you know?
10 A. I don't believe it is required, but I
11 would have to --
12 Q. Probably wrong word. It should be:
13 Is it a standard of care under their policy
14 guidelines, right?
15 A. I -- so what's the question?
16 Q. Is a vaginal ultrasound, is that a
17 standard set forth in --
18 A. I do not believe so.
19 Q. I'm looking for Exhibit Number 1, Dr.
20 Eggleston. We can probably keep 1 and 4 close
21 by. Exhibit Number 1, I'm looking at paragraph
22 11. You've got that in front of you?
23 A. Yes.
24 Q. Okay. And in that paragraph, you
25 define viability "as the ability" and there's

Eggleston, M.D. Kathryn
11/26/2013

Page 86

1 some words missing "to live outside the mother's
2 womb albeit with artificial aid." Do you see
3 that?
4 A. Yes.
5 Q. Okay. And then you cite to the
6 Century Code Statute, right?
7 A. Yes.
8 Q. And I want to make sure because --
9 MR. GAUSTAD: Would you mark
10 that.
11 (Deposition Exhibit No. 5 was marked
12 for identification.)
13 Q. Dr. Eggleston, I'm showing you what's
14 been marked as Exhibit Number 5.
15 A. Okay.
16 Q. You have that in front of you?
17 A. Yes.
18 Q. And I'll represent to you that this
19 is the Century Code Statute that you've cited in
20 your declaration.
21 A. Okay.
22 Q. 14-02.1-02.
23 A. Okay.
24 Q. And it's on page 3 subsection 14.
25 You see that? It says "Viable means the ability

Page 87

1 of an unborn child to live outside the mother's
2 womb, albeit with artificial aid."
3 A. Yes.
4 Q. Do -- is that -- I presume that's the
5 same statute you are referring to in your
6 declaration, correct?
7 A. Yes.
8 Q. Okay.
9 MR. GAUSTAD: Would you mark
10 this also.
11 (Deposition Exhibit No. 6 was marked
12 for identification.)
13 Q. And I'll represent to you that --
14 what's been marked, and I should have said this
15 in advance, as Exhibit 5 is the Statute as
16 through the 2011 session. And I just want to get
17 clarity that kinda is to the current statute that
18 exists.
19 You've got Exhibit Number 6 in front
20 of you?
21 A. 6. Yeah.
22 Q. And I'll represent to you that is the
23 same statute except it's through the 2013 session
24 for North Dakota. And here, it's on page 3,
25 again, and it defines -- under subsection 19 it

Page 88

1 defines viable and it has the same definition as
2 the 2011 that you're referring to; is that
3 correct?
4 A. Yes.
5 Q. Okay. In looking at paragraph number
6 11, again, Dr. Eggleston, after reciting the
7 definition of -- you say viability but I think
8 it's the definition viable, correct?
9 A. True. Yes.
10 Q. The statute says viable --
11 A. Viable.
12 Q. -- and you use the term viability.
13 A. Correct.
14 Q. Okay. And in the second sentence of
15 paragraph 11 you say, "A fetus does not become
16 viable until approximately twenty-four weeks
17 lmp." Do you see that?
18 A. Yes.
19 Q. The term "viable" in that sentence,
20 you're referring to that statutory definition,
21 correct? When you say "fetus does not become
22 viable," are you using the same definition that's
23 in the statutes?
24 A. Correct.
25 Q. And, as I understand then, your

Page 89

1 opinion as to -- is the second sentence your
2 opinion? "The fetus does not become viable until
3 approximately twenty-four weeks lmp?"
4 A. That's my opinion and my medical
5 knowledge, yes.
6 Q. Okay. And that's based upon -- your
7 medical knowledge based upon applying the
8 definition of viable in the statutes, correct?
9 A. Correct.
10 Q. And I'm showing you it's Exhibit
11 Number 4, in particular the paragraph 9. Do you
12 see that?
13 A. Yes.
14 Q. And in there you use -- you say, "The
15 presence of cardiac activity is an important
16 indicator that a pregnancy retains potential for
17 viability." Do you see that?
18 A. Uh-hum.
19 Q. The term "viability" when you use
20 that in your declaration, is that the same as
21 viable that's set out in the statutes?
22 A. No.
23 Q. What is -- what do you mean by
24 viability in that sentence then?
25 A. So, when we evaluate for cardiac

Eggleston, M.D. Kathryn
11/26/2013

Page 90

1 motion, we're evaluating whether it is -- the
 2 term used there is a "viable pregnancy," that
 3 without intervention, it would continue -- the
 4 pregnancy would continue. So we -- the medical
 5 term for instance a "nonviable pregnancy" if the
 6 woman didn't have -- if the pregnancy didn't have
 7 the cardiac motion but you would expect it at
 8 eight weeks, then we would inform the woman that
 9 she has a nonviable pregnancy.
 10 Q. And what would nonviable pregnancy --
 11 would it be viable as the statute is defined it?
 12 Do you know? Is -- you said a non- -- if you
 13 don't have detectible cardiac activity, it's a
 14 nonviable pregnancy, correct?
 15 A. If -- if the cardiac activity is
 16 expected at that gestational age and it is not
 17 present, then that is most likely a nonviable
 18 pregnancy, and I would have a discussion about
 19 that with the -- with the woman.
 20 Q. Okay. And under those set of
 21 circumstances then, when it's a nonviable
 22 pregnancy, does it then have the ability to live
 23 outside the mother's womb albeit with artificial
 24 aid?
 25 A. No.

Page 91

1 Q. So, then it would not be viable as
 2 the statutes defined it?
 3 A. Correct.
 4 Q. And then when it does have the
 5 presence of cardiac activity --
 6 A. Uh-hum.
 7 Q. -- then there is a potential for
 8 viability, correct?
 9 A. No. That would be a viable
 10 pregnancy.
 11 Q. Okay. And I'm referring to paragraph
 12 9 of Exhibit Number 4. Where you say, "The
 13 presence of cardiac activity is an important
 14 indicator that a pregnancy retains the potential
 15 for viability."
 16 A. Yes.
 17 Q. Okay.
 18 A. That's what it says.
 19 Q. It does. And I'm trying to get a
 20 sense as to what you meant by then viability in
 21 that sentence?
 22 A. So, viable pregnancy versus nonviable
 23 pregnancy means that the pregnancy will continue
 24 or at this point is continuing to grow and
 25 develop, versus a nonviable pregnancy is not

Page 92

1 continuing to grow and develop as expected.
 2 Q. Okay.
 3 A. And then -- yeah.
 4 Q. And so the presence of cardiac
 5 activity may or may not then be viable as defined
 6 in the statute. Is that --
 7 A. Right. When I'm referencing in
 8 Number 9, what I'm referencing is whether this is
 9 a viable pregnancy or nonviable pregnancy at that
 10 gestational age.
 11 Q. And when you say viable pregnancy,
 12 you mean it will continue -- the unborn child
 13 will continue to grow?
 14 A. The pregnancy will, without
 15 intervention, the pregnancy at this point is --
 16 appears to be continuing to grow, a viable
 17 pregnancy.
 18 Q. Okay. But that doesn't mean it's
 19 necessarily viable as the statute defines it?
 20 A. Correct. Viable is used in
 21 different --
 22 Q. Context?
 23 A. Context, yes.
 24 Q. Now turning to your opinion, and if
 25 you've got Exhibit Number 1 in front of you, do

Page 93

1 you have that in front of you?
 2 A. Yep.
 3 Q. And it's paragraph 11. Do you have
 4 that?
 5 A. Number 11?
 6 Q. Yes.
 7 A. Yes.
 8 Q. Okay. As I understand, your opinion
 9 is that a viability doesn't commence until
 10 approximately 24 weeks Imp, correct?
 11 A. A fetus does not become viable until
 12 approximately 24 weeks Imp.
 13 Q. In that context, you're using the
 14 definition of viable in the statute?
 15 A. Correct.
 16 Q. Okay. What attributes or
 17 characteristics does an unborn child have that is
 18 viable?
 19 A. So --
 20 Q. As your -- in your opinion?
 21 A. So with medical intervention, at 24
 22 weeks Imp, medical intervention is needed but the
 23 fetus would be able to survive after delivery.
 24 Q. How long do they have to survive?
 25 A. How long -- I don't -- I'm not sure

Eggleston, M.D. Kathryn
11/26/2013

Page 94

1 your question.
 2 Q. Well, you said they have to survive
 3 after delivery. How long? What's the length of
 4 time they have to survive to be viable?
 5 A. Is -- I'm not sure if you're asking
 6 me from a medical/legal perspective or what --
 7 Q. I'm asking from based upon your
 8 opinion that you say they're viable at 24 weeks.
 9 A. So, the majority of -- well, most --
 10 I'm not sure -- I'm not an expert at preterm
 11 delivery. If a woman was pregnant at 24 weeks
 12 and went into labor, the physician would, on
 13 that -- based on that individual pregnancy and
 14 her history, they would decide an individual
 15 nature how likely is it that this fetus can
 16 survive outside after delivery and use medical
 17 interventions to assist that.
 18 Q. Okay. And, as I understand, this was
 19 -- this opinion that you rendered was based upon
 20 a reasonable degree of medical certainty,
 21 correct?
 22 A. Correct.
 23 Q. And so based upon that, Dr.
 24 Eggleston, I'm asking: How long does that fetus,
 25 for it to be viable, as you've opined here, at 24

Page 95

1 weeks, how long does that fetus have to survive
 2 after birth to be viable? Is it days? Years?
 3 What is it?
 4 A. I -- it would be -- it could be --
 5 unfortunately, it could be only minutes. But,
 6 there is a reasonable -- I mean, medical
 7 interventions have been successful that it's much
 8 longer. Hopefully a lifetime.
 9 Q. Do you know what type of
 10 characteristics a viable child has? Do they have
 11 circulatory, respiratory functions? Does it --
 12 viable --
 13 A. Yeah.
 14 Q. -- as you've defined it?
 15 Respiratory?
 16 A. Yes.
 17 Q. Circulatory function?
 18 A. Yes.
 19 Q. Does it have brain function?
 20 A. Yes.
 21 Q. How about pain? Is it capable of
 22 feeling pain?
 23 A. The studies that I'm aware of, are --
 24 the most recent studies that I've looked at, 26
 25 to 28 weeks --

Page 96

1 Q. That's when a viable fetus or unborn
 2 child has to -- I'm asking what characteristics
 3 and you said a viable --
 4 A. So with medical intervention, that
 5 the circulatory system is keeping the -- the
 6 brain alive, the heart alive, the lungs working,
 7 the kidneys, the liver, there has to be
 8 circulation to keep those organs working and
 9 alive.
 10 Q. Okay. So all of those body functions
 11 need to -- those characteristics exist for a
 12 viable child, correct?
 13 A. Correct.
 14 Q. As you've defined it here --
 15 A. Correct.
 16 Q. -- at 24 weeks Imp, a viable unborn
 17 child of 24 weeks Imp, has a circulatory
 18 function, correct?
 19 A. Yeah. I -- my --
 20 Q. And I'm not asking about the -- I
 21 understand that it may require some artificial
 22 aid to -- but with that artificial aid, it would
 23 have circulatory function, correct?
 24 A. That's my understanding.
 25 Q. And is that your understanding when

Page 97

1 you issued this opinion, correct?
 2 A. So my opinion is not based on my
 3 personal medical knowledge. I do not take care
 4 of kids in the neonate. Okay? This statement is
 5 in reference to my medical knowledge of what I
 6 read, of what I -- in the medical literature.
 7 Q. Okay. So you don't know what
 8 functions -- your own personal experience, you
 9 don't know what functions a viable unborn child
 10 has to have? Unborn child has to have to be
 11 viable?
 12 A. Other than some basic functions,
 13 that's all I can comment on.
 14 Q. What basic functions does a viable
 15 unborn child have to have?
 16 A. Circulation, oxygen --
 17 Q. Respiratory, right?
 18 A. Right. With medical intervention
 19 frequently.
 20 Q. Anything else? Pain? Does a viable
 21 unborn child -- is it capable of feeling pain?
 22 A. I have no medical knowledge.
 23 Q. Don't know?
 24 A. Don't know.
 25 Q. Any other characteristics or

Eggleston, M.D. Kathryn
11/26/2013

Page 98

1 functions or attributes of a viable unborn child?
 2 A. I don't take care of those patients.
 3 Q. Don't know?
 4 A. So I don't feel comfortable
 5 answering.
 6 Q. If you don't know, that's fine. Just
 7 don't know?
 8 A. Personally, I don't know what you're
 9 asking.
 10 Q. Fair.
 11 A. And partially, I don't know the
 12 answer to that combination.
 13 Q. This is where we get into if you
 14 don't understand, let me know. Okay? My -- what
 15 I'm trying to get at is: What type of
 16 characteristics, based upon your understanding,
 17 your knowledge, does a viable unborn child have?
 18 And you talked about brain function.
 19 A. Yeah. I don't know the answer to
 20 that question.
 21 Q. Okay. And what did you rely upon
 22 then to make your determination in paragraph 11
 23 that viability commences at 24 weeks lmp?
 24 A. Well, the literature and -- I'm
 25 involved in abortion care so you read lots of

Page 99

1 articles about limits and different state limits
 2 and frequently those articles are referencing
 3 what is the current medical expectation of fetal
 4 viability.
 5 Q. Okay.
 6 A. So --
 7 Q. Is there -- is it a medical judgement
 8 call as to whether an unborn child is viable or
 9 not?
 10 A. The physician would make that
 11 determination case by case. But in general, it
 12 is approximately 24 weeks lmp, my understanding.
 13 Q. Does it take some medical judgement
 14 to determine whether or not a child is viable or
 15 not?
 16 A. Yes.
 17 Q. Okay. Is -- do you know whether --
 18 if whether an unborn child is viable or not, does
 19 it actually have to survive?
 20 A. I don't know.
 21 Q. And in your paragraph 11, you pulled
 22 out the statute as far as what viable is and you
 23 say uses with artificial aid, right?
 24 A. Uh-hum.
 25 Q. Is there a time period that, you

Page 100

1 know, artificial aid -- if you're continuing to
 2 apply artificial aid, this unborn child won't be
 3 viable no matter how long -- as long as you keep
 4 the brain function going and the circulatory
 5 function going and the respiratory function going
 6 with artificial aid, it could be years. It is
 7 still a viable unborn child?
 8 A. I don't know -- I don't know that
 9 answer.
 10 MR. GAUSTAD: Would you mark
 11 this.
 12 (Deposition Exhibit No. 7 was marked
 13 for identification.)
 14 Q. Dr. Eggleston, I'm showing you what's
 15 been marked as Exhibit Number 7.
 16 A. Okay.
 17 Q. Have you seen this document before?
 18 A. No.
 19 Q. Then I won't ask you anything because
 20 you don't know anything about it, do you? You
 21 don't know anything about what's contained in
 22 Exhibit Number 7 if you've never reviewed it?
 23 A. Right. I could review it now, but
 24 no, I've not reviewed it prior to this or not
 25 seen it.

Page 101

1 Q. Why don't you go ahead and review it.
 2 A. Okay. Well --
 3 Q. Go ahead.
 4 A. Okay.
 5 MS. CREPPS: We might as well go
 6 off the record.
 7 MR. GAUSTAD: Sure.
 8 MS. CREPPS: It will probably be
 9 10 or 15 minutes.
 10 (A brief break was taken.)
 11 Q. Dr. Eggleston, you understand you're
 12 still under oath?
 13 A. Yes.
 14 Q. Have you had an opportunity to review
 15 Exhibit Number 7? Did you want --
 16 A. Initial -- yes.
 17 Q. Okay. And do you have any dispute
 18 with the findings that were made in this article?
 19 A. I don't have anything -- no.
 20 Q. Turning to Exhibit Number 1, Dr.
 21 Eggleston, it's paragraph 13. Do you have that
 22 in front of you?
 23 A. Yes.
 24 Q. Okay. You've already testified to
 25 this that abortions are performed only one day

Eggleston, M.D. Kathryn
11/26/2013

Page 102

1 per week at the Fargo clinic, and "The bill will
2 effectively limit women's ability to obtain an
3 abortion to a single day during their pregnancy's
4 fifth week." Do you see that?
5 A. Yes.
6 Q. Okay. And the bill you're referring
7 to is the, I think, it's H.B. 1456, or Heartbeat
8 Detection Statute?
9 A. Yes. That seems right.
10 Q. There's nothing in the statute though
11 that precludes the clinic from being open --
12 doing abortions more than one day a week, is
13 there?
14 A. Correct.
15 Q. And then turning to paragraph 14 of
16 Exhibit Number 1. You made reference to, "Most
17 of the women who currently receive abortions from
18 the clinic at or after six weeks would probably
19 be unable to schedule their abortions early
20 enough to avoid the ban," due to a combination of
21 a number of factors listed -- various -- it looks
22 like about five factors here.
23 A. Uh-hum.
24 Q. Is this based -- I mean, is there
25 some data that the clinic retains or you retain?

Page 103

1 Where would I look to find this type of data? Is
2 there medical records or something like that that
3 says this is the reasons why women wouldn't be
4 able to get an abortion six weeks or later?
5 A. I think you could look at the clinics
6 statistics on the percentage of patients we see
7 that are earlier than six weeks.
8 Q. So they -- the clinic's stats?
9 A. Right. Stats.
10 Q. That would -- that's what you're
11 relying upon for these statements?
12 A. No. That would be one factor.
13 Q. Okay. What are the other factors?
14 A. Talking to patients, and having
15 knowledge of their -- difficult traveling, the
16 work, like I had mentioned before, the notes for
17 work, work release, medical, taking time off
18 work.
19 Patients frequently share, you know,
20 I have to be back by this time, I couldn't come
21 last week because of this, you know, they share
22 those experiences with us, so this is based on my
23 experience, the stats, the -- the waiting, and
24 delays imposed by the laws.
25 Q. The discussions you have with the

Page 104

1 patients, is that something you record then in
2 some sort of record to say geez, the patient told
3 me this, I should write this down in some
4 fashion?
5 A. It may be when -- the patient
6 completes some forms about why they're having an
7 abortion, it may be in that, written down. But,
8 when I have that discussion, I personally do not
9 write that down.
10 Q. Okay. So to the extent that the
11 patient completes that information, that would be
12 with the medical records for that particular
13 patient?
14 A. Correct. Sometimes we may elaborate
15 and write additional notes.
16 Q. Okay. That's where I'd be looking
17 for that type -- this type of information? Those
18 medical records? Give me an example --
19 A. What type of information?
20 Q. The information about these factors
21 that you've elicited in paragraph 14.
22 A. I wouldn't -- I think it could be in
23 there on occasion but these are discussions we're
24 having with women on the phone when we're making
25 their appointment. I'm not on the phone, but I

Page 105

1 overhear. I hear patient concerns or staff
2 discussing how can they get here and with my own
3 discussion with the patients.
4 Q. What delays are you referring to --
5 you're referring to delays imposed by laws of the
6 State of North Dakota. What are you referring to
7 there?
8 A. They need to call and receive the
9 information, the 24 hour reading at least 24
10 hours prior to the abortion.
11 Q. And then turning to paragraph 15, you
12 made several references to factors women rely
13 upon or utilize in deciding whether or not to
14 have an abortion, and you've listed a number of
15 them.
16 A. (Witness nods head.)
17 Q. Where would I look to -- I mean, I
18 can read it on your Affidavit but is there
19 somewhere else that would, a list of this
20 information, medical records or the information
21 the patient gives you?
22 A. When I have discussions with a
23 patient, that frequently comes up, but there is a
24 form that they complete and they may or may list
25 their reasons for having an abortion.

Eggleston, M.D. Kathryn
11/26/2013

Page 106

1 Also, I believe there's been some
2 studies, I can't specifically mention them, but
3 in -- seems to me I remember being at a
4 conference and they discussed reasons why women
5 had abortions and it was an actual study about
6 it, but I don't know that study and can't name
7 the conference. But in general, that type of
8 material is discussed.

9 Q. Okay. So I'd look at these forms
10 that the women fill out? May contain this type
11 of information?

12 A. It may contain this.

13 Q. And then some studies that are out
14 there is what you're relying upon to make this
15 type of --

16 A. In my experience talking with women.

17 Q. Okay. Has there been a study done of
18 this Fargo clinic?

19 A. Not that I'm aware of.

20 Q. Okay. And paragraph 14 and 15,
21 really are directed at, as I understand, the harm
22 that this statute would have on women, the
23 patients for the clinic. Is -- your position on
24 it anyway, is to the harm that this statute would
25 have on women generally?

Page 107

1 A. So, what's the question?

2 Q. Poorly, poorly worded question. I'm
3 sorry. What I'm trying to get at as: As I
4 understand, paragraph 14 and 15 -- ah, strike
5 that.

6 Do you know what -- I mean you've
7 listed the factors as to why women have an
8 abortion, do you know what factors women consider
9 when they don't have an abortion? Or they come
10 into your clinic and -- you've listed them as to
11 why they'd have an abortion.

12 A. Uh-hum. You mean for the patients
13 who come in and then leave?

14 Q. Yes.

15 A. They, I think we went over that
16 earlier, but they changed their mind for a
17 variety of reasons. I don't know that -- I think
18 there's similar reasons and they may change their
19 mind, maybe they were undecided and they changed
20 their mind and that's the time -- that's when you
21 have to make a decision is on that day, at least
22 initially, women make a decision not to go ahead
23 with an abortion, they may come back but there's
24 some discussion and maybe they thought about
25 something that they hadn't thought of before.

Page 108

1 Q. And do you have -- I mean, you listed
2 the reasons why. Do you -- can you -- in your
3 experience, in your discussion with those women
4 that don't go forward with the abortion, do they
5 describe to you why?

6 A. Some women may just leave and so we
7 wouldn't know, some women may have a discussion
8 with the front desk, some may have a discussion
9 with me. And, typically, if they meet with me
10 and I'm reviewing their history and ask them if
11 they're confident in their decision, if they say
12 no, I -- then we have discussion but I also
13 document that.

14 Q. Okay. That would be in the medical
15 records?

16 A. Yes. If I -- if at that point --
17 yes.

18 Q. Outside of those -- I resume you've
19 talked with folks within the Fargo Clinic about
20 this case?

21 A. Tammi Kromenaker, yes.

22 Q. And you've talked to others within
23 the clinic about this case? I'm not asking for
24 names. Just generally? Or not?

25 A. No.

Page 109

1 Q. How about -- and not your attorneys,
2 have you talked to others outside of the clinic
3 about this case?

4 A. Yes. Many people know I'm here today
5 'cause it changed my scheduled and a lot of
6 people were involved.

7 Q. And I want to thank you for that --

8 A. That's fine.

9 Q. -- I apologize for having to
10 reschedule, and I do appreciate it. But aside
11 from having to reschedule, have you talked to
12 anybody outside of the clinic about this case?
13 And I'm not talking about your attorneys.

14 A. No. I've not talked to anyone.

15 Q. Looking at Exhibit Number 4, do you
16 have it in front of you?

17 A. Yes.

18 Q. Okay. In paragraph 9, you say that,
19 "no detectible cardiac activity after seven weeks
20 can be a sign of a nonviable pregnancy or
21 miscarriage." Do you see that?

22 A. Yes.

23 Q. And then you tell the patient or you
24 inform them, as I understand it, about the fact
25 that you can't locate a cardiac activity?

Eggleston, M.D. Kathryn
11/26/2013

Page 110

1 A. Correct.
 2 Q. Okay. And you're doing that, as I
 3 understand, because they may go out and find
 4 their own primary care physician, they may wait
 5 for the miscarriage, may not be -- the abortion
 6 is not necessary really, right?
 7 A. Correct.
 8 Q. What type of reaction do women have
 9 when they hear that there's no heartbeat?
 10 A. They -- I think they're most
 11 interested in knowing, you know, what do I do
 12 from here, you know. So our discussion focuses
 13 on medical options. I think for some women, they
 14 feel a sense of relief. They don't have to go
 15 through with an abortion procedure.
 16 Q. Why do they feel relief?
 17 A. Well, they don't have to do anything,
 18 they can go home. They may be afraid of pain,
 19 this was -- if they're there for an abortion, at
 20 least at that point, they were considering
 21 terminating the pregnancy and didn't want to be
 22 pregnant. And so, by confirming that it's a
 23 nonviable pregnancy, they would not, essentially,
 24 be eligible for an abortion, technically an
 25 abortion.

Page 111

1 Q. What about when you detect a
 2 heartbeat, do you tell the women you detect a
 3 heartbeat?
 4 A. No. Not routinely.
 5 Q. Why not?
 6 A. They may ask and we talk about it.
 7 But that is -- the women are coming in for an
 8 abortion and they're assuming that they have a
 9 normal pregnancy that will continue to grow and
 10 they choose to have an abortion. So, unless we
 11 see something different than that --
 12 Q. So generally you don't tell them if
 13 you detect a heartbeat or not?
 14 A. I don't believe so.
 15 Q. And in those instances that you do
 16 tell them that you detect a heartbeat, what's the
 17 reaction of them?
 18 A. I'm not -- I don't know that I can
 19 answer that question --
 20 Q. Well, you talked about --
 21 A. -- because I'm not having that
 22 discussion with every patient, you know, I'm not
 23 doing every patient's ultrasound.
 24 Q. And I'm only asking about the
 25 patients that you talk to them about -- they've

Page 112

1 asked you -- you've detected a heartbeat, you've
 2 had this discussion. What's the reaction of the
 3 women?
 4 A. I have not been present when a woman
 5 has asked that question. Usually, the discussion
 6 is this appears to be either a normal pregnancy
 7 or an abnormal pregnancy.
 8 Q. And so you don't, as I'm -- If I'm
 9 hearing you correctly, you don't get into the
 10 discussion of whether there's a heartbeat
 11 detected or not with a patient?
 12 A. Correct.
 13 Q. And do you then tell them what you
 14 mean by an abnormal or a normal pregnancy?
 15 A. Yes. If I'm brought in, I'm having
 16 that discussion with the patient.
 17 Q. How often does that happen where
 18 you're brought in to talk about whether there's a
 19 normal or abnormal pregnancy?
 20 A. Under five per- -- under five
 21 percent.
 22 Q. And a normal is one that would be
 23 cardiac activity, correct?
 24 A. There can be factors -- I'm brought
 25 in if there's a concern. So depending on the

Page 113

1 gestational age, there may or may not be expected
 2 cardiac motion.
 3 Q. Flip it the other way then. If they
 4 don't have cardiac activity, that would be an
 5 abnormal pregnancy at seven weeks or more?
 6 A. At seven weeks or more yes, we would
 7 expect to see cardiac motion.
 8 Q. Okay. And if you don't have that
 9 then that, as you've defined it, is an abnormal
 10 pregnancy at that point?
 11 A. When I use -- yeah, it would be --
 12 there's a concern and that we need to have a
 13 discussion with the patient to make sure she
 14 understands and knows her options.
 15 Q. Okay. And then when you detect
 16 cardiac activity at six weeks or seven weeks,
 17 that's, aside from the other, you know, the
 18 location and gestational age, that would be
 19 something that would be a normal pregnancy then,
 20 correct?
 21 A. It's normal to have cardiac motion at
 22 six -- about six weeks gestational age and
 23 beyond.
 24 Q. And, as I understand it, you don't
 25 have discussion with the patient whether there's

Eggleston, M.D. Kathryn
11/26/2013

Page 114

1 cardiac activity or not? You just say there's
2 either -- this is a normal pregnancy.
3 A. Correct.
4 Q. Okay. And then your statement that
5 it says, "there's no detectible cardiac activity
6 after seven weeks can be a sign of a nonviable
7 pregnancy or miscarriage."
8 A. I'm sorry can you --
9 Q. I'm sorry.
10 A. -- tell me where you are?
11 Q. Exhibit Number 4 paragraph 9.
12 A. Okay.
13 Q. It's about halfway through. It says,
14 "no detectable cardiac activity after seven weeks
15 can be a sign of a nonviable pregnancy or
16 miscarriage."
17 A. Uh-hum.
18 Q. Would the opposite be true then if
19 there's a detectable cardiac activity after seven
20 weeks can be a sign of a viable pregnancy?
21 A. Correct.
22 Q. Do you know who Stacey Burns is?
23 A. Yes.
24 Q. Who is she?
25 A. I know who she is.

Page 115

1 Q. And I'm showing you -- it's part of
2 the plaintiffs discovery it's Bates number PL104
3 --
4 A. Okay.
5 Q. -- I don't use Twitter. I Facebook,
6 but I don't use Twitter, and we got this from a
7 Stacey Burns and it says @WentRogue.
8 A. Okay.
9 Q. Do you know what that means?
10 @WentRogue?
11 A. No.
12 Q. Who is Stacey Burns?
13 A. She is a woman -- I know who she is,
14 and I've met her. I do not know what her title
15 is. I believe she did or does -- I believe she
16 works for a pro choice organization, whether it's
17 Pro Choice Resources, I'm not confident.
18 Q. Okay. Did she have any affiliation
19 with the clinic?
20 A. Not that I'm aware of.
21 Q. Do you know if her stat is correct?
22 87 percent of the abortions done at the Fargo is,
23 I don't know, @RRWomen'sClinic are at least six
24 weeks gestation?
25 A. So six -- that seems pretty accurate.

Page 116

1 Q. And you don't know where she got her
2 data from?
3 A. No, I don't not.
4 Q. Have you ever seen this?
5 A. I've never seen that.
6 Q. All right. There are several letters
7 that we got as part of the discovery process.
8 They are Bates Numbers PL624, and, I can't read
9 the last number but I think it's gotta be, PL675
10 from women. Do you just want to -- so you can
11 see them.
12 A. Uh-hum.
13 Q. Have you -- if you want to just look
14 through them. The question I have is: Have you
15 ever seen these before?
16 A. No. I'm assuming -- in our recovery
17 room, there are notebooks for women to -- to
18 write and this appears to be a photocopy of that
19 notebook.
20 Q. Okay. You don't know?
21 A. I don't know.
22 Q. And do you have any idea how these
23 things are created other than suspecting that
24 they are done in this recovery room?
25 A. I don't know.

Page 117

1 Q. And do you have any idea who created
2 them?
3 A. No. Create -- you mean who wrote
4 them?
5 Q. Yes.
6 A. Oh, no.
7 Q. Do you know if they were actually
8 patients that wrote them?
9 A. I would have no way to -- to know
10 that. Like I said, it just looks like the
11 notebook that's in our recovery room.
12 Q. But you don't know if an actual
13 patient wrote any of those statements?
14 A. True.
15 MR. GAUSTAD: At this point,
16 we've got a discovery dispute. We're in- -- we
17 do intend to appeal the order. We're going to
18 keep the deposition open to -- this is the -- I
19 don't have any further questions today given the
20 order, but we are going to keep the deposition
21 open until the discovery dispute is resolved.
22 We're limited as to the number or questions and
23 the topics that we can discuss here today.
24 MS. CREPPS: So you're planning
25 to appeal the Magistrate's order to Judge

Eggleston, M.D. Kathryn
11/26/2013

Page 118

1 Hovland?
2 MR. GAUSTAD: Yes.
3 MS. CREPPS: Okay.
4 MR. GAUSTAD: So that's it for
5 -- for today, Dr. Eggleston. Thank you and thank
6 you very much for rescheduling yesterday.
7 (The deposition was concluded at
8 11:20 a.m.)
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Page 119

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 one hundred nineteen (119)
10 pages contain an accurate transcription of my
11 shorthand 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.

31 (Pages 118 to 119)

Eggleston, M.D. Kathryn
11/26/2013

Page 120

A	71:7 74:12,21	adequate 83:3	American 12:16	24:11 60:6
a.m 118:8	75:25 76:8,14	adherence 35:4	12:19 15:20,23	appreciate
Abbott 17:2	76:20 77:1,7	40:12,21,24	15:23 16:5,10	109:10
abdominal	77:15 85:7	adherences 36:6	21:22	appropriate
82:15,24 83:8	98:25 102:3	advance 87:15	analogy 41:25	20:24
83:17,21,24	103:4 104:7	advocacy 27:6	and/or 24:14	approved 17:20
abdominally	105:10,14,25	28:1,3	119:23	approximately
82:10	107:8,9,11,23	affect 77:23 78:5	anesthetic 70:12	24:4 29:2,3,11
ability 85:25	108:4 110:5,15	Affidavit 105:18	answer 5:15 6:5	88:16 89:3
86:25 90:22	110:19,24,25	affiliate 27:3	6:10 8:4 11:14	93:10,12 99:12
102:2	111:8,10	affiliates 27:3	11:19,22 37:25	April 9:22 44:3
able 6:10 18:4,5	abortions 19:24	affiliation	38:9 98:12,19	46:16
18:9 23:10	23:17 24:19	115:18	100:9 111:19	area 28:15 30:8
38:9 83:11,15	27:12,13,17,21	afore-named	answering 10:22	areas 38:20
83:22 93:23	29:7,24 30:16	119:6	10:24 11:11	arrangement
103:4	43:3 45:1	afraid 110:18	98:5	42:25
abnormal 112:7	49:11,22 61:18	age 51:5 74:20	answers 5:3	article 101:18
112:14,19	70:20 101:25	75:10,14,20,23	antibiotics 68:15	Article) 100 3:12
113:5,9	102:12,17,19	76:5,15,19	70:24	articles 32:20
abortion 23:23	106:5 115:22	77:6 78:5,9,12	anticoagulant	33:1 99:1,2
24:6 25:12	absence 79:4	79:3 80:5,12	54:6	artificial 90:23
26:12,13 29:18	Academy 12:19	81:19 82:5,8	anybody 6:22	100:2
29:21 31:24	15:20 16:10	83:2,12,17,23	9:12 52:11,15	artificial 86:2
33:14,22 35:7	accurate 15:3	84:21 90:16	63:21 109:12	87:2 96:21,22
35:9,19 39:2	47:21 115:25	92:10 113:1,18	anyway 106:24	99:23 100:1,6
39:23 44:17,25	119:10	113:22	apologize 15:18	aside 76:20
44:25 45:4,20	ACOG 17:22	ago 7:5	43:6 49:15	109:10 113:17
49:19 50:6,10	22:13	agreed 38:24	109:9	asked 15:17
50:19 51:3,7	action 7:3,5 8:24	ah 107:4	appeal 117:17	18:8 43:7
51:19,23 53:3	9:15,25 44:3	ahead 64:2,2,4	117:25	44:15 51:14
53:6,7,15 54:9	activity 79:5	77:18 101:1,3	appears 92:16	62:22 66:18
54:17,19,24	84:12 89:15	107:22	112:6 116:18	112:1,5
55:1,8,11,12	90:13,15 91:5	aid 86:2 87:2	applied 37:6	asking 11:4 13:4
56:4,12,23	91:13 92:5	90:24 96:22,22	39:17	20:25 25:2
57:19,23 58:2	109:19,25	99:23 100:1,2	apply 22:18	30:1 38:2
58:14,18,22,25	112:23 113:4	100:6	100:2 119:22	50:14 52:3
58:25 59:3,10	113:16 114:1,5	albeit 86:2 87:2	applying 89:7	70:8 94:5,7,24
59:18,23 60:5	114:14,19	90:23	appointment	96:2,20 98:9
60:9,11,14	actual 7:23	alive 96:6,6,9	59:5,5,16,20	108:23 111:24
62:1,13 63:1	106:5 117:12	allergy 54:22	60:17 63:25	aspects 76:21
65:7 66:4,17	addition 14:14	allow 5:15	68:17 82:2	assessment 51:8
66:19 67:22	additional 14:19	allowed 11:17	104:25	assist 94:17
68:4 69:3 70:1	52:16 104:15	alteratives 55:11	appointments	Assistant 2:3

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 121

associate 14:14 15:7 24:23	basis 29:8 34:2 Bates 115:2 116:8	73:16,23 101:10	13:9 17:3 25:18	41:12 certainty 94:20
assumed 6:6	batteries 41:22	breaking 8:21	cardiac 77:13	CERTIFICA... 119:1
assuming 8:3,13 8:20 69:24 111:8 116:16	battery 41:24	brief 34:21 72:22 73:23 101:10	78:1 79:5 80:4 84:12,18,22 89:15,25 90:7 90:13,15 91:5 91:13 92:4 109:19,25 112:23 113:2,4 113:7,16,21 114:1,5,14,19	Certification 15:25 119:22
assuring 36:6	becoming 64:14	briefly 67:25 68:3	90:13,15 91:5 91:13 92:4 109:19,25 112:23 113:2,4 113:7,16,21 114:1,5,14,19	certified 12:14 17:19,19,21 39:8
atopic 75:4	believe 9:7,13 30:19 48:23,23 59:22 85:10,18 106:1 111:14 115:15,15	broad 39:10 81:13	109:19,25 112:23 113:2,4 113:7,16,21 114:1,5,14,19	certify 119:6,12
attached 14:5	best 5:22 49:17	Broadway 1:22	114:1,5,14,19	CERTIFYING 119:23
attend 33:1,18 46:5	bet 7:18	brought 8:24 64:2,3 72:2 112:15,18,24	care 7:13,15 18:15 19:10 23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	certify 119:6,12
attention 64:2,4	beyond 11:8 80:17 84:6 113:23	BROWN 2:8	18:15 19:10 23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	CERTIFYING 119:23
attorney 1:8,9 2:3,8 6:22	bill 102:1,6	Burdick 1:7 4:16	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	cervix 70:12,13 70:13
attorneys 6:18 109:1,13	biopsies 20:4	Burns 114:22 115:7,12	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	cetera 25:10
attributes 93:16 98:1	Birch 1:7 4:16	BURT 1:12	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	change 41:20 46:11 48:19,21 107:18
authorized 11:9	birth 95:2	by-products 77:9	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	changed 41:20 16:24 17:1 66:16 107:16 107:19 109:5
avoid 102:20	bit 47:20 68:17 73:15	BYERS 1:11	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	changes 14:9 15:4,15 27:10 48:24 49:1
aware 38:3,5 44:17,20 64:22 85:3 95:23 106:19 115:20	bladder 19:4		23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	changing 41:24
	bleeding 53:21 62:7 63:25 68:13 69:15	<hr/> C <hr/> C 2:1	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	characteristics 93:17 95:10 96:2,11 97:25 98:16
<hr/> B <hr/> B 3:7	blood 25:9 41:14 65:9	C-section 18:17 18:21 19:12,13 20:11,20	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	charged 45:7
back 31:15 34:22 36:2 59:9,11,15,19 62:12 72:9 85:5 103:20 107:23	board 1:14 12:6 12:14,16,23 15:23 16:5 17:19,21 21:22 22:16 23:4	C-sections 18:12 18:13,23 21:1 22:3	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	charts 25:9
background 11:5,10,17,18	boards 12:9,10 12:25	called 4:3 9:10 70:14 72:23	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	checks 41:14
ban 102:20	body 96:10	candid 5:24	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	child 69:13 75:21 87:1 92:12 93:17 95:10 96:2,12 96:17 97:9,10 97:15,21 98:1 98:17 99:8,14 99:18 100:2,7
based 19:3 89:6 89:7 94:7,13 94:19,23 97:2 98:16 102:24 103:22	books 46:3	capable 95:21 97:21	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	choice 16:14,18 16:19 115:16
basic 97:12,14	Box 2:4	capacities 1:14 15:5	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	
basically 4:18	brain 95:19 96:6 98:18 100:4	capacity 1:8,9	23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	
	break 5:9,19,21 34:21 49:6		23:6,12 24:12 25:6 35:3,5 36:3,7 38:4,12 38:16 39:1,4 39:10,25 40:12 40:22 41:5 43:8 44:12 45:20 56:17 59:19,21 60:5 60:19 64:11 85:4,13 97:3 98:2,25 110:4	

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 122

115:17 choose 111:10 circulation 96:8 97:16 circulatory 95:11,17 96:5 96:17,23 100:4 circumstances 82:17 90:21 cite 86:5 cited 86:19 City 27:14 Civil 1:4 claimed 7:12 Claire 9:11 clarity 87:17 clear 47:20,23 48:22 83:1 clinic 1:4 3:10 25:23,24 26:19 26:21 27:5,14 27:20,23 29:7 29:19 31:23 32:5,9 34:4,9 36:14 38:15 39:8 40:21 42:11 44:9 59:8 60:5,5 61:1 72:10 76:14 102:1,11 102:18,25 106:18,23 107:10 108:19 108:23 109:2 109:12 115:19 clinic's 103:8 clinical 3:9 35:3 35:18 40:15,24 41:9,11 43:11 44:18 48:1 clinics 27:7,9 27:15 32:7 36:11 39:8	60:24 103:5 close 25:4,5 61:6 71:17 80:15 85:20 closer 71:11 Code 3:11,11 86:6,19 colleagues 33:2 colposcopy 20:5 combination 98:12 102:20 come 28:25 30:7 30:7,12,13,18 31:3,10,22,22 32:4,11 34:17 59:9,11,15,19 60:13 62:12 66:3 69:6 72:9 103:20 107:9 107:13,23 comes 41:14 80:12 105:23 comfortable 10:21,24 11:10 98:4 coming 31:15 111:7 commence 93:9 commences 98:23 comment 47:15 49:24 97:13 committed 28:21 commonly 46:7 communicate 84:25 communicating 72:14 communication 6:18 communicatio... 66:24	community 22:5 comparison 14:24 17:9 complaint 7:25 complaints 12:6 complete 67:3 105:24 completely 11:8 completes 63:16 104:6,11 compliance 56:14,16 component 50:5 62:23 78:6 components 50:9,16 concentrate 49:2 concentrating 49:5 conceptionally 49:14 concern 62:3 72:23 112:25 113:12 concerned 49:22 62:4 concerns 105:1 concluded 118:7 conclusion 47:12 concordant 48:1 concurrent 54:6 condition 6:9 conference 33:15,22 46:6 106:4,7 conferences 33:2,7,11,14 46:5 confident 70:9 108:11 115:17 confidentiality	56:16 confines 42:13 confirm 51:1,3 51:13 52:21 54:13 68:18 74:19 75:4,15 78:2 82:11,25 83:15,16 confirmed 70:16 70:17 confirming 22:21 82:22 110:22 conformation 48:2,3 consent 53:9,17 55:4 67:14,21 consented 50:21 consider 107:8 considering 110:20 consistent 48:15 56:25 consult 18:19 consultant 42:21 43:1 contact 25:2 26:11 56:18 69:16,17 contain 106:10 106:12 119:10 contained 100:21 context 11:18 92:22,23 93:13 continual 25:19 continually 24:20,20 continue 90:3,4 91:23 92:12,13 111:9 continuing 91:24 92:1,16	100:1 contraception 56:18 contraceptive 70:24 contraindicati... 54:8,17,18,24 CONTROL 119:23 convenient 72:11 CORP 1:3 correct 6:19 10:5 12:25 13:11 15:6,9 16:7,8,11,12 23:8,11 27:24 28:22,23 29:25 30:12 31:11,20 35:21 36:5,15 36:16 37:14,15 37:19 39:1,21 40:6,9,16,22 40:23 41:6,7 42:15 43:16 44:13,22,23 45:1,3 47:1 48:20 49:8 50:4,7 53:11 55:2 56:24 58:2,3,12,15 58:19,25 59:1 61:16,22,25 64:12,15,19 66:24 67:20 69:7,23,25 71:6 74:17,18 75:21 76:2,9 76:12 77:8,11 77:16 81:23 83:9,10 84:13 87:6 88:3,8,13 88:21,24 89:8
--	---	---	---	--

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 123

89:9 90:14	15:13 23:14,21	dealing 23:22	Dep 3:9,9,10,10	53:1 77:14
91:3,8 92:20	24:22 26:20	deals 40:15	3:11,11,12	78:9 99:14
93:10,15 94:21	35:2 36:2,8	December	depending 75:9	determined 77:6
94:22 96:12,13	40:19 43:9	119:16	75:14 77:3	79:5
96:15,18,23		decide 66:3,11	112:25	determining
97:1 102:14	D	94:14	depends 75:13	74:14,25 82:21
104:14 110:1,7	D 1:17 3:1	decided 66:15	77:1	develop 35:2
112:12,23	D&Cs 20:4	deciding 105:13	deposed 4:20	44:19 91:25
113:20 114:3	D.O 1:10	decision 20:18	deposition 6:23	92:1
114:21 115:21	D/B/A 1:3	50:20 52:21	13:14,17 35:12	developed 45:10
correction 16:23	daily 29:8	70:10 107:21	43:19,22 78:17	45:15
correctly 112:9	Dakota 1:1,9,14	107:22 108:11	78:20 86:11	difference 17:18
CORY 1:11	1:23 2:5 22:17	declaration 3:10	87:11 100:12	differences
counsel 2:6,11	25:25 27:4,4,6	14:3 74:6,25	117:18,20	58:21
2:13,16 119:13	27:7,12,24	81:1 86:20	118:7	different 16:2
counseling 55:3	28:8 30:10	87:6 89:20	describe 68:3	17:15 21:19,25
62:23 63:2	87:24 105:6	defendant 4:17	108:5	23:5 25:18
66:2,23 67:14	119:2,6,19	7:8,10 9:8	described 12:24	27:2 30:14,15
counselor 63:9	Dan 4:13	defendants 1:16	15:11,20 20:2	32:5 38:14
63:10	dan@grandfo...	2:6 4:4,14,18	description 15:3	47:17,18 55:25
County 1:8	2:5	define 80:3,19	15:4	60:24,25 63:5
119:3,5	DANIEL 2:3	85:25	desire 51:7,19	71:2 78:10
couple 4:23	darn 5:10	defined 39:14	60:15	80:23 92:21
33:15 47:17	data 32:18	81:8,21 90:11	desires 50:19	99:1 111:11
60:24	102:25 103:1	91:2 92:5	desk 108:8	difficult 37:8
court 1:1 5:4	116:2	95:14 96:14	detail 46:17	64:8 103:15
8:25 10:8 14:3	date 24:24 32:25	113:9	detailed 49:21	difficulty 49:4
20:7 44:2	dating 74:13	defines 87:25	49:25	dilated 70:13
119:23	DAVID 2:8	88:1 92:19	detect 77:10	direct 25:6
cramping 69:15	day 29:1 30:13	definitely 46:10	84:12 111:1,2	26:11 119:23
Create 117:3	31:24 32:5	definition 36:22	111:13,16	directed 106:21
created 116:23	47:25 60:11,19	39:11 88:1,7,8	113:15	DIRECTION
117:1	63:8 68:9 69:6	88:20,22 89:8	detectable	119:23
CREPPS 2:13	72:12 73:7	93:14	114:14,19	directive 62:18
11:3,7 37:3	101:25 102:3	degree 64:21	detected 112:1	directly 24:5,8
73:17,22 101:5	102:12 107:21	94:20	112:11	24:13,18
101:8 117:24	119:15	delays 103:24	detectible 90:13	119:14
118:3	days 29:3 30:14	105:4,5	109:19 114:5	director 14:13
current 87:17	30:15 31:3,8	delineation 15:2	detection 77:21	14:15,21 15:7
99:3	32:6 47:25	delivering 18:17	78:4 102:8	15:8 24:22,23
currently 24:1	95:2	delivery 18:16	determination	26:16,20 42:10
102:17	dbrown@repr...	93:23 94:3,11	98:22 99:11	45:11,12
CV 3:9 14:5,10	2:10	94:16	determine 51:6	discovery 115:2

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 124

116:7 117:16 117:21 discretion 37:17 40:4 discretionary 40:8 discuss 56:4 117:23 discussed 55:20 55:24 56:15,17 56:18,19 82:12 106:4,8 discussing 85:2 105:2 discussion 46:22 55:10 70:8 90:18 104:8 105:3 107:24 108:3,7,8,12 110:12 111:22 112:2,5,10,16 113:13,25 discussions 103:25 104:23 105:22 disease 38:18 disorder 53:21 54:5 64:1 dispute 101:17 117:16,21 distinction 13:3 distinctions 17:10 DISTRICT 1:1 1:1 DIVISION 1:2 divorce 10:14 divorced 11:23 doctor 73:9 81:3 document 35:22 39:5 44:1,4 46:19 49:7,15 100:17 108:13	documents 6:25 doing 5:2 18:17 34:10 60:8 65:19 72:15 102:12 110:2 111:23 Dr 3:9,10 4:10 13:16 34:22 35:16 43:21 46:24 73:24 78:19 81:17 85:19 86:13 88:6 94:23 100:14 101:11 101:20 118:5 draw 65:9 dressed 72:2 drive 82:3 dropped 7:16 8:9 due 102:20 Duluth 26:24 29:4 duly 4:4 duties 40:20 44:8 duty 42:14 <hr/> E <hr/> E 1:17 2:1,1 3:1 3:7 earlier 23:25 66:12 80:14 103:7 107:16 early 77:1 78:12 79:3,15,24 80:1,10,11,18 80:21,24 81:4 81:7,10,12,16 81:20 82:14 83:7,20 84:2,6 102:19 earth 5:23	easily 71:2 Eau 9:11 ed 28:17 edit 47:23 edits 47:19 educate 55:14 education 17:12 55:4,16 62:24 63:4,6 67:14 educator 63:12 effectively 102:2 effects 55:18 efficiently 25:22 Eggleston 1:4,19 3:3 4:3,9,10 13:16 34:22 35:16 43:21 46:24 73:24 74:3 78:19 81:17 85:20 86:13 88:6 94:24 100:14 101:11,21 118:5 Eggleston's 3:9 3:10 eight 84:20 90:8 either 23:16,23 34:8 52:1 59:18 112:6 114:2 elaborate 104:14 elicited 104:21 eligibility 49:20 49:23 50:1,2,3 50:9,16,18 53:14 eligible 76:8,20 76:25 77:7,15 110:24 embryo 75:10 77:12 79:4	84:16,17,22 emergency 56:18 empty 84:21 ended 62:21 endometrial 20:4 engaged 23:16 engagement 4:25 ensure 40:21 ensuring 35:4 entire 71:9 enunciate 5:3 equipment 42:2 43:14 70:17 error 48:5 essentially 7:12 18:18 20:22 34:8,19 50:25 51:1 55:11 57:22 63:20 110:23 estimate 30:22 et 25:10 ethical 23:5,12 evaluate 50:22 50:23 51:4 77:13 89:25 evaluated 41:16 evaluating 90:1 evaluation 23:21 53:24 58:16 evaluations 42:5 42:8 64:25 65:1 Everybody 80:23 everyday 46:8 Ex 3:8,9,9,10,10 3:11,11,12 exact 27:8 30:22 Exactly 10:1	21:13 26:2 exam 50:22 51:24 52:1,6,8 53:2 57:3 62:25 70:10,19 examination 3:3 4:6 48:2,9,12 52:4 56:21 57:5,11,15,19 57:21 58:1 61:11,21 62:16 63:14,22 64:6 68:23 70:5 71:10 72:6 examinations 60:8 examine 62:2 Examiners 1:14 example 19:1 20:13 22:16 23:4 26:19 47:22 61:24 67:13 104:18 examples 19:23 66:10 exception 23:9 38:5 58:6 76:22 Exceptions 37:8 excited 5:10 exhibit 13:14,17 35:12,15 40:13 40:16 41:4,8 43:8,12,19,22 44:2,13,16,21 45:1,5,9 46:14 46:15 47:3,8 54:1,2 55:4 57:25 74:5,7 78:17,20 79:2 85:9,19,21 86:11,14 87:11 87:15,19 89:10
--	--	--	--	--

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 125

91:12 92:25	fair 6:6 13:10	95:22 97:21	focuses 110:12	85:22 86:16
100:12,15,22	17:12 18:23	Fertility 3:12	folks 108:19	87:19 92:25
101:15,20	20:25 22:19	fetal 99:3	follow 21:20,21	93:1 101:22
102:16 109:15	50:15 72:6	fetus 75:10	21:21 37:10,17	108:8 109:16
114:11	98:10	77:12 88:15,21	38:4 39:21	full 18:18,18
exist 43:13	Falls 27:14,18	89:2 93:11,23	40:5 58:24	fully 6:10
96:11	27:20	94:15,24 95:1	59:2,24 62:17	function 95:17
exists 87:18	familiar 8:2	96:1	follow-up 24:11	95:19 96:18,23
expect 55:21	68:1	fifth 102:4	47:10 58:20	98:18 100:4,5
56:1,11 69:14	family 9:11	figure 26:25	59:4,5,15,20	100:5
90:7 113:7	12:16,20 14:13	79:13 80:18	59:22,23 61:21	functions 95:11
expectation	14:21 15:8,20	83:22	68:17 69:3,22	96:10 97:8,9
41:15 99:3	15:24 16:11	fill 32:12 106:10	followed 37:7,21	97:12,14 98:1
expected 90:16	17:5,20,21	filled 75:9	following 4:2	further 53:23
92:1 113:1	18:1,14,19,24	final 70:24	24:15	59:19 117:19
expel 68:12	19:8 21:22,25	find 75:18 84:23	follows 4:5	119:12
expelled 69:12	22:9 26:11,17	103:1 110:3	forced 50:20	
expelling 69:21	52:17,22	findings 101:18	51:8 53:17	G
experience	far 5:3 8:11	fine 47:16 62:5	forcing 66:17,20	Gaustad 2:3 3:3
59:10 80:9	32:19 49:21	98:6 109:8	foregoing 119:9	4:6,13 11:4,16
83:24 84:9,10	53:14 60:6,15	finish 5:14,15	119:22	13:12 35:10
97:8 103:23	69:15 76:15	finished 73:14	form 67:2	43:17 46:20
106:16 108:3	99:22	first 4:4 14:12	105:24	73:14,19 78:15
experiences	Fargo 1:23 2:5	15:23 20:16	forms 104:6	86:9 87:9
103:22	26:21 28:25	26:16 45:10	106:9	100:10 101:7
expert 94:10	29:6,18 30:8	47:25 51:7	formulator 5:23	117:15 118:2,4
expertise 28:16	34:4 36:14	60:9,12 69:5	forth 39:2 41:5,8	GAYLORD
explain 54:4	40:21 44:11	81:14	85:17	1:11
extent 5:25 6:5	76:14 102:1	fits 77:6	forward 108:4	geez 45:19 82:20
104:10	106:18 108:19	five 66:7 70:7,15	found 7:14 8:7	104:2
extra 52:24	115:22 119:19	71:8,19 73:20	67:9	general 1:9 2:3
F	fashion 104:4	76:6,23 77:1	four 43:25 56:21	24:25 49:7
face 5:23	father 66:13	78:13 102:22	fourth 13:22	50:24 53:18
Facebook 115:5	federal 22:23	112:20,20	free 61:15	76:12,13 99:11
facility 69:6	Federation	flagged 64:1	frequent 83:2	106:7
70:22	33:14,22 35:8	Flip 113:3	frequently 52:9	generally 15:11
fact 109:24	35:9,20 39:3	Floor 2:9,14	72:10,13 97:19	18:22 22:19
factor 103:12	44:17 45:21	flow 25:21	99:2 103:19	31:17 46:2
factors 102:21	85:7	fluid 75:9	105:23	50:15 52:3
102:22 103:13	feel 10:21,24	flux 68:16	friends 52:22	55:7 56:22
104:20 105:12	25:19 47:20	focus 19:2 52:23	front 13:19	61:25 106:25
107:7,8 112:24	98:4 110:14,16	52:25	35:15 43:23	108:24 111:12
	feeling 52:21	focused 39:5	74:7 78:21	gestation 47:24

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 126

115:24	20:10,19,21	happens 61:5	70:8 94:14	improving 25:21
gestational 51:5	37:17 40:5	68:8 69:13,20	108:10	inadequate 7:13
74:20 75:3,8	41:15 53:2	71:4	HOERAUF	incidents 11:11
75:10,14,23	63:6 80:15	hard 5:12 25:1	1:12	include 74:12
76:5,15,19,24	84:18 100:4,5	49:1	hold 47:11	incorporated
77:6 78:5,9,12	100:5 117:17	hard-and-fast	home 56:2,11	36:20
79:3 80:5,12	117:20	76:11	66:21 110:18	indicated 57:3,4
81:19 82:5,8	gonna 5:9,24	harm 106:21,24	hopefully 5:14	indicator 89:16
83:2,3,12,17	11:21 41:16	hate 82:2	95:8	indictor 91:14
83:23 84:21	47:14 58:9	HAUG 1:13	hour 105:9	indirectly
90:16 92:10	64:23 83:8	head 5:5 26:8	hours 60:18,20	119:14
113:1,18,22	good 7:15 8:8	72:13 105:16	60:25 61:3,8	individual 36:11
gestures 5:5	23:20 51:1	health 12:21	68:11 69:9,10	94:13,14
Getting 85:5	73:17 83:13	16:19,20 26:23	105:10	individually
give 19:23 20:13	gotta 116:9	34:16 51:1	Hovland 118:1	37:23 38:9
20:22 28:18	group 63:4	53:19 60:4	hundred 119:9	63:3
33:8 47:22	groups 22:13	76:21	husband 7:11	influence 78:11
50:12 55:22	grow 91:24 92:1	healthcare 24:2	husband's 10:20	78:13
61:23 66:10	92:13,16 111:9	hear 105:1	10:23 11:2	inform 84:13,19
104:18	growing 68:11	110:9	hysterectomy	84:22 90:8
given 68:15	guess 13:21 25:1	heard 28:4	19:3	109:24
70:12,25	guessing 80:8	hearing 112:9		information
117:19	guesstimate	heart 96:6	I	11:6,17,18
gives 37:16 85:4	59:25	heartbeat 77:10	I's 37:2,3	104:11,17,19
105:21	guide 56:13	77:21 78:5	Ibuprofen 55:23	104:20 105:9
go 14:8 17:20,22	guideline 36:10	102:7 110:9	idea 82:7 116:22	105:20,20
27:11,19 33:9	38:15	111:2,3,13,16	117:1	106:11
33:16 37:22	guidelines 3:9	112:1,10	identification	informed 50:21
38:8 45:24	35:19 36:14,18	heavy 68:13	13:15 35:13	53:9,17 55:4
46:20 49:13,17	40:10 44:18	held 46:22	43:20 78:18	67:14
55:7 61:15	85:8,14	help 36:10 78:2	86:12 87:12	Initial 101:16
62:9 64:24	guys 40:3	helped 72:2	100:13	initially 82:10
67:6,13 68:6		helps 28:18	identified 21:1	107:22
70:19,20,23	H	hemoglobin	26:24	inside 75:10
74:18 76:16	H 3:7	41:13 50:23	illness 38:19	instance 18:12
77:18 82:19	H.B 102:7	53:18 65:4	implement 35:3	28:14 33:8
83:13 101:1,3	halfway 114:13	hemorrhagic	implementing	38:19 41:12
101:5 107:22	hallway 72:16	54:3,5	36:4	48:8 67:20
108:4 110:3,14	hand 5:5 38:5	hey 41:20 69:12	important 41:24	73:6 81:14
110:18	119:15	HIPAA 8:21	74:13 84:25	82:3 84:19
goes 27:20 41:11	handed 8:1	23:13	89:15 91:13	90:5
41:18 42:4	happen 51:22	history 54:21	imposed 103:24	instances 83:19
going 11:19	72:25 112:17	56:20 63:14,22	105:5	111:15

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 127

instructions 56:17	J	32:12 60:14 87:17	knowing 110:11	letting 82:4
intend 117:17	J 1:13	know 4:16 5:9	knowledge 50:16 89:5,7	level 22:23 41:14
intended 37:6	JANET 2:13	5:16,20,21 6:1	97:3,5,22	license 64:18
interact 63:5	jcrepps@repr... 2:15	7:25 8:9,12,17	98:17 103:15	licensed 22:20 22:21 63:10,10 65:14
interchange 72:17	job 25:19 40:20 42:14 44:8	11:7 12:12	knows 113:14	licensing 21:24 65:18
interested 110:11 119:13	45:18	15:17 19:3,3,9	Kristen 1:24 119:4,18	Licensure 15:24
internal 73:10	JOE 1:22	19:24,25 20:19	Kromenaker 2:19 108:21	lifetime 95:8
interrupt 77:19	JOHNATHAN 1:13	20:20 22:13,15		ligation 21:6,17
intervention 90:3 92:15	JOHNSON 1:10	22:22 23:24	L	ligations 22:4
93:21,22 96:4	journal 32:25	24:20 25:23	L 1:4 2:3 4:3	limit 55:16 102:2
97:18	33:1	26:21 28:13	lab 41:23 42:4,7	limited 117:22
interventions 94:17 95:7	Judge 117:25	29:11,12 30:2	42:10 64:25	limits 82:5 99:1 99:1
intrauterine 51:4 54:13	judgement 77:5 99:7,13	30:16,22 31:8	65:1,6,15,19	line 26:19
74:19 75:19	Judgment 14:4	32:16,18 33:1	labor 18:15 94:12	list 11:12 18:2 54:11 105:19 105:24
76:18 77:4,23	justify 37:9	37:25 38:19	Laboratory 58:16	listed 13:7 15:22 15:22 16:3 56:22 102:21 105:14 107:7 107:10 108:1
78:3 82:23	K	41:16 42:23,24	labs 43:14	listing 14:12
83:16	KATE 1:10	46:9 49:5,21	lag 46:10,12,14 47:7	literature 97:6 98:24
introduced 44:2	Kathryn 1:4,19 3:3 4:3,9	53:23 57:12	laid 67:22	litigation 7:3,17 10:6,11 11:24
involved 7:2,4	KAVLIE 1:11	60:13,22 61:5	LARRY 1:10	little 16:2 37:3 47:20 55:24 68:17
9:16,18,21	KAYLEEN 1:11	65:14,24,25	LARSON 1:10	live 30:9 86:1 87:1 90:22
10:7,12 12:5	Keegan 1:24 119:4,18	66:8,18 67:12	latest 76:14	lived 22:4
21:23 26:4	keep 20:10	69:17 73:3	laws 103:24 105:5	liver 96:7
28:9 33:24	32:25 60:1	75:20,22,25	lawsuit 7:24	Imp 76:6 80:13 80:14 81:25 82:1,7 88:17 89:3 93:10,12
34:19 35:24	67:6,17 85:20	79:11,12 80:8	lawyers 6:16	
46:6 63:15,21	96:8 100:3	81:24 82:4	layout 50:2	
64:6,25 98:25	117:18,20	85:9 90:12	leadership 13:9 16:6,9 17:3	
109:6	keeping 96:5	95:9 97:7,9,23	learn 46:7	
involves 27:4	KENT 1:12,12	97:24 98:3,6,7	leave 72:1,5 107:13 108:6	
irrelevant 11:8	kidneys 96:7	98:8,11,14,19	legal 2:8,13 8:14	
issued 36:18 97:1	kids 97:4	99:17,20 100:1	length 60:18 94:3	
issues 22:17 54:25	kind 10:3 26:1 32:12 38:17	100:8,8,20,21	lesion 20:5,8	
it'd 25:20	41:19 49:13	103:19,21	let's 5:11 83:19	
items 56:22 57:11	57:18 69:12,17	106:6 107:6,8	letters 116:6	
IUD 54:16 60:4	70:23	107:17 108:7		
	kinda 10:8	109:4 110:11		
		110:12 111:18		
		111:22 113:17		
		114:22,25		
		115:9,13,14,21		
		115:23 116:1		
		116:20,21,25		
		117:7,9,12		

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 128

93:22 96:16,17	M 1:24 119:4,18	119:14	103:17 104:12	60:12 115:14
98:23 99:12	M.D 1:4,10,11	mean 7:25 14:8	104:18 105:20	method 79:7,10
local 70:12	1:11,12,12,12	22:16,19 26:18	108:14 110:13	Midwest 34:16
locate 83:11	1:13,13,19 3:3	33:7 38:21	medical/legal	mife 55:18
109:25	machine 41:13	46:2,9 66:22	94:6	mifepristone
located 30:6	Magistrate 11:9	74:24 75:1,5,6	medication 6:9	54:22 58:4
74:15 75:1,4,6	11:14	77:18 80:2	45:1 56:13	68:9
location 75:22	Magistrate's	81:16 89:23	58:8,20,21,25	MILLER 1:11
79:3 82:21	117:25	92:12,18 95:6	59:18 68:2,4	milligrams
83:12,23	main 17:18 32:1	102:24 105:17	69:3,5,8 70:20	55:23
113:18	34:9	107:6,12 108:1	medications	mind 39:16 43:6
locations 26:15	majority 32:8	112:14 117:3	58:7	66:16 107:16
27:11 47:18	38:22 62:19	means 86:25	medicine 8:8	107:19,20
lock 30:23	79:18 94:9	91:23 115:9	9:11 12:17	Minneapolis
logistically 71:3	making 24:21	119:23	15:21,24 16:11	30:7
long 34:10 55:21	25:21 70:9	meant 24:8	17:6,20,21	Minnesota 7:5,6
61:12 72:17	104:24	80:20 81:4	18:1,19,24	7:19 25:24
73:18,20 76:17	malpractice 7:3	91:20	19:8 21:22,25	27:4,8,9
77:4 93:24,25	7:4 8:4 9:15,17	measurements	22:18 38:18	minute 47:11
94:3,24 95:1	9:24 10:2,12	78:10	39:11 41:23	minutes 61:14
100:3,3	management	med 28:3	medicines 18:14	70:7,16 71:8
longer 81:7 95:8	1:3 26:1,5,6	mediation 7:14	meet 44:12	71:11,13,15,17
look 46:3,4	maneuvers 8:14	8:7	45:21 63:3	72:20 73:21
103:1,5 105:17	manufacturer	medical 1:14 6:8	108:9	95:5 101:9
106:9 116:13	41:19	7:15 9:15,17	meeting 36:11	miscarriage
looked 46:16	manufactures	9:21 12:6	42:18 45:19	85:2 109:21
95:24	42:1	14:13,14,20	63:17	110:5 114:7,16
looking 23:14	mark 13:12	15:7,8 23:17	member 12:11	misheard 69:1
40:19 46:13	35:10 43:17	23:23 24:5,18	12:19,20 13:5	miso 55:18
55:3 74:11	78:15 86:9	24:22,23 26:20	13:8 52:10,17	misoprostol
75:13,15 85:19	87:9 100:10	29:9 34:1 35:4	53:5 71:25	54:22 56:6,9
85:21 88:5	marked 3:8	45:11,12 49:11	members 1:14	58:4 68:12
104:16 109:15	13:14,17 35:12	49:22 53:20	52:17	misprint 57:16
looks 23:15	35:14 40:13	54:9,17 55:12	Membership	missing 57:13
43:25 102:21	43:19,22 44:13	56:20 57:23	16:3	57:13,14 86:1
117:10	57:25 78:17,20	58:25 59:23	memberships	MKB 1:3
lot 19:2,8 24:22	85:8 86:11,14	63:13,21 67:22	15:19	MN 26:18 27:1
47:16 109:5	87:11,14	77:5 89:4,7	memory 49:16	month 29:5
lots 22:24 64:16	100:12,15	90:4 93:21,22	menstrual 48:1	months 41:17
98:25	married 10:19	94:16,20 95:6	mention 106:2	mother's 86:1
lungs 96:6	MARTIN 1:12	96:4 97:3,5,6	mentioned 28:1	87:1 90:23
	material 106:8	97:18,22 99:3	103:16	motion 14:4
	matter 100:3	99:7,13 103:2	met 50:19 60:10	77:13 78:2
M				

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 129

80:5 84:18,22 90:1,7 113:2,7 113:21 move 71:23	75:18,20,22,25 82:4,20 83:4 84:3 96:11 105:8 113:12 needed 21:8 28:19 66:15 73:9 93:22 needs 11:13 18:24 20:18,20 73:2 74:19 neither 30:9 119:12 neonate 97:4 never 18:13 19:13 32:21 46:3 100:22 116:5 new 2:10,10,15 2:15 21:14 46:7 niece 64:13 nineteen 119:9 Nodding 5:5 nods 105:16 non 90:12 non-surgical 55:10 nonviable 90:5,9 90:10,14,17,21 91:22,25 92:9 109:20 110:23 114:6,15 normal 68:14,15 75:19 111:9 112:6,14,19,22 113:19,21 114:2 NORMAN 1:10 North 1:1,9,14 1:22,23 2:4,5 22:16 27:4,5 27:24 28:8 30:10 87:24	105:6 119:2,5 119:19 Northwestern 17:3 Notary 119:1,4 119:18 note 73:2,3,5 notebook 116:19 117:11 notebooks 116:17 noted 35:1 47:7 78:11 notes 66:24 103:16 104:15 119:11 NOTICE 1:25 November 1:20 number 13:17 19:17,18 27:8 29:13 30:22,24 35:15 40:13,17 41:4,8 43:12 43:22 45:2,5,9 46:14,15 47:3 47:8 52:20 54:1,2,5,15,16 54:21 55:4,9,9 55:19,19,20,22 56:1,3,11,14 56:14 57:2,13 57:25 58:4,5 66:1 69:17 74:5,7 78:20 79:2 82:1 85:9 85:19,21 86:14 87:19 88:5 89:11 91:12 92:8,25 93:5 100:15,22 101:15,20 102:16,21 105:14 109:15	114:11 115:2 116:9 117:22 Numbers 116:8 nurse 72:20 <hr/> O O 1:17,17 oath 4:5 34:24 46:25 73:25 101:12 OB 18:18,20 OB/GYN 17:9 17:11,22,25,25 18:10,18,20,23 19:2,15 20:12 20:14,19 21:21 21:23 23:6 obtain 48:19 102:2 occasion 32:7 34:18 59:12 64:3 104:23 occasionally 64:7 occur 66:24 occurred 44:3 October 14:15 34:12 offer 59:4 office 27:6 28:6 28:10,12,14,17 28:25 OFFICES 1:22 official 1:7,9,13 Oh 16:24 19:16 21:2 34:13 73:8 117:6 okay 4:15,17,19 4:20,23 5:1,7 5:18,22 6:2,4,8 6:13,17,21 7:23 8:6,10,12 9:2,23 10:3,6	10:11,18,20 12:18,22 13:8 13:18,21 14:23 15:15 16:1,16 16:24 17:2,17 17:24 18:22 19:6,11,23 20:11 21:7,19 22:11 23:2,14 23:20 24:3,13 24:17 25:7,16 27:16,19,23 28:7,9,20 29:6 29:17,23 30:1 30:6,11,16 31:2,6,10,13 31:21,25 32:3 32:10,24 33:21 35:1 36:13 37:5,24 38:7 38:11,25 39:9 39:15,23 40:2 40:10 41:3 42:7,21 43:5 43:25 44:11,21 45:14,18 46:13 47:2,5 48:13 49:9,13 54:7 54:10,20 55:3 55:15 56:7,10 57:4,24 61:4 61:17 63:13,18 64:17,20 65:8 67:5,25 68:25 69:11,19 71:18 71:21 72:4,21 73:10,13,18,22 74:10,23 75:12 75:17 76:4,10 76:13 78:4,8 79:1,17 80:17 81:6,11 82:6 82:14,18,24
---	---	--	--	--

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 130

83:6 84:11	16:7 115:16	88:5,15 89:11	85:1,3 104:2,5	perform 18:8
85:24 86:5,15	organs 96:8	91:11 93:3	104:11,13	23:10 27:12,21
86:21,23 87:8	outpatient 19:9	98:22 99:21	105:1,21,23	29:24 32:16
88:5,14 89:6	19:10,21 20:3	101:21 102:15	109:23 111:22	64:16 75:25
90:20 91:11,17	21:13,15,18	104:21 105:11	112:11,16	performed
92:2,18 93:8	51:2 53:22	106:20 107:4	113:13,25	27:13 101:25
93:16 94:18	outside 30:8	109:18 114:11	117:13	performing
96:10 97:4,7	42:21 86:1	Parenthood	patient's 7:11	23:16 24:10,14
98:14,21 99:5	87:1 90:23	14:13 26:17	8:22 111:23	29:7 30:17
99:17 100:16	94:16 108:18	27:1,2,3,24	patients 18:5,16	53:3 65:7
101:2,4,17,24	109:2,12	28:15,16 33:12	18:19 19:24	performs 29:18
102:6 103:13	outstanding	33:13 34:8	32:22 56:8	43:3 64:15
104:10,16	67:4	46:7	59:4,14,17	76:14
106:9,17,20	overall 47:21	part 40:20 41:10	66:21 67:3	perimeters
108:14 109:18	49:3	44:8 115:1	74:13 98:2	76:19,19 77:7
110:2 113:8,15	overhear 105:1	116:7	103:6,14,19	period 48:1
114:4,12 115:4	oversee 42:16,17	partially 98:11	104:1 105:3	80:18 99:25
115:8,18	overseeing	particular 18:25	106:23 107:12	periodically
116:20 118:3	12:23	19:1 26:24	111:25 117:8	41:22 45:16
OLSON 1:13	oversight 35:3	64:18,21 65:12	Paul 34:9	person 53:2
once 5:13 30:11	oxygen 97:16	67:19 85:1	peer 42:16,20	64:10
31:10,16 33:17		89:11 104:12	pelvic 19:4	personal 97:3,8
56:24 71:21	P	parties 8:16	70:10	personally 98:8
72:4	P 1:17 2:1,1	119:13	pending 10:8	104:8
ones 13:7 15:19	P-L-A-T-T 9:5,6	partner 52:17	people 5:11,13	perspective
open 102:11	P.A.C 1:10	partners 52:22	8:3 29:12 33:3	50:23 94:6
117:18,21	p.m 1:21	party 12:2	33:4 38:23	phlebotomist
opened 31:23	P.O 2:4	passed 68:18	51:10 52:24	65:16
opined 94:25	page 3:2 13:22	patient 7:11	64:16 109:4,6	phone 11:14
opinion 20:22	13:22 37:1	8:18 20:20	percent 10:17	61:2 104:24,25
80:23 89:1,2,4	44:1 47:10	21:8 24:11,12	24:2,4,18,25	photocopy
92:24 93:8,20	48:11 78:23	25:2,6,6,21	25:5 26:4,8,10	116:18
94:8,19 97:1,2	86:24 87:24	26:11 28:1,3	31:17 59:15,24	physical 56:21
opportunity	pages 57:15	35:3 51:13	60:2 62:14	60:4 63:14,22
47:2 101:14	119:10	52:11,12,23	66:7 69:4	physician 17:6
opposite 114:18	pain 62:7 95:21	53:8 55:22	79:19,21,23,25	18:1,24 20:17
options 40:7	95:22 97:20,21	56:5 59:10	80:7,15 81:21	20:22 22:1,9
85:4 110:13	110:18	60:2,10 61:2	84:3,7 112:21	29:22 42:9
113:14	paperwork	62:6 63:4,6,12	115:22	74:19 94:12
order 74:20	25:21 46:9,12	63:16,20 67:19	percentage	99:10 110:4
75:25 117:17	paragraph	71:24 72:15,18	23:22 62:11	physicians
117:20,25	74:11 79:1	73:2 82:8,9	66:6 79:9	12:20,21 16:13
organization	81:16 85:21,24	84:13,20,20,23	83:21 103:6	16:17,18,19

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 131

18:14 22:14 27:22 29:20,23 30:3,17 31:7 31:21 32:11 43:2 pick 48:25 piece 42:1 pill 68:10 PL104 115:2 PL624 116:8 PL675 116:9 place 54:16 placed 70:11 placement 60:4 plaintiff 7:9 Plaintiffs 14:4 plaintiffs 1:5 2:11,16 6:19 8:16 115:2 Planned 14:12 26:17,25 27:2 27:3,24 28:15 28:16 33:12,13 34:8 46:7 planning 14:14 14:21 15:8 26:11,17 117:24 Platt 9:5 please 4:8 pneumonia 38:19 point 71:1 76:2 91:24 92:15 108:16 110:20 113:10 117:15 pointing 54:1 policies 36:12 policy 35:19 44:18 85:8,13 poorly 107:2,2 popping 72:13 portion 25:8	55:17 position 14:25 16:6,10 106:23 Possibly 52:16 potential 89:16 91:7,14 practice 22:18 22:21 23:5,22 24:1 46:8 48:5 50:12 practiced 22:7 practicing 23:7 precise 30:24 Precisely 76:4 preclude 6:9 precludes 102:11 pregnancy 51:4 54:14 62:2,20 68:10,12,18 70:14,18 74:14 74:14,20,24 75:1,2,15,20 75:23 76:18 77:5,24 78:3 79:3,15,24 80:1,10,11,18 80:21,24 81:4 81:7,10,12,17 81:20 82:14,22 82:23 83:7,16 83:20 84:2,6 89:16 90:2,4,5 90:6,9,10,14 90:18,22 91:10 91:14,22,23,23 91:25 92:9,9 92:11,14,15,17 94:13 109:20 110:21,23 111:9 112:6,7 112:14,19 113:5,10,19	114:2,7,15,20 pregnancy's 102:3 pregnant 94:11 110:22 prep 60:14 preparation 6:23 prepare 6:13 44:8,22 preparing 35:24 45:8 prescriptions 70:25 presence 79:4 89:15 91:5,13 92:4 present 2:19 26:20 52:18 90:17 112:4 presented 33:21 pressured 52:22 presume 14:20 22:17 46:4 66:23 87:4 preterm 94:10 pretty 23:20 49:21 115:25 primary 110:4 prior 7:3 45:10 51:14,23 53:7 63:16,19 65:7 100:24 105:10 pro 8:14 115:16 115:17 probably 4:24 15:17 17:11 20:10 26:10 29:15 32:15 56:3 62:22 71:11 72:13 85:12,20 101:8 102:18	procedure 18:8 18:11,25 20:3 20:14,23 21:14 21:14,15,18 23:10 24:10,14 25:14 26:5,12 29:18 47:7 49:17 50:22 53:23 55:22,24 68:2,2 69:12 70:6,15 71:19 71:22 72:5 110:15 procedures 17:25 18:4 19:9,14,20,22 39:24 49:10 proceedings 4:2 process 7:13 70:2 84:15 116:7 professional 12:8,10,13 13:2,5 15:19 16:3 program 2:8,13 9:9 17:16,23 28:18 promote 28:18 promoted 14:12 prompts 82:19 promulgated 23:3 pronounce 58:8 pronouncing 74:2 proper 42:5 properly 42:3 prostaglandin 54:23 protocol 26:13 44:25 45:4 49:9,20 56:23	58:1,13,17 62:24 65:3 67:7,18 70:4 protocols 3:10 24:24 25:17,20 35:4 36:10,14 36:20 37:10 39:20 44:7,12 44:19,22 45:8 45:9,25 61:11 67:6,13 68:7 74:12,16 prove 18:5 provide 8:8 18:4 29:21 74:21 provided 7:12 7:15 27:17 providing 31:24 public 9:3 119:4 119:18 published 32:20 32:21,23 pull 74:5 pulled 99:21 purpose 75:17 PURSUANT 1:25 put 46:3
Q				
qualified 18:10 21:3 quality 40:16,24 41:9,11 42:18 43:11 question 5:14,23 5:25 6:5 8:23 10:22 11:11,19 11:22 33:9 38:10 41:2 47:5 50:15 51:14,16,18 52:4 57:10				

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 132

64:8 77:20	recall 37:20	referencing	5:4 20:7	67:5
85:15 94:1	53:14	67:11 92:7,8	119:23	respiratory
98:20 107:1,2	receive 56:8	99:2	REPORTER'S	95:11,15 97:17
111:19 112:5	102:17 105:8	referral 20:16	119:1	100:5
116:14	receiving 56:5	referred 4:11	represent 4:13	responsibilities
questioning	60:19	referring 36:2,7	4:17 86:18	14:20 15:2,10
77:25	reciting 88:6	36:24 38:17	87:13,22	rest 58:10
questions 11:13	recommend	40:11 43:10	Reproduction	restroom 5:20
63:19 117:19	59:13	53:25 57:1	12:21 119:22	73:16,20
117:22	recommendati...	65:2 75:7	reproductive	result 67:8
quite 19:21	37:18,20	79:16 80:11	2:9,14 16:14	results 25:10
65:25 73:15	recommendati...	84:1 87:5 88:2	16:17,18,20	65:7
quote 26:5 37:14	36:12 37:13	88:20 91:11	24:2 32:19	resume 108:18
60:25 61:1	40:2	102:6 105:4,5	require 59:13	retain 102:25
65:16	recommended	105:6	61:19,20 62:8	retains 89:16
	38:23	refers 47:10	62:12 84:7	91:14 102:25
R	reconstructive	regular 34:2	96:21	review 6:14,25
R 2:1	19:4	regularly 33:16	required 36:19	45:19 47:3
Rapid 27:14	record 34:23	46:9	59:6,7,8,14	56:13 63:17,20
rare 37:8 60:2	46:21,23 67:7	regulations	61:24 65:19	65:6,6 68:14
rate 59:23	101:6 104:1,2	22:17,23	85:7,10	70:8 100:23
reaction 110:8	records 66:23	relate 9:24	requirements	101:1,14
111:17 112:2	67:18 103:2	related 24:5,6,8	23:12 36:12	reviewed 45:16
read 31:18	104:12,18	24:14,18 25:8	reschedule	67:23 100:22
32:17 36:22	105:20 108:15	25:12,13 39:7	109:10,11	100:24
46:17 49:2	recovery 61:12	42:6 55:19	rescheduling	reviewing 25:9,9
57:7 97:6	61:13 62:6	119:12	118:6	46:19 108:10
98:25 105:18	70:21,23 71:1	release 103:17	research 32:17	right 10:9 15:22
116:8	72:3,11,18,19	relief 110:14,16	32:17,17,19	21:10 25:16
reading 47:12	72:24 116:16	rely 98:21	researcher 33:5	26:13,14 27:25
48:10 105:9	116:24 117:11	105:12	researchers	29:15 30:25
reads 35:18	Red 1:3 61:1	relying 103:11	32:22 33:3	34:22 41:22
48:16	refer 4:14 18:20	106:14	residency 7:21	45:13,22 46:17
really 106:21	19:15 20:12,14	remember 8:15	9:9,11 17:15	48:17 57:8
110:6	42:22 43:9,12	50:2 106:3	17:21,23	64:23 65:21
reason 57:14	reference 47:16	removal 20:5,8	residents 34:2	67:16 73:12,24
reasonable	48:8 54:14	removed 70:14	34:17,20	74:2 75:18
94:20 95:6	58:3 67:10	70:18	resolved 117:21	76:1,6 81:10
reasons 52:20	79:2 81:9,15	rendered 94:19	Resources	83:14 85:14
66:9 103:3	97:5 102:16	reorganization	115:17	86:6 92:7
105:25 106:4	references 58:7	15:1	respect 16:10	97:17,18 99:23
107:17,18	58:10 81:13	rephrase 6:3	39:23 54:25	100:23 102:9
108:2	105:12	reporter 1:24	55:8 58:9,18	103:9 110:6

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 133

116:6	safe 50:24 51:2	102:4 103:6	show 69:24	65:10,13 80:11
Rights 2:9,14	53:22	109:21 111:11	showing 13:16	somewhat 66:14
rigidly 37:7	safely 74:20	113:7 116:11	35:14 43:21	sonographer
39:17	safety 18:4	seeing 51:15	57:24 78:19	64:14
RISKEDAHL	salaried 43:1	78:1	86:13 89:10	sorry 7:20,20
1:12	saw 16:22,23	seen 35:22 44:4	100:14 115:1	28:5 47:11
River 1:4 61:1	saying 30:21	78:7 100:17,25	side 55:17	51:17 58:12
RN 65:13	40:20 41:20	116:4,5,15	sign 53:10 67:21	77:18 107:3
RNs 65:21,23	76:6 82:16	send 66:21	67:23,24 73:3	114:8,9
ROBERT 1:10	says 13:22 26:17	Senior 2:13	109:20 114:6	sort 11:15 12:23
1:13	26:20 39:16	sense 17:8 24:8	114:15,20	63:7 68:21
room 51:24,25	48:18 57:2	31:1 67:17	signature 13:25	104:2
52:1,2,4,5,7,8	67:13 74:11	68:7 91:20	78:24	South 25:25
53:3,5,6 61:12	86:25 88:10	110:14	significant 15:4	27:4,7,12
61:13 62:6,25	91:18 103:3	sentence 57:8	signs 50:24	SOUTHWES...
70:5,19,21,23	114:5,13 115:7	88:14,19 89:1	53:18	1:2
71:1,3,5,10,16	schedule 31:9	89:24 91:21	similar 14:25	speak 5:11,11
71:23 72:3,6	46:1 102:19	separate 51:25	30:19 45:5	6:22 33:2,2,5
72:11,18,19,24	scheduled 109:5	52:2,5	49:10,12 53:20	51:13
116:17,24	school 64:24	separated 50:1	54:11 107:18	speaking 18:22
117:11	scope 11:9 19:7	separately 16:4	single 10:18	53:7
rough 59:25	scratch 47:14	serve 8:24 12:8	102:3	speaks 14:8
roughly 7:17	SD 26:18 27:1	12:10,24 13:4	Sioux 27:14,17	Special 2:3
routine 48:5	seal 119:15	13:9 15:5 16:6	27:20	specialty 22:25
routinely 48:3,4	second 20:22	16:9	situation 8:25	23:1
48:9 56:25	26:19 52:23	services 31:24	18:7	specific 22:24
57:5 111:4	69:8 88:14	session 87:16,23	six 61:3,8 78:7	specifically
RR 3:10	89:1	set 23:5 39:2	78:14 80:5,12	106:2
RRWomen'sC...	section 49:20	41:8 46:1	80:12,14,22	specifics 42:25
115:23	55:19 57:12	57:18 72:11	81:5,7,10,18	speculum 70:11
rule 5:9,17 22:9	58:11	85:17 89:21	81:25 83:25	spent 25:17
23:3 76:11	see 12:22 16:5	90:20	102:18 103:4,7	spots 26:24
rules 4:25 21:19	24:21 32:21	sets 41:5 58:24	113:16,22,22	St 34:9
21:25 22:12,17	35:5 39:18	seven 53:16	115:23,25	stable 50:25
22:22 23:6,6	59:17 60:2	109:19 113:5,6	skills 22:7	62:10 72:1
running 25:22	62:4 69:21	113:16 114:6	Skin 20:8	Stacey 114:22
rural 22:4	72:8,15 74:21	114:14,19	slings 19:4	115:7,12
	76:24,24 77:2	sex 28:17	slow 20:6	staff 2:8 52:9,16
	77:3,12,13	share 103:19,21	small 25:8 49:1	53:2,5 63:3,10
S	79:7 82:11	she'll 5:16	societies 13:3	64:10 65:10,23
S 1:17 2:1 3:7	83:3 84:16,17	shelf 46:3	society 13:6	71:25 105:1
sac 75:3,8,9,9,11	84:18 86:2,25	shorthand	somebody 42:17	stage 84:6
76:24,25 83:3	88:17 89:12,17	119:11	45:16 63:9,24	standard 23:12
83:4 84:21				

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 134

36:7,18 38:4	stay 71:22,25	93:25 94:5,10	takes 17:11	term 64:15
38:11,16,25	steering 37:14	101:7 113:13	64:11 65:8	74:23 88:12,19
39:1,1,10,25	STENEHJEM	surgery 19:4	70:6 71:8	89:19 90:2,5
41:5 44:12	1:8	surgical 19:3,8	talk 6:17 33:8,9	terminating
45:20 85:13,17	step 31:15 70:10	19:14,19,21	55:12,17,20	110:21
standards 21:20	82:19	20:3,13 23:17	56:1 68:1	test 25:9
23:6 35:5 36:3	Sterility 3:12	23:23 24:5,19	111:6,25	testified 4:5
36:23 37:6,11	stitches 20:9	29:9,10 44:25	112:18	101:24
38:14 39:4,7	stitching 23:24	45:4,9 49:10	talked 6:15	testify 119:7
39:17,21,24	stops 68:10	49:17,19 50:5	23:24 61:10,17	testing 61:10
40:11,12,16,22	straight 21:16	50:9,12 51:3	66:18 98:18	thank 109:7
40:25 41:5,9	Street 2:4,9,14	53:14 54:9,18	108:19,22	118:5,5
41:12 42:5,19	strike 107:4	54:24 55:1,8	109:2,11,14	therapy 54:6
43:8,11 44:17	students 34:1,17	55:14 56:4,8	111:20	they'd 107:11
start 83:8,20	34:20	56:12,23 57:19	talking 5:13,15	thing 5:22 14:10
started 7:24	studies 95:23,24	57:23 58:1,14	6:21 8:21 12:1	14:11 19:5
34:11	106:2,13	58:18,22 59:2	12:2 22:15	33:10 48:7
starts 82:15	study 106:5,6,17	59:14,18,25	29:9 51:9	64:9 69:18
stat 115:21	stuff 26:1 60:15	61:18 62:12	63:22 80:4	things 4:23
state 1:8,9 2:6	submitted 14:3	67:21 70:1	103:14 106:16	17:24 18:2
4:4,7,14 10:8	14:10	71:7	109:13	24:24 25:22
22:16 23:3	subsection 86:24	survive 93:23,24	Tammi 2:19	35:1 42:2 43:6
27:5,8 44:2	87:25	94:2,4,16 95:1	108:21	43:14 46:8
53:10 99:1	successful 95:7	99:19	TANOUS 1:10	60:16 64:1
105:6 119:2,5	suction 55:10	suspect 20:21	teach 34:1	65:9 75:24
statement 97:4	70:14	40:1 80:6 84:3	teaching 28:17	82:11 116:23
114:4	sued 8:4,18	suspecting	33:25 34:3,6	think 11:8,12,13
statements	Suite 1:22	116:23	technically	11:17 14:8
103:11 117:13	Summary 14:4	sworn 4:4 119:7	110:24	15:3 20:23
states 1:1 21:24	support 28:18	system 8:25 96:5	technician 65:15	24:25 25:4
statistics 103:6	sure 4:12,24		tell 9:2 11:19	38:4 41:10
stats 103:8,9,23	5:16 10:17	T	14:23 20:19	43:7 47:5 49:1
statue 106:24	20:8 21:2,4	T 1:17 3:7	23:15 25:3	53:16 61:4,6
statues 89:21	24:21,24 25:22	table 29:12	50:8,11 61:5	62:12 88:7
statute 86:6,19	29:12 33:4	take 5:4,13,21	61:23 64:23	102:7 103:5
87:5,15,17,23	36:10 39:12	60:20 66:23,23	69:14 80:20	104:22 107:15
88:10 90:11	42:3,18 45:19	68:9,11 69:5,8	81:3 109:23	107:17 110:10
92:6,19 93:14	46:18 48:14	73:11,16,19	111:2,12,16	110:13 116:9
99:22 102:8,10	49:14 50:3,24	97:3 98:2	112:13 114:10	thinking 64:14
106:22	56:15 62:1,5	99:13	tells 61:1	thought 31:18
statutes 88:23	62:20 67:1	taken 1:22 34:21	ten 59:15 60:1	66:12,13
89:8 91:2	70:9 72:1 77:3	70:17 73:23	70:7,15 71:8	107:24,25
statutory 88:20	82:4 85:3 86:8	101:10 119:11	71:20 73:20	three 30:5,12

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 135

34:13 36:25	transcription	16:6 18:11	64:5 66:11	understands
37:2,3 61:2,8	119:10	19:5,19 24:11	68:24,25 69:2	113:14
68:19	transvaginal	26:1 32:16,19	74:12 75:18	understood 6:6
time 5:19,22	83:18	32:20 33:1,4	76:1,3 77:2,4	unfortunately
20:9,10 25:2	traveling 103:15	33:10,25 36:3	77:10,22 78:1	95:5
25:16 28:20,21	treatment 47:13	41:17 42:1	79:6,10,10	UNITED 1:1
32:8 38:22	trial 9:22	45:8 47:18	80:6,16 81:9	unusual 67:3
51:12 52:6	tried 19:13	59:21,21 63:2	81:22,25 82:9	69:16
60:3,10,12,18	trimester 81:14	64:9 65:5 73:3	82:13,20,25	update 14:18
60:22,23 64:2	true 19:1 41:10	95:9 98:15	83:8,14,18,21	46:8
64:3,4 66:15	41:21,23 66:5	103:1 104:17	84:15,23 85:6	updated 45:17
69:4,19,21	88:9 114:18	104:17,19	85:16 111:23	46:10,12
71:9 72:14	117:14	106:7,10,15	ultrasounds	use 5:20 36:13
73:11 79:18,23	truth 119:7,8,8	110:8	64:15,16	38:11 41:16
79:25 81:21	truthfully 6:10	types 78:10	unable 102:19	44:21 51:3
94:4 99:25	try 5:11,14 6:3	typical 38:18	unborn 69:13	69:1,2 71:5
103:17,20	58:9	61:3 71:12	75:21 87:1	73:16,20 74:23
107:20	trying 11:5 17:8	82:9	92:12 93:17	75:2 79:11
timeline 80:21	21:5 23:2 24:7	typically 21:15	96:1,16 97:9	88:12 89:14,19
times 29:5 33:15	26:7,25 30:23	22:12 31:5,14	97:10,15,21	94:16 113:11
timing 53:4	31:1 39:16	31:23 55:23	98:1,17 99:8	115:5,6
tissue 62:2,3,4	49:16 67:12,17	59:13 73:1	99:18 100:2,7	uses 39:11 99:23
62:15	79:13 80:18,20	78:7 108:9	undecided 66:14	usually 31:8
title 115:14	91:19 98:15	typo 47:15	107:19	33:11,17,18
to-wit 4:2	107:3		understand 4:24	45:22 61:13
today 4:25 6:11	tubal 21:6,17	U	5:25 6:4 11:1	62:15 68:19
6:14 31:6	22:4	U.S 2:8,13	12:12 13:4	70:7,15 72:18
109:4 117:19	Tuesday 31:7	Uh-huh 7:7	14:2 17:5	79:5,13 112:5
117:23 118:5	TURMAN 1:22	uh-hum 20:1,4	28:25 34:23	uterus 74:15
today's 6:23	turning 79:1	26:22 35:6	36:17 39:20	utilize 49:16
toenail 20:8	92:24 101:20	39:6,19 52:14	41:4 44:1	105:13
told 54:12 104:2	102:15 105:11	53:12 55:6	46:24 62:24	
top 13:23 26:8	twenty-four	62:10 89:18	73:25 74:10	V
71:15	88:16 89:3	91:6 99:24	76:5 83:6	vagina 70:11
topics 117:23	Twitter 115:5,6	102:23 107:12	84:11 88:25	vaginal 68:23,24
track 60:1	two 5:13 27:6,11	114:17 116:12	93:8 94:18	68:25 69:2
trained 18:13,24	29:5 32:7	ultrasound	96:21 98:14	79:6,9 80:6,16
19:11 22:2,3,3	34:18 48:14	47:17 48:2,3,8	101:11 106:21	81:9,22 82:12
23:19	57:13,13 62:14	48:9,11,18	107:4 109:24	82:20 83:5,14
training 18:3	75:24	51:3 56:25	110:3 113:24	84:4,8 85:5,16
65:17,18	tying 68:7	57:2,5,11,15	understanding	Vandalia 34:9
TRANSCRIPT	type 8:25 12:5	57:19,21,25	36:21 96:24,25	variable 31:9
119:22	12:11 13:2,5	58:10 63:7	98:16 99:12	variety 52:20

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

Page 136

63:5 66:9 107:17 various 21:23,24 102:21 verbatim 50:12 66:25 verification 73:9 versus 19:8 21:20 23:23 79:10 91:22,25 viability 85:25 88:7,12 89:17 89:19,24 91:8 91:15,20 93:9 98:23 99:4 viable 86:25 88:1,8,10,11 88:16,19,22 89:2,8,21 90:2 90:11 91:1,9 91:22 92:5,9 92:11,16,19,20 93:11,14,18 94:4,8,25 95:2 95:10,12 96:1 96:3,12,16 97:9,11,14,20 98:1,17 99:8 99:14,18,22 100:3,7 114:20 view 70:11 violating 5:17 violations 8:21 virtually 37:7 visit 47:10 69:22 visualization 83:3 vital 50:24 53:18 vitals 50:25 vs 1:6	waiting 103:23 Walk 70:1 walking 72:12 walks 60:23,23 61:9 Wall 2:9,14 want 4:11 6:17 14:8 49:13 51:6 52:23 62:5,20 63:1 66:19,19 67:25 81:3 85:3 86:8 87:16 101:15 109:7 110:21 116:10,13 wants 45:21 WARDNER 1:11 wart 20:5 water 73:15 way 4:10 32:12 70:22 72:10 113:3 117:9 WAYNE 1:8 ways 63:5 we're 5:17 23:11 25:20 34:22 40:5 56:14,16 62:3 63:22 75:13,15 81:22 82:4 83:15 84:17 85:2 90:1 104:23,24 117:16,17,22 we've 49:10 82:11 117:16 Wednesdays 31:5,16 week 29:1 30:11 30:13 31:10,16 31:24 32:8 102:1,4,12 103:21	weeks 31:19 32:6,10 68:20 76:6,16,23 77:1 78:7,13 78:14 80:5,12 80:13,14,22 81:5,7,10,19 81:25 82:3 83:25 84:20 88:16 89:3 90:8 93:10,12 93:22 94:8,11 95:1,25 96:16 96:17 98:23 99:12 102:18 103:4,7 109:19 113:5,6,16,16 113:22 114:6 114:14,20 115:24 went 7:13,14 8:2 8:7,11,13 53:15,16 67:7 67:18 74:16 94:12 107:15 WentRogue 115:7,10 wether 25:20 Wisconsin 7:21 7:22,24 wise 23:22 62:11 witness 3:2 4:3 9:19 10:3 11:21 12:2 37:4 105:16 119:7,15 woman 51:9 60:9,22 61:9 90:6,8,19 94:11 112:4 115:13 womb 86:2 87:2 90:23	women 34:16 50:19 66:3 76:25 102:17 103:3 104:24 105:12 106:4 106:10,16,22 106:25 107:7,8 107:22 108:3,6 108:7 110:8,13 111:2,7 112:3 116:10,17 women's 1:4 3:10 26:20,23 61:1 102:2 word 38:11 75:2 85:12 worded 107:2 wording 47:18 words 86:1 work 24:23 25:24 32:6 34:7 55:13 60:14,24 63:11 65:19 73:2,3,5 73:7 103:16,17 103:17,18 worked 34:15 working 25:20 28:17 96:6,8 works 28:14 32:7,13 42:3 70:22 71:3 115:16 worth 22:6 wouldn't 22:8 39:13,24 48:4 50:14 103:3 104:22 108:7 write 67:4 104:3 104:9,15 116:18 written 39:13 104:7	wrong 85:12 wrote 117:3,8,13 <hr/> X <hr/> x 3:1,7 41:17 <hr/> Y <hr/> yeah 10:10 12:15 16:15,22 26:2,9 30:4 34:15 36:9 37:4 45:22 57:17 74:7 77:21 81:2 87:21 92:3 95:13 96:19 98:19 113:11 year 9:22 31:19 33:15,17 44:4 48:25 years 7:5 17:11 21:17 34:13 95:2 100:6 Yep 93:2 yesterday 118:6 yoke 76:25 83:4 York 2:10,10,15 2:15 Yup 84:2 <hr/> Z <hr/> <hr/> 0 <hr/> <hr/> 1 <hr/> 1 3:9 13:14,17 54:5 55:9 57:11 74:6,7 85:19,20,21 92:25 101:20 102:16 1.A.4 54:15 1:13-CV-071 1:4 10 56:14 79:2
<hr/> W <hr/> wait 110:4				

Doug Ketcham & Associates
701-237-0275

Ex. A

Eggleston, M.D. Kathryn
11/26/2013

81:16 101:9	88:2	25:5 26:4		
100 10:17 24:1	2012 14:15	31:19,19 79:19		
31:17 79:23,25	2013 1:20 3:9,11	505 1:22		
80:15	35:18 87:23	5758 2:4		
10005 2:10	119:16	58108-6017 2:5		
1005 2:15	207 1:22			
11 85:22 88:6,15	22 29:16 30:20	<u>6</u>		
93:3,5 98:22	24 2:4 68:11	63 :11 54:16,25		
99:21	69:9,10,17	55:22 87:11,19		
11:20 118:8	93:10,12,21	87:21		
119 119:9	94:8,11,25	63 47:25		
120 2:9,14	96:16,17 98:23			
13 3:9 101:21	99:12 105:9,9	<u>7</u>		
14 86:24 102:15	24-hour 56:17	73 :12 54:21,25		
104:21 106:20	26 1:20 95:24	56:3 100:12,15		
107:4	28 95:25	100:22 101:15		
14-02.1-02 86:22		75 59:23 79:21		
1456 102:7	<u>3</u>	78 3:10		
14th 2:9	3 3:10 43:19,22			
14th 2:14	45:2,5,9 46:14	<u>8</u>		
15 26:10 71:11	46:15 47:3,8	8 13:22 56:1,11		
71:13,15,16,17	54:1,2 55:5,19	74:11		
101:9 105:11	57:25 86:24	8:30 1:21		
106:20 107:4	87:24	800 55:23		
16 76:16	30 26:6	86 3:11		
18 82:3	35 3:9 26:8	87 3:11 115:22		
19 87:25				
1999 23:19	<u>4</u>	<u>9</u>		
1B 47:24	4 3:3,10 55:19	9 56:14 89:11		
	57:2,12 58:4,5	91:12 92:8		
<u>2</u>	78:17,20 79:2	109:18 114:11		
2 3:9 35:12,15	85:20 89:11	90 84:3		
40:13,17 41:4	91:12 109:15	98 7:18		
41:8 43:8,12	114:11	99 10:16 11:23		
44:13,16,21	43 3:10	69:3 80:6		
48:11 55:9	45 31:19	81:21		
85:9	48 68:11 69:10			
20 27:7 29:16	4th 2:4 119:15			
30:20 61:13				
72:20 84:7	<u>5</u>			
2000 23:17	5 3:11 13:22			
2010 34:12	55:20 71:13			
2011 3:11 87:16	86:11,14 87:15			
	50 24:4,17,25			

Doug Ketcham & Associates
701-237-0275

Ex. A

Kromenaker Tammi

11/26/2013

Page 1

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

Kromenaker Tammi

11/26/2013

Page 2

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
 18
 19
 20
 21
 22
 23
 24
 25

Page 4

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?

Page 3

1 INDEX
 2
 3 WITNESS: PAGE
 4 Tammi Kromenaker
 5 Examination - by Mr. Gaustad 4
 6
 7
 8
 9
 10
 11
 12 EXHIBITS
 13
 14 EX. NO. MARKED
 15 Dep. Ex. No. 8 (Ms. Kromenaker's Declaration) 21
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 5

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)

Doug Ketcham & Associates

701-237-0275

Ex. B

Kromenaker Tammi

11/26/2013

Page 6

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?

Page 7

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,

Page 8

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

Page 9

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?

Kromenaker Tammi

11/26/2013

Page 10

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?

Page 11

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

Page 12

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.

Page 13

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

Kromenaker Tammi

11/26/2013

Page 14

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?

Page 15

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

Page 16

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

Page 17

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

Kromenaker Tammi

11/26/2013

Page 18

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.

Page 19

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

Page 20

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.

Page 21

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?

Kromenaker Tammi

11/26/2013

Page 22

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."

Page 23

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

Page 24

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

Page 25

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?

Kromenaker Tammi

11/26/2013

Page 26

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?

Page 27

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

Page 28

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

Page 29

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?

Kromenaker Tammi

11/26/2013

Page 30

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.

Page 31

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

Page 32

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

Page 33

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.

Kromenaker Tammi

11/26/2013

Page 34

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

Page 35

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?

Page 36

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

Page 37

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.

Kromenaker Tammi

11/26/2013

Page 38

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?

Page 39

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.

Page 40

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.

Page 41

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

Kromenaker Tammi

11/26/2013

Page 42

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

Page 44

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

Page 43

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

Page 45

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?

Kromenaker Tammi

11/26/2013

Page 46

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

Page 47

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?

Page 48

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

Page 49

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

Kromenaker Tammi

11/26/2013

Page 50

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

Page 51

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

Page 52

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

Page 53

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

Kromenaker Tammi

11/26/2013

Page 54

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

Page 55

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

Page 56

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

Page 57

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

Kromenaker Tammi
11/26/2013

Page 58

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.)
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 59

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.

16 (Pages 58 to 59)

Kromenaker Tammi
11/26/2013

Page 60

<u>A</u>	55:15	48:17	42:25 43:7,10	birth 24:1 30:24
\$200 18:14	accurate 59:10	alluded 45:4	43:18 44:11,18	48:11
\$300 18:15	accused 6:6	America 16:4	assume 46:23	bit 13:11 32:12
\$500 18:13	action 4:14 6:20	20:2	assuming 51:2	42:14
\$550 31:6	active 8:12	Amy 5:24 6:22	asthma 48:20	bleeding 48:23
\$600 31:14	13:19 55:21	analogy 30:20	attained 14:21	blood 30:23
\$750 31:15	add 29:4 49:15	AND/OR 59:23	attend 55:17	48:20,23
\$850 31:15	added 5:19	answer 20:3	Attorney 1:8,9	board 1:14
ability 39:13	addition 28:13	23:6 28:8	2:3,8	14:21 15:1,6,8
45:5 46:15	additional 36:5	35:10 43:6	attorneys 5:4	15:9 17:10,14
able 7:18 8:3	36:13 38:16	54:10,15	58:3	17:16,17,18
52:10,13,15	39:6 49:16	answering 28:1	availability	18:21 19:2
53:11,23 54:1	adequately 36:4	anybody 5:5	33:14 46:17	20:10 22:10,14
abortion 6:5	36:12 38:16	58:4	aware 34:24	55:12,14
8:15,16,20	39:5	anymore 12:6	35:6 40:20	boards 9:7
10:7 15:2,14	administrator	apologize 4:12	42:13,22,23	14:24 17:9
15:15,18,19	11:7,8	appear 40:23		18:23 20:6,22
16:5,10,14,17	advance 8:14	application 15:7	<u>B</u>	boss 12:14
16:23 17:5,11	advertised 28:25	17:17	B 3:12	Bovard 57:9,18
17:24 23:13,16	29:1 33:20	APPLY 59:22	baby 10:23	Box 2:4
24:2,4,9,11	advertising 5:20	appointment	bachelor's 9:11	break 46:2
31:4,5 32:18	6:3,7	36:24 37:10,12	based 34:14	breast 6:5
35:16,24 37:7	advise 19:3	46:10,21,24	basically 12:20	bring 33:20 34:4
40:15,21 42:2	advisory 18:25	47:21 48:4	16:8	Broadway 1:23
42:4,8,11,22	19:9,23 20:8	49:12,15 50:2	Becker 9:22	brochure 6:4
43:1,8,11,18	advocacy 19:15	50:4	10:11,18,25	brought 5:21,25
43:20 44:19,24	19:16,19	appointments	becoming 21:12	46:11
45:2,15,16,17	affair 22:21	23:5 27:10,15	began 11:24	BROWN 2:8
45:21,23 46:7	affairs 19:4,20	approval 15:8	believe 7:19	35:2,10
46:20,25 47:4	22:17	approximately	12:9 25:7 29:3	building 25:14
47:18 50:1,12	affidavit 51:20	10:21 15:4,10	31:20 45:7,17	27:12 56:22
50:15,25 53:8	51:23 52:2,3,8	17:15 27:25	47:13 51:25	BURDICK 1:7
53:9,18 55:2,6	affiliate 15:21	28:16 39:16	52:9 53:5,21	Burns 54:22,25
55:8,9,10,13	15:23 16:2	50:16	53:24 54:2	55:14,21
55:15 56:9	19:3,13,20	areas 27:25 53:3	belong 16:9	BURT 1:12
abortions 22:4	20:1	asked 20:7,14	better 12:14	business 22:16
23:20 26:24	affiliated 57:22	asking 25:11	bill 7:17 30:9	22:21
33:2,13 34:5	afford 18:2	27:5,9	50:9	BYERS 1:11
34:10,21,25	afore-named	assist 18:4	billing 22:25	
35:8,17 39:18	59:6	assistant 2:3	30:4,7,12	<u>C</u>
51:12	age 48:11	11:7,8	bills 18:6 22:19	C 2:1
access 17:11,25	agency 9:18,19	associated 19:25	30:6	calculate 38:19
18:9,14 55:9	ahead 25:12	20:1 42:1,8,22	BIRCH 1:7	40:5

Kromenaker Tammi
11/26/2013

Page 61

calculation 38:18 call 46:18 47:3 47:14,15,21 48:3 called 4:4 8:4 calling 46:23 calls 46:10 cancer 6:5 candidly 19:8 capacities 1:14 22:24 27:8 capacity 1:8,9 33:24 care 15:2,14 46:16 case 5:14,18,20 5:20 6:16 56:3 58:4 cases 5:13,17 Cass 1:8 59:3,5 cause 6:5 8:22 27:5 31:1 52:12 56:17 caused 12:12 Center 2:9,14 certainly 40:9 CERTIFICA... 59:1 certification 14:22 59:22 certified 22:11 22:14 certify 59:6,12 CERTIFYING 59:23 challenged 7:18 changes 31:18 31:19 charitable 17:25 check 30:17 checkbox 37:21 37:23 41:15	checks 30:18 child 9:24 38:11 46:15 54:4,6,9 54:18 childbirth 42:2 44:12,19 49:2 childcare 53:20 children 36:3,5 36:13 38:5,9 38:17,25 39:2 39:6,13 46:16 circumstances 27:20 cited 58:8 citizen 5:22 Civil 1:4 clarify 8:3 clarity 8:2,10 clear 8:1 clinic 1:4 5:25 6:16,20 7:24 8:5 9:6 10:7 11:3 12:4,11 12:15,15,22,25 13:4,5,7 15:20 16:1,6,7,12,13 18:2,6 21:13 23:6,11,16 24:7,25 25:23 26:10,11 28:12 29:1,22,24 31:25 32:21 36:25 37:5 40:4,4 46:12 46:22 48:7,13 49:4 51:22,24 52:2,7 56:7,14 56:22 clinic's 21:15 22:16 25:6 36:3 38:5 39:1 clinics 16:22 17:3,6,8	close 12:8 closed 12:7 college 10:2 13:18 come 7:18 18:8 25:4,21 30:14 33:18 53:7 comes 18:14 25:17 45:22 49:8 56:15 coming 42:16 comments 37:24 49:16 committee 19:9 common 41:12 communication 49:17 complaints 9:7 complete 45:8 comply 52:13,16 53:12 54:1 comprises 23:23 concerned 27:17 54:3 Concerning 43:7 concluded 58:12 condition 41:2 48:22 conduct 26:10 conferences 26:20 confirmed 48:9 confusing 7:23 confusion 4:23 connect 38:7 consent 8:17 42:10,15,21 43:12,17 44:1 44:6,9,15,17 44:22 consider 42:3 44:23 45:2,21	considered 20:9 contain 59:10 continue 37:1 40:25 46:6 47:18 continuing 13:21 control 24:1 30:24 59:23 CORP 1:3 corporate 4:15 corporation 16:20 57:3,16 correct 4:21 5:16 8:8,21 12:17 13:9 14:6,8 17:8 18:10 21:21 24:5,12,23 26:25 29:25 30:1 31:3 32:22 33:19 34:2,19 36:21 38:9,12,25 39:2,6,7 41:5 41:24 43:9 44:9 47:8 49:4 50:10 53:13 54:2 57:4,5 CORY 1:11 cost 18:13 costs 32:15 Council 18:25 19:23 20:9 counsel 2:6,11 2:13,16 59:13 counseling 22:25 27:3,9 27:14,16,23 counselors 29:9 29:10,13 County 1:8 9:22 10:11,18,25	59:3,5 couple 33:5,7 course 26:13,14 court 1:1 5:14 6:10 7:3,4,5,10 7:10 59:23 created 20:21 56:4 creating 53:1 CREPPS 2:13 58:10 cross-trained 27:24 current 41:2 currently 15:1 customers 53:6 cut 30:17 cutoff 50:16 <hr/> D D 1:17 3:1 D.O 1:10 D/B/A 1:3 Dakota 1:1,9,14 1:23 2:5 5:22 6:9 7:3,17 8:25 14:1 17:11,21 17:24 18:24 19:11,21 24:17 36:9 42:17,19 43:3,13 53:2 55:9,13,15 57:3 59:2,6,19 Dan 4:13 dan@grandfo... 2:5 DANIEL 2:3 date 48:11 dates 29:21 DAVID 2:8 day 24:2 27:21 28:9 30:9 32:22 33:1,2
--	--	--	---	--

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

Page 62

33:13,18 34:4 34:8,11,17,21 35:1,8,18 52:21 53:19,24 59:15 day-to-day 11:11 21:15 22:16 24:22 25:5 27:6 days 33:6,8,8,8,9 33:10 46:5 47:17 53:1,9 dbrown@repr... 2:10 deals 8:6 decade 29:16 December 59:16 decide 10:17 46:6 47:22 53:17 decided 12:11 decides 45:22 deciding 42:3 44:23 47:17 decision 46:19 46:25 47:3 declaration 3:15 32:20 35:21 defendant 5:11 defendants 1:16 2:6 4:13 Defense 4:5 degree 9:10,10 9:11 28:21,22 degrees 13:11 28:24 demand 33:15 34:11,14 demonstrate 51:6 Dep 3:15 Department 36:9	depending 46:14 deposed 4:25 deposition 4:19 5:2 21:1 58:7,8 58:12 describe 21:18 51:16 described 53:22 designated 4:15 18:22 25:18 designations 14:16,17,17,19 designee 4:15 desk 30:14 detectable 51:1 Detection 50:9 50:19 51:8,17 determination 54:13,16,17,21 determined 30:22 determines 17:18 development 39:12 diabetes 48:20 die 43:22 difference 11:16 18:15 different 16:15 52:25 difficult 50:14 DIRECT 59:23 directed 49:5 DIRECTION 59:23 directly 59:14 director 6:12 13:4,5,8 21:13 21:14 29:1 directors 57:11 57:14 58:1	disagreed 6:6 disclosed 41:18 discloses 41:20 discovery 56:2 discuss 53:18 disorder 48:24 DISTRICT 1:1 1:1 DIVISION 1:2 doctor 16:5 33:16 doing 11:14 27:16 domestic 39:19 39:24 41:8,11 49:24 dots 38:7 dozen 15:10 17:15 Dr 4:19 8:22 16:1 19:14,18 21:25 22:1,9 26:21 49:5 55:24 58:8 drafting 51:15 driver's 14:10 14:11 due 34:11 duly 4:5 duties 11:9	Eggleston 1:4 4:19 8:22 16:1 19:14,18 21:25 22:1,9 26:21 49:5 55:25 Eggleston's 58:8 elaborate 28:7 employed 29:18 employment 10:19 30:3 enumerated 45:3 estimation 7:22 evidently 17:7 Ex 3:14,15 exact 29:21 45:24 exactly 16:25 Examination 3:5 4:7 Examiners 1:14 example 15:23 15:24 18:19 43:21 excuse 12:24 32:1 33:1 Exhibit 21:1,6 32:1,2,21 50:13 52:4 exist 12:6 expect 40:16 41:9,17 experience 47:19 expertise 32:11 explain 50:8 51:11 explaining 50:12 extent 18:17 49:14,23	fact 28:21 factored 31:1 factors 45:23 47:11 fair 14:5 fall 22:20 43:24 44:3 Falls 16:1 false 5:20 6:2,6 familiarity 35:4 family 22:8,11 22:13,14 53:18 far 23:3 27:2,13 27:16 30:22 32:4 40:7 42:8 54:3 58:1 Fargo 1:23 2:5 10:7 11:2,12 11:20,22 12:5 12:11,12,21 16:12 19:21 46:17 53:20 57:23 59:19 Federation 16:4 16:10,14,17 17:6 20:2 32:18 fee 31:16,20 49:20,22 feel 36:4,12 38:15 39:5 fees 18:3 31:2 32:4 fifty-eight 36:2 38:3,6,8,10,14 39:1 fifty-nine 59:9 figure 51:14 fill 36:18 56:5 filling 56:12 fills 37:4 financial 45:7 46:14
--	---	---	--	---

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

<p>find 36:16 53:16 fine 4:11,24 first 4:5 11:18 13:2 31:5,7 32:9 46:9 48:9 56:6 five 28:1,4,16 31:23 39:16 Floor 2:9,14 follow 38:21 following 4:2 follows 4:6 foregoing 59:9 59:22 forever 47:22 form 24:13,16 36:18 37:4,20 37:21 formed 20:12 former 10:6 11:3 forms 24:15 36:20,22 55:25 56:6 forward 13:8 30:8 found 51:1 four 13:23 15:4 33:8 friends 53:19 front 21:7 35:21 full 11:25 33:21 full-time 10:19 11:1 30:3 33:25 fund 17:11,25 17:25 18:7,9 18:14,21 55:9 55:10,16 funds 18:8 55:2 55:7,8,11,13 further 59:12 future 39:14</p>	<p style="text-align: center;">G</p> <p>gain 15:7 Gaustad 2:3 3:5 4:7,13 20:24 58:6,11 GAYLORD 1:11 geez 47:21 general 1:9 2:3 45:10 generally 32:24 33:11 50:3 George 57:9,9 getting 29:19 give 15:23 43:21 45:8 given 18:7 26:18 go 4:22 10:17 12:11 26:4,16 26:19 32:5 41:25 44:22 48:17 56:23 go-to 25:18,25 goes 56:1 going 5:15 31:2 37:1 38:13 43:22 47:4 49:22 gonna 15:22 18:12 28:6 35:2 graduated 10:5 10:10 grant 18:21 grants 18:4,5,7 guidelines 18:20</p> <p style="text-align: center;">H</p> <p>H 3:12 H.B 50:16,24 52:13,16 hand 59:15 happen 33:4</p>	<p>happened 7:3 happens 47:13 harm 51:7,23 52:1,6,9 HAUG 1:13 health 11:2,13 11:20,23 12:5 12:12 19:11 36:10 40:2,8 40:14,16,22 41:2 57:23 healthcare 18:1 hear 41:12 45:11 heart 48:21,22 heartbeat 50:9 50:19 51:1,8 51:16 helps 17:25 hey 29:2 high 9:10 48:20 hire 21:24 hiring 29:2 history 48:15,19 48:21 HOERAUF 1:12 hold 14:18 honestly 13:19 13:23 hospital 16:7 hospitalized 49:1 hour 8:17,18,20 9:1 42:9 hours 8:13,23,24 46:13 47:6,10</p> <p style="text-align: center;">I</p> <p>identification 21:2 identify 56:23 identity 57:2</p>	<p>imagining 37:20 impact 50:9 51:7,16,20,21 51:24 implement 7:24 imposed 50:16 include 37:25 includes 21:19 including 22:25 independent 15:15,17,19 16:5 indicator 49:21 indirectly 59:14 infection 23:25 inform 44:21 information 19:12 23:7,8 23:10 24:4,6 24:10,13,20,25 25:2,8,13,15 25:24 26:2,5 26:17 27:21 36:8,14,17 37:2,14,16 48:2,7 49:7,11 informed 8:17 8:17 42:1,10 42:15,20,25 43:12,17 44:1 44:5,9,15,17 initial 47:2 50:1 initially 46:19 instance 40:21 instances 40:24 intention 47:1 interested 59:13 interim 10:9 involved 5:12 7:14 9:3,6,6 18:10 19:16,19 55:5,7 involvement 5:9</p>	<p>6:14 issue 18:5 items 50:7 IUD 50:6</p> <p style="text-align: center;">J</p> <p>J 1:13 Jane 57:9,18 JANET 2:13 January 12:9 jcrepps@repr... 2:15 Jo 5:24 6:22 JOE 1:22 JOHNATHAN 1:13 JOHNSON 1:10 join 20:7 journal 56:20 journals 56:7,13 56:19 judgement 54:8 judgment 51:21 54:5 July 11:25 12:25 justice 20:8 55:22</p> <p style="text-align: center;">K</p> <p>KATE 1:10 KATHRYN 1:4 KAVLIE 1:11 KAYLEEN 1:11 Keegan 1:24 59:4,18 keep 58:6 KENT 1:12,12 kind 18:18,18 kinda 4:21 6:15 8:20 19:23 32:18 kinds 50:3 Klopper 57:10</p>
--	---	--	--	--

Kromenaker Tammi
11/26/2013

Page 64

know 6:19 13:20 15:25 20:13,15 20:16,18 23:18 24:1 25:15 26:11,17,20 28:5,8,10,19 28:21,23,23 29:8,17,22 30:2 32:7,10 32:14 35:12 37:9,13,21 39:20,21 40:19 43:15 45:1,5,7 45:9,12,21,23 47:9 50:6,23 52:6 54:22,25 55:19 56:3 57:1,6,21,22	46:11 let's 13:1 18:13 level 7:4,11 levels 7:7 license 13:15 14:4,10,11 licensed 13:25 14:20 29:8,10 29:12,22 licenses 13:14 13:24 14:9,15 licensing 29:20 liked 12:14 limited 53:6 list 42:11 45:8 48:16 listed 43:17,25 44:25 45:25 52:17 53:16 litigation 5:10 5:12 7:13 9:2 little 13:11 28:7 32:12 lives 48:11 lmp 31:8 local 19:2 located 19:21 long 10:20 11:22 13:19,23 15:3 17:12 31:16 longer 29:24 47:7 52:10 look 36:7,16,20 looking 21:9,13 25:24 35:20 lot 19:7 48:5	majority 52:12 53:11,25 making 37:9 Management 1:3 4:17 mark 20:24 marked 3:14 21:1 52:3 MARTIN 1:12 master's 29:20 29:21 materials 25:11 math 38:17 Matson 5:24 6:24,25 matter 59:14 matters 21:20 21:23 maximum 33:10 mean 7:25 9:17 14:19 15:17 19:7 25:21 38:6 56:18 means 21:19 22:17,18 59:23 media 55:2 medical 1:14 9:7 37:3,8,14,25 40:9,17,23 41:18,21 48:15 48:25 49:6,10 49:13 54:8 medications 48:18 medicine 22:11 22:14 meeting 20:17 meetings 26:21 55:17 meets 18:20 member 16:13 55:10 members 1:14	15:9 17:14 53:18 membership 16:18 memorized 28:23 memory 56:1 method 30:24 Miks 57:9 MILLER 1:11 Minnesota 13:24 minors 39:15 mispronounce 4:10 mission 20:21 MKB 1:3 4:16 4:17 5:13,17 11:4 57:3 moment 28:20 money 18:22 30:14 months 10:21 33:5,7 Moorhead 9:16 move 12:18 MSU 10:10	38:14 41:11 need 4:22 17:11 46:2 55:15 needed 30:3 needs 27:21 46:16 neither 59:12 Network 15:2 15:14 55:2,6,8 55:10,13 never 13:25 56:22 new 2:10,10,15 2:15 20:16 newly 20:12 nine 10:21 nominate 15:6 non 24:1 37:23 non-medical 22:24 23:4 27:2,8,23 Nope 4:24 NORMAN 1:10 North 1:1,9,14 1:23,23 2:4,5 5:22 6:9 7:2,16 8:25 14:1 17:10,21,24 18:24 19:11,21 24:17 36:9 42:17,19 43:2 43:13 53:2 55:9,12,15 57:3 59:2,5,19 Notary 59:1,4 59:18 note 50:5 noted 47:25 notes 50:4 59:11 November 1:20 11:24 number 14:3 21:7 32:1,2,21
<hr/> L <hr/>				
L 1:4 2:3 LARRY 1:10 LARSON 1:10 lateral 12:18 law 35:5,13 47:10 laymen's 18:13 leave 10:22 56:22 left 11:25 30:2 legal 2:8,13 35:3 length 29:17	<hr/> M <hr/>			
	M 1:24 59:4,18 M.D 1:4,10,11 1:11,12,12,12 1:13,13 maintain 25:6			
			<hr/> N <hr/>	
			N 1:17 2:1 3:1 NAF 16:18 name 4:8,10,12 6:23 48:10 57:1 named 6:17,18 6:20 national 15:11 15:21,22 16:3 16:9,14,16,22 17:5 19:24 32:17 55:1,6,8 55:10 necessarily	

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

Page 65

35:15 50:13 52:4 53:6 nurses 26:12 28:14,15 nursing 26:13 28:14	29:17 31:10 32:14 33:6 34:13 35:23 36:20 37:5 38:21 39:3 41:16 42:16 47:2,15 49:3,9 49:23 50:13 51:2,5 52:19 53:4 57:17 58:9	11:10 21:15 owners 57:15	33:15 34:11,14 37:4,15,18,22 41:5,7,20 42:14 43:5 45:9,22 48:12 49:8,16,19 50:6 52:24 56:7,13,20,24 56:25 57:2	perform 22:4 34:10,21 performed 40:21 50:25 performing 33:13 performs 33:1 period 8:20,25 9:1 10:9,14 47:7 48:12 50:23 person 11:2 17:18 25:18,25 29:19 37:17 49:22 55:3 56:14 person's 28:20 personnel 21:19 21:22 phone 25:11 37:11,16 47:2 phonetic 21:3 physically 25:14 physician 32:6,9 33:14,21,25 34:4,12,13 40:11 54:7,10 54:14 physicians 22:4 22:7,10 33:17 PL 56:1,2,8 place 31:17,21 31:22 places 10:13 plaintiff 5:11 6:25 plaintiffs 1:5 2:11,16 56:2 Planned 15:24 15:25 16:2,4,8 16:16,19,21,24 18:24 19:2,3 19:12,15,17,22
O		P		
O 1:17,17 oath 4:6 OB/GYN 22:8 22:12 object 35:2 obviously 7:15 14:10 occur 33:7 occurs 51:3 56:17 offer 8:11 24:7 35:17 offering 34:25 offers 23:11 office 19:4,20 officer 9:24 officers 57:6,13 57:15,25 OFFICES 1:22 official 1:7,9,13 55:1 Okay 4:10 5:9 5:14 6:8,11,14 6:19 7:9,13,21 7:25 8:6,18 9:2 10:17 11:16,19 13:7,10,25 16:15,21 17:2 17:5,20 18:8 18:23 19:22 20:5,14,18,22 21:12 22:12,15 23:15 24:8,16 24:19 25:9 26:3,7,15	47:2,15 49:3,9 49:23 50:13 51:2,5 52:19 53:4 57:17 58:9 OLSON 1:13 once 13:22 33:5 47:2 50:25 ones 56:6 ongoing 26:20 op 52:25 open 31:20 32:22,25 34:8 34:10,25 52:10 52:21 53:1,9 53:23 58:7 operate 17:3 operations 11:11 21:15 22:16 24:23 25:5 27:6 opportunity 8:12 ordering 22:19 organization 11:2,13,21,23 12:6,12 15:11 15:15 16:3,19 17:23 18:9 19:24 20:17,19 57:23 organizations 14:25 20:5 55:4 outcome 6:8 oversee 22:19 overseeing	p.m 1:21 58:13 P.O 2:4 page 3:3 21:9 pages 59:9 paragraph 21:14 32:2,20 35:20,23 38:4 38:23 39:10 44:13,25 45:3 45:14,25 46:5 50:7,11,13 51:6,10,15 52:18 paragraphs 52:1 parent 36:4,12 38:16 39:5 Parenthood 15:24,25 16:3 16:4,8,16,19 16:21,24 18:25 19:3,4,12,15 19:17,22,24 20:2 part 8:16 10:7,8 11:24 15:25 16:2 19:23 22:15 24:22 25:5 27:18 28:3,14 42:9 42:15 44:5,14 49:12 51:20 56:2 parties 59:13 party 6:17,18,20 passed 7:17 patient 25:17 27:18 28:3,10	patients 22:23 23:6,12 24:1 26:18 27:7,11 30:9,9,18,21 34:1,9,17 35:15 36:3,14 36:18,23 37:24 38:5,9,10,20 38:25 39:2,10 39:14,20,24 40:24 41:13 42:1,25 43:5,5 43:16,19 45:5 45:6 50:10,15 51:17 52:13 53:7,7,11 56:5 56:9,14 Paul 19:25 pay 18:3 22:18 22:18 30:9,19 30:21 32:6,8 paying 49:22 payments 30:6 people 27:22 28:1,4 57:12 57:13,20 percent 23:17 23:19,22 24:8 24:10 36:2 38:3,6,10,14 39:1,16 percentage 23:16 38:8,23 38:24 39:14	

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

Page 66

19:23 20:1 play 47:11 please 20:25 plus 36:19,23 point 20:13 46:18 poorly 40:20 population 52:24 posing 44:8 position 13:2 positions 57:20 possible 40:18 41:21,23 Post 9:10 post-graduate 13:11 potential 53:7 practice 16:6 22:8 33:11 practices 35:5 preclude 34:24 35:7,15 pregnancy 8:13 23:24 37:1 40:2,8,13,22 40:25 46:7 47:18 48:10,10 48:14 pregnant 39:18 39:20 41:19 45:18 53:17 prepare 5:3 prepared 25:1 present 26:21 president 57:17 pressure 48:20 pretty 30:4 prevailed 6:9 7:5,9 prices 31:23 primarily 24:4 prior 50:15	private 56:17 probably 13:20 13:21 14:7 problem 7:22 12:10 47:5,8 problems 48:25 procedure 32:12 procedures 26:24 proceedings 4:2 process 8:17,18 27:19 30:16 42:15 professional 12:19 14:14,17 16:18 26:19 Program 2:8,13 proper 7:19 protocol 17:7 48:6 49:4 protocols 26:10 26:24 provide 17:7 19:4,7,11 23:7 23:9,25 24:19 25:3,15 26:2,4 33:24 36:15 39:13 45:6 46:15 49:16 53:19 provided 56:3 provider 16:5 41:3 providers 15:16 15:18,19,20 providing 24:3,6 24:10 27:20,22 35:8 52:22 53:9 psychiatrist 29:5 psychologist 29:6	public 19:4,19 59:4,18 purpose 20:18 51:5,11,15 put 18:12 37:3 50:4,5 <hr/> Q <hr/> qualifications 54:5 qualified 54:12 54:15,20 question 25:19 28:2 35:3,11 40:12,20 44:7 51:9 53:4,8 54:11 questions 23:6 25:12 26:22 28:9 43:6,6,19 48:15 49:6 quite 42:14 <hr/> R <hr/> R 2:1 raised 31:22 rape 39:19,21 41:17 49:20,24 50:5 raped 41:19 49:19 read 42:10,14 43:4 44:8 really 20:9 reason 23:13 32:14 34:3,7 34:20 45:9,19 49:1 52:19 53:21 reasons 35:17 35:24 36:23 38:20 45:7,11 45:13,14,20,24	49:25 52:17 53:15 58:7 recall 9:4 29:20 receive 8:12 18:21 25:7 30:6,10 received 26:12 41:1 recommended 40:25 record 37:19 41:21 49:13 records 37:3,8 37:14,25 40:9 40:17,23 41:1 41:4,5,9,18 47:25 49:10 recovery 56:11 56:16 Red 1:3 12:3,23 15:20 16:6,13 18:2,6 23:11 23:15 26:9 52:1 56:21 reference 39:9 39:17 50:23 51:23 referenced 16:2 referencing 44:12,18 47:13 referring 19:17 38:4 41:2 42:7 reflect 38:14 regarding 7:17 related 59:12 relates 38:5,24 remember 5:23 13:19,23 renewed 13:16 13:17,20,21 repeat 51:9 rephrase 40:12 REPORTER	1:24 59:23 REPORTER'S 59:1 reports 36:10 represent 4:13 representing 6:15 represents 15:15 REPRODUC... 59:22 reproductive 2:9,14 18:1 19:10 20:8 55:22 require 49:7 required 25:10 42:9 43:4 44:14 47:10 48:8 49:4 requirement 42:18 requires 24:17 43:3 48:7 respect 38:8 39:4 40:1 responses 26:18 responsibilities 31:25 responsibility 11:17 responsible 21:14 result 8:1 39:19 51:7 retain 49:10 56:18,19 revenue 23:18 23:20 review 5:7 right 5:15 6:12 8:19,24 10:2 12:6 13:18 14:10 17:21
---	---	--	---	---

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

Page 67

21:4 31:21 35:1 50:20 Rights 2:9,14 RISKEDahl 1:12 risks 42:1,7,11 42:21,23,25 43:7,10,16,20 44:11,18 River 1:4 12:3 12:23 15:20 16:6,13 18:2,6 23:11,16 26:9 52:1 56:21 RNs 28:5 ROBERT 1:10 1:13 roll 22:18 room 56:12,16 roughly 10:15 rules 4:22 run 17:6,8 22:18 29:3 runs 16:21	see 21:16 23:1 35:25 36:5 39:10 40:9,16 41:9,17 42:4 46:7 50:18 51:19 seek 35:24 39:18 45:15,17 46:20 47:4 50:12 51:11 seeking 18:1 37:6 40:14 49:25 seen 40:19 56:15 sees 49:8 seizures 48:20 self-explanatory 30:5 send 30:5 sends 55:23,23 Senior 2:13 sent 55:19 sentence 38:13 46:4 47:12 series 48:15 serve 27:7 53:3 57:13 served 14:24 serves 56:1 services 9:18,19 9:22 10:5,11 10:18 18:1,2,4 23:10 24:4,7,9 26:11 30:10 35:24 50:12 52:22 53:8,10 serving 22:23 session 28:3 set 18:20 32:18 35:23 sets 26:23 settlement 7:19 8:1	seven 28:1,4 sexual 23:24 share 38:2 sheet 37:12 49:12,15 50:4 Shelter 10:8 shorthand 59:10 show 36:11 37:7 41:21,23 shown 32:1 signature 21:10 similar 11:13,15 single 28:20 Sioux 16:1 sit 19:9 sitting 56:11 situation 27:20 45:13 46:14 situations 49:6 six 28:16 50:16 51:3 skill 32:11 social 9:12,18,19 9:22 10:5,11 10:18 13:15 14:1,4,21 20:8 28:17,21 29:2 29:4 55:2 solo 16:6 somebody 15:5 19:10 37:10 46:23 49:18 soon 47:12 sorry 21:6 30:20 sort 45:10 SOUTHWES... 1:2 space 49:15 56:17 speak 5:3 27:11 special 2:3 14:17 26:15 specific 29:4	37:20 57:2 specified 38:23 38:24 spoken 58:4 spots 49:18 St 19:25 Stacey 54:22,25 55:14,21 staff 2:8 11:1 21:24 26:1,6,8 26:9,12,19,20 26:22 27:24 28:7,13,15,18 28:22 29:6,9 29:11,13,19 standard 32:8 32:10,18 standpoint 12:19 start 12:3 started 11:18 starts 56:1 state 1:8,9 2:6 4:8,13 5:14 7:16,20 9:16 17:21 24:17 25:10 34:23 42:17,18 43:2 43:13 59:2,5 stated 6:4 statement 20:21 42:21 44:9 46:4 statements 42:10 43:4 STATES 1:1 station 28:9 statute 7:21,23 7:25 8:4 50:20 50:22 51:8,17 statutes 34:24 stay 52:10 STENEHJEM	1:8 STI 30:23 story 37:11,12 straight 30:8 stream 23:19 Street 2:4,9,14 structure 31:17 31:21 subject 39:24 41:8,17 successful 7:2 Suite 1:23 summary 51:21 supplies 22:19 support 9:24 19:5,7 36:5,8 36:13 38:16 39:5 56:14 supposed 8:4 Supreme 6:10 7:3,10 sure 7:24 16:25 surgery 48:21 surrounding 53:2 suspect 30:5 sworn 4:5 59:7
S				T
S 1:17 2:1 3:12 S.B 5:18 saying 29:2 38:22 46:24 says 32:23 50:6 50:25 scenario 52:23 schedule 21:24 21:25 22:2 34:12,13 46:10 47:5 50:15 scheduled 22:5 scheduling 47:8 school 9:10 screen 49:6 screenings 23:25 seal 59:15				T 1:17 3:12 tabulate 38:19 39:22 tabulated 39:8 tabulation 39:4 39:23 take 30:18 32:12 46:5 53:19 taken 1:22 47:21 59:11 takes 53:16,20 54:8 talk 13:1 25:19 27:15 43:2,15

Doug Ketcham & Associates
701-237-0275

Ex. B

Kromenaker Tammi
11/26/2013

Page 68

52:1	thinners 48:23	46:21 47:5	variety 25:8	We'll 13:10
talked 7:14	thought 8:22,23	50:8 51:14	47:11	we're 29:2 34:10
19:15 21:12	threatens 40:2,8	TURMAN 1:22	various 24:15	53:1
41:7	40:13,15,22	tweeter 55:22	vary 46:13	we've 7:14 29:3
talking 5:10	three 15:4 31:23	tweets 55:23	vast 52:12 53:10	30:21 31:20,22
27:6,19 33:16	33:8,17	Twitter 55:20	53:25	website 25:2,7
35:4	time 6:12 10:7,8	two 13:22 33:7,9	verbally 25:11	25:12
Tammi 1:19 3:4	10:14 11:24,25	33:10 57:19	25:16 36:19	week 32:22 33:1
4:4,9 25:20	13:5,6,16	type 9:6,7 13:11	versus 12:11	33:2,9,10,13
TANOUS 1:10	18:16 25:13	13:14 14:13,16	viability 54:3	33:18 34:5,8
tell 6:2 8:9 11:16	28:10 29:11,18	14:24 23:8	viable 54:4,6,9	34:11,18,21
21:22 22:17	29:23 32:13,25	26:16,17,17	54:10,19	35:1,9,18
23:3,22 26:7	33:21 46:11,15	30:23 36:17	view 8:12	52:22 53:1,9
28:20 36:19,23	47:7 49:21	37:2,13 39:4	violence 39:19	53:24
37:6,19,23	50:23 53:16,20	50:1	39:24 41:8,11	weeks 31:8,9,10
44:2 45:20	times 37:18 41:1	typical 45:11	49:25	31:14,14,15
46:9 48:2,6	41:12		virtually 22:24	46:6 47:17
51:5 55:22	title 55:1	U	27:7,8	50:16 51:3
telling 41:22	to-wit 4:3	U.S 2:8,13	visit 25:12	went 55:24
tells 37:10,15	today 11:14	ultimately 34:16	vs 1:6	weren't 7:24
49:19	today's 5:2	ultrasound 8:13		whatever's
ten 14:7 23:22	told 45:10 47:20	48:14	W	44:16
term 7:19	train 26:6,8,9	ultrasounds	wait 47:9	Why'd 10:22
terms 18:13	trained 26:2,3	7:17 8:7	waiting 8:20,25	WIN 18:7,21
test 48:10	28:8	unborn 54:4,6,9	9:1	55:9
testified 4:5	training 26:4,13	54:18	waive 49:20	wise 23:16
testify 59:7	26:16 28:11	understand 4:14	walk 25:23	witness 3:3 4:4
testing 30:23	TRANSCRIPT	4:21 6:2 14:13	30:13	5:11 6:15
tests 23:24	59:22	19:6 21:19	walk-in 23:24	35:12 58:9
thank 35:6 46:3	transcription	27:14 43:11	Wall 2:9,14	59:7,15
thing 42:3 43:1	59:10	44:4,7 50:8	want 30:23,24	woman 8:19
44:23	transfer 12:13	53:5	35:16 45:18	18:14,20 27:19
things 37:19	transmitted	understanding	46:20 47:17	42:11 46:9
43:11 47:5	23:25	17:1,2 32:8	wants 53:17	48:3 53:16
49:3,24	travel 53:20	50:24	WARDNER	woman's 46:14
think 4:22 14:12	trial 7:3,5,10	unique 45:12,13	1:11	women 8:11
19:14,18 20:9	trimester 31:5	UNITED 1:1	warrant 34:17	17:11,24 18:1
20:20,21,23	32:9	University 9:16	wasn't 12:18	18:7 25:4,7
22:22 28:6,22	trip 46:17	use 9:17	53:4	35:24 42:3
34:22 35:19	true 32:24	uterus 43:24	way 13:8 18:18	44:23 45:1,12
45:4 50:11	trust 54:9	44:3	57:1	45:12,15,17
53:13 55:25	truth 59:7,8,8		WAYNE 1:8	46:5 50:10,12
thinking 28:2	trying 38:7	V	ways 25:8	51:7,11 53:2

Kromenaker Tammi

11/26/2013

Page 69

53:25 55:15	Y	21:13	52:18 53:16
Women's 1:4	Yeah 10:16 13:1	2	8
10:8 11:2,12	36:22 38:1	2001 5:19 12:9	83:15 21:1,7
11:20,23 12:3	51:10	2009 7:16	32:2,21 50:14
12:5,11,12,21	year 10:3,4,14	2013 1:20 59:16	52:4
12:23 15:20	13:22	207 1:23	9
16:7,13 18:2,6	years 14:3,7	21 3:15	90 23:17,19 24:8
23:11 26:10	15:4 17:13	2305 5:19	24:9
52:2 56:21	31:19,23	24 2:4 8:13,17	98 12:22 13:2,8
57:23	York 2:10,10,15	8:18,20,23,23	
worded 40:20	2:15	9:1 42:9 46:13	
words 19:7	younger 39:9	47:6,10	
work 9:12,19	45:5,6	26 1:20	
10:20 11:22	YWCA 10:8	3	
13:15 14:4	Z	3 21:14 32:1,2	
16:24 22:1	Zero 29:7	4	
28:21 33:25	0	4 3:5 32:20	
46:15 53:19	1	48 8:23	
worked 10:6,8	1:13-CV-071 1:4	4th 2:4 59:15	
10:12 29:22	1:36 58:12	5	
worker 14:1,21	10005 2:10	5 35:20 38:4,23	
29:4	1005 2:15	39:10 44:13,25	
workers 20:8	12 31:9,10,14	45:3,14,25	
28:17 29:2	32:4	46:5 50:8,11	
working 12:3	12:30 1:21	51:10	
works 16:25	120 2:9,14	50 38:22	
18:18 19:20	13 31:14 32:5	501c3 17:25	
55:1	14 17:13 31:14	505 1:23	
wouldn't 34:3	1456 50:17,24	5758 2:4	
40:10,16 41:10	51:21,24 52:7	58108-6017 2:5	
52:15,24 53:23	52:14,16 53:12	59 59:9	
write 6:23 37:11	53:25 54:1	6	
37:13,21 38:1	14th 2:9	624 56:1	
49:20,24	14the 2:14	627 56:8	
writes 56:25	15 31:15,19	675 56:2	
writing 56:15,17	1993 11:25	694 56:8	
written 24:13,16	1994 9:14	7	
25:16 41:14	1995 10:1	7 50:13 51:6,15	
56:21	1996 10:1 11:25		
wrote 57:2	1998 12:1,25		
X			
X 3:1,12			

Doug Ketcham & Associates
701-237-0275

Ex. B