23-1394, 23-1452

IN THE

United States Court of Appeals

FOR THE FOURTH CIRCUIT

JESSE HAMMONS,

Plaintiff-Appellant,

—v.—

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION; UMSJ HEALTH SYSTEM, LLC; UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,

Defendants-Appellees.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

APPENDIX
VOLUME I OF III
(Pages JA1 to JA526)

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APPEAL,CASREF,CLOSED

U.S. District Court
District of Maryland (Baltimore)
CIVIL DOCKET FOR CASE #: 1:20-cv-02088-DKC

Hammons v. University of Maryland Medical System Corporation et al
Assigned to: Judge Deborah K. Chasanow
Referred to: Magistrate Judge Brendan Abell Mag. Hurson (Settlement)
Case in other court: USCA, 23-01394
USCA, 23-01452
Cause: 42:1983 Civil Rights Act - Civil Action for Deprivation of Rights

Date Filed: 07/16/2020
Date Terminated: 03/13/2023
Jury Demand: None
Nature of Suit: 440 Civil Rights: Other
Jurisdiction: Federal Question

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Date Filed	#	Docket Text
07/16/2020	1	COMPLAINT against UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Filing fee $ 400 receipt number 0416-8758894.), filed by Jesse Hammons. (Attachments: # 1 Civil Cover Sheet, # 2 Summons, # 3 Summons, # 4 Summons)(Ebert, Louis) (Entered: 07/16/2020)
07/17/2020	2	Summons Issued 21 days as to UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (jb5, Deputy Clerk) (Entered: 07/17/2020)
07/31/2020	3	SUMMONS Returned Executed by Jesse Hammons. UMSJ Health System, LLC served on 7/22/2020, answer due 8/12/2020; University of Maryland Medical System Corporation served on 7/22/2020, answer due 8/12/2020; University of Maryland St. Joseph Medical Center, LLC served on 7/22/2020, answer due 8/12/2020. (Attachments: # 1 Exhibit A)(Ebert, Louis) (Entered: 07/31/2020)
08/04/2020	4	MOTION to Appear Pro Hac Vice for Joshua A. Block (Filing fee $100, receipt number 0416-8790110.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/04/2020	5	MOTION to Appear Pro Hac Vice for Andrew D. Cohen (Filing fee $100, receipt number 0416-8790125.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/04/2020	6	MOTION to Appear Pro Hac Vice for Aron Fischer (Filing fee $100, receipt number 0416-8790138.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/04/2020	7	MOTION to Appear Pro Hac Vice for Jonah M. Knobler (Filing fee $100, receipt number 0416-8790149.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/04/2020	8	MOTION to Appear Pro Hac Vice for Abigail E. Marion (Filing fee $100, receipt number 0416-8790161.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/04/2020	9	MOTION to Appear Pro Hac Vice for Leslie Cooper (Filing fee $100, receipt number 0416-8790513.) by Jesse Hammons(Ebert, Louis) (Entered: 08/04/2020)
08/07/2020	10	NOTICE of Appearance by Denise Elizabeth Giraudo on behalf of All Defendants (Giraudo, Denise) (Entered: 08/07/2020)
08/07/2020	11	MOTION to Appear Pro Hac Vice for Paul Werner (Filing fee $100, receipt number 0416-8797925.) by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Attachment)(Giraudo, Denise) (Entered: 08/07/2020)
08/07/2020	12	MOTION to Appear Pro Hac Vice for Imad Matini (Filing fee $100, receipt number 0416-8797955.) by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Attachment)(Giraudo, Denise) (Entered: 08/07/2020)
08/07/2020	13	MOTION for Extension of Time *to Answer or Otherwise Respond* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order)(Giraudo, Denise) (Entered: 08/07/2020)
08/07/2020	14	ORDER granting 13 Motion for Extension of Time to Answer or Otherwise Respond. Signed by Judge Ellen L. Hollander on 8/7/2020. (krs, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	15	QC NOTICE: 4 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the

		signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	16	QC NOTICE: 5 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	17	QC NOTICE: 6 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	18	QC NOTICE: 7 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	19	QC NOTICE: 8 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	20	QC NOTICE: 9 Motion to Appear Pro Hac Vice filed by Jesse Hammons needs to be modified. See attachment for details and corrective actions needed regarding the signature(s) on the motion. (srds, Deputy Clerk) (Entered: 08/10/2020)
08/10/2020	21	Consent MOTION for Other Relief *Plaintiff's Consent Motion for Permission for Plaintiff to Omit Home Address from Caption* by Jesse Hammons (Attachments: # 1 Memorandum in Support, # 2 Attachment Declaration of Jesse Hammons, # 3 Text of Proposed Order) (Ebert, Louis) (Entered: 08/10/2020)
08/11/2020	22	ORDER granting 21 Plaintiff's Consent Motion for Permission for Plaintiff to Omit Home Address from Caption. Signed by Judge Ellen L. Hollander on 8/11/2020. (krs, Deputy Clerk) (Entered: 08/11/2020)
08/12/2020	23	PAPERLESS ORDER granting 11 Motion to Appear Pro Hac Vice on behalf of Paul A Werner. Directing attorney Paul A Werner to use the attorney's existing CM/ECF login and password previously issued in this Court. The account password can be reset at http://www.mdd.uscourts.gov/electronic-case-filing-password-reset. Signed by Clerk on 8/12/2020. (srds, Deputy Clerk) (Entered: 08/12/2020)
08/12/2020	24	PAPERLESS ORDER granting 12 Motion to Appear Pro Hac Vice on behalf of Imad S Matini. Directing attorney Imad S Matini to use the attorney's existing CM/ECF login and password previously issued in this Court. The account password can be reset at http://www.mdd.uscourts.gov/electronic-case-filing-password-reset. Signed by Clerk on 8/12/2020. (srds, Deputy Clerk) (Entered: 08/12/2020)
08/13/2020	25	CORRECTED MOTION to Appear Pro Hac Vice for Aron Fischer by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/13/2020)
08/13/2020	26	CORRECTED MOTION to Appear Pro Hac Vice for Andrew D. Cohen by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/13/2020)
08/13/2020	27	CORRECTED MOTION to Appear Pro Hac Vice for Jonah M. Knobler by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/13/2020)
08/13/2020	28	CORRECTED MOTION to Appear Pro Hac Vice for Joshua A. Block by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/13/2020)
08/13/2020	29	CORRECTED MOTION to Appear Pro Hac Vice for Abigail E. Marion by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/13/2020)
08/14/2020	30	CORRECTED MOTION to Appear Pro Hac Vice for Daniel Mach by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 08/14/2020)

08/17/2020	31	PAPERLESS ORDER granting 25 Corrected Motion to Appear Pro Hac Vice on behalf of Aron Fischer. Directing attorney Aron Fischer to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
08/17/2020	32	PAPERLESS ORDER granting 26 Corrected Motion to Appear Pro Hac Vice on behalf of Andrew D Cohen. Directing attorney Andrew D Cohen to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
08/17/2020	33	PAPERLESS ORDER granting 27 Corrected Motion to Appear Pro Hac Vice on behalf of Jonah Knobler. Directing attorney Jonah Knobler to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
08/17/2020	34	PAPERLESS ORDER granting 28 Corrected Motion to Appear Pro Hac Vice on behalf of Joshua A Block. Directing attorney Joshua A Block to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
08/17/2020	35	PAPERLESS ORDER granting 29 Corrected Motion to Appear Pro Hac Vice on behalf of Abigail E Marion. Directing attorney Abigail E Marion to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
08/17/2020	36	PAPERLESS ORDER granting 30 Corrected Motion to Appear Pro Hac Vice on behalf of Daniel Mach. Directing attorney Daniel Mach to use the attorney's existing CM/ECF login and password previously issued in this Court. The account password can be reset at http://www.mdd.uscourts.gov/electronic-case-filing-password-reset. Signed by Clerk on 8/17/2020. (srds, Deputy Clerk) (Entered: 08/17/2020)
09/22/2020	37	CORRECTED MOTION to Appear Pro Hac Vice for Leslie Cooper by Jesse Hammons. The fee has already been paid.(Ebert, Louis) (Entered: 09/22/2020)
09/23/2020	38	PAPERLESS ORDER granting 37 Corrected Motion to Appear Pro Hac Vice on behalf of Leslie Cooper. Directing attorney Leslie Cooper to use the attorney's existing CM/ECF login and password previously issued in this Court. The account password can be reset at http://www.mdd.uscourts.gov/electronic-case-filing-password-reset. Signed by Clerk on 9/23/2020. (srds, Deputy Clerk) (Entered: 09/23/2020)
09/25/2020	39	MOTION to Dismiss by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order)(Giraudo, Denise) (Entered: 09/25/2020)
09/25/2020	40	Local Rule 103.3 Disclosure Statement by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC identifying Corporate Parent University of Maryland Medical System Corporation, Other Affiliate UMSJ Health System, LLC, Other Affiliate UM Community Medical Group, LLC, Other Affiliate UM Quality Care Network, Other Affiliate UM Health Ventures, LLC for University of Maryland St. Joseph Medical Center, LLC; Other Affiliate UMSJ Health System, LLC, Other Affiliate University of Maryland St. Joseph Medical Center, LLC, Other Affiliate UM Community Medical Group, LLC, Other Affiliate UM Quality Care Network, Other Affiliate UM Health Ventures, LLC for University of Maryland Medical System Corporation; Corporate Parent University of Maryland Medical System Corporation, Other Affiliate University of Maryland St. Joseph Medical Center, LLC, Other Affiliate UM Community Medical Group, LLC, Other

		Affiliate UM Quality Care Network, Other Affiliate UM Health Ventures, LLC for UMSJ Health System, LLC.(Giraudo, Denise) (Entered: 09/25/2020)
10/02/2020	41	Consent MOTION for Extension of Time *for Remaining Briefing Related to Defendants' Motion to Dismiss* by Jesse Hammons (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order)(Ebert, Louis) (Entered: 10/02/2020)
10/02/2020	42	ORDER granting 41 Consent Motion for Extension of Time for Remaining Briefing Related to Defendants' Motion to Dismiss. Signed by Judge Ellen L. Hollander on 10/2/2020. (krs, Deputy Clerk) (Entered: 10/05/2020)
11/20/2020	43	MOTION to Appear Pro Hac Vice for Jonathan S. Z. Herman (Filing fee $100, receipt number 0416-8974895.) by Jesse Hammons(Ebert, Louis) (Entered: 11/20/2020)
11/20/2020	44	MOTION to Appear Pro Hac Vice for Emily H. Harris (Filing fee $100, receipt number 0416-8975261.) by Jesse Hammons(Ebert, Louis) (Entered: 11/20/2020)
11/23/2020	45	PAPERLESS ORDER granting 43 Motion to Appear Pro Hac Vice on behalf of Jonathan Hermann. Directing attorney Jonathan Hermann to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 11/23/2020. (srd, Deputy Clerk) (Entered: 11/23/2020)
11/23/2020	46	PAPERLESS ORDER granting 44 Motion to Appear Pro Hac Vice on behalf of Emily H Harris. Directing attorney Emily H Harris to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 11/23/2020. (srd, Deputy Clerk) (Entered: 11/23/2020)
11/23/2020	47	RESPONSE in Opposition re 39 MOTION to Dismiss *Plaintiff's Memorandum of Law in Opposition to Defendants' Motion to Dismiss* filed by Jesse Hammons.(Ebert, Louis) (Entered: 11/23/2020)
12/21/2020	48	REPLY to Response to Motion re 39 MOTION to Dismiss filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC.(Giraudo, Denise) (Entered: 12/21/2020)
05/14/2021	49	Sealed Document (Attachments: # 1 Attachment)(kns, Deputy Clerk) (Entered: 05/14/2021)
05/28/2021		Case Reassigned to Judge Deborah K. Chasanow. Judge Ellen L. Hollander no longer assigned to the case. (kns, Deputy Clerk) (Entered: 05/28/2021)
07/01/2021	50	NOTICE by Jesse Hammons *Notice of Supplemental Authority* (Attachments: # 1 Exhibit A, # 2 Exhibit B)(Ebert, Louis) (Entered: 07/01/2021)
07/09/2021	51	NOTICE by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC re 50 Notice (Other) *Response to Notice of Supplemental Authority* (Giraudo, Denise) (Entered: 07/09/2021)
07/28/2021	52	MEMORANDUM OPINION. Signed by Judge Deborah K. Chasanow on 7/28/2021. (sat, Chambers) (Entered: 07/28/2021)
07/28/2021	53	ORDER GRANTING IN PART and DENYING IN PART 39 motion to dismiss and DISMISSING without prejudice Counts I and II of Plaintiff's complaint. Signed by Judge Deborah K. Chasanow on 7/28/2021. (sat, Chambers) (Entered: 07/28/2021)
08/04/2021	54	Consent MOTION for Extension of Time to File Answer by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Text of Proposed Order)(Giraudo, Denise) (Entered: 08/04/2021)

08/04/2021	55	PAPERLESS ORDER GRANTING 54 consent motion for extension of time. Defendants' response to Plaintiff's complaint is due by August 25, 2021. Signed by Judge Deborah K. Chasanow on 8/4/2021. (Chasanow, Deborah) (Entered: 08/04/2021)
08/11/2021	56	MOTION for Reconsideration re 52 Memorandum Opinion, 53 Order on Motion to Dismiss *Plaintiff's Motion for Partial Reconsideration or, in the Alternative, Certification of Interlocutory Appeal* by Jesse Hammons (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order)(Ebert, Louis) (Entered: 08/11/2021)
08/11/2021	57	NOTICE by Jesse Hammons re 56 MOTION for Reconsideration re 52 Memorandum Opinion, 53 Order on Motion to Dismiss *Plaintiff's Motion for Partial Reconsideration or, in the Alternative, Certification of Interlocutory Appeal Line Re: Certificate of Service* (Ebert, Louis) (Entered: 08/11/2021)
08/19/2021	58	Consent MOTION for Extension of Time to File Answer by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Text of Proposed Order)(Giraudo, Denise) (Entered: 08/19/2021)
08/19/2021	59	PAPERLESS ORDER GRANTING 58 motion for extension of time. Defendants' response to Plaintiff's complaint is now due by September 24, 2021. Signed by Judge Deborah K. Chasanow on 8/19/2021. (Chasanow, Deborah) (Entered: 08/19/2021)
08/25/2021	60	RESPONSE in Opposition re 56 MOTION for Reconsideration re 52 Memorandum Opinion, 53 Order on Motion to Dismiss *Plaintiff's Motion for Partial Reconsideration or, in the Alternative, Certification of Interlocutory Appeal* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC.(Giraudo, Denise) (Entered: 08/25/2021)
09/08/2021	61	REPLY to RESPONSE re 60 Response in Opposition to Motion, 56 MOTION for Reconsideration re 52 Memorandum Opinion, 53 Order on Motion to Dismiss *Plaintiff's Motion for Partial Reconsideration or, in the Alternative, Certification of Interlocutory Appeal* , RESPONSE in Opposition *Reply Memorandum in Support of Plaintiff's Motion for Partial Reconsideration or, in the Alternative, Certification of Interlocutory Appeal* filed by Jesse Hammons.(Ebert, Louis) Modified on 9/8/2021 (ybs, Deputy Clerk). (Entered: 09/08/2021)
09/24/2021	62	ANSWER to 1 Complaint, by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Giraudo, Denise) (Entered: 09/24/2021)
10/25/2021	63	MEMORANDUM OPINION. Signed by Judge Deborah K. Chasanow on 10/25/2021. (sat, Chambers) (Entered: 10/25/2021)
10/25/2021	64	ORDER DENYING 56 motion to reconsider, or in the alternative, certify for interlocutory appeal. Signed by Judge Deborah K. Chasanow on 10/25/2021. (sat, Chambers) (Entered: 10/25/2021)
10/25/2021	65	SCHEDULING ORDER: Discovery closes and a status report is due by March 9, 2022; the dispositive motions deadline is April 8, 2022. Signed by Judge Deborah K. Chasanow on 10/25/2021. (sat, Chambers) (Entered: 10/25/2021)
10/26/2021	66	MOTION to Appear Pro Hac Vice for Danielle Vrabie (Filing fee $100, receipt number 0416-9570779.) by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 10/26/2021)

10/26/2021	67	PAPERLESS ORDER granting 66 Motion to Appear Pro Hac Vice on behalf of Danielle Vrabie. Directing attorney Danielle Vrabie to register online for CM/ECF at http://www.mdd.uscourts.gov/electronic-case-filing-registration. Signed by Clerk on 10/26/2021. (dm4, Deputy Clerk) (Entered: 10/26/2021)
11/08/2021	68	STATUS REPORT *Initial Joint Status Report* by Jesse Hammons(Ebert, Louis) (Entered: 11/08/2021)
12/20/2021	69	STIPULATION *Regarding Confidentiality* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 12/20/2021)
12/27/2021	70	PAPERLESS ORDER APPROVING Stipulation re: confidentiality of discovery material. Signed by Judge Deborah K. Chasanow on 12/27/2021. (sat, Chambers) (Entered: 12/27/2021)
01/14/2022	71	MOTION to Withdraw as Attorney *for Emily Harris* by Jesse Hammons (Attachments: # 1 Text of Proposed Order)(Ebert, Louis) (Entered: 01/14/2022)
01/14/2022	72	PAPERLESS ORDER GRANTING 71 Motion to Withdraw as Attorney. Attorney Emily H. Harris terminated. Signed by Judge Deborah K. Chasanow on 1/14/2022. (Chasanow, Deborah) (Entered: 01/14/2022)
02/10/2022	73	MOTION to Amend/Correct 62 Answer to Complaint by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order, # 3 Exhibit Proposed Answer)(Giraudo, Denise) (Entered: 02/10/2022)
02/24/2022	74	RESPONSE in Opposition re 73 MOTION to Amend/Correct 62 Answer to Complaint *Plaintiff's Memorandum of Law in Opposition to Defendants' Motion for Leave to Amend Answer* filed by Jesse Hammons.(Ebert, Louis) (Entered: 02/24/2022)
02/24/2022	75	Consent MOTION for Extension of Time to Complete Discovery by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Text of Proposed Order Proposed Order)(Giraudo, Denise) (Entered: 02/24/2022)
02/24/2022	76	PAPERLESS ORDER GRANTING 75 consent motion for extension of time to complete discovery. Discovery closes and a status report is due by May 9, 2022; the dispositive motions deadline is June 13, 2022. Signed by Judge Deborah K. Chasanow on 2/24/2022. (Chasanow, Deborah) (Entered: 02/24/2022)
03/10/2022	77	REPLY to Response to Motion re 73 MOTION to Amend/Correct 62 Answer to Complaint filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC.(Giraudo, Denise) (Entered: 03/10/2022)
03/18/2022	78	MOTION to Appear Pro Hac Vice for Edward J. Delman (Filing fee $100, receipt number AMDDC-9827257.) by Jesse Hammons(Ebert, Louis) (Entered: 03/18/2022)
03/18/2022	79	MOTION to Appear Pro Hac Vice for Joshua M. Goldman (Filing fee $100, receipt number AMDDC-9827981.) by Jesse Hammons(Ebert, Louis) (Entered: 03/18/2022)
03/21/2022	80	PAPERLESS ORDER granting 78 Motion to Appear Pro Hac Vice on behalf of Edward J Delman, Joshua M Goldman. Directing attorney Edward J Delman, Joshua M Goldman to register for pro hac vice filing in the District of Maryland through PACER at https://pacer.uscourts.gov/ if attorney has not already done so; granting 79 Motion to Appear Pro Hac Vice on behalf of Edward J Delman, Joshua M Goldman. Directing attorney Edward J Delman, Joshua M Goldman to register for pro hac vice filing in the

		District of Maryland through PACER at https://pacer.uscourts.gov/ if attorney has not already done so. Signed by Clerk on 3/21/2022. (dm4s, Deputy Clerk) (Entered: 03/21/2022)
04/06/2022	81	MEMORANDUM OPINION. Signed by Judge Deborah K. Chasanow on 4/6/2022. (sat, Chambers) (Entered: 04/06/2022)
04/06/2022	82	ORDER GRANTING 73 motion for leave to amend answer. Signed by Judge Deborah K. Chasanow on 4/6/2022. (sat, Chambers) (Entered: 04/06/2022)
04/07/2022	83	AMENDED ANSWER to 1 Complaint, by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Giraudo, Denise) (Entered: 04/07/2022)
04/11/2022	84	MOTION to Appear Pro Hac Vice for Hannah Wigger (Filing fee $100, receipt number AMDDC-9870271.) by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 04/11/2022)
04/12/2022	85	PAPERLESS ORDER granting 84 Motion to Appear Pro Hac Vice on behalf of Hannah Wigger. Directing attorney Hannah Wigger to register for pro hac vice filing in the District of Maryland through PACER at https://pacer.uscourts.gov/ if attorney has not already done so. Signed by Clerk on 4/12/2022. (dm4s, Deputy Clerk) (Entered: 04/12/2022)
05/05/2022	86	Consent MOTION for Extension of Time to Complete Discovery by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Text of Proposed Order) (Giraudo, Denise) (Entered: 05/05/2022)
05/05/2022	87	PAPERLESS ORDER GRANTING 86 consent motion for extension of time. Discovery closes and a status report is due by May 20, 2022; the dispositive motions deadline is June 24, 2022. Signed by Judge Deborah K. Chasanow on 5/5/2022. (Chasanow, Deborah) (Entered: 05/05/2022)
05/20/2022	88	STATUS REPORT *(Joint)* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 05/20/2022)
05/20/2022	89	PAPERLESS ORDER THANKING counsel for 88 joint status report and APPROVING the parties' proposed briefing schedule. Defendants' motion for summary judgment is due by June 24, Plaintiff's cross-motion for summary judgment and opposition to Defendants' motion is due by July 25, Defendants' opposition and reply is due by August 15, and Plaintiff's reply is due by September 6, 2022. Signed by Judge Deborah K. Chasanow on 5/20/2022. (Chasanow, Deborah) (Entered: 05/20/2022)
05/23/2022	90	ORDER REFERRING CASE to Magistrate Judge Brendan Abell Hurson for ADR. Signed by Judge Deborah K. Chasanow on 5/23/2022. (kns, Deputy Clerk) (Entered: 05/23/2022)
06/03/2022	91	MOTION for Extension of Time *of Summary Judgment Deadlines* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Memorandum in Support, # 2 Exhibit, # 3 Text of Proposed Order)(Giraudo, Denise) (Entered: 06/03/2022)

06/03/2022	92	RESPONSE in Opposition re 91 MOTION for Extension of Time *of Summary Judgment Deadlines Plaintiff's Opposition to Defendants' Motion to Extend Summary Judgment Deadlines* filed by Jesse Hammons. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C, # 4 Exhibit D)(Ebert, Louis) (Entered: 06/03/2022)
06/06/2022	93	REPLY to Response to Motion re 91 MOTION for Extension of Time *of Summary Judgment Deadlines* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Giraudo, Denise) (Entered: 06/06/2022)
06/07/2022	94	LETTER/ORDER DENYING 91 motion to extend the summary judgment deadlines. Signed by Judge Deborah K. Chasanow on 6/7/2022. (sat, Chambers) (Entered: 06/07/2022)
06/16/2022	95	ORDER Scheduling Settlement Conference. Signed by Magistrate Judge Brendan Abell Hurson on 6/16/2022. (ybs, Deputy Clerk) (Entered: 06/16/2022)
06/17/2022	96	MOTION to Withdraw as Attorney *Motion for Leave to Withdraw as Counsel for Joshua M. Goldman* by Jesse Hammons (Attachments: # 1 Text of Proposed Order)(Ebert, Louis) (Entered: 06/17/2022)
06/21/2022	97	PAPERLESS ORDER GRANTING 96 Motion to Withdraw as Attorney. Attorney Joshua M. Goldman terminated. Signed by Judge Deborah K. Chasanow on 6/21/2022. (Chasanow, Deborah) (Entered: 06/21/2022)
06/24/2022	98	MOTION for Summary Judgment by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Memorandum in Support, # 2 Exhibit, # 3 Exhibit, # 4 Exhibit, # 5 Exhibit, # 6 Exhibit, # 7 Exhibit, # 8 Exhibit, # 9 Exhibit, # 10 Exhibit, # 11 Exhibit, # 12 Exhibit, # 13 Exhibit, # 14 Exhibit, # 15 Exhibit, # 16 Exhibit, # 17 Exhibit, # 18 Exhibit, # 19 Exhibit, # 20 Exhibit, # 21 Exhibit, # 22 Exhibit, # 23 Exhibit, # 24 Exhibit, # 25 Text of Proposed Order)(Giraudo, Denise) (Entered: 06/24/2022)
06/24/2022	99	-SEALED - NOTICE of Filing Under Seal Exhibits 2, 7, 10, 13, 15, and 19 to Defendants' Motion for Summary Judgment by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC re 98 MOTION for Summary Judgment (Attachments: # 1 Exhibit, # 2 Exhibit, # 3 Exhibit, # 4 Exhibit, # 5 Exhibit, # 6 Exhibit)(Giraudo, Denise) (Entered: 06/24/2022)
06/24/2022	100	MOTION to Seal *Exhibits to Defendants' Motion for Summary Judgment* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Text of Proposed Order) (Giraudo, Denise) (Entered: 06/24/2022)
06/24/2022	101	Request for Hearing re 98 MOTION for Summary Judgment (Giraudo, Denise) (Entered: 06/24/2022)
07/08/2022	102	RESPONSE to Motion re 100 MOTION to Seal *Exhibits to Defendants' Motion for Summary Judgment Plaintiff's Response to Defendants' Motion for Leave to File Exhibits Under Seal* filed by Jesse Hammons.(Ebert, Louis) (Entered: 07/08/2022)
07/22/2022	103	REPLY to Response to Motion re 100 MOTION to Seal *Exhibits to Defendants' Motion for Summary Judgment* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Giraudo, Denise) (Entered: 07/22/2022)

07/25/2022	104	MOTION for Leave to File *Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal, and Motion for Leave to File Certain Documents Publicly* by Jesse Hammons (Attachments: # 1 Text of Proposed Order) (Ebert, Louis) (Entered: 07/25/2022)
07/25/2022	105	MOTION for Summary Judgment by Jesse Hammons (Attachments: # 1 Memorandum in Support, # 2 Affidavit, # 3 Exhibit 1, # 4 Exhibit 2, # 5 Exhibit 3, # 6 Exhibit 4, # 7 Exhibit 5, # 8 Exhibit 6, # 9 Exhibit 7, # 10 Exhibit 8, # 11 Exhibit 9, # 12 Exhibit 10, # 13 Exhibit 11, # 14 Exhibit 12, # 15 Exhibit 13, # 16 Exhibit 14, # 17 Exhibit 15, # 18 Exhibit 16, # 19 Exhibit 17, # 20 Exhibit 18, # 21 Exhibit 19, # 22 Exhibit 20, # 23 Exhibit 21, # 24 Exhibit 22, # 25 Text of Proposed Order)(Ebert, Louis) (Entered: 07/25/2022)
07/25/2022	106	-SEALED - NOTICE of Filing Under Seal Exhibits 2, 11, 13, 14, 16, 19, 20 and 22 to Memorandum of Law in Support of Plaintiff's Cross-Motion for Summary Judgment by Jesse Hammons re 69 Stipulation, 70 Order (Ebert, Louis) (Entered: 07/25/2022)
07/25/2022	107	Sealed Document (Attachments: # 1 Exhibit Sealed Document, # 2 Exhibit Sealed Document, # 3 Exhibit Sealed Document, # 4 Exhibit Sealed Document, # 5 Exhibit Sealed Document, # 6 Exhibit Sealed Document, # 7 Exhibit Sealed Document, # 8 Exhibit Sealed Document)(Ebert, Louis) (Entered: 07/25/2022)
08/08/2022	108	RESPONSE in Opposition re 104 MOTION for Leave to File *Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal, and Motion for Leave to File Certain Documents Publicly* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Attachments: # 1 Text of Proposed Order)(Giraudo, Denise) (Entered: 08/08/2022)
08/11/2022	109	MOTION to Appear Pro Hac Vice for Jacob M. Roth (Filing fee $100, receipt number AMDDC-10096509.) by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 08/11/2022)
08/11/2022	110	PAPERLESS ORDER granting 109 Motion to Appear Pro Hac Vice on behalf of Jacob M. Roth. Directing attorney Jacob M. Roth to register for pro hac vice filing in the District of Maryland through PACER at https://pacer.uscourts.gov/ if attorney has not already done so. The *Pro Hac Vice* option must be selected when registering. Signed by Clerk on 8/11/2022. (mh4s, Deputy Clerk) (Entered: 08/11/2022)
08/15/2022	111	RESPONSE in Opposition re 105 MOTION for Summary Judgment *and Reply in Further Support of Defendants' Motion for Summary Judgment* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Attachments: # 1 Exhibit, # 2 Exhibit, # 3 Exhibit, # 4 Exhibit, # 5 Text of Proposed Order)(Giraudo, Denise) (Entered: 08/15/2022)
08/22/2022	112	REPLY to 108 RESPONSE in Opposition re 104 MOTION for Leave to File Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal, and Motion for Leave to File Certain Documents Publiclyfiled by Jesse Hammons. (Ebert, Louis) Modified on 8/22/2022 (heps, Deputy Clerk). (Entered: 08/22/2022)
09/06/2022	113	MOTION for Leave to File *Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal and Motion for Leave to File Certain Documents Publicly* by Jesse Hammons (Attachments: # 1 Text of Proposed Order) (Ebert, Louis) (Entered: 09/06/2022)
09/06/2022	114	Memorandum re 105 MOTION for Summary Judgment filed by Jesse Hammons. (Attachments: # 1 Affidavit, # 2 Exhibit 1, # 3 Exhibit 2, # 4 Exhibit 3, # 5 Exhibit 4, # 6

		Text of Proposed Order)(Ebert, Louis) (Entered: 09/06/2022)
09/06/2022	115	-SEALED - NOTICE of Filing Under Seal Exhibits 1 and 3 to Reply Memorandum of Law in Further Support of Plaintiff's Cross-Motion for Summary Judgment by Jesse Hammons re 114 Memorandum (Attachments: # 1 Exhibit, # 2 Exhibit)(Ebert, Louis) (Entered: 09/06/2022)
09/20/2022	116	STIPULATION re 113 MOTION for Leave to File *Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal and Motion for Leave to File Certain Documents Publicly* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Exhibit)(Giraudo, Denise) (Entered: 09/20/2022)
12/14/2022	117	Correspondence re: Notice of Supplemental Authority (Attachments: # 1 Exhibit A) (Ebert, Louis) (Entered: 12/14/2022)
12/14/2022	118	Correspondence re: Response to Notice of Supplemental Authority (Giraudo, Denise) (Entered: 12/14/2022)
01/03/2023	119	MOTION to Withdraw as Attorney *for Edward J. Delman* by Jesse Hammons (Attachments: # 1 Text of Proposed Order)(Ebert, Louis) (Entered: 01/03/2023)
01/03/2023	120	PAPERLESS ORDER GRANTING 119 Motion to Withdraw as Attorney. Attorney Edward J. Delman terminated. Signed by Judge Deborah K. Chasanow on 1/3/2023. (sat, Chambers) (Entered: 01/03/2023)
01/06/2023	121	MEMORANDUM OPINION. Signed by Judge Deborah K. Chasanow on 1/6/2023. (sat, Chambers) (Entered: 01/06/2023)
01/06/2023	122	ORDER DENYING 98 motion for summary judgment, GRANTING 105 cross-motion for summary judgment, reserving the issue of damages for trial, ENTERING judgment on behalf of Plaintiff as to liability on Count III of the complaint, GRANTING IN PART and DENYING IN PART 100 motion to seal, GRANTING 104 motion to file certain exhibits under seal and certain documents publicly, GRANTING IN PART and DENYING IN PART 113 motion to file certain exhibits under seal and certain documents publicly, DIRECTING the Clerk to unseal ECF Nos. 107-3, 107-4, 107-5, 107-9, 115-1, and 116-1, and SCHEDULING a telephone conference with counsel on January 25, 2023, at 9:00 a.m. (call-in information will be emailed to counsel). Signed by Judge Deborah K. Chasanow on 1/6/2023. (sat, Chambers) (Entered: 01/06/2023)
01/20/2023	123	MOTION to Seal *Exhibits 2, 7, and 13 to Defendants' Motion for Summary Judgment* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC (Attachments: # 1 Exhibit 2, # 2 Exhibit 7, # 3 Exhibit 13, # 4 Text of Proposed Order)(Giraudo, Denise) (Entered: 01/20/2023)
01/20/2023	124	-SEALED - NOTICE of Filing Under Seal Exhibits 2, 7, and 13 by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC re 123 MOTION to Seal *Exhibits 2, 7, and 13 to Defendants' Motion for Summary Judgment* (Attachments: # 1 Exhibit 2, # 2 Exhibit 7, # 3 Exhibit 13)(Giraudo, Denise) (Entered: 01/20/2023)
01/25/2023		Telephone Conference held on 1/25/2023 before Judge Deborah K. Chasanow. (sat, Chambers) (Entered: 01/25/2023)
01/26/2023	125	RESPONSE in Opposition re 123 MOTION to Seal *Exhibits 2, 7, and 13 to Defendants' Motion for Summary Judgment* filed by Jesse Hammons.(Ebert, Louis) (Entered: 01/26/2023)

02/01/2023	126	STIPULATION *Regarding Damages* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 02/01/2023)
02/01/2023	127	STIPULATION *Regarding Damages* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 02/01/2023)
02/03/2023	128	STIPULATION *REGARDNG DAMAGES* by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC(Giraudo, Denise) (Entered: 02/03/2023)
02/09/2023	129	REPLY to Response to Motion re 123 MOTION to Seal *Exhibits 2, 7, and 13 to Defendants' Motion for Summary Judgment* filed by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. (Attachments: # 1 Exhibit 1)(Giraudo, Denise) (Entered: 02/09/2023)
02/24/2023	130	MEMORANDUM OPINION. Signed by Judge Deborah K. Chasanow on 2/24/2023. (sat, Chambers) (Entered: 02/24/2023)
02/24/2023	131	ORDER GRANTING IN PART and DENYING IN PART 123 motion to seal. Defendants are directed to file newly redacted versions as directed herein. Signed by Judge Deborah K. Chasanow on 2/24/2023. (sat, Chambers) (Entered: 02/24/2023)
03/13/2023	132	NOTICE by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC re 131 Order on Motion to Seal, 130 Memorandum Opinion *Notice of Filing of Redacted Exhibits* (Attachments: # 1 Exhibit 7, # 2 Exhibit 13)(Giraudo, Denise) (Entered: 03/13/2023)
03/13/2023	133	ORDER ENTERING judgment in favor of Plaintiff Jesse Hammons and against Defendants University of Maryland Medical System Corporation, UMSJ Health System, LLC, and University of Maryland St. Joseph Medical Center, LLC on Plaintiff's Affordable Care Act Claim in the amount of $874.63. Signed by Judge Deborah K. Chasanow on 3/13/2023. (sat, Chambers) (Entered: 03/13/2023)
03/14/2023	134	Joint MOTION for Attorney Fees *Joint Motion to Defer Filing of Motion Requesting Attorney's Fees* by Jesse Hammons(Ebert, Louis) (Entered: 03/14/2023)
03/14/2023	135	PAPERLESS ORDER GRANTING 134 joint motion to defer the filing of a motion for attorneys' fees. Any motion for attorneys' fees is due the later of either twenty-one days after the expiration of the time allowed to file an appeal or twenty-one days after the issuance of the Fourth Circuit's mandate. Signed by Judge Deborah K. Chasanow on 3/14/2023. (sat, Chambers) (Entered: 03/14/2023)
04/10/2023	136	NOTICE OF APPEAL as to 53 Order on Motion to Dismiss, 64 Order on Motion for Reconsideration by Jesse Hammons. Filing fee $ 505, receipt number AMDDC-10536482. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C, # 4 Exhibit D, # 5 Exhibit E)(Ebert, Louis) (Entered: 04/10/2023)
04/11/2023	137	Transmission of Notice of Appeal and Docket Sheet to US Court of Appeals re 136 Notice of Appeal,. IMPORTANT NOTICE: To access forms which you are required to file with the United States Court of Appeals for the Fourth Circuit please go to http://www.ca4.uscourts.gov and click on Forms & Notices.(av4s, Deputy Clerk) (Entered: 04/11/2023)
04/12/2023	138	USCA Case Number 23-1394 for 136 Notice of Appeal, filed by Jesse Hammons. Case Manager - Kirsten Hancock (av4s, Deputy Clerk) (Entered: 04/12/2023)

04/21/2023	139	NOTICE OF CROSS APPEAL by UMSJ Health System, LLC, University of Maryland Medical System Corporation, University of Maryland St. Joseph Medical Center, LLC. Filing fee $ 505, receipt number AMDDC-10557672.(Giraudo, Denise) (Entered: 04/21/2023)
04/25/2023	140	Transmission of Notice of Appeal and Docket Sheet to US Court of Appeals re 139 Notice of Cross Appeal. IMPORTANT NOTICE: To access forms which you are required to file with the United States Court of Appeals for the Fourth Circuit please go to http://www.ca4.uscourts.gov and click on Forms & Notices.(av4s, Deputy Clerk) (Entered: 04/25/2023)
04/26/2023	141	USCA Case Number 23-1452 for 139 Notice of Cross Appeal filed by University of Maryland St. Joseph Medical Center, LLC, University of Maryland Medical System Corporation, UMSJ Health System, LLC. Case Manager - Kirsten Hancock (av4s, Deputy Clerk) (Entered: 04/26/2023)
04/26/2023	142	ORDER of USCA consolidating Case No. 23-1452 with Case No. 23-1394 as cross-appeals as to 136 Notice of Appeal, filed by Jesse Hammons, 139 Notice of Cross Appeal filed by University of Maryland St. Joseph Medical Center, LLC, University of Maryland Medical System Corporation, UMSJ Health System, LLC (av4s, Deputy Clerk) (Entered: 04/27/2023)
07/07/2023	143	ORDER of USCA "granting" motion to withdraw as counsel as to 136 Notice of Appeal, filed by Jesse Hammons, 139 Notice of Cross Appeal filed by University of Maryland St. Joseph Medical Center, LLC, University of Maryland Medical System Corporation, UMSJ Health System, LLC (av4s, Deputy Clerk) (Entered: 07/07/2023)
08/01/2023	144	ORDER of USCA "GRANTING" motion for abeyance as to 136 Notice of Appeal, filed by Jesse Hammons, 139 Notice of Cross Appeal filed by University of Maryland St. Joseph Medical Center, LLC, University of Maryland Medical System Corporation, UMSJ Health System, LLC (av4s, Deputy Clerk) (Entered: 08/01/2023)
07/25/2024	145	ORDER of USCA "Granting" motion to withdraw as counsel on appeal as to 136 Notice of Appeal, filed by Jesse Hammons (av4s, Deputy Clerk) (Entered: 07/26/2024)

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Description:	Docket Report	**Search Criteria:**	1:20-cv-02088-DKC
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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,*	)	
c/o Louis J. Ebert	)	
Rosenberg Martin Greenberg, LLP	)	
25 South Charles Street, 21st Floor	)	
Baltimore, Maryland 21201	)	
(Baltimore City, Maryland)	)	
	)	
Plaintiff,	)	
	)	
v.	)	Case No. 20-cv-_____
	)	
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION,	)	
250 W. Pratt St.,	)	
Baltimore, Maryland 21201	)	
(Baltimore City, Maryland)	)	
	)	
UMSJ HEALTH SYSTEM, LLC	)	
7601 Osler Drive,	)	
Towson, Maryland 21204	)	
(Baltimore County, Maryland), and	)	
	)	
UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,	)	
7601 Osler Drive,	)	
Towson, Maryland 21204	)	
(Baltimore County, Maryland),	)	
	)	
Defendants.	)	

COMPLAINT

Plaintiff Jesse Hammons ("Plaintiff" or "Mr. Hammons") brings this action against Defendant University of Maryland Medical System Corporation ("UMMS"), and its wholly

* Plaintiff moves, through a forthcoming motion, to waive his obligation under Local Rule 102.2(a) to provide an address, on the basis of his objectively reasonable fear that publicizing his home address would subject him to harassment (potentially including violence) and threats. *See Edgar v. Coats*, No. GJH-19-985, 2020 WL 1890509, at *10 (D. Md. Apr. 16, 2020).

owned subsidiaries, Defendants UMSJ Health System, LLC ("UMSJ LLC") and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph LLC"), for violations of the Establishment Clause of the First Amendment to the United States Constitution, the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution, and Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18116 ("Section 1557").

INTRODUCTION

1. UMMS, through its wholly owned subsidiaries UMSJ LLC and St. Joseph LLC (collectively, "Defendants"), owns and operates a hospital in Towson, Maryland under the name of University of Maryland St. Joseph Medical Center. Defendants are instrumentalities of the State of Maryland and subject to the First Amendment's Establishment Clause and the Fourteenth Amendment's Equal Protection Clause. But, in violation of those constitutional obligations, Defendants operate University of Maryland St. Joseph Medical Center as a Catholic institution, guided by "Catholic health care values" and bound by the "Ethical and Religious Directives for Catholic Health Care Services" established by the U.S. Conference of Catholic Bishops (the "Catholic Directives").[1]

2. Plaintiff Jesse Hammons is a man who is transgender. As part of Mr. Hammons's medically necessary treatment relating to his diagnosis of gender dysphoria, Mr. Hammons's surgeon scheduled a hysterectomy to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020. But approximately 7–10 days before Mr. Hammons's scheduled

[1] *About UM SJMC*, University of Maryland St. Joseph Medical Center, http://www.umms.org/sjmc/about (last accessed July 14, 2020). The hospital website links directly to the Catholic Directives, which are available at http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf (last accessed July 14, 2020).

operation, Defendants canceled the surgery based on a discriminatory and unconstitutional application of Catholic religious doctrine.

3. According to the administrators of University of Maryland St. Joseph Medical Center, Mr. Hammons could not receive his medical treatment at the hospital because, in the view of the administrators, Mr. Hammons's treatment would violate Catholic religious doctrine, as announced in the Catholic Directives. The Catholic Directives state that Catholic hospitals may not perform procedures that induce sterility unless "their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." Catholic Directives p.19, ¶ 53. The stated basis for this rule is the Catholic teaching that Catholic health care organizations are not permitted to engage in "immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization." *Id.* p.25, ¶ 70.

4. Hysterectomies are procedures that induce sterility. On information and belief, however, University of Maryland St. Joseph Medical Center routinely performs hysterectomies when they are medically necessary to treat a diagnosed condition other than gender dysphoria. When they canceled Mr. Hammons's medically necessary surgery, Defendants thus treated Mr. Hammons—as a man who is transgender—differently from non-transgender patients who require medically necessary hysterectomies for other medical conditions.

5. An instrumentality of the state may not operate a Catholic hospital or deny medical care to transgender patients based on Catholic religious beliefs. By invoking Catholic religious doctrine as a basis for canceling Mr. Hammons's medically necessary surgery, Defendants violated the Establishment Clause of the First Amendment. And by subjecting Mr.

Hammons to different and unequal treatment, Defendants also violated the Equal Protection Clause of the Fourteenth Amendment and Section 1557 of the Affordable Care Act.

JURISDICTION AND VENUE

6. This Court has subject matter jurisdiction over this action pursuant to Article III of the United States Constitution and 28 U.S.C. §§ 1331, 1343.

7. Venue is proper in this judicial district pursuant to 28 U.S.C. § 1391(b), and the Court has personal jurisdiction over the Defendants because Defendants each hold themselves out as corporations under the laws of the State of Maryland; because they each reside in this District; and because a substantial part of the events or omissions giving rise to this action occurred and are occurring in this District.

PARTIES

8. Plaintiff Jesse Hammons resides in Baltimore, Maryland.

9. UMMS is a "nonprofit, nonstock corporation" in the State of Maryland. Md. Code Educ. § 13-302(7). UMMS was created by statute. *See id.* § 13-301, *et seq.* All of the voting members of its Board of Directors are appointed by the Governor of Maryland. *Id.* § 13-304(b). According to its authorizing statute, UMMS is intended to serve "the highest public interest" and its purposes "are essential to the public health and welfare" of the State. *Id.* § 13-302(4). UMMS's offices are located at 250 W. Pratt St., Baltimore, Maryland 21201.

10. UMSJ LLC is a wholly owned subsidiary of UMMS. UMSJ LLC was organized on or about February 12, 2013, by the then-General Counsel of UMMS, Megan M. Arthur, as Authorized Person. According to its articles of incorporation, the company was "organized and shall be operated exclusively (i) in furtherance of the charitable, scientific and educational purposes of, (ii) for the benefit of, (iii) to perform the functions of and (iv) to carry out the purposes of: University of Maryland Medical System Corporation." On information and belief,

UMMS created UMSJ LLC for the sole purpose of owning and operating University of Maryland St. Joseph Medical Center. At its inception, UMSJ LLC's principal office was located at 250 W. Pratt St., Baltimore, Maryland 21201 (which is also the address of UMMS's offices). Now its principal office is located at 7601 Osler Drive, Towson, Maryland 21204 (the hospital's address).

11. Defendant St. Joseph LLC is a wholly owned subsidiary of UMSJ LLC. St. Joseph LLC was organized under the name "Northeastern Maryland Regional Health System, LLC" on or about April 25, 2012, by then-General Counsel of UMMS, Megan M. Arthur, as Authorized Person. According to its articles of incorporation, among the stated "charitable purposes" of this new entity was "[t]o maintain a hospital in northeastern Maryland." On or about August 1, 2012, the new entity's name was changed to its present name: University of Maryland St. Joseph Medical Center, LLC. On information and belief, UMMS created this entity for the sole purpose of purchasing the existing St. Joseph hospital. At its inception, St. Joseph LLC's principal office was located at 250 W. Pratt St., Baltimore, Maryland 21201 (which is also the address of UMMS's offices). Now, its principal office is located at 7601 Osler Drive, Towson, Maryland 21204 (the address of the hospital).

12. St. Joseph LLC owns and operates a hospital known as University of Maryland St. Joseph Medical Center located at 7601 Osler Drive, Towson, Maryland 21204. University of Maryland St. Joseph Medical Center holds itself out as "an integral member of UMMS."

13. On information and belief, University of Maryland St. Joseph Medical Center adheres to the Catholic Directives in administering care pursuant to a written agreement with UMMS. University of Maryland St. Joseph Medical Center advertises that it provides treatment

in accordance with its "core values" of "[r]everence" and "[r]espect for all people as God's loved children."[2]

14. On information and belief, UMMS, UMSJ LLC, and St. Joseph LLC receive federal funds.

FACTUAL ALLEGATIONS

Maryland Creates UMMS as a Quasi-Private Corporation While Retaining State Control

15. Under Maryland law, the public University System of Maryland (the "University") is designated as "an instrumentality of the State and a public corporation" and "an independent unit of State government." Md. Code Educ. § 12-102(a). For almost a century, from 1897 to 1984, the University operated the University of Maryland Medical Center and referred to it as "University Hospital."

16. In 1984, the Maryland General Assembly passed a statute transferring the assets and liabilities of the University of Maryland Medical Center to a new corporation called the "University of Maryland Medical System Corporation"—UMMS. *See id.* § 13-301, *et seq.*

17. The statute declared UMMS to be an independent corporation and not a State agency, and the statute provided that UMMS "is not subject to any provisions of law affecting only governmental or public entities." *Id.* § 13-303(a)(2). Nevertheless, the statute reaffirmed that the new UMMS would continue to serve the same governmental purposes that it had served for nearly one hundred years when University Hospital was operated by a unit of State government. To that end, the statute's legislative findings declared:

> (1) The purposes of the medical system are to provide medical care of the type unique to University medical facilities for the citizens of the State and region and,

[2] *About UM SJMC*, University of Maryland St. Joseph Medical Center, http://umms.org/sjmc/about (last accessed July 14, 2020).

> in accomplishing this objective, to provide a clinical context for education and research conducted by the faculty of the University;
>
> (2) The purposes extend to all citizens of the State, particularly regarding health care needs which only an academic medical institution can adequately meet such as extensive tertiary care, major shock trauma treatment, and sophisticated surgical techniques;
>
> (3) The purposes also include rendering comprehensive health care to the community naturally served by University Hospital to assure its availability to citizens of that community;
>
> (4) These purposes separately and collectively serve the highest public interest and are essential to the public health and welfare, but must be realized in the most efficient manner and at the lowest cost practicable and consistent with these purposes[.]

Id. § 13-302.

18. The statute specifically required that UMMS "[s]hall provide for and maintain . . . comprehensive services for patient populations naturally served by University Hospital, including uncompensated care and outpatient care," and "[s]hall maintain, create, and develop specialty care services . . . to meet the needs of the State and region." *Id.* § 13-303(c).

19. The statute also included a nondiscrimination provision, which stipulated that "[t]he Board of Directors shall operate the medical system without discrimination based upon race, creed, sex, or national origin." *Id.* § 13-303(d).

20. Under the statute, the State of Maryland continues to exercise ultimate authority and control over the governance of UMMS. By statute, the Governor appoints all voting members on UMMS's Board of Directors, two of whom must be nominated by the President of the Senate and Speaker of the House of Delegates, respectively. *Id.* § 13-304(b) & (c)(5). The Governor also fills any vacancies on the Board. *See id.* § 13-304(d)(4). In addition, the corporation could not exist until its articles of incorporation were approved by the Board of Public Works, a State agency. *Id.* § 13-303(a)(1).

21. Further, if the University Board of Regents and the Board of Public Works determine that UMMS has failed to realize the purposes set forth in its enacting statute, they have the power to terminate UMMS. *See id.* § 13-311(c).

22. In light of these facts, Maryland's highest court has authoritatively determined that "UMMS is an instrumentality of the State." *Napata v. Univ. of Md. Med. Sys. Corp.*, 12 A.3d 144, 151 (Md. 2011).

23. The State of Maryland's own website recognizes that UMMS is an instrumentality of the State:

> Although it established the University of Maryland Medical Center (UMMS) as an ostensibly private corporation, the General Assembly ensured that the State would continue to play a prominent role in the System's governance when it required that the UMMS's articles of incorporation and the initial transfer of assets from the State be approved by the Board of Public Works, that the voting members of the Board be Governor's appointees, and that there be continuing operational coordination between UMMS and the University. In addition, it required that the Center continue as a teaching hospital for the University of Maryland [a unit of the State] and that it enter annual contracts with the University with limited authority to establish nonprofit or for-profit subsidiaries (98 Opinions of the Attorney General 114, November 21, 2003).[3]

24. For these and other reasons, UMMS is an instrumentality of the State of Maryland for purposes of the state action doctrine, making the guarantees of the First and Fourteenth Amendments to the United States Constitution binding on UMMS. *See Lebron v. Nat'l R.R. Passenger Corp.*, 513 U.S. 374, 399 (1995) ("We hold that where, as here, the Government creates a corporation by special law, for the furtherance of governmental objectives, and retains

[3] *University of Maryland Medical System Corporation*, Maryland Manual On-line, https://msa.maryland.gov/msa/mdmanual/25ind/priv/html/medf.html (last accessed July 14, 2020).

for itself permanent authority to appoint a majority of the directors of that corporation, the corporation is part of the Government for purposes of the First Amendment.").

UMMS Acquires St. Joseph Hospital and Agrees to Maintain the Hospital's "Catholic Identity"

25. On information and belief, St. Joseph Hospital was originally founded by the Sisters of St. Francis of Philadelphia and operated as a private Catholic hospital until 2012.[4] From 1996 to 2012 it was operated by Catholic Health Initiatives, a consortium of three Catholic health care systems and 10 congregations.[5]

26. In or about early 2012, Catholic Health Initiatives began searching for financial assistance as a result of a series of lawsuits and other difficulties that left the hospital in financial distress,[6] losing $3 million a month, and its very survival in jeopardy.[7] Catholic Health Initiatives put the hospital up for sale.[8] UMMS expressed interest in acquiring the hospital and bringing it into the University of Maryland system.[9] Merger negotiations began.

27. A sticking point in the negotiations was whether the hospital would continue to be run as a Catholic institution.[10] Historically, the hospital had adhered to the Catholic Directives in

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[4] *UM SJMC History and Heritage*, University of Maryland, St. Joseph Medical Center, http://www.umms.org/sjmc/about/history-heritage (last accessed July 14, 2020).

[5] *Id.*

[6] Andrea K. Walker, *St. Joseph Eyes Merger with Non-Catholic Hospital System*, The Baltimore Sun (Feb. 27, 2012).

[7] Andrea K. Walker, *UMMS To Close on St. Joseph Dec. 1*, The Baltimore Sun (Nov. 15, 2012).

[8] *Id.*

[9] *Id.*

[10] Melody Simmons, *Cardinal 'Disappointed' with Decision of St. Joseph's Medical Center in Towson*, Daily Record (March 23, 2012).

administering care.[11] The Catholic Church, even as it sought to divest itself of the hospital, was adamant that the hospital should continue to follow the Catholic Directives under its new ownership.[12]

28. The Catholic Directives, developed and published by the U.S. Conference of Catholic Bishops, reflect Catholic religious ideals pertaining to health care. The Catholic Directives state that health care must "respect the sacredness of every human life from the moment of conception until death," Catholic Directives at p.8, and "must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church," *id.* at p.8, ¶ 1. They also state that "Catholic health care services must adopt these Directives as policy" and "require adherence to them within the institution as a condition for medical privileges and employment." *Id.* at p.9, ¶ 5.

29. The Catholic Directives prohibit certain types of care that would ordinarily be available to patients in secular facilities, including other hospitals in the UMMS system. For example, the Catholic Directives specifically prohibit a rape victim from receiving treatments "that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum." *Id.* at p.15, ¶ 36. The directives also ban abortion in all cases, without exception. *Id.* at p.18, ¶ 45. In addition, though they permit married couples to "limit the number of their children by natural means," the Catholic Directives entirely bar "contraceptive interventions that either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible." *Id.* at p.16 (internal quotation marks omitted).

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[11] Melody Simmons, *Catholic Directives Play Key Role in St. Joseph Sale to University of Maryland Medical System*, Daily Record (Apr. 1, 2012).

[12] *Id.*

30. As relevant to Mr. Hammons, the Catholic Directives state that "[d]irect sterilization of either men or women, whether permanent or temporary, is not permitted," with a lone exception: "Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." *Id.* at p.19, ¶ 53.

31. A central focus during negotiations with UMMS was whether the hospital would continue to impose the Catholic Directives on its patients and staff under new ownership.[13] Church law forbade the sale of the hospital to a non-Catholic entity unless officials from the Archdiocese of Baltimore and the Vatican itself provided their approval.[14] Cardinal O'Brien, the head of the Archdiocese of Baltimore at the time, expressed disappointment about UMMS's selection as the purchaser of the hospital and promised the Church would "do everything possible in the months and years ahead" to keep the hospital a fundamentally Catholic institution.[15]

32. On information and belief, as a condition to closing the deal, UMMS signed a written agreement with the Catholic Church promising to continue running the hospital as a Catholic institution and to continue operating under the Catholic Directives.[16] Archbishop Lori, who had recently succeeded Cardinal O'Brien as head of the Baltimore Diocese, told the press

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[13] Melody Simmons, *Catholic Directives Play Key Role in St. Joseph Sale to University of Maryland Medical System*, Daily Record (Apr. 1, 2012).

[14] Melody Simmons, *Archdiocese of Baltimore Blesses St. Joseph Sale*, Daily Record (Nov. 26, 2012).

[15] Melody Simmons, *Cardinal 'Disappointed' with Decision of St. Joseph's Medical Center in Towson*, Daily Record (March 23, 2012).

[16] Andrea K. Walker, *St. Joseph Under New Ownership As of Today*, The Baltimore Sun (Dec. 1, 2012).

that the agreement "will ensure that St. Joseph's will continue this long tradition of providing faith-filled care throughout this new chapter in the hospital's storied history."[17]

33. In or about December of 2012, UMMS formally acquired the hospital for over $200 million.[18]

The State of Maryland Operates the Hospital as a Catholic Institution

34. Since the acquisition, UMMS and its subsidiaries have continued to operate University of Maryland St. Joseph Medical Center as a Catholic institution, just as when the hospital was owned and operated by a private religious entity. For example, the hospital's website advertises that it is a "Catholic acute care hospital that observes the Ethical and Religious Directives for Catholic Health Care Services."[19]

35. While it continues to be operated as a religious institution, University of Maryland St. Joseph Medical Center derives substantial benefits from being purchased by, and publicly associated with, an arm of the Maryland State government. University of Maryland St. Joseph Medical Center advertises itself an "integral member of University of Maryland Medical System."

36. As alleged above, St. Joseph LLC is a wholly owned subsidiary of UMSJ LLC. On information and belief, USMJ LLC and St. Joseph LLC are corporate alter egos. On information and belief, they share a common Board of Directors and a common management structure. Both entities—in separate public filings with the State and Federal governments—

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[17] Melody Simmons, *Archdiocese of Baltimore Blesses St. Joseph Sale*, Daily Record (Nov. 26, 2012).

[18] Meredith Cohn, *A Remedy and Rebirth*, The Baltimore Sun (Dec. 1, 2013).

[19] *About UM SJMC*, University of Maryland St. Joseph Medical Center, http://umms.org/sjmc/about (last accessed July 14, 2020).

have held themselves out as owning and operating the University of Maryland St. Joseph Medical Center.

37. UMMS and its officials are pervasively entwined with the management and governance of UMSJ LLC and St. Joseph LLC, such that the activity of these entities is State action. By way of example, UMMS is entitled to elect one or more board members of the governing body of both entities. Their financial books are maintained in the care of S. Michelle Lee, UMMS's Chief Financial Officer. And, every decision "must be approved by UMMS."[20] On information and belief, that includes the decision to impose the Catholic Directives on the hospital's patients and staff, a direct consequence of which was the cancellation of Mr. Hammons's scheduled surgery.

38. Moreover, the personnel involved in the creation of the ostensibly private subsidiaries of UMMS and the purchase of the hospital were UMMS personnel. Corporate charter documents of both USMJ LLC and St. Joseph LLC were executed by the then-General Counsel of UMMS, Megan M. Arthur. Ms. Arthur also served as resident agent of St. Joseph LLC until her retirement from UMMS in the wake of the recent Healthy Holly scandal, involving self-dealing by the UMMS board of directors.[21] Now, UMMS's Office of General Counsel serves as the resident agent of St. Joseph LLC (and the Senior Associate Counsel for UMMS, Adil Daudi, is listed as the General Partner of UMSJ LLC on the corporate filing with the Maryland Secretary of State effecting that change).

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[20] UMSJ Health System LLC, Form 8879-EO, 2017, http://hscrc.state.md.us/Documents/public-interest/IRS%20990%20-%202017/FY18_UMSJHS_FORM%20990.pdf (last accessed July 14, 2020).

[21] This scandal involved a variety of self-dealing payments, including one for a half a million dollars paid by UMMS to the former Baltimore mayor for her self-published "Healthy Holly" children's books. *See generally* Luke Bradwater, *Report Blames Ex-CEO of UMM: Consultant's Review Finds More No-Bid, Self-Dealing Practices*, The Baltimore Sun (June 13, 2019).

39. The Article of Transfer memorializing the purchase of the hospital from the Catholic Church was signed by Robert Chrencik as Authorized Agent for the Transferee St. Joseph LLC. At the time, Mr. Chrencik was the President and CEO of UMMS. (He later resigned in the fallout of the Healthy Holly scandal.)

40. This pervasive entwinement between UMMS, UMSJ LLC, St. Joseph LLC, and University of Maryland St. Joseph Medical Center means that the actions of UMSJ LLC and St. Joseph LLC are the actions of UMMS, which is an instrumentality the State of Maryland.

Transgender Individuals and Gender Dysphoria

41. Gender identity is a well-established medical concept, referring to one's deeply felt sense of oneself as belonging to a particular gender. Although the precise origins of each person's gender identity are not fully understood, experts agree that it likely results from a combination of biological factors as well as social, cultural, and behavioral factors. The medical consensus is that gender identity, regardless of its precise etiology, is deeply rooted and cannot be voluntarily changed.

42. Typically, people who are designated female at birth based on their external anatomy go on to identify as girls or women, and people who are designated male at birth go on to identify as boys or men. For transgender individuals, however, their gender identity differs from the sex assigned to them at birth.

43. Transgender men are men who were assigned "female" at birth, but have a male gender identity. Transgender women are women who were assigned "male" at birth, but have a female gender identity.

44. Being transgender is not a mental disorder. People who are transgender have no impairment in judgment, stability, reliability, or general social or vocational capabilities solely

because of their transgender status. But transgender people may require treatment for "gender dysphoria," the diagnostic term for the clinically significant emotional distress experienced as a result of the incongruence of one's gender with their assigned sex and the physiological developments associated with that sex. Gender dysphoria is a serious medical condition codified in the Diagnostic and Statistical Manual of Mental Disorders ("DSM-V") and International Classification of Diseases ("ICD-10"). The criteria for diagnosing gender dysphoria are set forth in the DSM-V (302.85).

45. The widely accepted standards of care for treating gender dysphoria are published by the World Professional Association for Transgender Health ("WPATH"). The WPATH standards of care have been recognized as the authoritative standards of care by the leading medical organizations and the U.S. Department of Health and Human Services.

46. Under the WPATH standards, medically necessary treatment for gender dysphoria may require medical steps to affirm one's gender identity and transition from living as one gender to another. This treatment, often referred to as transition-related care, may include hormone therapy, surgeries (sometimes called "sex reassignment surgery" or "gender affirming surgery"), and other medical services that align an individual's body with their gender identity.

47. Under the WPATH standards, the exact medical treatment varies based on the individualized needs of the person. Under each patient's treatment plan, the goal is to enable the individual to live all aspects of their life consistent with their gender identity, thereby eliminating the distress associated with the incongruence.

48. Hysterectomy is surgery to remove a patient's uterus. In addition to treating gender dysphoria, hysterectomies are performed to treat a number of health conditions, including uterine fibroids, endometriosis, pelvic support problems, abnormal uterine bleeding, chronic

pelvic pain, and gynecological cancer.[22] A patient can no longer become pregnant after undergoing a hysterectomy.[23] Thus, hysterectomy is an inherently sterilizing procedure, regardless of the reason for which it is performed. According to the U.S. Department of Health and Human Services, hysterectomy is the second-most common surgery, after a Caesarean section, among women in the United States.[24]

49. Transgender men often require a hysterectomy as a gender-affirming surgical treatment for gender dysphoria. The United States Transgender Discrimination Survey in 2015, which surveyed almost 28,000 transgender people, found that 14% of transgender men surveyed had undergone a hysterectomy, and 57% wanted to undergo a hysterectomy.[25] According to every major medical organization and the overwhelming consensus among medical experts, treatments for gender dysphoria, including surgical procedures such as hysterectomy, are effective, safe, and medically necessary.

50. In the past, public and private insurance companies excluded coverage for transition-related care based on the assumption that such treatments were cosmetic or experimental. Today, however, transition-related surgical care is routinely covered by public and private insurance programs, including Medicare and Maryland Medicaid. The American Medical Association, the American Psychological Association, the American Psychiatric

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[22] *Hysterectomy*, American College of Obstetricians and Gynecologists (March 2015), http://www.acog.org/Patients/FAQs/Hysterectomy#what (last accessed July 14, 2020).

[23] *Id.*

[24] *Hysterectomy*, Office on Women's Health, U.S. Dept. of Health & Human Services (2014), http://www.womenshealth.gov/a-z-topics/hysterectomy (last accessed July 14, 2020).

[25] S.E. James, J.L. Herman, S. Rankin, M. Keisling, L. Mottet, & M. Anafi, *The Report of the 2015 U.S. Transgender Survey*, Washington, D.C.: National Center for Transgender Equality, 101 (2016), http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%Report%20-%20FINAL%201.6.17.pdf (last accessed July 14, 2020).

Association, the American College of Obstetricians and Gynecologists, and other major medical organizations have issued policy statements and guidelines supporting healthcare coverage for transition-related care as medically necessary under contemporary standards of care.

Mr. Hammons's Medically Necessary Treatment for Gender Dysphoria

51. Plaintiff Jesse Hammons is a man who is transgender, which means that he has a male gender identity, but the sex assigned to him at birth was female.

52. In accordance with the WPATH Standards of Care, Mr. Hammons's treating physicians recommended that he receive a hysterectomy as a medically necessary treatment for gender dysphoria. Mr. Hammons satisfied all of the criteria for a medically necessary hysterectomy under the WPATH Standards of Care.[26]

53. Mr. Hammons scheduled a hysterectomy to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020.

54. In planning for his surgery, Mr. Hammons underwent pre-operative blood tests, an echocardiogram, and other health screenings with his treating physician. Mr. Hammons scheduled the surgery to be performed during a break from school and arranged to take off time from work for his surgery and recovery.

55. Like many transgender people, Mr. Hammons experiences anxiety and increased dysphoria when discussing any of his anatomical characteristics that are typically associated with

[26] Those criteria are: (a) Two referral letters from qualified mental health professionals; (b) Persistent, well documented gender dysphoria; (c) Capacity to make a fully informed decision and to consent for treatment; (d) Age of majority in a given country; (e) If significant medical or mental health concerns are present, they must be well controlled; and (f) Twelve continuous months of hormone therapy as appropriate to the patient's gender goals (unless the patient has a medical contraindication or is otherwise unable or unwilling to take hormones).

his sex assigned at birth. In planning for his surgery, he worked hard over several months to mentally prepare himself for the experience.

56. Approximately 7–10 days before Mr. Hammons's surgery was scheduled to take place, University of Maryland St. Joseph Medical Center's Senior Vice President for Medical Affairs and Chief Medical Officer, Gail Cunningham, ordered the surgery canceled. Dr. Cunningham told Mr. Hammons's surgeon that he could not perform Mr. Hammons's hysterectomy because the surgery conflicted with the hospital's Catholic religious beliefs and the Catholic Directives.

57. The Catholic Directives generally prohibit medical treatments that are primarily intended to induce sterilization, but authorize such procedures "when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." Catholic Directives p.19, ¶ 53. Dr. Cunningham told Mr. Hammons's surgeon that, according to University of Maryland St. Joseph Medical Center's religious beliefs, Mr. Hammons's gender dysphoria did not qualify as a sufficient medical reason to authorize the procedure.

58. Dr. Cunningham also told Mr. Hammons's surgeon that performing the hysterectomy and removing an otherwise healthy organ would violate the Catholic Directives' command to preserve the "functional integrity" of the human body. *Id.* at p.14, ¶ 29. But the Catholic Directives state that "[t]he functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available." *Id.* For example, surgeons at University of Maryland St. Joseph Medical Center remove otherwise healthy tissue to prevent cancer or other diseases. University of Maryland St. Joseph Medical Center also authorizes surgeons to perform purely cosmetic surgeries. Dr. Cunningham, nevertheless, told Mr. Hammons's surgeon that University of Maryland St. Joseph Medical

Center did not consider Mr. Hammons's gender dysphoria to be a valid basis under the Catholic Directives to justify disrupting the body's "functional integrity."

59. When he learned that University of Maryland St. Joseph Medical Center had canceled his medically necessary surgery, Mr. Hammons felt shocked, angry, afraid, and devastated. Mr. Hammons felt that he was being told his health and well-being were not worthy of being protected, and he felt angry that the hospital—which is part of his own State government—was using other people's religious beliefs to deny him the medical treatment he needed.

60. Mr. Hammons was not able to have his hysterectomy performed until June 24, 2020. As a result of the rescheduling, Mr. Hammons had to spend more money on an additional round of pre-operative tests; he had to spend another six months experiencing gender dysphoria without the therapeutic benefits of the surgery; and he had to spend another six months carrying the stress and anxiety of having to mentally prepare himself for the surgery all over again.

COUNT I

VIOLATION OF THE ESTABLISHMENT CLAUSE

61. Plaintiff re-alleges paragraph 1-60 as if fully set forth herein.

62. As alleged above, Defendants are instrumentalities of the State of Maryland for purposes of the First Amendment (incorporated against the states via the Fourteenth Amendment).

63. Pursuant to 42 U.S.C. § 1983, Defendants are state actors liable for monetary and declaratory relief for violations of the Establishment Clause of the First Amendment.

64. Although UMMS is an instrumentality of the state bound by the First Amendment, Defendants may not invoke Maryland's sovereign immunity from suit because,

among other things, Maryland has, by statute, disavowed UMMS's status as "a State agency, political subdivision, public body, public corporation, or municipal corporation" and declared that UMMS "is not subject to any provisions of [Maryland] law affecting only governmental or public entities." Md. Code Educ. § 13-303(a)(2). That "statutory disavowal of [a quasi-private corporation's] agency status deprives [it] of sovereign immunity from suit." *Lebron*, 513 U.S. at 392.

65. Any judgment against UMMS would not be paid by the State: "Obligations of [UMMS]: (1) Are payable only from assets of [UMMS]; and (2) Are not debts or obligations of the University or the State." Md. Code Educ. § 13-310.

66. By purchasing the St. Joseph hospital and signing an agreement to operate the hospital as a Catholic institution and in accordance with the Catholic Directives, UMMS has violated the Establishment Clause by, among other things, (a) creating an impermissible fusion of governmental and religious functions; (b) impermissibly delegating government authority to be exercised in accordance with religious criteria; (c) impermissibly endorsing religion; (d) taking government action that has the primary purpose and effect of advancing religion; (e) creating unconstitutional governmental entanglement with religion; (e) favoring one set of religious beliefs over others; and (f) impermissibly coercing individuals to act in accordance with particular religious beliefs.

67. As a result of Defendants' violations of the Establishment Clause, Plaintiff Jesse Hammons suffered an injury in fact when University of Maryland St. Joseph Medical Center canceled his medically necessary surgery to treat gender dysphoria based on the Catholic Directives.

68. Defendants are liable for their violation of Mr. Hammons's rights under the Establishment Clause pursuant to 42 U.S.C. § 1983.

COUNT II

VIOLATION OF THE EQUAL PROTECTION CLAUSE

69. Plaintiff re-alleges paragraph 1-68 as if fully set forth herein.

70. As alleged above, Defendants are instrumentalities of the State of Maryland for purposes of the Equal Protection Clause of the Fourteenth Amendment.

71. Pursuant to 42 U.S.C. § 1983, Defendants are state actors liable for monetary and declaratory relief for violations of the Equal Protection Clause of the Fourteenth Amendment.

72. Although UMMS is an instrumentality of the state bound by the Fourteenth Amendment, Defendants may not invoke Maryland's sovereign immunity from suit because, among other things, Maryland has, by statute, disavowed UMMS's status as "a State agency, political subdivision, public body, public corporation, or municipal corporation" and declared that UMMS "is not subject to any provisions of [Maryland] law affecting only governmental or public entities." Md. Code Educ. § 13-303(a)(2). That "statutory disavowal of [a quasi-private corporation's] agency status deprives [it] of sovereign immunity from suit." *Lebron*, 513 U.S. at 392.

73. Any judgment against UMMS would not be paid by the State: "Obligations of [UMMS]: (1) Are payable only from assets of [UMMS]; and (2) Are not debts or obligations of the University or the State." Md. Code Educ. § 13-310.

74. By canceling Mr. Hammons's medically necessary surgery to treat gender dysphoria, Defendants discriminated against Mr. Hammons because he is a man who is transgender.

75. Defendants did not cancel Mr. Hammons's surgery based on a generally applicable policy of not performing hysterectomies. Defendants would not have canceled Mr. Hammons's hysterectomy if the surgery had been prescribed as medically necessary treatment for a condition other than gender dysphoria.

76. Because the need to undergo gender transition is a defining aspect of being transgender, discrimination based on whether surgery is part of gender transition is discrimination against transgender individuals as a class.

77. Because gender transition inherently transgresses gender stereotypes, denying medically necessary coverage based on whether surgery is part of gender transition constitutes impermissible discrimination based on gender nonconformity.

78. Discrimination based on the fact that a person is transgender or needs to undergo gender transition is discrimination that would not occur but for the person's sex. *See Bostock v. Clayton Cty., Georgia*, 140 S. Ct. 1731 (2020).

79. Defendants discriminated against Mr. Hammons on the basis of sex, which is subject to heightened scrutiny under the Equal Protection Clause.

80. Defendants discriminated against Mr. Hammons on the basis of transgender status, which is independently subject to heightened scrutiny under the Equal Protection Clause.

a. People who are transgender, as a class, have historically been subject to discrimination.

b. People who are transgender, as a class, have a defining characteristic that bears no relation to an ability to perform or contribute to society.

c. People who are transgender, as a class, exhibit immutable or distinguishing characteristics that define them as a discrete group.

d. People who are transgender, as a class, are a minority with relatively little political power.

81. Defendants' discrimination against Mr. Hammons was not narrowly tailored to serve a compelling governmental interest.

82. Defendants' discrimination against Mr. Hammons was not substantially related to an important governmental interest.

83. Defendants' discrimination against Mr. Hammons did not rationally further any legitimate governmental interest and was grounded in sex stereotypes, discomfort with gender nonconformity and gender transition, and moral disapproval of people who are transgender.

84. Defendants are liable for their violation of Mr. Hammons's rights under the Equal Protection Clause pursuant to 42 U.S.C. § 1983.

COUNT III

VIOLATION OF SECTION 1557 OF THE AFFORDABLE CARE ACT

85. Plaintiff re-alleges paragraph 1-84 as if fully set forth herein.

86. Section 1557 provides that "an individual shall not, on the ground prohibited under . . . title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*)"—which prohibits discrimination "on the basis of sex"—"be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance." 42 U.S.C. § 18116(a).

87. Section 1557's prohibition on sex discrimination is enforceable by a private right of action.

88. On information and belief, Defendants receive Federal financial assistance and are, therefore, subject to Section 1557's prohibition on sex discrimination.

89. By canceling Mr. Hammons's medically necessary surgery to treat gender dysphoria, Defendants discriminated against Mr. Hammons because he is a man who is transgender, and thus discriminated against Mr. Hammons on the basis of sex.

90. Defendants did not cancel Mr. Hammons's surgery based on a generally applicable policy of not performing hysterectomies. Defendants would not have canceled Mr. Hammons's hysterectomy if the surgery had been prescribed as medically necessary treatment for a condition other than gender dysphoria.

91. Because gender transition inherently transgresses sex stereotypes, denying medically necessary coverage based on whether surgery is part of gender transition constitutes impermissible discrimination based on sex under Section 1557.

92. Discrimination based on a person's transgender status or need to undergo gender transition is discrimination that would not occur but for the person's sex in violation of Section 1557. *See Bostock*, 140 S. Ct. 1731.

93. Pursuant to Section 1557's private right of action, Defendants are liable for their violation of Mr. Hammons's rights under Section 1557.

REQUESTED RELIEF

For the foregoing reasons, Plaintiff respectfully requests the following relief:

A. Declaratory relief, including a declaration that Defendants violated Mr. Hammons's rights under the Establishment Clause, the Equal Protection Clause, and Section 1557;

B. Compensatory damages in an amount to be determined at trial;

C. Nominal damages;

D. Plaintiff's reasonable costs and attorneys' fees pursuant to 42 U.S.C. § 1988;

E. Such other relief as the Court deems just and proper.

Date: July 16, 2020

Respectfully submitted,

/s/ Louis J. Ebert

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

MEMORANDUM OPINION

Plaintiff Jesse Hammons, a transgender man, sought to undergo a hysterectomy as part of his treatment for gender dysphoria. Either he or his surgeon[1] elected to schedule the surgery at the University of Maryland St. Joseph Medical Center ("UMSJ," or the "Hospital"). UMSJ adheres to Catholic religious doctrine. Despite initially authorizing the scheduling of the procedure, the Hospital ultimately refused to authorize the procedure. Under Catholic doctrine, the Hospital barred surgeries that resulted in sterilization, such as a hysterectomy, except when their "direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." Plaintiff asserts that his treating physicians determined that his surgery

[1] Paragraph 2 of the Complaint alleges that Mr. Hammons's [unnamed] surgeon scheduled the procedure. But, ¶ 53 alleges that "Mr. Hammons scheduled a hysterectomy . . . ." Thus, even though Defendants put heavy emphasis on the surgeon as the "but for" cause of Plaintiff's injury in their motion and reply, it is not even clear whether the surgeon selected the hospital or simply scheduled the operation at the behest of Plaintiff.

was medically necessary under the relevant professional standards of care. The Hospital ultimately cancelled the surgery – declaring gender dysphoria was not a "sufficient medical reason" to justify surgery in light of its sterilizing effects. As a result, about six months later, plaintiff underwent a hysterectomy at a different hospital.

Based on the Hospital's unwillingness to permit the hysterectomy, Mr. Hammons has filed suit against Defendants University of Maryland Medical System Corporation ("UMMS") as well as UMSJ Health System, LLC ("UMSJ LLC") and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph LLC," originally organized as "Northeastern Maryland Regional Health System, LLC") (collectively "Hospital LLCs"). St. Joseph LLC is a wholly owned subsidiary of UMSJ LLC, which itself is a wholly owned subsidiary of UMMS. According to plaintiff, the State of Maryland continues to exercise authority and control over UMMS. (ECF 1, ¶ 20).

Plaintiff has brought a three-count complaint alleging that, because UMMS is an arm of the state, Defendants impermissibly have endorsed and entangled themselves with the Catholic religion and discriminated on the basis of sex. He alleges that they violated: the Establishment Clause of the First Amendment (Count I), the Equal Protection Clause of the Fourteenth Amendment (Count II), and § 1557 of the Affordable Care Act ("ACA"), 42 U.S.C § 18116(a), as discrimination on the basis of sex. (Count III). (ECF No. 1).

He alleges that Defendants treated Mr. Hammons—as a man who is transgender—differently from non-transgender patients who require medically necessary hysterectomies for other medical conditions. Presently pending is a motion to dismiss that complaint. (ECF No. 39). The issues have been briefed, and the court now rules, no hearing being deemed necessary. Local Rule 105.6. For the following reasons, the motion to dismiss will be granted in part and denied in part.

I. Background

The following facts are outlined in the complaint, including references to information in the public domain. St. Joseph Hospital was founded over a hundred years ago by the Sisters of St. Francis of Philadelphia and operated as a private Catholic hospital for most of its history. More recently, it was run by Catholic Health Initiatives, which Plaintiff describes as a "consortium" of three Catholic health care systems and ten congregations. In 2012, the Hospital was in dire financial straits and decided to put the facility up for sale. University of Maryland Medical Center ("UMMS") expressed interest but a "sticking point" in the negotiations was whether the Hospital would continue to be run as a "Catholic institution." The Hospital, prior to the sale, had operated according to the Catholic Directives ("the Directives"), a series of ethical directives created and published by the U.S. Conference of Catholic Bishops

and aimed at Catholics administering health care; the Catholic Church forbade the sale without approval of the Archdiocese of Baltimore and the Vatican, both of which were adamant that the center continue to adhere to these tenets even after it divested itself from any direct control or ownership of the Hospital. In fact, Cardinal O'Brien publicly declared that the local Church would "do everything possible in the months and years ahead" to keep the Hospital operating as a Catholic center. UMMS ultimately entered into a written agreement with the Catholic Church that the Hospital would continue to operate under the Directives. Ultimately, UMMS purchased the Hospital for over $200 million.

Plaintiff asserts that UMMS and its subsidiaries continue to abide by the Directives, and they link directly to them on their webpage "About UM SJMC [University of Maryland St. Joseph Medical Center]," wherein UMMS holds this center out as a "Catholic acute care hospital that observes the Ethical and Religious Directives for Catholic Health Care Services." (ECF No. 1, at 2 n.1) (quoting http://www.umms.org/sjmc/about (last accessed July 16, 2020)). The Directives include a number of core principals, including that healthcare must "respect the sacredness of every human life from the moment of conception until death." What this meant in practice is that the Directives prohibited a number of practices such as "contraceptive interventions" that "have the purpose, whether as an end or a means, to render procreation impossible." In a similar

vein and at issue here, the Directives also declare that "[d]irect sterilization of either men or women, whether permanent or temporary, is not permitted."

Critically, the Directives contain an exception: "Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." The complaint also highlights a later portion of the Directives, asserting, "The stated basis for this rule is the Catholic teaching that Catholic health care organizations are not permitted to engage in 'immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.'" (ECF No. 1, ¶ 3) (quoting the Directives at 19, ¶ 53 and 25, ¶ 70, which are available at http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf (last accessed July 16, 2020)).

As a transgender man, Mr. Hammons sought to have a hysterectomy "as a medically necessary treatment of gender dysphoria."[2] A hysterectomy, the complaint explains, is "surgery

[2] Plaintiff explains that this is "the diagnostic term for the clinically significant emotional distress experienced as a result of the incongruence of one's gender with their assigned sex and the physiological developments associated with that sex. Gender dysphoria is a serious medical condition codified in the Diagnostic and Statistical Manual of Mental Disorders ('DSM-V') and International Classification of Diseases ('ICD-10'). The

to remove a patient's uterus" and is a sterilizing procedure: after undergoing a hysterectomy, a patient can no longer become pregnant. "Transgender men often require a hysterectomy as a gender-affirming surgical treatment for gender dysphoria." Plaintiff argues that he met all the criteria under the "accepted standards of care for treating dysphoria" published by the World Professional Association for Transgender Health to receive a hysterectomy,[3] and his physicians recommended he receive one.

Plaintiff scheduled the surgery at UMSJ to take place on January 6, 2020. To prepare for it he "underwent pre-operative blood tests, an echocardiogram, and other health screenings with his treating physician" and arranged for the operation to take place "during a break from school" and he arranged to "to take off time from work."[4] As the complaint explains, however:

> Approximately 7–10 days before Mr. Hammons's surgery was scheduled to take place, University of Maryland St. Joseph Medical

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criteria for diagnosing gender dysphoria are set forth in the DSM-V (302.85)." (ECF No. 1, at 15). Plaintiff treats the "medically necessary" designation as presumptively and implicitly satisfying the lone exception to the Directives' general ban on sterilizing operations – one that had "the direct effect" of curing or alleviating "a present and serious pathology," for which a simpler treatment was "not available."

[3] These included, among other thing, documentation of "[p]ersistent" gender dysphoria, twelve months of "continuous" hormone therapy, and two referral letters from "qualified mental health professionals." (See ECF No. 1, ¶ 52 n.26).

[4] It is not clear from the complaint if Mr. Hammons' work is school (i.e. he is a teacher), or he was both working and going to school part-time.

> Center's Senior Vice President for Medical Affairs and Chief Medical Officer, Gail Cunningham, ordered the surgery canceled. Dr. Cunningham told Mr. Hammons's surgeon that he could not perform Mr. Hammons's hysterectomy because the surgery conflicted with the hospital's Catholic religious beliefs and the Catholic Directives.

(ECF No. 1, ¶ 56). Plaintiff alleges that Dr. Cunningham told his surgeon that "according to University of Maryland St. Joseph Medical Center's religious beliefs, Mr. Hammons's gender dysphoria did not qualify as a sufficient medical reason to authorize the procedure." Dr. Cunningham also explained that "performing the hysterectomy and removing an otherwise healthy organ would violate the Catholic Directives' command to preserve the 'functional integrity'" of the human body. While this purported reasoning was therefore facially neutral as to Plaintiff's gender identity, Mr. Hammons argues the Directives themselves state, "[t]he functional integrity may be sacrificed to maintain the health or life of the person where no other morally permissible means is available." (*Id.*, ¶ 58) (quoting the Catholic Directives, at 14, ¶ 29). Following such a directive, Plaintiff asserts that surgeons at UMSJ have removed "otherwise healthy tissue to prevent cancer or other diseases." Nonetheless, Dr. Cunningham informed Mr. Hammons that UMSJ "did not consider Mr. Hammons's gender dysphoria to be a valid basis under the Catholic Directives to justify disrupting the body's 'functional integrity.'"

When he found out about the cancellation of his surgery only days before it was to take place, Mr. Hammons "felt shocked, angry, afraid, and devastated." Mr. Hammons "was not able to have his hysterectomy performed until June 24, 2020."[5] Moreover, because of the forced rescheduling:

> Mr. Hammons had to spend more money on an additional round of pre-operative tests; he had to spend another six months experiencing gender dysphoria without the therapeutic benefits of the surgery; and he had to spend another six months carrying the stress and anxiety of having to mentally prepare himself for the surgery all over again.

(*Id.*, ¶ 60).

The complaint asserts Establishment Clause and Equal Protection claims under § 1983 and a claim under the ACA, requesting: A) declaratory relief that Defendants violated Plaintiff's rights under all three laws, B) compensatory damages "in an amount to be determined at trial," C) nominal damages, D) "reasonable" costs and attorneys' fees under 42 U.S.C. § 1988, and E) "[s]uch other relief as the Court deems just and proper." (*Id.*, ¶¶ 61-93 and A-E).

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[5] Defendants characterize this gap between the originally scheduled surgery and the re-scheduled surgery as evidence that "Mr. Hammons voluntarily delayed" seeking treatment elsewhere after his operation was cancelled at UMSJ. (ECF No. 39-1, at 14 & n. 15). As Plaintiff correctly asserts in opposition, however, such a claim goes beyond the complaint and does not cast the facts in the light most favorable to Plaintiff, which is the proper perspective at this stage of the proceeding. (ECF No. 47, at 18 n.4).

On September 25, 2020, Defendants moved to dismiss. (ECF No. 39). They argue that 1) Plaintiff lacks standing to bring suit, 2) Plaintiff cannot sue Defendants for § 1983 violations as they are private corporations or, if they are found to be state actors, those claims are barred by sovereign immunity, 3) Plaintiff otherwise fails to plead a valid Establishment Clause violation or 4) Equal Protection Claim, and 5) Plaintiff's ACA claim fails as a matter of law. (*See* ECF No. 39-1, at 2). On November 23, 2020, Plaintiff responded in opposition (ECF No. 47), and on December 21, 2020, Defendants replied. (ECF No. 48).

II. Standing

Defendants first contend that that Plaintiff lacks standing to bring this suit. It is a bedrock principle that Article III of the Federal Constitution confines the federal courts to the adjudication of "actual, ongoing cases or controversies." *Lewis v. Cont'l Bank Corp.*, 494 U.S. 472, 477 (1990) (citations omitted); *see also Carney v. Adams*, 141 S. Ct. 493, 498 (2020); *Clapper v. Amnesty Int'l USA*, 568 U.S. 398, 408 (2013); *Baehr v. Creig Northrop Team, P.C.*, 953 F.3d 244, 252 (4th Cir. 2020). "Indeed, 'no principle is more fundamental to the judiciary's proper role in our system of government than the constitutional limitation of federal-court jurisdiction to actual cases or controversies.'" *Dreher v. Experian Info. Solutions, Inc.*, 856 F.3d 337, 343 (4th

Cir. 2017) (quoting *Spokeo, Inc. v. Robins*, 136 S. Ct. 1540, 1547 (2016)).

"Article III's restriction of the judicial power to 'Cases' and 'Controversies' is properly understood to mean 'cases and controversies of the sort traditionally amenable to, and resolved by, the judicial process.'" *Uzuegbunam v. Preczewski,* 141 S. Ct. 792, 798 (2021) (citations omitted). Therefore, during the pendency of a case, an actual controversy must exist. *See Steffel v. Thompson*, 415 U.S. 452, 459 n.10 (1974); *Int'l Bhd. of Teamsters, Local Union No. 639 v. Airgas, Inc.*, 885 F.3d 230, 234 (4th Cir. 2019); *Williams v. Ozmint*, 716 F.3d 801, 808 (4th Cir. 2013). In the absence of a case or controversy, "the court's subject matter jurisdiction ceases to exist . . . ." *S.C. Coastal Conservation League v. U.S. Army Corps. of Eng'rs*, 789 F.3d 475, 482 (4th Cir. 2015).

In turn, Constitutional standing doctrine stems from the case or controversy requirement. *See, e.g., Trump v. New York*, 141 S. Ct. 530, 535 (2020); *Spokeo, Inc.*, 136 S. Ct. at 1547. The *Clapper* Court explained, "The law of Article III standing, which is built on separation-of-powers principles, serves to prevent the judicial process from being used to usurp the powers of the political branches." 568 U.S. at 408:

As explained in *Lujan v. Defenders of Wildlife,* 504 U.S. 555, 560 (1992), a plaintiff must satisfy three elements to establish Article III standing:

> First, the plaintiff must have suffered an injury in fact – an invasion of a legally protected interest which is (a) concrete and particularized, and (b) actual or imminent, not conjectural or hypothetical. Second, there must be a causal connection between the injury and the conduct complained of – the injury has to be fairly traceable to the challenged action of the defendant, and not the result of the independent action of some third party not before the court. Third, it must be likely, as opposed to merely speculative, that the injury will be redressed by a favorable decision.

(internal quotation marks and citations omitted).

"For an injury to be traceable, 'there must be a causal connection between the injury and the conduct complained of' by the plaintiff." *Air Evac EMS, Inc. v. Cheatham*, 910 F.3d 751, 760 (4th Cir. 2018) (quoting *Lujan*, 504 U.S. at 560). However, "the defendant's conduct need not be the last link in the causal chain[.]" *Id.*; *see also Lexmark Int'l, Inc.*, 572 U.S. 118, 134 n.6 (2014) ("Proximate causation is not a requirement of Article III standing[.]"). "[W]here the plaintiff suffers an injury that is 'produced by [the] determinative or coercive effect' of the defendant's conduct 'upon the action of someone else,'" the traceability requirement is satisfied. *Lansdowne on the Potomac Homeowners Ass'n, Inc. v. OpenBand and Lansdowne, LLC*, 713 F.3d

187, 197 (4th Cir. 2013) (quoting *Bennett v. Spear*, 520 U.S. 154, 169 (1997)).

Defendants do not dispute that the alleged cancellation of Plaintiff's surgery constituted injury for purposes of standing. But they contend that the injury was neither traceable to nor redressable by them.

Defendants posit that Plaintiff's surgeon caused injury to Plaintiff, not the Hospital, because the surgeon arranged for the surgery to take place at UMSJ, with knowledge that the hysterectomy was impermissible under the Directives. (*See* ECF 39-1 at 10, 16-17). According to Defendants, the surgeon knew the hysterectomy was impermissible because he "voluntar[ily] agreed to comply with the ERDs [ethical and religious directives] when accepting admitting privileges at St. Joseph." Thus, they argue that Plaintiff's injuries "stem directly from his surgeon's mis-scheduling a procedure that he knew could not be performed at St. Joseph." (*Id.* at 17).

This argument fails for at least two reasons. First, the facts, seen in the light most favorable to Plaintiff, do not establish that the surgeon had actual knowledge the surgery would be prohibited by the Hospital under the Directives. Second, the argument misapplies the traceability requirement.

As to the surgeon's knowledge of the purported harm, according to the Complaint, "adherence" to the Directives is a "condition

for medical privileges and employment at the Hospital." (ECF 1, ¶ 28) (quoting the Directives at 9). Thus, it is reasonable to infer that the surgeon knew that he was required to comply with the Directives. But that does not amount to knowledge that Plaintiff's scheduled hysterectomy was – or would be found to be – contrary to the Directives. It would have been far from obvious to the surgeon or anyone reading the Directives' that the prohibition on sterilization and "command to preserve the 'functional integrity' of the human body" would necessarily bar Plaintiff's surgery. The complaint asserts that Plaintiff had satisfied the relevant standards of care to deem his operation medically necessary. Given this designation and the subsequent approval of the surgery by Plaintiff's "treating physicians," even if the surgeon knew the Directives generally barred hysterectomies, the surgeon would have every reason to believe that this particular hysterectomy fit within the Directives' sole exception to the prohibition on sterilization.

Defendants' argument around traceability also misses the mark. Traceability requires only that Plaintiff's injury be "'fairly traceable'" to Defendants' conduct; Defendants need not be "'the sole or even immediate cause'" of that injury. *Md. Shall Issue, Inc. v. Hogan*, 971 F.3d 199, 212 (4th Cir. 2020) (citation omitted); *see Libertarian Party of Virginia v. Judd*, 718 F.3d 308, 316 (4th Cir. 2013) (reasoning that if the defendant was "at least

in part responsible" for the plaintiff's injury, then traceability was satisfied).

Here, Plaintiff was to undergo a procedure at St. Joseph that, according to Plaintiff, was medically necessary. It is undisputed that the cancellation of that surgery constituted an injury in fact. Moreover, the Hospital's Chief Medical Officer "ordered the surgery canceled." (ECF 1, ¶ 56). Defendants do not contend that the conduct of the Chief Medical Officer is not attributable to them. Thus, the cancellation of the surgery was caused, "at least in part," by Defendants' reliance on the Directives and application of the Directives in this particular case. *Judd*, 718 F.3d at 316. Nothing more is required.

Defendants' citation to *Lane v. Holder*, 703 F.3d 668 (4th Cir. 2012) and *Simon v. E. Kentucky Welfare Rts. Org.*, 426 U.S. 26 (1976), is also misplaced. Defendants rely on both cases for the proposition that a third-party's conduct can break the causal chain between a plaintiff and defendant(s) where the injuries can be seen to flow from that conduct. (ECF 39-1, at 17). In Defendants' view, the conduct of Plaintiff's surgeon caused Plaintiff injury and broke the "'traceability' chain." (*Id.*). Plaintiff counters that this argument makes no sense, as the surgeon's conduct preceded the cancellation of the surgery, and, even if the chain was somehow severed by the surgeon's conduct, Defendants "picked the chain back up" as the "*final actors*" in the chain of events

leading to the cancellation of the surgery. (ECF No. 47, at 17). In reply, Defendants ignore this central, temporal flaw in their argument and instead refute Plaintiff's argument (in the alternative) that they could have "picked the [causal] chain back up"; they argue this cannot be as the complaint establishes that "Hammons' surgeon's conduct is *the but for cause* of St. Joseph's cancellation." (ECF No. 48, at 11).

Plaintiff is correct that the caselaw only focuses on *intervening* conduct of a third-party, and so these cited decisions have no bearing here. The last act in the causal chain was the Chief Medical Officer's cancellation of the hysterectomy, in reliance on the Directives and the Hospital's avowed religious beliefs. The decision to schedule the surgery at St. Joseph set the causal chain in motion; it could not have both initiated it and broken it, as asserted it by Defendants. Of course, as Defendants argue, that decision was *a* but-for cause of the injury, but an event can have multiple but-for causes. *See, e.g.*, *Bostock v. Clayton Cty., Georgia*, 140 S. Ct. 1731, 1739, (2020) ("Often, events have multiple but-for causes."); *Guessous v. Fairview Prop. Invs., LLC*, 828 F.3d 208, 217 (4th Cir. 2016) (stating that "a cause need not work in isolation to be a but-for cause"). Here, the scheduling of the hysterectomy and the cancellation of it were *both* but-for causes of the harm to plaintiff.

Having determined that traceability is satisfied, redressability, is easily met here. Plaintiff seeks damages based on a past injury; he does not seek prospective relief. Recently, the Supreme Court concluded "that a request for nominal damages satisfies the redressability element of standing where a plaintiff's claim is based on a completed violation of a legal right." *Uzuegbunam*, 141 S. Ct. at 802. For standing purposes, a judgment awarding money damages is considered sufficient to redress past harms. *See id.*; *Wernsing v. Thompson*, 423 F.3d 732, 745 (7th Cir. 2005) (stating that "injuries compensable in monetary damages can always be redressed by a court judgment").

Therefore, Plaintiff has standing to bring this suit.

III. Standards of Review-Motion to Dismiss

Defendants' arguments that Plaintiff has failed to allege the necessary elements of his § 1983 or ACA claims are analyzed under Fed.R.Civ.P. 12(b)(6), while the assertion that sovereign immunity constitutes a bar to the two Constitutional claims properly is assessed under Fed.R.Civ.P. 12(b)(1).[6]

A. Fed.R.Civ.P. 12(b)(6)

A motion to dismiss under Fed.R.Civ.P. 12(b)(6) tests the sufficiency of the complaint. *Presley v. City of Charlottesville*,

[6] Defendants only discuss Fed.R.Civ.P. 12(b)(1) in the context of their standing argument, and neither party identifies what standard applies to the sovereign immunity defense. There has been a historical lack of clarity from the Fourth Circuit on whether the existence of sovereign immunity is grounds for

464 F.3d 480, 483 (4th Cir. 2006). "[T]he district court must accept as true all well-pleaded allegations and draw all reasonable factual inferences in plaintiff's favor." *Mays v. Sprinkle*, No. 19-1964, 2021 WL 1181273, at *2 (4th Cir. Oct. 27, 2020) (reversing a district court's dismissal of a complaint because "we must accept the well-pleaded facts and draw reasonable inferences in favor of the plaintiff"). In evaluating the complaint, unsupported legal allegations need not be accepted. *Revene v. Charles Cty. Comm'rs*, 882 F.2d 870, 873 (4th Cir. 1989). Legal conclusions couched as factual allegations are insufficient, *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009), as are conclusory factual allegations devoid of any reference to actual events. *United Black Firefighters of Norfolk v. Hirst*, 604 F.2d 844, 847 (4th Cir. 1979); *see also Francis v. Giacomelli*, 588 F.3d 186, 193 (4th Cir. 2009). "[W]here the well-pleaded facts do not permit the court to infer more than the mere possibility of misconduct, the complaint has alleged - but it has not 'show[n]' – 'that the pleader is entitled to relief.'" *Iqbal*, 556 U.S. at 679 (quoting Fed.R.Civ.P. 8(a)(2)). Thus, "[d]etermining whether a complaint states a plausible claim for

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dismissal under Fed.R.Civ.P. 12(b)(6), for a failure to state a claim, or under Fed.R.Civ.P. 12(b)(1), for lack of subject matter jurisdiction. This court has said, "Judges in this district favor analysis under Fed.R.Civ.P. 12(b)(1) as the defense "functions as a block on the exercise of that jurisdiction." *See Borkowski v. Balt. Cty., Md.*, 414 F.Supp.3d 788, 804 (D.Md. 2019) (quoting *Gross v. Morgan State Univ.*, 308 F.Supp.3d 861, 865 (D.Md. 2018)) (internal quotation marks omitted).

relief will . . . be a context-specific task that requires the reviewing court to draw on its judicial experience and common sense." *Id.*

B. Fed.R.Civ.P. 12(b)(1)

A motion to dismiss under Rule 12(b)(1) should be granted "only if the material jurisdictional facts are not in dispute and the moving party is entitled to prevail as a matter of law." *Richmond, Fredericksburg & Potomac R.R. Co. v. United States*, 945 F.2d 765, 768 (4th Cir. 1991). In the context of such a motion, courts should "regard the pleadings as mere evidence on the issue," and "may consider evidence outside the pleadings without converting the proceeding to one for summary judgment." *Evans v. B.F. Perkins Co.*, 166 F.3d 642, 647 (4th Cir. 1999). As a general rule, the plaintiff bears the burden of proving that subject matter jurisdiction exists. *Richmond* 945 F.2d at 768-69.

The Fourth Circuit has recently clarified that the defense of sovereign immunity is a jurisdictional bar, explaining that "sovereign immunity deprives federal courts of jurisdiction to hear claims, and a court finding that a party is entitled to sovereign immunity must dismiss the action for lack of subject-matter jurisdiction." *Cunningham v. Gen. Dynamics Info. Tech., Inc.*, 888 F.3d 640, 649 (4th Cir. 2018) (citation omitted) (discussing sovereign immunity in the context of government contractors), *cert. denied*, 139 S. Ct. 417 (2018) (quoting *Ackerson*

v. Bean Dredging LLC, 589 F.3d 196, 207 (5th Cir. 2009); *see also Cunningham v. Lester*, 990 F.3d 361,365 (4th Cir. 2021) (recognizing sovereign immunity as a jurisdictional limitation and describing it as "a weighty principle, foundational to our constitutional system"). In this context, however, "the burden of proof falls to an entity seeking immunity as an arm of the state, even though a plaintiff generally bears the burden to prove subject matter jurisdiction." *Williams v. Big Picture Loans, LLC*, 929 F.3d 170, 176 (4th Cir. 2019) (citing *Hutto v. S.C. Ret. Sys.*, 773 F.3d 536, 543 (4th Cir. 2014)).

IV. Counts I and II: Failure to State a Claim or a Jurisdictional Bar to Suit

Defendants argue that Plaintiff's "central claims" (his § 1983 claims under Count I and Count II) "are premised on a fatal paradox." Plaintiff asserts that Defendants are part of the state's "Medical System," and thus are a state actor within the ambit of § 1983. At the same time, the complaint alleges that they are private corporations and thus not entitled to sovereign immunity as a defense. Defendants, in turn, argue that Plaintiff "cannot have it both ways": Mr. Hammons either fails to state a claim under these counts pursuant to Fed.R.Civ.P. 12(b)(6), or these counts are barred by sovereign immunity as a jurisdictional matter under Fed.R.Civ.P. 12(b)(1). (ECF 39-1, at 15, 19) (citing ECF No. 1, ¶¶ 35, 62-64, and 70-72). Defendants are correct and Counts I and II must be dismissed, but it must be decided whether

the dismissal is because they are not governmental actors and thus the dismissal is with prejudice under Rule 12(b)(6), or because they are entitled to sovereign immunity (and not persons) and thus the dismissal is without prejudice under Rule 12(b)(1).

A. State Action under § 1983

Count I, alleging a violation of the Establishment Clause of the of the First Amendment (as incorporated by the Fourteenth Amendment against the States), and Count II, alleging a violation of the Equal Protection Clause of the Fourteenth Amendment, are both asserted pursuant to 42 U.S.C. § 1983. (ECF 1. ¶¶ 63, 68, 71, 84). Under § 1983, a plaintiff may file suit against any person who, acting under color of state law, "subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws" of the United States. *See, e.g.*, *Filarsky v. Delia*, 566 U.S. 377 (2012); *see also Owens v. Balt. City State's Att'ys Off.*, 767 F.3d 379 (4th Cir. 2014), *cert. denied sub nom. Balt. City Police Dep't v. Owens*, 575 U.S. 983 (2015).

To state a claim under § 1983, a plaintiff must allege (1) that a right secured by the Constitution or laws of the United States was violated, and (2) that the alleged violation was committed by a "person acting under the color of state law." *West v. Atkins*, 487 U.S. 42, 48 (1988); *see Davison v. Randall*, 912

F.3d 666, 679 (4th Cir. 2019); *Crosby v. City of Gastonia*, 635 F.3d 634, 639 (4th Cir. 2011), *cert. denied*, 565 U.S. 823 (2011); *Wahi v. Charleston Area Med. Ctr., Inc.*, 562 F.3d 599, 615 (4th Cir. 2009); *Jenkins v. Medford*, 119 F.3d 1156, 1159-60 (4th Cir. 1997). A person acts under color of state law "only when exercising power 'possessed by virtue of state law and made possible only because the wrongdoer is clothed with the authority of state law.'" *Polk County v. Dodson*, 454 U.S. 312, 317-18 (1981) (quoting *United States v. Classic*, 313 U.S. 299, 326 (1941)); *see also Philips v. Pitt Cty. Mem'l Hosp.*, 572 F.3d 176, 181 (4th Cir. 2009) ("[P]rivate activity will generally not be deemed state action unless the state has so dominated such activity as to convert it to state action: Mere approval of or acquiescence in the initiatives of a private party is insufficient.") (citations and internal quotation marks omitted).[7]

Defendants maintain that this suit targets "'merely private conduct'" rather than state action or action taken under color of state law. (ECF 39-1, at 19) (quoting *Philips*, 572 F.3d at 181). As observed by Plaintiff, however, Defendants "generally do not differentiate between" UMMS and the Hospital LLCs. (ECF 47, at 21 n.6). Rather, Defendants stake their state action defense on the

[7] The § 1983 "under color of state law" element "'is synonymous with the more familiar state-action requirement' for Fourteenth Amendment claims, 'and the analysis for each is identical.'" *Davison*, 912 F.3d at 679 (quoting *Philips* 572 F.3d at 180).

character of UMMS alone. Plaintiff's complaint alleges that UMMS not only owns the Hospital LLCs as subsidiaries but is also "pervasively entwined with the[ir] management and governance." (*Id.* ¶¶ 10,11, 37). In light of the position adopted by the parties and the common ownership of the Hospital LLCs, Defendants will be treated as a single entity for purposes of this motion.

Defendants underscore that UMMS is designated by Md. Code Educ. § 13-303(m) as a "private, nonprofit, nonstock corporation . . . independent from any State agency." (*See* ECF 39-1, at 19). And, in their view, the standard for assessing whether the cancellation of Plaintiff's surgery constituted state action is taken from *Moore v. Williamsburg Reg'l Hosp.*, 560 F.3d 166 (4th Cir. 2009), which discusses the so-called "close nexus" test. (ECF 39-1, at 20). In *Moore*, the Fourth Circuit articulated that test as follows:

> [A] private entity's action can constitute state action if "'there is a sufficiently close nexus between the State and the challenged action of the regulated entity that the action of the latter may fairly be treated as that of the State itself,'" . . . . The state is deemed responsible for the private entity's action "if the private party acts (1) in an exclusively state capacity, (2) for the state's direct benefit, or (3) at the state's specific behest."

560 F.3d at 179 (citations omitted).

Plaintiff's rejoinder to Defendants' state action defense depends on *Lebron v. Nat'l R.R. Passenger Corp.*, 513 U.S. 374

(1995), dealing with a government created and controlled corporation. In both his complaint and opposition, he asserts that *Lebron* compels the conclusion that UMMS is an instrumentality of the State. (*See* ECF Nos. 1, ¶ 24 and 47, at 22-27). *Lebron* teaches that the statutory language calling UMMS "private" and "independent from any State agency" is not dispositive of whether UMMS is part of the State of Maryland. And, he asserts, *Lebron*, not *Moore*, supplies the proper standard for analyzing whether UMMS is part of the State. (*See* ECF No. 47, at 22-24).

In *Lebron*, the plaintiff sought to display a politically controversial advertisement on a billboard owned by the National Railroad Passenger Corporation, "commonly known as Amtrak." 513 U.S. at 376. Amtrak disapproved of the proposed message and did not allow display of the advertisement. The plaintiff filed suit against Amtrak, alleging a violation of his First Amendment rights. Amtrak contended that it was not a state actor. According to Amtrak, the plaintiff's state action theory was foreclosed by the disclaimer of governmental status in Amtrak's authorizing statute. *Id.* at 377, 392.

The Supreme Court considered whether Amtrak's conduct constituted state action and pointed out that the case differed from where a private entity is alleged to have carried out "governmental action," as the plaintiff had alleged Amtrak was "not a private entity but Government itself." Lending credibility

to that assertion, the Court observed that Amtrak was established by act of Congress "in order to avert the threatened extinction of passenger trains in the United States," and to serve "'the *public convenience and necessity*.'" By statute, Amtrak is "'a for profit corporation,'" and "its authorizing statute declares that it 'will not be an agency or establishment of the United States Government.'" But six of Amtrak's nine board members are appointed by the President of the United States. In addition, it is "required to submit three different annual reports to the President and Congress." *Id.* at 383-386, 391 (citations omitted) (emphasis in original). The Court placed the creation of Amtrak amid "the long history of corporations created and participated in by the United States for the achievement of governmental objectives." *Id.*; *see Sprauve v. W. Indian Co.*, 799 F.3d 226, 230 (3d Cir. 2015) (summarizing that discussion).

The Supreme Court ultimately reasoned that the statute that created Amtrak "is assuredly dispositive of Amtrak's status as a Government entity for purposes of matters that are within Congress's control," such as deciding whether to subject Amtrak to statutes like the Administrative Procedure Act, 5 U.S.C. § 551 *et seq.*, and federal procurement laws. *Lebron*, 513 U.S. at 392. Similarly, the Court explained, Congress has the power to deprive Amtrak of sovereign immunity. But, of relevance here, the Court admonished:

> [I]t is not for Congress to make the final determination of Amtrak's status as a Government entity for purposes of determining the constitutional rights of citizens affected by its actions. If Amtrak is, by its very nature, what the Constitution regards as the Government, congressional pronouncement that it is not such can no more relieve it of its First Amendment restrictions than a similar pronouncement could exempt the Federal Bureau of Investigation from the Fourth Amendment.

Id.

Recently analyzing *Lebron*, the Fourth Circuit observed that the case focused on two key factors: whether an entity served a governmental purpose and whether it was controlled by the government. *Meridian Invs., Inc. v. Fed. Home Loan Mortg. Corp.*, 855 F.3d 573, 578 (4th Cir. 2017). On the first front, because Amtrak was "'created by a special statute, explicitly for the furtherance of federal governmental goals,' it was clear that Amtrak served a government purpose." *Id.* (quoting *Lebron,* 513 U.S. at 398). As to the second factor, *Lebron* noted that the government "controls the operation of the corporation through its appointees," thus acting "not as a creditor but a policymaker." *Meridian Invs.,* 855 F.3d at 579 (quoting *Lebron,* 513 U.S. at 399); *see Dep't of Transp. v. Ass'n of Am. Railroads*, 575 U.S. 43, 55 (2015) ("*Lebron* teaches that . . . the practical reality of federal control and supervision prevails over Congress' disclaimer of Amtrak's governmental status."). It held "that where, as here, the Government [1] creates a corporation by special law, [2] for

the furtherance of governmental objectives, and [3] retains for itself permanent authority to appoint a majority of the directors of that corporation, the corporation is part of the Government for purposes of" individual constitutional rights. *Lebron,* 513 U.S. at 399 (bracketed numbers added); *see Philips*, 572 F.3d at 186 (separating the *Lebron* test into three parts in this fashion).

Defendants assert that the Fourth Circuit has placed "limited reliance" on *Lebron* and cited the case just twice in twenty-five years. (ECF 39-1 at 22, n.18). But, as Plaintiff points out, Defendants cite three decisions of the Fourth Circuit in their motion that discuss *Lebron*: *Philips*, 572 F.3d 176; *Kerpen v. Metro. Washington Airports Auth.*, 907 F.3d 152, 158 (4th Cir. 2018); and *Meridian Invs.*, 855 F.3d 573. Indeed, the Supreme Court recently extended *Lebron*'s holding in *Ass'n of Am. Railroads*, 575 U.S. at 46, concluding that Amtrak is a governmental entity for purposes of separation of powers issues, in addition to individual constitutional rights. And courts in multiple circuits, including the Fourth Circuit, continue to apply *Lebron* when wrestling with questions concerning the governmental status of corporate entities created by the federal government, *see, e.g.*, *Kerpen*, 907 F.3d at 159; *Meridian Invs.*, 855 F.3d at 578-79; *Herron v. Fannie Mae*, 861 F.3d 160, 167-68 (D.C.Cir. 2017), as well corporations created by states. *See, e.g.*, *Sprauve*, 799 F.3d at 231-32; *Philips*, 572 F.3d at 185-86; *Hack v. President & Fellows of Yale Coll.*, 237 F.3d 81,

83 (2d Cir. 2000), *abrogated on other grounds by Swierkiewicz v. Sorema N.A.*, 534 U.S. 506 (2002); *Potomac Construction Company, Inc., v. Washington Metro. Area Transit Auth.*, GLS-21-193, 2021 WL 1516058, at *11 (D.Md. Apr. 16, 2021); *White Coat Waste Project v. Greater Richmond Transit Co.*, 463 F.Supp.3d 661, 688-89 (E.D.Va. 2020); *Pennsylvania Pro. Liab. Joint Underwriting Ass'n v. Wolf*, 324 F.Supp.3d 519, 531 (M.D.Pa. 2018).[8]

Other courts have used *Lebron* in similar circumstances, choosing to apply its three-part test rather than other formulations of state action doctrine. *See, e.g.*, *Sprauve*, 799 F.3d at 230 (relying on *Lebron* given the plaintiff's contention that the defendant "is the government"); *Hack*, 237 F.3d at 83 (noting that "plaintiffs rely almost entirely upon *Lebron*").

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[8] Defendants cite *Mentavlos v. Anderson*, 249 F.3d 301, 312 (4th Cir. 2001) for the proposition that "the *Lebron* factors are not 'conclusive' for finding state action against" entities other than Amtrak. (ECF 48 at 13). This is a mischaracterization of *Mentavlos*. There, the Fourth Circuit addressed the status of a military college, not a corporation. *Mentavlos*, 249 F.3d at 305. In the portion of the discussion cited by defendants, the Fourth Circuit identified various circumstances in which "state action has been found . . . ." *Id.* at 312. It cited *Lebron* as one example of a determination of state action, *id.*, but did not otherwise discuss the case, as the facts did not lend themselves to analysis under *Lebron*. The court also cautioned that the presence of the various "circumstances" it identified "might not be conclusive" of the issue of state action. *Id.* Clearly, the *Mentavlos* court was describing the difficult terrain of state action doctrine generally, not the *Lebron* test specifically, as asserted by Defendants. Defendants likewise distort *Philips*, 572 F.3d at 182. They cite it for a proposition that it plainly does not contain. (*See* ECF No. 48, at 13).

In *Puerto Rico Ports Authority v. Federal Maritime Com'n*, 531 F.3d 868, 873 (D.C. Cir. 2008), the court remarked that:

> Determining whether a particular entity is an arm of the State can be a difficult exercise. The cases generally arise in three different factual settings involving: (1) agencies that are either arms of the State or political subdivisions, such as cities or counties, that are not entitled to sovereign immunity; (2) special-purpose public corporations (like PRPA) established by States to perform special functions; these may be either arms of the State or non-governmental corporations not entitled to sovereign immunity; and (3) Compact Clause entities established by two or more States by compact and approved by Congress; these are sometimes considered arms of their constituent States for sovereign immunity purposes, although the Supreme Court has recognized a presumption against sovereign immunity for Compact Clause entities, see *Hess* [*v. Port Authority*], 513 U.S. [30 (1994)] at 42.[2]
>
> [2] None of the Supreme Court's arm-of-the-state cases has considered a special purpose public corporation like PRPA that was created by the State.

As noted by then Judge Kavanaugh in *PRPA*, as of 2008, none of the Supreme Court cases dealt with a state created special purpose corporation, including *Lebron* which was decided in 1995. And the D.C. Circuit used a different test, from *Hess v. Port Authority Trans-Hudson Corp.*, 513 U.S. 30 (1994). But, as noted above, other lower courts have used the *Lebron* analysis and it appears particularly appropriate to do so for a state created corporation.

The first two elements of the three-part *Lebron* test easily are met here. First, UMMS was created "by special law." *See* Md. Code. Educ. §§ 13-301 to 13-313. Second, UMMS was created "for the furtherance of governmental objectives." In this respect, the

"Legislative findings" set forth in § 13-302 are pertinent. The statute expressly states that the purposes for which UMMS was created include "provid[ing] medical care of the type unique to University medical facilities for the citizens of the State and region," *id.* § 13-302(1), and "extend to all citizens of the State . . . ." *Id.* § 13-302(1). Moreover, the Maryland legislature declared that these purposes "serve the highest public interest and are essential to the public health and welfare." *Id.* § 13-302(4). The plain language of the statute reflects the legislature's intent to advance governmental objectives. *Cf. Sprauve*, 799 F.3d at 233 (indicating that the second *Lebron* prong was satisfied where statute announced that corporation was created for "'public purposes'") (citation omitted).

The third *Lebron* element is also satisfied. This consideration concerns whether the government "retains . . . permanent authority to appoint a majority of the directors" of the corporation. *Lebron,* 513 U.S. at 399. The element reflects the *Lebron*'s concern with governmental control. *See Ass'n of Am. Railroads*, 575 U.S. at 55; *Meridian*, 855 F.3d at 579; *Herron*, 861 F.3d at 168. This test, however, does not require a court to look beyond the composition of a board of directors to ascertain governmental control; as some courts of appeal have put it, "'[w]e think *Lebron* means what it says.'" *Herron*, 861 F.3d at 168 (quoting *Hack*, 237 F.3d at 84). Here, all members of UMMS's

directors are appointed by the Governor of Maryland, with the advice and consent of the State Senate. Md. Code Educ. § 13-304(b). Therefore, the element is readily satisfied. Thus, under *Lebron*, UMMS is a governmental entity, that is, an arm or instrumentality of government for purposes of Plaintiff's assertion of his individual constitutional rights. Thus, the state action requirement of the Fourteenth Amendment and the color of law requirement of 42 U.S.C. § 1983 are satisfied.

Defendants assert, then, that if the Medical System is an arm of Maryland, the § 1983 claims fail because arms of a state are not "persons," citing *Will v. Michigan Dep't of State Police*, 491 U.S. 58, 70–71 (1989); Clark *v. Md. Dep't of Public Safety & Corr'l Servs.*, 316 F. App'x 279, 282 (4th Cir. 2009); and *Lawson v. Green*, 2017 WL 3638431, at *4 (D.Md. Aug. 23, 2017). (ECF No. 39-1, at 16.) Defendants also contend that they are entitled to sovereign immunity. Plaintiff counters that the inquiries are congruent, and that only governmental agencies that are considered arms of the State for Eleventh Amendment immunity are not "persons" under § 1983, or on the other hand, an entity that is NOT immune under the Eleventh Amendment is a person subject to suit under § 1983. (ECF No. 47, at 30) (*citing Harter v. Vernon*, 101 F.3d. 334, 338 n. 1 (4th Cir. 1996)). The Fourth Circuit there held that "federal courts should approach these issues solely under the

rubric of the Eleventh Amendment and should not consider an argument of 'personhood' under § 1983."

B. Sovereign Immunity

Defendants contend that if UMMS is part of the State under *Lebron*, then it is an instrumentality of the state entitled to state sovereign immunity for Counts I and II. (ECF 39-1, at 23). Plaintiff counters that UMMS is not an arm of the state for purposes of sovereign immunity, or, in the alternative, that the Maryland legislature waived UMMS's sovereign immunity. (ECF 47, at 27-29). Defendants argue in response that UMMS cannot be the State for purposes of state action and at the same time fail to qualify as an arm of the state for purposes of sovereign immunity. Moreover, they contend that the State did not waive UMMS's immunity. (ECF 39-1, at 19).

The doctrine of state sovereign immunity predates the Eleventh Amendment as a form of immunity the States enjoyed before the ratification of the Constitution and originally encompassed a broader concept. *See Stewart v. North Carolina*, 393 F.3d 484, 487-88 (4th Cir. 2005) (citing, among others, *Alden v. Maine*, 527 U.S. 706, 724 (1999) ("The Eleventh Amendment confirmed, rather than established, sovereign immunity as a constitutional principal") and *Hans v. Louisiana*, 134 U.S. 1, 3 (1890)) (explaining that the "Eleventh Amendment immunity is but an example

of state sovereign immunity as it applies to suits filed in federal court against unconsenting states by citizens of other states").

The Eleventh Amendment, in turn, provides that: "The Judicial power of the United States shall not be construed to extend to any suit in law or equity, commenced or prosecuted against one of the United States by Citizens of another state, or by Citizens or subjects of any Foreign State." The Supreme Court has explained: "Although by its terms the Amendment applies only to suits against a State by citizens of another State, our cases have extended the Amendment's applicability to suits by citizens against their own States." *Bd. of Trs. of Univ. of Ala. v. Garrett*, 531 U.S. 356, 363 (2001) (collecting cases). Thus, "the ultimate guarantee of the Eleventh Amendment is that nonconsenting States may not be sued by private individuals in federal court." *Id.* Put simply, States are generally immune from suit for damages in federal court, absent consent or a valid congressional abrogation of sovereign immunity. *See Coleman v. Court of Appeals of Md.*, 566 U.S. 30, 35 (2012); *Va. Office for Prot. & Advocacy*, 563 U.S. at 253-54; *Passaro v. Virginia*, 935 F.3d 243, 247 (4th Cir. 2019), *cert. denied*, 140 S. Ct. 903 (2020). This expansion of the Eleventh Amendment has narrowed the gap between the two concepts considerably and eliminated it entirely in this context.

The parties refer to Eleventh Amendment immunity and state sovereign immunity interchangeably. (*See, e.g.*, ECF 47 at 27-28;

ECF 48 at 14). Consistent with the parties' usage, state sovereign immunity will be treated as synonymous with Eleventh Amendment immunity.

State sovereign immunity bars suit not only against a state, but also against an instrumentality of a state, such as a state agency, often referred to as an "arm of the state." *See Pennhurst State Sch. & Hosp. v. Halderman*, 465 U.S. 89, 101-02 (1984) ("It is clear, of course, that in the absence of consent a suit in which the State or one of its agencies or departments is named as the defendant is proscribed by the Eleventh Amendment."); *see also McCray v. Md. Transit Admin.*, 741 F.3d 480, 483 (4th Cir. 2014); *Bland v. Roberts*, 730 F.3d 368, 389 (4th Cir. 2013); *Constantine v. Rectors and Visitors of George Mason Univ.*, 411 F.3d 474, 479 (4th Cir. 2005).

In defining its scope, the Fourth Circuit has said sovereign immunity applies when "the governmental entity is so connected to the State that the legal action against the entity would . . . amount to the indignity of subjecting a State to the coercive process of judicial tribunals at the instance of private parties." *Cash v. Granville Cty. Bd. Of Educ.*, 242 F.3d 219, 224 (4th Cir. 2001) (internal quotation marks omitted). On the other hand, sovereign immunity "does not immunize political subdivisions of the state, such as municipalities and counties, even though such entities might exercise a 'slice of state power.'" *Ram Ditta v.*

Md. Nat. Cap. Park & Planning Comm'n, 822 F.2d 456, 457 (4th Cir. 1987) (quoting *Lake Country Estates, Inc. v. Tahoe Reg'l Plan. Agency*, 440 U.S. 391, 401 (1979)).

Neither side cites any decisions in which a court determined that, under *Lebron*, or any other test, a corporate defendant was part of state government and then proceeded to analyze whether the defendant was entitled to state sovereign immunity. Nor is any such caselaw readily identifiable. It may seem strained to rely on *Lebron* to determine whether UMMS is part and parcel of government for purposes of state action, and then deploy a separate test to determine whether UMMS is an arm of the state for purposes of sovereign immunity. Indeed, the inquiries are really synonymous and the arm-of-the-state analysis answers both questions. Nevertheless, the court will look to caselaw specific to the sovereign immunity inquiry — albeit caselaw specifically focused on whether a unit of government was state or local — to determine if UMMS is an arm of the state pursuant to the multifactor inquiry articulated in *Ram Ditta*, 822 F.2d at 457-58.

The Fourth Circuit has explained how *Ram Ditta* laid out four essential factors as to whether an entity is entitled to "Eleventh Amendment immunity":

> [T]his court has stated the formula as a four-part, non-exclusive inquiry: (1) whether the state treasury will be responsible for paying any judgment that might be awarded; (2) whether the entity exercises a significant degree of autonomy from the state; (3) whether

> it is involved with local versus statewide concerns; and (4) how the entity is treated as a matter of state law.

Ristow v. S.C. Ports Auth., 58 F.3d 1051, 1052 n.3 (quoting *Ram Ditta*, 822 F.2d at 457-48); *see also U.S. ex rel. Oberg v. Pa. Higher Educ. Assistance Agency*, 745 F.3d 131, 136 (4th Cir. 2014) (identifying and applying the above "four nonexclusive factors").

As Plaintiff points out, the first of the *Ram Ditta* factors has been described as the most important. (ECF 47, at 29-30); *see, e.g.*, *Hess*, 513 U.S. at 49 (remarking that "the state treasury factor is the most important factor to be considered") (citation omitted); *Hutto*, 773 F.3d at 543 (same). And Plaintiff notes that the Supreme Court has observed that the first factor is "generally accorded . . . dispositive weight." *Hess*, 513 U.S. at 49.[9] Here, Defendants assert that the State would not pay any judgment against UMMS. (ECF 39-1, at 20) (citing Md. Code Educ. § 13-310).[10] Thus,

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[9] Although the *Ram Ditta* factors are referred to only obliquely in *Hess*, the Fourth Circuit quickly dispelled any suggestion that *Hess* had displaced the *Ram Ditta* test. *Gray v. Laws*, 51 F.3d 426, 431 n.2 (4th Cir. 1995) ("In the end, we do not believe that *Hess*, as it applies to single state entities, materially altered the Eleventh Amendment analysis we formulated in *Ram Ditta* . . . .").

[10] Section 13-310 is titled "Payment of obligations of Corporation." It provides:

> Obligations of [UMMS]:
> (1) Are payable only from assets of [UMMS]; and
> (2) Are not debts or obligations of the University or the State.

the first factor strongly suggests that UMMS is not an arm of the state.

The Fourth Circuit has indicated that the analysis may end if the first factor comes out the other way. "[I]f the state treasury will pay the judgment, the entity is immune from suit, and the other *Ram Ditta* factors need not be considered." *Harter v. Vernon*, 101 F.3d 334, 337 (4th Cir. 1996). But the opposite is true here. Moreover, in *Oberg* the Fourth Circuit concluded that the first factor weighed heavily against finding that the defendant was an arm of the state, but nonetheless considered the other three factors. 745 F.3d at 139-41. Therefore, it is appropriate to address the remaining factors.

Here, the second *Ram Ditta* factor regarding UMMS's autotomy is interrelated with the fourth factor, how UMMS is treated under Maryland law, and so the two are discussed in tandem below. The third *Ram Ditta* factor suggests that UMMS is an arm of the state. The Maryland General Assembly declared that UMMS was created to "provide medical care . . . for the citizens of the State and region," Md. Code Educ. § 13-302(1), and that such care "extend[s] to all citizens of the State . . . ." *Id.* § 13-302(2).[11] This language reflects an involvement with statewide concerns, rather

[11] Although St. Joseph may serve a more localized population than UMMS as a whole, Defendants do not differentiate the Hospital LLCs from UMMS for purposes of this analysis.

than local ones, thus tilting the third factor in favor of Defendants.

The fourth factor, which looks to the treatment of UMMS under Maryland law, points in the same direction. To be sure, the State legislature designated UMMS a "private, nonprofit, nonstock corporation" that is "independent from any State agency." Md. Code Educ. § 13-303(m). But the Court of Appeals of Maryland has determined that UMMS is an instrumentality of the State for purposes of Maryland's Public Information Act, notwithstanding the statutory language in § 13-303(m). *Napata v. Univ. of Md. Med. Sys. Corp.*, 417 Md. 724, 737 (2011). In reaching this determination, the *Napata* Court examined "[a]ll aspects of the interrelationship between the State and" UMMS. *Id.* at 733 (citation omitted) (alteration in original). The court summarized that examination as follows,

> [W]e agree with the Court of Special Appeals that "the attributes of UMMS's relationship with the State that point to its being an instrumentality of the State predominate over those pointing to its private character" . . . . UMMS did not exist until the State assets were transferred to the corporation. Its aim of providing health care to . . . Maryland residents serves a public purpose. Moreover, the State remains a visible and compelling force in UMMS's operations. All voting members on UMMS's Board of Directors are appointed by the Governor, and two of these flow from nominations by the respective leaders of each legislative chamber. Additionally, unlike an independent hospital, UMMS is not free to compete with the University for private gifts or private or

> federal grants, and its annual contracts must be approved by the Regents of the University [of Maryland]. Should UMMS become financially unstable, the Treasurer may loan State funds to UMMS as necessary. Finally, the Regents and the Board of Public Works have the power to dissolve UMMS if they determine that it is not fulfilling its purpose. In that event, UMMS's assets will revert to the State. These facts compel the conclusion that UMMS is an instrumentality of the State.

Id. at 737, (citation omitted).

Napata's in-depth assessment of the relationship between UMMS and the State is also pertinent to the second *Ram Ditta* factor, which concerns the degree to which UMMS exercises autonomy from the State. It is clear from *Napata* that, although UMMS may function like an independent corporate medical system in some respects, it is nevertheless tethered to State government and subject to State oversight in important ways. Notably, Plaintiff does not offer any argument as to this factor, or any of the *Ram Ditta* factors, other than the first. (*See* ECF 47 at 29-30). Moreover, had Plaintiff contended that UMMS is sufficiently autonomous from the State to tilt the second factor in his favor, he would have undermined the allegation in his Complaint that the State "continues to exercise ultimate authority and control over the governance of UMMS." (ECF 1, ¶ 20).

UMMS is an arm of the State for purposes of sovereign immunity.

The Fourth Circuit has identified three exceptions to the Eleventh Amendment's prohibition of suit against a state or an arm of a state. In *Lee-Thomas v. Prince George's County Public Schools*, 666 F.3d 244, 249 (4th Cir. 2012), it said:

> First, Congress may abrogate the States' Eleventh Amendment immunity when it both unequivocally intends to do so and acts pursuant to a valid grant of constitutional authority. [] *Garrett*, 531 U.S. [at] 363 . . . . Second, the Eleventh Amendment permits suits for prospective injunctive relief against state officials acting in violation of federal law. *Frew ex rel. Frew v. Hawkins*, 540 U.S. 431, 437 (2004). . . . Third, a State remains free to waive its Eleventh Amendment immunity from suit in a federal court. *Lapides* [] 535 U.S. [at] 618 [].

(internal quotations omitted).

As to the third exception, relevant here, the test to determine whether a state has waived its immunity from suit in federal court is a "stringent" one. *Atascadero State Hosp. v. Scanlon*, 473 U.S. 234, 239-40 (1985), *superseded on other grounds, as recognized in Lane v. Pena*, 518 U.S. 187, 198 (1996); *see FAA v. Cooper*, 566 U.S. 284, 290 (2012) (stating that a waiver of sovereign immunity occurs "only where stated by the most express language or by such overwhelming implication from the text as will leave no room for any other reasonable construction" and without recourse to legislative history); *accord Pense*, 926 F.3d 97, 101 (4th Cir. 2019); *Lee-Thomas*, 666 F.3d at 250-51; *see also Cunningham*. 990 F.3d at 365 (citing *Cooper*, 566 U.S. at 290)

(recognizing that "the Court explicitly and routinely construes ambiguous text so as to obviate any inference of waiver.")

Plaintiff contends that the Maryland legislature explicitly waived sovereign immunity for UMMS. He locates the purported waiver in Md. Code Educ. § 13-303(a)(2), which provides, in relevant part, that UMMS "shall not be a State agency . . . and is not subject to any provisions of law affecting only governmental or public entities." (*See* ECF 47 at 28). In essence, Plaintiff construes the second clause to encompass state sovereign immunity. (*See id.*).

Defendants counter that UMMS's authorizing statute expressly reserved sovereign immunity. (ECF 48, at 14). They point to Md. Code Educ. § 13-308(f), which states, "*Sovereign immunity not waived or abrogated*.- Nothing contained in this subtitle shall be deemed or construed to waive or abrogate in any way the sovereign immunity of the State or to deprive the University or any officer or employee thereof of sovereign immunity."

Of course, any waiver of sovereign immunity must be express and unequivocal.[12] *See Cunningham*, 990 F.3d at 365. Even assuming

[12] *Pense* is instructive on just how narrowly purported waivers are construed. 926 F.3d at 102. There, the Fourth Circuit considered whether a separate Maryland statute waived the State's sovereign immunity. That statute, Md. Code State Gov't § 20-903 provides: "The State, its officers, and its units may not raise sovereign immunity as a defense against an award in an employment discrimination case under this title." The court explained that because that language "does not 'specify the State's intention to subject itself to suit in *federal court*,' that provision cannot be

that the provision relied upon by Defendants does not pertain to UMMS specifically, Plaintiff's argument still fails because the statutory language he cites does not contain an express waiver of sovereign immunity. According to Plaintiff, the statement in § 13-303(a)(2) that UMMS "is not subject to any provisions of law affecting only governmental or public entities" constitutes waiver. Yet, neither the term "sovereign immunity" nor any reference to suit in federal court appears in the statute. Insofar as Plaintiff is suggesting that such waiver can be implied, he does not back up his claim with any legal authority. (*See* ECF 47, at 28). He draws only on *Napata*, which construed this statutory language expressly to exempt UMMS "from laws affecting only public entities." 417 Md. at 739-40. *Napata*, however, did not concern state sovereign immunity and thus has no bearing on this specific issue. Defendants are shielded by sovereign immunity on Counts I and II.[13]

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read to waive the State's Eleventh Amendment immunity." *Pense*, 926 F.3d at 102 (emphasis in original) (quoting *Atascadero*, 473 U.S. at 241).

[13] Defendants do not contend that sovereign immunity applies to Count III, under the ACA. Several trial courts have ruled that Congress validly conditioned receipt of federal funds on a consent to waive immunity, *see, e.g.*, *Kadel v. Folwell*, 446 F.Supp.3d 1, 17 (M.D.N.C. 2020); *Boyden v. Conlin*, 341 F.Supp.3d 979, 999 (W.D.Wis. 2018); *Fain v. Crouch*, 2021 WL 2004793 (S.D.W.Va. May 19, 2012). The ruling in *Kadel*, however, is currently on appeal before the Fourth Circuit, which heard oral argument in March. *Kadel v. N.C. State Health Plan*, No. 20-1409 (4th Cir. argued Mar. 11, 2021).

V. Count III: the ACA Claim

Section 1557, through its incorporation of Title IX, prohibits, *inter alia*, discrimination on the basis of sex and the denial of benefits on the basis of sex in any health program or activity receiving federal funding. To state a claim under Title IX, a plaintiff must also allege that he was harmed by a defendant's improper conduct. *Grimm v. Gloucester Cty. Sch. Bd.*, 972 F.3d 586, 616 (4th Cir. 2020).

Here, Mr. Hammons alleges that Defendants are responsible for a health program or activity that receives federal funds. (ECF No. 1, ¶¶ 14, 88). And, Plaintiff alleges that he was harmed by the cancellation of his scheduled hysterectomy at St. Joseph. (*Id.*, ¶ 60). Defendants do not take issue with the sufficiency of these allegations. Thus, the remaining question is whether Plaintiff alleges unlawful discrimination or denial of benefits on the basis of sex.

Neither side relies on the ACA's implementing regulations. Defendants point out that although the U.S. Department of Health and Human Services, under former President Trump, promulgated regulations that could have a bearing on this case, those "regulatory changes" have been enjoined. (*See* ECF 39-1 at 29 n.24) (citing *Whitman-Walker Clinic, Inc. v. U.S. Dep't of Health & Hum. Servs.*, 485 F. Supp. 3d 1 (D.D.C. 2020); *Walker v. Azar*, 20-cv-2834 (FB) (SMG), 2020 WL 4749859 (E.D.N.Y. Aug. 17, 2020)). Rather

than substantively addressing the status and relevance of those regulations, Defendants chose to "reserve[] [their] right to present additional arguments based on those regulations." (ECF 39-1, at 29 n.24).

Nevertheless, during the pendency of this motion, Plaintiff submitted a "Notice of Supplemental Authority" that the Department of Health and Human Services ("HHS") has issued a new "Notification of Interpretation and Enforcement" that clarifies the protections granted under Title IX, and therefore § 1557, by extension. (ECF No. 50). It announces that, "This Notification is to inform the public that, consistent with the Supreme Court's decision in *Bostock* and Title IX, beginning May 10, 2021, the Department of Health and Human Services (HHS) will interpret and enforce Section 1557's prohibition on discrimination on the basis of sex to include: (1) discrimination on the basis of sexual orientation; and (2) discrimination on the basis of gender identity." (ECF No. 50-1, at 2).

Plaintiff, in turn, states:

> HHS's position supports Mr. Hammons's claim that by refusing to perform his hysterectomy in aid of his sex reassignment, while agreeing to perform hysterectomies not associated with sex reassignment, Defendants discriminated against him on the basis of sex. The Notification is therefore relevant, post-submission authority supporting Mr. Hammons's argument that Defendants' motion to dismiss the Section 1557 claim should be denied.

(ECF No. 50, at 2). He goes on to argue that "Fourth Circuit precedent also treats discrimination based on gender identity as sex-based discrimination and subject it to heightened scrutiny under the Equal Protection Clause." *Id.* (citing *Grimm*, 972 F.3d at 606).

Defendants' response attempts to distinguish *Grimm* by arguing that the St. Joseph's policy at issue here, unlike in that case, is facially neutral. They also argue that this recent HHS interpretation does not apply as "they were not in effect at the time Hammons alleges the conduct took place." (ECF No. 51, at 1-2). This latter argument fails to note Plaintiff's concession that this is "post-submission authority" and his reliance on HHS's guidance as merely persuasive support to his claim, and not any kind of binding authority.

This is all beside the point, as *Bostock* already made clear that the position stated in HHS's interpretation was already binding law. The Fourth Circuit looks to Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e *et seq.*, which concerns employment, to guide the "evaluation of claims under Title IX." *Grimm*, 972 F.3d at 616; *see Jennings v. Univ. of N.C.*, 482 F.3d 686, 695 (4th Cir. 2007). Thus, as the *Grimm* court explained, 972 F.3d at 616, the Supreme Court's decision in *Bostock*, 140 S. Ct. 1731, is consequential for claims brought under both statutes.

In *Bostock*, the Supreme Court held that discrimination on the basis of homosexuality or transgender status necessarily constitutes discrimination on the basis of sex, which is prohibited under Title VII. The plain language of Title VII, the Court observed, establishes a but-for causation standard. And, as noted, events often "have multiple but-for causes." Thus, "so long as the plaintiff's sex was one but-for cause" of an alleged discriminatory act, "that is enough to trigger the law." Further, the Court observed that transgender status and sex are inextricable. It opined, "Just as sex is necessarily a but-for *cause* when an employer discriminates against . . . transgender employees, an employer who discriminates on these grounds inescapably *intends* to rely on sex in its decisionmaking." (*Id.*, at 1739-44) (emphasis in original).

Here, St. Joseph's Chief Medical Officer, Dr. Cunningham, "ordered" the cancellation of Plaintiff's hysterectomy "because the surgery conflicted with the hospital's Catholic religious beliefs and the Catholic Directives." (ECF 1, ¶ 56). In particular, Dr. Cunningham informed Plaintiff's surgeon that the hysterectomy conflicted with the Directives' prohibition on sterilization, and their "command to preserve the 'functional integrity' of the human body." (*Id.*, ¶¶ 57-58).

Both the prohibition on sterilization and the imperative concerning bodily integrity permit exceptions. "Procedures that

induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." The Directives also allow the "functional integrity of the person [to] be sacrificed to maintain the health or life of the person when no other morally permissible means is available." Directives at 14 and 19.

In Plaintiff's view, his scheduled hysterectomy fell within the scope of both exceptions. His "treating physicians recommended," on the basis of the authoritative WPATH Standards of Care, that Plaintiff receive a hysterectomy as a medically necessary treatment for gender dysphoria." Moreover, Plaintiff "satisfied all of the criteria for a medically necessary hysterectomy under the WPATH Standards of Care." (ECF 1, ¶ 52). This included not only doctors' referral letters but a documented course of hormone therapy over the previous year. Nevertheless, Dr. Cunningham informed Plaintiff's surgeon that Plaintiff's condition of "gender dysphoria did not qualify as a sufficient medical reason to authorize the procedure," and that the Hospital "did not consider Mr. Hammons's gender dysphoria to be a valid basis under the . . . Directives to justify disrupting the body's 'functional integrity.'" (*Id.* ¶¶ 57-58).

In short, Mr. Hammons alleges that the Hospital denied Plaintiff the benefits of its services because he has gender dysphoria, a condition inextricably linked to being transgender.

Although Plaintiff's treating physicians had determined that hysterectomy was a medically necessary treatment for his condition, the Hospital refused to perform the surgery, specifically *because* it was linked to this condition. As explained in *Bostock*, a defendant who takes adverse action against someone for being transgender "inescapably *intends* to rely on sex in" his decisionmaking. 140 S.Ct. at 1742. Thus, Plaintiff alleges that the Hospital denied him the benefits of its services on the basis of sex, in violation of § 1557.

Moreover, Plaintiff alleges that St. Joseph recognizes the applicability of the pertinent exceptions contained in the Directives with other types of patients. For instance, surgeons at the Hospital "remove otherwise healthy tissue to prevent cancer or other diseases" and "perform purely cosmetic surgeries." (ECF 1, ¶ 58). Nonetheless, the Hospital regarded Plaintiff's medical need differently because he is transgender, and therefore cancelled his procedure. In this regard, Plaintiff alleges that the Hospital discriminated against him on the basis of sex by treating him "'worse than others who are similarly situated.'" *Grimm*, 972 F.3d at 618 (quoting *Burlington N. & Santa Fe Ry. v. White*, 548 U.S. 53, 59, (2006)); *see Bostock*, 140 S. Ct. at 1740-44; *see also Kadel*, 446 F. Supp. 3d at 17 (concluding that the transgender plaintiff stated a sex discrimination claim under § 1557); *Tovar v. Essentia Health*, 342 F. Supp. 3d 947, 953

(D.Minn. 2018) (same); *Prescott v. Rady Children's Hosp.-San Diego*, 265 F.Supp.3d 1090, 1099-1100 (S.D.Cal. 2017) (same).

Defendants' arguments do not require a different result. For one, Defendants assert that to state a claim of sex discrimination under § 1557, a plaintiff must allege that the discrimination was intentional and that it was a "'substantial' or 'motivating factor' for" the defendant's actions. (ECF 48, at 21) (quoting *Weinreb v. Xerox Bus. Servs., LLC Health & Welfare Plan*, 323 F. Supp. 3d 501, 521 (S.D.N.Y. 2018), *adhered to on denial of reconsideration sub nom. Weinreb v. Xerox Bus. Servs.*, No. 16-CV-6823 (JGK), 2020 WL 4288376 (S.D.N.Y. July 27, 2020)). Of course, *Weinreb* is not binding authority on this court; the Fourth Circuit has not employed the same language when articulating the standard for sex discrimination under § 1557 and Title IX.[14] Moreover, even if Plaintiff were required to allege that discrimination was a substantial or motivating factor in Defendants' actions, the Complaint would still pass muster. Plaintiff plainly alleges that his hysterectomy was cancelled and that therefore he was denied necessary medical treatment, purely because of his transgender status, and thus because of his sex. Under the logic and

[14] Since *Weinreb* was decided, the Second Circuit has articulated the pertinent standard differently. *See Doe v. Columbia Univ.*, 831 F.3d 46, 56 (2d Cir. 2016) (stating that under Title IX, a complaint "is sufficient with respect to the element of discriminatory intent . . . if it pleads specific facts that support a minimal plausible inference of . . . discrimination").

instruction of *Bostock*, Defendants "inescapably" intended to rely on sex in their decisionmaking.

Mr. Hammons has stated a claim for sex discrimination under § 1557 of the ACA.

VI. Conclusion

For the foregoing reasons, the motion to dismiss will be granted as to Count I and Count II and denied as to Count III. A separate order will follow.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

ORDER

For the reasons stated in the foregoing Memorandum Opinion, it is this 28th day of July, 2021, by the United States District Court for the District of Maryland, ORDERED that:

1. The motion to dismiss filed by Defendants University of Maryland Medical System Corporation, UMSJ Health System, LLC, and University of Maryland St. Joseph Medical Center, LLC (ECF No. 39) BE, and the same hereby IS, GRANTED in part and DENIED in part;

2. Counts I and II BE, and the same hereby ARE, DISMISSED, WITHOUT PREJUDICE pursuant to Fed.R.Civ.P. 12(b)(1); and

3. The Clerk will transmit copies of the Memorandum Opinion and this Order to counsel for the parties.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

MEMORANDUM OPINION

Presently pending and ready for resolution is the motion for partial reconsideration or, in the alternative, certification of interlocutory appeal filed by Plaintiff Jesse Hammons. (ECF No. 56). The issues have been fully briefed, and the court now rules, no hearing being deemed necessary. Local Rule 105.6. For the following reasons, the motion will be denied.

I. Motion to Reconsider

A court may grant a motion to reconsider, as relevant here, when the court committed clear error resulting in manifest injustice. *Carlson v. Bos. Sci. Corp.*, 856 F.3d 320, 325 (4th Cir. 2017). In particularly graphic language, the Fourth Circuit has described this basis as follows:

> As we have noted on more than one occasion, "[a] prior decision does not qualify for th[e] third exception by being just maybe or probably wrong; it must strike us as wrong with the force of a five-week-old, unrefrigerated dead fish. It must be dead wrong." *TFWS, Inc. v. Franchot*, 572 F.3d 186, 194 (4th Cir. 2009) (internal quotation marks,

> citations, and alteration omitted); *see also United States ex rel. Oberg v. Pennsylvania Higher Educ. Assistance Agency*, 804 F.3d 646, 657 n.6 . (4th Cir. 2015); *Parts & Elec. Motors, Inc. v. Sterling Elec., Inc.*, 866 F.2d 228, 233 (7th Cir. 1988).

U.S. Tobacco Coop. Inc. v. Big S. Wholesale of Virginia, LLC, 899 F.3d 236, 258 (4th Cir. 2018).

The court's discretion to grant a motion to reconsider is not limitless. *In re Sinclair Broadcast Group, Inc. Securities Litigation*, 473 F.Supp. 3d 529, 535 (D.Md. 2020). A motion to reconsider is not an opportunity to relitigate the court's ruling and "mere disagreement" with a prior decision does not support granting a motion to reconsider. *Id.*

None of Mr. Hammons' several arguments meet this high standard.

Mr. Hammons argues first that the court clearly erred when it described the state action test as "synonymous" with the arm-of-state test. (ECF No. 56, at 5). The use of that single word in a lengthy analysis does not indicate any clear error. First, the court acknowledged that there is overlap between the two tests—that both tests evaluate the nature of the relationship between the government and the corporation in question—and then the court completed the arm-of-state analysis independent from the state action analysis.

Second, Mr. Hammons argues that the court committed an error of misapprehension in interpreting his argument to be that UMMS *waived* sovereign immunity, when instead his argument was that the General Assembly had *deprived* UMMS of sovereign immunity. (ECF No. 56, at 9). The court, however, when finding UMMS possessed sovereign immunity, considered and rejected Mr. Hammons' argument.

The Supreme Court and United States Court of Appeals for the Fourth Circuit are crystal clear that for a court to find that a state government waived sovereign immunity there must be an express waiver. *Atascadero State Hosp. v. Scanlon*, 473 U.S. 234, 239-40 (1985), *superseded on other grounds, as recognized in Lane v. Pena*, 518 U.S. 187, 198 (1996); *see FAA v. Cooper*, 566 U.S. 284, 290 (2012) (holding "waiver of sovereign immunity must be 'unequivocally expressed' in statutory text"); *accord Pense v. Maryland Department of Public Safety and Correctional Services*, 926 F.3d 97, 101 (4th Cir. 2019); *Lee-Thomas v. Prince George's Cnty. Public Schools*, 666 F.3d 244, 250-51(stating that a waiver of sovereign immunity occurs "only where stated by the most express language or by such overwhelming implication from the text as will leave no room for any other reasonable construction" and without recourse to legislative history); *see also Cunningham v. Lester* 990 F.3d 361, 365 (4th Cir. 2021) (citing *Cooper*, 566 U.S. at 290) (recognizing that "the Court explicitly and routinely construes ambiguous text so as to obviate any inference of waiver.").

Despite this clear law, Mr. Hammons argues that *dicta* in *Lebron v. National Railroad Passenger Corp.,* 513 U.S. 374, 392 (1995), commands a different result. In *Lebron,* the Court considered whether Amtrak was a government entity subject to the First Amendment. Amtrak argued that a provision of its charter, which disclaimed agency status, prevented Amtrak from being considered a government entity, but the Supreme Court disagreed. Justice Scalia reasoned for the Court that, if anything, the disclaimer indicated that Amtrak was a government entity subject to the First Amendment because the disclaimer demonstrated that Congress had the power to impose obligations or confer powers on Amtrak. Justice Scalia then, in *dicta*, further stated "We have no doubt, for example, that the statutory disavowal of Amtrak's agency status deprives Amtrak of sovereign immunity from suit." *Id.* The court here is not alone in finding this to be *dicta*. *See Parrett v. Southeastern Boll Weevil Eradication Foundation, Inc.*, 155 Fed.Appx. 188, 191-92 (6th Cir. 2005); *Wood ex rel. U.S. v. American Institute in Taiwan*, 286 F.3d 526, 531 (D.D.C. 2002).

From this *dicta*, Mr. Hammons argues that the Court created a distinction between when a legislature "waives" sovereign immunity and when a legislature "deprives" an entity of its sovereign immunity, and that, because the state statute creating UMMS has a provision nearly identical to the Congressionally enacted disclaimer in *Lebron,* the General Assembly deprived UMMS of

sovereign immunity. (ECF No. 56-1, at 9). Regardless of the label, whether waiving, depriving, or stripping sovereign immunity, the action by the legislature must be explicit or express. The case cited by the Court for the statement about the Amtrak statute depriving it of sovereign immunity, *Sentner v. Amtrak*, 540 F.Supp. 557, 560 (D.N.J. 1982), was deciding whether Amtrak was subject to punitive damages, and stated that instrumentalities of the United States "may not be subject to liability for punitive damages without the express consent of Congress." The clear law on waiver which has remained consistent pre- and post-*Lebron* requires the close analysis of the precise statute and the context of the purported waiver conducted by the court, and not superficial reliance on *dicta*. Furthermore, as pointed out in *Pense*, 926 F.3d at 101-02, it may be that a state statute waives sovereign immunity in state court, but not in federal court. The conclusion that the Maryland statute did not expressly waive sovereign immunity for federal court actions will not be revisited.

Third, Mr. Hammons turns to the four *Ram Ditta* factors which make up the arm-of-state test. *Ram Ditta By and Through Ram Ditta v. Maryland Nat. Capital Park & Planning Com'n*, 822 F.2d 456 (4th Cir. 1987). He argues that UMMS did not mention the *Ram Ditta* factors in its initial motion to dismiss, only discussing the factors in its reply, and thus that the court's evaluation of the

Ram Ditta factors was a clear error resulting in manifest injustice because the decision was outside the adversarial issues presented to the court by the parties. (ECF No. 56-1, at 13).

While a party's failure to raise an issue waives it, trial courts retain discretion to consider untimely made arguments when circumstances are appropriate. *Clawson v. Fedex Ground Package System, Inc.*, 451 F.Supp.2d 731, 734 (D.Md. 2006). Mr. Hammons cites several cases in which a court found an argument waived because it was not raised until the reply. This case differs from all of those cases, however, because UMMS did not fail to raise an issue (sovereign immunity) but rather failed to state the standard by which the issue would be evaluated (the arm-of-state analysis as evaluated by the *Ram Ditta* factors). Other cases, such as *Boothe v. Northstar Realty Finance Corp., Inc.*, No. JKB-16-3742, 2019 WL 587419, at *4, n.1 (D.Md. Feb. 13, 2019), find circumstances appropriate to consider an issue fully.

Deciding whether UMMS has sovereign immunity was the adversarial issue presented to the court. UMMS clearly raised the issue and it had the burden of establishing that it had sovereign immunity. Mr. Hammons had the opportunity to present full-fledged opposition arguments to the existence of UMMS's sovereign immunity. Mr. Hammons himself knew the standard by which to adjudicate the existence of sovereign immunity, because he invoked the *Ram Ditta* factor most in his favor when opposing sovereign

immunity (whether the state treasury pays judgments). Evaluating the *Ram Ditta* factors was necessary to completing the arm-of-state analysis and resolving the sovereign immunity issue.

Fourth, Mr. Hammons argues that the court erred in holding that the second and fourth *Ram Ditta* factors weighed in favor of arm-of-state status. Those factors, respectively, are how much autonomy the entity has from the state and how state law treats the entity. *Ram Ditta*, 822 F.2d at 458.

Mr. Hammons' argument primarily relies on the Fourth Circuit's *Oberg* trilogy of cases. *U.S. ex rel. Oberg v. Ky. Higher Educ. Student Loan Corp.*, 681 F.3d 575 (4th Cir. 2012) ("*Oberg I*"); *U.S. ex rel. Oberg v. Pennsylvania Higher Educ. Assistance Agency*, 745 F.3d 131 (4th Cir. 2014) ("*Oberg II*"); *U.S. ex rel. Oberg v. Pennsylvania Higher Educ. Assistance Agency*, 804 F.3d 646 (4th Cir. 2015) ("*Oberg III*"). The court has again reviewed the *Oberg* cases, as well as another Fourth Circuit precedent, *Maryland Stadium Authority v. Ellerbe Becket Inc.*, 407 F.3d 255 (4th Cir. 2005), but still concludes that the second factor weighs in favor of sovereign immunity.

When evaluating the second factor, it is appropriate to consider a non-dispositive set of attributes: who appoints the entity's directors or officers, who funds the entity, and whether the state retains a veto over the entity's actions. *Oberg I,* 681 F.3d at 580. Courts also consider whether an entity has the

ability to contract, sue and be sued, and purchase and sell property, whether it is represented in legal matters by the state attorney general, and whether the entity has the ability to tax, as the absence of taxation power is a strong indication that the corporation is not an independent one. *Oberg II*, 745 F.3d at 137 (cleaned up); *Maryland Stadium Authority*, 407 F.3d at 264.

At issue in the *Oberg* trilogy was whether Dr. Oberg could sue the Pennsylvania Higher Education Assistance Agency (PHEAA) under the Fraudulent Claims Act, under which only "person[s]" may be sued. *Oberg II*, 745 F.3d at 135. While a state government is not a "person" and thus cannot be sued under the Act, local government corporations (such as counties) and private corporations *are* persons and can be sued under the Act. *Id.* The arm-of-state test articulated in *Ram Ditta* was the appropriate test to determine whether the PHEAA was the state or a person. *Oberg II*, 745 F.3d at 136.

The Fourth Circuit applied the four factors and found the PHEAA sufficiently independent from the State of Pennsylvania to be a "person" for the purposes of the Act at the motion to dismiss stage and again at the summary judgment stage. *Oberg II*, 745 F.3d at 140-41; *Oberg III*, 804 F.3d at 646. In doing so, the Fourth Circuit found the second factor weighed against finding the PHEAA an arm of the state, although the facts "cut both ways." *Oberg II*, 745 F.3d at 139. On one hand, the board of directors was

composed of gubernatorial and legislative appointees, the State had some veto power, and the governor's approval was needed for the issuing of notes and bonds. Ultimately, however, the countervailing aspects, *i.e.,* PHEAA's financial independence—it receives no operational funding from Pennsylvania and is free to enter into contracts, sue and be sued, and engage in real estate transactions in its own name—decisively weighed in favor of finding sufficient autonomy to negate sovereign immunity. *Id.* at 139.

On the other hand, in *Maryland Stadium Authority*, the Fourth Circuit, using the *Ram Ditta* factors, held that the University System of Maryland was an alter ego of the State of Maryland, and therefore was not a citizen for purposes of diversity jurisdiction. 407 F.3d at 256. In reaching that conclusion, the Fourth Circuit determined that the second factor weighed in favor of finding the University System an alter ego. It did so by acknowledging that the University System retained "some operational independence in its day to day activities," but that it was still closely tied to the State because the University's board members are appointed by the Governor, a key indication of state control, and the State retains a veto over many of the University System's actions. *Id.* at 264. For example, the University System can only buy and sell real property and enter contracts over $500,000 with the approval of the legislature or Board of Public Works, and the University System is subject to an annual audit. *Id.* The University System

also needs legislative approval to issue revenue bonds and it lacks the power to tax. *Id.*

UMMS is somewhere between the University System and the PHEAA. All three entities share traits, as befits creations of their respective states: membership of their operating boards is set by their respective governors and legislatures, and they all lack the important taxation power. They differ in who represents them (the Attorney General seemingly only represents the University System) and in their financial independence. Whereas the University System receives an annual appropriation from the State, the PHEAA and UMMS apparently do not.

The University System does, however, have traits in common with UMMS and the PHEAA, such as the independence to form contracts and buy and sell assets. The University System and UMMS are further alike in that Maryland has retained oversight as to how the respective entities conduct their business. While the State must approve what the University System can spend in contracts and real estate sales at a certain value, it prohibits UMMS from competing with the University System for private and federal gifts or grants. *Napata v. University of Maryland Medical System Corp.*, 417 Md. 724, 737 (2011). Moreover, UMMS's annual contracts must be approved by the Regents of the University System. *Id.*

Mr. Hammons argues that UMMS is the same as the PHEAA because Pennsylvania restricts the PHEAA's financial independence by

requiring State approval for both expenditures and contracts in excess of $20,000, and Maryland does not impose such oversight on UMMS. Mr. Hammons is essentially arguing that because a more heavily overseen corporation (PHEAA) was autonomous from the state government, a less heavily overseen corporation (UMMS) must also be found autonomous. (ECF No. 56-1, at 17); *Oberg III*, 804 F.3d at 673. That argument ignores the fact that the University System also is subject to less oversight than PHEAA—the University System can enter into contracts and real estate sales without approval of the State as long as they are under $500,000—but was still found to be part of the state by the Fourth Circuit. *Maryland Stadium Authority*, 407 F.3d at 264. The comparison Plaintiff attempts thus fails.

Moreover, the University System's continued control over UMMS further indicates that UMMS's autonomy is somewhere between that of UMMS and the PHEAA. The Fourth Circuit has repeatedly found that universities, including the University System, are part of their state governments under the arm-of-state test. UMMS was originally part of the University System, and the current iteration of UMMS came into being when it was removed from the University System and given its own structure. *Napata*, 417 Md. at 728; MD. CODE EDUC. § 13-302(5)-(6). Nonetheless, the University System retains control over UMMS—whether that is through the requirement that the Regents of the University System approve UMMS's annual

contract or the power to dissolve UMMS. *Napata*, 417 Md. at 737. Moreover, in the event UMMS is dissolved, its assets revert to the State (which provided it with its assets in the first place). *Id.* This continued interrelationship with the University System further indicates that UMMS's autonomy is somewhere between the University System's and the PHEAA's.

Mr. Hammons also argues that the court committed clear error in weighing the holding in *Napata* more heavily than the language of the statute creating UMMS. (ECF No. 56-1, 18). In evaluating the fourth factor courts may look at state law in all its formats, including the holdings of state courts. *Maryland Stadium Authority*, 407 F.3d at 265. While Mr. Hammons may disagree with the way in which the court evaluated state law, mere disagreement is an insufficient basis for the granting of a motion to reconsider. *In re Sinclair*, 473 F.Supp. 3d at 535.[1]

The motion to reconsider is denied.

II. Certification of Interlocutory Appeal

Mr. Hammons, in the alternative, asks the court to certify its order granting the motion to dismiss for an interlocutory

[1] Mr. Hammons also attempts to argue that the fourth factor should be neutral because UMMS has not invoked sovereign immunity against medical malpractice lawsuits. (ECF No. 56-1, at 19). This argument is similarly unavailing because a state consenting to suit in courts of its own creation or stating its intention to sue or be sued does not waive sovereign immunity. *Lee-Thomas*, 666 F.3d at 251.

appeal. Generally, certification for an interlocutory appeal is only appropriate for cases where there is a narrow question of pure law whose resolution will be completely dispositive of the litigation, not just where "early review of difficult rulings in hard cases" would be convenient. *Lynn v. Monarch Recovery Management, Inc.*, 953 F.Supp. 2d 612, 623 (D.Md. 2013). The court's power to certify an interlocutory order for appeal is found in 28 U.S.C. 1292(b), which permits the court to certify when the "order [1] involves a controlling question of law [2] as to which there is substantial ground for difference of opinion and [3] that an immediate appeal from the order may materially advance the ultimate termination of the litigation." The decision to certify is a discretionary one, but that discretion may not be exercised unless all three § 1292(b) factors are present. *Butler v. DirectSAT USA, LLC*, 307 F.R.D. 445, 452 (D.Md. 2015).

The first factor is not present. For the purposes of § 1292(b), a "question of law" refers to a "question of the meaning of a statutory or constitutional provision, regulation, or common law doctrine." *Butler*, 307 F.R.D. at 452. The model "controlling question of law" is one that is a "narrow question of pure law whose resolution would be completely dispositive of the litigation." *Fannin v. CSX Transp., Inc.*, 873 F.2d 1438, at *5 (4th Cir. 1989)(unpublished). Other questions of law that are "heavily freighted with the necessity of factual assessment" are

not suitable for immediate appeal. Resolving the legal question of sovereign immunity would not be completely dispositive of the litigation.

Neither is the second factor present. Whether there is a substantial ground for difference of opinion does not refer to a difference of opinion between the parties, or even between the parties and the court, but rather a substantial ground for difference of opinion between *courts*. *Lynn*, 953 F.Supp. 2d at 6245. In matters of first impression, "the mere presence of a disputed issue that is a question of first impression, standing alone, is insufficient to demonstrate a substantial ground for difference of opinion." *Id.* (quoting *In re Flor*, 79 F.3d 281, 284 (2d. Cir. 1996)) (cleaned up). As noted in the court's order, relevant case law is scant, and even more so on Mr. Hammons' theory that *Lebron* and the language of the statute in this case "deprive" UMMS of sovereign immunity. Given the *absence* of cases, it cannot be said there is a difference of opinion between courts. While Mr. Hammons tries to fabricate a disagreement, by arguing that the court here disagrees with the Supreme Court, this is more clearly a matter of first impression, and matters of first impression, standing alone, are not substantial grounds for a difference of opinion. (ECF No. 61, at 17).

Finally, the third factor also is not present. Certification "materially advances" litigation when it helps the courts avoid

protracted litigation and piecemeal appeals, but simply "speed[ing] up" litigation is an insufficient reason to certify an interlocutory appeal. *Lynn*, 953 F.Supp.2d at 626 (2013). Rather, "in determining whether certification will materially advance the ultimate termination of the litigation, a district court should consider whether an immediate appeal would: (1) eliminate the need for trial, (2) eliminate complex issues so as to simplify the trial, or (3) eliminate issues to make discovery easier and less costly." *Id.* (cleaned up). Certifying an interlocutory appeal here does none of those things. First, interlocutory appeal or not, the need for a trial will remain. Second, an interlocutory appeal, if successful, would not eliminate complex issues and simplify trial, but instead reinstate two claims for trial. Third, an interlocutory appeal, if successful, would increase the number of claims litigated, potentially making discovery more difficult and costly.

Moreover, Mr. Hammons' primary argument for certification amounts to nothing more than a "speed up" argument. He argues that an interlocutory appeal would settle the sovereign immunity issue one way or another, obviating the danger of a post-trial appeal reversing the trial court and necessitating a re-trial of all three issues. (ECF No. 56-1, at 23). This argument, however, ignores that even if an interlocutory appeal occurred and the Fourth Circuit affirmed the trial court, the possibility remains

that Mr. Hammons or UMMS would take an appeal from the subsequent trial result. There is no guarantee an interlocutory appeal would materially advance litigation. The requirements necessary to permit the court to exercise its discretion to certify an interlocutory appeal are not met and the court denies Mr. Hammons' motion to certify an interlocutory appeal.

III. Conclusion

For the foregoing reasons, the motion for partial reconsideration or, in the alternative, for certification of interlocutory appeal filed by Plaintiff will be denied. A separate order will follow.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

ORDER

For the reasons stated in the foregoing Memorandum Opinion, it is this 25th day of October, 2021, by the United States District Court for the District of Maryland, ORDERED that:

1. The motion to reconsider, or in the alternative, certify for interlocutory appeal filed by Plaintiff Jesse Hammons (ECF No. 56) BE, and the same hereby IS, DENIED; and

2. The clerk will transmit copies of the Memorandum Opinion and this Order to counsel for the parties.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

ORDER

For the reasons stated in the foregoing Memorandum Opinion, it is this 6th day of April, 2022, by the United States District Court for the District of Maryland, ORDERED that:

1. The motion for leave to amend filed by Defendants University of Maryland Medical System Corporation, UMSJ Health System, LLC, and University of Maryland St. Joseph Medical Center, LLC (ECF No. 73) BE, and the same hereby IS, GRANTED;

2. The Defendants are directed to file the proposed amended answer; and

3. The clerk will transmit copies of the Memorandum Opinion and this Order to counsel for the parties.

/s/
DEBORAH K. CHASANOW
United States District Judge

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

FIRST AMENDED ANSWER TO COMPLAINT

Pursuant to Rule 12 of the Federal Rules of Civil Procedure, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph LLC") (collectively, "Defendants"), submit the following answer and affirmative defenses to Plaintiff Jesse Hammons's Complaint (ECF No. 1).

INTRODUCTION

1. UMMS, through its wholly owned subsidiaries UMSJ LLC and St. Joseph LLC (collectively, "Defendants"), owns and operates a hospital in Towson, Maryland under the name of University of Maryland St. Joseph Medical Center. Defendants are instrumentalities of the State of Maryland and subject to the First Amendment's Establishment Clause and the Fourteenth Amendment's Equal Protection Clause. But, in violation of those constitutional obligations, Defendants operate University of Maryland St. Joseph Medical Center as a Catholic institution, guided by "Catholic health care values" and bound by the "Ethical and Religious Directives for Catholic Health Care Services" established by the U.S. Conference of Catholic Bishops (the "Catholic Directives").

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center is located in Towson, Maryland. Defendants further admit Defendants UMSJ and St. Joseph LLC are subsidiaries of Defendant UMMS. The remaining allegations in Paragraph 1 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny the remaining allegations in Paragraph 1 of the Complaint. Except as specifically admitted, Defendants deny the allegations in Paragraph 1 of the Complaint.

2. Plaintiff Jesse Hammons is a man who is transgender. As part of Mr. Hammons's medically necessary treatment relating to his diagnosis of gender dysphoria, Mr. Hammons's surgeon scheduled a hysterectomy to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020. But approximately 7–10 days before Mr. Hammons's scheduled operation, Defendants canceled the surgery based on a discriminatory and unconstitutional application of Catholic religious doctrine.

ANSWER: Defendants admit Mr. Hammons's alleged surgery was scheduled to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020. Defendants also admit Mr. Hammons's alleged surgery did not take place at the University of Maryland St. Joseph Medical Center. Answering further, the allegations in the third sentence of Paragraph 2 of the Complaint assert legal conclusions, to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Additionally, Defendants lack information or knowledge sufficient to form a belief as to the truth of the remaining allegations in Paragraph 2 of the Complaint, and therefore deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 2 of the Complaint.

3. According to the administrators of University of Maryland St. Joseph Medical Center, Mr. Hammons could not receive his medical treatment at the hospital because, in the view of the administrators, Mr. Hammons's treatment would violate Catholic religious doctrine, as announced in the Catholic Directives. The Catholic Directives state that Catholic hospitals may not perform procedures that induce sterility unless "their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." Catholic Directives p.19, ¶ 53. The stated basis for this rule is the Catholic teaching that Catholic health care organizations are not permitted to engage in "immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization." *Id.* p.25, ¶ 70.

ANSWER: Defendants admit Mr. Hammons's alleged surgery did not take place at the University of Maryland St. Joseph Medical Center. Defendants further admit the Ethical and Religious Directives for Catholic Health Care Services ("ERDs") are referenced at the University of Maryland St. Joseph Medical Center. The remaining allegations in Paragraph 3 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Defendants further deny all allegations in Paragraph 3 of the Complaint that are based on the alleged beliefs or thoughts of third-parties. Except as specifically admitted, Defendants deny the allegations in Paragraph 3 of the Complaint.

4. Hysterectomies are procedures that induce sterility. On information and belief, however, University of Maryland St. Joseph Medical Center routinely performs hysterectomies when they are medically necessary to treat a diagnosed condition other than gender dysphoria. When they canceled Mr. Hammons's medically necessary surgery, Defendants thus treated Mr.

Hammons—as a man who is transgender—differently from non-transgender patients who require medically necessary hysterectomies for other medical conditions.

ANSWER: Defendants admit hysterectomies have been performed at the University of Maryland St. Joseph Medical Center, but Defendants deny hysterectomies are "routinely" performed at the University of Maryland St. Joseph Medical Center. The remaining allegations in Paragraph 4 of the Complaint assert legal conclusions, to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 4 of the Complaint.

5. An instrumentality of the state may not operate a Catholic hospital or deny medical care to transgender patients based on Catholic religious beliefs. By invoking Catholic religious doctrine as a basis for canceling Mr. Hammons's medically necessary surgery, Defendants violated the Establishment Clause of the First Amendment. And by subjecting Mr. Hammons to different and unequal treatment, Defendants also violated the Equal Protection Clause of the Fourteenth Amendment and Section 1557 of the Affordable Care Act.

ANSWER: The allegations in Paragraph 5 assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

JURISDICTION AND VENUE

6. This Court has subject matter jurisdiction over this action pursuant to Article III of the United States Constitution and 28 U.S.C. §§ 1331, 1343.

ANSWER: The allegations in Paragraph 6 assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

7. Venue is proper in this judicial district pursuant to 28 U.S.C. § 1391(b), and the Court has personal jurisdiction over the Defendants because Defendants each hold themselves out as corporations under the laws of the State of Maryland; because they each reside in this District; and because a substantial part of the events or omissions giving rise to this action occurred and are occurring in this District.

ANSWER: The allegations in Paragraph 7 assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants state that venue is proper in this judicial district and that this Court has personal jurisdiction over Defendants.

PARTIES

8. Plaintiff Jesse Hammons resides in Baltimore, Maryland.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 8 of the Complaint, and therefore deny those allegations.

9. UMMS is a "nonprofit, nonstock corporation" in the State of Maryland. Md. Code Educ. § 13-302(7). UMMS was created by statute. *See id.* § 13-301, *et seq.* All of the voting members of its Board of Directors are appointed by the Governor of Maryland. Id. § 13-304(b). According to its authorizing statute, UMMS is intended to serve "the highest public interest" and its purposes "are essential to the public health and welfare" of the State. *Id.* § 13-302(4). UMMS's offices are located at 250 W. Pratt St., Baltimore, Maryland 21201.

ANSWER: Defendants admit Defendant UMMS is located at 250 W. Pratt St., 24th Floor, Baltimore, Maryland 21201. Defendants further admit Defendant UMMS's voting members of its Board of Directors are appointed by the Governor of Maryland. The remaining allegations in Paragraph 9 of the Complaint assert legal conclusions to which no response is

required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 9 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text. Except as specifically admitted, Defendants deny the allegations in Paragraph 9 of the Complaint.

10. UMSJ LLC is a wholly owned subsidiary of UMMS. UMSJ LLC was organized on or about February 12, 2013, by the then-General Counsel of UMMS, Megan M. Arthur, as Authorized Person. According to its articles of incorporation, the company was "organized and shall be operated exclusively (i) in furtherance of the charitable, scientific and educational purposes of, (ii) for the benefit of, (iii) to perform the functions of and (iv) to carry out the purposes of: University of Maryland Medical System Corporation." On information and belief, UMMS created UMSJ LLC for the sole purpose of owning and operating University of Maryland St. Joseph Medical Center. At its inception, UMSJ LLC's principal office was located at 250 W. Pratt St., Baltimore, Maryland 21201 (which is also the address of UMMS's offices). Now its principal office is located at 7601 Osler Drive, Towson, Maryland 21204 (the hospital's address).

ANSWER: Defendants admit that Defendant UMSJ is located at 7601 Osler Drive, Towson, Maryland 21204. Defendants further admit Defendant UMSJ is a subsidiary of Defendant UMMS. Answering further, the allegations in Paragraph 10 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Additionally, to the extent the allegations in Paragraph 10 of the Complaint assert legal conclusions, no response is required. To the extent a response is deemed required,

Defendants deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 10 of the Complaint.

11. Defendant St. Joseph LLC is a wholly owned subsidiary of UMSJ LLC. St. Joseph LLC was organized under the name "Northeastern Maryland Regional Health System, LLC" on or about April 25, 2012, by then-General Counsel of UMMS, Megan M. Arthur, as Authorized Person. According to its articles of incorporation, among the stated "charitable purposes" of this new entity was "[t]o maintain a hospital in northeastern Maryland." On or about August 1, 2012, the new entity's name was changed to its present name: University of Maryland St. Joseph Medical Center, LLC. On information and belief, UMMS created this entity for the sole purpose of purchasing the existing St. Joseph hospital. At its inception, St. Joseph LLC's principal office was located at 250 W. Pratt St., Baltimore, Maryland 21201 (which is also the address of UMMS's offices). Now, its principal office is located at 7601 Osler Drive, Towson, Maryland 21204 (the address of the hospital).

ANSWER: Defendants admit Defendant St. Joseph LLC is located at 7601 Osler Drive, Towson, Maryland 21204. Defendants also admit Defendant St. Joseph LLC is a subsidiary of Defendant UMSJ. Answering further, the allegations in Paragraph 11 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Additionally, to the extent the allegations in Paragraph 11 of the Complaint assert legal conclusions, no response is required. To the extent a response is deemed required, Defendants deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 11 of the Complaint.

12. St. Joseph LLC owns and operates a hospital known as University of Maryland St. Joseph Medical Center located at 7601 Osler Drive, Towson, Maryland 21204. University of Maryland St. Joseph Medical Center holds itself out as "an integral member of UMMS."

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center is located at 7601 Osler Drive, Towson, Maryland 21204. The remaining allegations in Paragraph 12 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Answering further, to the extent the allegations in Paragraph 12 assert legal conclusions, no response is deemed required. To the extent a response is deemed required, Defendants deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 12 of the Complaint.

13. On information and belief, University of Maryland St. Joseph Medical Center adheres to the Catholic Directives in administering care pursuant to a written agreement with UMMS. University of Maryland St. Joseph Medical Center advertises that it provides treatment in accordance with its "core values" of "[r]everence" and "[r]espect for all people as God's loved children."

ANSWER: Defendants admit the ERDs are referenced at the University of Maryland St. Joseph Medical Center. Defendants further admit that core values related to providing service and compassionate care to patients are also referenced at the University of Maryland St. Joseph Medical Center. Answering further, the remaining allegations in Paragraph 13 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents

that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 13 of the Complaint.

14. On information and belief, UMMS, UMSJ LLC, and St. Joseph LLC receive federal funds.

ANSWER: Defendants admit they have received payments for patient procedures covered by Medicare and Medicaid. Except as specifically admitted, Defendants deny the allegations in Paragraph 14 of the Complaint.

FACTUAL ALLEGATIONS

Maryland Creates UMMS as a Quasi-Private Corporation While Retaining State Control

15. Under Maryland law, the public University System of Maryland (the "University") is designated as "an instrumentality of the State and a public corporation" and "an independent unit of State government." Md. Code Educ. § 12-102(a). For almost a century, from 1897 to 1984, the University operated the University of Maryland Medical Center and referred to it as "University Hospital."

ANSWER: The allegations in Paragraph 15 assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 15 purport to quote, summarize, or derive from the Code of Maryland and other documentary evidence, which speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

16. In 1984, the Maryland General Assembly passed a statute transferring the assets and liabilities of the University of Maryland Medical Center to a new corporation called the "University of Maryland Medical System Corporation"—UMMS. *See id.* § 13-301, *et seq.*

ANSWER: The allegations in Paragraph 16 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 16 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

17. The statute declared UMMS to be an independent corporation and not a State agency, and the statute provided that UMMS "is not subject to any provisions of law affecting only governmental or public entities." *Id.* § 13-303(a)(2). Nevertheless, the statute reaffirmed that the new UMMS would continue to serve the same governmental purposes that it had served for nearly one hundred years when University Hospital was operated by a unit of State government. To that end, the statute's legislative findings declared:

> (1) The purposes of the medical system are to provide medical care of the type unique to University medical facilities for the citizens of the State and region and, in accomplishing this objective, to provide a clinical context for education and research conducted by the faculty of the University;
>
> (2) The purposes extend to all citizens of the State, particularly regarding health care needs which only an academic medical institution can adequately meet such as extensive tertiary care, major shock trauma treatment, and sophisticated surgical techniques;
>
> (3) The purposes also include rendering comprehensive health care to the community naturally served by University Hospital to assure its availability to citizens of that community;
>
> (4) These purposes separately and collectively serve the highest public interest and are essential to the public health and welfare, but must be realized in the most efficient manner and at the lowest cost practicable and consistent with these purposes[.]

Id. § 13-302.

ANSWER: The allegations in Paragraph 17 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants

deny those allegations. Answering further, the allegations in Paragraph 17 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

18. The statute specifically required that UMMS "[s]hall provide for and maintain . . . comprehensive services for patient populations naturally served by University Hospital, including uncompensated care and outpatient care," and "[s]hall maintain, create, and develop specialty care services . . . to meet the needs of the State and region." *Id.* § 13-303(c).

ANSWER: The allegations in Paragraph 18 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 18 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

19. The statute also included a nondiscrimination provision, which stipulated that "[t]he Board of Directors shall operate the medical system without discrimination based upon race, creed, sex, or national origin." *Id.* § 13-303(d).

ANSWER: The allegations in Paragraph 19 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 19 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

20. Under the statute, the State of Maryland continues to exercise ultimate authority and control over the governance of UMMS. By statute, the Governor appoints all voting members on UMMS's Board of Directors, two of whom must be nominated by the President of

the Senate and Speaker of the House of Delegates, respectively. *Id.* § 13-304(b) & (c)(5). The Governor also fills any vacancies on the Board. *See id.* § 13-304(d)(4). In addition, the corporation could not exist until its articles of incorporation were approved by the Board of Public Works, a State agency. *Id.* § 13-303(a)(1).

ANSWER: The allegations in Paragraph 20 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 20 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

21. Further, if the University Board of Regents and the Board of Public Works determine that UMMS has failed to realize the purposes set forth in its enacting statute, they have the power to terminate UMMS. *See id.* § 13-311(c).

ANSWER: The allegations in Paragraph 21 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 21 purport to quote, summarize, or derive from the Code of Maryland, which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

22. In light of these facts, Maryland's highest court has authoritatively determined that "UMMS is an instrumentality of the State." *Napata v. Univ. of Md. Med. Sys. Corp.*, 12 A.3d 144, 151 (Md. 2011).

ANSWER: The allegations in Paragraph 22 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 22 purport to quote,

summarize, or derive from *Napata v. Univ. of Md. Med. Sys. Corp.*, 12 A.3d 144 (Md. 2011), which speaks for itself, and Defendants deny any characterization of its contents that is inconsistent with its text.

23. The State of Maryland's own website recognizes that UMMS is an instrumentality of the State:

> Although it established the University of Maryland Medical Center (UMMS) as an ostensibly private corporation, the General Assembly ensured that the State would continue to play a prominent role in the System's governance when it required that the UMMS's articles of incorporation and the initial transfer of assets from the State be approved by the Board of Public Works, that the voting members of the Board be Governor's appointees, and that there be continuing operational coordination between UMMS and the University. In addition, it required that the Center continue as a teaching hospital for the University of Maryland [a unit of the State] and that it enter annual contracts with the University with limited authority to establish nonprofit or for-profit subsidiaries (98 Opinions of the Attorney General 114, November 21, 2013).

ANSWER: The allegations in Paragraph 23 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 23 purport to summarize, quote, or derive from documentary evidence or electronic sources, which speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

24. For these and other reasons, UMMS is an instrumentality of the State of Maryland for purposes of the state action doctrine, making the guarantees of the First and Fourteenth Amendments to the United States Constitution binding on UMMS. *See Lebron v. Nat'l R.R. Passenger Corp.*, 513 U.S. 374, 399 (1995) ("We hold that where, as here, the Government creates a corporation by special law, for the furtherance of governmental objectives, and retains for itself permanent authority to appoint a majority of the directors of

that corporation, the corporation is part of the Government for purposes of the First Amendment.").

ANSWER: The allegations in Paragraph 24 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations in Paragraph 24 purport to quote, summarize, or derive from *LeBron v. Nat'l R.R. Passenger Corp.*, 513 U.S. 374 (1995), which speaks for itself, and Defendants deny any characterization its contents that is inconsistent with its text.

UMMS Acquires St. Joseph Hospital and Agrees to Maintain the Hospital's "Catholic Identity"

25. On information and belief, St. Joseph Hospital was originally founded by the Sisters of St. Francis of Philadelphia and operated as a private Catholic hospital until 2012. From 1996 to 2012 it was operated by Catholic Health Initiatives, a consortium of three Catholic health care systems and 10 congregations.

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center was originally founded by the Sisters of St. Francis of Philadelphia. Defendants further admit the University of Maryland St. Joseph Medical Center became part of Catholic Health Initiatives, a consortium of three Catholic health care systems and 10 congregations, from approximately 1996 to 2012. Answering further, to the extent the allegations in Paragraph 25 of the Complaint assert legal conclusions, no response is required. To the extent a response is deemed required, Defendants deny those allegations. Additionally, to the extent the allegations in Paragraph 25 of the Complaint purport to summarize, quote, or derive from documentary evidence, such documents speak for themselves, and Defendants deny any characterization of

their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 25 of the Complaint.

26. In or about early 2012, Catholic Health Initiatives began searching for financial assistance as a result of a series of lawsuits and other difficulties that left the hospital in financial distress, losing $3 million a month, and its very survival in jeopardy. Catholic Health Initiatives put the hospital up for sale. UMMS expressed interest in acquiring the hospital and bringing it into the University of Maryland system. Merger negotiations began.

ANSWER: Defendants admit Defendant UMMS and Catholic Health Initiatives entered negotiations for the sale and acquisition of the University of Maryland St. Joseph Medical Center in approximately 2012. Defendants further admit the University of Maryland St. Joseph Medical Center was in poor financial condition in approximately 2012. Except as specifically admitted, Defendants deny the allegations in Paragraph 26 of the Complaint.

27. A sticking point in the negotiations was whether the hospital would continue to be run as a Catholic institution. Historically, the hospital had adhered to the Catholic Directives in administering care. The Catholic Church, even as it sought to divest itself of the hospital, was adamant that the hospital should continue to follow the Catholic Directives under its new ownership.

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center has a Catholic heritage and the ERDs are referenced at the University of Maryland St. Joseph Medical Center. Defendants further admit that the University of Maryland St. Joseph Medical Center's maintenance of its Catholic heritage and reference of the ERDs were raised during the acquisition process. Answering further, Defendants deny all allegations in Paragraph 27 of the Complaint that are based on the alleged beliefs or thoughts of third-parties. Except as specifically admitted, Defendants deny the allegations in Paragraph 27 of the Complaint.

28. The Catholic Directives, developed and published by the U.S. Conference of Catholic Bishops, reflect Catholic religious ideals pertaining to health care. The Catholic Directives state that health care must "respect the sacredness of every human life from the moment of conception until death," Catholic Directives at p.8, and "must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church," *id.* at p.8, ¶ 1. They also state that "Catholic health care services must adopt these Directives as policy" and "require adherence to them within the institution as a condition for medical privileges and employment." *Id.* at p.9, ¶ 5.

ANSWER: The allegations in Paragraph 28 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

29. The Catholic Directives prohibit certain types of care that would ordinarily be available to patients in secular facilities, including other hospitals in the UMMS system. For example, the Catholic Directives specifically prohibit a rape victim from receiving treatments "that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum." *Id.* at p.15, ¶ 36. The directives also ban abortion in all cases, without exception. *Id.* at p.18, ¶ 45. In addition, though they permit married couples to "limit the number of their children by natural means," the Catholic Directives entirely bar "contraceptive interventions that either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible." *Id.* at p.16 (internal quotation marks omitted).

ANSWER: The allegations in Paragraph 29 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Answering further, to the extent the allegations in Paragraph 29 assert legal conclusions, no response is required. To the extent a response is deemed required, Defendants deny those allegations. Defendants deny the remaining allegations in Paragraph 29 of the Complaint.

30. As relevant to Mr. Hammons, the Catholic Directives state that "[d]irect sterilization of either men or women, whether permanent or temporary, is not permitted," with a lone exception: "Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." *Id.* at p.19, ¶ 53.

ANSWER: The allegations in Paragraph 30 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Answering further, to the extent the allegations in Paragraph 30 assert legal conclusions, no response is required. To the extent a response is deemed required, Defendants deny those allegations.

31. A central focus during negotiations with UMMS was whether the hospital would continue to impose the Catholic Directives on its patients and staff under new ownership. Church law forbade the sale of the hospital to a non-Catholic entity unless officials from the Archdiocese of Baltimore and the Vatican itself provided their approval. Cardinal O'Brien, the head of the Archdiocese of Baltimore at the time, expressed disappointment about UMMS's selection as the purchaser of the hospital and promised the Church would "do everything

possible in the months and years ahead" to keep the hospital a fundamentally Catholic institution.

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center's maintenance of its Catholic heritage and reference of the ERDs were raised during the acquisition process. Answering further, the allegations in the second sentence of Paragraph 31 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Additionally, the allegations in Paragraph 31 purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the remaining allegations in Paragraph 31 of the Complaint.

32. On information and belief, as a condition to closing the deal, UMMS signed a written agreement with the Catholic Church promising to continue running the hospital as a Catholic institution and to continue operating under the Catholic Directives. Archbishop Lori, who had recently succeeded Cardinal O'Brien as head of the Baltimore Diocese, told the press that the agreement "will ensure that St. Joseph's will continue this long tradition of providing faith-filled care throughout this new chapter in the hospital's storied history."

ANSWER: Defendants admit that a written agreement was entered into for the acquisition of the University of Maryland St. Joseph Medical Center, but Defendants deny that the "Catholic Church" was a party to the agreement. Defendants further admit the ERDs are referenced at the University of Maryland St. Joseph Medical Center and its Catholic heritage is maintained as a result of the acquisition. Answering further, the allegations in Paragraph 32 purport to summarize, quote, or derive from documentary evidence. Such documents speak for

themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 32 of the Complaint.

33. In or about December of 2012, UMMS formally acquired the hospital for over $200 million.

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center was purchased for over $200 million. Except as specifically admitted, Defendants deny the remaining allegations of Paragraph 33 of the Complaint.

The State of Maryland Operates the Hospital as a Catholic Institution

34. Since the acquisition, UMMS and its subsidiaries have continued to operate University of Maryland St. Joseph Medical Center as a Catholic institution, just as when the hospital was owned and operated by a private religious entity. For example, the hospital's website advertises that it is a "Catholic acute care hospital that observes the Ethical and Religious Directives for Catholic Health Care Services."

ANSWER: Defendants admit the University of Maryland St. Joseph Medical Center has a Catholic heritage that has been maintained following its acquisition in 2012. Answering further, the allegations in Paragraph 34 of the Complaint purport to summarize, quote, or derive from documentary evidence or electronic sources, which speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 34 of the Complaint.

35. While it continues to be operated as a religious institution, University of Maryland St. Joseph Medical Center derives substantial benefits from being purchased by, and publicly associated with, an arm of the Maryland State government. University of Maryland St.

Joseph Medical Center advertises itself an "integral member of University of Maryland Medical System."

ANSWER: The allegations in Paragraph 35 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Answering further, the allegations contained in the second sentence of Paragraph 35 purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

36. As alleged above, St. Joseph LLC is a wholly owned subsidiary of UMSJ LLC. On information and belief, USMJ LLC and St. Joseph LLC are corporate alter egos. On information and belief, they share a common Board of Directors and a common management structure. Both entities—in separate public filings with the State and Federal governments—have held themselves out as owning and operating the University of Maryland St. Joseph Medical Center.

ANSWER: Defendants admit Defendant St. Joseph LLC is a subsidiary of Defendant UMSJ. Answering further, the allegations in Paragraph 36 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Additionally, the allegations in Paragraph 36 purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 36 of the Complaint.

37. UMMS and its officials are pervasively entwined with the management and governance of UMSJ LLC and St. Joseph LLC, such that the activity of these entities is State action. By way of example, UMMS is entitled to elect one or more board members of the governing body of both entities. Their financial books are maintained in the care of S. Michelle Lee, UMMS's Chief Financial Officer. And, every decision "must be approved by UMMS." On information and belief, that includes the decision to impose the Catholic Directives on the hospital's patients and staff, a direct consequence of which was the cancellation of Mr. Hammons's scheduled surgery.

ANSWER: The allegations in Paragraph 37 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny the allegations in Paragraph 37 of the Complaint. Answering further, the allegations in Paragraph 37 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Defendants deny all remaining allegations in Paragraph 37.

38. Moreover, the personnel involved in the creation of the ostensibly private subsidiaries of UMMS and the purchase of the hospital were UMMS personnel. Corporate charter documents of both USMJ LLC and St. Joseph LLC were executed by the then-General Counsel of UMMS, Megan M. Arthur. Ms. Arthur also served as resident agent of St. Joseph LLC until her retirement from UMMS in the wake of the recent Healthy Holly scandal, involving self-dealing by the UMMS board of directors. Now, UMMS's Office of General Counsel serves as the resident agent of St. Joseph LLC (and the Senior Associate Counsel for

UMMS, Adil Daudi, is listed as the General Partner of UMSJ LLC on the corporate filing with the Maryland Secretary of State effecting that change).

ANSWER: Defendants admit Megan M. Arthur was previously the General Counsel of Defendant UMMS. The remaining allegations in Paragraph 38 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 38 of the Complaint.

39. The Article of Transfer memorializing the purchase of the hospital from the Catholic Church was signed by Robert Chrencik as Authorized Agent for the Transferee St. Joseph LLC. At the time, Mr. Chrencik was the President and CEO of UMMS. (He later resigned in the fallout of the Healthy Holly scandal.).

ANSWER: Defendants admit Mr. Robert Chrencik previously served as President and CEO of Defendant UMMS. The remaining allegations in Paragraph 39 purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny all remaining allegations in Paragraph 39 of the Complaint.

40. This pervasive entwinement between UMMS, UMSJ LLC, St. Joseph LLC, and University of Maryland St. Joseph Medical Center means that the actions of UMSJ LLC and St. Joseph LLC are the actions of UMMS, which is an instrumentality the State of Maryland.

ANSWER: The allegations in Paragraph 40 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

Transgender Individuals and Gender Dysphoria

41. Gender identity is a well-established medical concept, referring to one's deeply felt sense of oneself as belonging to a particular gender. Although the precise origins of each person's gender identity are not fully understood, experts agree that it likely results from a combination of biological factors as well as social, cultural, and behavioral factors. The medical consensus is that gender identity, regardless of its precise etiology, is deeply rooted and cannot be voluntarily changed.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the allegations in Paragraph 41 of the Complaint, and therefore deny those allegations. To the extent the allegations in Paragraph 41 purport to summarize, quote, or derive from documentary evidence, such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Answering further, Defendants deny all allegations in Paragraph 41 of the Complaint that are based on the alleged viewpoints or opinions of third-parties.

42. Typically, people who are designated female at birth based on their external anatomy go on to identify as girls or women, and people who are designated male at birth go on to identify as boys or men. For transgender individuals, however, their gender identity differs from the sex assigned to them at birth.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the allegations in Paragraph 42 of

the Complaint, and therefore deny those allegations. To the extent the allegations in Paragraph 42 purport to summarize, quote, or derive from documentary evidence, such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

43. Transgender men are men who were assigned "female" at birth, but have a male gender identity. Transgender women are women who were assigned "male" at birth, but have a female gender identity.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the allegations in Paragraph 43 of the Complaint, and therefore deny those allegations. To the extent the allegations in Paragraph 43 purport to summarize, quote, or derive from documentary evidence, such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

44. Being transgender is not a mental disorder. People who are transgender have no impairment in judgment, stability, reliability, or general social or vocational capabilities solely because of their transgender status. But transgender people may require treatment for "gender dysphoria," the diagnostic term for the clinically significant emotional distress experienced as a result of the incongruence of one's gender with their assigned sex and the physiological developments associated with that sex. Gender dysphoria is a serious medical condition codified in the Diagnostic and Statistical Manual of Mental Disorders ("DSM-V") and International Classification of Diseases ("ICD-10"). The criteria for diagnosing gender dysphoria are set forth in the DSM-V (302.85).

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the allegations in Paragraph 44 of the Complaint, and therefore deny those allegations. To the extent the allegations in Paragraph 44 of the Complaint purport to summarize, quote, or derive from documentary evidence, such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

45. The widely accepted standards of care for treating gender dysphoria are published by the World Professional Association for Transgender Health ("WPATH"). The WPATH standards of care have been recognized as the authoritative standards of care by the leading medical organizations and the U.S. Department of Health and Human Services.

ANSWER: Defendants admit the World Professional Association for Transgender Health ("WPATH") has published a document titled "Standards of Care." The remaining allegations in Paragraph 45 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Answering further, Defendants deny any allegations that are based on the alleged beliefs or opinions of third-parties. Except as specifically admitted, Defendants deny the allegations in Paragraph 45 of the Complaint.

46. Under the WPATH standards, medically necessary treatment for gender dysphoria may require medical steps to affirm one's gender identity and transition from living as one gender to another. This treatment, often referred to as transition-related care, may include hormone therapy, surgeries (sometimes called "sex reassignment surgery" or "gender

affirming surgery"), and other medical services that align an individual's body with their gender identity.

ANSWER: The allegations in Paragraph 46 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

47. Under the WPATH standards, the exact medical treatment varies based on the individualized needs of the person. Under each patient's treatment plan, the goal is to enable the individual to live all aspects of their life consistent with their gender identity, thereby eliminating the distress associated with the incongruence.

ANSWER: The allegations in Paragraph 47 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text.

48. Hysterectomy is surgery to remove a patient's uterus. In addition to treating gender dysphoria, hysterectomies are performed to treat a number of health conditions, including uterine fibroids, endometriosis, pelvic support problems, abnormal uterine bleeding, chronic pelvic pain, and gynecological cancer. A patient can no longer become pregnant after undergoing a hysterectomy. Thus, hysterectomy is an inherently sterilizing procedure, regardless of the reason for which it is performed. According to the U.S. Department of Health and Human Services, hysterectomy is the second-most common surgery, after a Caesarean section, among women in the United States.

ANSWER: Defendants admit the allegations in the first sentence of Paragraph 48 of the Complaint. Answering further, Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the remaining

allegations in Paragraph 48 of the Complaint, and therefore deny those allegations. Additionally, the allegations in Paragraph 48 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 48 of the Complaint.

49. Transgender men often require a hysterectomy as a gender-affirming surgical treatment for gender dysphoria. The United States Transgender Discrimination Survey in 2015, which surveyed almost 28,000 transgender people, found that 14% of transgender men surveyed had undergone a hysterectomy, and 57% wanted to undergo a hysterectomy. According to every major medical organization and the overwhelming consensus among medical experts, treatments for gender dysphoria, including surgical procedures such as hysterectomy, are effective, safe, and medically necessary.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the medical conclusions as framed and alleged in the allegations in Paragraph 49 of the Complaint, and therefore deny those allegations. Answering further, the allegations in Paragraph 49 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Additionally, Defendants deny any allegations that are based on the alleged beliefs or opinions of third-parties.

50. In the past, public and private insurance companies excluded coverage for transition-related care based on the assumption that such treatments were cosmetic or experimental. Today, however, transition-related surgical care is routinely covered by public and private insurance programs, including Medicare and Maryland Medicaid. The American

Medical Association, the American Psychological Association, the American Psychiatric Association, the American College of Obstetricians and Gynecologists, and other major medical organizations have issued policy statements and guidelines supporting healthcare coverage for transition-related care as medically necessary under contemporary standards of care.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 50 of the Complaint, and therefore deny those allegations.

Mr. Hammons's Medically Necessary Treatment for Gender Dysphoria

51. Plaintiff Jesse Hammons is a man who is transgender, which means that he has a male gender identity, but the sex assigned to him at birth was female.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 51 of the Complaint, and therefore deny those allegations.

52. In accordance with the WPATH Standards of Care, Mr. Hammons's treating physicians recommended that he receive a hysterectomy as a medically necessary treatment for gender dysphoria. Mr. Hammons satisfied all of the criteria for a medically necessary hysterectomy under the WPATH Standards of Care.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 52 of the Complaint, and therefore deny those allegations.

53. Mr. Hammons scheduled a hysterectomy to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020.

ANSWER: Defendants admit Mr. Hammons's alleged surgery was scheduled to be performed at University of Maryland St. Joseph Medical Center on January 6, 2020. Except as specifically admitted, Defendants deny the allegations in Paragraph 53 of the Complaint.

54. In planning for his surgery, Mr. Hammons underwent pre-operative blood tests, an echocardiogram, and other health screenings with his treating physician. Mr. Hammons scheduled the surgery to be performed during a break from school and arranged to take off time from work for his surgery and recovery.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 54 of the Complaint, and therefore deny those allegations.

55. Like many transgender people, Mr. Hammons experiences anxiety and increased dysphoria when discussing any of his anatomical characteristics that are typically associated with his sex assigned at birth. In planning for his surgery, he worked hard over several months to mentally prepare himself for the experience.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 55 of the Complaint, and therefore deny those allegations.

56. Approximately 7–10 days before Mr. Hammons's surgery was scheduled to take place, University of Maryland St. Joseph Medical Center's Senior Vice President for Medical Affairs and Chief Medical Officer, Gail Cunningham, ordered the surgery canceled. Dr. Cunningham told Mr. Hammons's surgeon that he could not perform Mr. Hammons's hysterectomy because the surgery conflicted with the hospital's Catholic religious beliefs and the Catholic Directives.

ANSWER: Defendants admit Mr. Hammons's alleged surgery did not take place at the University of Maryland St. Joseph Medical Center. Defendants further admit Dr. Cunningham serves as the University of Maryland St. Joseph Medical Center's Senior Vice President for Medical Affairs and Chief Medical Officer. Defendants also admit Dr. Cunningham spoke with Mr. Hammons's surgeon and informed his surgeon that the alleged surgery could not be performed at the University of Maryland St. Joseph Medical Center. Except as specifically admitted, Defendants deny the allegations in Paragraph 56 of the Complaint.

57. The Catholic Directives generally prohibit medical treatments that are primarily intended to induce sterilization, but authorize such procedures "when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." Catholic Directives p.19, ¶ 53. Dr. Cunningham told Mr. Hammons's surgeon that, according to University of Maryland St. Joseph Medical Center's religious beliefs, Mr. Hammons's gender dysphoria did not qualify as a sufficient medical reason to authorize the procedure.

ANSWER: Defendants admit that Dr. Cunningham spoke with Mr. Hammons's surgeon regarding Mr. Hammons's alleged surgery and informed his surgeon the alleged surgery could not be performed at the University of Maryland St. Joseph Medical Center. Answering further, the allegations in the first sentence of Paragraph 57 of the Complaint purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 57 of the Complaint.

58. Dr. Cunningham also told Mr. Hammons's surgeon that performing the hysterectomy and removing an otherwise healthy organ would violate the Catholic Directives'

command to preserve the "functional integrity" of the human body. *Id.* at p.14, ¶ 29. But the Catholic Directives state that "[t]he functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available." *Id.* For example, surgeons at University of Maryland St. Joseph Medical Center remove otherwise healthy tissue to prevent cancer or other diseases. University of Maryland St. Joseph Medical Center also authorizes surgeons to perform purely cosmetic surgeries. Dr. Cunningham, nevertheless, told Mr. Hammons's surgeon that University of Maryland St. Joseph Medical Center did not consider Mr. Hammons's gender dysphoria to be a valid basis under the Catholic Directives to justify disrupting the body's "functional integrity."

ANSWER: Defendants admit patients may seek medical care or treatment at the University of Maryland St. Joseph Medical Center regardless of their gender. Defendants further admit that Dr. Cunningham spoke with Mr. Hammons's surgeon regarding Mr. Hammons's alleged surgery and informed his surgeon the alleged surgery could not be performed at the University of Maryland St. Joseph Medical Center. Defendants also admit procedures to treat cancer or that could be considered cosmetic have been performed at the University of Maryland St. Joseph Medical Center. Answering further, the allegations in Paragraph 58 purport to summarize, quote, or derive from documentary evidence. Such documents speak for themselves, and Defendants deny any characterization of their contents that is inconsistent with their text. Except as specifically admitted, Defendants deny the allegations in Paragraph 58 of the Complaint.

59. When he learned that University of Maryland St. Joseph Medical Center had canceled his medically necessary surgery, Mr. Hammons felt shocked, angry, afraid, and devastated. Mr. Hammons felt that he was being told his health and well-being were not

worthy of being protected, and he felt angry that the hospital—which is part of his own State government—was using other people's religious beliefs to deny him the medical treatment he needed.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 59 of the Complaint, and therefore deny those allegations. Answering further, to the extent the allegations in the second sentence of Paragraph 59 assert legal conclusions, no response is required. To the extent a response is deemed required, Defendants deny those allegations.

60. Mr. Hammons was not able to have his hysterectomy performed until June 24, 2020. As a result of the rescheduling, Mr. Hammons had to spend more money on an additional round of pre-operative tests; he had to spend another six months experiencing gender dysphoria without the therapeutic benefits of the surgery; and he had to spend another six months carrying the stress and anxiety of having to mentally prepare himself for the surgery all over again.

ANSWER: Defendants lack information or knowledge sufficient to form a belief as to the truth of the allegations in Paragraph 60 of the Complaint, and therefore deny those allegations.

COUNT I

VIOLATION OF THE ESTABLISHMENT CLAUSE

61. Plaintiff re-alleges paragraph 1-60 as if fully set forth herein.

ANSWER: Defendants deny the allegations in Paragraph 61 of the Complaint. Count I of the Complaint was dismissed.

62. As alleged above, Defendants are instrumentalities of the State of Maryland for purposes of the First Amendment (incorporated against the states via the Fourteenth Amendment).

ANSWER: Defendants deny the allegations in Paragraph 62 of the Complaint. Count I of the Complaint was dismissed.

63. Pursuant to 42 U.S.C. § 1983, Defendants are state actors liable for monetary and declaratory relief for violations of the Establishment Clause of the First Amendment.

ANSWER: Defendants deny the allegations in Paragraph 63 of the Complaint. Count I of the Complaint was dismissed.

64. Although UMMS is an instrumentality of the state bound by the First Amendment, Defendants may not invoke Maryland's sovereign immunity from suit because, among other things, Maryland has, by statute, disavowed UMMS's status as "a State agency, political subdivision, public body, public corporation, or municipal corporation" and declared that UMMS "is not subject to any provisions of [Maryland] law affecting only governmental or public entities." Md. Code Educ. § 13-303(a)(2). That "statutory disavowal of [a quasi-private corporation's] agency status deprives [it] of sovereign immunity from suit." Lebron, 513 U.S. at 392.

ANSWER: Defendants deny the allegations in Paragraph 64 of the Complaint. Count I of the Complaint was dismissed.

65. Any judgment against UMMS would not be paid by the State: "Obligations of [UMMS]: (1) Are payable only from assets of [UMMS]; and (2) Are not debts or obligations of the University or the State." Md. Code Educ. § 13-310.

ANSWER: Defendants deny the allegations in Paragraph 65 of the Complaint. Count I of the Complaint was dismissed.

66. By purchasing the St. Joseph hospital and signing an agreement to operate the hospital as a Catholic institution and in accordance with the Catholic Directives, UMMS has violated the Establishment Clause by, among other things, (a) creating an impermissible fusion of governmental and religious functions; (b) impermissibly delegating government authority to be exercised in accordance with religious criteria; (c) impermissibly endorsing religion; taking government action that has the primary purpose and effect of advancing religion; creating unconstitutional governmental entanglement with religion; (e) favoring one set of religious beliefs over others; and (f) impermissibly coercing individuals to act in accordance with particular religious beliefs.

ANSWER: Defendants deny the allegations in Paragraph 66 of the Complaint. Count I of the Complaint was dismissed.

67. As a result of Defendants' violations of the Establishment Clause, Plaintiff Jesse Hammons suffered an injury in fact when University of Maryland St. Joseph Medical Center canceled his medically necessary surgery to treat gender dysphoria based on the Catholic Directives.

ANSWER: Defendants deny the allegations in Paragraph 67 of the Complaint. Count I of the Complaint was dismissed.

68. Defendants are liable for their violation of Mr. Hammons's rights under the Establishment Clause pursuant to 42 U.S.C. § 1983.

ANSWER: Defendants deny the allegations in Paragraph 68 of the Complaint. Count I of the Complaint was dismissed.

COUNT II

VIOLATION OF THE EQUAL PROTECTION CLAUSE

69. Plaintiff re-alleges paragraph 1-68 as if fully set forth herein.

ANSWER: Defendants deny the allegations in Paragraph 69 of the Complaint. Count II of the Complaint was dismissed.

70. As alleged above, Defendants are instrumentalities of the State of Maryland for purposes of the Equal Protection Clause of the Fourteenth Amendment.

ANSWER: Defendants deny the allegations in Paragraph 70 of the Complaint. Count II of the Complaint was dismissed.

71. Pursuant to 42 U.S.C. § 1983, Defendants are state actors liable for monetary and declaratory relief for violations of the Equal Protection Clause of the Fourteenth Amendment.

ANSWER: Defendants deny the allegations in Paragraph 71 of the Complaint. Count II of the Complaint was dismissed.

72. Although UMMS is an instrumentality of the state bound by the Fourteenth Amendment, Defendants may not invoke Maryland's sovereign immunity from suit because, among other things, Maryland has, by statute, disavowed UMMS's status as "a State agency, political subdivision, public body, public corporation, or municipal corporation" and declared that UMMS "is not subject to any provisions of [Maryland] law affecting only governmental or public entities." Md. Code Educ. § 13-303(a)(2). That "statutory disavowal of [a quasi-private corporation's] agency status deprives [it] of sovereign immunity from suit." *Lebron*, 513 U.S. at 392.

ANSWER: Defendants deny the allegations in Paragraph 72 of the Complaint. Count II of the Complaint was dismissed.

73. Any judgment against UMMS would not be paid by the State: "Obligations of [UMMS]: (1) Are payable only from assets of [UMMS]; and (2) Are not debts or obligations of the University or the State." Md. Code Educ. § 13-310.

ANSWER: Defendants deny the allegations in Paragraph 73 of the Complaint. Count II of the Complaint was dismissed.

74. By canceling Mr. Hammons's medically necessary surgery to treat gender dysphoria, Defendants discriminated against Mr. Hammons because he is a man who is transgender.

ANSWER: Defendants deny the allegations in Paragraph 74 of the Complaint. Count II of the Complaint was dismissed.

75. Defendants did not cancel Mr. Hammons's surgery based on a generally applicable policy of not performing hysterectomies. Defendants would not have canceled Mr. Hammons's hysterectomy if the surgery had been prescribed as medically necessary treatment for a condition other than gender dysphoria.

ANSWER: Defendants deny the allegations in Paragraph 75 of the Complaint. Count II of the Complaint was dismissed.

76. Because the need to undergo gender transition is a defining aspect of being transgender, discrimination based on whether surgery is part of gender transition is discrimination against transgender individuals as a class.

ANSWER: Defendants deny the allegations in Paragraph 76 of the Complaint. Count II of the Complaint was dismissed.

77. Because gender transition inherently transgresses gender stereotypes, denying medically necessary coverage based on whether surgery is part of gender transition constitutes impermissible discrimination based on gender nonconformity.

ANSWER: Defendants deny the allegations in Paragraph 77 of the Complaint. Count II of the Complaint was dismissed.

78. Discrimination based on the fact that a person is transgender or needs to undergo gender transition is discrimination that would not occur but for the person's sex. *See Bostock v. Clayton Cty., Georgia*, 140 S. Ct. 1731 (2020).

ANSWER: Defendants deny the allegations in Paragraph 78 of the Complaint. Count II of the Complaint was dismissed.

79. Defendants discriminated against Mr. Hammons on the basis of sex, which is subject to heightened scrutiny under the Equal Protection Clause.

ANSWER: Defendants deny the allegations in Paragraph 79 of the Complaint. Count II of the Complaint was dismissed.

80. Defendants discriminated against Mr. Hammons on the basis of transgender status, which is independently subject to heightened scrutiny under the Equal Protection Clause.

a. People who are transgender, as a class, have historically been subject to discrimination.

b. People who are transgender, as a class, have a defining characteristic that bears no relation to an ability to perform or contribute to society.

c. People who are transgender, as a class, exhibit immutable or distinguishing characteristics that define them as a discrete group.

d. People who are transgender, as a class, are a minority with relatively little

political power.

ANSWER: Defendants deny the allegations in Paragraph 80 of the Complaint. Count II of the Complaint was dismissed.

81. Defendants' discrimination against Mr. Hammons was not narrowly tailored to serve a compelling governmental interest.

ANSWER: Defendants deny the allegations in Paragraph 81 of the Complaint. Count II of the Complaint was dismissed.

82. Defendants' discrimination against Mr. Hammons was not substantially related to an important governmental interest.

ANSWER: Defendants deny the allegations in Paragraph 82 of the Complaint. Count II of the Complaint was dismissed.

83. Defendants' discrimination against Mr. Hammons did not rationally further any legitimate governmental interest and was grounded in sex stereotypes, discomfort with gender nonconformity and gender transition, and moral disapproval of people who are transgender.

ANSWER: Defendants deny the allegations in Paragraph 83 of the Complaint. Count II of the Complaint was dismissed.

84. Defendants are liable for their violation of Mr. Hammons's rights under the Equal Protection Clause pursuant to 42 U.S.C. § 1983.

ANSWER: Defendants deny the allegations in Paragraph 84 of the Complaint. Count II of the Complaint was dismissed.

COUNT III

VIOLATION OF SECTION 1557 OF THE AFFORDABLE CARE ACT

85. Plaintiff re-alleges paragraph 1-84 as if fully set forth herein.

ANSWER: Defendants re-affirm and incorporate by reference their answers to Paragraphs 1 through 84 of this Answer in response to Paragraph 85 of the Complaint.

86. Section 1557 provides that "an individual shall not, on the ground prohibited under . . . title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*)"—which prohibits discrimination "on the basis of sex"—"be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance." 42 U.S.C. § 18116(a).

ANSWER: The allegations in Paragraph 86 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

87. Section 1557's prohibition on sex discrimination is enforceable by a private right of action.

ANSWER: The allegations in Paragraph 87 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

88. On information and belief, Defendants receive Federal financial assistance and are, therefore, subject to Section 1557's prohibition on sex discrimination.

ANSWER: Defendants admit they provide services to Federal health care program beneficiaries and receive payments for those services. The remaining allegations in Paragraph 88 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations. Except as specifically admitted, Defendants deny the allegations in Paragraph 88 of the Complaint.

89. By canceling Mr. Hammons's medically necessary surgery to treat gender dysphoria, Defendants discriminated against Mr. Hammons because he is a man who is transgender, and thus discriminated against Mr. Hammons on the basis of sex.

ANSWER: Defendants deny the allegations in Paragraph 89 of the Complaint.

90. Defendants did not cancel Mr. Hammons's surgery based on a generally applicable policy of not performing hysterectomies. Defendants would not have canceled Mr. Hammons's hysterectomy if the surgery had been prescribed as medically necessary treatment for a condition other than gender dysphoria.

ANSWER: Defendants deny the allegations in Paragraph 90 of the Complaint.

91. Because gender transition inherently transgresses sex stereotypes, denying medically necessary coverage based on whether surgery is part of gender transition constitutes impermissible discrimination based on sex under Section 1557.

ANSWER: The allegations in Paragraph 91 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny those allegations.

92. Discrimination based on a person's transgender status or need to undergo gender transition is discrimination that would not occur but for the person's sex in violation of Section 1557. *See Bostock*, 140 S. Ct. 1731.

ANSWER: The allegations in Paragraph 92 of the Complaint assert legal conclusions to which no response is required. To the extent a response is deemed required, Defendants deny the allegations in Paragraph 92 of the Complaint.

93. Pursuant to Section 1557's private right of action, Defendants are liable for their violation of Mr. Hammons's rights under Section 1557.

ANSWER: Defendants deny the allegations in Paragraph 93 of the Complaint.

REQUESTED RELIEF

A. Defendants deny the allegations of Paragraph A of Plaintiff's Requested Relief. Defendants deny Plaintiff is entitled to any relief. Defendants further state they are entitled to attorney's fees and costs of this case and all other relief as the Court may deem just and proper.

B. Defendants deny the allegations of Paragraph B of Plaintiff's Requested Relief. Defendants deny Plaintiff is entitled to any relief. Defendants further state they are entitled to attorney's fees and costs of this case and all other relief as the Court may deem just and proper.

C. Defendants deny the allegations of Paragraph C of Plaintiff's Requested Relief. Defendants deny Plaintiff is entitled to any relief. Defendants further state they are entitled to attorney's fees and costs of this case and all other relief as the Court may deem just and proper.

D. Defendants deny the allegations of Paragraph D of Plaintiff's Requested Relief. Defendants deny Plaintiff is entitled to any relief. Defendants further state they are entitled to attorney's fees and costs of this case and all other relief as the Court may deem just and proper.

E. Defendants deny the allegations of Paragraph E of Plaintiff's Requested Relief. Defendants deny Plaintiff is entitled to any relief. Defendants further state they are entitled to attorney's fees and costs of this case and all other relief as the Court may deem just and proper.

GENERAL DENIAL

Defendants deny all allegations in the Complaint that are not specifically admitted or denied above.

DENIAL OF HEADINGS

Defendants have restated in this Answer the headings as they appear in the Complaint. To the extent the headings purport to assert any factual allegations or legal conclusions, they are denied in their entirety.

DEFENDANTS' AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred by sovereign immunity.

SECOND AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred because Plaintiff lacks standing to assert his claim.

THIRD AFFIRMATIVE DEFENSE

The Complaint fails to state a claim upon which relief can be granted pursuant to Rule 12(b)(6) of the Federal Rules of Civil Procedure.

FOURTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred because Defendants are not the proximate or legal cause of Plaintiff's alleged injury.

FIFTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred in whole or in part to the extent Plaintiff is seeking to recover damages that are speculative in nature.

SIXTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred by the doctrines of waiver, estoppel, and/or laches.

SEVENTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred because Defendants actions were justified.

EIGHTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred to the extent it seeks to hold Defendants jointly liable for conduct attributable only to one party.

NINTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred because Plaintiff has suffered no actual harm or damages.

TENTH AFFIRMATIVE DEFENSE

All actions of Defendants in this matter were taken in good faith and for legitimate, non-discriminatory reasons.

ELEVENTH AFFIRMATIVE DEFENSE

Although Defendants deny that they discriminated against Plaintiff in any way, to the extent that it is determined that an impermissible motive may have been a factor in any decision regarding Plaintiff, which is denied, the same decision would have been reached based upon legitimate and non-discriminatory reasons.

TWELFTH AFFIRMATIVE DEFENSE

Defendants did not engage in any discriminatory conduct.

THIRTEENTH AFFIRMATIVE DEFENSE

Defendants did not act with any discriminatory intent.

FOURTEENTH AFFIRMATIVE DEFENSE

Defendants did not intentionally, deliberately, or knowingly engage in any conduct in violation of any federal or local statute, nor did Defendants exhibit reckless disregard for the requirements of any law or act with malice toward Plaintiff.

FIFTEENTH AFFIRMATIVE DEFENSE

Defendants acted in good faith and had reasonable grounds for believing that their conduct and actions were lawful and in compliance with federal and local law.

SIXTEENTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred by the ecclesiastical abstention doctrine.

SEVENTEENTH AFFIRMATIVE DEFENSE

Plaintiff's Count III of the Complaint is barred as to Defendant St. Joseph LLC by the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq*.

* * *

Defendants reserve the right to amend this Answer and raise additional affirmative defenses should Defendants discover facts that would enable them to raise such additional affirmative defenses.

ATTORNEY'S FEES & COSTS

Defendants are entitled to an award of their costs, including expert costs, and attorney's fees incurred in defending this action in such amount as this Court may deem appropriate. The basis for such award includes, without limitation, 42 U.S.C. § 1988.

PRAYER FOR RELIEF

Defendants pray for judgment against Plaintiff as follows:

1. For an order dismissing Count III of the Complaint with prejudice;

2. For judgment in favor of Defendants on Count III of the Complaint against Plaintiff;

3. For an award of attorney's fees and costs; and

4. Such other and further relief as this Court may deem just and proper.

Dated: April 7, 2022

/s/ Denise Giraudo

Denise Giraudo (Bar No. 29015)
Paul Werner (admitted *pro hac vice*)
Danielle Vrabie (admitted *pro hac vice*)
Imad Matini (admitted *pro hac vice*)
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP
2099 Pennsylvania Ave., N.W., Suite 100
Washington, D.C. 20036
Tel: 202-747-1906
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dgiraudo@sheppardmullin.com
pwerner@sheppardmullin.com
dvrabie@sheppardmullin.com
imatini@sheppardmullin.com

CERTIFICATE OF SERVICE

I hereby certify that on April 7, 2022, Plaintiff's counsel was served with the foregoing document through the Court's Electronic Case Filing System.

/s/ Denise Giraudo
Denise Giraudo

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DECLARATION OF WILLIAM GRESKOVICH

I, WILLIAM GRESKOVICH, declare as follows:

1. I make this Declaration in support of Defendants' University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph"), motion for summary judgment on Plaintiff Jesse Hammons' claim under Section 1557 of the Affordable Care Act.

2. I am currently employed as System Vice President Operations at UMMS. I have held this position since June 2020.

3. In my role as System Vice President Operations, I oversee aspects of UMMS's funding, as well as its healthcare programs.

4. Through my role as System Vice President Operations, I have personal knowledge of UMMS's financial operations, policies, and clinical programs. I am competent to testify about the contents of this Declaration if necessary.

5. UMMS is a not-for-profit corporation providing comprehensive healthcare services through an integrated network of hospitals and clinical enterprises.

6. UMMS operates a regional medical system comprised of 10 Member Organizations with over 150 affiliate physician offices.

7. Each hospital in the UMMS medical network is an independent corporate entity that directly receives its own federal funding for its own health programs and manages those funds in separate accounts.

8. UMMS and its hospitals do not discriminate on the basis of race, creed, sex, or national origin in its operations or provision of health care services.

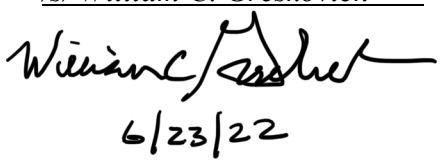
9. UMMS has, among its many programs, a Transgender Health Program, which is dedicated to helping individuals explore medical treatment options regarding their gender identity. This program provides counseling, primary healthcare, and customized case management for transgender individuals.

* * *

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. I further reserve the right to supplement and/or amend this Declaration.

Dated: June 23, 2022.

/s/ William C. Greskovich



6/23/22

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

EVEREST SCOTT CONOVER

April 13, 2022



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DEPOSITION SOLUTIONS

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EsquireSolutions.com

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

----------x

JESSE HAMMONS,)

Plaintiffs,) Case No.:

V.) 1:20-CV-02088-DKC

UNIVERSITY OF MARYLAND MEDICAL)

SYSTEM CORPORATION, ET AL.,)

Defendants.)

----------x Pages 1-64

REMOTE VIDEOTAPED DEPOSITION OF

EVEREST SCOTT CONOVER

Wednesday, April 13, 2022

Towson, MD

Reported by: Sherry L. Brooks

Certified LiveNote Reporter

Job No. J8078717

April 13, 2022

11:30 a.m.

Remote Videotaped deposition via Zoom videoconferencing of Everest Scott Conover at:

Towson, MD

Pursuant to notice, before Sherry L. Brooks, Certified LiveNote Reporter and Notary Public, in and for the State of Maryland.

ON BEHALF OF PLAINTIFF:

Jonathan S. Z. Hermann, Esquire
Joshua M. Goldman, Esquire
1133 Avenue of the Americas
New York, NY 10036
(212) 336-2000
E-mail: JHermann@pbwt.com
E-mail: JGoldman@pbwt.com

ON BEHALF OF DEFENDANTS:

Hannah Wigger, Esquire
Sheppard Mullin
2099 Pennsylvania Avenue, NW
Suite 100
Washington, DC 20006
(202) 747-1900
E-mail: HWigger@SheppardMullin.com

ALSO PRESENT:

George Ellis, Videographer

C O N T E N T S

EXAMINATION OF EVEREST SCOTT CONOVER PAGE

BY MR. HERMANN 6

EXHIBITS PAGE

Exhibit 1 Catholic Identity Agreement 31

Exhibit 2 Second Amended and Restated Operating Agreement 40

Exhibit 3 Catholic Identity Committee Minutes 46

Exhibit 4 Email Dated 1/24/20 - Ben Vanlandingham 50

(Exhibits attached to the transcript.)

P R O C E E D I N G S

- - -

THE VIDEOGRAPHER: We are now on the record. The time is 11:30 a.m. Eastern Standard Time on April 13th, 2022. This begins the videoconference deposition of Scott Conover taken in the matter of Jesse Hammons versus the University of Maryland Medical System Corporation, et al. filed in the United States District Court for the District of Maryland. The Case Number is 1:20-CV-02088-DKC. 11:30

My name is George Ellis. I'm the remote videographer. The court reporter is Sherry Brooks. We are representing Esquire Deposition Solutions. 11:31

Counsel, will you please state your name and who you represent, after which, the court reporter will swear in the witness. 11:31

MR. HERMANN: Good morning. John Hermann, Patterson Belknap Webb & Tyler for the plaintiff, Jesse Hammons. 11:31

MS. WIGGER: Good morning. My name is Hannah Wigger from Sheppard Mullin. I represent defendants. 11:31

- - -

This videotaped deposition is being held via videoconferencing equipment. The witness and reporter are not in the same room. The witness has been sworn in remotely pursuant to agreement of all parties. The parties stipulate that the testimony is being given as if the witness was sworn in person.

* * * * *

EVEREST SCOTT CONOVER

was called for re-examination by counsel and, after having been duly sworn by the Notary, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR DEFENDANT

BY MR. HERMANN:

Q. Good morning. Could you please state your name for the record?

A. Sure, Everest Scott Conover.

Q. Good morning, Mr. Conover.

A. Good morning.

Q. Mr. Conover, have you ever been deposed before?

A. I have not.

Q. Are you familiar with the history of Saint Joe's? 11:54

A. I am. I mean, again, in general terms. 11:55

Q. Sure. Do you know when it was founded? 11:55

A. 1864. 11:55

Q. And it was founded as a private Catholic hospital, right? 11:55

A. It was. 11:55

Q. Owned by the Catholic church? 11:55

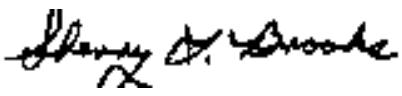
A. I don't know the official ownership structure. I believe that the Sisters of St. Francis, which is a Catholic order, came from Philadelphia to Baltimore and founded the hospital here in Baltimore in 1864. 11:55

But I don't know the series of ownerships and -- you know, that led up to Catholic Health Initiatives owning Saint Joe's and being the entity that sold Saint Joe's to the University of Maryland Medical System. I don't have that particular ownership history in terms of the legacy of the ownership. 11:55

Q. Sure. You mentioned the Catholic Health 11:56

CERTIFICATE OF NOTARY PUBLIC

I, SHERRY L. BROOKS, a Notary Public in and for the STATE OF MARYLAND, before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in Shorthand at the time and place mentioned in the caption hereof and thereafter transcribed by me; that said deposition is a true record of the testimony given by said witness remotely via Zoom videoconferencing; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



SHERRY L. BROOKS
Notary Public in and for
STATE OF MARYLAND

My commission expires: July 9, 2023

ACKNOWLEDGMENT OF DEPONENT

ASSIGNMENT NO.: J8078717

CASE CAPTION: JESSE HAMMONS - V - UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP., ET AL.

DEPONENT: EVEREST SCOTT CONOVER

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the 17th day of May, 2022.

Witness Name

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

FATHER LOUIS ASOBI

April 11, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

----------x

JESSE HAMMONS,)

Plaintiff,)

V.) Case No.

UNIVERSITY OF MARYLAND MEDICAL) 1:20-CV-02088-DKC

SYSTEM CORPORATION, et al.,)

Defendants.)

----------x Pages 1-108

REMOTE VIDEOTAPED DEPOSITION OF

FATHER LOUIS ASOBI

Monday, April 11, 2022

Towson, MD

Reported by: Sherry L. Brooks

Certified LiveNote Reporter

Job No. J8078715

April 11, 2022

10:03 a.m.

Remote videotaped deposition via Zoom videoconferencing of Father Louis Asobi at:

Towson, MD

Pursuant to notice, before Sherry L. Brooks, Certified LiveNote Reporter and Notary Public, in and for the State of Maryland.

ON BEHALF OF PLAINTIFF:

Joshua M. Goldman, Esquire
Jonathan S.Z. Hermann, Esquire
1133 Avenue of the Americas
New York, NY 10036
(212) 336-2000
E-mail: JGoldman@pbwt.com
E-mail: JHermann@pbwt.com

ON BEHALF OF DEFENDANTS:

Hannah Wigger, Esquire
Sheppard Mullin
2099 Pennsylvania Avenue, NW
Suite 100
Washington, DC 20006
(202) 747-1900
E-mail: HWigger@SheppardMullin.com

ALSO PRESENT:

George Ellis, Videographer

C O N T E N T S

EXAMINATION OF FATHER LOUIS ASOBI PAGE

BY MR. GOLDMAN 6

EXHIBITS PAGE

Exhibit 1 Ethical and Religious Directives for for Catholic Health Care Services Sixth Edition 87

Exhibit 2 Transgender Issues in Catholic Health Care 88

(Exhibits attached to transcript.)

P R O C E E D I N G S

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THE VIDEOGRAPHER: We are now on the record. The time is 10:03 Eastern Standard Time on April 11th, 2022. This begins the videoconference deposition of Reverend Louis Asobi taken in the matter of Jesse Hammons versus the University of Maryland Medical System Corporation, et al., filed in the United States District Court for the District of Maryland. The case is number 1:20-CV-02088-DKC.

My name is George Ellis. I am the remote videographer. The court reporter is Sherry Brooks. We are both representing Esquire Deposition Solutions.

Counsel, will you please state your name and who you represent, after which, the court reporter will swear in the witness.

MR. GOLDMAN: Good morning. This is Joshua Goldman from the law firm Patterson Belknap. I represent the plaintiff in this matter, Jesse Hammons.

MS. WIGGER: Good morning. My name is

Hannah Wigger from Sheppard Mullin. I represent defendants.

- - -

This deposition is being held via videoconferencing equipment. The witness and reporter are not in the same room. The witness has been sworn in remotely pursuant to agreement of all parties. The parties stipulate that the testimony is being given as if the witness was sworn in person.

* * * * *

FATHER LOUIS ASOBI

was called for examination by counsel and, after having been duly sworn by the Notary, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR PLAINTIFF

BY MR. GOLDMAN:

Q. Good morning, Father Asobi.

A. Good morning. How are you?

Q. I'm good. How are you, sir?

A. I'm doing well, thank you.

Q. Thank you for taking the time to answer my questions this morning.

Q. Okay. Thank you.

Do you have any other professional licenses or training?

A. No, I don't.

Q. Thank you.

After you completed this education, what did you do for work?

A. I started work as a hospital chaplain. And after that, I did an internal program with Catholic Health Care (sic) Association and moved into Mission Integration.

Q. At what point did you move into Mission Integration?

A. I moved into Mission Integration in 2008.

Q. In 2006. And where was your first position --

A. 2008.

Q. 2008?

A. Yes.

Q. And where was that?

A. That was at Catholic Health Partners, now called Bon Secours Mercy Health, with the corporate

headquarters in Cincinnati, Ohio.

Q. And how long were you there?

A. I was there for nine years.

Q. And after that, where did you go work?

A. After that, I moved to -- to Sacramento, California and worked with CommonSpirit Health in Mission Integration.

Q. And how long were you there?

A. I was there for three years.

Q. Thank you. And after that, where did you work?

A. After that, I'm currently with University of Maryland Saint Joseph Medical Center.

Q. And when did you begin working for Saint Joseph Medical Center?

A. I started at the end of 2019, so I would say that my getting to know myself around was the year 2020.

Q. Did you remember the month that you began working in your current position?

A. Yes, I do. I started at the end of October 2019.

Q. And at the end of October 2019, you were vice president for Mission Integration?
A. Yes.
Q. Do you know someone named Keith Riddle?
A. No.
Q. Was Keith Riddle vice president for Mission Integration before you?
A. I --
MS. WIGGER: Object to form.
You may answer now.
A. I heard he was, but I -- I never knew him, neither do (sic) I ever met him.
BY MR. GOLDMAN:
Q. Okay. Do you know when he stopped working as vice president for Mission Integration?
A. I have no idea.
Q. Is it okay if I refer to Saint Joseph Medical Center as Saint Joseph's?
A. Yeah. You can choose. Either one is fine.
Q. Okay. Father Asobi, generally, how would you describe your role as vice president for Mission

hospitals beginning with the president to the vice president, Mission Integration and the teaching is centered on Catholic theology, Catholic identity, and the ethical and religious directives, so as the (inaudible) that all Catholic hospitals will adhere to those teachings.

Q. And is that entity affiliated with the archdiocese?

MS. WIGGER: Object to form.

A. It is an independent body from the archdiocese because it's nationwide. Dioceses can belong to the association, but they don't report to the -- to one archdiocese.

BY MR. GOLDMAN:

Q. Where is the association located?

A. It's located in St. Louis, Missouri.

Q. Do you know who runs the association?

A. I don't know off the top of my head right now who is -- who is the president.

Q. But to clarify, it is an independent organization?

A. Yes.

Q. Is Saint Joseph's accredited by anyone else, aside from what you mentioned as a Catholic hospital?

A. Not that I know of.

Q. Is Saint Joseph's accredited by the National Catholic Bioethics Center as a Catholic hospital?

A. The National Catholic Bioethics, yes, is accredited in the sense that the archdiocese brings them in to do the Catholic evaluations, from time to time, to be sure we keep to the ethical and religious directives and also that we maintain the Catholic identity.

Q. Okay. So just to help me understand, how does Saint Joseph's get to call itself a Catholic hospital to the public?

MS. WIGGER: Object to form.

A. Saint Joseph's calls itself a Catholic hospital based from the founding history.

As I said earlier, Saint Joseph's was founded by the Catholic Sisters of St. Francis of Philadelphia. And they moved from Philadelphia over

here to Baltimore, then to Towson, and established the hospital in line with the Catholic teaching to provide care to all within the community. And that identity stayed with Saint Joseph's until death.

BY MR. GOLDMAN:

Q. Aside from the association and the National Catholic Bioethics Center, is there any other organization that Saint Joseph's has to -- gets to call them a Catholic hospital?

MS. WIGGER: Object to form.

A. Not that I can recall.

BY MR. GOLDMAN:

Q. Thank you.

As part of your job as vice president of Mission Integration, do you have to prepare any regular reports on Saint Joseph's maintaining its Catholic identity?

A. I do.

Q. When was the last report that you prepared?

A. I just recently finished the report that I presented to the archdiocese for the year 2021 where

it got to all the activities carried out in the hospital here, and I'm here to meet with the archdiocese for their review.

Q. How often do you issue these reports?

A. Annually.

Q. And what topics do you need to include in them?

A. The topics I need to include is: 1) all activities carried out in the hospital to be sure that they are in line with Catholic identity and all the ethics consult (sic) we have to be sure that it's in line with the ethical and religious directives, and then to provide them with services provided by the chaplains to the patients, family members, and to staff.

And if we are having any challenges, that will be embedded in the report.

Q. And who do you share these reports with?

A. I share the report with the president and CEO.

Q. You shared the report and that -- sorry -- strike that.

Do you -- are you referring to Tom Smyth?

A. Yes. I share that with Tom Smyth. After he's okay, I submit it to the archdiocese through the chancellor to the archbishop. And then when they go through it, they will invite me for a meeting where we discuss the content of the report.

Q. So you share a draft of the report with Tom Smyth?

A. Yes.

Q. And then you finalize the report?

A. Yes.

Q. And then you share it with the chancellor?

A. I submit it to the chancellor because he is the gateway to the archbishop.

Q. And who is the chancellor?

A. The chancellor is Dr. Diane Burr.

Q. And for whom does Dr. Diane Burr work for?

A. Dr. Diane Burr works for the archbishop and the archdiocese of Baltimore.

Q. Do you share these reports with anyone else at Saint Joseph's?

A. No.

Q. Do you share these reports with anyone else at UMMS?

A. No.

Q. Do you know whether or not Tom Smyth shares these reports with anyone else at Saint Joseph's?

A. I -- I don't know. I don't know what's involved in his current space.

Q. Thank you. Do you know if Tom Smyth shares them with anyone else at UMMS?

A. He doesn't do that because UMMS has nothing to do with the Catholic identity and ERDs we uphold here at Saint Joseph's with this, specifically at Saint Joseph Medical Center.

Q. Saint Joseph's is affiliated with the University of Maryland Medical Center System, right?

MS. WIGGER: Object to form.

A. The affiliation is partnership in the practice of medicine, not in Catholic identity. The University of Maryland Saint Joseph Medical Center is unique and independent in the practice of Catholic theology and in the practice of the ERD and we take

no directives from UMMS.

BY MR. GOLDMAN:

Q. So my question was: Saint Joseph's is affiliated with the University of Maryland Medical System. So yes or no?

MS. WIGGER: Same objection to form.

A. Yes.

BY MR. GOLDMAN:

Q. To your knowledge, did Saint Joseph's enter into any formal agreements with the University of Maryland Medical System regarding Saint Joseph's Catholic identity?

Yes or no.

A. Yes.

Q. And how did you learn that?

A. I learned that through the Archdiocese of Baltimore.

Q. Have you ever reviewed these agreements?

A. I have.

Q. When was the last time you reviewed these agreements?

A. I reviewed it in February of this year.

Q. Do you review these agreements regularly?

A. I do.

Q. To your knowledge, what was the extent of the agreement between Saint Joseph's and University of Maryland Medical System regarding Saint Joseph's Catholic identity?

MS. WIGGER: Object to form.

You may answer in your personal capacity or personal knowledge.

A. Thank you. My understanding, because I wasn't here when the document was put together, I was informed by the archbishop that when UMMS approached Saint Joe's to be part of UMMS, the archbishop made it clear that Saint Joseph Medical Center will remain Catholic in its practice of medicine.

If they agreed to that, then the relationship could continue. And there was a document called the definitive agreement that UMMS and the Archdiocese of Baltimore signed that, even though Saint Joseph's was a member of UMMS, it would still remain authentically Catholic.

BY MR. GOLDMAN:

Q. Does UMMS ensure that Saint Joseph's remains a Catholic institution?

MS. WIGGER: Object to form.

You may answer in your personal knowledge or personal capacity.

A. UMMS has no -- has nothing to do with Saint Joseph's remaining a Catholic hospital. It is between Saint Joseph's and the Archdiocese of Baltimore.

BY MR. GOLDMAN:

Q. But you just answered -- and feel free to clarify -- that UMMS entered into an agreement to make sure that Saint Joseph's maintained its Catholic heritage; is that right?

MS. WIGGER: Object to form.

A. UMMS signed a document with the Archdiocese of Baltimore that Saint Joseph's would remain Catholic and Saint Joseph's reports to the archdiocese to be sure that they stay Catholic.

BY MR. GOLDMAN:

Q. So it's fair to say that UMMS, by contract, ensures that Saint Joseph's maintains its

Catholic heritage, right?

MS. WIGGER: Object to form. It's a legal conclusion.

A. I -- I don't know an answer to that. I just explained the much (sic) I know.

BY MR. GOLDMAN:

Q. Let me try rephrasing it a different way and then we can move to something else.

You testified that you're aware of an agreement between UMMS and the archdiocese, correct?

A. Yes.

Q. And you also testified that UMMS agreed in that document that Saint Joseph's would maintain its Catholic heritage, correct?

MS. WIGGER: Object to form. It's a legal conclusion.

Now you may answer. Zoom delay.

A. Okay. Yes.

BY MR. GOLDMAN:

Q. Okay. Thank you.

So is it fair to say that by signing that document, as far as you know, having reviewed the

documents, UMMS agreed to ensure that Saint Joseph's would maintain its Catholic heritage? Is that fair to say?

MS. WIGGER: Object to form. It's a legal conclusion.

A. The partnership, as I understand, is Saint Joseph's to practice and remain Catholic and report to the archdiocese, not to report to UMMS that they are practicing the Catholic -- you know, the Catholic faith or the Catholic theology.

It is a relationship as I know -- because I haven't talked to anybody in UMMS about Saint Joe's being Catholic. I only talked with the archdiocese, and that's all I know. The link is between myself and -- and Saint Joe's and the archdiocese, nothing with UMMS. Nothing, zero.

I haven't talked to anybody in UMMS, but I've consistently had conversations with the archbishop, with the chancellor, with the -- with everybody in the archdiocese regarding Saint Joseph's remaining Catholic. But I have zero conversation with anybody or any executives in UMMS with regard to

Saint Joe's remaining Catholic.

BY MR. GOLDMAN:

Q. Thank you. Earlier you said that part of your job deals with the ethical and religious directives for Catholic Health Care Services; is that correct?

A. Yes.

Q. Are those referred to as the ERDs?

A. Yes.

Q. What generally are the ERDs?

A. The ER- -- the ERD is a document put together by the entire body of the United States Catholic Bishops Conference, and that document is put together for all Catholic hospitals in the United States to be a document that will guide them in the practice of medicine.

Q. And what is the basis for your knowledge about the ERDs?

A. The basis of my knowledge is that I studied it. It's part of my education to be the vice president of Mission Integration and I've learned in seminars and workshops for the interpretation of the

document and implementation of the document in all Catholic hospitals within the United States.

Q. And you mentioned that the ERDs are published by the United States Conference of Catholic Bishops; is that correct?

A. Yes.

Q. Have you read the entirety of the ERDs?

A. I have.

Q. And when was the last time you read the entirety of the ERDs?

A. I just read it again over the weekend.

Q. Wonderful. Me, too.

Are the ERDs updated regularly?

A. They're updated based on whenever the bishops conference see it -- when they deem that it is time for a review, they will do that, depending on things happening within the society and in our culture. So right now we are working with the sixth edition.

We don't know whenever they're ready to come up with the seventh edition, so we are working with this just like we did the -- what do you call

that? -- that is used in psychological assessments.

Q. And how do you personally stay informed of updates to the ERDs?

A. I stay informed by a lot of education that comes from Catholic Health Association because they send us modules of education and we have conferences, and we have one coming in Indianapolis, in Vienna in June.

And it's a five-day conference. All we will be discussing within that period will be the ERDs, so we continually educate ourselves on that document.

Q. Does Saint Joseph's implement the most updated version of the ERDs?

A. Yes, because we have no other choice than to follow the one -- the collective bishops of United States published (sic), so that is the one we are using right now at Saint Joe's.

Q. And that is the sixth edition, you said?

A. Yes, the sixth edition.

Q. Have you provided any training to any staff at Saint Joseph's on the ERDs?

A. I have.

Q. Are these formal training sessions?

A. They are more of an informal session. The formal one I did was with the -- with the -- the Institutional Ethics Committee because every member in the committee needs to be well aware and accustomed to this document. When provided as a hire (sic), we orient them in that document and they'll have a copy.

If they have any question of anything they didn't understand in the document, they are free to call or consult with me.

Q. To clarify, that is the Institutional Ethics Committee?

A. Could you say -- could you say that again?

Q. Sure. The description you just gave of the training, was that describing the training to the Institutional Ethics Committee?

A. Yes.

Q. Okay. Putting aside the Institutional Ethics Committee for a moment, are there any formal training sessions that you've provided to staff at

Saint Joseph's?

A. I haven't done any formal training except the fact that those documents are provided to all employees.

Q. Okay. And is any staff -- putting aside again the Institutional Ethics Committee, is any staff at Saint Joseph's required to attend any training session on the ERDs?

MS. WIGGER: Object to form.

A. For the University of Maryland Saint Joseph Medical Center, being a Catholic hospital, and also in the definitive agreement signed by Saint Joseph's and also the archdiocese, every employee at Saint Joseph is oriented to the document and the document is permanently on our website where everybody could go print it out and read.

And if anybody has any question about any section of the document, they are free to call or have a meeting with me for explanation. It's part of the orientation just like every other orientation we do for all employees. We give them the handbook of the organization. We don't educate them page by page

on the handbook.

We provide them all this, they go through it. If they have any question in the handbook, they approach HR. The same way we're providing this document, if they have any question, they approach me.

BY MR. GOLDMAN:

Q. So is it fair to say that an employee of Saint Joseph's, when they start, they receive orientation that includes the ERDs, but after that there's no requirement that they receive training in it?

Is that fair to say?

MS. WIGGER: Object to form.

A. Well, I'm still new here, so I've yet to see how things happen. But the fact is that everybody's oriented. Do you understand what I said? Every organization has a handbook, even the company you work for, and everybody is provided with the handbook.

If they have any question, they approach HR. If they have any question with the ERD, they

know who to go to, and that has been what I've seen. That has been going on since I've been here.

BY MR. GOLDMAN:

Q. Understood.

Just to confirm, after orientation there is no requirement, as far as you know, that anyone receive any training, correct?

A. I don't know the answer to the question because I don't know what happens after that. I haven't been here for a long time to give you an answer beyond what I have just said.

Q. In your time at Saint Joseph's, you haven't seen any required formal training, have you?

MS. WIGGER: Object to form.

A. I have not yet seen.

BY MR. GOLDMAN:

Q. Okay. And just to clarify, you began in your position as vice president of Mission Integration at the end of 2020?

A. At the end of 2019.

Q. Okay. Now, does Saint Joseph's give out copies of the ERDs to staff with their orientation?

CERTIFICATE OF NOTARY PUBLIC

I, SHERRY L. BROOKS, a Notary Public in and for the STATE OF MARYLAND, before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in Shorthand at the time and place mentioned in the caption hereof and thereafter transcribed by me; that said deposition is a true record of the testimony given by said witness remotely via Zoom videoconferencing; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



SHERRY L. BROOKS
Notary Public in and for
STATE OF MARYLAND

My commission expires: July 9, 2023

ACKNOWLEDGMENT OF DEPONENT

ASSIGNMENT NO.: J8078715

CASE CAPTION: JESSE HAMMONS - V - UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP., ET AL.

DEPONENT: FATHER LOUIS ASOBI

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the 23 day of May, 2022.

FATHER LOUIS ASOBI

DEPOSITION ERRATA SHEET

Page No. 13 Line No. 16 Change to: "2019" to "2020"

Reason for change: Typographical Error

Page No. 13 Line No. 18 Change to: "2020" to "2021"

Reason for change: Typographical Error

Page No. 13 Line No. 22 Change to: "2019" to "2020"

Reason for change: Typographical Error

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FATHER LOUIS ASOBI

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FATHER LOUIS ASOBI

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FATHER LOUIS ASOBI

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DECLARATION OF PAUL NICHOLSON IN SUPPORT OF DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

I, Paul Nicholson, declare as follows:

1. I make this Declaration in support of Defendants' University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph"), motion for summary judgment on Plaintiff Jesse Hammons' claim under Section 1557 of the Affordable Care Act.

2. I am currently employed as the Chief Financial Officer at St. Joseph. I have held this position since 2012.

3. In my role as Chief Financial Officer, I manage certain of St. Joseph's financial operations. My job duties include monitoring revenue and collection cycles, reviewing and analyzing quarterly financial reports, gathering documentary support for accounting purposes, and facilitating St. Joseph's application for and collection of federal funding.

4. Through my role as Chief Financial Officer, I have personal knowledge of St. Joseph's funding and financial operations. I am competent to testify about the contents of this Declaration if necessary.

5. St. Joseph provides nearly $45 million in annual community benefits, including free primary care to uninsured and low-income patients. Each year, St. Joseph handles more than 14,000 patient admissions, 22,000 emergency visits, and almost 90,000 outpatient visits.

6. St. Joseph is a direct recipient of funds from the federal government. It receives federal funding through a variety of means, including the reimbursement of claims for treating patients covered by Medicare and Medicaid. St. Joseph also receives federal funding in the form of federal grants and other similar sources.

7. St. Joseph receives its federal funding directly from the federal source. The federal funds St. Joseph receives are not received by or passed through UMMS or any other UMMS-related entity before being disbursed to St. Joseph.

8. St. Joseph further uses these federal funds to continue running its healthcare programs and departments at the hospital, including its surgery and scheduling departments and OB-GYN department.

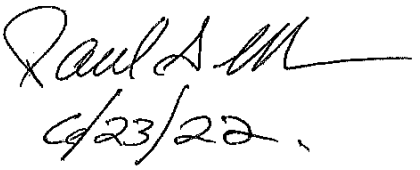
9. The federal funds that St. Joseph receives are not comingled or shared in any account with UMMS or any other UMMS-related entity.

* * *

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. I further reserve the right to supplement and/or amend this Declaration.

Dated: June 24, 2022

/s/ [Signature]



UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,	)	
Plaintiff,	)	
-v-	)	Case No.
UNIVERSITY OF MARYLAND MEDICAL	)	1:20-cv-02088-DKC
SYSTEM CORPORATION, et al.	)	
Defendants.	)	

Videotaped Deposition of Gail P. Cunningham

Towson, MD

Thursday, April 14, 2022

9:00 a.m.

Job No: J8078725

Pages: 1-308

Reported by: Kenneth Norris

Deposition of Gail P. Cunningham

Taken at:

UNIVERSITY OF MARYLAND
ST. JOSEPH MEDICAL CENTER
7601 Osler Drive
Towson, MD 21204
Telephone: (410)328-8667

Pursuant to Notice, before Kenneth Norris, a Professional Reporter and Notary Public in and for the State of Maryland.

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VIDEOGRAPHER: KIM JOHNSON

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P R O C E E D I N G S

VIDEOGRAPHER: Here begins the video-recorded deposition of Dr. Gail Cunningham taken in the matter of Hammons versus University of Maryland Medical System Corporation in the U.S. District Court of Maryland, Case No. 1:20-cv-02088.

Today's date is April 14, 2022. The time is 9:00 a.m.

This deposition is being held at 7601 Osler Drive, Towson, Maryland.

The court reporter is Kenneth Norris. The video camera operator is Kim Johnson, both on behalf of Esquire.

Will counsel please introduce yourselves and state who you represent.

MR. DELMAN: This is Edward Delman from Patterson, Belknap, Webb & Tyler representing the Plaintiff Jesse R. Hammons.

MR. WERNER: Paul Werner of Sheppard Mullin for the Defendants.

VIDEOGRAPHER: Attorneys on Zoom?

No one? Okay.

Will the court reporter please swear the witness?

Whereupon,

Gail P. Cunningham

A witness of lawful age, after being duly sworn to tell the truth, the whole truth and nothing but the truth, testified as follows:

EXAMINATION:

BY MR. DELMAN:

Q. Dr. Cunningham, can you please state your name for the record?

A. Sure. Gale Patricia Cunningham.

Q. And, Dr. Cunningham, have you ever been deposed before?

A. Yes.

Q. In what instances have you been deposed before?

A. As a defendant witness in malpractice cases, maybe three to five times.

the medical staff?

A. There I represented the entire medical staff, so all physicians from all departments, ran the medical executive committee, had oversight over multiple medical staff committees, and had a seat on the board. There is an -- it's not called an ex officio, but I had a seat on the board as the president.

Q. And that's the board of St. Joseph Medical Center?

A. Yes.

Q. Was that also the board of USMJ?

A. I can't speak to how that was constructed at that time.

Q. Okay.

And while you were president of the medical staff, did you have any occasion or need to interpret the ERDs?

A. Nothing that comes immediately to mind.

Q. So then in 2012 you became interim chief medical officer?

A. Yes.

Q. And is there any significance between being interim chief medical officer and non-interim chief medical officer?

MR. WERNER: Object to the form.

THE WITNESS: Not really. It was just I kind of volunteered and was accepted in the role while we were going through a transition. And then, once we were acquired it became a permanent position.

BY MR. DELMAN:

Q. And you remain chief medical officer today; right?

A. Yes.

Q. Do you hold any other titles?

A. My titles are combined chief medical officer and senior vice president of medical affairs, somewhat used interchangeably.

Q. Is there any difference in responsibility between those two roles?

A. No.

Q. And to whom do you report in those roles?

A. Chief executive officer.
Q. And that's Dr. Thomas Smyth?
A. Yes.
Q. And who, if anyone, reports directly to you?
A. I have 10 clinical chiefs representing 10 departments, the director of infection prevention, the director of quality, the director of -- what is called our Norton Transformation Office, which is a performance improvement office.
I have my own strategic manager, and the medical staff office, the director of the medical staff office.
Q. And in general what are your responsibilities as chief medical officer?
A. My principal responsibility is the oversight of the quality of care that we deliver here at St. Joe's, patient safety, credentialing and privileging, infection prevention which is tied directly to quality and safety.
I ensure that our policies and procedures are followed, particularly on the clinical side of

things.

I partner with the chief nursing officer in strategic initiatives to improve health care here at St. Joe's.

I am a resource for any member of the medical staff who has concerns or issues, who maybe don't choose to go talk to their own clinical chief.

I assure that there is good interdepartment collaboration on complex issues.

Oversee the joint commission survey of all of our accreditation.

And all other duties as assigned, incident commander for COVID-19.

Q. That sounds pretty exhaustive, but anything else?

A. I think that probably covers most of it.

Q. So do you remember approximately when in 2012 you became interim chief medical officer?

A. I believe it was March.

Q. So was that prior to the acquisition?

A. Yes. The acquisition was -- I don't know

that it -- I know it was announced in December. I don't know the actual signature date.

Q. So from 1996 to 2012, St. Joseph was owned and operated by Catholic Health Initiatives; right?

A. Yes.

Q. And what is Catholic Health Initiatives?

MR. WERNER: Object to the form.

THE WITNESS: It's another Catholic corporation that owns and operates multiple hospitals across the United States. I don't know elsewhere.

BY MR. DELMAN:

Q. And then in 2012 St. Joseph was purchased by the University of Maryland Medical System; right?

A. Yes.

Q. Now, were you involved in any way with the negotiations concerning the purchase of St. Joseph?

A. Only being at some -- actually at this table sometimes when there would be discussions back and forth about timing, but not in -- nothing monetary or in any -- no part of the actual negotiations.

Q. You didn't have any role in the negotiation

of the terms of the asset purchase agreement?

A. No.

Q. And did you have any role in the negotiation of the Catholic identity agreements?

A. No.

Q. So St. Joseph is currently an LLC with the name University of Maryland St. Joseph's Medical Center, LLC; right?

A. Right.

Q. And that LLC has one member; right?

A. Yes.

Q. And that member is UMSJ Health System, LLC?

A. I believe so.

Q. And UMSJ Health System in turn also has only one member; right?

A. I believe so.

Q. And that member is the University of Maryland Medical System Corporation?

A. I believe so.

Q. And so, UMSJ Health System is a wholly owned subsidiary of University of Maryland Medical System?

MR. WERNER: Object to the form.

THE WITNESS: I don't know what that term means, wholly owned subsidiary.

BY MR. DELMAN:

Q. The University of Maryland Medical System is the only owner of UMSJ Health System?

A. Yes.

Q. And similarly, UMSJ Health System is the only owner of St. Joseph's Medical Center?

A. Yes.

Q. So University of Maryland through UMSJ is the sole owner of St. Joseph; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And no other entity has any ownership stake in St. Joseph?

A. No.

Q. Now, the University of Maryland St. Joseph Medical Center was previously known as Northeastern Maryland Regional Health System, LLC; right?

Q. And UMMS has also reserved the power to make UMSJ Health System take certain actions without prior approval of the board; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. For example, UMMS can appoint and remove UMSJ Health System's CEO; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And UMMS can add, expand, revise, or delete certain health care services provided by UMSJ Health System?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. UMMS can make UMSJ Health Systems submit corrective action plans if performance and financial targets aren't met?

MR. WERNER: Object to the form.

THE WITNESS: Yes.
BY MR. DELMAN:
Q. And it can enforce those corrective action plans?
MR. WERNER: Object to the form.
THE WITNESS: Yes.
BY MR. DELMAN:
Q. Do you have any reason to believe that UMMS no longer holds any of those reserved powers?
A. No.
Q. Are you aware of any other powers that UMMS exercises over the UMSJ Health System or SJMC?
MR. WERNER: Object to the form.
THE WITNESS: No.
BY MR. DELMAN:
Q. Now, UMMS' 2012 acquisition of St. Joseph was contingent on the approval from the Roman Catholic Church; right?
A. Yes.
Q. And as part of the acquisition, UMMS committed to continuing to operate SJMC in a manner

consistent with Catholic values and principles?

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Now, are you aware that UMMS contractually promised to ensure that St. Joseph establish and maintain certain fundamentals in order to hold SJMC accountable for its Catholic identity?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. Are you aware that one of those fundamentals is that the ERDs is the operations lines of St. Joseph?

A. Yes.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And that one of those fundamentals is that UMSJ Health Systems' Board establishes a committee charged with overseeing the integration of the Catholic mission into St. Joseph's structures, policies, programs and practices?

Q. You have no knowledge in your personal capacity?

A. Right.

Q. And do you have any knowledge in your capacity as corporate representative?

A. No.

Q. And, again, putting aside procedures involving transgender patients, isn't it true that there is no particular procedure in place at St. Joe's for reviewing whether a hysterectomy is complying with the ERDs?

MR. WERNER: Object to the form.

THE WITNESS: There's not a procedure in place, but there is implicit, I think -- I mean, there is knowledge that's conveyed to the people who would be doing those procedures of what's acceptable and what's not acceptable. And very clearly stated that we do not do sterilization -- man, woman, whomever -- here at St. Joe's.

BY MR. DELMAN:

Q. And so physicians at St. Joe's -- and

specifically OBs -- are expected to have a general understanding of what categories of procedures are not allowed here?

A. Absolutely.

Q. And those categories include sterilizations?

A. Yes. Abortion, yes.

So hysterectomies for women, vasectomies for men, and I don't even think there is a privilege to the physicians are allowed to apply for in that regard.

Prescription of contraception unless there is a medical indication for it.

Those would probably be the major procedures.

Q. Just to be clear, I think you said hysterectomies. Hysterectomies are only prohibited insofar as they are being done expressly for the purpose of sterilization?

A. Correct. We can't do tubal ligations. We can remove ovaries for the purpose of sterilization.

Q. You can perform oophorectomies, but only for

a medical indication?
A. Correct.
Q. And so it's the same process as for hysterectomies?
MR. WERNER: Object to the form.
THE WITNESS: What do you mean by process?
BY MR. DELMAN:
Q. The same considerations are in play with oophorectomies as to hysterectomies?
A. Yes.
Q. Dr. Cunningham, are you familiar with the medical condition gender dysphoria?
MR. WERNER: Object to the form.
THE WITNESS: Yes. I've not studied it in depth.
BY MR. DELMAN:
Q. What's your understanding of it?
A. That it is -- what is the situation? It is a condition in which a person's DNA makeup is incongruent with how they perceive themselves, from a sexual -- as a sexual being. Not a sexual being. As

(Plaintiff's Exhibit No. 17 was thereupon marked for identification.)

BY MR. DELMAN:

Q. These are Defendant's Responses and Objections to Plaintiff's First Set of Interrogatories.

So obviously feel free to read through the whole thing, but we're specifically going to discuss the response to Interrogatory No. 10, which starts at page 17.

MR. WERNER: I assume you really want to direct her attention to the information on page 18, so she has full context?

MR. DELMAN: Yes.

THE WITNESS: Okay.

BY MR. DELMAN:

Q. So, Dr. Cunningham, this paragraph at the top of page 18 here, do you recall ever reviewing this statement before?

A. Yes.

Q. And do you recall signing a document

swearing under penalty of perjury that the statement was true and correct to the best of your knowledge?

A. Yes.

Q. So can you tell me generally what happened on December -- on Christmas Eve 2019 regarding plaintiff's hysterectomy.

A. I received a phone call from Dr. Adashek, who wanted to know if it was okay if he performed a hysterectomy on a patient of his for the purpose of transgender -- transgender surgery. And I said no, we cannot do transgender surgery at St. Joe's.

And that was the extent of the conversation.

Q. And so, Dr. Adashek just sort of like called you out of the blue on Christmas Eve?

A. Yes. It was very unusual.

Q. And by the time this phone call had happened, had the procedure already been scheduled; right?

A. Yes.

Q. And no one in scheduling had sort of alerted you that this procedure had been scheduled?

A. No.

Q. And generally no one in the hospital had told you that this procedure had been scheduled?

A. No.

Q. And he hadn't asked you about -- he being Dr. Adashek -- had not asked you about it before scheduling it?

A. No.

Q. Do you remember approximately how long the phone call was?

A. It was brief. A minute.

Q. A minute?

A. Maybe.

Q. That short?

A. It was pretty quick, yes.

Q. And just again, you two had no prior conversations about this procedure before that date?

A. No. No. Not that I can recall.

Q. And before this occasion, when was the last time Dr. Adashek had called you directly to request permission to perform any procedure at St. Joe's?

A. I don't believe he ever had.

Q. Like, for example, he didn't call you to request permission about the transhysterectomy in 2018 that we had discussed?

A. Not that I recall.

Q. And he obviously generally did not call you to request permission for every hysterectomy he performed at St. Joe's?

A. No.

Q. So do you recall exactly what Dr. Adashek told you when he called on Christmas Eve 2019?

MR. WERNER: Object to the form.

THE WITNESS: No, I don't recall the exact details. I know it was a brief conversation. That I was surprised that he was even asking if he could do this because it was well known that we couldn't do those procedures here at St. Joe's. Or I thought everybody knew it well.

And we didn't get into any discussion about the specifics of the patient. I accepted that the purpose of the surgery was for transgender purposes.

BY MR. DELMAN:

Q. So what did he tell you about the patient's condition on the phone call?

A. He didn't tell me about the patient's condition. Just that the patient was seeking transgender surgery and the hysterectomy was part of that. But that was it.

There was no degree of illness discussed or degree of anything discussed. It was just about could he do this procedure.

Q. Okay. And did he tell you anything about the proposed treatment beyond it being a hysterectomy?

A. No.

Q. And beyond the fact that the patient was transgender, it was a hysterectomy and it was being done for the purpose of gender transition. Did he tell you anything else about it?

MR. WERNER: Object to the form.

THE WITNESS: No.

MR. WERNER: Asked and answered.

THE WITNESS: No.

BY MR. DELMAN:

Q. And you told Dr. Adashek that -- on that call that the surgery could not take place at St. Joe's; correct?

A. Correct.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And so within the span of that one phone call, you made the choice that -- you made the decision that the hysterectomy could not take place at St. Joe's; right?

MR. WERNER: Object to the form.

THE WITNESS: Correct.

BY MR. DELMAN:

Q. And in the span of that one phone call you fully considered the nature of the plaintiff's condition?

MR. WERNER: Object to the form.

THE WITNESS: I considered the reason that the surgeon wanted to do the surgery and that -- and it was black and white to me, and I said no.

BY MR. DELMAN:

Q. Did you do any research into gender dysphoria during that phone call?

MR. WERNER: Object to the form.

THE WITNESS: No.

MR. WERNER: She didn't even testify that gender dysphoria was mentioned. You are just misstating her testimony.

If you want to ask a question, ask a question. But don't presuppose facts that aren't actually in the record.

MR. DELMAN: Okay. Thank you again for the tips, Paul.

MR. WERNER: Yeah, you need them.

MR. DELMAN: Okay. Thank you. Appreciate it.

BY MR. DELMAN:

Q. Dr. Cunningham, did Dr. Adashek use the term gender dysphoria at any point during that phone call?

A. I don't recall.

Q. Use the term gender transition during that

phone call?

A. I don't recall the exact terms he used, but all I know is that it was for the purpose of gender reassignment.

Q. During the phone call did you look into the potential consequences of not allowing a gender reassignment surgery?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. And did you review the plaintiff's chart at all during that phone call?

A. No.

Q. So --

A. I may have told Dr. Adashek that I knew that he had privileges at GBMC, which is a mile away, and that he could proceed with the procedure there.

Q. And so, generally, in what way did you consider the plaintiff's condition during that phone call?

MR. WERNER: Object to the form. Asked and

answered.

THE WITNESS: I did not do an assessment of the patient's condition. I only did an assessment of the request for a surgery that I knew could not happen here.

BY MR. DELMAN:

Q. And so also in what way did you consider the proposed treatment during the phone call?

MR. WERNER: Object to the form.

Asked and answered.

THE WITNESS: I only -- I objected like I would to somebody that calls and says, hey, I want to remove a left eyeball. We don't remove eyeballs at St. Joseph, so it wasn't the condition of the patient, it is what is allowed here.

BY MR. DELMAN:

Q. And in the span of that phone call you fully considered the ERDs and what they allowed?

MR. WERNER: Object to the form.

THE WITNESS: I knew that transgender surgery was not allowed by the ERDs.

BY MR. DELMAN:

Q. Did you review a copy of the ERDs while you were on the phone?

MR. WERNER: Object to the form.

THE WITNESS: No. No.

BY MR. DELMAN:

Q. And did you consult with anyone about the ERDs while you were on the phone?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. Generally you just relied on your personal understanding of what the ERDs allowed?

MR. WERNER: Object to the form.

THE WITNESS: My knowledge of what they allowed.

BY MR. DELMAN:

Q. And just generally in terms of deciding that the procedure could not take place at St. Joe's, did you consult with anyone else in making that decision?

A. No.

A. In terms of I would have said violate the Catholic directives command to preserve the functional integrity of the human body.

Q. You don't believe that you used the term functional integrity during the call?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: No, I do not.

BY MR. DELMAN:

Q. And you don't believe you referenced any rule regarding removal of healthy organs during that call?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: I would doubt it.

BY MR. DELMAN:

Q. So how did Dr. Adashek respond to you on that call?

A. I think he might have been a little frustrated. But, you know, not -- I don't think he was particularly angry. I think he remained calm and

cool, and I said -- I told him that he would need to cancel and relocate the surgery and -- but from what I can remember, he said okay and that was sort of the end of it.

Q. Do you recall if he tried to convince you to allow the procedure to take place?

MR. WERNER: Object to the form.

THE WITNESS: He referenced the 2018 case, very briefly. Because I think I said to him I'm really surprised you're even asking about this, and he said, well, this came up in 2018 and I was wondering if the rules had changed, or something along those lines. And I said no.

Nothing's changed. You can't do the surgery here. You can -- you could do it at GBMC or elsewhere, and that was it.

Q. Is there any chance you recall what his exact words were to you?

A. No.

Q. And did you and Dr. Adashek agree at all to speak again about the matter at a later date?

A. I don't recall that.

Q. And did you at any point discuss with Dr. Adashek whether the patient's gender dysphoria was severe enough to be life-threatening?

THE WITNESS: No.

MR. WERNER: Object to the form. Asked and answered.

BY MR. DELMAN:

Q. It was just the fact that it was a gender transition treatment that was enough to deny it; right?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And so prior to January 6, 2020, how many other times did you speak with Dr. Adashek about plaintiff's procedure?

A. Prior to January the 6th?

Q. Um-um.

A. Which is when the procedure was scheduled?

Q. Correct.

A. I don't believe I did. I know we had subsequent conversations, but I don't think it was before January 6th.

Q. It's your recollection that the Christmas Eve call was the only call you two had?

A. That's my recollection, yes.

Q. And you two didn't e-mail about it at all?

A. No, not that I know of.

Q. To the best of your knowledge, did Dr. Adashek speak with anyone else at UMSJ or at SJMC after speaking with you?

MR. WERNER: Object to the form.

THE WITNESS: No. And he forgot to cancel the case, so I don't think that he did speak to anybody else.

BY MR. DELMAN:

Q. Did you inform the scheduling department that the procedure had been cancelled?

MR. WERNER: Object to the form.

THE WITNESS: No. That would be up to the

surgeon.

BY MR. DELMAN:

Q. That's the surgeon's responsibility?

A. Yes.

Q. Did you -- following that Christmas Eve call and prior to the scheduled date of the surgery, did you speak to anyone at St. Joe's about the procedure?

A. I would suspect that I probably would have talked to Dr. Marion, the chief of surgery. I don't know that I -- at some point I talked to Dr. Smyth, but I don't know that it was in that time interval. I can't recall.

Q. Why do you presume that you would have talked to Dr. Marion?

A. Just to let him know, to put this on the radar that Dr. Adashek was trying to post a case that he should have known that we couldn't do here.

And whether I would have -- I'm trying to think if Dr. Buescher was in her role at that point. Maybe Dr. Buescher as well. In fact, she was in her role there. So those two I may have talked to about

Q. And you were trying to reach out to him because of -- you wanted to discuss why the procedure had not been cancelled?

A. Yes.

Q. Between the Christmas Eve phone call and January 6th, did you take any actions regarding plaintiff's procedure?

MR. WERNER: Object to the form.

THE WITNESS: Not that I recall.

BY MR. DELMAN:

Q. Did you at any point consult with the ethics committee about plaintiff's procedure?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: No.

BY MR. DELMAN:

Q. Even after the surgery was cancelled, was the procedure ever discussed before the ethics committee?

MR. WERNER: Object to the form.

THE WITNESS: I don't know. I can't

remember.
BY MR. DELMAN:
Q. If it had been discussed, there would be minutes reflecting that?
A. Yes.
Q. Likewise, any point before or after the surgery was cancelled, was this matter brought before the Catholic Identity Committee?
MR. WERNER: Object to the form.
THE WITNESS: I don't know.
BY MR. DELMAN:
Q. If it had been, would minutes have been taken of that meeting?
A. I believe so.
Q. And you just testified that during the call you suggested to Dr. Adashek that he could do the procedure at GBMC; right?
A. Correct.
Q. Did you believe that a non-Catholic hospital would view gender dysphoria as a sufficient medical reason to perform a hysterectomy?

MR. WERNER: Object to the form.

THE WITNESS: I know that GBMC is not a Catholic hospital and does not have to abide by ERDs.

BY MR. DELMAN:

Q. So because they don't have to abide by the ERDs, they would likely view gender transition as a sufficient medical reason for a procedure?

MR. WERNER: Object to the form. You understand she is not here testifying for GBMC.

MR. DELMAN: I'm asking her based on her personal knowledge.

MR. WERNER: You're asking what they think.

MR. DELMAN: I'm asking based off her knowledge what she believes.

MR. WERNER: You're asking her personal belief on what they think. Okay. That's not a proper question.

MR. DELMAN: Okay. Again, she answered the question based on her personal knowledge.

THE WITNESS: I don't know how GBMC makes decisions about what's allowed, what's sufficient,

procedure to take place here; right?

MR. WERNER: Object to the form.

THE WITNESS: He should have known and not posted the case here.

BY MR. DELMAN:

Q. And --

A. And he should have cancelled the case when he was told that it needed to be cancelled.

Q. Do you know if anyone at St. Joe's followed up with Dr. Adashek at any point between that Christmas Eve call and January 6th to ask why the surgery was still on the calendar?

A. I don't know.

Q. And, again, you don't recall communicating to anyone the substance of your conversation with Dr. Adashek?

A. No.

Q. Now, Dr. Adashek has performed, say, dozens of hysterectomies at St. Joe's; right?

A. Presumably, yes.

Q. And as we've thoroughly discussed here,

St. Joe's has as far as you know never disallowed a hysterectomy for any medical condition other than gender dysphoria; correct?

MR. WERNER: Object to the form.

THE WITNESS: I don't know. Again, because that might happen at the chief level and not at my level.

BY MR. DELMAN:

Q. Is it fair to say -- again assuming it was a mistake and not on purpose -- that Dr. Adashek's mistake was not recognizing that St. Joe's has a policy of not allowing hysterectomies to treat gender dysphoria --

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: He knows that we operate under the ERDs. He has been here since 19-whatever -- 80-something or whatever. He knows we don't do abortions here. He knows we don't do tubal ligations here. He knows there are a whole host of things that we don't do here, so I don't think this was a lack of

knowledge.
BY MR. DELMAN:
Q. Again, one of those things that we don't do here is gender transition as well?
A. Correct.
Q. So, pursuant to that policy of not allowing gender transitions, Dr. Adashek's scheduled procedure was cancelled?
MR. WERNER: Object to the form.
THE WITNESS: He didn't cancel it.
BY MR. DELMAN:
Q. It was ordered to be cancelled?
A. Right. Right.
Q. Apart from that January 30th, 2020, meeting that we've just discussed, what other meetings have you had about treating transgender patients at St. Joe's since January 2020?
MR. WERNER: Object to the form.
THE WITNESS: I don't know that there have been any specific meetings. You know, that was -- about three weeks later COVID hit and anything we may

or false question that is not actually susceptible to a true or false answer? Don't you think that's a misleading question?

Maybe you should try harder to ask a question that's intelligible.

BY MR. DELMAN:

Q. Again, without that interruption --

MR. WERNER: Objection.

BY MR. DELMAN:

Q. -- I'm going to read you a statement and I'm telling you it's not -- I'm not asking you for your answer whether it's true or false. I'm asking whether it is consistent with your understanding.

"For purposes of applying the ERDs, the terms life-threatening and life-altering, do not reflect a medical diagnosis. Instead, these terms are used as a means to understand the implications of the ERDs on a particular procedure and/or a patient-desired procedure."

MR. WERNER: Object to the form.

THE WITNESS: That's true.

BY MR. DELMAN:

Q. Is that statement consistent with your understanding?

A. Can you read the last part of it, again?

Q. Sure. Of course.

A. Go ahead and read the whole thing.

Q. Okay.

"For purposes of applying the ERDs the terms life-threatening and life-altering do not reflect a medical diagnosis. Instead, these terms are used as a means to understand the implications of the ERDs on a particular procedure and/or a patient's desired procedure."

MR. WERNER: Object to the form. If you're reading from a document, you should give her the document.

THE WITNESS: True.

BY MR. DELMAN:

Q. Again, that statement's consistent with your understanding?

A. Yes.

REPORTER'S CERTIFICATE

State of Maryland

County of Baltimore, to wit:

I, KENNETH NORRIS, a Notary Public of the State of Maryland, County of Baltimore, do hereby certify that the within named witness personally appeared before me at the time and place herein set out, and after having been duly sworn by me, according to law, was examined.

I further certify the examination was recorded stenographically by me and this transcript is a true record of the proceedings.

I further certify that I am not of counsel to any of the parties, nor in any way interested in the outcome of this action.

As witness my hand and notarial seal this 14th day of April, 2022.



KENNETH NORRIS

Notary Public

My Commission Expires: 7-22-22

Reference No.: 8078725

Case: Hammons vs University of Maryland Medical System

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

_____

Dr. Gail P. Cunningham

NOTARIZATION OF CHANGES

(If Required)

Subscribed and sworn to on the _____ day of

_____, 20____ before me,

(Notary Sign)_____

(Print Name) Notary Public,

in and for the State of _____

Reference No.: 8078725

Case:· Hammons vs University of Maryland Medical System

Page No. 1 Line No. 14 Change to: From Gale to Gail

Reason for change: Incorrect spelling

Page No. 30 Line No. 12 Change to: Not sure if that is USMJ or meant to be UMMS?

Reason for change:

Page No. 40 Line No. 21 Change to: UMS to UMMS

Reason for change: Incorrect Spelling

Page No. 41 Line No. 9 Change to: Ums to Umms

Reason for change: Incorrect Spelling

Page No.57 Line No.16 Change to: Father Sobey to Father Asobi

Reason for change: Incorrect Spelling

Page No.68 Line No.15 Change to: Mission to Admission

Reason for change: Incorrect Spelling

*Page No.71 Line No. Change to: Management to Anesthesia

Reason for change: Wrong Wording

SIGNATURE: Gail P. C DATE: 5/25/2022

Dr. Gail P. Cunningham

Reference No.: 8078725

Case:· Hammons vs University of Maryland Medical System

Page No. 73 Line No. 19 Change to: DPA to BPA

Reason for change: Incorrect Spelling

Page No. 74 Line No.6 Change to: DPA to BPA

Reason for change: Incorrect Spelling

Page No. 74 Line No. 10 Change to: Repair to Rare

Reason for change: Incorrect wording

*Page No. 101 Line No. 16 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 118 Line No. 18 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 119 Line No. 6 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 119 Line No. 15 Change to: Employee to Employed

Reason for change: Incorrect Wording

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 120 Line No. 1 Change to: Touhey to Tewey

Reason for change: Incorrect Spelling

Page No. 148 Line No. 12 Change to: Fetal to Futile

Reason for change:

*Page No. 148 Line No.13 Change to: phone

Reason for change:

Page No. 149 Line No. 16 Change to: Nelapas to Manlapaz

Reason for change: Incorrect Spelling

Page No. 160 Line No. 9 Change to: Eminence to Imminence

Reason for change: Incorrect Spelling

Page No. 161 Line No. 18 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 172 Line No. 14 Change to: OBNR to OBGYN's

Reason for change: Incorrect Spelling

Page No. 173 Line No.19 Change to: Feel to be

Reason for change: Incorrect wording

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 186 Line No. 20 Change to: Can to Can't

Reason for change: Incorrect Wording

*Page No. 188 Line No. 4 Change to: It comes from

Reason for change: Incorrect Wording

*Page No. 188 Line No. 21 Change to: Order to Corner

Reason for change: Incorrect Wording

*Page No. 189 Line No. Change to:

Reason for change:

Page No. 202 Line No. 2 Change to: I to In

Reason for change: Incorrect Wording

Page No. 211 Line No. 21 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 220 Line No. 4 Change to: Normal to Abnormal

Reason for change: Incorrect Wording

Page No. 225 Line No. 2 Change to: Remove F

Reason for change: Incorrect Spelling

Page No. 226 Line No. 2 Change to: Marks to Marx

Reason for change: Incorrect Spelling

Page No. 232 Line No. 21 Change to: BPH to BPA

Reason for change: Incorrect Spelling

Page No. 233 Line No. 10 Change to: EPIQ to EPIC

Reason for change: Incorrect Spelling

Page No. 246 Line No. 7 Change to: Incorrect Spelling

Reason for change: Incorrect Spelling

*Page No. 268 Line No. 21 Change to: and he

Reason for change:

Page No. 274 Line No. 4 Change to: Kuhn to Kunz

Reason for change: Incorrect Spelling

Page No. 282 Line No. 10 Change to: Hough to Hodes

Reason for change: Incorrect Spelling

Page No. 282 Line No. 12 Change to: Hough to Hodes

Reason for change: Incorrect Spelling

Page No. 298 Line No. 8 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 298 Line No.14 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

SIGNATURE: Gail P. C DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 298 Line No. 21 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 299 Line No. 15 Change to: Sobey to Asobi

Reason for change:

Page No. Line No. Change to:

Reason for change:

Page No. Line No. Change to:

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

In the Matter Of:

Hammons vs University of Maryland Medical System

20-cv-02088-DKC

WILLIAM C. GRESKOVICH

May 20, 2022

30(b)(6)



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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
Plaintiff,	:	
v.	:	Case No:
	:	20-cv-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION; UMSJ HEALTH SYSTEM, LLC; and UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,	:	
Defendants.	:	

VIDEOTAPED REMOTE DEPOSITION OF
WILLIAM C. GRESKOVICH
30(b)(6)

Friday, May 20, 2022
1:08 p.m., EST

Reisterstown, Maryland

Megan Sczygelski, Videographer
Terry L. Bradley, Court Reporter

APPEARANCES OF COUNSEL

For the Plaintiff:

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By Mr. Hermann 5

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P R O C E E D I N G S

THE VIDEOGRAPHER: Good afternoon. I have now started the recording, and we are now on the record. The time is 1:08 p.m., Eastern Time on Friday, May 20th, 2022. This begins the videoconference deposition of William Greskovich, taken in the matter of Jesse Hammons versus University of Maryland Medical System Corporation, et al., filed in the U.S. District Court of Maryland, Case No. 20 CV 02088.

My name is Megan Sczygelski. I'm your Remote Videographer today. The Court Reporter is Terry Bradley. We are representing Esquire Deposition Solutions.

Will everyone present please identify themselves and state who you represent, after which the Court Reporter will swear the witness.

MR. HERMANN: Jon Hermann representing the plaintiff, Jesse Hammons.

MR. WERNER: Paul Werner, Sheppard Mullin, representing the defendants.

Upon the Court Reporter receiving no objections to administering a binding oath remotely to this videoconference:

WILLIAM C. GRESKOVICH,
was duly sworn, and testified as follows:

EXAMINATION

BY MR. HERMANN:

Q. Would you state your name for the record, please.

A. William Charles Greskovich.

Q. Hi Mr. Greskovich. My name is Jon Hermann. I represent the plaintiff, Jesse Hammons, in this lawsuit against the University of Maryland Medical System Corporation.

(Discussion with the Court Reporter.)

THE VIDEOGRAPHER: We are going off

BY MR. HERMANN:

Q. And one of those fundamentals that UMMS agreed to was to establish and maintain the ERD's and that they would be operationalized at St. Joseph. Is that right?

MR. WERNER: Object to the form.

MR. HERMANN: And I'm going to move down to show you where I'm reading.

THE WITNESS: Can you restate the question though.

BY MR. HERMANN:

Q. Sure. Sure. Just above we looked at a section that spelled out certain fundamentals that would be established to --

-- with respect to St. Joseph's Catholic Identity.

MR. WERNER: Object to the form.

BY MR. HERMANN:

Q. Here in Section 12.17(b) we see that UMMS committed to continuing to operate in a manner consistent with its Catholic values by ensuring that the ERD's are operationalized.

Do you see that in this paragraph?

A. Yeah. The confusion I have is not with the paragraph. I agree that they agreed to continue with that that was in place. The end of your sentence, establishing or operationalizing, I'm not sure I can answer that one. I'm not sure what that part means.

Q. You don't have an understanding as to what operationalized means with respect to this agreement?

A. I do, but I read that as if it was operational and in place by the hospital, we agreed to retain it as you said in the first part of the sentence.

Question. Sorry.

Q. Would it be fair to say that UMMS agreed to assume direct responsibility for ensuring St. Joseph abides by the ERD's?

MR. WERNER: Object to form.

THE WITNESS: Yeah. I don't --

I don't think I have the background to answer that question. I think that's --

BY MR. HERMANN:

Q. Did St. Joseph --

I'm sorry. Go ahead.

A. Yeah. I think that's outside. It gets --

-- feels legal to me versus operational.

Q. In this first sentence we see here that UMMS and UMSJ shall continue to ensure compliance with the ERD's.

Do you see that?

A. Uh-huh.

Q. And you don't have an understanding as to whether UMMS, as a condition to sale, assumed the responsibility to ensure that the ERD's are operationalized at St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: Yeah, I would --

From my operational standpoint we --

-- the Catholic Identity is managed locally by the local leadership team and the CEO and senior executives on the Board at the

hospital level.
BY MR. HERMANN:
Q. But according to this agreement here, it was UMMS's assurance that it would ensure that St. Joseph continued to abide by the ERD's. Is that right?
MR. WERNER: Object to the form.
THE WITNESS: Yeah. I couldn't comment on how ensure is used in that context.
BY MR. HERMANN:
Q. And again, we see here UMMS and UMSJ and UMSJHS -- which I'll represent is the same entity as UMSJ -- and again, you testified that you are not familiar with the entity UMSJ?
MR. WERNER: Object to the form.
THE WITNESS: Correct. Prior to reading this document I had no knowledge of that.
BY MR. HERMANN:
Q. Prior to reading this document was it your knowledge that UMMS had direct authority over St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: Again, can you be more clear in what sense --

Are we talking about the Catholic Initiative?

BY MR. HERMANN:

Q. I'm talking just general organizational structure. Is St. Joseph a subsidiary of UMMS?

A. Yes. St. Joe's is a subsidiary of UMMS. Correct.

Q. I'm going to now go to PDF Page 84, Section 12.16, which is entitled Governance.

Do you see that on my screen?

A. I do.

Q. And do you see here that UMMS has the right to directly appoint two voting members of the UMSJ Board?

A. I do.

Q. Are you aware that UMMS currently exercises its right?

MR. WERNER: Object to the form.

THE WITNESS: I --

I would imagine we do. I couldn't confirm that we've got two members on it right now.

BY MR. HERMANN:

Q. And to your understanding does UMMS's appointment power extend to both the Board of UMSJ and St. Joseph?

A. Um, I don't know that answer to that question.

Q. Prior to preparing for this deposition were you aware that UMMS had the power to appoint members to the Board of either UMSJ or St. Joseph?

A. I would have assumed there were, but I did not honestly ever think about it.

Q. And just maybe for clarity, why don't I go to Section --

Excuse me.

-- Subsection C, 12.16 Subsection C. And we see here that UMMS and UMSJ shall ensure that the members of the UMSJ Board constitute

hospitals?

A. I'm trying to think. You got me on the spot. Because that's --

I could, but not right now. Let me think for a while. Maybe we'll get back to that.

Q. We can put a pin in that. That's fine.

Putting aside specific examples, could you tell me how UMMS might collaborate with St. Joseph with respect to one of these strategic plans?

A. So the CEO's all meet as a leadership team, and they're responsible for running -- with their executive team -- their hospitals, but they also work collaboratively as a unit to look at things like patient safety, high reliability organizations.

There's an example. They're working on high reliability organizations, how to become, you know, a better organization. So they work together and share ideas, and those

CEO's go back to their local sites and implement ideas with their leadership team that could lead them towards the goal of being a high reliable organization.

Q. And as far as the adoption of strategic plans, is it your understanding that that is a formalized process in the UMMS hospitals?

A. Um, it's my understanding that all hospitals adopt their strategic plan. Yes.

Q. In a formal document?

A. It's been my experience that it's in a document. Yes.

Q. Does UMMS sign --

Or a UMMS representative sign those documents?

A. Not to my knowledge.

Q. Does UMMS have to approve those documents?

A. Not to my knowledge.

Q. Does St. Joseph, to your knowledge, have any strategic plans separate from the

strategic plans of UMSJ?

A. Again, not --

I don't know of the plan that they do. I know they operate under a strategic plan that -- -

You know, we've got 11 hospitals. I don't read all the plans.

Q. Scroll down just a little bit.

Do you know if UMMS has ever approved any material additions, expansions, revisions or deletions of the healthcare service -- I'm at Subsection J -- at St. Joseph?

A. Um, I don't know of any. I don't know of any action around this. I guess it's--

I don't know what section we're in, but no, I don't know of any that they've acted on.

Q. Is it possible that UMMS has acted and you're just not aware?

A. I couldn't speak to that.

Q. Are you aware of any of these

BY MR. HERMANN:

Q. Well, we spoke for some time about UMMS's express powers, UMMS's reserved powers, UMMS's appointment powers to appoint members to St. Joseph's Board. You have no specific knowledge as to whether UMMS in practice exercises those powers, do you?

MR. WERNER: Object to the form.

THE WITNESS: Under oath I can't factually give you an example of when I've seen them exercise it. My understanding of these agreements are they're there for a reason, and so I would assume that that happens.

BY MR. HERMANN:

Q. I'm going to take this agreement down. And why don't we --

Why don't we just step back from the agreements for a second.

From an operational standpoint -- and you've testified that, a few times, that that's the basis of your understanding -- how does UMS exercise control over St. Joseph?

A. Um, well, I would say that how we work with them is that we work in a variety of areas. So obviously, we've got 11 hospitals, 8 CEO's, and we have a lot, a lot in common. As kind of as an affinity initiative we have things we do in radiology, and you know, pharmacy, where we bring groups together and look for common goals and problems and learnings that we can work together on. And so there's a lot of problem solving and working on shared objectives.

Q. And that problem solving and those shared objectives are UMMS systemwide?

A. I didn't hear the end of it. Are UMMS what?

Q. Systemwide?

A. Yeah. We work --

If I understand the question, yes, we work as a system on common initiatives.

Q. And we touched on some initiatives before, and I know we didn't speak much of specific examples. Can you think now of an

example of a systemwide initiative between UMMS and its system hospitals?

A. Yeah. There's --

When we have --

I mean, the best one is the pandemic. When the pandemic hit we put groups together to solve vaccines. You know, testing first and then providing vaccine to the community. So we stood up vaccine centers. So we worked as a group together to do that. That would be one example.

Q. And in what ways did the group work together?

A. Sharing inventory, um, standing up --

-- you know, there were using our spaces at our hospital to provide access to the public for vaccination and testing.

Q. Is inventory typically not shared between hospitals?

A. No. Each hospital runs independently. Once they have their

inventory --

I mean, they --

How can I say this?

They're their own entity that then rolls up to us at a system level. When we --

When we did something like the pandemic we actually would meet daily and develop protocols for getting out to the public so we could get them vaccinated and tested.

Q. Any other examples of that kind of systemwide initiative?

A. Yeah. Um, when there's pharmaceutical shortages in other areas, we have employee shortages, so we'll come together and identify --

There's a big shortage of technologists in the radiology area. You know, this group comes together, identifies it as a system level problem. We work together to find a solution. Most recently found a manager that was willing to bring people in from out of state to help us, so we contracted with them

and solved that, you know --

-- solved a problem that many facilities were having in common.

Q. Any others in the last, let's say five years?

A. Supply. You know, we do a lot around supply chain. Um, project management, project improvement, I mean, initiatives, um, looking at ways that we can improve processes.

Q. And what are some examples of those processes?

A. Um, let me think of one recently.

Um, maybe like a lab turnaround time, or making sure that, you know, we're doing best practice.

Q. And best practice meaning?

A. Uh, in healthcare there's published best practices where people show through better outcomes that doing something a new way or different way is better than what was considered the standard or the community standard. And it's an education sharing. And

then you take those lessons learned, and you go back to your site and you implement those changes.

Q. With respect to financing --

A. Uh-huh.

Q. Does UMMS ever take out a loan jointly with its --

-- one of its member hospitals or multiple member hospitals?

MR. WERNER: Object to the form.

THE WITNESS: Yeah. I couldn't answer that specifically. Um, I'm not in the finance department. Generally, you know, bonds are used to finance capital projects. And I just --

You would have to ask the finance folks how those are structured.

BY MR. HERMANN:

Q. Are there ever capital projects that are systemwide?

A. No. Capital projects are generally specific to sites. I can't think of a --

Yeah, they're generally site specific. They're bricks and mortar, computers.

Q. What about information systems?

A. Information system, we're all on the same information system. That's a shared service.

Q. And how long has UMMS had that shared service?

A. Well, we're still in the evolution of that shared service. It's different. It's been a rollout. I think it just wrapped up probably this past Fall I think the final one might have been. So I would say that it's probably been a 12-year journey. You know, I'd be guessing at this point. It's quite a journey to get to there.

Q. Is IT shared across hospitals within UMMS?

A. It's two level. There's --

Yeah. Yes, it is. And there's some local IT still remaining. But a lot of the

resources, because it's become a scarce resource, a lot of the resources have been shared.

Q. And which hospitals is it still remaining?

A. Which? I'm not sure. I think in the lab area. I'd have --

I wouldn't have an exact answer for you. I would -- -

You know, again, I don't --

The implementa--

I know one of the last two hospitals to go were this Fall, and I'm not sure if they still have other folks in place.

Q. And all UMMS member hospitals share the same web services. Is that right?

A. Web services?

Q. They're all UMMS domain?

A. Yes. The web service, yes.

Q. And all member hospitals, employees have UMMS.org e-mail addresses. Is that right?

A. Correct.

Now did you say org? I'm sorry. It's at --

It's UMed.

Q. UM.ed? .ed?

A. Yeah.

Q. Not UMMS.org?

A. No.

Q. Do you know if the member hospitals have their own Office of General Counsel?

A. I don't know that.

Q. Do you know if the member hospitals have their own media relations departments?

A. I don't.

Q. Do you know if the member hospitals share retirement plans?

A. We are --

Again, it's evolutionary. We are moving towards a common benefit platform. I just --

You know, without having HR comment where we are, I know we're near the end of that deployment.

Q. Is the UMMS --

Or strike that.

Does the UMMS HR department serve all of its member hospitals?

A. Uh, they're --

It serves all the member hospitals, but they also have local representation.

Q. And do the member hospitals' employees have a common payroll across UMMS?

A. Yes.

Q. I'm sorry?

A. Yes. I think there may be one or two exceptions still out there based on the evolution. That again, has evolved over time.

Q. And do employees across member hospitals share the same health insurance?

A. I'm not sure on that one yet.

MR. HERMANN: Give me one moment.

Why don't we take a quick --

-- a quick 5-minute break if that sounds good to everybody, then we'll reconvene.

THE VIDEOGRAPHER: We are going off

CERTIFICATE OF NOTARY PUBLIC

I, Terry L. Bradley, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in shorthand and thereafter reduced to computerized transcription under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

Terri Bradley

Notary Public in and for
the State of Maryland

My Commission expires: November 15, 2023

DEPOSITION ERRATA SHEET

Our Assignment No. J8261281

Case Caption:

Jesse Hammons

vs.

University of Maryland Medical System

Corporation, et al

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the_____day of _____, 2022.

_____

William C. Greskovich

DEPOSITION ERRATA SHEET

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William C. Greskovich

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William C. Greskovich

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' SUPPLEMENTAL RESPONSES AND OBJECTIONS TO PLAINTIFF'S SECOND SET OF INTERROGATORIES NO. 14

Pursuant to Fed. R. Civ. P. 33, the Court's Local Rules, and Appendix A to the Local Rules, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph," collectively, the "Defendants"), by their undersigned attorneys, serve the following Supplemental Objections and Responses ("Responses") to Plaintiff Jesse Hammons' Second Set of Interrogatories ("Interrogatories") Number 14.

PRELIMINARY STATEMENT

Defendants reserve the right to use documents or information discovered after the date of its Responses to Plaintiff's Interrogatories, which are now known but whose relevance, significance, or applicability has not yet been ascertained. Defendants' Responses are made without in any way intending to waive or waiving, but, to the contrary, intending to preserve and preserving:

1. The right to question or object to the authenticity, foundation, relevancy, privilege, and admissibility of the documents or information produced in response to Plaintiff's Interrogatories in any subsequent proceeding in, or the trial of, this or any other action;

2. The right to object to the use of documents or information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this or any other action on any grounds;

3. The right to object to the introduction of the Interrogatories into evidence; and

4. The right to object on any ground at any time to other discovery involving the subject matter of these Interrogatories or the Responses to these Interrogatories.

GENERAL OBJECTIONS

The following General Objections apply to each of the Interrogatories:

1. Defendants object to the Interrogatories to the extent they call for disclosing information that is protected from discovery by the attorney-client privilege, the work product doctrine, or any other applicable claim of privilege or legal protection. Inadvertent production of any document or revealing of information subject to any applicable privilege or protection, including but not limited to the attorney-client privilege and the work product doctrine, is not intended to be, and shall not operate as, a waiver of any such privilege or protection, in whole or in part.

2. Defendants object to the Interrogatories to the extent they seek confidential or proprietary information.

3. Defendants object to the Interrogatories to the extent they seek information or documents that are not within Defendants' possession, custody, or control.

4. Defendants object to the Interrogatories to the extent that they are unduly burdensome, overly broad, or seek to impose upon Defendants an undue expense or burden that Plaintiff should properly bear.

5. Defendants object to the Interrogatories to the extent that they seek information that is irrelevant to and outside the scope of the issues, allegations, and claims presented by Plaintiff's Complaint, seek information not reasonably calculated to lead to the discovery of admissible evidence, or are otherwise outside the scope and limits of permissible discover under the Federal Rules of Civil Procedure and any other applicable law or other orders of the Court in this litigation.

6. Defendants object to the Interrogatories to the extent they are vague, ambiguous, contain words or phrases that are confusing, or lack sufficient definition to permit response. By responding to any Interrogatories, Defendants do not adopt any meaning Plaintiff may intend or have in mind, and Defendants expressly reserve the right to object to the use or introduction of any Response that mischaracterizes or takes Defendants' Response out of context or attempts to apply the Response to a unilateral definition of a particular inquiry.

7. Defendants object to the Interrogatories to the extent they call for, or can be interpreted as calling for, legal conclusions, or to the extent they assume disputed issues or are phrased in such a way as to be lacking foundation, argumentative, prejudicial, or otherwise improper.

8. Defendants object to the Interrogatories to the extent they seek documents or data that are the subject of confidentiality agreements, protective orders, or rulings issued by this Court or other courts or tribunals limiting dissemination or usage of the requested documents or information.

9. Defendants object to the Interrogatories to the extent they call for information that is already in the possession of or equally available to Plaintiff or his counsel, including but not limited to documents available from government agencies, regulatory bodies, court files, the internet, or commercial industry sources.

10. Defendants reserve their right to challenge the competency, relevancy, or admissibility at hearing and/or trial of any of the information or documents it provides in response to these Interrogatories. In responding to these Interrogatories, Defendants do not concede the Interrogatories are relevant to the subject matter of this litigation or reasonably calculated to lead to the discovery of admissible evidence. Defendants expressly reserve the right to object at any proceeding regarding specific questions, to object to further discovery into the subject matter of these Interrogatories, and to object to the introduction into evidence of the deponent's responses to questions regarding these Interrogatories.

11. No incidental or implied admissions are intended by any Response by Defendants to any Interrogatories. That Defendants have responded to any Interrogatories is not an admission that Defendants accept or admit the existence of any alleged facts set forth or assumed in the Interrogatories or that the making of the Response constitutes admissible evidence.

12. Defendants reserve the right to amend, supplement, or correct their Responses.

OBJECTIONS TO DEFINITIONS AND INSTRUCTIONS

The following Objections to the Definitions and Instructions are hereby incorporated into Defendants' Responses to each Interrogatory as though fully set forth therein.

1. Defendants object to the definitions of "Parties," "Defendant," "Defendants," "UMMS," "UMSJ Medical Center," "You," and "Your," as overly broad and unduly burdensome to the extent they purport to require the production of documents or information in the possession, custody, or control of persons or entities other than Defendants. Defendants respond to these Interrogatories solely on behalf of each respective entity and no other person or entity that may purport to act on each Defendant's behalf.

2. Defendants object to the definition of "Document" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

3. Defendants object to the definitions of "Writings," "Recordings," and "Photographs" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent they seek to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

4. Defendants object to the definition of "Person" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

5. Defendants object to the definition of "Concerning" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

6. Defendants object to the definition of "Communication" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

7. Defendants object to the definitions of "DESCRIBE IN FULL DETAIL," "IDENTIFY (with respect to persons)," and "IDENTIFY (with respect to documents)," as

overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

8. Defendants object to the Definitions and Instructions to the extent that they impose a burden on Defendants over and above that which Plaintiff is himself willing to undertake in responding to Defendants' own interrogatories or order entered in this litigation.

9. Defendants object to the Instructions as unduly burdensome to the extent they seek to impose burdens or obligations exceeding or differing from those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

SPECIFIC RESPONSES AND OBJECTIONS

INTERROGATORY NO. 14:

IDENTIFY all directors, officers, and corporate agents of UMMS, UMSJ LLC, Northeastern Maryland Regional Health System LLC, and St. Joseph LLC from 2012 to the present, including each individual's name, role(s) at each respective organization, and the length of their tenure in each role.

RESPONSE TO INTERROGATORY NO. 14:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information

regarding any individuals or entities that are not parties to this matter. Defendants also object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health information of third-parties. Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

SUPPLEMENTAL RESPONSE TO INTERROGATORY NO. 14:

Defendants incorporate all prior stated responses and objections in this Supplemental Response. Subject to and without waiving any objections, Defendants answer as follows:

UMMS Board of Directors (2018 to 2020):

- Hon. Rushern L. Baker, III, Term: 6/3/2019–6/2/2024
- Elisa M. Basnight, Term: 6/4/18–6/4/2023
- Brianna D. Bowling, Term: 1/1/2020–6/5/2022
- Stephen Aaron Burch, Term: 6/3/2013–6/3/2018
- R. Alan Butler, Term: 6/2/2014–6/2/2019
- August J. Chiasera, Term: 6/6/2015–6/5/2020
- Joseph A. Ciotola, Jr., Term: 6/3/2019–6/2/2024
- John Purcell Coale, Term: 6/3/13–6/3/18
- John William Dillon, Term: 6/4/12–6/12/2017
- James C. DiPaula, Jr., Term: 6/6/2016–6/5/2021
- Wanda Queen Draper, Term: 6/5/2017–6/5/2022
- George Louis Doetsch, Jr., Term: 6/4/2017–6/3/2022
- Jason Frankl, Term: 6/6/2016–6/6/2021
- Wayne Lee Gardner, Sr., Term: 6/2/2014–6/2/2019
- Louise Michaux Gonzales, Term: 6/6/2016–6/6/2021
- Barry Pascale Gossett, Term: 6/4/2013–6/3/2018, 10/1/2019–6/4/2023
- James M. Harkins, Term: 1/1/2020–5/31/2020, 6/1/2020–6/1/2025
- Louis P. Jenkins, Jr., Term: 6/5/2017–6/4/2022
- Joyce M. Johnson, Term: 6/3/2019–6/2/2024
- Hon. Senator Francis Xavier Kelly, Jr., Term: 6/6/2016–6/6/2021
- Belkis Wu Leong-Hong, Term: 6/2/2014–6/2/2019
- Keith A. McMahan, Term: 10/1/2019–6/6/2021

- Hon. Keiffer J. Mitchell, Jr., Term: 6/3/2019–6/2/2024
- Kenneth V. Moreland, Term: 6/6/2015–5/31/2020
- Keary M. Nance, Term: 1/1/2020–6/5/2022
- Edward P. Nevin, Term: 1/1/2020–5/31/2020, 6/1/2020–6/1/2025
- Kevin Barry O'Connor, Term: 6/6/2016–6/6/2021
- Korkut Onal, Term: 6/6/2018–6/5/2021
- Robert Lewis Pevenstein, Term: 6/2/2014–6/2/2019
- Bonnie Lamdin Phipps, Term: 6/3/2019–6/2/2024
- Hon. D. Bruce Poole, Term: 6/3/2013–6/3/2018
- Louis M. Pope, Term: 6/5/2017–6/4/2022, 10/1/2019–6/5/2022
- Hon. Mayor Catherine Elizabeth Pugh, Term: 6/5/2000–6/5/2005
- Karen Price-Ward, Term 6/3/2019–6/2/2024
- Robert D. Rauch, Term: 6/6/2017–6/5/2022
- Scott Rifkin, Term: 6/5/2017–6/5/2022
- Thomasina Rogers, Term: 6/3/2019–6/2/2024
- Hon. James Temple Smith, Jr., Term: 6/2/2014–6/2/2019
- James A. Soltesz, Term: 6/4/2017–6/3/2022
- Leonard Stoler, Term: 6/6/2015–6/6/2020
- Robert F. Scholz, Term: 6/4/2018–6/2/2023
- R. Kent Schwab, Term: 1/1/2020–6/6/2021
- Thomas E. Scott, Term: 10/1/2019–5/31/2020, 6/1/2020–6/1/2025
- Joseph T. N. Suarez, Term: 6/4/2018–6/4/2023
- Elizabeth E. Sweeney, Term: 10/1/2019–6/5/2022
- Walter A. Tilley, Jr., Term: 6/5/2017–6/4/2022
- Hon. Alexander Williams, Jr., Term: 6/6/2015–5/31/2020
- John T. Williams, Term: 6/5/2017–6/5/2022

Ex-Officio Members of UMMS Board of Directors (2018 to 2020):

- Robert L. Carat, Term: 2018–2019
- Robert Allen Chrencik, Term: 2018–2019
- Elias Rafic Melhem, Term: 2018–2019
- Jay Allan Perman, Term: 2018–2020
- E. Edward Albert Reece, Term: 2018–2020
- Lisa Carole Rowen, Term: 2018–2020
- Mohan Suntha, Term: 2020
- Bruce E. Jarrell, Term: 2020
- William F. Regine, Term: 7/1/2020–6/30/2022

Board Officers of UMMS (2018 to 2020):

- James C. DiPaula – Chairman
- Alexander Williams, Jr. – Vice Chair
- Aaron Rabinowitz – Secretary
- S. Michelle Lee – Treasurer

UMMS Leadership (Current):

- Mohan Suntha – President and CEO
- Lisa Adkins – Chief Compliance and Privacy Officer
- Kara Bowman – Chief of Staff
- Kristen Jones Bryce – Chief of Staff and Senior Vice President, External Affairs
- Jon P. Burns – Senior Vice President and System Chief Administrative Officer
- Matthew Clark – Senior Vice President, Marketing and Communications
- Alicia Cunningham – Senior Vice President, Corporate Finance and Revenue Advisory Services
- Michelle A. Gourdine – Interim Chief Medical Officer and Senior Vice President for Population Health and Primary Care
- Roderick K. King – Senior Vice President, Chief Equity, Diversity and Inclusion Officer
- Joel Klein – Senior Vice President and Chief Information Officer
- Michelle Lee – Senior Vice President, Chief Financial Officer
- Dave McDonald – Senior Vice President, Integration Officer
- Jennifer Pitts – Interim Senior Vice President and Chief Human Resources Officer
- Andrew Pollak – Senior Vice President, Clinical Transformation
- Aaron Rabinowitz – Senior Vice President and General Counsel
- Lisa Rowen – Chief Nurse Executive

St. Joseph Operating Board of Directors (2018–2020):

- Hon. Francis X. Kelly, Jr., Term: 2018
- Hon. R. Michael Gill, Term: 2018–2020
- Joseph W. Cowan, Term: 2018–2020
- John W. Ashworth, III, Term: 2018
- Raymond C. Daue, Jr., Term: 2018, 2020
- Robert A. Chrenicik, Term: 2018
- Victoria A. Deyseu, Term: 2018–2020
- John P. Coale, Term: 2018–2020
- Daniel D. Dietick, Term: 2018
- Ben Vanlandingham, Term: 2020
- Monsignor J. Bruce Jarboe, Term: 2018 & 2020
- David E. Kelly, Term: 2018
- Hon. Andrew P. Harris, Term: 2018
- James P. O'Conor, Sr., Term: 2018–2020
- Monsignor Richard Hilgartner, Term: 2018, 2020
- Frank R. Palmer, IV, Term: 2018
- Kevin F. Powderly, Term: 2018, 2020
- Thomas Symth, Term: 2018–2020
- E. Albert Reece, Term: 2018–2020
- Adel Wilzack, Term: 2018–2020
- Kim Schatzel, Term: 2018–2020
- Monsignor Richard W. Woy, Term: 2018–2020
- Hon. James T. Smith, Jr., Term: 2018–2020

St. Joseph Leadership (Current):

- Thomas B. Smyth – President and CEO
- Nicole Beeson – Senior Vice President, Patient Care Services & Chief Nursing Officer
- Gail Cunningham – Senior Vice President Medical Affairs & Chief Medical Officer
- Paul Nicholson – Senior Vice President & Chief Financial Officer
- Scott Conover – Senior Vice President Clinical Integration
- Robin Luxon – Senior Vice President of Strategy, Business Development and Ambulatory Ancillary Services
- Rev. Louis Asobi – Vice President of Mission Integration
- Mitchell Clay – Vice President for Physician Services
- Stacy M. Culbeath – Vice President of Operations
- Mary Hough – Vice President Human Resources
- Brenda Johnson – Vice President of Patient Experience
- Mimi Tinker – Vice President and Executive Director, University of Maryland St. Joseph Medical Foundation
- Tom Gronert – Director, Information Services
- Mary Ann Hodes – Director, Marketing and Communications
- Pilar Martinez Marin – Director, Change Management

Dated: April 21, 2022

By: /s/ *Denise Giraudo*
Denise Giraudo
Paul Werner
Danielle Vrabie
Imad Matini
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imatini@sheppardmullin.com
Attorneys for Defendants

I solemnly declare and affirm under penalty of perjury that the Supplemental Response to Plaintiff's Interrogatory No. 14 is true and correct to the best of my knowledge, information, and belief.

/s/ *Gail Cunningham*
Dr. Gail Cunningham

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' RESPONSES AND OBJECTIONS TO PLAINTIFF'S SECOND SET OF INTERROGATORIES

Pursuant to Fed. R. Civ. P. 33, the Court's Local Rules, and Appendix A to the Local Rules, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph," collectively, the "Defendants"), by their undersigned attorneys, serve the following Objections and Responses ("Responses") to Plaintiff Jesse Hammons' Second Set of Interrogatories ("Interrogatories").

PRELIMINARY STATEMENT

Defendants reserve the right to use documents or information discovered after the date of its Responses to Plaintiff's Interrogatories, which are now known but whose relevance, significance, or applicability has not yet been ascertained. Defendants' Responses are made without in any way intending to waive or waiving, but, to the contrary, intending to preserve and preserving:

1. The right to question or object to the authenticity, foundation, relevancy, privilege, and admissibility of the documents or information produced in response to Plaintiff's Interrogatories in any subsequent proceeding in, or the trial of, this or any other action;

2. The right to object to the use of documents or information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this or any other action on any grounds;

3. The right to object to the introduction of the Interrogatories into evidence; and

4. The right to object on any ground at any time to other discovery involving the subject matter of these Interrogatories or the Responses to these Interrogatories.

GENERAL OBJECTIONS

The following General Objections apply to each of the Interrogatories:

1. Defendants object to the Interrogatories to the extent they call for disclosing information that is protected from discovery by the attorney-client privilege, the work product doctrine, or any other applicable claim of privilege or legal protection. Inadvertent production of any document or revealing of information subject to any applicable privilege or protection, including but not limited to the attorney-client privilege and the work product doctrine, is not intended to be, and shall not operate as, a waiver of any such privilege or protection, in whole or in part.

2. Defendants object to the Interrogatories to the extent they seek confidential or proprietary information.

3. Defendants object to the Interrogatories to the extent they seek information or documents that are not within Defendants' possession, custody, or control.

4. Defendants object to the Interrogatories to the extent that they are unduly burdensome, overly broad, or seek to impose upon Defendants an undue expense or burden that Plaintiff should properly bear.

5. Defendants object to the Interrogatories to the extent that they seek information that is irrelevant to and outside the scope of the issues, allegations, and claims presented by Plaintiff's Complaint, seek information not reasonably calculated to lead to the discovery of admissible evidence, or are otherwise outside the scope and limits of permissible discover under the Federal Rules of Civil Procedure and any other applicable law or other orders of the Court in this litigation.

6. Defendants object to the Interrogatories to the extent they are vague, ambiguous, contain words or phrases that are confusing, or lack sufficient definition to permit response. By responding to any Interrogatories, Defendants do not adopt any meaning Plaintiff may intend or have in mind, and Defendants expressly reserve the right to object to the use or introduction of any Response that mischaracterizes or takes Defendants' Response out of context or attempts to apply the Response to a unilateral definition of a particular inquiry.

7. Defendants object to the Interrogatories to the extent they call for, or can be interpreted as calling for, legal conclusions, or to the extent they assume disputed issues or are phrased in such a way as to be lacking foundation, argumentative, prejudicial, or otherwise improper.

8. Defendants object to the Interrogatories to the extent they seek documents or data that are the subject of confidentiality agreements, protective orders, or rulings issued by this Court or other courts or tribunals limiting dissemination or usage of the requested documents or information.

9. Defendants object to the Interrogatories to the extent they call for information that is already in the possession of or equally available to Plaintiff or his counsel, including but not limited to documents available from government agencies, regulatory bodies, court files, the internet, or commercial industry sources.

10. Defendants reserve their right to challenge the competency, relevancy, or admissibility at hearing and/or trial of any of the information or documents it provides in response to these Interrogatories. In responding to these Interrogatories, Defendants do not concede the Interrogatories are relevant to the subject matter of this litigation or reasonably calculated to lead to the discovery of admissible evidence. Defendants expressly reserve the right to object at any proceeding regarding specific questions, to object to further discovery into the subject matter of these Interrogatories, and to object to the introduction into evidence of the deponent's responses to questions regarding these Interrogatories.

11. No incidental or implied admissions are intended by any Response by Defendants to any Interrogatories. That Defendants have responded to any Interrogatories is not an admission that Defendants accept or admit the existence of any alleged facts set forth or assumed in the Interrogatories or that the making of the Response constitutes admissible evidence.

12. Defendants reserve the right to amend, supplement, or correct their Responses.

OBJECTIONS TO DEFINITIONS AND INSTRUCTIONS

The following Objections to the Definitions and Instructions are hereby incorporated into Defendants' Responses to each Interrogatory as though fully set forth therein.

1. Defendants object to the definitions of "Parties," "Defendant," "Defendants," "UMMS," "UMSJ Medical Center," "You," and "Your," as overly broad and unduly burdensome to the extent they purport to require the production of documents or information in the possession, custody, or control of persons or entities other than Defendants. Defendants respond to these Interrogatories solely on behalf of each respective entity and no other person or entity that may purport to act on each Defendant's behalf.

2. Defendants object to the definition of "Document" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

3. Defendants object to the definitions of "Writings," "Recordings," and "Photographs" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent they seek to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

4. Defendants object to the definition of "Person" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

5. Defendants object to the definition of "Concerning" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

6. Defendants object to the definition of "Communication" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

7. Defendants object to the definitions of "DESCRIBE IN FULL DETAIL," "IDENTIFY (with respect to persons)," and "IDENTIFY (with respect to documents)," as

overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

8. Defendants object to the Definitions and Instructions to the extent that they impose a burden on Defendants over and above that which Plaintiff is himself willing to undertake in responding to Defendants' own requests or order entered in this litigation.

9. Defendants object to the Instructions as unduly burdensome to the extent they seek to impose burdens or obligations exceeding or differing from those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

SPECIFIC RESPONSES AND OBJECTIONS

PLAINTIFF'S INTERROGATORY NO. 14:

IDENTIFY all directors, officers, and corporate agents of UMMS, UMSJ LLC, Northeastern Maryland Regional Health System LLC, and St. Joseph LLC from 2012 to the present, including each individual's name, role(s) at each respective organization, and the length of their tenure in each role.

RESPONSE TO INTERROGATORY NO. 14:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information

regarding any individuals or entities that are not parties to this matter. Defendants also object because the term "UMSJ LLC" is undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants also object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health information of third-parties. Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

PLAINTIFF'S INTERROGATORY NO. 15:

State all facts or evidence on which your denial to allegations Paragraph 37 and 40 of the Complaint that UMMS and its officials are pervasively entwined with the management and governance of UMSJ LLC, Northeastern Maryland Regional Health System, LLC, and St. Joseph LLC.

RESPONSE TO INTERROGATORY NO. 15:

Defendants object to this Interrogatory because the terms and phrases "pervasively "entwined," "UMSJ LLC" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants further object to this Interrogatory to the extent it seeks information regarding any individuals or entities that are not parties to this litigation. Defendants also object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-

parties. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

Defendants UMMS, UMSJ, and St. Joseph LLC are distinct corporate entities that operate separately and apart from each other. Among other facts that will be shown during the course of the litigation, UMMS and UMSJ have their own management, including board of directors, with limited overlap in personnel. Each entity further has its own CEO and/ or president, as well as separate administrators. UMMS officers do not serve in executive positions at St. Joseph LLC. UMMS is involved in the limited appointment of two members to the UMSJ board, which is currently composed of 18 board members. UMSJ's directors do not sit on UMMS's board of directors. UMSJ also conducts its own board meetings and maintains its own budget and financial statements. *See* UMMS000001016. Additionally, St. Joseph determines and implements its own policies and business practices, such that St. Joseph, and no other entity, is responsible for conducting its day-to-day affairs and operations. UMMS executives and administrators neither control nor are involved in St. Joseph's day to day affairs, including but not limited to decisions regarding the provision and scheduling of patient-specific care.

Defendants further point Plaintiff to documents produced as UMMS000001005-1033 in response to this Interrogatory.

PLAINTIFF'S INTERROGATORY NO. 16:

State all facts or evidence supporting your contention that UMMS's written agreements to maintain the Catholic heritage of UMSJ LLC, Northeastern Maryland Regional Health System, LLC, and St. Joseph, LLC, including but not limited to the agreements referenced in

Paragraphs 13 and 32 of the Complaint, do not reflect the current practice of UMMS, UMSJ LLC, Northeastern Maryland Regional Health System, LLC, or St. Joseph, LLC.

RESPONSE TO INTERROGATORY NO. 16:

Defendants object to this Request because it seeks information that is irrelevant to the prosecution or defense of this action and outside the scope of this litigation. Defendants further object because the term "current practice" is undefined, vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Defendants further object to this Interrogatory because it seeks legal conclusions. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, information subject to confidentiality agreements with non-parties, and/or any other applicable claim of privilege or legal protection. Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

PLAINTIFF'S INTERROGATORY NO. 17:

Your Eighth Affirmative Defense asserts that "Plaintiff's Count III of the Complaint is barred to the extent it seeks to hold Defendants jointly liable for conduct attributable only to one party." State all facts or evidence supporting your contention that UMMS is not responsible for requiring UMSJ LLC, Northeastern Maryland Regional Health System, LLC, and/or St. Joseph LLC to adhere to Catholic Directives.

RESPONSE TO INTERROGATORY NO. 17:

Defendants object to this Request to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets,

confidential and/or proprietary business information, information subject to confidentiality agreements with non-parties, and/or any other applicable claim of privilege or legal protection. Defendants further object because Interrogatory No. 17 seeks information that is duplicative of the information sought in Interrogatory No. 15. Defendants further object because the terms "responsible," "UMSJ LLC" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

St. Joseph references the Catholic Directives as part of its Catholic Heritage. St. Joseph maintains authority to control its day-to-day operations and operate in accordance with its Catholic Heritage. *See* UMMS00000916 at § 12.17. Defendants refer Plaintiff to their Response to Interrogatory No. 8 for an explanation of how the Catholic Identity is operationalized through the ERD as well as their Response to Interrogatory No. 15 for an explanation of St. Joseph's separate operations. Defendants further point Plaintiff to documents UMMS0000000916 through 917.

Dated: March 14, 2022

By: /s/ *Denise Giraudo*

Denise Giraudo
Paul Werner
Danielle Vrabie
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Attorneys for Defendants

I solemnly declare and affirm under penalty of perjury that the Responses to Plaintiff's Second Set of Interrogatories are true and correct to the best of my knowledge, information, and belief.

/s/ *Gail P. Cunningham, MD*
Dr. Gail Cunningham

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff,	
vs.	Case No. 1:20-CV-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, UMSJ HEALTH SYSTEM, LLC, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, Defendants.	

Towson, Maryland

Wednesday, April 6, 2022

Video Conference Deposition of:

DR. MICHAEL J. MARION

called for oral examination by counsel for Plaintiff, pursuant to notice, in Towson, Maryland, before Sheri C. Stewart, RPR, RMR, of Esquire Deposition Solutions, a Notary Public in and for the State of Maryland, beginning at 12:01 p.m., when were present on behalf of the respective parties:

Job No. J8078711

A P P E A R A N C E S:

On behalf of Plaintiff:

JONATHAN HERMANN, ESQUIRE
ANDREW D. COHEN, ESQUIRE
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Also present: George Ellis, videographer

C O N T E N T S

EXAMINATION BY: PAGE

MR. HERMANN 5

MARION DEPOSITION EXHIBITS: PAGE

Ex. 10 Document Bates stamped UMMS395-401 53

Ex. 11 Document Bates stamped UMMS697-700 79

Ex. 12 Document Bates stamped UMMS711 87

(*Exhibits attached to transcript.)

THE VIDEOGRAPHER: We are now on the record. The time is 12:01 p.m. Eastern Standard Time on April 6, 2022. This begins the videoconference deposition of Dr. Michael J. Marion taken in the matter of Jesse Hammons versus the University of Maryland Medical System Corporation, et al., filed in the United States District Court for the District of Maryland, case number is 1:20-CV-02088-DKC. My name is George Ellis, I'm your remote videographer. The court reporter is Sheri Stewart. We're representing Esquire Deposition Solutions. 12:01:38 12:01:39 12:01:41 12:01:45 12:01:48 12:01:52 12:01:52 12:01:57 12:02:00 12:02:07 12:02:13 12:02:15 12:02:16

Counsel please state your name and who you represent after which the court reporter will swear in the witness. 12:02:19 12:02:21 12:02:22

MR. HERMANN: Good afternoon. Jonathan Hermann, Patterson, Belknap, Webb & Tyler for plaintiff, Jesse Hammons. 12:02:25 12:02:26 12:02:29

MS. VRABIE: Danielle Vrabie for the defendants and the witness. 12:02:30 12:02:34

THE VIDEOGRAPHER: Sheri, you're -- two 12:02:35

things. Sheri was muted and, Mr. Fisher, we did not hear your -- 12:02:35

MR. FISCHER: This is Aron Fischer, I'm Mr. Herman's colleague at Patterson, Belknap. I'm going to be here silently listening. 12:02:52

P R O C E E D I N G S 12:03:01

WHEREUPON, 12:03:01

DR. MICHAEL J. MARION 12:03:01

called as a witness, and having been first duly sworn, was examined and testified as follows: 12:03:01

EXAMINATION BY COUNSEL FOR PLAINTIFF 12:03:01

BY MR. HERMANN: 12:03:19

Q Good afternoon, Dr. Marion. Could you please just state your name for the record? 12:03:24

A Michael Marion. 12:03:29

Q And, Dr. Marion, have you ever been deposed before? 12:03:31

A Yes. 12:03:34

Q And you understand that you're testifying under oath today? 12:03:35

A Yes. 12:03:39

Q And that being under oath means that 12:03:40

A We became employed physicians. 12:09:42

Q And so did SJMC acquire that orthopedic practice? 12:09:47 12:09:51

A It's a little bit more complicated than that. We maintain a managed service organization or an MSO, so we maintain our own practice and run the practice, but the physicians and providers are APPs, are mid levels, are employed by the St. Joseph Medical Group. 12:09:54 12:09:56 12:09:59 12:10:04 12:10:09 12:10:12

Q You were once chief of surgery at SJMC, correct? 12:10:16 12:10:19

A I'm currently chief of surgery at SJMC. 12:10:20

Q And when did you become chief of surgery? 12:10:23

A 2017, January. 12:10:27

Q And what are your responsibilities as chief of surgery? 12:10:30 12:10:32

A I'm part of the self-governing medical staff office, so I have responsibility to the physicians who are surgeons, they're in my department, and I sit on the medical executive committee representing those physicians to make sure that we're following policy and procedures of the 12:10:34 12:10:37 12:10:42 12:10:46 12:10:50 12:10:54

hospital. 12:10:57

Q You mentioned you sit on a medical executive committee. Would you say you report to that committee? 12:10:59 12:11:01 12:11:03

A I'm a member of the committee. 12:11:04

Q Who else is a member of that committee? 12:11:08

A All of the department chiefs as well as the chief medical officer. 12:11:10 12:11:14

Q You report to the chief medical officer? 12:11:21

A I do. 12:11:23

Q Do you report to anyone else in your role as chief of surgery? 12:11:26 12:11:27

A You know, the lines these days with chief of surgery become a little bit blurry. Officially I am, again, part of that, I'm governed by the medical staff governing system, but being an employed physician, I also report to the administrative side of the hospital as an employee. 12:11:30 12:11:33 12:11:36 12:11:39 12:11:47 12:11:52

Q And who would you report to on the administrative side other than the chief medical officer? 12:11:56 12:12:00 12:12:02

A Scott Conover and Tom Smyth. 12:12:03

Q And who are they? 12:12:09

A One is a VP and the other is the CEO of the hospital. 12:12:10 12:12:14

Q Does anybody report to you as chief of surgery? 12:12:17 12:12:19

A I don't have a direct report, no. 12:12:20

Q Do the surgeons who perform surgeries at SJMC report to you in any way? 12:12:25 12:12:30

A No. Again, I help to administer the policy of the hospital, but those surgeons can be employed by the hospital, those surgeons can be community practice providers that are privately employed, are self-employed, so they don't report to me in an employment fashion. 12:12:33 12:12:36 12:12:42 12:12:45 12:12:47 12:12:51

Q Generally speaking, what policy do you help to develop? 12:12:54 12:12:58

A Typically around quality and safety and then following the bylaws and the policies of the hospital. 12:13:01 12:13:05 12:13:08

Q And in your development of these policies, do you have any communications with University of Maryland medical school? 12:13:12 12:13:14 12:13:18

A The medical school? 12:13:21

Q I'm sorry, medical system, I misspoke, 12:13:22

medical system, UMMS. I'll refer to it as UMMS. 12:13:24

A Not directly. I mean the MEC reports to 12:13:29

the board, right, so the decisions of the medical 12:13:31

executive committee then go up to the board of the 12:13:34

hospital, but there's not a direct connection 12:13:37

between our medical executive committee and the 12:13:40

University of Maryland Medical System. 12:13:43

Q Were you also at one point medical 12:13:47

director of Surgical Informatics? 12:13:49

A Yes. 12:13:52

Q Are you still the director? 12:13:53

A Yes. 12:13:55

Q Can you explain generally speaking what 12:13:58

the medical director of Surgical Informatics does? 12:14:00

A Sure. In October of 2014, we implemented 12:14:04

our current electronic medical record which is Epic, 12:14:10

and that took a lot of work interfacing with the 12:14:14

surgeons and the front line providers who were going 12:14:18

to use that electronic medical record and the 12:14:21

analysts who created the electronic medical record 12:14:25

and so I helped to bridge that gap with either education, elbow support, developing systems within the electronic medical record. 12:14:28 12:14:32 12:14:37

Q And when you say elbow support, I'm assuming you don't mean surgically speaking? 12:14:42 12:14:44

A No. I mean holding their hand through creating notes and understanding how to enter data and moving through the DHR. 12:14:47 12:14:50 12:14:53

Q And who, if you can generalize, who do you help entering that information into Epic? 12:14:57 12:15:02

A Again, typically I'm, I have purview over surgeons and surgical providers. 12:15:09 12:15:14

Q How about schedulers at SJMC? 12:15:18

A They're on the -- no, I mean, I help with any issues that may come up but, you know, the scheduling is a separate department within SJMC. 12:15:22 12:15:25 12:15:29

Q And circling back, if we could just briefly, to your role as chief of surgery. 12:15:35 12:15:38

A Um-hum. 12:15:40

Q Is it possible, could you give me a typical day of your duties in a day as chief of surgery? 12:15:41 12:15:43 12:15:48

answers your question. 12:37:13

Q Let me just see if I can -- so it's fair to say that staff at SJMC does not consider whether a hysterectomy is life threatening before allowing it to be scheduled, correct? 12:37:15 12:37:17 12:37:22 12:37:26

MS. VRABIE: Objection. 12:37:28

BY MR. HERMANN: 12:37:37

Q I'll ask another way. 12:37:37

Has a hysterectomy ever been denied at SJMC because it was not to treat a life threatening condition? 12:37:38 12:37:42 12:37:45

MS. VRABIE: Objection. If you know, if you can answer, Dr. Marion, you can. 12:37:51 12:37:52

A I'm not sure, I'm just not following the question, I guess. 12:37:54 12:37:56

BY MR. HERMANN: 12:37:57

Q I'll try and rephrase. 12:38:03

Is it fair to say, to your knowledge, that no hysterectomy has been canceled at SJMC because that hysterectomy was to treat a nonlife threatening condition? 12:38:08 12:38:09 12:38:17 12:38:20

MS. VRABIE: Objection. 12:38:23

A I think, if I may, I think you're asking me if a patient has a life threatening condition, would we do the surgery emergently, like a hysterectomy. So if a patient has uterine bleeding, there are situations in which a patient can exsanguinate and die from uterine bleeding, we would do a hysterectomy immediately for that case and there would, without a question. 12:38:43 12:38:47 12:38:51 12:38:56 12:39:02 12:39:04 12:39:07 12:39:15

BY MR. HERMANN: 12:39:19

Q And -- 12:39:20

A Did I answer that, what you're getting at? 12:39:20

Q I think we're getting there. And so the vast majority of hysterectomies, it sounds like based on your answer, are performed to treat conditions that are not emergent? 12:39:23 12:39:25 12:39:27 12:39:31

A The majority are -- 12:39:34

MS. VRABIE: Objection. 12:39:36

A -- done to treat non-emergent conditions, yes. 12:39:36 12:39:39

BY MR. HERMANN: 12:39:40

Q Okay. And so once again, scheduling surgeons do not need your approval provided they 12:39:40 12:39:49

have the credentials and the admitting privileges to schedule a hysterectomy at SJMC? 12:39:54 12:39:56

A Correct. 12:40:00

Q Are you familiar with the institutional ethics committee? 12:40:02 12:40:04

A I know that we have one. 12:40:09

Q What is your understanding of what that committee does? 12:40:12 12:40:15

A They help adjudicate any ethical decisions that need to be made in the hospital, if there are complicated patient care decisions, they act as a resource. 12:40:17 12:40:23 12:40:26 12:40:30

Q Have you ever participated in an ethics committee meeting? 12:40:33 12:40:36

A No. 12:40:37

Q Have you ever sat on the ethics committee? 12:40:39

A No. 12:40:41

Q Do physicians or scheduling surgeons need to get approval for any particular procedure from the ethics committee? 12:40:45 12:40:47 12:40:50

A It depends. There are situations in which there are end of life issues that come up that 12:40:55 12:40:59

sometimes go to the ethics committee so there may be instances in which the ethics committee is consulted for specific decisions. 12:41:03 12:41:08 12:41:11

Q What about for hysterectomies, to your knowledge? 12:41:15 12:41:21

A There was a case, I believe, that did go to the ethics committee over hysterectomy. 12:41:28 12:41:32

Q And do you remember approximately when that case was? 12:41:37 12:41:38

A It may have been in 2018. I don't know if that case actually went to the committee or not. There was talk of it going to the committee and I don't know if it ended up going to the committee or not. 12:41:40 12:41:43 12:41:46 12:41:48 12:41:50

Q And can you think of any other hysterectomies that were referred to the committee? 12:41:51 12:41:53

A No. And again, I'm going to clarify that by saying that I am not the chief of OB-GYN even though I'm the chief of surgery. So oftentimes those types of questions go through the chief of OB-GYN and I don't deal with them. So I likely wouldn't know of other cases. 12:41:56 12:42:01 12:42:05 12:42:09 12:42:12 12:42:18

Q Understood. If we can just focus on that 2018 case for a moment. Do you recall anything specific about, about that procedure? 12:42:24 12:42:29 12:42:33

A Yes. 12:42:37

Q What do you recall? 12:42:39

A That there was a question of whether the case could be performed because the, the patient identified as transgender. 12:42:45 12:42:47 12:42:56

Q And do you remember the outcome of that case? 12:43:01 12:43:03

A I believe the case was performed. 12:43:04

Q Shifting gears just briefly. Are you familiar with the ethical and religious directives of the Catholic health services? 12:43:14 12:43:17 12:43:20

A Yes. 12:43:22

Q And I'm just going to refer to them as ERDs. Would you understand if I refer to them as ERDs? What do you know about the ERDs? 12:43:23 12:43:24 12:43:27

A They are a list of directives from the U.S. Conference of Catholic Bishops that help govern what may and may not be done in Catholic hospitals. 12:43:33 12:43:37 12:43:42

Q And what's the basis for your 12:43:48

understanding? 12:43:51

A As someone who works at a Catholic hospital, it's actually in my employment contract that I am to follow the ERDs. 12:43:53 12:43:56 12:44:00

Q Have you read them in their entirety? 12:44:04

A I have. 12:44:07

Q When was the last time you read them in their entirety? 12:44:09 12:44:12

A Probably in 2018. 12:44:14

Q And when you say 2018, are you referring to the time around the hysterectomy we just spoke of? 12:44:18 12:44:20 12:44:24

A Actually, I think in 2018 was the most recent update of the ERDs. 12:44:24 12:44:27

Q Have you attended training sessions on the ERDs? 12:44:32 12:44:34

A No. 12:44:36

Q Have you spoken with any religious authorities about the ERDs specifically? 12:44:39 12:44:41

A Yes. We have a VP of admission integration who is in charge of ensuring that the ERDs are followed. 12:44:44 12:44:48 12:44:51

1	Q And who is that individual?	12:44:54
2	A Right now it's Father Asoby.	12:44:57
3	Q And have you spoken to Father Asoby about	12:44:59
4	the ERDs?	12:45:01
5	A No.	12:45:03
6	Q Was, did Dr. or Father Asoby have a	12:45:05
7	predecessor?	12:45:08
8	A Yes.	12:45:11
9	Q And who was that predecessor?	12:45:12
10	A That was Keith Riddle.	12:45:14
11	Q When did Father Asoby take over Keith	12:45:16
12	Riddle?	12:45:19
13	A Maybe, boy, the dates get blurred with the	12:45:23
14	pandemic. I'm thinking just before the pandemic so	12:45:29
15	maybe the end of 2019.	12:45:32
16	Q Okay. And did you speak with Mr. Riddle	12:45:35
17	about the ERDs?	12:45:38
18	A Yes.	12:45:39
19	Q Approximately when?	12:45:42
20	A 2018.	12:45:44
21	Q On more than one occasion?	12:45:46
22	A Maybe twice. I remember one specific	12:45:50

meeting but, no, maybe twice. 12:45:53

Q What was the nature of that one meeting? 12:45:58

A To review the, to review the ERDs because there was a new edition that was published with whatever changes they were and how we should interpret them. 12:46:00 12:46:04 12:46:11 12:46:14

Q Was there anyone else at this meeting? 12:46:15

A I want to say that Gail Cunningham, our CMO, was there, and maybe our director of surgical services was there. 12:46:20 12:46:27 12:46:33

Q And who was that? 12:46:35

A Larry Moore. I can't recall if he was there or not. I think he was. 12:46:37 12:46:40

Q And do you remember any specifics of that meeting? 12:46:43 12:46:47

A You know, just the highlights of the general, the general flavor of the ERDs and what we are permitted and not permitted to do at St. Joseph's. 12:46:52 12:46:54 12:47:02 12:47:04

Q And did that discussion at all concern whether surgeries could or could not be performed at is SJMC? 12:47:06 12:47:10 12:47:15

A Yeah, I mean we know that we cannot do sterilizations, we can't do vasectomies, we can't do tubal ligations, we can't do abortions of any type. 12:47:16 12:47:17 12:47:19

Q And you spoke about all of this at that one meeting? 12:47:26 12:47:29

A Yes. 12:47:30

Q And since 2018, I think, I think you've answered this, but just to be clear, since 2018 have you had discussions about the ERDs with the vice president from admission integration? 12:47:34 12:47:37 12:47:40 12:47:44

A No. 12:47:49

Q Have you had discussions about the ERDs with anybody? 12:47:50 12:47:51

A I don't believe any formal, not in any formal way, no. 12:47:57 12:48:00

Q What's your understanding of how ERDs govern surgeries? And I know you've touched on this just before? 12:48:04 12:48:08 12:48:11

A Yeah. So, you know, in broad, in broad strokes, as I said, we're, we, we, when I say we I mean St. Joseph Medical Center is not permitted to do any type of sterilizations, as I mentioned. We 12:48:11 12:48:15 12:48:19 12:48:23

(Whereupon, Exhibit No. 10 was marked for identification.) 13:11:37

BY MR. HERMANN: 13:11:44

Q Dr. Marion, do you see UMMS395 up on the screen? 13:11:48

A Yes. 13:11:54

Q One moment. 13:11:55

MS. VRABIE: Yeah, I note that it's also a multipage exhibit and I'd like to have the chance for the witness to look through the entire document, so. 13:11:57

MR. HERMANN: Sure. Why don't we do -- why don't we do -- why don't we do this. Why don't I try and drop the file into the chat and Dr. Marion will see if that works. Let's see. 13:12:00

THE WITNESS: So what I am doing downloading this file? Is that what I'm supposed to do? 13:12:03

MS. VRABIE: Yeah, if you download the file then you'll be able to open it and scroll through it and read it. 13:12:10

MR. HERMANN: I'll still share my screen 13:12:11

if that's all right just to make sure that we're on the same page literally and figuratively. Let us know when you open that document up. 13:13:11 13:13:13 13:13:15 13:13:24

THE WITNESS: I'm actually having a little trouble with it, honestly. Oh, I got it. Okay. It's open. 13:13:34 13:13:36 13:13:41

BY MR. HERMANN: 13:13:42

Q I'll give you a minute just to skim through it and refresh your recollection. 13:13:43 13:13:45

A Sure. All right. Yes. Thank you. 13:13:48

Q I'm on what's stamped as page UMMS399, it is page five of the PDF. Do you see that? 13:14:31 13:14:36

A Yes. 13:14:42

Q Do you recall receiving this e-mail from Kate Barbara on October 11, 2018, with the subject line Adashek 11, slash, 12? 13:14:42 13:14:45 13:14:48

A Yes. I mean, I don't recall it. I know I reviewed it so, yes. 13:14:52 13:14:54

Q Do you recall who Kate Barbara is? 13:14:58

A Yes. 13:15:00

Q And who is she? 13:15:02

A She's the head of surgical business administrator who's also in charge of the posting department. 13:15:03 13:15:09 13:15:12

Q And you mentioned earlier that the administrative department is responsible for training the schedulers, correct? 13:15:14 13:15:17 13:15:19

A Correct. 13:15:22

Q And that's with respect to identifying certain procedures that might be flagging, correct? 13:15:23 13:15:25

A Yes. 13:15:30

Q Do you recall the details about what she calls this, quote, case? That she's identifying in this e-mail? 13:15:30 13:15:33 13:15:37

A Yes. 13:15:37

Q And we started discussing it a little earlier, but if you could just tell me what you remember about this case. 13:15:38 13:15:40 13:15:42

A There was a question about whether the case could be posted because the patient was identified as transgender and as I had mentioned, our nonclinical posting department is trained to understand the ethical and religious directives so 13:15:46 13:15:49 13:15:52 13:15:59 13:16:04

that raised a red flag for them and so they contacted Kate, their supervisor, to see if we could or should be posting this case at St. Joe's. 13:16:08 13:16:10 13:16:15

Q And so your understanding is that they flagged this case based on their understanding of what the ERDs permit and do not permit? 13:16:20 13:16:22 13:16:25

A That's right. 13:16:28

Q Do you recall forwarding this e-mail chain to Dr. Smyth, CC'ing Keith Riddle? 13:16:33 13:16:34

A I do. 13:16:40

Q Okay. Who is Thomas Smyth? 13:16:41

A He's the CEO of the hospital. 13:16:45

Q And he's a medical doctor? 13:16:48

A He is. He's a urologist by training. 13:16:50

Q And we discussed Keith Riddle a little bit before. Is he a medical doctor? 13:16:53 13:16:56

A No. 13:16:57

Q Do you recall writing to Dr. Smyth that you, quote, didn't think that there was a problem, unquote, in doing a hysterectomy? 13:16:58 13:17:02 13:17:05

A Yes. 13:17:07

Q What did you mean by that? 13:17:07

A I didn't think that this case was in violation of the ERDs. 13:17:10 13:17:16

Q And why didn't you think it was a violation of the ERDs? 13:17:20 13:17:22

A If my recollection is correct, I clarified with the surgeon, Dr. Adashek, who was posting the case, to ask what the symptoms were for which Dr. Adashek was posting the hysterectomy and I was told that it was abnormal uterine bleeding or dysmenorrhea. We -- I'm sorry. 13:17:24 13:17:29 13:17:33 13:17:40 13:17:44 13:17:47

Q Go ahead. 13:17:52

A No, no. 13:17:53

Q Go ahead. I didn't want to cut you off. You were talking about your conversation with Dr. Adashek. 13:17:53 13:17:56 13:17:58

A Yes. So upon finding out that the diagnosis was abnormal uterine bleeding I felt that that was an indication for hysterectomy, that does not run afoul of the ERDs. 13:17:59 13:18:02 13:18:07 13:18:12

Q And did you speak to Dr. Adashek before you received this e-mail from Ms. Barbara? 13:18:16 13:18:20

A No. 13:18:22

Q So you called him after you received this e-mail, correct? 13:18:23 13:18:28

A Yeah. I believe I called him. I don't think that there was an e-mail, I think I called him. 13:18:29 13:18:32 13:18:34

Q And just to be clear, Dr. Adashek was the surgeon scheduling this procedure, correct? 13:18:35 13:18:37

A Correct. 13:18:40

Q Did you know Dr. Adashek before this procedure? 13:18:42 13:18:45

A Yes. 13:18:46

Q Has he performed hysterectomies at SJMC before? 13:18:47 13:18:51

A Yes. 13:18:51

Q You write here that the, quote, the scheduling department was questioning whether we could do the surgery in a Catholic institution. And you're referring of course to SJMC, correct? 13:18:54 13:18:56 13:18:58 13:19:01

A Yes. 13:19:05

Q And by we, you're referring to the doctors and the staff affiliated with SJMC? 13:19:05 13:19:07

A I was referring to the institution itself 13:19:13

being governed by ERDs. 13:19:16

Q And you said that the scheduling 13:19:21
department is instructed to check whether procedures 13:19:22
are compliant with the ERDs? 13:19:25

A They are trained such that when a 13:19:28
procedure comes up, it may be running afoul of the 13:19:31
ERDs, they're to bring that to their supervisor, 13:19:35
which was the case here, yeah. 13:19:38

Q To your knowledge, has scheduling ever 13:19:40
raised a question about whether any other 13:19:44
hysterectomy could take place at SJMC due to the 13:19:45
ERDs? 13:19:50

A In fact, this was the only case that has 13:19:52
ever been brought to me by the scheduling 13:19:54
department. 13:19:57

Q Was this case brought to you, not 13:20:00
including plaintiff's case, brought to you where 13:20:02
that case concerned a scheduled hysterectomy? 13:20:08

A No. In fact, just to be clear, the 13:20:12
plaintiff's case didn't come to me either. 13:20:14

Q Understood. I'm going to scroll up a 13:20:19
little bit to Mr. Riddle's response to you. He 13:20:25

says, quote, no gender reassignment surgeries are to be done in a Catholic institution. Do you see that? 13:20:29 13:20:32

A Yes. 13:20:36

Q And what did you understand him to mean by that? 13:20:38 13:20:40

A The procedures that are being done for gender affirmation cannot be performed in a Catholic institution because it runs afoul of the ERDs, which I need to paraphrase, and again, I'm no expert on the ERDs, but altering God given normal anatomy and taking out normal organs is not condoned by the ERDs. 13:20:41 13:20:44 13:20:48 13:20:56 13:20:58 13:21:02 13:21:05

Q And again when you say normal organs you're referring to healthy tissue? 13:21:07 13:21:09

A Healthy tissue, yeah. 13:21:11

Q And Mr. Riddle writes further, we could not do the gender reassignment surgery but if there was another medical reason for something that, all caps, might, could be considered. Do you see that? 13:21:16 13:21:20 13:21:23 13:21:27

A Yes. 13:21:31

Q And what do you understand or what did you understand him to mean by that? 13:21:32 13:21:34

A Well, in my e-mail I had said that I don't think that there's a problem with this case because in this particular case there was a diagnosis of dysmenorrhea or abnormal uterine bleeding which is a diagnosis that we, meaning St. Joseph Medical Center, performed hysterectomies for. 13:21:35 13:21:39 13:21:42 13:21:47 13:21:51 13:21:55

Q And nevertheless, if we scroll up just a little bit, this e-mail from Dr. Smyth, he says, I don't think we can do this case, right? 13:21:59 13:22:01 13:22:06

A That's what he said. 13:22:11

Q And is it your understanding that SJMC could not do this case because the patient was transgender? 13:22:15 13:22:18 13:22:21

A It was my understanding that Dr. Smyth was concerned that this particular case was running close to the red line that St. Joe's is not allowed to cross. 13:22:24 13:22:27 13:22:33 13:22:38

Q And what -- 13:22:39

A Based on the ERDs. 13:22:40

Q As you understand it, what is that red line? 13:22:44 13:22:45

A St. Joe's can't remove normal organs and 13:22:48

can't do gender-affirming surgery for transgender patients. 13:22:50 13:22:54

Q Dr. Smyth further instructs here to, for Mr. Riddle to forward to Gail so that she can review for medical necessity and primary diagnosis, correct? 13:22:58 13:23:08 13:23:12 13:23:16

A Yes. 13:23:17

Q And that's Dr. Cunningham the CMO? 13:23:18

A Correct. 13:23:21

Q Does Dr. Cunningham have final say over whether a surgery can take place? 13:23:22 13:23:26

A She would have, yes, she, I report to her, she would supercede with my judgment, yes. 13:23:30 13:23:35

Q And does anybody supercede hers? 13:23:38

A I suppose that she can discuss that with the CEO and the ethics committee. 13:23:42 13:23:45

Q And so she also may have final say about whether the surgery's compliant with the ERDs, correct? 13:23:51 13:23:54 13:23:57

A Correct. 13:23:58

Q So based on this e-mail chain it's accurate to say that a hysterectomy cannot be 13:24:05 13:24:07

performed at SJMC if the primary reason for that surgery is gender affirming, correct? 13:24:09 13:24:12

A Correct. 13:24:15

Q But if the primary reason for a hysterectomy was unrelated to the gender-affirming surgery then the hysterectomy could be performed, correct? 13:24:17 13:24:18 13:24:22 13:24:24

A Right. If there's another diagnosis and, you know, so just to put it in, you know, more simple terms, if the organ was diseased, so to speak, if there was some diagnosis of abnormality then, yes, if it's something that we do hysterectomies for then we would be able to do it regardless of the patient being transgender or not. 13:24:25 13:24:27 13:24:29 13:24:34 13:24:36 13:24:39 13:24:42

Q And in this case the primary diagnosis that you note was abnormal uterine bleeding, correct? 13:24:47 13:24:48 13:24:51

A Correct. 13:24:52

Q And that is a medical indication for receiving a hysterectomy? 13:24:53 13:24:57

A Yes. 13:24:59

Q And in fact, that's what you wrote, that 13:25:01

the primary diagnosis was in fact abnormal bleeding, right? 13:25:02 13:25:06

A Correct. 13:25:07

Q Do hysterectomies scheduled at SJMC with a medical indication of abnormal uterine bleeding typically require your approval? 13:25:07 13:25:12 13:25:13

A No. 13:25:17

Q Before this had they ever required your approval? 13:25:18 13:25:20

A This was the only case that I can recall of a hysterectomy coming to me for my approval. 13:25:22 13:25:24

Q What about Dr. Cunningham or Dr. Smyth's approval? Are you aware of any others before this case? 13:25:30 13:25:33 13:25:36

A Before this case, no, I'm not. The only other case I know is the plaintiff's case in 2020 that came to Dr. Cunningham. But again -- 13:25:37 13:25:40 13:25:43

Q And what about -- 13:25:48

A Just to clarify, I'm a chief, while I'm a chief of surgery, there may have been instances that have been brought forward to the chief of OB-GYN that I would not be privy to. 13:25:50 13:25:54 13:25:57 13:26:03

Q Understood. And we talked before about how hysterectomies were fairly routine; is that correct? 13:26:04 13:26:11 13:26:14

A They're one of the more common diagnoses. They're one of the more common procedures that GYNs do in the hospital, yes. 13:26:16 13:26:17 13:26:22

Q And in fact, you write this in 2018 that hysterectomies are a routine procedure? 13:26:23 13:26:25

A Yes. 13:26:29

Q And that was true when this e-mail was sent? 13:26:30 13:26:32

A Yes. 13:26:33

Q That was true in 2020? 13:26:35

A Yes. 13:26:37

Q And so you can't identify any other medical indications or pre-operation diagnoses for hysterectomies that would have required your approval, right? 13:26:44 13:26:49 13:26:51 13:26:53

A Correct. 13:26:58

Q So it's true here that by reposting the surgery with the diagnosis abnormal uterine bleeding that surgery could in fact be performed at SJMC, 13:27:05 13:27:08 13:27:10

right? 13:27:13

MS. VRABIE: Objection. You can answer, 13:27:16

Doctor. 13:27:20

A Yes. 13:27:21

BY MR. HERMANN: 13:27:22

Q Go ahead. 13:27:26

A The surgeon, the GYN felt that this was 13:27:27

medically necessary because of a diagnosis that 13:27:30

signified an abnormal, abnormality for which we do 13:27:34

hysterectomies, yes. 13:27:39

Q And when you say the surgeon you're 13:27:41

referring to Dr. Adashek? 13:27:43

A Yes. 13:27:44

Q And in fact, this hysterectomy was 13:27:47

performed ultimately, correct? 13:27:49

A Yes. 13:27:51

Q Let's scroll up. To the e-mail you wrote 13:27:57

on October 13th at 9:01. Do you see that? 13:28:04

A Yes. 13:28:09

Q And you note that the hysterectomy was 13:28:13

questioned because the patient was transgender, 13:28:15

right? 13:28:17

A Correct.
Q And you in fact called that discrimination. Do you see that? 13:28:23
A I was referring -- no. I mean, there's a context to it, right? The e-mail was written because I was concerned that if we were denying a transgender person a hysterectomy who had abnormal uterine bleeding that would be denying a certain segment of our population a hysterectomy for a diagnosis that we do hysterectomies for. And that would be discrimination.
Q And that diagnosis you're referring to is the abnormal uterine bleeding, correct?
A Correct.
Q Was it your understanding that this procedure was emergent?
MS. VRABIE: Objection.
A This was not emergent.
BY MR. HERMANN:
Q I'm going to scroll up now to Dr. Smyth's response to you in which he says that your e-mail is, quote, a bit strong for e-mail traffic. Do you

see that?

A Um-hum. I do.

Q What did you understand him to mean by that?

A I think that he was responding to the passion in which I wrote my e-mail and he felt that that emotion wasn't appropriate for a routine e-mail discussion of this medical issue.

Q Do you agree with him?

A In hindsight, yes.

Q Why is that?

A In the way I wrote the e-mail, I think it was somewhat disrespectful to Mr. Riddle with the way I characterized his e-mail. And I think that that's primarily what Tom was referring to. I talk about, I talk about conversion therapy and I give an analogy that probably was not as respectful or appropriate as I could have been.

Q Understood. You mentioned that you're passionate?

A Yes.

Q Do you today consider that passion

justified?
A Yes.
Q And that was because of your belief that the hospital was denying a patient services that it would not have denied a non-transgender patient, correct?
A Correct.
Q And you agree to refrain from e-mail conversation and await the committee's decision?
A Yes.
Q What was your understanding of the harm in continuing the e-mail conversation?
MS. VRABIE: Objection. You can answer, Mr. Marion.
A Again, I think that the, I think Dr. Smyth wanted to discuss this in person because he felt that my e-mail was somewhat emotional and potentially not respectful to Mr. Riddle. Again, if you scroll down to the previous e-mail that I had written, and, yes, and where I talk about specifically conversion therapy and the harm on the LGBTQ community. I think that Mr. Riddle had given

an example or a paper that I can't quite recall at this time that spoke about what the Catholic, the Conference of Catholic Bishops were stating about gender-affirming surgery and, you know, my answer in this e-mail may have been a little bit too pointed for e-mail traffic because as we know, e-mails, texts and written communication can be misconstrued so Tom Wisely said, well, let's discuss this, you know, at a later date. 13:32:35 13:32:39 13:32:48 13:32:52 13:32:56 13:33:00 13:33:03 13:33:08 13:33:14

BY MR. HERMANN: 13:33:17

Q In that article that Mr. Riddle sent? 13:33:17

A Um-hum. 13:33:20

Q Did you read it to state that the Catholic church has a policy of denying gender-affirming surgeries in Catholic institutions? 13:33:20 13:33:26 13:33:32

A You know, to tell you the truth I can't, I actually looked for the attachment that he sent and I couldn't find it. I can't remember what the attachment was. Nonetheless, I'll answer your question. That it's my understanding from the ERDs and from Mr. Riddle's interpretation of them, is that in a Catholic institution, no, we are, we, 13:33:34 13:33:38 13:33:40 13:33:43 13:33:47 13:33:50 13:33:54

St. Joe's, cannot do gender-affirming surgery. 13:33:57

Q Can you recall any other instance in which Dr. Smyth or Dr. Cunningham told you to refrain from discussing a certain topic by e-mail? 13:34:05 13:34:07 13:34:12

A There have been other instances where Dr. Smyth has said you know what, this would be a better discussion in person, so, yes. 13:34:15 13:34:18 13:34:21

Q Did those discussions concern hysterectomies? 13:34:25 13:34:27

A No, they did not. 13:34:28

Q And they didn't concern transgender patients? 13:34:30 13:34:33

A No, they did not. 13:34:34

Q And again, you said -- you referenced the committee in this e-mail. Are you referring to the ethics committee? 13:34:37 13:34:40 13:34:42

A Yes. 13:34:44

Q And do you know what they ultimately decided? 13:34:45 13:34:48

A You know, and so this is where I just, I don't, I know that the surgery was performed. I don't know if this went to the ethics committee and 13:34:49 13:34:52 13:34:56

if it did, I wasn't specifically consulted or discussed it with the ethics committee nor did they give me any feedback. So I don't know if this went to the ethics committee or not. I assume it did from the e-mail chain but I really, I don't know personally. 13:35:00 13:35:07 13:35:09 13:35:12 13:35:15 13:35:19

Q Did you have any other conversations with Dr. Smyth about this procedure? 13:35:26 13:35:30

A We did have a meeting after this e-mail chain to discuss this. 13:35:33 13:35:35

Q And what was discussed at that meeting? 13:35:38

A Again, some clarification of the ERDs, what the meaning of the ERDs were, what we can and cannot do which we had gone over, and I again affirmed my belief that in 2018 with this particular case, that there was a medical indication for surgery and because of that medical indication, because the diagnosis was one in which we at St. Joe's performed hysterectomies for, that this was an appropriate case. 13:35:41 13:35:44 13:35:47 13:35:51 13:35:55 13:36:00 13:36:07 13:36:11 13:36:14

Q And do you remember what Dr. Smyth said at that meeting with respect to what the ERDs do and do 13:36:17 13:36:21

not allow? 13:36:24

A Yes. And we talked about how, you know, 13:36:26
the, there is a audit process that St. Joe's is 13:36:29
subject to by the archdiocese and how they look at 13:36:37
these cases and how they interpret them and how we 13:36:41
have to carefully document what we do, and I'll give 13:36:43
you an example. As you know, because of the ERDs, 13:36:46
we cannot do sterilization procedures. One of the 13:36:52
things we cannot do is we cannot place IUDs for 13:36:55
women who need, who want an IUD for the purposes of 13:37:00
birth control. However, at St. Joe's, we do 13:37:04
sometimes place IUDs because another indication for 13:37:09
placing an IUD is abnormal bleeding and that is a 13:37:13
treatment for abnormal bleeding but we have to 13:37:19
carefully document that and that gets audited every 13:37:21
so often and, again, that's in the OB-GYN department 13:37:26
so I don't know how frequently it's audited but I do 13:37:30
know it is audited regularly by those who enforce 13:37:32
the ERDs. And so we have to be very careful with 13:37:35
how we do certain procedures and what the 13:37:41
documentation around those procedures is. 13:37:44

Q And so with the animated concern that the 13:37:51

documentation needed to comply with the ERDs for the purposes of this audit? 13:37:54 13:37:58

A That was part of the concern, yeah. 13:38:00

Q And what else was part of the concern? 13:38:03

A Again, the issue of does this case, did this case violate the ERDs or not. So that was a discussion that we had. 13:38:06 13:38:12 13:38:17

Q Was there any written material produced in that meeting? 13:38:21 13:38:24

A You mean like minutes or anything like that? I don't believe so. Yeah, I mean, we, again, we reviewed the written material of the ERDs but it was a discussion. 13:38:27 13:38:29 13:38:33 13:38:36

Q Was Dr. Cunningham at that meeting? 13:38:39

A I believe so, yes. 13:38:42

Q Who else was at that meeting? 13:38:43

A I believe it was Dr. Smyth, Dr. Cunningham, Keith Riddle and I can't remember who else might have been. Oh, you know what, I think that there was the chief of OB-GYN who at that point was Catherine Sewell. 13:38:48 13:38:50 13:38:58 13:39:00 13:39:04

Q And did anyone other than Dr. Smyth inform 13:39:07

you of their interpretation of the ERDs with respect to this case? 13:39:16 13:39:20

A Again, this was a discussion, Catherine Sewell gave her opinion, I gave my opinion. We all gave an opinion and, you know, that was the value of that meeting over an e-mail chain that we could, there was a, it was a discussion with give and take and an exchange of ideas. It wasn't a lecture. 13:39:21 13:39:24 13:39:28 13:39:32 13:39:35 13:39:38

Q Did you have any further discussions with Dr. Adashek about this procedure? 13:39:43 13:39:45

A No. 13:39:48

Q You spoke with him on the phone, correct, before this procedure was performed? 13:39:52 13:39:54

A I believe I did because I got clarification about what the patient's symptoms were and I'm pretty certain that I did speak to him on the phone prior to the case. I don't recall speaking to him after the case. 13:39:55 13:39:57 13:40:04 13:40:09 13:40:12

Q Other than this meeting with Dr. Smyth and Dr. Cunningham and others, did you speak about this one case with anyone else at SJMC after, before or after this procedure was performed? 13:40:17 13:40:19 13:40:25 13:40:33

A No, I may have had another conversation with Catherine Sewell, again the chief of OB-GYN at the time, but once the case was performed I don't think that there were any other follow-up meetings or anything like that. 13:40:35 13:40:38 13:40:44 13:40:48 13:40:51

Q And what was your meeting with Dr. Sewell? 13:40:53

A I don't think it was a meeting. It was just a discussion that, you know, the case actually ended up going forward. 13:40:57 13:40:59 13:41:02

Q I see. So the discussion sounds like it was after the surgery was performed? 13:41:05 13:41:07

A Right. 13:41:09

Q And did you discuss the ERDs in that conversation? 13:41:11 13:41:14

A I mean, if we did it was informal. I can't recall. 13:41:22 13:41:24

Q And you said that you are not aware of one way or another of whether the ethics committee met and discussed this one procedure, correct? 13:41:29 13:41:33 13:41:36

A Correct. I was never given any feedback if they had a ruling or didn't have a ruling, again, my, my only outcome that I was aware of was that the 13:41:38 13:41:41 13:41:46

patient had the procedure. 13:41:50

Q I'm going to now turn to plaintiff's 13:42:03

procedure in 2020. Which you're aware that this 13:42:06

litigation centers on, correct? 13:42:11

A Yes. 13:42:14

Q And you were chief of surgery at that 13:42:16

time? 13:42:18

A Yes. 13:42:19

Q Do you recall who was supposed to perform 13:42:21

plaintiff's hysterectomy? 13:42:22

A Yes. 13:42:25

Q And who was that? 13:42:26

A Dr. Adashek. 13:42:28

Q Same surgeon who performed the 2018 13:42:30

hysterectomy? 13:42:32

A Yes. 13:42:33

Q Does he perform a lot of hysterectomies at 13:42:35

SJMC? 13:42:38

A He performs hysterectomies, you know. I 13:42:39

don't know the definition a lot but he performs 13:42:42

hysterectomies at SJMC. 13:42:44

Q When did you first become aware of 13:42:47

CERTIFICATE OF NOTARY PUBLIC

I, SHERI C. STEWART, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me in stenotype and thereafter reduced to typewriting under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



SHERI C. STEWART, RMR
Notary Public in and for the
STATE OF MARYLAND

My commission expires:
December 30, 2023

DEPOSITION ERRATA SHEET

Our Assignment No. J8078711

Case Caption: JESSE HAMMONS

vs. UNIVERSITY OF MARYLAND MEDICAL SYSTEM

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the 16th day of May, 2022.

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 16 Line No. 8 Change to: "DHR" to "EHR"

Reason for change: Transcription error

Page No. 17 Line No. 13 Change to: "they" to "that"

Reason for change: Transcription error

Page No. 28 Line No. 7 Change to: "K-sequence" to "case sequence"

Reason for change: Transcription error

Page No. 34 Line No. 7 Change to: "patient's" to "patient is"

Reason for change: Transcription error

Page No. 40 Line No. 20 Change to: "admission" to "mission"

Reason for change: Transcription error

Page No. 41 Line No. 2,6, 11 Change to: "Asoby" to "Asobi"

Reason for change: Typographical error

SIGNATURE: _____ DATE: May 16, 2022

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 42 Line No. 5 Change to: "they" to "there"

Reason for change: Transcription error

Page No. 43 Line No. 10 Change to: "admission" to "mission"

Reason for change: Transcription error

Page No. 46 Line No. 18 Change to: "admission" to "mission"

Reason for change: Transcription error

Page No. 47 Line No. 3 Change to: "cancelled" to "posted"

Reason for change: Transcription error

Page No. 51 Line No. 21 Change to: "in" to "as a"

Reason for change: Transcription error

Page No. 55 Line No. 2 Change to: "administrator" to "administration"

Reason for change: Transcription error

SIGNATURE: [signature] DATE: May 16, 2022

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 59 Line No. 6 Change to: ", it" to "that"

Reason for change: Transcription error

Page No. 61 Line No. 6 Change to: "performed" to "perform"

Reason for change: Transcription error

Page No. 70 Line No. 8 Change to: "Wisely" to "wisely"

Reason for change: Typographical error

Page No. 76 Line No. 22 Change to: "my, my" to "the"

Reason for change: Transcription error

Page No. 78 Line No. 8 Change to: "perfected. That I became" to "performed that I became"

Reason for change: Transcription erorr

Page No. 80 Line No. 1 Change to: delete "She's a patient"

Reason for change: Transcription error

SIGNATURE: _____ DATE: May 16, 2022

DR. MICHAEL J. MARION

DR. MICHAEL J. MARION
Hammons vs University of Maryland Medical System

April 06, 2022

DEPOSITION ERRATA SHEET

Page No. 80 Line No. 13 Change to: "you are" to "your"

Reason for change: Typographical error

Page No. 83 Line No. 6 Change to: "department's" to "department is"

Reason for change: Typographical error

Page No. 85 Line No. 1 Change to: Delete "one"

Reason for change: Transcription error

Page No. 88 Line No. 10 Change to: "Barber" to "Barbara"

Reason for change: Typographical error

Page No. 94 Line No. 8 Change to: "schedules" to "schedulers"

Reason for change: Transcription error

Page No. 95 Line No. 2 Change to: "good" to "due"

Reason for change: Transcription error

SIGNATURE: _____ DATE: May 16, 2022

DR. MICHAEL J. MARION

JESSE HAMMONS,

Plaintiff

vs.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.

Defendants

_____/

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

CASE NO. 1:20-cv-02088-DKC

The deposition of MONICA BUESCHER, M.D. was held on Monday, March 21, 2022 commencing at 9:02 a.m. Via Zoom before Eric Leichter, Notary Public.

REPORTED BY: Eric Leichter

APPEARANCES:

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Deposition of MONICA BUESCHER, M.D.

March 21, 2022

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Exhibit 3 E-mail 78

Exhibit 4 E-mail 94

Exhibit 5 E-mail 96

Exhibit 6 E-mail 115

Exhibit 7 E-mail 120

Exhibit 8 Outlook invite 125

Exhibit 9 E-mail 132

PROCEEDINGS,

THE VIDEOGRAPHER: We are now on the record. The time is 9:02 a.m. Eastern Standard Time on March 21st, 2022. Thus begins the video conference deposition of Dr. Monica A. Buescher taken in the matter of Jesse Hammons versus the University of Maryland Medical System Corporation et al. filed in the United States District Court for the District of Maryland. Case number is 1:20-cv-02088-DKC. My name is George Ellis. I am your remote videographer. The court reporter is Eric Leichter. We are representing Esquire Deposition Solutions.

Counsel, will you please state your name and who you represent? After which, the court reporter will swear in the witness.

MR. DELMAN: This is Edward Delman representing Plaintiff Jesse Hammons from the firm Patterson Belknap Webb & Tyler.

MS. VRABIE: Danielle Vrabie from Sheppard Mullin Richter & Hampter [sic] -- Hampton for Defendants and the witness.

THE REPORTER: All right. The attorneys participating in this deposition acknowledge I'm not physically present in the deposition room and that I'll be reporting this deposition remotely. They further acknowledge that in lieu of an oath administered in person, I'll administer the oath remotely. Parties further agree that the witness is testifying from a state where I'm not a notary, that the witness may be sworn in by an out-of-state notary.

If any party has an objection to this manner of reporting, please state now.

Hearing none, we can proceed.

Whereupon,

MONICA BUESCHER, M.D.,

called as a witness, having been first duly sworn to tell the truth, the whole truth, and nothing but the truth, was examined and testified as follows:

EXAMINATION BY MR. DELMAN:

Q Dr. Busha [sic] -- Buescher, can you please state your name for the record?

A Monica A. Buescher.

Q Dr. Buescher, are there different ways of performing hysterectomies?

MS. VRABIE: Objection.

A There are different -- there are different techniques for performing hysterectomy.

Q And what sorts of different techniques are there?

A You can have an open laparotomy, which is a big incision, and do the hysterectomy directly. You can use a laparoscopic approach, which involves using a laparoscope and small wounds with the uterus being finally removed through the vagina. You can do a robotic hysterectomy, which is essentially a laparoscopic hysterectomy but using a robot as the vehicle for wielding the surgical instruments. And you can a vaginal hysterectomy, which is a direct hysterectomy through the vaginal approach.

Q In general, are hysterectomies performed as elective sterilization procedures?

A No.

Q Even outside of St. Joseph, hysterectomies

are never performed as elective sterilization procedures?

MS. VRABIE: Objection.

A They should not be --

THE WITNESS: Do I answer?

MS. VRABIE: Go ahead, Dr. Buescher. You can answer if you know.

A They should not be performed for elective sterilization because it's a major surgical procedure compared to a minor surgical procedure, which is typically used for elective sterilization.

Q In your experience at St. Joseph, are hysterectomies ever performed as elective sterilization procedures?

A No.

Q And concerning elective sterilization, what sorts of minor procedures would be more appropriate?

A For women, you're asking?

Q Correct. Yes.

A For women, some form of tubal fallopian tube interruption is used. And typically, that is done

laparoscopically or at the time of cesarian section if desired or through a hysteroscopic approach -- vagina through cervix into the uterine cavity.

Q And are those sorts of procedures performed at St. Joseph?

A No.

Q In general, are hysterectomies performed to treat a diagnosed medical condition?

A Yes.

Q In your experience at St. Joseph, are you aware of a hysterectomy ever being performed other than to treat a diagnosed medical condition?

A No.

MR. DELMAN: One moment, Dr. Buescher.

Q You wouldn't recommend a hysterectomy for any procedure other than one with a medical diagnosis. Right?

MS. VRABIE: Objection. You can answer, Dr. Buescher, if you understand.

A No. I would not recommend a hysterectomy for any reason other than a specific medical condition.

Q All right, Dr. Buescher. In general, what are some of the medical conditions that are treated by hysterectomies?

A Menorrhagia, which is heavy menstrual flow; dysmenorrhea, which is severe pain during the menstrual cycle; any sort of bleeding disorder. This would be in the reproductive age group, of course. In the postmenopausal age group, it's typically done for neoplastic conditions. Hysterectomies may also be done as part of repair for pelvic organ prolapse, and that's in any age group.

Q So, in terms of excessive or abnormal menstruation, what would constitute excessive or abnormal menstruation?

A Acceptable menstruation?

Q Excessive.

A Excessive? Okay. The easiest way to quantify it is to show that the woman is iron-deficient.

Q And you would say that excessive or abnormal menstruation is a medically necessary reason to perform a hysterectomy --

A It's a -- it is a medically sufficient reason to perform a hysterectomy.

Q So you wouldn't describe it as being medically necessary necessarily?

A Only in the circumstance where the woman has anemia.

Q Why is it -- why does anemia make it medically necessary?

A Because no individual should be operating physiologically with significant anemia if it can be helped.

Q What would you say is the difference between something being medically sufficient versus medically necessary?

A I consider anemia to be a medically necessary condition. I consider a woman's quality-of-life circumstances to be a medically sufficient reason.

Q So what would be some other medically necessary reasons for a hysterectomy other than anemia?

A As I told you, pelvic organ prolapse -- if

it wasn't part of the medical record. The checklist was just a tool. The -- the details of what was actually assessed would be available either on the surgeon's office chart or submitted in the medical record here at the hospital.

Q Is it a physical checklist that the surgeon or whoever else actually goes through that exists on paper or in a document somewhere?

A It existed on paper. Whether it was saved, I don't know.

Q And the hospital's policies around use of the morcellator, were those formalized in any sort of document anywhere?

A Hm. It preceded my becoming chief, so I don't know the answer to that. We have since abandoned the use of morcellator not long after that.

Q Are there other types of surgical equipment that require getting approval from you before use?

A Surgical equipment. I don't know that this would be -- this can be placed in the operating room. I need to approve the use of the Mirena IUD if it is

placed for therapy in this hospital.

Q The Mirena IUD, that's typically a contraceptive device?

A It's used as a contraceptive device most commonly, but it is also used for treatment of uterine bleeding.

Q And so you need to -- you need to approve any insertion of that IUD before it's done?

A Correct.

Q And is that -- that policy where you need to provide approval for that, is that formalized in any sort of document anywhere?

A Not that I'm aware of. It's common knowledge that they will not be able to place it in the operating room unless I have approval.

Q How does a -- as far -- to your understanding, how is a physician with admitting privileges aware that they need to speak to you first before inserting that device?

A It's because our surgeons are aware of the ethical and religious directives of Catholic health care

organizations by which we function. So there are certain things that cannot be done in a Catholic hospital. Essentially, my approval says that it can be used under certain circumstances because I have ascertained that it falls appropriately within the ethical and religious directives.

Q And what analysis do you do to -- it falls within the ethical and religious directives?

A That there's a specific condition or disease that's being treated specifically by that in that procedure or bilat device. It is not related to either sterilization or contraception.

Q And do you consult with anyone at the hospital when you are making those -- those decisions?

A Typically, I don't have to because it's evident. If I had any questions, I would consult our ethics committee.

Q And who is on the ethics committee?

A I can tell you probably most of the people who are on the ethics committee. Our director of mission is on the ethics committee. The chief medical

Church doesn't recognize it.

Q In your -- putting aside the Catholic Church, is it your understanding as a medical professional that gender dysphoria is a medical condition?

A Yes.

Q Just to confirm, physicians aren't required to certify or verify that a patient suffers from a life-threatening condition before scheduling a hysterectomy. Right?

A Yes. That's correct.

Q Putting aside procedures involving transgender patients, are you aware of any hysterectomy that has not been permitted to occur because of the ERDs?

A Not that I'm aware of.

Q And putting aside procedures involving transgender patients, are you aware of any discussion of whether a specific hysterectomy was compliant with the ERDs?

MS. VRABIE: Mr. Delman, just to confirm,

both this question and the other question, are you asking during her time as chief?

MR. DELMAN: In her personal -- in her personal knowledge either as chief or just while she was a physician with admitting privileges.

A I'm not aware of any hysterectomy being allowed that fell outside of the restrictions placed by the ERDs.

Q With that understood, are you aware in your personal capacity and in your personal knowledge of any discussion about whether a specific hysterectomy was compliant with the ERDs?

A No. I don't recall any such circumstance.

Q And putting aside procedures involving transgender policies, isn't it true that there is no procedure in place at SJMC for reviewing whether a hysterectomy is compliant with the ERDs?

MS. VRABIE: Objection.

A I am aware of no specific means by which that happens.

Q Are you aware of a nonspecific means by

which that happens?

A Oh, I think our people know what's allowed and what's not allowed, for the most part. If a physician were posting a hysterectomy without a diagnosis other than sterilization, it wouldn't be allowed. It would never be posted.

Q I think I'm confused. You said if -- you said a diagnosis other than sterilization would not be allowed?

A No. I said there has to be some type of diagnosis attached to the reason for the hysterectomy, and the OR crew who take the posting are pretty well aware of what's allowed and what's not. It would come back to the physician trying to post it that such a thing fell out of the ERDs. So, if there was no diagnosis for hysterectomy -- right? If a physician was queried and said, no, she just doesn't want to have periods anymore and it's a way of preventing her from having children, the answer would be no. You can't post that. And that would come originally from the people taking the posting. It would undoubtedly be elevated to

me for confirmation, but our medical staff know that they can't post that. I can't even recall a time where someone tried.

Q That was my next question. Do you -- you do recall any scenario where a posting for hysterectomy was escalated to you by the scheduling people?

A No.

Q But you would say it was part of the scheduling people's responsibility to screen things being posted?

A I think it's part of our culture here at St. Joe's that everyone has the ability to escalate something for which they have a question, from the very beginning of a circumstance to the end of a circumstance.

Q Do you know if it is part of the job description for the personnel in the scheduling department to verify --

A I don't know their job description.

Q Just in the future, Dr. Buescher, please let me finish the question.

A I will.

Q Okay. So, Dr. Buescher, my apologies if we already covered this, but is it your understanding that the ERDs prohibit Catholic hospitals from participating in gender transitions or gender-affirming treatments for transgender patients?

MS. VRABIE: Objection.

A Yes. Yes. That's my understanding.

Q And when did you become aware of that understanding?

A I believe when I took on this chief role.

Q You don't believe you were aware of that restriction prior to becoming chief?

A I was not.

Q Had you read the ERDs prior to becoming chief?

A No.

MR. DELMAN: One moment, Dr. Buescher. I'm pulling up a new document. Okay. I'm showing here UMMS 1. This is marked as Plaintiff's Exhibit -- I believe we're up to 4.

cbriefly to provide your order of thetranscript of the video and court reporter. Mr. Delman, I am to understand you have a standing order for the transcript of the video?

MR. DELMAN: Yes. That's correct.

THE VIDEOGRAPHER: Okay. Ms. Vrabie, would you like to order a copy of the transcript and/or video at this time?

MS. VRABIE: I -- I think we would but I want to confer with my team internally to see what that order will be, so, I'll get back to all of you.

THE VIDEOGRAPHER: Okay. Thank you. We are now going off the record on March 21st, 2022, at 1:03 p.m.

(Deposition concluded at 1:03 p.m.)

State of Maryland

City of Baltimore, to wit:

I, Eric Leichter, a Notary Public of the State of Maryland, Baltimore City, do hereby certify that the within-named witness personally appeared before me at the time and place herein set out, and after having been duly sworn by me, according to law, was examined by counsel.

I further certify that the examination was recorded stenographically by me and this transcript is a true record of the proceedings.

I further certify that I am not of counsel to any of the parties, nor in any way interested in the outcome of this action.

As witness my hand this 21st day of March 2022



Eric Leichter

Notary Public

My Commission Expires:

January 13, 2024

DEPOSITION ERRATA SHEET

Our Assignment No. J8044248

Case Caption: JESSE HAMMONS

vs. UNIVERSITY OF MARYLAND MEDICAL SYSTEM

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the 21ST day of April, 2022.

MD

MONICA BUESCHER, M.D.

DEPOSITION ERRATA SHEET

Page No. 6 Line No. 16 Change to: "whofll" to "who will"

Reason for change: Typographical error

Page No. 9 Line No. 1 Change to: insert "given" between "previously" and "testimony"

Reason for change: Transcription error

Page No. 10 Line No. 13 Change to: change "is" to "in"

Reason for change: Transcription error

Page No. 15 Line No. 5 Change to: "not" to "title"

Reason for change: Transcription error

Page No. 18 Line No. 7 Change to: insert "do" between "can" and "vulvar"

Reason for change: Transcription error

Page No. 20 Line No. 12 Change to: "of" to "as a", change "physician" to "position"

Reason for change: Transcription error

SIGNATURE: MB DATE: 4-21-2022

MONICA BUESCHER, M.D.

DEPOSITION ERRATA SHEET

Page No. 22 Line No. 11 Change to: "that's" to "that are"

Reason for change: Transcription error

Page No. 27 Line No. 16 Change to: insert "have" between "can" and "a"

Reason for change: Transcription error

Page No. 28 Line No. 11 Change to: remove "tubal"

Reason for change: Transcription error

Page No. 35 Line No. 7 Change to: remove second "or" between "circumstance" and "is"

Reason for change: Transcription error

Page No. 35 Line No. 8 Change to: "that" to "and"

Reason for change: Transcription error

Page No. 46 Line No. 16 Change to: "is" to "was"

Reason for change: Transcription error

SIGNATURE: [signature] DATE: 4-21-2022

MONICA BUESCHER, M.D.

DEPOSITION ERRATA SHEET

Page No. 47 Line No. 16 Change to: "it's" to "what's"

Reason for change: Transcription error

Page No. 48 Line No. 4 Change to: "Whofs" to "Who is"

Reason for change: Typographical error

Page No. 48 Line No. 5 Change to: "Komugis" to "Comegys"

Reason for change: Typographical error

Page No. 48 Line No. 6 Change to: "Komugis" to "Comegys"

Reason for change: Typographical error

Page No. 48 Line No. 8 Change to: "query" to "queried"; change "this to "as"

Reason for change: Transcription error

Page No. 48 Line No. 9 Change to: "who" to "whom"

Reason for change: Transcription error

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MONICA BUESCHER, M.D.

DEPOSITION ERRATA SHEET

Page No. 57 Line No. 5 Change to: whofs" to "who's"

Reason for change: Typographical error

Page No. 63 Line No. 15 Change to: "have" to "give"

Reason for change: Transcription error

Page No. 64 Line No. 10 Change to: remove "by that"

Reason for change: Transcription error

Page No. 64 Line No. 11 Change to: "bilat" to "by that"

Reason for change: Transcription error

Page No. 71 Line No. 10 Change to: "employee" to "employed"

Reason for change: Transcription error

Page No. 72 Line No. 1 Change to: "was" to "were"

Reason for change: Transcription error

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DEPOSITION ERRATA SHEET

Page No. 81 Line No. 4 Change to: "defendant" to "definite"

Reason for change: Transcription error

Page No. 82 Line No. 8 Change to: "whether to give" to "what could be done"

Reason for change:

Page No. 83 Line No. 2 Change to: "neonatal" to "lethal"

Reason for change: Transcription error

Page No. 83 Line No. 15 Change to: "demised" to "demise"

Reason for change: Transcription error

Page No. 86 Line No. 19 Change to: "is oncologist he" to "is on the"

Reason for change: Transcription error

Page No. 90 Line No. 15 Change to: "policies" to "patients"

Reason for change: Transcription error

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Hammons vs University of Maryland Medical System

March 21, 2022

Page 6 of 6

DEPOSITION ERRATA SHEET

Page No. 114 Line No. 13 Change to: "and" to "an"

Reason for change: Transcription error

Page No. 119 Line No. 9 Change to: add "Maryland" after "University of"

Reason for change: Clarification

Page No. 126 Line No. 14 Change to: add "for" after "chance"; move "to give" after "Adashek"

Reason for change: Clarification

Page No. 130 Line No. 2 Change to: "or" to "was"

Reason for change: Transcription error

Page No. 131 Line No. 17 Change to: "is" to "are"

Reason for change: Transcription error

Page No. Line No. Change to:

Reason for change:

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MONICA BUESCHER, M.D.

Ethical and Religious Directives for Catholic Health Care Services

Sixth Edition

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

This sixth edition of the *Ethical and Religious Directives for Catholic Health Care Services* was developed by the Committee on Doctrine of the United States Conference of Catholic Bishops (USCCB) and approved by the USCCB at its June 2018 Plenary Assembly. This edition of the *Directives* replaces all previous editions, is recommended for implementation by the diocesan bishop, and is authorized for publication by the undersigned.

Msgr. J. Brian Bransfield, STD
General Secretary, USCCB

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Preamble

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the ecclesial mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church's social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the *Ethical and Religious Directives for Catholic Health Care Services.*

These Directives presuppose our statement *Health and Health Care* published in 1981.[1] There we presented the theological principles that guide the Church's vision of health care, called for all Catholics to share in the healing mission of the Church, expressed our full commitment to the health care ministry, and offered encouragement to all those who are involved in it. Now, with American health care facing even more dramatic changes, we reaffirm the Church's commitment to health care ministry and the distinctive Catholic identity of the Church's institutional health care services.[2] The purpose of these *Ethical and Religious Directives* then is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The *Ethical and Religious Directives* are concerned primarily with institutionally based Catholic health care services. They address the sponsors, trustees, administrators, chaplains, physicians, health care personnel, and patients or residents of these institutions and services. Since they express the Church's moral teaching, these Directives also will be helpful to Catholic professionals engaged in health care services in other settings. The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its understanding of the nature of the human person, of human acts, and of the goals that shape human activity.

The Directives have been refined through an extensive process of consultation with bishops, theologians, sponsors, administrators, physicians, and other health care providers. While providing standards and guidance, the Directives do not cover in detail all of the complex issues that confront Catholic health care today. Moreover, the Directives will be reviewed periodically by the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops), in the light of authoritative church teaching, in order to address new insights from theological and

medical research or new requirements of public policy.

The Directives begin with a general introduction that presents a theological basis for the Catholic health care ministry. Each of the six parts that follow is divided into two sections. The first section is in expository form; it serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. The second section is in prescriptive form; the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.

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General Introduction

The Church has always sought to embody our Savior's concern for the sick. The gospel accounts of Jesus' ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42); he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus' mission fulfilled the prophecy of Isaiah: "He took away our infirmities and bore our diseases" (Mt 8:17; cf. Is 53:4).

Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He "came so that they might have life and have it more abundantly" (Jn 10:10).

The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.

For the Christian, our encounter with suffering and death can take on a positive and distinctive meaning through the redemptive power of Jesus' suffering and death. As St. Paul says, we are "always carrying about in the body the dying of Jesus, so that the life of Jesus may also be manifested in our body" (2 Cor 4:10). This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it. Catholic health care ministry bears witness to the truth that, for those who are in Christ, suffering and death are the birth pangs of the new creation. "God himself will always be with them [as their God]. He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away" (Rev 21:3-4).

In faithful imitation of Jesus Christ, the Church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly.[3] In the United States, the many religious communities as well as dioceses that sponsor and staff this country's Catholic health care institutions and services have established an effective Catholic presence in health care. Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37). The Church seeks to ensure that the service offered in the past will be continued into the future.

While many religious communities continue their commitment to the health care ministry, lay Catholics increasingly have stepped forward to collaborate in this ministry. Inspired by the example of Christ and mandated by the Second Vatican Council, lay faithful are invited to a broader and more intense field of ministries than in the past.[4] By virtue of their Baptism, lay

faithful are called to participate actively in the Church's life and mission.[5] Their participation and leadership in the health care ministry, through new forms of sponsorship and governance of institutional Catholic health care, are essential for the Church to continue her ministry of healing and compassion. They are joined in the Church's health care mission by many men and women who are not Catholic.

Catholic health care expresses the healing ministry of Christ in a specific way within the local church. Here the diocesan bishop exercises responsibilities that are rooted in his office as pastor, teacher, and priest. As the center of unity in the diocese and coordinator of ministries in the local church, the diocesan bishop fosters the mission of Catholic health care in a way that promotes collaboration among health care leaders, providers, medical professionals, theologians, and other specialists. As pastor, the diocesan bishop is in a unique position to encourage the faithful to greater responsibility in the healing ministry of the Church. As teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick. These responsibilities will require that Catholic health care providers and the diocesan bishop engage in ongoing communication on ethical and pastoral matters that require his attention.

In a time of new medical discoveries, rapid technological developments, and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by the Christian faith.[6] While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate guidance for ethical decision making.

Created in God's image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gn 1:26) that should neither abuse nor squander nature's resources. Through science the human race comes to understand God's wonderful work; and through technology it must conserve, protect, and perfect nature in harmony with God's purposes. Health care professionals pursue a special vocation to share in carrying forth God's life-giving and healing work.

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom. As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care.

PART ONE
The Social Responsibility of Catholic Health Care Services

Introduction

Their embrace of Christ's healing mission has led institutionally based Catholic health care services in the United States to become an integral part of the nation's health care system. Today, this complex health care system confronts a range of economic, technological, social, and moral challenges. The response of Catholic health care institutions and services to these challenges is guided by normative principles that inform the Church's healing ministry.

First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.[7]

Second, the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country's health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.[8] Third, Catholic health care ministry seeks to contribute to the common good. The common good is realized when economic, political, and social conditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.[9]

Fourth, Catholic health care ministry exercises responsible stewardship of available health care resources. A just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community. The responsible stewardship of health care resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.

Fifth, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

Directives

1. A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.

2. Catholic health care should be marked by a spirit of mutual respect among caregivers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.

3. In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

4. A Catholic health care institution, especially a teaching hospital, will promote medical research consistent with its mission of providing health care and with concern for the responsible stewardship of health care resources. Such medical research must adhere to Catholic moral principles.

5. Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel.

6. A Catholic health care organization should be a responsible steward of the health care resources available to it. Collaboration with other health care providers, in ways that do not compromise Catholic social and moral teaching, can be an effective means of such stewardship.[10]

7. A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportunities for anyone qualified for the task, irrespective of a person's race, sex, age, national origin, or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.

8. Catholic health care institutions have a unique relationship to both the Church and the wider community they serve. Because of the ecclesial nature of this relationship, the relevant requirements of canon law will be observed with regard to the foundation of a new Catholic health care institution; the substantial revision of the mission of an institution; and the sale, sponsorship transfer, or closure of an existing institution.

9. Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution's commitment to human dignity and the common good.

PART TWO
The Pastoral and Spiritual Responsibility of Catholic Health Care

Introduction

The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tm 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57). Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all. The words of Christ have provided inspiration for Catholic health care: "I was ill and you cared for me" (Mt 25:36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. "Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person."[11] Directed to spiritual needs that are often appreciated more deeply during times of illness, pastoral care is an integral part of Catholic health care. Pastoral care encompasses the full range of spiritual services, including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God's will with greater joy and peace. It should be acknowledged, of course, that technological advances in medicine have reduced the length of hospital stays dramatically. It follows, therefore, that the pastoral care of patients, especially administration of the sacraments, will be provided more often than not at the parish level, both before and after one's hospitalization. For this reason, it is essential that there be very cordial and cooperative relationships between the personnel of pastoral care departments and the local clergy and ministers of care.

Priests, deacons, religious, and laity exercise diverse but complementary roles in this pastoral care. Since many areas of pastoral care call upon the creative response of these pastoral caregivers to the particular needs of patients or residents, the following directives address only a limited number of specific pastoral activities.

Directives

10. A Catholic health care organization should provide pastoral care to minister to the religious and spiritual needs of all those it serves. Pastoral care personnel—clergy, religious, and lay alike—should have appropriate professional preparation, including an understanding of these Directives.

11. Pastoral care personnel should work in close collaboration with local parishes and community clergy. Appropriate pastoral services and/or referrals should be available to all in keeping with their religious beliefs or affiliation.

12. For Catholic patients or residents, provision for the sacraments is an especially important part of Catholic health care ministry. Every effort should be made to have priests assigned to hospitals and health care institutions to celebrate the Eucharist and provide the sacraments to patients and staff.

13. Particular care should be taken to provide and to publicize opportunities for patients or residents to receive the sacrament of Penance.

14. Properly prepared lay Catholics can be appointed to serve as extraordinary ministers of Holy Communion, in accordance with canon law and the policies of the local diocese. They should assist pastoral care personnel—clergy, religious, and laity—by providing supportive visits, advising patients regarding the availability of priests for the sacrament of Penance, and distributing Holy Communion to the faithful who request it.

15. Responsive to a patient's desires and condition, all involved in pastoral care should facilitate the availability of priests to provide the sacrament of Anointing of the Sick, recognizing that through this sacrament Christ provides grace and support to those who are seriously ill or weakened by advanced age. Normally, the sacrament is celebrated when the sick person is fully conscious. It may be conferred upon the sick who have lost consciousness or the use of reason, if there is reason to believe that they would have asked for the sacrament while in control of their faculties.

16. All Catholics who are capable of receiving Communion should receive Viaticum when they are in danger of death, while still in full possession of their faculties.[12]

17. Except in cases of emergency (i.e., danger of death), any request for Baptism made by adults or for infants should be referred to the chaplain of the institution. Newly born infants in danger of death, including those miscarried, should be baptized if this is possible.[13] In case of emergency, if a priest or a deacon is not available, anyone can validly baptize.[14] In the case of emergency Baptism, the chaplain or the director of pastoral care is to be notified.

18. When a Catholic who has been baptized but not yet confirmed is in danger of death, any priest may confirm the person.[15]

19. A record of the conferral of Baptism or Confirmation should be sent to the parish in which the institution is located and posted in its baptism/confirmation registers.

20. Catholic discipline generally reserves the reception of the sacraments to Catholics. In accord with canon 844, §3, Catholic ministers may administer the sacraments of Eucharist, Penance, and Anointing of the Sick to members of the oriental churches that do not have

full communion with the Catholic Church, or of other churches that in the judgment of the Holy See are in the same condition as the oriental churches, if such persons ask for the sacraments on their own and are properly disposed.

With regard to other Christians not in full communion with the Catholic Church, when the danger of death or other grave necessity is present, the four conditions of canon 844, §4, also must be present, namely, they cannot approach a minister of their own community; they ask for the sacraments on their own; they manifest Catholic faith in these sacraments; and they are properly disposed. The diocesan bishop has the responsibility to oversee this pastoral practice.

21. The appointment of priests and deacons to the pastoral care staff of a Catholic institution must have the explicit approval or confirmation of the local bishop in collaboration with the administration of the institution. The appointment of the director of the pastoral care staff should be made in consultation with the diocesan bishop.

22. For the sake of appropriate ecumenical and interfaith relations, a diocesan policy should be developed with regard to the appointment of non-Catholic members to the pastoral care staff of a Catholic health care institution. The director of pastoral care at a Catholic institution should be a Catholic; any exception to this norm should be approved by the diocesan bishop.

PART THREE
The Professional-Patient Relationship

Introduction

A person in need of health care and the professional health care provider who accepts that person as a patient enter into a relationship that requires, among other things, mutual respect, trust, honesty, and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation, or condescension. Such a relationship enables the patient to disclose personal information needed for effective care and permits the health care provider to use his or her professional competence most effectively to maintain or restore the patient's health. Neither the health care professional nor the patient acts independently of the other; both participate in the healing process.

Today, a patient often receives health care from a team of providers, especially in the setting of the modern acute-care hospital. But the resulting multiplication of relationships does not alter the personal character of the interaction between health care providers and the patient. The relationship of the person seeking health care and the professionals providing that care is an important part of the foundation on which diagnosis and care are provided. Diagnosis and care, therefore, entail a series of decisions with ethical as well as medical dimensions. The health care professional has the knowledge and experience to pursue the goals of healing, the maintenance of health, and the compassionate care of the dying, taking into account the patient's convictions and spiritual needs, and the moral responsibilities of all concerned. The person in need of health care depends on the skill of the health care provider to assist in preserving life and promoting health of body, mind, and spirit. The patient, in turn, has a responsibility to use these physical and mental resources in the service of moral and spiritual goals to the best of his or her ability.

When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person. The Church's moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identity of the health care institution. The faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.

Directives

23. The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.

24. In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance

directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.

25. Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions.

26. The free and informed consent of the person or the person's surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment.

27. Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.

28. Each person or the person's surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person's surrogate is to be followed so long as it does not contradict Catholic principles.

29. All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity.[16] The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.[17]

30. The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor.

31. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or surrogate first has given free and informed consent. In instances of nontherapeutic experimentation, the surrogate can give this consent only if the experiment entails no significant risk to the person's well-being. Moreover, the greater the

person's incompetency and vulnerability, the greater the reasons must be to perform any medical experimentation, especially nontherapeutic.

32. While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.[18]

33. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

34. Health care providers are to respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment, and care.

35. Health care professionals should be educated to recognize the symptoms of abuse and violence and are obliged to report cases of abuse to the proper authorities in accordance with local statutes.

36. Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.[19]

37. An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular diocese that will respect the diocesan bishop's pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives.

PART FOUR
Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."[20] The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

> This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.[21]
>
> Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.[22]

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."[23] Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."[24]

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for

good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

> The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and inviolable laws which must be recognized and observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.[25]

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.[26]

Directives

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.[27]

39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.

40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.[28]

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception).[29]

42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.[30]

43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).

44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.

45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be

concerned about the danger of scandal in any association with abortion providers.

46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.[31]

49. For a proportionate reason, labor may be induced after the fetus is viable.

50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.[32]

51. Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.[33]

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.[34]

54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

PART FIVE
Issues in Care for the Seriously Ill and Dying

Introduction

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death.[35] The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life.[36]

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.[37]

The Church's teaching authority has addressed the moral issues concerning medically assisted nutrition and hydration. We are guided on this issue by Catholic teaching against euthanasia, which is "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."[38] While medically assisted nutrition and hydration are not morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them, including patients diagnosed as being in a "persistent vegetative state" (PVS), because even the most severely debilitated and helpless patient retains the full dignity of a human person and must receive ordinary and proportionate care.

Directives

55. Catholic health care institutions offering care to persons in danger of death from illness,

accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.[39]

57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

58. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care.[40] Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed."[41] For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

59. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

60. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.[42]

61. Patients should be kept as free of pain as possible so that they may die comfortably and

with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

62. The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.

63. Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically legitimate purposes, so that they may be used for donation and research after death.

64. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.

65. The use of tissue or organs from an infant may be permitted after death has been determined and with the informed consent of the parents or guardians.

66. Catholic health care institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes.[43]

PART SIX
Collaborative Arrangements with Other Health Care Organizations and Providers[44]

Introduction

In and through her compassionate care for the sick and suffering members of the human family, the Church extends Jesus' healing mission and serves the fundamental human dignity of every person made in God's image and likeness. Catholic health care, in serving the common good, has historically worked in collaboration with a variety of non-Catholic partners. Various factors in the current health care environment in the United States, however, have led to a multiplication of collaborative arrangements among health care institutions, between Catholic institutions as well as between Catholic and non-Catholic institutions.

Collaborative arrangements can be unique and vitally important opportunities for Catholic health care to further its mission of caring for the suffering and sick, in faithful imitation of Christ. For example, collaborative arrangements can provide opportunities for Catholic health care institutions to influence the healing profession through their witness to the Gospel of Jesus Christ. Moreover, they can be opportunities to realign the local delivery system to provide a continuum of health care to the community, to provide a model of a responsible stewardship of limited health care resources, to provide poor and vulnerable persons with more equitable access to basic care, and to provide access to medical technologies and expertise that greatly enhance the quality of care. Collaboration can even, in some instances, ensure the continued presence of a Catholic institution, or the presence of any health care facility at all, in a given area.

When considering a collaboration, Catholic health care administrators should seek first to establish arrangements with Catholic institutions or other institutions that operate in conformity with the Church's moral teaching. It is not uncommon, however, that arrangements with Catholic institutions are not practicable and that, in pursuit of the common good, the only available candidates for collaboration are institutions that do not operate in conformity with the Church's moral teaching.

Such collaborative arrangements can pose particular challenges if they would involve institutional connections with activities that conflict with the natural moral law, church teaching, or canon law. Immoral actions are always contrary to "the singular dignity of the human person, 'the only creature that God has wanted for its own sake.'"[45] It is precisely because Catholic health care services are called to respect the inherent dignity of every human being and to contribute to the common good that they should avoid, whenever possible, engaging in collaborative arrangements that would involve them in contributing to the wrongdoing of other providers.

The Catholic moral tradition provides principles for assessing cooperation with the wrongdoing of others to determine the conditions under which cooperation may or may not be

morally justified, distinguishing between "formal" and "material" cooperation. *Formal* cooperation "occurs when an action, either by its very nature or by the form it takes in a concrete situation, can be defined as a direct participation in an [immoral] act . . . or a sharing in the immoral intention of the person committing it."[46] Therefore, cooperation is formal not only when the cooperator shares the intention of the wrongdoer, but also when the cooperator directly participates in the immoral act, even if the cooperator does not share the intention of the wrongdoer, but participates as a means to some other end. Formal cooperation may take various forms, such as authorizing wrongdoing, approving it, prescribing it, actively defending it, or giving specific direction about carrying it out. Formal cooperation, in whatever form, is always morally wrong.

The cooperation is *material* if the one cooperating neither shares the wrongdoer's intention in performing the immoral act nor cooperates by directly participating in the act as a means to some other end, but rather contributes to the immoral activity in a way that is causally related but not essential to the immoral act itself. While some instances of material cooperation are morally wrong, others are morally justified. There are many factors to consider when assessing whether or not material cooperation is justified, including: whether the cooperator's act is morally good or neutral in itself, how significant is its causal contribution to the wrongdoer's act, how serious is the immoral act of the wrongdoer, and how important are the goods to be preserved or the harms to be avoided by cooperating. Assessing material cooperation can be complex, and legitimate disagreements may arise over which factors are most relevant in a given case. Reliable theological experts should be consulted in interpreting and applying the principles governing cooperation.

Any moral analysis of a collaborative arrangement must also take into account the danger of scandal, which is "an attitude or behavior which leads another to do evil."[47] The cooperation of a Catholic institution with other health care entities engaged in immoral activities, even when such cooperation is morally justified in all other respects, might, in certain cases, lead people to conclude that those activities are morally acceptable. This could lead people to sin. The danger of scandal, therefore, needs to be carefully evaluated in each case. In some cases, the danger of scandal can be mitigated by certain measures, such as providing an explanation as to why the Catholic institution is cooperating in this way at this time. In any event, prudential judgments that take into account the particular circumstances need to be made about the risk and degree of scandal and about whether they can be effectively addressed.

Even when there are good reasons for establishing collaborative arrangements that involve material cooperation with wrongdoing, leaders of Catholic healthcare institutions must assess whether becoming associated with the wrongdoing of a collaborator will risk undermining their institution's ability to fulfill its mission of providing health care as a witness to the Catholic faith and an embodiment of Jesus' concern for the sick. They must do everything they can to ensure that the integrity of the Church's witness to Christ and his Gospel is not adversely affected by a collaborative arrangement.

In sum, collaborative arrangements with entities that do not share our Catholic moral tradition present both opportunities and challenges. The opportunities to further the mission of Catholic health care can be significant. The challenges do not necessarily preclude all such arrangements on moral grounds, but they do make it imperative for Catholic leaders to undertake careful analyses to ensure that new collaborative arrangements—as well as those that already exist—abide by the principles governing cooperation, effectively address the risk of scandal, abide by canon law, and sustain the Church's witness to Christ and his saving message.

While the following Directives are offered to assist Catholic health care institutions in analyzing the moral considerations of collaborative arrangements, the ultimate responsibility for interpreting and applying of the Directives rests with the diocesan bishop.

Directives

67. Each diocesan bishop has the ultimate responsibility to assess whether collaborative arrangements involving Catholic health care providers operating in his local church involve wrongful cooperation, give scandal, or undermine the Church's witness. In fulfilling this responsibility, the bishop should consider not only the circumstances in his local diocese but also the regional and national implications of his decision.
68. When there is a possibility that a prospective collaborative arrangement may lead to serious adverse consequences for the identity or reputation of Catholic health care services or entail a risk of scandal, the diocesan bishop is to be consulted in a timely manner. In addition, the diocesan bishop's approval is required for collaborative arrangements involving institutions subject to his governing authority; when they involve institutions not subject to his governing authority but operating in his diocese, such as those involving a juridic person erected by the Holy See, the diocesan bishop's *nihil obstat* is to be obtained.
69. In cases involving health care systems that extend across multiple diocesan jurisdictions, it remains the responsibility of the diocesan bishop of each diocese in which the system's affiliated institutions are located to approve locally the prospective collaborative arrangement or to grant the requisite *nihil obstat*, as the situation may require. At the same time, with such a proposed arrangement, it is the duty of the diocesan bishop of the diocese in which the system's headquarters is located to initiate a collaboration with the diocesan bishops of the dioceses affected by the collaborative arrangement. The bishops involved in this collaboration should make every effort to reach a consensus.
70. Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.[48]
71. When considering opportunities for collaborative arrangements that entail material cooperation in wrongdoing, Catholic institutional leaders must assess whether scandal[49] might be given and whether the Church's witness might be undermined. In some cases, the risk of scandal can be appropriately mitigated or removed by an explanation of what is in fact being done by the health care organization under Catholic auspices. Nevertheless, a

collaborative arrangement that in all other respects is morally licit may need to be refused because of the scandal that might be caused or because the Church's witness might be undermined.

72. The Catholic party in a collaborative arrangement has the responsibility to assess periodically whether the binding agreement is being observed and implemented in a way that is consistent with the natural moral law, Catholic teaching, and canon law.
73. Before affiliating with a health care entity that permits immoral procedures, a Catholic institution must ensure that neither its administrators nor its employees will manage, carry out, assist in carrying out, make its facilities available for, make referrals for, or benefit from the revenue generated by immoral procedures.
74. In any kind of collaboration, whatever comes under the control of the Catholic institution—whether by acquisition, governance, or management—must be operated in full accord with the moral teaching of the Catholic Church, including these Directives.
75. It is not permitted to establish another entity that would oversee, manage, or perform immoral procedures. Establishing such an entity includes actions such as drawing up the civil bylaws, policies, or procedures of the entity, establishing the finances of the entity, or legally incorporating the entity.
76. Representatives of Catholic health care institutions who serve as members of governing boards of non-Catholic health care organizations that do not adhere to the ethical principles regarding health care articulated by the Church should make their opposition to immoral procedures known and not give their consent to any decisions proximately connected with such procedures. Great care must be exercised to avoid giving scandal or adversely affecting the witness of the Church.
77. If it is discovered that a Catholic health care institution might be wrongly cooperating with immoral procedures, the local diocesan bishop should be informed immediately and the leaders of the institution should resolve the situation as soon as reasonably possible.

Conclusion

Sickness speaks to us of our limitations and human frailty. It can take the form of infirmity resulting from the simple passing of years or injury from the exuberance of youthful energy. It can be temporary or chronic, debilitating, and even terminal. Yet the follower of Jesus faces illness and the consequences of the human condition aware that our Lord always shows compassion toward the infirm.

Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: "When you hold a banquet, invite the poor, the crippled, the lame, the blind" (Lk 14:13). These were people whom Jesus healed and loved.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ's healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus' ministry and God's love for us.

Notes

1. United States Conference of Catholic Bishops, *Health and Health Care: A Pastoral Letter of the American Catholic Bishops* (Washington, DC: United States Conference of Catholic Bishops, 1981).
2. Health care services under Catholic auspices are carried out in a variety of institutional settings (e.g., hospitals, clinics, outpatient facilities, urgent care centers, hospices, nursing homes, and parishes). Depending on the context, these Directives will employ the terms "institution" and/or "services" in order to encompass the variety of settings in which Catholic health care is provided.
3. *Health and Health Care,* p. 5.
4. Second Vatican Ecumenical Council, *Decree on the Apostolate of the Laity* (*Apostolicam Actuositatem*) (1965), no. 1.
5. Pope John Paul II, Post-Synodal Apostolic Exhortation *On the Vocation and the Mission of the Lay Faithful in the Church and in the World* (*Christifideles Laici*) (Washington, DC: United States Conference of Catholic Bishops, 1988), no. 29.
6. As examples, see Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion* (1974); Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980); Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day* (*Donum Vitae*) (Washington, DC: United States Conference of Catholic Bishops, 1987).
7. Pope John XXIII, Encyclical Letter *Peace on Earth* (*Pacem in Terris*) (Washington, DC: United States Conference of Catholic Bishops, 1963), no. 11; *Health and Health Care,* pp. 5, 17-18; *Catechism of the Catholic Church,* 2nd ed. (Washington, DC: Libreria Editrice Vaticana–United States Conference of Catholic Bishops, 2000), no. 2211.
8. Pope John Paul II, *On Social Concern, Encyclical Letter on the Occasion of the Twentieth Anniversary of "Populorum Progressio"* (*Sollicitudo Rei Socialis*) (Washington, DC: United States Conference of Catholic Bishops, 1988), no. 43.
9. United States Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* (Washington, DC: United States Conference of Catholic Bishops, 1986), no. 80.
10. The duty of responsible stewardship demands responsible collaboration. But in collaborative efforts, Catholic institutionally based health care services must be attentive to occasions when the policies and practices of other institutions are not compatible with the Church's authoritative moral teaching. At such times, Catholic health care institutions should determine whether or to what degree collaboration would be morally permissible. To make that judgment, the governing boards of Catholic institutions should adhere to the moral principles on cooperation. See Part Six.
11. *Health and Health Care,* p. 12.
12. Cf. *Code of Canon Law,* cc. 921-923.
13. Cf. ibid., c. 867, § 2, and c. 871.
14. To confer Baptism in an emergency, one must have the proper intention (to do what the Church intends by Baptism) and pour water on the head of the person to be baptized, meanwhile pronouncing the words: "I baptize you in the name of the Father, and of the Son, and of the

Holy Spirit."

15. Cf. c. 883, 3°.

16. For example, while the donation of a kidney represents loss of biological integrity, such a donation does not compromise functional integrity since human beings are capable of functioning with only one kidney.

17. Cf. directive 53.

18. *Declaration on Euthanasia,* Part IV; cf. also directives 56-57.

19. It is recommended that a sexually assaulted woman be advised of the ethical restrictions that prevent Catholic hospitals from using abortifacient procedures; cf. Pennsylvania Catholic Conference, "Guidelines for Catholic Hospitals Treating Victims of Sexual Assault," *Origins* 22 (1993): 810.

20. Pope John Paul II, "Address of October 29, 1983, to the 35th General Assembly of the World Medical Association," *Acta Apostolicae Sedis* 76 (1984): 390.

21. Second Vatican Ecumenical Council, *Pastoral Constitution on the Church in the Modern World* (*Gaudium et Spes*) (1965), no. 49.

22. Ibid., no. 50.

23. Pope Paul VI, Encyclical Letter *On the Regulation of Birth* (*Humanae Vitae*) (Washington, DC: United States Conference of Catholic Bishops, 1968), no. 14.

24. Ibid., no. 12.

25. Pope John XXIII, Encyclical Letter *Mater et Magistra* (1961), no. 193, quoted in Congregation for the Doctrine of the Faith, *Donum Vitae,* no. 4.

26. Pope John Paul II, Encyclical Letter *The Splendor of Truth* (*Veritatis Splendor*) (Washington, DC: United States Conference of Catholic Bishops, 1993), no. 50.

27. "Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose" (*Donum Vitae,* Part II, B, no. 6; cf. also Part I, nos. 1, 6).

28. Ibid., Part II, A, no. 2.

29. "Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: 'It lacks the sexual relationship called for by the moral order, namely, the relationship which realizes "the full sense of mutual self-giving and human procreation in the context of true love"'" (*Donum Vitae,* Part II, B, no. 6).

30. Ibid., Part II, A, no. 3.

31. Cf. directive 45.

32. *Donum Vitae,* Part I, no. 2.

33. Cf. ibid., no. 4. (Washington, DC: United States Conference of Catholic Bishops, 1988), no. 43.

34. Cf. Congregation for the Doctrine of the Faith, "Responses on Uterine Isolation and Related Matters," July 31, 1993, *Origins* 24 (1994): 211-212.

35. Pope John Paul II, Apostolic Letter *On the Christian Meaning of Human Suffering* (*Salvifici Doloris*) (Washington, DC: United States Conference of Catholic Bishops, 1984), nos. 25-27.

36. United States Conference of Catholic Bishops, *Order of Christian Funerals* (Collegeville, Minn.: The Liturgical Press, 1989), no. 1.

37. See *Declaration on Euthanasia.*

38. Ibid., Part II.

39. Ibid., Part IV; Pope John Paul II, Encyclical Letter *On the Value and Inviolability of Human Life* (*Evangelium Vitae*) (Washington, DC: United States Conference of Catholic Bishops, 1995), no. 65.

40. See Pope John Paul II, Address to the Participants in the International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas" (March 20, 2004), no. 4, where he emphasized that "the administration of water and food, even when provided by artificial means, always represents a *natural means* of preserving life, not a *medical act*." See also Congregation for the Doctrine of the Faith, "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration" (August 1, 2007).

41. Congregation for the Doctrine of the Faith, Commentary on "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration."

42. See *Declaration on Euthanasia*, Part IV.

43. *Donum Vitae,* Part I, no. 4.

44. See: Congregation for the Doctrine of the Faith, "Some Principles for Collaboration with non-Catholic Entities in the Provision of Healthcare Services," published in *The National Catholic Bioethics Quarterly* (Summer 2014), 337-40.

45. Pope John Paul II, *Veritatis Splendor*, no. 13.

46. Pope John Paul II, *Evangelium Vitae*, no. 74.

47. *Catechism of the Catholic Church*, no. 2284.

48. While there are many acts of varying moral gravity that can be identified as intrinsically evil, in the context of contemporary health care the most pressing concerns are currently abortion, euthanasia, assisted suicide, and direct sterilization. See Pope John Paul II's Ad Limina Address to the bishops of Texas, Oklahoma, and Arkansas (Region X), in *Origins* 28 (1998): 283. See also "Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals" (*Quaecumque Sterilizatio*), March 13, 1975, Origins 6 (1976): 33-35: "Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end . . . is absolutely forbidden. For the official approbation of direct sterilization and, a fortiori, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil." This directive supersedes the "Commentary on the Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals" published by the National Conference of Catholic Bishops on September 15, 1977, in *Origins* 7 (1977): 399-400.

49. See *Catechism of the Catholic Church*: "Anyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and responsible for the evil that he has directly or indirectly encouraged" (no. 2287).

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' SECOND SUPPLEMENTAL RESPONSE AND OBJECTIONS TO PLAINTIFF'S FIRST SET OF INTERROGATORIES NO. 5

Pursuant to Fed. R. Civ. P. 33, the Court's Local Rules, and Appendix A to the Local Rules, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph," collectively, the "Defendants"), by their undersigned attorneys, serve the following Second Supplemental Response and Objections ("Supplemental Response") to Plaintiff Jesse Hammons' First Set of Interrogatories ("Interrogatories") Number 5.

PRELIMINARY STATEMENT

Defendants reserve the right to use documents or information discovered after the date of its Supplemental Response to Plaintiff's Interrogatories, which are now known but whose relevance, significance, or applicability has not yet been ascertained. Defendants' Supplemental Response is made without in any way intending to waive or waiving, but, to the contrary, intending to preserve and preserving:

1. The right to question or object to the authenticity, foundation, relevancy, privilege, and admissibility of the documents or information produced in response to Plaintiff's Interrogatories in any subsequent proceeding in, or the trial of, this or any other action;

2. The right to object to the use of documents or information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this or any other action on any grounds;

3. The right to object to the introduction of the Interrogatories into evidence; and

4. The right to object on any ground at any time to other discovery involving the subject matter of these Interrogatories or the Responses to these Interrogatories.

GENERAL OBJECTIONS

The following General Objections apply to each of the Interrogatories:

1. Defendants object to the Interrogatories to the extent they call for disclosing information that is protected from discovery by the attorney-client privilege, the work product doctrine, or any other applicable claim of privilege or legal protection. Inadvertent production of any document or revealing of information subject to any applicable privilege or protection, including but not limited to the attorney-client privilege and the work product doctrine, is not intended to be, and shall not operate as, a waiver of any such privilege or protection, in whole or in part.

2. Defendants object to the Interrogatories to the extent they seek confidential or proprietary information.

3. Defendants object to the Interrogatories to the extent they seek information or documents that are not within Defendants' possession, custody, or control.

4. Defendants object to the Interrogatories to the extent that they are unduly burdensome, overly broad, or seek to impose upon Defendants an undue expense or burden that Plaintiff should properly bear.

5. Defendants object to the Interrogatories to the extent that they seek information that is irrelevant to and outside the scope of the issues, allegations, and claims presented by Plaintiff's Complaint, seek information not reasonably calculated to lead to the discovery of admissible evidence, or are otherwise outside the scope and limits of permissible discover under the Federal Rules of Civil Procedure and any other applicable law or other orders of the Court in this litigation.

6. Defendants object to the Interrogatories to the extent they are vague, ambiguous, contain words or phrases that are confusing, or lack sufficient definition to permit response. By responding to any Interrogatories, Defendants do not adopt any meaning Plaintiff may intend or have in mind, and Defendants expressly reserve the right to object to the use or introduction of any Response that mischaracterizes or takes Defendants' Supplemental Response out of context or attempts to apply the Supplemental Response to a unilateral definition of a particular inquiry.

7. Defendants object to the Interrogatories to the extent they call for, or can be interpreted as calling for, legal conclusions, or to the extent they assume disputed issues or are phrased in such a way as to be lacking foundation, argumentative, prejudicial, or otherwise improper.

8. Defendants object to the Interrogatories to the extent they seek documents or data that are the subject of confidentiality agreements, protective orders, or rulings issued by this Court or other courts or tribunals limiting dissemination or usage of the requested documents or information.

9. Defendants object to the Interrogatories to the extent they call for information that is already in the possession of or equally available to Plaintiff or his counsel, including but not limited to documents available from government agencies, regulatory bodies, court files, the internet, or commercial industry sources.

10. Defendants reserve their right to challenge the competency, relevancy, or admissibility at hearing and/or trial of any of the information or documents it provides in response to these Interrogatories. In responding to these Interrogatories, Defendants do not concede the Interrogatories are relevant to the subject matter of this litigation or reasonably calculated to lead to the discovery of admissible evidence. Defendants expressly reserve the right to object at any proceeding regarding specific questions, to object to further discovery into the subject matter of these Interrogatories, and to object to the introduction into evidence of the deponent's responses to questions regarding these Interrogatories.

11. No incidental or implied admissions are intended by the Supplemental Response by Defendants to Interrogatory Number 5. That Defendants have supplementally responded to Interrogatory Number 5 is not an admission that Defendants accept or admit the existence of any alleged facts set forth or assumed in the Interrogatories or that the making of the Supplemental Response constitutes admissible evidence.

12. Defendants reserve the right to amend, supplement, or correct this Supplemental Response and any previous response.

OBJECTIONS TO DEFINITIONS AND INSTRUCTIONS

The following Objections to the Definitions and Instructions are hereby incorporated into Defendants' Supplemental Response to Interrogatory Number 5 as though fully set forth therein.

1. Defendants object to the definition of "Catholic Directives" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

2. Defendants object to the definition of "Cosmetic Medical Procedures" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

3. Defendants object to the definition of "Compliance Assessment" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

4. Defendants object to the definition of "Hysterectomy" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

5. Defendants object to the definitions of "Parties," "Defendant," "Defendants," "UMMS," "UMSJ Medical Center," "You," and "Your," as overly broad and unduly burdensome to the extent they purport to require the production of documents or information in the possession, custody, or control of persons or entities other than Defendants. Defendants respond to these Interrogatories solely on behalf of each respective entity and no other person or entity that may purport to act on each Defendant's behalf.

6. Defendants object to the definition of "Document" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

7. Defendants object to the definitions of "Writings," "Recordings," and "Photographs" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent they seek to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

8. Defendants object to the definition of "Person" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

9. Defendants object to the definition of "Concerning" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

10. Defendants object to the definition of "Communication" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

11. Defendants object to the definitions of "DESCRIBE IN FULL DETAIL," "IDENTIFY (with respect to persons)," and "IDENTIFY (with respect to documents)," as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

12. Defendants object to the Definitions and Instructions to the extent that they impose a burden on Defendants over and above that which Plaintiff is himself willing to undertake in responding to Defendants' own requests or order entered in this litigation.

13. Defendants object to the Instructions as unduly burdensome to the extent they seek to impose burdens or obligations exceeding or differing from those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

SECOND SUPPLEMENTAL RESPONSE AND OBJECTIONS TO INTERROGATORY NO. 5

INTERROGATORY NO. 5:

DESCRIBE IN FULL DETAIL each medical procedure UMSJ Medical Center refused to permit a doctor to perform between January 1, 2012, and July 16, 2020, based on the Catholic Directives, and explain why the procedure was not allowed to be performed.

RESPONSE TO INTERROGATORY NO. 5:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health

information of third-parties. Defendants also object because the terms and phrases "medical procedure," "perform," and "procedure" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants also object because the term "Catholic Directives" is vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

St. Joseph provides care to patients regardless of their sexual orientation and/or gender identity. In connection with the provision of patient care, St. Joseph references the ERDs as written. St. Joseph does not maintain other formal policies related to the ERDs. While sterilization procedures, such as hysterectomies and vasectomies, and procedures for cosmetic purposes are generally disallowed, such procedures may be performed at St. Joseph where the procedure is necessary to treat a life-threatening condition. This exception applies to all patients, regardless of sexual orientation and/or gender identity. In deciding whether a procedure can be performed at St. Joseph, personnel engage in a patient- and procedure-specific review for each individual case.

Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

SUPPLEMENTAL RESPONSE TO INTERROGATORY NO. 5:

Defendants incorporate all prior stated objections and responses, and supplement as follows:

As a condition of medical staff membership at St. Joseph, all medical professionals on staff at St. Joseph agreed to abide by the ERDs and have access to them. Medical professionals are

aware of and informed that they may not schedule procedures at St. Joseph that do not comport with the ERDs, and typically, such procedures are not scheduled St. Joseph. As a result, cancellations of procedures at St. Joseph are a rare occurrence.

Based on St. Joseph's reference of, and guidance from, the ERDs, there have been instances where hysterectomies have been performed when the primary purpose of the procedure is to treat what is considered a life-threatening condition, but the secondary result is the performance of a hysterectomy. There have also been instances, however, where sterilization procedures have not proceeded at St. Joseph because they were not necessary to treat what was considered a life-threatening condition. Instances where the ERDs were evaluated in consideration of a procedure and determining it could not proceed at St. Joseph include, but are not limited to, the following:

- In November 2014, Dr. Rachel Bluebond Lagner approached St. Joseph to discuss the scheduling of a penile reconstruction surgery. The case was considered by Dr. Gail Cunningham, Dr. Daniel Dietrick, and Susanne Decrane. Ms. Decrane advised against performing the procedure because it would alter a body part and was not necessary to treat a life-threatening condition. Dr. Mohan Suntha, the former CEO of St. Joseph, also participated in the consideration process. The procedure ultimately was not scheduled at St. Joseph.
- In October 2018, Dr. Steven Adashek approached St. Joseph to schedule a hysterectomy. Because of the coding of the procedure, the procedure was elevated for consideration by Dr. Michael Marion, Dr. Thomas Smyth, Dr. Gail Cunningham, and Keith Riddle. The procedure originally could not be performed at St. Joseph because it was a sterilization procedure and not necessary to treat a life-threatening condition. However, Dr. Adashek rescheduled the procedure to

treat the patient's diagnosis of abnormal uterine bleeding. Because the hysterectomy was necessary to treat the patient's life-threatening condition, the hysterectomy was allowed to proceed at St. Joseph.

SECOND SUPPLEMENTAL RESPONSE TO INTERROGATORY NO. 5:

Defendants incorporate all prior stated objections and responses, and supplement as follows:

Based on St. Joseph's reference of the ERDs, procedures that result in sterilization, such as hysterectomies and vasectomies, and procedures for cosmetic purposes, such as those that involve the removal of or interference with the functional integrity of healthy organs, are generally disallowed and cannot proceed at St. Joseph. However, such procedures may be performed at St. Joseph where the procedure is necessary to treat a life-threatening condition. This exception applies to all patients, regardless of gender and/or gender identity.

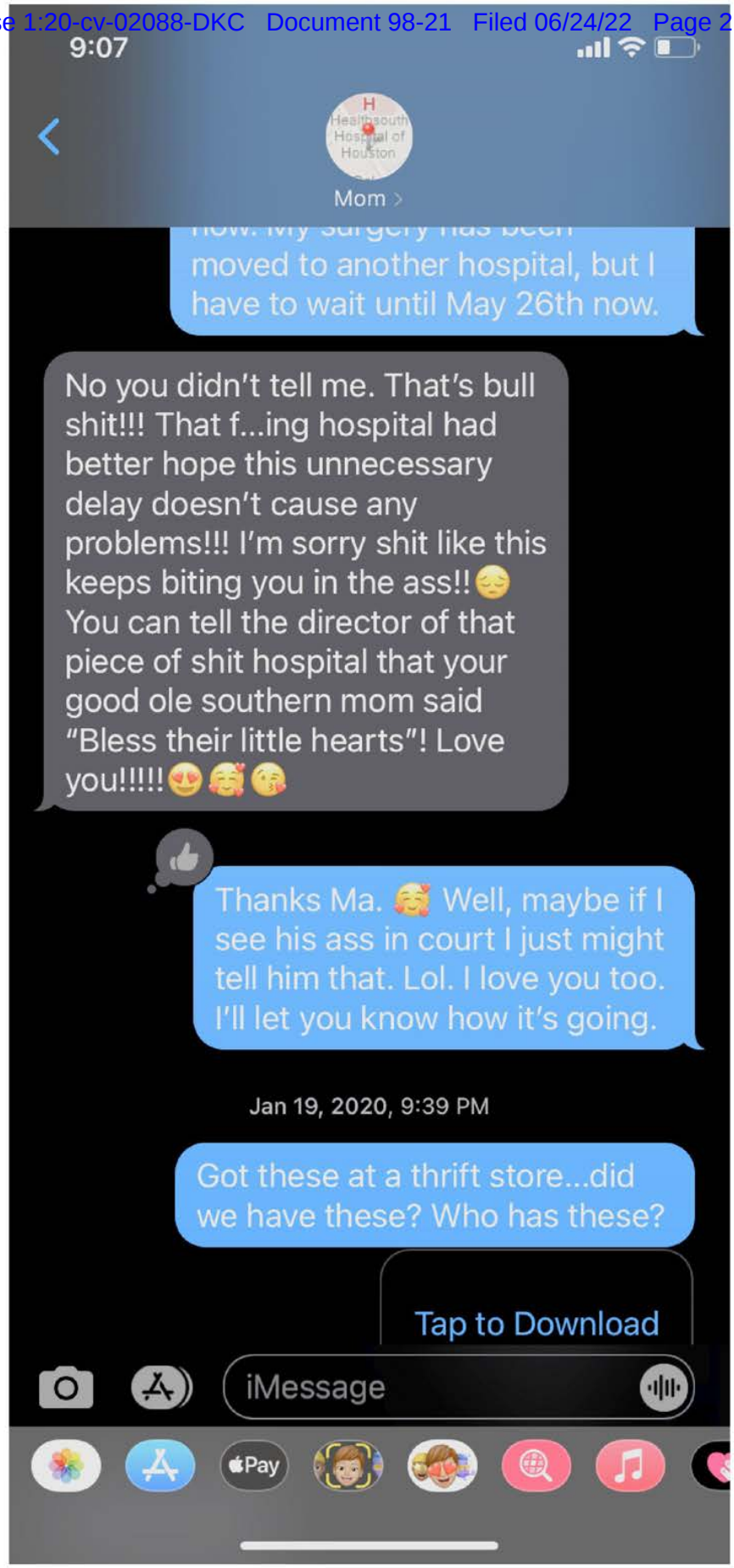
The terms "life threatening" and "life altering" do not reflect a medical diagnosis. Instead, these terms are used as a means to understand the implications of the ERDs on a particular procedure and/ or a patient's desired procedure, and as relevant in this litigation, whether a procedure resulting in sterilization may proceed for the primary purpose of addressing a life-threatening condition, as well as a procedure that involves an organ or body part that is damaged or no longer functions properly and must be interfered with or removed.

Dated: April 13, 2022

By: /s/ *Denise Giraudo*
Denise Giraudo
Paul Werner
Danielle Vrabie
Imad Matini
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Attorneys for Defendants

I solemnly declare and affirm under penalty of perjury that the Second Supplemental Response to Plaintiff's Interrogatory No. 5 is true and correct to the best of my knowledge, information, and belief.

/s/_*Gail Cunningham*_____
Dr. Gail Cunningham


9:07
Mom
moved to another hospital, but I have to wait until May 26th now.
No you didn't tell me. That's bull shit!!! That f...ing hospital had better hope this unnecessary delay doesn't cause any problems!!! I'm sorry shit like this keeps biting you in the ass!! You can tell the director of that piece of shit hospital that your good ole southern mom said "Bless their little hearts"! Love you!!!!!
Thanks Ma. Well, maybe if I see his ass in court I just might tell him that. Lol. I love you too. I'll let you know how it's going.
Jan 19, 2020, 9:39 PM
Got these at a thrift store...did we have these? Who has these?
Tap to Download
iMessage
Pay

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' RESPONSES AND OBJECTIONS TO PLAINTIFF'S FIRST SET OF INTERROGATORIES

Pursuant to Fed. R. Civ. P. 33, the Court's Local Rules, and Appendix A to the Local Rules, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph," collectively, the "Defendants"), by their undersigned attorneys, serve the following Objections and Responses ("Responses") to Plaintiff Jesse Hammons' First Set of Interrogatories ("Interrogatories").

PRELIMINARY STATEMENT

Defendants reserve the right to use documents or information discovered after the date of its Responses to Plaintiff's Interrogatories, which are now known but whose relevance, significance, or applicability has not yet been ascertained. Defendants' Responses are made without in any way intending to waive or waiving, but, to the contrary, intending to preserve and preserving:

1. The right to question or object to the authenticity, foundation, relevancy, privilege, and admissibility of the documents or information produced in response to Plaintiff's Interrogatories in any subsequent proceeding in, or the trial of, this or any other action;

2. The right to object to the use of documents or information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this or any other action on any grounds;

3. The right to object to the introduction of the Interrogatories into evidence; and

4. The right to object on any ground at any time to other discovery involving the subject matter of these Interrogatories or the Responses to these Interrogatories.

GENERAL OBJECTIONS

The following General Objections apply to each of the Interrogatories:

1. Defendants object to the Interrogatories to the extent they call for disclosing information that is protected from discovery by the attorney-client privilege, the work product doctrine, or any other applicable claim of privilege or legal protection. Inadvertent production of any document or revealing of information subject to any applicable privilege or protection, including but not limited to the attorney-client privilege and the work product doctrine, is not intended to be, and shall not operate as, a waiver of any such privilege or protection, in whole or in part.

2. Defendants object to the Interrogatories to the extent they seek confidential or proprietary information.

3. Defendants object to the Interrogatories to the extent they seek information or documents that are not within Defendants' possession, custody, or control.

4. Defendants object to the Interrogatories to the extent that they are unduly burdensome, overly broad, or seek to impose upon Defendants an undue expense or burden that Plaintiff should properly bear.

5. Defendants object to the Interrogatories to the extent that they seek information that is irrelevant to and outside the scope of the issues, allegations, and claims presented by Plaintiff's Complaint, seek information not reasonably calculated to lead to the discovery of admissible evidence, or are otherwise outside the scope and limits of permissible discover under the Federal Rules of Civil Procedure and any other applicable law or other orders of the Court in this litigation.

6. Defendants object to the Interrogatories to the extent they are vague, ambiguous, contain words or phrases that are confusing, or lack sufficient definition to permit response. By responding to any Interrogatories, Defendants do not adopt any meaning Plaintiff may intend or have in mind, and Defendants expressly reserve the right to object to the use or introduction of any Response that mischaracterizes or takes Defendants' Response out of context or attempts to apply the Response to a unilateral definition of a particular inquiry.

7. Defendants object to the Interrogatories to the extent they call for, or can be interpreted as calling for, legal conclusions, or to the extent they assume disputed issues or are phrased in such a way as to be lacking foundation, argumentative, prejudicial, or otherwise improper.

8. Defendants object to the Interrogatories to the extent they seek documents or data that are the subject of confidentiality agreements, protective orders, or rulings issued by this Court or other courts or tribunals limiting dissemination or usage of the requested documents or information.

9. Defendants object to the Interrogatories to the extent they call for information that is already in the possession of or equally available to Plaintiff or his counsel, including but not limited to documents available from government agencies, regulatory bodies, court files, the internet, or commercial industry sources.

10. Defendants reserve their right to challenge the competency, relevancy, or admissibility at hearing and/or trial of any of the information or documents it provides in response to these Interrogatories. In responding to these Interrogatories, Defendants do not concede the Interrogatories are relevant to the subject matter of this litigation or reasonably calculated to lead to the discovery of admissible evidence. Defendants expressly reserve the right to object at any proceeding regarding specific questions, to object to further discovery into the subject matter of these Interrogatories, and to object to the introduction into evidence of the deponent's responses to questions regarding these Interrogatories.

11. No incidental or implied admissions are intended by any Response by Defendants to any Interrogatories. That Defendants have responded to any Interrogatories is not an admission that Defendants accept or admit the existence of any alleged facts set forth or assumed in the Interrogatories or that the making of the Response constitutes admissible evidence.

12. Defendants reserve the right to amend, supplement, or correct their Responses.

OBJECTIONS TO DEFINITIONS AND INSTRUCTIONS

The following Objections to the Definitions and Instructions are hereby incorporated into Defendants' Responses to each Interrogatory as though fully set forth therein.

1. Defendants object to the definition of "Catholic Directives" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

2. Defendants object to the definition of "Cosmetic Medical Procedures" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose

burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

3. Defendants object to the definition of "Compliance Assessment" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

4. Defendants object to the definition of "Hysterectomy" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

5. Defendants object to the definitions of "Parties," "Defendant," "Defendants," "UMMS," "UMSJ Medical Center," "You," and "Your," as overly broad and unduly burdensome to the extent they purport to require the production of documents or information in the possession, custody, or control of persons or entities other than Defendants. Defendants respond to these Interrogatories solely on behalf of each respective entity and no other person or entity that may purport to act on each Defendant's behalf.

6. Defendants object to the definition of "Document" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

7. Defendants object to the definitions of "Writings," "Recordings," and "Photographs" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent they seek to impose burdens or obligations beyond those imposed by the Federal Rules of Civil

Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

8. Defendants object to the definition of "Person" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

9. Defendants object to the definition of "Concerning" as overbroad, unduly burdensome, vague, indefinite, ambiguous, and to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

10. Defendants object to the definition of "Communication" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

11. Defendants object to the definitions of "DESCRIBE IN FULL DETAIL," "IDENTIFY (with respect to persons)," and "IDENTIFY (with respect to documents)," as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

12. Defendants object to the Definitions and Instructions to the extent that they impose a burden on Defendants over and above that which Plaintiff is himself willing to undertake in responding to Defendants' own requests or order entered in this litigation.

13. Defendants object to the Instructions as unduly burdensome to the extent they seek to impose burdens or obligations exceeding or differing from those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

SPECIFIC RESPONSES AND OBJECTIONS

INTERROGATORY NO. 1 (STANDARD INTERROGATORY NO. 6):

IDENTIFY all Persons who are likely to have personal knowledge of any fact alleged in the Complaint or in your Answer to the Complaint, and state the subject matter of the personal knowledge possessed by each such Person.

RESPONSE TO INTERROGATORY NO. 1:

Defendants object to this Interrogatory to the extent it calls for information that is in Plaintiff's possession, custody, or control. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties. Additionally, Defendants object to this Interrogatory insofar as it asks Defendants to identify "all persons," including persons who Defendants do not know. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

The following individuals may have personal knowledge of the allegations and issues in this litigation, and may be contacted through counsel for Defendants:

- **Jesse Hammons, the Plaintiff.** Mr. Hammons has knowledge regarding his diagnosis of gender dysphoria and related treatment, generally, and as to his scheduled hysterectomy and its cancellation and the effects of the same, specifically, as well as the hysterectomy that he ultimately received. Mr. Hammons also has knowledge as to his alleged damages.

- **Lura Groen.** Ms. Groen has knowledge regarding Plaintiff's diagnosis of gender dysphoria and related treatment, generally, and as to Plaintiff's scheduled hysterectomy and its cancellation and the effects of the same, specifically, as well as the hysterectomy that Plaintiff ultimately received. Ms. Groen also has knowledge as to Plaintiff's alleged damages.

- **Dr. Steven J. Adashek, OB-GYN and Plaintiff's treating provider.** Dr. Adashek has knowledge regarding Plaintiff's diagnosis of gender dysphoria and related treatment, generally, and as to Plaintiff's scheduled hysterectomy and its cancellation, specifically, as well as the hysterectomy that was ultimately performed on Plaintiff. Dr. Adashek also has knowledge as to St. Joseph's adherence to the ERDs as well as his agreement to abide by the ERDs.

- **Father Louis Asobi, Vice President of Mission Integration at St. Joseph.** Father Asobi has knowledge regarding the Ethical and Religious Directives for Catholic Health Services (6th Edition) ("ERDs") [1] and how they are referenced at St. Joseph, as well as information regarding St. Joseph's Catholic heritage.

- **Keith Riddell, Former Vice President of Mission Integration at St. Joseph.** Mr. Riddell has knowledge regarding the ERDs and how they are referenced at St. Joseph, as well as information regarding St. Joseph's Catholic heritage.

- **Dr. Gail P. Cunningham, Senior Vice President of Medical Affairs & Chief Medical Officer at St. Joseph.** Dr. Cunningham has knowledge of how the ERDs are referenced at St. Joseph, generally, and as to Plaintiff's scheduled hysterectomy and its cancellation, specifically.

- **Dr. Monica Buescher, Chief of St. Joseph's OB-GYN Department.** Dr. Buescher has knowledge of how the ERDs are referenced at St. Joseph.

- **Scott Conover, Senior Vice President of Clinical Integration at St. Joseph**. Mr. Conover has knowledge of St. Joseph's Catholic heritage and the acquisition of St. Joseph by UMMS.

INTERROGATORY NO. 2 (STANDARD INTERROGATORY NO. 9):

For each witness You have retained or specially employed to provide expert testimony in this case, or employed by You whose duties regularly involve giving expert testimony and whom You expect to testify at trial, provide a complete statement of the opinions to be expressed and the

[1] *See* ERDs, *available at* https://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf.

basis and reasons therefore.

RESPONSE TO INTERROGATORY NO. 2:

Defendants object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties. Defendants further object to this Interrogatory on the grounds that it is premature. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

Defendants will make expert disclosures pursuant to the Federal Rules of Civil Procedure and the Court's Scheduling Order at the appropriate time.

INTERROGATORY NO. 3:

For each person likely to have discoverable information that You may use to support Your claims or defenses, unless the use would be solely for impeachment, provide the name and, if known, the address and telephone number of such Person, and the subjects of that information.

RESPONSE TO INTERROGATORY NO. 3:

Defendants object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties. Defendants further object to this Interrogatory on the grounds that it is premature and Defendants expressly reserve the right to supplement the following answer as discovery proceeds. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

- **Father Louis Asobi, Vice President of Mission Integration at St. Joseph.** Father Asobi has information on how the ERDs are referenced at St. Joseph as well as

information related to its Catholic heritage. Father Asobi should be contacted through Defendants' counsel.

- **Keith Riddell, Former Vice President of Mission Integration at St. Joseph.** Mr. Riddell has knowledge regarding the ERDs and how they are referenced at St. Joseph, as well as information regarding St. Joseph's Catholic heritage. Mr. Riddell should be contacted through Defendants' counsel.

- **Dr. Gail P. Cunningham, Senior Vice President of Medical Affairs & Chief Medical Officer at St. Joseph.** Dr. Cunningham has information related to how the ERDs are referenced at St. Joseph, generally, and as to Plaintiff's scheduled hysterectomy, specifically. Dr. Cunningham should be contacted through Defendants' counsel.

- **Dr. Monica Buescher, Chief of St. Joseph's OB-GYN Department.** Dr. Buescher has information related to how the ERDs are referenced at St. Joseph's. Dr. Buescher should be contacted through Defendants' counsel.

- **Scott Conover, Senior Vice President of Clinical Integration at St. Joseph**. Mr. Conover has information related to St. Joseph's Catholic heritage and the acquisition of St. Joseph by UMMS. Mr. Conover should be contacted through Defendants' counsel.

- **Dr. Steven J. Adashek, OB-GYN and Plaintiff's treating provider.** Dr. Adashek has knowledge regarding Plaintiff's diagnosis of gender dysphoria and related treatment, generally, and as to Plaintiff's scheduled hysterectomy and its cancellation, specifically, as well as the hysterectomy that was ultimately performed on Plaintiff. Dr. Adashek's office website lists the following contact information for him: 1205 York Rd., Suite 12, Lutherville, Timonium, MD 21093, telephone number 410-296-8001.

INTERROGATORY NO. 4:

DESCRIBE IN FULL DETAIL each Cosmetic Medical Procedure and hysterectomy performed at UMSJ Medical Center between January 1, 2012, and July 16, 2020, and the reason why Defendants allowed the procedure to be performed despite the Catholic Directives (including, for the avoidance of doubt, each identified "present and serious pathology," as the term is used in the Catholic Directives).

RESPONSE TO INTERROGATORY NO. 4:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health information of third-parties. Defendants also object because the term "Cosmetic Medical Procedure" is vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

St. Joseph provides care to patients regardless of their sexual orientation and/or gender identity. In connection with the provision of patient care, St. Joseph references the ERDs as written, as well as other literature interpreting the ERDs. St. Joseph does not maintain other formal policies related to the ERDs. While sterilization procedures, such as hysterectomies and vasectomies, and procedures for cosmetic purposes are generally disallowed, such procedures may be performed at St. Joseph where the procedure is necessary to treat a life-threatening condition. This exception applies to all patients, regardless of sexual orientation and/ or gender identity. In deciding whether a procedure can be performed at St. Joseph, personnel engage in a patient- and

procedure-specific review for each individual case. Pursuant to that review, hysterectomies and certain cosmetic procedures have been performed at St. Joseph.

Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

INTERROGATORY NO. 5:

DESCRIBE IN FULL DETAIL each medical procedure UMSJ Medical Center refused to permit a doctor to perform between January 1, 2012, and July 16, 2020, based on the Catholic Directives, and explain why the procedure was not allowed to be performed.

RESPONSE TO INTERROGATORY NO. 5:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health information of third-parties. Defendants also object because the terms and phrases "medical procedure," "perform," and "procedure" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants also object because the term "Catholic Directives" is vague, ambiguous, and renders the Interrogatory overbroad and unduly

burdensome. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

St. Joseph provides care to patients regardless of their sexual orientation and/or gender identity. In connection with the provision of patient care, St. Joseph references the ERDs as written. St. Joseph does not maintain other formal policies related to the ERDs. While sterilization procedures, such as hysterectomies and vasectomies, and procedures for cosmetic purposes are generally disallowed, such procedures may be performed at St. Joseph where the procedure is necessary to treat a life-threatening condition. This exception applies to all patients, regardless of sexual orientation and/or gender identity. In deciding whether a procedure can be performed at St. Joseph, personnel engage in a patient- and procedure-specific review for each individual case.

Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the remaining information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

INTERROGATORY NO. 6:

Identify each Person who has participated in a Compliance Assessment since January 1, 2012.

RESPONSE TO INTERROGATORY NO. 6:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding

cancellation. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Defendants also object because the term "participated" is undefined, vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Defendants also object because the term "Compliance Assessment" is vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Defendants are willing to meet and confer to address their objections and attempt to narrow the scope of the information requested by this Interrogatory to a reasonable quantity of relevant and responsive information.

INTERROGATORY NO. 7:

Identify each Person who has participated in any decision about whether to approve or deny a Cosmetic Medical Procedure or a hysterectomy at UMSJ Medical Center since January 1, 2012.

RESPONSE TO INTERROGATORY NO. 7:

Defendants object to this Interrogatory because it seeks information that is irrelevant to the parties' claims and defenses in this action. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy and corresponding cancellation. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health

information of third-parties. Defendants also object because the term "participated" is undefined, vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Defendants also object because the terms "Cosmetic Medical Procedure" and "hysterectomy" are vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

The following individuals have previously been involved in deciding whether a medical treatment or procedure may proceed at St. Joseph:

- Dr. Gail P. Cunningham.
- Father Louis Asobi.
- Dr. Monica Buescher.

INTERROGATORY NO. 8:

DESCRIBE IN FULL DETAIL the Defendants' decision-making process for determining whether a medical procedure at UMSJ Medical Center would conflict with the Catholic Directives, including a list of all Persons involved in the process and the nature of their involvement.

RESPONSE TO INTERROGATORY NO. 8:

Defendants object to this Interrogatory because the terms "decision-making process," "medical procedure," and "involved" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants further object to this Interrogatory on the basis that is vague and ambiguous as to time and thus limits its response to January 2020 to the present. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information

of third-parties. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Defendants also object because this Interrogatory is duplicative of Interrogatories Nos. 6 and 7. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

St. Joseph provides care to patients regardless of their sexual orientation and/or gender identity. All medical professionals on staff at St. Joseph agree to abide by the ERDs as a condition of their medical staff membership and have access to them.

To the extent that a procedure or treatment may implicate the ERDs, that procedure is reviewed on a patient- and procedure-specific basis. The treating medical professional may contact the head of the relevant medical department to discuss the nature and reason for the treatment, the patient's condition, and other relevant medical issues. The treating medical professional may also contact an on-site chaplain to address ERD compliance. Where further questions remain on the application of the ERDs, the parties may further consult with Dr. Cunningham. In certain cases, Dr. Cunningham may consult the Vice President of Mission Integration as well. The ERDs are referenced in connection with this review and applied as written. It may also refer to literature concerning the interpretation of the ERDs in certain instances. St. Joseph does not maintain any other formal policies regarding the application of the ERDs.

INTERROGATORY NO. 9:

Identify all Persons involved in the decision to cancel Mr. Hammons's hysterectomy at UMSJ Medical Center.

RESPONSE TO INTERROGATORY NO. 9:

Defendants object to this Interrogatory insofar as it asks Defendants to identify "all persons," including persons who Defendants do not know. Defendants further object to this

Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Defendants also object because the term "involved" is undefined, vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

The following individuals have information related to the cancellation of Plaintiff's scheduled hysterectomy:

- Dr. Steven J. Adashek
- Dr. Gail P. Cunningham.

INTERROGATORY NO. 10:

DESCRIBE IN FULL DETAIL the Compliance Assessment regarding Mr. Hammons's hysterectomy scheduled to be performed at UMSJ Medical Center.

RESPONSE TO INTERROGATORY NO. 10:

Defendants object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Defendants also object because the term "Compliance Assessment" is vague, ambiguous, and renders the Interrogatory overbroad and unduly burdensome. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

On or around December 24, 2019, Plaintiff's surgeon contacted Dr. Cunningham by telephone and requested permission to perform Plaintiff's hysterectomy at St. Joseph. After considering the patient's condition, proposed treatment, and the ERDs, Dr. Cunningham informed Plaintiff's surgeon that the hysterectomy could not be performed at St. Joseph.

INTERROGATORY NO. 11:

DESCRIBE IN FULL DETAIL all facts and documents upon which You based Your decision to cancel Mr. Hammons's hysterectomy.

RESPONSE TO INTERROGATORY NO. 11:

Defendants object to this Interrogatory to the extent it requests "all" facts or documents where a reasonable quantity would suffice to show the information sought through this Interrogatory. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Additionally, Defendants object to this Interrogatory because it is argumentative as framed and to the extent it seeks legal conclusions. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

The ERDs were considered in connection with deciding whether Plaintiff's hysterectomy could proceed at St. Joseph. Additionally, the nature of the procedure, the patient's condition, and information conveyed by Plaintiff's surgeon were also considered.

INTERROGATORY NO. 12:

DESCRIBE IN FULL DETAIL all information provided to doctors regarding Your policies and/or practices for approval and denial of Cosmetic Medical Procedures and

hysterectomies at UMSJ Medical Center.

RESPONSE TO INTERROGATORY NO. 12:

Defendants object to this Interrogatory because the terms "policies" and "practices" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants also object because the term "Cosmetic Medical Procedures" and "hysterectomy" are vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

All medical professionals on staff at St. Joseph agree to abide by the ERDs as a condition of their medical staff membership and have access to them. Those medical professionals who maintain privileges at St. Joseph are made aware of the ERDs and agree to abide by the St. Joseph's medical staff bylaws as a condition of their employment and/or maintaining privileges at St. Joseph. Medical professionals are further informed that they may consult with the chiefs of relevant medical departments, an on-site chaplain, Dr. Cunningham, as well as the Vice President of Mission Integration where issues arise over whether a procedure comports with the ERDs. The ERDs are referenced and applied as written, and St. Joseph does not maintain any other formal policies related to the application of the ERDs.

INTERROGATORY NO. 13:

DESCRIBE IN FULL DETAIL all training You provide to doctors regarding the application of the Catholic Directives and any UMSJ Medical Center policies identified in

response to Plaintiff's Interrogatory No. 12 to Cosmetic Medical Procedures and hysterectomies.

RESPONSE TO INTERROGATORY NO. 13:

Defendants object to this Interrogatory because the terms "training" and "application" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants also object because the term "Catholic Directives," "Cosmetic Medical Procedures," and "hysterectomies" are vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. Defendants further object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and private medical information of third-parties. Subject to and without waiving any of the foregoing objections, Defendants answer as follows:

All medical professionals on staff at St. Joseph agree to abide by the ERDs as a condition of their medical staff membership and have access to them. Those medical professionals who maintain privileges at St. Joseph are made aware of the ERDs and agree to abide by St. Joseph's medical staff bylaws as a condition of their employment and/or maintaining privileges at St. Joseph. The ERDs are referenced and applied as written. St. Joseph also may refer to literature interpreting the ERDs as appropriate. St. Joseph does not maintain any other formal policies related to the application of the ERDs.

Dated: December 13, 2021

By: /s/ *Denise Giraudo*
Denise Giraudo
Paul Werner
Danielle Vrabie
Imad Matini
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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-ELH

DECLARATION OF DOUGLAS G. WILSON, JR.

I, Douglas G. Wilson, Jr., being of sound mind and above the age of 18 years, make the following Declaration based on my personal knowledge and information.

1. I am the Chief Executive Officer of The Catholic Benefits Association ("CBA"), a national membership association of Catholic organizations, including healthcare institutions.

2. The CBA has determined that University of Maryland St. Joseph (which is comprised of UMSJ Health System, LLC and University of Maryland St. Joseph Medical Center, LLC) meets the CBA's strict membership criteria.

   a. University of Maryland St. Joseph became a member of the CBA effective June 21, 2022.

3. The CBA's membership criteria have not changed since December 28, 2016.

I declare under the penalties for perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Douglas G. Wilson, Jr.

22 June 22
Date

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' RESPONSES AND OBJECTIONS TO PLAINTIFF'S THIRD SET OF INTERROGATORIES

Pursuant to Fed. R. Civ. P. 33, the Court's Local Rules, and Appendix A to the Local Rules, Defendants University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph," collectively, the "Defendants"), by their undersigned attorneys, serve the following Objections and Responses ("Responses") to Plaintiff Jesse Hammons' Third Set of Interrogatories ("Interrogatories" or "Interrogatory").

PRELIMINARY STATEMENT

Defendants reserve the right to use documents or information discovered after the date of its Response to Plaintiff's Interrogatory, which are now known but whose relevance, significance, or applicability has not yet been ascertained. Defendants' Response is made without in any way intending to waive or waiving, but, to the contrary, intending to preserve and preserving:

1. The right to question or object to the authenticity, foundation, relevancy, privilege, and admissibility of the documents or information produced in response to Plaintiff's Interrogatory in any subsequent proceeding in, or the trial of, this or any other action;

2. The right to object to the use of documents or information produced in response to the Interrogatory in any subsequent proceeding in, or the trial of, this or any other action on any grounds;

3. The right to object to the introduction of the Interrogatory into evidence; and

4. The right to object on any ground at any time to other discovery involving the subject matter of this Interrogatory or the Response to this Interrogatory.

GENERAL OBJECTIONS

The following General Objections apply to the Interrogatory:

1. Defendants object to the Interrogatory to the extent it calls for disclosing information that is protected from discovery by the attorney-client privilege, the work product doctrine, or any other applicable claim of privilege or legal protection. Inadvertent production of any document or revealing of information subject to any applicable privilege or protection, including but not limited to the attorney-client privilege and the work product doctrine, is not intended to be, and shall not operate as, a waiver of any such privilege or protection, in whole or in part.

2. Defendants object to the Interrogatory to the extent it seeks confidential or proprietary information.

3. Defendants object to the Interrogatory to the extent it seeks information or documents that are not within Defendants' possession, custody, or control.

4. Defendants object to the Interrogatory to the extent that it is unduly burdensome, overly broad, or seeks to impose upon Defendants an undue expense or burden that Plaintiff should properly bear.

5. Defendants object to the Interrogatory to the extent that it seeks information that is irrelevant to and outside the scope of the issues, allegations, and claims presented by Plaintiff's Complaint, seeks information not reasonably calculated to lead to the discovery of admissible evidence, or is otherwise outside the scope and limits of permissible discovery under the Federal Rules of Civil Procedure and any other applicable law or other orders of the Court in this litigation.

6. Defendants object to the Interrogatory to the extent it is vague, ambiguous, contains words or phrases that are confusing, or lacks sufficient definition to permit response. By responding to any Interrogatory, Defendants do not adopt any meaning Plaintiff may intend or have in mind, and Defendants expressly reserve the right to object to the use or introduction of any Response that mischaracterizes or takes Defendants' Response out of context or attempts to apply the Response to a unilateral definition of a particular inquiry.

7. Defendants object to the Interrogatory to the extent it calls for, or can be interpreted as calling for, legal conclusions, or to the extent it assumes disputed issues or is phrased in such a way as to be lacking foundation, argumentative, prejudicial, or otherwise improper.

8. Defendants object to the Interrogatory to the extent it seeks documents or data that are the subject of confidentiality agreements, protective orders, or rulings issued by this Court or other courts or tribunals limiting dissemination or usage of the requested documents or information.

9. Defendants object to the Interrogatory to the extent it calls for information that is already in the possession of or equally available to Plaintiff or his counsel, including but not limited to documents available from government agencies, regulatory bodies, court files, the internet, or commercial industry sources.

10. Defendants reserve their right to challenge the competency, relevancy, or admissibility at hearing and/or trial of any of the information or documents they provide in response to this Interrogatory. In responding to this Interrogatory, Defendants do not concede the Interrogatory is relevant to the subject matter of this litigation or reasonably calculated to lead to the discovery of admissible evidence. Defendants expressly reserve the right to object at any proceeding regarding specific questions, to object to further discovery into the subject matter of this Interrogatory, and to object to the introduction into evidence of the deponent's responses to questions regarding this Interrogatory.

11. No incidental or implied admissions are intended by any Response by Defendants to any Interrogatory. That Defendants have responded to any Interrogatory is not an admission that Defendants accept or admit the existence of any alleged facts set forth or assumed in the Interrogatory or that the making of the Response constitutes admissible evidence.

12. Defendants reserve the right to amend, supplement, or correct their Response.

OBJECTIONS TO DEFINITIONS AND INSTRUCTIONS

The following Objections to the Definitions and Instructions are hereby incorporated into Defendants' Responses to each Interrogatory as though fully set forth therein.

1. Defendants object to the definitions of "Parties," "Defendant," "Defendants," "UMMS," "UMSJ Medical Center," "You," and "Your," as overly broad and unduly burdensome to the extent they purport to require the production of documents or information in the possession, custody, or control of persons or entities other than Defendants. Defendants respond to this Interrogatory solely on behalf of each respective entity and no other person or entity that may purport to act on each Defendant's behalf.

2. Defendants object to the definition of "Document" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

3. Defendants object to the definitions of "Writings," "Recordings," and "Photographs" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent they seek to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

4. Defendants object to the definition of "Person" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

5. Defendants object to the definition of "Communication" as overbroad, unduly burdensome, vague, indefinite, and ambiguous to the extent it seeks to impose burdens or obligations beyond those imposed by the Federal Rules of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

6. Defendants object to the Definitions and Instructions to the extent that they impose a burden on Defendants over and above that which Plaintiff is himself willing to undertake in responding to Defendants' own requests or order entered in this litigation.

7. Defendants object to the Instructions as unduly burdensome to the extent they seek to impose burdens or obligations exceeding or differing from those imposed by the Federal Rules

of Civil Procedure, Local Rules of this Court, any other orders entered in this litigation, or any other applicable law.

SPECIFIC RESPONSES AND OBJECTIONS

PLAINTIFF'S INTERROGATORY NO. 18:

DESCRIBE IN FULL DETAIL, with reference to medical procedure and diagnosis codes, all treatments and procedures UMSJ Medical Center performed or provided related to gender transition and/or gender dysphoria (or gender identity disorder), including but not limited to hysterectomies and phalloplasties, between January 1, 2012 and July 16, 2020.

RESPONSE TO INTERROGATORY NO. 18:

Defendants object to this Interrogatory because the terms "treatments and procedures" are undefined, vague, ambiguous, and render the Interrogatory overbroad and unduly burdensome. This Interrogatory is profoundly overbroad, unduly burdensome, and disproportional to the needs of this case to the extent that it seeks information going back to January 1, 2012—well before the events at issue in this litigation took place—or seeks any information unrelated to Mr. Hammons' scheduled hysterectomy. Defendants further object to this Interrogatory to the extent it seeks information regarding any individuals or entities that are not parties to this matter. Defendants also object to this Interrogatory to the extent it seeks information protected by the attorney-client privilege or the work-product doctrine, or information regarding trade secrets, confidential and/or proprietary business information, and/or information subject to confidentiality agreements with non-parties as well as confidential and protected health information of third-parties. Subject to and without waiving the foregoing objections, Defendants answer as follows:

Sterilization procedures, such as hysterectomies or vasectomies, and procedures for cosmetic purposes, such as those that involve the removal of or interference with the functional

integrity of healthy organs, are generally disallowed under the ERDs and may not be performed at St. Joseph. This applies to all patients, regardless of gender and/ or gender identity. A vasectomy, hysterectomy, or phalloplasty intended for the sole purpose of treating gender dysphoria which would involve the removal of an otherwise healthy reproductive organ cannot proceed at St. Joseph. However, a hysterectomy has been performed on a transgender patient at St. Joseph, particularly in 2018, to address abnormal uterine bleeding, which is considered a life-threatening condition under the ERDs and involves a damaged and improperly functioning uterus. As such, the procedure was allowed to proceed at St. Joseph.

Dated: April 7, 2022

By: /s/ *Denise Giraudo*
Denise Giraudo
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Attorneys for Defendants

I solemnly declare and affirm under penalty of perjury that the Response to Plaintiff's Third Set of Interrogatories is true and correct to the best of my knowledge, information, and belief.

/s/_*Gail Cunningham, MD*
Dr. Gail Cunningham

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al., Defendants.	)	Case No. 20-cv-2088-DKC

DECLARATION OF JESSE R. HAMMONS

I, JESSE R. HAMMONS, declare as follows:

1. I make this Declaration in support of my cross-motion for summary judgment and opposition to Defendants' motion for summary judgment.

2. I am the Plaintiff in this action, which I initiated through my Complaint on July 16, 2020.

3. I am a transgender man, which means that I am a man but was designated as female at birth.

4. I have also been diagnosed with gender dysphoria and began receiving gender-affirming testosterone in 2008.

5. Over the course of my treatment for gender dysphoria, medical professionals—such as Dr. Pamela Saint Amand and Dr. Helene Hedian—informed me that it would eventually be medically necessary for me to get a hysterectomy, both to treat my gender dysphoria and because undergoing hormone replacement therapy without the benefit of a hysterectomy could increase the risk of cancer.

6. Consistent with that medical advice, I asked members of a trans support group if they could recommend a surgeon who would perform a hysterectomy to treat my gender dysphoria. Those members referred me to Dr. Steven Adashek.

7. I first met with Dr. Adashek in September 2019. During my appointment with Dr. Adashek, we discussed that due to my gender dysphoria and my risk of cancer, it was medically necessary for me to receive a hysterectomy.

8. Dr. Adashek's office scheduled me to receive a hysterectomy at University of Maryland St. Joseph Medical Center ("St. Joseph") on January 6, 2020. All the scheduling arrangements were made through Dr. Adashek's surgical coordinator, Mary Scheerer.

9. In preparation for my hysterectomy, I underwent pre-operative blood tests, an echocardiogram, and other health screenings.

10. I also worked hard to mentally prepare myself for the procedure, as it was difficult for me to think about a procedure focused on an organ that is typically associated with the sex I was assigned at birth.

11. Finally, I arranged to take time off from work for both the procedure and my recovery. I was employed by The Community College of Baltimore County and asked for the surgery to be scheduled during winter break—when my department at The Community College of Baltimore County would be on break—so I would not have to take additional time off from work for surgery and recovery.

12. On January 5, 2020—the night before my surgery—Dr. Adashek called me and said that my surgery had been cancelled. Dr. Adashek told me that he had been working for several days for the surgery not to be cancelled, but that the hospital had told him that trans care

was not a sufficient enough reason for the hysterectomy to take place at St. Joseph. I recall that Dr. Adashek sounded frustrated about the situation.

13. When I received the phone call from Dr. Adashek, I felt shocked, angry, afraid, and devastated. I felt like I was being told that my health and well-being were not worthy of being protected, and I felt angry that St. Joseph was using other people's religious beliefs to deny me the medical treatment I needed.

14. Due to St. Joseph's cancellation of my surgery, as well as the onset of the COVID-19 pandemic, I was not able to have my hysterectomy rescheduled until June 24, 2020, when it was performed at Greater Baltimore Medical Center.

15. As a result of the rescheduling, I had to spend another six months experiencing gender dysphoria when I had previously anticipated having the therapeutic benefits of having my uterus removed. I also had to spend another six months dealing with the stress and anxiety of having to mentally prepare myself for a major surgery again.

16. I also incurred a monetary cost due to the rescheduling. Specifically, I had to pay for additional pre-operative testing and had to take additional time off work for the rescheduled procedure and the recovery thereafter. I lost $748.46 in wages as a result of having to take the additional time off work.

* * *

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. I further reserve the right to supplement and/or amend this Declaration.

Date: July 15, 2022

Jesse R. Hammons

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et. al, Defendants.	)	Case No. 20-cv-2088-DKC

EXPERT WITNESS REPORT AND DECLARATION OF LOREN S. SCHECHTER, M.D. PURSUANT TO FED. R. CIV. P. 26(a)(2)(B)

I, Loren S. Schechter, M.D., declare as follows:

1. My name is Loren S. Schechter, M.D. I am a board-certified plastic surgeon. I specialize in performing gender confirming surgeries,[1] and I am a recognized expert in this field.

2. I have been retained by counsel for Plaintiff to provide expert testimony in the above-captioned lawsuit. I have personal knowledge of the matters stated in this expert report and declaration.

3. In preparing this expert report and declaration, I have reviewed a copy of the Complaint.

[1] I refer to this family of procedures as gender-confirmation or gender-affirming surgeries because they are one of the therapeutic tools used to enable people to live in accordance with their gender identities. None of the myriad other labels I've heard for these procedures—sex-reassignment surgery, gender-reassignment surgery, and sex-change operation, to name a few—is as accurate when it comes to describing what is actually taking place. Most, if not all, the other names used for these procedures suggest that a person is making a choice to switch genders, or that there is a single "surgery" involved. From the hundreds of discussions I have had with patients over the years, nothing could be further from the truth. This is not about choice; it's about using one or more surgical procedures as therapeutic tools to improve a patient's functioning and enable people to live authentically.

4. My opinions contained in this expert report and declaration are based on: my clinical experience as a surgeon performing gender confirming surgeries for patients, including adolescents and young adults; my knowledge of the peer-reviewed research, including my own, regarding gender confirming surgeries, which reflects the clinical advancements in these procedures and the corresponding growth in research related to their safety and effectiveness in treating gender dysphoria; my work as a contributing author of the World Professional Association for Transgender Health Standards of Care ("WPATH SOC"); my work as an author about surgical techniques used in gender confirming surgeries; and my work as a teacher of such techniques. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

5. Based on the foregoing, and as discussed further below, I offer the following expert opinions:

a. Hysterectomies and other gender-confirming surgeries are standard, medically accepted treatments for gender dysphoria and are medically necessary for many transgender people.

b. The surgical procedures for medically necessary gender-confirming surgeries are the same or similar to surgical procedures for medically necessary treatment of other medical conditions.

BACKGROUND AND QUALIFICATIONS

6. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. A true and correct copy of my CV is attached as Exhibit A.

7. I received my medical degree from the University of Chicago, Pritzker School of Medicine. I completed my residency and chief residency in plastic and reconstructive surgery and a fellowship in reconstructive microsurgery at the University of Chicago Hospitals.

8. I am currently an attending surgeon at Rush University Medical Center in Chicago and will be Professor of Surgery and Director of Gender Affirmation Surgery in April 2022. I previously served as Clinical Professor of Surgery at the University of Illinois at Chicago. I also maintain a clinical practice in plastic surgery in Illinois where I treat patients from around the world.

9. I have been performing gender confirming surgeries for over 20 years. For the past four or five years, I have been performing approximately 150 gender confirming procedures every year. I have performed over 1,000 gender confirming surgeries during my medical career. Currently, approximately 90-95 percent of the patients in my clinical practice are transgender individuals seeking gender confirmation surgeries.

10. I was a contributing author to the Seventh Version (current) of the World Professional Association for Transgender Health's (WPATH) *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* (hereafter, "WPATH SOC"). In particular, I wrote the section focused on the relationship of the surgeon with the treating mental health professional and the physician prescribing hormone therapy. WPATH is in the midst of drafting the eighth version of the WPATH SOC. I am the co-lead on the surgical and postoperative care chapter in the eighth version. The eighth version of the WATH SOC is expected to be finalized in spring 2022.

11. The WPATH SOC provides clinical guidance for health professionals based on the best available science and expert professional consensus. The purpose of the WPATH SOC is to

assist health providers in delivering medical care to transgender people to provide them with safe and effective treatment for gender dysphoria, in order to maximize their overall health, psychological well-being, and self-fulfillment.

12. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about gender confirmation surgeries. In 2016, I published *Surgical Management of the Transgender Patient*, the first surgical atlas (a reference guide for surgeons on how to perform surgical procedures using safe, well-established techniques) dedicated to gender confirming surgeries. I published a second book, *Gender Confirmation Surgery, Principles and Techniques for an Emerging Field*, earlier this year. A full and complete list of my publications is included in my CV.

13. I am a guest reviewer for several peer-reviewed medical journals, including the *Journal of Plastic and Reconstructive Surgery*, the *Journal of Reconstructive Microsurgery*, the *Journal of the American College of Plastic Surgeons,* the *Journal of Plastic and Reconstructive Surgery*, *The Journal of Plastic and Aesthetic Research*, and the *Journal of Sexual Medicine*. I also serve on the editorial board of both *Transgender Health* and the *International Journal of Transgender Health*. Each of these publications is a peer-reviewed medical journal. A full and complete list of my reviewerships and editorial roles is included in my CV.

14. I am actively involved in training other surgeons to perform gender confirming surgeries. In 2017, I started the surgical fellowship in gender surgery, now placed at Rush University Medical Center in Chicago. I am also the Medical Director of the Center for Gender Confirmation Surgery at Weiss Memorial Hospital. I also serve as a guest examiner for the American Board of Plastic Surgery.

15. I have given dozens of public addresses, seminars, and lectures on gender confirming surgery, including many through the American Society of Plastic Surgeons. I have also taught a number of courses through WPATH's Global Education Institute, which provides training courses toward a member certification program in transgender health for practitioners around the world. In addition, in 2018, I co-directed the first live surgery course in gender confirming procedures at Mount Sinai Hospital in New York City, and I will be serving again as co-director for a course in 2022. Also, in 2018, I presented on "Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes," at the American Academy of Child and Adolescent Psychiatry's 65th Annual Meeting in Seattle. In 2019, I directed the inaugural Gender Affirming Breast, Chest, and Body Master Class for the American Society of Plastic Surgeons. This Master Class included a panel on surgeries for adolescents.

16. I am also a former member of the Board of Governors of the American College of Surgeons and a current member of the Board of Directors of WPATH. I am currently on the executive committee of WPATH and serve as Treasurer of the organization. I am also President-elect and a founding member of the American Society of Gender Surgeons.

17. I am being compensated at an hourly rate of $400/hour plus expenses for my time spent preparing this declaration and providing local testimony (including deposition or providing hearing testimony by telephone or video-teleconference). My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

18. In the previous four years, I have given expert testimony by declaration on behalf of the plaintiff in *Toomey v. Arizona* in the U.S. District Court for the District of Arizona; for the plaintiff in *D.H. v. Snyder* in the U.S. District Court for the District of Arizona, for the plaintiff in

Edmo v. Idaho Dept. of Corrs. in the U.S. District Court for the District of Idaho; for the plaintiffs in *Flack v. Wisconsin Dept. of Health Servs.* in the U.S. District Court for the Western District of Wisconsin; for the plaintiff in *Bruce v. South Dakota* in the U.S. District Court for the District of South Dakota; for the plaintiff in *Fletcher v. State of Alaska* in the U.S. District Court for the District of Alaska; for the plaintiff in *Lange v. Houston County Georgia* in the U.S. District Court for the Middle District of Georgia; for the plaintiff in *Being v. Crum* in the U.S. District Court for the District of Alaska; for the plaintiffs in *Boyden v. State of Wisconsin* in the U.S. District Court for the Western District of Wisconsin; for the defendant in *Royin Herrin v. Crane* in the Superior Court of California for the County of San Francisco; and for the plaintiff in *Paige v. Maercks* in Florida Circuit Court. I also provide deposition testimony in *Kadel v. Folwell* in the U.S. District Court for the Middle District of North Carolina, an in the *Bruce*, *Boyden*, and *Toomey* cases. I do not remember giving expert testimony at a trial or at a deposition in any other case in the last four years.

DISCUSSION OF EXPERT OPINIONS

20. Many transgender individuals experience gender dysphoria at some point in their lives. Gender dysphoria is defined as clinically significant distress caused by a discrepancy between a person's gender identity and that person's primary and/or secondary sexual characteristics.

21. Gender dysphoria is a serious medical condition recognized by the International Classification of Diseases-10 (ICD-10) and International Classification of Diseases-11 (ICD-11) published by the World Health Organization, and by the Diagnostic

and Statistical Manual of Mental Disorders (DSM-V) published by the American Psychiatric Association.

22. Individuals diagnosed with gender dysphoria have an intense and persistent discomfort with the primary and/or secondary sex characteristics of the sex they were assigned at birth.

23. If untreated, gender dysphoria can lead to debilitating anxiety and depression, as well as serious incidents of self-harm, including self-mutilation, suicide attempts, and suicide.

24. The World Professional Association for Transgender Health (WPATH) *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (WPATH SOC) are widely recognized guidelines for the clinical management of transgender individuals with gender dysphoria and have been adopted by many major associations of healthcare professionals in the United States. Surgeons who regularly treat individuals experiencing gender dysphoria, including myself, practice in accordance with the WPATH SOC.

25. WPATH is a non-profit professional and educational organization devoted to transgender health. WPATH's mission is "to promote evidence-based care, education, research, public policy, and respect in transgender health." WPATH, Mission and Vision, https://www.wpath.org/about/mission-and-vision.

26. The WPATH SOC are based on the best available scientific evidence and professional consensus of experts in the many disciplines involved in working with transgender patients. WPATH published the first version of the standards of care in 1979. The guidelines have since been updated, the most current version being the seventh edition. These updates reflect the significant advances made in the understanding, management, and care of transgender individuals with gender dysphoria.

27. As indicated in the WPATH SOC, safe and effective treatment options for gender dysphoria include hormone therapy to feminize or masculinize the body, and various surgical procedures to align a person's primary and/or secondary sex characteristics with the person's gender identity. (SOC at 9-10).

28. Surgery is often the last and most considered of the treatment options. Evidence shows that while some transgender individuals do not require surgery, "for many others surgery is essential and medically necessary to alleviate their gender dysphoria. For the latter group, relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity." (SOC at 54-55).

29. For transgender men (men who were assigned female at birth and have a male gender identity), surgical treatment options consistent with the WPATH Standards of Care include, but are not limited to:

- Chest reconstruction surgery: double mastectomy (breast removal);
- Removal of internal sex organs: hysterectomy (removal of the uterus), salpingo-oophorectomy (removal of fallopian tubes and ovaries); and
- Genital reconstruction surgeries: phalloplasty (creation of neo-phallus and testicular implants).

30. For transgender women (women who were assigned male at birth and have a female gender identity), surgical treatment options consistent with the WPATH Standards of Care include, but are not limited to:

- Feminizing augmentation mammoplasty;
- Removal of internal sex organs: orchiectomy (removal of the testes); and
- Genital reconstruction surgeries: vaginoplasty (creation of a neo-vagina).

31. The medical community and insurance providers recognize a distinction between a surgery that is medically necessary and a cosmetic surgery, which generally is not. Medically necessary surgery is performed for medical conditions with the goal of either curing or preventing progression of medical conditions. Medically necessary surgery can also include reconstructive surgery to repair injuries or to address a congenital condition. No particular procedure is inherently cosmetic or inherently medically necessary; rather, the underlying diagnosis determines whether the procedure is considered cosmetic or medically necessary.

32. The American Medical Association, American Psychological Association, American Psychiatric Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and World Health Organization, and the broader medical community recognize that gender confirmation surgeries are standard, appropriate, and necessary treatments for many people with gender dysphoria.

33. The medical community considers surgical treatments for gender dysphoria to be medically necessary, not cosmetic, when performed in accordance with the WPATH Standards of Care because the treatments are clinically indicated to treat the underlying medical condition of gender dysphoria. Because these medically necessary procedures help transgender individuals live and present in a manner more consistent with their gender identity and therefore reduce their gender dysphoria, the professional medical consensus is that these are appropriately categorized as medically necessary.

34. When billing insurers for reimbursement, health care providers use Current Procedural Terminology (CPT) codes, which are developed and maintained by the American Medical Association. The same code or codes may apply to a particular procedure regardless of whether the procedure is performed on a transgender patient or a cisgender patient. For example,

a hysterectomy/salpingo-oophorectomy may be performed for a cisgender woman to reduce her risk of uterine or ovarian cancer or for a transgender man with gender dysphoria. The same CPT codes are used for both procedures.

35. Removal of internal sex organs. Surgeons perform hysterectomies/salpingo-oophorectomies and orchiectomies to treat individuals with cancer, or a genetic predisposition to cancer. Surgeons may also perform surgery to remove internal sex organs resulting for congenital differences of sexual development such as Persistent Müllerian Duct Syndrome. Other medically necessary reasons for performing hysterectomies include fibroids, prolapse, endometriosis, endometrial hyperplasia, and postpartum hemorrhage.

36. Chest surgeries. Surgeons perform mastectomies to treat individuals with cancer or a genetic predisposition to cancer. Surgeons also perform reconstructive breast surgery following a mastectomy, or as a result of congenital conditions, trauma, infections, etc. This surgery may entail insertion of a breast implant on the affected breast or surgery on the unaffected breast (i.e. breast implant, mastopexy (breast lift), reduction mammaplasty (breast reduction), or some combination thereof), for the purpose of creating symmetry.

37. Genital reconstruction surgeries. Surgeons perform procedures to reconstruct genitalia—including phalloplasty and vaginoplasty—following oncologic resection, traumatic injury, or infection. Surgeons also perform genital reconstruction surgeries to correct congenital conditions such as hypospadias (a disorder in which the urinary opening is not in the typical location on the glans penis), epispadias (a condition where the urethra is not properly developed), exstrophy (where the bladder develops outside the fetus), or congenital absence of the vagina.

CONCLUSION

38. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

39. I may also supplement these opinions in response to information produced by Defendants in discovery or in response to Defendants' expert disclosures.

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

Executed this 14th day of December, 2021 at Chicago, Illinois.

loren schechter

Loren S. Schechter, M.D.

EXHIBIT A

Curriculum Vitae

NAME: **LOREN SLONE SCHECHTER, MD, FACS**

OFFICE:
4700 Marine Dr.
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Chicago, Il 60640
Tel: 847.967.5122
Fax: 847.967.5125

E-MAIL: lss@univplastics.com
WEB SITE: www.univplastics.com

MARITAL STATUS: Married

CERTIFICATION:

	The American Board of Plastic Surgery	2001
	Certificate Number 6271	
	Date Issued: September 2001	
	Maintenance of Certification:	2011
	Maintenance of Certification:	2021

EDUCATION:

1986-1990	The University of Michigan	BS, 1990
1990-1994	The University of Chicago Pritzker School of Medicine	MD, 1994

POSTGRADUATE TRAINING:

Residency:	The University of Chicago Hospitals Coordinated Training Program in Plastic and Reconstructive Surgery	1994-1999
Chief Resident:	The University of Chicago Hospitals Section of Plastic and Reconstructive Surgery	1998-1999
Fellowship:	Reconstructive Microsurgery The University of Chicago Hospitals Section of Plastic and Reconstructive Surgery	1999-2000

TEACHING APPOINTMENT:

Professor of Surgery, Chief Section of Gender-Affirmation Surgery, Rush University Medical Center-In Process

Clinical Professor of Surgery, The University of Illinois at Chicago-resigned to accept position at Rush University

Adjunct Assistant Professor, Dept. of Surgery, Rush University Medical Center

	Associate Professor, Physician Assistant Program, College of Health Professionals, Rosalind Franklin University
LICENSURE:	Illinois Illinois Controlled Substance DEA
STAFF APPOINTMENTS:	
	University of Illinois at Chicago Hospital Rush University Medical Center Advocate Lutheran General Hospital Louis A. Weiss Memorial Hospital Illinois Sports Medicine and Orthopedic Surgery Center
HONORS AND AWARDS:	
2021	Chicago Magazine Top Doctor-Surgery
2020	The University of Minnesota Program in Human Sexuality, recipient of 50 Distinguished Sexual and Gender Health Revolutionaries
2017-2020	Castle Connolly Top Doctor (Chicago)
2017	Chicago Consumer Checkbook Top Doctor
2015	University of Minnesota Program in Human Sexuality Leadership Council
2014-2015	Rosalind Franklin University of Medicine and Science Chicago Medical School Honors and recognizes for dedication and commitment to teaching
2014	National Center for Lesbian Rights honored guest
2013	Illinois State Bar Association Award for Community Leadership
2010	Advocate Lutheran General 2009 Physicians Philanthropy Leadership Committee-Outstanding Leadership
2009	Advocate Lutheran General Hospital Value Leader (received for compassion)
1994	Doctor of Medicine with Honors
1994	University of Chicago Department of Surgery Award for Outstanding Performance in the Field of Surgery
1994	Catherine Dobson Prize for the Best Oral Presentation Given at the 48th Annual Senior Scientific Session in The Area of Clinical Investigation
1993	Alpha Omega Alpha
1991	University of Chicago National Institutes Of Health Summer Research Award
1990	Bachelor of Science with High Distinction And Honors in Economics
1990	James B. Angell Award for Academic Distinction
1989	Omicron Delta Epsilon-National Economic Honor Society
1988	College Honors Program Sophomore Honors Award

	For Academic Distinction
1988	Class Honors (Dean's List)

MEMBERSHIPS:

2018-	The American Association of Plastic Surgeons
2016-	The American Society for Gender Surgeons (founding member and president-elect)
2010-	World Society for Reconstructive Microsurgery
2005-	The University of Chicago Plastic Surgery Alumni Association
2005-	The Chicago Surgical Society
2004-	The American Society for Reconstructive Microsurgery
2003-	The American College of Surgeons
2002-	The American Society of Plastic Surgeons
2001-	Illinois Society of Plastic Surgeons (formerly Chicago Society of Plastic Surgeons)
2001-	The American Society of Maxillofacial Surgeons
2001-	American Burn Association
2001-	Midwest Association of Plastic Surgeons
2001-	WPATH
1994-	The University of Chicago Surgical Society
1994-	The University of Chicago Alumni Association
1992-	American Medical Association
1992-	Illinois State Medical Society
1992-	Chicago Medical Society
1990-	The University of Michigan Alumni Association

CURRENT HOSPITAL COMMITTEES:

Director, Center for Gender Confirmation Surgery, Louis A. Weiss Memorial Hospital

PROFESSIONAL SOCIETY COMMITTEES:

WPATH Executive Committee

Treasurer, The World Professional Association for Transgender Health

Chair, Finance and Investment Committee, The American Society of Plastic Surgeons

WPATH 2020 Biennial Meeting Steering Committee

American Society of Breast Surgeons Research Committee, ASPS representative

American Board of Plastic Surgery, Guest Oral Board Examiner

WPATH Ethics Committee

American College of Radiology Committee on Appropriateness Criteria Transgender Breast Imaging Topic, Expert Panel on Breast Imaging: Transgender Breast Cancer Screening Expert Panel on Breast Imaging

American Society of Plastic Surgeons, Finance and Investment Committee

Board of Directors, at-large, The World Professional Association for Transgender Health

PlastyPac, Board of Governors

Medicare Carrier Advisory Committee

OTHER:

American Board of Plastic Surgery-Oral Board Guest Examiner (2020, 2021)

Guest Reviewer, Pain Management

Guest Reviewer, Plastic and Aesthetic Research

Guest Reviewer, European Medical Journal

Guest Reviewer, Open Forum Infectious Diseases

Guest Reviewer, The Journal of The American College of Surgeons

Guest Book Reviewer, Plastic and Reconstructive Surgery

Editorial Board, Transgender Health

Editorial Board (Associate Editor), International Journal of Transgenderism

Fellow of the Maliniac Circle

Guest Reviewer, Journal of Reconstructive Microsurgery

Guest Reviewer, Journal of Plastic and Reconstructive Surgery

Guest Reviewer, Journal of Sexual Medicine

Guest Editor, Clinics in Plastic Surgery, Transgender Surgery (Elsevier Publishing)

Guest Reviewer, The Journal of Plastic and Reconstructive Surgery

PREVIOUS EDITORIAL ROLE:

Guest Reviewer, EPlasty, online Journal

Module Editor for Patient Safety, Plastic Surgery

Hyperguide

Editorial Advisory Board, Plastic Surgery Practice

Guest Reviewer, International Journal of Transgenderism

Guest Reviewer, Pediatrics

PREVIOUS ACADEMIC APPOINTMENT:

Visiting Clinical Professor in Surgery, The University of Illinois at Chicago

Chief, Division of Plastic and Reconstructive Surgery, Chicago Medical School, Rosalind Franklin University of Medicine and Science

Associate Professor of Surgery, The College of Health Professionals, Rosalind Franklin University

Clinical Associate in Surgery, The University of Chicago

PREVIOUS HOSPITAL COMMITTEES:

Division Director, Plastic Surgery, Lutheran General Hospital

Division Director, Plastic Surgery, St. Francis Hospital

Medical Staff Executive Committee, Secretary, Advocate Lutheran General Hospital

Credentials Committee, Lutheran General Hospital

Pharmacy and Therapeutics Committee Lutheran General Hospital

Operating Room Committee, St. Francis Hospital

Cancer Committee, Lutheran General Hospital
-Director of Quality Control

Risk and Safety Assessment Committee, Lutheran General Hospital

Nominating Committee, Rush North Shore Medical Center

Surgical Advisory Committee, Rush North Shore Medical Center

Section Director, Plastic Surgery, Rush North Shore Medical Center

PREVIOUS SOCIETY COMMITTEES:

PlastyPac, Chair, Board of Governors

Chair of the Metro Chicago District #2 Committee on Applicants, American College of Surgeons

American Society of Plastic Surgery, Health Policy Committee

American Society of Plastic Surgery, Patient Safety Committee

American Society of Plastic Surgeons, Coding and Payment Policy Committee

American Society of Plastic Surgeons, Practice Management Education Committee

Board of Governors, Governor-at-large, The American College of Surgeons

American College of Surgeons, International Relations Committee

Chair, Government Affairs Committee, American Society of Plastic Surgeons

President, The Metropolitan Chicago Chapter of The American College of Surgeons

2012 Nominating Committee, American Society of Plastic Surgeons

Program Committee, The World Society for Reconstructive Microsurgery, 2013 Bi-Annual Meeting

President, Illinois Society of Plastic Surgeons

Vice-President, The Illinois Society of Plastic Surgeons (formerly the Chicago Society of Plastic Surgery)

Vice-President, The Metropolitan Chapter of the American College of Surgeons

American Society of Plastic Surgery, Chairman, Patient Safety Committee

2006-2007 Pathways to Leadership, The American Society of Plastic Surgery

2005 & 2006 President, The University of Chicago Plastic Surgery Alumni Association

2003 Leadership Tomorrow Program, The American Society of Plastic Surgery

Senior Residents Mentoring Program, The American Society of Plastic Surgery

American Society of Maxillofacial Surgery, Education Committee

Alternate Councilor, Chicago Medical Society

American Society of Aesthetic Plastic Surgery, Electronic Communications Committee

American Society of Aesthetic Plastic Surgery, Intranet Steering Committee

American Society of Aesthetic Plastic Surgery, International Committee

Membership Coordinator, The Chicago Society of Plastic Surgeons
The Illinois State Medical Society, Governmental Affairs Council

The Illinois State Medical Society, Council on Economics

Chicago Medical Society, Physician Review Committee
-Subcomittee on Fee Mediation

Chairman, Chicago Medical Society, Healthcare Economics Committee

Secretary/Treasurer, The Metropolitan Chicago Chapter of the American College of Surgeons

Scientific Committee, 2007 XX Biennial Symposium WPATH

Local Organizing Committee 2007 WPATH

Secretary, The Chicago Society of Plastic Surgeons

Treasurer, The Chicago Society of Plastic Surgeons

Council Member, The Metropolitan Chicago Chapter of the American College of Surgeons

INTERNATIONAL MEDICAL SERVICE:
Northwest Medical Teams

Manos de Ayuda (Oaxaca, Mexico)

Hospital de Los Ninos (San Juan, Puerto Rico)

COMMUNITY SERVICE:

Alumni Council, The University of Chicago Medical and Biological Sciences Alumni Association

The University of Minnesota Presidents Club Chancellors Society

Board of Directors, Chicago Plastic Surgery Research Foundation

National Center for Gender Spectrum Health Advisory Council

PREVIOUS COMMUNITY SERVICE:

Board of Directors, Committee on Jewish Genetic Diseases, Jewish United Fund, Chicago, Illinois

Governing Council, Lutheran General Hospital, Park Ridge, Il

Lutheran General Hospital Development Council, Park Ridge, Il

Lutheran General Hospital Men's Association, Park Ridge, Il

Advisory Board, Committee on Jewish Genetic Diseases, Cancer Genetics Subcommittee, Jewish United Fund, Chicago, Illinois

Health Care Advisory Board, Congressman Mark Kirk, 10th Congressional District, Illinois

Major Gifts Committee, Saint Francis Hospital Development Council, Evanston, Il

Visiting Professor:

1. University of Utah, Division of Plastic Surgery, November 6-8, 2014.
2. Northwestern University, Division of Plastic Surgery, April 21-22, 2016.
3. The University of North Carolina, Division of Plastic Surgery, March 28-29, 2017
4. Georgetown University, Department of Plastic Surgery, May 17-18, 2017
5. The University of Basel, Basel, Switzerland, August 31-September 1, 2018

6. The Ochsner Health System, New Orleans, LA January 28-January 30, 2019

7. The University of Toronto, Toronto, Ontario, Canada, February 21-22, 2019

8. The University of Michigan, October3-4, 2019, Ann Arbor, MI,

Invited Discussant:

1. Department of Defense, Military service by people who are transgender, Invitation from Terry Adirim, M.D., M.P.H.Deputy Assistant Secretary of Defense for Health Services Policy & Oversight, The Pentagon, November 9, 2017

2. Aesthetic Surgery Journal, Invited Discussant May 7, 2019, Journal Club. "What is "Nonbinary" and What Do I need to Know? A Primer for Surgeons Providing Chest Surgery for Transgender Patients."

Research Interests:

1. Role of Omental Stem Cells in Wound Healing (Grant: Tawani Foundation)

2. Robotic-Assisted Bilateral Prophylatic Nipple Sparing Mastectomy with Immediate Tissue Expander/Implant Reconstruction (Pending submission to the FDA for Investigational Device Exemption in association with Intuitive Surgical)

3. Transgender Health and Medicine Research Conference, National Institutes of Health, Bethesda, MD May 7-8, 2015

4. Uterine Transplantation, Rush University Medical Center (IRB pending)

5. Gender Affirmation Surgery Prospective Surveys (Rush University-IRB approved)

6. National Network for Gender Affirming Surgeries: Canadian Institute of Health Research, Training Grant – LGBQT 2S Stigma Reduction & Life Course Mental Wellness (application in process)

BIBLIOGRAPHY:

PEER REVIEWED ARTICLES:

1. E. Wall, D. A. Schoeller, **L. Schechter**, L.J. Gottlieb: Measured Total Energy Requirements of Adult Patients with Burns. *The Journal of Burn Care and Rehabilitation* 20:329, 1999.

2. David C. Cronin, II, **Loren Schechter**, Somchi Limrichramren, Charles G. Winans, Robert Lohman, and J. Michael Millis, Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow with an Implantable Doppler Probe. *Transplantation 74(6):887-889, 2002.*

3. Robert F. Lohman, **Loren S. Schechter**, Lawrence S. Zachary, Solomon Aronson: Evaluation of Changes in Skeletal Muscle Blood Flow in the Dog with Contrast Ultrasonography Revisited: Has the Technique Been Useful, and Where are We Headed Now? *The Journal of Plastic and Reconstructive Surgery* 111(4):1477-1480, 2003.

4. Alvin B. Cohn, Eric Odessey, Francis Casper, **Loren S. Schechter**: Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection in Lieu of Traditional Therapy, *The Annals of Plastic Surgery Vol 57, Number 5, November 2006*.

5. Eric Odessey, Al Cohn, Kenneth Beaman, and **Loren Schechter**: Mucormycosis of the Maxillary Sinus: Extensive Destruction with an Indolent Presentation, *Surgical Infections*, Vol. 9, Number 1, 2008

6. Iris A. Seitz, MD, David Tojo, MD, **Loren S. Schechter**, MD Anatomy of a Medication Error: Inadvertent Intranasal Injection of Neosynephrine During Nasal Surgery – A Case Report and Review of The Literature Plast Reconstr Surg. 2010 Mar;125(3):113e-4e. doi: 10.1097/PRS.0b013e3181cb68f9

7. Iris Seitz, MD Craig Williams, MD, Thomas Weidrich, MD, John Seiler, MD, Ginard Henry, MD, and **Loren S. Schechter, MD**: Omental Free Tissue Transfer for Coverage of Complex Upper Extremity Defects: The Forgotten Flap *(N Y). 2009 Dec;4(4):397-405. doi: 10.1007/s11552-009-9187-6. Epub 2009 Mar 25.*

8. Michael Salvino and **Loren S. Schechter**: Microvascular Reconstruction of Iatrogenic Femoral Artery Thrombus in an Infant: A Case Report and Review of the Literature ePlasty Volume 9 ISSN: 19357-5719, E-location ID: e20

9. Phillip C. Haeck, MD, Jennifer A. Swanson, BS, Med, Ronald E. Iverson, MD., **Loren S. Schechter, MD**, Robert Singer, MD, Bob Basu, MD, MPH, Lynn A. Damitz, MD, Scott Bradley Bradley Glasberg, MD, Lawrence S. Glasman, MD, Michael F. McGuire, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.

10. Philip C. Haeck, MD, Jennifer A. Swanson, BS, Med, **Loren S. Schechter, MD**, Elizabeth J. Hall-Findlay, MD, Noel B. McDevitt, MD, Gary Smotrich, MD, Neal R. Reisman, MD, JD, Scot Bradley Glasberg, MD, and the ASPS Patient Safety Committee: Evidence-Based Patient Safety Advisory: Blood Dyscrasias, Patient Selection and Procedures in Ambulatory Surgery, Supplement to Plastic and Reconstructive Surgery, Volume 124, Number 4s, October Supplement 2009.

11. **Loren S. Schechter, MD**, The Surgeon's Relationship with The Physician Prescribing Hormones and the Mental Health Professional: Review for Version 7 of the World Professional Association of Transgender Health's Standards of Care *International Journal of Transgenderism* 11 (4), p.222-225 Oct-Dec 2009

12. Iris A Seitz, MD, PhD, Craig Williams, MD, **Loren S. Schechter, MD**, Facilitating Harvest of the Serratus Fascial Flap With Ultrasonic Dissection, *Eplasty 2010 Feb 23;10:e18*

13. Seitz, I, Friedewald SM, Rimler, J, **Schechter, LS**, Breast MRI helps define the blood supply to the nipple-areolar complex, Plastische Chirurgie, Supplement 1, 10. Jahrgang, September 2010, p. 75

14. Iris A. Seitz, Sally Friedwald, MD; Jonathon Rimler, **Loren S. Schechter**, Breast MRI to Define The Blood Supply to The Nipple-Areolar Complex. *Plast Recon Surg Suppl 126 (26) p. 27 Oct 2010*

15. Kalliainen LK; ASPS Health Policy Committee Evidence-Based Clinical Practice Guidelines: Reduction Mammaplasty, The American Society of Plastic Surgeons Plast Reconstr Surg. 2012 Oct;130(4):785-9 **Loren S. Schechter** (member and contributor, ASPS Health Policy Committee)

16. Eli Coleman, Walter Bockting, Marsha Botzer, Peggy Cohen-Kettenis, Griet DeCuypere, Jamie Feldman, Lin Fraser, Jamison Green, Gail Knudson, Walter J. Meyer, Stan Monstrey, Richard K. Adler, George R. Brown, Aaron H. Devor, Randall Ehrbar, Randi Ettner, Evan Eyler, Rob Garofalo, Dan H. Karasic, Arlene Istar Lev, Gal Mayer, Heino Meyer-Bahlburg, Blaine Paxton Hall, Friedmann Pfäfflin, Katherine Rachlin, Bean Robinson, **Loren S. Schechter**, Vin Tangpricha, Mick van Trotsenburg, Anne Vitale, Sam Winter, Stephen Whittle, Kevan R. Wylie & Ken Zucker, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, *International Journal of Transgenderism, 13 (4) p. 165-232, August 2012.*

17. Jonathan Bank, M.D., Lucio A. Pavone, M.D., Iris A. Seitz, M.D., Ph.D., Michelle C. Roughton M.D., **Loren S. Schechter M.D.** Case Report and Review of the Literature - Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominal Recontouring, eplasty Ref.: Ms. No. EPLASTY-D-12-00050R1

18. Seitz IA, Siwinski P, Rioux-Forker D, Pavone L, **Schechter LS** Upper and Lower Limb Salvage with Omental Free Flaps: A Long-Term Functional Outcome Analysis, Plast Reconst Surg. 2014; 134 (4 Suppl 1): 140. Doi: 10.1097/01.prs.0000455514.83516.31. No abstract available. PMID: 25254872 [PubMed - in process]

19. Seitz IA, Friedewald S, **Schechter LS**, "NACsomes": A Classification system of the blood sypply to the nipple areola complex (NAC) based on diagnostic breast MRI exams, accepted for publication, Plast Reconstr Aesthet Surg. 2015 Jun;68(6):792-9. doi: 10.1016/j.bjps.2015.02.027. Epub 2015 Feb 19.

20. **Loren S. Schechter**, Gender Confirmation Surgery: An Update for the Primary Care Provider, Transgender Health. Jan 2016, 1(1): 32-40.

21. **Loren S. Schechter**, Mimis N. Cohn, Gender Confirmation Surgery: A New Frontier in Plastic Surgery Education, Journal of Plastic and Reconstructive Surgery, October 2016, 138 (4): 784 e

22. Berli JU, Knudson G, Fraser L, Tangpricha V, Ettner R, Ettner FM, Safer JD, Graham J, Monstrey S, **Schechter L**, Gender Confirmation Surgery: What Surgeons Need To Know When Providing Care For Transgender Individuals,JAMA Surg. 2017 Apr 1;152(4):394-400. doi: 10.1001/jamasurg.2016.5549

23. Seitz, I.A., Lee, J.C., Sulo, S, Shah, V, Shah, M, Jimenez, M, **Schechter, L**, Common characteristics of functional and adverse outcomes in acute lower-extremity trauma reconstruction, The European Journal of Plastic Surgery, (2017) doi:10.1007/s00238-016-1268-5

24. **Loren S. Schechter**, Salvatore D'Arpa, Mimis Cohen, Ervin Kocjancic, Karel Claes, Stan Monstrey, Gender Confirmation Surgery: Guiding Principles J Sex Med. 2017 Jun;14(6):852-856. doi: 10.1016/j.jsxm.2017.04.001. Epub 2017 May 3

25. Response to Letter to the Editor: "Gender Confirmation Surgery: Guiding Principles". **Schechter LS**. J Sex Med. 2017 Aug;14(8):1067. doi: 10.1016/j.jsxm.2017.06.002. PMID: 28760249

26. Iris A. Seitz, **Loren S. Schechter**, "Successful Tongue Replantation Following Segmental Auto-Amputation Using Supermicrosurgical Technique," J Reconstr Microsurg Open 2017; 02(02): e132-e135 DOI: 10.1055/s-0037-1606584

27. Berli JU, Knudson G, **Schechter L**. Gender Confirmation Surgery and Terminology in Transgender Health-Reply. JAMA Surg. 2017 Nov 1;152(11):1091. doi: 10.1001/jamasurg.2017.2347. PMID: 28724140

28. Randi Ettner, Fred Ettner, Tanya Freise, **Loren Schechter**, Tonya White, "Tomboys Revisited: A retrospective comparison of childhood behavioral patterns in lesbian women and transmen" Journal of Child and Adolescent Psychiatry ISSN: 2643-6655 Volume No: 1 Issue No: 1

29. Editor: **Loren S. Schechter**, Bauback Safa, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), July 2018

30. **Loren S. Schechter**, Bauback Safa, Preface: Gender Surgery: A Truly Multidisciplinary Field, Gender Confirmation Surgery, Clinics in Plastic Surgery, Vol. 45 (3), p. xiii July 2018 (editors Loren S. Schechter, Bauback Safa)

31. Introduction to Phalloplasty. **Schechter LS**, Safa B.Clin Plast Surg. 2018 Jul;45(3):387-389. doi: 10.1016/j.cps.2018.03.014. Epub 2018 May 1. Review. PMID: 29908627

32. David Whitehead, **Loren S. Schechter**, Cheek Augmentation Techniques, Facial Plastic Surgery Clinics of North America 27 (2019) 199-206

33. Mosser SW, **Schechter LS**, Facque AR, et. al, Nipple Areolar Complex Reconstruction in an Integral Part of Chest Reconstruction in the Treatment of Transgender and Gender Diverse People, The International Journal of Transgenderism, DOI: 10.11080/15532739.2019.1568343

34. Kocjancic E, Jaunarena JH, **Schechter L**, Acar Ö. Inflatable penile prosthesis implantation after gender affirming phalloplasty with radial forearm free flap. Int J Impot Res. 2020 Jan;32(1):99-106. doi: 10.1038/s41443-019-0153-8. Epub 2019 Jun 6.

35. **Loren S. Schechter**, Mimis N. Cohen, "Gender Confirmation Surgery: Moving Forward," The Journal of Craniofacial Surgery, Vol. 30, No. 5, July 2019, P. 1364

36. **Loren S. Schechter**, Rebecca Schechter, "Training Surgeons in Gender Confirmation Surgery," The Journal of Craniofacial Surgery, Vol 30, No 5, July 2019, p. 1380

37. Facque AR, Atencio D, **Schechter LS**. Anatomical Basis and Surgical Techniques Employed in Facial Feminization and Masculinization. J Craniofac Surg. 2019 Jul;30(5):1406-1408. doi: 10.1097/SCS.0000000000005535.PMID: 31299732

38. Walter Pierre Bouman MD PhD, Jon Arcelus MD PhD, Griet De Cuypere MD PhD, M. Paz Galupo PhD, Baudewijntje P.C. Kreukels PhD, Scott Leibowitz MD, Damien W. Riggs PhD, **Loren S. Schechter MD FACS**, Guy T'Sjoen MD PhD, Jaimie Veale PhD, Transgender and gender diverse people's involvement in transgender health research, International Journal of Transgenderism, vol. 19, no. 4, 357-358.

39. Bustos SS, Kapoor T, **Schechter LS**, Ciudad P, Forte AJ, Del Corral G, Manrique OJ."Impact of Social Media Presence on Online Reviews Among Plastic Surgeons Who Perform Gender Affirming Surgeries" J Plast Reconstr Aesthet Surg. 2020 Apr;73(4):783-808. doi: 10.1016/j.bjps.2019.11.031. Epub 2019 Nov 28.

40. Wiegmann AL, **Schechter LS**, Aesthetic Surgery Journal, Invited Commentary on: "Gender Surgery Beyond Chest and Genitals: Current Insurance Landscape" *Aesthetic Surgery Journal*,sjz318,https://doi.org/10.1093/asj/sjz318 Published:28 December 2019

41. Rayisa Hontacharuk, Brandon Alba, **Loren Schechter**, International Journal of Impotence Research, Invited Commentary on: "Suprapubic Pedicled Phalloplasty in Transgender Men: A Multi-Centric Retrospective Cohort Analysis" (accepted for publication, The International Journal of Impotence Research)

42. "The Affordable Care Act and Its Impact on Plastic Surgery and Gender-Affirmation Surgery," The Journal of Plastic and Reconstructive Surgery, (accepted for publication)

43. Ara A. Salibian, MD; **Loren S. Schechter, MD**, FACS; Wiliam M. Kuzon, MD; Mark-Bram Bouman, MD, PhD; Lee C. Zhao, MD; Rachel Bluebond-Langner, MD "Vaginal Canal Reconstruction in Penile Inversion Vaginoplasty with Flaps, Peritoneum or Skin Grafts: Where Is The Evidence," The Journal of Plastic and Reconstructive Surgery (submitted for publication)

44. Devin Coon, MD MSE, Rachel Bluebond-Langner, MD, Pierre Brassard, MD, William Kuzon, MD, Stan Monstrey, MD, **Loren S. Schechter, MD**, "The State of the Art in Vaginoplasty: A Comparison of Algorithms, Surgical Techniques and Management Practices Across Six High-Volume Centers," The Journal of Plastic and Reconstructive Surgery (in preparation)

45. Rayisa Hontscharuk, Brandon Alba, Devin Coon, Elyse Pine, Caterine Manno, Madeline Deutsch, **Loren Schechter**, Perioperative Transgender Hormone Management: Avoiding VTE and other Complications, The Journal of Plastic and Reconstructive Surgery (accepted for publication, the Journal of Plastic and Reconstructive Surgery)

46. **Loren S. Schechter** and Rayisa Hontscharuk, Invited Commentary, Phantom Penis: Extrapolating Neuroscience and Employing Imagination for Trans Male Embodiment, Studies in Gender and Sexuality (accepted for publication)

47. Omer Acar, Ervin Kocjancic, Susan Talamini, and **Loren Schechter'** Masculinizing Genital Gender Affirming Surgery: Metoidioplasty and Urethral Lengthening, Int J Impot Res. 2020 Mar 19. doi: 10.1038/s41443-020-0259-z. [Epub ahead of print] Review.PMID: 32203431

48. Norah Oles, BS; Halley Darrach, BS; Wilmina Landford, MD; Matthew Garza; Claire Twose, MLIS; Phuong Tran, MS; Brandyn Lau, MPH; **Loren Schechter**, Devin Coon, MD, MSE Gender Affirming Surgery: A Comprehensive, Systematic Review of All Peer-Reviewed Literature and Methods of Assessing Patient-Centered OutcomesPart 1: Breast/Chest, Face, and Voice (Accepted for publication, Annals of Surgery)

49. Siotos, Cheah, Damoulakis, Kelly, Siotou, **Schechter**, Shenaq, Derman and Dorafshar, Trends of Medicare Reimbursement Rates for Common Plastic Surgery Procedures (accepted for publication, Journal of Plastic and Reconstructive Surgery)

50. **Loren S. Schechter**, Discussion: Quantifying the psychosocial benefits of masculinizing mastectomy in trans-male patients with patient reported outcomes: The UCSF Gender Quality of Life (QoL) survey, The Journal of Plastic and Reconstructive Surgery Plastic and Reconstructive Surgery May 2021; 147(5)

51. Alireza Hamidian Jahromi, **Loren Schechter,** Commentary on: Telemedicine in Transgender Care: A Twenty First–Century Beckoning, Plastic and Reconstructive Surgery, May 1; 147 (5): 898e-899e.

52. Jazayeri HE, Lopez J, Sluiter EC, O'Brien-Coon D, Bluebond-Langner R, Kuzon WM Jr, Berli JU, Monstrey SJ, Deschamps-Braly JC, Dorafshar AH, **Schechter LS,**Discussion: Promoting Centers for Transgender Care, Journal of Oral and Maxillofacial Surgery. 2021 Jan;79(1):3-4. Doi: 10.1016/j.joms.2020.09.027. Epub 2020 Oct 19. PMID: 33091402

53. Letter to the editor, Body mass index requirements for gender-affirming surgeries are not empirically based. *Transgender Health*.(submitted for publication)

54. Strategies for innervation of the neophallus, Rayisa Hontscharuk, Charalampso Siotos, **Loren S. Schechter**, https://doi.org/10.20517/2347-9264.2020.124 The Journal of Plastic and Aesthetic Research

55. Sasha Karan Narayan1, Rayisa Hontscharuk, Sara Danker, Jess Guerriero, Angela Carter, Gaines Blasdel, Rachel Bluebond-Langner, Randi Ettner, Asa Radix, Loren Schechter, Jens Urs Berli, Guiding the Conversation-Types of Regret after Gender-Affirming Surgery and Their Associated Etiologies, Annals of Translational Medicine, https://atm.amegroups.com/issue/view/1060

56. Alireza Hamidian, Louisa Boyd, Loren Schechter, An Updated Overview of Gender Dysphoria and Gender Affirmation Surgery: What Every Plastic Surgeon Should Know World J Surg 2021 Apr 1. doi: 10.1007/s00268-021-06084-6.

57. Alireza Hamidian, Sydney Horen, Amir Dorafshar, Michelle Seu, Asa Radix, Erica Anderson, Jamison Green, Lin Fraser, Liza Johannesson, Giuliano Testa, and Loren S. Schechter, Uterine Transplant and Donation in Transgender Individuals: Proof of Concept https://doi.org/10.1080/26895269.2021.1915635

58. Rayisa Hontscharuk, Brandon Alba, Alireza Hamidian, Loren S. Schechter, Penile Inversion Vaginoplasty Outcomes: Complications and Satisfaction, (accepted for publication, Andrology)

59. "Plastic Surgeon Financial Compensation - Incentivization Models in Surgical Care Delivery: The Past, Present & Future" (accepted for publication, Journal of Plastic and Reconstructive Surgery)

60. Alireza Hamidian, Jenna Stoehr, Loren S. Schechter, "Telemedicine for Gender-Affirming Medical and Surgical Care: A Systematic Review and Call-to-Action" Transgender Health https://doi.org/10.1089/trgh.2020.0136

61. Alireza Hamidian, Sydney Horen, Loren Schechter, Amir Dorafshar, Laryngochondroplasty: A Systematic Review of Safety, Satisfaction, and Surgical Techniques (accepted for publication, The Journal of Plastic and Reconstructive Surgery)

62. Ann Brown, Ana P Lourenco, Bethany L Niell, Beth Cronin, Elizabeth H Dibble, Maggie L DiNome, Mita Sanghavi Goel, Juliana Hansen, Samantha L Heller, Maxine S Jochelson, Baer Karrington, Katherine A Klein, Tejas S Mehta, Mary S Newell, Loren Schechter, Ashley R Stuckey, Mary E Swain, Jennifer Tseng, Daymen S Tuscano, Linda Moy, ACR Appropriateness Criteria® Transgender Breast Cancer Screening, Journal of The American College of Radiology, 2021; 18: S502-S518 https://doi.org/10.1016/j.jacr.2021.09.005

63. Amir Dorafhsar, Alireza Hamidian, Sydney Horen, Loren Schecter, Liza Johannesson, Giuliano Testa, Martin Hertl, Summer Dewdney, Jeannie Aschkensasy, Mary Wood-Molo, Cynthia Brincat, Edward Cherullo, Jay M Behel, Charles Hebert, Robert Shulman, Shruti Bashi, Anna Alecci, and Badrinth Kontrey, Strategic Planning and Essential Steps for Establishing a Uterine Transplant and Rehabilitation Program: From Idea to Reality (Accepted for publication, Annals of Surgery)

64. Jazayeri, Hossein; Lopez, Joseph; Goldman, Edward; Shenaq, Deana; Schechter, Loren; Dorafshar, Amir; vercler, Christian, What is the Surgeon's Duty to Disclose COVID-19 Diagnosis? (Submitted to FACE: Journal of the American Society of Maxillofacial Surgeon)

NON-PEER REVIEWED ARTICLES:

1. Printen KJ, Schechter HO, Veldenz HE, **Schechter LS,** Otto S, Jaley A, Otto W: Undetected Transport Hypoxia in Major Surgical Procedures. *The Quarterly Bulletin of St. Francis Hospital*, Spring, 1989

2. **Schechter LS**, Memmel H, Layke J: Breast Reconstruction: The Plastic Surgeon as a Member of the Multi-Disciplinary Team. *Chicago Medicine*, 106(15): 34-38, 2003

3. **Schechter LS**: Mission Accomplished: Achieving a Successful Microsurgical Reconstruction of the Head and Neck. *Plastic Surgery Products,* March 2004

4. **Loren S. Schechter, MD**: A Helping Hand. *Plastic Surgery Products*, November 2005.

5. **Loren S. Schechter, MD**: On Guard for DVT. *Plastic Surgery Products*, June 2007.

6. **Loren S. Schechter, MD** and Iris Seitz, MD, PhD: Mission: Possible Achieving a Successful Microsurgical Reconstruction of the Head and Neck, *Plastic Surgery Practice,* May 2009.

7. **Loren S. Schechter, MD** and Iris A. Seitz, MD, PhD: Soft-tissue Reconstruction of Arms and Hands, *Plastic Surgery Practice*, February, 2010.

8. Lucio A. Pavone, MD, Iris A. Seitz, MD, PhD, **Loren S. Schechter**, **MD**: Current Options in Autologous Breast Reconstruction, *Plastic Surgery Practice*, November, 2010.

9. Lucio A. Pavone, MD, Iris A. Seitz, MD, Michelle C. Roughton, MD, Daniel Z. Liu, **Loren S. Schechter, MD**: Options in Breast Reconstruction, *Chicago Medicine*, June 2013.

Textbooks and Book Chapters:

1. Loren S. Schechter, Surgery for Gender Identity Disorder, *Plastic Surgery*, Third Edition, ed. Neligan, 2013, Elsevier, Vol. Four, Volume Editor: David H. Song.

2. Loren S. Schechter, Surgery for Gender Identity Disorder, *Plastic Surgery*, Fourth Edition, ed. Neligan, 2013, Elsevier, Vol. Four, Volume Editor (Submitted for publication): David H. Song

3. Nicholas Kim and **Loren S. Schechter**, Plastic Surgery Board Review: Pearls of Wisdom, 3rd Edition, Gender Confirmation Surgery McGraw Hill, 2016

4. **Loren S. Schechter**, Surgical Management of the Transgender Patient (Elsevier, 2016)

5. **Loren S. Schechter** and Rebecca B. Schechter, Pursuing Gender Transition Surgeries, *Adult Transgender Care An Interdisciplinary Approach for*

Training Mental Health Professionals, First Edition, published 2018, Taylor and Francis, edited by Michael Kauth and Jillian Shipherd

6. **Loren S. Schechter**, Breast and Chest Surgery in Transgender Patients, Comprehensive Care of the Transgender Patient first edition, Elsevier, 2020

7. **Loren S. Schechter** (editor), Gender Confirmation Surgery-Principles and Techniques for an Emerging Field, Springer-Verlag, 2020

8. **Loren S. Schechter**, Bauback Safa, (editors), Gender Confirmation Surgery, Clinics in Plastic Surgery 45:3, Elsevier, July 2018

9. **Loren S. Schechter** and Paul Weiss, Transgender Breast Surgery, Cosmetic Breast Surgery, edited by Sameer A. Patel and C.Bob Basu, Thieme, 2020

10. **Loren S. Schechter**, Rebecca B. Schechteer, Surgical Effects of GnRHa Treatment, Pubertal Suppression in Transgender Youth, Elsevier, 2019

11. **Loren S. Schechter**, Surgical Anatomy: Phalloplasty, in Urological Care for the Transgender Patient: A Comprehensive guide (in preparation, Springer Nature)

12. **Loren S. Schechter** and Alexander Facque, Transgender Surgery-Feminization and Masculinization, Tips and Tricks in Plastic Surgery, edited by Seth R. Thaller and Zubin Panthaki,(Springer Nature, Submitted for publication)

13. **Loren S. Schechter** and Alexander Facque, Aesthetic Breast Surgery in Transgender Patients: Male to Female, Spear's Surgery of the Breast: Principles and Art, 4e by Allen Gabriel, Wolters Kluwer (in publication)

14. **Loren S. Schechter** and Alexander Facque, Navigating Problems with Transgender Top Surgery, Managing Common and Uncommon Complication of Aesthetic Breast Surgery, edited by Dr. John Y.S. Kim, Springer Nature

15. **Loren S. Schechter**, Gender Affirming Surgery: Bottom Surgery, The Art of Aesthetic Surgery: Principles and Techniques, edited by Drs. Foad Nahai, Jeffrey Kenkel, Grant Stevens, Farzad Nahai, John Hunter, and William P. Adams,(Thieme, In Publication)

16. **Loren S. Schechter**, Rayisa Hontscharuk, and Amir Dorafshar, ALT Free Flap with Its Sensory Nerve: Versatility in its Utilization, Reconstructive Principles and Strategies with Neurotization: Current and Future Developments in Nerve Repair, Reconstruction, and Flaps, edited by Risal Djohan, MD (Springer Nature, in preparation)

17. **Loren S. Schechter**, Recipient Vessels in Reconstructive Microsurgery,

ABSTRACTS:

1. **L.S. Schechter**, J.G. Lease, L.J. Gottlieb: Routine HIV Testing in a Burn Center: A Five Year Experience. AAST 52nd Annual Meeting Program Manual, P. 122, 1992

2. E. Wall, **L. Schechter**, L.J. Gottlieb, D. Schoeller: Calculated Versus Measured Energy Requirements in Adult Burn Patients. Proceedings of the ABA 26th Annual Meeting, p. 239, 1994

3. **L. Schechter**, Robert Walton: Plication of the Orbital Septum in Lower Eyelid Blepharoplasty. New Frontiers in Aesthetic Surgery Annual Meeting Program Manual, p.90-91, 1999

4. **Loren Schechter, M.D.**, K. Alizadeh, M.D., M. McKinnon, M.D., Craniofacial Osseo-Distraction: A Bridge to Eucephaly, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 63, 1999.

5. McKay McKinnon, M.D., K. Alizadeh, M.D., **L. Schechter**, M.D., Ethnic Aesthetic Analysis and Surgery, Abstracts of the 12th Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, p. 89, 1999

6. Mark A. Grevious, **Loren S. Schechter**, David H. Song, and Robert Lohman: Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds The American Society of Plastic Surgery Senior Residents' Conference 2001

7. **Loren S. Schechter**, Mark A. Grevious, David H. Song, Risal Djohan, and Robert F. Lohman: Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes, The World Society for Reconstructive Microsurgery p.29, 2001

8. LC Wu, **LS Schechter**, and RF Lohman: Negative Pressure Wound Therapy as a Bridge Between Debridement and Free Flap Reconstruction of Extremity Wounds, The World Society for Reconstructive Microsurgery p. 31, 2001

9. Mark A. Grevious, **Loren S. Schechter**, Risal Djohan, David H. Song, and Robert Lohman: Role of Free-Tissue Transfer and Sural Neurocutaneous Flaps for Reconstruction of Leg Wounds, The Journal of Reconstructive Microsurgery, 18(6):533, 2002.

10. Lawrence J. Gottlieb, Alex Kaplan, Kirstin Stenson, **Loren Schechter**: The Thoracoacromial Trunk as a Recipient Vessels: A Lifeboat in Head and Neck Reconstruction, The Journal of Reconstructive Microsurgery, 18(6):563, 2002.

11. Liza C. Wu M.D., **Loren S. Schechter, M.D.**,Robert F.Lohman M.D., Robin Wall, P.A., Mieczyslawa Franczyk, P.T., Ph.D.: Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds, Plastic Surgical Forum, Vol. XXV, p.245 2002.

12. Liza C. Wu, **Loren S. Schechter**, Robert F. Lohman, Somchai Limsrichamren, Charles G. Winans, J. Michael Millis, and David C. Cronin: Implantable Doppler Probe for Continuous Monitoring of Hepatic Artery and

Portal Vein Blood Flow in Pediatric Liver Transplantation, The Journal of Reconstructive Microsurgery, 19(7): 517, 2003.

13. **Loren S. Schechter, MD,** John C. Layke, MD, Wayne M. Goldstein, MD, Lawrence J. Gottlieb, MD: The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An 18 Year Experience, Plastic Surgery Forum, Vol. XXVII, P. 133.

14. Joseph Talarico, MD, Wayne Lee, MD, **Loren Schechter, MD**: When Component Separation Isn't Enough, American Hernia Society, Inc, Hernia Repair 2005, P. 194

15. **Loren S. Schechter, MD, FACS**, James Boffa, MD, Randi Ettner, Ph.D., and Frederic Ettner, MD: Revision Vaginoplasty With Sigmoid Interposition: A Reliable Solution for a Difficult Problem, The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium P. 31-32

16. Jacob M.P. Bloom, MS, Alvin B. Cohn, MD, Benjamin Schlechter, MD, Nancy Davis, MA, **Loren S. Schechter, MD**, Abdominoplasty and Intra-Abdominal Surgery: Safety First, Plastic Surgery Abstract Supplement vol. 120, no 4, p. 99

17. I.A. Seitz, C.S. Williams, T.A. Wiedrich, **L.S. Schechter**, Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap, Plastic Surgery At The Red Sea International Symposium Book Of Abstracts, March 24-28, 2009, p. 25

18. Michael Salvino, MD and **Loren S. Schechter, MD**, Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

19. Michelle Roughton, MD and **Loren Schechter, MD**, Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures, The Midwestern Association of Plastic Surgeons Book of Abstracts, April 18-19, 2009, p.65

20. Iris A. Seitz, MD, Phd, Sarah Friedewald, MD, Jonathon Rimler, BS, **Loren Schechter, MD, FACS**, Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010,p.26

21. Iris A. Seitz, MD, Phd, Craig Williams, MD, Daniel Resnick, MD, Manoj Shah, MD, **Loren Schechter, MD, FACS**, Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 28

22. Iris A. Seitz, MD, Phd, Craig Williams, MD, **Loren Schechter, MD, FACS**, Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection, Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, p. 29

23. Michelle Roughton, MD, **Loren Schechter, MD, FACS,** Patient Safety: Abdominoplasty and Intra-Abdominal Procedures,
Advocate Research Forum, Research and Case Report Presentation Abstracts, Advocate Lutheran General Hospital, May 5, 2010, p. 20

24. Iris A. Seitz, MD, PhD., Sarah M. Friedewald, MD, Jonathon Rimler, BS, **Loren S. Schechter, MD, FACS**, Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, Abstract, P. 44.

25. Loren S. Schechter, MD, FACS, Gender Confirmation Surgery in the Male-to-Female Individual: A Single Surgeon's Fourteen Year Experience, Annals of Plastic Surgery, Vol. 74, Suppl. 3, June 2015, p. s187.

26. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery

27. 25th WPATH Symposium, Surgeons Only, November 1, 2018, Buenos Aires, Argentina, IPP Implantation Post-Phalloplasty: The Chicago Experience

28. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, The Role of Pelvic Floor Physical Terhapy in Patients Undergoing Gender Confirming Vaginoplasty Procedures

29. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishing Guidelines for VTE Prophylaxis in Gender Confirmation Surgery

30. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Gender Surgeons Experience with Detransition and Regret

PRESENTATIONS:

1. Student Summer Research Poster Forum-The University of Chicago, Jan. 21, 1992: "A Comparison of Dynamic Energy Expenditure Versus Resting Energy Expenditure in Burn Patients Using The Doubly Labeled Water Method"

2. American Association for the Surgery of Trauma, Sept. 17-19, 1992, Louisville, KY: "Routine HIV Testing in A Burn Center: A Five Year Experience"

3. American Burn Association Poster Session, April 20-23, 1994, Orlando, Fl: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"

4. 48th Annual Senior Scientific Session: The University of Chicago, May 19, 1994: "Calculated Versus Measured Energy Requirements in Adult Burn Patients"

5. Plastic Surgery Senior Residents Conference, April 20-25, 1999, Galveston, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

6. The Chicago Society of Plastic Surgery, May 6, 1999, "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

7. The American Society for Aesthetic Plastic Surgery, May 14-19, 1999, Dallas, TX: "Plication of the Orbital Septum in Lower Eyelid Blepharoplasty"

8. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999, San Francisco, CA: "Craniofacial Osseo-Distraction: A Bridge to Eucephaly"

9. XIII Congress of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery, June 27-July 2, 1999 San Francisco, CA: "Ethnic Aesthetic Analysis and Surgery"

10. Inaugural Congress of the World Society for Reconstructive Microsurgery, October 31-November 3, 2001, Taipei, Taiwan: "Comparing Sural Neurocutaneous and Free Flaps for Reconstruction of Leg Wounds: Indications and Outcomes"

11. American Society for Reconstructive Microsurgery, January 12-15, 2002, Cancun, Mexico: "The Role to Free Tissue Transfer and Sural Neurocutaneous flaps for Reconstruction of Leg Wounds"

12. American Society of Plastic Surgery, 71st Annual Scientific Meeting, November 2-6, 2002, San Antonio, Texas: "Defining the Role for Negative Pressure Therapy in the Treatment Algorithm of Extremity Wounds"

13. American Society of Reconstructive Microsurgery, Annual Scientific Meeting, January 11-15, 2003, Kauai, Hawaii: "Advances in Pediatric Liver Transplantation: Continuous Monitoring of Portal Venous and Hepatic Artery Flow With an Implantable Doppler Probe"

14. The 5th Annual Chicago Trauma Symposium, August 8-10, 2003, Chicago, Illinois: "Soft Tissue Salvage: Where Are We in 2003?"

15. The Midwestern Association of Plastic Surgeons, 42nd Annual Meeting, Chicago, Il May 1-2, 2004: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"

16. The 6th Annual Chicago Trauma Sympsoium, August 12-15, 2004, Chicago, Il "Complex Wound Management"

17. The American Society of Plastic Surgery, October 9-13, 2004, Philadelphia, Pennsylvania: "The Gastrocnemius-Achilles Tendon Myocutaneous Flap (GAT Flap) for Single Stage Reconstruction of Combined Soft Tissue and Extensor Mechanism Defects of the Knee: An Eighteen Year Experience"

18. The American Society for Reconstructive Microsurgery, January 15-18, 2005, Fajardo, Puerto Rico: "Surviving as a Plastic Surgeon"

19. American Hernia Society, Poster Presentation, February 9-12, 2005, San Diego, California: "When Component Separation Isn't Enough"

20. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Hereditary Gingival Fibromatosis in Monozygotic Twins: First Reported Case"

21. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Modified Components Separation Technique for Two Massive Ventral Hernias"

22. The Midwestern Association of Plastic Surgeons, April 23-24, Chicago, Il: "Mucormycosis of the Head and Neck: A Fatal Disease?"

23. The 7th Annual Chicago Trauma Symposium, August 11-14, 2005, Chicago, Il "Management of Complex Injuries"

24. Current Concepts in Advanced Wound Healing: *A Practical Overview*, Rush North Shore Medical Center, Skokie, Il September 18, 2005 "From Flaps to Grafts"

25. Taizoon Baxamusa, M and Loren S.Schechter, MD, Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity, The American Association For Hand Surgery Annual Scientific Meeting, January 11-14, 2006, Tucson, Arizona.

26. The American Academy of Orthopedic Surgeons 2006 Annual Meeting, March 22-26, 2006, Chicago, Il "Methods of Patella-Femoral and Extensor Mechanism Reconstruction for Fracture and Disruption After Total Knee Arthroplasty"

27. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Elective Abdominal Plastic Surgery Procedures Combined with Concomitant Intra-abdominal Operations: A Single Surgeon's Four Year Experience"

28. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Hereditary Gingival Fibromatosis: Aggressive Two-Stage Surgical Resection Versus Traditional Therapy"

29. Midwestern Association of Plastic Surgeons 44th Annual Meeting, April 29-30, 2006, Oak Brook, Illinois "Abdominoplasty Graft & VAC Therapy: Two Useful Adjuncts in Full-Thickness Grafting of the Mangled Upper Extremity"

30. The American Association of Plastic Surgeons 85th Annual Meeting, May 6-9, 2006 Hilton Head, South Carolina "Excision of Giant Neurofibromas"

31. The 8th Annual Chicago Trauma Symposium, July 27-30, 2006, Chicago, Il "Management of Complex Injuries"

32. The American Society of Plastic Surgeons Annual Meeting, October 6-12, 2006, San Francisco, California "Excision of Giant Neurofibromas"

33. The American College of Surgeons Poster Presentation, October, 2006, Chicago, Il "Abdominoplasty: Use in Reconstruction of the Mangled Upper Extremity"

34. American Medical Association-RFS 3rd Annual Poster Symposium, November 10, Las Vegas, NV, 2006 "Abdominal Wall Reconstruction With Alloderm"

35. Advocate Injury Institute: "Trauma 2006: The Spectrum of Care), November 30-December 2, 2006, Lisle, Il, "Pit Bull Mauling: A Case Study"

36. The 9th Annual Chicago Trauma Symposium, August 10-12, 2007, Chicago, Il "Management of Complex Injuries"

37. The World Professional Association for Transgender Health (WPATH) 2007 XX Biennial Symposium, September 5-8. 2007, Chicago, Il Revision Vaginoplasty With Sigmoid Interposition: "A Reliable Solution for a Difficult Problem"

38. Metropolitan Chicago Chapter of the American College of Surgeons, 2008 Annual Meeting, March 15, 2008 "ER Call: Who's Job is it Anyway"

39. The 10th Annual Chicago Trauma Symposium, August 7-10, 2008, Chicago, Il "Management of Complex Injuries"

40. 23nd Annual Clinical Symposium on Advances in Skin & Wound Care: The Conference for Prevention and Healing October 26-30, 2008, Las Vegas, Nevada,poster presentation "Use of Dual Therapies Consisting of Negative Pressure Wound Therapy (NPWT) and Small Intestine Mucosa (SIS) on a Complex Degloving Injury With an Expose Achilles Tendon: A Case Report."

41. The American Society of Plastic Surgeons Annual Meeting, October 31-November 3, 2008, Chicago, Il "Panel: Fresh Faces, Real Cases"

42. The American Association for Hand Surgery Annual Meeting, January 7-13, 2009, Maui, Hawaii, poster session: "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."

43. Plastic Surgery At The Red Sea Symposium, March 24-28, 2009 Eilat, Israel, "Omental Free Tissue Transfer for Coverage of Complex Upper Extremity and Hand Defects-The Forgotten Flap."

44. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Advertising in Plastic Surgery?"

45. ASPS/IQUAM Transatlantic Innovations Meeting, April 4-7, 2009 Miason de la Chimie, Paris, France, "Cost-Effectiveness of Physician Extenders in Plastic Surgery"

46. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il, "Microvascular Reconstruction of Iatrogenic Femoral Artery Injury in a Neonate"

47. Midwestern Association of Plastic Surgeons, 47th Annual Meeting, April 18-19, 2009, Chicago, Il,"Two Birds, One Stone: Combining Abdominoplasty with Intra-Abdominal Procedures"

48. The 11th Annual Chicago Trauma Symposium, August 1, 2009, Chicago, Il "Management of Complex Injuries"

49. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Omental Free Tissue Transfer for Coverage of Complex Extremity Defects: The Forgotten Flap."

50. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Challenging Cases."

51. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, "President's Panel: The Future of the Solo Practice-Can We, Should We Survive?"

52. The 12th Annual Chicago Trauma Symposium, August 5-8, 2010, Chicago, Il "Management of Complex Injuries"

53. Breast MRI to Define The Blood Supply to the Nipple-Areolar Complex. German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRAEC), Dresden, Germany, September 2010

54. Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA

55. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The American Society of Plastic Surgeons Annual Meeting, October 3, 2010, Toronto, CA.

56. ASPS/ASPSN Joint Patient Safety Panel: Patient Selection and Managing Patient Expectations, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA

57. Lunch and Learn: Prevention of VTE in Plastic Surgery Patients, The American Society of Plastic Surgeons Annual Meeting, October 5, 2010, Toronto, CA

58. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, 16th Congress of The International Confederation for Plastic Reconstructive and Aesthetic Surgery, May 22-27, 2011, Vancouver, Canada

59. Breast MRI Helps Define the Blood Supply to the Nipple-Areolar Complex, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

60. Applications of the Omentum for Limb Salvage: The Largest Reported Series, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

61. Successful Tongue Replantation Following Auto-Amputation Using Supermicrosurgical Technique, Poster Session, The 6th Congress of The World Society for Reconstructive Microsurgery, WSRM 2011, 29 June-2 July, 2011, Helsinki, Finland

62. The 13th Annual Chicago Trauma Symposium, August 25-28, 2011, Chicago, Il "Soft Tissue Defects-Getting Coverage"

63. WPATH: Pre-conference Symposium, September 24, 2011, Atlanta, GA "Surgical Options and Decision-Making"

64. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part I: Patient Selection and Preventing Adverse Events in the Ambulatory Surgical Setting

65. American Society of Plastic Surgeons Annual Meeting, September 27, 2011, Denver, CO Closing Session Lunch and Learn: Pathways to Prevention-Avoiding Adverse Events, Part III: Preventing VTE

66. XXIV Congresso Nazionale della Societa Italiana di Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: 3 Step Approach to Lower Extremity Trauma

67. XXIV Congresso Nazionale della Societa Italiana Microchirugia congiunto con la American Society for Reconstructive Microsurgery, October 20-22, 2011, Palermo, Sicily: Applications of the Omentum for Limb Salvage: The Largest Reported Series

68. American Society for Reconstructive Microsurgery, Poster Presentation, January 14-17, 2012, Las Vegas, NV: Neonatal Limb Salvage: When Conservative Management is Surgical Intervention

69. The 14th Annual Chicago Trauma Symposium, August 2-5, 2012, Chicago, Il "Soft Tissue Defects-Getting Coverage"

70. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Reimbursement in Breast Reconstruction"

71. The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30, 2012, New Orleans, LA "Thriving in a New Economic Reality: Business Relationships and Integration in the Marketplace"

72. The 15th Annual Chicago Trauma Symposium, August 2-5, 2013, Chicago, Il "Soft Tissue Defects-Getting Coverage"

73. 2014 WPATH Symposium, Tansgender Health from Global Perspectives, February 14-18, 2014, "Short Scar Chest Surgery."

74. 2014 WPATH Symposium, Transgender Health from Global Perspectives, February 14-18, 2014, "Intestinal Vaginoplasty with Right and Left Colon."

75. 24th Annual Southern Comfort Conference, September 3-7, 2014, Atlanta, Georgia, "Gender Confirmation Surgery: State of the Art."

76. The 15th Annual Chicago Trauma Symposium, September 4-7, 2014, Chicago, Il "Soft Tissue Defects-Getting Coverage"

77. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, Il "Gender Confirmation Surgery: A Single-Surgeon's Experience"

78. The Midwest Association of Plastic Surgeons, May 30, 2015, Chicago, Il, Moderator, Gender Reassignment.

79. the American Society of Plastic Surgeons 2015 Professional Liability Insurance and Patient Safety Committee Meeting, July 17, 2015, "Gender Confirmation Surgery."

80. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. From Fee-for-Service to Bundled Payments

81. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Moderator, Transgender Surgery

82. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Efficient Use of Physician Assistants in Plastic Surgery.

83. The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA. Patient Safety: Prevention of VTE

84. The World Professional Association for Transgender Health, Objective Quality Parameters for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands

85. The World Professional Association for Transgender Health, Resident Education Curriculum for Gender Confirmation Surgery, June 18-22, 2016, Amsterdam, Netherlands

86. The World Professional Association for Transgender Health, Urologic Management of a Reconstructed Urethra(Poster session #195), June 18-22, 2016, Amsterdam, Netherlands

87. The World Professional Association for Transgender Health, Construction of a neovagina for male-to-female gender reassignment surgery using a modified intestinal vaginoplasty technique, poster session (Poster session #198), June 18-22, 2016, Amsterdam, Netherlands

88. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Genital Aesthetics: What are we trying to achieve?, Washington, DC June 23-25, 2016

89. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Female to Male Gender Reassignment, Washington, DC June 23-25, 2016

90. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The journal of retractions, what I no longer do, Washington, DC June 23-25, 2016

91. Aesthetica Super Symposium, The American Society of Plastic Surgeons, The three minute drill, tips and tricks, Washington, DC June 23-25, 2016

92. Aesthetica Super Symposium, The American Society of Plastic Surgeons, Moderator, Mini master class: Male genital plastic surgery, Washington, DC June 23-25, 2016

93. The 16th Annual Chicago Trauma Symposium, August 18-21, 2016, Chicago, Il "Soft Tissue Defects-Getting Coverage"

94. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Partial Flap Failure Five Weeks Following Radial Forearm Phalloplasty: Case Report and Review of the Literature

95. USPATH Poster Session, Feb 2-5, 2017, Los Angeles, CA, Urethroplasty for Stricture after Phalloplasty in Transmen Surgery for Urethral Stricture Disease after Radial Forearm Flap Phalloplasty–Management Options in Gender Confirmation Surgery

96. USPATH, Feb 2-5, 2017, Los Angeles, CA, Patient Evaluation and Chest Surgery in Transmen: A Pre-operative Classification

97. USPATH, Feb 2-5, 2017, Los Angeles, CA Single Stage Urethral Reconstruction in Flap Phalloplasty: Modification of Technique for Construction of Proximal Urethra

98. USPATH, Feb 2-5, 2017, Los Angeles, CA, Use of Bilayer Wound Matrix on Forearm Donor Site Following Phalloplasty

99. USPATH, Feb 2-5, 2017, Los Angeles, CA, Vaginoplasty: Surgical Techniques

100. USPATH, Feb 2-5, 2017, Los Angeles, CA, Positioning of a Penile Prosthesis with an Acellular Dermal Matrix Wrap following Radial Forearm Phalloplasty

101. USPATH, Feb 2-5, 2017, Los Angeles, CA, Principles for a Gender Surgery Program

102. USPATH, Feb 2-5, 2017, Los Angeles, CA, Construction of a Neovagina Using a Modified Intestinal Vaginoplasty Technique

103. The 18th Annual Chicago Orthopedic Symposium, July 6-9, 2017, Chicago, Il "Soft Tissue Defects-Getting Coverage"

104. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Moderator: Genital Surgery Trends for Women

105. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Adding Transgender Surgery to Your Practice, Moderator and Speaker

106. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, Transbottom Surgery

107. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 A Novel Approach to IPP Implantation Post Phalloplasty: The Chicago Experience

108. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018, A Novel Approach for Neovagina Configuration During Vaginoplasty for Gender Confirmation Surgery

109. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Developlment of a Pelvic Floor Physical Therapy Protocol for Patients Undergoing Vaginoplasty for Gender Confirmation

110. 14th Congress of The European Federation of Societies for Microsurgery, Belgrade, May 5-8, 2018 Establishing Guidelines for Gender Confirmation Surgery: The Perioperative Risk of Asymptomatic Deep Venous Thrombosis for Vaginoplasty

111. The 19th Annual Chicago Trauma Symposium, August 16-19, 2018, Chicago, Il "Soft Tissue Defects-Getting Coverage"

112. Midwest LGBTQ Health Symposium, September 14-15, 2018, Chicago, Il "Quality Parameters in Gender Confirmation Surgery"

113. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Poster Session, Proposed Guidelines for Medical Tattoo Following Phalloplasty; An Interdisciplinary Approach

114. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Establishment of the First Gender Confirmation Surgery Fellowship

115. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, ISSM Lecture, The Importance of Surgical Training

116. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Tracking Patient-Reported Outcomes in Gender Confirmation Surgery

117. "Theorizing the Phantom Penis," The Psychotherapy Center for Gender and Sexuality's 6th Biannual Conference, Transformations, March 29-March 30, 2019, NY, NY

INSTRUCTIONAL COURSES:

1. Emory University and WPATH: Contemporary Management of Transgender Patients: Surgical Options and Decision-Making, September 5, 2007 Chicago, Il

2. Craniomaxillofacial Trauma Surgery: An Interdisciplinary Approach, February 16-17, 2008, Burr Ridge, Il

3. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, Moderator: Free Papers, Lower Extremity

4. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Moderator: ASPS/ASPSN Patient Panel: Effective Communication-A Key to Patient Safety and Prevention of Malpractice Claims

5. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Instructional Course: Strategies to Identify and Prevent Errors and Near Misses in Your Practice

6. American Society of Plastic Surgeons Annual Meeting, October 23-27, 2009, Seattle, WA, Roundtable Discussion: Electronic Health Records-Implications for Plastic Surgeons

7. 10th Congress of The European Federation of Societies for Microsurgery, May 2—22, 2010, Genoa, Italy, "The Mangled Lower Extremities: An Algorithm for Soft Tissue Reconstruction."

8. Mulitspecialty Course for Operating Room Personnel-Craniomaxillofacial, Orthopaedics, and Spine, A Team Approach, AO North American, June 26-27, 2010, The Westin Lombard Yorktown Center.

9. Management of Emergency Cases in the Operating Room, The American Society of Plastic Surgeons Annual Meeting, October 4, 2010, Toronto, CA.

10. Surgical Approaches and Techniques in Craniomaxillofacial Trauma, November 6, 2010, Burr Ridge, Il.

11. The Business of Reconstructive Microsurgery: Maximizing Economic value (Chair)The American Society for Reconstructive Microsurgery, January 14-17, 2012, Las Vegas, Nevada.

12. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 25th-30th, 2012, New Orleans, LA

13. Strategies to Identify and Prevent Errors and Near Misses in Your Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA

14. Mythbusters: Microsurgical Breast Reconstruction in Private Practice, The Annual Meeting of The American Society of Plastic Surgeons, October 11th-15th, 2013, San Diego, CA

15. Minimizing Complications in Perioperative Care, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii

16. Genitourinary and Perineal Reconstruction, The American Society for Reconstructive Microsurgery, January 11-14, 2014, Kauai, Hawaii

17. Transgender Breast Surgery, The American Society of Plastic Surgeons, October 16-20, 2015, Boston, MA

18. Gender Confirmation Surgery, The School of the Art Institute (recipient of American College Health Fund's Gallagher Koster Innovative Practices in College Health Award), October 27, 2015, Chicago, Il

19. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Overview of Surgical Treatment Options

20. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015 Chicago, Il Surgical Procedures

21. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Surgical Complications

22. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Post-operative Care

23. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, November 5-7, 2015, Chicago, Il Case Discussions: The Multidisciplinary Team

24. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23,2016, Atlanta, GA Overview of Surgical Treatment Options

25. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, January 20-23, 2016, Atlanta, GA Surgical Treatment Options

26. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Surgical Treatment Options.

27. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Certified Training Course, March 30-April 1, 2016, Springfield, MO, Multi-disciplinary Case Discussion.

28. Introduction to Transgender Surgery, ASPS Breast Surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

29. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, September 28, 2016, Ft. Lauderdale, FL.

30. Cirugias de Confirmacion de Sexo Paso a Paso, XXXV Congreso Confederacion Americana de Urologia (CAU), Panama City, Panama, October 4-8, 2016.

31. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course, December 3, 2016, Arlington, VA.

32. PSEN (sponsored by ASPS and endorsed by WPATH), Transgender 101 for Surgeons, January 2017-March 2017

33. Surgical Anatomy and Surgical Approaches to M-to-F Genital Gender Affirming Surgery and the Management of the Patient Before, During and After Surgery: A Human Cadaver Based Course, Orange County, CA, Feb. 1, 2017

34. Gender Confirmation Surgery, ALAPP, 2 Congreso Internacional de la Asociacion Latinoamericana de Piso Pelvico, Sao Paulo, Brasil, 9-11 de marzo de 2017

35. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, Overview of Surgical Treatment, March 31-April 2, 2017, Minneapolis Minnesota.

36. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course, The Multi-Disciplinary Team Case Discussions, March 31-April 2, 2017, Minneapolis Minnesota.

37. Transfeminine Cadaver Course, WPATH, May 19-20, 2017, Chicago, Il

38. Transgender/Penile Reconstruction-Penile Reconstruction: Radial Forearm Flap Vs. Anterolateral Thigh Flap, Moderator and Presenter, The World Society for Reconstructive Microsurgery, June 14-17, 2017, Seoul, Korea

39. Primer of Transgender Breast Surgery, ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

40. Confirmation Surgery in Gender Dysphoria: current state and future developments, International Continence Society, Florence, Italy, September 12-15, 2017

41. The American Society of Plastic Surgeons Annual meeting, October 6-10, 2017, Orlando, FL, ASPS/WPATH Joint Session, Session Planner and Moderator

42.Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Foundations Training Course: Overview of Surgical Treatment, Columbus, OH, October 20-21, 2017

43. Transgender Health: Best Practices in Medical and Mental Health Care. A WPATH Global Education Initiative Advanced Training Course: Medical Care in the Perioperative Period, Aftercare: Identifying Potential Complications, Columbus, OH, October 20-21, 2017

44. Webinar: Gender Affirming Surgeries 101: Explore The Latest Topics in Gender Affirmation Surgery, PSEN, April 18, 2018

45. Course Director: MT. Sinai/WPATH Live Surgery Training Course for Gender Affirmation Procedures, April 26-28, 2018, New York, NY

46. Philadelphia Trans Wellness Conference, Perioperative Care of the Transgender Woman Undergoing Vaginoplasty (Workshop), Philadelphia, PA, August 3, 2018

47. Philadelphia Trans Wellness Conference, Gender Confirmation Surgery (Workshop), Philadelphia, PA, August 3, 2018

48. Gender Confirmation Surgery, 2018 Oral and Written Board Preparation Course, The American Society of Plastic Surgeons, August 16-18, 2018, Rosemont, Il

49. Confirmation Surgery in Gender Dysphoria: Current State and Future Developments, The International Continence Society, Philadelphia, PA August 28, 2018

50. WPATH Global Education Initiative, Foundations Training Course, "Overview of Surgical Treatment," Cincinnati, OH, September 14-15, 2018

51. WPATH Global Education Initiative, Foundations Training Course, "The Multi-Disciplinary Team: Case Discussions," Cincinnati, OH, September 14-15, 2018

52. WPATH Global Education Initiative, Advanced Training Course, "Medical Care in the Perioperative Period After Care: Identifying Potential Complications," Cincinnati, OH, September 14-15, 2018

53. 25th WPATH Symposium, Surgeons Conference, November 1, 2018, Buenos Aires, Argentina, Moderator

54. 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Global Education Initiative (GEI): Surgery and Ethics

55. WPATH GEI: Best Practices in Medical and Mental Health Care, Foundations in Surgery, New Orleans, March 22, 2019

56. WPATH GEI: Best Practices in Medical and Mental Health Care, Advanced Surgery, New Orleans, March 22, 2019

57. Program Chair: ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019

58. Overview of Surgical Management and The Standards of Care (WPATH, v. 7) ASPS/WPATH GEI Inaugural Gender-Affirming Breast, Chest, and Body Master Class, Miami, Fl, July 20, 2019

59. Program Director, Gender Affirming Breast,Chest, and Body Master Class, The American Society of Plastic Surgeons, Miami, Fl, July 20, 2019

60. Gender Confirmation Surgery, The American Society of Plastic Surgeons Oral and Written Board Preparation Course, August 15, 2019, Rosemont, Il

61. Upper Surgeries (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

62. Preparing for Upper Surgeries-Case Based (chest surgery & breast augmentation), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

63. Preparing for Feminizing Lower Surgeries-Case Based (vaginoplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

64. Lower Surgeries-Masculinizing (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

65. Preparing for Masculinizing Lower Surgeries-Case Based (phalloplasty & metoidioplasty), WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

66. Panel Discussion about Ethics in Surgery and Interdisciplinary Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

67. Discussion about Ethics and Tensions in Child and Adolescent Care, WPATH, Global Education Initiative, September 4-5, 2019, Washington, DC

68. Transgender Health: Best Practices in Medical and Mental Health Care Foundation Training Courses, Hanoi, Viet Nam, Jan 14-17, 2020 (Foundations in Surgery, Advanced Medical-surgery and complicated case studies), Planning & Documentation (upper surgeries-chest surgery and breast augmentation, preparing for upper surgeries-case based (chest surgery and breast augmentation), lower surgeries (feminizing-vaginoplasty), preparing for feminizing lower surgeries-case based, lower surgeries-masculinizing (phalloplasty and metoidioplasty), preparing for masculinizing lower surgeries-case-based (phalloplasty and metoidioplasty), Ethics-panel discussion about ethics in surgery and interdisciplinary care)

69. WPATH GEI Panel Cases Discussion, via Webinar, May 29, 30, 31, 2020

70. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, November 20, 2020

71. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, November 20, 2020

72. WPATH GEI: Illinois Dept. of Corrections, Foundations in Surgery, February 26, 2021

73. WPATH GEI: Illinois Dept. of Corrections, Ethical Considerations in Transgender Healthcare, February 26, 2021.

74. Current Concepts in Gender Affirming Surgery for Women in Transition, March 11-12, 2021 (online event), Moderator, Transgender Health.

75. GEI Foundations Course, Live Q&A, March 21, 2021

76. GEI Foundations Course, Live Case Panel Discussion, March 23, 2021

77. GEI Advanced Ethics Workshop; Surgical and Interdisciplinary care ethics panel, May 1, 2021 (virtual)

78. Wpath GEI Foundations course for the Illinois Dept of Corrections, Foundations in Surgery, May 21, 2021

79. Wpath GEI, Foundations course for the Illinois Dept of Corrections, Ethical considerations in Transgender Healthcare, May 21, 2021

80. WPATH GEI, Online GEI Foundations Course, Moderator, August 31, 2001.

81. WPATH Health Plan Provider (HPP) Training, Q&A Panel, September 13, 14, 21 2021, via Zoom

82. WPATH, GEI Advanced Medical Course, Upper and Lower Surgery (via zoom), December 9, 2021

SYMPOSIA:

1. Program Director, 2011 Chicago Breast Symposium, October 15, 2011, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, IL,

2. Fundamentals of Evidence-Based Medicine & How to Incorporate it Into Your Practice, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

3. Understanding Outcome Measures in Breast & Body Contouring Surgery, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

4. Benchmarking Complications: What We Know About Body Contouring Complication Rates from Established Databases, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

5. Special Lecture: VTE Prophylaxis for Plastic Surgery in 2011, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

6. Nipple Sparing Mastectomy: Unexpected Outcomes, Challenging Complications in Plastic Surgery: Successful Management Strategies, The American Society of Plastic Surgeons, July 13-14, 2012 Washington, DC

7. Program Director, 2011 Chicago Breast Symposium, October 13-14, 2012, The Chicago Plastic Surgery Research Foundation and The Chicago Medical School at Rosalind Franklin University, North Chicago, Il

8. Practice Strategies in a Changing Healthcare Environment, Moderator, Midwestern Association of Plastic Surgeons, April 27-28, 2013, Chicago, Il

9. Moderator: Breast Scientific Paper Session, The Annual Meeting of The American Society of Plastic Surgery, October 12, 2014, Chicago, Il.

10. Moderator: The World Professional Association for Transgender Health, Tuesday, June 21, Surgical Session (0945-1045), June 18-22, 2016, Amsterdam, Netherlands

11. Course Director: Transmale Genital Surgery: WPATH Gender Education Initiative, October 21-22, 2016 Chicago, Il

12. Co-Chair and Moderator: Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017

13. Vascular Anastomosis: Options for Lengthening Vascular Pedicle, Surgeon's Only Session, USPATH, Los Angeles, CA, Feb. 2, 2017

14. Transgender Healthcare Mini-Symposium, Chicago Medical School of Rosalind Franklin University, North Chicago, Il March 10, 2017.

15. Moderator: Penile Transplant: Genito-urinary trauma/penile cancer, The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

16: 25th WPATH Symposium, November 2-6, 2018, Buenos Aires, Argentina, Mini-Symposium: A Comprehensive Approach to Gender Confirming Surgery

17. Program Director, 2nd Annual Live Surgery Conference for Gender Affirmation Procedures, Ichan School of Medicine at Mt. Sinai, NY, NY February 28, 2019-March 2, 2019.

18. Moderator, "Genital Reassignment for Adolescents: Considerations and Conundrums," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

19. Moderator, "Reconstructive Urology and Genitourinary Options in Gender Affirming Surgery," Discussions on gender affirmation: surgery and beyond, Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

20. Moderator, "Complications in Masculinizing Genital Reconstruction Surgery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

21. Moderator, "Preparing for Surgery and Recovery," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

22. Discussant, "WPATH Standards of Care Version 8 Preview," Dignity Health Saint Francis Memorial Hospital and WPATH GEI, San Francisco, CA, May 30-June 1, 2019

23. Program Coordinator, Surgeon's Only Course, USPATH, September 5, 2019, Washington, DC

24. Master Series in Transgender Surgery 2020: Vaginoplasty and Top Surgery, course co-director, Mayo Clinic, Rochester, MN, August 7-8, 2020

25. WPATH 2020 Surgeons' Program, Co-Chair, November 6-7, 2020, Virtual Symposium (due to covid-19 cancellation of Hong Kong meeting)

26. WPATH Journal Club #3, Uterine Transplantation and Donation in Transgender Individuals; Proof of Concept, December 13, 2021 (Zoom)

FACULTY SPONSORED RESEARCH:

1. Societa Italiana Di Microchirurgia, XXIII Congresso Nazionale della Societa Italiana di Microchirurgia, First Atlanto-Pacific Microsurgery Conference, Modena, Italy, October 1-3, 2009, "Free Tissue Transfer in the Treatment of Zygomycosis." Presented by Michelle Roughton, MD

2. Hines/North Chicago VA Research Day, Edward Hines, Jr., VA Hospital, Maywood, Il, April 29, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.

3. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Breast MRI Helps to Define the Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.

4. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Achieving Soft Tissue Coverage of Complex Upper and Lower Extremity Defects with Omental Free Tissue Transfer." Presented by Iris A. Seitz, MD, PhD.

5. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010, "Facilitating Harvest of the Serratus Fascial Flap with Ultrasonic Dissection." Presented by Iris A. Seitz, MD, PhD.

6. Advocate Research Forum, Advocate Lutheran General Hospital, May 5, 2010,"Patient Safety: Abdominoplasty and Intra-Abdominal Procedures." Presented by Michelle Roughton, MD

7. The Midwestern Association of Plastic Surgeons, 49th Annual Scientific Meeting, May 15th, 2010, "Breast MRI Helps Define The Blood Supply to the Nipple-Areolar Complex." Presented by Iris A. Seitz, MD, PhD.

8. Jonathan M. Hagedorn, BA, **Loren S. Schechter**, MD, FACS, Dr. Manoj R. Shah, MD, FACS, Matthew L. Jimenez, MD, Justine Lee, MD, PhD, Varun Shah. Re-examining the Indications for Limb Salvage, 2011 All School Research Consortium at Rosalind Franklin University. Chicago Medical School of Rosalind Franklin University, 3/16/11.

9. Jonathan Bank, MD, Lucio A. Pavone, MD, Iris A. Seitz, Michelle C. Roughton, MD, Loren S. Schechter, MD Deep Inferior Epigastric Perforator Flap for Breast Reconstruction after Abdominoplasty The Midwestern Association of Plastic Surgeons, 51st Annual Educational Meeting, April 21-22, 2012, Northwestern Memorial Hospital, Chicago, Illinois

10. Samuel Lake, Iris A. Seitz, MD, Phd, Loren S. Schechter, MD, Daniel Peterson, Phd Omentum and Subcutaneous Fat Derived Cell Populations Contain

hMSCs Comparable to Bone Marrow-Derived hMSCsFirst Place, Rosalind Franklin University Summer Research Poster Session

11. J. Siwinski, MS II, Iris A. Seitz, MD PhD, Dana Rioux Forker, MD, Lucio A. Pavone, MD, Loren S Schechter, MD FACS. Upper and Lower Limb Salvage With Omental Free Flaps: A Long-Term Functional Outcome Analysis. Annual Dr. Kenneth A. Suarez Research Day, Midwestern University, Downers Grove, IL, May 2014

12. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. A Case Report: Penile Prosthesis With an Alloderm Wrap Positioned After Radial Forearm Phalloplasty. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

13. Whitehead DM, Kocjancic E, Iacovelli V, Morgantini LA, **Schechter LS**. An Innovative Technique: Single Stage Urethral Reconstruction in Female-to-Male Patients. Poster session presented at: American Society for Reconstructive Microsurgery Annual Meeting, 2018 Jan 13-16; Phoenix, AZ.

14. Whitehead, DM Inflatable Penile Prosthesis Implantation Post Phalloplasty: Surgical Technique, Challenges, and Outcomes, MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

15. Whitehead, DM, Inverted Penile Skin With Scrotal Graft And Omission of Sacrospinal Fixation: Our Novel Vaginoplasty Technique MAPS 2018 Annual Scientific Meeting, April 14, 2018, Chicago, Il

16. S. Marecik, J. Singh. **L. Schechter**, M. Abdulhai, K. Kochar, J. Park, Robotic Repair of a Recto-Neovaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty, The American College of Surgeons Clinical Congress 2020, October 7, 20

Keynote Address:

1. University of Utah, Gender Confirmation Surgery, Transgender Provider Summit, November 8, 2014

INVITED LECTURES:

1. Management of Soft Tissue Injuries of the Face, Grand Rounds, Emergency Medicine, The University of Chicago, August, 1999

2. Case Report: Excision of a Giant Neurofibroma, Operating Room Staff Lecture Series, Continuing Education Series, St. Francis Hospital, Evanston, Il March 2000

3. Wounds, Lincolnwood Family Practice, Lincolnwood, Il April 2000

4. The Junior Attending, Grand Rounds, Plastic and Reconstructive Surgery, The University of Chicago, June 2000

5. Case Report: Excision of a Giant Neurofibroma, Department of Medicine Grand Rounds, St. Francis Hospital, Evanston, Il June 2000

6. Facial Trauma, Resurrection Medical Center Emergency Medicine Residency, September 2000

7. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Evanston Hospital, September, 2000

8. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Rush North Shore Medical Center, October, 2000

9. Reconstructive Surgery of the Breast, Professional Lecture Series on Breast Cancer, St. Francis Hospital, October, 2000

10. Plastic Surgery of the Breast and Abdomen, Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, December, 2000

11. Change of Face; Is Cosmetic Surgery for You?, Adult Education Series, Lutheran General Hospital and The Arlington Heights Public Library, December, 2000

12. Updates in Breast Reconstruction, The Breast Center, Lutheran General Hospital, January 2001

13. Abdominal Wall Reconstruction, Trauma Conference, Lutheran General Hospital, February 2001

14. Wound Care, Rush North Shore Medical Center, March 2001

15. Breast Reconstruction, Diagnosis and Treatment Updates on Breast Cancer, Lutheran General Hospital, April 2001

16. Wound Care and V.A.C. Therapy, Double Tree Hotel, Skokie, Il October 2001

17. The Role of the V.A.C. in Reconstructive Surgery, LaCrosse, WI November 2001

18. Dressing for Success: The Role of the V.A.C. in Reconstructive Surgery, Grand Rounds, The University of Minnesota Section of Plastic and Reconstructive, Minneapolis, MN January, 2002

19. The Vacuum Assisted Closure Device in the Management of Complex Soft Tissue Defects, Eau Claire, WI February, 2002

20. The Vacuum Assisted Closure Device in Acute & Traumatic Soft Tissue Injuries, Orland Park, Il March, 2002

21. Body Contouring After Weight Loss, The Gurnee Weight Loss Support Group, Gurnee, Il April, 2002

22. An Algorithm to Complex Soft Tissue Reconstruction With Negative Pressure Therapy, Owensboro Mercy Medical Center, Owensboro, Ky, April, 2002

23. Breast and Body Contouring, St. Francis Hospital Weight Loss Support Group, Evanston, Il April, 2002

24. The Wound Closure Ladder vs. The Reconstructive Elevator, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il, May, 2002.

25. An Algorithm for Complex Soft Tissue Reconstruction with the Vacuum Assisted Closure Device, The Field Museum, Chicago,Il, May, 2002

26. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Kinetic Concepts, Inc. San Antonio, Texas, July 31, 2002

27. Management of Complex Soft Tissue Injuries of the Lower Extremity, Chicago Trauma Symposium, August 2-5, 2002, Chicago, Illinois:

28. Wound Bed Preparation, Smith Nephew, Oak Brook, Il, August 6, 2002

29. Getting Under Your Skin...Is Cosmetic Surgery for You?, Rush North Shore Adult Continuing Education Series, Skokie, Il August 28, 2002.

30. The Role of Negative Pressure Therapy in Complex Soft Tissue Wounds, Columbia/St. Mary's Wound, Ostomy, and Continence Nurse Program, Milwaukee, Wi, September 17, 2002

31. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy and Rehabilitation Medicine, Lutheran General Hospital, September 19, 2002

32. The Role of Negative Pressure Wound Therapy in Reconstructive Surgery, Ann Arbor, Mi September 26, 2002

33. Dressing for Success: The Role of the Vaccuum Assisted Closure Device in Plastic Surgery, Indianopolis, In November 11, 2002

34. The Wound Closure Ladder Versus the Reconstructive Elevator, Crystal Lake, Il November 21, 2002

35. A Systematic Approach to Functional Restoration, Grand Rounds, Dept. of Physical Therapy, Evanston Northwestern Healthcare, Evanston, Il February 13, 2003

36. Case Studies in Traumatic Wound Reconstruction, American Association of Critical Care Nurses, Northwest Chicago Area Chapter, Park Ridge, Il February 19, 2003

37. Reconstruction of Complex Soft Tissue Injuries of the Lower Extremity, Podiatry Lecture Series, Rush North Shore Medical Center, Skokie, Il March 5, 2003

38. The Use of Negative Pressure Wound Therapy in Reconstructive Surgery, Kalamazoo, Mi March 19, 2003

39. Updates in Breast Reconstruction, The Midwest Clinical Conference, The Chicago Medical Society, Chicago, Il March 21, 2003

40. Updates of Vacuum Assisted Closure, Grand Rounds, The Medical College of Wisconsin, Department of Plastic Surgery, Milwaukee, Wi March 26, 2003

41. Breast Reconstruction, Surgical Grand Rounds, Lutheran General Hospital, Park Ridge, Il March 27, 2003

42. Decision-Making in Breast Reconstruction: Plastic Surgeons as Members of a Multi-Disciplinary Team, 1st Annual Advocate Lutheran General Hospital Breast Cancer Symposium, Rosemont, Il, April 11, 2003

43. The Wound Closure Ladder Versus The Reconstructive Elevator, Duluth, Mn, April 24, 2003

44. Dressing For Successs: The Role of The Wound VAC in Reconstructive Surgery, Detroit, Mi, May 9, 2003

45. Plastic Surgery Pearls, Grand Rounds Orthopedic Surgery Physician Assistants Lutheran General Hospital and Finch University of Health Sciences, Park Ridge, Il, June 5, 2003

46. A Systematic Approach to Complex Reconstruction, 12th Annual Vendor Fair "Surgical Innovations," October 18, 2003, Lutheran General Hospital, Park Ridge, Il 2003

47. Dressing For Success: The Role of the Wound VAC in Reconstructive Surgery, American Society of Plastic Surgery, October 26, 2003, San Diego, CA

48. Beautiful You: From Botox to Weekend Surgeries, 21st Century Cosmetic Considerations, March 21, 2004 Hadassah Women's Health Symposium, Skokie, Il

49. Updates in Breast Reconstruction, The 2nd Annual Breast Cancer Symposium, Advocate Lutheran General, Hyatt Rosemont, April 2, 2004

50. Head and Neck Reconstruction, Grand Rounds, The University of Illinois Metropolitan Group Hospitals Residency in General Surgery, Advocate Lutheran General Hospital, May 6, 2004

51. Abdominal Wall Reconstruction, Surgeons Forum, LifeCell Corporation, May 15, 2004, Chicago, Il

52. 4th Annual Chicagoland Day of Sharing for Breast Cancer Awareness, Saturday, October 2, 2004, Hoffman Estates, Il

53. Abdominal Wall Reconstruction, University of Illinois Metropolitan Group Hospitals Residency in General Surgery, November 19, 2004, Skokie, Il

54. Advances in Wound Care, Wound and Skin Care Survival Skills, Advocate Good Samaritan Hospital, Tuesday, February 8, 2005, Downer's Grove, Il

55. Plastic Surgery: A Five Year Perspective in Practice, Grand Rounds, The University of Chicago, May 18, 2005, Chicago, Il

56. New Techniques in Breast Reconstruction, The Cancer Wellness Center, October 11, 2005 Northbrook, Il

57. Principles of Plastic Surgery; Soft Tissue Reconstruction of the Hand, Rehab Connections, Inc., Hand, Wrist, and Elbow Forum, October 28, 2005, Homer Glen, Il

58. Principles of Plastic Surgery, Lutheran General Hospital Quarterly Trauma Conference, November 9, 2005, Park Ridge, Il

59. Principles of Plastic Surgery, Continuing Medical Education, St. Francis Hospital, November 15, 2005, Evanston, Il

60. Dressing for Success: A Seven Year Experience with Negative Pressure Wound Therapy, Kinetic Concepts Inc, November 30, 2005, Glenview, Il.

61. Breast Reconstruction: The Next Generation, Breast Tumor Conference, Lutheran General Hospital, May 9, 2006.

62. Complex Wound Care: Skin Grafts, Flaps, and Reconstruction, The Elizabeth D. Wick Symposium on Wound Care, *Current Concepts in Advanced Healing: An Update*, Rush North Shore Medical Center, November 4, 2006.

63. An Approach to Maxillofacial Trauma: Grand Rounds, Lutheran General Hospital/Univ. of Illinois Metropolitan Group Hospital Residency in General Surgery, November 9, 2006.

64. "From Paris to Park Ridge", Northern Trust and Advocate Lutheran General Hospital, Northern Trust Bank, June 7, 2007.

65. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, The University of Chicago, Section of Plastic Surgery.

66. "Meet the Experts on Breast Cancer," 7th Annual Chicagoland Day of Sharing, Sunday, April 13th, 2008

67. Gender Confirmation Surgey: Surgical Options and Decision-Making, The University of Minnesota, Division of Human Sexuality, May 10, 2008, Minneapolis, Minnesota.

68. "Private Practice Plastic Surgery: A Seven Year Perspective," Grand Rounds, Loyola University, 2008 Section of Plastic Surgery.

69. "Management of Lower Extremity Trauma," Grand Rounds, The University of Chicago, Section of Plastic Surgery, October, 8, 2008.

70. "Concepts in Plastic Surgery: A Multi-Disciplinary Approach," Frontline Surgical Advancements, Lutheran General Hospital, November 1, 2008

71. "Surgical Techniques-New Surgical Techniques/Plastic Surgery/Prosthetics," Caldwell Breast Center CME Series, Advocate Lutheran General Hospital, November 12, 2008

72. "Genetics: *A Family Affair*" Panel Discussion: Predictive Genetic Testing, 23rd Annual Illinois Department of Public Health Conference, Oak Brook Hills Marriott Resort, Oak Brook, Il, March 18, 2009

73. "Gender Confirmation Surgery" Minnesota TransHealth and Wellness Conference, May 15, 2009, Metropolitan State University, Saint Paul, MN.

74. "The Role of Plastic Surgery in Wound Care, " Practical Wound Care A Multidisciplinary Approach, Advocate Lutheran General Hospital, October 9-10, 2009, Park Ridge, Il.

75. "In The Family," Panel, General Session III, 2009 Illinois Women's Health Conference, Illinois Dept. of Health, Office of Women's Health October 28-29, 2009, Oak Brook, Il.

76. "Patient Safety in Plastic Surgery," The University of Chicago, Section of Plastic Surgery, Grand Rounds, November 18, 2009.

77. "Compartment Syndrome," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.

78. "Maxillofacial Trauma," 6th Annual Advocate Injury Institute Symposium, Trauma 2009: Yes We Can!, November 19-20, 2009.

79. "Management of Complex Lower Extremity Injuries," Grand Rounds, The Section of Plastic Surgery, The University of Chicago, December 16, 2009, Chicago, Il.

80. "Gender-Confirming MTF Surgery: Indications and Techniques," Working Group on Gender, New York State Psychiatric Institute, March 12, 2010

81. "Gender-Confirmation Surgery," Minnesota Trans Health and Wellness Conference, Metropolitan State University, St. Paul Campus, May 14th, 2010

82. "Physical Injuries and Impairments," Heroes Welcome Home The Chicago Association of Realtors, Rosemont, Illinois, May 25th, 2010.

83. "Genetics and Your Health," Hadassah Heals: Healing Mind, Body, & Soul, Wellness Fair, 2010, August 29, 2010, Wilmette, Illinois.

84. "GCS," Southern Comfort Conference 2010, September 6-11, 2010, Atlanta, GA.

85. "Gender Confirming Surgery," The Center, The LGBT Community Center, October 22, 2010 New York, NY.

86. "Gender Confirming Surgery," the Center, The LGBT Community Center, May 20, 2011, New York, NY.

87. "Gender Confirming Surgery," Roosevelt-St. Lukes Hospital, May 20, 2011, New York, NY

88. "Principles of Plastic Surgery," Learn about Ortho, Lutheran General Hospital, May 25, 2011, Park Ridge, Il.

89. "Forging Multidisciplinary Relationships in Private Practice," Chicago Breast Reconstruction Symposium 2011, September 9, 2011, Chicago, Il

90. "Gender Confirming Surgery," Minnesota TransHealth and Wellness Conference, Diverse Families: Health Through Community, September 10, 2011, Minneapolis, Minnesota

91. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 16, 2011, Chicago, Il

92. "Facial Trauma," 8th Annual Advocate Injury Institute Symposium, Trauma 2011: 40 years in the Making, Wyndham Lisle-Chicago, November 9-10, 2011

93. "Establishing a Community-Based Microsurgical Practice," QMP Reconstructive Symposium, November 18-20, 2011, Chicago, Il

94. "Surgery for Gender Identity Disorder," Grand Rounds, Dept. of Obstetrics and Gynecology, Northshore University Health System, December 7, 2011

95. "Managing Facial Fractures," Trauma Grand Rounds, Lutheran General Hospital, Park Ridge, Il July 17, 2012

96. "Principles of Transgender Medicine," The University of Chicago Pritzker School of Medicine, Chicago, Il, September 7, 2012

97. "State of the art breast reconstruction," Advocate Health Care, 11th Breast Imaging Symposium, January 26, 2013, Park Ridge, Il.

98. "State of the art breast reconstruction," Grand Rounds, Dept. of Surgery, Mount Sinai Hospital, April 25, 2013, Chicago, Il.

99. "Getting under your skin: is cosmetic surgery right for you?" Lutheran General Hospital community lecture series, May 7, 2013, Park Ridge, Il.

100. "Gender Confirming Surgery," University of Chicago, Pritzker School of Medicine, Anatomy Class, September 27, 2013, Chicago, Il

101. "State of the Art Breast Reconstruction," Edward Cancer Center, Edward Hospital, October 22, 2013, Naperville, Il

102. "Transgender Medicine and Ministry," Pastoral Voice, Advocate Lutheran General Hospital, October 23, 2013, Park Ridge, Il

103. "Principles of Transgender Medicine and Surgery," The University of Illinois at Chicago College of Medicine, January 28, 2014, Chicago, Il

104. "Principles of Transgender Medicine and Surgery," Latest Surgical Innovations and Considerations, 22nd Annual Educational Workshop, Advocate Lutheran General Hospital, March 1, 2014, Park Ridge, Il.

105. "Principles of Transgender Medicine: Gender Confirming Surgery," Loyola University Medical Center, March 12, 2014.

106. "Principles of Plastic Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, Lutheran General Hospital, September 12, 2014.

107. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, October 3, 2014

108. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgical Administrators/The American Society of Plastic Surgery Assistants, Chicago, Il, October 11, 2014.

109. "Private Practice: Is There a Future?" The Annual Meeting of The American Society of Plastic Surgery Nurses, Chicago, Il, October 12, 2014.

110. "Gender Confirmation Surgery" Grand Rounds, The University of Minnesota, Dept. of Plastic Surgery, Minneapolis, MN, October 29, 2014.

111. "Body Contour After Massive Weight Loss," The Bariatric Support Group, Advocate Lutheran General Hospital, February 5, 2015, Lutheran General Hospital, Park Ridge, Il.

112. "Gender Confirmation Surgery," The School of the Art Institute of Chicago, February 1, 2015, Chicago, Il.

113. "Gender Confirmation Surgery," The Community Kinship Life/Bronx Lebanon Department of Family Medicine, Bronx, NY, March 6, 2015

114. "Gender Confirmation Surgery," Educational Inservice, Lutheran General Hospital, Park Ridge, Il, April 20, 2015

115. "Principles of Plastic Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

116. "Updates on Gender Confirmation Surgery, " Surgical Trends, Lutheran General Hospital, Park Ridge, Il, May 16, 2015

117. "Gender Confirmation Surgery," Lurie Childrens' Hospital, Chicago, Il, May 18, 2015,Chicago, Il 2015.

118. "Gender Confirmation Surgery," TransClinical Care and Management Track Philadelphia Trans-Health Conference, June 5, 2015, Philadelphia, Pa.

119. "Gender Confirmation Surgery: A Fifteen Year Experience," Grand Rounds, The University of Minnesota, Plastic and Reconstructive Surgery and the Program in Human Sexuality, July 30, 2015, Minneapolis, Mn

120. "Gender Confirmation Surgery," Grand Rounds, Tel Aviv Medical Center, Tel Aviv, Israel, August 13, 2015

121. "Gender Confirmation Surgery," Grand Rounds, University of Illinois, Dept of Family Medicine, September 2, 2015

122. "Principles of Plastic Surgery," Grand Rounds, St. Francis Hospital, Evanston, Il September 18, 2015

123. "Gender Confirmation Surgery," Midwest LGBTQ Health Symposium, Chicago, Il, October 2, 2015

124. "Gender Confirmation Surgery," Southern Comfort Conference, Weston, Fl, October 3, 2015

125. "Surgical Transitions for Transgender Patients," Transgender Health Training Institute, Rush University Medical Center, Chicago,Il, October 8, 2015

126. "Gender Confirmation Surgery," The Transgender Health Education Peach State Conference, Atlanta, GA, October 30, 2015

127. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 4, 2015, Chicago, Il

128. "Gender Confirmation Surgery," University of Illinois at Chicago, Operating Room Staff Inservice, November 18, 2015, Chicago, Il

129. "Gender Confirmation Surgery," University of Illinois at Chicago, Plastic Surgery and Urology Inservice, November 18, 2015, Chicago, Il

130. "Gender Confirmation Surgery," Weiss Memorial Medical Center, November 19, 2015, Chicago, Il

131. "Gender Confirmation Surgery," Section of Plastic Surgery, The University of Illinois at Chicago, January 13, 2016, Chicago, Il

132. "Gender Confirmation Surgery," Dept. of Medicine, Louis A. Weiss Memorial Hospital, February 18, 2016, Chicago, Il

133. "Gender Confirmation Surgery," BCBSIL Managed Care Roundtable March 2, 2016 Chicago, Il

134. "Gender Confirmation Surgery-MtF," Keystone Conference, March 10, 2016, Harrisburg, PA

135. "Gender Confirmation Surgery-FtM," Keystone Conference, March 10, 2016, Harrisburg, PA

136. "Gender Confirmation Surgery," Grand Rounds, Dept. of Ob-Gyn, March 25, 2016, Lutheran General Hospital, Park Ridge, Il 60068

137. "Surgical Management of the Transgender Patient," Spring Meeting, The New York Regional Society of Plastic Surgeons, April 16, 2016, New York, NY

138. "A Three Step Approach to Complex Lower Extremity Trauma," University of Illinois at Chicago, April 27, 2016, Chicago, Il.

139. "Gender Confirmation Surgery," Howard Brown Health Center, July 12, 2016, Chicago, Il

140. "Creating the Transgender Breast M-F; F-M", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

141. "Overview of Transgender Breast Surgery," ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

142. "VTE Chemoprophylaxis in Cosmetic Breast and Body Surgery: Science or Myth", ASPS Breast surgery and Body Contouring Symposium, Santa Fe, NM, August 25-27, 2016

143. "Gender Confirmation Surgery," Gender Program, Lurie Childrens', Parent Group, September 20, 201, 467 W. Deming, Chicago, Il

144. "Gender Confirmation Surgery," The American Society of Plastic Surgeons Expo, September 24, 2016, Los Angeles, CA

145. Transgender Surgery, Management of the Transgender Patient, Female to Male Surgery, Overview and Phalloplasty, The American College of Surgeons, Clinical Congress 2016 October 16-20,2016 Washington, DC

146. "Gender Confirmation Surgery," The Department of Anesthesia, The University of Illinois at Chicago, November 9, 2016

147. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 14, 2016

148. "Gender Confirmation Surgery," Nursing Education, The University of Illinois at Chicago, January 10, 2017

149. "F2M-Radial Forearm Total Phalloplasty: Plastic Surgeon's Point of View," The European Association of Urologists, Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS), London, United Kingdom, March 23-26, 2017

150. "Gender Confirmation Surgery," Grand Rounds, The Department of Surgery, The University of North Carolina, March 29, 2017.

151. "Transgender Facial Surgery," *The Aesthetic Meeting 2017 – 50 Years of Aesthetics* - in San Diego, California April 27– May 2, 2017.

152. "Gender Confirmation Surgery: A New Surgical Frontier," 15th Annual Morristown Surgical Symposium Gender and Surgery, Morristown, NJ, May 5, 2017.

153. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, The Medical College of Wisconsin, May 24, 2017

154. "Gender Confirmation Surgery: A New Surgical Frontier," Dept. of Obstetrics and Gynecology, Howard Brown Health Center, August 8, 2017

155. "Current State of the Art: Gynecomastia," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

156. "Gender Confirmation Surgery-An Overview," ASPS Breast Surgery and Body Contouring Symposium, San Diego, CA, August 10-12, 2017

157. "Gender Confirmation Surgery," Grand Rounds, Dept. of Obstetrics and Gynecology, The University of Chicago, August 25, 2017

158. "Gender Confirmation Surgery," Wake Forest School of Medicine, Transgender Health Conference, Winston-Salem, NC, September 28-29, 2017

159. "Phalloplasty," Brazilian Professional Association for Transgender Health, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017

160. "Gender Confirmation Surgery," Brazlian Professional Association for Transgender Health/WPATH Session, Teatro Marcos Lindenberg, Universidade Federal de São Paulo (Unifesp), November 1-4, 2017

161. "Gender Confirmation Surgery," The Division of Plastic Surgery, The University of Illinois at Chicago, December 13, 2017, Chicago, Il

162. "Gender Confirmation Surgery," Gender and Sex Development Program, Ann and Robert H. Lurie Children's Hospital of Chicago, December 18, 2017, Chicago, Il

163. "Transgender Breast Augmentation," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA

164. "Top Surgery: Transmasculine Chest Contouring," 34th Annual Atlanta Breast Surgery Symposium, January 19-21, 2018, Atlanta, GA

165. "Gender Confirmation Surgery," The 17th International Congress of Plastic and Reconstructive Surgery in Shanghai, March 18-25, 2018, Shanghai, China

166. "Gender Confirmation Surgery: Facial Feminization and Metoidioplasty," 97th Meeting of the American Association of Plastic Surgeons, Reconstructive Symposium, April 7-10, 2018, Seattle, WA

167. Moderator: "Gender Confirmation Surgery: Top Surgery", The Annual Meeting of The American Society of Aesthetic Plastic Surgery, April 26-May 1, 2018, New York, NY

168. "Gender Confirmation Surgery," Econsult monthly meeting, Dept. of Veterans' Affaris, May 24, 2018

169. "Gender Confirmation Surgery," Transgender Care Conference: Improving Care Across the Lifespan, Moses Cone Hospital, Greensboro, NC, June 8, 2018

170. "WPATH State of the Art," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

171. "Facial Feminiztion Surgery: The New Frontier?" 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

172. "Current Techniques and Results in Mastectomies," 1st Swiss Consensus Meeting on the Standardization of Sex Reassignment Surgery, The University of Basel, August 31, 2018-September 1, 2018

173. "Gender Confirmation Surgery," The University of Chicago, Pritzker School of Medicine, September 7, 2018, Chicago, Il.

174. The Business End: Incorporating Gender Confirmation Surgery, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 29, 2018, Chicago, Il

175. Body Contouring in Men, Gynecomastia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, September 30, 2018, Chicago, Il

176. Moderator: Breast Augmentation and Chest Surgery in Gender Diverse Individuals, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, Il

177. Moderator: Aesthetic Surgery of The Male Genitalia, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, Il

178. Moderator: Gender Confirmation Surgeries: The Standards of Care and Development of Gender Identity, Plastic Surgery The Meeting, Annual Meeting of The American Society of Plastic Surgeons, October 1, 2018, Chicago, Il

179. The Center for Gender Confirmation Surgery Lecture Series, "Introduction to Gender Confirmation Surgery," Weiss Memorial Hospital, October 17, 2018, Chicago, Il

180. Institute 3: Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition, Gender Confirming Care in Adolescence: Evidence, Timing, Options, and Outcomes, The American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting, October 22-27, 2018, Seattle, WA

181. Gender Confirmation Surgery, Combined Endocrine Grand Rounds, The University of Illinois at Chicago, Rush University, Cook County Hospital, January 8, 2019

182. Gender Confirmation Surgery: An Update, Division of Plastic Surgery, The University of Illinois at Chicago, January 23, 2019

183. Gender Confirmation Surgery from Top to Bottom: A 20 Year Experience, Grand Rounds, The Department of Surgery, Ochsner Health System, January 30, 2019, New Orleans, LA

184. Master Series of Microsurgery: Battle of the Masters

One Reconstructive Problem – Two Masters with Two Different Approaches, Gender Affirmation, Male-to-Female Vaginoplasty: Intestinal Vaginoplasty, The American Society for Reconstructive Microsurgery, Palm Desert, California, February 2, 2019

185. Gender Confirmation Surgery: From Top to Bottom, The University of Toronto, Toronto, Canada, February 21, 2019

186. Gender Confirmation Surgery: Where are We, The University of Toronto, Toronto, Canada, February 21, 2019

187. Professors' Rounds: Gender Confirmation Surgery: A Twenty Year Experience, Princess Margaret Hospital, Toronto, Canada, February 22, 2019

188. A 3 Step Approach to Lower Extremity Trauma, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

189. Gender Surgery: Where are We Now?, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

190. Gender Confirmation Surgery, A Single Surgeon's 20 Year Experience, Plastic Surgery at The Red Sea, Eilat, Israel, March 6-9, 2019.

191. Gender Confirmation Surgery: Where We Have Been and Where We Are Going, Grand Rounds, The University of Chicago, Section of Plastic Surgery, March 13, 2019

192. Gender Confirmation Surgery: From Top To Bottom, Resident Core Curriculum Conference, The University of Chicago, Section of Plastic Surgery, March 13, 2019.

193. "Gender Confirmation Surgery," WPATH/AMSA Medical School Trans Health Elective, Webinar, March 13, 2019

194. Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula. The European Professional Association for Transgender Health, April 9-13, Rome, Italy

195. Current State of Gender-Affirming Surgery in the US and Beyond, Gender-affirming genital surgery presented by the American Urologic Association in collaboration with the Society for Genitourinary Reconstructive Surgeons (GURS), May 2, 2019, Chicago, Il

196. Surgical Training-How Can I get it, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

197. What is the Standard of Care in This New Frontier, The Aesthetic Meeting 2019, New Orleans, LA, May 20, 2019

198. The 20th Annual Chicago Orthopedic Symposium, August 15-18, 2019, Chicago, Il "Soft Tissue Defects-Getting Coverage"

199. Gender Confirmation Sugery, The Potocsnak Family Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, August 19, 2019

200. Anatomy, Embryology, and Surgery, The University of Chicago, First Year Medical Student Anatomy Lecture, September 9, 2019, The University of Chicago, Chicago, Il.

201. Gender Confirmation Surgery, Howard Brown Health Center Gender Affirming Learning Series, September 13, 2019, Chicago, Il.

202. Moderator, Patient Selection in Gender Affirming Survey Surgery, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

203. Breast Augmentation in Transwomen: Optimizing Aesthetics and Avoiding Revisions, 88th Annual Meeting of The American Society of Plastic Surgeons, September 20-23, 2019, San Diego, CA

204. Breast Reconstruction, State of the Art, NYU-Langone Health, NYU School of Medicine, Standards of Care and Insurance Coverage, Saturday, November 23, 2019, New York, NY.

205. ASRM Masters Series in Microsurgery: Think Big, Act Small: The Building Blocks for Success, "Building a Microsurgery Private Practice from the Ground Up", 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020

206. ASPS/ASRM Combined Panel II: Gender Affirmation Surgery: Reconstruction Challenges of Function and Sensation, 2020 ASRM Annual Meeting, Ft. Lauderdale, Florida, January 10-14, 2020

207. Rush University Medical Center, Division of Urology, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," January 22, 2020

208. Rush University Medical Center, Department of General Surgery, Grand Rounds, "Gender Confirmation Surgery: A Single Surgeon's Experience," February 5, 2020.

209. WPATH/AMSA (American Medical Association) Gender Scholar Course, Webinar, March 11, 2020

210. Rush University Medical Center, Division of Plastic Surgery, Weekly Presentation, Gender Confirmation Surgery: Can a Surgeon Provide Informed Consent?, April 29, 2020

211. Legal Issues Faced by the Transgender Community, ISBA Standing Committee on Women and The Law and the ISBA Standing Committee on Sexual Orientation and Gender Identity, Co-Sponsored by the National Association of Women Judges District 8, Live Webinar, May 28, 2020

212. Principles of Transgender Surgery, National Association of Women's Judges, District 8, Webinar, June 4, 2020

213. Gender-Affirming Surgery, National Association of Women's Judges, District 8, Webinar, July 8, 2020

214. Gender-Affirming Surgery, The University of Chicago, Pritzker School of Medicine, 1st year Anatomy, September 15, 2020

215. Gender-Affirming Surgery, Rush University Medical School, 2nd year Genitourinary Anatomy, September 16, 2020.

216. Surgical Management of the Transgender Patient, Rosalind Franklin University, The Chicago Medical School, Plastic Surgery Interest Group, October 7, 2020

217. Breast Augmentation in Transgender Individuals, The American Society of Plastic Surgeons Spring Meeting, March 20, 2021

218. International Continence Society Institute of Physiotherapy Podcast 5-Pelvic Floor Most Common Disorders and Transgender Patients (recorded April 30, 2021)

219. The American Association of Plastic Surgeons Annual Meeting, Reconstructive Symposium, Gender Affirmation Panel, Complications of GCS, Miami, FL, May 15, 2021 (presented virtually)

220. Gender Confirmation Surgery, Grand Rounds, Rush University, Section of Urology, June 8, 2021.

221. Genitourinary introduction lecture, M2, Rush University School of Medicine, September 2, 2021 (by Zoom)

222. Demystifing Gender: Fostering Gender Friendly Healthcare, Gender Affirmative Care in Adults, Querencia (lady hardinge medical college, WHO Collaborating Center for Adolescent Health, Dept of Paediatrics, JSCH & LHMC, New Delhi, WPATH September 5, 2021 (by zoom)

223. Gender Confirmation Surgery, The University of Chicago Pritzker School of Medicine, MS-1, Anatomy lecture, September, 14, 2021, Chicago Il.

224. Gender Confirmation Surgery, A Single Surgeon's 22 Year Experience: Where are We Now?, Research Seminar, Section of Endocrinology, The University of Chicago, Chicago, Il, October 4, 2011 (by Zoom)

225. Chest Surgery, The Illinois Dept. of Corrections (by zoom), October 13, 2021.

226. Vaginoplasty, The Illinois Dept. of Corrections (by zoom), October 15, 2021.

227. International Continence Society, 20th Physioforum, Pelvic Floor Physical Therapy and Gender-Affirming Surgery, October 16, 2021, Melbourne, Australia (by Zoom)

228. Rush University Division of Plastic Surgery, Gender Affirmation Surgery: Where Are We Now?, educational conference, November 23, 2021, Chicago, Il

229. 51 Congreso Argentino de Cirugia Plastica, Microsurgery Symposium, SACPER-FILACP, 3 Step Approach to Lower Extremity Trauma, November 29, 2021, Mar del Plata, Argentina

230. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery I, “Gestión Quirúrgica de la Disforia de Género: Descripción general del manejo quirúrgico y los estándares de atención,” December 1, 2021, Mar del Plata, Argentina

231. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery II, Cirugía Genital Masculinizante (Metoidioplastia y Faloplastia), December 2, 2021, Mar del Plata, Argentina

232. 51 Congreso Argentino de Cirugia Plastica, Genital Aesthetics and Gender Confirmation Surgery III, Faloplastia: optimización de resultados y reducción de complicaciones, December 2, 2021, Mar del Plata, Argentina

23-1394, 23-1452

IN THE

United States Court of Appeals

FOR THE FOURTH CIRCUIT

JESSE HAMMONS,

Plaintiff-Appellant,

—v.—

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION; UMSJ HEALTH SYSTEM, LLC; UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,

Defendants-Appellees.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

APPENDIX
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In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-cv-02088-DKC

DR. GAIL P. CUNNINGHAM

April 14, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,)
Plaintiff,)
-v-) Case No.
UNIVERSITY OF MARYLAND MEDICAL) 1:20-cv-02088-DKC
SYSTEM CORPORATION, et al.)
Defendants.)

Videotaped Deposition of Gail P. Cunningham

Towson, MD

Thursday, April 14, 2022

9:00 a.m.

Job No: J8078725

Pages: 1-308

Reported by: Kenneth Norris

Deposition of Gail P. Cunningham

Taken at:

UNIVERSITY OF MARYLAND

ST. JOSEPH MEDICAL CENTER

7601 Osler Drive

Towson, MD 21204

Telephone: (410)328-8667

Pursuant to Notice, before Kenneth Norris, a Professional Reporter and Notary Public in and for the State of Maryland.

that it -- I know it was announced in December. I don't know the actual signature date.

Q. So from 1996 to 2012, St. Joseph was owned and operated by Catholic Health Initiatives; right?

A. Yes.

Q. And what is Catholic Health Initiatives?

MR. WERNER: Object to the form.

THE WITNESS: It's another Catholic corporation that owns and operates multiple hospitals across the United States. I don't know elsewhere.

BY MR. DELMAN:

Q. And then in 2012 St. Joseph was purchased by the University of Maryland Medical System; right?

A. Yes.

Q. Now, were you involved in any way with the negotiations concerning the purchase of St. Joseph?

A. Only being at some -- actually at this table sometimes when there would be discussions back and forth about timing, but not in -- nothing monetary or in any -- no part of the actual negotiations.

Q. You didn't have any role in the negotiation

of the terms of the asset purchase agreement?

A. No.

Q. And did you have any role in the negotiation of the Catholic identity agreements?

A. No.

Q. So St. Joseph is currently an LLC with the name University of Maryland St. Joseph's Medical Center, LLC; right?

A. Right.

Q. And that LLC has one member; right?

A. Yes.

Q. And that member is UMSJ Health System, LLC?

A. I believe so.

Q. And UMSJ Health System in turn also has only one member; right?

A. I believe so.

Q. And that member is the University of Maryland Medical System Corporation?

A. I believe so.

Q. And so, UMSJ Health System is a wholly owned subsidiary of University of Maryland Medical System?

MR. WERNER: Object to the form.

THE WITNESS: I don't know what that term means, wholly owned subsidiary.

BY MR. DELMAN:

Q. The University of Maryland Medical System is the only owner of UMSJ Health System?

A. Yes.

Q. And similarly, UMSJ Health System is the only owner of St. Joseph's Medical Center?

A. Yes.

Q. So University of Maryland through UMSJ is the sole owner of St. Joseph; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And no other entity has any ownership stake in St. Joseph?

A. No.

Q. Now, the University of Maryland St. Joseph Medical Center was previously known as Northeastern Maryland Regional Health System, LLC; right?

feel free to look through it as much or as little as you like. You can just let me know when you're done looking at it.

A. Okay.

Q. I just ask you to turn to HUM 596.

A. Okay.

Q. I'd ask you to just read this section here right on the page.

MR. WERNER: You want her to read it aloud?

MR. DELMAN: No, to herself.

MR. WERNER: Okay.

THE WITNESS: Okay.

BY MR. DELMAN:

Q. According to this document, this Form 990 for UMSJ, UMMS has the ability to appoint members to the board of the UMSJ Health System; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And also all decisions of USMJ's governing board must be approved by UMS?

MR. WERNER: Object to the form.

THE WITNESS: That's what this says.

BY MR. DELMAN:

Q. Do you have any reason to believe that that's not the case?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. Do you have any reason to believe that UMS does not have the ability to appoint members of the board of UMSJ?

A. No.

Q. This is UMMS 832 being marked as Plaintiff's Exhibit 4.

(Plaintiff's Exhibit No. 4 was marked for identification.)

THE WITNESS: Is there anything in particular you want me to look at?

BY MR. DELMAN:

Q. I'm happy to move ahead and we can sort of work through it together.

Q. Dr. Cunningham, this is the second amended and restated offering agreement for St. Joseph's Medical Center; right?

A. Yes.

Q. Have you seen this document before?

A. I don't believe so.

Q. I just want to confirm here on the -- in this first paragraph, it confirms that this was effective as of September 11, 2019?

MR. WERNER: Object to the form.

THE WITNESS: That's what this states.

BY MR. DELMAN:

Q. Did you have any awareness before this of St. Joseph having a second amended and restated offering agreement?

A. No.

Q. Turn with me to 1011 of Section 305.

If you'll look at Section C, this again confirms that UMMS has the right to directly appoint two voting members.

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And according to Section B, the UMMS CEO or his or her designee also sits on the board as an ex officio director?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Is that CEO currently Dr. Mohan Suntha?

A. Yes.

Q. Am I pronouncing that correctly?

A. Suntha.

Q. Suntha?

A. Right.

Q. Great. And Dr. Suntha is also on the board's executive committee; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Now, one other member of the board is also representative of the Archdiocese of Baltimore?

A. Go ahead.

Q. According to subsection E UMMS has the power and authority to elect all of the elected directors pursuant to a nomination process?

MR. WERNER: Object to the form.

THE WITNESS: If the member means UMMS, yes.

BY MR. DELMAN:

Q. Now, if you'll just turn back to Exhibit 4, please?

MR. WERNER: Are we done with 5?

MR. DELMAN: We might come back to it.

BY MR. DELMAN:

Q. And turn to page 916. Is that right? Yes. Look at Subsection C.

MR. WERNER: Of 12.16, is that what we're talking about?

MR. DELMAN: Correct.

THE WITNESS: Okay.

BY MR. DELMAN:

Q. Okay. So just according to Section C, Subsection C, the UMSJ board is the -- strike that.

According to Subsection C, the board of UMSJ Health System is also the board of SJMC?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. As far as you're aware, UMMS still retains the power to directly appoint two members to the UMSJ and SJMC boards?

A. As far as I know.

Q. Do you know who those members are currently?

A. Dr. Lisa Rowan, which is -- they've had some board turnover recently. I'm just trying to remember.

It had been the dean of the medical school. Now it's Dr. Lisa Rowan and -- I'm not sure of the other member right now. It may come to me.

Q. I'm sorry. Just going to 915, the page prior, it's Roman numeral 5.

A. Yes.

Q. It says here that apart from the representative of the Archdiocese, the CEO, and the two directly appointed voting members, all other

members shall be appointed by UMMS pursuant to a nomination process?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Do you have any reason to believe that that's no longer the case?

A. No.

Q. You don't know who those members are off the top of your head?

A. The two UMMS members?

Q. No. The members who are not either ex officio representatives of the Archdiocese or the two UMMS members.

A. I could name some of them.

Q. Do you have any -- do you have any sense of approximately what percentage of the board those members constitute?

A. Probably between half and three quarters.

Q. As we discussed previously, all decisions by the board of UMSJ must be approved by UMMS; right?

MR. WERNER: Object to the form.

THE WITNESS: That's what it states, yes.

BY MR. DELMAN:

Q. And as you discussed, you have no reason to believe that's not the case?

A. Correct.

Q. If you will turn with me to on the same exhibit, Exhibit 4 -- Exhibit 4 to 963. So we're looking at Exhibit F, which is titled UMMS's reserved powers; right?

A. Yes.

Q. I think just for efficiency sake, please feel free to just read through the three pages of that exhibit, and then we can talk.

A. Okay.

Q. So, according to the asset purchase agreement, UMMS has reserved certain powers for itself; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. For example, UMMS has to approve any amendments to USMJ Health Systems' articles or organizational operating agreement?

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And UMMS has to approve of USMJ's annual budget?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Does the annual budget include the salaries and compensation for all employees of USMJ Health System?

A. I believe so.

Q. And UMMS has to approve of UMSJ Heath System's strategic plans; right?

MR. WERNER: Object to form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Do you know what this document means by strategic plans?

A. Yes. Each hospital has a five-year strategic plan or three years, depends on -- a five-year strategic plan as approved by the board and then approved by UMMS.

Q. What sorts of information is in the strategic plan?

A. Anything from quality goals to expansion goals, you know. Partnership goals. Could be a digital health strategy, an array of activities across the hospital that would be strategic usually set with some metrics or targets.

Q. Would it ever involve any planned or proposed changes in policies and procedures?

A. It's not that specific, no.

Q. UMMS also has to approve any material additions, expansions, revisions or deletions of the health care services not an approved budget or strategic plan; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And UMMS has also reserved the power to make UMSJ Health System take certain actions without prior approval of the board; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. For example, UMMS can appoint and remove UMSJ Health System's CEO; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And UMMS can add, expand, revise, or delete certain health care services provided by UMSJ Health System?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. UMMS can make UMSJ Health Systems submit corrective action plans if performance and financial targets aren't met?

MR. WERNER: Object to the form.

THE WITNESS: Yes.
BY MR. DELMAN:
Q. And it can enforce those corrective action plans?
MR. WERNER: Object to the form.
THE WITNESS: Yes.
BY MR. DELMAN:
Q. Do you have any reason to believe that UMMS no longer holds any of those reserved powers?
A. No.
Q. Are you aware of any other powers that UMMS exercises over the UMSJ Health System or SJMC?
MR. WERNER: Object to the form.
THE WITNESS: No.
BY MR. DELMAN:
Q. Now, UMMS' 2012 acquisition of St. Joseph was contingent on the approval from the Roman Catholic Church; right?
A. Yes.
Q. And as part of the acquisition, UMMS committed to continuing to operate SJMC in a manner

Plaintiff's Exhibit 6.

(Plaintiff's Exhibit No. 6 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, this is the Catholic identity agreement; right?

A. Yes.

Q. Have you seen this before?

A. Yes.

Q. When did you see this?

A. I probably saw it in its entirety a long time ago, and then I have seen a few pages of it in preparation for the deposition.

Q. Okay.

The Catholic identity agreement requires that St. Joseph be operated in accordance with the ERDs; right?

A. Correct.

Q. And also UMMS is the signatory for the Catholic identity agreement; right?

A. Yes.

Q. And the Catholic identity agreement mandates the creation of a clinical ethics committee?

A. Yes.

Q. As far as you're aware, members of that committee must be trained on the ERDs?

A. Yes.

Q. And they must agree to act as committee members in compliance with the ERDs?

A. Yes.

Q. The Catholic identity agreement also requires that St. Joseph undergo an audit by the National Catholic Bioethics Center every two years; right?

A. Yes.

Q. And what is the National Catholic Bioethics Center?

MR. WERNER: Object to the form.

THE WITNESS: It's a center located in Philadelphia that is the resource for ethical and moral direction for Catholic Health Care at least, and one of their arms is to conduct audits of Catholic

hospitals to make sure we're in alignment with the expectations related to being a Catholic hospital.

BY MR. DELMAN:

Q. And in general, would you agree that the National Catholic Bioethics Center understands what the ERDs mean and require?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Is it fair to say that the National Catholic Bioethics Center's interpretations of the ERDs are authoritative interpretations?

MR. WERNER: Object to the form.

THE WITNESS: I don't know what you mean by authoritative.

BY MR. DELMAN:

Q. Is it fair to say that if the National Catholic Bioethics Center released a document stating what the ERDs require, you would trust that interpretation?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. The Catholic identity agreement also requires the creation of the Catholic identity committee?

A. Yes.

Q. And one purpose of that committee is to ensure that St. Joseph remains faithful to the ERDs?

A. Yes.

Q. And we'll just turn very quickly to 1048, which is the signature page?

MR. WERNER: It's a one-signature page.

MR. DELMAN: Yes.

BY MR. DELMAN:

Q. The signatory here for the University of Maryland St. Joseph Medical Center is Megan Arthur; right?

A. Yes.

Q. As we discussed, Megan Arthur was general counsel for UMMS?

A. Yes.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Now, do you have any reason to believe that the requirements set forth in the Catholic identity agreement do not reflect the present reality of operations at St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: No reason to think so.

BY MR. DELMAN:

Q. And is it fair to say that physician compliance with ERDs was the largest part of the focus when UMMS purchased St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: When you -- I don't know. I don't know the physician complying with the ERDs was the primary focus.

BY MR. DELMAN:

Q. This is UMMS 817 going to be marked as Plaintiff's Exhibit 7.

(Plaintiff's Exhibit No. 7 was thereupon marked for identification.)

Q. And the document says here that Dr. Rossiter mentioned that when a physician signs on, he signs to all of the ERDs and that this was the largest part of the focus when UMMS purchased St. Joseph.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Do you see that?

A. Yes. So Dr. Rossiter was the chief of OB at the time, and that might have been her perception.

Q. Do you have any reason to believe that that perception was incorrect?

MR. WERNER: Object to the form.

THE WITNESS: Well, I know that there were many other parts of the Catholic identity agreement that were beyond the ERDs.

BY MR. DELMAN:

Q. So, Dr. Cunningham, based on the agreements we've reviewed, do you agree that St. Joseph does not have the power to decide that it will no longer adhere to and operationalize the ERDs?

MR. WERNER: Object to the form.

THE WITNESS: It's such an unfathomable question.

I imagine in the -- per the legal documents that would be the case.

BY MR. DELMAN:

Q. And do you agree that the majority or at least half of St. Joseph's board is selected either directly or following a nomination process by UMMS?

MR. WERNER: Object to the form.

THE WITNESS: It's not quite half. It's depending on the number.

BY MR. DELMAN:

Q. But a significant number?

A. A significant number, yes.

Q. Do you agree that St. Joseph lacks the power to decide that it will no longer maintain a Catholic identity committee?

MR. WERNER: Object to the form.

You're just asking for a legal conclusion. She's no here testifying as a lawyer.

THE WITNESS: Yes. I imagine if the legal

documents are written, that's the case. But, again, I'm not an attorney.

BY MR. DELMAN:

Q. Going back to the documents.

Oh, I'll ask, do you believe that St. Joseph would face -- do you believe that St. Joseph would be free to no longer maintain a Catholic identity committee, if it wanted to?

MR. WERNER: Object to the form.

THE WITNESS: No. It's one of our obligations.

BY MR. DELMAN:

Q. And do you believe that St. Joseph would be free to no longer hire and have a vice president for admission integration, if it wanted to?

MR. WERNER: Objection to the form.

THE WITNESS: No. It's part of the agreement.

BY MR. DELMAN:

Q. And would St. Joseph be free to no longer have an ethics committee if it wanted to?

MR. WERNER: Object to the form.

THE WITNESS: No. It's part of the agreement.

BY MR. DELMAN:

Q. And do you believe that St. Joseph would be free to no longer participate in the National Catholic Bioethics Center's audit on a biannual basis?

MR. WERNER: Object to the form.

THE WITNESS: No. It's part of the agreement.

MR. DELMAN: All right. Why don't we take a break.

MR. WERNER: How long?

MR. DELMAN: 10 minutes.

VIDEOGRAPHER: Off the record at 10:08.

(Whereupon, a recess ensued.)

VIDEOGRAPHER: Back on the record at 10:18.

BY MR. DELMAN:

Q. Good afternoon. Dr. Cunningham, we discussed that regarding the 2012 negotiations you were not personally involved in those negotiations;

A. Yes.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Now, you know hysterectomies do result in sterilization. You would agree that physicians do not typically perform hysterectomies for the purpose of sterilization; right?

A. At this organization or across the country?

Q. Across the country.

A. Well, across the country I can't speak to. I can only speak to at this organization.

Q. As a medical professional, do you have any sense of how common it is for medical professionals in this country to perform hysterectomies solely for the purpose of sterilization?

MR. WERNER: Object to the form.

THE WITNESS: I would think it would not happen often.

BY MR. DELMAN:

Q. And why do you think it would not happen often?

A. Because I do not believe it would be considered a medically necessary procedure. And there are alternatives.

Q. And what are some of those alternatives?

A. Any array of contraceptive procedures.

Q. Such as?

A. An IUD, a tubal ligation, ablation, probably those are the main ones.

Q. Now, putting aside -- strike that.

Hysterectomies are in fact performed to treat diagnosed medical conditions; right?

A. Yes.

Q. And in fact hysterectomies are frequently performed here at St. Joseph to treat certain medical conditions; right?

A. Yes.

Q. Now, we get to the final immediate parts.

MR. DELMAN: Paul, I tried to do this in way that would be most successful for your client, so what we have here first is a printout not of the entirety of UMMS 1034, but the first 20 rows of each sheet.

It's a multi-sheet document.

MR. WERNER: Yes.

MR. DELMAN: So I suggest to have a paper copy to mark as an exhibit.

MR. WERNER: And do you have a native version as well that you're going to --

MR. DELMAN: I do. I have it on iPad, which I'm going to provide to the witness.

MR. WERNER: I don't need two.

MR. DELMAN: Sorry.

So this is UMMS 1034 and it will be Exhibit 8.

(Plaintiff's Exhibit No. 8 was thereupon marked for identification.)

BY MR. DELMAN:

Q. So before I get this is to, Dr. Cunningham, I'm showing you a spreadsheet that was produced to us by your counsel, and they represented to us that it shows all hysterectomies performed at St. Joseph from fiscal year 2017 through fiscal year 2022, which is still ongoing.

Have you seen this spreadsheet before?

A. Yes.

Q. And when did you see this spreadsheet before?

A. It was shared with me by counsel this past week.

MR. WERNER: Well, just to be clear, don't go into things that we did together to prepare for the deposition.

So if you saw a document that refreshed your recollection, you can testify to that. But please don't go into things that I may have shown you.

THE WITNESS: Okay.

BY MR. DELMAN:

Q. Dr. Cunningham, did you have any involvement in the creation of this spreadsheet?

A. No.

Q. Okay. Actually, I don't need to give this to you yet.

What I have here is good for our purposes.

So let's just start with this summary sheet,

which is this first sheet here.

A. Um-um.

Q. So this sheet purports to summarize by diagnostic code all the hysterectomies performed at St. Joseph during fiscal year 2017 to 2022; right?

A. Yes.

Q. Now, do you know where this data was pulled from?

A. I presume from our electronic medical records.

Q. Is that EPIC?

A. Yes.

Q. Is there any other electronic medical record system here at St. Joseph?

A. Yes, there is a different record used in the GI lab. That's the only one that I'm aware of.

Q. This would have come from EPIC?

A. Yes.

Q. And do you know what office handled pulling this data?

A. Surgical services has a business office, and

I believe it would be the business office tied to surgical services.

Q. So actually if we go to the very last page of this, there is a page with -- it says HPN sample on top. Do you see here on -- by sample name it says "Katy's request for account numbers."

A. Okay.

Q. Do you know who Katy is?

A. That's probably Kate Christner, who is the business manager. I don't know if that's her official title, but functions as a business manager for surgical services.

Q. And so Katy -- do you think Katy is the person who supervised the collection of this data?

A. Most likely.

Q. Okay. So let's go back to the summary.

So column A here is the medical indication for hysterectomy; right?

A. Yes.

Q. So I think you just nodded.

A. Yes.

Q. An column B here is the ICD-10 diagnostic code that corresponds to that indication?

A. Correct.

Q. And both column A and column B are the preoperative diagnoses; right?

A. I presume so.

Q. You presume so?

A. It's the principale diagnostic code, yes.

Q. And so those would be the diagnoses that form the basis for the hysterectomy being performed; right?

A. I believe so. Although, if it's just principle diagnosis, there may be two -- two, three other reasons as well listed, but this is just one principle diagnosis.

Q. And if one wanted to find those two or three other underlying preoperative diagnoses where would one be able to find that information?

A. I imagine through a similar query, but I don't know for sure.

Q. So now we will go to the iPad.

I will pass this over to you. And if it gets closed out, let me know because I can get back into it. It is password protected.

A. Okay.

Q. I have you on the summary page there. You can feel free to scroll up and down on that page.

A. Okay.

Q. And so according to this spreadsheet, 634 hysterectomies were performed at St. Joseph during fiscal year 2017 through 2022; right?

A. Yes.

Q. And do you have any reason to disagree with that count?

A. No.

Q. So does it sound accurate to you to say that number equates to approximately two to three hysterectomies per week?

A. 634 divided by 5 years times 50 weeks? Yes, one to two. Yes.

Q. So you would agree that hysterectomies are a fairly common procedure here at St. Joseph; right?

Q. You have no knowledge in your personal capacity?

A. Right.

Q. And do you have any knowledge in your capacity as corporate representative?

A. No.

Q. And, again, putting aside procedures involving transgender patients, isn't it true that there is no particular procedure in place at St. Joe's for reviewing whether a hysterectomy is complying with the ERDs?

MR. WERNER: Object to the form.

THE WITNESS: There's not a procedure in place, but there is implicit, I think -- I mean, there is knowledge that's conveyed to the people who would be doing those procedures of what's acceptable and what's not acceptable. And very clearly stated that we do not do sterilization -- man, woman, whomever -- here at St. Joe's.

BY MR. DELMAN:

Q. And so physicians at St. Joe's -- and

THE WITNESS: Okay.

BY MR. DELMAN:

Q. So what we're looking here is a document from NCBC entitled Transgender Issues in Catholic Health Care.

First of all, do you recall ever seeing this document before?

A. I can't recall. I may have.

There are a couple of terms here that look familiar to me. I'm not sure. In the data in the FAQ at the bottom it says surgery is ringing a bell. That's an unusual term, so I may have, but I can't say for sure.

Q. Does the document sort of refresh your recollection of anything?

A. No.

Q. And so, Dr. Cunningham, we already discussed that you trust NCBC to understand what the ERDs require; right?

A. Right.

MR. WERNER: Object to the form.

THE WITNESS: Right.

BY MR. DELMAN:

Q. And according to this document, gender transitioning should never be performed, encouraged, or positively affirmed as a good in Catholic Health Care; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And that includes surgeries, the administration of cross-sex hormones, or puberty blockers, and social behavioral modifications?

MR. WERNER: Object to the form.

THE WITNESS: Correct.

BY MR. DELMAN:

Q. And do you have any reason to believe that the guidance that's in this document does not apply here at St. Joe's?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. So, for example, medical personnel at St. Joe's cannot provide a transgender patient with voice-alteration therapy for the purpose of gender transition; right?

MR. WERNER: Object to the form.

THE WITNESS: Per this form, yes, that's correct.

BY MR. DELMAN:

Q. And that treatment does not involve sterilization; right?

A. That's correct.

Q. And that treatment also did not involve the removal of any healthy organs?

MR. WERNER: Object to the form.

THE WITNESS: That's correct.

BY MR. DELMAN:

Q. Similarly, medical personnel here at St. Joe's cannot prescribe or administer cross-sex hormone therapy for the purpose of gender transition; right?

A. That's correct.

Q. And, again, that treatment does not involve sterilization?

A. That's correct.

Q. And that treatment does not involve the removal of any healthy organs?

A. That's correct.

Q. Medical personnel here at St. Joe's cannot perform breast reconstruction for a transgender woman for the purpose of gender affirmation right?

A. That's correct.

Q. And, again, that treatment does not involve sterilization?

A. That's correct.

Q. And that treatment also does not involve the removal of any healthy organs?

A. It would be removal of breast tissue that would be considered healthy.

Q. Is tissue synonymous with organ in this context?

A. I would say, yes.

Q. So the removal of any skin can count as

removal of healthy tissue?

MR. WERNER: Object to the form.

THE WITNESS: I would say healthy skin removal. Trying to think of a circumstance where that would even be likely, but if -- you know, I would say since skin is an organ and -- yeah, the removal of healthy skin would not be considered okay.

BY MR. DELMAN:

Q. Is breast reconstruction primarily an additive procedure as opposed to a subtractive procedure?

MR. WERNER: Object to the form.

THE WITNESS: It can be either.

BY MR. DELMAN:

Q. In what ways is it subtractive?

A. Well, you can have breast reduction surgery, right? Or you can have breast augmentation surgery.

Q. What about a surgery where you are giving a patient breasts whereas they otherwise did not have breasts?

A. What about that?

Q. Would that be additive or subtractive?

A. I a traditional way of thinking, it would be additive.

Q. And would that involve the removal of healthy organs?

MR. WERNER: Object to the form.

THE WITNESS: No. But in the context of this conversation it would be alteration.

BY MR. DELMAN:

Q. What do you mean alteration?

A. Of the body.

Q. Alteration of the body?

A. Yes.

Q. And in what way does alteration of the body play into this conversation?

A. Well, when I think about the ERDs and the items that you just read, we are prohibited from, for instance, reconstructive surgery related to transgender. So we would be prohibited from doing breast reconstructions as additive -- adding breast tissue for the purpose of transgender reaffirming.

Q. But you would able to do that procedure, for example, on a patient who had, say, previously gotten a mastectomy to treat breast cancer?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Now, Dr. Cunningham, you have been part of conversations at St. Joe's about whether gender transition procedures may take place here; right?

A. Correct.

Q. This is --

MR. WERNER: 14.

BY MR. DELMAN:

Q. -- UMMS 111, and it is also Exhibit 14.

MR. DELMAN: Thank you, Paul.

(Plaintiff's Exhibit No. 14 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, I'm showing you here an e-mail chain from November 2014.

A. Yes.

Q. I recall we discussed that you have reviewed some e-mails prior to this deposition. Is this one of those?

A. Yes.

Q. So I ask you to turn, when you're ready to UMMS 114, which will be the second to last page.

A. Yes.

Q. And so this is an e-mail from Dr. Rachel Bluebond-Langner dated November 13, 2014, to you; right?

A. Um-um.

Q. And who is Dr. Bluebond-Langner?

A. She was a plastic surgeone who had privileges here at St. Joe's and operated occasionally.

Q. And here Dr. Bluebond-Langner is e-mailing you about performing a penile reconstruction case?

A. Correct.

Q. Generally, do you recall having this interaction with Dr. Bluebong-Langner?

A. I recall having a couple of interactions

with her, yes.

Q. And, generally, do plastic surgeons need to get permission from you to perform procedures here at St. Joe's?

A. No. For the most part, no. This is pretty rare.

Q. And this case here in particular involved a transgender patient; right?

A. Presumably, yes.

Q. And I believe this was in fact the third time Dr. Bluebond-Langner had approached you about performing surgery on a transgender patient; right?

A. I think that's what I reference in the e-mail. I don't remember now, but I said that then. I think that would be accurate.

Q. Okay.

If you can turn to the bottom of 113. Tell me if that bottom part refreshes your recollection as to anything.

A. Yes. I mean, that confirms the third time,

yes.

Q. And those other two surgeries were also phalloplasties; right?

A. I believe so.

Q. Do you recall when those other two instances were?

A. I don't recall, but if I was to guess, I would guess it was -- the three occasions was within a year's time.

Q. Okay.

A. Maybe.

Q. Do you generally recall any details about those other cases?

A. Only that, I think, she approached me by phone or text with the other cases. I don't know that there was e-mails. This is the only one that I've seen an e-mail for, so I think it would have been by phone. I remember having a phone conversation or two with her.

Q. So in those cases do you recall if the procedures had been scheduled before she reached out

to you?

A. I don't recall. I don't think so, but I don't recall.

Q. And also do you recall what the results were of those prior two conversations?

A. Yes. She had privileges at the medical center as well, and I told her that I didn't think those cases should proceed here at St. Joe's and that she should take care of the patients at the medical center.

Q. When you say the medical center, is that GBMC?

A. No. That's the University of Maryland Medical Center. She had privileges -- primarily most of her surgeries were done down there, and she rarely operated up here.

Q. Okay.

And so is it your understanding that the reason Dr. Bluebond-Langner reached out to you about this particular case is because it involved a transgender patient?

A. Yes.

Q. And --

A. Where the procedure was a transgender-related surgery, yes.

Q. And isn't it true that at the time of this e-mail St. Joe's did not have any institutional policy regarding transgender surgeries?

MR. WERNER: Object to the form.

THE WITNESS: The policies would have fallen -- would have been related to our ERDs. We didn't have a written policy about transgender patients.

BY MR. DELMAN:

Q. So I look at this e-mail here, this one on the bottom of 113, and you wrote here "I do not feel comfortable being a sole arbitrator of these sorts of decisions and think we need an institutional policy in this regard."

Do you see that?

A. Yes.

Q. So what did you mean by we need an institutional policy?

A. That we had the ERDs, but we didn't have an explicit -- these are the -- you know, go back to the CPT codes. These are the -- you know, very prescriptive. This is what is not allowed at St. Joe's so it wouldn't have to be one-off conversations about each procedure as we were approached about them.

Q. So there was a general understanding that gender transition was not permitted at St. Joe's?

A. Right.

Q. But there was no sort of explicit formal policy in place?

A. Right.

Q. And following this -- following this interaction, did St. Joe's, in fact, formulate any sort of institutional policy?

A. No.

Q. Now, if you turn back to 114, very quickly, this proposed phalloplasty involved a patient who already had no breast, vagina, or uterus; right?

A. Correct.

Q. So the only thing that's happening in this surgery was the creation of a phallus?

A. Correct.

Q. And so the surgery would not have involved any sterilization; right?

A. Correct.

Q. And would the surgery have involved the removal of any healthy organs?

A. I don't believe so.

Q. So back to the top of 113, you have an e-mail from -- an e-mail reply from Dr. Dietrick. Dr. Dietrick at the time was chief of surgery?

A. Correct.

Q. I'll also have to ask the D-3 in his signature is that because his name is Daniel D. Dietrick?

A. Yes.

Q. I like that.

And here Dr. Dietrick wrote that St. Joe's had the technical capability of performing the surgery; correct?

A. Yes.

Q. And now on 112 we have our e-mail response from Susanne DeCrane; right?

A. Yes.

Q. And Susanne DeCrane who at that time was vice president of mission integration?

A. Yes.

Q. Was she Keith Riddle's immediate predecessor?

A. There was one person in between.

Q. Who was in between?

A. For a short period of time -- I'm blanking on his name. Michael was his first name, but I can't remember his last name. He was only here for a few months. I can get that to you, but I don't have it off the top of my head.

Q. All right.

Am I correct that the chronology starting with Susanne DeCrane is Susanne DeCrane, Michael question mark last name, interim period where you are pinch hitting, then Keith Riddle, then Father Sobey?

A. Yes.

Q. And so, here in this e-mail from Ms. DeCrane -- actually Dr. DeCrane -- Dr. DeCrane said that the procedure cannot take place at St. Joe's because it was not consistent with the Catholic moral tradition; right?

A. Right.

Q. And here Dr. DeCrane notes that St. Joe's does not perform procedures whose direct purpose or intention is sterilization; right?

A. Right.

Q. But we've established that this proposed penile reconstruction did not involve sterilization; right?

A. Correct.

Q. Now, let's turn to the front page briefly.

And your e-mails here refer to Mohan. That's Mohan Suntha?

A. Um-um.

Q. And at the time Dr. Suntha was CEO of St. Joe's; right?

A. Correct.

Q. As we've discussed, he's now CEO of UMMS?

A. Yes.

Q. When did Dr. Suntha become CEO of UMMS?

A. Probably three years ago, I believe. I don't know the exact date. He left here and he became the CEO of the medical center downtown, so the academic hub. And he did that for a couple of years and then he moved into the CEO of UMMS. I don't know the exact date, but about two and a half years ago, I'd say.

Q. Was he the immediate successor of Dr. Smyth?

A. Yes. And that happened five and a half years ago.

Q. Got it.

And so, based on this correspondence, is it fair to say that medical personnel at St. Joe's cannot perform phalloplasties for a transgender man for the purpose of gender affirmation?

A. Yes.

Q. Even though it doesn't involve

sterilization?

A. Yes.

Q. And even if it did involve removal of healthy organs?

A. Yes.

Q. Now, for example, they could perform a phalloplasty on a cisgender man if his penis was terribly injured in an accident; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Do you recall at any point when you were discussing these issues either with Dr. Langer-Bluebond [sic] or with your colleagues, whether there was any effort to determine whether the patient's gender dysphoria was severe enough to be life-threatening?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. And just to confirm, the idea of

know that there's a database that keeps that information.

Q. You don't know if there is a database anywhere that shows procedures that have been cancelled?

A. Oh, I'm sure there are cancellations, but I don't think it would have a comment that it's ERD related.

Q. Okay. Did you take a look back at prior cancelled procedures in general?

A. No.

Q. So just in general -- we've got one minute? Yeah. Why don't we take a break so you can get to your call and come back.

VIDEOGRAPHER: Off the record at 1:59.

(Whereupon, a recess ensued.)

VIDEOGRAPHER: Stand by. Back on the record at 2:13.

BY MR. DELMAN:

Q. Dr. Cunningham, you testified earlier that in order for a hysterectomy to be performed here at

St. Joe's there must be a diagnosis for which a hysterectomy is within the standard of care; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And so, putting aside gender dysphoria, isn't it true that so long as the hysterectomy is consistent with the standard of care for a given diagnosis, the hysterectomy may be performed here?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Also, generally, isn't it true that St. Joe's prohibits medical personnel from participating in all gender transitions or gender aforming treatments -- sorry -- gender affirming treatments for transgender patients?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And that's true for both surgical and

nonsurgical treatments; right?

A. Correct.

Q. And that policy does not necessarily depend on whether the treatment in question involves the removal of healthy organs?

A. Correct.

Q. And that policy also does not depend on whether the treatment in question either directly or indirectly leads to an inability to procreate?

A. Can you say the last statement again?

Q. Sure.

And that policy does not depend on whether the treatment in question, either directly or indirectly, leads to an inability to procreate?

A. When you're referring to the policy, are you referring to the practice that's allowed here? And I think I'm just getting a little disoriented.

The procedure -- if the procedure is medically indicated, it could affect the ability to procreate and it would be allowed. I think that's what you're asking.

Q. So --

MR. WERNER: I'm sorry, can we just go off the record? I didn't realize --

VIDEOGRAPHER: Off the record at 2:15.

(Whereupon, a recess ensued.)

VIDEOGRAPHER: Back on the record at 2:17.

BY MR. DELMAN:

Q. I'll ask that question a slightly different way, Dr. Cunningham.

St. Joe's policy of not permitting gender transition treatments, that policy does not depend on whether the treatment in question is a sterilization procedure; right?

A. Correct.

Q. This will be UMMS 715 and going to be marked as Exhibit 16.

(Plaintiff's Exhibit No. 16 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, this is an e-mail chain from January 2020 discussing a BPA; right?

A. Um-um.

Q. Why don't you just go ahead and take a quick look through all of it?

A. Okay.

Q. Do you recall this e-mail correspondence at all?

A. I've seen this, yes.

Q. So this e-mail chain starts on January 14th, 2020; right?

A. Yes.

Q. And that was about a week after the cancellation of the plaintiff's hysterectomy?

A. Yes.

Q. And the subject line for this chain indicates that the participants in the chain are following up regarding the cancellation of that surgery; right?

A. Correct.

Q. Now, in this e-mail chain, Kate Barbara, the former Kate Barbara, suggests that St. Joe's could create a system that would send a BPH to the scheduler

when a preop diagnosis involves the word gender; right?

A. Correct.

Q. That we've discussed the system?

A. Yes.

Q. And I forget -- we thought BPA stands for best practice alert?

A. Yes.

Q. And so I understand, a best practice alert it an automated alert in EPIQ that warns or advises the reader about clinically significant information?

A. Yes.

Q. So what Barbara -- what Ms. Barbara is proposing in this e-mail is that schedulers receive an automatic alert any time a surgeon tries to schedule a procedure with a preoperative diagnosis that includes the word gender; right?

A. Right.

Q. So that means a scheduler would receive a BPA if a surgeon tried to schedule a procedure where there's a preop diagnosis of gender dysphoria?

A. Correct.

Q. Or similarly for a gender identity disorder?

A. Correct.

Q. And this system was specifically suggesting to try to catch and alert people to gender transition surgeries; right?

A. Correct.

Q. And you wrote that this system would be a great step in helping avoid future postings that should never occur; right?

A. Correct.

Q. And that's because surgeons are prohibited from performing gender transition procedures at St. Joe's?

A. Correct.

Q. And this system specifically was suggested because St. Joe's previously did not have any system in place for reviewing scheduled surgeries; right?

A. Correct.

Q. And I think we discussed this alert -- this system was actually implemented; right?

A. Yes.

Q. And has it successfully prevented the posting of any procedures involving transgender patients?

A. I don't know.

Q. And I think we already discussed this, but has St. Joe's implemented a BPA system for any other set of preoperative diagnosis terms?

A. Not that I know of.

Q. And same testimony from the perspective of corporate representative?

A. Agreed.

Q. Okay.

Let's turn to discussing the reason we're here, plaintiff's surgery.

So when did you first become aware of plaintiff's scheduled hysterectomy?

A. On Christmas Eve of 2019, when Dr. Adashek called me at home. Or called my cell and I was at home.

Q. So this will be Exhibit 17.

swearing under penalty of perjury that the statement was true and correct to the best of your knowledge?

A. Yes.

Q. So can you tell me generally what happened on December -- on Christmas Eve 2019 regarding plaintiff's hysterectomy.

A. I received a phone call from Dr. Adashek, who wanted to know if it was okay if he performed a hysterectomy on a patient of his for the purpose of transgender -- transgender surgery. And I said no, we cannot do transgender surgery at St. Joe's.

And that was the extent of the conversation.

Q. And so, Dr. Adashek just sort of like called you out of the blue on Christmas Eve?

A. Yes. It was very unusual.

Q. And by the time this phone call had happened, had the procedure already been scheduled; right?

A. Yes.

Q. And no one in scheduling had sort of alerted you that this procedure had been scheduled?

A. No.

Q. And generally no one in the hospital had told you that this procedure had been scheduled?

A. No.

Q. And he hadn't asked you about -- he being Dr. Adashek -- had not asked you about it before scheduling it?

A. No.

Q. Do you remember approximately how long the phone call was?

A. It was brief. A minute.

Q. A minute?

A. Maybe.

Q. That short?

A. It was pretty quick, yes.

Q. And just again, you two had no prior conversations about this procedure before that date?

A. No. No. Not that I can recall.

Q. And before this occasion, when was the last time Dr. Adashek had called you directly to request permission to perform any procedure at St. Joe's?

A. I don't believe he ever had.

Q. Like, for example, he didn't call you to request permission about the transhysterectomy in 2018 that we had discussed?

A. Not that I recall.

Q. And he obviously generally did not call you to request permission for every hysterectomy he performed at St. Joe's?

A. No.

Q. So do you recall exactly what Dr. Adashek told you when he called on Christmas Eve 2019?

MR. WERNER: Object to the form.

THE WITNESS: No, I don't recall the exact details. I know it was a brief conversation. That I was surprised that he was even asking if he could do this because it was well known that we couldn't do those procedures here at St. Joe's. Or I thought everybody knew it well.

And we didn't get into any discussion about the specifics of the patient. I accepted that the purpose of the surgery was for transgender purposes.

BY MR. DELMAN:

Q. So what did he tell you about the patient's condition on the phone call?

A. He didn't tell me about the patient's condition. Just that the patient was seeking transgender surgery and the hysterectomy was part of that. But that was it.

There was no degree of illness discussed or degree of anything discussed. It was just about could he do this procedure.

Q. Okay. And did he tell you anything about the proposed treatment beyond it being a hysterectomy?

A. No.

Q. And beyond the fact that the patient was transgender, it was a hysterectomy and it was being done for the purpose of gender transition. Did he tell you anything else about it?

MR. WERNER: Object to the form.

THE WITNESS: No.

MR. WERNER: Asked and answered.

THE WITNESS: No.

BY MR. DELMAN:

Q. And you told Dr. Adashek that -- on that call that the surgery could not take place at St. Joe's; correct?

A. Correct.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And so within the span of that one phone call, you made the choice that -- you made the decision that the hysterectomy could not take place at St. Joe's; right?

MR. WERNER: Object to the form.

THE WITNESS: Correct.

BY MR. DELMAN:

Q. And in the span of that one phone call you fully considered the nature of the plaintiff's condition?

MR. WERNER: Object to the form.

THE WITNESS: I considered the reason that the surgeon wanted to do the surgery and that -- and it was black and white to me, and I said no.

A. I don't recall that.

Q. And did you at any point discuss with Dr. Adashek whether the patient's gender dysphoria was severe enough to be life-threatening?

THE WITNESS: No.

MR. WERNER: Object to the form. Asked and answered.

BY MR. DELMAN:

Q. It was just the fact that it was a gender transition treatment that was enough to deny it; right?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And so prior to January 6, 2020, how many other times did you speak with Dr. Adashek about plaintiff's procedure?

A. Prior to January the 6th?

Q. Um-um.

A. Which is when the procedure was scheduled?

whatever reason didn't seek that option.

That we wished that we would have -- that he would have been informed and the lack of cancellation just added insult to injury to him, and we were sorry that that happened.

Q. And do you know -- do you have any sense of what Dr. Smyth intended to say or was it the same thing?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. So now do you recall attending a meeting with Doctors Smyth, Cunningham, and Adashek on January 30th, 2020, to discuss transgender issues in general?

A. Yes.

Q. And do you recall if anyone else was in attendance at that meeting?

A. I believe Dr. Buescher was in attendance, but I'm not going to swear to it.

Q. Do you recall if Mr. Riddle was in

attendance at the meeting?

A. I believe he may have been in that meeting as well.

Q. And what was the purpose of that meeting?

A. Wanting to understand how Dr. Adashek thought that that surgery would be okay here, and what we might have to do differently to assure that it was very clear to our other surgeons about what was okay and not okay to do here.

Q. And what conversation do you recall from that meeting?

MR. WERNER: Object to the form.

THE WITNESS: That Dr. Adashek talked quite a bit about how he is an advocate for the transgender community here, that he's, I think, sort of become one of the go-to physicians. That he works closely, I think, with Sheppard Pratt and with patients who have suffered other aspects of -- I'm not saying gender dysphoria -- sexual trouble, but he's also helped other patients who have been victims of some sort of trauma related to their sexuality and that -- I

suspect I don't recall exactly, but I suspect that he was trying to make a case for, you know, maybe why this is a -- why gender dysphoria is a medical diagnosis.

I don't want to get into too much guessing about the exact conversation. I definitely know that he talked about the advocacy for the community, that he was a surgeon that people relied on, that he does these surgeries. That he thought there was an opportunity for us to learn more about it and educate ourselves more about it.

That's my recollection.

Q. And do you recall him saying anything else beyond that?

A. Not without prompting.

Q. Okay.

Do you recall saying anything during that meeting?

A. I'm sure I spoke. I might have expressed frustration with him, again, for not canceling the surgery. And probably asked him directly why did he

think that that was okay to do here.

Q. And do you recall what he said in response to that?

A. I don't.

Q. Did you tell Dr. Adashek during that meeting that it was his fault that plaintiff's procedure was cancelled?

A. I don't recall using those words. If I did, it was because had he not put in the case in the first place, he would not have had to cancel it.

Q. You don't recall necessarily conveying that message to him?

A. What message?

Q. That the blame for the cancellation of the surgery was on him?

A. I wouldn't be surprised if I had said that.

Q. But you don't recall specifically if you did or did not?

A. I don't recall any specific words, no.

Q. Do you recall if anyone at the meeting conveyed that message to Dr. Adashek?

A. I don't know.

Q. And at that meeting did you discuss why plaintiff's hysterectomy was cancelled?

A. He knew why it was cancelled.

Q. Sure. But did you discuss it at the meeting?

A. Most likely. I mean, I think we might have gone over again the reason for the cancellation.

Q. And, again, just do you recall what specific reason was given during that meeting?

MR. WERNER: Object to the form.

THE WITNESS: It was inconsistent with the ERDs.

BY MR. DELMAN:

Q. Dr. Cunningham, did you exchange e-mails with anyone at St. Joe's about that -- this meeting we have been discussing either before or after it occurred?

A. Not that I recall. But if you showed me an e-mail, I would remember.

Q. Do you recall texting with anyone at

cancelled by Dr. Adashek on Friday because of insurance-related issues and that was not the reason that it was cancelled. So that's the part that I thought was interesting.

Q. Got it.

All right. Dr. Cunningham, I would like to just read to you a few statements and ask you whether they are true or false.

So here is the first statement.

Hysterectomies are generally disallowed and cannot proceed at SJMC.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. You can answer the question, ma'am.

A. That's false.

Q. In fact, hysterectomies are generally allowed at St. Joe's; right?

MR. WERNER: Object to the form.

THE WITNESS: They are allowed.

BY MR. DELMAN:

Q. And, in fact, hysterectomies generally can

proceed at St. Joe's?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Here is another statement.

Hysterectomies may be performed at St. Joseph only where the procedure is necessary to treat a life-threatening condition.

MR. WERNER: Object to the form:

BY MR. DELMAN:

Q. Is that statement true or false?

A. From an ERD perspective if, that's true, not everyone would interpret some of the etiologies with some of the causes for a hysterectomy as life-threatening outside of the ERDs.

Q. And we've discussed that there's sort of no formal process in place for reviewing whether a patient scheduled for a hysterectomy has a life-threatening condition; right?

MR. WERNER: Object to the form. Asked and answered.

THE WITNESS: That's correct.

BY MR. DELMAN:

Q. And we've also discussed that there is no sort of documentation showing that any condition for surgery that was performed was sort of assessed to be life-threatening?

MR. WERNER: Object to the form.

THE WITNESS: Correct.

BY MR. DELMAN:

Q. Here's another statement.

St. Joseph's policy of limiting certain types of surgery to those necessary to treat life-threatening conditions applies to all patients equally regardless of sexual orientation and/or gender identify.

MR. WERNER: Object to the form.

THE WITNESS: Can you read the statement again, please?

BY MR. DELMAN:

Q. Of course.

St. Joseph's policy of limiting certain

CORPORATE CHARTER APPROVAL SHEET

** EXPEDITED SERVICE** ** KEEP WITH DOCUMENT **

DOCUMENT CODE 40 BUSINESS CODE 20

_____

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Affix Barcode Label Here

1000362004454361

ID # W15088362 ACK # 1000362004454361
PAGES: 0004
UMSJ HEALTH SYSTEM I, LLC

MAIL
BACK

02/12/2013 AT 11:15 A WO # 0004095762

Surviving (Transferee) _____

New Name _____

FEES REMITTED

	Base Fee:	100
	Org. & Cap. Fee:	
	Expedite Fee:	50
	Penalty:	
	State Recordation Tax:	
	State Transfer Tax:	
_____	Certified Copies	
	Copy Fee:	
_____	Certificates	
	Certificate of Status Fee:	
	Personal Property Filings:	
	Mail Processing Fee:	5
	Other:	
	TOTAL FEES:	155

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent and Resident Agent's Address
_____ Change of Business Code
_____
_____ Adoption of Assumed Name
_____
_____
_____ Other Change(s)
_____
_____

Credit Card ✓ Check _____ Cash _____

_____ Documents on _____ Checks

Code _____

Attention: _____

Mail: Name and Address

AMY DILCHER
110 SOUTH PACA STREET
BALTIMORE MD 21201

Approved By: 2

Keyed By: _____

COMMENT(S):

Stamp Work Order and Customer Number HERE

CUST ID:0002879182
WORK ORDER:0004095762
DATE:02-20-2013 05:29 PM
AMT. PAID:$155.00

DB

ARTICLES OF ORGANIZATION

OF

UMSJ HEALTH SYSTEM I, LLC

It is hereby certified that:

1. Recital. The undersigned has been designated as an "authorized person," as that term has been defined in Section 4A-101(c) of the Maryland Limited Liability Act (the "**Act**"), for purposes of executing and filing these Articles of Organization of UMSJ Health System I, LLC (the "**Company**") and any other documents or certificates that may be required to be filed on behalf of the Company with the State Department of Assessments and Taxation of Maryland from time to time.

2. Name. The name of the Company is:

UMSJ Health System I, LLC

3. Purposes.

3.1. *Tax-Exempt Purposes.* The Company is organized and shall be operated exclusively (i) in furtherance of the charitable, scientific and educational purposes of, (ii) for the benefit of, (iii) to perform the functions of and (iv) to carry out the purposes of: University of Maryland Medical System Corporation, a Maryland nonstock corporation ("**UMMS**") exempt from federal income tax under Section 501(a) of the Internal Revenue Code of 1986, as amended, and any superseding corresponding statutory provisions of future United States Internal Revenue Laws (hereinafter referred to as the "**Code**"), as an organization described in Section 501(c)(3) of the Code; University Specialty Hospital, a Maryland nonstock corporation ("**USH**") exempt from federal income tax under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code; and any successor organizations to UMMS or USH provided that such successor organization or organizations are exempt from federal income tax under Section 501(a) of the Code as an organization or organizations described in Section 501(c)(3) of the Code (the "**Tax-Exempt Purposes**"). The Tax-Exempt Purposes shall include the making of distributions to organizations that are exempt from federal income tax under Section 501(a) of the Code as organizations described in Section 501(c)(3) of the Code. No substantial part of the activities of the Company shall be the carrying on of propaganda, or otherwise attempting to influence legislation, except as permitted by Sections 501(h) and 4911 of the Code or any subsequent federal tax laws. The Company shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles of Organization, the Company shall not carry on any other activities not permitted to be carried on by an entity: (a) that is exempt from federal income tax under Section 501(a) as described in Section 501(c)(3) of the Code; or (b) contributions to which are deductible under Sections 170(c)(2), 2055(a) or 2522(a) of the Code.

3.2. *General Purpose*. Subject to the limitations of Section 3.1 hereof, the Company may engage in any lawful act or activity for which limited liability companies may be formed under the Act and to engage in any and all activities necessary or incidental to the purposes of the Company.

4. Principal Office and Resident Agent. The address of the principal office of the Company is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201. The name of the resident agent of the Company is Megan M. Arthur, Esquire, and the post office address of the resident agent is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201.

5. Agency. Pursuant to Section 4A-401(a)(3) of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member of the Company shall have the authority to act for the Company solely by virtue of being a member.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

[SIGNATURE PAGE FOLLOWS]

CUST ID:0002879182
WORK ORDER:0004095762
DATE:02-20-2013 05:29 PM
AMT. PAID:$155.00

IN WITNESS WHEREOF, the undersigned organizer of the Company has executed these Articles of Organization on this 12th day of February, 2013.

Megan M. Arthur

Megan M. Arthur, Esquire
Authorized Person

I, Megan M. Arthur, Esquire, hereby consent to act as resident agent for UMSJ Health System I, LLC.

Megan M. Arthur

Megan M. Arthur, Esquire
Authorized Person

CORPORATE CHARTER APPROVAL SHEET

** EXPEDITED SERVICE** ** KEEP WITH DOCUMENT **

DOCUMENT CODE 40 BUSINESS CODE 20

_____

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

1000362003237932

ID # W14654149 ACK # 1000362003237932
PAGES: 0003
NORTHEASTERN MARYLAND REGIONAL HEALTH S
YSTEM, LLC

MAIL
BACK

04/25/2012 AT 03:25 P WO # 0003964075

Surviving (Transferee) _____

New Name _____

FEES REMITTED

	Base Fee:	100
	Org. & Cap. Fee:	
	Expedite Fee:	50
	Penalty:	
	State Recordation Tax:	
	State Transfer Tax:	
_____	Certified Copies	
	Copy Fee:	
_____	Certificates	
	Certificate of Status Fee:	
	Personal Property Filings:	
	Mail Processing Fee:	5
	Other:	
	TOTAL FEES:	155

Credit Card ✓ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By: 15

Keyed By: _____

COMMENT(S):

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent and Resident Agent's Address
_____ Change of Business Code
_____ Adoption of Assumed Name
_____ Other Change(s)

Code _____

Attention: _____

AMY DILCHER
PP-2-S-154
110 S PACA ST
BALTIMORE MD 21201-1642

CUST ID:0002747495
WORK ORDER:0003964075
DATE:05-01-2012 06:40 PM
AMT. PAID:$155.00

ARTICLES OF ORGANIZATION
OF
NORTHEASTERN MARYLAND REGIONAL HEALTH SYSTEM, LLC

It is hereby certified that:

1. Recital. The undersigned has been designated as an "authorized person," as that term is defined in Section 4A-101(c) of the Maryland Limited Liability Company Act (the "Act"), for purposes of executing and filing these Articles of Organization of Northeastern Maryland Regional Health System, LLC (the "Company") and any other documents or certificates that may be required to be filed on behalf of the Company with the State Department of Assessments and Taxation of Maryland from time to time.

2. Name. The name of the Company is:

Northeastern Maryland Regional Health System, LLC

3. Purposes. The Company is organized and shall be operated exclusively as a charitable organization for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 and the Regulations thereunder, as they now exist or as they may hereafter be amended (hereinafter collectively referred to as the "Code"), including, but not necessarily limited to the following charitable purposes:

3.1 To maintain a hospital in northeastern Maryland;

3.2 To establish, support, manage and furnish facilities, personnel and services to provide prevention, diagnosis, treatment, rehabilitation, and support services without regard to race, creed, color, sex or national origin; and

3.3 To carry on such activities related to rendering health care services and the promotion of health, which may be justified by the facilities, personnel, funds or other resources that are or can be made available.

4. Principal Office and Resident Agent. The address of the principal office of the Company is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201. The name of the resident agent of the Company is Megan M. Arthur, Esquire, and the post office address of the resident agent is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201.

5. Agency. Pursuant to Section 4A-401(a)(3) of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member of the Company shall have the authority to act for the Company solely by virtue of being a member.

[*SIGNATURE PAGE FOLLOWS*]

IN WITNESS WHEREOF, the undersigned organizer of the Company has executed these Articles of Organization on this 25th day of April, 2012.

Megan M. Arthur

Megan M. Arthur, Esquire
Authorized Person

I, Megan M. Arthur, Esquire, hereby consent to act as resident agent for Northeastern Maryland Regional Health System, LLC.

Megan M. Arthur

Megan M. Arthur, Esquire

CUST ID:0002747495
WORK ORDER:0003964075
DATE:05-01-2012 06:40 PM
AMT. PAID:$155.00

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE**** **** KEEP WITH DOCUMENT ****

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ID # W14654149 ACK # 1000362003636497
PAGES: 0002
UNIVERSITY OF MARYLAND ST. JOSEPH MEDIC
AL CENTER, LLC

08/01/2012 AT 11:33 A WO # 0004005188

Surviving (Transferee) _____

New Name University of Maryland St. Joseph Medical Center, LLC

FEES REMITTED

Base Fee:	100
Org. & Cap. Fee:	
Expedite Fee:	50
Penalty:	
State Recordation Tax:	
State Transfer Tax:	
_____ Certified Copies	
Copy Fee:	
_____ Certificates	
Certificate of Status Fee:	
Personal Property Filings:	
Mail Processing Fee:	
Other:	
TOTAL FEES:	150

Credit Card _____ Check ✓ Cash _____

_____ Documents on _____ Checks

Approved By: 15

Keyed By: _____

COMMENT(S):

✓ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent and Resident Agent's Address
_____ Change of Business Code
_____ Adoption of Assumed Name
_____ Other Change(s)

Code _____

Attention: _____

Mail: Name and Address

Megan Armour
Univ of MD Medical System
250 W. Pratt St, 24th fl
Balto MD 21201

Stamp Work Order and Customer Number HERE

CUST ID:0002788608
WORK ORDER:0004005188
DATE:08-01-2012 11:33 AM
AMT. PAID:$150.00

Northeastern Maryland Regional Health System, LLC

ARTICLES OF AMENDMENT

Northeastern Maryland Regional Health System, LLC, a Maryland Limited Liability Company, having its principal office in Baltimore, Maryland (which is hereinafter called the "Company"), hereby certifies to the State Department of Assessments and Taxation of Maryland that:

FIRST: The name of the Limited Liability Company is hereby amended to be:

University of Maryland St. Joseph Medical Center, LLC

SECOND: The foregoing amendment of the Articles of Organization of the Company has been unanimously approved by the Members of the Limited Liability Company.

In witness whereof, the Company has authorized Megan M. Arthur to sign these Articles of Amendment in its name, on August 1, 2012.

ATTEST:

By: _____

By: _____
Megan M. Arthur

CUST ID:0002788608
WORK ORDER:0004005188
DATE:08-01-2012 11:33 AM
AMT. PAID:$150.00

In the Matter Of:

Hammons vs University of Maryland Medical System

20-cv-02088-DKC

WILLIAM C. GRESKOVICH

May 20, 2022

30(b)(6)



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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
Plaintiff,	:	
v.	:	Case No:
	:	20-cv-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION; UMSJ HEALTH SYSTEM, LLC; and UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,	:	
Defendants.	:	

VIDEOTAPED REMOTE DEPOSITION OF
WILLIAM C. GRESKOVICH
30(b)(6)

Friday, May 20, 2022
1:08 p.m., EST

Reisterstown, Maryland

Megan Sczygelski, Videographer
Terry L. Bradley, Court Reporter

APPEARANCES OF COUNSEL

For the Plaintiff:

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For the Defendants:

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E-pwerner@sheppardmullin.com

MR. WERNER: Object to the form.

THE WITNESS: Again, can you be more clear in what sense --

Are we talking about the Catholic Initiative?

BY MR. HERMANN:

Q. I'm talking just general organizational structure. Is St. Joseph a subsidiary of UMMS?

A. Yes. St. Joe's is a subsidiary of UMMS. Correct.

Q. I'm going to now go to PDF Page 84, Section 12.16, which is entitled Governance.

Do you see that on my screen?

A. I do.

Q. And do you see here that UMMS has the right to directly appoint two voting members of the UMSJ Board?

A. I do.

Q. Are you aware that UMMS currently exercises its right?

MR. WERNER: Object to the form.

THE WITNESS: I --

I would imagine we do. I couldn't confirm that we've got two members on it right now.

BY MR. HERMANN:

Q. And to your understanding does UMMS's appointment power extend to both the Board of UMSJ and St. Joseph?

A. Um, I don't know that answer to that question.

Q. Prior to preparing for this deposition were you aware that UMMS had the power to appoint members to the Board of either UMSJ or St. Joseph?

A. I would have assumed there were, but I did not honestly ever think about it.

Q. And just maybe for clarity, why don't I go to Section --

Excuse me.

-- Subsection C, 12.16 Subsection C. And we see here that UMMS and UMSJ shall ensure that the members of the UMSJ Board constitute

the members of the Board of Directors of UMSJMC-- which I'll represent is St. Joseph.

A. I see that.

Q. Based on reading this it's your understanding that the Board of UMSJ and the Board of St. Joseph are the same?

MR. WERNER: Object to the form.

THE WITNESS: Yeah. I wouldn't be a good --

I mean, I'm not a lawyer.

BY MR. HERMANN:

Q. And you're not aware whether UMMS has in fact appointed any member to the St. Joseph Board?

A. I don't have actual knowledge of that appointment is what I'm saying.

Q. Do you have any other kind of knowledge?

A. Well, if I go to the Board of Directors there's one of the Board is a member of UMMS, and I assume she was appointed.

Q. And who is that?

deposition?

A. I--

What I would say is that as a Board member you would have participation in all issues facing the organization. And as St. Joe's, it appears mission integration is one of those issues that could come up.

Q. St. Joseph doesn't have shareholders. Is that right?

A. Correct.

Q. To your understanding who owns St. Joseph?

A. UMMS.

Q. And to your understanding who appoints the St. Joseph Board members?

A. I would --

Actually, I couldn't answer that with --

-- clearly. So I did not look over that. Who actually appoints them.

Q. You didn't prepare for that topic before this deposition?

MR. WERNER: Objection.

THE WITNESS: Correct.

BY MR. HERMANN:

Q. Do you have any knowledge of a nomination process for selecting the Board members?

A. No.

Q. Did you ever have knowledge of a nomination process for selecting St. Joseph's Board members?

A. No. I have general knowledge of healthcare nomination process, but I have not looked at St. Joe's or any of our other ten hospitals' process for it.

Q. I'm going to go to 12 point --

Strike that.

I'm going back to 12.16.

Do you see that on my screen?

A. I do.

Q. And 12.16, Subsection 5, Romanette 5 speaks of a nomination process. Do you see that?

Do you have knowledge of a nomination process that may be set forth in the organizational documents of St. Joseph?

A. No.

Q. And you have no knowledge of UMMS's role in appointing the Board members of St. Joseph pursuant to a nomination process. Is that correct?

A. Correct.

MR. WERNER: Objection form.

BY MR. HERMANN:

Q. Do you have any knowledge of whether UMSJ has Articles of Incorporation?

A. No.

Q. Do you have any knowledge of whether it has an operating agreement?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. HERMANN:

Q. I'm now going to go to PDF Page 132. This is Exhibit F of this same asset purchase agreement. And you see at the top of the

screen Exhibit F, UMMS's reserved powers.

A. I see that.

Q. And it shows a list of decisions by the joint UMSJ/St. Joseph Board that must be approved by UMMS. Is that right?

MR. WERNER: Object to the form.

THE WITNESS: It--

Again, it appears --

I'm reading it.

Yes, it--

I'm not able to judge a legal document on that basis, but it looks like it outlines some approvals.

BY MR. HERMANN:

Q. Have you reviewed Exhibit F before this deposition?

A. No.

Q. In your review of the asset purchase agreement in your preparation for this deposition did you review Exhibit F?

A. No.

Q. Had you ever seen Exhibit F before

you prepared for this deposition?

A. No.

Q. Are you at all familiar with UMMS's reserved powers with respect to St. Joseph?

A. No.

I said "no" to that one.

Q. Thank you. Are you aware that UMMS has to approve any amendments to UMSJ or St. Joseph's Articles of Incorporation?

Or excuse me.

-- Articles of Organization?

A. No.

Q. Do you see Subsection F here?

A. I do.

Q. And do you see that Subsection F refers to UMMS's systemwide strategic plans and annual strategic initiatives?

A. Yes.

Q. What are UMMS's systemwide strategic plans?

MR. WERNER: Object to the form.

THE WITNESS: That's again, we have

CEO's go back to their local sites and implement ideas with their leadership team that could lead them towards the goal of being a high reliable organization.

Q. And as far as the adoption of strategic plans, is it your understanding that that is a formalized process in the UMMS hospitals?

A. Um, it's my understanding that all hospitals adopt their strategic plan. Yes.

Q. In a formal document?

A. It's been my experience that it's in a document. Yes.

Q. Does UMMS sign --

Or a UMMS representative sign those documents?

A. Not to my knowledge.

Q. Does UMMS have to approve those documents?

A. Not to my knowledge.

Q. Does St. Joseph, to your knowledge, have any strategic plans separate from the

strategic plans of UMSJ?

A. Again, not --

I don't know of the plan that they do. I know they operate under a strategic plan that -- -

You know, we've got 11 hospitals. I don't read all the plans.

Q. Scroll down just a little bit.

Do you know if UMMS has ever approved any material additions, expansions, revisions or deletions of the healthcare service -- I'm at Subsection J -- at St. Joseph?

A. Um, I don't know of any. I don't know of any action around this. I guess it's--

I don't know what section we're in, but no, I don't know of any that they've acted on.

Q. Is it possible that UMMS has acted and you're just not aware?

A. I couldn't speak to that.

Q. Are you aware of any of these

powers in this section in your preparation for this deposition?

MR. WERNER: Object to the form.

THE WITNESS: And I did read them.

BY MR. HERMANN:

Q. Did you review whether any of them had ever been exercised by UMS?

A. So, I did not research whether they have ever been acted on.

Q. And so you have no knowledge whether any of these reserved powers have been acted on or not by UMMS?

I'm sorry. Did you respond?

A. No. I'm just looking at them all because I think that response would require me to reread them all and think back.

Q. Take your time. Take your time.

A. Yeah. To my knowledge none of these have been acted on. And in the same sense, but they very well could be. But I have no knowledge or examples.

Q. And you said that you conducted no

research as to whether in fact these had been acted upon?

A. Right. I didn't.

Q. And that's the same with respect to-- I'm scrolling up here -- these actions requiring approval of UMMS?

A. Correct. No knowledge.

Q. And no research?

A. I did not research it.

MR. HERMANN: Okay. I'm going to take this off the screen.

And this might be a good time for a break, if that works for everybody?

MR. WERNER: That would be great.

MR. HERMANN: Okay. Why don't we take --

Does ten minutes sound good to everybody?

MR. WERNER: Works for me.

MR. HERMANN: Okay. See everyone in ten.

THE WITNESS: Thanks.

answer.

I have no reason to think that St. Joe's is not doing this locally in accordance with its agreement.

Q. Did you, in preparation for this deposition, do any research as to whether UMS is involved in this audit?

A. No.

Q. Are you aware of any other audits or surveys conducted by any other organization with respect to the ERD's at St. Joseph?

A. No.

Q. Did you research whether St. Joseph is audited by any other organizations with respect to its compliance with the ERD's?

A. No.

Q. Take down this exhibit.

You testified that you reviewed the asset purchase agreement as well as this Catholic Identity agreement in preparing for the topic about UMMS's acquisition of St. Joseph. After reviewing these documents can

you recall reviewing any other documents with respect to UMMS's purchase of St. Joseph?

A. So the documents I reviewed wasn't with the purpose of understanding the purchase, it was with the understanding of reading and being prepared to talk about the operations. So just to clarify.

Yeah, there's a series of other documents. Again, without going through the list, I mean, should I provide a list of --

I read several documents last night.

Q. Just asking if you can recall.

A. What?

Q. I'm just asking if you can recall.

A. Off the top of my head, I --

It was quite a few documents, and I was just kind of reading them for content, not really for detail or legal interpretation.

Q. And when you say you reviewed not specifically for that topic but for St. Joseph's operations, what did you mean by that?

A. Um, to understand how they might

touch on operational, how they operate. I'm a healthcare operations guy.

Q. When you say they, who are you referring to?

A. How the documents might discuss our operating model.

Q. And did you review the documents with an eye towards UMMS's acquisition of St. Joseph to prepare yourself to testify as to UMMS's acquisition of St. Joseph?

A. No. I just --

-- understand them.

Q. Did you review the documents with an eye towards preparing to testify about UMMS's control or supervisory authority over UMSJ or St. Joseph?

A. No, I can't tell you --

I mean, there was such a diverse set of documents I would just say that I generally read them.

Q. And I'm just going to ask another question. Did you review the documents with an

eye towards UMMS's involvement in or approval of the operation of St. Joseph in a manner consistent with its Catholic values and principles?

A. No. I had an interest in that, but I didn't intend --

Having worked at a Catholic organization before, it was interesting to me to read that.

Q. And did you prepare with an eye towards testifying as to UMMS's participation in any audit or Catholic Identity and Ethics review?

A. No. Nor would I have expected us to do that.

Q. Understood. And before you testified that you, prior to being deposed here, had no awareness of the entity that I refer to as UMSJ. Is that right?

A. Yeah. Yes. I --

When used as those initials, just because I'm not an initial person.

A. Well, I believe so, but let's go down. Let's see what the questions are.

Q. And I'll ask one more question before we dive into the documents. Are you prepared to testify as to the relationship between UMMS and the entity known as UMSJ Health System, LLC?

A. My hesitancy is just I'm --

Let me say it in a nonlegal way.

Q. Please.

A. I'm prepared to talk about how UMMS interfaces with University of Maryland St. Joe's Medical Center. And if that includes the LLC -- I just need a little legal clarification on that -- then yes.

Q. But to your knowledge, UMMS interfaces directly with St. Joseph?

A. UMMS and St. Joe's leadership team definitely interface. Yes.

Q. And there's not an intermediary between UMMS and St. Joseph with respect to those interactions?

A. Correct.

Q. I'm going to share with you a document Bates stamped 12 --

-- UMMS 1211. Let me know if you can see that.

A. It's tough, but I think I'll be able to make it out.

Q. Why don't I zoom in on the title. Can you see that?

A. It's --

There's no way to make your computer box bigger, right? The box that it's in.

Maybe I can do that.

Q. It's tough because I can't --

A. Whatever you just did --

Q. Can you see this better?

A. Yes. And you can make it a little smaller now.

Q. Sure.

A. There you go.

Q. You know what? What if I do this. How's that?

between all the LLC's and their relationship.

Q. And when you say University of Maryland, you're referring to UMMS?

A. Yes.

Q. The Medical System.

So effectively, it's your understanding from an operational standpoint that UMMS controls St. Joseph?

A. They're wholly owned. It's a wholly owned subsidiary. That was my takeaway.

Q. Is that St. Joseph is a wholly owned subsidiary of UMMS?

A. Yes.

Q. But you have no knowledge whether UMMS in fact exercises it's powers, as we discussed in the asset purchase agreement, with respect to St. Joseph's governance?

MR. WERNER: Object to the form.

THE WITNESS: Yeah. The question, the way you asked the question, can you give me a specific example? Are you looking for how we might?

BY MR. HERMANN:

Q. Well, we spoke for some time about UMMS's express powers, UMMS's reserved powers, UMMS's appointment powers to appoint members to St. Joseph's Board. You have no specific knowledge as to whether UMMS in practice exercises those powers, do you?

MR. WERNER: Object to the form.

THE WITNESS: Under oath I can't factually give you an example of when I've seen them exercise it. My understanding of these agreements are they're there for a reason, and so I would assume that that happens.

BY MR. HERMANN:

Q. I'm going to take this agreement down. And why don't we --

Why don't we just step back from the agreements for a second.

From an operational standpoint -- and you've testified that, a few times, that that's the basis of your understanding -- how does UMS exercise control over St. Joseph?

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

EVEREST SCOTT CONOVER

April 13, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,	)	
Plaintiffs,	)	Case No.:
V.	)	1:20-CV-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, ET AL.,	)	
Defendants.	)	
		Pages 1-64

REMOTE VIDEOTAPED DEPOSITION OF

EVEREST SCOTT CONOVER

Wednesday, April 13, 2022

Towson, MD

Reported by: Sherry L. Brooks

Certified LiveNote Reporter

Job No. J8078717

April 13, 2022

11:30 a.m.

Remote Videotaped deposition via Zoom videoconferencing of Everest Scott Conover at:

Towson, MD

Pursuant to notice, before Sherry L. Brooks, Certified LiveNote Reporter and Notary Public, in and for the State of Maryland.

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ALSO PRESENT:

George Ellis, Videographer

a joint UMMS -- UM Saint Joseph's medical board.

Q. I may have misspoken -- strike that. I'll take a step back. 12:05

Are you aware of an entity called UMSJ Health System, LLC? 12:05

A. I am. 12:05

Q. And you'll understand me if I refer to them as UMSJ? 12:05

A. Yes. 12:05

Q. Is it fair to characterize UMSJ as the holding company that owns Saint Joseph's? 12:05

A. It is. 12:05

MS. WIGGER: Object to form. 12:05

BY MR. HERMANN: 12:05

Q. And that Saint Joseph's -- I'm sorry -- rather UMSJ is the sole member of Saint Joseph's? 12:05

A. UMSJ is the sole member of the University of Maryland Saint Joseph's Medical Center, correct. 12:05

Q. And so circling back to my earlier question, it's your understanding that the UMSJ board and the Saint Joseph's board are the same, correct? 12:05

A. Correct. 12:05

Q. And, again, continuing with my previous question, this ethics committee is accountable to that joint UMSJ and Saint Joseph's board, correct? 12:06

MS. WIGGER: Object to form. 12:06

A. There are two separate boards that have an identity of membership, but yes. The ethics committee is -- reports to both. That is correct. 12:06

BY MR. HERMANN: 12:06

Q. And you say there are two boards. But those boards are comprised of the same individuals, correct? 12:06

A. Correct. 12:06

Q. I'm going to now jump to page 7, the PDF is UMMS 1041, specifically Section 2.12, Audit of Catholic Identity. And I'll let you just familiarize yourself with that section. 12:06

A. Okay. 12:07

Q. Before reading this section, were you aware that the Catholic Identity Agreement required that Saint Joseph's undergo an audit by the National Catholic Bioethics Center every two years? 12:07

MS. WIGGER: Object to form. 12:07

Q. Correct. 12:18

A. I believe that Dr. Thomas Smyth serves as the president and CEO of both UMSJ and the University of Maryland Saint Joseph's Medical Center, but yes, that's my -- that is my understanding. 12:18

Q. And you mentioned Dr. Smyth. Is it your understanding that UMMS is responsible for appointing Dr. Smyth as CEO and president of Saint Joe's? 12:18

MS. WIGGER: Object to form. 12:18

A. It is. 12:18

BY MR. HERMANN: 12:18

Q. And I will go to page 7 of the PDF. Again, I apologize for jumping around. It's UMMS 1217 and I'm looking at Section 3.03(a). And is that consistent with your understanding that UMMS -- strike that -- that UMMS is responsible for appointing the president and CEO of Saint Joe's? 12:18

MS. WIGGER: Object to form. 12:19

A. That is my understanding. 12:19

BY MR. HERMANN: 12:19

Q. So is it your understanding that UMMS has certain authority to appoint both board members and 12:19

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Form **990**

Case 1:20-cv-02088-DKC Document 105-12 Filed 07/25/22 Page 2 of 103

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UMSJ Health System LLC

% ED WUENSCHELL

Doing business as
UM St Joseph Medical Center

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7601 Osler Drive

City or town, state or province, country, and ZIP or foreign postal code
Towson, MD 21204

D Employer identification number
[redacted]

E Telephone number
(410) 328-1376

G Gross receipts $ 448,518,580

F Name and address of principal officer
Thomas B Smyth
7601 Osler Drive
Towson, MD 21204

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ https //www umms org/sjmc

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2012

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE & COMPASSIONATE CARE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,807
6	Total number of volunteers (estimate if necessary)	**6**	508
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	391,712
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	336,669

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,075,910	234,545
9	Program service revenue (Part VIII, line 2g)	434,538,535	441,608,293
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,314,528	4,287,820
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,928,973	446,130,658
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	119,950	165,400
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	197,345,365	202,249,518
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	240,126,309	235,955,275
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	437,591,624	438,370,193
19	Revenue less expenses Subtract line 18 from line 12	3,337,349	7,760,465

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	311,443,331	303,739,311
21	Total liabilities (Part X, line 26)	412,898,758	401,755,859
22	Net assets or fund balances Subtract line 21 from line 20	-101,455,427	-98,016,548

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** Signature of officer — 2019-05-08 Date

PAUL S NICHOLSON SVP CFO & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Frank Giardini	Frank Giardini	2019-05-15		[redacted]

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET STREET SUITE 700
PHILADELPHIA, PA 19103

Phone no (215) 561-4200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

HUM_0000518

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE AS AN INTEGRAL MEMBER OF UMMS, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 373,384,039 including grants of $ 165,400) (Revenue $ 444,036,747)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 373,384,039

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,807		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶_____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ED WUENSCHELL 900 ELKRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 (443) 462-5811

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,159,552	5,973,400	465,514

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 267

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
The Whiting Turner Contracting Comp, PO Box 17596 BALTIMORE, MD 21297	Contracting	8,501,236
Electrico Incorporated, 1300 Racquet Raod BALTIMORE, MD 21209	Contracting	4,110,312
Crothall Services, 13028 Collections Drive CHICAGO, IL 60693	Environmental Serv	4,106,867
Advanced Imaging Partners Inc, 7253 Ambassador Road BALTIMORE, MD 21244	Healthcare Services	1,883,333
Hord Coplan Macht Inc, 700 East Pratt Street Suite 1200 BALTIMORE, MD 21202	Architecture Serv	1,672,892

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 85

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	234,545			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ _____					
	h Total. Add lines 1a-1f		234,545			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	900099	441,608,293	441,552,591	55,702	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		441,608,293			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	3,848,114				
	b Less rental expenses	2,387,922				
	c Rental income or (loss)	1,460,192	0			
	d Net rental income or (loss)		1,460,192			1,460,192
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a	0				
	b Less cost of goods sold b	0				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a INCOME FROM JOINT VENTURES	900099	1,670,315	1,334,305	336,010	
	b OTHER REVENUE	900099	1,149,851	1,149,851		
	c MEDICAL RECORDS	900099	7,462			7,462
	d All other revenue					
	e Total. Add lines 11a–11d		2,827,628			
	12 Total revenue. See Instructions		446,130,658	444,036,747	391,712	1,467,654

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	165,400	165,400		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,346,371	888,724	2,457,647	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	166,282,923	134,689,168	31,593,755	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,084,180	4,118,186	965,994	
9 Other employee benefits	16,674,884	13,506,656	3,168,228	
10 Payroll taxes	10,861,160	8,797,540	2,063,620	
11 Fees for services (non-employees)				
a Management	0			
b Legal	6,326	5,124	1,202	
c Accounting	0			
d Lobbying	16,113		16,113	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,129,947	68,731,675	14,398,272	
12 Advertising and promotion	111,207	90,078	21,129	
13 Office expenses	1,632,438	1,322,275	310,163	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,108,094	6,567,556	1,540,538	
17 Travel	196,678	159,309	37,369	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	683,573	553,694	129,879	
20 Interest	11,416,198	9,247,120	2,169,078	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,476,997	17,396,368	4,080,629	
23 Insurance	6,341,257	5,968,807	372,450	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	81,002,272	81,002,272		
b BAD DEBT EXPENSE	14,170,910	14,170,910		
c REPAIR/MAINTAINANCE	4,985,284	4,038,080	947,204	
d EQUIPMENT RENT	457,180	370,316	86,864	
e All other expenses	2,220,801	1,594,781	626,020	
25 **Total functional expenses.** Add lines 1 through 24e	438,370,193	373,384,039	64,986,154	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		43,386,799	4	37,390,785
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		845,854	7	901,685
	8	Inventories for sale or use		5,613,769	8	5,670,032
	9	Prepaid expenses and deferred charges		1,904,101	9	1,629,576
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 301,447,673			
	b	Less accumulated depreciation	10b 91,533,015	200,460,292	10c	209,914,658
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		59,232,516	15	48,232,575
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		311,443,331	16	303,739,311
Liabilities	17	Accounts payable and accrued expenses		55,196,019	17	51,323,436
	18	Grants payable		0	18	0
	19	Deferred revenue		128,688	19	135,676
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		2,006,905	24	1,246,847
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		355,567,146	25	349,049,900
	26	**Total liabilities.** Add lines 17 through 25		412,898,758	26	401,755,859
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-101,456,147	27	-98,017,268
	28	Temporarily restricted net assets		720	28	720
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-101,455,427	33	-98,016,548
	34	Total liabilities and net assets/fund balances		311,443,331	34	303,739,311

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	446,130,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,370,193
3	Revenue less expenses Subtract line 2 from line 1	3	7,760,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-101,455,427
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,321,586
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-98,016,548

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

JA653

Additional Data

Software ID:
Software Version:
EIN: [redacted]
Name: UMSJ Health System LLC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE AS AN INTEGRAL MEMBER OF UMMS, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE UMSJHS RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014 ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST JOSEPH MEDICAL SYSTEM THIS SYSTEM IS AN INTEGRAL PART OF THE UMMS SYSTEM AND ALLOWS THE SYSTEM TO PROVIDE QUALITY INTEGRATED CARE TO PATIENTS IN THE NORTH BALTIMORE AREA AS THE SOLE MEMBER OF UMSJMC, UMSJHS SUPPORTS THE ACTIVITIES OF UMSJMC AND ITS AFFILIATES UMSJHS IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES ITS ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY UMSJMC OPERATES A HOSPITAL WITH 224 LICENSED BEDS DURING ITS FISCAL YEAR ENDED JUNE 30, 2018, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE PROVIDED INPATIENT SERVICES WHICH INCLUDED 16,979 INPATIENT ADMISSIONS (INCLUDING 1,968 BIRTHS), PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 42,290 EMERGENCY DEPARTMENT VISITS, AND 14,282 TOTAL INPATIENT AND OUTPATIENT SURGERIES, AND PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT COST OF $4 1M

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Honorable Francis X Kelly Chairman	1 0 0 0	X		X				0	0	0
John W Ashworth III Director	1 0 47 0	X						0	822,679	36,514
Robert A Chrencik Director	1 0 54 0	X						0	2,590,028	25,019
John P Coale Esq Director	1 0 0 0	X						0	0	0
Victoria A Deyesu Director	1 0 0 0	X						0	0	0
Daniel D Dietrick MD Director	1 0 0 0	X						0	0	0
R Michael Gill Director	1 0 0 0	X						0	0	0
Edward J Gillis Esq Director - end 09/2017	1 0 0 0	X						0	0	0
Caroline A Griffin Esq Director - end 09/2017	1 0 0 0	X						0	0	0
Honorable Andrew P Harris MD Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Monsignor Richard Hilgartner Director	1 0 0 0	X						0	0	0
Monsignor J Bruce Jarboe Director	1 0 0 0	X						0	0	0
David E Kelly Director	1 0 0 0	X						0	0	0
Frank R Palmer IV Director	1 0 0 0	X						0	0	0
Kevin F Powderly Director	1 0 0 0	X						0	0	0
E Albert Reece MD Director	1 0 2 0	X						0	0	0
Kim Schatzel PhD Director	1 0 0 0	X						0	0	0
Honorable James T Smith Jr Director	1 0 0 0	X						0	0	0
Monsignor Richard W Woy Director	1 0 0 0	X						0	0	0
Adele A Wilzack RN Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas B Smyth President & CEO	40.0 1.0	X		X				740,378	0	118,040
Paul S Nicholson SVP, CFO & Treasurer	40.0 1.0			X				461,185	0	25,494
Craig J Carmichael VP, Operations/Secretary	40.0 0.0			X				430,591	0	24,525
Gail P Cunningham VP, Medical Affairs & CMO	40.0 0.0				X			543,405	0	19,634
Walter J Furlong VP, Strategy & Business Dev	40.0 0.0				X			326,874	0	20,185
Pamela A Jamieson VP & CNO	40.0 0.0				X			345,319	0	16,068
Everest S Conover SVP, Clinical Integration	40.0 0.0				X			498,619	0	61,126
Paul McAfee physician	40.0 0.0					X		1,342,503	0	18,178
David Dalury Physician	40.0 0.0					X		1,220,495	0	16,272
Bruce Wolock Physician	40.0 0.0					X		1,204,649	0	17,308

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Mulliken Physician	40 0 0 0					X		1,058,563	0	21,045
Michael Dabbah Physician	40 0 0 0					X		986,971	0	23,098
Mohanakumar Suntharalingam Former President & CEO	0 0 42 0						X	0	2,560,693	23,008

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2016 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: [redacted]
Name: UMSJ Health System LLC

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

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2017

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
UMSJ Health System LLC	[redacted]

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,113
j	Total Add lines 1c through 1i			16,113
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
OTHER ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS THE MHA AND AHA REPORTED THAT 6 6% AND 22 98% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	15,165,362		15,165,362
b Buildings	0	167,671,239	28,553,295	139,117,944
c Leasehold improvements	0	289,916	122,592	167,324
d Equipment	0	113,175,641	62,097,240	51,078,401
e Other	0	5,145,515	759,888	4,385,627
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				209,914,658

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Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) LONG TERM INVESTMENT - MRI	14,392,731
(2) ECONOMIC INT IN FOUNDATION	9,502,627
(3) OTHER ASSETS	9,485,414
(4) MALPRACTICE TRUST	7,889,234
(5) DEBT SERVICE FUND	4,389,000
(6) ESCROW	1,445,416
(7) CUR PORTION ASSETS LTD TO USE	1,128,153
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	48,232,575

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATE	315,903,611
OTHER MALPRACTICE	19,388,906
ADVANCES FROM 3RD PARTY PAYORS	11,411,744
CREDIT BALANCE	2,235,206
OTHER LIABILITIES	110,433
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	349,049,900

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: [redacted]
Name: UMSJ Health System LLC

Supplemental Information

Return Reference	Explanation
FIN48 FOOTNOTE PER AUDIT REPORT	SCHEDULE D, PART X, LINE 2 THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION) THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007 THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED

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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,139,207		4,139,207	0 980 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			4,139,207		4,139,207	0 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,210,432	269,404	1,941,028	0 460 %
f Health professions education (from Worksheet 5)			2,639,350		2,639,350	0 620 %
g Subsidized health services (from Worksheet 6)			20,490,354		20,490,354	4 830 %
h Research (from Worksheet 7)			641,198	11,160	630,038	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			61,543		61,543	0 010 %
j **Total.** Other Benefits			26,042,877	280,564	25,762,313	6 070 %
k **Total.** Add lines 7d and 7j			30,182,084	280,564	29,901,520	7 050 %

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Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			6,833		6,833	
8	Workforce development			34,787		34,787	0 010 %
9	Other						
10	Total			41,620		41,620	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	8,450,845		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	146,606,145	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	126,712,153	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	19,893,992	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group UMMS St Joseph Medical Center LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www umms org/sjmc/community			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www umms org/sjmc/community			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V **Facility Information** *(continued)*

Financial Assistance Policy (FAP)

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☐	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) www umms org/sjmc/community			
b ☑	The FAP application form was widely available on a website (list url) www umms org/sjmc/community			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www umms org/sjmc/community			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

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Part V **Facility Information** *(continued)*

Billing and Collections

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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Part V **Facility Information** *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
	a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
	b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	d ☑ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
CRITERIA FOR FREE OR DISCOUNTED CARE	SCHEDULE H, PART I, LINE 3C UMSJMC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE

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Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART I, LINE 6B THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC THE REPORT CAN BE FOUND AT HTTPS //HSCRC STATE MD US/PAGES/INIT_CB ASPX

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Form and Line Reference	Explanation
COSTING METHODOLOGY	SCHEDULE H, PART I, LINE 7 MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT

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Form and Line Reference	Explanation
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II UMSJMC ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y'S GIVE EVERY CHILD A CHANCE CAMPAIGN, WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS UMSJMC IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY UMSJMC IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS THE MEDICAL CENTER EACH YEAR CURRENTLY, STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, BUILDING OPERATIONS, AND PATIENT TRANSPORT THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY MOST RECENTLY, WE DELIVERED PRESENTATIONS ON HOW MEDICATIONS CAN AFFECT SLEEP AND THE AGING BRAIN AT 14 OF THE BALTIMORE COUNTY SENIOR CENTERS THE GOAL IS REDUCE DRUG ABUSE, DEPENDENCY, AND FALLS ADDITIONALLY, WE CONTINUE TO OFFER FREE BONE DENSITY SCREENINGS TO SUPPORT BONE HEALTH AWARENESS AND REDUCED INJURIES FROM FALLS UMSJMC IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UNIVERSITY OF MARYLAND SYSTEM HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES

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Form and Line Reference	Explanation
BAD DEBT EXPENSE REPORTING IN MARYLAND	SCHEDULE H, PART III, LINE 2 AND 3 THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974 AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF 1 REVENUE GROWTH PER CAPITA 2 MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3 MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4 MEDICARE READMISSION RATES 5 HOSPITAL ACQUIRED CONDITION RATE BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP

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Form and Line Reference	Explanation
FOOTNOTE FOR BAD DEBT EXPENSE IN AUDITED FINANCIAL STATEMENTS	SCHEDULE H, PART III, LINE 4 THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

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Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART III, LINE 8 THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO

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Form and Line Reference	Explanation
COLLECTION PRACTICES	SCHEDULE H, PART III, LINE 9B THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT

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Form and Line Reference	Explanation
COMMUNITY HEALTH CARE NEEDS ASSESSMENT	SCHEDULE H, PART VI, LINE 2 BEGINNING IN JANUARY 2016, UMSJMC UNDERTOOK A CHNA TO EVALUATE THE HEALTH NEEDS OF INDIVIDUALS LIVING IN BALTIMORE COUNTY, MARYLAND THE AIM OF THE ASSESSMENT IS TO REINFORCE UMSJMC'S COMMITMENT TO THE HEALTH OF RESIDENTS AND ALIGN ITS HEALTH PREVENTION EFFORTS WITH THE COMMUNITY'S GREATEST NEEDS THE ASSESSMENT EXAMINED A VARIETY OF HEALTH INDICATORS INCLUDING CHRONIC HEALTH CONDITIONS, ACCESS TO HEALTH CARE AND SOCIAL DETERMINANTS OF HEALTH UMSJMC CONTRACTED WITH HOLLERAN CONSULTING, A RESEARCH FIRM BASED IN LANCASTER, PENNSYLVANIA, TO EXECUTE THIS PROJECT THE COMPLETION OF THE CHNA ENABLED UMSJMC TO TAKE AN IN-DEPTH LOOK AT ITS COMMUNITY THE FINDINGS FROM THE ASSESSMENT WERE UTILIZED BY UMSJMC TO PRIORITIZE PUBLIC HEALTH ISSUES AND DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNITY NEEDS UMSJMC IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES WHERE THEY RESIDE HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST COMMUNITY PARTNERSHIPS, AND AN OVERALL ENHANCED QUALITY OF LIFE UMSJMC CONDUCTED AN INDEPENDENT COMMUNITY HEALTH SURVEY THE PREVIOUS YEAR THE SURVEY SOUGHT TO GATHER INFORMATION AROUND THE MOST SALIENT HEALTH ISSUES IN BALTIMORE COUNTY AND IDENTIFY THE COMMON BARRIERS THAT KEEP PEOPLE FROM SEEKING MEDICAL CARE NOTWITHSTANDING THE DIFFERENT METHODOLOGIES USED IN THE CURRENT CHNA AND THE SURVEY UMSJMC UNDERTOOK, SOME NOTABLE SIMILARITIES WERE OBSERVED IN THE FINDINGS BETWEEN THE TWO STUDIES

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Form and Line Reference	Explanation
ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE	SCHEDULE H, PART VI, LINE 3 UMSJMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO -SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL -THE ORGANIZATION'S WEBSITE -PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS -BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS -PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH, AS WELL AS SPANISH, FRENCH, & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMS PATIENTS WITH LIMITED ENGLISH PROFICIENCY) -APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

Form and Line Reference	Explanation
DESCRIPTION OF COMMUNITY SERVED	SCHEDULE H, PART VI, LINE 4 THE COMMUNITY SERVED BY UMSJMC FALLS PRIMARILY WITHIN BALTIMOR E COUNTY WITH A FEW OUTLYING AREAS IN HARFORD COUNTY AND BALTIMORE CITY THE IMMEDIATE GEO GRAPHIC AREA IN WHICH UMSJMC IS LOCATED IS PREDOMINANTLY A MIDDLE-CLASS/UPPER MIDDLE-CLASS POPULATION AS DETERMINED BY RATES OF POVERTY, UNEMPLOYMENT, LIMITED ENGLISH PROFICIENCY, LACK OF HEALTH INSURANCE AND EDUCATION, THE AREAS OF GREATEST NEED WITHIN BALTIMORE COUNT Y INCLUDE THE EASTERN PARTS OF THE COUNTY LIKE ESSEX AND DUNDALK AS WELL AS WEST OF THE CI TY LIMITS NEAR WOODLAWN VULNERABLE POPULATIONS ALSO EXTEND THROUGH PIKESVILLE, TOWSON, PA RKVILLE/CARNEY AND NORTH INTO COCKEYSVILLE THE HIGHEST CONCENTRATION OF UMSJMC CHARITY CA RE CASES ARE FOUND IN COCKEYSVILLE/ HUNT VALLEY, PARKVILLE AND CARNEY IN RECENT YEARS, TH ERE HAS BEEN A GROWING HISPANIC IMMIGRANT POPULATION IN THE HUNT VALLEY/COCKEYSVILLE AREA THIS HAS CREATED A POCKET OF FINANCIALLY CHALLENGED PEOPLE WHO RECEIVE CHARITY CARE IN AN AREA THAT IS USUALLY VIEWED AS FAIRLY AFFLUENT CONSISTENT WITH THESE IDENTIFIED VULNERAB LE POPULATIONS, THE HIGHEST PROPORTION OF OUR ST CLARE MEDICAL OUTREACH (A FREE CLINIC FO R THOSE WHO HAVE NO HEALTH INSURANCE AT ALL) PATIENTS COME FROM THE FOLLOWING ZIP CODES 2 1136, 21030, 21117, 21224, 21208 AND 21234 BALTIMORE COUNTY DEMOGRAPHICS TOTAL POPULATIO N 832,468 WHITE 61 4% BLACK OR AFRICAN AMERICAN 29 2% ASIAN 6 4% AMERICAN INDIAN AND A LASKA NATIVE 0 9% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER 0 1% TWO OR MORE RACES 2 6 % HISPANIC 5 5% LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME 14 0% PERSONS IN POVERTY 8 3 % PERSONS WITHOUT HEALTH INSURANCE 6 5% PERSONS WITH A DISABILITY, UNDER AGE 65 7 5% PER SONS 65 AND OVER 16 8% (SOURCE AMERICAN COMMUNITY SURVEY, 2013-2017, 5-YEAR ESTIMATES, U S CENSUS BUREAU) AS REPORTED IN OUR 2016 CHNA, THERE WAS A GOOD REPRESENTATION OF ZIP CO DES IN THE SURVEY AND PARTICIPANTS WERE WELL SPREAD OUT THROUGHOUT THE COUNTY NEARLY 40% OF ALL RESPONDENTS RESIDE IN ZIP CODES 21234, 21093, 21236, 21286, 21204, 21030 AND 21212 OF THE TOTAL 924 RESPONDENTS, THE MAJORITY OF RESPONDENTS WERE FEMALE (81%) AND BETWEEN T HE AGES OF 55 TO 64 YEARS (24%) AN ADDITIONAL 22% OF ALL RESPONDENTS WERE BETWEEN THE AGE S OF 65 AND 80 YEARS OVER THREE-QUARTERS OF RESPONDENTS IDENTIFY THEMSELVES AS WHITE (79%) THE NEXT LARGEST POPULATION IS THE BLACK/AFRICAN-AMERICAN RACE, AT 13% OF SURVEY PARTIC IPANTS ABOUT 8% OF ALL RESPONDENTS IDENTIFY THEMSELVES AS LATINO/HISPANIC THE MOST COMMO N "OTHER" RACE MENTIONED WAS "MIXED " IN REGARD TO EDUCATIONAL ATTAINMENT, A LITTLE MORE T HAN A QUARTER OF RESPONDENTS (27 0%) HAVE ATTAINED AN UNDERGRADUATE DEGREE OR HIGHER ANOT HER 24% OF SURVEY PARTICIPANTS HAVE A GRADUATE OR PROFESSIONAL-LEVEL DEGREE THE MAJORITY OF RESPONDENTS IN THE "OTHER" CATEGORY INDICATED THEY HAVE A NURSING DIPLOMA THE SURVEY A LSO SHOWED THAT A GREATER SHARE OF RESPONDENTS (44%) HAD AN ANNUAL HOUSEHOLD INCOME OF $75 ,000 OR MORE AND ABOUT 10% OF RESPONDENTS FALL IN THE LOWEST INCOME BRACKETS, WITH AN ANNU AL HOUSEHOLD INCOME OF LESS THAN $20,000 RESPONDENTS WERE ASKED TO INDICATE WHETHER OR NO T THEY HAVE HEALTH CARE COVERAGE, INCLUDING INSURANCE, PREPAID PLANS, OR GOVERNMENT PLANS, SUCH AS MEDICAID OR MEDICAL ASSISTANCE SEVENTY-ONE PERCENT OF RESPONDENTS REPORTED THEY PREDOMINATELY OBTAIN THEIR HEALTH CARE COVERAGE THROUGH THEIR OWN OR SOMEONE ELSE'S EMPLOY ER SPONSORED PLANS ABOUT 5% OF RESPONDENTS CITED THEY WERE CURRENTLY UNINSURED APPROXIMA TELY 86% OF SURVEY PARTICIPANTS IN BALTIMORE COUNTY HAVE AT LEAST ONE PERSON WHO THEY THIN K OF AS THEIR PERSONAL DOCTOR IN OTHER WORDS, AT LEAST 12% ARE WITHOUT A MEDICAL HOME SU RVEY PARTICIPANTS WERE ASKED TO RATE THEIR OVERALL HEALTH IN GENERAL, SELF-REPORTED MEASU RES OF HEALTH ARE FAVORABLE AMONG RESPONDENTS OVER ONE-HALF OF RESPONDENTS (53%) REPORTED HAVING VERY GOOD OR EXCELLENT OVERALL HEALTH APPROXIMATELY 14% OF RESPONDENTS REPORTED H AVING FAIR OR POOR HEALTH IN ADDITION, APPROXIMATELY HALF OF THE RESPONDENTS REPORTED NOT SUFFERING FROM PHYSICAL ILLNESS OR INJURY DURING THE PREVIOUS 30 DAYS HOWEVER, NEARLY A QUARTER (24%) REPORTED HAVING ONE TO TWO DAYS OF POOR PHYSICAL HEALTH AND 10% REPORTED HAV ING THREE TO FOUR DAYS OF POOR PHYSICAL HEALTH INABILITY TO WORK DUE TO POOR PHYSICAL HEA LTH WAS ALSO MEASURED IN THE SURVEY A STRONG MAJORITY OF RESPONDENTS IN BALTIMORE COUNTY (78%) REPORTED THERE WERE NO DAYS THEY WERE UNABLE TO WORK DUE TO POOR HEALTH IN CONTRAST , ABOUT 6% OF RESPONDENTS REPORTED BEING UNABLE TO WORK FOR 11 DAYS OR MORE IN THE PAST MO NTH BECAUSE OF POOR PHYSICAL HEALTH SOME CHRONIC CONDITIONS ARE OF CONCERN IN BALTIMORE C OUNTY HIGH BLOOD PRESSURE WAS THE MOST CITED HEALTH ISSUE RESPONDENTS ENCOUNTER (44%) HI GH CHOLESTEROL WAS RANKED SECOND WITH ABOUT 39% OF RESPONDENTS SELECTING THE ISSUE AND WAS FOLLOWED BY ARTHRITIS WITH APPROXIMATELY 31% OF RESPONDENTS IDENTIFYING IT AS A HEALTH CO NCERN THEY HAVE BEEN DIAGNOSED WITH SURVEY PARTIC

Form and Line Reference	Explanation
DESCRIPTION OF COMMUNITY SERVED	IPANTS WERE ALSO ASKED IN A DIFFERENT SET OF QUESTIONS IF THEY HAVE EVER BEEN DIAGNOSED WI TH CANCER, TO WHICH ABOUT 22% (N=189) REPORTED THAT THEY HAVE AMONG THESE RESPONDENTS, TH E MOST COMMON TYPES OF CANCER REPORTED BY RESPONDENTS WERE BREAST CANCER (36%) AND SKIN CA NCER OTHER THAN MELANOMA (22%) THE OTHER SET OF SURVEY QUESTIONS DEALT WITH IDENTIFYING T HE MOST PRESSING HEALTH ISSUES FACING BALTIMORE COUNTY RESIDENTS OVERWEIGHT/OBESITY TOPPE D THE LIST WITH CLOSE TO 60% OF RESPONDENTS SELECTING THE ISSUE AS ONE OF THE TOP FIVE MOS T PRESSING HEALTH ISSUES FACING THEIR COUNTY CANCER AND DRUG ABUSE/ALCOHOL ABUSE WERE ALS O HEALTH CONCERNS SHARED BY 53% AND 43% OF RESPONDENTS RESPECTIVELY THE FOURTH MOST PRESS ING HEALTH ISSUE WAS HEART DISEASE, WITH A 42% RATING, AND DIABETES WAS RANKED 5TH WITH A RATING OF 37%

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 5 UMSJMC IS COMMITTED TO SERVING AS A HEALTH RESOURCE AND PROMOT ING THE HEALTH OF THE COMMUNITY FOUNDED ON A MISSION OF PROVIDING CARE TO THE SICK AND TH E UNDERSERVED, UMSJMC OPERATES THE ST CLARE MEDICAL OUTREACH CLINIC THAT SERVES A MAINLY HISPANIC POPULATION WITH NO ACCESS TO HEALTH CARE THE PRIMARY CARE CLINIC IS COMPOSED OF A MEDICAL DIRECTOR, NURSE PRACTITIONER, PHYSICIAN ASSISTANT, RNS, MEDICAL ASSISTANT, PHARM ACY LIAISON, HEALTH, COACH, OFFICE COORDINATOR, NURSE MANAGER, AND PHLEBOTOMIST SERVICES PROVIDED IN ADDITION TO PRIMARY CARE ARE IMMUNIZATIONS, PHARMACEUTICALS, HEALTH EDUCATION AND REFERRALS TO SPECIALISTS THAT PARTICIPATE IN THE PROGRAM MENTAL HEALTH COUNSELING IS ALSO PROVIDED BY A CERTIFIED MENTAL HEALTH NURSE PRACTITIONER ADDITIONAL BEHAVIORAL HEALT H INITIATIVES INCLUDE A PARTNERSHIP WITH MOSAIC COMMUNITY SERVICES TO HOST TRAININGS FOR M ENTAL HEALTH FIRST AID MENTAL HEALTH FIRST AID IS AN EIGHT HOUR PROGRAM DESIGNED TO TEACH MEMBERS OF THE PUBLIC HOW TO RESPOND IN A MENTAL HEALTH EMERGENCY AND TO OFFER SUPPORT TO SOMEONE WHO APPEARS TO BE IN EMOTIONAL DISTRESS THE TRAINING WAS OFFERED TO UMSJMC EMPLO YEES AS WELL AS PARTNER ORGANIZATIONS IN THE COMMUNITY THERE WERE 34 INDIVIDUALS TRAINED INCLUDING STAFF FROM THE BALTIMORE COUNTY HEALTH DEPARTMENT, BALTIMORE COUNTY DEPARTMENT O F AGING, AND OTHER LOCAL HOSPITALS BALTIMORE COUNTY DEPARTMENT OF HEALTH HAS ARRANGED FOR PEER RECOVERY SPECIALISTS IN OUR ED WHO PROVIDE 1 1 PEER OUTREACH AND COACHING AS WELL AS LINKAGES TO RESOURCES THAT INCLUDE DETOX AND OTHER MENTAL HEALTH SERVICES OR FACILITIES, ASSISTANCE WITH SUPPORTIVE HOUSING, TRANSPORTATION, MEDICATION, INSURANCE, AND ANY OTHER A NCILLARY SUPPORT FOR CLIENTS TO BE SUCCESSFUL AN ONGOING SYSTEM-WIDE INITIATIVE THAT FURT HER SUPPORTS THESE EFFORTS TARGETING MENTAL HEALTH AND SUBSTANCE ABUSE IS THE NOT ALL WOUN DS ARE VISIBLE SERIES WHICH BEGAN IN JUNE 2017 TO PROMOTE COMMUNITY CONVERSATIONS, AWARENE SS AND RESOURCES AROUND A WIDE RANGE OF RELATED TOPICS IN FY18 THE UMMS HOSPITALS COORDIN ATED TWO SEMINARS, ONE FOCUSED ON ADDICTION AND SUBSTANCE ABUSE AND THE OTHER SPECIFIC TO DEPRESSION AND ANXIETY IN WOMEN AND CHILDREN EACH INCLUDED PROFESSIONAL SPEAKERS, LOCAL P ARTNERS, AND PANEL DISCUSSIONS TO ENCOURAGE DIALOGUE BETWEEN ADVOCATES AND COMMUNITY MEMBE RS THE EVENTS WERE FREE AND WIDELY PUBLICIZED ATTENDEES WERE INVITED TO PARTICIPATE AT T HE MAIN LOCATION DOWNTOWN OR THROUGH A LIVE STREAM HOSTED AT SATELLITE LOCATIONS INCLUDING UM SJMC THIS SERIES WILL CONTINUE IN FY19 WITH MORE CONVERSATIONS SURROUNDING DEPRESSION AND ANXIETY (MEN, SENIORS, CHRONIC DISEASE AND SUICIDE PREVENTION) AS WELL AS A FOCUS ON EARLY CHILDHOOD EXPERIENCES AND RESILIENCE UMSJMC IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLE TES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALT IMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPO NSIBILITY THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRE SENTATIVES, AND OTHER STUDENTS THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE M ODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BUL LYING IN OUR COMMUNITY UMSJMC MENTORS CLINICAL STUDENTS FROM A VARIETY OF HEALTH FIELDS A ND SCHOOLS OUR EMPLOYEES RECOGNIZE THE IMPORTANCE OF PROVIDING HANDS ON EXPERIENCES FOR T HESE STUDENTS, AND THE MEDICAL CENTER APPRECIATES THAT THESE LABOR HOURS FOSTER MORE QUALI FIED GRADUATES JOINING THE WORKFORCE UMSJMC IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROS S UMSJMC EACH YEAR STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BAB Y, AND PATIENT TRANSPORT THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREER S MULTIPLE STRATEGIES ARE BEING USED TO INCREASE COMMUNITY AWARENESS SURROUNDING HYPERTEN SION, HEART DISEASE, AND STROKE IN FY18 TWELVE LECTURES WERE DELIVERED ACROSS BALTIMORE C OUNTY IN A VARIETY OF SETTINGS INCLUDING SENIOR CENTERS, FAITH AND COMMUNITY CENTERS, BUSI NESSES, AND UMSJMC BLOOD PRESSURE SCREENING WAS ALSO OFFERED IN CONJUNCTION WITH THE MAJO RITY OF THESE LECTURES ADDITIONAL SCREENINGS WERE OFFERED THROUGHOUT THE YEAR IN DIFFEREN T SETTINGS TO HELP COMMUNITY MEMBERS EVALUATE THEIR RISK OF HEART DISEASE AND STROKE INCLU DING A CAROTID ARTERY SCREENING, CHOLESTEROL SCREENINGS, AND BODY COMPOSITION ANALYSIS ED UCATIONAL MATERIAL INCLUDING A LARGE MAGNET WITH I

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	MAGES THAT DEPICT SIGNS OF STROKE WERE WIDELY DISTRIBUTED AT HEALTH FAIRS, FESTIVALS, AND TO PARTNER ORGANIZATIONS WE ADOPTED THE EVIDENCE-BASED PROGRAM LIVING HEALTHY WITH HIGH B LOOD PRESSURE AND BEGAN OFFERING BOTH ONSITE AND OFFSITE OUR STROKE CENTER COORDINATOR PR OVIDED TIMELY UPDATES TO EMS TO HELP IDENTIFY AND TREAT STROKE PATIENTS SOONER WE ALSO CO NTINUED OUR MONTHLY STROKE SURVIVOR SUPPORT GROUP TO ADDRESS THE CHALLENGES THESE INDIVIDU ALS AND THEIR LOVED ONES EXPERIENCE FOLLOWING A STROKE UMSJMC ACTIVELY ENGAGES WITH SEVER AL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY WE HAVE AN ONGOING PARTNERSHIP W ITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y CAMPAIGN FOR A BETTER US (ASSISTS CHILDREN, FAMILIES AND INDIVIDUALS WHO CAN NOT OTHERWISE AFFORD Y MEMBERSHIP AND PROGRAMS), WE PLAN MONTHLY HEALTH EVENTS SUC H AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATION S WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EV ENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS THIS PARTNERSHIP ALLOWS FOR GREATER ACCES S TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS THE COLLAB ORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO TH EIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING (BCDA) TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION ON AN ANNUAL BASIS, WE TRA VEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY OFFERING FREE SERVICES SUC H AS BONE DENSITY SCREENING, BODY COMPOSITION ANALYSIS, AND PRESENTATIONS ON TOPICS LIKE H YPERTENSION AND STROKE UMSJMC IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UMMS HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORME D AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES TO HELP BETTER UNDERSTAND THE NEEDS OF OUR COMMUNITY, UMSJMC ALSO OPERATES A PATIENT AND FAMILY A DVISORY COUNCIL THAT HELPS GUIDE HOSPITAL DIRECTION FOR COMMUNITY SERVICES AS WELL AS RAIS ING OPERATIONAL AND EXPERIENCE CONCERNS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM ROLES	SCHEDULE H, PART VI, LINE 6 UMSJMC IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND As part of the University of Maryland Medical System (UMMS), UMSJMC understands that health care goes beyond the walls of the hospital and into the community it serves UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES IN DOING SO, UMSJMC ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY WITH REPRESENTATION FROM ALL UMMS HOSPITALS, UMSJMC'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS UMSJMC IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE BALTIMORE COMMUNITY BALTIMORE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, LINE 7 AS REQUIRED BY MARYLAND STATUTE FOR ALL HOSPITALS, UMSJMC FILES AN ANNUAL COMMUNITY BENEFIT REPORT WITH MARYLANDS HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) BY DECEMBER 15TH EACH YEAR

Additional Data

Software ID:

Software Version:

EIN: [redacted]

Name: UMSJ Health System LLC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	UM St Joseph Medical Center LLC 250 West Pratt Street Baltimore, MD 21201 http //www stjosephtowson com/home aspx 03-079	X	X	X	X			X			1

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Section C. Supplemental Information for Part V, Section B. Provide the description required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)	SCHEDULE H, PART V, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS UMSJMC SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT FOCUS GROUP DISCUSSIONS WITH COMMUNITY LEADERS AND PARTNERS AND AN ONLINE COMMUNITY MEMBER SURVEY AVAILABLE TO ALL BALTIMORE COUNTY RESIDENTS, AND INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLE DGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND C OMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UN DERSERVED, LOW INCOME, AND MINORITY POPULATIONS AN ONLINE COMMUNITY SURVEY WAS CONDUCTED WITH INDIVIDUALS RESIDING IN BALTIMORE COUNTY BETWEEN JANUARY 29 AND MARCH 18, 2016 PAPER COPIES OF THE SURVEY WERE ALSO DISTRIBUTED AT VARIOUS HEALTH AND COMMUNITY CENTERS TO REA CH A WIDER DEMOGRAPHIC THE SURVEY WAS DESIGNED TO ASSESS THEIR HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES AND NEEDS, HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASES, AND COMMUNITY ASSETS AND OPPORTUNITIES THE SURVEY TOOK APPROXIMATELY 1 0 TO 15 MINUTES TO COMPLETE A TOTAL OF 924 RESIDENT SURVEYS WERE COMPLETED THROUGHOUT BAL TIMORE COUNTY TO PROMOTE GEOGRAPHICAL AND ETHNIC DIVERSITY AMONG RESPONDENTS TWO KEY INFO RMANT FOCUS GROUPS WERE CONDUCTED AT UMSJMC ON FEBRUARY 10 AND FEBRUARY 17, 2016 THERE WE RE 12 PARTICIPANTS IN THE FIRST SESSION AND 11 PARTICIPANTS ATTENDED THE SECOND SESSION T HE PURPOSE OF THE FOCUS GROUPS WAS TO GATHER EXPERT-LEVEL QUALITATIVE FEEDBACK FROM A VARI ETY OF HEALTH AND SOCIAL SERVICE PROVIDERS, WITH AN ACTIVE ROLE AND A BROAD UNDERSTANDING OF THE HEALTH CARE SYSTEM AND HEALTH NEEDS OF BALTIMORE COUNTY RESIDENTS KEY INFORMANT FO CUS GROUP PARTICIPANTS GEORGE LAROCCO, MD, INTERNAL MEDICINE, HEALTH PART AT HEREFORD LIN ROMANO, COO, GEDCO BARBARA K ANDERSON, EXECUTIVE DIRECTOR, PRO BONO COUNSELING KEITH JAC OBS, DIRECTOR OF BUSINESS OPERATIONS, MAXIM HEALTHCARE SERVICES CHRISTINE WOODS, PROGRAM D IRECTOR - WELLNESS, TOWSON UNIVERSITY WILLIAM S QUEALE, MD, INTERNIST, MAXIM HEALTHCARE S ERVICES RUTH HELTNE, VP, HEALTHY LIVING, Y IN CENTRAL MARYLAND KARA BARLOW, RN, WOMEN'S HE ALTH ASSOCIATES JULIA JOHNSON, PRACTICE MANAGER, WOMEN'S HEALTH ASSOCIATES DELLA J LEISTE R, RN, DEPUTY HEALTH OFFICER, BALTIMORE COUNTY DEPARTMENT OF HEALTH MARY JO HUBER, RN, UMS JMC WAYNE BRANNOCK, COO, LORIEN HEALTH SYSTEMS MONICA FULTON, RN, DIRECTOR OF ONCOLOGY OPE RATIONS, UMSJMC ANGELICA SFAKIANOUDIS, INTERN, BALTIMORE COUNTY DEPARTMENT OF AGING DONNA BILZ, PROGRAM COORDINATOR, BALTIMORE COUNTY DEPARTMENT OF AGING TED GROSS, MA, DIRECTOR OF SENIOR SERVICES, GEDCO KATHY MULFORD, MS, DIRECTOR OF BONE HEALTH CENTER, TOWSON ORTHOPAE DIC ASSOCIATES CAPTAIN STEVE ADELSBERGER, EMS SHIFT COMMANDER, BALTIMORE COUNTY FIRE DEPAR TMENT NICOLETTE MORRIS, MD, PEDIATRICS, UMSJMC KIRSTEN MCCRACKEN, RN, MSN, CNRN, SCRN, STR OKE CENTER COORDINATOR, UMSJMC

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)	MATT GOLDSTEIN, DIRECTOR HEALTH SERVICES, TOWSON UNIVERSITY JULIE VAUGHEN, MD, OWINGS MIL LS INTERNAL MEDICINE THE PRIORITIZATION SESSION WAS HOSTED THE MORNING OF FRIDAY, MAY 13, AT UMSJMC AND INCLUDED JACKIE SIMS, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL ROBERT BRE SCHI, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL DONNA BILZ, BALTIMORE COUNTY DEPARTMENT O F AGING IRENA KOYFMAN, CRNP, AND ITA CREMEN, MAXIM LAURA CULBERTSON, RN, BALTIMORE COUNTY DEPARTMENT OF AGING ALICE CHAN, POPULATION HEALTH MANAGER, UMSJMC MICHAEL WAINWRIGHT, MS, ACSM, CEP, SUPERVISOR CARDIOVASCULAR FITNESS, UMSJMC KELLIE EDRIS, MARKETING, COMMUNICATIO NS AND COMMUNITY HEALTH, UMSJMC MARY JO ADAMS, RN, NURSE COORDINATOR, COMMUNITY HEALTH, UM SJMC KRISTEN ARTES, MS, CHES, COMMUNITY HEALTH SPECIALIST, UMSJMC DONNA COSTA, MA, MHS, ON COLOGY OUTREACH MANAGER, UMSJMC MARY JO HUBER, RN, NURSE MANAGER AT ST CLARE MEDICAL OUTR EACH, UMSJMC CLARE MEDICAL OUTREACH, UMSJMC

Section C. Supplemental Information for Part V, Section B. Provide the description required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA	SCHEDULE H, PART V, LINE 11 IN RESPONSE TO ACCESS TO CARE, THE FOLLOWING ACTIONS ARE BEING TAKEN -INCREASE THE NUMBER OF FREE FLU VACCINATIONS PROVIDED TO THE COMMUNITY -INCREASE HEALTHCARE ACCESS AMONG UNDOCUMENTED POPULATION BY ACCEPTING NEW PATIENTS AT ST CLARE ME DICAL OUTREACH (PROVIDES PRIMARY CARE FOR THE UNINSURED) -EXTEND PCP OFFICE HOURS INTO EV ENINGS AND WEEKENDS TO ACCOMMODATE VARIETY OF PATIENTS -ENHANCE PARTNERSHIP WITH CHOICEON E URGENT CARE CENTER BY OPENING ADDITIONAL SITES -OPEN A POST DISCHARGE CENTER WITH 3 DIS CIPLINES, PHYSICIAN PROVIDER, PHARMACIST AND CASE MANAGER TO FOLLOW UP ON HIGH RISK PATIEN TS DISCHARGED FROM UMSJMC AND TRANSITION THEM BACK INTO THE COMMUNITY -OPEN A BEHAVIORAL HEALTH CENTER AS PART OF THE POST DISCHARGE CENTER THAT CAN HELP AT RISK PATIENTS TRANSITI ON BACK INTO THE COMMUNITY (ENCOURAGES COUNSELING, MEDICATION ADHERENCE) -FURTHER ENHANCE PARTNERSHIP WITH MAXIM TRANSITION ASSIST TO HELP HIGH RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY ENSURING PROPER FOLLOW UP AND PSYCHOSOCIAL NEEDS ARE MET COMMUNITY HEALTH W ORKERS (CHW) WILL PROVIDE NON-CLINICAL IN-HOME SERVICES TO HIGH RISK UMSJMC DISCHARGED PAT IENTS -PROVIDE TELEPHONE POST DISCHARGE FOLLOW UP TO HIGH RISK MEDICAL AND BEHAVIORAL HEA LTH PATIENTS AND MAKE ARRANGEMENTS TO ASSIST OR AUGMENT DISCHARGE PLANS -EDUCATE EMPLOYEE S ABOUT HEALTH LITERACY -USE A 5TH GRADE READING LEVEL IN HEALTH LITERATURE AND FORMS IN RESPONSE TO MENTAL HEALTH AND SUBSTANCE ABUSE, THE FOLLOWING ACTIONS ARE BEING TAKEN -IN CREASE THE NUMBER OF INDIVIDUALS WHO ARE SCREENED AND REFERRED FOR DEPRESSION -PROVIDE CU LTURALLY APPROPRIATE ACCESS TO MENTAL HEALTH -DEVELOP AND DELIVER A PRESENTATION ON SUBST ANCE ABUSE AND SLEEP -PROVIDE EDUCATION & INFORMATION ON SMOKING CESSATION -PROVIDE INFO RMATION AND EDUCATIONAL MATERIAL ON THE DANGERS OF TOBACCO USE AND SUBSTANCE ABUSE AT THE ANNUAL POWERED BY MEI CONFERENCE -PROVIDE EDUCATIONAL MATERIAL ON SIGNS/SYMPTOMS OF MENTA L HEALTH ISSUES AND APPROPRIATE TREATMENT OPTIONS AT THE ANNUAL POWERED BY MEI CONFERENCE -PROVIDE EDUCATIONAL MATERIAL ON NEGATIVE EFFECTS OF PERFORMANCE ENHANCING DRUGS (PED) USE AND APPROPRIATE TREATMENT OPTIONS FOR PED USE AND /OR ABUSE IN RESPONSE TO CHRONIC DISEAS E (CARDIOVASCULAR DISEASE/OBESITY), THE FOLLOWING ACTIONS ARE BEING TAKEN -PROVIDE EDUCAT ION & INFORMATION ON THE IMPORTANCE ON HEALTHY EATING, HEART HEALTHY SHOPPING, NUTRITIONAL IMPORTANCE FOR WEIGHT LOSS, HYPERTENSION -ESTABLISH INDIVIDUALIZED A1C GOALS AND BLOOD G LUCOSE GOALS FOR EACH ST CLARE PATIENT MONITOR AND PROVIDE EDUCATION AND SUPPORT AS NEED ED -INCREASE AWARENESS ON THE IMPORTANCE OF BLOOD PRESSURE MANAGEMENT AND THE SIGNS AND S YMPTOMS OF STROKE -CONTINUE FREE STROKE SCREENINGS -CONTINUE FREE BLOOD PRESSURE SCREENI NGS -CONTINUE FREE CHOLESTEROL SCREENINGS -OFFER CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TWICE A YEAR -CONTINUE AND EXPAND EVIDENCE-BASED DIABETES EDUCATION OPPORTUNITIES -CONT INUE FREE BODY COMPOSITION ANA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA	LYSIS WITH EDUCATION COUNSELING -PROMOTE HEALTHY WEIGHT LOSS AND MANAGEMENT -OFFER FREE WEEKLY YOGA CLASSES -IMPLEMENT "BEMORE FIT N FUN" PROGRAM TO EDUCATE YOUTH ON THE IMPORTA NCE OF A BALANCED DIET AND EXERCISE IN RESPONSE TO CANCER, THE FOLLOWING ACTIONS ARE BEIN G TAKEN -EDUCATE PRIMARY CARE PHYSICIANS ABOUT CANCER SCREENING GUIDELINES -IMPROVE EARL Y CANCER DETECTION IN COMMUNITY WITH A FOCUS ON DISPARITIES -IMPLEMENT COLORECTAL CANCER SCREENING PROGRAM FOR EMPLOYEES -CONTINUE FREE BREAST CANCER SCREENINGS -CONTINUE FREE C ERVICAL CANCER SCREENINGS -CONTINUE FREE PROSTATE CANCER SCREENINGS IN RESPONSE TO FALL PREVENTION, THE FOLLOWING ACTIONS ARE BEING TAKEN -OFFER STEPPING ON FALL PREVENTION PROG RAM TWICE A YEAR -CONTINUE FREE BONE DENSITY SCREENINGS WITH EDUCATIONAL COUNSELING -DIS TRIBUTE EDUCATIONAL MATERIAL ON WAYS TO REDUCE FALL RISK FOR THE FULL IMPLEMENTATION STRA TEGY, PLEASE VISIT HTTPS //WWW UMMS ORG/SJMC/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-A ND- IMPLEMENTATION-PLAN A PRIORITY THAT UMSJMC HAS NOT PURSUED IS DENTAL HEALTH SINCE WE D O NOT HAVE DENTAL RESOURCES AT UMSJMC INDIVIDUALS IN NEED ARE REFERRED TO OTHER LOCAL DEN TAL CLINICS (BALTIMORE COUNTY DEPARTMENT OF HEALTH, BALTIMORE CITY COMMUNITY COLLEGE AND U NIVERSITY OF MARYLAND SCHOOL OF DENTISTRY) AT THIS TIME, WE HAVE NOT DEVELOPED A COMPREHE NSIVE RESPONSE TO THE PRIORITY OF OBESITY IN CHILDREN AND ADOLESCENTS BECAUSE WE HAVE A VE RY SMALL PEDIATRIC SERVICE AT UMSJMC AND NO ON-GOING RELATIONSHIPS WITH PEDIATRICIANS IN T HE AREA WHICH IS THE APPROPRIATE ENTRY FOR ADDRESSING THIS PRIORITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	SCHEDULE H, PART V, LINE 13B THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL EFFORTS BEFORE INITIATING ACTION	SCHEDULE H, PART V, LINE 20C IN THE CASE OF AN INCOMPLETE FAP APPLICATION, PATIENTS ARE NOT AUTOMATICALLY DENIED A LETTER IS MAILED TO THE PATIENT REQUESTING THE MISSING DOCUMENTATION, AND FAP APPLICATIONS ARE APPROVED ONCE THE MISSING DOCUMENTATION IS PROVIDED

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
GRANTMAKING	SCHEDULE I, PART I, LINE 2 UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS THE SOLE MEMBER OF UMSJHS UMMS PROVIDED GRANTS TO UMSJHS IN FY18 THE MEMBER AND FILING ORGANIZATION HAVE COMMON EXEMPT PURPOSES IN MIND WHEN UTILIZING GRANT FUNDS

Additional Data

Software ID:
Software Version:
EIN: [redacted]
Name: UMSJ Health System LLC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY CORPORATE INTERNSHIP PROGRAM 420 S Chester St Baltimore, MD 21231	20-5300491	501(c)(3)	28,000	0			General Assistance
Baltimore Basilica 320 Cathedral Street Baltimore, MD 21201	52-0591535	501(c)(3)	10,000	0			General Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMMS Foundation 110 South Paca Street Baltimore, MD 21201	[redacted]	501(c)(3)	8,500				Shock Trauma Gala
UM SJMC Foundation 7601 Osler Drive Baltimore, MD 21204	[redacted]	501(c)(3)	110,000	0			General Assistance

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2017 Page **2**

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION THOMAS B SMYTH EVEREST S CONOVER DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION JOHN W ASHWORTH WALTER J FURLONG CRAIG J CARMICHAEL GAIL P CUNNINGHAM PAMELA A JAMIESON PAUL S NICHOLSON ROBERT A CHRENCIK DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F) MOHANAKUMAR SUNTHARALINGAM $867,174
NON FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7 BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES

Additional Data

Software ID:

Software Version:

EIN: [redacted]

Name: UMSJ Health System LLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1John W Ashworth III Director	(i)	0	0	0	0	0	0	0
	(ii)	597,242	128,170	97,267	10,800	25,714	859,193	0
1Robert A Chrencik Director	(i)	0	0	0	0	0	0	0
	(ii)	1,318,061	995,265	276,702	10,800	14,219	2,615,047	0
2Thomas B Smyth President & CEO	(i)	543,230	191,730	5,418	104,500	13,540	858,418	0
	(ii)	0	0	0	0	0	0	0
3Paul S Nicholson SVP, CFO & Treasurer	(i)	300,274	107,100	53,811	10,800	14,694	486,679	0
	(ii)	0	0	0	0	0	0	0
4Craig J Carmichael VP, Operations/Secretary	(i)	283,825	81,396	65,370	10,800	13,725	455,116	0
	(ii)	0	0	0	0	0	0	0
5Gail P Cunningham VP, Medical Affairs & CMO	(i)	366,775	129,998	46,632	10,800	8,834	563,039	0
	(ii)	0	0	0	0	0	0	0
6Walter J Furlong VP, Strategy & Business Dev	(i)	237,517	60,807	28,550	9,729	10,456	347,059	0
	(ii)	0	0	0	0	0	0	0
7Pamela A Jamieson VP & CNO	(i)	258,432	52,248	34,639	10,450	5,618	361,387	0
	(ii)	0	0	0	0	0	0	0
8Everest S Conover SVP, Clinical Integration	(i)	382,035	114,611	1,973	61,126	0	559,745	0
	(ii)	0	0	0	0	0	0	0
9 Mohanakumar Suntharalingam Former President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,131,897	557,620	871,176	10,800	12,208	2,583,701	673,771
10Paul McAfee physician	(i)	1,322,099	12,880	7,524	11,000	7,178	1,360,681	0
	(ii)	0	0	0	0	0	0	0
11David Dalury Physician	(i)	1,200,091	12,880	7,524	11,000	5,272	1,236,767	0
	(ii)	0	0	0	0	0	0	0
12Bruce Wolock Physician	(i)	1,184,245	12,880	7,524	11,000	6,308	1,221,957	0
	(ii)	0	0	0	0	0	0	0
13Brian Mulliken Physician	(i)	954,068	99,814	4,681	11,000	10,045	1,079,608	0
	(ii)	0	0	0	0	0	0	0
14Michael Dabbah Physician	(i)	985,903	0	1,068	12,800	10,298	1,010,069	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kelly Associates Insurance Group	See Part V	257,507	See Part V		No
(2) Matthew Irby	See Part V	136,769	See part V		No

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV, LINE 1 Francis X Kelly and David Kelly are directors of the filing organization Francis X Kelly and David Kelly are owners of Kelly & Associates Insurance Group The filing organization pays Kelly & Associates Insurance Group commissions and administrative fees, at or below fair market value, related to employee benefits Schedule L, PART IV, Line 2 Matthew Irby is a family memer of John W Ashworth, III, Director of the filing Organization Matthew Irby is paid reasonable compensation as an employee of the filing organization

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2 Francis X Kelly and David E Kelly have a family relationship They also have a business relationship, as both are executives at Kelly & Associates Insurance Group

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6, LINE 7A AND LINE 7B UMMS IS THE SOLE MEMBER OF UMSJH S UMMS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE GOVERNING BODY MUST BE APPROVED BY UMMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B UMMS ENGAGES THE ACCOUNTING FIRM GRANT THORNTON TO PREPARE AND REVIEW THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES INFORMATION NEEDED TO COM PLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPART MENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR AND PROVIDED TO GRANT THORNTON ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX & FINANCE PERSONNEL, AND EXTERNALLY BY GRANT THORNTON, INCLUDING AT THE PARTNER LEVEL FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIAT ES VICE PRESIDENT OF FINANCE AND/OR CFO PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATIO N'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR O THER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990 ALL BOARD ME MBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION'S OFFICERS, DIRECTORS AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION A QUESTIONNAIRE WH ICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTO RS AND KEY EMPLOYEES THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTA IN OTHER AFFILIATES THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS SYSTEM REVIE WS THE RESPONSES FOR THOSE ENTITIES THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT C OMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED WITH RESPECT TO THE OTHER ENTITIES IN THE UMMS SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLIC T OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, A N OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE SUCH INDIVIDUAL HAVING A POT ENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGAN IZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROV ISION ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTIO N WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUD ING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION FAILURE TO COMPLY WITH THIS PROVIS ION IS A MATERIAL BREACH OF AGREEMENT IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WIT H THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSIN ESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION

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990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATI ONS EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS CO MPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUA TED EXECUTIVES THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS THE COMMITTEE MEMO RIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS THIS PROCESS IS USED TO DETERMINE THE COMPENSATIO N PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBL ICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE THE CONF LICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSIT E FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS O N THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
TAX EXEMPT BOND ISSUE	PART IV, LINE 24A PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUG H THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY") AS SE CURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUT HORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS THE MASTER LOAN AGREE MENT CONTAINS CERTAIN RESTRICTIVE COVENANTS THESE COVENANTS REQUIRE THAT RATES AND CHARGE S BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH C ERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES UMMS, ROI, UM MIDTOWN, UM BALTIMORE WASHINGTON, SHORE H EALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST JOSEP H, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM PRICE GEORGES, BOWIE HEALTH CEN TER (BOWIE), AND THE UMMS FOUNDATION EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SE VERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S $1,745,628,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2018 ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOURS ON RELATED ENTITIES	PART VII, SECTION A, COL (B) UMMS IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 13 AC UTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOU RS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 ENERGY REBATE CHECK $ 350,875 EQUITY TRANSFER - UMMC $ 50,712 IN FORMATION SYSTEMS - CAPITAL PROJECT $ 21,785 STRATEGIC PRIORITY FUNDING $(3,872,555) SWAP $ (872,143) ROUNDING $ (260) ---------- TOTAL $(4,321,586) ==========

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SHARED SERVICES TOTAL FEES 40710979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 28510711

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN CONTACT FEES TOTAL FEES 7349569

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 3759177

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP LABOR TOTAL FEES 2799511

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
[redacted]

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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Case 1:20-cv-02088-DKC Document 105-12 Filed 07/25/22 Page 94 of 103

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD 20161 52-2000762	Healthcare	MD	APA Inc									
(2) Baltimore Washington Imaging LLC 301 Hospital Drive Glen Burnie, MD 20161 20-0806027	Healthcare	MD	UMBWMS									
(3) Universitycare LLC 22 South Greene Street Baltimore, MD 21201 52-1914892	Healthcare	MD	UMMSC									
(4) O'Dea Medical Arts Limited Partnership 7601 Osler Drive Towson, MD 21204 52-1682964	Rental	MD	SJMC Prop		521,769	-1,818,713						82 000 %
(5) Advanced Imaging at St Joseph Medical C 7601 Osler Drive Towson, MD 21204 52-1958002	Healthcare	MD	UMSJMC									51 000 %
(6) University of Maryland Charles Regional PO Box 1070 LaPlata, MD 20646 30-0956382	Healthcare	MD	UMCRCP									
(7) Baltimore ASC Ventures LLC 7620 York Road Towson, MD 21204 82-4133899	Healthcare	DE	UMSJMC									51 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)UNIV OF MD ST JOSEPH FOUNDATION	B	110,000	FMV
(2)UNIV OF MD ST JOSEPH FOUNDATION	C	234,545	FMV

Schedule R (Form 990) 2017 Page **4**

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2017

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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: [redacted]
Name: UMSJ Health System LLC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
SJMC Physicians LLC 7601 Osler Drive Towson, MD 21204 36-4734065	Healthcare	MD			UMSJHS
Univ of MD Med Reg Supplier Services 7601 Osler Drive Towson, MD 21204 45-5565991	Healthcare	MD	4,205,000	1,146,000	UMSJHS
Univ of MD Med Reg Prof Services 7601 Osler Drive Towson, MD 21204 45-5559036	Healthcare	MD	4,276,000	2,693,000	UMSJHS
UMSJ Properties LLC 7601 Osler Drive Towson, MD 21204 30-0755741	Rental	MD	1,419,000	6,380,000	UMSJHS
Univ of MD St Joseph Medical Center LLC 7601 Osler Drive Towson, MD 21204 35-2445106	Healthcare	MD	364,411,000	297,761,000	UMSJHS
Univ of MD St Joseph Medical Group LLC 7601 Osler Drive Towson, MD 21204 37-1704041	Healthcare	MD	47,160,000	4,623,000	SJMC Phys
Univ of MD St Joseph Orthopaedics LLC 7601 Osler Drive Towson, MD 21204 32-0391006	Healthcare	MD	22,860,000	1,799,000	SJMC Phys

HUM_0000614

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	501(c)(3)	12A	BWHS		No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	501(c)(3)	12A	UMBWMS		No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	501(c)(3)	3	UMBWMS		No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	501(c)(3)	12A	UMMSC		No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Real Estate	MD	501(c)(2)		NCC		No
301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Real Estate	MD	501(c)(2)		UMBWMS		No
100 Brown Street Chestertown, MD 21620 [redacted]	Fundraising	MD	501(c)(3)	8	UMSRH		No
100 Brown Street Chestertown, MD 21620 [redacted]	Healthcare	MD	501(c)(3)	12A	UMMSC		No
100 Brown Street Chestertown, MD 21620 [redacted]	Healthcare	MD	501(c)(3)	3	UMSRH		No
200 Morgnec Road Chestertown, MD 21620 [redacted]	Healthcare	MD	501(c)(3)	10	UMSRH		No
827 Linden Avenue Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	12B	UMMTH		No
827 Linden Avenue Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	12B	UMMSC		No
827 Linden Avenue Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	3	UMMTH		No
219 South Washington Street Easton, MD 21601 [redacted]	Healthcare	MD	501(c)(3)	10	SHS		No
219 South Washington Street Easton, MD 21601 [redacted]	Fundraising	MD	501(c)(3)	12A	SHS		No
219 South Washington Street Easton, MD 21601 [redacted]	Healthcare	MD	501(c)(3)	3	UMSRH		No
22 South Greene Street Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	3	UMMSC		No
2200 Kernan Drive Baltimore, MD 21207 [redacted]	Healthcare	MD	501(c)(3)	3	UMMSC		No
22 South Greene Street Baltimore, MD 21201 [redacted]	Fundraising	MD	501(c)(3)	12A	UMMSC		No
22 South Greene Street Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	3	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 1070 La Plata, MD 20646 [redacted]	Healthcare	MD	501(c)(3)	12C	UMMSC		No
PO Box 1070 La Plata, MD 20646 [redacted]	Healthcare	MD	501(c)(3)	3	UMCRH		No
PO Box 1070 La Plata, MD 20646 [redacted]	Fundraising	MD	501(c)(3)	12A	UMCRH		No
PO Box 1070 La Plata, MD 20646 [redacted]	Fundraising	MD	501(c)(3)	12A	UMCRH		No
7601 Osler Drive Towson, MD 21204 [redacted]	Fundraising	MD	501(c)(3)	12A	UMSJHS	Yes	
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Healthcare	MD	501(c)(3)	3	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Healthcare	MD	501(c)(3)	12C, III-FI	UMMSC		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Fundraising	MD	501(c)(3)	12A	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Healthcare	MD	501(c)(3)	3	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Healthcare	MD	501(c)(3)	10	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Real Estate	MD	501(c)(2)		UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Hospice	MD	501(c)(3)	7	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Home Care	MD	501(c)(3)	10	UMUCHS		No
3001 Hospital Drive Cheverly, MD 20785 [redacted]	Healthcare	MD	501(c)(3)	3	UMMSC		No
3001 Hospital Drive Cheverly, MD 20785 [redacted]	Healthcare	MD	501(c)(3)	12A	UMCAPRH		No
250 W Pratt St Ste 2400 Baltimore, MD 21201 [redacted]	Healthcare	MD	501(c)(3)	12C	UMMSC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD 20161 [redacted]	Healthcare	MD	APA Inc									
Baltimore Washington Imaging LLC 301 Hospital Drive Glen Burnie, MD 20161 [redacted]	Healthcare	MD	UMBWMS									
Universitycare LLC 22 South Greene Street Baltimore, MD 21201 [redacted]	Healthcare	MD	UMMSC									
O'Dea Medical Arts Limited Partnership 7601 Osler Drive Towson, MD 21204 [redacted]	Rental	MD	SJMC Prop		521,769	-1,818,713						82 000 %
Advanced Imaging at St Joseph Medical C 7601 Osler Drive Towson, MD 21204 [redacted]	Healthcare	MD	UMSJMC									51 000 %
University of Maryland Charles Regional PO Box 1070 LaPlata, MD 20646 [redacted]	Healthcare	MD	UMCRCP									
Baltimore ASC Ventures LLC 7620 York Road Towson, MD 21204 [redacted]	Healthcare	DE	UMSJMC									51 000 %

JA741

HUM_0000617

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Arundel Physicians Associates Inc 301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	BWHE	C Corp					No
Baltimore Washington Health Enterprises 301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	UMBWMS	C Corp					No
BW Professional Services Inc 301 Hospital Drive Glen Burnie, MD 21061 [redacted]	Healthcare	MD	BWHE	C Corp					No
NA Executive Building Condo Assn Inc 301 Hospital Drive Glen Burnie, MD 21061	Real Estate	MD	NADCO	C Corp					No
UM Charles Regional Care Partners PO Box 1070 La Plata, MD 20646 [redacted]	Healthcare	MD	UMCRH	C Corp					No
University Midtown Prof Center A Condo 827 Linden Avenue Baltimore, MD 21201 [redacted]	Real Estate	MD	UMMH	C Corp					No
University of Maryland Health Advantage 22 South Greene Street Baltimore, MD 21201 [redacted]	Insurance	MD	UMMSHP	C Corp					No
University of Maryland Health Partners 22 South Greene Street Baltimore, MD 21201 [redacted]	Insurance	MD	UMMSHP	C Corp					No
University of Maryland Medical System He 22 South Greene Street Baltimore, MD 21201 [redacted]	Insurance	MD	UM Hlth Vent	C Corp					No
Upper Chesapeake Insurance Company 520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Insurance	MD	UMUCHS	LTD					No
Upper Chesapeake Health Ventures Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Healthcare	MD	UMUCHS	C Corp					No
Upper Chesapeake Medical Center Land Con 520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Real Estate	MD	UC Med Crt	C Corp					No
Upper Chesapeake Medical Office Building 520 Upper Chesapeake Dr Bel Air, MD 21014 [redacted]	Real Estate	MD	UC Hlth Vent	C Corp					No
Shore Orthopedics Inc 219 S Washington Street Easton, MD 21601 [redacted]	Healthcare	MD	SHS	C Corp					No
Madison Manor Inc 5801 42nd Ave Hyattsville, MD 20781 [redacted]	Healthcare	MD	UMCAPRH	C Corp					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Affiliated Enterprises Inc 3001 Hospital Drive Cheverly, MD 20785 [redacted]	Healthcare	MD	UMCAPRH	C Corp					No
Dimensions Assurance LTD PO Box 1363 Genesis Bldg Grand Cayman CJ [redacted]	Insurance	CJ	UMMSC	C Corp					No
Riverside Health of Delaware Inc 1966 Greenspring Drive Ste 600 Timonium, MD 21093 [redacted]	Healthcare	DE	UMMSHP	C Corp					No
Riverside Health of DC Inc 1966 Greenspring Drive Ste 600 Timonium, MD 21093 [redacted]	Healthcare	DC	UMMSHP	C Corp					No

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

FATHER LOUIS ASOBI

April 11, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

----------x

JESSE HAMMONS,)

Plaintiff,)

V.) Case No.

UNIVERSITY OF MARYLAND MEDICAL) 1:20-CV-02088-DKC

SYSTEM CORPORATION, et al.,)

Defendants.)

----------x Pages 1-108

REMOTE VIDEOTAPED DEPOSITION OF

FATHER LOUIS ASOBI

Monday, April 11, 2022

Towson, MD

Reported by: Sherry L. Brooks

Certified LiveNote Reporter

Job No. J8078715

April 11, 2022

10:03 a.m.

Remote videotaped deposition via Zoom videoconferencing of Father Louis Asobi at:

Towson, MD

Pursuant to notice, before Sherry L. Brooks, Certified LiveNote Reporter and Notary Public, in and for the State of Maryland.

ON BEHALF OF PLAINTIFF:

Joshua M. Goldman, Esquire
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ALSO PRESENT:

George Ellis, Videographer

Saint Joe's remaining Catholic.

BY MR. GOLDMAN:

Q. Thank you. Earlier you said that part of your job deals with the ethical and religious directives for Catholic Health Care Services; is that correct?

A. Yes.

Q. Are those referred to as the ERDs?

A. Yes.

Q. What generally are the ERDs?

A. The ER- -- the ERD is a document put together by the entire body of the United States Catholic Bishops Conference, and that document is put together for all Catholic hospitals in the United States to be a document that will guide them in the practice of medicine.

Q. And what is the basis for your knowledge about the ERDs?

A. The basis of my knowledge is that I studied it. It's part of my education to be the vice president of Mission Integration and I've learned in seminars and workshops for the interpretation of the

document and implementation of the document in all Catholic hospitals within the United States.

Q. And you mentioned that the ERDs are published by the United States Conference of Catholic Bishops; is that correct?

A. Yes.

Q. Have you read the entirety of the ERDs?

A. I have.

Q. And when was the last time you read the entirety of the ERDs?

A. I just read it again over the weekend.

Q. Wonderful. Me, too.

Are the ERDs updated regularly?

A. They're updated based on whenever the bishops conference see it -- when they deem that it is time for a review, they will do that, depending on things happening within the society and in our culture. So right now we are working with the sixth edition.

We don't know whenever they're ready to come up with the seventh edition, so we are working with this just like we did the -- what do you call

THE WITNESS: Oh, okay. Sorry.

MR. GOLDMAN: That was my fault. I apologize.

Oh, and I'm sorry. For the court reporter again, are we going up from where we left off with the last deposition?

THE REPORTER: I'm sorry. Usually -- typically, when we do different witnesses, we start with 1.

MR. GOLDMAN: That's fine. So we'll make that 1.

BY MR. GOLDMAN:

Q. All right. Father Asobi, do you see this document in front of you?

A. Yes.

MR. GOLDMAN: I'll mark this as Exhibit 2.

(Exhibit Number 2 was marked for identification and was attached to the deposition.)

MR. GOLDMAN: And I'll represent that it has been produced as UMMS with the Bates ending in 4.

BY MR. GOLDMAN:

Q. Have you ever seen this document before?

A. Yes, I've seen the document.

Q. Would you like to take a second to reread it before I ask you questions about it?

A. Okay. Okay. I've read it.

MS. WIGGER: So do you have a question pending?

MR. GOLDMAN: I have scrolled down to page 2 to give the witness a chance to read it. I wasn't sure if he was done reading it yet.

MS. WIGGER: Oh, I thought the ready was for a question. Never mind.

A. Okay.

BY MR. GOLDMAN:

Q. Okay. So I'm going back up to page 1 of Exhibit 2.

This was prepared by the National Catholic Bioethics Center, right?

A. Yes.

Q. And can you remind me what the National Catholic Bioethics Center's relationship with the Catholic church is?

MS. WIGGER: Object to form.

A. The National Catholic Bioethics Center is part of the Catholic church. It is a center that is instituted by the Catholic church to evaluate all Catholic hospitals to see that they are in line with what the church teaches and to be sure that they are applying the ERDs in their practice of medicine.

And they visit each Catholic hospital to do an assessment, just like the joint commission does, and the assessment has been done in the hospital to evaluate the ERD, the ethical and religious directives, and also how the hospital applies that in their practice of medicine, and they usually make a report.

That goes -- after the draft has been agreed upon as fair and accurate, the report goes to the local ordinary, who may be a bishop or an archbishop or a cardinal, who will then discuss the report with the hospital.

BY MR. GOLDMAN:

Q. Understood. Do you -- did the conclusions and recommendations in documents like the one that you're looking at -- do those need to be followed by

Catholic hospitals?

MS. WIGGER: Object to form.

Go ahead and answer.

A. Yes.

BY MR. GOLDMAN:

Q. So this document that we're looking at must be followed by Saint Joseph's?

MS. WIGGER: Object to form.

A. Yes, because if you look at the -- the first section that is quoted just up here at the top -- the top --

BY MR. GOLDMAN:

Q. The top of the first page?

A. Yes.

Q. Okay.

A. Can you go up a little bit? Here. You will see that as they prepared this document they quoted the ERD.

And the ERD -- you know, they put in the USCCB, the United States (inaudible) Bishops Conference of the ERD, the fifth edition, and they put it in here, which means they are beginning this

conversation in line with what the bishops have put together in the ERD and they put it in the summary.

Q. So do you understand this document to be an accurate summary of how the ERDs approach transgender health care?

MS. WIGGER: Objection. Hold on. Object to form.

You may answer.

A. This is how the NCBC interpreted or presented to the bishops who verified it and it became part of the practice in Catholic hospitals.

BY MR. GOLDMAN:

Q. And that's based on the ERDs, right?

A. Yes.

Q. So it's fair to say that this document summarizes how the ERDs approach transgender health care?

MS. WIGGER: Object. Object to form -- sorry.

A. It summarizes the approach, which is still in conversation until today as we speak.

BY MR. GOLDMAN:

Q. Understood. Does this document describe the approach to transgender health care at Saint Joseph's?

MS. WIGGER: Object to form. It may also be helpful if we set a -- a time frame for that question.

MR. GOLDMAN: Currently.

MS. WIGGER: Same objection.

You may answer.

A. Yes.

BY MR. GOLDMAN:

Q. According to this document, "gender transitions should never be performed, encouraged, or positively affirmed as good in Catholic health care," right?

MS. WIGGER: Object to form.

A. Yes.

MR. GOLDMAN: Sorry. Counsel, that was a direct quote from the document. I'll just represent that that is in the document.

MS. WIGGER: That wasn't clear, so thank you.

BY MR. GOLDMAN:

Q. And that includes surgeries, the administration of cross-sex hormones or pubertal blockers and any social or behavioral modifications.

That is also a quote, correct?

A. Yes, according to the document.

Q. Is it also true that, according to this document, maintaining cross-sex hormone treatment, even if the patient is being treated for unrelated reasons, is cooperation with evil; is that correct?

MS. WIGGER: Object to form.

A. According to the document.

MS. WIGGER: I'm sorry. Is that one also a quote?

MR. GOLDMAN: Yes, where it says, "maintenance of cross-sex hormone regimens," the first bullet point under cooperation with evil. I'll just highlight it.

MS. WIGGER: Same objection.

MR. GOLDMAN: There it is right there.

THE WITNESS: Can you see that, Counsel?

MS. WIGGER: I can see the document.

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

DR. MICHAEL J. MARION

April 06, 2022



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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, vs.	Case No. 1:20-CV-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, UMSJ HEALTH SYSTEM, LLC, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, Defendants.	

Towson, Maryland

Wednesday, April 6, 2022

Video Conference Deposition of:

DR. MICHAEL J. MARION

called for oral examination by counsel for Plaintiff, pursuant to notice, in Towson, Maryland, before Sheri C. Stewart, RPR, RMR, of Esquire Deposition Solutions, a Notary Public in and for the State of Maryland, beginning at 12:01 p.m., when were present on behalf of the respective parties:

Job No. J8078711

A P P E A R A N C E S:

On behalf of Plaintiff:

JONATHAN HERMANN, ESQUIRE
ANDREW D. COHEN, ESQUIRE
ARON FISCHER, ESQUIRE
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On behalf of Defendants:

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Sheppard, Mullin, Richter & Hampton, LLP
30 Rockefeller Plaza
New York, New York 10112
(212) 634-3081
DVrabie@sheppardmullin.com

Also present: George Ellis, videographer

need to break now, we can always take a brief break. 12:33:12

A No, I'm fine. 12:33:16

Q All right. I'm going to shift focus to hysterectomies. 12:33:17

12:33:20

A Okay. 12:33:21

Q Could you explain to me what a hysterectomy is? 12:33:22

12:33:23

A Removal of the uterus. 12:33:24

Q Are hysterectomies performed at SJMC? 12:33:27

A They are. 12:33:30

Q Approximately how frequently? 12:33:32

A Across the board it's one of the more common GYN surgeries that occurs. 12:33:37

12:33:39

Q A few times a week? 12:33:46

A A few times a week, maybe a hundred a year so that's twice a week. 12:33:47

12:33:50

Q As a matter of course are you made aware when a patient is scheduled to receive a hysterectomy at SJMC? 12:33:53

12:33:54

12:33:56

A No, I'm not. 12:33:59

Q Is a scheduled hysterectomy posted on the status board? 12:34:01

12:34:03

1	A So the way you said scheduling, what I	12:36:05
2	would tell you is I think we're construing, when we	12:36:07
3	talk about scheduling, and life threatening, we're	12:36:10
4	talking about acuity, which is a measure of time.	12:36:16
5	So when something is life threatening in my world, I	12:36:20
6	think of it as emergent, we have to do the case	12:36:24
7	within 24 hours or the patient's going to die.	12:36:28
8	That's life threatening in my world. Fibroids are	12:36:31
9	not --	12:36:35
10	BY MR. HERMANN:	12:36:38
11	Q I'm sorry?	12:36:38
12	A Fibroids are not life threatening, they're	12:36:38
13	scheduled electively because they can be scheduled	12:36:40
14	this month or next month without being life	12:36:43
15	threatening, are they an indication, medically	12:36:46
16	necessary as you were saying, are they an indication	12:36:51
17	for surgery for hysterectomy? Yeah, they are. Is	12:36:55
18	it of medical necessity? It may be. But if you can	12:36:57
19	schedule it electively, meaning that it doesn't have	12:37:02
20	to be done this week, it could be done next week or	12:37:04
21	the week after, that's scheduled electively and	12:37:07
22	that's not life threatening. I'm not sure if that	12:37:10

Q Understood. If we can just focus on that 2018 case for a moment. Do you recall anything specific about, about that procedure? 12:42:24 12:42:29 12:42:33

A Yes. 12:42:37

Q What do you recall? 12:42:39

A That there was a question of whether the case could be performed because the, the patient identified as transgender. 12:42:45 12:42:47 12:42:56

Q And do you remember the outcome of that case? 12:43:01 12:43:03

A I believe the case was performed. 12:43:04

Q Shifting gears just briefly. Are you familiar with the ethical and religious directives of the Catholic health services? 12:43:14 12:43:17 12:43:20

A Yes. 12:43:22

Q And I'm just going to refer to them as ERDs. Would you understand if I refer to them as ERDs? What do you know about the ERDs? 12:43:23 12:43:24 12:43:27

A They are a list of directives from the U.S. Conference of Catholic Bishops that help govern what may and may not be done in Catholic hospitals. 12:43:33 12:43:37 12:43:42

Q And what's the basis for your 12:43:48

Q Putting aside procedures involving transgender patients, as you eluded to before. Are you aware of any hysterectomy that has not been performed at SJMC because of the ERDs? 12:51:05 12:51:07 12:51:09 12:51:12

A I'm sorry, aside from the 2018 case? 12:51:20

Q Correct. 12:51:24

A And then there's the case that you're referring to. Besides those two cases, no. 12:51:25 12:51:27

Q Do you understand, and summarize the conversation we're having, putting aside procedures for transgender patients, it's true that there's no procedure in place at SJMC for reviewing whether a hysterectomy complies with the ERDs, correct? 12:51:45 12:51:49 12:51:51 12:51:53 12:51:56

MS. VRABIE: Objection. You can answer, Dr. Marion, if you understood the question. 12:52:01 12:52:09

A So there was concern after, in 2020, with the Hammons' case. There was concern from the admission integration that we needed to try to ensure that the posting department had a way, because again, they are not medical people, they are administrative, had a way of knowing the cases should or shouldn't be posted. So in Epic, there 12:52:16 12:52:24 12:52:33 12:52:40 12:52:43 12:52:47 12:52:52

were flags put in so that certain keywords like abortion would create a, an alert to let them know that we, this case cannot be canceled, it needs further clarification. 12:52:59 12:53:02 12:53:09 12:53:13

BY MR. HERMANN: 12:53:16

Q And transgender was one of those alerts, correct? 12:53:16 12:53:20

A Actually, I think it wasn't transgender, I think it was just gender. 12:53:21 12:53:24

Q I see. And so before Mr. Hammons' scheduled procedure, was there any formal procedure at SJMC for evaluating whether hysterectomies comply with the ERDs? 12:53:26 12:53:31 12:53:37 12:53:41

A No, not that I'm aware of. 12:53:42

Q And we discussed back and forth a bit the term life threatening. Is it your understanding that the term life threatening doesn't have a particular meaning with respect to the ERDs? 12:53:44 12:53:48 12:53:50 12:53:53

MS. VRABIE: Objection. You can answer, Dr. Marion. 12:53:57 12:54:00

A Again, for me, life threatening means acuity and it connotes time, so I don't honestly 12:54:03 12:54:05

Q Dr. Marion, without going into the substance of the conversation, did you have any conversations with counsel over break? 13:09:05 13:09:07 13:09:09

A No. 13:09:12

Q We were discussing before the break a bit about the ERDs. Is it your understanding that the ERDs prohibit Catholic hospitals from participating in gender transitions or what I'll call gender-affirming treatments for transgender patients? 13:09:16 13:09:18 13:09:22 13:09:25 13:09:28 13:09:31

A That is my understanding. 13:09:31

Q And when did you learn about this restriction? 13:09:34 13:09:37

A Again, you know, I became an employed physician in 2012 and as part of our employment contract there was a clause that we had to follow the ERDs and so I believe that that's when I first went through the ERDs, you know, more fully and gained that understanding. You know, previously I had been operating at St. Joe's since 1998, but again, in private practice hand surgeon, you know, those issues wouldn't have come up or affected me. 13:09:42 13:09:46 13:09:54 13:09:59 13:10:04 13:10:10 13:10:14 13:10:19 13:10:26

But when I was then hired by the St. Joseph medical group, as an employed physician and I was reviewing my contract and I saw that in my contract, I did look over the ERDs and understood that that was part of the flavor of the ERDs, so to speak. 13:10:30 13:10:36 13:10:39 13:10:42 13:10:46

Q And so when you say flavor, was it your understanding reading the ERDs that Catholic hospitals could not participate in any transgender-related surgeries of any kind, that is gender-affirming surgeries? 13:10:51 13:10:54 13:10:57 13:11:01 13:11:06

A That was my -- 13:11:08

MS. VRABIE: Objection. 13:11:08

A Sorry. That was my understanding, yes. 13:11:09

BY MR. HERMANN: 13:11:14

Q And we discussed earlier, too, that you recalled a case in 2018 of a canceled or initially canceled hysterectomy; is that right? 13:11:14 13:11:18 13:11:22

A Correct. 13:11:24

Q I'm going to attempt to share my screen here. The document is UMMS395 which I will introduce, I believe we're at exhibit, Plaintiff's Exhibit 10. 13:11:27 13:11:28 13:11:32 13:11:36

(Whereupon, Exhibit No. 10 was marked for identification.) 13:11:37 13:11:37

BY MR. HERMANN: 13:11:44

Q Dr. Marion, do you see UMMS395 up on the screen? 13:11:48 13:11:54

A Yes. 13:11:55

Q One moment. 13:11:57

MS. VRABIE: Yeah, I note that it's also a multipage exhibit and I'd like to have the chance for the witness to look through the entire document, so. 13:11:58 13:12:00 13:12:03 13:12:05

MR. HERMANN: Sure. Why don't we do -- why don't we do -- why don't we do this. Why don't I try and drop the file into the chat and Dr. Marion will see if that works. Let's see. 13:12:10 13:12:11 13:12:16 13:12:18

THE WITNESS: So what I am doing downloading this file? Is that what I'm supposed to do? 13:12:53 13:12:54 13:12:57

MS. VRABIE: Yeah, if you download the file then you'll be able to open it and scroll through it and read it. 13:12:58 13:12:59 13:13:04

MR. HERMANN: I'll still share my screen 13:13:09

if that's all right just to make sure that we're on the same page literally and figuratively. Let us know when you open that document up. 13:13:11 13:13:13 13:13:15 13:13:24

THE WITNESS: I'm actually having a little trouble with it, honestly. Oh, I got it. Okay. It's open. 13:13:34 13:13:36 13:13:41

BY MR. HERMANN: 13:13:42

Q I'll give you a minute just to skim through it and refresh your recollection. 13:13:43 13:13:45

A Sure. All right. Yes. Thank you. 13:13:48

Q I'm on what's stamped as page UMMS399, it is page five of the PDF. Do you see that? 13:14:31 13:14:36

A Yes. 13:14:42

Q Do you recall receiving this e-mail from Kate Barbara on October 11, 2018, with the subject line Adashek 11, slash, 12? 13:14:42 13:14:45 13:14:48

A Yes. I mean, I don't recall it. I know I reviewed it so, yes. 13:14:52 13:14:54

Q Do you recall who Kate Barbara is? 13:14:58

A Yes. 13:15:00

Q And who is she? 13:15:02

A She's the head of surgical business administrator who's also in charge of the posting department. 13:15:03 13:15:09 13:15:12

Q And you mentioned earlier that the administrative department is responsible for training the schedulers, correct? 13:15:14 13:15:17 13:15:19

A Correct. 13:15:22

Q And that's with respect to identifying certain procedures that might be flagging, correct? 13:15:23 13:15:25

A Yes. 13:15:30

Q Do you recall the details about what she calls this, quote, case? That she's identifying in this e-mail? 13:15:30 13:15:33 13:15:37

A Yes. 13:15:37

Q And we started discussing it a little earlier, but if you could just tell me what you remember about this case. 13:15:38 13:15:40 13:15:42

A There was a question about whether the case could be posted because the patient was identified as transgender and as I had mentioned, our nonclinical posting department is trained to understand the ethical and religious directives so 13:15:46 13:15:49 13:15:52 13:15:59 13:16:04

that raised a red flag for them and so they contacted Kate, their supervisor, to see if we could or should be posting this case at St. Joe's. 13:16:08 13:16:10 13:16:15

Q And so your understanding is that they flagged this case based on their understanding of what the ERDs permit and do not permit? 13:16:20 13:16:22 13:16:25

A That's right. 13:16:28

Q Do you recall forwarding this e-mail chain to Dr. Smyth, CC'ing Keith Riddle? 13:16:33 13:16:34

A I do. 13:16:40

Q Okay. Who is Thomas Smyth? 13:16:41

A He's the CEO of the hospital. 13:16:45

Q And he's a medical doctor? 13:16:48

A He is. He's a urologist by training. 13:16:50

Q And we discussed Keith Riddle a little bit before. Is he a medical doctor? 13:16:53 13:16:56

A No. 13:16:57

Q Do you recall writing to Dr. Smyth that you, quote, didn't think that there was a problem, unquote, in doing a hysterectomy? 13:16:58 13:17:02 13:17:05

A Yes. 13:17:07

Q What did you mean by that? 13:17:07

A I didn't think that this case was in violation of the ERDs. 13:17:10 13:17:16

Q And why didn't you think it was a violation of the ERDs? 13:17:20 13:17:22

A If my recollection is correct, I clarified with the surgeon, Dr. Adashek, who was posting the case, to ask what the symptoms were for which Dr. Adashek was posting the hysterectomy and I was told that it was abnormal uterine bleeding or dysmenorrhea. We -- I'm sorry. 13:17:24 13:17:29 13:17:33 13:17:40 13:17:44 13:17:47

Q Go ahead. 13:17:52

A No, no. 13:17:53

Q Go ahead. I didn't want to cut you off. You were talking about your conversation with Dr. Adashek. 13:17:53 13:17:56 13:17:58

A Yes. So upon finding out that the diagnosis was abnormal uterine bleeding I felt that that was an indication for hysterectomy, that does not run afoul of the ERDs. 13:17:59 13:18:02 13:18:07 13:18:12

Q And did you speak to Dr. Adashek before you received this e-mail from Ms. Barbara? 13:18:16 13:18:20

A No. 13:18:22

Q So you called him after you received this e-mail, correct? 13:18:23 13:18:28

A Yeah. I believe I called him. I don't think that there was an e-mail, I think I called him. 13:18:29 13:18:32 13:18:34

Q And just to be clear, Dr. Adashek was the surgeon scheduling this procedure, correct? 13:18:35 13:18:37

A Correct. 13:18:40

Q Did you know Dr. Adashek before this procedure? 13:18:42 13:18:45

A Yes. 13:18:46

Q Has he performed hysterectomies at SJMC before? 13:18:47 13:18:51

A Yes. 13:18:51

Q You write here that the, quote, the scheduling department was questioning whether we could do the surgery in a Catholic institution. And you're referring of course to SJMC, correct? 13:18:54 13:18:56 13:18:58 13:19:01

A Yes. 13:19:05

Q And by we, you're referring to the doctors and the staff affiliated with SJMC? 13:19:05 13:19:07

A I was referring to the institution itself 13:19:13

being governed by ERDs. 13:19:16

Q And you said that the scheduling 13:19:21
department is instructed to check whether procedures 13:19:22
are compliant with the ERDs? 13:19:25

A They are trained such that when a 13:19:28
procedure comes up, it may be running afoul of the 13:19:31
ERDs, they're to bring that to their supervisor, 13:19:35
which was the case here, yeah. 13:19:38

Q To your knowledge, has scheduling ever 13:19:40
raised a question about whether any other 13:19:44
hysterectomy could take place at SJMC due to the 13:19:45
ERDs? 13:19:50

A In fact, this was the only case that has 13:19:52
ever been brought to me by the scheduling 13:19:54
department. 13:19:57

Q Was this case brought to you, not 13:20:00
including plaintiff's case, brought to you where 13:20:02
that case concerned a scheduled hysterectomy? 13:20:08

A No. In fact, just to be clear, the 13:20:12
plaintiff's case didn't come to me either. 13:20:14

Q Understood. I'm going to scroll up a 13:20:19
little bit to Mr. Riddle's response to you. He 13:20:25

says, quote, no gender reassignment surgeries are to be done in a Catholic institution. Do you see that? 13:20:29 13:20:32

A Yes. 13:20:36

Q And what did you understand him to mean by that? 13:20:38 13:20:40

A The procedures that are being done for gender affirmation cannot be performed in a Catholic institution because it runs afoul of the ERDs, which I need to paraphrase, and again, I'm no expert on the ERDs, but altering God given normal anatomy and taking out normal organs is not condoned by the ERDs. 13:20:41 13:20:44 13:20:48 13:20:56 13:20:58 13:21:02 13:21:05

Q And again when you say normal organs you're referring to healthy tissue? 13:21:07 13:21:09

A Healthy tissue, yeah. 13:21:11

Q And Mr. Riddle writes further, we could not do the gender reassignment surgery but if there was another medical reason for something that, all caps, might, could be considered. Do you see that? 13:21:16 13:21:20 13:21:23 13:21:27

A Yes. 13:21:31

Q And what do you understand or what did you understand him to mean by that? 13:21:32 13:21:34

A Well, in my e-mail I had said that I don't think that there's a problem with this case because in this particular case there was a diagnosis of dysmenorrhea or abnormal uterine bleeding which is a diagnosis that we, meaning St. Joseph Medical Center, performed hysterectomies for. 13:21:35 13:21:39 13:21:42 13:21:47 13:21:51 13:21:55

Q And nevertheless, if we scroll up just a little bit, this e-mail from Dr. Smyth, he says, I don't think we can do this case, right? 13:21:59 13:22:01 13:22:06

A That's what he said. 13:22:11

Q And is it your understanding that SJMC could not do this case because the patient was transgender? 13:22:15 13:22:18 13:22:21

A It was my understanding that Dr. Smyth was concerned that this particular case was running close to the red line that St. Joe's is not allowed to cross. 13:22:24 13:22:27 13:22:33 13:22:38

Q And what -- 13:22:39

A Based on the ERDs. 13:22:40

Q As you understand it, what is that red line? 13:22:44 13:22:45

A St. Joe's can't remove normal organs and 13:22:48

1	can't do gender-affirming surgery for transgender	13:22:50
2	patients.	13:22:54
3	Q Dr. Smyth further instructs here to, for	13:22:58
4	Mr. Riddle to forward to Gail so that she can review	13:23:08
5	for medical necessity and primary diagnosis,	13:23:12
6	correct?	13:23:16
7	A Yes.	13:23:17
8	Q And that's Dr. Cunningham the CMO?	13:23:18
9	A Correct.	13:23:21
10	Q Does Dr. Cunningham have final say over	13:23:22
11	whether a surgery can take place?	13:23:26
12	A She would have, yes, she, I report to her,	13:23:30
13	she would supercede with my judgment, yes.	13:23:35
14	Q And does anybody supercede hers?	13:23:38
15	A I suppose that she can discuss that with	13:23:42
16	the CEO and the ethics committee.	13:23:45
17	Q And so she also may have final say about	13:23:51
18	whether the surgery's compliant with the ERDs,	13:23:54
19	correct?	13:23:57
20	A Correct.	13:23:58
21	Q So based on this e-mail chain it's	13:24:05
22	accurate to say that a hysterectomy cannot be	13:24:07

performed at SJMC if the primary reason for that surgery is gender affirming, correct? 13:24:09 13:24:12

A Correct. 13:24:15

Q But if the primary reason for a hysterectomy was unrelated to the gender-affirming surgery then the hysterectomy could be performed, correct? 13:24:17 13:24:18 13:24:22 13:24:24

A Right. If there's another diagnosis and, you know, so just to put it in, you know, more simple terms, if the organ was diseased, so to speak, if there was some diagnosis of abnormality then, yes, if it's something that we do hysterectomies for then we would be able to do it regardless of the patient being transgender or not. 13:24:25 13:24:27 13:24:29 13:24:34 13:24:36 13:24:39 13:24:42

Q And in this case the primary diagnosis that you note was abnormal uterine bleeding, correct? 13:24:47 13:24:48 13:24:51

A Correct. 13:24:52

Q And that is a medical indication for receiving a hysterectomy? 13:24:53 13:24:57

A Yes. 13:24:59

Q And in fact, that's what you wrote, that 13:25:01

the primary diagnosis was in fact abnormal bleeding, right? 13:25:02 13:25:06

A Correct. 13:25:07

Q Do hysterectomies scheduled at SJMC with a medical indication of abnormal uterine bleeding typically require your approval? 13:25:07 13:25:12 13:25:13

A No. 13:25:17

Q Before this had they ever required your approval? 13:25:18 13:25:20

A This was the only case that I can recall of a hysterectomy coming to me for my approval. 13:25:22 13:25:24

Q What about Dr. Cunningham or Dr. Smyth's approval? Are you aware of any others before this case? 13:25:30 13:25:33 13:25:36

A Before this case, no, I'm not. The only other case I know is the plaintiff's case in 2020 that came to Dr. Cunningham. But again -- 13:25:37 13:25:40 13:25:43

Q And what about -- 13:25:48

A Just to clarify, I'm a chief, while I'm a chief of surgery, there may have been instances that have been brought forward to the chief of OB-GYN that I would not be privy to. 13:25:50 13:25:54 13:25:57 13:26:03

Q Understood. And we talked before about how hysterectomies were fairly routine; is that correct? 13:26:04 13:26:11 13:26:14

A They're one of the more common diagnoses. They're one of the more common procedures that GYNs do in the hospital, yes. 13:26:16 13:26:17 13:26:22

Q And in fact, you write this in 2018 that hysterectomies are a routine procedure? 13:26:23 13:26:25

A Yes. 13:26:29

Q And that was true when this e-mail was sent? 13:26:30 13:26:32

A Yes. 13:26:33

Q That was true in 2020? 13:26:35

A Yes. 13:26:37

Q And so you can't identify any other medical indications or pre-operation diagnoses for hysterectomies that would have required your approval, right? 13:26:44 13:26:49 13:26:51 13:26:53

A Correct. 13:26:58

Q So it's true here that by reposting the surgery with the diagnosis abnormal uterine bleeding that surgery could in fact be performed at SJMC, 13:27:05 13:27:08 13:27:10

think January 13th. 13:54:02

Q And you had no further discussions about 13:54:05

the cancellation after this e-mail thread? 13:54:07

A Again, there were, there were discussions 13:54:12

about the process, there were process issues that we 13:54:15

were concerned about, you know, why was this case 13:54:17

still on the status board listed as a surgical case 13:54:21

when it was canceled. If there was an issue with 13:54:24

posting, that's when we, that, when I say we, that's 13:54:28

when the posting department worked with Epic to put 13:54:33

in an alert that if, you know, to highlight, I think 13:54:37

the word was gender, if there was a case posted that 13:54:40

had the term gender in it, it would cause an alert 13:54:42

to say we need more information, please contact the 13:54:46

supervisor before posting this case. So there were 13:54:51

process issues, but, no, I did not discuss the 13:54:54

actual Mr. Hammons' case with Dr. Adashek after this 13:54:59

incident. 13:55:04

Q Did you discuss the specifics of 13:55:06

Mr. Hammons' case scheduling a procedure aside with 13:55:08

anyone else at SJMC? 13:55:12

A I don't believe so, no. Again, I wasn't 13:55:14

A No, it was my understanding that the patient was transgender. 14:02:03 14:02:04

Q We can look back at Ms. Barbara's e-mail. She speaks of making the system, quote, mistake proof. What do you understand her to mean by that? 14:02:10 14:02:13 14:02:18

A Yes. So that's language that we use in the, that comes from the Toyota Production System to become a high reliability organization much like the airline industry where we want to put in processes to help avoid error. 14:02:24 14:02:29 14:02:34 14:02:37 14:02:42

Q And she references a BPA? 14:02:46

A Yes. That's the alert that I was referring to that pops up on the screen that Epic uses to notify whoever's using the, the EHR, that there is an issue. 14:02:50 14:02:52 14:02:59 14:03:06

Q And the process you described, the scheduling process, that alert would appear on the scheduler's screen, correct? 14:03:08 14:03:10 14:03:14

A Yes. 14:03:16

Q And what does BPA stand for? 14:03:17

A Oh, you know what, I am blanking on the name but it's an alert. It's an Epic term for an 14:03:21 14:03:23

alert. 14:03:27

Q So it's an Epic specific term? 14:03:30

A Yeah. 14:03:32

Q Does best practice advisory sound right? 14:03:32

A Yes, yes. 14:03:39

Q And now we were looking at the chart again and I'm going to zoom in. And I know it's a little gray but under column C, can you see it says canceled? 14:03:42 14:03:45 14:03:50 14:03:54

A Yes. 14:03:55

Q Does that indicate whether the surgeries were posted? 14:03:56 14:03:57

A Again, I know that the second case was definitely posted. I don't know if the first case actually was on the status board or if the case was just canceled out of the system. I don't know what that refers to. 14:04:00 14:04:02 14:04:07 14:04:12 14:04:15

Q But either way it was somehow entered into the system, correct? 14:04:17 14:04:19

A It was entered into the system. In other words, if someone from the, an outside office contacted the scheduling department, gave that 14:04:22 14:04:25 14:04:31

information, they entered the information into the system and at some point it was then canceled, but I don't know if it was actually put on the schedule. 14:04:34 14:04:36 14:04:40

Q And the purpose of the BPA would avoid any of this from being entered into Epic in the first place, correct? 14:04:44 14:04:48 14:04:50

A It would alert the schedulers, the purpose of the BPA is to alert the schedules that they need more information, that they need to contact their supervisor to find out more about the case before it could be scheduled. 14:04:51 14:04:54 14:04:57 14:05:00 14:05:04

Q And if through that discussion it's determined that the procedure cannot be performed at SJMC, then the procedure wouldn't take place; is that correct? 14:05:07 14:05:12 14:05:15 14:05:18

A Not at SJMC. 14:05:20

Q To your knowledge, was this BPA ever implemented? 14:05:24 14:05:27

A Yes, I believe it is. 14:05:28

Q Have any hysterectomies been flagged since 2020? 14:05:32 14:05:34

A Again, not that I'm aware of. But it 14:05:36

seems like this comes up every two years so we're good. 14:05:43 14:05:47

Q Are you aware of any other mechanism that flags these preop diagnoses? 14:05:47 14:05:49

A Electronic mechanisms? 14:05:53

Q Any mechanism to flag something in a preop diagnosis? 14:05:57 14:05:59

A No. I mean, it's this and like I said, the training that the surgical schedulers receive. 14:06:00 14:06:03

Q So you're not familiar with any other specific BPA as to preop diagnosis, are you? 14:06:11 14:06:15

A For hysterectomies, no. 14:06:21

Q What about for any procedure? 14:06:24

A Again, I don't know if there's anything in there, I mean, look, as I told you, in order to post a case, the provider, the surgeon, needs to be credentialed and privileged for the procedure. We don't do abortions, so based on that, no, no provider would have the privilege to do, to do an abortion at St. Joe's. I don't know if there's any BPA that alerts for language around abortion or sterilization. 14:06:31 14:06:33 14:06:38 14:06:42 14:06:45 14:06:49 14:06:52 14:06:55 14:07:00

Q So to your knowledge, this is the only BPA that creates an alert based on the preop diagnosis? 14:07:01 14:07:05

A Right. 14:07:09

Q And that BPA flags the term gender? 14:07:11

A According to this e-mail, that's my understanding, yes. 14:07:15 14:07:16

Q And your understanding is, in fact, that has been implemented? 14:07:18 14:07:20

A Yes. 14:07:22

Q Do you as chief of surgery receive any of these warnings when certain preop diagnoses are entered into Epic? 14:07:26 14:07:28 14:07:32

A No, so the BPA is, is contextual, right, it comes up only for the people who are entering the information. I wouldn't get an alert from posting that a BPA fired. 14:07:34 14:07:39 14:07:42 14:07:45

Q So it's only the, the schedulers who are entering this information? 14:07:47 14:07:50

A Yes. 14:07:52

Q We could take a break now or in about ten minutes. Which would you prefer, Dr. Marion? 14:08:06 14:08:12

A I'm fine to continue. 14:08:15

Monica Buescher <monica.buescher@umm.edu> 11/15/2021 7:54 AM

Recent Considerations from the Chief

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Hello, All,

I have several topics to review for your information. This e-mail may be a bit wordy, so settle down with a cup of coffee and make yourself comfortable.

This past July, the Archdiocese of Baltimore sent a survey team from the National Catholic Bioethics Center to assess our compliance with the Ethical and Religious Directives for Catholic Health Care Services (ERDs). For your perspective, SJMC was purchased by UMMS in 2012; a condition of this sale was that SJMC maintain its Catholic Identity despite being owned by a secular institution. It is readily evident that OB-GYN would be a major focus for evaluation in this survey. The results are in, and there are a few features of the report about which I think it important that you be informed:

-----In no uncertain terms, sterilization/contraception, "direct" abortion (intended termination of pregnancy), gender affirmation surgery/hormonal therapy, and Assisted Reproductive Technology are disallowed. Period. This has been a tacit understanding to date, but the survey recommends that we have explicit policies and educational materials visible to the public which make this very clear. A direct corollary of this is the active promotion of NFP, or "Fertility Awareness Methods Education" on our premises. We are working on the concept of a patient education video accessible on the UMSJMC website, but don't be surprised if NFP pamphlets show up on 3E or a blurb is added to standard PP discharge education. Additionally, I will ask that no discussion/specific plans regarding a patient's options for anything verboten be written on the hospital chart (or in the outpatient chart, for the hospital-employed practices, which are held to the same Catholic standards). Be appropriately vague. My own working phrase is, "options discussed".

-----The ERDs are readily available on the UMSJMC Intranet. If you have any questions regarding their intent, feel free to contact me. For specific clinical situations in which application of the ERDs may seem confusing or unclear, the Ethics Committee should be involved. A member of the Ethics Committee is always available for consultation through Tiger Connect.

For those who have not yet received their COVID vaccination booster, appointments for the Pfizer vaccine are available at Employee Health on Thursdays (410-337-1470).

And now, for the OB Providers,

-----L&D will continue to limit weekday postings to 3/day. I understand that this can be frustrating, but it is a patient safety measure, given that our RN staffing continues to be skeletal on any given shift. However, a 4th case can be approved on a case-by-case basis. Kelly Archer, who has re-assumed the role of L&D Nurse Manager, will approve that 4th case with my backup should there be any questions.

-----OBGYN Advisory Committee has reaffirmed the Bishop Score requirements for elective inductions posted between 39 and 39 6/7 weeks. Elective inductions requiring the use of pre-induction cervical ripening will not be accepted in this gestational age range. This decision reflects the increased resources (time on L&D, RN staffing, bed availability) which these inductions consume. That said, special circumstances will be considered (partner availability, social/family support, etc) and will be approved by me or my proxy.

-----Babyscripts PP Hypertension Program has been steadily fine-tuned by our RN support team. We are developing outcome metrics which I will present to the Department. It has come to my attention that many providers are still seeing all hypertensive patients in their offices within one week PP, despite serially-recorded BPs which are reviewed and alarmed for report to the provider, should they exceed accepted parameters. Additionally, our RN team is separately calling and querying these patients for symptoms which would also be reported to the provider. There really is no need for a routine office visit for BP evaluation, given the Babyscripts program. Save that office slot for someone who needs it!

That's all for now. Thank you for your attention,

Monica

Monica A. Buescher, MD
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In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-cv-02088-DKC

MONICA BUESCHER, M.D.

March 21, 2022



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JESSE HAMMONS,

Plaintiff

vs.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.

Defendants

_____/

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

CASE NO. 1:20-cv-02088-DKC

The deposition of MONICA BUESCHER, M.D. was held on Monday, March 21, 2022 commencing at 9:02 a.m. Via Zoom before Eric Leichter, Notary Public.

REPORTED BY: Eric Leichter

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

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ON BEHALF OF THE DEFENDANT:

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Q Dr. Buescher, are there different ways of performing hysterectomies?

MS. VRABIE: Objection.

A There are different -- there are different techniques for performing hysterectomy.

Q And what sorts of different techniques are there?

A You can have an open laparotomy, which is a big incision, and do the hysterectomy directly. You can use a laparoscopic approach, which involves using a laparoscope and small wounds with the uterus being finally removed through the vagina. You can do a robotic hysterectomy, which is essentially a laparoscopic hysterectomy but using a robot as the vehicle for wielding the surgical instruments. And you can a vaginal hysterectomy, which is a direct hysterectomy through the vaginal approach.

Q In general, are hysterectomies performed as elective sterilization procedures?

A No.

Q Even outside of St. Joseph, hysterectomies

are never performed as elective sterilization procedures?

MS. VRABIE: Objection.

A They should not be --

THE WITNESS: Do I answer?

MS. VRABIE: Go ahead, Dr. Buescher. You can answer if you know.

A They should not be performed for elective sterilization because it's a major surgical procedure compared to a minor surgical procedure, which is typically used for elective sterilization.

Q In your experience at St. Joseph, are hysterectomies ever performed as elective sterilization procedures?

A No.

Q And concerning elective sterilization, what sorts of minor procedures would be more appropriate?

A For women, you're asking?

Q Correct. Yes.

A For women, some form of tubal fallopian tube interruption is used. And typically, that is done

her uterus is turning her vagina inside out; neoplasia, whether it's a premalignant lesion or a malignant lesion. I already alluded to pain during the menstrual cycle. That's most of it.

Q So is there anything else you can think of that would be a medically necessary reason?

A I would have to sit down and make a list. Not off the top of my head. I'm sure there are others.

Q Now, returning to excessive or abnormal menstruation, are surgeons allowed to perform hysterectomies to treat excessive or abnormal menstruation at SJMC?

A Yes.

Q And generally speaking, would you say that excessive or abnormal menstruation is a life-threatening condition?

A It can be. Most of the time it's not.

Q In what circumstances? In what circumstances? Sorry. Did you say, most of the time, it's not?

A I'd say most of the time, it's not. Most

-- what would make it life-threatening is the need for transfusion. We would like to keep that from ever happening. So if a woman requires transfusion and then goes to hysterectomy, we're a little late in the ballgame there.

Q If you're in a situation where the woman needs a transfusion, would you say that's a situation where, if the hysterectomy is not performed immediately, the patient will die?

A I -- I will answer that, but you do realize in medicine, we avert things like patients dying. So it's done before it can ever get to that point.

Q Understood. Would you say it is a common occurrence that a patient -- strike that. We just -- we just discussed that a hysterectomy to treat a excessive or abnormal menstruation could be life-threatening -- could be considered a life-threatening condition if that patient is in immediate need of a transfusion. Right?

A Correct.

MS. VRABIE: Objection.

Q Would you say that's a common occurrence in

hysterectomies to treat excessive or abnormal menstruation involves the removal of healthy tissue?

A No.

Q In what way do they not involve the removal of healthy tissue?

A A uterus that is bleeding enough to create a iron deficiency or anemia circumstance or is not a healthy organ that has pathology attached to it.

Q Now Dr. Buescher, we -- you -- we discussed also hysterectomies that were performed for medically sufficient reasons. Right?

A Yes.

MS. VRABIE: Objection.

Q And what would you -- what would you say are some of those medically sufficient reasons?

A This would be in my personal opinion as a treating --

Q Yes.

A -- physician.

Q Yes, Dr. Buescher.

A I think if a woman is losing time from work

because of circumstances that her uterus is imposing upon her is a sufficient reason. So quality-of-life issues.

Q And -- and so in -- in a circumstance where a woman were missing work because of -- is -- would that be sort of due to pelvic pain, that sort of issue?

A It could be due to pain.

Q What else could it be due to?

A It could be because her periods are so heavy that she can't get out of her house without soiling her clothing in less than an hour to two hours.

Q But that sort of heavy -- heavy menstrual bleeding -- do you see a distinction between that and the excessive menstruation you were just discussing?

MS. VRABIE: Objection.

A If you mean whether it can be quantified by a presence of anemia or iron deficiency, yes. There may be times where a woman is keeping up with her blood loss in terms of her physiology but she still can't get out of the house on one or two days of her menstrual cycle.

Q Okay. If a -- or if a woman were seeking a

hysterectomy because she was suffering pelvic pain such that it was getting in the way of her work, would that hysterectomy be allowed to be performed at St. Joseph?

A Yes.

Q And would you say that that sort of -- that sort of issue was a life-threatening condition?

A Not immediately life-threatening, but she's the only one who can tell you how it impacts on her daily life.

Q And what circumstance would you say that that condition could be life-threatening?

A If she were to commit suicide because she can't live that way, I would consider that life-threatening.

Q If that condition led to such mental distress that it could lead to suicide, that would be life-threatening?

A If the pain were.

Q Dr. Buescher, do you know if hysterectomies are performed -- strike that. Dr. Buescher, are you familiar with ovarian cysts?

A Yes.
Q And what are ovarian cysts?
A They are fluid-filled sacs on the surface of the ovary.
Q And can ovarian cysts be either benign or malignant?
A Yes.
Q Are -- would you say the benign ovarian cysts are a medically necessary reason to perform a hysterectomy?
A They are sometimes. Not a hysterectomy. Excuse me. It has nothing to do with the uterus.
Q When you say it has nothing --
A I'm sorry. I was thinking -- I was thinking cystectomy or oophorectomy when you said that. Ovarian cysts have nothing to do with the uterus.
Q Even where --
A If they're ovarian cancer, then part of the therapy is removing the uterus because you remove everything that could be involved with the ovarian cancer. But in benign conditions, ovarian cysts have

nothing to do with the uterus.

Q So benign ovarian cysts would never be a reason to perform a hysterectomy?

A No.

Q Dr. Buescher, are you familiar with the condition known as vulvar dysplasia?

A Yes.

Q And what is vulvar dysplasia?

A It's a pre-skin cancer. Skin pre-cancer.

Q And that's presumably on the vulva?

A Yes.

Q And would -- would you say that vulvar dysplasia is ever a reason to perform a hysterectomy?

A No.

Q Dr. Buescher, are you familiar with fibroids?

A Yes.

Q And what are fibroids?

A They are smooth muscle tumors of the uterus.

Q And fibroids are fairly common. Right?

A Yes.

Q Would you say fibroids are a fairly common reason for a patient to get a hysterectomy?

A Yes.

Q In your opinion, are fibroids a medically necessary reason to perform a hysterectomy?

A They might be. If they're the source of --

Q And --

A -- excessive bleeding, for example.

Q In general, even if they're not a source of excessive bleeding, would you view fibroids as being a medically sufficient reason to perform a hysterectomy?

A Yes.

Q Are surgeons allowed to perform hysterectomies to treat fibroids at SJMC?

A Yes.

Q And generally speaking, would you say that fibroids are a life-threatening condition?

A No.

Q Dr. Buescher, are you familiar with gender dysphoria?

A Right. 'Cause it might not have to do with billing or whatever, or it might just be an oversight. That's the only qualifier I put on it. If I wanted to know the whole story, I would go to the chart.

Q Dr. Buescher, I'm going to scroll down here to the bottom -- okay. Now Dr. Buescher, according to this spreadsheet, there were approximately 634 hysterectomies performed at SJMC between fiscal year 2017 and fiscal year -- into fiscal year 2022. Right?

A Yeah. It looks that way.

Q Does that number seem accurate to you?

MS. VRABIE: Objection.

A I don't have any sense of how many hysterectomies were done. I don't keep track of that personally.

Q As chief of OB-GYN, you have no sense of how many hysterectomies were performed at the hospital?

A I don't -- no. I don't keep those statistics.

Q Is it fair to say that about two to three hysterectomies are performed a week at SJMC?

MS. VRABIE: Objection.

A My knowledge of it has more to do with my teaching medical students because they report back to me with cases they had seen. So I think, typically, it's probably three to five hysterectomies a week, but it varies.

Q You'd agree that hysterectomies are a fairly common procedure at SJMC. Right?

A Yes.

Q And hysterectomies aren't generally disallowed at SJMC. Right?

MS. VRABIE: Objection.

A I'm going to say that if there's an appropriate reason for doing the hysterectomy, then they are allowed.

Q And what qualifies as an appropriate reason?

A The things that we've already discussed. Some type of disease process or symptomatology for which a hysterectomy would be appropriate.

Q So as long as there is a medically

diagnosed condition being treated --

MS. VRABIE: Objection.

Q -- hysterectomies are allowed at SJMC?

MS. VRABIE: Objection.

A Yes. I would say yes. In general, that's correct.

Q So, in general, how are surgeries scheduled at SJMC?

A That's a pretty wide question. I'm not sure what you mean by that, how are they scheduled. A surgeon decides that a operative procedure is appropriate for a given individual patient, and a phone call is made to the posting -- surgical posting officer at the hospital. And the case with the patient's demographic information, preoperative diagnosis is given. Time is assigned.

Q And is there any difference between that general process that you just described and the process for scheduling hysterectomies?

A No.

MR. DELMAN: One moment. Pulling that

Q And you review the whole chart?

A I review the chart -- yes. I may not have access to the entire chart. They may not be on Epic. But I will ask to see the office records leading to the decision to have the surgical procedure.

Q So, other than insertions of IUDs, are there any -- are there any other procedures for which physician needs to get prior approval from you before scheduling that procedure?

A I don't think so. Not that I can pull off the top of my head.

Q Physicians don't need to get clearance from you before scheduling a hysterectomy. Right?

A No. No, they don't.

Q As far as you're aware, physicians don't need to get clearance from one of SJMC's chaplains before scheduling a hysterectomy?

A No.

Q And physicians don't need to get clearance from Gail Cunningham before scheduling a hysterectomy?

A No.

Q And as a general matter, physicians don't need to get clearance from the ethics committee before scheduling a hysterectomy?

A That's correct. They do not have to.

Q And in general, I guess sort of from an administrative perspective, what happens between when a surgery is posted and when the surgery takes place?

A I don't know what you're asking me.

Q Are there any forms that need to be approved or any communications that need to happen between when a surgery is posted and when the surgery takes place?

A Surgical consent forms have to be signed before the patient can go to the operating room. If she needs medical clearance, she needs to achieve that before she goes to the operating room. Third-party payer concerns need to be addressed before she goes to the operating room.

Q Do physicians have to seek your approval for hysterectomies at some point between when a surgery is posted and when the procedure takes place?

A No.

Q And do they have to get approval from one of SJMC's chaplains at some point between a surgery being posted and it taking place?

A No.

Q And do they need to get approval from Gail Cunningham at some point between when the hysterectomy is posted and when it takes place?

A No.

Q And do they need to get approval from the ethics committee at some point between the hysterectomy is posted and when it takes place?

A No.

Q Dr. Buescher, do you receive any sort of report showing which procedures have been posted or will be performed in your unit?

A No.

Q Do you receive any sort of notice or warning or anything when certain CPT or ICD codes are entered into the hospital system?

A I have not to date.

Q Are you aware of any -- yes. Are you aware of SJMC having in place any system that automatically or manually flags certain CPT or ICD codes?

A No. I'm not aware of such a system.

Q In general, and putting aside procedures that involve transgender patients, are you aware of any procedural hurdles that a patient might face in getting a hysterectomy at SJMC that they wouldn't face at, say, GBMC?

A No. I'm not aware of any hurdle.

Q And just to confirm, a hysterectomy to treat, say, fibroids will not require any sort of escalation to management. Right?

A Correct.

Q And the same for pelvic pain?

A Correct.

Q Now Dr. Buescher, I know we've already sort of discussed this document, but you're familiar with a document known as the Ethical and Religious Directives for Catholic Health Care Services. Right?

A Yes.

sessions on the ERDs?

A No.

Q Do you recall having spoken with any other sort of religious authorities about the ERDs?

A No.

Q And I know we discussed this a little bit already, but what is your general understanding of how the ERDs fit into the OB-GYN practice at SJMC?

MS. VRABIE: Objection.

A I believe you're asking what the restrictions are imposed by the ERDs.

Q We -- I -- I'm happy to hear that answer.

A We cannot provide contraception. We cannot perform sterilization procedures. We cannot terminate pregnancies in terms of the -- what most people's understandings are of pregnancy termination. Let's see. What else? I already alluded to the gender affirmation treatment. And I forgot, which I shouldn't have because my husband's a reproductive endocrinologist -- reproductive technology.

Q Now, to your understanding, do the ERDs

prohibit hysterectomies?

A No. They don't prohibit hysterectomies.

Q Now Dr. Buescher, do you understand the term life-threatening conditions have any particular meaning within the context of the ERDs?

A No. I don't know what the definition -- I think that seems like it ought to be obvious, but I don't know what the definition of that is as regard the ERDs. I do know that we are -- life-threatening may not have -- I mean, I don't know the degree to which that's applied. Is it the most severe degree that it's only if there's immediate life-threatening, or is it referring to the well-being of the individual? I -- I don't know an answer to that. That's why we have an ethics committee.

Q What does it mean -- what does the term life-threatening condition mean to you?

A What it sounds like, that somebody could die.

Q That someone could die in the immediate term or just at some point?

mean?

A No.

Q Do you recall whether a procedure was to treat a life-threatening condition or not ever coming you for discussion on the ethics committee?

A No.

Q Dr. Buescher, is it your understanding that the ERDs prohibit you and other physicians from performing hysterectomies unless it is to treat a life-threatening condition?

A My understanding has been that it's -- we can't use hysterectomies to treat nonmedical conditions. I personally have never used the term life-threatening.

Q And so, what would -- what does a nonmedical reason mean?

A Well, according to the Catholic Church, that would be sterilization --

Q So to --

A -- or the ERD -- yeah. I mean, sterilization is prohibited by the ERDs. You can say that sterilization is not a life-threatening or on -- I

Church doesn't recognize it.

Q In your -- putting aside the Catholic Church, is it your understanding as a medical professional that gender dysphoria is a medical condition?

A Yes.

Q Just to confirm, physicians aren't required to certify or verify that a patient suffers from a life-threatening condition before scheduling a hysterectomy. Right?

A Yes. That's correct.

Q Putting aside procedures involving transgender patients, are you aware of any hysterectomy that has not been permitted to occur because of the ERDs?

A Not that I'm aware of.

Q And putting aside procedures involving transgender patients, are you aware of any discussion of whether a specific hysterectomy was compliant with the ERDs?

MS. VRABIE: Mr. Delman, just to confirm,

A No. I don't recall that terminology.

Q Do you recall it being referred to as a Catholic identity and ethics review?

A No. That was informal terms on my part. I don't know what it was officially called.

Q As part of the identity and ethics audits, are you aware of either you or anyone else at the hospital having the responsibility to report data on hysterectomies performed at SJMC to the National Catholic Bioethics Center?

A I'm not aware of that. No.

MR. DELMAN: One moment. This is UMMS 45. This is marked as Plaintiff's Exhibit 6.

(Buescher Exhibit 6 was marked for identification.)

Q Dr. Buescher, I'll represent to you that this was attached to the e-mail that I just showed you before from Mr. Riddle to yourself.

A Okay.

Q Dr. Buescher, do you recall ever seeing this spreadsheet before?

A I don't remember seeing it.

Q And here, Dr. Buescher. I'll actually give you control so you can scroll through this yourself if you'd like, if you want to take a scroll through the different --

A Mm-hmm.

Q Take a look.

A Okay.

Q Okay. Dr. Buescher, you can see here that the -- that this spreadsheet requests information on gender transition diagnoses. Right?

A Yes.

Q So as far as you can see, this spreadsheet does not request any information on hysterectomies. Right?

A I don't see that it does.

MR. DELMAN: And here. I'll go back. One moment. These are the times when you wish that this was in person instead of remote. It's a little bit easier some. I'm getting -- telling me to wait, so, apologies. Okay.

MR. DELMAN: One moment.

Q Hey, Dr. Buescher, have you been in touch with Mr. Riddle at all since he left SJMC?

A No.

MR. DELMAN: All right. This is UMMS 47. This will be marked as Plaintiff's Exhibit 8.

(Buescher Exhibit 8 was marked for identification.)

Q Dr. Buescher, this is a Outlook invite showing a meeting between yourself, Drs. Smyth, Cunningham, and Adashek for January 30th, 2020, to discuss the transgender issue. Right?

A Yes.

Q I believe we discussed this meeting at the beginning of this deposition. Right?

A I don't think we actually discussed it other than to acknowledge it.

Q Dr. Buescher, do you recall if anyone other than yourself and Drs. Smyth, Cunningham, and Adashek were in attendance at this meeting?

A I know -- not -- not as a specific memory.

Q Do you recall if Mr. Riddle was at this meeting?

A You know, I seem to think he was, but he's not on the invite and I couldn't swear to it.

Q In your own words, why don't you tell me what you recall occurring at this meeting?

A Well, it was really just a discussion with Dr. Adashek about the application of gender-transformative treatment and its proscription in a Catholic care facility. I believe this was both for edification purposes. Transgender affirmation is not specifically discussed in the hard-copy ERDs, so this was a way of essentially communicating. It was also a chance to give Dr. Adashek his views on the circumstance, which he did. And it wasn't anything more specific than that.

Q And was this meeting prompted by the cancellation of Plaintiff's hysterectomy?

A I think it was prompted more by the patient complaint.

Q Tell me more about the patient complaint.

What -- what is your understanding of the complaint that the patient made?

A I did not see it myself, but I do know that the patient was upset that he had taken time off to have the surgery done, and the date of the surgery then fell out of -- of possibility, could not be changed to a different hospital so quickly; and the fact, I would say -- the -- the discomfort of finding out the day that you are going to have surgery that your surgery was not going to be performed. So dissatisfaction with St. Joseph Medical Center on that basis.

Q And to your understanding this was a formal written complaint that was made?

A I don't recall ever seeing it.

Q Was -- was Plaintiff's hysterectomy discussed during this meeting?

A I believe the reason why it was canceled was discussed.

Q And what was the reason given for why it was discussed [sic] -- why it was canceled?

A The fact that surgery for gender

affirmation is not performed in a Catholic facility.

Q Dr. Buescher, what was your reaction to learning of Mr. Hammons' dissatisfaction with SJMC?

A I'm sorry. Can you ask that again?

Q Of course. Yeah. What was your reaction to learning of Mr. Hammons' complaint about SJMC?

A I was sorry that we had inconvenienced him in this way.

Q Dr. Buescher, did you exchange e-mails with anyone at SJMC about the meeting that's here in this document either before or after it occurred?

A I don't have any memory of doing so other than accepting it.

Q And do you recall texting with anyone at SJMC about this meeting either before or after it occurred?

A No. Not as a -- not as a recall.

Q In general, do you communicate by text?

A I don't communicate by text by anything that should be considered to be protected health care information.

(1)

Vp Mgmt Mtg

Cal Cunningham
Thom Smyth
Mona Bueseh

Keith Rattle - ERD Guru
Presented me with the ERD Report (6th edition 2018)

Discussion Prior to Start - Agenda for meeting? - No

Story about Hospital in Alabama -
3rd pregnancy, PEC x3, 34 weeks Rpt 9's
Didn't know existed have a fetal Legato
Couldn't find it on the website

Cal - Learning opportunity for SJMC
Confusion of lack of understanding of ERD
How can we get message to Staff.

Smyth - Don't want it to happen Again
How can we be transparent to the medical Staff
- Board Staff size FMZ Limited knowledge of ERD
Get our point of view about education -
Awareness of medical staff
Feel Bad for Pt -
How can we Chg process

My? - Is the SJMC ERD similar to Mercy? (CSH)
- I did not see consistency -
List - Procedures to do / not to do?
Hosp by Hosp, or from on High
Who makes these decis

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2

Rabbi All Hosp follows Same ERDs

If Reported - Archb Bishop Has the ability to Revoke Catholic Identity - PR Night mare!

We need to be sure that the ERDs on website & what we do not do @ St Joes

Monitored Regularly by Archdiocese -
Codes Reported → Can terminate Privileges of MD's

We Do Not discriminate against trans Community
- Had a trans male Give birth - No Concern
ED. visit - treat them

Worst do Remove a healthy organ #53
Mutilate the Body in Any Way #29

Dr Smith - Incorporated at Hopkins - Did I speak to

Adam - Gentle "6th edition" 2018
many - 1983 - Tubal Comm Nec Age x Parity ≥ 160 - Got A
No education as to how any Δ in ERDs Relates to
OB/Gyn Surg/ Breast Surg -
No Education so the ERDs Has evolved

Carl - Wants the best way to educate

Steve - very Procedure + Dx Specific to the Staff
Likes clinical Pearls Processes

(3)

[redacted] Patient for or Positive Cases orders DNA
we can term them
So - [redacted] BTL Dx, Need this Bilateral Hysterectomy
is not allowed. I hear you loud + clear.

2 cases 2015 - GD became a thing, INS Paid for it
Didn't mind on me that it wouldn't follow the ERD
my understanding - Reproductive - Life comes first
Don't terminate Pregnancies
Don't get in the way of God work of
having Children - No TL
No Vasectomy
No IUD for Contraception

- INS Discuss Conspiracy
Trust - work of God
work of man

Paddle - ERD Change any 8 yrs - every Document
This edition - same as 5th - Partnerships - Secular Hosp
w the Catholic Hospitals
[redacted]
We Don't do Gender Reassignment
- If Life threatening, then go ahead + Document
Kentucky
They Pull Codes - one of 1 code [redacted] is found can do an
investigation. Pull up Codes for these procedures
Pot Calls? - What is the best way for MIS to know what
can + can not be done

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Steve: Roll here to also say we would do this pose for ~~test~~ Dx.
We do hysterectomies for Lots of indications

Smith - Need to be more transparent more specific to Gov to Clinicians

(4)

Jones - Explicit on Gender Reassignment
The "Remove Normal Organs" is a smoke screen -
they don't have to say Get into MEDICINE
We believe you should stay the way you were born
No matter what
We don't believe in Gender Reassignment
Remy Normal Organs
two Trophies - Kidney Donor - Altruistic
Always about Reproduction
Can Remove tubes post menopausal -
Does have to do with Procreation

Cook: You here to stay the way you were born

Sider - misleading of Gender Reassignt.
US - Gender Loss - Add a Penis to a female
Add a Vagina to a Male
Forus

For us Remy a victim to Not Gender Reassignt.
Remy Has Dysphoria, Leads to Psychological trauma

5

See Come Reassigned is Putting an organ on that wasn't there to Begin with

I would Belong IN the trans gender Community

"This is what we believe, what we want to do, won't to provide Care for the community

Somehow possible to come to agreement level of Collaboration

Absolutely Yes -

Catholic Church doesn't believe in Same Sex Relationships but when a trans Couple declares, this is the 1st hospital I Practice at that pt Rights should be on Both Sides

This seriously Closed

I Am not an expert

I do take care of the community

The community Come IN "

How Can we provide Care of what they need is Remove Uterus for TG, make a penis, add a Vagina. GID Dx

Community already knows you and do Abortions there

Convince them to walk in for a meeting or meet them where they Are -

2015 -

[illegible]

[illegible] - [illegible] up in OB. . . .

15 weeks, DOM [illegible]

6

THE NATIONAL CATHOLIC BIOETHICS CENTER



TRANSGENDER ISSUES IN CATHOLIC HEALTH CARE

PREPARED BY THE ETHICISTS OF THE NCBC
FEBRUARY 2017

"All persons served by Catholic health care have the right and duty
to protect and preserve their bodily and functional integrity. . . .
The well-being of the whole person must be taken into account in deciding
about any therapeutic intervention or use of technology."
— USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), nn. 29, 33.

SUMMARY

Legitimate health concerns surrounding gender dysphoria and disorders of sexual development have been utilized to promote "gender transitioning," whereby persons of an unambiguous biological sex intend to "change" their behaviors and bodies to match a perceived, subjective sexual identity.

Gender Transitioning Interventions:
Behavioral, Hormonal, and Surgical

- *Gender transitioning* of any kind is intrinsically disordered, because it cannot conform to the true good of the human person, who is a body–soul union unalterably created male or female. Gender transitioning should never be performed, encouraged, or positively affirmed as a good in Catholic health care. This includes surgeries, the administration of cross-sex hormones or pubertal blockers, and social or behavioral modifications.
- *Direct mutilation* of healthy, functioning reproductive organs without a proportionate benefit is intrinsically immoral and very grave. Such surgical interventions should never be performed by Catholic physicians or health care entities.

Cooperation with Evil:
Maintenance, Referral, Coverage, Policies, and Mandates

- *Maintenance* of cross-sex hormone regimens or other transitioning interventions by Catholic physicians or at Catholic health care facilities—even if a patient is being treated for unrelated reasons—amounts to formal cooperation with gender transitioning and is immoral.
- *Referrals* for gender transitioning, and policies requiring such referrals to ensure patient access, amount to formal cooperation with such interventions and are immoral.
- *Insurance coverage* for gender transitioning in a Catholic organization's own insurance product or self-insured health care insurance amounts to formal cooperation and is immoral.
- *Policies* requiring affirmation of a "transitioning" person's perceived gender identity, including access to sex-specific facilities and services, amount to formal cooperation with gender transitioning and are immoral.
- *Government mandates* do not alter the immorality of gender transitioning interventions, maintenance, referrals, self-funded or owned insurance, and affirmation policies. Exemptions should be sought and litigation may be appropriate in response to unjust legal coercion.

For further information, visit the NCBC website at www.ncbcenter.org.
To request a consultation, e-mail consults@ncbcenter.org or call 215-877-2660.

FAQs

Question 1. Our Catholic hospital does not allow sex reassignment surgeries affecting the genitalia, since this would violate the prohibition on sterilization in directive 53 of the *ERDs*. We do allow double mastectomies, voice alterations, and other non-sterilizing interventions for persons who are transitioning. Is this acceptable?

Reply: No. While it is true that "bottom surgeries" result in sterilization by destroying healthy genitalia, any transitioning intervention is intrinsically disordered because it entails a rejection of the person's actual sexual identity in favor of a falsification. This can never serve the good of the whole person, so even less drastic surgical and hormonal transitioning procedures remain unacceptable for Catholic health care.

Question 2. In light of regulatory prohibitions on gender identity discrimination, our Catholic health system plans to require employees to address transgender patients with preferred pronouns, put them in rooms with other patients of their claimed sex, and grant them access to bathrooms for the claimed sex. It will not, however, perform or refer for any gender transitioning interventions at all. Is this an appropriate response?

Reply: The stance against all gender transitioning interventions is morally appropriate and obligatory. However, requiring "gender affirmation" of all employees by way of policy is not appropriate. Your system would be implicitly approving of and contributing to the falsehood of gender transitioning in this manner.

Question 3. Our Catholic organization is committed to maintaining professional standards of medicine. There are standards of care for the gender transitioning process. On what grounds can we prohibit gender transitioning when it is acknowledged as a good by major medical associations and even has accepted standards?

Reply: First, the data on gender transitioning do not support the claim that it is therapeutic. In fact, some medical associations make the opposing claim, that gender transitioning is harmful. Second, regardless of outcome data, male or female sexual identity is established in the human person at the time of his or her creation and cannot be changed. No amount of data or claims by medical associations can alter this.

Question 4. A male-to-female transgender patient who had sex reassignment surgery elsewhere was admitted to our emergency room following a car accident and needs to be kept several days for treatment. The patient has been on a regimen of female hormones to maintain the transition. The patient wants to continue the regimen to avoid interruptions. Can we allow this?

Reply: No. Maintenance entails approval by the physician writing orders, and makes those who administer the drugs principal agents in the transitioning. However, if cessation of the hormones would cause serious physical harm, providing a dosage necessary to avoid the harm could be legitimate.

Resources

R. P. Fitzgibbons, P. M. Sutton, and D. O'Leary, "The Psychopathology of 'Sex Reassignment' Surgery," *National Catholic Bioethics Quarterly* 9.1 (Spring 2009): 97–125, doi: 10.5840/ncbq20099183.

C. Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS ONE* 6.2 (2011): e16885, doi: 10.1371/journal.pone.0016885.

The National Catholic Bioethics Center
6399 Drexel Road, Philadelphia, PA 19151 • 215.877.2660
www.ncbcenter.org

Catholic Identity and Ethics Review: Data Analysis 1

The National Catholic Bioethics Center

Name of Organization **University of Maryland St Joseph Medical Center**
Organization Type: **Hospital**
(System, Hospital, Clinic, Clinic Group, etc.)
Date completed: **11/11/19**
Data years: **Calendar Year's 2017 - 2019 (annualized)**

A. Please complete with data from the past 3 years for which a complete data set is available
B. Please provide complete data entries for ANY procedure or diagnosis code found in the "NCBC REQUESTED CODES" tab (i.e., if an NCBC requested code is identified, please also identify other associated Dx or Procedure codes, as applicable)

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
EXAMPLE1	2012	**N92.6**	N93.9	Z30.40	Z30.430	Z97.5	**58300**	CPT
EXAMPLE2	2014	**Z332**	O020	Z3A10			**59840**	CPT
EXAMPLE3	2013	**Z302**					**0VTQ0ZZ**	ICD-10
EXAMPLE4	2012	**Z30017**	E785	Z708			**J7307**	HCPCS II
	2017	**Z39.2**	Z39.2	Z30.011	L92.9	L50.9	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	Z30.014		**Z30.014**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	G43.009	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	E66.01	Z68.41	**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	N92.1	N93.9		**Z30.011**	ICD-10 dx
	2017	**Z20.2**	Z20.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.433**	Z30.433	N93.8			**Z30.433**	ICD-10 dx
	2017	**Z30.433**	Z30.433	N93.8			**Z30.433**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z80.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	N89.8	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**R35.0**	R35.0	Z30.013	Z30.42	Z30.432	**Z30.013**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.015			**Z30.015**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.49			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.49			**Z30.013**	ICD-10 dx
	2017	**Z30.011**	Z30.011	Z39.2	O91.02	B37.89	**Z30.011**	ICD-10 dx
	2017	**Z30.015**	Z30.015	Z39.2			**Z30.015**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.49			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.49			**Z30.013**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**N76.0**	N76.0	Z30.011	Z72.51	Z11.3	**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z01.419**	Z01.419	Z30.019			**Z30.019**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	N92.0	N64.4	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3	F42.9	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.41**	Z30.41	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.42	Z30.013	**Z30.013**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	N92.0	Z30.430		**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.019			**Z30.019**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2017	**R87.610**	R87.610	Z87.898	Z86.19	Z30.013	**Z30.013**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z70.8	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	B37.9			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.017		**Z30.017**	ICD-10 dx
	2017	**R30.0**	R30.0	M25.551	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	O99.345	Z14.1	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	N94.3	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.40**	Z30.40	N39.0	Z30.019	I10	**Z30.019**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z11.51	Z30.013	**Z30.013**	ICD-10 dx
	2017	**N64.4**	N64.4	Z30.02			**Z30.02**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z32.02			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z11.3	N89.8	Z32.02	**Z30.013**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z30.430**	Z30.430	F33.41	R10.2		**Z30.430**	ICD-10 dx
	2017	**Z30.433**	Z30.433	N94.4	N60.19		**Z30.433**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z33.2**	Z33.2				**Z33.2**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	D64.9		**Z30.011**	ICD-10 dx
	2017	**Z30.432**	Z30.432	Z30.015			**Z30.015**	ICD-10 dx
	2017	**O09.892**	O09.892	O09.812	Z31.83	K21.9	**Z31.83**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z11.3**	Z11.3	Z01.419	Z30.011	N83.201	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
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	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.9**	Z30.9	N92.0	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.9**	Z30.9	Z30.011	N94.6		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	J45.20	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2017	**Z30.433**	Z30.433	N93.8	N76.0		**Z30.433**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011	N92.6	**Z30.011**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430	Z11.3		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2017	**Z32.02**	Z32.02	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z32.02**	Z32.02	N92.0	Z30.430		**Z30.430**	ICD-10 dx
	2017	**Z32.02**	Z32.02	N92.0	Z30.430		**Z30.430**	ICD-10 dx
	2017	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	E03.9	F60.9		**Z30.011**	ICD-10 dx
	2017	**N92.0**	N92.0	R63.5	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z31.61**	Z31.61	O34.219	Z86.59		**Z31.61**	ICD-10 dx
	2017	**Z11.3**	Z11.3	Z30.015			**Z30.015**	ICD-10 dx
	2017	**Z11.3**	Z11.3	Z30.015			**Z30.015**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	K59.09		**Z30.011**	ICD-10 dx
	2017	**Z30.42**	Z30.42	Z30.02			**Z30.02**	ICD-10 dx
	2017	**O09.893**	O09.893	O09.813	Z31.83	B37.9	**Z31.83**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	N92.0			**Z30.011**	ICD-10 dx
	2017	**Z30.40**	Z30.40	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42	Z30.49		**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42	Z30.49		**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N87.1**	N87.1	Z11.51	R87.612	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	N94.4	Z30.011	**Z30.011**	ICD-10 dx
	2017	**N76.0**	N76.0	Z30.011	N89.8	B96.89	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	K64.5	Z30.011	O71.6	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.015			**Z30.015**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	N92.0		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**N92.0**	N92.0	D50.8	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**O09.893**	O09.893	O09.813	Z31.83	I83.813	**Z31.83**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	N81.89	L90.5	**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z68.33	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.09**	Z30.09				**J1050**	HCPCS II
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0	Z30.09	N92.1	**Z30.430**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3	Z80.3	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.016**	Z30.016				**Z30.016**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.016			**Z30.016**	ICD-10 dx
	2017	**O09.893**	O09.893	O99.013	F64.9	N83.209	**F64.9**	ICD-10 dx
	2017	**O09.893**	O09.893	O09.813	Z31.83	B37.9	**Z31.83**	ICD-10 dx
	2017	**Z30.018**	Z30.018				**Z30.018**	ICD-10 dx
	2017	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2017	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	N89.8	Z30.011	**Z30.011**	ICD-10 dx
	2017	**O09.893**	O09.893	R99	Z31.83	O09.813	**Z31.83**	ICD-10 dx
	2017	**Z30.40**	Z30.40				**J1050**	HCPCS II
	2017	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.430	Z87.42		**Z30.430**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**N92.0**	N92.0	D68.52	N94.4	Z30.430	**Z30.430**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	R87.810	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011	A60.9	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z01.411**	Z01.411	Z11.3	Z87.42	Z30.430	**Z30.430**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011	B37.89	**Z30.011**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.019			**Z30.019**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.015	A64		**Z30.015**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2017	**Z39.2**	Z39.2	O99.345	F32.9	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z30.09	N92.1		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z30.09	N92.1		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z30.09	N92.1		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**N93.9**	N93.9	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**R10.2**	R10.2	Z30.432	T83.32XA	Z30.011	**Z30.011**	ICD-10 dx
	2017	**N89.8**	N89.8	Z11.3	Z30.011	L70.0	**Z30.011**	ICD-10 dx
	2017	**O03.9**	O03.9	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.014			**Z30.014**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.014			**Z30.014**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42	Z30.49		**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42	Z30.49		**Z30.013**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z30.42			**Z30.013**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	B37.3		**Z30.011**	ICD-10 dx
	2017	**Z30.432**	Z30.432	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N93.9**	N93.9	E66.01	Z30.432	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013	Z32.02	Z11.3		**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	Z11.3	N76.0	**Z30.011**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z11.3**	Z11.3	Z32.02	Z30.013		**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	I10	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	N93.8	N90.4	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**N93.9**	N93.9	Z30.011	D50.9	E55.9	**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N91.2**	N91.2	Z30.019			**Z30.019**	ICD-10 dx
	2017	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	R10.2	Z30.015	**Z30.015**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.09**	Z30.09	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2017	**Z98.890**	Z98.890	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.432**	Z30.432	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N93.9**	N93.9	F17.200	E66.9	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	L92.9	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2017	**N89.8**	N89.8	Z30.015	L68.0		**Z30.015**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	R87.610	Z30.013	R87.810	**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	O90.6		**Z30.011**	ICD-10 dx
	2017	**R10.2**	R10.2	Z30.433			**Z30.433**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	L30.8	N92.0	**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	N92.1			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	O91.02	Z30.011	N92.0	**Z30.011**	ICD-10 dx
	2017	**N90.89**	N90.89	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.09	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2017	**Z31.61**	Z31.61				**Z31.61**	ICD-10 dx
	2017	**Z39.2**	Z39.2	N39.0	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.09	Z30.42	Z30.018	**Z30.018**	ICD-10 dx
	2017	**Z39.2**	Z39.2	N63	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.013	Z11.3	R10.2	**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	F53	R45.851	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z32.02	Z30.011	B37.9	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z32.02	B37.9	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	Z92.89	B00.9	**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z48.816**	Z48.816	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2017	**N93.9**	N93.9	Z30.011			**Z30.011**	ICD-10 dx
	2017	**N93.9**	N93.9	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.015			**Z30.015**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.51	Z11.3	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	Z11.51	Z11.3	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.013	B37.3	Z30.09	**Z30.013**	ICD-10 dx
	2017	**N94.4**	N94.4	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	O91.22	B37.3	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.09	Z30.013		**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.09	Z30.011	O99.345	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.9	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z39.1	Z30.011		**Z30.011**	ICD-10 dx
	2017	**N76.0**	N76.0	B37.9	Z30.019	B96.89	**Z30.019**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.02	Z30.41	**Z30.02**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.018			**Z30.018**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.9	F41.1	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	Z30.09		**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2017	**M62.89**	M62.89	R10.2	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z33.2**	Z33.2	Z97.5			**Z33.2**	ICD-10 dx
	2017	**Z30.015**	Z30.015				**Z30.015**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**N94.4**	N94.4	Z30.430			**Z30.430**	ICD-10 dx
	2017	**N92.6**	N92.6	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**N92.6**	N92.6	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**B00.9**	B00.9	Z11.3	Z30.013	Z72.51	**Z30.013**	ICD-10 dx
	2017	**N94.6**	N94.6	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.09	Z30.018	K59.00	**Z30.018**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.3	Z30.09	Z30.013	**Z30.013**	ICD-10 dx
	2017	**N92.1**	N92.1	Z30.430			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z30.09	N92.0		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.1	N93.8		**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	Z86.19		**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011	Z30.9			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.019	Z11.51	Z11.3	**Z30.019**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**N94.6**	N94.6	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	O24.439	Z30.011	N89.8	**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.013	Z30.09		**Z30.013**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.013			**Z30.013**	ICD-10 dx
	2017	**N76.1**	N76.1	Z11.3	Z30.011	N76.0	**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0	Z30.09		**Z30.430**	ICD-10 dx
	2017	**B37.3**	B37.3	Z11.3	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011	Z30.09		**Z30.011**	ICD-10 dx
	2017	**F64.0**	F64.0	N76.0	B96.89		**F64.0**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z39.1	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.09	Z30.011	Z98.891	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011	D25.9	N92.0	**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.013			**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	Z11.3	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.015			**Z30.015**	ICD-10 dx
	2017	**N94.4**	N94.4	N39.46	Z30.430	Z86.2	**Z30.430**	ICD-10 dx
	2017	**Z30.41**	Z30.41	F32.81	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.015**	Z30.015				**Z30.015**	ICD-10 dx
	2017	**Z30.46**	Z30.46	Z30.011			**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2017	**Z30.430**	Z30.430	Z30.09	Z87.42		**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	Z30.09	Z87.42	Z32.00	**Z30.430**	ICD-10 dx
	2017	**Z39.2**	Z39.2	E66.01	Z98.891	Z30.013	**Z30.013**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2017	**Z30.430**	Z30.430	N92.0	Z32.00		**Z30.430**	ICD-10 dx
	2017	**Z30.011**	Z30.011	Z01.419	Z11.3		**Z30.011**	ICD-10 dx
	2017	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.09	Z12.4	Z30.011	**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z01.419**	Z01.419	Z11.51	Z11.3	Z30.018	**Z30.018**	ICD-10 dx
	2017	**Z30.019**	Z30.019				**Z30.019**	ICD-10 dx
	2017	**Z39.2**	Z39.2	D25.1	Z30.011		**Z30.011**	ICD-10 dx
	2017	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2017	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2017	**Z39.1**	Z39.1	N30.90	Z30.011	N64.52	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	R10.2	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	B00.2	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.891	D25.2	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	N89.8	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.432**	Z30.432	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z30.02			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.013	F53	**Z30.013**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011	L92.9		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z30.09	N92.0	Z32.00	**Z30.430**	ICD-10 dx
	2018	**Z32.01**	Z32.01	Z34.81	F64.0	N91.2	**F64.0**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.015		**Z30.015**	ICD-10 dx
	2018	**B37.3**	B37.3	R87.615	Z11.3	Z30.02	**Z30.02**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.019			**Z30.019**	ICD-10 dx
	2018	**Z30.09**	Z30.09	Z30.430			**Z30.430**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.014**	Z30.014	Z11.3	N92.0		**Z30.014**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.891	D25.0	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.019**	Z30.019				**Z30.019**	ICD-10 dx
	2018	**Z39.2**	Z39.2	N39.0	N89.8	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.011	Z80.41	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z20.2	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	N92.0	Z30.02		**Z30.02**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.016			**Z30.016**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z30.09	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	D25.1	R87.810	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z11.51	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	N94.2	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.430	Z30.432	N92.0	**Z30.430**	ICD-10 dx
	2018	**N93.8**	N93.8	Z30.430			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	N89.8	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	D50.0		**Z30.430**	ICD-10 dx
	2018	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2018	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011	Z30.09		**Z30.011**	ICD-10 dx
	2018	**O09.811**	O09.811	F64.0	Z87.890	O99.211	**F64.0**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011	O99.345	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.015	N89.8	**Z30.015**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.016	Z12.4	**Z30.016**	ICD-10 dx
	2018	**Z30.02**	Z30.02				**Z30.02**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011	Z30.09	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	O86.12	Z30.013		**Z30.013**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z11.51	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	N89.8		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	N89.8		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	F53	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	R87.612	R87.810	Z30.011	**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z01.419**	Z01.419	Z30.011	N94.4		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.4			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011	K59.09	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.891	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z30.09	R10.2	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.011	Z30.09		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.1			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N91.1	N92.1		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z86.32	Z30.015	**Z30.015**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z12.31	Z30.430		**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.44	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z39.1	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	N76.1		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N91.2	Z87.42		**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z30.09**	Z30.09	L73.2	E28.2	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	E04.9	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	E04.9	Z30.011	Z30.09	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	E04.9	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N91.2	N92.0		**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z30.09	I10	Z87.42	**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.015	D06.9		**Z30.015**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	I10		**Z30.430**	ICD-10 dx
	2018	**N94.9**	N94.9	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N93.8			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**N94.6**	N94.6	N94.4	Z30.430		**Z30.430**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**O09.92**	O09.92	Z87.890	F64.0	Z36.89	**F64.0**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.013	Z30.09		**Z30.013**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.013	Z32.02	**Z30.013**	ICD-10 dx
	2018	**Z30.432**	Z30.432	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z11.3	N76.0	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	R87.810	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.013	N89.8	**Z30.013**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.02			**Z30.02**	ICD-10 dx
	2018	**R87.612**	R87.612	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.013			**Z30.013**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011	M53.3	**Z30.011**	ICD-10 dx
	2018	**F64.0**	F64.0	O09.892	O09.812	O99.89	**F64.0**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**N94.4**	N94.4	R11.0	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42	Z30.09	Z32.02	**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N93.8	E66.9		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z34.81**	Z34.81	Z11.3	Z31.83	Z32.00	**Z31.83**	ICD-10 dx
	2018	**Z30.011**	Z30.011	Z30.09			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z11.3	Z12.4	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z32.02			**Z30.430**	ICD-10 dx
	2018	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z11.3	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011	Z30.41	**Z30.011**	ICD-10 dx
	2018	**R10.2**	R10.2	N83.202	N91.4	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z30.41	Z68.41	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z30.09**	Z30.09	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**N92.0**	N92.0	D25.0	D25.2	Z30.430	**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.890	Q51.3	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z30.09		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	O03.4	Z33.2	N76.0	**Z33.2**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42	Z30.432	Z32.02	**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.42	Z30.09	Z30.013	**Z30.013**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z98.891**	Z98.891	Z39.2	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	N92.6	N89.8	Z31.61	**Z31.61**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	N89.8	**Z30.011**	ICD-10 dx
	2018	**Z33.2**	Z33.2	N93.8			**Z33.2**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	R30.0		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.015	N94.4	**Z30.015**	ICD-10 dx
	2018	**Z30.011**	Z30.011	B37.3			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z12.4	Z30.015	**Z30.015**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	Z12.4	**Z30.011**	ICD-10 dx
	2018	**B37.3**	B37.3	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z11.3	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.013			**Z30.013**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.891	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011	Z98.891		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.013		**Z30.013**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	A63.0	Z30.011	Z98.891	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z98.891	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z33.2**	Z33.2	N76.0	Z11.3	B96.89	**Z33.2**	ICD-10 dx
	2018	**Z97.5**	Z97.5	N92.0	D25.9	Z30.430	**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z98.890	N60.09	Z30.02	**Z30.02**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011	A60.00		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.013		**Z30.013**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	R63.4	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.013	Z30.09	L91.8	**Z30.013**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.013	Z11.3		**Z30.013**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.013	Z11.3		**Z30.013**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011	Z12.31	**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	E04.9	Z30.011	Z30.09	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	E04.9	Z30.011	Z30.09	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z98.890	Q51.3	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.018			**Z30.018**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z31.83**	Z31.83	Z3A.22	Z34.02		**Z31.83**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z01.419**	Z01.419	Z30.015			**Z30.015**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**N94.6**	N94.6	Z30.430			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	D21.9			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z11.3		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.1			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.013		**Z30.013**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	A64	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z39.1**	Z39.1	Z30.09	Z30.013	N89.8	**Z30.013**	ICD-10 dx
	2018	**Z39.1**	Z39.1	N89.8	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2018	**S31.41XD**	S31.41XD	O70.3	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z3A.26**	Z3A.26	Z31.83			**Z31.83**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.02		**Z30.02**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.02		**Z30.02**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z12.31	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z32.02	N92.0	N91.1	**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z32.02**	Z32.02	Z30.433			**Z30.433**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2018	**T83.32XD**	T83.32XD	Z30.430			**Z30.430**	ICD-10 dx
	2018	**T83.32XD**	T83.32XD	Z87.42	Z30.430		**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011	R30.0	**Z30.011**	ICD-10 dx
	2018	**N93.9**	N93.9	F64.0	Z87.890		**F64.0**	ICD-10 dx
	2018	**Z30.41**	Z30.41	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	Z32.02	N92.0		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.432**	Z30.432	Z30.011			**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.09	Z30.011	Z11.3	**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**N92.0**	N92.0	Z30.433			**Z30.433**	ICD-10 dx
	2018	**N92.0**	N92.0	Z30.433			**Z30.433**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z11.3	Z80.3	**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2018	**Z30.430**	Z30.430	N92.1	Z32.02		**Z30.430**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.011	Z30.09	R79.89	**Z30.011**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	Z30.09		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430	N92.1			**Z30.430**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.015		**Z30.015**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**R10.2**	R10.2	Z30.430			**Z30.430**	ICD-10 dx
	2018	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.41	Z30.011	**Z30.011**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2018	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2018	**T83.32XD**	T83.32XD	N92.0	Z30.433		**Z30.433**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z11.3	Z30.09	Z30.013	**Z30.013**	ICD-10 dx
	2018	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2018	**Z33.2**	Z33.2	Z11.3			**Z33.2**	ICD-10 dx
	2018	**Z01.419**	Z01.419	Z30.011	B37.3		**Z30.011**	ICD-10 dx
	2018	**Z30.015**	Z30.015	Z30.432	R10.2		**Z30.015**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2019	**O03.9**	O03.9	Z30.09	Z30.015		**Z30.015**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.09	Z09	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011	N61.0		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011	N93.8	**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**O02.1**	O02.1	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011	N89.8	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z34.03**	Z34.03	Z31.83	Z3A.39		**Z31.83**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011	Z98.891		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	Z11.3	N76.0	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.015			**Z30.015**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	Z30.09	Z11.3	**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z30.431			**Z30.430**	ICD-10 dx
	2019	**R87.612**	R87.612	N89.8	Z30.011	Z32.02	**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011	Q51.9	**Z30.011**	ICD-10 dx
	2019	**O03.9**	O03.9	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N85.01			**Z30.430**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z39.1	Z30.011	Z11.51	**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.1			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.1			**Z30.433**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z87.42**	Z87.42	Z30.430			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N93.8	N92.1		**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013	Z32.02			**Z30.013**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	N94.4		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z98.891	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2019	**Z30.011**	Z30.011	Z11.3			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.41	Z11.51	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0	N88.2		**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z98.891	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	M54.9			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	R10.2		**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2019	**N92.1**	N92.1	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.41**	Z30.41	Z30.013			**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z32.02	Z87.42		**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.016			**Z30.016**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z32.02**	Z32.02	Z12.31	Z30.011	Z20.2	**Z30.011**	ICD-10 dx
	2019	**Z11.3**	Z11.3	Z30.013			**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.015**	Z30.015				**Z30.015**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011	N91.2	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.02			**Z30.02**	ICD-10 dx
	2019	**E07.9**	E07.9	Z30.018			**Z30.018**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2019	**N75.1**	N75.1	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z12.31	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z80.3**	Z80.3	Z01.419	N60.11	Z30.015	**Z30.015**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2019	**D21.9**	D21.9	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.011**	Z30.011	N94.19	K64.0		**Z30.011**	ICD-10 dx
	2019	**N92.0**	N92.0	N94.4	D21.9	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.014**	Z30.014	N92.0			**Z30.014**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.41	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.011**	Z30.011	Z11.3	Z32.02		**Z30.011**	ICD-10 dx
	2019	**Z30.015**	Z30.015				**Z30.015**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z01.419			**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.433			**Z30.433**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z98.891	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**N92.1**	N92.1	L70.0	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N80.5			**Z30.430**	ICD-10 dx
	2019	**Z34.01**	Z34.01	R03.0	F64.0	F41.9	**F64.0**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z09**	Z09	Z33.2	O35.9XX0		**Z33.2**	ICD-10 dx
	2019	**Z11.3**	Z11.3	Z86.19	Z30.011	B00.1	**Z30.011**	ICD-10 dx
	2019	**R10.2**	R10.2	Z30.430			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.011**	Z30.011	Z11.3			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.41	Z30.018	**Z30.018**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N93.9	N92.1		**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z98.890	Z85.41	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011	Z80.3	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.014**	Z30.014				**Z30.014**	ICD-10 dx
	2019	**Z01.419**	Z01.419	R31.9	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	B00.9	N92.0	F64.9	**F64.9**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**O03.9**	O03.9	Z32.01	Z30.013		**Z30.013**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.015	Z30.44		**Z30.015**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.4			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z32.02	N92.4		**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.41	Z30.011	**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.433			**Z30.433**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.09	Z30.013	R51	**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013	N92.1			**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.1	E28.2		**Z30.430**	ICD-10 dx
	2019	**T83.32XD**	T83.32XD	Z30.011	N83.201		**Z30.011**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	Z12.4		**Z30.011**	ICD-10 dx
	2019	**N93.9**	N93.9	N92.1	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**N94.4**	N94.4	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0	Z32.02		**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**N93.8**	N93.8	E66.9	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z11.3			**Z30.430**	ICD-10 dx
	2019	**N93.9**	N93.9	E61.1	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N93.9			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N93.9			**Z30.433**	ICD-10 dx
	2019	**Z01.419**	Z01.419	N93.9	Z30.011		**Z30.011**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	N76.0	Z11.3	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N93.8	E28.2		**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N93.8	E28.2	E66.01	**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.09**	Z30.09	Z30.013	K90.0	Z32.02	**Z30.013**	ICD-10 dx
	2019	**Z30.09**	Z30.09	Z30.49	Z30.011		**Z30.011**	ICD-10 dx
	2019	**N76.0**	N76.0	A64	Z30.011	B96.89	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**N97.9**	N97.9	Z31.61	Z11.3		**Z31.61**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.41	Z11.51	Z30.011	**Z30.011**	ICD-10 dx
	2019	**N92.1**	N92.1	Z30.433			**Z30.433**	ICD-10 dx
	2019	**N92.1**	N92.1	Z30.433			**Z30.433**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	N76.0	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.433			**Z30.433**	ICD-10 dx
	2019	**N94.4**	N94.4	Z30.016			**Z30.016**	ICD-10 dx
	2019	**D64.9**	D64.9	N94.4	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.013	Z11.3		**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**N89.8**	N89.8	Z33.2			**Z33.2**	ICD-10 dx
	2019	**N93.9**	N93.9	Z01.419	Z30.011	Z32.02	**Z30.011**	ICD-10 dx
	2019	**N93.9**	N93.9	Z01.419	Z30.011	Z32.02	**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2019	**N94.4**	N94.4	L40.9	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**N94.6**	N94.6	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**R63.4**	R63.4	Z30.013			**Z30.013**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**R14.0**	R14.0	R03.0	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.09**	Z30.09	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.011**	Z30.011				**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.1			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	F42.9	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.013**	Z30.013				**Z30.013**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z30.433**	Z30.433	N92.0			**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N94.6	D25.0		**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.02			**Z30.02**	ICD-10 dx
	2019	**N94.3**	N94.3	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42	Z32.02		**Z30.430**	ICD-10 dx
	2019	**N76.0**	N76.0	Z30.015			**Z30.015**	ICD-10 dx
	2019	**R10.2**	R10.2	N89.8	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z11.3**	Z11.3	Z30.09	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z11.3	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.09**	Z30.09	N89.8	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	Z87.42			**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011			**Z30.011**	ICD-10 dx
	2019	**N89.8**	N89.8	N90.89	Z30.09	Z30.011	**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N94.6			**Z30.430**	ICD-10 dx
	2019	**N93.8**	N93.8	D64.9	Z30.430		**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N93.9			**Z30.430**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx
	2019	**Z30.430**	Z30.430				**Z30.430**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.4			**Z30.430**	ICD-10 dx
	2019	**Z01.419**	Z01.419	Z30.011	N89.8	B37.9	**Z30.011**	ICD-10 dx
	2019	**Z39.2**	Z39.2	Z30.011			**Z30.011**	ICD-10 dx

Entry #	Year	DX CODE 1 *(PRIMARY)* [ICD]	Dx Code (Other1)	Dx Code (Other2)	Dx Code (Other3)	Dx Code (Other4)	PROCEDURE CODE	
							Code	Code Type
	2019	**Z01.419**	Z01.419	Z11.51	Z30.011		**Z30.011**	ICD-10 dx
	2019	**Z30.013**	Z30.013	Z32.02			**Z30.013**	ICD-10 dx
	2019	**A54.9**	A54.9	Z30.013			**Z30.013**	ICD-10 dx
	2019	**D21.9**	D21.9	Z30.430			**Z30.430**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z30.433**	Z30.433				**Z30.433**	ICD-10 dx
	2019	**Z30.430**	Z30.430	N92.0			**Z30.430**	ICD-10 dx
	2019	**N92.0**	N92.0	Z30.430			**Z30.430**	ICD-10 dx

Catholic Identity and Ethics Review: Data Codes

Name of Organization: **University of Maryland St Joseph Medical Center**
Organization Type: Hospital. Outpatient Office Visits.
Date completed: **11/11/2019**
Data year range: **Calendar Year's 2017 - 2019 (Oct2019 annualized)**

In the empty cells below, please insert the number of times each code occurred in the given year

	Topic	Code System	Code	Description	2017	2018	2019
	EXAMPLE			*EXAMPLE*		*EXAMPLE*	
	Fertility Awareness	**ICD-10 dx**	**Z30.02**	**Counseling and intruction in natural family planning to avoid pregnancy**	**18**	**24**	**45**
1	Abortion	ICD-10 dx	Z33.2	Encounter for elective termination of pregnancy	2	4	2
2	Abortion	ICD-9 dx	635.90	Legally induced abortion, without mention of complication, unspecified	-	-	-
3	Abortion	ICD-9 dx	635.91	Legally induced abortion, without mention of complication, incomplete	-	-	-
4	Abortion	ICD-9 dx	635.92	Legally induced abortion, without mention of complication, complete	-	-	-
5	Contraception	HCPCS II	J1050	Injection, medroxyprogesterone acetate, 1 mg	2	-	-
6	Contraception	HCPCS II	J7300	Intrauterine copper contraceptive	-	-	-
7	Contraception	HCPCS II	J7303	Contraceptive supply, hormone containing vaginal ring, each	-	-	-
8	Contraception	HCPCS II	J7304	Contraceptive supply, hormone containing patch, each	-	-	-
9	Contraception	HCPCS II	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	-	-	-
10	Contraception	HCPCS II	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	-	-	-
11	Contraception	ICD-10 dx	Z30.011	Encounter for initial prescription of contraceptive pills	210	167	132
12	Contraception	ICD-10 dx	Z30.012	Encounter for prescription of emergency contraception	-	-	-
13	Contraception	ICD-10 dx	Z30.013	Encounter for initial prescription of injectable contraceptive	41	16	32
14	Contraception	ICD-10 dx	Z30.014	Encounter for initial prescription of intrauterine contraceptive device	3	1	2
15	Contraception	ICD-10 dx	Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive	13	15	8
16	Contraception	ICD-10 dx	Z30.016	Encounter for initial prescription of transdermal patch hormonal contraceptive	2	2	2

	Topic	Code System	Code	Description	2017	2018	2019
17	Contraception	ICD-10 dx	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	1	-	-
18	Contraception	ICD-10 dx	Z30.018	Encounter for initial prescription of other contraceptives	5	1	2
19	Contraception	ICD-10 dx	Z30.019	Encounter for initial prescription of contraceptives, unspecified	8	2	-
20	Contraception	ICD-10 dx	Z30.430	Encounter for insertion of intrauterine contraceptive device	81	101	95
21	Contraception	ICD-10 dx	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	10	18	30
22	Contraception	ICD-9 dx	V25.01	General counseling on prescription of oral contraceptives	-	-	-
23	Contraception	ICD-9 dx	V25.02	General counseling on initiation of other contraceptive measures	-	-	-
24	Contraception	ICD-9 dx	V25.03	Encounter for emergency contraceptive counseling and prescription	-	-	-
25	Contraception	ICD-9 dx	V25.11	Encounter for insertion of intrauterine contraceptive device	-	-	-
26	Contraception	ICD-9 dx	V25.13	Encounter for removal and reinsertion of intrauterine contraceptive device	-	-	-
27	Fertility Awareness	ICD-10 dx	Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	6	8	4
28	Fertility Awareness	ICD-10 dx	Z31.61	Procreative counseling and advice using natural family planning	2	1	1
29	Fertility Awareness	ICD-9 dx	V25.04	Counseling and instruction in natural family planning to avoid pregnancy	-	-	-
30	Fertility Awareness	ICD-9 dx	V26.41	Procreative counseling and advice using natural family planning	-	-	-
31	Gender Transition	ICD-10 dx	F64.0	Transsexualism	1	5	1
32	Gender Transition	ICD-10 dx	F64.2	Gender identity disorder of childhood	-	-	-
33	Gender Transition	ICD-10 dx	F64.8	Other gender identity disorders	-	-	-
34	Gender Transition	ICD-10 dx	F64.9	Gender identity disorder, unspecified	1	-	1
35	Gender Transition	CPT	55970	Intersex surgery; male to female	-	-	-
36	Gender Transition	CPT	55980	Intersex surgery; female to male	-	-	-
37	Repro Tech	ICD-10 dx	Z31.83	Encounter for assisted reproductive fertility procedure cycle	5	3	1
38	Repro Tech	ICD-9 dx	V26.81	Encounter for assisted reproductive fertility procedure cycle	-	-	-

	Topic	Code System	Code	Description	2017	2018	2019
39	Sterilization	CPT	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate	-	-	-
40	Sterilization	ICD-10 dx	Z30.2	Encounter for sterilization	-	-	-
41	Sterilization	ICD-9 dx	V25.2	Sterilization	-	-	-

CODES REQUESTED BY NCBC

	Topic	Code System	Code	Code Definition	Code System
1	Abortion	ICD-10 dx	Z33.2	Encounter for elective termination of pregnancy	ICD-10 dx
2	Abortion	ICD-9 dx	635.90	Legally induced abortion, without mention of complication, unspecified	ICD-9 dx
3	Abortion	ICD-9 dx	635.91	Legally induced abortion, without mention of complication, incomplete	ICD-9 dx
4	Abortion	ICD-9 dx	635.92	Legally induced abortion, without mention of complication, complete	ICD-9 dx
5	Contraception	HCPCS II	J1050	Injection, medroxyprogesterone acetate, 1 mg	HCPCS II
6	Contraception	HCPCS II	J7300	Intrauterine copper contraceptive	HCPCS II
7	Contraception	HCPCS II	J7303	Contraceptive supply, hormone containing vaginal ring, each	HCPCS II
8	Contraception	HCPCS II	J7304	Contraceptive supply, hormone containing patch, each	HCPCS II
9	Contraception	HCPCS II	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	HCPCS II
10	Contraception	HCPCS II	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	HCPCS II
11	Contraception	ICD-10 dx	Z30.011	Encounter for initial prescription of contraceptive pills	ICD-10 dx
12	Contraception	ICD-10 dx	Z30.012	Encounter for prescription of emergency contraception	ICD-10 dx
13	Contraception	ICD-10 dx	Z30.013	Encounter for initial prescription of injectable contraceptive	ICD-10 dx
14	Contraception	ICD-10 dx	Z30.014	Encounter for initial prescription of intrauterine contraceptive device	ICD-10 dx
15	Contraception	ICD-10 dx	Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive device	ICD-10 dx
16	Contraception	ICD-10 dx	Z30.016	Encounter for initial prescription of transdermal patch hormonal contraceptive	ICD-10 dx
17	Contraception	ICD-10 dx	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	ICD-10 dx
18	Contraception	ICD-10 dx	Z30.018	Encounter for initial prescription of other contraceptives	ICD-10 dx
19	Contraception	ICD-10 dx	Z30.019	Encounter for initial prescription of contraceptives, unspecified	ICD-10 dx
20	Contraception	ICD-10 dx	Z30.430	Encounter for insertion of intrauterine contraceptive device	ICD-10 dx
21	Contraception	ICD-10 dx	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	ICD-10 dx
22	Contraception	ICD-9 dx	V25.01	General counseling on prescription of oral contraceptives	ICD-9 dx
23	Contraception	ICD-9 dx	V25.02	General counseling on initiation of other contraceptive measures	ICD-9 dx
24	Contraception	ICD-9 dx	V25.03	Encounter for emergency contraceptive counseling and prescription	ICD-9 dx
25	Contraception	ICD-9 dx	V25.11	Encounter for insertion of intrauterine contraceptive device	ICD-9 dx
26	Contraception	ICD-9 dx	V25.13	Encounter for removal and reinsertion of intrauterine contraceptive device	ICD-9 dx

CODES REQUESTED BY NCBC

	Topic	Code System	Code	Code Definition	Code System
27	Fertility Awareness	ICD-10 dx	Z30.02	Counseling and instruction in natural family planning to avoid pregnancy	ICD-10 dx
28	Fertility Awareness	ICD-10 dx	Z31.61	Procreative counseling and advice using natural family planning	ICD-10 dx
	Gender Transition	ICD-10 dx	F64.0	Transsexualism	ICD-10 dx
	Gender Transition	ICD-10 dx	F64.2	Gender identity disorder of childhood	ICD-10 dx
	Gender Transition	ICD-10 dx	F64.8	Other gender identity disorders	ICD-10 dx
	Gender Transition	ICD-10 dx	F64.9	Gender identity disorder, unspecified	ICD-10 dx
33	Fertility Awareness	ICD-9 dx	V25.04	Counseling and instruction in natural family planning to avoid pregnancy	ICD-9 dx
34	Fertility Awareness	ICD-9 dx	V26.41	Procreative counseling and advice using natural family planning	ICD-9 dx
35	Gender Transition	CPT	55970	Intersex surgery; male to female	CPT
36	Gender Transition	CPT	55980	Intersex surgery; female to male	CPT
37	Repro Tech	ICD-10 dx	Z31.83	Encounter for assisted reproductive fertility procedure cycle	ICD-10 dx
38	Repro Tech	ICD-9 dx	V26.81	Encounter for assisted reproductive fertility procedure cycle	ICD-9 dx
39	Sterilization	CPT	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	CPT
40	Sterilization	ICD-10 dx	Z30.2	Encounter for sterilization	ICD-10 dx
41	Sterilization	ICD-9 dx	V25.2	Sterilization	ICD-9 dx

Message

From: Marx, Jason [/O=UMMS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARX, JASON8F7]
Sent: 11/13/2014 11:05:57 PM
To: Cunningham, Gail [/O=UMMS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Cunningham, Gail9b4]
Subject: Re: Plastics cases

I spoke with Mohan. Totally against! I'll let Rachel know.

Jason Marx, MD
Chairman, Department of Medicine
Division Chief, Pulmonary, Critical Care, Sleep Medicine
Assistant Professor of Medicine
University of Maryland St. Joseph Medical Center
Office (410) 337 - 1601
Cell (410) 530 - 3901

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On Nov 13, 2014, at 5:37 PM, Cunningham, Gail <GailCunningham@umm.edu> wrote:

Hi Jason,
Please see Susanne's response below. I think it is worth a conversation with Mohan, but am fairly certain he is going to want to be certain to remain quite conservative, not wanting anything to negatively impact our Catholic directives.
Thanks very much.
Gail

Gail Cunningham,MD FACEP
Vice President of Medical Affairs
Chief Medical Officer
University of Maryland St. Joseph Medical Center
Towson, Maryland 21204
410-337-1205
gailcunningham@umm.edu

Begin forwarded message:

From: "Decrane, Susanne" <SusanneDecrane@umm.edu>
Subject: RE: Plastics cases

Date: November 13, 2014 at 7:32:04 AM EST
To: "Dietrick, Daniel" <DanielDietrick@umm.edu>, "Cunningham, Gail" <GailCunningham@umm.edu>

Dear Gail and Dan

Let me weigh in on the ethical issues for UM-SJMC as a Catholic hospital regarding these procedures. It's my judgment as a Catholic ethicist that we cannot have these procedures occurring at St. Joes, not because we don't have the resources and clinical capabilities, but because the surgery is part of a set of procedures whose purpose is to alter the person's sexual orientation and, by default, their capacity to procreate. This is not a judgment on the patient, but a statement about what procedures are consistent – or not consistent – with the Catholic moral tradition and teaching. Think of it this way – we don't perform procedures whose direct purpose/intention is sterilization. If the proposed procedures took place here, we would be open to the charge that we cooperated or participated in a medical procedure that is at odds with the Catholic moral tradition. It's different than caring for a woman who has had a botched abortion – then the woman presents in a medical crisis and we provide appropriate care for the medical crisis. Or if a man's penis was terribly injured in an accident, we can help remediate that injury. I have "cross checked" my judgment with two friends who are ethicists – one of them is a Jesuit priest/physician/bioethicist who teaches at Boston College. The other two are professors who teach bioethics at Catholic universities, and they all had the same conclusion. Again, please don't conclude that my personal attitude is a negative one toward the patient and what they are seeking. But my job is to keep St. Joes functioning according to the Catholic moral tradition.

I hope this helps. I am sure the patient and surgeon will not be happy to hear this and if there is some way I can assist further, please let me know.

Many thanks

Susanne DeCrane

Susanne DeCrane, Ph.D.
Vice President, Mission Integration
UM - St. Joseph Medical Center
7601 Osler Drive
Towson, MD 21204
W: 410-337-1706
Fax: 410-337-1024

Loving Service, Compassionate Care

From: Dietrick, Daniel
Sent: Wednesday, November 12, 2014 8:30 PM
To: Cunningham, Gail; Decrane, Susanne
Subject: RE: Plastics cases

Gail,

I do not foresee any technical challenges in performing this type of surgery. We have the resources in the OR and on the floor to manage the technical aspects of the operation, and the possible complications. The decision to perform these types of operations is a financial, ethical and UMMS consideration.

Unfortunately, many of these unfortunate patients are not happy with the results of surgery, even with "good" cosmetic outcomes. See the recent JACS and other literature. I would suggest that the patient, as the first such patient treated here in an era where medical necessity and patient satisfaction are supreme concerns, undergo a psychiatric evaluation here in order to assess the potential risks and benefits for the patient.

d3

Daniel D. Dietrick, MD, FACS

Chief, Department of Surgery
University of Maryland-St Joseph Medical Center
Towson, MD 21204

From: Cunningham, Gail
Sent: Wednesday, November 12, 2014 8:00 PM
To: Dietrick, Daniel; Decrane, Susanne
Subject: Plastics cases

Hi Dan and Susanne,
Please see below.
This is the third time I have been approached by Dr B about surgery on a transgender patient. The other two cases had to do with creating a phallus. I do not feel comfortable being the sole arbitrator of these sorts of decisions and think we need an institutional policy in this regard. What are your thoughts?
Thanks,
Gail

Gail P Cunningham MD FACEP
Chief Medical Officer/VPMA
University of Maryland-
St Joseph Medical Center

Begin forwarded message:

From: Rachel Bluebond-Langner <rbluebondlangner@smail.umaryland.edu>
Date: November 13, 2014, 7:05:01 AM GMT+08:00
To: <GailCunningham@umm.edu>

Hi Dr. cunningham,

Wanted to talk with you about a case. It's a penile reconstruction case in a transgender male who no longer had breasts vagina or a uterus and is on testosterone-- similar to a congenital adrenal hyperplasia patient it a micropenis case . Dr Abbas would also assist. I Just wanted to stress reproductive organs are not involved at all.

Let me know when you might have time to talk

Thanks
Rachel
443 629 4787

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Message

From: Cunningham, Gail [/O=UMMS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CUNNINGHAM, GAIL9B4]
Sent: 1/15/2020 3:05:43 AM
To: Marion, Michael [/o=umms/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Marion, Michael7ab]
CC: Barbara, Kate [/o=umms/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=barbara, kate7c1]; Moore, Larry [/o=umms/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Moore, Larry32f]
Subject: Re: Follow-Up RE: Adashek Case

I very much appreciate the efforts going into this. I think the BPA is a great step in helping avoid future postings that should never occur.
Gail

Gail P. Cunningham M.D.
Chief Medical Officer
Senior Vice President of Medical Affairs
University of Maryland St. Joseph Medical Center
Towson, Maryland 21204
410-337-1205 office
443-465-8327 cell

On Jan 14, 2020, at 6:26 PM, Marion, Michael <MichaelMarion@umm.edu> wrote:

Hi Kate,

That would be great. There was another case of Dr. Adashek's that we dealt with around October 2018. I believe that the case was scheduled for November 12, 2018 but it may have not made it onto the status board (I checked that date and didn't see a canceled case for Adashek. Perhaps posting personnel flagged that case before it was actually posted.

Thanks,

Mike

From: Barbara, Kate
Sent: Tuesday, January 14, 2020 1:32:06 PM
To: Moore, Larry; Cunningham, Gail; Marion, Michael
Subject: Follow-Up RE: Adashek Case

Hi Larry, Dr. Cunningham, & Dr. Marion,

Since SJMC went live on Epic in 2014, there were two instances of procedures scheduled with a pre-op diagnosis that referenced gender identity disorder. Both cases were canceled. See below.

<image001.png>

To mistake-proof this, we're working through the technical feasibility of firing a BPA to the scheduler when a pre-op diagnosis with the word "gender" is included (Darren believes it is possible, but needs to do further validation). Creating a BPA off a text string is not a generally recommended action, but in this situation, I believe, would be appropriate. Given the above analysis, only two instances met the criteria and the BPA would have been valid. We will need to determine the verbiage for the BPA. If we run into issues with this, pre-op diagnosis can be pulled on to the Master Daily Schedule utilized at Poster Review Meeting, but that's a less optimal course of action. Thank you!

Sincerely,
Kate

Kate Barbara
Business Manager, Surgical Services
University of Maryland St. Joseph Medical Center
410-337-1766 | kate.barbara@umm.edu

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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,)
Plaintiff,)
-v-) Case No.
UNIVERSITY OF MARYLAND MEDICAL) 1:20-cv-02088-DKC
SYSTEM CORPORATION, et al.)
Defendants.)

Videotaped Deposition of Gail P. Cunningham

Towson, MD

Thursday, April 14, 2022

9:00 a.m.

Job No: J8078725

Pages: 1-308

Reported by: Kenneth Norris

Deposition of Gail P. Cunningham

Taken at:

UNIVERSITY OF MARYLAND
ST. JOSEPH MEDICAL CENTER
7601 Osler Drive
Towson, MD 21204
Telephone: (410)328-8667

Pursuant to Notice, before Kenneth Norris, a Professional Reporter and Notary Public in and for the State of Maryland.

APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

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New York, NY 10036

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ON BEHALF OF THE DEFENDANT, UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION:

PAUL A. WERNER, ESQUIRE

Sheppard, Mullin, Richter & Hampton LLP

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Washington, DC 20006

(Telephone)202-767-1900

E-mail: pwerner@sheppardmullin.com

VIDEOGRAPHER: KIM JOHNSON

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P R O C E E D I N G S

VIDEOGRAPHER: Here begins the video-recorded deposition of Dr. Gail Cunningham taken in the matter of Hammons versus University of Maryland Medical System Corporation in the U.S. District Court of Maryland, Case No. 1:20-cv-02088.

Today's date is April 14, 2022. The time is 9:00 a.m.

This deposition is being held at 7601 Osler Drive, Towson, Maryland.

The court reporter is Kenneth Norris. The video camera operator is Kim Johnson, both on behalf of Esquire.

Will counsel please introduce yourselves and state who you represent.

MR. DELMAN: This is Edward Delman from Patterson, Belknap, Webb & Tyler representing the Plaintiff Jesse R. Hammons.

MR. WERNER: Paul Werner of Sheppard Mullin for the Defendants.

VIDEOGRAPHER: Attorneys on Zoom?

No one? Okay.

Will the court reporter please swear the witness?

Whereupon,

Gail P. Cunningham

A witness of lawful age, after being duly sworn to tell the truth, the whole truth and nothing but the truth, testified as follows:

EXAMINATION:

BY MR. DELMAN:

Q. Dr. Cunningham, can you please state your name for the record?

A. Sure. Gale Patricia Cunningham.

Q. And, Dr. Cunningham, have you ever been deposed before?

A. Yes.

Q. In what instances have you been deposed before?

A. As a defendant witness in malpractice cases, maybe three to five times.

A. Go ahead.

Q. According to subsection E UMMS has the power and authority to elect all of the elected directors pursuant to a nomination process?

MR. WERNER: Object to the form.

THE WITNESS: If the member means UMMS, yes.

BY MR. DELMAN:

Q. Now, if you'll just turn back to Exhibit 4, please?

MR. WERNER: Are we done with 5?

MR. DELMAN: We might come back to it.

BY MR. DELMAN:

Q. And turn to page 916. Is that right? Yes. Look at Subsection C.

MR. WERNER: Of 12.16, is that what we're talking about?

MR. DELMAN: Correct.

THE WITNESS: Okay.

BY MR. DELMAN:

Q. Okay. So just according to Section C, Subsection C, the UMSJ board is the -- strike that.

According to Subsection C, the board of UMSJ Health System is also the board of SJMC?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. As far as you're aware, UMMS still retains the power to directly appoint two members to the UMSJ and SJMC boards?

A. As far as I know.

Q. Do you know who those members are currently?

A. Dr. Lisa Rowan, which is -- they've had some board turnover recently. I'm just trying to remember.

It had been the dean of the medical school. Now it's Dr. Lisa Rowan and -- I'm not sure of the other member right now. It may come to me.

Q. I'm sorry. Just going to 915, the page prior, it's Roman numeral 5.

A. Yes.

Q. It says here that apart from the representative of the Archdiocese, the CEO, and the two directly appointed voting members, all other

members shall be appointed by UMMS pursuant to a nomination process?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Do you have any reason to believe that that's no longer the case?

A. No.

Q. You don't know who those members are off the top of your head?

A. The two UMMS members?

Q. No. The members who are not either ex officio representatives of the Archdiocese or the two UMMS members.

A. I could name some of them.

Q. Do you have any -- do you have any sense of approximately what percentage of the board those members constitute?

A. Probably between half and three quarters.

Q. As we discussed previously, all decisions by the board of UMSJ must be approved by UMMS; right?

MR. WERNER: Object to the form.

THE WITNESS: That's what it states, yes.

BY MR. DELMAN:

Q. And as you discussed, you have no reason to believe that's not the case?

A. Correct.

Q. If you will turn with me to on the same exhibit, Exhibit 4 -- Exhibit 4 to 963. So we're looking at Exhibit F, which is titled UMMS's reserved powers; right?

A. Yes.

Q. I think just for efficiency sake, please feel free to just read through the three pages of that exhibit, and then we can talk.

A. Okay.

Q. So, according to the asset purchase agreement, UMMS has reserved certain powers for itself; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. For example, UMMS has to approve any amendments to USMJ Health Systems' articles or organizational operating agreement?

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And UMMS has to approve of USMJ's annual budget?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Does the annual budget include the salaries and compensation for all employees of USMJ Health System?

A. I believe so.

Q. And UMMS has to approve of UMSJ Heath System's strategic plans; right?

MR. WERNER: Object to form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. Do you know what this document means by strategic plans?

A. Yes. Each hospital has a five-year strategic plan or three years, depends on -- a five-year strategic plan as approved by the board and then approved by UMMS.

Q. What sorts of information is in the strategic plan?

A. Anything from quality goals to expansion goals, you know. Partnership goals. Could be a digital health strategy, an array of activities across the hospital that would be strategic usually set with some metrics or targets.

Q. Would it ever involve any planned or proposed changes in policies and procedures?

A. It's not that specific, no.

Q. UMMS also has to approve any material additions, expansions, revisions or deletions of the health care services not an approved budget or strategic plan; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And UMMS has also reserved the power to make UMSJ Health System take certain actions without prior approval of the board; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. For example, UMMS can appoint and remove UMSJ Health System's CEO; right?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. And UMMS can add, expand, revise, or delete certain health care services provided by UMSJ Health System?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. DELMAN:

Q. UMMS can make UMSJ Health Systems submit corrective action plans if performance and financial targets aren't met?

MR. WERNER: Object to the form.

THE WITNESS: Yes.
BY MR. DELMAN:
Q. And it can enforce those corrective action plans?
MR. WERNER: Object to the form.
THE WITNESS: Yes.
BY MR. DELMAN:
Q. Do you have any reason to believe that UMMS no longer holds any of those reserved powers?
A. No.
Q. Are you aware of any other powers that UMMS exercises over the UMSJ Health System or SJMC?
MR. WERNER: Object to the form.
THE WITNESS: No.
BY MR. DELMAN:
Q. Now, UMMS' 2012 acquisition of St. Joseph was contingent on the approval from the Roman Catholic Church; right?
A. Yes.
Q. And as part of the acquisition, UMMS committed to continuing to operate SJMC in a manner

consistent with Catholic values and principles?

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Now, are you aware that UMMS contractually promised to ensure that St. Joseph establish and maintain certain fundamentals in order to hold SJMC accountable for its Catholic identity?

MR. WERNER: Object to the form.

THE WITNESS: No.

BY MR. DELMAN:

Q. Are you aware that one of those fundamentals is that the ERDs is the operations lines of St. Joseph?

A. Yes.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. And that one of those fundamentals is that UMSJ Health Systems' Board establishes a committee charged with overseeing the integration of the Catholic mission into St. Joseph's structures, policies, programs and practices?

MR. WERNER: Object to the form.
BY MR. DELMAN:
Q. Now, do you have any reason to believe that the requirements set forth in the Catholic identity agreement do not reflect the present reality of operations at St. Joseph?
MR. WERNER: Object to the form.
THE WITNESS: No reason to think so.
BY MR. DELMAN:
Q. And is it fair to say that physician compliance with ERDs was the largest part of the focus when UMMS purchased St. Joseph?
MR. WERNER: Object to the form.
THE WITNESS: When you -- I don't know. I don't know the physician complying with the ERDs was the primary focus.
BY MR. DELMAN:
Q. This is UMMS 817 going to be marked as Plaintiff's Exhibit 7.
(Plaintiff's Exhibit No. 7 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, I'm showing you minutes from the institutional ethics committee dated March 19th of 2019. Do you see that?

A. Yes.

Q. Do you sit on the ethics committee?

A. I do.

Q. Do you recall if you were present for this meeting on March 19th, 2019?

A. It doesn't have me listed as present. So I will presume I was not.

Q. Are meetings [sic] also kept for meetings of the institutional ethics committee?

A. Minutes?

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Minutes, yes?

A. So far as I know, yes.

Q. If you'll turn to the back side, do you see a paragraph that starts with Dr. Rossiter?

A. Um-um.

Q. And the document says here that Dr. Rossiter mentioned that when a physician signs on, he signs to all of the ERDs and that this was the largest part of the focus when UMMS purchased St. Joseph.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. Do you see that?

A. Yes. So Dr. Rossiter was the chief of OB at the time, and that might have been her perception.

Q. Do you have any reason to believe that that perception was incorrect?

MR. WERNER: Object to the form.

THE WITNESS: Well, I know that there were many other parts of the Catholic identity agreement that were beyond the ERDs.

BY MR. DELMAN:

Q. So, Dr. Cunningham, based on the agreements we've reviewed, do you agree that St. Joseph does not have the power to decide that it will no longer adhere to and operationalize the ERDs?

MR. WERNER: Object to the form.

THE WITNESS: It's such an unfathomable question.

I imagine in the -- per the legal documents that would be the case.

BY MR. DELMAN:

Q. And do you agree that the majority or at least half of St. Joseph's board is selected either directly or following a nomination process by UMMS?

MR. WERNER: Object to the form.

THE WITNESS: It's not quite half. It's depending on the number.

BY MR. DELMAN:

Q. But a significant number?

A. A significant number, yes.

Q. Do you agree that St. Joseph lacks the power to decide that it will no longer maintain a Catholic identity committee?

MR. WERNER: Object to the form.

You're just asking for a legal conclusion. She's no here testifying as a lawyer.

THE WITNESS: Yes. I imagine if the legal

documents are written, that's the case. But, again, I'm not an attorney.

BY MR. DELMAN:

Q. Going back to the documents.

Oh, I'll ask, do you believe that St. Joseph would face -- do you believe that St. Joseph would be free to no longer maintain a Catholic identity committee, if it wanted to?

MR. WERNER: Object to the form.

THE WITNESS: No. It's one of our obligations.

BY MR. DELMAN:

Q. And do you believe that St. Joseph would be free to no longer hire and have a vice president for admission integration, if it wanted to?

MR. WERNER: Objection to the form.

THE WITNESS: No. It's part of the agreement.

BY MR. DELMAN:

Q. And would St. Joseph be free to no longer have an ethics committee if it wanted to?

A. Right.

Q. This is UMMS 402, Exhibit 15.

(Plaintiff's Exhibit No. 15 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, I'm now showing you an e-mail chain from October 2018. Is this also one of the e-mail chains that you reviewed in preparation for this deposition?

A. Yes.

Q. And so this e-mail chain concerns a proposed hysterectomy for a transgender patient; right?

A. Correct.

Q. Let's turn to 406. And this bottom e-mail is from Samantha McDougal. That's a -- she's a surgical scheduler; right?

A. Correct.

Q. And so she was the person that surgeons would call when they wanted to schedule a procedure?

A. Yes. Probably one of, but yes.

Q. And who is Kate Barbara?

A. She's the Kate that we talked about before, now Kate Christner, who is the business manager for the surgical services.

Q. Right.

And, so, the situation in this particular e-mail arose because the scheduling department wasn't sure if the proposed hysterectomy could take place in a Catholic hospital; right?

A. Correct.

Q. Now, did -- so you said her marital name is Christner?

A. Yes.

Q. So do you know why the issue was first escalated to Ms. Christner?

A. I suspect she is probably the boss of Samantha.

Q. And so in this case it was first elevated to you at the time from Ms. Barbara, and then from there to Dr. Marion?

A. Yes.

Q. Who was at the time the chief of surgery?

A. Yes.

Q. And still is the chief of surgery, I believe?

A. Yes.

Q. And so, do schedulers typically get the chief of surgery involved in whether proposed procedures should be posted?

MR. WERNER: Object to the form.

THE WITNESS: I think we discussed this before. He doesn't get involved in every case, no.

BY MR. DELMAN:

Q. And so this hysterectomy in particular was escalated to the chief of surgery because it involved a transgender patient; right?

A. Correct.

Q. So now Keith Riddle explains in this e-mail chain that the proposed hysterectomy would not be allowed to take place if the reason for it was gender reassignment; right?

A. Correct.

Q. And you also agreed that a Catholic hospital

like St. Joe's cannot perform a hysterectomy if the reason was for gender reassignment?

A. Correct.

Q. But -- here, let's -- and on 404, the bottom of 404 you did write that if there were other medical indications, the procedure could in fact take place at St. Joe's; right?

A. Correct.

Q. And also Dr. Marion noted that abnormal uterine bleeding was the primary diagnosis for this procedure?

A. Yes.

Q. And what eventually happened here was that the procedure was cancelled and then posted with abnormal uterine bleeding as a preoperative diagnosis; right?

A. Correct.

Q. And the surgeon for this one was Dr. Adashek?

A. Correct.

Q. And he did, in fact, in the end perform this

procedure here at St. Joe's?

A. I -- to my knowledge, yes, I don't know.

Q. Okay. And assuming he did in fact perform it here, that would be because of normal uterine bleeding as a medical indication; right?

A. Correct.

Q. And would you say that generally abnormal uterine bleeding is a life-threatening condition?

A. It can be.

Q. In what circumstances?

A. Depending on the degree and the inability to manage it in other ways.

Q. Would it require such excessive blood loss that the person needs to go to the hospital?

MR. WERNER: Object to the form.

THE WITNESS: Not necessarily.

BY MR. DELMAN:

Q. Do you recall if this patient was assessed to ensure that his abnormal uterine bleeding was life-threatening?

MR. WERNER: Object to the form.

THE WITNESS: I don't know. You would take the surgeon's word for it.

BY MR. DELMAN:

Q. And so it would have been Dr. Adashek who would make that assessment?

A. Yes.

Q. Would Dr. Marion have been aware of that assessment?

A. He would be aware that Dr. Adashek changed the indication for surgery and he would be presuming like with all other surgeries that the indication is honest and true. That's redudant. That it's true.

Q. And, again, just to confirm, the context of life-threatening doesn't appear anywhere in this e-mail thread; right?

A. No.

Q. And, Dr. Cunningham, we discussed that you sit on the ethics committee; right?

A. Correct.

Q. And did you sit on the ethics committee in 2018?

A. Yes.
Q. And also in 2019?
A. Yes.
Q. Do you recall if this 2018 case here was ever discussed by the ethics committee?
A. I don't know. I would have to see the minutes.
Q. If it were discussed, it would be reflected in the minutes?
A. I believe so.
Q. Is there any reason why the minutes would not be kept for a meeting of the ethics committee?
A. Not that I can think of.
Q. And so, based on this e-mail chain here, fair to say that medical personnel at St. Joe's cannot perform hysterectomies for a transgender man for the purpose of gender affirmation?
A. That's correct.
MR. WERNER: Object to the form.
THE WITNESS: That's correct.
BY MR. DELMAN:

REPORTER'S CERTIFICATE

State of Maryland

County of Baltimore, to wit:

I, KENNETH NORRIS, a Notary Public of the State of Maryland, County of Baltimore, do hereby certify that the within named witness personally appeared before me at the time and place herein set out, and after having been duly sworn by me, according to law, was examined.

I further certify the examination was recorded stenographically by me and this transcript is a true record of the proceedings.

I further certify that I am not of counsel to any of the parties, nor in any way interested in the outcome of this action.

As witness my hand and notarial seal this 14th day of April, 2022.



KENNETH NORRIS

Notary Public

My Commission Expires: 7-22-22

Reference No.: 8078725

Case: Hammons vs University of Maryland Medical System

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

_____

Dr. Gail P. Cunningham

NOTARIZATION OF CHANGES

(If Required)

Subscribed and sworn to on the _____ day of

_____, 20____ before me,

(Notary Sign)_____

(Print Name) Notary Public,

in and for the State of _____

Reference No.: 8078725

Case:· Hammons vs University of Maryland Medical System

Page No. 1 Line No. 14 Change to: From Gale to Gail

Reason for change: Incorrect spelling

Page No. 30 Line No. 12 Change to: Not sure if that is USMJ or meant to be UMMS?

Reason for change:

Page No. 40 Line No. 21 Change to: UMS to UMMS

Reason for change: Incorrect Spelling

Page No. 41 Line No. 9 Change to: Ums to Umms

Reason for change: Incorrect Spelling

Page No.57 Line No.16 Change to: Father Sobey to Father Asobi

Reason for change: Incorrect Spelling

Page No.68 Line No.15 Change to: Mission to Admission

Reason for change: Incorrect Spelling

*Page No.71 Line No. Change to: Management to Anesthesia

Reason for change: Wrong Wording

SIGNATURE: Gail P. C DATE: 5/25/2022

Dr. Gail P. Cunningham

Reference No.: 8078725

Case:· Hammons vs University of Maryland Medical System

Page No. 73 Line No. 19 Change to: DPA to BPA

Reason for change: Incorrect Spelling

Page No. 74 Line No.6 Change to: DPA to BPA

Reason for change: Incorrect Spelling

Page No. 74 Line No. 10 Change to: Repair to Rare

Reason for change: Incorrect wording

*Page No. 101 Line No. 16 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 118 Line No. 18 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 119 Line No. 6 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 119 Line No. 15 Change to: Employee to Employed

Reason for change: Incorrect Wording

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 120 Line No. 1 Change to: Touhey to Tewey

Reason for change: Incorrect Spelling

Page No. 148 Line No. 12 Change to: Fetal to Futile

Reason for change:

*Page No. 148 Line No.13 Change to: phone

Reason for change:

Page No. 149 Line No. 16 Change to: Nelapas to Manlapaz

Reason for change: Incorrect Spelling

Page No. 160 Line No. 9 Change to: Eminence to Imminence

Reason for change: Incorrect Spelling

Page No. 161 Line No. 18 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 172 Line No. 14 Change to: OBNR to OBGYN's

Reason for change: Incorrect Spelling

Page No. 173 Line No.19 Change to: Feel to be

Reason for change: Incorrect wording

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 186 Line No. 20 Change to: Can to Can't

Reason for change: Incorrect Wording

*Page No. 188 Line No. 4 Change to: It comes from

Reason for change: Incorrect Wording

*Page No. 188 Line No. 21 Change to: Order to Corner

Reason for change: Incorrect Wording

*Page No. 189 Line No. Change to:

Reason for change:

Page No. 202 Line No. 2 Change to: I to In

Reason for change: Incorrect Wording

Page No. 211 Line No. 21 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 220 Line No. 4 Change to: Normal to Abnormal

Reason for change: Incorrect Wording

Page No. 225 Line No. 2 Change to: Remove F

Reason for change: Incorrect Spelling

Page No. 226 Line No. 2 Change to: Marks to Marx

Reason for change: Incorrect Spelling

Page No. 232 Line No. 21 Change to: BPH to BPA

Reason for change: Incorrect Spelling

Page No. 233 Line No. 10 Change to: EPIQ to EPIC

Reason for change: Incorrect Spelling

Page No. 246 Line No. 7 Change to: Incorrect Spelling

Reason for change: Incorrect Spelling

*Page No. 268 Line No. 21 Change to: and he

Reason for change:

Page No. 274 Line No. 4 Change to: Kuhn to Kunz

Reason for change: Incorrect Spelling

Page No. 282 Line No. 10 Change to: Hough to Hodes

Reason for change: Incorrect Spelling

Page No. 282 Line No. 12 Change to: Hough to Hodes

Reason for change: Incorrect Spelling

Page No. 298 Line No. 8 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 298 Line No. 14 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

SIGNATURE: Gail P. C DATE: 5/25/2022

Dr. Gail P. Cunningham

Page No. 298 Line No. 21 Change to: Sobey to Asobi

Reason for change: Incorrect Spelling

Page No. 299 Line No. 15 Change to: Sobey to Asobi

Reason for change:

Page No. Line No. Change to:

Reason for change:

Page No. Line No. Change to:

SIGNATURE: DATE: 5/25/2022

Dr. Gail P. Cunningham

In the Matter Of:

Hammons vs University of Maryland Medical System

20-cv-02088-DKC

WILLIAM C. GRESKOVICH

May 20, 2022

30(b)(6)



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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
Plaintiff,	:	
v.	:	Case No:
	:	20-cv-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION; UMSJ HEALTH SYSTEM, LLC; and UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,	:	
Defendants.	:	

VIDEOTAPED REMOTE DEPOSITION OF
WILLIAM C. GRESKOVICH
30(b)(6)

Friday, May 20, 2022
1:08 p.m., EST

Reisterstown, Maryland

Megan Sczygelski, Videographer
Terry L. Bradley, Court Reporter

APPEARANCES OF COUNSEL

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INDEX OF EXAMINATION

EXAMINATION PAGE

By Mr. Hermann 5

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P R O C E E D I N G S

THE VIDEOGRAPHER: Good afternoon. I have now started the recording, and we are now on the record. The time is 1:08 p.m., Eastern Time on Friday, May 20th, 2022. This begins the videoconference deposition of William Greskovich, taken in the matter of Jesse Hammons versus University of Maryland Medical System Corporation, et al., filed in the U.S. District Court of Maryland, Case No. 20 CV 02088.

My name is Megan Sczygelski. I'm your Remote Videographer today. The Court Reporter is Terry Bradley. We are representing Esquire Deposition Solutions.

Will everyone present please identify themselves and state who you represent, after which the Court Reporter will swear the witness.

MR. HERMANN: Jon Hermann representing the plaintiff, Jesse Hammons.

MR. WERNER: Paul Werner, Sheppard Mullin, representing the defendants.

Upon the Court Reporter receiving no objections to administering a binding oath remotely to this videoconference:

WILLIAM C. GRESKOVICH,
was duly sworn, and testified as follows:

EXAMINATION

BY MR. HERMANN:

Q. Would you state your name for the record, please.

A. William Charles Greskovich.

Q. Hi Mr. Greskovich. My name is Jon Hermann. I represent the plaintiff, Jesse Hammons, in this lawsuit against the University of Maryland Medical System Corporation.

(Discussion with the Court Reporter.)

THE VIDEOGRAPHER: We are going off

This document I'm sharing with you is Bates stamped UMMS 832. It goes from 832 to 1004. And the first page reads asset purchase agreement at the top. And I will share my screen as well.

A. So the chat is not working for me to view it. So you may have to go to share screen.

MR. WERNER: I can't get this to work for me either.

THE WITNESS: I will say this is very small on the screen.

MR. HERMANN: Understood.

Mr. Werner, would it make sense for me to e-mail the file to you and to Mr. Greskovich?

MR. WERNER: Can you --

Yeah, well, can I just --

Can you make what's on the screen bigger? I think --

MR. HERMANN: Of course. Sure.

MR. WERNER: Yeah. I think maybe if

you could just --

You know, maybe this could work. Put the documents on the screen might be the easiest thing to do if you can just increase the font size.

MR. HERMANN: Unfortunately I can't see what you see, so just --

If you can't see something, just one of you please speak up. We are on Page 1.

THE WITNESS: Yes.

MR. HERMANN: Can you see that all right?

THE WITNESS: Yes.

BY MR. HERMANN:

Q. And was this the agreement that you reviewed in preparation of your testimony?

A. That looks like the agreement I reviewed.

Q. I'm going to go to Page 7 of the PDF Bates stamped 838.

Zooming out slightly. Can you see the font on the screen?

A. Yes.
Q. We see here that the agreement lists UMSJ as the buyer. Do you see that?
A. I'm looking for the exact --
I see UMSJHS. Can you put a cursor on -- -
Can you move the hand there?
Q. Sure.
A. It would be helpful. If you move that hand where you want me to look, that will make it go better.
Q. Yep. You see here where the hand is now?
A. Yep. I see that.
Q. And that UMSJ is a buyer --
A. Yep.
Q. -- as defined in this agreement?
Did UMMS create UMSJ for the purpose of acquiring and operating St. Joseph?
A. I don't know that. I didn't --
I'm not a lawyer.
Q. Do you know why UMMS created UMSJ?

A. No.
Q. And do you know when UMMS created UMSJ?
A. No.
Q. Are you familiar with the entity known as UMSJ?
A. No.
Q. Have you heard of UMSJ before preparing for this testimony?
A. No.
Q. So you're not aware whether UMSJ is the owner of St. Joseph?
A. No.
Q. Earlier we talked about how the sale of St. Joseph, it was your understanding that it required the approval of the Catholic Church. Is that right?
A. That's my understanding.
Q. And specifically the Archdiocese of Baltimore?
A. That's the path I understand that it goes through. Yes.

Q. And I'm going to go to Page 71 of the PDF, Section 11.6.

Can you read that here?

A. Yes.

Q. And does this reflect your understanding that the Catholic Church must have approved the sale of St. Joseph before UMMS could consummate the purchase?

A. Yes.

Q. And similarly, as part of the acquisition UMMS committed to continuing to operate St. Joseph in a manner consistent with the Catholic values and principles. Is that right?

A. That's my understanding.

Q. And if we go to Section 12.17, that's Bates stamped 832, it's Page 85 of the PDF. Do you see here Section 12.17?

A. Yes.

Q. And does this memorialize that condition?

MR. WERNER: Object to the form.

THE WITNESS: I couldn't comment whether it does that or not, but it sure seems to intend to do that.

BY MR. HERMANN:

Q. By your understanding does this reflect UMMS's commitment to continuing to operate St. Joseph in a manner consistent with Catholic values and principles?

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. HERMANN:

Q. And according to this section -- I'm going to scroll down just a little bit -- UMMS would establish and maintain certain fundamentals to hold St. Joseph accountable for its Catholic Identity. Is that right?

A. Can you put that cursor where you want me to read.

Q. First paragraph here.

A. Okay.

MR. WERNER: Object to the form.

THE WITNESS: Yes.

BY MR. HERMANN:

Q. And one of those fundamentals that UMMS agreed to was to establish and maintain the ERD's and that they would be operationalized at St. Joseph. Is that right?

MR. WERNER: Object to the form.

MR. HERMANN: And I'm going to move down to show you where I'm reading.

THE WITNESS: Can you restate the question though.

BY MR. HERMANN:

Q. Sure. Sure. Just above we looked at a section that spelled out certain fundamentals that would be established to --

-- with respect to St. Joseph's Catholic Identity.

MR. WERNER: Object to the form.

BY MR. HERMANN:

Q. Here in Section 12.17(b) we see that UMMS committed to continuing to operate in a manner consistent with its Catholic values by ensuring that the ERD's are operationalized.

Do you see that in this paragraph?

A. Yeah. The confusion I have is not with the paragraph. I agree that they agreed to continue with that that was in place. The end of your sentence, establishing or operationalizing, I'm not sure I can answer that one. I'm not sure what that part means.

Q. You don't have an understanding as to what operationalized means with respect to this agreement?

A. I do, but I read that as if it was operational and in place by the hospital, we agreed to retain it as you said in the first part of the sentence.

Question. Sorry.

Q. Would it be fair to say that UMMS agreed to assume direct responsibility for ensuring St. Joseph abides by the ERD's?

MR. WERNER: Object to form.

THE WITNESS: Yeah. I don't --

I don't think I have the background to answer that question. I think that's --

BY MR. HERMANN:

Q. Did St. Joseph --

I'm sorry. Go ahead.

A. Yeah. I think that's outside. It gets --

-- feels legal to me versus operational.

Q. In this first sentence we see here that UMMS and UMSJ shall continue to ensure compliance with the ERD's.

Do you see that?

A. Uh-huh.

Q. And you don't have an understanding as to whether UMMS, as a condition to sale, assumed the responsibility to ensure that the ERD's are operationalized at St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: Yeah, I would --

From my operational standpoint we --

-- the Catholic Identity is managed locally by the local leadership team and the CEO and senior executives on the Board at the

hospital level.
BY MR. HERMANN:
Q. But according to this agreement here, it was UMMS's assurance that it would ensure that St. Joseph continued to abide by the ERD's. Is that right?
MR. WERNER: Object to the form.
THE WITNESS: Yeah. I couldn't comment on how ensure is used in that context.
BY MR. HERMANN:
Q. And again, we see here UMMS and UMSJ and UMSJHS -- which I'll represent is the same entity as UMSJ -- and again, you testified that you are not familiar with the entity UMSJ?
MR. WERNER: Object to the form.
THE WITNESS: Correct. Prior to reading this document I had no knowledge of that.
BY MR. HERMANN:
Q. Prior to reading this document was it your knowledge that UMMS had direct authority over St. Joseph?

MR. WERNER: Object to the form.

THE WITNESS: Again, can you be more clear in what sense --

Are we talking about the Catholic Initiative?

BY MR. HERMANN:

Q. I'm talking just general organizational structure. Is St. Joseph a subsidiary of UMMS?

A. Yes. St. Joe's is a subsidiary of UMMS. Correct.

Q. I'm going to now go to PDF Page 84, Section 12.16, which is entitled Governance.

Do you see that on my screen?

A. I do.

Q. And do you see here that UMMS has the right to directly appoint two voting members of the UMSJ Board?

A. I do.

Q. Are you aware that UMMS currently exercises its right?

MR. WERNER: Object to the form.

THE WITNESS: I --

I would imagine we do. I couldn't confirm that we've got two members on it right now.

BY MR. HERMANN:

Q. And to your understanding does UMMS's appointment power extend to both the Board of UMSJ and St. Joseph?

A. Um, I don't know that answer to that question.

Q. Prior to preparing for this deposition were you aware that UMMS had the power to appoint members to the Board of either UMSJ or St. Joseph?

A. I would have assumed there were, but I did not honestly ever think about it.

Q. And just maybe for clarity, why don't I go to Section --

Excuse me.

-- Subsection C, 12.16 Subsection C. And we see here that UMMS and UMSJ shall ensure that the members of the UMSJ Board constitute

CERTIFICATE OF NOTARY PUBLIC

I, Terry L. Bradley, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in shorthand and thereafter reduced to computerized transcription under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

Terri Bradley

Notary Public in and for
the State of Maryland

My Commission expires: November 15, 2023

DEPOSITION ERRATA SHEET

Our Assignment No. J8261281

Case Caption:

Jesse Hammons

vs.

University of Maryland Medical System

Corporation, et al

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the_____day of _____, 2022.

_____

William C. Greskovich

DEPOSITION ERRATA SHEET

Page No._____ Line No._____ Change to:_____

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Reason for change:_____

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Reason for change:_____

SIGNATURE_____DATE:_____

William C. Greskovich

DEPOSITION ERRATA SHEET

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Reason for change:_____

SIGNATURE:_____DATE_____

William C. Greskovich

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

FATHER LOUIS ASOBI

April 11, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

----------x

JESSE HAMMONS,)

Plaintiff,)

V.) Case No.

UNIVERSITY OF MARYLAND MEDICAL) 1:20-CV-02088-DKC

SYSTEM CORPORATION, et al.,)

Defendants.)

----------x Pages 1-108

REMOTE VIDEOTAPED DEPOSITION OF

FATHER LOUIS ASOBI

Monday, April 11, 2022

Towson, MD

Reported by: Sherry L. Brooks

Certified LiveNote Reporter

Job No. J8078715

April 11, 2022

10:03 a.m.

Remote videotaped deposition via Zoom videoconferencing of Father Louis Asobi at:

Towson, MD

Pursuant to notice, before Sherry L. Brooks, Certified LiveNote Reporter and Notary Public, in and for the State of Maryland.

ON BEHALF OF PLAINTIFF:

Joshua M. Goldman, Esquire
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ALSO PRESENT:

George Ellis, Videographer

C O N T E N T S

EXAMINATION OF FATHER LOUIS ASOBI PAGE

BY MR. GOLDMAN 6

EXHIBITS PAGE

Exhibit 1 Ethical and Religious Directives for for Catholic Health Care Services Sixth Edition 87

Exhibit 2 Transgender Issues in Catholic Health Care 88

(Exhibits attached to transcript.)

P R O C E E D I N G S

- - -

THE VIDEOGRAPHER: We are now on the record. The time is 10:03 Eastern Standard Time on April 11th, 2022. This begins the videoconference deposition of Reverend Louis Asobi taken in the matter of Jesse Hammons versus the University of Maryland Medical System Corporation, et al., filed in the United States District Court for the District of Maryland. The case is number 1:20-CV-02088-DKC.

My name is George Ellis. I am the remote videographer. The court reporter is Sherry Brooks. We are both representing Esquire Deposition Solutions.

Counsel, will you please state your name and who you represent, after which, the court reporter will swear in the witness.

MR. GOLDMAN: Good morning. This is Joshua Goldman from the law firm Patterson Belknap. I represent the plaintiff in this matter, Jesse Hammons.

MS. WIGGER: Good morning. My name is

Hannah Wigger from Sheppard Mullin. I represent defendants.

- - -

This deposition is being held via videoconferencing equipment. The witness and reporter are not in the same room. The witness has been sworn in remotely pursuant to agreement of all parties. The parties stipulate that the testimony is being given as if the witness was sworn in person.

* * * * *

FATHER LOUIS ASOBI

was called for examination by counsel and, after having been duly sworn by the Notary, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR PLAINTIFF

BY MR. GOLDMAN:

Q. Good morning, Father Asobi.

A. Good morning. How are you?

Q. I'm good. How are you, sir?

A. I'm doing well, thank you.

Q. Thank you for taking the time to answer my questions this morning.

Integration?

A. My role --

MS. WIGGER: Object to form -- sorry.

Make sure you pause for just a second to let me object. Object to form.

You may go ahead and answer.

A. My job as vice president of Mission Integration is -- it encompasses the entire organization because the hospital where I'm the vice president was established by the Sisters of Saint Joseph of -- of Philadelphia, and they have a mission, they have a vision, and they have values.

My role is to educate all employees on the vision, the mission, and the values and to make sure that all employees understand what the patrimony of the founding congregation is and for us to live out that tradition and their culture.

BY MR. GOLDMAN:

Q. And day-to-day, what are your responsibilities as vice president for Mission Integration?

A. Day-to-day, I oversee the implementation

of the ethical and religious directives as it affects the delivery of care at Saint Joseph's and also to be sure that we maintain the Catholic identity.

I also supervise the chaplains. I sit as -- as a chair of the Institutional Ethics Committee and the Catholic Identity Committee and I'm also part of the executive (sic) in the operations of the hospital.

Q. Thank you. And in that role, do you interact directly with the archdiocese?

A. Yes.

Q. Can you describe that interaction for me?

A. The interaction I have with the archdiocese is that I'm like the liaison between the archdiocese and the hospital. So I am there to be sure that the hospital, Saint Joseph Medical Center, remains Catholic.

And if there are (sic) anything that is happening that is not in line with the ethical and religious directives, it's my responsibility to inform the archdiocese and have a meeting with their bishop or his designee to iron out things so that we

continue to practice medicine from the lens of Catholic theology and Catholic identity.

Q. And at Saint Joseph's, who do you report to?

A. I report to the president and the CEO.

Q. Is that Tom Smyth?

A. Yes.

Q. Do you report to anyone else at Saint Joseph's?

A. No.

Q. Do you ever report to the board at Saint Joseph's?

A. No.

Q. Do you report to anyone at the University of Maryland Medical, UMMS?

A. No.

Q. Do you have anybody reporting to you?

A. In what area are you asking? Is it UMMS or the University of Maryland Saint Joseph Medical Center?

Q. Well, let's do Saint Joseph's first. Does anybody report to you?

A. Yes, just the chaplains report to me.
Q. The chaplains. And who are those people?
A. The chaplains -- there are -- there are eight of them in number. Some are full-time; some are flex chaplains. And I have an assistant, a pastoral care assistant. They all report to me.
Q. Does anybody else at Saint Joseph's report to you?
A. No.
Q. Does anybody at UMMS report to you?
A. No.
Q. Do you have authority over any of the medical staff at Saint Joseph's?
MS. WIGGER: Object to form.
A. No, I don't.
BY MR. GOLDMAN:
Q. Do you have authority over any other staff at Saint Joseph's?
MS. WIGGER: Object to form.
A. No, I don't.
BY MR. GOLDMAN:
Q. Do you serve on any committees at Saint

Joseph's?

A. I do.

Q. What committees do you serve on?

A. Catholic Identity Committee and the Institutional Ethics Committee.

Q. Saint Joseph is a Catholic hospital, right?

A. Yes.

Q. To your understanding, what does it mean to be a Catholic hospital?

MS. WIGGER: Object to form.

A. To be a Catholic hospital means that the practice of medicine in that hospital has to be in line with the ethical and religious directives as put together by the United States Bishop's Conference and that hospital also has to practice medicine in line with Catholic theology and Catholic identity.

BY MR. GOLDMAN:

Q. And your job is to ensure that Saint Joseph's maintains its Catholic identity; is that right?

MS. WIGGER: Object to form.

A. Yes.

BY MR. GOLDMAN:

Q. I'm sorry. Can you repeat the answer?

A. I said yes.

Q. Thank you. I think your counsel has a little bit of a delay, so when she objects, if you could just wait a moment and then give the answer so that the court reporter can hear it.

A. Thank you.

Q. Thanks. Is Saint Joseph's accredited by any entity as a Catholic hospital?

A. Yes.

Q. What entity would that be?

A. Catholic Health Association.

Q. And what is the Catholic Health Association?

A. The Catholic Health Association is the umbrella that all Catholic hospitals belong to and they pay their dues there. The corporate headquarters is in St. Louis, Missouri.

And the summer (phonetic) association has a program of education for all leaders in Catholic

on the handbook.

We provide them all this, they go through it. If they have any question in the handbook, they approach HR. The same way we're providing this document, if they have any question, they approach me.

BY MR. GOLDMAN:

Q. So is it fair to say that an employee of Saint Joseph's, when they start, they receive orientation that includes the ERDs, but after that there's no requirement that they receive training in it?

Is that fair to say?

MS. WIGGER: Object to form.

A. Well, I'm still new here, so I've yet to see how things happen. But the fact is that everybody's oriented. Do you understand what I said? Every organization has a handbook, even the company you work for, and everybody is provided with the handbook.

If they have any question, they approach HR. If they have any question with the ERD, they

know who to go to, and that has been what I've seen. That has been going on since I've been here.

BY MR. GOLDMAN:

Q. Understood.

Just to confirm, after orientation there is no requirement, as far as you know, that anyone receive any training, correct?

A. I don't know the answer to the question because I don't know what happens after that. I haven't been here for a long time to give you an answer beyond what I have just said.

Q. In your time at Saint Joseph's, you haven't seen any required formal training, have you?

MS. WIGGER: Object to form.

A. I have not yet seen.

BY MR. GOLDMAN:

Q. Okay. And just to clarify, you began in your position as vice president of Mission Integration at the end of 2020?

A. At the end of 2019.

Q. Okay. Now, does Saint Joseph's give out copies of the ERDs to staff with their orientation?

A. The orientation we do right now is online due to COVID. We haven't done it in person, and the copy of that document -- with every other document for orientation it is in our intranet, and every employee is advised to go to those websites and print out those documents or read them by themselves in that intranet.

So just the same way we provide every other document for orientation, the same way we provide the ERD, and it's all -- the entire document is on our internal website for all employees.

Q. Have any physicians ever requested a copy of the ERDs from you?

A. They don't come directly to me. The recruiter who orients the providers provide them with the -- with a copy of the ERDs.

Q. Okay. Stepping back a little bit, in general, is the Catholic hospital required to follow the ERDs?

MS. WIGGER: Object to form.

A. Yes.

BY MR. GOLDMAN:

Q. And why is that?
MS. WIGGER: Object to form.
A. That is what keeps them Catholic.
BY MR. GOLDMAN:
Q. Is Saint Joseph's required to follow the ERDs?
MS. WIGGER: Object to form.
A. Yes.
BY MR. GOLDMAN:
Q. Why is Saint Joseph's required to follow the ERDs?
MS. WIGGER: Object to form.
A. Because Saint Joseph's is a Catholic hospital.
BY MR. GOLDMAN:
Q. Is Saint Joseph's required to follow the ERDs in order to maintain an accreditation as a Catholic hospital?
MS. WIGGER: Object to form.
A. It has to keep the ERDs to remain Catholic.
BY MR. GOLDMAN:

Q. And who requires Saint Joseph's to follow the ERDs?

MS. WIGGER: Object to form.

A. The hospital itself is Catholic, so the hospital requires itself to keep to whatever that makes them Catholic.

BY MR. GOLDMAN:

Q. Does any entity require Saint Joseph's to follow the ERDs?

MS. WIGGER: Object to form.

A. Saint Joseph's is required to keep to the ERDs because it's a Catholic hospital.

BY MR. GOLDMAN:

Q. So is it fair to say that no particular entity requires Saint Joseph's to follow the ERDs?

MS. WIGGER: Object to form.

A. Saint Joseph's is a Catholic hospital. By being a Catholic hospital, they are required to follow not only the ERDs but the Catholic theology and the Catholic identity.

BY MR. GOLDMAN:

Q. That wasn't my question. Let me ask it

again.

A. Okay.

Q. Is it fair to say that there is no entity that requires Saint Joseph's to follow the ERDs? Yes or no.

MS. WIGGER: Object to -- sorry. Object to form.

A. The Catholic church requires Saint Joseph's to keep the liturgist (phonetic) of the church.

BY MR. GOLDMAN:

Q. Okay. Thank you. So the Catholic church requires Saint Joseph's to follow the ERDs?

MS. WIGGER: Object to form and to mischaracterizing testimony.

BY MR. GOLDMAN:

Q. You can answer, Father.

A. Saint Joseph's is a Catholic hospital, which I've repeated more than three times. It's a Catholic hospital. And because of that, they are required to keep to the ERDs.

Q. Is Saint Joseph's required to follow the

ERDs by any contracts that it's entered into?

MS. WIGGER: Object to form.

You may answer in your personal knowledge.

A. I have no idea about any contract.

BY MR. GOLDMAN:

Q. Do you know how the requirement to follow the ERDs is enforced?

A. I'm not clear with your question.

Q. You mentioned that Saint Joseph's is required to follow the ERDs, correct?

A. Yes.

Q. And you mentioned that Saint Joseph's is required to follow the ERDs because it's a Catholic hospital, correct?

MS. WIGGER: Object to form.

A. Yes.

BY MR. GOLDMAN:

Q. I want to know how that requirement is enforced at Saint Joseph's.

MS. WIGGER: Object to form.

A. I don't know of any particular design or form, but everybody who works at Saint Joe's is

oriented to the document and they know the do's and don'ts of the ERDs. And that is the way we -- Saint Joe's has been practicing medicine, and also the employees understand that.

BY MR. GOLDMAN:

Q. Thank you.

And aside from the ERDs, is there any other set of religious guidance documents that Saint Joseph's is required to follow?

MS. WIGGER: Object to form.

A. Saint Joseph's is required to follow the Catholic theology which can be interpreted as a Catholic identity, what makes the hospital Catholic.

BY MR. GOLDMAN:

Q. I'll ask the question again: Is there any other guidance document that Saint Joseph's is required to follow, aside from the ERDs?

MS. WIGGER: Object to form.

A. The Catholic identity.

BY MR. GOLDMAN:

Q. Is that a guidance document?

A. Yes.

CERTIFICATE OF NOTARY PUBLIC

I, SHERRY L. BROOKS, a Notary Public in and for the STATE OF MARYLAND, before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me in Shorthand at the time and place mentioned in the caption hereof and thereafter transcribed by me; that said deposition is a true record of the testimony given by said witness remotely via Zoom videoconferencing; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



SHERRY L. BROOKS
Notary Public in and for
STATE OF MARYLAND

My commission expires: July 9, 2023

ACKNOWLEDGMENT OF DEPONENT

ASSIGNMENT NO.: J8078715

CASE CAPTION: JESSE HAMMONS - V - UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP., ET AL.

DEPONENT: FATHER LOUIS ASOBI

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my Deposition taken in the captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the 23 day of May, 2022.

FATHER LOUIS ASOBI

DEPOSITION ERRATA SHEET

Page No. 13 Line No. 16 Change to: "2019" to "2020"

Reason for change: Typographical Error

Page No. 13 Line No. 18 Change to: "2020" to "2021"

Reason for change: Typographical Error

Page No. 13 Line No. 22 Change to: "2019" to "2020"

Reason for change: Typographical Error

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FATHER LOUIS ASOBI

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FATHER LOUIS ASOBI

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-CV-02088-DKC

DR. MICHAEL J. MARION

April 06, 2022



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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff,	
vs.	Case No. 1:20-CV-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, UMSJ HEALTH SYSTEM, LLC, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, Defendants.	

Towson, Maryland

Wednesday, April 6, 2022

Video Conference Deposition of:

DR. MICHAEL J. MARION

called for oral examination by counsel for Plaintiff, pursuant to notice, in Towson, Maryland, before Sheri C. Stewart, RPR, RMR, of Esquire Deposition Solutions, a Notary Public in and for the State of Maryland, beginning at 12:01 p.m., when were present on behalf of the respective parties:

Job No. J8078711

Q The second one? 12:35:04
A Myeloma, a tumor of the, benign tumor of 12:35:05
the muscle of the uterus. 12:35:08
Q And to your knowledge, are these 12:35:12
procedures typically to remedy life threatening 12:35:15
conditions? 12:35:18
A Life threatening? How do you define life 12:35:21
threatening? 12:35:26
Q If a patient were to schedule a 12:35:27
hysterectomy for fibroids, would you consider that 12:35:31
to be a life threatening condition that the patient 12:35:35
has? 12:35:38
MS. VRABIE: Objection. 12:35:40
BY MR. HERMANN: 12:35:41
Q Let me ask this another way. When a 12:35:45
patient or a surgeon on behalf of the patient 12:35:47
schedules a hysterectomy to treat fibroids, would 12:35:49
you consider whether that surgery is life 12:35:54
threatening in your assessment of that surgery? 12:35:57
MS. VRABIE: Objection. 12:36:02
A So -- 12:36:02
MS. VRABIE: You can answer, Dr. Marion. 12:36:04

A So the way you said scheduling, what I would tell you is I think we're construing, when we talk about scheduling, and life threatening, we're talking about acuity, which is a measure of time. So when something is life threatening in my world, I think of it as emergent, we have to do the case within 24 hours or the patient's going to die. That's life threatening in my world. Fibroids are not --

BY MR. HERMANN:

Q I'm sorry?

A Fibroids are not life threatening, they're scheduled electively because they can be scheduled this month or next month without being life threatening, are they an indication, medically necessary as you were saying, are they an indication for surgery for hysterectomy? Yeah, they are. Is it of medical necessity? It may be. But if you can schedule it electively, meaning that it doesn't have to be done this week, it could be done next week or the week after, that's scheduled electively and that's not life threatening. I'm not sure if that

answers your question. 12:37:13
Q Let me just see if I can -- so it's fair 12:37:15
to say that staff at SJMC does not consider whether 12:37:17
a hysterectomy is life threatening before allowing 12:37:22
it to be scheduled, correct? 12:37:26
MS. VRABIE: Objection. 12:37:28
BY MR. HERMANN: 12:37:37
Q I'll ask another way. 12:37:37
Has a hysterectomy ever been denied 12:37:38
at SJMC because it was not to treat a life 12:37:42
threatening condition? 12:37:45
MS. VRABIE: Objection. If you know, if 12:37:51
you can answer, Dr. Marion, you can. 12:37:52
A I'm not sure, I'm just not following the 12:37:54
question, I guess. 12:37:56
BY MR. HERMANN: 12:37:57
Q I'll try and rephrase. 12:38:03
Is it fair to say, to your knowledge, 12:38:08
that no hysterectomy has been canceled at SJMC 12:38:09
because that hysterectomy was to treat a nonlife 12:38:17
threatening condition? 12:38:20
MS. VRABIE: Objection. 12:38:23

A I think, if I may, I think you're asking me if a patient has a life threatening condition, would we do the surgery emergently, like a hysterectomy. So if a patient has uterine bleeding, there are situations in which a patient can exsanguinate and die from uterine bleeding, we would do a hysterectomy immediately for that case and there would, without a question. 12:38:43 12:38:47 12:38:51 12:38:56 12:39:02 12:39:04 12:39:07 12:39:15

BY MR. HERMANN: 12:39:19

Q And -- 12:39:20

A Did I answer that, what you're getting at? 12:39:20

Q I think we're getting there. And so the vast majority of hysterectomies, it sounds like based on your answer, are performed to treat conditions that are not emergent? 12:39:23 12:39:25 12:39:27 12:39:31

A The majority are -- 12:39:34

MS. VRABIE: Objection. 12:39:36

A -- done to treat non-emergent conditions, yes. 12:39:36 12:39:39

BY MR. HERMANN: 12:39:40

Q Okay. And so once again, scheduling surgeons do not need your approval provided they 12:39:40 12:39:49

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-cv-02088-DKC

DR. GAIL P. CUNNINGHAM

April 14, 2022



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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,)
Plaintiff,)
-v-) Case No.
UNIVERSITY OF MARYLAND MEDICAL) 1:20-cv-02088-DKC
SYSTEM CORPORATION, et al.)
Defendants.)

Videotaped Deposition of Gail P. Cunningham

Towson, MD

Thursday, April 14, 2022

9:00 a.m.

Job No: J8078725

Pages: 1-308

Reported by: Kenneth Norris

A. I wouldn't know that.

Q. I'll hand this to the court reporter for marking. This is HUM 513. That's the Bates stamp number. This will be Plaintiff's Exhibit 1.

Mark this and then pass it to the witness, please.

(Plaintiff's Exhibit No. 1 was thereupon marked for identification.)

BY MR. DELMAN:

Q. I would like you to take a look through that if you want to.

Actually, while you're looking at that, Dr. Cunningham, I also have this to be marked.

(Plaintiff's Exhibit No. 2 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Let me know when you have had a chance to review those.

A. I have.

Q. So if you would just look at Exhibit 2 on sort of the back side, 517, on the bottom right --

A. Yes.
Q. -- this is an article of amendment from Northeastern Maryland Regional Health System; right?
MR. WERNER: Object to the form.
THE WITNESS: That's what it says, yes.
BY MR. DELMAN:
Q. And this document shows that the name of that LLC was amended to the University of Maryland St. Joseph Medical Center?
MR. WERNER: Object to the form.
THE WITNESS: Yes.
BY MR. DELMAN:
Q. And the document says here that it was -- the authorized person was a Megan M. Arthur; right?
A. Yes.
Q. Do you know who Megan M. Arthur is?
A. Yes. She was the -- I don't know if that's her exact title, but she was the attorney offices of general counsel lead person at that time.
Q. Do you know who her employer was?
A. I would imagine it would be University of

Maryland Medical System.

Q. And then if you just go back to Exhibit 1, this document is the articles of organization of Northeastern Maryland Regional Health System; right?

MR. WERNER: Object to the form.

THE WITNESS: That's what it says, yes.

BY MR. DELMAN:

Q. And the authorized person for -- the authorized agent for this document was also Megan Arthur?

A. Yes.

MR. WERNER: Object to the form.

BY MR. DELMAN:

Q. This is HUM 518 to be marked as Exhibit 3.

(Plaintiff's Exhibit No. 3 was thereupon marked for identification.)

BY MR. DELMAN:

Q. Dr. Cunningham, I'm showing you the Form 990 for USMJ from 2017.

A. Okay.

Q. Obviously it's a long document. You can

In the Matter Of:

Hammons vs University of Maryland Medical System

1:20-cv-02088-DKC

KEITH RIDDLE

April 21, 2022

Confidential



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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS,	)	
Plaintiff,	)	
vs.	)	1:20-cv-02088-DKC
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, UMMS HEALTH SYSTEM, LLC, UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC.,	)	
Defendants.	)	

The confidential video teleconference deposition of KEITH RIDDLE, called for examination, taken before KAREN PILEGGI, a Notary Public within and for the County of DuPage, State of Illinois, and a Certified Realtime Reporter of said state, at Champaign, Illinois, April 21, 2022, at the approximate hour of 9:02 a.m.

Go ahead.

BY THE WITNESS:

A. I don't recall that. Normally the process was, I was not contacted about things like that unless there was a red flag, so to speak.

Physicians did not -- to the best of my recollection, physicians did not receive permission from me to perform any procedures. They would have gone through the medical staff office and if there was a red flag that came up, then someone maybe would have called me and asked me, is this in line with the ERDs.

But I don't recall a physician talking with me about a hysterectomy related to anything life threatening. That's not to say it did not ever happen. I just don't recall it.

BY MR. GOLDMAN:

Q. Did you ever hear of any hysterectomies not being permitted except to treat a life-threatening condition?

MS. GIRAUDO: Object to the form of the question.

BY THE WITNESS:

A. I don't recall. I don't recall.

Message

From: Riddle, Keith [redacted]
Sent: 1/13/2020 5:23:19 PM
To: Manlapaz, Jennifer [redacted]
Subject: RE: Question about ERDs
Attachments: 2017-Transgender_Issues_in_Catholic_Health_Care.pdf; Gender_Transitioning_and_Catholic_Health_Care-DiCamillo.pdf

Sensitivity: Company Confidential

Jen,

I am aware of the recent incident involving a surgeon who scheduled a gender-reassignment surgery here and the following "mess" which occurred.

UMSJMC does not deny care to any transgender patient who comes through the ED or is seeking non-surgical care. Not long ago a transgendered pt (female to male) delivered a baby in L&D with great care from the staff.

We have had two recent instances where a surgeon posted the surgery and then had to reverse that decision which is, I am sure, extremely hard on the patient. The surgeons who are employed by us or have privileges, sign an attestation form that they will abide by the ERDs, especially here at the hospital.

In Catholic hospitals within the Archdiocese of Baltimore, gender reassignment surgery is not permitted if it is removal of healthy organs. Within the Catholic tradition that involves both mutilation of the body and direct sterilization, both of which are prohibited by the ERDs:

ERD 29: *All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.*
By this, it means we don't remove healthy organs just to remove them. If there is a threat to the person's life, such as excessive bleeding, then it MIGHT be permitted.

ERD 53: *Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.*

We are audited by the National Catholic Bioethics Center, and are under audit right now, and they have issued several directives regarding gender reassignment surgeries. I have attached some of their statements for you.

I hope this helps a wee bit and I would be glad to meet with you at any time to discuss.

Keith

From: Manlapaz, Jennifer
Sent: Monday, January 13, 2020 11:09 AM
To: Riddle, Keith
Subject: Question about ERDs
Sensitivity: Confidential

Hi Keith,

What can you tell me about the ERDs and a transgender patient who might seek a gender-related procedure here at SJMC?

Jen

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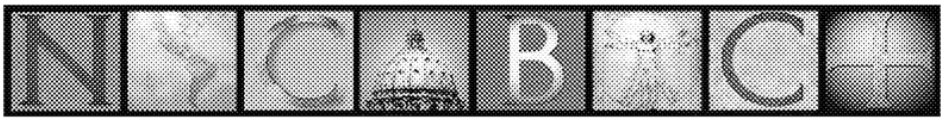
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THE NATIONAL CATHOLIC BIOETHICS CENTER



TRANSGENDER ISSUES IN CATHOLIC HEALTH CARE

PREPARED BY THE ETHICISTS OF THE NCBC
FEBRUARY 2017

"All persons served by Catholic health care have the right and duty
to protect and preserve their bodily and functional integrity. . . .
The well-being of the whole person must be taken into account in deciding
about any therapeutic intervention or use of technology."
— USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), nn. 29, 33.

SUMMARY

Legitimate health concerns surrounding gender dysphoria and disorders of sexual development have been utilized to promote "gender transitioning," whereby persons of an unambiguous biological sex intend to "change" their behaviors and bodies to match a perceived, subjective sexual identity.

Gender Transitioning Interventions:
Behavioral, Hormonal, and Surgical

- *Gender transitioning* of any kind is intrinsically disordered, because it cannot conform to the true good of the human person, who is a body–soul union unalterably created male or female. Gender transitioning should never be performed, encouraged, or positively affirmed as a good in Catholic health care. This includes surgeries, the administration of cross-sex hormones or pubertal blockers, and social or behavioral modifications.
- *Direct mutilation* of healthy, functioning reproductive organs without a proportionate benefit is intrinsically immoral and very grave. Such surgical interventions should never be performed by Catholic physicians or health care entities.

Cooperation with Evil:
Maintenance, Referral, Coverage, Policies, and Mandates

- *Maintenance* of cross-sex hormone regimens or other transitioning interventions by Catholic physicians or at Catholic health care facilities—even if a patient is being treated for unrelated reasons—amounts to formal cooperation with gender transitioning and is immoral.
- *Referrals* for gender transitioning, and policies requiring such referrals to ensure patient access, amount to formal cooperation with such interventions and are immoral.
- *Insurance coverage* for gender transitioning in a Catholic organization's own insurance product or self-insured health care insurance amounts to formal cooperation and is immoral.
- *Policies* requiring affirmation of a "transitioning" person's perceived gender identity, including access to sex-specific facilities and services, amount to formal cooperation with gender transitioning and are immoral.
- *Government mandates* do not alter the immorality of gender transitioning interventions, maintenance, referrals, self-funded or owned insurance, and affirmation policies. Exemptions should be sought and litigation may be appropriate in response to unjust legal coercion.

For further information, visit the NCBC website at www.ncbcenter.org.
To request a consultation, e-mail consults@ncbcenter.org or call 215-877-2660.

FAQs

Question 1. Our Catholic hospital does not allow sex reassignment surgeries affecting the genitalia, since this would violate the prohibition on sterilization in directive 53 of the *ERDs*. We do allow double mastectomies, voice alterations, and other non-sterilizing interventions for persons who are transitioning. Is this acceptable?

Reply: No. While it is true that "bottom surgeries" result in sterilization by destroying healthy genitalia, any transitioning intervention is intrinsically disordered because it entails a rejection of the person's actual sexual identity in favor of a falsification. This can never serve the good of the whole person, so even less drastic surgical and hormonal transitioning procedures remain unacceptable for Catholic health care.

Question 2. In light of regulatory prohibitions on gender identity discrimination, our Catholic health system plans to require employees to address transgender patients with preferred pronouns, put them in rooms with other patients of their claimed sex, and grant them access to bathrooms for the claimed sex. It will not, however, perform or refer for any gender transitioning interventions at all. Is this an appropriate response?

Reply: The stance against all gender transitioning interventions is morally appropriate and obligatory. However, requiring "gender affirmation" of all employees by way of policy is not appropriate. Your system would be implicitly approving of and contributing to the falsehood of gender transitioning in this manner.

Question 3. Our Catholic organization is committed to maintaining professional standards of medicine. There are standards of care for the gender transitioning process. On what grounds can we prohibit gender transitioning when it is acknowledged as a good by major medical associations and even has accepted standards?

Reply: First, the data on gender transitioning do not support the claim that it is therapeutic. In fact, some medical associations make the opposing claim, that gender transitioning is harmful. Second, regardless of outcome data, male or female sexual identity is established in the human person at the time of his or her creation and cannot be changed. No amount of data or claims by medical associations can alter this.

Question 4. A male-to-female transgender patient who had sex reassignment surgery elsewhere was admitted to our emergency room following a car accident and needs to be kept several days for treatment. The patient has been on a regimen of female hormones to maintain the transition. The patient wants to continue the regimen to avoid interruptions. Can we allow this?

Reply: No. Maintenance entails approval by the physician writing orders, and makes those who administer the drugs principal agents in the transitioning. However, if cessation of the hormones would cause serious physical harm, providing a dosage necessary to avoid the harm could be legitimate.

Resources

R. P. Fitzgibbons, P. M. Sutton, and D. O'Leary, "The Psychopathology of 'Sex Reassignment' Surgery," *National Catholic Bioethics Quarterly* 9.1 (Spring 2009): 97–125, doi: 10.5840/ncbq20099183.

C. Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS ONE* 6.2 (2011): e16885, doi: 10.1371/journal.pone.0016885.

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Gender Transitioning and Catholic Health Care

John A. Di Camillo

Abstract. This essay discusses basic concepts that Catholic health care ministries should understand concerning so-called gender-transitioning interventions. Since genuine healing encompasses the whole person, transgender issues must be addressed in the full realistic terms of a body–soul union not merely in relation to experienced desires and feasible physiological modifications. For necessary clarity, the essay explains key distinctions between the terms *disorders of sex development*, *gender dysphoria*, and *transgender*. It argues that only bodily acceptance efforts can offer authentic healing in response to gender dysphoria, while all forms of gender transitioning, from psychological counseling to cross-sex hormones and surgical "reassignment," always contradict the good of the whole person. The essay concludes by emphasizing the significance of the educational role of Catholic health care and its call to witness even in the face of problematic recommendations by respected medical associations. *National Catholic Bioethics Quarterly* 17.2 (Summer 2017): 213–223.

Catholic health care is more than just the provision of standard health care services by organizations that happen to be Catholic. It is a work of the Church herself, an exercise of her ministry of charity. In his encyclical *Deus caritas est*, Pope Emeritus Benedict XVI calls it "a part of her nature, an indispensable expression of her very being."[1] As such, it is not merely a form of social welfare like any other, blithely

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following the diktats of prevailing cultural norms, medical standards, or human laws. Benedict XVI reiterates that the agency of the Church herself works within Catholic organizations, calling them "an *opus proprium*, a task agreeable to her, in which she does not cooperate collaterally, but acts as a subject with direct responsibility, doing what corresponds to her nature."[2]

Pope Francis has applied this profound truth about the interconnectedness of the Church and her health care ministry to the concept of healing with his often-cited image of the field hospital: "I see clearly … that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds. ... And you have to start from the ground up."[3] There is little question that Francis wants to draw our attention to something deeper than physical healing. We should not even be thinking about so-called gender transitioning unless we have begun healing a person's spiritual wounds, laying the foundation for any further intervention.

Defining the Terms of the Discussion

We properly approach transgender issues in Catholic health care with two points in mind: First, the fullness of the Church's life, including her sacraments and all her teachings about the human person, is inseparable from Catholic health care ministry. Second, Christian charitable care requires attention to deeper personal wounds. Given the complexities, ambiguities, and ideological agendas affecting this topic, it cannot be stressed enough that charity demands truth. It is crucial be clear about the facts, so we turn our attention to some key terms and their meanings.

In the current cultural context, gender ideology has thrown out the gingerbread man, replacing him with the gender-neutral "genderbread person" to pictorially explain the four distinctions it applies to human sexuality: (1) *gender identity*, which is the gender I define myself as; (2) *gender expression*, which is the gender I present socially, including gender-typical clothing or behaviors; (3) *biological sex*, which refers to my chromosomes, anatomy, and other physical characteristics; and (4) *sexual orientation*, which indicates the gender identity, expression, or biological sex to which I am attracted either romantically or sexually.[4]

1. Benedict XVI, *Deus caritas est* (December 25, 2005), n. 25.
2. Ibid., n. 29.
3. Francis, interviewed by Antonio Spadaro, August 2013, in "A Big Heart Open to God: An Interview with Pope Francis," *America* 209.8 (September 30, 2013), http://www.americamagazine.org/.
4. Sam Killermann, "The Genderbread Person v3," *It's Pronounced Metrosexual*, accessed June 8, 2017, http://itspronouncedmetrosexual.com/. The website includes a pictorial representation of the most recent version of the genderbread person as well as explanations by the creator and links to previous versions. The genderbread person is also included in

All of these terms are subjective to some extent. With the exception of *biological sex*, they do not describe fixed, innate properties. The usage of any of them involves inconsistency and ambiguity. Even the apparently objective term *biological sex*, for example, is represented in a way that misleadingly suggests that chromosomal disorders and genital ambiguity help establish a continuum of different sexes between male and female, when these situations are more accurately described as disorders of sex development. So these terms are not settled science, much less a basis for medical or moral assessment. However, they do effectively convey the concepts basic to discussions of transgender issues.

Three more terms are essential for discussing these issues: *disorders of sex development*, *gender dysphoria*, and *transgender*. Disorders of sex development are objectively verifiable medical diagnoses that could involve chromosomal deviations from the normal male (XY) and female (XX) genotypes or some in utero interference with the sex development of a chromosomally normal child. Such disorders can result in ambiguous genitalia or other poorly defined sex characteristics. Consequently, they are also known as intersex conditions. They do not reflect a new or different sex but an error in development. Biologically, sex is determined by reproductive role, which is understood most essentially in terms of the two gametes: sperm and ova. No intersex condition introduces a new type of gamete; in fact, most people with serious intersex conditions are infertile. There is no third biological sex.

Gender dysphoria is a psychiatric diagnosis described in the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*). The term is less objective than "disorder of sex development": the diagnosis depends on a psychiatrist's judgment based on interactions with the person. Nonetheless, it has very specific criteria that we will examine in a moment. Most importantly, a diagnosis of gender dysphoria typically excludes disorders of sex development. In uncommon cases where it does occur with a disorder of sex development, it warrants a distinct classification.[5]

This point cannot be stressed carefully enough: a person with ambiguous sex characteristics, as can happen with a disorder of sex development, typically is not diagnosed with gender dysphoria. Gender dysphoria presumes in most cases that the person's actual bodily sex is clear and accurate. The person only thinks he is, or desires to be, the other sex. In fact, prior to the publication of *DSM-5* in 2013, the same symptoms were diagnosed as gender identity disorder, which more readily denoted the problematic nature of a mental experience at odds with an indisputable bodily sex, and even required the exclusion of disorders of sex development.[6] Now it is called dysphoria, suggesting that the problem is not the person's cross-gender

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Sam Killermann, *A Guide to Gender: The Social Justice Advocate's Handbook*, 2nd ed. (Austin, TX: Impetus Books, 2017).

5. See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: APA, 2013), 455–456. Hereafter, *DSM-5*.

6. See APA, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. with text revisions (*DSM-IV-TR*) (Washington, DC: APA, 2000), 533.

identification as such but rather the distress he experiences, moving the focus away from the underlying cause and onto the symptoms.

Finally, we have the term *transgender*. Unlike the other two, this is not a diagnosis. Consequently, its meaning is more ambiguous, and the word is used in different ways by different people. The American Psychological Association offers the following definition: *transgender* is "an adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth."[7] This could include people who do not have an intersex condition but have been diagnosed with gender dysphoria, or people with ambiguous genitalia at birth who were incorrectly identified, and people with a clear biological sex who simply do not meet the cultural expectations of how men and women should dress and behave. It could include girls who are considered tomboys and boys who are particularly "sensitive," neither of which implies any problem with sexual identification.

So we need to be very careful when using the term *transgender*, because it can mean a great deal more than we might think it does. We should be very clear about whether an individual has been diagnosed with a disorder of sex development or gender dysphoria or whether he simply does not conform to cultural expectations, holds some cross-gender desires and beliefs, or has self-applied a transgender label.

Keeping in mind this caveat about the dangers of the term *transgender*, we can still acknowledge that most people use the word to mean something similar to gender dysphoria, namely, having a clearly identified bodily sex but thinking that it is somehow the "wrong" body. In simple terms, it is feeling like a man trapped in a woman's body or vice versa, regardless of any official diagnosis of gender dysphoria. All who are diagnosed with gender dysphoria without a disorder of sex development might claim to be transgender, but not all who claim to be transgender are diagnosed with gender dysphoria.

Understanding gender dysphoria more precisely can give us insight into this common understanding of transgender. According to *DSM-5*, gender dysphoria is a discrepancy between "experienced gender" and "assigned gender" that lasts more than six months and causes significant distress or social impairment.[8] So if I have been experiencing such a discrepancy for less than six months, I would not be diagnosed with dysphoria, but I might consider myself transgender. Even if it has been longer than six months, I would not be diagnosed without evidence of significant social impairment: if I am not anxious or distressed about being a man who thinks he is a woman, I could consider myself transgender without qualifying for the diagnosis of gender dysphoria.

7. American Psychological Association, "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," *American Psychologist* 70.9 (December 2015): 863, doi: 10.1037/a0039906.

8. *DSM-5*, 452–453. Part of this section is available online at "What Is Gender Dysphoria?," APA, reviewed February 2016, https://www.psychiatry.org/.

Additionally, a diagnosis of gender dysphoria in an adult requires that the person meet at least two of six criteria.[9] The first reiterates the experience of a marked incongruence between mind and body. The other five are more telling and enumerate specific desires and convictions about sex characteristics and gender. All six criteria place the diagnosis clearly in the realm of feelings and beliefs—emotions and the mind—even at this very technical level.

Reflecting on this, we can say that the concept of transgender relies on a crucial anthropological premise: the biological sex of the body is not necessary to establish the sexual identity of a person. With or without a diagnosis of gender dysphoria, desires and beliefs take precedence over an objectively identifiable bodily reality. In this light, it may be helpful to talk of experiencing "transgender desires" or holding "transgender beliefs" which seem to fit the criteria for gender dysphoria. This avoids potentially misleading language about being a "transgender person," which implies anthropological assumptions about the origins of the desires and beliefs as being somehow innate, fixed, and inherently bound up with a person's identity.

Health Care Responses to Transgenderism

What sorts of interventions are proposed for people with transgender desires and beliefs? If we are talking about a person without either a disorder of sex development or a diagnosis of gender dysphoria, the first reasonable response would be to prevent such desires and beliefs from reaching the level of gender dysphoria. This could mean simply waiting for them to resolve during adolescent development or intervening through corrective counseling or psychotherapy to help the person accept his or her bodily sex.[10] This, however, is not the standard approach right now. The typical response is so-called gender affirmation, perhaps more accurately called transgender affirmation, which means encouraging the adult or child to seriously question his or her sexual identity and supporting any gender-nonconforming thoughts or feelings. This might help distinguish a diagnosis of gender dysphoria, but it might also precipitate the condition when it could have been prevented.

If the transgender beliefs and desires fit the criteria for gender dysphoria, there are two basic tracks for medical intervention that can be delineated on the basis of their aims: expectant waiting or corrective psychotherapy to encourage acceptance of one's body, or so-called gender transitioning to ease anxiety, depression, and other social impairments. Gender transitioning has four tiers, each of which comes in different modalities and degrees, listed here from the least to the most invasive: (1) gender-affirming psychotherapy to foster and encourage transgender desires and beliefs, which can begin even before gender dysphoria is diagnosed; (2) gender adaptation to take on the social role, behaviors, pronouns, and clothing of the opposite gender; (3) pharmacological regimens like testosterone and estrogen to make the body better simulate that of the opposite sex; and (4) so-called sex reassignment surgery to mechanically alter bodily structures, especially breasts and genitals.

9. Ibid.

10. The term "corrective" is used here as a generic adjective meaning efforts to eliminate or mitigate the desires and beliefs in question.

Prestigious medical associations now promote gender transitioning in some form. In 2015, the American Psychological Association published guidelines "to assist psychologists in the provision of . . . trans-affirmative psychological practice."[11] The American Academy of Pediatrics has also weighed in, given that gender affirmation may begin as early as age four, with hormonal interference at puberty and surgeries as early as age sixteen. The AAP Committee on Adolescence recommends that "pediatricians should be available to . . . provide the context that being LGBTQ is normal, just different," and "transgender adolescents need to be supported and affirmed; they need education and referral for the process of transition."[12] The American Psychiatric Association announced that pharmacological and surgical transitioning can be medically necessary and beneficial to people with transgender beliefs, should be covered by public and private health insurance, and should not be categorically excluded from such coverage.[13] The association did not limit the scope of this position with its own diagnostic term "gender dysphoria"; rather, it talked about treatment access and coverage for "transgender and gender variant individuals" generally.

This should remind us that medical associations are not guaranteed to be objective arbiters of scientific facts. If physicians are not operating with the proper understanding of the human person, they can present harmful interventions as therapeutic needs. In fact, the existing data on gender-transitioning outcomes do not support the affirmation of transgender beliefs and desires, much less body-altering hormonal or surgical interventions. Over the past forty years, while some studies indicate improvements in self-reported satisfaction or well-being following surgical intervention, most find no statistically significant improvements in underlying mental, behavioral, and social health problems like depression, anxiety, suicide, and substance abuse, and several reflect significant increases in suicide.[14]

If we think for a moment beyond statistics to look at medical concepts, we also see that the medical world is well acquainted with similar afflictions that it does not hesitate to call disorders. Anorexia nervosa involves a severe discrepancy between the objective reality of the body and the person's radical misperception of it, or a

11. American Psychological Association, "Guidelines for Psychological Practice," 832–833.

12. American Academy of Pediatrics Committee on Adolescence, "Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth," *Pediatrics* 132.1 (July 2013): 201.

13. See APA, "Position Statement on Access to Care for Transgender and Gender Variant Individuals," May 2012, https://www.psychiatry.org/.

14. An extensive review of the medical literature can be found in Lawrence S. Meyer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *New Atlantis* 50 (Fall 2016), http://www.thenewatlantis.com/. Several key findings indicate the inadequacy of existing research for sound scientific conclusions. For example, current evidence does not support the claims that gender identity is innate; that gender-atypical thinking is likely to continue after adolescence; that transgender affirmation, hormonal treatment, or surgery should be encouraged for children; or that sex reassignment surgery resolves the underlying health risks for persons with transgender beliefs and desires.

"disturbance in the way in which one's body weight or shape is experienced . . . or persistent lack of recognition of the seriousness of the current low body weight."[15] No one would suggest affirming irrational and harmful beliefs of this sort. *DSM-5* defines *psychotic delusions* as "fixed beliefs that are not amenable to change in light of conflicting evidence."[16] Persistent transgender beliefs would seem to fit this definition. Body dysmorphic disorder is a "preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others."[17] Seeing one's genitalia and other bodily sex characteristics as wrong does not seem very different.

There is even a rare disorder called apotemnophilia, or body identity integrity disorder, that involves "a desire to have a limb amputated to correct an experience of mismatch between a person's sense of body identity and his or her actual anatomy."[18] For example, people who are in good bodily health may believe they are paraplegic and seek disabling surgery. If applied to bodily sex characteristics, this is very nearly the heart of the transgender concept.

The Practice of Catholic Health Care

What does all of this mean for Catholic health care practice? We cannot be hoodwinked by ideologically compromised science. The real transgender issue is not a technical medical one but a profound anthropological error with moral consequences. No amount of scientific data can help provide real healing if its interpreters deny God's design of each human person as an individual body–soul unity, male or female. Looking deeper, the current medical responses to transgender desires or beliefs, bodily acceptance and gender transitioning, not only have two different aims but are based on two different anthropologies.

Bodily acceptance interventions comport with Christian anthropology, which acknowledges that sexual identity is an objective, unchangeable attribute given by the Creator, manifested physically in the body, and readily identifiable when there are no disorders of sex development. I not only have a body, but I am my body—it cannot be wrong, but my thinking might be.

All gender-transitioning interventions, on the other hand, presuppose that there is no fundamental problem with radically transforming the thinking, social expression, and bodily manifestation of the person to reflect the opposite sex. I am not my body, but I happen to have this one—it can be changed if it is somehow wrong to me. I decide my sexual identity based on personal feelings and convictions.

15. *DSM-5*, 339.

16. Ibid., 87.

17. Ibid., 242.

18. *DSM-5*, 246–247. While it is mentioned and briefly described in *DSM-5* under the entry for body dysmorphic disorder, apotemnophilia does not have its own entry. For additional discussion of the condition, associated terminology, and etiology, see Anna Sedda and Gabrielle Bottini, "Apotemnophilia, Body Integrity Identity Disorder or Xenomelia? Psychiatric and Neurologic Etiologies Face Each Other," *Neuropsychiatric Disease and Treatment* 10 (July 7, 2014): 1255–1265, doi: 10.2147/NDT.S53385.

It should be clear from this that bodily acceptance efforts can be morally sound, whether we are talking about basic human support, expectant waiting, pastoral counseling, or some form of corrective psychotherapy. By their nature, these interventions have a good end and properly ordered means that respect the integrity of the human person: they seek to eliminate or mitigate transgender beliefs and desires by acknowledging the truth of one's objective sexual identity, taking the body as given and the whole person as worthy of love. There is no guarantee of success in every case, but these methods can restore the integrity of a confused person if they succeed.

Conversely, gender-transitioning interventions can never be morally sound, because they reject the proper understanding of the person. By nature, these efforts are directed toward enabling a person to "become" the other sex and aligning his or her body and behaviors with it. This end is not proper to the subject, whose sexual identity is given and unchangeable, and so the end is disordered. The means of accomplishing a gender transition always involve the denial of one's personal identity, the encouragement of false beliefs and disordered desires, and even such extreme measures as hormonal and surgical mutilations of a healthy body. If gender transitioning is successful, it undermines the integrity of the person by further ingraining a false self-understanding. Even if it produces short-term reported satisfaction, it cannot heal the existential suffering of identity confusion—it only drives it deeper.

The most evident moral problem with gender-transitioning interventions is hormonal and surgical mutilation. *Gaudium et spes* reiterates the significance of body–soul unity for understanding how to treat our bodies: "Man is not allowed to despise his bodily life, rather he is obliged to regard his body as good and honorable since God has created it and will raise it up on the last day."[19] A firm conviction that my body is somehow wrong manifests disdain for that gift. Acting to radically reshape it, making it speak falsely, dishonors it. Directive 29 of the *Ethical and Religious Directives for Catholic Health Care Services* (*ERDs*) elucidates the duty to protect and preserve bodily and functional integrity, and directive 53 prohibits direct sterilization.[20]

Even with good therapeutic intentions, such as seeking to alleviate depression or anxiety, mutilating actions speak for themselves. They say that my body is not good and warrants disfigurement, even functional impairment, to make me feel better. It bears emphasizing, however, that no reassignment surgery or cross-sex hormones can actually transform a male body into a female one or vice versa. In the end, there is no authentic transition either anthropologically or biologically—just mutilation.

If gender-transitioning efforts, from trans-affirmative counseling to invasive surgery, always amount to a rejection of the person's body, we can say that inclinations toward transitioning, namely, transgender desires and beliefs, are disordered. As real as the experience of these feelings and convictions may be, they are ordered only to disfiguring the body and literally dis-integrating the person. But to be clear, and this is pastorally important, transgender desires and beliefs are not sins as such—just as homosexual inclinations are not sins. Only deliberate actions can be assessed in

19. Vatican Council II, *Gaudium et spes* (December 7, 1965), n. 14.

20. US Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, DC: USCCB, 2009).

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moral terms. The desires are nonetheless objectively disordered, because acting on them can only harm the person. They call out instead for true healing.

We can summarize the ethical framework of transgender issues in health care by saying that gender-transitioning interventions are necessarily vitiated by the denial or rejection of a person's healthy, God-given body with its objective sex characteristics. Because transgender beliefs are false and transgender desires are intrinsically disordered, deliberately acting on them is intrinsically immoral and cannot be justified in any circumstances. Of course, the psychological and developmental complexities and external pressures behind the beliefs, desires, and experiences are real, and they could notably attenuate or eliminate subjective culpability, particularly in children.

Some might argue that gender-transitioning interventions could be legitimate under the principle of totality. Pope Pius XII is well-known for explaining and applying this moral principle, which admits sacrificing a part of the body in order to preserve the health or life of the whole. A gangrenous leg can be amputated. Directly therapeutic interventions expected to result in sterility can be legitimate, as noted in directive 53 of the *ERDs*. Even a healthy testicle could be removed if it exacerbates a serious health issue elsewhere in the body. Some supporters of gender transitioning argue that altering or removing healthy genitals or other sex characteristics could be legitimate and would not be immoral mutilation because it would eliminate or at least mitigate gender dysphoria.

Even assuming that all better options, including corrective psychotherapy, have been exhausted and that the data show adequate benefits to justify the risks and costs, which is not the case at present, this line of argumentation fails. While accepted applications of totality involve interventions that cause physical harm, none of them rejects the fundamental identity of the person or attempts to construct a false one. Gender transitioning always does.

Furthermore, standard applications of totality target the source of a pathology or an aggravating factor. Gender transitioning does neither. It aims only to alleviate certain symptoms without resolving their source, and concurrently acts as an aggravating factor: it affirms the disordered transgender desires and beliefs. This can only cause greater harm to the person overall.

In short, gender transitioning is intrinsically immoral and so cannot serve the good of the person, even if it provides certain short-term reported relief of dysphoric symptoms. The principle of totality and directive 53 of the *ERDs* are not applicable.

This has numerous implications for Catholic health care providers, from individual professionals to hospitals and systems. I will mention only a few. First, no Catholic provider should directly carry out gender transitioning. This means no gender-affirming counseling or psychotherapy, pubertal blockers, cross-sex hormones, or surgical reassignments of any kind. To avoid immoral cooperation, Catholic physicians and organizations should not authorize the maintenance of cross-sex hormones or other transitioning regimens if a patient receiving them comes under their care for unrelated health reasons. Likewise, no referrals should be made directing or recommending that patients undergo gender-transitioning intervention.

Furthermore, Catholic facilities should not implement gender-affirming protocols, for example, allowing patients claiming transgender beliefs to access opposite-sex bathrooms or requiring all staff to undergo sensitivity training that would pressure

them into using patients' preferred gender pronouns. Catholic organizations that offer their own insurance products or that are self-insured should categorically exclude sex reassignment surgeries and all other forms of gender transitioning from their coverage. Finally, recalling the intrinsic immorality of gender transitioning, no government mandate should coerce Catholic health care providers into violating the moral law.

The Witness of Catholic Health Care

The complexity of transgender issues is a reminder of the need for education, even in health care. In his *motu proprio* "On the Service of Charity," Benedict XVI says that "in carrying out their charitable activity . . . Catholic organizations . . . should show special concern for individuals in need and exercise a valuable educational function within the Christian community."[21] In simplest terms, Catholic providers should offer health care with truth in charity.

Catholic health care cannot simply accept the standards of medical associations or legal regulations in this area, because those standards reflect a faulty anthropology. It should therefore promote the proper understanding of the human person, a body–soul unity whose sexual identity should be accepted for the gift that it is; promote sound science and medical information, including the limits of scientific data and what the facts do not tell us; provide training to health care providers and administrators; offer patients and families sound practical resources, such as well-formed Catholic mental health professionals and pediatricians; and actively support those who offer care consonant with Christian anthropology, such as corrective psychotherapy.

Catholic providers should offer health care without unjust discrimination toward any, including those with transgender beliefs and desires. This means that care should not be categorically denied based on the fact of a person's gender experience—this is a call for authentic healing and may be an opportunity to assist. Prudential accommodations, such as providing access to single-occupancy bathrooms, could be made to avoid creating counterproductive conflicts. This and other accommodations can be legitimate, provided they do not affirm transgender beliefs or convey that transgender desires are wholesome and good.

Finally, Catholic health care providers, especially organizations, have a grave responsibility to uphold the freedom to offer authentic care consistent with the life of the Church. When it comes to gender ideology, which Francis has called a "world war to destroy marriage" spread through "ideological colonization,"[22] there is no room for coercion. We must offer only authentic healing in accord with God's Word, including his creative design.

Catholic health care must clearly articulate and share its vision of the human person made in the image and likeness of God, male and female, as an unwavering foundation in health care practice. It must use clear concepts and terminology,

21. Benedict XVI, On the Service of Charity (November 11, 2012), introduction.

22. Francis, Address to Priests, Religious, Seminarians and Pastoral Workers (October 1, 2016). On gender ideology, see also Francis, Address to the Polish Bishops (July 27, 2016); Francis, *Laudato si'* (May 24, 2015), n. 155; and Francis, *Amoris laetitia* (March 19, 2016), n. 56.

distinguishing disorders of sex development from the transgender beliefs and desires of those with a clear bodily sex, while understanding that transgender claims are different from a diagnosis of gender dysphoria. It should be particularly conscious of the shift in focus from cause to symptoms when *gender dysphoria* displaced *gender identity disorder* in *DSM-5*. In sum, to truly heal wounds from the ground up as an exercise of the Church's ministry and life, Catholic health care must swim against the current, proactively affirming the Christian understanding of the human person in medical practice while refusing to perform, allow, or deliberately facilitate any form of gender transitioning.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

MEMORANDUM OPINION

Plaintiff Jesse Hammons ("Plaintiff" or "Mr. Hammons"), a transgender man, sued Defendants, University of Maryland Medical System Corporation ("UMMS"), UMSJ Health System, LLC ("UMSJ"), and University of Maryland St. Joseph Medical Center, LLC ("St. Joseph") (collectively, "Defendants"), pursuant to Section 1557 of the Affordable Care Act ("ACA"), 42 U.S.C. § 18116(a), claiming sex discrimination in Defendants' refusal to allow him to have a hysterectomy performed at their hospital to treat his gender dysphoria. Two other claims, brought under 42 U.S.C. § 1983, for violation of the Establishment Clause of the First Amendment and the Equal Protection Clause of the Fourteenth Amendment, were dismissed on Defendants' motion (ECF No. 52). The motion was filed by all three defendants, as a unit, and contended, *inter alia*, that they are private corporations that cannot be sued under 42 U.S.C. § 1983, or, alternatively, if they are found to be state

actors, they are entitled to sovereign immunity on those claims.[1] In agreeing with Defendants on the latter argument, this court found that UMMS is an arm or instrumentality of the government for the purposes of Plaintiff's assertion of claims under § 1983 as well as for the purposes of sovereign immunity. This court treated the three Defendants "as a single entity for the purposes of" the motion to dismiss because Defendants treated themselves as such in their motion and the facts supported that approach. (ECF No. 52 at 22). Mr. Hammons subsequently moved for reconsideration or, in the alternative, certification of interlocutory appeal, and this court denied that motion. (ECF Nos. 56, 64). Defendants answered, and a scheduling order was entered.

Some months later, the three defendants moved for leave to amend their answer to plead two "alternative affirmative defenses based on the ecclesiastical abstention doctrine and Religious Freedom Restoration Act ('RFRA'), 42 U.S.C. §§ 2000bb, et seq." (ECF No. 73-1 at 2). They specifically recognized that these defenses would only apply if they were "private entities." (ECF No. 73-1 at 7). Plaintiff opposed the motion, arguing that the

[1] Defendants did not argue that sovereign immunity applied to the Section 1557 claim. Since this court decided the motion to dismiss, the United States Court of Appeals for the Fourth Circuit confirmed that "Section 1557 of the [Affordable Care Act] unequivocally conditions the receipt of federal financial assistance upon a state's waiver of sovereign immunity against suits for money damages." *Kadel v. N.C. State Health Plan for Tchrs. and State Emps.*, 12 F.4th 422, 439 (4th Cir. 2021).

court had already ruled that Defendants were not private entities, so any amendment to assert these defenses would be futile. (ECF No. 74 at 8). In reply, Defendants argued that, inasmuch as discovery remained ongoing, it was seeking to preserve these "alternative" affirmative defenses. (ECF No. 77 at 3). They suggested that further proceedings in this case might alter the court's earlier ruling that all three entities were state actors. In considering the motion, the court observed that all evidence of the defendants' status, governance, and operation was, and had been, in defendants' possession, but that an appeal was indeed possible, even likely. Despite the fact that it was not at all obvious how a RFRA defense would apply to a claim by a private person, or what role the ecclesiastical abstention doctrine might play, the court granted the motion. (ECF No. 81).

Now, discovery is complete, and both parties have filed motions for summary judgment. (ECF Nos. 98, 105). Also pending are motions to file certain documents under seal and others publicly, filed by both Plaintiff and Defendants. (ECF Nos. 100, 104, 113). The issues have been briefed, and the court now rules, no hearing being deemed necessary. Local Rule 105.6. For the following reasons, Plaintiff's motion for summary judgment will be granted, Defendants' motion for summary judgment will be denied, Defendants' motion to seal will be granted in part and denied in part, and Plaintiff's motions to seal certain documents and file

certain documents publicly will be granted in part and denied in part.

I. Factual Background

Unless otherwise noted, the following facts are undisputed. UMMS was created by Maryland statute in 1984 to provide medical care to the state and region. Md. Code, Educ. § 13-302. It is based in the University of Maryland and operates a system comprised of hospitals and member organizations.[2] *See About Us*, Univ. of Md. Med. Sys., https://www.umms.org/about (last visited Jan. 3, 2023). UMMS is bound by Maryland law to "operate the medical system without discrimination based upon race, creed, sex, or national origin." Md. Code, Educ. § 13-303(d).

St. Joseph is one of the hospitals that UMMS operates. It is a limited liability company ("LLC") with one member—UMSJ—that is wholly owned by UMMS. (ECF No. 99-4 at 4, 6). Thus, St. Joseph is a wholly owned subsidiary of UMMS. (ECF No. 105-10 at 5, 8, 23). All parties in this case refer to UMSJ and St. Joseph together as "St. Joseph" and do not distinguish between those two defendants—this opinion will do the same unless otherwise indicated.[3] (ECF Nos. 98-1 at 11, 105-1 at 15-16). UMMS directly

[2] The materials submitted by Defendants recite that there are ten member organizations. (ECF No. 98-4 at 3). The website lists eleven hospitals.

[3] Unlike earlier in this litigation, Defendants now try to separate the two St. Joseph entities from UMMS when this strategy

appoints two members of St. Joseph's board, must approve the appointment and removal of the CEO and President, and must approve certain board actions.[4] (ECF No. 99-4 at 6-8, 10, 23). All three Defendants have admitted that they have received federal funds in the form of "payments for patient procedures covered by Medicare and Medicaid."[5] (ECF No. 83 at 9). However, Defendants assert, and Plaintiff does not dispute, that St. Joseph directly receives its own stream of federal funds. (ECF Nos. 98-1 at 12, 98-7 at 3).

The medical center was owned and operated as a Catholic hospital by Catholic Health Initiatives prior to being purchased by UMMS. (ECF No. 99-1 at 8, 86). When UMMS purchased the medical

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better fits their purposes. Whether they succeed will be discussed later.

[4] The parties seem to dispute whether UMMS also has the authority to appoint the other sixteen members of St. Joseph's board. (ECF No. 111 at 19 n.1). St. Joseph's Operating Agreement provides that "The Member," UMSJ, "shall have the power and authority to elect all of the" other board members from a slate of nominees submitted by the Nomination/Governance Committee of the St. Joseph board, and at least one of the two directly-appointed UMMS directors shall serve on that committee. (ECF No. 99-4 at 10-11). However, the boards of St. Joseph LLC and UMSJ LLC consist of the same members. (ECF No. 99-1 at 86; *see also* ECF Nos. 105-6 at 13, 105-11 at 6). At a minimum, UMMS is indirectly involved in the selection of St. Joseph's entire board.

[5] While all three Defendants "admit they have received" federal funds, (ECF No. 83 at 9), it is unclear whether UMMS and UMSJ receive their own separate stream of federal funds or whether they receive federal funds indirectly through the hospitals they operate.

center in 2012, a condition of the "Asset Purchase Agreement" was that "UMMS . . . shall continue to operate [St. Joseph] in a manner consistent with Catholic values and principles," including complying with a "formal reporting mechanism" to ensure St. Joseph is held accountable for its "Catholic identity."[6] (ECF No. 99-1 at 86). Specifically, UMMS agreed to ensure that St. Joseph's board implemented the Ethical and Religious Directives for Catholic Health Services (the "ERDs"), as promulgated by the United States Conference of Catholic Bishops, in St. Joseph's provision of health care. (ECF No. 99-1 at 86). UMMS also agreed that at least one seat on St. Joseph's board would be a representative of the Archdiocese of Baltimore. (ECF No. 99-1 at 85).

Around the time of the sale, each of the defendants entered into a "Catholic Identity Agreement" with the Roman Catholic Archbishop of Baltimore, which provided a "framework within which to continue authentic Catholic traditions and practices" at St. Joseph. (ECF No. 99-2 at 2-3). This agreement provides that, every two years, St. Joseph "will undergo an audit of its adherence to the" ERDs by the National Catholic Bioethics Center. (ECF No. 99-2 at 8).

[6] The motion to seal this exhibit in its entirety will be denied without prejudice to the filing of a motion to redact certain portions upon a showing of need.

The ERDs provide, as relevant here, that "[d]irect sterilization of either men or women . . . is not permitted in a Catholic health care institution" but that "[p]rocedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available." (ECF No. 98-18 at 20). The ERDs also provide that "[t]he functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available." (ECF No. 98-18 at 15). The National Catholic Bioethics Center, which regularly audits St. Joseph for compliance with the ERDs, has issued a guidance document that states:

> Gender transitioning of any kind is intrinsically disordered[] because it cannot conform to the true good of the human person, who is a body-soul union unalterably created male or female. Gender transitioning should never be performed, encouraged, or positively affirmed as a good in Catholic health care. This includes surgeries, the administration of cross-sex hormones or pubertal blockers, and social or behavioral modifications.

(ECF No. 107-3 at 2).

Dr. Gail Cunningham, St. Joseph's Chief Medical Officer, was designated to testify on St. Joseph's behalf, pursuant to Fed.R.Civ.P. 30(b)(6), about St. Joseph's adherence to the ERDs,

among other things.[7] (ECF No. 105-1 at 15 n.2). In her deposition, she testified that she did not "have any reason to believe that" the National Catholic Bioethics Center's guidance did not apply at St. Joseph. (ECF No. 105-6 at 39). She also testified that St. Joseph "prohibits medical personnel from participating in all gender transitions or . . . gender[-]affirming treatments for transgender patients," for "both surgical and nonsurgical treatments." (ECF No. 105-6 at 57-58).

Mr. Hammons is a transgender man who has been diagnosed with gender dysphoria. (ECF No. 105-3). Gender dysphoria is a medical condition recognized by the International Classification of Diseases-10 and International Classification of Diseases-11, published by the World Health Organization, and by the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association. (ECF No. 105-5 at ¶ 21). The World Professional Association for Transgender Health has issued guidelines (the "WPATH Standards of Care") for the clinical management of individuals with gender dysphoria that are widely recognized among healthcare professionals in the United States. (ECF No. 105-5 at ¶ 24). *See also Grimm v. Gloucester Cty. Sch. Bd.*, 972 F.3d 586, 595 (4th Cir. 2020), *cert. denied*, 141 S. Ct. 2878 (2021) (recognizing the WPATH Standards of Care as

[7] Defendants do not dispute this characterization of Dr. Cunningham's status as a deponent.

"represent[ing] the consensus approach of the medical and mental health community [for treating gender dysphoria that] have been recognized by various courts, including this one, as the authoritative standards of care"). According to the WPATH Standards of Care, "for many [transgender individuals], surgery is essential and medically necessary to alleviate their gender dysphoria." (ECF No. 105-5 at ¶ 28).

Mr. Hammons met with Dr. Steven Adashek, an attending physician at St. Joseph, on September 4, 2019, for a consultation regarding a hysterectomy to treat his gender dysphoria. (ECF Nos. 99-5 at 9, 107-6 at 5-7). A hysterectomy is a surgery to remove a person's uterus. (ECF No. 105-5 at ¶ 29). Dr. Adashek determined that a hysterectomy was the proper treatment for Mr. Hammons's gender dysphoria, and Dr. Adashek's office scheduled Mr. Hammons's surgery to take place at St. Joseph on January 6, 2020, based on Dr. Adashek's and Mr. Hammons's availability. (ECF No. 107-6 at 7, 9-12). To prepare for the surgery, Mr. Hammons underwent pre-operative blood tests, an echocardiogram, and other health screenings. (ECF No. 105-3 at ¶ 9).

On December 24, 2019, Dr. Adashek called Dr. Cunningham to discuss Mr. Hammons's upcoming surgery. (ECF No. 105-6 at 64). Dr. Adashek told Dr. Cunningham that he was scheduled to perform a hysterectomy on a patient for the purpose of gender transition, and Dr. Cunningham told Dr. Adashek, "[N]o, we cannot do

transgender surgery at St. [Joseph]." (ECF Nos. 105-6 at 64, 67-68). Dr. Cunningham testified that "the fact that it was a gender transition treatment . . . was enough to deny [permission to perform the surgery]." (ECF No. 105-6 at 69). On January 5, 2020, the night before the surgery, Dr. Adashek called Mr. Hammons to inform him that the surgery would have to be cancelled due to the fact that the surgery was for the purpose of treating gender dysphoria, as opposed to another medical diagnosis. (ECF Nos. 105-3 at ¶ 12, 107-6 at 13-14, 98-9 at 24, 26-27, 35). Mr. Hammons's surgery was rescheduled at another hospital, and after undergoing another round of pre-operative tests, he had a hysterectomy on June 24, 2020.[8] (ECF Nos. 99-6 at 33, 105-3 at 4).

On January 30, 2020, Dr. Adashek was asked to attend a meeting with Dr. Cunningham and other St. Joseph doctors to discuss Mr. Hammons's cancelled surgery. (ECF Nos. 105-6 at 70-71, 107-6 at 19-20). At the meeting, it was discussed that the surgery was cancelled because "[i]t was inconsistent with the ERDs." (ECF Nos. 105-6 at 74, 107-6 at 22).

Dr. Cunningham testified, on behalf of St. Joseph, that "hysterectomies are frequently performed . . . at St. Joseph to

[8] Mr. Hammons's rescheduled surgery was six months later in part because of the onset of the COVID-19 pandemic as well as Mr. Hammons's difficulty in taking time off from work for the surgery and recovery. (ECF Nos. 105-3 at 4, 107-6 at 32-33).

treat certain medical conditions" and that "putting aside gender dysphoria, [it is] true that so long as [a] hysterectomy is consistent with the standard of care for a given diagnosis, the hysterectomy may be performed [at St. Joseph]." (ECF No. 105-6 at 30, 57).

II. Standard of Review

A court may grant summary judgment only if there is no genuine dispute as to any material fact and the moving party is entitled to judgment as a matter of law. Fed.R.Civ.P. 56(a); *Celotex Corp. v. Catrett*, 477 U.S. 317, 322 (1986); *Emmett v. Johnson*, 532 F.3d 291, 297 (4th Cir. 2008). A dispute about a material fact is genuine "if the evidence is such that a reasonable jury could return a verdict for the nonmoving party." *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986).

"A party opposing a properly supported motion for summary judgment 'may not rest upon the mere allegations or denials of [his] pleadings,' but rather must 'set forth specific facts showing that there is a genuine issue for trial.'" *Bouchat v. Balt. Ravens Football Club, Inc.*, 346 F.3d 514, 522 (4th Cir. 2003) (quoting former Fed.R.Civ.P. 56(e)) (alteration in original). "A mere scintilla of proof . . . will not suffice to prevent summary judgment[.]" *Peters v. Jenney*, 327 F.3d 307, 314 (4th Cir. 2003). "If the evidence is merely colorable, or is not significantly probative, summary judgment may be granted." *Liberty Lobby*, 477

U.S. at 249–50 (citations omitted). At the same time, the court must construe the facts that are presented in the light most favorable to the party opposing the motion. *Scott v. Harris*, 550 U.S. 372, 378 (2007); *Emmett*, 532 F.3d at 297.

"When cross-motions for summary judgment are before a court, the court examines each motion separately, employing the familiar standard under Rule 56 of the Federal Rules of Civil Procedure." *Desmond v. PNGI Charles Town Gaming, LLC*, 630 F.3d 351, 354 (4th Cir. 2011). The court must deny both motions if it finds there is a genuine dispute of material fact, "[b]ut if there is no genuine dispute and one or the other party is entitled to prevail as a matter of law, the court will render judgment." 10A Charles A. Wright, et al., *Federal Practice & Procedure* § 2720 (4th ed. 2022). The court has an "affirmative obligation . . . to prevent factually unsupported claims and defenses from proceeding to trial." *Drewitt v. Pratt*, 999 F.2d 774, 778-79 (4th Cir. 1993) (internal quotation marks omitted).

III. Analysis

Plaintiff argues that he is entitled to summary judgment because the undisputed facts establish that Defendants have discriminated against him on the basis of his sex. (ECF No. 105-1 at 11-12). Defendants argue that they are entitled to summary judgment on three bases: 1) UMMS is not a proper defendant because St. Joseph was the relevant "funding recipient" under Section 1557,

not UMMS; 2) an injunction issued by the United States District Court for the District of North Dakota binds this court and requires dismissal; and 3) Defendants' conduct did not constitute intentional discrimination on the basis of sex. (ECF No. 98-1 at 8-9). Defendants also oppose Plaintiff's motion for those reasons and because 1) Plaintiff's positions rely on disputed facts about Defendants' policies and corporate relationships and 2) St. Joseph is protected by the Religious Freedom Restoration Act ("RFRA"). (ECF No. 111 at 8-9).

A. Plaintiff's Motion for Summary Judgment

Plaintiff argues that he is entitled to summary judgment because the undisputed facts establish that his surgery was cancelled because it "was meant to treat his gender dysphoria," and Defendants have a "policy of refusing to provide gender-affirming care." (ECF No. 105-1 at 27, 29). He argues that this constitutes discrimination on the basis of sex.[9] On the other hand, Defendants argue that the undisputed facts establish that they have not engaged in intentional sex discrimination because "the ERDs apply neutrally to all patients," and "the ERDs do not allow for St. Joseph to perform sterilization procedures (for

[9] The question of which, if any, of the Defendants may be held responsible for any sex discrimination will be discussed in later sections.

either sex) or procedures that result in the removal of a physically healthy organ." (ECF No. 98-1 at 28-29).

Section 1557 provides that

> an individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 794 of Title 29, . . . be subjected to discrimination under[] any health program or activity, any part of which is receiving Federal financial assistance[.]

42 U.S.C. § 18116(a).[10] Therefore, as under Title IX, Section 1557 prohibits discrimination "on the basis of sex." *See* 20 U.S.C. 1681. Upon review of the parties' statements of undisputed facts and the exhibits to their motions, the undisputed facts establish that the cancellation was discrimination on the basis of sex because it was pursuant to a policy against providing gender-affirming care—a policy that in practice permits all patients to obtain doctor-recommended, medically necessary hysterectomies, *except* transgender patients seeking treatment for gender dysphoria. Defendants' attempt to frame the policy as neutrally applicable is unavailing.

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[10] Courts look to cases brought under Title VI, Title IX, Section 504 (section 794 of Title 29), and the Age Discrimination Act for guidance in interpreting this section. *See* 42 U.S.C. § 18116(a) ("The enforcement mechanisms provided for and available under such title VI, title IX, section 794, or such Age Discrimination Act shall apply for purposes of violations of this subsection.").

Dr. Cunningham, testifying as St. Joseph's Rule 30(b)(6) corporate designee, stated that St. Joseph "prohibits medical personnel from participating in all gender transitions or . . . gender[-]affirming treatments for transgender patients." (ECF No. 105-6 at 57). Defendants have identified no evidence that contradicts this statement. Additionally, undisputed evidence establishes that St. Joseph abides by the ERDs, as required by the Asset Purchase Agreement and Catholic Identity Agreement. And Defendants do not dispute that St. Joseph's interpretation of the ERDs corresponds with the guidelines promulgated by the National Catholic Bioethics Center as prohibiting gender-affirming treatment—Dr. Cunningham's testimony supports this as well. (ECF No. 105-6 at 39).

It may be true that St. Joseph prohibits medical personnel from performing hysterectomies on all individuals, regardless of sex, who do not have a medical need for that surgery—i.e., individuals who seek a hysterectomy solely for the purpose of elective sterilization. However, Mr. Hammons *did* have a medical need for his requested hysterectomy; he was not seeking a hysterectomy for the purpose of elective sterilization. He sought a hysterectomy to treat his gender dysphoria, as recommended by his doctor.[11] (ECF No. 98-1 at 15). Indeed, St. Joseph

[11] Dr. Cunningham confirmed that St. Joseph's "policy of not permitting gender transition treatments . . . does not depend on

"frequently" performs hysterectomies, even though they result in sterilization, on patients that have a medical need for that surgery—as long as the medical need is not from gender dysphoria.[12] (ECF No. 105-6 at 30). As Dr. Cunningham confirmed, St. Joseph will allow a doctor to perform a hysterectomy on any patient "so long as [a] hysterectomy is consistent with the standard of care for a given diagnosis," aside from gender dysphoria. (ECF No. 105-6 at 57). A hysterectomy is "consistent with the standard of care" for a gender dysphoria diagnosis, (ECF No. 105-5 at ¶ 28), but unlike other patients seeking a hysterectomy consistent with the standard of care for their respective diagnoses, transgender patients seeking to treat their gender dysphoria are turned away.

Therefore, the policy at issue here is not a neutrally-applicable prohibition on all hysterectomies, or even a prohibition on hysterectomies for the purpose of elective

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whether the treatment in question is a sterilization procedure." (ECF No. 105-6 at 59).

[12] Defendants attempt to narrow the exception to only allowing hysterectomies to treat "life-threatening" conditions. (ECF No. 98-1 at 14, 28). There is no evidence to support this characterization of the policy. Dr. Cunningham testified that the use of the term "life-threatening" does "not reflect a medical diagnosis" and instead is "used as a means to understand the implications of the ERDs on a particular procedure." (ECF No. 98-9 at 44). Other deposition testimony that Defendants cite in connection with this term confirms that "physicians aren't required to certify or verify that a patient suffers from a life-threatening condition before scheduling a hysterectomy." (ECF Nos. 98-1 at 13-14, 98-17 at 15).

sterilization—it is a prohibition on hysterectomies (along with other gender-affirming surgeries) that are sought by transgender patients for the purpose of treating gender dysphoria. Defendants have not identified any other medical diagnosis that St. Joseph excludes from treatment eligibility in this way; any non-transgender patient seeking a doctor-recommended, medically necessary hysterectomy would not be turned away by Defendants. Thus, the true basis for Defendants' refusal to perform the surgery was Mr. Hammons's transgender status.

Additionally, undisputed evidence establishes that Mr. Hammons's surgery was in fact cancelled because it was for the purpose of treating his gender dysphoria. Dr. Cunningham testified that when Dr. Adashek asked her if he could perform a hysterectomy on Mr. Hammons "for the purpose of . . . transgender surgery," she said, "[N]o, we cannot do transgender surgery at St. [Joseph]." (ECF No. 105-6 at 64). She confirmed that she knew nothing about the procedure or the patient, other than the fact that Mr. Hammons was transgender and sought a hysterectomy for the purpose of gender affirmation, and she stated repeatedly that the only reason she denied permission to perform the surgery was that "it was a gender transition treatment." (ECF No. 105-6 at 67-69). Defendants have not identified evidence that suggests that Mr. Hammons's surgery was cancelled for any other reason. Therefore, Defendants' position that the denial of Mr. Hammons's surgery had nothing to

do with his sex or gender identity is simply not supported by any evidence.

The next inquiry is whether maintaining a policy against providing gender-affirming care at St. Joseph and applying that policy to Mr. Hammons when cancelling his surgery is discrimination on the basis of sex. Recent decisions of the Supreme Court, the United States Court of Appeals for the Fourth Circuit, and district courts in the Fourth Circuit confirm that it is.

The Supreme Court held in *Bostock v. Clayton County*, 140 S.Ct. 1731 (2020), that employment discrimination against transgender individuals is sex discrimination under Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e et seq. The Court explained that "it is impossible to discriminate against a person for being . . . transgender without discriminating against that individual based on sex." *Id.* at 1741. Noting that discrimination occurs under Title VII if sex is one but-for cause of an alleged discriminatory act, the Court added that because "sex is necessarily a but-for *cause* when an employer discriminates against . . . transgender employees, an employer who discriminates on these grounds inescapably *intends* to rely on sex in its decisionmaking." *Id.* at 1739, 42. Applying that reasoning here, if a hospital has a policy against performing a surgery to treat gender dysphoria—a condition inextricably related to a person's sex—but will perform

that surgery to treat any other medical diagnosis, the hospital intentionally relies on sex in its decisionmaking.

Though less recent, the Supreme Court's decision in *Price Waterhouse v. Hopkins*, 490 U.S. 228 (1989), also provides a useful framework by which to analyze the present case. Six Justices agreed in *Price Waterhouse* that discrimination based on a person's nonconformance with sex stereotypes is sex discrimination. *Id.* at 250-51. Here, St. Joseph's policy is guided by the National Catholic Bioethics Center's interpretation of the ERDs as prohibiting gender-affirming care because it does not "conform to the true good of the human person, who is a body-soul union unalterably created male or female." (ECF No. 107-3 at 2). This policy, and the reasoning behind it, implicates sex stereotyping in that it prohibits treatment that facilitates patients' physical nonconformity to their sex assigned at birth. *See Boyden v. Conlin*, 341 F.Supp.3d 979, 997 (W.D.Wis. 2018) (applying sex-stereotyping theory in determining that a health insurance plan's exclusion of coverage for gender-affirming treatment constituted sex discrimination under Section 1557).

The Fourth Circuit has extended these principles to cases involving Title IX claims, which makes them also applicable to Section 1557 claims. In *Grimm v. Gloucester County School Board*, 972 F.3d 586, 616-17 (4th Cir. 2020), the Fourth Circuit applied the *Bostock* reasoning and held that a bathroom policy prohibiting

a transgender student from using the boys restrooms discriminated against him on the basis of sex, in violation of Title IX. The court explained that sex discrimination occurred because the school board necessarily referred to the student's sex to determine an "incongruence between sex and gender" in order to exclude him from the boys restrooms. *Id.* at 616. As part of its reasoning, the court relied on the fact that the student "had been clinically diagnosed with gender dysphoria, and his treatment provider identified using the boys restroom as part of the appropriate treatment," but "[r]ather than contend with [the student's] serious medical need, the [school board] relied on its own invented classification, 'biological gender,'" to deny him access to the boys restrooms. *Id.* 619.[13] Likewise in the present case, Mr. Hammons was diagnosed with gender dysphoria, and the treatment recommended for that diagnosis was a hysterectomy. But rather than recognize Mr. Hammons's medical need, Defendants cancelled his surgery based on a policy against treating gender dysphoria.

The Supreme Court and the Fourth Circuit have yet to extend the principles they have applied in employment and school discrimination cases to discrimination against gender-affirming

[13] The court added that the student may have also been discriminated against under the *Price Waterhouse* sex-stereotyping theory based on its policy that "punished [the student] for not conforming to his sex-assigned-at-birth." *Id.* at 617 n.15.

treatment in a healthcare setting.[14] However, multiple district courts in the Fourth Circuit have done so; because the facts in those cases are closely analogous to the facts in the present case, their reasoning is persuasive here.

In *Fain v. Crouch*, --- F.Supp.3d ---, No. 20-CV-0740, 2022 WL 3051015, at *1 (S.D.W.V. Aug. 2, 2022), transgender Medicaid participants sued the state agencies and officials responsible for administering the West Virginia Medicaid program for sex discrimination in the program's exclusion of the surgical treatment of gender dysphoria. The court summarized the facts and its conclusion as follows:

> [T]he exclusion in the healthcare plan precludes coverage for [certain] surgical treatments when a person is diagnosed with gender dysphoria. However, the same or similar surgical treatments are available to persons when the diagnosis requiring that treatment is not gender dysphoria. It is undisputed that the criteria determining whether or not such treatment is covered under

[14] Aside from the fact that there is no Supreme Court or Fourth Circuit precedent that directly addresses sex discrimination in the provision of gender-affirming healthcare, Defendants argue that *Bostock* and *Grimm* are distinguishable from the present case because in those cases, the application of the policy would have been different if the person's sex or transgender status were different. (ECF No. 98-1 at 32-33). In this case, they argue a hysterectomy still would not have been allowed if Mr. Hammons were a cisgender woman and would have been impossible if he were born with male sex organs. However, those hypotheticals do not reflect an application of the discriminatory policy at issue here, which is a prohibition on all gender-affirming care. Nor could any similar hypothetical do so because the policy can only apply to transgender individuals—that is what makes the policy discriminatory.

> the Medicaid Program hinges on a diagnosis—but when treatment is precluded for a diagnosis based on one's gender identity, such exclusion invidiously discriminates on the basis of sex and transgender status.

Id. Accordingly, the court granted the plaintiffs' motion for summary judgment, and denied the defendants' motion for summary judgment, on the plaintiffs' Section 1557 claim, among other claims. Citing *Bostock*, the court explained that because "a transgender identity is inherent in an individual who suffers from gender dysphoria," the exclusion of coverage for individuals seeking surgical treatment of gender dysphoria "cannot be understood without a reference to sex." *Id.* at 11.

Similarly, in *Kadel v. Folwell*, --- F.Supp.3d ---, No. 19-CV-272, 2022 WL 3226731, at *1 (M.D.N.C. Aug. 10, 2022), transgender individuals who receive health insurance through the North Carolina State Health Plan for Teachers and State Employees ("NCSHP") sued NCSHP—under Section 1557, Title VII, and the Equal Protection Clause—for its exclusion of coverage for gender-affirming treatments. The district court granted summary judgment on a Title VII claim in favor of one of the plaintiffs who was denied coverage by NCSHP for her gender-affirming surgery, and it denied the defendant's motion for summary judgment as to that claim. *Id.* at *29. The court explained that NCSHP covers the same or similar surgery if it is not "leading to or in connection with sex changes or modifications and related care." *Id.* at 28.

Therefore, had the plaintiff not been assigned the sex of male at birth, the treatments would not be to "change" or "modify" her sex. *Id.* The court concluded that, like in *Bostock*, the plaintiff's sex played "an unmistakable and impermissible role in the" decision to deny coverage. *Id.* (quoting *Bostock*, 140 S.Ct. at 1741-42). The court also concluded that, for those same reasons, NCSHP discriminated against the plaintiff for the purposes of Section 1557. *Id.* at 29. In a subsequent opinion, the court granted summary judgment for the plaintiffs on the Section 1557 claim. *Kadel v. Folwell*, No. 19-CV-272, 2022 WL 17415050, at *3 (M.D.N.C. Dec. 5, 2022).

Like in *Fain* and *Kadel*, at issue in the present case is a policy under which a certain surgery is available to individuals seeking treatment for medical diagnoses, as long as those diagnoses are not gender dysphoria. In other words, the criteria that St. Joseph employs in determining eligibility for hysterectomies "hinges on a diagnosis" being unrelated to transgender status. *Fain*, 2022 WL 3051015, at *1. And as the court in *Fain* explained, when treatment is prohibited because of one's diagnosis that is based on one's gender identity, the prohibition "invidiously discriminates on the basis of sex and transgender status."[15] *Id.*

[15] Although the evidence is uncontroverted that Mr. Hammons's surgery was cancelled primarily because of St. Joseph's policy against providing gender-affirming care, (*see* ECF No. 105-6 at 64 ("[N]o, we cannot do transgender surgery at St. [Joseph].")), it

Defendants necessarily and intentionally relied on sex in creating and enforcing a policy that prohibits treatment if a patient's medical need for that treatment is an incongruence between the patient's gender identity and sex assigned at birth. *See Bostock*, 140 S.Ct. at 1746; *Grimm*, 972 F.3d at 608.

Defendants' citation to *Polonczyk v. Anthem BlueCross & BlueShield*, 586 F.Supp.3d 648, 656-57 (E.D.Ky. 2022), is unhelpful. In that out-of-circuit district court case, a health insurance plan excluded all "cosmetic" procedures from coverage, which included certain gender-transition-related procedures. The court dismissed the plaintiff's sex discrimination claim, finding that she "fail[ed] to identify any documents or actions that support a finding that [she] was discriminated against because of her transgender status." *Id.* at 656. It added that because the plan excluded coverage for cosmetic surgeries categorically with limited exceptions, regardless of a plan participant's transgender status, it could not be inferred that the exclusion was intentional sex discrimination. The same is not true in the present case. Unlike in that case, Plaintiff has identified undisputed evidence

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is worth noting that the result would not change if St. Joseph were also motivated by its policy against sterilization and removing functioning body parts. In proving that sex discrimination has occurred, it is sufficient to demonstrate that sex was one but-for cause of the allegedly discriminatory action, even if other factors played a role. *See Bostock*, 140 S.Ct. at 1739.

that Defendants have a policy specifically against providing gender-affirming care. And Defendants have not identified any other medical diagnoses for which hysterectomies are prohibited other than gender dysphoria.

Defendants also rely on *General Electric Co. v. Gilbert*, 429 U.S. 125 (1976), in which the Supreme Court held that discriminating against someone based on pregnancy was not the same as discriminating against someone based on sex under Title VII. Defendants argue that an analogy should be drawn between pregnancy status and transgender status because, like pregnancy, gender-affirming care is "unique (medically, ethically, etc.) such that treating [it] differently cannot be conflated with intentional discrimination against those with a transgender identity." (ECF No. 31-32).

However, Congress amended Title VII in response to that decision, and in doing so, it "unambiguously expressed its disapproval of both the holding and the reasoning of the Court in the *Gilbert* decision" by adding "pregnancy, childbirth, or related medical conditions" to the definition of "on the basis of sex." *Newport News Shipbuilding & Dry Dock Co. v. EEOC*, 462 U.S. 669, 678-79 (1983) (citing 42 U.S.C. § 2000e(k)). The Senate Report accompanying those amendments explained that it was the Justices who dissented in *Gilbert* that had "correctly" interpreted Title VII's meaning. S. Rep. No. 95-331, at 2–3 (1977). The dissenters'

conclusion, which the Senate Report endorsed, was that "a classification revolving around pregnancy," is "[s]urely," "at the minimum, strongly 'sex related.'" *Gilbert*, 429 U.S. at 149 (Brennan, J., dissenting). The dissenters reasoned that when a company "devise[s] a policy that, but for pregnancy, offers protection for all [comparable] risks," it discriminates "on the basis of sex" in violation of Title VII. *Id.* at 160. The same reasoning applies here: Defendants have "devised a policy" that permits medically necessary, doctor-recommended hysterectomies for "all" diagnoses, "but for" gender dysphoria, which is surely, at the minimum, strongly sex related. That policy is thus barred under federal anti-discrimination law. Defendants cite no case law extending the flawed reasoning of the *Gilbert* majority to Section 1557 claims or cases involving transgender status, and given Congress's clear disapproval of that reasoning, this court will not do so here.

For the foregoing reasons, the undisputed facts establish that the decision to cancel Mr. Hammons' hysterectomy pursuant to a policy that prohibits gender-affirming care was discrimination on the basis of his sex.[16] The question of which, if any, of the

[16] In reaching this conclusion, this court does not rely on HHS regulations, given the uncertainty regarding their viability. *See Religious Sisters of Mercy v. Becerra*, 55 F.4th 583, 589-95, 599-600 (8th Cir. 2022) (describing the relevant regulatory history). However, it is notable that HHS filed a Notice of Proposed Rulemaking on August 4, 2022, which states,

Defendants is responsible for that discrimination will be discussed in the following sections.

B. Defendants' Motion for Summary Judgment and Opposition to Plaintiff's Motion

Defendants moved for summary judgment on two other grounds: 1) UMMS is not a proper defendant and 2) Plaintiff is bound by another court's injunction. Additionally, Defendants contend that this court cannot grant summary judgment for Plaintiff because 1) Plaintiff's position relies on facts in dispute, and 2) St. Joseph is entitled to raise a RFRA defense at trial. None of Defendants' arguments are persuasive for the reasons that follow.

1. UMMS's Liability under Section 1557

Defendants argue that UMMS is not a proper defendant for the alleged discriminatory conduct at issue in this case. They argue that only the funding recipient for the specific discriminatory

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"Discrimination on the basis of sex includes . . . discrimination on the basis of . . . gender identity." Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47916 (proposed Aug. 4, 2022) (to be codified at 45 C.F.R. § 92.101). It also states,

> In providing access to health programs and activities, a covered entity must not . . . [d]eny or limit health services sought for purpose of gender transition or other gender-affirming care that the covered entity would provide to an individual for other purposes if the denial or limitation is based on a patient's sex assigned at birth, gender identity, or gender otherwise recorded."

Id. at 47918 (to be codified at 45 C.F.R. § 92.206).

program—which they argue is St. Joseph's surgery department here—can be held liable under Section 1557. (ECF No. 98-1 at 10-12). Because Section 1557, like Title VI, Title IX, and the Rehabilitation Act, is Spending Clause legislation that operates like a contract between the government and the recipient of federal funds in which the recipient agrees to comply with federally imposed conditions, they argue that "liability only attaches to the actual recipient of federal funds for its own misconduct occurring in its own program or activities." (ECF No. 98-1 at 18 (internal quotation marks and emphasis omitted)).

Defendants' argument is faulty for several reasons. It has never been established that only the entity directly responsible for the discriminatory program, and not the entity's parent corporation, can be held liable under Section 1557 or other Spending Clause legislation.[17] As previously noted, Section 1557 prohibits "discrimination under[] any health program or activity, any part of which is receiving Federal financial assistance." 42 U.S.C. § 18116(a). The term "health program or activity" is defined in the HHS regulations as "all of the operations of entities principally engaged in the business of providing healthcare that receive Federal financial assistance[.]" 45

[17] Notably, Defendants do not argue that only St. Joseph's surgery department is a proper defendant here, which it maintains is the relevant "health program or activity." (ECF No. 98-1 at 19).

C.F.R. 92.3(b) (2020).[18] UMMS is undoubtedly "principally engaged in the business of providing healthcare" through its network of hospitals; therefore, "all" of its "operations," which would seem to include the hospitals it runs, are under the umbrella of its health programs and activities.[19] A plain reading of the statute supports a conclusion that UMMS could be held liable under Section 1557 for discrimination that occurs in any of its hospitals.

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[18] Various litigants have challenged the 2020 HHS regulations as arbitrary and capricious, and those challenges remain pending. HHS's August 4, 2022, Notice of Proposed Rulemaking proposes a revised definition of "health program or activity," but the proposed new definition is broader in scope and includes language almost identical to the previous definition. *See* Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47844, 47912 (proposed Aug. 4, 2022) (to be codified at 45 C.F.R. § 92.4). Recognizing the uncertainty regarding the regulations, courts have looked to the definitions in Section 504, Title VI, Title IX, and the Age Discrimination Act for additional guidance. *See T.S. ex rel. T.M.S. v. Heart of CarDon, LLC*, 43 F.4th 737, 742-43 (7th Cir. 2022). The definitions of "program or activity" in those statutes are very similar to definition in the 2020 regulations. *See* 29 U.S.C. § 794(b) (defining "program or activity" as "all of the operations of"—among other entities—"an entire corporation, partnership, or other private organization, . . . which is principally engaged in the business of providing . . . health care . . . any part of which is extended Federal financial assistance."); 42 U.S.C. § 2000d-4a (same); 20 U.S.C. § 1687 (same); 42 U.S.C. § 6107(4)(same).

[19] *See T.S.*, 43 F.4th at 742-44 (interpreting "all of the operations" of a healthcare company to include an LLC it operated); *see also Doe One v. CVS Pharmacy, Inc.*, No. 18-CV-01031-EMC, 2022 WL 3139516, at *7-14 (N.D.Cal. Aug. 5, 2022) (interpreting "operations" to "encompass the activities of separate subsidiary entities of a business engaged in providing healthcare (as opposed to only such entity's internal operations)").

Defendants' position is also inconsistent with how other Spending Clause legislation is interpreted. The Supreme Court held in *Grove City College v. Bell*, 465 U.S. 555, 556 (1984), that the receipt by some students of federal financial aid triggers Title IX liability only for a college's financial aid program, not for the entire college. However, this decision prompted Congress to pass the Civil Rights Restoration Act of 1987 (the "CRRA"), which superseded *Grove City College* and clarified that "if any part of an educational institution receive[s] federal funds, the institution as a whole must comply with Title IX's provisions." Pub. L. No. 100–259, § 3(a), 102 Stat. 28, 28–29 (1988) (codified as amended at 20 U.S.C. § 1687); *McCormick ex rel. McCormick v. Sch. Dist. of Mamaroneck*, 370 F.3d 275, 287 (2d Cir. 2004). Although a program within an entity is different from an entity's subsidiary, Title IX's legislative history undermines Defendants' position that Congress intended to limit the scope of Spending Clause legislation liability to only the parties to the federal funding "contract"—the government and the direct recipient of the funds. *See also T.S. ex rel. T.M.S. v. Heart of CarDon, LLC*, 43 F.4th 737, 744-46 (7th Cir. 2022) (discussing the CRRA's implications for Section 1557).

None of the cases Defendants cite for a limitation on Section 1557 liability support Defendants' position. Defendants rely most heavily on *Davis v. Monroe County Board of Education*, 526 U.S. 629

(1999), in which the Supreme Court held that the government's enforcement power under Title IX "may only be exercised against the funding recipient," and it may not be extended to "parties outside the scope of this power." *Id.* at 641; *see also id.* at 640 ("[A] recipient of federal funds may be liable in damages under Title IX only for its own misconduct."). This holding is inapposite here. The Court's holding in *Davis* was in the context of deciding whether a school board—a recipient of federal funds—could be held liable for the discriminatory conduct of a student. The Court held that the school board could not be held liable for the conduct of third parties who did not receive federal funds (i.e., students); however, it clarified that the board *could* be held liable for its own deliberate indifference to student-student harassment. *Id.* at 640-43.

Here, Defendants have all admitted that they have received federal funds, and St. Joseph is a wholly owned subsidiary of UMMS. (ECF Nos. 83 at 9, 105-10 at 5, 8, 23). Their relationship is clearly different from that of a school board and a student. All the other cases Defendants cite for their position are in this school district or university context. *See, e.g., Baynard v. Malone*, 268 F.3d 228, 237 (4th Cir. 2001); *Kinman v. Omaha Pub. Sch. Dist.*, 171 F.3d 607, 611 (8th Cir. 1999); *Smith v. Metro. Sch. Dist. Perry Twp.*, 128 F.3d 1014, 1018 (7th Cir. 1997); *Lipsett v. Univ. of P.R.*, 864 F.2d 881, 901 (1st Cir. 1988).

Even if it were appropriate to stretch the holding in *Davis* to fit the facts of this case, Defendants' position still would fail. In *Davis*, 526 U.S. at 630, as well as *Gebser v. Lago Vista Indep. Sch. Dist.*, 524 U.S. 274, 290 (1998), the Supreme Court made clear that a school district *can* be held liable under Title IX for teacher-student or student-student sexual harassment if the school district is aware of the misconduct and fails to correct it. Assuming hypothetically that those cases apply here, as Defendants urge, UMMS is not only aware of, but is also responsible for, St. Joseph's adherence to the ERDs—and audits by the National Catholic Bioethics Center—by way of entering into the Asset Purchase Agreement and Catholic Identity Agreement.[20] Further, the control UMMS exerts over the St. Joseph board—through its approval of the CEO, appointment of board members, and approval of certain board actions—suggests that UMMS could remedy this discrimination

[20] Defendants resist this conclusion by arguing that "UMMS's agreement to *maintain* St. Joseph's Catholic identity is different from *causing* it." (ECF No. 111 at 13). This is a distinction without a difference, as *Davis* and *Gebser* require no such causal link. Even so, the hospital known as St. Joseph may have had a Catholic identity prior to being owned by UMMS, but St. Joseph, LLC did not exist until UMMS created it and bound it contractually to comply with the ERDs. Further, the attempt to characterize UMMS's involvement in St. Joseph's Catholic identity as passive is belied by the consistently active language in the Asset Purchase Agreement. (*See, e.g.*, ECF No. 99-1 at 86 ("UMMS . . . shall continue to operate [St. Joseph] in a manner consistent with Catholic values and principles," and "UMMS . . . shall ensure that [St. Joseph] establish[es] and maintain[s] the following fundamentals to hold [St. Joseph] accountable for [its] Catholic identity[.]")).

if it chose to do so, or at least cease allowing St. Joseph to operate within its network of hospitals.[21]

Additionally, other courts have determined that a parent corporation *can* be held liable under Section 1557 and other Spending Clause legislation when its subsidiary engages in discrimination. Analogous to this case, the United States Court of Appeals for the Eleventh Circuit held in *Silva v. Baptist Health S. Fl., Inc.*, 856 F.3d 824, 842 (11th Cir. 2017), that a parent organization, which operated two hospitals where alleged discriminatory conduct occurred, could also be held liable under the Rehabilitation Act for its subsidiaries' conduct. The court explained that, because the parent "own[ed] and operate[d] the hospitals at which [the plaintiffs] presented . . . and applie[d] its various policies and procedures to" the subsidiary hospitals, liability was not limited to the "direct service-provider." *Id.*

Similarly, in *T.S.*, 43 F.4th at 738-39, the United States Court of Appeals for the Seventh Circuit held that a healthcare provider was a proper defendant in a Section 1557 suit against its self-funded employee health insurance plan—a separate limited

[21] Defendants contend that the extent of UMMS's control over St. Joseph's decision to engage in discriminatory practices is in dispute. (ECF No. 111 at 29-30). However, there are no disputed *facts*; the parties simply have different interpretations of the legal implications of the unchallenged agreements that establish the relationships between Defendants and their obligations to comply with the ERDs. *See infra* Part III.B.3.

liability company ("LLC")—for alleged discrimination perpetrated by the insurance plan. While only the healthcare provider, and not the LLC it operated, received federal funds in that case, the court clarified that "'program or activity' in [S]ection 1557 is not limited to the discrete portion of [a company's] operations that receives Medicare and Medicaid reimbursements." *Id.* at 743. In other words, the Section 1557 obligations imposed on a parent company through its acceptance of federal funds include a duty not to discriminate through the actions of a company that it operates. *See also Doe One v. CVS Pharmacy, Inc.*, No. 18-CV-01031-EMC, 2022 WL 3139516, at *9 (N.D.Cal. Aug. 5, 2022) (holding that parent and subsidiaries were both proper defendants in a Section 1557 suit, even if only the parent received federal funds, because "[t]o ignore the overall interrelationship among the entities which, in the case at bar, design and implement the allegedly discriminatory program . . . would exalt form over substance and impair the effectiveness of the anti-discrimination provision of the [Affordable Care Act]").

At a minimum, UMMS can be held directly liable under Section 1557 for owning and operating a hospital that adheres to discriminatory policies—and ensuring it does so, as required by the contracts entered into by UMMS. For that reason, UMMS is not

entitled to summary judgment on this basis, nor does it prevent Plaintiff from succeeding on his summary judgment motion.[22]

2. *Religious Sisters of Mercy* Injunction

Defendants argue that St. Joseph is shielded from Plaintiff's Section 1557 claim by an injunction issued by the United States District Court for the District of North Dakota in *Religious Sisters of Mercy v. Azar*, 513 F.Supp.3d 1113 (D.N.D. 2021), *judgment entered sub nom. Religious Sisters of Mercy v. Cochran*, No. 3:16-cv-00386, 2021 WL 1574628 (D.N.D. Feb. 19, 2021). (ECF No. 98-1 at 22-28). In that case, Catholic organizations sued the United States Department of Health and Human Services ("HHS") and its Secretary in his official capacity, challenging an implementation of Section 1557 and its regulations. *Id.* at 1122. The plaintiffs argued that interpreting or applying Section 1557 to require them to perform gender-transition procedures violates RFRA.[23] *Id.* The court agreed, and it issued a permanent injunction:

> PERMANENTLY ENJOIN[ING] AND RESTRAIN[ING] HHS, Secretary Azar, their divisions, bureaus,

[22] Plaintiff also argues that UMMS can be held indirectly liable for its subsidiary's actions under a piercing-of-the-corporate-veil theory. (ECF No. 105-1 at 38-41). Because this court concludes that UMMS can be held directly liable for its participation in the alleged discrimination under the text of Section 1557 and Spending Clause legislation case law, it need not address this argument.

[23] The case also involved other parties and other claims not relevant here.

> agents, officers, commissioners, employees, and anyone acting in concert or participation with them . . . from interpreting or enforcing Section 1557 of the ACA . . . or any implementing regulations thereto against the Catholic Plaintiffs in a manner that would require them to perform . . . gender-transition procedures, including by denying federal financial assistance because of their failure to perform . . . such procedures or by otherwise pursuing . . . other enforcement actions.

Id. at 1153-54.

The "Catholic Plaintiffs" include two separate sets of plaintiffs, one of which the court referred to as the "Catholic Benefits Association Plaintiffs." *Id.* at 1131, 33. The Catholic Benefits Association ("CBA") is a "nonprofit corporation and Catholic ministry" whose membership includes "over 1,030 employers and 5,100 Catholic parishes" who "commit to providing benefits or services consistent with Catholic values." *Id.* at 1133. These plaintiffs included the unnamed members, "present and future," of the Catholic Benefits Association that meet certain criteria. *Id.* at 1154. In addition, the "Catholic Benefits Association Plaintiffs" included three named plaintiffs, who are members of the CBA. *Id.* at 1133.

Defendants explain that St. Joseph has recently joined the CBA, having met the criteria required to do so. (ECF No. 98-1 at 24). They argue that, therefore, St. Joseph is covered by this injunction.

HHS appealed the district court's grant of permanent injunctive relief to the plaintiffs, and since the Defendants filed their motion, the United States Court of Appeals for the Eighth Circuit issued an opinion affirming the district court's ruling in all but one respect. *Religious Sisters of Mercy v. Becerra*, 55 F.4th 583 (8th Cir. 2022). The Eighth Circuit held that the district court erred in concluding that "CBA had associational standing to sue on behalf of its unnamed members" because the CBA had not identified particular members and their injuries. *Id.* at 601-02. Accordingly, the court "affirm[ed] the district court's grant of permanent injunctive relief to the plaintiffs except to the extent it recognizes the associational standing of the CBA" and remanded for further proceedings consistent with the opinion. *Id.* at 609.

The Eighth Circuit's recent ruling that CBA lacked standing to proceed on behalf of its unnamed members in the lawsuit puts into question the viability of St. Joseph's argument that it is covered, as an unnamed member of the CBA, by the *Religious Sisters of Mercy* injunction. However, as Defendants point out, the injunction is still technically in place until the district court acts on remand from the Eighth Circuit. (ECF No. 118). Regardless of how the injunction is revised on remand, Defendants' argument lacks merit.

Mr. Hammons was not a party to the lawsuit in North Dakota and is not enjoined by the terms of the injunction—only HHS and its agents are. Defendants argue that Mr. Hammons should be considered in privity with HHS, as a "third-party beneficiary" of the Spending Clause legislation "contract between the Government and the funding recipient," because a private plaintiff's right of action is only as extensive as HHS's enforcement power. (ECF No, 98-1 at 25). However, Mr. Hammons's private right of action is different from a potential enforcement action against St. Joseph by HHS. A private litigant sues for violations of Spending Clause legislation to vindicate his own rights and to recover damages only for himself, whereas an enforcement action by the government would be to terminate federal funding based on a funding recipient's "breach" of the Spending Clause legislation "contract." *See Jersey Heights Neighborhood Ass'n v. Glendening*, 174 F.3d 180, 191 (4th Cir. 1999) ("Title VI creates a two-pronged attack on discrimination by federal funding recipients: direct action against those recipients by private parties and action by funding agencies to secure voluntary compliance or to terminate funds altogether." (citations omitted)). Therefore, an injunction against government enforcement is not the same as an injunction against private lawsuits.

To hold otherwise would be an improper extension of a federal court's equitable powers to individuals not party to a case who

did not have an opportunity to be heard. *See* Fed.R.Civ.P. 65(d) ("Every order granting an injunction . . . binds only . . . (A) the parties; (B) the parties' officers, agents, servants, employees, and attorneys; and (C) other persons who are in active concert or participation with any described in [(A) or (B)]."); *see also Regal Knitwear Co. v. N.L.R.B.*, 324 U.S. 9, 13 (1945) ("The courts . . . may not grant an enforcement order or injunction so broad as to make punishable the conduct of persons who act independently and whose rights have not been adjudged according to law."); *Whole Woman's Health v. Jackson*, 142 S.Ct. 522, 535 (2021) ("[U]nder traditional equitable principles, no court may enjoin the world at large, or purport to enjoin challenged laws themselves." (internal quotation marks and citations omitted)). And equitable considerations weigh strongly against binding Mr. Hammons and St. Joseph under the injunction, given how different the parties' positions are from the parties in *Religious Sisters of Mercy*—St. Joseph's status as a state entity being a notable difference. *See infra* Part. III.B.4. This court will not apply the injunction to the parties in this case.

3. Disputes of Material Fact

Plaintiff contends that no material facts are in dispute with regard to the legal relationship of all three Defendants and their collective responsibility for the sex discrimination. (ECF No. 114 at 10). Defendants, however, argue that certain facts upon

which Plaintiff relies are in dispute—specifically those related to the corporate relationships between the parties and to St. Joseph's policies and motives. (ECF No. 111 at 28-34).

First, Defendants argue that it remains in dispute "whether UMMS directly 'caused' or 'forced' St. Joseph to discriminate and whether it was the 'final decisionmaker for the challenged practice.'" Defendants take issue with Plaintiff's characterization of the Asset Purchase Agreement as evidence that UMMS caused St. Joseph to discriminate, where there is no evidence that "St. Joseph would have abandoned its adherence to the ERDs had UMMS not acquired the hospital." (ECF No. 111 at 29). This "dispute" is neither factual nor material. Rather, it reflects a difference in characterization of undisputed facts. It is undisputed that UMMS purchased St. Joseph and that a condition of that purchase was that UMMS continue to operate St. Joseph as a Catholic hospital. It is also undisputed that Defendant St. Joseph, LLC was created by UMMS, and that UMMS signed agreements to bind that newly created LLC to adhere to the ERDs in its provision of medical care. Whether that amounts to "forcing" St. Joseph to adhere to the ERDs is more of a legal question than a factual one.

Regardless, the answer to that question is immaterial because it is only relevant, as explained previously, if the principles of *Davis* are appropriately applied to this case—this court does not

accept that premise. And even if *Davis* did apply, the Supreme Court held in that case that a school district could be held liable for merely remaining deliberately indifferent to harassment—causation is not required. *Davis v. Monroe County Board of Education*, 526 U.S. 629, 640-43 (1999). Purely undisputed facts establish that UMMS maintains a health program that discriminates on the basis of sex, so Defendants cannot evade summary judgment on that basis.[24]

Defendants contend that Plaintiff "also relies on disputed facts about St. Joseph's policies and motives," specifically that Mr. Hammons's surgery was "cancelled *because of* his gender dysphoria." (ECF No. 111 at 31). They argue that record evidence supports a conclusion that St. Joseph has a policy against performing hysterectomies for the purpose of sterilization and that it only performs hysterectomies if the patient's uterus was diseased or if the patient has some other life-threatening condition, like excessive bleeding. However, accepting the fact that St. Joseph has a policy against performing hysterectomies for the purpose of sterilization, that is irrelevant here because Mr. Hammons did not seek a hysterectomy for the purpose of

[24] Defendants also argue that disputed facts regarding corporate relationships exist as relevant for Plaintiff's veil-piercing theory. As previously noted, this opinion does not rely on that theory in determining that UMMS is a proper defendant. *See supra* note 25.

sterilization. And the evidence does not support that St. Joseph only allows hysterectomies to treat life-threatening conditions; while it certainly supports that St. Joseph *will* perform a hysterectomy to treat a life-threatening condition, the evidence conclusively shows that "life-threatening" is not a requirement. *See supra* note 15. Rather, with the exception of procedures sought by transgender patients to treat gender dysphoria, St. Joseph will perform any hysterectomy "so long as [it] is consistent with the standard of care for a given diagnosis." (ECF No. 105-6 at 30, 57).

More importantly, there is no evidence to support Defendants' assertion that Mr. Hammons's surgery was cancelled for either of those reasons. The undisputed evidence establishes that Mr. Hammons's surgery was cancelled because "it was a gender transition treatment." (ECF No. 105-6 at 67-69). Even accepting that St. Joseph does have those policies that, in other cases, may be a relevant consideration in authorizing a hysterectomy, St. Joseph specifically denied Mr. Hammons's surgery because of its policy against providing gender-affirming care. Defendants point to no evidence that suggests St. Joseph does not have such a policy, and St. Joseph's corporate designee admitted that it does. (ECF No. 105-6 at 57). And as previously noted, all that is required is that sex discrimination was one of the reasons behind a covered

entity's adverse decision, and undisputed facts establish that that is the case here. *See supra* note 18.

4. RFRA Defense

Finally, Defendants argue that even if they are not entitled to summary judgment for the reasons previously discussed, Plaintiff is not entitled to summary judgment against St. Joseph because St. Joseph is entitled to raise a RFRA defense at trial. (ECF No. 111 at 34-39).

The parties have, at times, engaged in a sort of legal gymnastics as they try to wend their way through the labyrinth of state action, sovereign immunity, standards of review, and statutory interpretation. Neither side has been immune to this malady. Plaintiff, as ably pointed out by Defendants, tried to find daylight between state action and sovereign immunity in a vain attempt to sustain an action under 42 U.S.C. § 1983. Defendants were content to sink or swim together when it seemed to suit their purposes, but now seek to differentiate themselves into two (but not three) separate entities. Pleading in the alternative, and even making alternative arguments, is entirely permissible. Relying on one set of facts which win the day and then arguing the opposite may not be. The doctrine of judicial

estoppel precludes such chicanery.[25] While the parties have not transgressed that line, they came perilously close.

Defendants have always taken the primary position that all of them are private corporations, not instrumentalities of the state, and thus cannot be liable under § 1983. They did argue, that if they are state actors for purposes of § 1983, they are also

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[25] The Fourth Circuit described the doctrine in *Martineau v. Wier*, 934 F.3d 385, 393 (4th Cir. 2019):

> As the Supreme Court has explained, judicial estoppel is an equitable doctrine, designed to "protect the integrity of the judicial process by prohibiting parties from deliberately changing positions according to the exigencies of the moment." *New Hampshire v. Maine*, 532 U.S. 742, 749–50 (2001) (internal quotation marks omitted). Typically, judicial estoppel is reserved for cases where the party to be estopped . . . has taken a later position that is "clearly inconsistent" with her earlier one; has persuaded a court to adopt the earlier position, creating a perception that "either the first or the second court was misled"; and would "derive an unfair advantage or impose an unfair detriment on the opposing party if not estopped." *Id.* at 750–51 (internal quotation marks omitted). Finally, and central to this case, there is the longstanding principle that judicial estoppel applies only when "the party who is alleged to be estopped *intentionally* misled the court to gain unfair advantage," and not when "a party's prior position was based on inadvertence or mistake." *John S. Clark Co. v. Faggert & Frieden, P.C.*, 65 F.3d 26, 29 (4th Cir. 1995) (emphasis added) (internal quotation marks omitted); *accord New Hampshire*, 532 U.S. at 753 (quoting *John S. Clark*, 65 F.3d at 29).

entitled to sovereign immunity. So, while they succeeded in having those claims dismissed, it was not based on their primary argument. What they did argue, however, was that all three could be treated together, allowing presumably the two St. Joseph entities to benefit from the status of UMMS, and vice versa. At this stage, in contrast, Defendants seek to split the entities, so that, as discussed above, UMMS can argue that it is not responsible for discrimination by St. Joseph's, and St. Joseph's can argue that it may assert the RFRA defense. Despite this switch in strategy, Defendants' argument fails.

Because St. Joseph is a state actor, it simply may not assert this defense. As noted in connection with Defendants' motion for leave to amend answer to assert this defense, Defendants acknowledge that the defense is not available to state actors. (ECF No. 73-1 at 7). By the time Defendants sought to assert the defense, the court had ruled that they, as a single unit of three entities,[26] were entitled to sovereign immunity as to the § 1983 claims precisely because they were an instrumentality of the state. And St. Joseph has not sought reconsideration of that ruling.

[26] It is somewhat disingenuous for Defendants to suggest that Plaintiff or the court itself was responsible for treating the three defendants as a single entity, when their motion did precisely that, denoting the three as the "Medical System". That motion made no attempt to differentiate St. Joseph from UMMS for the purpose of state actor analysis, or any other. (*See* ECF No. 39-1).

Rather, Defendants seem to believe that they are free to dispute the facts that the court relied on earlier in this litigation. Consideration of those purported additional facts does not show that St. Joseph is not an instrumentality of the state.

The question is whether wholly owned subsidiaries of state actors are also state actors. There is very little case law addressing this issue, but the case law that does exist suggests that wholly owned subsidiaries of state actors are also state actors. *See Verdon v. Consol. Rail Corp.*, 828 F.Supp. 1129, 1132, 38 (S.D.N.Y. 1993) (holding that "a public-benefit corporation which is a wholly owned subsidiary of the" state transit authority "would clearly be a . . . 'state actor'"); *Gunter v. Long Island Power Auth./Keyspan*, No. 08-CV-498(RRM)(LB), 2011 WL 1225791, at *7-8 (E.D.N.Y. Feb. 15, 2011) (holding that a power company, which was a wholly owned subsidiary of a state power authority, was a state actor because it was "controlled by an agency of the state"); *Gherity v. Pfaff*, 216 F.Supp.3d 975, 979 (D.Minn. 2016) (holding that a county medical center, "as a subsidiary of" a county, was a state actor). This makes sense logically and for public policy reasons—the same rules that apply to a governmental entity should apply to a sub-entity that it operates.

The question is not whether some of the day-to-day operations of St. Joseph's are controlled within its own corporate structure, or who ultimately made the decision to prohibit Mr. Hammons'

surgery. Instrumentality of the state analysis, as discussed at length in this court's earlier opinion, depends on assessment of many factors. Defendants have not pointed to any facts that undermine the earlier conclusion.

If St. Joseph is not a state actor, the court would then need to assess a very difficult question: whether St. Joseph can assert a RFRA defense in this case brought by a private individual, given that RFRA prohibits only the "[g]overnment" from "substantially burden[ing]" a person's exercise of religion. 42 U.S.C. § 2000bb-1. While the Supreme Court and the Fourth Circuit have never addressed the issue of whether RFRA applies to suits involving only private parties, and there is a circuit split on the issue, the weight of circuit court authority tips in favor of a conclusion that it does not.

The three circuit courts that have allowed a private defendant's RFRA defense in a suit by a private plaintiff are feeble support for Defendants' position. The United States Court of Appeals for the Second Circuit held that a RFRA defense could apply to a suit brought by a private plaintiff in *Hankins v. Lyght*, 441 F.3d 96, 103 (2d Cir. 2006). However, the Second Circuit has since expressed doubt about the strength of the reasoning in that case, based on the text and operation of RFRA. *See Rweyemamu v. Cote*, 520 F.3d 198, 203-04, 203 n.2 (2d Cir. 2008). In *In re Young*, 82 F.3d 1407, 1416-17 (8th Cir. 1996), *vacated, sub nom.*

Christians v. Crystal Evangelical Free Church, 521 U.S. 1114 (1997), *reinstated, sub nom. In re Young*, 141 F.3d 854 (8th Cir. 1998), the United States Court of Appeals for the Eighth Circuit allowed a RFRA defense in a bankruptcy case. However, its reasoning in doing so was based on the fact that the bankruptcy court that heard the case was a "branch" of the government that would be implementing federal bankruptcy law—the unique bankruptcy context in that case makes it less persuasive in the present case. Finally, in *EEOC v. Catholic Univ. of Am.*, 83 F.3d 455, 467 (D.C. Cir. 1996), the United States Court of Appeals for the District of Columbia Circuit allowed a RFRA defense in a case involving both the Equal Employment Opportunity Commission and a private plaintiff; however, it did not analyze the question, let alone state whether RFRA would apply if the private plaintiff had sued alone.

On the other hand, multiple circuit courts have explicitly rejected the notion that RFRA can apply in a suit involving only private parties. The United States Court of Appeals for the Sixth Circuit held in *Gen. Conf. Corp. of Seventh-Day Adventists v. McGill*, 617 F.3d 402, 410 (6th Cir. 2010), that "the [RFRA] defense does not apply in suits between private parties." It reasoned that "[t]he text of the statute makes quite clear that Congress intended RFRA to apply only to suits in which the government is a party." *Id.* The United States Court of Appeals for the Seventh

Circuit in *Listecki v. Off. Comm. of Unsecured Creditors*, 780 F.3d 731, 736 (7th Cir. 2015), held that, "[b]ased on RFRA's plain language, its legislative history, and the compelling reasons offered by our sister circuits, . . . RFRA is not applicable in cases where the government is not a party." *See also Tomic v. Catholic Diocese of Peoria*, 442 F.3d 1036, 1042 (7th Cir. 2006), *abrogated on other grounds by Hosanna-Tabor Evangelical Lutheran Church and Sch. v. EEOC*, 565 U.S. 171 (2012) (stating that "RFRA is applicable only to suits to which the government is party" and referring to the Second Circuit's decision in *Hankins* as "unsound"). The United States Court of Appeals for the Ninth Circuit applied an "under color of law" requirement in *Sutton v. Providence St. Joseph Med. Ctr.*, 192 F.3d 826, 834-43 (9th Cir. 1999), and concluded that, in the absence of a nexus between a private party and the government, RFRA did not apply to that party.

Additionally, several district courts in this circuit have held that RFRA cannot apply in suits where the government is not a party. *See Billard v. Charlotte Catholic High School*, No. 3:17-cv-00011, 2021 WL 4037431, at *15-22 (M.D.N.C. Sept. 3, 2021) (analyzing the question extensively and concluding "that RFRA does not apply to suits between purely private parties"); *Doe v. Catholic Relief Servs.*, No. 20-cv-1815-CCB, 2022 WL 3083439, at *5-6 (D.Md. Aug. 3, 2022) ("This court finds as a matter of law that RFRA restricts the government rather than private parties,

and so [the defendant] may not assert RFRA as an affirmative defense against [the plaintiff's] claims."); *Goddard v. Apogee Retail LLC*, No. 19-cv-3269-DKC, 2021 WL 2589727, at *8 (D.Md. June 24, 2021) (dismissing a claim predicated on RFRA because it "places restrictions on the government, not private parties").

Other courts have been persuaded by the dissent by then Circuit Judge Sotomayor in *Hankins*. She reasoned as follows:

> Two provisions of the statute implicitly limit its application to disputes in which the government is a party. Section 2000bb–1(c) states that "[a] person whose religious exercise has been burdened in violation of this section may assert that violation as a claim or defense in a judicial proceeding and obtain appropriate relief against a *government*" (emphasis added). In the majority's view, we should read this provision as "broadening, rather than narrowing, the rights of a party asserting the RFRA." Maj. Op. at 103. This interpretation would be questionable even if Section 2000bb–1(c) were the only provision of the statute affecting the question of whether RFRA applies to private suits. When read in conjunction with the rest of the statute, however, it becomes clear that this section reflects Congress's understanding that RFRA claims and defenses would be raised only against the government. For instance, section 2000bb–1(b) of RFRA provides that where a law imposes a substantial burden on religion, the "*government*" must "demonstrate[] . . . that application of the burden" is the least restrictive means of furthering a compelling governmental interest (emphasis added). The statute defines "demonstrate" as "meet[ing] the burdens of going forward with the evidence and of persuasion." 42 U.S.C. § 2000bb–2(3). Where, as here, the government is not a party, it cannot "go[] forward" with any evidence.

441 F.3d at 114-15 (Sotomayor, J., dissenting) (alterations in original). If St. Joseph were not a state actor, the growing weight of authority recited above would counsel in favor of finding that it could not assert RFRA in a case brought by a private party.

For the aforementioned reasons, RFRA is not applicable in this case.

C. Resolution of Cross-Motions

This court has determined that undisputed facts establish that, as a matter of law, Defendants discriminated against Plaintiff on the basis of his sex; UMMS is a proper defendant—all three Defendants are health programs or activities that receive federal funds; St. Joseph is not covered by the *Religious Sisters of Mercy* injunction; there are no material facts in dispute; and St. Joseph may not assert a defense based on RFRA. In light of those determinations, Plaintiff is entitled to summary judgment in his favor on his Section 1557 claim, and Defendants' motion for summary judgment will be denied.

Any remaining questions as to damages—to the extent that there are any—are reserved for trial.

D. Motions to Seal and/or File Certain Documents Publicly

Finally, the following motions by the parties related to the sealing of documents are pending:

1. Defendants' Motion for Leave to File Exhibits Under Seal (ECF No. 100)

2. Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal, and Motion for Leave to File Certain Documents Publicly (ECF No. 104)

3. Plaintiff's Consolidated Interim Sealing Motion, Motion for Leave to File Certain Documents Under Seal, and Motion for Leave to File Certain Documents Publicly (ECF No. 113)

In compliance with to the parties' Stipulated Order Regarding Confidentiality of Discovery Material, (ECF Nos. 69, 70), the parties filed certain materials designated "confidential" under seal and moved simultaneously for leave to file them under seal, pursuant to Local Rule 104.13(c). Local Rule 105.11 provides that motions to seal "shall include (a) proposed reasons supported by specific factual representations to justify the sealing and (b) an explanation why alternatives to sealing would not provide sufficient protection." However, a "more rigorous First Amendment standard" applies "to documents filed in connection with a summary judgment motion in a civil case," as "summary judgment adjudicates substantive rights and serves as a substitute for a trial." *Rushford v. New Yorker Magazine, Inc.*, 846 F.2d 249, 252-53 (4th Cir. 1988). Each motion will be addressed in turn.

1. Defendants' Motion to Seal

Defendants moved to file Exhibits 2, 7, 10, 13, 15, and 19 to their motion for summary judgment under seal. (ECF No. 100). Exhibits 10, 15, and 19 are excerpts from depositions that contain "confidential information regarding" Plaintiff's and other

individuals' "medical history and diagnoses." Plaintiff does not oppose the filing of those documents under seal. (ECF No. 102). Accordingly, the motion will be granted as to those documents.

The other exhibits are documents related to Defendants' corporate formation, structure, and contractual obligations: Exhibit 2 is the Asset Purchase Agreement, Exhibit 7 is the Catholic Identity Agreement, and Exhibit 13 is the St. Joseph Operating Agreement. Defendants argue that those documents contain "proprietary business information including internal policies and procedures which, if made public could cause competitive harm." They add that redaction or less drastic alternatives are not possible because "redaction will not allow the [c]ourt to fully evaluate the testimony and information provided in these exhibits." Plaintiff opposes the motion because the documents "go to the heart of the dispute in this case."

This opinion relies on and quotes heavily from those three agreements. Therefore, the First Amendment requires that they remain unsealed except "on the basis of a compelling . . . interest, and only if [the sealing] is narrowly tailored to serve that interest." *Stone v. Univ. of Md. Med. Sys. Corp.*, 855 F.2d 178, 180 (4th Cir. 1988). Defendants' assertions of risks of "competitive harm" are too vague and overbroad, and sealing the entirety of the three documents is not narrowly tailored to serve any potential interest in doing so. And Defendants' reason for

rejecting less drastic alternatives is unpersuasive. As Plaintiff points out, Defendants could seek to file redacted versions of the documents publicly, while filing unredacted versions with the Court under seal. Therefore, Defendants' motion will be denied as to Exhibits 2, 7, and 13 to their motion for summary judgment. Should they seek to, they can file another motion to seal with proposed redactions to those documents. In doing so, however, they must clearly substantiate the basis for any requested redactions. The documents will remain under seal for another 14 days, although this memorandum is not under seal. Thus, the excerpts quoted or referenced herein must, at some point, be unsealed.

2. Plaintiff's First Motion to Seal and File Publicly

Plaintiff moved to file Exhibits 2, 11, 19, and 20 to his motion for summary judgment under seal. (ECF No. 104). Those documents are a letter and depositions that contain Plaintiff's medical information. Defendants do not oppose the motion as to those documents. (ECF No. 108). Accordingly, the motion to seal those documents will be granted.

Plaintiff also moved to file publicly Exhibits 13, 14, 16, and 22 to his motion for summary judgment, which were designated "confidential" under the Stipulated Order. (ECF No. 104). Exhibit 13 is a copy of a policy document from the National Catholic Bioethics Center, which is available publicly. Defendants agree

that there is no reason to seal a publicly available document, so they do not oppose Plaintiff's motion as to that document. (ECF No. 108). However, Defendants oppose the public filing of the other three documents: Exhibit 14 is a copy of the results of the National Catholic Bioethics Center's 2019 audit of St. Joseph; Exhibit 16 is an email chain among St. Joseph personnel about whether a phalloplasty could be performed on a transgender male at St. Joseph; and Exhibit 22 is an email chain among St. Joseph personnel after the events in this case about creating an alert when the word "gender" appears in a surgery scheduling request.

Defendants argue that Exhibits 14 and 22 "contain sensitive business information that is not otherwise available to the public" and that could cause "competitive harm" if disclosed. (ECF No. 108). They argue that Exhibit 16 contains sensitive personal health information about a patient, and that even though the patient's name is not included, there is still a risk that public disclosure of the document could lead to the patient being publicly identified.

Although this opinion does not rely directly on any of those three documents, they are relevant to the issues decided in the motions for summary judgment, so First Amendment considerations require careful scrutiny of the need to file them under seal. Defendants have not elaborated on what "competitive harm" could result from public access to the results of the audit or the

conversations about flagging diagnoses involving "gender." And the email conversations surrounding whether a penile reconstruction surgery could occur at St. Joseph do not contain any personally identifiable information—the personnel speak in general terms about the surgery sought and whether it would violate the ERDs. Defendants' opposition is devoid of any "specific factual representations to justify" sealing any of those three documents. Because Defendants have not made a sufficient showing as to why these documents should be sealed, Plaintiff's motion to file publicly as to those documents will be granted as well.

3. Plaintiff's Second Motion to Seal and File Publicly

Plaintiff moved to file Exhibit 1 to his reply memorandum, (ECF No. 114), under seal, and Exhibit 3 to that memorandum publicly. (ECF No. 113). The parties stipulated and "agreed that a public version of Exhibit 3 [to Plaintiff's Reply] containing the redactions proposed" may be filed. (ECF No. 116). They attached a proposed redacted exhibit. (ECF No. 116-1). Defendants did not file a response in opposition to filing Exhibit 1 under seal. Exhibit 1 contains additional portions of the same deposition testimony in Exhibit 10 to Defendants' motion for summary judgment, which the parties agreed to seal because it contains plaintiff's medical information. However, the single page in Exhibit 1 to Plaintiff's reply memorandum does not contain any personal medical information about anyone. Seeing no

legitimate justification for sealing the document, Plaintiff's motion will be denied as to Exhibit 1; it will be granted as to the agreed-upon redacted version of Exhibit 3.

IV. Conclusion

For the foregoing reasons, Plaintiff's motion for summary judgment will be granted, Defendants' motion for summary judgment will be denied, Defendants' motion to file documents under seal will be granted in part and denied in part, Plaintiff's first motion to file certain documents under seal and certain documents publicly will be granted, and Plaintiff's second motion to file certain documents under seal and certain documents publicly will be granted in part and denied in part. A separate order will follow.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

ORDER

For the reasons stated in the foregoing Memorandum Opinion, it is this 6th day of January, 2023, by the United States District Court for the District of Maryland, ORDERED that:

1. The motion for summary judgment filed by Defendants, (ECF No. 98) BE, and the same hereby IS, DENIED;

2. The cross-motion for summary judgment filed by Plaintiff, (ECF No. 105) BE, and the same hereby IS, GRANTED, reserving the issue of damages for trial;

3. Judgment BE, and the same hereby IS, ENTERED on behalf of Plaintiff as to liability on Count III of the complaint;

4. The motion to seal exhibits to Defendants' motion for summary judgment filed by Defendants, (ECF No. 100), BE, and the same hereby IS, GRANTED IN PART AND DENIED IN PART;

5. The motion to file certain exhibits to Plaintiff's motion for summary judgment under seal and certain documents

publicly filed by Plaintiff, (ECF No. 104), BE, and the same hereby IS, GRANTED;

6. The motion to file certain exhibits to Plaintiff's reply memorandum motion under seal and certain documents publicly filed by Plaintiff, (ECF No. 113), BE, and the same hereby IS, GRANTED IN PART AND DENIED IN PART;

7. Exhibits 2, 7, and 13 to Defendants' motion for summary judgment (ECF Nos. 99-1, 99-2, and 99-4), will remain under seal for 14 days to enable Defendants to file a new request to redact them; if no motion is filed they will be unsealed;

8. The clerk is directed to unseal Exhibits 13, 14, 16, and 22 to Plaintiff's motion for summary judgment (ECF Nos. 107-3, 107-4, 107-5, and 107-9), Exhibit 1 to Plaintiff's reply memorandum (ECF No. 115-1), and the agreed-upon redacted Exhibit 3 to Plaintiff's reply memorandum (ECF No. 116-1); all other documents currently under seal will remain under seal;

9. A telephone scheduling conference will be held on Wednesday, January 25, 2023, at 9:00 a.m. (call-in information will be emailed to counsel); and

10. The clerk will transmit copies of the Memorandum Opinion and this Order to counsel for the parties.

/s/
DEBORAH K. CHASANOW
United States District Judge

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ASSET PURCHASE AGREEMENT

BY AND AMONG

ST. JOSEPH MEDICAL CENTER, INC.,

ST. JOSEPH PHYSICIAN ENTERPRISE, INC.,

TOWSON MANAGEMENT, INC.,

CATHOLIC HEALTH INITIATIVES,

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION,

UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,

UMSJ HEALTH SYSTEM, LLC,

UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP, LLC

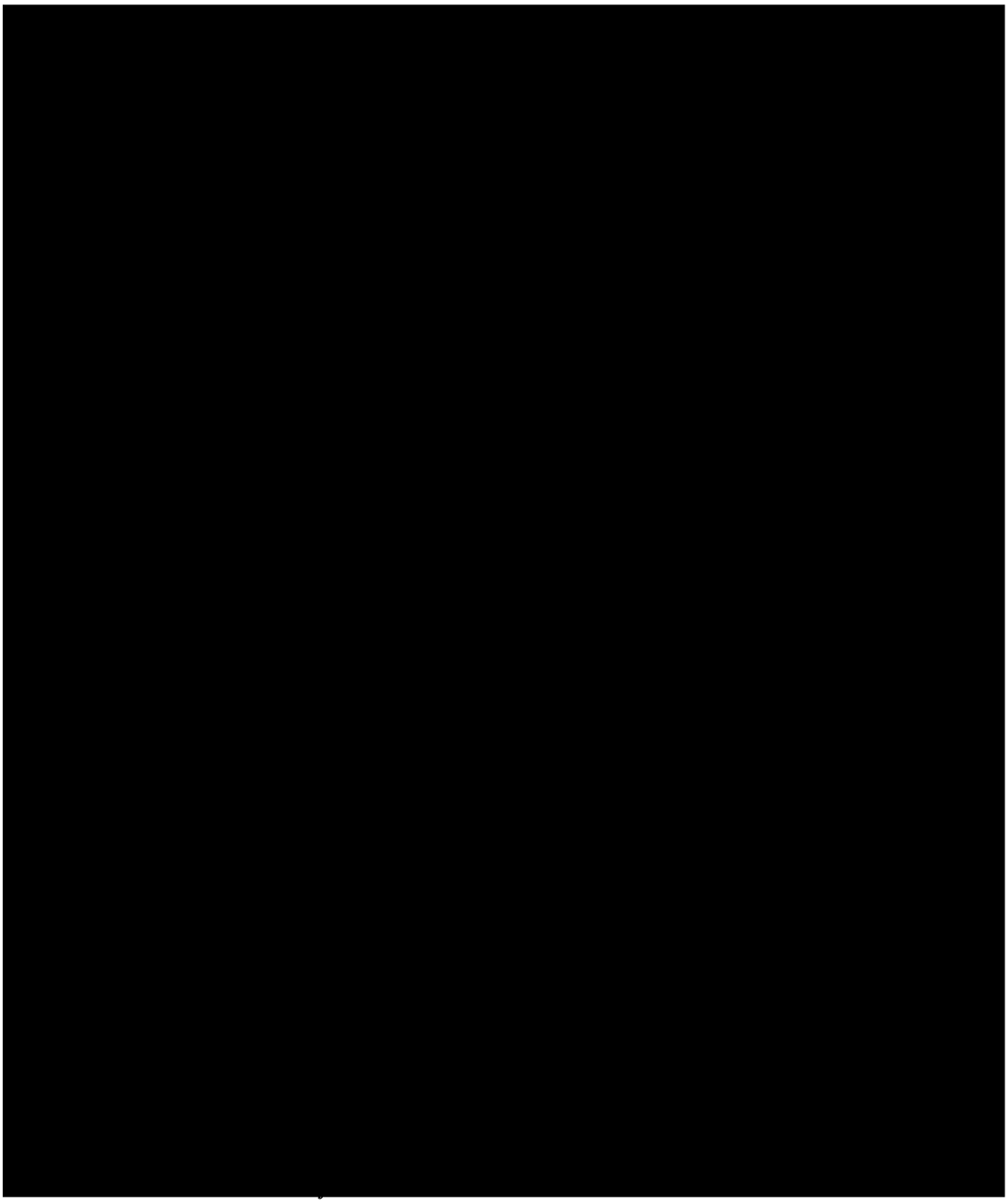
AND

UMSJ PROPERTIES, LLC

DATED AS OF NOVEMBER 30, 2012

REDACTED

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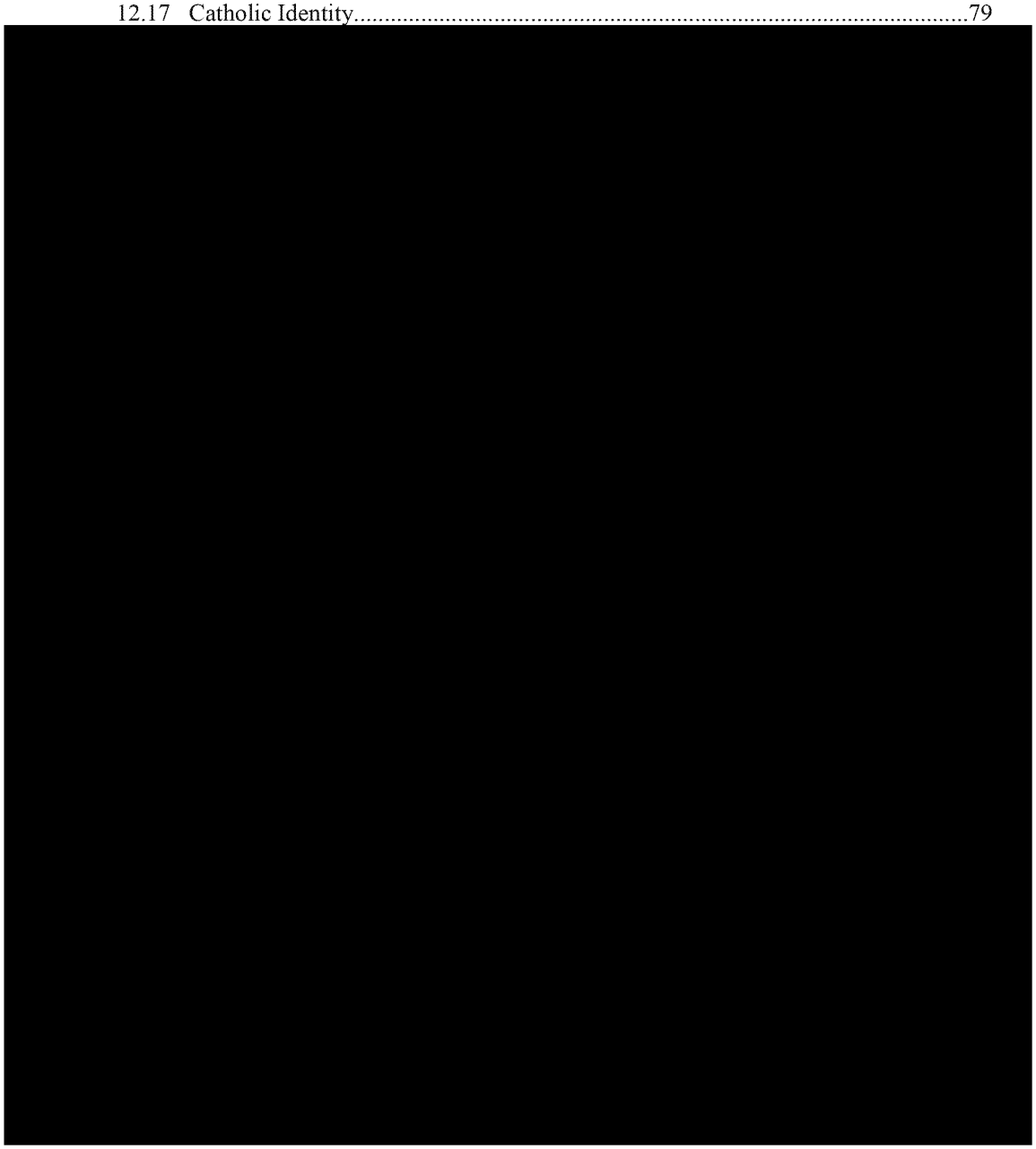
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EXECUTION COPY

ASSET PURCHASE AGREEMENT

THIS ASSET PURCHASE AGREEMENT, effective as of November 30, 2012 (the "Commitment Date"), is made and entered into by and among UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, a Maryland nonprofit corporation ("UMMS"), UMSJ HEALTH SYSTEM, LLC, a Maryland limited liability company ("UMSJHS"), UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC, a Maryland limited liability company ("UMSJMC"), UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP, LLC, a Maryland limited liability company ("UMSJMG"), UMSJ PROPERTIES, LLC, a Maryland limited liability company ("UMSJP"), ST. JOSEPH MEDICAL CENTER, INC., a Maryland nonprofit corporation ("SJMC"), ST. JOSEPH PHYSICIAN ENTERPRISE, INC., a Maryland nonprofit corporation ("SJPE"), TOWSON MANAGEMENT, INC., a Maryland corporation ("TMI"), and CATHOLIC HEALTH INITIATIVES, a Colorado nonprofit corporation ("CHI"). UMSJHS, UMSJMC, UMSJMG and UMSJP are sometimes referred to, individually, as a "Buyer" and, collectively, as the "Buyers." SJMC, SJPE, and TMI are sometimes referred to, individually, as a "Seller" and, collectively, as the "Sellers." UMMS, Buyers, Sellers, and CHI are sometimes referred to, individually, as a "Party" and, collectively, as the "Parties."

RECITALS

A. Sellers operate an integrated health care delivery system that provides health care services to individuals throughout the Baltimore-Towson, Maryland metropolitan area (the "Service Area").

B. SJMC owns and operates St. Joseph Medical Center, a general acute care hospital located at 7601 Osler Drive, Towson, Maryland (the "Hospital"), including, without limitation, certain real property and improvements comprising the Hospital, the furniture, fixtures, equipment, and other tangible personal property used in connection with the operation of the Hospital and other tangible and intangible assets related to the provision of health care services in the Service Area.

[redacted]

E. UMMS owns and operates the University of Maryland Medical Center, is the sole corporate member of multiple community health systems and is the sole member of UMSJHS.

[redacted]

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(ii) One of the UMSJHS Board members would be a representative of the Archdiocese of Baltimore;



(iv) UMMS would have the right to directly appoint two (2) voting members of the UMSJHS Board; and

(v) The members of the UMSJHS Board not identified in Section 12.16(a)(ii), (iii) or (iv) shall be appointed by UMMS among individuals identified pursuant to a nomination process set forth in the organizational documents of UMSJHS.

[redacted]

(c) UMSJMC Board. UMMS and UMSJHS shall ensure that members of the UMSJHS Board constitute the members of the board of directors of UMSJMC (the "UMSJMC Board").

[redacted]

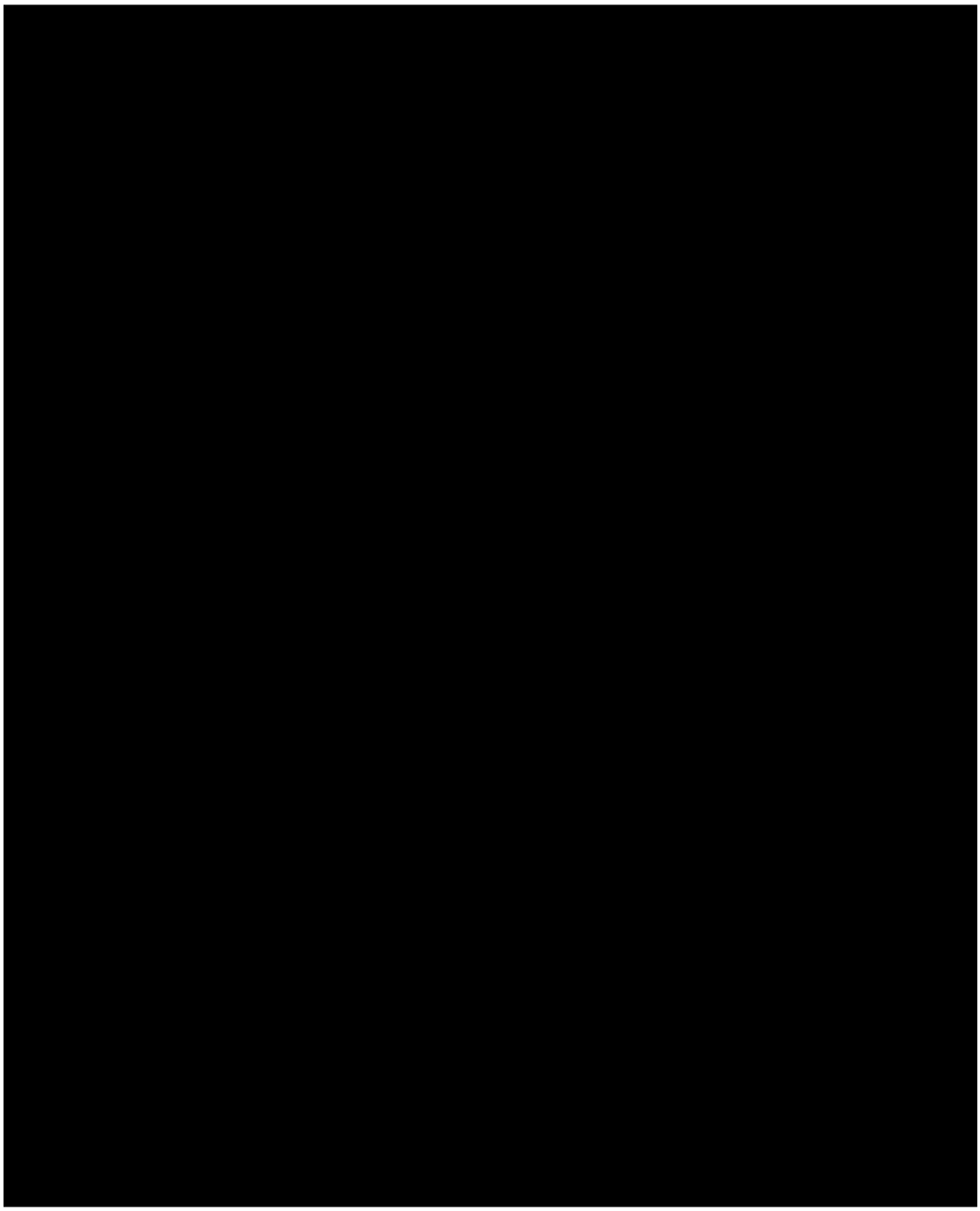
12.17 Catholic Identity.

UMMS and Buyers shall continue to operate the Health System Businesses in a manner consistent with Catholic values and principles, which UMMS and Buyers acknowledge requires the Health System Businesses to be held accountable for such Catholic identity and with a formal reporting mechanism with objective measures with respect to such accountability. UMMS and Buyers shall ensure that the Health System Businesses establish and maintain the following fundamentals to hold the Health System Businesses accountable for their Catholic identity:

(a) Organizational Structure. UMMS and UMSJHS shall provide the UMSJHS Board with the authority and responsibility for maintaining Catholic identity by assuring the operationalization of the Ethical and Religious Directives for Catholic Health Services, as promulgated by the United States Conference of Catholic Bishops (the "ERDs"), and for maintaining oversight of community benefits and spiritual care programs. Notwithstanding the foregoing, if the ERDs are subsequently amended and a majority of the UMSJHS Board determines the modifications to be unduly onerous on UMSJHS's operation of the Health System Businesses, then Buyers shall not be required to comply with such modification upon approval of a majority vote of the UMSJHS Board. The UMSJHS Board will include a representative from the Archdiocese of Baltimore to provide guidance about the authenticity of the Health System Businesses' Catholic identity and mission, as expressed through its vision, values and management practices. UMMS and UMSJHS shall ensure that the UMSJHS Board will establish a committee of the UMSJHS Board charged with overseeing the continued mission integration throughout the Health System Businesses and that the Health System Businesses' executive team will include a Vice President, Mission Integration, who will have a direct reporting relationship to the UMSJHS Board and will coordinate and assist in the Health System Businesses' efforts to integrate the Catholic mission into the structures, policies, programs and practices throughout the Health System Businesses. The Vice President, Mission Integration will also be responsible for monitoring the Health System Businesses' ongoing efforts toward mission integration and will submit an annual accountability report to the

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UMSJHS Board for review and approval. These annual reports will also be shared with the Ordinary of the Archdiocese of Baltimore.



UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

STIPULATION REGARDING DAMAGES

Plaintiff and Defendants hereby stipulate and agree that Plaintiff's compensatory damages total $748.46, and Plaintiff's prejudgment interest through March 1, 2023 will be $124.35, which combine to a total of $872.81.

In light of the Court's memorandum opinion and accompanying order resolving liability as to Plaintiff's claim under Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116(a), Dkts. No. 121 & 122, the Court should enter final judgment in the amount of $872.81 for Plaintiff through March 1, 2023, and an additional $0.14 for each day thereafter until final judgment is entered.

Date: February 3, 2023

Respectfully Submitted,

/s/ Denise Giraudo

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(Signed by Denise E. Giraudo with Consent from Louis J. Ebert)

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CATHOLIC IDENTITY AGREEMENT
AMONG
UMSJ HEALTH SYSTEM, LLC,
UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC,
UNIVERSITY OF MARYLAND MEDICAL SYSTEM,
AND THE
ROMAN CATHOLIC ARCHBISHOP OF BALTIMORE

THIS CATHOLIC IDENTITY AGREEMENT (the "Catholic Identity Agreement") is entered into as of the 9th day of November 2012 between and among UMSJ Health System, LLC, a Maryland limited liability corporation ("UMSJHS"); University of Maryland St. Joseph Medical Center, LLC ("UMSJMC"), a Maryland limited liability corporation; the University of Maryland Medical System Corporation (the "Medical System"), a Maryland corporation, and the Roman Catholic Archbishop of Baltimore, and his successors in office, a corporation sole in the State of Maryland (the "Archdiocese"). UMSJHS and UMSJMC will be referred to herein jointly and severally as "UMSJHS/UMSJMC."

RECITALS

WHEREAS, St. Joseph Medical Center, Inc. ("SJMC") owns and operates a general acute care hospital located at 7601 Osler Drive, Towson, Maryland along with certain property owned or controlled pursuant to a long term lease;

WHEREAS, SJMC is Roman Catholic in origin and philosophy, and has a strong and long-lasting tradition founded in the Catholic faith;

WHEREAS, UMSJHS/UMSJMC is an affiliate of the Medical System, which is non-Catholic in origin and philosophy with a strong and long-lasting tradition as a non-profit academic medical center and community health system;

WHEREAS, UMSJHS/UMSJMC and the Medical System are entering into an Asset Purchase Agreement with SJMC and its corporate parent, Catholic Health Initiatives, Inc. ("CHI"), a Catholic health system based in Colorado, to acquire the assets of SJMC;

WHEREAS, upon the closing date of the Asset Purchase Agreement, UMSJHS/UMSJMC will become the owner and operator of certain real property and improvements, furniture, fixtures, equipment, and other tangible and intangible assets related to the operation of the hospital and the provision of health care services, as well as related subsidiaries (collectively referred to herein as UMSJHS/UMSJMC);

WHEREAS, the Archdiocese is committed to the maintenance of the tradition of Catholic health care in Maryland;

WHEREAS, UMSJHS/UMSJMC and the Medical System desire for UMSJHS/UMSJMC to be operated as a Catholic hospital after the assets have been transferred to UMSJHS/UMSJMC and UMSJHS/UMSJMC begins to operate the facility;

WHEREAS, approval by the Roman Catholic Church is a condition of closing under the Asset Purchase Agreement, and Archbishop William Lori has relied on this Catholic Identity Agreement as a substantial reason for providing his *nihil obstat* under canon law to the Holy See in support of the required Church approval;

WHEREAS, UMSJHS/UMSJMC, the Medical System and the Archdiocese agree to maintain the Catholic character of UMSJHS/UMSJMC and to use this Catholic Identity Agreement as a framework within which to continue authentic Catholic traditions and practices; and

WHEREAS, UMSJHS/UMSJMC and the Medical System believe that it is in the best interest of the communities served by UMSJHS/UMSJMC to enter into this Catholic Identity Agreement to preserve the UMSJHS/UMSJMC as a Catholic institution.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual promises contained in this Catholic Identity Agreement and intending to be legally bound, the parties hereto agree as follows:

ARTICLE 1

FUNDAMENTAL PRINCIPLES

1.1 Recitals. The Recitals set forth above are true and correct and are hereby incorporated into this Catholic Identity Agreement.

1.2 Fundamental Principles Regarding Catholic Identity.

1.2.1 UMSJHS/UMSJMC will operate in a manner that maintains its designation by the Archdiocese as a Catholic institution. In order to accomplish this, UMSJHS/UMSJMC will be operated in accordance with the Ethical and Religious Directives for Catholic Health Care Services (the "Directives"), as amended from time to time and approved by the United States Conference of Catholic Bishops and as interpreted by the Roman Catholic Archbishop of Baltimore (the "Archbishop"). A copy of the current Directives is attached hereto as Exhibit 1.1 and incorporated by reference herein (if the Directives are amended, such amended Directives will be deemed attached hereto as the Successor Exhibit 1.1 and incorporated herein by reference).

1.2.2 While maintaining the oversight authority provided herein, the Archdiocese has not and is not acquiring, directly, or indirectly, any assets of UMSJHS/UMSJMC as ecclesiastical property.

1.2.3 At any time during which there is no Archbishop of Baltimore, the administrator of the Archdiocese of Baltimore under canon law may take any and all actions that the Archdiocese or Archbishop of Baltimore is authorized or permitted to take under this Catholic Identity Agreement.

1.3 Limited Application.

1.3.1 Nothing in this Catholic Identity Agreement will be construed to prohibit or limit the authority of UMSJHS/UMSJMC to consolidate administrative, management or other business functions of UMSJHS/UMSJMC with the Medical System or any Medical System affiliate.

1.3.2 This Catholic Identity Agreement will apply only to the operations of UMSJHS/UMSJMC. In no event will this Catholic Identity Agreement or any of its terms and conditions, including, but not limited to the Directives, apply to the Medical System, any Medical System subsidiary or affiliate or any Medical System location, other than UMSJHS/UMSJMC. A corporate merger or other corporate reorganization by which UMSJHS/UMSJMC is combined into a single legal entity with other Medical System entities, properties, facilities or programs may lead to the termination of this Catholic Identity Agreement by the Archdiocese.

1.4 Official Catholic Directory.

Following the closing date of the Asset Purchase Agreement, the Archdiocese will list UMSJHS/UMSJMC in the Official Catholic Directory in the Miscellaneous Category as long as UMSJHS/UMSJMC is eligible for such listing.

1.5 Effective Date.

This Catholic Identity Agreement shall become effective upon the closing date of the Asset Purchase Agreement.

ARTICLE 2

GOVERNANCE AND OPERATIONS

2.1 UMSJHS/UMSJMC Governance.

After the closing of the Asset Purchase Agreement, UMSJHS/UMSJMC will be governed in accordance with its Articles of Organization and corporate operating agreements, copies or drafts of which are attached hereto and incorporated herein by reference as Exhibits 2.1(1), 2.1(2), 3.1(1), and 3.1(2), subject to this Catholic Identity Agreement. The Articles of Organization and corporate operating agreement may be amended as long as such amendment is consistent with this Catholic Identity Agreement.

2.2 UMSJHS/UMSJMC Board of Directors.

2.2.1 In appointing the voting members of the UMSJHS/UMSJMC Board of Directors, the Medical System and UMSJHS/UMSJMC will ensure that the composition of the Board fairly represents the community served by the hospital. In addition, special emphasis will be placed on identifying individuals who can provide guidance to UMSJHS/UMSJMC in terms of its fulfilling its health care mission as well as its Catholic identity.

2.2.2 The Board of Directors of UMSJHS/UMSJMC (and any successor organization) will include two individuals who are selected by the UMSJHS/UMSJMC Board from a list of qualified individuals submitted by the Archbishop. The individuals on the list will be members of the Catholic clergy or of a religious order. In the event the Board is expanded to include more than 15 members, one

additional individual will be selected from the Archbishop's list of qualified individuals. This third individual may but need not be a member of the Catholic clergy or of a religious order. These representatives of the Archdiocese will provide guidance about the authenticity of UMSJHS/UMSJMC's Catholic identity and mission, as expressed through its vision, value and management practices and will communicate with the Archbishop regarding issues of Catholic identity at UMSJHS/UMSJMC. These Archdiocesan Representatives may not be removed during their term without the consent of the Archbishop.

2.3 Archdiocesan Representative on the UMSJMC Foundation Board of Directors.

The Board of Directors of the University of Maryland St. Joseph Medical Center Foundation Board will include an individual who is either a member of the Catholic clergy or a member of a religious order. The Archbishop will recommend a list of qualified individuals to serve on the Foundation Board. Of these recommendations, the UMSJMC Board will select one individual. This representative of the Archdiocese will provide guidance about the authenticity of UMSJHS/UMSJMC's Catholic identity and mission, as expressed through its vision, value and management practices and will communicate with the Archbishop regarding issues of Catholic identity at UMSJHS/UMSJMC and the use of those UMSJMC Foundation funds specifically designated by the donor to support the Roman Catholic religion and/or the Cardinal William H. Keeler Spiritual Center. The Archdiocesan Representative may not be removed during his/her term without the consent of the Archbishop.

2.4 Consultation.

The UMSJHS/UMSJMC Chief Executive Officer and/or the UMSJHS/UMSJMC Board Chair and the Archbishop, or his designee, will each have the right to consult with the other regarding any matter with respect to this Catholic Identity Agreement, the operation of UMSJHS/UMSJMC as a Catholic institution or appointments to the Board, Foundation Board, Ethics Committee or Catholic Identity Committee. Every four years, the Archbishop and the UMSJHS/UMSJMC Chief Executive Officer will meet to review this Catholic Identity Agreement and to discuss its terms and effectiveness.

2.5 Vice President for Mission Integration.

2.5.1 UMSJHS/UMSJMC's Operating Agreement(s) will provide for a Vice President for Mission Integration. Reporting directly to the UMSJHS/UMSJMC Board of Directors, this officer will be charged with ensuring compliance with the Directives and coordinating and assisting UMSJHS/UMSJMC's efforts to integrate its Catholic mission into the structures, policies, programs and practices throughout the organization. UMSJHS/UMSJMC will provide regular educational presentations to the UMSJHS/UMSJMC Board and all UMSJHS/UMSJMC staff regarding UMSJHS/UMSJMC's Catholic Identity and the Directives. The Vice President for Mission Integration, in consultation with the Archbishop, will develop and implement such presentations.

2.5.2 UMSJHS/UMSJMC's Chief Executive Officer will consult with the Archbishop prior to selecting the individual to serve as the Vice President for Mission Integration. This individual must be a Roman Catholic In Good Standing. "Roman Catholic In Good Standing" is an individual who is, as determined by the Archbishop of Baltimore: 1) a baptized Roman Catholic who is a registered member of a Roman Catholic parish; 2) agrees with the pastoral and sacramental missions and with the moral teachings of the Roman Catholic Church; and 3) agrees with and is committed to maintaining the Directives, including in his or her work connected with UMSJHS/UMSJMC.

2.5.3 In conjunction with the Board and the Board's Catholic Identity Committee described in Article 3, this individual will monitor the Hospital's ongoing efforts toward mission integration. The Vice President for Mission Integration will staff the Catholic Identity Committee and will also serve on the UMSJHS/UMSJMC Ethics Committee.

2.6 Ethics Committee.

2.6.1 UMSJHS/UMSJMC will support and maintain a clinical ethics committee. The Committee is accountable to the UMSJHS/UMSJMC Boards and will maintain its accountability through the Chief Executive Officer to the Board Chair. Unless another duty to take corporate action on behalf of the Board is delegated in accordance with UMSJHS/UMSJMC's corporate operating agreements, the Ethics Committee shall serve only in an advisory role to the Board and shall not have the authority to act on behalf of the Board.

2.6.2 The presence of this Ethics Committee meets the criteria of the State of Maryland for a Patient Care Advisory Committee at each hospital and also serves as the forum for discussion of federal and state laws. The Committee will carry on its deliberations as contemplated by the Directives.

2.6.3 The membership of the Ethics Committee shall be no less than seven and no more than 11 members. The Ethics Committee will include the following *ex officio* members:

2.6.3.1 the Archdiocesan representatives on the UMSJHS/UMSJMC Board

2.6.3.2 Vice President for Mission Integration

2.6.3.3 Pastoral Care Director

2.6.3.4 Chief Medical Officer

2.6.3.5 Chief Nursing Officer

2.6.4 In addition to the *ex officio* members, the remaining Ethics Committee members will be appointed by the UMSJHS/UMSJMC Chief Executive Officer from a list of qualified individuals submitted by the Archbishop. The initial terms of these members shall be as follows:

2.6.4.1 one member shall serve for a term of one year
2.6.4.2 two members shall serve for a term of two years
2.6.4.3 two members shall serve for a term of three years

Upon expiration of these initial terms, these non-*ex officio* members will be appointed to serve three year terms. These non-ex officio members may not be removed during their term without the consent of the Archbishop.

2.6.5 In recommending individuals to serve on the Committee, the Archbishop will insure that the members fairly represent the following areas:

2.6.5.1 clinical specialties
2.6.5.2 nursing
2.6.5.3 interdisciplinary patient care management
2.6.5.4 Catholic moral theology/bioethics

2.6.5.5 spiritual care

2.6.6 Ethics Committee members must be trained on the Directives and agree to act as Committee members in compliance with the Directives.

2.6.7 At the discretion of the Ethics Committee, the Catholic Identity Committee of the UMSJHS/UMSJMC Board of Directors may be called upon to consult on a particular ethical issue relating to Catholic identity, Catholic mission or the Directives.

2.6.8 In addition to any further responsibilities that may be delegated by the UMSJHS/UMSJMC Board, the Ethics Committee shall be responsible for:

2.6.8.1 Providing bioethical clinical care education opportunities reflecting the Roman Catholic moral tradition for members of the Ethics Committee, facility staff and the wider community. The Archbishop may oversee and provide recommendations on the contents of such education and training.

2.6.8.2 Reviewing and commenting on current and proposed hospital policies that pertain to bioethical clinical care issues.

2.6.8.3 Providing timely consultative services on requests to facilitate discussion and, when possible, resolving specific bioethical clinical care issues by the principals involved; and facilitating communication between patients, families and caregivers to resolve bioethical dilemmas.

2.6.8.4 Performing retrospective case reviews of consultations (when conducted by a subcommittee or select members of the Ethics Committee) or other cases with bioethics issues for the purpose of education and policy formation.

2.6.8.5 Reflecting on UMSJHS/UMSJMC's Catholic identity and foster an understanding and integration of the rich tradition of Catholic moral teaching within UMSJHS/UMSJMC.

2.6.9 On a monthly basis, the Vice President for Mission Integration will summarize the ethical consultations on which the Ethics Committee consulted and any other matters considered by the Ethics Committee. The summary will include a description of the ethical issue and the Ethics Committee's decision for each case. A copy of this summary will be provided to the Board's Catholic Identity Committee, the UMSJHS/UMSJMC Board Chair and the Archbishop.

2.7 Pastoral Care Department.

2.7.1 UMSJHS/UMSJMC will maintain a Pastoral Care Department that will include adequate staffing ratios of professional/certified chaplains to the number of patients served. Staffing will include at least one member of the Catholic clergy approved by the Archbishop.

2.7.2 The Department will be supervised by a Pastoral Care Director who is a Roman Catholic In Good Standing. UMSJHS/UMSJMC's Chief Executive Officer will consult with the Archbishop in selecting the individual to serve in this position.

2.7.3 The Department will work in collaboration with community clergy to meet the sacramental needs of the Catholic community

2.8 UMSJHS/UMSJMC Chapel.

The existing chapel at UMSJHS/UMSJMC will be properly maintained as a Catholic chapel under the authority of UMSJHS/UMSJMC's Pastoral Care Director. The Archbishop may supervise appropriate liturgical practices and all other activities that will take place in the Chapel.

2.9 Charity Care.

UMSJHS/UMSJMC will continue to provide health care services to patients who are poor, underinsured and/or uninsured. The Hospital will maintain and follow policies relating to financial assistance/charity care and community outreach in accordance with Maryland law and the Directives. A copy of UMSJHS/UMSJMC's annual community benefits report will be provided to the Archbishop.

2.10 Catholic Symbols and Items.

The Hospital's existing signs, symbols and images of Catholic identity, both inside and outside of its facilities, will be properly maintained by UMSJHS/UMSJMC. UMSJHS/UMSJMC will maintain insurance for religious items and artifacts located in and on its premises, including the chapel. As these symbols age, they may need to be replaced by UMSJHS/UMSJMC with symbols of equal importance to Catholic identity. Such replacement will occur in consultation with the Archbishop.

2.11 Catholic Health Association.

UMSJHS/UMSJMC will maintain in good standing its membership in the Catholic Health Association or its successor organization ("CHA"), as long as such membership is permitted by CHA.

2.12 Audit of Catholic Identity.

2.12.1 Every two years, UMSJHS/UMSJMC will undergo an audit of its adherence to the Directives. The National Catholic Bioethics Center will conduct the audit unless UMSJHS/UMSJMC and the Archbishop mutually agree to a different Catholic ethicist to conduct the audit. UMSJHS/UMSJMC will pay for any fees and expenses connected to the audit. The results of the audit will be provided to the Archbishop, UMSJHS/UMSJMC, and the Catholic Identity Committee.

2.12.2 If the audit report identifies any areas in which UMSJHS/UMSJMC's activities are inconsistent with its Catholic identity, the UMSJHS/UMSJMC Chief Executive Officer, Board Chair and the Archbishop will discuss an action plan to correct the issues identified in the report. A follow up audit, paid for by UMSJHS/UMSJMC, will be conducted within six months to determine whether the issues have been corrected.

ARTICLE 3

CATHOLIC ISSUES

3.1 Catholic Identity Committee of the UMSJHS/UMSJMC Board of Directors.

3.1.1 The UMSJHS/UMSJMC Operating Agreements will provide for a standing committee of the UMSJHS/UMSJMC Board known as the Catholic Identity Committee. The Archdiocesan representatives will serve as *ex officio* members of the Catholic Identity Committee. A majority of the Catholic Identity Committee must be Roman Catholics In Good Standing. The Vice President for Mission Integration will staff the Catholic Identity Committee.

3.1.2 The purpose of this Catholic Identity Committee is to provide a means through which the Board may identify, monitor, audit and address those matters and actions with respect to Catholic identity of UMSJHS/UMSJMC as necessary to keep UMSJHS/UMSJMC faithful to the Directives. The Catholic Identity Committee will provide a written report to the Archbishop on an annual basis concerning its monitoring and auditing functions.

3.1.3 The Catholic Identity Committee will consider and determine whether any matter or action, in whole or in part, involves, relates to, or has any effect on the Catholic identity of UMSJHS/UMSJMC and in particular UMSJHS/UMSJMC's compliance with the Directives. Such issues may arise in any of the operations of UMSJHS/UMSJMC. If the Catholic Identity Committee determines that a matter or action is potentially in conflict with the Directives, the Committee members will first discuss their concerns regarding the Catholic issue, and any proposed actions relating to such issue, with the UMSJHS/UMSJMC Chief Executive Officer and/or the UMSJHS/UMSJMC Board Chair in an effort to reach an agreement as to the appropriate action to be taken. The Archbishop may also identify a Catholic issue and initiate this process on his own.

3.1.4 UMSJHS/UMSJMC's Chief Executive Officer and Board Chair should inform the Catholic Identity Committee as soon as practicable if UMSJHS/UMSJMC intends to take any action that might reasonably have a material impact on UMSJHS/UMSJMC's Catholic identity, on Catholic issues, or on UMSJHS/UMSJMC's compliance with the Directives.

3.1.5 Following such discussions, the Catholic Identity Committee may make a written recommendation to the UMSJHS/UMSJMC Board with respect to such Catholic issue, the proposed actions relating to such issue and the grounds for such proposed actions.

3.1.6 If UMSJHS/UMSJMC management has concerns regarding a Catholic issue, it should discuss such matters with the Archbishop as well as the Catholic Identity Committee, the Archdiocesan Directors and/or the UMSJHS/UMSJMC Board. When making written or verbal statements that reference the Archbishop and the Archdiocese, UMSJHS/UMSJMC management and Board members will communicate in a manner that emphasizes the positive alignment and spirit of partnership between the Archbishop and the Archdiocese with UMSJHS/UMSJMC in terms of promoting and preserving the Catholic identity of UMSJHS/UMSJMC.

3.2 Resolving Disagreements Concerning Catholic Issues.

If UMSJHS/UMSJMC or the Archdiocese has an unresolved concern regarding this Catholic Identity Agreement, UMSJHS/UMSJMC's compliance with the Directives, or the Catholic identity of UMSJHS/UMSJMC, either UMSJHS/UMSJMC or the Archdiocese may institute the following process by written notice to the other.

3.2.1 Representatives of UMSJHS/UMSJMC and the Archdiocese will meet within 15 days of the date of written notice. Such representatives will include the UMSJHS/UMSJMC Board Chair, the UMSJHS/UMSJMC Chief Executive Officer, the Archdiocesan Directors and such other representatives of UMSJHS/UMSJMC and the Archdiocese and they may choose.

3.2.2 If the disagreement remains unresolved following such meeting, the UMSJHS/UMSJMC Board Chair, the UMSJHS/UMSJMC Chief Executive Officer and the Archbishop will hold an additional meeting within ten days of the first meeting in a further attempt to resolve the dispute.

3.2.3 If the disagreement remains unresolved, either party may request a consultation with a nationally recognized consultant in Catholic health care and the Directives, which shall be conducted expeditiously and completed within 60 days. The consulting costs will be borne by UMSJHS/UMSJMC. Within 15 days after the completion of the consultant's work, the UMSJHS/UMSJMC Board Chair, the UMSJHS/UMSJMC Chief Executive Officer and the Archbishop will meet with the consultant in a further attempt to resolve the dispute. If the matter remains unresolved, the Archbishop has ultimate authority to interpret any Catholic issue and determine compliance with the Directives, and may terminate this Catholic Identity Agreement pursuant to Section 4.3.2.

3.3 Board Agenda Items.

The Archbishop or any Archdiocesan representative on the UMSJHS/UMSJMC Board will have the authority to place an item on the Board meeting agenda that is related to a Catholic issue or the operation of UMSJHS/UMSJMC as a Catholic institution.

3.4 Legal Proceedings.

UMSJHS/UMSJMC will advise the Catholic Identity Committee and the Archbishop in a timely manner of any Catholic issue identified in any suit, proceeding, claim, investigation, or other action undertaken by any person, governmental agency, court or other entity against or involving UMSJHS/UMSJMC, and will seriously take into consideration any response from the Catholic Identity Committee and/or Archbishop. Failure to follow the Archbishop's response may result in the termination of this Catholic Identity Agreement by the Archdiocese.

3.5 Financial Commitments.

3.5.1 Funds generated by UMSJHS/UMSJMC may not be used by UMSJHS/UMSJMC or the Medical System to support or further any actions that are contrary to the Directives.

3.5.2 In accordance with applicable State and Federal laws, UMSJHS/UMSJMC confirms that any distribution of donor-restricted funds from the UMSJHS/UMSJMC Foundation shall be consistent with those articulated restrictions.

ARTICLE 4
TERM AND TERMINATION

4.1 Term.

The term of this Catholic Identity Agreement will commence as of the closing of the Asset Purchase Agreement and will continue in full force and effect unless and until it is terminated in accordance with this Section 4.

4.2 Termination by Mutual Written Consent.

This Catholic Identity Agreement may be terminated by the mutual written consent of UMSJHS/UMSJMC and the Archdiocese.

4.3 Other Terminations.

This Catholic Identity Agreement may be terminated by UMSJHS/UMSJMC or the Archdiocese upon 30 days prior written notice from the terminating party to the other party ("Termination Notice"), as follows:

4.3.1 By the Medical System and UMSJHS/UMSJMC, if (i) UMSJHS/UMSJMC is closed; or (ii) is sold or leased to an unrelated third party who does not intend to comply with the Directives. The Archdiocese shall have the right to approach any potential buyer, tenant or successor in an attempt to negotiate the ongoing nature of this Catholic Identity Agreement with the new party; or

4.3.2 by the Archdiocese, if (i) UMSJHS/UMSJMC is being operated in violation of the Directives; (ii) if there is a corporate merger or other corporate reorganization by which UMSJHS/UMSJMC is combined in a single legal entity with other non-Catholic affiliates of the Medical System; or (iii) a Catholic issue remains unresolved after the procedures described in Sections 3.1 and 3.2.

4.4 Post-termination Agreements.

4.4.1 If this Catholic Identity Agreement is terminated for any reason, UMSJHS/UMSJMC will immediately cease referring to itself as a Catholic hospital or institution, and immediately cease using the word "Catholic" or "catholic" when referring to itself or any of its operations, including in any of its names, materials, signage, and marketing. This paragraph does not prevent UMSJHS/UMSJMC from using words other than "Catholic" or "catholic" after termination--specifically it does not prevent UMSJHS/UMSJMC from using "St. Joseph".

4.4.2 If this Catholic Identity Agreement is terminated, UMSJHS/UMSJMC will remove any pictures of the Pope and the Archbishop of Baltimore displayed throughout the hospital's properties, as well as all crucifixes from patient rooms.

ARTICLE 5

GENERAL PROVISIONS

5.1 Notice.

Whenever notice must be given under the provisions of this Catholic Identity Agreement, such notice must be in writing and will be deemed to have been duly given by (a) hand-delivery (with written confirmation of receipt) addressed to the parties at their respective addresses set forth below; or (b) certified mail, return receipt requested, postage prepaid, and addressed to the parties at their respective addresses set forth below; or (c) telecopier (with written confirmation of receipt), provided that a copy is mailed by registered mail, return receipt requested, addressed to the parties at their respective addresses set forth below, or at such other address as one party may designate by notice hereunder to the other parties:

If to UMSJHS/UMSJMC: University of Maryland St. Joseph Medical Center, LLC
250 W. Pratt Street, 24th Floor
Baltimore, MD 21201
Attention: President and Chief Executive Officer

With a copy to: University of Maryland Medical System Corporation
250 W. Pratt Street, 24th Floor
Baltimore, MD 21201
Attention: Senior Vice President and General Counsel

If to the: University of Maryland Medical System Corporation
Medical System 250 W. Pratt Street, 24th Floor
Baltimore, MD 21201
Attention: President and Chief Executive Officer

With a copy to: University of Maryland Medical System Corporation
250 W. Pratt Street, 24th Floor
Baltimore, MD 21201
Attention: Senior Vice President and General Counsel

If to Archdiocese: Roman Catholic Archdiocese of Baltimore
320 Cathedral Street
Baltimore, MD 21201
Attention: Dr. Diane L. Barr, Healthcare Liaison

With a copy to: David W. Kinkopf, Esquire
Gallagher, Evelius & Jones LLP
218 North Charles Street
Suite 400
Baltimore, MD 21201

5.2 Amendment.

No modification, waiver, amendment, discharge or change of this Catholic Identity Agreement will be valid unless in writing and signed by the Archbishop and UMSJHS/UMSJMC.

5.3 Successor and Assigns.

All the terms and provisions of this Catholic Identity Agreement will be binding upon and will inure to the benefit of and be enforceable by the respective successors and assigns of the parties hereto; provided, however that no party hereto may assign any of its rights or delegate any of its duties under this Catholic Identity Agreement without the prior written consent of the other party.

5.4 Severability.

If any one or more of the provisions of this Catholic Identity Agreement should be ruled wholly or partly invalid or unenforceable by a court or other government body of competent jurisdiction, then: (a) the validity and enforceability of all provisions of this Catholic Identity Agreement not ruled to be invalid or unenforceable will be unaffected; (b) the effect of the ruling will be limited to the jurisdiction of the court or other government body making the ruling; (c) the provision(s) held wholly or partly invalid or unenforceable will be deemed amended, and the court or other government body is authorized to reform the provision(s), to the minimum extent necessary to render them valid and enforceable in conformity with the parties' intent as manifested herein and a provision having a similar economic effect will be substituted; and (d) if the ruling and/or the controlling principle of law or equity leading to the ruling, is subsequently overruled, modified, or amended by legislative, judicial, or administrative action, the provision(s) in question as originally set forth in this Catholic Identity Agreement will be deemed valid and enforceable to the maximum extent permitted by the new controlling principle of law or equity. This severability clause shall apply only if the integrity of the entire Catholic Identity Agreement can otherwise be preserved.

5.5 Choice of Law and Venue.

The legal interpretation of this Catholic Identity Agreement and the rights and obligations of the parties hereunder will be governed by the laws of the State of Maryland, without regard to choice of law provisions, and as to the civil legal terms. Any proceeding which arises out of or relates in any way to the subject matter of this Catholic Identity Agreement will be brought in federal or state court in Maryland. The parties hereby consent to such jurisdiction and waive their right to challenge any proceeding involving or relating to this Catholic Identity Agreement on the basis of lack of jurisdiction over the person or forum non conveniens. The parties agree that the Archbishop is the sole and final arbiter of the interpretation of the Directives.

5.6 Headings; Use of Terms.

All headings contained in this Catholic Identity Agreement are for reference purposes only and are not intended to affect in any way the meaning or interpretation of this Catholic Identity Agreement. All words used in this Catholic Identity Agreement will be construed to be of such gender or number as the circumstances require.

5.7 Counterparts.

This Catholic Identity Agreement may be executed in one or more counterparts, each of which will be deemed an original, but all of which collectively will constitute one and the same agreement, binding on all parties. A facsimile, photocopied, scanned, or other electronically transmitted signature shall be considered a valid and original signature.

5.8 Expenses.

Each of the parties will bear its own expenses in connection with this Catholic Identity Agreement, except as otherwise provided herein.

5.9 Waiver.

The waiver by any party of a breach or violation of any provision of this Catholic Identity Agreement will not operate or be construed as a waiver of any subsequent breach of such provisions or any other provision of this Catholic Identity Agreement.

5.10 Construction.

This Catholic Identity Agreement will not be construed more strictly against any party hereto by virtue of the fact that the Catholic Identity Agreement may have been drafted or prepared by such party or its counsel, it being recognized that all of the parties hereto have contributed substantially and materially to its preparation and that this Catholic Identity Agreement has been the subject of and is the product of negotiation between the parties.

5.11 Entire Agreement.

This Catholic Identity Agreement, the exhibits and schedules, and the documents referred to herein, contain the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous agreements, understandings, representations and statements, oral or written, between the parties on the subject matter hereof.

[signatures follow]

 REDACTED

IN WITNESS WHEREOF, the undersigned duly authorized representatives of the parties have executed this Catholic Identity Agreement as of the date above.

University of Maryland St. Joseph Medical Center, LLC

By: Megan M. Arthur
Name: Megan M. Arthur
Title: Director, University of Maryland St. Joseph Medical Center, LLC Board of Directors

UMSJ Health System, LLC

By: Robert A. Chrencik
Name: Robert A. Chrencik
Title: Director, UMSJ Health System, LLC Board of Directors

University of Maryland Medical System Corporation

By: Robert A. Chrencik
Robert A. Chrencik
President and Chief Executive Officer

Roman Catholic Archbishop of Baltimore and his successors in office, a corporation sole

By: _____
Most Reverend William E. Lori, S.T.D.
Archbishop of Baltimore

REDACTED

IN WITNESS WHEREOF, the undersigned duly authorized representatives of the parties have executed this Catholic Identity Agreement as of the date above.

University of Maryland St. Joseph Medical Center, LLC

By:_____
Name:_____
Title:_____

UMSJ Health System, LLC

By:_____
Name:_____
Title:_____

University of Maryland Medical System Corporation

By:_____
Robert A. Chrencik
President and Chief Executive Officer

Roman Catholic Archbishop of Baltimore
and his successors in office,
a corporation sole

By: William E. Lori
Most Reverend William E. Lori, S.T.D.
Archbishop of Baltimore

 REDACTED

Exhibit 1.1
Ethical and Religious Directives for Catholic Health Care Services (the "Directives")
(attached)

 REDACTED

Exhibit 2.1 (1)
Articles of Organization
UMSJ Health System, LLC
(attached)

ARTICLES OF ORGANIZATION

OF

UMSJ HEALTH SYSTEM, LLC

It is hereby certified that:

1. Recital. The undersigned has been designated as an "authorized person," as that term has been defined in Section 4A-101(c) of the Maryland Limited Liability Act (the "Act"), for purposes of executing and filing these Articles of Organization of UMSJ HEALTH SYSTEM, LLC (the "Company") and any other documents or certificates that may be required to be filed on behalf of the Company with the State Department of Assessments and Taxation of Maryland from time to time.

2. Name. The name of the Company is:

UMSJ HEALTH SYSTEM, LLC

3. Purposes.

3.1. *Tax Exempt Purposes.* The Company is organized for charitable, scientific and educational purposes within the meaning of Section 501(c) (3) of the of the Internal Revenue Code of 1986 and the regulations thereunder as they now exist or may hereafter be amended (hereinafter, collectively referred to as the "**Code**"), including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said section. No part of the net earnings of the Company shall inure to the benefit of, or be distributable to any private individuals, except that the Company shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes. No substantial part of the activities of the Company shall be the carrying on of propaganda, or otherwise attempting to influence legislation, except as permitted by Sections 501(h) and 4911 of the Code or any subsequent federal tax laws. The Company shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this Agreement, the Company shall not carry on any other activities not permitted to be carried on (1) by an entity exempt from federal income tax under Section 501(a) described in Section 501(c)(3) of the Code; or (2) by an entity, contributions to which are deductible under Section 170(c)(2) of the Code.

3.2. *General Purpose.* In furtherance of its tax exempt purposes, the Company may engage in any lawful act or activity for which limited liability companies may be formed under the Act and to engage in any and all activities necessary or incidental thereto.

4. Principal Office and Resident Agent. The address of the principal office of the Company is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201. The name of the

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resident agent of the Company is Megan M. Arthur, Esquire, and the post office address of the resident agent is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201.

5. Agency. Pursuant to Section 4A-401(a)(3) of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member of the Company shall have the authority to act for the Company solely by virtue of being a member.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

[SIGNATURE PAGE FOLLOWS]

REDACTED

IN WITNESS WHEREOF, the undersigned organizer of the Company has executed these Articles of Organization on this 15th day of August, 2012.

Megan M. Arthur, Esquire
Authorized Person

I, Megan M. Arthur, Esquire, hereby consent to act as resident agent for UMSJ Health System, LLC.

Megan M. Arthur, Esquire
Authorized Person

CUST ID:0002796470
WORK ORDER:0004013050
DATE:08-17-2012 11:41 AM
AMT. PAID:$155.00

FIRM:19142007v1

REDACTED

UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC
RESOLUTION OF BOARD OF DIRECTORS – SEPTEMBER 11, 2019

WHEREAS, the Directors believe it to be advisable, generally to the advantage, for the benefit, and in the best interest of the Company that the following actions be taken: that the Second Amended and Restated Operating Agreement attached hereto as **Attachment A** be adopted, that the Directors' revised term dates as set forth in the "Proposal" column in the table in **Attachment B** (the "Board of Directors' Terms") be adopted, and that the individuals listed in **Attachment C** be appointed to the Nominations/Governance Committee; and

WHEREAS, the Directors have recommended that the sole member of the Company, UMSJ Health System, LLC (the "Member"), also approve the adoption of the Second Amended and Restated Operating Agreement and the Board of Directors' Terms, and the appointment of such individuals to the Nominations/Governance Committee.

NOW, THEREFORE, BE IT RESOLVED, that, subject to the approval of the Member:

1. The Second Amended and Restated Operating Agreement attached hereto as **Attachment A** is hereby adopted;

2. The revised Board of Directors' Terms attached hereto as **Attachment B** is hereby adopted; and

3. The individuals listed in **Attachment** C are hereby appointed to the Nominations/Governance Committee.

I, Scott Conover, do hereby certify that the foregoing resolution was duly adopted by the Board during its meeting on September 11, 2019, at which a quorum was present.

Assistant Secretary of Board of Directors

REDACTED

ATTACHMENT A
SECOND AMENDED AND RESTATED OPERATING AGREEMENT

(Attached)

 REDACTED

UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, LLC

SECOND AMENDED AND RESTATED OPERATING AGREEMENT

This Second Amended and Restated Operating Agreement ("**Agreement**") of University of Maryland St. Joseph Medical Center, LLC (the "**Company**"), effective as of September 11, 2019, is entered into by the Company and UMSJ Health System, LLC, a Maryland limited liability company, as the sole member of the Company (the "**Member**").

WHEREAS, the Company was formed as a limited liability company on April 25, 2012, by the filing of Articles of Organization with the Maryland State Department of Assessments and Taxation ("**SDAT**") pursuant to and in accordance with the Maryland Limited Liability Company Act (as amended from time to time, the "**Act**");

WHEREAS, the Company changed its name from "Northeastern Maryland Regional Health System, LLC" to "University of Maryland St. Joseph Medical Center, LLC" on August 1, 2012, by the filing of Articles of Amendment with the SDAT;

WHEREAS, the Member is a wholly-owned subsidiary of University of Maryland Medical System Corporation, a Maryland nonprofit corporation ("**UMMS**") recognized as exempt from Federal income tax under Section 501(a) of the Internal Revenue Code of 1986 and the regulations thereunder as they now exist or may hereafter be amended (hereinafter, collectively referred to as the "**Code**") as an organization described in Section 501(c)(3) of the Code; and

WHEREAS, the Member agrees that the membership in and management of the Company shall be governed by the terms set forth herein.

NOW, THEREFORE, the Member and the Company agree as follows:

ARTICLE I

GENERAL

Section 1.01 Name. The name of the Company is University of Maryland St. Joseph Medical Center, LLC.

Section 1.02 Powers and Purposes.

(a) *Specific Purposes and Powers*. The specific purposes of the Company shall be:

(i) To maintain a non-profit hospital in Baltimore County, Maryland;

(ii) To establish, support, manage and furnish facilities, personnel and services to provide prevention, diagnosis, treatment, rehabilitation, and support services without regard to race, creed, color, sex or national origin;

(iii) To carry on such activities related to rendering health care services and the promotion of health, which in the opinion of the Board of Directors and the Member may be justified by the facilities, personnel, funds or other requirements that are or can be made available;

(iv) Subject to the restrictions and limitations set forth in the Company's Articles of Organization and this Agreement, to use and apply its income and principal assets exclusively for charitable, scientific and educational purposes, within the meaning of Section 501(c)(3) of the Code; and

(v) To have and to exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the Company, any and all powers conferred upon limited liability companies by the Act.

(b) *Tax-Exempt Purposes*. The Company is organized and shall be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said section. No part of the net earnings of the Company shall inure to the benefit of, or be distributable to any private individuals, except that the Company shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes. No substantial part of the activities of the Company shall be the carrying on of propaganda, or otherwise attempting to influence legislation, except as permitted by Sections 501(h) and 4911 of the Code or any subsequent federal tax laws. The Company shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this Agreement, the Company shall not carry on any other activities not permitted to be carried on (1) by an entity exempt from federal income tax under Section 501(a) described in Section 501(c)(3) of the Code; or (2) by an entity, contributions to which are deductible under Section 170(c)(2) of the Code.

Section 1.03 Principal Office; Registered Agent.

(a) *Principal Office*. The location of the principal office of the Company shall be 7601 Osler Drive, Towson, Maryland 21204, or such other location as the Member may from time to time designate.

(b) *Registered Agent*. The registered agent of the Company for service of process in the State of Maryland and the registered office of the Company in the State of Maryland shall be that person and location reflected in the Articles of Organization. In the event the registered agent ceases to act as such for any reason or the registered office shall

change, the Member shall promptly designate a replacement registered agent or file a notice of change of address, as the case may be, in the manner provided by law.

ARTICLE II

MEMBER

Section 2.01 Sole Member. The name and the business, residence or mailing address of the sole Member is as follows:

Name	Address
UMSJ Health System, LLC	7601 Osler Drive Towson, MD 21201

Section 2.02 Membership Interests; Certificates. The Company will not issue any certificates to evidence ownership of the membership interests.

Section 2.03 Capital Contribution. The Member shall contribute to the Company such cash, property or services as determined by the Member, in its sole discretion.

ARTICLE III

GOVERNANCE AND MANAGEMENT

Section 3.01 General Powers of the Member. The Member shall have and shall exercise all powers conferred on the Member of the Company by the Company's Articles of Organization, this Agreement, and the laws of the State of Maryland. The Member shall act through its Board of Directors, Executive Committee, or such officer(s) designated by its Board of Directors from time to time, or by action of UMMS in its capacity as sole member of the Member. Notwithstanding the foregoing provisions of this Section 3.01, actions requiring Member approval under Section 3.02 or actions contemplated by Section 3.03 may not be taken by the Member without approval of UMMS in its capacity as the sole member of the Member.

Section 3.02 Actions Requiring Approval of the Member. Subject to the provisions of Section 3.01, each of the following actions requires approval by the Board, followed by the approval of UMMS:

(a) Any amendment to the Articles of Organization or this Agreement;

(b) Any merger or consolidation of the Company;

 REDACTED

(c) Any sale, lease, exchange, mortgage, pledge or other disposition of all or substantially all of the property or assets of the Company;

(d) The dissolution of the Company;

(e) The adoption of the annual operating and capital budgets for the Company, prepared in accordance with UMMS's normal budgetary cycle and in collaboration with UMMS; provided, however, that any item approved in such budget shall not require separate approval of the Member under the provisions of Section 3.02(g) through Section 3.02(j); provided, further, that increases in budgeted amounts above the monetary limits in such provisions shall require the approval of UMMS;

(f) The adoption of the strategic plans for the Company prepared in accordance with UMMS's normal strategic planning cycle and in collaboration with UMMS, consistent with UMMS's system-wide strategic plans and annual strategic initiatives;

(g) Any incurrence of debt by the Company singly, or in the aggregate by the Company and its subsidiaries, for an amount greater than Five Million Dollars ($5,000,000) in any fiscal year;

(h) Any transfer of assets among or between the Company and its subsidiaries in an amount greater than One Million Dollars ($1,000,000), subject to any then-existing covenants or conditions in any Company or subsidiary debt instruments or any restrictions on donated funds;

(i) Any acquisition, purchase, sale or other disposition of any assets of the Company or a subsidiary (other than a lease) for an amount greater than Two Million Five Hundred Thousand Dollars ($2,500,000);

(j) Any material additions, expansions, revisions or deletions of a health care service, not otherwise set forth in an approved budget or strategic plan of the Company;

(k) Creation of any academic medical school or graduate medical education training program affiliations with any natural person or any corporation, partnership, trust, joint venture, limited liability company, professional association, unincorporated association and any other body recognized under law as a separate legal entity other than a natural person outside UMMS health care system;

(l) Any extraordinary filings (such as CON filings) to regulatory agencies by the Company;

(m) The creation of joint ventures or the creation of any new subsidiary;

(n) Any acquisition, purchase, sale, disposition or encumbrance of real property; and

(o) Entrance into any lease valued in an amount greater than Five Hundred Thousand Dollars ($500,000) per year.

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Section 3.03 Reserved Powers of the Member. Subject to the provisions of Section 3.01, the Member shall have the affirmative right to cause the Company to take any of the following actions without the prior approval of the Board:

(a) The appointment and removal of the Chief Executive Officer of the Company after discussion and consultation with the Chairperson of the Board;

(b) The making of contributions to UMMS for general expenses of UMMS, or other agreed-upon payments to UMMS, subject to any then-existing covenants or conditions in the Company's debt instruments or restrictions imposed by donor intent; provided, however, that with respect to contributions, distributions or payments related to corporate expenses ("**Corporate Overhead**"), the Company shall be treated in a manner consistent with UMMS's other subsidiaries;

(c) The submission of corrective action plans to UMMS if certain performance or financial targets set forth in the operating and capital budgets, strategic plans or business plans of the Company are not met; and the enforcement of such corrective action plans;

(d) The establishment of agreed-upon key strategic affiliations between third parties and the Company;

(e) The adoption, implementation and maintenance of compliance with any corrective action plan proposed by UMMS's corporate compliance officer or UMMS's general counsel as to matters regarding compliance with requirements of governmental payment programs, conflicts of interest, or requirements imposed on entities exempt from taxation under Section 501(c)(3) and 509 of the Code;

(f) The selection of the independent auditor and outside legal counsel for the Company;

(g) The addition, expansion, revision or deletion of a health care service provided by the Company, after consultation with, and due consideration of any recommendations from the Board;

(h) The adoption of system-wide executive compensation policies;

(i) The incurring of debt or modification of any existing debt;

(j) The integration of support functions, including but not limited to legal, compliance, finance and information technology, in order to enhance efficiency throughout UMMS's regional delivery system; and

(k) The transfer of assets among the Company and its direct or indirect subsidiaries subject to any then existing covenants or conditions in any debt instruments of the Company.

[redacted]

[redacted]

Section 3.05 Composition of Board; Election.

(a) *Number of Directors*. The Board shall consist of not less than seven (7) nor more than twenty-one (21) individuals (including the voting *Ex-Officio* Directors, UMMS Directors and Elected Directors) (each a "**Director**"). No change in the number of Directors shall have the effect of shortening the term of any incumbent Directors. The total number of Directors (including *Ex-Officio* Directors, UMMS Directors and Elected Directors) may be increased or decreased from time to time (i) by the Member or (ii) pursuant to a vote of the Directors then serving, subject to approval by the Member.

(b) *Ex-Officio Directors*. The Board shall include as *ex-officio* Directors, the Chief Executive Officer of UMMS (the "**UMMS CEO**"), or his or her designee, the President and Chief Executive Officer of the Company (the "**President/CEO**"), the president of the medical staff of the Company, and the president of the University of Maryland St. Joseph Medical Center Foundation, Inc. (collectively, the "***Ex-Officio* Directors**"), all of whom shall be voting Directors. Unless otherwise expressly provided in this Agreement, the UMMS CEO, or his or her designee, shall have the right, but not the obligation, to serve as an *ex-officio* member on all committees of the Board. The individuals serving in the positions listed above shall serve as *ex-officio* Directors of the Company for so long as they occupy their respective positions giving rise to their directorship in the Company. At such time as there is a change in the individual filling any of the above-listed positions, the individual who formerly held the position shall automatically cease to serve as a Director of the Company, and the individual who is appointed to serve in such position shall automatically become a Director of the Company.

(c) *UMMS Directors*. UMMS, as the sole member of the Member, shall have the right to directly appoint (or re-appoint) two (2) Directors to the Board separate and apart from the UMMS CEO without the requirement that such Directors be nominated by the Nomination/Governance Committee (the "**UMMS Directors**").

(d) *Elected Directors*. All Directors who are not *Ex-Officio* Directors or UMMS Directors are hereinafter referred to as "**Elected Directors**."

(e) *Nomination and Election of Elected Directors*. The Member shall have the power and authority to elect all of the Elected Directors pursuant to the nomination process set forth in this Section 3.05(e). The Nomination/Governance Committee of the Board shall submit nominees to the Member, for election (or re-election) to the Board as needed. At least one (1) UMMS Director shall have the right to serve on the

Nomination/Governance Committee. Directors must demonstrate awareness of the purposes and objectives of the Company as they relate to the health needs of the Company's Service Area. Directors will be selected on the basis of their skills and competencies that contribute to the needs of the Board. No Director may be an elected official of the government of the State of Maryland or of any local jurisdiction within the State of Maryland. Except as otherwise provided in this Agreement, the Member shall elect (or re-elect) to the Board only those individuals nominated by the Nomination/Governance Committee; provided, however, that the Member may request that the Nomination/Governance Committee nominate additional individuals for consideration. In the event that the Nomination/Governance Committee fails to nominate individuals who the Member finds suitable for election to the Board, the Nomination/Governance Committee and the Member will collaborate, in good faith, to identify mutually acceptable nominees that the Nomination/Governance Committee will nominate and the Member will elect to the Board. All Directors who have been elected to the Board after having been nominated by the Nomination/Governance Committee must demonstrate an ability to carry out their functions in a manner that is consistent with their duties of care and loyalty to the Company. Any Elected Director who has been elected to the Board after having been nominated by the Nomination/Governance Committee and who fails to meet the foregoing requirement, as determined by the Board, shall be excluded from qualification to be re-elected to the Board, and may be removed as a Director as set forth in this Agreement.

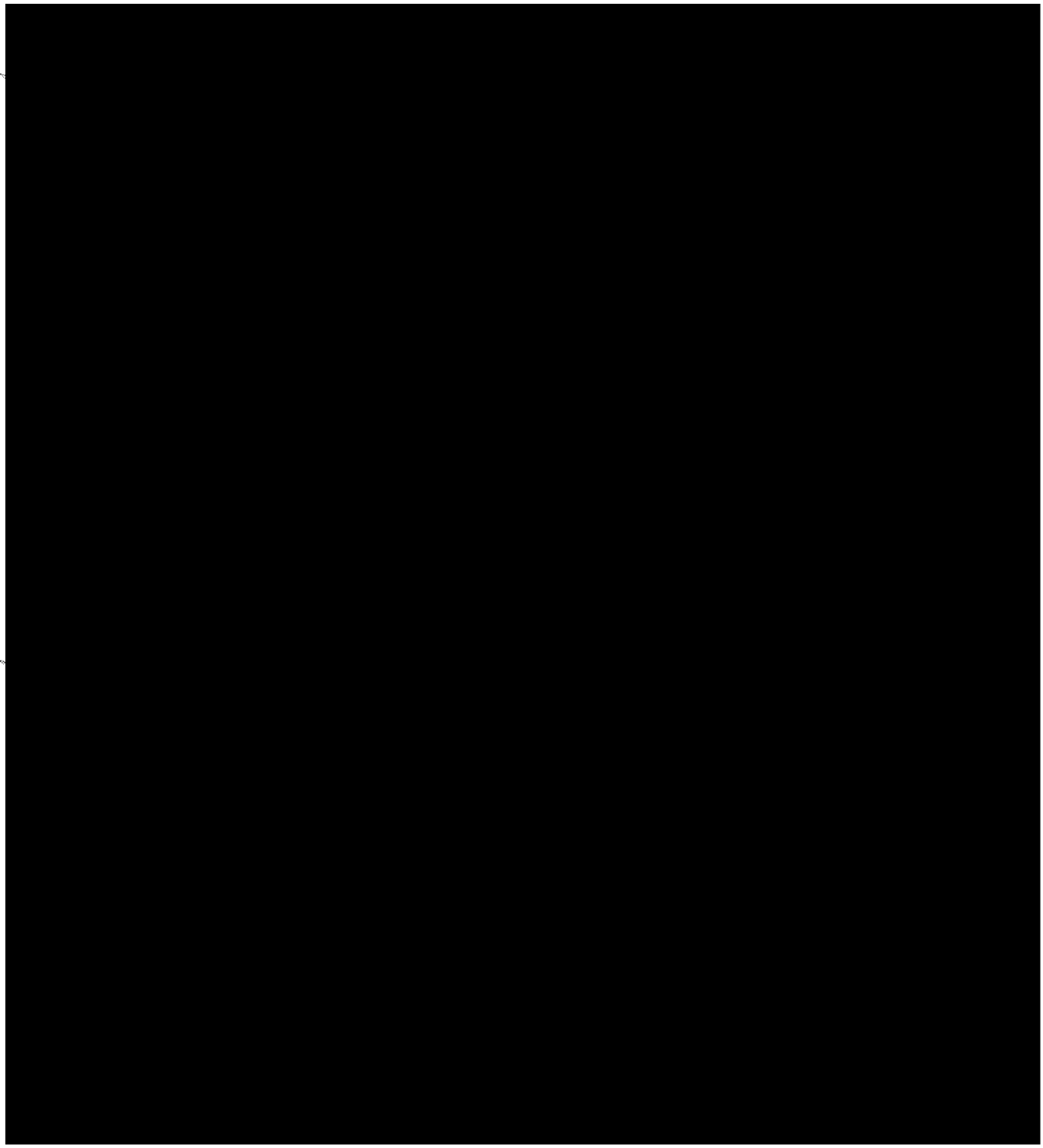
(f) *Board Composition Requirements*. The Nomination/Governance Committee shall nominate individuals for membership on the Board and the Member shall appoint individuals, so that at all times:

(i) *Independent Community Requirement*. A majority of the Directors on the Board shall be independent community members, as that term is used by the Internal Revenue Service with respect to charities. An independent community member is representative of the community within which the Company shall operate and does not include practicing physicians affiliated with the Company, compensated officers, department heads, and other employees of the Company.

(ii) *Community Representation*. At least seventy-five percent (75%) of the Directors on the Board shall be individuals who have a primary residence or business in the Service Area.

(iii) *Archdiocese of Baltimore Representative*. Two (2) of the Elected Directors shall be selected from a list of qualified individuals submitted by the Roman Catholic Archbishop of Baltimore (the "**Archbishop**"). Such Directors shall be members of the Catholic clergy or of a religious order. If the size of the Board is expanded to include more than fifteen (15) individuals, the Nomination/Governance Committee shall nominate individuals for membership on the Board and the Member shall appoint a third Elected Director from the list provided by the Archbishop. Such third Elected Director may, but need not be, a member of the Catholic clergy or of a religious order. These members may not be removed from the Board during their term without the consent of the Archbishop.

REDACTED



Section 6.06 President/CEO. The President/CEO shall be appointed by UMMS, subject to consultation with the Board of Directors. The President/CEO shall be the chief executive officer of the Company. The President/CEO shall have all the authority of such an officer in a business corporation and shall be a Director. The President/CEO

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS	:	
v.	:	Civil Action No. DKC 20-2088
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al.	:	

ORDER OF JUDGMENT

Plaintiff Jesse Hammons filed this action against University of Maryland Medical System Corporation, UMSJ Health System, LLC, and University of Maryland St. Joseph Medical Center, LLC, on July 16, 2020. Plaintiff's Establishment Clause and Equal Protection Clause claims were dismissed, but his Affordable Care Act claim remained. Both parties moved for summary judgment, and summary judgment was granted in favor of Plaintiff and against Defendants on liability. The parties stipulated to a damage award of $872.81, including a compensatory damage award of $748.46 and prejudgment interest through March 1, 2023, of $124.35, with an additional $0.14 per day thereafter until final judgment is entered.

Accordingly, it is this 13th day of March, 2023, by the United States District Court for the District of Maryland, ORDERED that:

1. Judgment BE, and the same hereby IS, ENTERED in favor of Plaintiff Jesse Hammons and against Defendants University of Maryland Medical System Corporation, UMSJ Health System, LLC, and

University of Maryland St. Joseph Medical Center, LLC on Plaintiff's Affordable Care Act Claim in the amount of $874.63;

2. All prior rulings are incorporated herein, and this judgment is final for the purposes of Fed.R.Civ.P. 58; and

3. The clerk will transmit copies of this Judgment to counsel for the parties and CLOSE this case.

/s/
DEBORAH K. CHASANOW
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al., Defendants.	Case No. 20-cv-2088-DKC

NOTICE OF APPEAL

Pursuant to Fed. R. App. P. 3(c)(6), notice is hereby given that Plaintiff Jesse Hammons hereby appeals to the United States Court of Appeals for the Fourth Circuit from the dismissal of Plaintiff's constitutional claims in the Order Granting in Part Defendants' Motion to Dismiss (ECF No. 53) and the Order Denying Motion to Reconsider (ECF No. 64), which are incorporated into the final judgment by reference (ECF No. 133, at 2). Copies of those Orders and accompanying Memorandum Opinions are attached hereto as Exhibits A through E.

Dated: April 10, 2023

Respectfully submitted,

/s/ Louis J. Ebert

Louis J. Ebert (Fed. Bar No. 02031)
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Counsel for Plaintiff Jesse Hammons

CERTIFICATE OF SERVICE

I hereby certify that on the 10th day of April 2023, I filed the foregoing Notice of Appeal with the Clerk of the Court using the CM/ECF system, which will automatically serve electronic copies upon all counsel of record.

/s/ Louis J. Ebert
Louis J. Ebert

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

JESSE HAMMONS, Plaintiff, v. UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, et al. Defendants.	)	Case No. 1:20-cv-02088-DKC

DEFENDANTS' NOTICE OF CONDITIONAL CROSS-APPEAL

Defendants, pursuant to Fed. R. App. P. 4(a)(3), hereby file this notice of conditional cross-appeal to the U.S. Court of Appeals for the Fourth Circuit from the order denying Defendants' motion for summary judgment and granting Plaintiff's cross-motion for summary judgment (ECF No. 122), which is incorporated into the final judgment entered on March 13, 2023 (ECF No. 133). Defendants file this notice of conditional cross-appeal to preserve their right to appeal that order if and only if the Court of Appeals concludes that it has jurisdiction over Plaintiff's appeal.

April 21, 2023

/s/ Denise Giraudo
Denise Giraudo (Bar No. 29015)
Paul Werner (admitted *pro hac vice*)
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Counsel for Defendants

CERTIFICATE OF SERVICE

Instructions for Electronic Filers: For persons filing electronically, CM/ECF serves all registered CM/ECF users, and no certificate of service is required for such service. A certificate of service is required from an electronic filer, however, in the following circumstances:

- To certify that a non-user of CM/ECF has been served;
- To certify that a manual filing (not available in electronic form), has been served;
- To certify that a sealed document has been served;
- To certify that a case-initiating document, such as a petition for review, petition for permission to appeal, or petition for writ of mandamus, has been served.

Instructions for Paper Filers: For persons filing in paper form, service must be accomplished outside CM/ECF, and a certificate of service is required for all documents.

Case No. 23-1394 Case Caption Hammons v. Univ. of Md. Med. Sys. Corp.

I certify that on 11/8/2024 (date), the Joint Appendix (unsealed Volumes 1 and 2) (document title) was served by [ ] personal delivery; [ ] mail; [ ] third-party commercial carrier; or [x] email

(with written consent) on the following persons at the addresses or email addresses shown:

(Name and Address or Email Address)

Yaakov M. Roth, yroth@jonesday.com
Caleb Redmond, credmond@jonesday.com
Denise Giraudo,
dgiraudo@sheppardmullin.com
Paul Werner,
PWerner@sheppardmullin.com

Counsel for Appellees

Aron Fischer

Signature

11/8/2024

Date