

EXHIBIT 8

1	IN THE UNITED STATES DISTRICT COURT FOR THE	1
2	SOUTHERN DISTRICT OF ILLINOIS	2
3	DEON HAMPTON,)	3
4	(MI 15934),)	4
5	Plaintiff,)	5 * * * *
6)	6 I N D E X
7	- VS-) No. 18-CV-550	7 Examination by:
8)	8 Mr. Mills Page 5, 162
9	ILLINOIS DEPARTMENT)	9 Ms. McClimans Page 159
10	OF CORRECTIONS)	10
11	DIRECTOR JOHN)	11
12	BALDWIN, et al.,)	12
13)	13
14	Defendants.)	14
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16	16	16
17	17 (Exhibits 1-12 were marked for	17
18	18 identification purposes and are attached to	18
19	19 the transcript.)	19
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1 A. Depends on -- well, I would imagine
2 it depends on where they send the grievance.
3 You know, obviously there's an institutional
4 grievance process and then I would imagine
5 things are routed from there. But, again, I
6 don't think there's a wrong way. So if you
7 send a grievance to whatever office, if they
8 look at it and go, okay, well, clearly there's
9 an issue here for the transgender committee,
10 I'm sure they would route it to someone on the
11 transgender committee.

12 **Q. And the transgender committee is
13 not institution based. That is, this is not a
14 decision made by Pontiac, this is a decision
15 made by the committee as a whole which is a
16 statewide entity, right?**

17 A. The transgender committee members,
18 the core members, aren't facility based. The
19 facility does have input because they're
20 providing the presentation. And so the
21 committee routinely consults with them and
22 says, you know, what are your recommendations
23 and all that's kind of considered.

1 **Q. What do you look at -- what does
2 the committee look at in order to make those
3 determinations?**

4 A. Any number of things, build,
5 stature, committing offenses, current
6 behavior, disciplinary, everything.

7 **Q. And those are then presented by the
8 institution where the person is housed or via
9 documents?**

10 A. Yeah. So certainly, again,
11 opinions or documentation provided by the
12 committee to -- or provided by the facility to
13 the committee. Again, the ability to look up
14 things, obviously, again, you've got chief of
15 operations, the transfer coordinator, myself,
16 the medical director and other folks on the,
17 you know -- kind of a part of the process. So
18 all those things, we can get information from
19 any number of sources.

20 **Q. Chief of operations has access,
21 obviously, to disciplinary history and
22 incident reports and all that kind of stuff?**

23 A. Yes.

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1 **Q. The committee itself is a statewide
2 committee?**

3 A. Correct.

4 **Q. There's not like a Pontiac and
5 Logan committee?**

6 A. There's a committee, correct. And
7 then the treating clinicians at the facility.

8 **Q. Have input into it?**

9 A. Correct.

10 **Q. You mentioned safety as being one
11 of the issues. What sort of evidence are you
12 looking at to figure out whether they're safe
13 -- I assume you're looking both are they safe
14 where they are and what would be the safety
15 concerns where they're transferred to a
16 different facility?**

17 A. Correct. Yes, speaking very
18 globally all -- for any placement within the
19 Department of Corrections there's going to be
20 some consideration of safety, you know, are
21 you vulnerable, are you predatory, are you
22 both, are you high risk area, low risk area,
23 all those things would be considered.

1 **Q. And you have access to the mental
2 health -- complete mental health file if you
3 need it?**

4 A. Correct.

5 **Q. And do you routinely confer with
6 the mental health treaters at the facility, or
7 are they making presentations to you?**

8 A. They're making a presentation.

9 **Q. So that all would be part of the
10 group that makes the presentation?**

11 A. Yes.

12 **Q. So does everybody meet at once and
13 they sort of come in and say here I am and all
14 that kind of stuff?**

15 A. Usually you do it via
16 teleconference. So, yeah, so each facility
17 will have a designated kind of time, a number
18 of people to present, and then present to the
19 committee.

20 **Q. So in general as the committee got
21 the actual medical records and mental health
22 records and disciplinary reports or they're
23 relying on a summary that's provided by the**

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1 institution?
2 A. They're relying on that summary
3 that's presented by the institution generally.
4 Q. What role does the trans person
5 have in that process?
6 A. So clearly the patient is working
7 with their primary clinician, they're relaying
8 information back and forth through their, you
9 know, meeting process whether it's individual
10 or group or whatever the case may be.
11 Typically their concerns relate to their
12 primary MHP or also could be a nurse or
13 physician. And that person usually then
14 conveys to the committee. There's a -- in the
15 worksheets and whatnot there's a set of
16 questions that are asked that are specific to
17 the person. So what does the person, you
18 know, think or feel or, you know, what's their
19 desire or anything like that. So that's how
20 the committee gets that information.
21 Q. So who's responsible for sort of
22 filling out that sheet as to what the person
23 desires?

1 A. So, again, there is a kind of
2 medical screening kind of section as it
3 relates to anybody who is being presented,
4 have there been any surgical modifications,
5 any desire for surgical modifications, things
6 of that nature. So those questions are asked
7 and, obviously, used in whatever decision,
8 recommendations the committee ultimately
9 makes.

10 Q. To be clear, the committee doesn't
11 just do a placement, correct?

12 A. Correct. Doesn't just deal with
13 placement.

14 Q. What other things does it do?

15 A. Again, medication management or the
16 initiation or follow-up of medication
17 management.

18 Q. For example, should this person be
19 on hormones?

20 A. Correct, should they start
21 hormones. If there's a question from the
22 treating physician about, you know, should I
23 increase, should we decrease, should something

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1 A. That facility.
2 Q. You don't know who at the facility?
3 A. Usually it's a treating MHP. But,
4 again, it could be the nurse as well.
5 Q. So somebody should sit down with
6 the --
7 A. Person.
8 Q. -- the patient and say, here's my
9 list of questions, let's go over them?
10 A. What's your goals, yeah, things
11 like that.
12 Q. But the committee as a whole
13 doesn't meet with this person, it's just
14 somebody from the facility?
15 A. Correct.
16 Q. What's the -- I take it the
17 physical, you talked about various physical
18 aspects as being relevant, so could you at
19 least talk more about that?
20 A. Physical aspects in term of?
21 Q. You talked about the surgeries, you
22 talked about functionality of whether they're
23 still potent, tell us more about that.

1 change, that type of thing, we certainly can
2 be in that kind of consultative role. Well,
3 the medical director would be in that
4 consultative role. Same type of questions for
5 the mental health professionals. Again, any
6 accommodations that may be needed at the
7 facility. If you require a sports bra, for
8 example, some other type of, you know,
9 clothing that may not be typical for that
10 particular institution, the committee then
11 could do that. The kind of mental health
12 treatment in terms of real life experience in
13 placement, how are you dealing with being a
14 transgender person in the Department of
15 Corrections. No different than kind of that
16 real life experience piece lived out in the
17 world. So making sure that we have processes
18 in place for the clinicians to not only, A, be
19 supervised and trained on that, but also then
20 have a place for questions for consultation as
21 well.
22 Q. Is sexual orientation considered at
23 all?

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