

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

JANIAH MONROE, MARILYN)
MELENDEZ, LYDIA HELÉNA VISION,)
SORA KUYKENDALL, and SASHA REED,)
individually and on behalf of a class of)
similarly situated individuals,)

Plaintiffs,

v.

ROB JEFFREYS, MELVIN HINTON,)
and STEVE MEEKS,)

Defendants.)

Case No. 3:18-cv-00156-NJR

**PLAINTIFFS' RENEWED REQUEST FOR
APPOINTMENT OF INDEPENDENT MONITOR**

More than nine months ago, this Court ordered Defendants to *immediately* cease certain policies and practices that denied Plaintiffs medically necessary care and treatment for gender dysphoria, and also to institute new policies and practices to remedy that denial. The Defendants subsequently assured the Court they had already ceased certain practices and were working hard to achieve the Court's other ordered relief. *See* Dkt. 202, Compliance Report; Dkt. 210, Compliance Report Reply. As a result, this Court denied Plaintiffs' request for an independent expert to ensure Defendants followed through on their promises to the Court. Dkt. 215, Compliance Report Order. Recent discovery shows that it is now time for the Court to revisit that ruling.

Discovery, including deposition testimony from named defendants, has made clear that the Illinois Department of Corrections (IDOC) is in violation of the Court's Preliminary Injunction Order. First, this Court ordered "Defendants to immediately . . . cease the policy and practice of allowing the Transgender Committee to make the medical decisions regarding gender dysphoria."

Dkt. 212, Am. Prelim. Inj. Order at 1, ¶ 1. Nonetheless, the Transgender Care Review Committee (the Committee) *still* makes medical decisions relating to hormone therapy and surgery, and IDOC *continues* to restrict access to medically necessary items for social transition. Second, Defendants were ordered to “*immediately . . .* cease the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition, including by mechanically assigning housing based on genitalia and/or physical size or appearance.” *Id.* at 1, ¶ 3. Despite this, IDOC has not transferred any transgender prisoners to facilities that match their gender identity and continues to operate under the *exact same* policy for cross-gender searches as it did prior to the Preliminary Injunction. Finally, IDOC has failed to implement *any* new policies related to transgender prisoners since the Preliminary Injunction was entered.

Accordingly, Plaintiffs hereby renew their request for the Court to appoint an independent expert to monitor Defendants’ compliance with the Preliminary Injunction. Plaintiffs’ wellbeing—if not their lives—depend on compliance. There is no question the Court has the authority to appoint an independent monitor to ensure IDOC develops a strict plan and schedule for complying with all aspects of the Court’s order and to evaluate and report to the Court on whether IDOC is abiding by that plan and schedule. The recent testimony of IDOC’s witnesses makes it abundantly clear that, left to their own devices, Defendants are either unable or unwilling to provide treatment sufficient to meet their obligations under the Eighth Amendment.

FACTUAL BACKGROUND

Plaintiffs filed this action for declaratory and injunctive relief on January 31, 2018 to force IDOC to provide constitutionally adequate medical treatment for prisoners seeking evaluation and treatment for gender dysphoria. Dkt. 1, Complaint. On December 19, 2019—following a two-day hearing during which the Court was presented with testimony from three of the named Plaintiffs

and declarations from two of the named Plaintiffs, two of Plaintiffs’ expert witnesses, and the leading members of IDOC’s Committee—this Court entered a Preliminary Injunction prohibiting Defendants from continuing certain policies and practices imposing irreparable harm on Plaintiffs. Dkt. 186, Prelim. Inj. Opinion (the “Opinion”); Dkt. 187, Prelim. Inj. Order.

By order of this Court, Defendants filed a Report on Compliance (the “Report”) on January 22, 2020, and then moved for reconsideration of the Court’s Preliminary Injunction Order one week later. Compliance Report; Dkt. 203, Mot. Reconsider. In response, Plaintiffs flagged numerous problems with Defendants’ conduct and urged the Court to appoint an expert to oversee Defendants’ compliance with the Preliminary Injunction through trial. Dkt. 207, Compliance Report Resp., at 12–13. Defendants assured the Court that no court-appointed expert was necessary. Compliance Report Reply at 5–8. On March 4, 2020, however, the Court partially granted Defendants’ Motion for Reconsideration, vacated the Order, and entered an Amended Preliminary Injunction Order. Dkt. 211, Am. Prelim. Inj. Opinion; Dkt. 212, Am. Prelim. Inj. Order (the “Order”).

On March 20, 2020, the Court denied Plaintiffs’ request for a court-appointed expert under Federal Rule of Evidence 706 based on Defendants’ assurances of compliance with the Preliminary Injunction. Compliance Report Order. The order states that, although a Court-appointed expert was not warranted “at this time” because the Defendants were taking steps to comply with certain aspects of the Preliminary Injunction, the Court was nevertheless “not entirely convinced” that Defendants were complying with *all of* the Preliminary Injunction’s directives. *Id.* at 2–3. The order specifically invited the parties to file “a proper motion” “regarding compliance with the preliminary injunction order” and left open the possibility of appointing a special master under FED. R. CIV. P. 53 at a later date. *Id.* at 4.

Discovery in the case was stayed on October 17, 2019 pending a decision on class certification. Dkt 174, 10/17/2019 Minute Entry. The Court granted Plaintiffs' motion for class certification on March 4, 2020, at which point discovery resumed. Dkt. 214, Class Cert. Order. Plaintiffs were eventually forced to file a motion to compel document production from Defendants after repeated delays and insufficiencies. Dkt. 222, Mot. Compel. Nonetheless, Plaintiffs pushed forward with depositions of Defendants and other IDOC witnesses to move the case forward towards trial, currently scheduled for March 2021. To date, Plaintiffs have deposed 15 witnesses, and several additional depositions are scheduled to take place in the coming weeks. The witnesses deposed thus far have all either directly or indirectly admitted that IDOC has never complied with the Court's Preliminary Injunction and continues to violate Plaintiffs' Eighth Amendment Rights.

ARGUMENT

I. IDOC IS NOT CAPABLE OF OR WILLING TO PROVIDE NECESSARY MEDICAL CARE

The Court's Order is clear, yet Defendants continue to violate it in significant ways. Whatever scant efforts Defendants have made fall well short of substantial compliance. Worse, Defendants' actions and inactions contradict their own statements made to the Court in their Report. Simply put, Defendants' refusal to comply jeopardizes the lives and wellbeing of Plaintiffs and those of other class members.

A. The Committee continues to make medical decisions regarding gender dysphoria.

The Court ordered Defendants to *immediately* cease the policy and practice of allowing the Committee to make medical decisions or recommendations regarding the treatment of transgender prisoners. Dkt. 212, Order at 1, ¶ 1. The Court found that Plaintiffs “put forth evidence that the Transgender Committee is unqualified to make medical decisions for transgender inmates.” Dkt. 186, Opinion at 34.

In their Report, Defendants assured the Court that “[t]he Department has ceased the policy and practice of allowing the [Committee] to make medical recommendations” and “[t]he [Committee] will only be consulted for placement, security, and gender-related accommodation issues.” Compliance Report at 2, ¶ 4. While the Court found that this consulting role did not violate its Order, the Court “emphasize[d] that Defendants were ordered to *immediately cease* the practice of allowing the [Committee] to make medical decisions and recommendations regarding gender dysphoria.” Compliance Report Order at 3.

Nine months later, Defendants continue to allow unqualified, non-physician Committee members to make medical decisions and recommendations regarding the treatment for gender dysphoria. On June 25, 2020, Dr. Hinton, IDOC’s Chief of Mental Health and Addiction, and a member of IDOC’s Committee, testified that the Committee: (1) decides whether a transgender prisoner should begin hormone therapy (Ex. A, 6/25/2020 Hinton Dep. Tr. at 62:8–14, 70:6–71:2, 84:12–17); (2) makes a recommendation on whether a transgender prisoner should undergo gender confirmation surgery (*id.* at 55:17–56:1); and (3) decides whether a transgender prisoner is allowed access to gender-affirming products (*id.* at 134:21–135:1). IDOC’s blatant refusal to comply with the Court’s Order has resulted in serious harm to Plaintiffs.

B. IDOC continues to deprive transgender prisoners of medically necessary social transition in violation of the Court's Order.

After hearing evidence that IDOC denied social transition treatments by, among other things, denying prisoners access to female commissary items and conducting invasive cross-gender strip searches, Opinion at 34, the Court ordered Defendants to “immediately . . . cease the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition” and to “develop a policy to allow transgender inmates medically necessary social transition,” Order at 1 ¶ 3, 2, ¶ 3. Instead, according to the Court, a new policy must account for individualized placement determinations, avoidance of cross-gender strip searches, and access to gender-affirming clothing and grooming items. *Id.* Seven months ago, Defendants assured the Court that the Committee “will recommend housing by gender identity when appropriate,” Compliance Report at 3-4, ¶ 8, and that IDOC was reviewing and drafting policies in compliance with this portion of the Order, *id.* at 5, ¶ 11.

Despite Defendants’ assurances, Dr. Hinton testified that the Committee continues to deny requested social transition treatment, including electrolysis, gender-affirming social transition items, and gender confirming surgery. (*See, e.g.*, 6/25/2020 Hinton Dep. Tr. at 62:8–14, 55:17–56:1, 126:6–20.) Perversely, the Committee relies on the development of a new policy as an excuse to delay access to gender-affirming clothing for class members: “Request for undergarments will be postponed until [the] new policy [is] in effect.” (Ex. B, 6/25/2020 Hinton Dep. Ex. 4 at 4.) But a “new policy” is nowhere to be seen. In fact, despite hiring The Moss Group in March 2020 to help it develop new policies related to transgender prisoners and receiving the “framework” for policies from its consultant, Wendy Leach, within the 90-day contract period, IDOC’s policy is “not even close” to final and could take a year or more to finalize. (Ex. C, 8/12/2020 Moss Group Dep. Tr. at 176:19-21, 177:7–180:5.)

Other IDOC deponents confirmed that Plaintiffs continue to be denied medically necessary social transition. Ms. Tangenise Porter, Chief of Women and Family Services and a member of the Committee, testified that, not only was she asked to weigh in on transgender prisoners' transfer requests without any guidance from IDOC, she was unsure if any criteria existed—*at all*—to determine when and under what conditions transfer requests should be granted. (Ex. D, 6/26/2020 Porter Dep. Tr. at 74:8–75:15, 85:15–22, 90:3–13.) She also confirmed that, since she joined IDOC in February 2020, no transgender female prisoners were transferred from a male facility to a female facility, even though prisoners were regularly transferred between facilities. (*Id.* at 90:23–91:2, 160:22–161:10.) Ms. Glenda Wortley, the designee for the Transfer Coordinator—whose office is “responsible for the movement and placement of all offenders throughout [IDOC]” (Ex. E, 6/22/2020 Stephens Dep. Tr. at 9:10–11)—testified that she could not recall any changes made to the Committee's process for evaluating transfer requests and could not point to a single transgender prisoner whom IDOC has transferred to a facility that matches their gender identity since December 2019. (Ex. F, 7/27/2020 Wortley Dep. Tr. at 116:20–117:12 (“I don't believe we've moved any offenders either male to female or female to male since December....”).)

Similarly, Mr. Nottingham testified that he is only aware of two transgender women whom IDOC transferred to women's facilities, both of whom were transferred only after filing lawsuits against IDOC. (Ex. G, 6/30/2020 Nottingham Dep. Tr. at 133:8–134:9.)¹ Mr. Nottingham also testified that IDOC currently operates under the *exact same* policy for cross-gender searches as it did prior to the Preliminary Injunction:

Q. The memo also provides that “Searches should be completed in accordance with facility policy based upon the gender of the facility (male facility equals male offender). Unless given other direction.” So --

¹ The record shows that both of these transfers—of Ms. Monroe and Ms. Hampton—occurred well *before* the Court's first preliminary injunction order. *See* Dkt. 158, 8/1/2019 Prelim. Inj. Hr'g Tr., at 403:9–23.

A. Correct.

Q. -- a transgender woman housed in a men's facility can be searched by a male guard without triggering the cross-gender search protections; correct?

A. Correct.

Q. And this is the current practice and policy that's in effect; correct?

A. Correct.

Q How long has this been IDOC's policy?

A I think for quite some time.

(*Id.* at 187:4–20; *see also id.* 178:22–179:6 (“The policy still stands.”).) In fact, Mr. Nottingham confirmed there are only two avenues for a transgender woman to avoid routine cross-gender searches, and **both** require Committee approval: (1) transfer to a women's facility; or (2) “voice the[ir] concerns for the [C]ommittee to determine that unclothed searches would be performed by sex of a different gender of the facility.” (*Id.* at 197:12–19; *id.* at 137:11–14.) And Mr. Nottingham is not aware of the Committee **ever** making a determination that an unclothed search would be performed by a different gender than that of the facility. (*Id.* at 197:20–198:5.) Instead, transgender women assigned to male facilities are still to this day routinely searched by male officers. (*Id.* at 188:9–12.)

C. IDOC continues to operate under the same policies in place prior to the Court's Preliminary Injunction.

Defendants readily admit they failed to implement any new or revised policies for the care and treatment of transgender prisoners. The Court ordered Defendants to develop new policies:

- (i) To ensure that decisions about treatment for gender dysphoria are made by medical professionals;
- (ii) Which allow transgender inmates access to clinicians who meet the competency requirements stated in the WPATH Standards of Care to treat gender dysphoria; and

- (iii) To allow transgender inmates medically necessary social transition, including individualized placement determinations, avoidance of cross-gender strip searches, and access to gender-affirming clothing and grooming items.

Dkt. 212, Order at 1, ¶ 1; *id.* at 2, ¶¶ 1, 3.

Despite having *nine months* to institute these policies, Defendants' progress is slim to none. They are not even close to finalizing drafts of these policies, much less implementing them. Dr. Hinton—a named Defendant who certified to the Court that he reviewed the Preliminary Injunction hearing transcript and Order—testified that the current Administrative Directive in place regarding the treatment of transgender prisoners became effective on *July 1, 2019*. (6/25/2020 Hinton Dep. Tr. at 49:22–50:14.) This fact was confirmed during the parties' July 2, 2020 meet and confer. *See* Dkt. 222, Pls.' Mot. to Compel at 8. And IDOC has not implemented any new policies regarding social transition and clinician competency under the WPATH standards. (6/25/2020 Hinton Dep. Tr. at 62:8–14, 55:17–56:1; 8/12/2020 Moss Group Dep. Tr. at 176:21, 177:7–180:5.)

II. IDOC'S COMPLETE FAILURE TO CHANGE ITS POLICIES TO COMPLY WITH THIS COURT'S ORDER DEMANDS OUTSIDE OVERSIGHT

The Court noted in its preliminary injunction opinion that “there is no doubt that Plaintiffs face irreparable harms,” including “serious mental health issues” due to the denial and delay of proper medical treatment for gender dysphoria. Dkt. 186, Opinion at 35–36. Yet, in the months since that Order, little has changed. Inexperienced and unqualified people continue to make medical decisions, “creating arbitrary barriers to the medical care necessary for prisoners who desperately require treatment.” (*See* Ex. H, Ettner Decl. ¶ 4.) The situation Plaintiffs face is dire, and though given ample opportunity to do so, Defendants have completely failed to comply with the Court's Order or satisfy their responsibilities under the Constitution. The time for them to

demonstrate their willingness and ability to comply has passed, and urgent action must now be taken in the form of the appointment of an independent monitor.

Plaintiffs' counsel have repeatedly shown flexibility to Defendants to meet their obligations under the unusual circumstances of the COVID-19 pandemic. But, one life-threatening crisis does not trump another, and the Eighth Amendment guarantees adequate medical care for all prisoners. Despite Defendants' unwillingness to take this case seriously, their refusal to provide proper treatment for transgender prisoners in their custody is an unequivocal life-threatening crisis. Two named Plaintiffs are currently facing an imminent threat of self-harm and contemplating suicide, because of the inadequacies in the medical care they are receiving. (Ettner Decl. ¶¶ 10, 15.) Regardless of COVID-19, Defendants knew about their obligations under the Preliminary Injunction Order since December 19, 2019, three months *before* Illinois lockdowns began. There is no excuse for their inability, or flat out refusal, to comply with the Court's Order.

Indeed, IDOC's own employees and consultants agree they would benefit from external assistance. (*See, e.g.*, 6/26/2020 Porter Dep. Tr. at 157:5–8 (“Q: And wouldn't it be helpful to have some additional guidance from someone who has specialized knowledge in the treatment of transgender individuals? A: Yes.”); Ex. I, 6/24/2020 Eilers Dep. Tr. at 95:16–20 (“Q: I think you agreed with me, Chief, that the transgender prisoners would benefit from additional help outside of IDOC; is that right? A: Yes.”); 6/30/2020 Nottingham Dep. Tr. at 258:21–259:12; Ex. J, 8/17/2020 Reister Dep. Tr. at 51:22–52:6.)² Even Dr. Anderson—IDOC's retained consultant—admitted that: (1) there are no concrete plans to keep her engaged on implementing her

² The exhibit is a rough transcript. As of the date of this filing, Plaintiffs have not received the final deposition transcript. Plaintiffs will file the final version of the transcript with the Court once they receive it.

suggestions; and (2) outside monitoring of IDOC's implementation would clearly benefit both IDOC and the transgender prisoners. (*See* Ex. K, 7/29/2020 Anderson Dep. Tr. at 155:6–22.)

Yet these pleas and instructions fall upon deaf ears. For example, despite The Moss Group's recommendation in mid-2019 that IDOC "immediately review current practice in addressing the transgender population" at Logan Correctional Center, Ms. Leach was "not aware" of anything IDOC had done to address the problems identified by The Moss Group at that time and could not say that IDOC had actually done anything at all. (Ex. L, 8/12/2020 Moss Group Dep. Ex. 2, at 12; 8/12/2020 Moss Group Dep. Tr. at 127:11–14, 128:2–3.) Ms. Leach also testified that on June 4, 2020, she sent IDOC a proposal to continue and complete her work to help IDOC finalize and implement a new policy, including by training IDOC staff. But, at her deposition on August 12, 2020, IDOC had not agreed to continue The Moss Group's work. (*Id.* at 191:16–192:11.)

A. The Court has equitable powers to appoint an independent monitor to ensure compliance with this Court's Orders.

Plaintiffs move this Court to appoint an independent monitor as an exercise of its inherent power to do so. The longstanding inherent power of courts to appoint monitors is broader than the express authority in Federal Rule of Civil Procedure 53 (authorizing the appointment of "masters"). *See, e.g., Ruiz v. Estelle*, 679 F.2d 1115, 1161 (5th Cir. 1982) ("[R]ule 53 does not terminate or modify the district court's inherent equitable power to appoint a person, whatever be his title, to assist it in administering a remedy."), *amended in part, vacated in part*, 688 F.2d 266 (5th Cir. 1982).

Courts have long recognized and exercised their inherent power to appoint agents, experts, and monitors. *See In re Peterson*, 253 U.S. 300, 312–13 (1920) ("Courts have . . . inherent power . . . to appoint persons unconnected with the court to aid judges in the performance of specific

judicial duties” including “special masters, auditors, examiners, and commissioners.”); *Powell v. Ward*, 487 F. Supp. 917, 935 (S.D.N.Y. 1980) (recognizing that “Courts have inherent authority to appoint nonjudicial officers to aid in carrying out their judicial functions” in addition to the statutory authority in Rule 53); *Michaelian v. Lawsuit Fin., Inc.*, No. 17-13321, 2018 WL 5603622, at *1 (E.D. Mich. Oct. 30, 2018) (same). This includes the power to appoint an independent monitor to oversee compliance with court-ordered relief. *See, e.g., Epic Sys. Corp. v. Tata Consultancy Servs. Ltd.*, No. 14-cv-748-wmc, 2016 WL 1696912, at *2 (W.D. Wis. Apr. 27, 2016) (“The court agrees with plaintiff that a monitor is necessary to ensure compliance with the court’s injunction.”).

Alternatively, Rule 53(a)(1)(C) allows the Court to appoint a master to “address pretrial and posttrial matters that cannot be effectively and timely addressed by an available district judge or magistrate judge of the district.” FED. R. CIV. P. 53(a)(1)(C). *See Lightfoot v. Walker*, 486 F. Supp. 504, 528 (S.D. Ill. 1980) (master was “empowered to monitor compliance with and implementation of the relief ordered” regarding unconstitutional prison conditions and to “advise and assist the Court to the fullest extent possible”), *aff’d*, 826 F.2d 516, 517–18 (7th Cir. 1987). *See also H.B. by Bartolini v. Abbott Labs., Inc.*, No. 13-CV-326-NJS-SCW, 2017 WL 2868424, at *2 (S.D. Ill. July 5, 2017) (appointing a special master, discussing the authority for the duties of a special master—including the advisory committee’s notes to Rule 53—and enumerating duties that included “[d]irect, supervise, monitor, and report upon implementation and compliance with the Court’s Orders, and make findings and recommendations on remedial action if required” and “[m]onitor compliance with structural injunctions, as may become necessary.”).

In addition to Southern District of Illinois court in *Lightfoot*, many other courts have appointed monitors to oversee correctional facilities’ compliance with court orders. For example,

in *Newman v. Alabama*, the Fifth Circuit endorsed the use of monitors “with full authority to observe, and to report [their] observations to the Court” in order “to ensure compliance with its remedial decree.” 559 F.2d 283, 290 (5th Cir. 1977), *judgment rev’d in part on other grounds sub nom. Alabama v. Pugh*, 438 U.S. 781, 98 S. Ct. 3057, 57 L. Ed. 2d 1114 (1978). Similarly, *Kendrick v. Bland*, 740 F.2d 432 (6th Cir. 1984), the Sixth Circuit explained that:

[A]n order enjoining a continuation of the practices, policies or conditions adjudged as constitutionally infirm whereby the state authority is charged with the responsibility of developing a program to safeguard against abridgement of constitutional rights in the future...may be attended by the appointment of a monitor with authority to observe defendants’ conduct and thereby permit the federal court to oversee compliance with its continuing order.

Id. at 438.

Recently, an Alabama court appointed an independent monitor to assist the court in bringing a prison system into compliance with the mandates of the Constitution. *See Braggs v. Dunn*, 383 F. Supp. 3d 1218, 1281 (M.D. Ala. 2019). Over defendant’s objection, the court held that “[n]oncompliance with remedial requirements supports the need for court monitoring. This makes sense: The more someone fails to do something he agreed to do, the bigger the need to supervise whether he does it in the future.” *Id.* The court found that the Alabama Department of Correction’s failure to “adequately monitor” its own compliance was a particularly compelling justification for an external monitor, as was its lack of internal resources. *Id.* at 1280–81.

An independent monitor is equally justified here: IDOC continues to fail to fulfill its promises to the Court and responsibilities to the Plaintiffs. The monitor should work with IDOC to develop a detailed plan and strict timeline for revising IDOC’s policies and practices for the medical treatment of prisoners with gender dysphoria. These include: (1) replacing the Committee with qualified medical and mental health professionals; (2) providing gender-affirming clothing and grooming items at all facilities; (3) retraining medical and mental health professionals to

ensure their competence to evaluate and treat prisoners with gender dysphoria, including through prescribing and monitoring hormone therapy treatment and contracting with outside specialty medical providers, as necessary; (4) establishing policies regarding searches of transgender prisoners and staff retraining to put an end to IDOC's policy of having guards conduct cross-gender searches of transgender prisoners; and (5) retraining of staff to stop misgendering and otherwise refusing to recognize the gender of transgender prisoners. The external monitor would report to the Court on IDOC's compliance with the plans and timelines.

B. The class members are suffering life-or-death conditions.

This Court has already recognized the unacceptable harm to Plaintiffs that Defendants cause by denying them adequate healthcare for gender dysphoria. Indeed—nine months after the Court first ordered reforms—the situation has not improved.

For example, Ms. Kuykendall continues to suffer the same harms raised during the preliminary injunction hearing. After hearing from Ms. Kuykendall, the Court found that being “strip-searched by male officers and in the presence of other males [] makes her feel humiliated and violated.” *See* Order at 26. Nonetheless, Ms. Kuykendall was needlessly strip-searched by men *two times in one day*. (Ex. M, 6/30/2020 Nottingham Dep. Ex. 3.) When asked during his deposition about Ms. Kuykendall's January 2020 grievance related to these strip searches, Mr. Nottingham confirmed that these searches were consistent with IDOC's current policy. (6/30/2020 Nottingham Dep. Tr. at 200:17–206:23) Without this Court's intervention, IDOC will continue to humiliate Ms. Kuykendall, leading to further depression and despair. *See* Order at 35–36 (describing Ms. Kuykendall as “slipping into a deeper depression” and “struggling with constant thoughts of self-harm” because of IDOC's treatment of her).

For other prisoners, the situation has gotten even worse. With no end to the suffering in sight, at least two of the named Plaintiffs are currently facing an imminent threat of self-harm and

contemplating suicide.³ (Ettner Decl. at ¶¶ 10, 15.)) Defendants continue to deny Ms. Monroe meaningful social transition by isolating her from other prisoners. (*Id.* ¶¶ 7–10.) As a result, her psychiatric condition is extremely serious, and will remain so unless IDOC is forced to act. (*Id.* ¶ 10.) Similarly, Ms. Reed is now also experiencing suicidal ideation because of the continued denial of the care she needs, including social transition and surgery.⁴

The Court can reasonably infer that these three named Plaintiffs are not alone in their desperation and suffering. With a class of over 100 transgender prisoners, none of whom are receiving adequate medical treatment, it is a near certainty that many others are experiencing the same plight. For example, IDOC’s witnesses confirm that it continues to (1) deny the class members of gender-affirming clothing and grooming items, (2) subject them to cross-gender searches, and (3) withhold access to gender-affirming surgery. (*See, e.g.*, 6/25/2020 Hinton Dep. Tr. at 62:8–14, 55:17–56:1; 6/30/2020 Nottingham Dep. Tr. at 206:7–22.) These sub-standard medical practices subject Plaintiffs to unacceptable harm.

C. Appointment of a monitor is the narrowest relief necessary to remedy Defendants’ unconstitutional practices.

After nine months of Defendants’ “compliance with its remedial responsibilities [being] *consistently incomplete and inadequate*,” they leave this Court no option but to appoint an independent monitor. *See Benjamin v. Fraser*, 343 F.3d 35, 49 (2d Cir. 2003), *overruled on other grounds by Caiozzo v. Koreman*, 581 F.3d 63 (2d Cir. 2009). Ample evidence supports the appointment of an independent monitor at this stage in the case and establishes that this relief is now the narrowest and least intrusive relief the Court can enter to finally end Defendants’

³ Undersigned counsel immediately informed counsel for Defendants about these Plaintiffs’ imminent threats of self-harm and suicide, but thus far, no action by IDOC is evident.

⁴ Plaintiffs’ counsel shared this information with Defendant’s counsel by email on July 15, 2020.

violations of Plaintiffs’ constitutional rights. Although probably unnecessary, the Court would be on the firmest ground if its order—should it grant Plaintiffs’ motion—included findings sufficient to show satisfaction of the needs-narrowness-intrusiveness requirements of the PLRA, codified at 18 U.S.C. § 3626(f).⁵ The PLRA specifically requires the Court to make such findings in order to appoint a Rule 53 special master. *Id.*⁶

CONCLUSION

There is no shortage of evidence warranting the appointment of an independent monitor. Ultimately, the necessary and narrowly tailored relief that Plaintiffs seek is the only apparent way to end Defendants’ unconstitutional conduct and ensure compliance with the Court’s Order. Plaintiffs respectfully request the Court grant their motion in its entirety.

⁵ Should the Court grant Plaintiffs’ request for appointment of a monitor, undersigned counsel could submit such proposed findings.

⁶ Some courts have questioned whether the PLRA requires an order appointing a monitor to include findings that it complied with the needs-narrowness-intrusiveness requirements. *Compare Carruthers v. Jenne*, 209 F. Supp. 2d 1294, 1300 (S.D. Fla. 2002) (determining that the appointment of a monitor is not an order for “prospective relief” subject to the PLRA’s needs-narrowness-intrusiveness requirement because “monitoring is not an ‘ultimate remedy’ and only aids the prisoners in obtaining relief”) *with Benjamin*, 343 F.3d at 49 (declining to answer the question given that the monitoring satisfied the needs-narrowness-intrusiveness) and *Braggs*, 383 F. Supp. 3d at 1282–83 (same).

Dated: August 21, 2020

By: /s/ John A. Knight

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CERTIFICATE OF SERVICE

I certify that on August 21, 2020, I electronically filed the foregoing document and any attachments with the Clerk of this Court by using the CM/ECF system, which will accomplish service through the Notice of Electronic Filing for parties and attorneys who are Filing Users.

/s/ John A. Knight

John A. Knight

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE,)	
MARILYN MELENDEZ,)	
EBONY STAMPS, LYDIA)	
HELENA VISION, SORA)	
KUYKENDALL, and SASHA)	
REED,)	
)	
Plaintiffs,)	18-CV-00156-NJR-MAB
)	
vs.)	
)	
JOHN BALDWIN, STEVE)	
MEEKS, and MELVIN)	
HINTON,)	
)	
Defendants.)	

The videotaped deposition of DR. MELVIN HINTON, pursuant to the applicable provisions of the Federal Rules of Procedure governing the taking of depositions, taken before Janet L. Brown, CSR No. 84-002176, via Magna Legal Vision videoconference, on Thursday, June 25, 2020, at 10:10 AM.

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1 Q. What about social transition for
2 transgender patients? Did you talk about that?

3 A. Yes.

4 Q. Do you recall anything specifically
5 that was discussed during this training on social
6 transition?

7 A. Not specifically, no.

8 Q. What about gender-affirming surgery?
9 Was that discussed during the training?

10 A. Yes, it was part of it.

11 Q. And can you recall anything
12 specifically about the discussion around
13 gender-affirming surgery?

14 A. No.

15 Q. So other than this full-day training,
16 what other training sessions have you had on
17 gender dysphoria since 2018?

18 A. Gender dysphoria or transgender in
19 general?

20 Q. Let's say transgender -- treating
21 transgender patients in general.

22 A. Right. Yeah. So, again, there have
23 been other trainings I've gone through with
24 mental health network, part of division of

Page 47

1 justice, other continuing ed stuff, but I
2 don't -- I couldn't give you specific dates or
3 locations off the top of my head.

4 Q. Have you attended any WPATH meetings
5 since 2018?

6 A. WPATH meetings, I have not.

7 Q. And have you personally treated any
8 patients with gender dysphoria since 2018?

9 A. No.

10 Q. Do you prescribe hormone therapy to
11 transgender patients?

12 A. No. I'm a psychologist, not a medical
13 doctor.

14 Q. Do you know if Dr. Puga is a member of
15 WPATH?

16 A. I believe so, but I don't know that
17 for sure, so I -- but I believe so.

18 Q. Do you know if Dr. Reister is a member
19 of WPATH?

20 A. I do.

21 Q. And would you -- are you saying he is
22 a member of WPATH to your knowledge?

23 A. He is.

24 Q. So you said that the committee

Page 48

1 currently meets on a monthly basis; is that
2 correct?

3 A. At least.

4 Q. When you say "at least," are there
5 times where the committee might meet more than
6 once a month?

7 A. Yes.

8 Q. How often does the committee meet more
9 than once a month?

10 A. I don't know what the schedule is,
11 but, again, it's set up so that if the committee
12 needs to meet more it certainly can.

13 Q. And you mentioned an administrative
14 directive during your prior testimony. Are you
15 referring to administrative director -- directive
16 4.3.104 on the evaluation of transgender
17 offenders?

18 A. I think that was one of the -- the AD
19 name, but I don't know the number off the top of
20 my head. But I think that's the correct name I
21 believe at one point.

22 Q. I'm going to show you this document.

23 MS. SCHNEIDER: So, Janet, I'm going to
24 show what you can mark as Hinton Exhibit 2.

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1 (Hinton Exhibit No. 2 marked.)

2 BY MS. SCHNEIDER:

3 Q. Can you see that, Dr. Hinton?

4 A. I see your file list.

5 THE VIDEOGRAPHER: We're going off the
6 record for technical difficulties.

7 MS. SCHNEIDER: Thank you, Kirk.

8 THE VIDEOGRAPHER: We're going off the
9 record at 11:08 AM.

10 (Brief pause.)

11 THE VIDEOGRAPHER: We are back on the
12 record at 10:21 AM.

13 BY MS. SCHNEIDER:

14 Q. Okay, Dr. Hinton. We were talking
15 about the current administrative directive, and I
16 was going to show you a document, if your
17 understanding if this directive is still in
18 place. So I'm going to show you what's marked
19 Hinton Exhibit 2.

20 Can you see this document?

21 A. Yes, ma'am.

22 Q. And this document has the Bates label
23 285939 and it's entitled "Illinois Department of
24 Corrections Administrative Directive," and this

Page 50

1 is directive number 4.3.104 entitled "Evaluations
2 of Transgender Offenders."

3 Have you seen this document
4 before, Dr. Hinton?

5 A. Yes.

6 Q. And it says the effective date is
7 July 1, 2019. Is this administrative directive
8 currently in effect?

9 A. I believe so, yes.

10 Q. And do you know if this is the most
11 current version of this document from July 2019?

12 A. Again, I think that's -- that's
13 currently in effect, and, again, there are
14 revisions underway on this process.

15 Q. Were you involved in drafting this
16 administrative directive?

17 A. A review of this administrative
18 directive, certainly a part of that, but this is
19 not a mental health administrative directive.

20 Q. Who is responsible for drafting this
21 administrative directive?

22 A. Again, this would be -- this would
23 come from health services or the medical director
24 at the time. And, again, in 2019 certainly Dr.

Page 51

1 Puga would have been a part of that process.

2 Q. Would Dr. Puga have been involved in
3 drafting this administrative directive as well?

4 A. I -- yes.

5 Q. Okay. So it says the purpose of this
6 document and this directive is to establish a
7 written procedure for conducting medical and
8 mental health evaluations of offenders
9 self-identified as transgender or suspected of
10 having gender dysphoria.

11 Do you see that?

12 A. I do.

13 Q. And is that your understanding of the
14 purpose of this directive?

15 A. Yes, as stated. Or other concerns
16 related to gender identity and to address
17 adjustments to the prison environment related
18 gender identity throughout their incarceration.

19 Q. And just taking a step back,
20 Dr. Hinton. We were talking about your
21 qualifications and your experience with
22 transgender prisoners.

23 Have you ever been the
24 psychologist responsible for diagnosing a patient

Page 52

1 with gender dysphoria?

2 A. I'm sure -- well, certainly the --
3 before it was gender dysphoria, gender identity
4 disorder. I'm sure I've done that before.

5 Q. Can you recall specifically an example
6 of when you were the psychologist responsible for
7 making that diagnosis?

8 A. No.

9 Q. Do you know the DSM criteria for what
10 is now called gender dysphoria?

11 A. In general. I wouldn't be able to
12 cite it word for word, but certainly in reference
13 to DSM.

14 Q. And sitting here today, would you feel
15 comfortable being the primary mental health
16 provider for an individual patient who was
17 diagnosed with gender dysphoria?

18 A. Sure. Yes.

19 Q. Okay. Okay. I want to talk through
20 some of these provisions. So I'm on the page
21 that's marked Bates stamp 285940.

22 It says here "All requests for
23 surgery for the specific purpose of gender
24 reassignment must be submitted in writing to the

Page 53

1 transgender care review committee."

2 Do you know what the type of
3 surgery that this directive is referring to here?

4 A. I -- it just says "All requests for
5 surgery for specific purposes of gender
6 reassignment must be submitted in writing." So
7 it would be any surgery specific to gender
8 reassignment.

9 Q. And does the transgender -- is the
10 transgender care review committee, or what we've
11 been calling the transgender committee,
12 responsible for deciding whether a prisoner
13 qualifies for gender reassignment or what is also
14 called gender-affirming surgery?

15 A. So, again, it's really important to
16 make it clear, this process is kind of evolving
17 as we speak, and so by the time of this
18 particular revision or addition of this AD, the
19 transgender committee would make a recommendation
20 as to whether or not to move forward or not.
21 But, again, my understanding is that is changing
22 where they will make a decision, the --

23 Q. So you said that's changing --

24 A. Sorry.

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1 Q. Sorry. I didn't mean to interrupt
2 you, Dr. Hinton.

3 You said that's in the process of
4 changing. But today, as of June 2020, the
5 transgender review committee is still responsible
6 for deciding whether a transgender inmate
7 qualifies for gender-affirming surgery. Is that
8 fair?

9 A. No, I don't think it's fair. I think
10 it's fair that, again, a recommendation would be
11 made today.

12 Q. So the transgender care review
13 committee would make a recommendation that a
14 transgender prisoner qualifies for
15 gender-affirming surgery --

16 A. Or could.

17 Q. -- is that right?

18 And who is that recommendation
19 made to?

20 A. It would be -- as of, again, this
21 writing, it would be made to the department as a
22 large, so to the director and other folks to know
23 what the recommendation is of the committee.
24 But, again, that I believe it's changing so that

Page 55

1 it will strictly be a medical decision.

2 Q. So when you say "it's changing, it
3 will be a strictly medical decision," what does
4 that mean?

5 A. It means that the physicians, physical
6 health physicians, will make the determination as
7 to whether or not that would be a medical
8 necessity or requirement.

9 Q. And will the transgender committee
10 still be responsible for making the initial
11 recommendation for gender-affirming surgery once
12 these changes are made?

13 A. Again, I don't have intimate knowledge
14 of kind of how the details of that is going to
15 ultimately be written. So that's not -- I don't
16 have that intimate knowledge.

17 Q. But currently you sit on the
18 transgender committee; correct? We've discussed
19 that?

20 A. Yes.

21 Q. And the transgender committee is
22 currently responsible for making a recommendation
23 of whether a transgender inmate should receive
24 gender-affirming surgery today. Is that fair?

Page 56

1 A. Could, uh-huh.

2 Q. And if the transgender care committee
3 today doesn't make a recommendation for gender
4 surgery, it's fair to say that that transgender
5 prisoner could not qualify for surgery; right?

6 A. Maybe if you can say that question a
7 different way.

8 Q. So in order to -- in order to be given
9 access to gender -- well, let's take a step back.

10 Has any transgender prisoner at
11 IDOC received gender-affirming surgery during his
12 or her incarceration?

13 A. Not that I'm aware of.

14 Q. And has the committee recommended any
15 transgender prisoner for gender-affirming surgery
16 during your time on the committee?

17 A. Not that I can recall.

18 Q. And you've served on the committee, I
19 think you said, since 2012? Is that fair? Since
20 its inception?

21 A. Since it started, that's correct.

22 Q. Okay. So since this transgender
23 committee started, it has not recommended any
24 transgender prisoner for gender-affirming

Page 57

1 surgery?

2 A. Not that I can recall.

3 Q. Do believe that gender-affirming
4 surgery is medically necessary to treat gender
5 dysphoria?

6 A. Depending on the situation and the
7 circumstances, certainly.

8 Q. So it's fair to say that in certain
9 circumstances gender-affirming surgery could be
10 medically necessary to treat that particular
11 patient's gender dysphoria?

12 A. Could be, absolutely.

13 Q. Have you seen cases in your experience
14 on the committee where you believed a prisoner's
15 gender dysphoria would not be fully treated until
16 that prisoner received gender-affirming surgery?

17 A. I have not.

18 Q. And have you participated in the
19 evaluation of prisoners' requests for
20 gender-affirming surgery?

21 A. Maybe you can say that question a
22 different way. I'm not quite sure I understand
23 what you're asking.

24 Q. So you said you have not seen a case

Page 62

1 A. Actually, it kind of depends on the
2 circumstances. So there's continuation. So if a
3 person is on verifiable medication, then that
4 process, you know, has -- is already done, but if
5 a person is asking to start that process of
6 hormonal therapy, then the committee would be
7 involved in that process.

8 Q. I want to break that down a little
9 bit. So you said that if a prisoner is
10 requesting to start hormonal therapy while at
11 IDOC, the committee will make the determination
12 whether that prisoner qualifies for hormone
13 therapy. Is that fair?

14 A. That's fair.

15 Q. And then you also talked about
16 continuation. Does the committee also make the
17 decision whether a prisoner should continue
18 hormone therapy if that prisoner was on hormone
19 therapy prior to entering IDOC?

20 A. So there's a way to have medications
21 called bridging if you have verifiable
22 medication. So for all intents and purposes if
23 someone comes into the IDOC system from county
24 jail, for example, and the county jail will send

Page 63

1 over a list of medications that the person is
2 currently being prescribed while in custody, in
3 jail.

4 When they come to IDOC -- or I'm
5 sorry, to IDOC, unless there's a medical reason
6 for a change to occur, usually that medication is
7 what they call bridged, so prescribed here.

8 Q. And if -- strike that.

9 Does the transgender committee
10 still have to approve that bridging of the
11 medication that was initiated prior to the --

12 A. It will ultimately go through the
13 office of health services. So they have a
14 process to verify and approve that.

15 Q. Is the committee also responsible for
16 monitoring hormone levels after a prisoner begins
17 hormone therapy?

18 A. The treatment team is. The patient's
19 current treatment team is.

20 Q. And by "treatment team," what do you
21 mean by that?

22 A. Their current physician, treating
23 physician or attending physician, or attending
24 treatment team.

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1 Q. Is the committee responsible for
2 approving requests for increased dosages of
3 hormones today?

4 A. Approving requests? So certainly
5 there can be consultation between the treating
6 physician and the team if there's a question as
7 to whether or not, you know, dosage should be
8 adjusted or not, if that's what you're asking.

9 Q. What if a transgender prisoner today
10 wants to take hormones via injection rather than
11 oral pills? Would the committee have to make
12 that decision?

13 A. I don't believe so. I believe that
14 would go through the attending physician.

15 Q. So are you saying that if an inmate
16 wants injections of hormones, that inmate does
17 not have to come before the committee to make
18 that request?

19 A. Correct. It would go through their
20 primary care physician or attending physician.

21 Q. Based on your experience on the
22 committee over the last eight years, about how
23 long have you seen it take between the time a
24 transgender prisoner first enters IDOC and

Page 65

1 requests hormone therapy to the time that that
2 prisoner is actually started on the hormones?

3 A. Well, it certainly varies and depends
4 on the particular person and their circumstances.

5 Q. Would you agree that if a prisoner has
6 been diagnosed with gender dysphoria and if it
7 has been found that hormone therapy is medically
8 necessary to treat that gender dysphoria that it
9 is important to start the hormone therapy as soon
10 as possible?

11 A. Again, it's certainly depending on the
12 circumstances. If that's the appropriate point
13 and the patient certainly understands and is
14 educated about hormonal therapy, certainly that
15 could be. But, again, I don't believe that it's
16 a blanket yes-or-no decision. Each person's
17 individual case, education, circumstance,
18 understanding has to be factored in.

19 Q. But it's fair to say that for certain
20 individuals it could be very dangerous to their
21 health if they are not started on hormone therapy
22 to treat their gender dysphoria. Is that fair?

23 A. I wouldn't say that. I wouldn't know
24 that. When you said "danger to their health," I

Page 70

1 issue including, but not limited to, hormone
2 therapy, gender-specific clothing, showers, and
3 searches."

4 Did I read that correctly?

5 A. Yes.

6 Q. So today, as of June 25th, 2020, the
7 transgender committee shall review and make the
8 final recommendation related to the issuance of
9 hormone therapy for transgender inmates. Is that
10 fair?

11 A. Well, that's -- yes, that's fair.

12 Q. And have you attended committee
13 meetings in 2020?

14 A. Yes.

15 Q. And at those committee meetings, has
16 the committee made a recommendation on whether to
17 initiate hormone therapy for a transgender
18 prisoner?

19 A. I'm sure they have, but I don't recall
20 specifically a date or particular person, if
21 that's what you're asking.

22 Q. But generally you can recall in 2020
23 the committee making a decision on whether to
24 initiate hormone therapy for a transgender

Page 71

1 prisoner?

2 A. Yes.

3 Q. What about gender-specific clothing?
4 Can you recall a transgender committee meeting in
5 2020 where the committee made a decision on
6 whether to give a transgender prisoner access to
7 gender-specific clothing?

8 A. I actually think this is one of the
9 areas that has been changed and now that is up to
10 the -- or I should say the facility's medical
11 attending person can make that decision. Like,
12 for example, if there's a need for a sports bra
13 or something like that, that can be done at the
14 facility. It does not need to come to the
15 committee for approval.

16 Q. So I know you talked about how there
17 are -- you have heard there are going to be
18 changes in the structure of the committee at some
19 point in time to split the committee into two
20 different committees. I think you said one is
21 operational, and what would the other committee
22 be?

23 A. I believe medical. Medical/mental
24 health or ...

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1 Q. And do you know approximately when
2 that split is set to occur?

3 A. I do not.

4 Q. And do you know what the
5 responsibilities of the medical/mental health
6 committee, as you describe it, will be once the
7 change occurs?

8 A. Yeah. Again, I don't have intimate
9 details of that.

10 Q. And do you know who will sit on the
11 medical/mental health committee?

12 A. I don't know the intimate details of
13 kind of how it's going to look in policy yet.

14 Q. Have you heard, will it still involve
15 the same mental health and medical personnel who
16 sit on the transgender committee now?

17 A. I assume that it will involve those
18 same people, but, again, I don't have the details
19 of that so I can't tell you for sure here's what
20 it's going to look like.

21 Q. And do you have any knowledge of what
22 kinds of decisions this medical/mental health
23 committee will be making?

24 A. Not specifically. Again, I don't have

Page 73

1 those details.

2 Q. Have you been told whether you will be
3 involved at all in the new committee?

4 A. Again, I assume -- I assume it will
5 still include the chief of mental health.

6 Q. And do you think it will still include
7 the chief of psychiatry, Dr. Puga?

8 A. I do.

9 Q. And Dr. Reister as well?

10 A. I do.

11 Q. And what about the operational
12 committee? Do you know what that committee's
13 primary responsibilities will be?

14 A. I do not. Again, I don't have the
15 details of that.

16 Q. And, again, you do not know when this
17 split is set to occur; is that right?

18 A. I do not.

19 Q. So going back to this issue of bras,
20 you said that you think this is one of the
21 changes where now to approve a transgender
22 prisoner for access to a bra that prisoner
23 doesn't have to come before the committee. Is
24 that what you said?

1 Q. How does a transgender prisoner come
2 before the committee?

3 A. So the AD kind of establishes a
4 process, but in general speaking a person can
5 identify or self-disclose in the facility to
6 their treatment provider. It doesn't matter if
7 it's a nurse, psychologist, health services,
8 mental health, or, you know, some other entity.

9 But once they -- they can either
10 self-disclose and say, "Hey, you know, I feel
11 like I'm a transgender individual" or "I'm
12 questioning or having some concerns or, you know,
13 thinking about this," what have you, that's a way
14 to come.

15 They certainly can send a request
16 to the committee in general via the chief of
17 psychiatry, chief of mental health, chief of
18 health services, however.

19 Or, again, staff members can say,
20 "Hey, you know, I think there could be a
21 potential issue or potential circumstance where
22 somebody might be having some questions about
23 their identity and things of that nature" and
24 they can come to the committee that way. So a

1 number of ways to be brought to the attention of
2 the committee.

3 Q. Can an individual directly reach out
4 to the committee?

5 A. Well, certainly can reach out to
6 members of the committee. Again, chief of mental
7 health, chief of psychiatry, medical director,
8 anyone, uh-huh.

9 Q. So, again, just so I can kind of
10 understand the breakdown here, currently today if
11 a transgender prisoner identifies as transgender
12 during intake and that prisoner wants access to
13 hormone therapy, he or she would have to appear
14 before the committee?

15 A. Well, again, it's not -- certainly in
16 that scenario you gave, that's one way. It
17 doesn't mean you have to do it just at intake.
18 At any point in time someone can, you know, say,
19 "Hey, this is something I'm interested, want more
20 information," that way. That is one way.

21 Q. But if at any point during an inmate's
22 incarceration he or she wants access to hormone
23 therapy, that prisoner would have to appear
24 before the committee?

1 A. Well, they would start with -- again,
2 depending on if you're talking about somebody
3 coming in at intake and reception and
4 classification or someone in the system, they
5 would start with their attending, their treatment
6 team, and kind of start the process and say,
7 "Hey, I'm interested," get educated, things of
8 that nature. Then at some point that treatment
9 team would need to present that person to the
10 committee if there's going to be a request to
11 start hormones.

12 Q. And the committee as of today makes
13 the final decision on whether that prisoner
14 should be started on hormone therapy?

15 I'm sorry. I think I missed that
16 answer.

17 A. Correct. I'm sorry. Can you hear me?

18 Q. Yes, now I can.

19 A. Okay.

20 Q. Does the committee review grievances
21 submitted by transgender prisoners about their
22 medical care?

23 A. I don't know if it's fair to say they
24 review grievances. Certainly a grievance can be

1 presented to the committee, but I don't know if
2 it's fair to say that they review grievances, if
3 that makes sense. There's a formal grievance
4 process for people to go through within our
5 system.

6 Q. So, you know, in this case I mentioned
7 we have a number of named plaintiffs who are
8 transgender inmates in IDOC, and a number of them
9 have submitted grievances about lack of access to
10 social transition items or hormone therapy or
11 surgery, for example. I'm asking if the
12 committee would be the one reviewing and
13 responding to those grievances.

14 A. More than likely not reviewing and
15 responding directly. Again, there's a formal
16 grievance process that any offender can undertake
17 that starts at the facility level and then kind
18 of transitions up to the executive levels.

19 Q. Can a prisoner appeal the decision of
20 the committee?

21 A. Well, certainly. There's a number of
22 ways to kind of make sure due process, you know,
23 occurs: appealing to the medical director,
24 appealing to chief of psychiatry, appealing to

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1 A. I believe so.

2 Q. And so here the committee was deciding
3 whether or not this transgender prisoner had
4 access to a razor. Is that fair?

5 A. That's fair.

6 Q. And the next sentence says
7 "Electrolysis is considered cosmetic." Do you
8 read that correctly?

9 A. I'm assuming that's what that says.

10 Q. And is electrolysis the same as laser
11 hair removal?

12 A. I believe it's -- I believe that's
13 essentially what it is, yeah.

14 Q. And so here is the committee making a
15 determination that electrolysis or laser hair
16 removal was not medically necessary to treat this
17 prisoner's gender dysphoria?

18 A. Well, I don't know -- necessarily know
19 that it's gender dysphoria, but certainly the
20 request, if there was a request.

21 Q. Well, we had walked through this
22 document and we looked at the history of this
23 particular prisoner, and I believe at the top of
24 this -- and I'll scroll up again -- it says this

Page 127

1 prisoner had been on hormones and diagnosed with
2 gender dysphoria.

3 A. Yes.

4 Q. And so here if the prisoner is
5 requesting laser hair removal and the committee
6 is saying that that is considered cosmetic, the
7 committee is making a decision whether laser hair
8 removal is medically necessary to treat this
9 transgender prisoner's gender dysphoria; right?

10 A. No.

11 Q. So what is the committee saying here
12 then?

13 A. It says that electrolysis is
14 considered cosmetic. So if there was a request
15 for that, then a determination could have been
16 made, or decision or recommendation could have
17 been made as to whether or not that was
18 considered a medically necessary procedure at
19 this point as opposed to something else, like,
20 for example, using a razor.

21 Q. So here the committee is saying a
22 razor -- they're approving use of a razor. Does
23 that mean that a razor is medically necessary for
24 this prisoner's gender dysphoria?

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1 A. No, I don't think so. It certainly
2 would be necessary to shave so that you don't
3 have -- I'm assuming the face -- you don't have
4 stubble in your face or arms or whatever the case
5 may be.

6 Q. So we talked earlier about social
7 transition for transgender prisoners; correct?

8 A. We did.

9 Q. And what is your understanding about
10 gender-specific grooming items as part of that
11 social transition?

12 A. That it certainly is a part of the
13 process. Utilizing proper hygiene and certainly
14 access to other cosmetics is certainly helpful as
15 a person transitions and feels more comfortable
16 with their stated identity.

17 Q. And you agree that for some
18 transgender prisoners and transgender patients
19 generally access to these gender-affirming items
20 is medically necessary to treat their gender
21 dysphoria; right?

22 A. Well, I certainly agree for some.
23 Again, I'm not going to say that all transgender
24 people, or people with transgender disorder or

Page 129

1 transgender issues, I should say, have to shave.
2 That's just not the case.

3 Q. So you agree that some of them might
4 need to shave in order to treat their gender
5 dysphoria?

6 A. I believe some of them may need to
7 shave in order to feel more comfortable with
8 themselves.

9 Q. And here, again, you were at this
10 committee meeting -- correct? -- and you were
11 discussing the transgender prisoner with the last
12 name Legel.

13 Do you see that on the page --

14 A. I do. I do see that on page.

15 Q. -- 323753.

16 And at the committee's
17 recommendation, it discuss the use of a razor and
18 electrolysis; right?

19 A. Correct.

20 Q. And I'm asking what kind of discussion
21 did the committee have about these issues?

22 A. I --

23 COURT REPORTER: Wait.

24 THE WITNESS: I'm sorry.

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1 would be. Obviously, removing hair or making
2 sure that you -- I'm pointing -- I'm touching my
3 face -- beardwise making sure that, you know, you
4 have a smooth exterior versus literally taking
5 the hair follicles out. Certainly that has been
6 a conversation.

7 Q. Have you consulted with any experts on
8 the issue of access to laser hair removal for
9 transgender prisoners?

10 A. Again, I think there's ongoing
11 discussions with a consultant at this point about
12 all options related to this process and related
13 to access to different gender-affirming items and
14 processes.

15 Q. But as of February 2020, this meeting,
16 the consultant was not involved in this
17 recommendation?

18 A. Well, the consultant's not on the
19 committee, so the consultant wouldn't be part of
20 a committee. And this --

21 Q. The committee is the one that makes
22 the decision about access to gender-affirming
23 products?

24 A. Correct. And -- well, the

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1 recommendations as stated here, yes.

2 Q. And the third point here is "Request
3 for undergarments will be postponed until new
4 policy is in effect."

5 What is the policy that this is
6 referring to here?

7 A. So, again, as we discussed earlier,
8 there's kind of an ongoing evolution of this
9 entire process, and I assume that's what they are
10 referring to.

11 Q. Okay. Do you know if there is a
12 specific written policy about access to
13 undergarments for transgender prisoners?

14 A. So, again, I don't have the details of
15 what that ultimate policy is going to read or
16 look like.

17 Q. I believe you said that treatment for
18 gender dysphoria should be made on a case-by-case
19 basis; correct?

20 A. Yes, ma'am.

21 Q. Doesn't it concern you that there may
22 be a blanket policy about access to undergarments
23 that may apply to all transgender prisoners?

24 A. I'm fairly confident that it's not

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1 going to be written in such a way that it's all
2 or none in every situation. Each person
3 certainly has a uniqueness that should be valued and
4 respected.

5 Q. But you're not participating in the
6 drafting of this policy. Is that fair?

7 A. It's fair to say, again, I'm not
8 authoring that process. There still will be a
9 review process that I'm sure a number of people
10 in the department will look at.

11 Q. And are the members of the transgender
12 committee generally, like you said, going to
13 participate in developing this policy on
14 undergarments for transgender inmates?

15 A. Well, certainly some.

16 Q. Do you know if Dr. Puga is
17 participating in developing this policy?

18 A. I do believe, so, yes. And Dr. --

19 Q. What about --

20 COURT REPORTER: I'm sorry. Can you
21 repeat that? "I do believe" --

22 THE WITNESS: And Dr. Reister, ma'am.

23 COURT REPORTER: Thank you so much.

24 THE WITNESS: Uh-huh.

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1 BY MS. SCHNEIDER:

2 Q. What about Glenda Wortley?

3 A. I don't believe so, at least at this
4 phase.

5 Q. Do you think at some point she might
6 have input into the policy before it goes into
7 effect?

8 A. Well, again, there's -- for any IDOC
9 policy, there's a review process. So any number
10 of people, regardless of their kind of position,
11 can have comment on a policy, or what will, you
12 know, potentially become a policy.

13 Q. Do you know when this policy is going
14 into effect?

15 A. No, as we talked about earlier.

16 Q. And I just want to understand so I'm
17 clear for the record. So there are a couple
18 things that we talked about that are in process,
19 and the first thing was the change to the
20 transgender committee to split into two
21 committees, one on medical issues and one on
22 operational issues; is that correct?

23 A. That's fair, yes.

24 Q. And you don't know when that's going

EXHIBIT B

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Sheridan

Facility

☐ Initial Recommendation

☒ Follow-up (Reason) transfer to new facility

Section I: Offender Information

Name: Legel, Terry

ID#: B51604

D.O.B: 02/07/1975

Section II: Gender Identity Information

(Check One)

☒ Male to Female Transgender

☐ Female to Male Transgender

☐ Intersex

☐ Other (Explain below)

• Natal Gender at Birth: ☒ Male

☐ Female

☐ Intersex

• Natal Genitalia: ☒ Male

☐ Female

☐ Intersex

Explain: _____

Section III: Gender Identity History

• Has the offender ever strongly desired to have the sexual characteristics of the gender opposite his or her natal gender? ☒ Yes ☐ No

• Has the offender had the strong desire to be treated as a gender other than his or her assigned natal gender? ☒ Yes ☐ No

• Outside of IDOC, did the offender dress as a gender other than his or her assigned natal gender? ☒ Yes ☐ No

○ If yes, did the offender dress as a gender other than his or her assigned natal gender ☐ Exclusively or ☒ Occasionally

• Does or has the offender felt upset by family, friends or society's lack of acceptance of their sense of gender? ☐ Yes ☒ No

• At what age did the offender begin thinking of self as the opposite or alternative gender? 6 or 7

• Has the offender ever felt like getting rid of their natal genitals or sexual characteristics? ☒ Yes ☐ No

• Has the offender had the strong desire to be treated as the opposite or alternative gender? ☒ Yes ☐ No

Comments: _____

Section IV: Hormone Therapy

• Has the offender taken hormones for: Masculinization? ☐ Yes ☒ No

Feminization? ☒ Yes ☐ No

○ If yes, at what age did the offender begin taking the hormones? 42 Oct '18

○ Were the hormones legitimately prescribed by a medical provider? ☒ Yes ☐ No

○ Identify the hormones the offender has/is taking:

○ Is the offender currently receiving hormones? ☒ Yes ☐ No

▪ If yes, were the hormones prescribed by IDOC? ☒ Yes ☐ No

○ Is the offender aware of the reproductive implications (reduced fertility), options and decisions related to the use of masculinizing or feminizing hormones? ☒ Yes ☐ No

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ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Section V: Reassignment Surgical Procedures			
Female to Male	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast reduction? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of ovaries? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of uterus? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No 		
Male to Female	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast augmentation? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the penis? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the testes? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had injection(s) of silicone into face buttocks, hips? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, identify area(s) of injection: _____ ▪ Has the offender had surgery to shave the Adam's apple? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 		

Section VI: Sexual Preference and Potency			
Sexual Preference (Check One)			
<input type="checkbox"/> Males exclusively	<input type="checkbox"/> Females Exclusively	<input checked="" type="checkbox"/> Both, Males & Females	<input type="checkbox"/> None
<ul style="list-style-type: none"> ▪ Has the offender retained the ability to reproduce? ▪ Does the offender have biological children? ▪ Is the offender able to have a penile erection? 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes – Age(s) <u>27, 19</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> N/A 	

Section VII: Mental Health and Substance Use History	
<ul style="list-style-type: none"> ▪ Is the offender currently receiving treatment through IDOC for mental health symptoms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, what is the diagnosis? <u>Unspecified Anxiety D/O, PTSD by history</u> ▪ Has the offender ever been treated with medication for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Depression <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Psychosis <input type="checkbox"/> Other (Identify) _____ </div> <ul style="list-style-type: none"> ▪ If the offender has been treated with medication for one of the above, what was/is the diagnosis? <u>Unspecified Anxiety D/O</u> ▪ What substance(s) has the offender used regularly? (Check all that apply) <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"><input checked="" type="checkbox"/> Cannabis</div> <div style="width: 50%;"><input type="checkbox"/> Cocaine</div> <div style="width: 50%;"><input type="checkbox"/> Opioids</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Alcohol</div> <div style="width: 50%;"><input type="checkbox"/> Amphetamines</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Crystal Meth</div> <div style="width: 50%;"><input type="checkbox"/> PCP</div> <div style="width: 50%;"><input type="checkbox"/> Ketamine</div> <div style="width: 50%;"><input type="checkbox"/> Hallucinogens</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Tobacco or other nicotine products</div> <div style="width: 50%;"><input type="checkbox"/> Other (Identify) _____</div> </div> <ul style="list-style-type: none"> ▪ What is the offender's drug of choice? <u>methamphetamine</u> ▪ When was it last used? <u>1999</u> ▪ Does the offender plan to resume using any of the above substances upon/ if released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, specify: _____ ▪ Is there a relationship between substance abuse and the offender's gender identity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ▪ Has the offender attempted suicide or self-injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, identify the number of times and lethality of attempts: <u>multiple instances of cutting</u> ▪ Does the offender frequently think of suicide or not wanting to live anymore? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, explain: _____ 	

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ILLINOIS DEPARTMENT OF CORRECTIONS
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Is the offender mentally stable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain: _____		
Is the offender currently prescribed psychotropic medication? (If yes, attach most recent MAR)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section VIII: Medical History (Attach a copy of the offender's physical examination)

Has the offender been diagnosed with: (Check all that apply)

☐ HIV+ ☐ Hepatitis B ☐ Hepatitis C ☐ Cirrhosis ☒ HTN ☐ Diabetes

☒ Obesity ☒ CAD ☐ Other(s) (Identify): GERD

Is the offender currently prescribed non-psychotropic medication? ☐ Yes (Attach most recent MAR) ☐ No

Section IX: Predator/Vulnerable Status

Is the offender considered to be: ☒ Vulnerable ☐ Predator ☐ Both

-OR- ☐ Status is still under review

What is the offender's current housing situation: ☐ Functions well in general population

☐ Housed in segregation ☐ Housed separately


☒ Other (explain) single celled in a general population building

Is the offender currently receiving special accommodations for showering?

☒ Yes, offender is showered separately and in private from other offenders.

☐ No, it has been determined no showering accommodations are necessary.

Section X: Sections I – IX Completed by:

Rebecca Ralston	Rebecca Ralston	Digitally signed by Rebecca Ralston Date: 2020.01.06 15:28:41 -0500	01/06/2020
MHP Name (Print)	Signature		Date
<u>R. OJELADE</u>			<u>1/17/2020</u>
Health Care Representative (Print)	Signature		Date

Date presented to TCRC: 2.4.2020

Presented by: MHP: Ms. Ralston

Health Care Rep.: 

Committee Recommendations

Clothing - Based on the most recent physical examination, the TCRC:

- ☐ Recommends the issuance and use of a sports bra.
- ☐ Does not recommend the issuance and use of a sports bra.

Justification for the decision: _____

Hormone supplementation - At this time the TCRC:

- ☐ Has no objection to the prescription of hormonal supplementation.
- ☐ Does not support the prescription of hormonal supplementation.

Justification for the decision: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Pontiac CC

Facility

☒ Initial Recommendation

☐ Follow-up (Reason): _____

Section I: Offender Information

Name: Harshaw, Stephon

ID#: Y17413

D.O.B: 11/20/1997

Section II: Gender Identity Information

(Check One)

☒ Male to Female Transgender

☐ Female to Male Transgender

☐ Intersex

☐ Other (Explain below)

▪ Natal Gender at Birth: ☒ Male

☐ Female

☐ Intersex

▪ Natal Genitalia: ☒ Male

☐ Female

☐ Intersex

Explain: _____

Section III: Gender Identity History

▪ Has the offender ever strongly desired to have the sexual characteristics of the gender opposite his or her natal gender?

☒ Yes

☐ No

▪ Has the offender had the strong desire to be treated as a gender other than his or her assigned natal gender?

☒ Yes

☐ No

▪ Outside of IDOC, did the offender dress as a gender other than his or her assigned natal gender?

☒ Yes

☐ No

○ If yes, did the offender dress as a gender other than his or her assigned natal gender ☐ Exclusively or ☐ Occasionally

▪ Does or has the offender felt upset by family, friends or society's lack of acceptance of their sense of gender?

☒ Yes

☐ No

▪ At what age did the offender begin thinking of self as the opposite or alternative gender? 12

▪ Has the offender ever felt like getting rid of their natal genitals or sexual characteristics?

☒ Yes

☐ No

▪ Has the offender had the strong desire to be treated as the opposite or alternative gender?

☒ Yes

☐ No

Comments: At 12 years old considered herself female after being molested by her uncle from age 9-14 and uncle wanted her to act as a girl.

Section IV: Hormone Therapy

▪ Has the offender taken hormones for: Masculinization?

☐ Yes

☐ No

Feminization?

☐ Yes

☒ No

○ If yes, at what age did the offender begin taking the hormones? 15 prescribed at Audi Home

○ Were the hormones legitimately prescribed by a medical provider?

☒ Yes

☐ No

○ Identify the hormones the offender has/is taking:

○ Is the offender currently receiving hormones?

☐ Yes

☒ No

▪ If yes, were the hormones prescribed by IDOC?

☐ Yes

☐ No

○ Is the offender aware of the reproductive implications (reduced fertility), options and decisions related to the use of masculinizing or feminizing hormones?

☒ Yes

☐ No

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Section V: Reassignment Surgical Procedures

Female to Male	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast reduction? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of ovaries? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of uterus? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No 	
Male to Female	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast augmentation? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the penis? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the testes? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had injection(s) of silicone into face buttocks, hips? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, identify area(s) of injection: _____ ▪ Has the offender had surgery to shave the Adam's apple? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 	

Section VI: Sexual Preference and Potency

Sexual Preference (Check One)

☐ Males exclusively ☒ Females Exclusively ☐ Both, Males & Females ☐ None

- | | | |
|---|---|------------------------------|
| ▪ Has the offender retained the ability to reproduce? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Does the offender have biological children? | <input checked="" type="checkbox"/> Yes – Age(s) _____ | <input type="checkbox"/> No |
| ▪ Is the offender able to have a penile erection? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Section VII: Mental Health and Substance Use History

- Is the offender currently receiving treatment through IDOC for mental health symptoms? ☒ Yes ☐ No
 - If yes, what is the diagnosis? Bipolar D/O
- Has the offender ever been treated with medication for:
 - ☒ Depression ☐ Anxiety ☒ Psychosis ☐ Other (Identify) _____
 - If the offender has been treated with medication for one of the above, what was/is the diagnosis? _____
- What substance(s) has the offender used regularly? (Check all that apply)
 - ☒ Cannabis ☒ Cocaine ☐ Opioids ☒ Alcohol ☐ Amphetamines
 - ☐ Crystal Meth ☒ PCP ☐ Ketamine ☒ Hallucinogens
 - ☒ Tobacco or other nicotine products ☐ Other (Identify) _____
 - What is the offender's drug of choice? Embalming Fluid
 - When was it last used? 2013
- Does the offender plan to resume using any of the above substances upon/ if released? ☒ Yes ☐ No
 - If yes, specify: All of them
- Is there a relationship between substance abuse and the offender's gender identity? ☒ Yes ☐ No
- Has the offender attempted suicide or self-injury? ☒ Yes ☐ No
 - If yes, identify the number of times and lethality of attempts: Many / 1 lethal attempt in 2017
- Does the offender frequently think of suicide or not wanting to live anymore? ☐ Yes ☒ No
 - If yes, explain: _____

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<ul style="list-style-type: none"> Is the offender mentally stable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ Is the offender currently prescribed psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, attach most recent MAR)</small>

Section VIII: Medical History (Attach a copy of the offender's physical examination)	
<ul style="list-style-type: none"> Has the offender been diagnosed with: (Check all that apply) <input type="checkbox"/> HIV+ <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Cirrhosis <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> CAD <input type="checkbox"/> Other(s) (Identify): _____ Is the offender currently prescribed non-psychotropic medication? <input type="checkbox"/> Yes (Attach most recent MAR) <input type="checkbox"/> No 	

Section IX: Predator/Vulnerable Status		
<ul style="list-style-type: none"> Is the offender considered to be: <input type="checkbox"/> Vulnerable <input type="checkbox"/> Predator <input type="checkbox"/> Both -OR- <input type="checkbox"/> Status is still under review What is the offender's current housing situation: <input type="checkbox"/> Functions well in general population <input checked="" type="checkbox"/> Housed in segregation <input type="checkbox"/> Housed separately <input checked="" type="checkbox"/> Other (explain) Residential Treatment Unit Is the offender currently receiving special accommodations for showering? <input type="checkbox"/> Yes, offender is showered separately and in private from other offenders. <input checked="" type="checkbox"/> No, it has been determined no showering accommodations are necessary. 		

Section X: Sections I – IX Completed by:		
M. Howell, Psy.D.	<i>M. Howell PsyD</i>	1-8-2020
MHP Name (Print)	Signature	Date
Health Care Representative (Print)	Signature	Date

Date presented to TCRC: 2/4/2020

Presented by: MHP: Dr. Howell Health Care Rep.: _____

Committee Recommendations

Clothing - Based on the most recent physical examination, the TCRC:+

- ☐ Recommends the issuance and use of a sports bra.
- ☐ Does not recommend the issuance and use of a sports bra.

Justification for the decision: _____

Hormone supplementation - At this time the TCRC:

- ☐ Has no objection to the prescription of hormonal supplementation.
- ☐ Does not support the prescription of hormonal supplementation.

Justification for the decision: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Support/Treatment – At this time it is the recommendation of the TCRC to refer the offender:

- ☐ For general support for living as a transgender or intersex person in a correctional environment.
☒ For individual or group treatment for: (Check all that apply)
- ☒ Gender identification
 - ☐ Sexual identification
 - ☒ Gender Dysphoria Treatment/Support/Monitoring
 - ☐ Internalized Transphobia
 - ☐ Internalized Heterosexism
 - ☐ Minority Stress Management and Interpersonal Effectiveness
 - ☐ Therapy R/T living safely in a manner consistent with one's inner sense of gender
 - ☐ Treatment of other mental health concerns
 - ☐ Release planning and transgender aftercare needs

Additional TCRC Recommendations: _____

TCRC Participants:

Agency Medical Director/Chief of Psychiatry:

William Pagan
(Print Name)

[Signature]
(Signature)

Chief of Mental Health:

Melvin Hinton, PsyD
(Print Name)

ON File
(Signature)

Transfer Coordinator Representative:

Glenda Warkes
(Print Name)

[Signature]
(Signature)

~~Chief of~~ Operations Security Specialist

Mike Chappell
(Print Name)

[Signature]
(Signature)

Chief Administrative Officer

(Print Name)

(Signature)

Primary Care Provider

(Print Name)

(Signature)

Additional Participant(s)

Deputy Chief of Health Services
(Print Title)

Dr. Conway
(Print Name)

ON File
(Signature)

Southern & Central
Regional Psych Admin
(Print Title)

Drs. Reister &
Fairless
(Print Name)

[Signature]
(Signature)

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Pontiac CC

Facility

☐ Initial Recommendation

☒ Follow-up (Reason) Requesting hormone treatment
Section I: Offender Information

Name: Taylor, Darnell

ID#: M37230

D.O.B: 08/28/1995
Section II: Gender Identity Information

(Check One)

☒ Male to Female Transgender

☐ Female to Male Transgender

☐ Intersex

☐ Other (Explain below)

▪ Natal Gender at Birth: ☒ Male ☐ Female ☐ Intersex

▪ Natal Genitalia: ☒ Male ☐ Female ☐ Intersex

Explain: _____

Section III: Gender Identity History

- Has the offender ever strongly desired to have the sexual characteristics of the gender opposite his or her natal gender? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
- Outside of IDOC, did the offender dress as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
 - If yes, did the offender dress as a gender other than his or her assigned natal gender ☐ Exclusively or ☐ Occasionally
- Does or has the offender felt upset by family, friends or society's lack of acceptance of their sense of gender? ☒ Yes ☐ No
- At what age did the offender begin thinking of self as the opposite or alternative gender? 13
- Has the offender ever felt like getting rid of their natal genitals or sexual characteristics? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as the opposite or alternative gender? ☒ Yes ☐ No

Comments: Considers herself female but is concerned about reassignment surgery and medical complications that can occur.
Section IV: Hormone Therapy

- Has the offender taken hormones for: Masculinization? ☐ Yes ☒ No
 - Feminization? ☒ Yes ☐ No
- If yes, at what age did the offender begin taking the hormones? 22
- Were the hormones legitimately prescribed by a medical provider? ☐ Yes ☒ No
- Identify the hormones the offender has/is taking:
- Is the offender currently receiving hormones? ☐ Yes ☒ No
 - If yes, were the hormones prescribed by IDOC? ☐ Yes ☐ No
- Is the offender aware of the reproductive implications (reduced fertility), options and decisions related to the use of masculinizing or feminizing hormones? ☒ Yes ☐ No

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Section V: Reassignment Surgical Procedures			
Female to Male		<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast reduction? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of ovaries? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of uterus? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No 	
Male to Female		<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast augmentation? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the penis? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the testes? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had injection(s) of silicone into face buttocks, hips? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, identify area(s) of injection: _____ ▪ Has the offender had surgery to shave the Adam's apple? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 	

Section VI: Sexual Preference and Potency			
Sexual Preference (Check One)			
<input type="checkbox"/> Males exclusively	<input type="checkbox"/> Females Exclusively	<input checked="" type="checkbox"/> Both, Males & Females	<input type="checkbox"/> None
▪ Has the offender retained the ability to reproduce?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Does the offender have biological children?	<input checked="" type="checkbox"/> Yes – Age(s) _____	<input type="checkbox"/> No	
▪ Is the offender able to have a penile erection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	

Section VII: Mental Health and Substance Use History	
<ul style="list-style-type: none"> ▪ Is the offender currently receiving treatment through IDOC for mental health symptoms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, what is the diagnosis? <u>Borderline Personality Disorder, Gender Dysphoria</u> ▪ Has the offender ever been treated with medication for: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Psychosis <input type="checkbox"/> Other (Identify) _____ ▪ If the offender has been treated with medication for one of the above, what was/is the diagnosis? _____ ▪ What substance(s) has the offender used regularly? (Check all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crystal Meth <input type="checkbox"/> PCP <input type="checkbox"/> Ketamine <input type="checkbox"/> Hallucinogens <input checked="" type="checkbox"/> Tobacco or other nicotine products <input type="checkbox"/> Other (Identify) _____ ▪ What is the offender's drug of choice? <u>cannabis</u> ▪ When was it last used? <u>2013</u> ▪ Does the offender plan to resume using any of the above substances upon/ if released? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, specify: <u>All of them</u> ▪ Is there a relationship between substance abuse and the offender's gender identity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ▪ Has the offender attempted suicide or self-injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, identify the number of times and lethality of attempts: <u>Many / 1 lethal attempt in 2018</u> ▪ Does the offender frequently think of suicide or not wanting to live anymore? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, explain: _____ 	

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Is the offender mentally stable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain: _____		
Is the offender currently prescribed psychotropic medication? <small>(If yes, attach most recent MAR)</small>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Section VIII: Medical History (Attach a copy of the offender's physical examination)	
Has the offender been diagnosed with: (Check all that apply)	
<input type="checkbox"/> HIV+ <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Cirrhosis <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> CAD <input type="checkbox"/> Other(s) (Identify): _____	
Is the offender currently prescribed non-psychotropic medication?	<input type="checkbox"/> Yes (Attach most recent MAR) <input type="checkbox"/> No

Section IX: Predator/Vulnerable Status	
Is the offender considered to be: <input type="checkbox"/> Vulnerable <input type="checkbox"/> Predator <input type="checkbox"/> Both -OR- <input type="checkbox"/> Status is still under review	
What is the offender's current housing situation: <input type="checkbox"/> Functions well in general population <input checked="" type="checkbox"/> Housed in segregation <input type="checkbox"/> Housed separately <input checked="" type="checkbox"/> Other (explain) Residential Treatment Unit	
Is the offender currently receiving special accommodations for showering? <input type="checkbox"/> Yes, offender is showered separately and in private from other offenders. <input checked="" type="checkbox"/> No, it has been determined no showering accommodations are necessary.	

Section X: Sections I – IX Completed by:		
M. Howell, Psy.D. MHP Name (Print)	 Signature	1-8-2020 Date
Health Care Representative (Print)	Signature	Date

Date presented to TCRC: 2/4/2020

Presented by: MHP: Dr. Howell Health Care Rep.: _____

Committee Recommendations

Clothing - Based on the most recent physical examination, the TCRC:+

- ☐ Recommends the issuance and use of a sports bra.
☐ Does not recommend the issuance and use of a sports bra.

Justification for the decision: _____

Hormone supplementation - At this time the TCRC:

- ☐ Has no objection to the prescription of hormonal supplementation.
☐ Does not support the prescription of hormonal supplementation.

Justification for the decision: to meet

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Support/Treatment – At this time it is the recommendation of the TCRC to refer the offender:

- ☐ For general support for living as a transgender or intersex person in a correctional environment.
☐ For individual or group treatment for: (Check all that apply)
- ☐ Gender identification
 - ☐ Sexual identification
 - ☐ Gender Dysphoria Treatment/Support/Monitoring
 - ☐ Internalized Transphobia
 - ☐ Internalized Heterosexism
 - ☐ Minority Stress Management and Interpersonal Effectiveness
 - ☐ Therapy R/T living safely in a manner consistent with one's inner sense of gender
 - ☐ Treatment of other mental health concerns
 - ☐ Release planning and transgender aftercare needs

Additional TCRC Recommendations: _____

TCRC Participants:

Agency Medical Director/Chief of Psychiatry:

William Puga, MD
(Print Name)

[Signature]
(Signature)

Chief of Mental Health:

Melvin Hinton, PsyD
(Print Name)

ON File
(Signature)

Transfer Coordinator Representative:

Glenda Wortley
(Print Name)

[Signature]
(Signature)

~~Chief of~~ Operations Security Specialist

Nike Chappell
(Print Name)

[Signature]
(Signature)

Chief Administrative Officer

(Print Name)

(Signature)

Primary Care Provider

(Print Name)

(Signature)

Additional Participant(s)

Deputy Chief of Health Services
(Print Title)

Dr. Conway
(Print Name)

ON File
(Signature)

Southern + Central

Regional Psych Admin
(Print Title)

Drs. Reister & Fairless
(Print Name)

[Signature]
(Signature)

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Transfer Coordinator
Chief Administrative Officer

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ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Centralia Correctional Center
 Facility

☐ Initial Recommendation ☒ Follow-up (Reason) Hormone Therapy

Section I: Offender Information

Name: Anderson, Machon ID#: R09312 D.O.B: 06/08/1982

Section II: Gender Identity Information

(Check One)

- ☒ Male to Female Transgender ☐ Female to Male Transgender
☐ Intersex ☐ Other (Explain below)
- Natal Gender at Birth: ☒ Male ☐ Female ☐ Intersex
 ▪ Natal Genitalia: ☒ Male ☐ Female ☐ Intersex

Explain: _____

Section III: Gender Identity History

- Has the offender ever strongly desired to have the sexual characteristics of the gender opposite his or her natal gender? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
- Outside of IDOC, did the offender dress as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
 - If yes, did the offender dress as a gender other than his or her assigned natal gender ☐ Exclusively or ☒ Occasionally
- Does or has the offender felt upset by family, friends or society's lack of acceptance of their sense of gender? ☒ Yes ☐ No
- At what age did the offender begin thinking of self as the opposite or alternative gender? Age 11
- Has the offender ever felt like getting rid of their natal genitals or sexual characteristics? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as the opposite or alternative gender? ☒ Yes ☐ No

Comments: Offender would not dress as a woman when going to work at a factory.

Section IV: Hormone Therapy

- Has the offender taken hormones for: Masculinization? ☐ Yes ☒ No
 Feminization? ☒ Yes ☐ No
 - If yes, at what age did the offender begin taking the hormones? Age 14
 - Were the hormones legitimately prescribed by a medical provider? ☒ Yes ☐ No
 - Identify the hormones the offender has/is taking:
 - Is the offender currently receiving hormones? ☐ Yes ☒ No
 - If yes, were the hormones prescribed by IDOC? ☐ Yes ☒ No
 - Is the offender aware of the reproductive implications (reduced fertility), options and decisions related to the use of masculinizing or feminizing hormones? ☒ Yes ☐ No

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ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Section V: Reassignment Surgical Procedures

Female to Male	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast reduction? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of ovaries? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No ▪ Has the offender had surgery for removal of uterus? <input type="checkbox"/> Yes – At age: _____ <input type="checkbox"/> No 	
Male to Female	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast augmentation? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the penis? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the testes? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had injection(s) of silicone into face buttocks, hips? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, identify area(s) of injection: _____ ▪ Has the offender had surgery to shave the Adam's apple? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 	

Section VI: Sexual Preference and Potency

Sexual Preference (Check One)			
<input checked="" type="checkbox"/> Males exclusively	<input type="checkbox"/> Females Exclusively	<input type="checkbox"/> Both, Males & Females	<input type="checkbox"/> None
▪ Has the offender retained the ability to reproduce?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
▪ Does the offender have biological children?	<input type="checkbox"/> Yes – Age(s) _____	<input checked="" type="checkbox"/> No	
▪ Is the offender able to have a penile erection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	

Section VII: Mental Health and Substance Use History

▪ Is the offender currently receiving treatment through IDOC for mental health symptoms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, what is the diagnosis? <u>MDD with psychosis; Gender Dysphoria</u> 	
▪ Has the offender ever been treated with medication for: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <input checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Psychosis <input type="checkbox"/> Other (Identify) _____ </div> <ul style="list-style-type: none"> ▪ If the offender has been treated with medication for one of the above, what was/is the diagnosis? <u>MDD with psychosis</u> 	
▪ What substance(s) has the offender used regularly? (Check all that apply) <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Opioids <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crystal Meth <input type="checkbox"/> PCP <input type="checkbox"/> Ketamine <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Tobacco or other nicotine products <input type="checkbox"/> Other (Identify) _____ </div> </div> <ul style="list-style-type: none"> ▪ What is the offender's drug of choice? <u>Cannabis</u> ▪ When was it last used? <u>2010</u> 	
▪ Does the offender plan to resume using any of the above substances upon/ if released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, specify: <u>NA</u> 	
▪ Is there a relationship between substance abuse and the offender's gender identity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Has the offender attempted suicide or self-injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, identify the number of times and lethality of attempts: <u>2- moderate to severe lethality</u> 	
▪ Does the offender frequently think of suicide or not wanting to live anymore? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, explain: <u>NA</u> 	

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

<ul style="list-style-type: none"> ▪ Is the offender mentally stable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">▪ If no, explain: NA ▪ Is the offender currently prescribed psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">(If yes, attach most recent MAR)

Section VIII: Medical History (Attach a copy of the offender's physical examination)

- Has the offender been diagnosed with: (Check all that apply)

☐ HIV+ ☐ Hepatitis B ☐ Hepatitis C ☐ Cirrhosis ☐ HTN ☐ Diabetes

☐ Obesity ☐ CAD ☐ Other(s) (Identify): _____
- Is the offender currently prescribed non-psychotropic medication? ☐ Yes (Attach most recent MAR) ☒ No

Section IX: Predator/Vulnerable Status

- Is the offender considered to be: ☐ Vulnerable ☐ Predator ☐ Both
 -OR- ☐ Status is still under review
- What is the offender's current housing situation: ☒ Functions well in general population

☐ Housed in segregation ☐ Housed separately

☐ Other (explain) _____
- Is the offender currently receiving special accommodations for showering?

☐ Yes, offender is showered separately and in private from other offenders.

☒ No, it has been determined no showering accommodations are necessary.

Section X: Sections I – IX Completed by:

Stacie Murray		01/28/2020
MHP Name (Print)	Signature	Date
Health Care Representative (Print)	Signature	Date

Date presented to TCRC: 2/4/2020

Presented by: MHP: Stacie Murray, LCPC Health Care Rep.: _____

Committee Recommendations

Clothing - Based on the most recent physical examination, the TCRC:+

- ☐ Recommends the issuance and use of a sports bra.
- ☐ Does not recommend the issuance and use of a sports bra.

Justification for the decision: _____

Hormone supplementation - At this time the TCRC:

- ☐ Has no objection to the prescription of hormonal supplementation.
- ☐ Does not support the prescription of hormonal supplementation.

Justification for the decision: Has seen facility medical director for this consideration

ILLINOIS DEPARTMENT OF CORRECTIONS

Transgender Care Review Committee Recommendation

Support/Treatment – At this time it is the recommendation of the TCRC to refer the offender:

- ☐ For general support for living as a transgender or intersex person in a correctional environment.
- ☐ For individual or group treatment for: (Check all that apply)
- ☐ Gender identification
 - ☐ Sexual identification
 - ☐ Gender Dysphoria Treatment/Support/Monitoring
 - ☐ Internalized Transphobia
 - ☐ Internalized Heterosexism
 - ☐ Minority Stress Management and Interpersonal Effectiveness
 - ☐ Therapy R/T living safely in a manner consistent with one's inner sense of gender
 - ☐ Treatment of other mental health concerns
 - ☐ Release planning and transgender aftercare needs

Additional TCRC Recommendations: _____

TCRC Participants:

Agency Medical Director/Chief of Psychiatry:

William Rogers
(Print Name)

[Signature]
(Signature)

Chief of Mental Health:

Melvin Hinton, Psy.D.
(Print Name)

ON File
(Signature)

Transfer Coordinator Representative:

Glenda Wortley
(Print Name)

[Signature]
(Signature)

Chief of Operations Security Specialist

Mike Chappell
(Print Name)

[Signature]
(Signature)

Chief Administrative Officer

(Print Name)

(Signature)

Primary Care Provider

(Print Name)

(Signature)

Additional Participant(s)

Deputy Chief of Health Services
(Print Title)

Dr. Conway
(Print Name)

ON File
(Signature)

Secretary & Central

Regional Psych Admin
(Print Title)

Dr. Reister & Fairless
(Print Name)

[Signature]
(Signature)

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

CENTRALIA

Facility

☐ Initial Recommendation

☒ Follow-up (Reason) Transfer to Logan and other requests
Section I: Offender Information

Name: PADILLA, ERIC

ID#: K95929

D.O.B: 07/15/1979
Section II: Gender Identity Information

(Check One)

☒ Male to Female Transgender

☐ Female to Male Transgender

☐ Intersex

☐ Other (Explain below)

▪ Natal Gender at Birth: ☒ Male

☐ Female

☐ Intersex

▪ Natal Genitalia: ☒ Male

☐ Female

☐ Intersex

Explain: _____

Section III: Gender Identity History

- Has the offender ever strongly desired to have the sexual characteristics of the gender opposite his or her natal gender? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
- Outside of IDOC, did the offender dress as a gender other than his or her assigned natal gender? ☒ Yes ☐ No
 - If yes, did the offender dress as a gender other than his or her assigned natal gender ☐ Exclusively or ☒ Occasionally
- Does or has the offender felt upset by family, friends or society's lack of acceptance of their sense of gender? ☒ Yes ☐ No
- At what age did the offender begin thinking of self as the opposite or alternative gender? 8
- Has the offender ever felt like getting rid of their natal genitals or sexual characteristics? ☒ Yes ☐ No
- Has the offender had the strong desire to be treated as the opposite or alternative gender? ☒ Yes ☐ No

Comments: I just want to be treated as the gender that i am, Female. I believe that by not granting these requests it is doing harm to my mental state.
Section IV: Hormone Therapy

- Has the offender taken hormones for: Masculinization? ☐ Yes ☒ No
 - Feminization? ☒ Yes ☐ No
 - If yes, at what age did the offender begin taking the hormones? 14
 - Were the hormones legitimately prescribed by a medical provider? ☐ Yes ☒ No
 - Identify the hormones the offender has/is taking:
 - Is the offender currently receiving hormones? ☒ Yes ☐ No
 - If yes, were the hormones prescribed by IDOC? ☒ Yes ☐ No
 - Is the offender aware of the reproductive implications (reduced fertility), options and decisions related to the use of masculinizing or feminizing hormones? ☒ Yes ☐ No

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ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Section V: Reassignment Surgical Procedures

Female to Male	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast reduction? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of ovaries? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of uterus? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 	
Male to Female	<ul style="list-style-type: none"> ▪ Has the offender had surgery for breast augmentation? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the penis? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had surgery for removal of the testes? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No ▪ Has the offender had injection(s) of silicone into face buttocks, hips? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, identify area(s) of injection: _____ ▪ Has the offender had surgery to shave the Adam's apple? <input type="checkbox"/> Yes – At age: _____ <input checked="" type="checkbox"/> No 	

Section VI: Sexual Preference and Potency

Sexual Preference (Check One)			
<input type="checkbox"/> Males exclusively	<input type="checkbox"/> Females Exclusively	<input type="checkbox"/> Both, Males & Females	<input checked="" type="checkbox"/> None
<ul style="list-style-type: none"> ▪ Has the offender retained the ability to reproduce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ▪ Does the offender have biological children? <input type="checkbox"/> Yes – Age(s) _____ <input checked="" type="checkbox"/> No ▪ Is the offender able to have a penile erection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A 			

Section VII: Mental Health and Substance Use History

<ul style="list-style-type: none"> ▪ Is the offender currently receiving treatment through IDOC for mental health symptoms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, what is the diagnosis? <u>Hx. of Persistent Depressive Disorder</u> ▪ Has the offender ever been treated with medication for: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <input checked="" type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Psychosis <input type="checkbox"/> Other (Identify) _____ </div> <ul style="list-style-type: none"> ▪ If the offender has been treated with medication for one of the above, what was/is the diagnosis? <u>Persistent Depressive Disorder</u> ▪ What substance(s) has the offender used regularly? (Check all that apply) <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Cannabis</div> <div style="width: 50%;"><input type="checkbox"/> Cocaine</div> <div style="width: 50%;"><input type="checkbox"/> Opioids</div> <div style="width: 50%;"><input type="checkbox"/> Alcohol</div> <div style="width: 50%;"><input type="checkbox"/> Amphetamines</div> <div style="width: 50%;"><input type="checkbox"/> Crystal Meth</div> <div style="width: 50%;"><input type="checkbox"/> PCP</div> <div style="width: 50%;"><input type="checkbox"/> Ketamine</div> <div style="width: 50%;"><input type="checkbox"/> Hallucinogens</div> <div style="width: 50%;"><input type="checkbox"/> Tobacco or other nicotine products</div> <div style="width: 50%;"><input type="checkbox"/> Other (Identify) _____</div> </div> <ul style="list-style-type: none"> ▪ What is the offender's drug of choice? _____ ▪ When was it last used? _____ ▪ Does the offender plan to resume using any of the above substances upon/ if released? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, specify: _____ ▪ Is there a relationship between substance abuse and the offender's gender identity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ▪ Has the offender attempted suicide or self-injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, identify the number of times and lethality of attempts: _____ ▪ Does the offender frequently think of suicide or not wanting to live anymore? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> ▪ If yes, explain: _____ 	
---	--

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

<ul style="list-style-type: none"> ▪ Is the offender mentally stable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ▪ If no, explain: _____ ▪ Is the offender currently prescribed psychotropic medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, attach most recent MAR)</small>

Section VIII: Medical History (Attach a copy of the offender's physical examination)

<ul style="list-style-type: none"> ▪ Has the offender been diagnosed with: (Check all that apply) <input type="checkbox"/> HIV+ <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Cirrhosis <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> CAD <input type="checkbox"/> Other(s) (Identify): _____ ▪ Is the offender currently prescribed non-psychotropic medication? <input checked="" type="checkbox"/> Yes (Attach most recent MAR) <input type="checkbox"/> No
--

Section IX: Predator/Vulnerable Status

<ul style="list-style-type: none"> ▪ Is the offender considered to be: <input checked="" type="checkbox"/> Vulnerable <input type="checkbox"/> Predator <input type="checkbox"/> Both -OR- <input type="checkbox"/> Status is still under review ▪ What is the offender's current housing situation: <input type="checkbox"/> Functions well in general population <input type="checkbox"/> Housed in segregation <input type="checkbox"/> Housed separately <input checked="" type="checkbox"/> Other (explain) <u>single celled in general pop</u> ▪ Is the offender currently receiving special accommodations for showering? <input type="checkbox"/> Yes, offender is showered separately and in private from other offenders. <input checked="" type="checkbox"/> No, it has been determined no showering accommodations are necessary.

Section X: Sections I – IX Completed by:

Michelle Dulle	Michelle Dulle	<small>Digitally signed by Michelle Dulle Date: 2019.08.02 10:53:59 -05'00'</small>	01/31/2020
MHP Name (Print)	Signature		Date
Health Care Representative (Print)	Signature		Date

Date presented to TCRC: 2/4/2020

Presented by: MHP: M. Dulle Health Care Rep.: _____

Committee Recommendations

Clothing - Based on the most recent physical examination, the TCRC:+

- ☐ Recommends the issuance and use of a sports bra.
- ☐ Does not recommend the issuance and use of a sports bra.

Justification for the decision: _____

Hormone supplementation - At this time the TCRC:

- ☐ Has no objection to the prescription of hormonal supplementation.
- ☐ Does not support the prescription of hormonal supplementation.

Justification for the decision: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Transgender Care Review Committee Recommendation

Support/Treatment – At this time it is the recommendation of the TCRC to refer the offender:

- ☐ For general support for living as a transgender or intersex person in a correctional environment.
☐ For individual or group treatment for: (Check all that apply)
- ☐ Gender identification
 - ☐ Sexual identification
 - ☐ Gender Dysphoria Treatment/Support/Monitoring
 - ☐ Internalized Transphobia
 - ☐ Internalized Heterosexism
 - ☐ Minority Stress Management and Interpersonal Effectiveness
 - ☐ Therapy R/T living safely in a manner consistent with one's inner sense of gender
 - ☐ Treatment of other mental health concerns
 - ☐ Release planning and transgender aftercare needs

Additional TCRC Recommendations: She will be presented at the next gender committee for transfer consideration

TCRC Participants:

Agency Medical Director/Chief of Psychiatry:

William Riggins
(Print Name)

[Signature]
(Signature)

Chief of Mental Health:

Malcolm Hunter, PsyD
(Print Name)

ON File
(Signature)

Transfer Coordinator Representative:

Glenda Wortley
(Print Name)

[Signature]
(Signature)

~~Chief of~~ Operations Security Specialist

Mike Chappell
(Print Name)

[Signature]
(Signature)

Chief Administrative Officer

(Print Name)

(Signature)

Primary Care Provider

(Print Name)

(Signature)

Additional Participant(s)

Deputy Chief of Health Services
(Print Title)

Dr. Conway
(Print Name)

ON File
(Signature)

Southeastern Central
(Print Title)

Dr. Reister
(Print Name)

[Signature]
(Signature)

Regional Psych. Admin
(Print Title)

Jainless
(Print Name)

EXHIBIT C

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

-----x
JANIAH MONROE, et al., :
Plaintiffs, :
-vs- : Civil Action
ROB JEFFREYS, MELVIN HINTON, : 18-CV-156
and STEVEN MEEKS, :
Defendants. :
-----x

Videotape 30(b)(6) Deposition of

THE MOSS GROUP

By and Through

WENDY LEACH

Wednesday, August 12, 2020

10:10 a.m.

Job No.: 617914

Pages 1 - 281

Reported by: Tammy S. Newton

Page 126

1 Two-day assessment, April 22nd to 23rd, 2019.

2 Q So --

3 A Typically --

4 Q Go ahead.

5 A So that would be the end of April. So
6 typically, and I'm totally guessing here, it's
7 going to take at least two months to get a report
8 out at least, because we've got to write it and
9 then we've got to go through the review process.
10 So that's the end of June. And so let's say
11 sometime in maybe in July or August this would
12 have been probably produced is my guess based on
13 our typical timeline. Yeah.

14 Q Okay. So sometime in July or August
15 of 2019, The Moss Group told IDOC that it needs
16 to review its training programs and orientations
17 to protect transgender prisoners. Is that -- is
18 that what we're saying here?

19 A That's what it appears to be to me.

20 Q Do you know if that happened?

21 A I'm sure Illinois has done some
22 things, but I can only know what I have worked on

Page 127

1 with them. So I'm sure they've done some things,
2 but I would not know what all they were.

3 Q Based on what you've seen in your
4 current work as their consultant, have the
5 recommendations that were made in 2019 been --
6 been meaningfully followed?

7 MS. COOK: I'll object to the form of
8 the question.

9 MR. GUIDETTI: I can rephrase it.

10 BY MR. GUIDETTI:

11 Q Based on what you have seen in your
12 role as consultant for IDOC, have the problems
13 identified in this report been addressed?

14 A I can't say, and I'm not trying to be
15 swishy here. I haven't been there enough to do
16 enough of an assessment to be able to tell you.
17 It would be nice if we could get a follow-up
18 assessment to say these are the things we found,
19 these are the things we recommended.

20 And then it's always nice to go back a
21 year later and say, "How did you do?" Maybe they
22 have some documented information on their

Page 128

1 progress that I just have never seen or maybe you
2 could ask for it. But I don't know. It's
3 possible they've done some things. Nothing I'm
4 aware of.

5 Q Okay. Let's look at another document
6 now. Let's mark this -- if I can get it up,
7 Plaintiff's Leach Exhibit 3.

8 (Plaintiff's Leach Exhibit Number 3
9 was marked for identification and attached to the
10 transcript.)

11 BY MR. GUIDETTI:

12 Q Can you see my screen?

13 A Yes. Yes.

14 Q And what is this document?

15 A I'm guessing this is our contract for
16 the current work we just did in May and June and
17 July.

18 Q Let me -- I have not tried this
19 before, but I'm going to give you control of the
20 document. Have you done this before? I have
21 not.

22 A No, I haven't, but we can keep our

Page 129

1 fingers crossed.

2 Q See if you can -- yeah, see if you can
3 scroll through the document now.

4 A Okay. Yep. It's working.

5 Q Okay. So take a look at the document
6 as you would if it was, you know, a paper in
7 front of you, and then -- then let me know if you
8 recognize this document.

9 A I mean, just generally from a look, it
10 looks similar to our contracts. Yeah, it's
11 signed by the director here.

12 So -- yeah, it's our contract for
13 services for this particular contract on
14 transgender policy and [audio distortion] --

15 Q Okay.

16 COURT REPORTER: What was the last
17 part? Transgender policy?

18 THE WITNESS: I said and stuff.

19 That's not really the technical term.

20 Transgender policy works.

21 BY MR. GUIDETTI:

22 Q Is this the only contract that you

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1 If you've got dedicated people saying we're going
2 to know these 20, we're going to know what they
3 need, and we're going to concentrate on their
4 care, I think that's a great idea. And also the
5 mystery of the review committee, the committee
6 that is supposed to determine whether they go to
7 male or female facility, they shouldn't have --
8 they should be informed by the medical-mental
9 health needs, of course, but they're not going to
10 be getting into a bunch of clinical decisions
11 because that's not their role. It's actually
12 good to me that it will be two separate
13 committees.

14 Q Is it accurate to say that the
15 sections of this policy having to do with
16 classification and placement and searches and
17 showers are geared towards PREA compliance?

18 A Well, it ensures that it's PREA
19 compliant because you don't want to not do
20 anything that isn't compliant with PREA. But
21 these -- this policy goes well beyond PREA.

22 Q How so? Can you explain that to me?

Page 175

1 A Well, some of the staff and offender
2 discipline, some of the respectful communication
3 goes beyond PREA. I could go through each
4 section. But, you know, PREA is this much, and
5 the policy is like this much. There's just a lot
6 more detail in here about -- like here's one
7 that's right there on this page.

8 So Number 8, "Staff must search
9 offender's property in their cell or dorm area
10 respectfully and professionally and may not
11 discard or damage opposite gender hygiene items
12 or undergarments that have been approved," that's
13 not in PREA. But we felt that was important
14 because we have seen in the past where staff do
15 searches of cells, find a bra, and throw it away
16 because they say, "Oh, you're not supposed to
17 have this. You're in a male facility."

18 So you really have to put it into
19 policy that you can't do that. So that's well
20 beyond PREA, but it's something we thought was
21 important.

22 Q And that's guided based on your

Page 176

1 experience -- your past experience working in
2 facilities and communicating with transgender
3 prisoners?

4 A Yes. We had people tell us they do
5 it, and I've had staff admit that they do it.
6 So --

7 Q Now, using that same example, for --
8 for success of this policy, the -- you'll have to
9 train folks on the policy, right?

10 A Yes. And that was part of our
11 suggestion, if you looked at the document of the
12 review of current training, it's not really
13 fitting the bill in terms of what correctional
14 officers really need. So once the policy is
15 completed, the training would be built around the
16 policy.

17 Q Okay.

18 A Yeah.

19 Q And you said the policy is not final,
20 right?

21 A Oh, no. Not even close.

22 Q Do you know when -- strike that.

Page 177

1 Has IDOC communicated to you when they
2 expect to finalize it?

3 A They have not, but again, we don't
4 have a current contract with them. So they
5 wouldn't be communicating with us around that at
6 this point. I don't know.

7 Q You said this is not even close to
8 final. How long would -- would you expect it
9 would take to finalize this?

10 A Well, in my opinion, you need
11 workers -- you need to get some folks together to
12 work on areas. The medical-mental health section
13 course would have to be worked on with clinical
14 staff with some, you know, again formatting and
15 expertise from the operational side.

16 But you could get real serious about
17 it, and as long as you have people who can make
18 decisions and there's nothing holding up, you
19 could probably complete it in 60 to 90 days. If
20 you really made appointments and got deadlined
21 and said this has to be done by Tuesday, and you
22 were on that kind of a schedule, you could

Page 178

1 probably do it in that time period.

2 Q Thinking to when you were working with
3 Georgia and the policies there was approximately
4 at this stage, at this framework stage, how long
5 did it take Georgia to get from this to final?

6 A Well, it looks like a year and a half
7 actually. In looking at the date of their final
8 policy, July of 2019, I mean, we were working
9 with them in early 2018. So I'm --

10 Q What about --

11 A I'm -- go ahead.

12 Q What about in New York? You helped
13 New York develop their policy as well?

14 A Yeah. They -- they're kind of an odd
15 case because they -- they just took a long time,
16 and then they finally just threw something kind
17 of together at the last minute. Everybody does
18 this a little differently. New York took a long
19 time, but, you know, I'm not picking on New York.
20 They always take a long time. So I'm not sure
21 that they're the best example.

22 I can give you another example without

Page 179

1 giving away the jurisdiction. It was a Southern
2 state. They finished their policy and finalized
3 it in six months. They wanted to get it done.
4 They were motivated. They had a commissioner
5 that was willing to sign it without a lot of, you
6 know, formulaic of people going through it. And
7 so they were able to do it in about six months,
8 and they did a great job.

9 Q Without -- I know you've got
10 confidentiality agreements in place with your
11 clients. Without -- if you can answer this, was
12 that other jurisdiction that completed it in six
13 months, were they under a court order or a -- or
14 a settlement agreement, anything like that?

15 A No, they weren't.

16 Q Okay.

17 A They just have motivated staff and a
18 commissioner -- I think the only issue, as you
19 know with court agreements and things like this,
20 is that there's always so many more people that
21 have to look at every single draft. And so
22 something that could take 60 to 90 days, just

Page 180

1 because there's so many people, even a judge
2 sometimes has to look at it and approve it,
3 there's so many different hands in it, and
4 everybody's got an edit, that that sometimes can
5 make it last a little bit longer.

6 I'm of the belief that it's better to
7 get something solid in place. You can always
8 revise it after a year. You should be looking at
9 your policies anyway. Things change. You can
10 always add to it a year from now, change
11 something a year from now. But get those basics
12 in there and get rolling on those, and then you
13 can -- again, you can always finesse it later.

14 Q Would you agree that sometimes having
15 more folks look at something can help ensure it's
16 solid?

17 A Oh, sure. Sure.

18 Q So this isn't final. This is not the
19 current policy, right?

20 A Correct.

21 Q And again, we're talking about the
22 framework, just for the record. Do you know what

Page 181

1 the current policy is?

2 A Yes. It's the -- it's their
3 management -- I think it's called management of
4 transgender offenders or evaluation and
5 management of transgender offenders.

6 Q Let me see if I can pull that up.

7 A Sure. It's dated July 1st, 2019.

8 (Plaintiff's Leach Exhibit Number 6
9 was marked for identification and attached to the
10 transcript.)

11 BY MR. GUIDETTI:

12 Q Can you see my screen, Ms. Leach?

13 A Let's see. Yes. That's it. That's
14 the one.

15 Q Okay. I have to get some questions
16 for the record. Do you recognize this document?

17 A Yes, I do.

18 Q And how do you recognize it?

19 A It's the current Illinois transgender
20 offender policy.

21 Q And you've seen this before?

22 A Yes, I have.

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1 need to hear to do their job more effectively.

2 So then that would be the next piece.

3 Writing the two standard operating
4 procedures I mentioned earlier about the
5 two-committee process, so that's would be
6 attached to the policy basically, sort of
7 separate documents, and that would be a how-to.
8 Here's how this committee works. Here's how they
9 make their decisions. Here's the forms that they
10 use. We create forms as well.

11 And then the special population unit
12 is an option. If they decide they want to do
13 something with a special population unit, we
14 could come up with some staff training for that,
15 and we've already got the framework we wrote for
16 them. So it's really just a matter of
17 implementing that as a pilot, and I would do that
18 as a pilot in one unit in a small way to see how
19 it worked to make sure it works, to tweak it, and
20 then possibly you could do a special population
21 unit in every prison or in selected prisons. And
22 finally --

Page 191

1 Q Have you gotten -- please, go ahead.

2 A Sorry. The last one was just the
3 training of staff for the women's facility.
4 Again, if you're going to place transgender women
5 in the women's facility, make sure the staff are
6 prepared for that and have some training and that
7 goes forward in sort of a structured way. Then
8 that would be it.

9 Q That's a lot.

10 A Yeah, I know. But you got -- you got
11 to do it. You got to do all of it. You can't --
12 I mean, you can't leave training out and do
13 policy. You have to do both.

14 Q Of course.

15 A Yes.

16 Q Have you -- so where are we now? Did
17 you send a proposal for the second round of work
18 to the department?

19 A Yes, we did.

20 Q When was that sent?

21 A Probably in July would be my best
22 guess. I can get a date for you.

Page 192

1 Q July is fine.

2 A July -- yeah, it's probably July. It
3 laid out all of that information that I just --

4 Q Have you gotten any kind of response?

5 A The -- actually, I just want to
6 confirm that was June 4th when we sent that. I'm
7 checking. It was June 4th.

8 No. I mean, I checked in with the
9 department, and they just said they have a lot
10 going on, but they're definitely going to let me
11 know. Because we have a lot of very positive
12 feedback on the work we provided for them, so I
13 know the work was good. But we deal a lot of
14 times with procurement processes that are
15 sometimes complicated in states. And so I never
16 try to guess what's in people's way.

17 They may have a procurement issue
18 because certainly the amount of work I just
19 described to you is a lot more than what we just
20 did. And so a dollar amount, of course, would be
21 higher, and those sometimes take a little bit
22 longer. But beyond that, I don't know what's

Page 193

1 going on with that.

2 Q Illinois procurement is a beast.

3 A I'm sure.

4 Q How long -- the work that you
5 described for the -- what would be the next
6 contract, how long would that take?

7 A Probably -- I mean, my guess is around
8 18 months total, if you kind of include
9 everything. I think certain things wouldn't take
10 as long, like I mentioned the 60 to 90 days for
11 policy if you could get your -- all of your
12 people together, get everything moving. I think
13 some of the -- some of that wouldn't take very
14 long.

15 I think in terms of creating training,
16 6 to 12 months probably to, you know, rely on --
17 rely on the policy creating the training, doing a
18 training of the trainers, which is when you teach
19 their trainers how to train it so that they don't
20 constantly need you to come in and do it. They
21 have their own people trained on how to do it.

22 I think the training for the women in

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE, et al.,)	
)	
Plaintiffs,)	
)	
vs.)	No. 18-156-NJR
)	
ROB JEFFREYS, STEVE MEEKS, AND)	
MELVIN HINTON,)	
)	
Defendants.)	

The Videotaped deposition of TANGENISE
PORTER, taken before Deborah A. Rannells, CSR, Illinois
License No. 084-003408, via virtual videoconference, on
Friday, June 26, 2020, commencing at the hour of 9:00
a.m.

Reported for
MAGNA LEGAL SERVICES
(866) 624-6221, by:
Deborah A. Rannells, C.S.R.

Page 74

1 Q Do you know the process by which transgender
2 prisoners request a transfer?
3 A No.
4 Q So you don't know the process that the
5 transgender prisoners went through to be presented to the
6 committee?
7 A No.
8 Q So thinking about that phone call where you
9 discussed transfer requests, what criteria did the
10 participants of the phone call consider when evaluating
11 their request for a transfer?
12 A I don't remember hearing a specific list of
13 criteria. It was more like a case presentation. And
14 there were a lot of different people that were weighing
15 in on the case and providing information, so I don't -- I
16 don't remember hearing any kind of specific checklist for
17 a criteria.
18 Q And you mentioned that Chief Robinson is the
19 one that told you about these phone calls; correct?
20 A Mm-hmm.
21 Q And she said it was part of your
22 responsibilities and job duties as Chief of the women's
23 division; is that right?
24 A Mm-hmm, yes.

Page 75

1 Q Did she give you any additional information
2 about how you should think about these calls or what you
3 should consider as part of these calls?
4 A No. It was more like a introduction to the
5 calls because I had just come on, to get an idea of how
6 they go or how they're conducted. So it was really -- it
7 was mainly an introduction into how the phone calls go.
8 Q So has anyone ever given you information or
9 talked to you about things to consider or look out for on
10 these calls?
11 A No.
12 Q And you've never seen a list of criteria or
13 considerations to use or think about during these calls;
14 right?
15 A No.
16 Q Do you know who decides which prisoners are
17 going to be presented during each call?
18 A No.
19 Q Do you know if there's a timeline for the
20 process between when a prisoner first requests a transfer
21 and when it's presented to the committee?
22 A No.
23 Q And what about, is there a timeline for when a
24 transfer is approved and when it actually goes into

Page 76

1 place?
2 A No, I don't think so.
3 Q If a prisoner who requests a transfer and is
4 presented to the meeting is denied, is there a way for
5 them to appeal that decision?
6 A I don't know.
7 Q Do you know if they can ever be reconsidered by
8 the committee?
9 A I don't know.
10 Q And I know that you just started in February,
11 and you've only participated in two calls.
12 Do you have any sense of whether the
13 process of the transgender committee has changed over
14 time?
15 A Oh, I don't know.
16 Q But it's been the same since you started?
17 A Yeah, those -- yes, as far as I know.
18 Q And is it your understanding that the decision
19 of the transgender committee is final or is there someone
20 else that has to approve it?
21 A I don't know.
22 Q But you've never heard about anyone approving
23 or disapproving of the decision of the transgender
24 committee; right?

Page 77

1 A No.
2 Q Okay. I am going to show you a document,
3 Ms. Porter.
4 A Okay.
5 Q We will mark this as Porter Exhibit 1.
6 (Porter Deposition Exhibit No. 1 was
7 marked for identification.)
8 BY MS. BAILEY:
9 Q Can you see that on the screen, Ms. Porter?
10 A Yes.
11 Q And it says, "Illinois Department of
12 Corrections" at the top; right?
13 A Yes.
14 Q And then below it, it says, "Transgender
15 Requests for Transfer Meeting, January 27, 2020."
16 Do you see all of that?
17 A Mm-hmm.
18 Q First of all, does this document look familiar
19 to you?
20 A So in terms of this one dated January 27th, no.
21 Q And if we look at the list of attendees here, I
22 don't see your name listed; is that right?
23 A Yes.
24 Q So can I assume that you did not attend this

20 (Pages 74 to 77)

Page 82

1 tall and was wearing eyeliner and mascara."

2 Do you see that?

3 A Yes.

4 Q And during these phone calls that you
5 participated in, does the committee usually consider
6 physical appearance when determining if an inmate should
7 be transferred or not?

8 A Do I consider appearance in terms of transfer?
9 I don't -- I can't remember.

10 Q Okay. What about physical size?

11 A So it's -- do they consider the physical size
12 in terms of transfer?

13 Q Right.

14 A I don't know. I can't remember. I don't -- I
15 can't remember if they do or they don't.

16 Q Just based on your opinion, does that seem like
17 important information to consider when trying to decide
18 if someone should be transferred to Logan?

19 A I don't -- I don't have an opinion in terms of
20 if that should be considered in whether or not they
21 should be transferred to Logan.

22 Q Okay. But in the occasions where you've
23 participated in these calls and had to make decisions
24 about transfer, is physical size something that you

Page 84

1 whether a transgender inmate should be transferred to
2 Logan; right?

3 A Right. Well, because there's -- so there's a
4 lot of people that are involved in the process.

5 Q Right. And what you're saying is that it would
6 be helpful for you to have some additional guidance and
7 training when -- before making a decision like this;
8 correct?

9 A The additional guidance just from the experts
10 that are on the committee.

11 Q Have they provided any guidance to you since
12 the last time you participated in one of these calls?

13 A Not yet.

14 Q Do you know if there are any plans to do that?

15 A I don't -- I don't know.

16 Q And as far as you know, you're going to keep
17 participating in these calls; right?

18 A Yes.

19 Q Okay. I want to go on to Page 4 here.

20 So here if you look in the middle of the
21 page, I think it's Mike Chappell is talking. And the
22 first sentence of this paragraph says, "Most of the
23 things have already been pointed out in terms of tickets,
24 and that would've been the basis for the only thing he

Page 83

1 considered in your decision?

2 A I haven't had to make a decision on a transfer.

3 Q Okay. So moving on to Page 3. Sorry.

4 So if we look here in the middle,
5 Dr. Chess is speaking, and we're talking about the same
6 inmate here. And Dr. Chess says, "She thinks that she
7 has lessened the drama and is less catty, and she thinks
8 it is from her change of perspective from being at a
9 different institution."

10 So do you know if the committee considers
11 things like whether a prisoner is catty or not when
12 making decisions about transfer?

13 A I don't know that.

14 Q If you were making a decision about a transfer,
15 would that information be important to you?

16 A No, I don't think that that information would
17 be important to me in terms of making a decision, no.

18 Q If you were making a decision about transfer,
19 what things would be important for you to know?

20 A I don't know that I've actually had enough
21 interaction or information in terms of what would be
22 weighted the most in terms of making a decision.

23 Q So it would be helpful to get some more
24 information or guidance before making a decision about

Page 85

1 could see." So I think here Chappell is talking about
2 some of the disciplinary tickets this inmate received.

3 And then Glenda Wortley responds, "The
4 ticket that was written on 9/24 states that the offender
5 claimed that the lieutenant was harassing the offender
6 and making comments about the offender and that the
7 offender wrote down the lieutenant's name and badge
8 number and told the lieutenant that he was harassing the
9 offender due to his appearance."

10 And then Chappell says, "Right. Well,
11 she was found guilty, and that is the only thing he looks
12 at."

13 Are you with me, Ms. Porter?

14 A Yes.

15 Q Okay. So do you know if the committee, when
16 they're making transfer decisions, considers disciplinary
17 tickets?

18 A I don't know if it is used. Like I mentioned,
19 I don't know -- I don't know what the criteria is. I
20 don't. I have no idea what criteria they use. I've
21 heard it discussed, but I don't know if that's part of
22 the criteria or not.

23 Q So when you heard the disciplinary tickets
24 discussed, did you ever hear about the committee

22 (Pages 82 to 85)

Page 90

1 strength of the prisoner?

2 A No, I don't think so.

3 Q Okay. And then moving on to Page 7. So here
4 we have Dr. Reister speaking, and he says, "It seems like
5 as a committee, they are not very clear on what their
6 criteria is."

7 And you would agree with that statement,
8 right, that there needs to be some clarification about
9 what the criteria is for transfer; correct?

10 A You said, do I agree that there needs to be
11 some clarification about the criteria?

12 Q Right.

13 A I don't even know if a criteria exists.

14 Q Okay. So now we're going to go on to Page 9.
15 So -- sorry. Just one second.

16 So on Page 9, Dr. Puga is speaking and
17 they're talking about the same prisoner. And Dr. Puga
18 says, "So they will move forward with the transfer and
19 figure out what they need to do to make that happen and
20 the details to go along with that."

21 Do you see that, Ms. Porter?

22 A Yes.

23 Q Since you started your job on February 1st,
24 2020, have any prisoners been transferred from a male

Page 92

1 A Yes.

2 Q And up here it says, "Transgender Requests for
3 Transfer Meeting."

4 A Yes.

5 Q Just to the best of your knowledge, is this
6 group different than another transgender committee or is
7 this the transgender committee, as far as you know?

8 A As far as I know, this is -- as far as I know,
9 this is the committee -- as far as what I know as the
10 committee, this is the committee.

11 Q Okay. Okay. So if we start on Page 1,
12 Dr. Puga says, "The first person is Finnegan who is
13 requesting transfer and surgery."

14 Do you see that, Ms. Porter?

15 A Yes.

16 Q So then moving on to Page 2, Nikki Robinson
17 right here asks, "What are her physical characteristics?"

18 And, Ms. Porter, I know you didn't ask
19 that question, but I just want to make sure, did Chief
20 Robinson explain to you why she wanted to know about the
21 physical characteristics of Finnegan before discussing
22 transfer?

23 A No.

24 Q And then Dr. Pittman says, "Her last labs from

Page 91

1 facility to Logan?

2 A No. Not that I'm aware of.

3 Q That's fair.

4 MS. BAILEY: Okay. I'm going to show you a
5 second document, which we will mark as Porter Exhibit 2.
6 (Porter Deposition Exhibit No. 2 was
7 marked for identification.)

8 BY MS. BAILEY:

9 Q And can you see that document, Ms. Porter?

10 A Yes.

11 Q It's appearing on your screen just fine?

12 A Yes.

13 Q And do you recognize this document?

14 A Yes.

15 Q Is this the document that Chris sent you to
16 review last night?

17 A Yes.

18 Q And if we look at the list of attendees here, I
19 see your name right here. So am I safe in assuming you
20 attended this meeting?

21 A Yes.

22 Q And this was the transgender committee meeting
23 that occurred via phone, right? That's what you
24 testified earlier.

Page 93

1 November 13, 2019, showed her testosterone at 293 and her
2 estrogen was 85."

3 Do you see that?

4 A Yes.

5 Q And based on your knowledge and background,
6 you're not sure if those are high or low for a
7 transgender female; correct?

8 A No.

9 Q So Nikki Robinson goes on to ask, "Did she miss
10 some of her doses?" And Dr. Pittman says, "She did due
11 to med delays and not through noncompliance."

12 Do you see that?

13 A Mm-hmm.

14 Q What is your understanding of what he meant by
15 a med delay?

16 A I don't know.

17 Q Did you think to ask what he meant during this
18 phone call?

19 A No.

20 Q And then if we look at the bottom of the page,
21 you ask, "Is she on any mental health medications?"

22 Do you see that?

23 A Yes.

24 Q Why did you ask that?

24 (Pages 90 to 93)

Page 154

1 just be back in the room around 2:25?

2 THE WITNESS: Okay. I'm going to go to the
3 bathroom, okay, so it may take a few extra minutes.

4 MS. BAILEY: And --

5 THE VIDEOGRAPHER: I'm sorry.

6 The time now is 2:20 p.m. We're off the
7 video.

8 (Whereupon, a short recess was had.)

9 THE VIDEOGRAPHER: The time now on the record
10 is 2:27 p.m. We are back on the video record.

11 BY MS. BAILEY:

12 Q Great. So I don't think I have too much more
13 for you, Ms. Porter.

14 But just thinking about some of the
15 specialized treatment that transgender prisoners request
16 that we've talked about today. So we talked about
17 requesting transfer to Logan. We talked about requesting
18 hormone therapy. We talked about requesting
19 gender-affirming clothing and hygiene items. And we
20 talked about requesting gender-affirming surgery; right?

21 A Yes.

22 Q So I just want to take those one by one. So
23 we'll start with transfer -- request to transfer to
24 Logan.

Page 155

1 And you've participated in phone calls
2 with the transgender committee where those requests were
3 discussed and evaluated; right?

4 A Yes.

5 Q Do you feel qualified to approve or deny
6 requests to transfer to Logan?

7 A As it stands today?

8 Q Yeah.

9 A No. Not solely, no.

10 Q What about request for hormone therapy, do you
11 feel qualified to approve or deny those?

12 A No.

13 Q What about request for gender-affirming items
14 at the commissary, do you feel like you can evaluate
15 those?

16 A So when you say gender -- you're talking about
17 the commissary items that are at Logan?

18 Q Sure, we can start with that.

19 So do you feel like you're qualified to
20 approve or deny requests for gender-affirming commissary
21 items at Logan?

22 A So all the items that are on the commissary for
23 Logan are for woman, so do I --

24 Q Sure. So -- and this may not have come up yet.

Page 156

1 But if there's a trans man at Logan and
2 he requested male, you know, gender-affirming commissary
3 items, do you feel qualified to evaluate that request?

4 A Yes. To look at the request, yes, and --

5 Q And you -- oh, go ahead, sorry.

6 A No, I was going to say it's a process to get,
7 like, items on commissary, so it's a process to get items
8 added.

9 Q Do you feel qualified to approve or deny a
10 request like that?

11 A It wouldn't solely be my decision.

12 Q Do you feel qualified to evaluate if that
13 request is medically necessary?

14 A No.

15 Q And what about requests from trans woman in
16 male facilities for female commissary items.

17 Do you feel qualified to evaluate if
18 those requests are medically necessary?

19 A No.

20 Q And then what about gender-affirming surgery,
21 do you feel qualified to evaluate a request for that?

22 A No.

23 Q So thinking about your experience on these
24 phone calls with the transgender committee, do you feel

Page 157

1 like it would be helpful to have additional guidance
2 going in -- before you went into the next transgender
3 committee meeting?

4 A Yes.

5 Q And wouldn't it be helpful to have some
6 additional guidance from someone who has specialized
7 knowledge in the treatment of transgender individuals?

8 A Yes.

9 Q Do you think there's anyone currently at IDOC
10 who can provide that specialized knowledge about
11 treatment of transgender individuals?

12 A I don't know the in-depth qualifications of
13 every -- of -- of the medical doctors and those -- I
14 don't know what any of their in-depth qualifications are.
15 I don't. Or their specializations, I guess.

16 Q And going into the transgender committee phone
17 calls that you participated in, you didn't receive any
18 guidance from anyone at IDOC other than your conversation
19 with Nikki Robinson; correct?

20 A Right. It was -- it was just a day in the work
21 of what Chief Robinson did.

22 Q So you'd agree it could be helpful to have
23 information or training or guidance from someone outside
24 of IDOC who was specialized in the treatment of

40 (Pages 154 to 157)

Page 158

1 transgender individuals; right?

2 A Well, no. I don't know -- I don't know if
3 the -- the personnel that we have inside of IDOC, because
4 I'm not really familiar with what -- everything that they
5 specialize in and things of that nature. So I can't
6 make a -- I can't comment on whether or not I think some
7 additional guidance or information from the outside would
8 be helpful. I don't know.

9 Q Who provides treatment for prisoners in IDOC
10 that have other specialized medical issues other than
11 being diagnosed with gender dysphoria?

12 A I don't know.

13 Q So do you know who provides treatment for IDOC
14 prisoners with cancer?

15 A Oh, no.

16 Q Or for IDOC prisoners with Type 1 diabetes?

17 A No.

18 Q But you'd agree that for an IDOC prisoner with
19 cancer, they would most likely see a doctor that
20 specialized in cancer, an oncologist; right?

21 A I imagine.

22 Q So why shouldn't a prisoner diagnosed with
23 gender dysphoria see a doctor specialized in gender
24 dysphoria?

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1 MR. HIGGERSON: I'm going object to the form of
2 the question. I think it's argumentative. And to some
3 extent you're building an assumption into the question as
4 far -- to something she's already said she doesn't know
5 what happens.

6 BY MS. BAILEY:

7 Q You can answer, Ms. Porter.

8 A Repeat the question.

9 Q Sure. So I believe you answered that you would
10 imagine that an IDOC prisoner diagnosed with cancer would
11 see a doctor that specialized in cancer; correct?

12 A Yes.

13 Q So do you see any reason why a prisoner
14 diagnosed with gender dysphoria shouldn't see a doctor
15 that specializes in gender dysphoria?

16 A I don't know.

17 Q You don't know if there is or isn't a reason
18 why a prisoner diagnosed with gender dysphoria should see
19 a doctor specialized in gender dysphoria?

20 A I don't know what the -- the doctors that work
21 in IDOC, I don't know what their specializations are. So
22 I mean, I would imagine, I guess. I don't know.

23 Q Do you think that would benefit a prisoner
24 diagnosed with gender dysphoria to see a doctor that

Page 160

1 specialized in that medical condition?

2 A I don't know. I don't know enough about gender
3 dysphoria to know what it would actually warrant in terms
4 of its care.

5 Q Do you think it would be helpful for the
6 transgender committee to -- Actually, strike that.

7 In your opinion, who should be making
8 decisions about gender-affirming surgery at IDOC?

9 A I don't have an opinion about that. The
10 decisions that are made for different things that happen
11 within IDOC is made by the head of IDOC.

12 Q And that would be Director Jeffreys?

13 A Yes. I imagine.

14 Q Okay. Just one second.

15 (Whereupon, a brief pause was
16 had.)

17 MS. BAILEY: Okay. That's all I have, counsel.

18 MR. HIGGERSON: I just have one thing I want to
19 follow up on.

20 EXAMINATION

21 BY MR. HIGGERSON:

22 Q Chief Porter, you said several times during
23 your testimony that since you've started working for the
24 Department of Corrections there haven't been any

Page 161

1 transfers of inmates from the male facilities to a female
2 facility.

3 Have there been transfers of any inmates
4 within the Illinois Department of Corrections since you
5 started working?

6 A Yes, yes. We had transfers up until COVID --
7 you're just talking about regular transfers; right?

8 Q Yes.

9 A Yes. So up until transfers were put on hold
10 because of COVID, yes, we have had some transfers.

11 Q Okay. When did the hold go into place?

12 A I think it was maybe the second week in March.
13 Sometime in March.

14 Q And have there been any transfers of inmates
15 within the Department of Corrections since then?

16 A No, sir.

17 MR. HIGGERSON: Thanks. That's all I have.

18 MS. BAILEY: Okay. No further questions for me
19 either.

20 THE VIDEOGRAPHER: Okay. The time now is
21 2:41 p.m. We are off the record, and that's the end of
22 the deposition.

23 THE COURT REPORTER: Is there a signature on
24 this, counsel?

41 (Pages 158 to 161)

EXHIBIT E

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE, ET AL,)	
)	
Plaintiff,)	
)	
vs.)	Case No.
)	3:18-cv-00156-NJR-MAB
ROB JEFFREYS, MELVIN)	
HINTON, and STEVEN BOWMAN,)	
)	
Defendants.)	

Videotaped Discovery Deposition of DOUG
STEPHENS, taken on behalf of Defendant via Zoom
videoconference commencing at 8:57 a.m. on
June 22, 2020, before Jaime T. Dziejwior, CSR No.
084-004479.

Page 6

1 A That was this past Friday.
 2 Q And approximately how long did that last?
 3 A I would say the conversation was around
 4 30 minutes.
 5 Q And was it just you and Ms. Tolbert?
 6 A Yes.
 7 Q So no one else from the Attorney General's
 8 office was on that call?
 9 A No, sir.
 10 Q Okay. And you only had the one call on
 11 Friday?
 12 A Yes, sir.
 13 Q Did you review any documents during that
 14 meeting or in preparation for that meeting?
 15 A I reviewed the original -- the -- the
 16 original decision by the judge back in December.
 17 I -- I can't think what it was called, but I reviewed
 18 that at the time.
 19 Q So that would be the order on the preliminary
 20 injunction?
 21 A Yes, sir.
 22 Q Okay. Did you review any other documents?
 23 A No, sir.
 24 Q Okay. And your decision to review that, was

Page 7

1 that suggested by Ms. Tolbert or did you review that
 2 just on your own volition?
 3 MS. TOLBERT: I will object foundation -- I'm
 4 sorry -- yeah. Foundation and also it's requesting
 5 privileged information.
 6 Mr. Stephens, you don't have to answer that.
 7 MR. GUIDETTI: Okay.
 8 BY MR. GUIDETTI:
 9 Q Do you have any documents with you today?
 10 A No, sir.
 11 Q Okay. Do you have any notes that you took to
 12 prepare for this?
 13 A No, sir.
 14 Q Okay. And other than discussing this with
 15 the -- this deposition with Ms. Tolbert, did you talk
 16 to anyone else about this deposition?
 17 A No, sir.
 18 Q Okay. Have you discussed this case with
 19 Steven Hensen?
 20 A No, sir.
 21 MS. TOLBERT: You know, I'm going to object. Try
 22 to get the names of the defendants right, okay. It's
 23 Melvin Hinton.
 24 MR. GUIDETTI: I apologize.

Page 8

1 BY MR. GUIDETTI:
 2 Q Melvin Hinton or Steven Minx?
 3 A No, sir.
 4 Q And Rob Jeffreys?
 5 A No, sir.
 6 Q Okay. So you have not discussed this case
 7 with -- with any of those individuals that we just
 8 named?
 9 MS. TOLBERT: Asked and answered --
 10 THE WITNESS: I have not.
 11 BY MR. GUIDETTI:
 12 Q And have you corresponded with them, for
 13 example, by e-mail about this case?
 14 A No, sir.
 15 Q Have you spoken with any other IDOC employees
 16 regarding this deposition or this case?
 17 A No, sir. Other than to mention that I had a
 18 deposition today, that was it.
 19 Q Okay. Can I ask specifically about Dr. Puga
 20 and Dr. Rieser, have you discussed this case with
 21 them?
 22 A No, sir.
 23 Q Okay. Could you please tell me what your
 24 current position at IDOC is?

Page 9

1 A I am the transfer coordinator for the
 2 Department of Corrections.
 3 Q And how long have you been in that position?
 4 A I've been -- excuse me -- I've been in that
 5 position since May of 2017.
 6 Q Okay. And can you describe generally what
 7 the transfer coordinator does? What are your -- your
 8 duties and responsibilities?
 9 A Sure. Sure. I oversee an office of 20 staff
 10 members. We're responsible for the movement and
 11 placement of all offenders throughout the department.
 12 We put them on electronic detention, adult transition
 13 center, we deal with interstate and international
 14 transfers, we deal with the women's division,
 15 placement of offenders there. So kind of a broad
 16 range of placement of offenders.
 17 Q Okay. And -- and I'll get into more detail
 18 about this with you later, but -- but generally, is
 19 your office responsible for making recommendations
 20 about where someone would be placed or do you just
 21 handle the -- you know, the physical transfer?
 22 A Both. It depends, you know. We work in
 23 conjunction with a lot of different offices depending
 24 on the situation, on placement of offenders, but the

EXHIBIT F

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE, MARILYN MELENDEZ,)
LYDIA HELENA VISION, SORA)
KUYKENDALL and SASHA REED,)

Plaintiffs,)

vs.)

)3:18-cv-00156-NJR

ROB JEFFREYS, STEVE MEEKS and)
MELVIN HINTON,)

Defendants.)

The Zoom videotaped deposition of
GLENDA WORTLEY, where the attorneys, the witness,
the videographer and the court reporter all appeared
remotely, via virtual videoconferencing, taken
pursuant to the United States District Court Rules,
reported by Jodi Stout, C.S.R., on Monday,
July 27th, 2020, at 9:00 a.m.

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1 though, right?

2 A Yes, they're -- they're -- yeah, they're
3 fairly recent forms. It's the same stuff they were
4 reviewing all along but it's a form that goes
5 through the stuff that they review.

6 Q Are you aware that there is -- I'm
7 sorry. Go ahead and say that again.

8 A It's in -- it's in form style. It's a
9 form, yeah.

10 Q Right. Are you aware that at the end
11 of that form there are signature lines for the
12 participants of the Committee?

13 A Yes.

14 Q And do you sign for the Transfer
15 Coordinator's Office?

16 A I have not physically signed any.

17 Q Does the lack of your signature mean
18 that you did not participate in a discussion about
19 that prisoner?

20 A No, because from the meeting minutes
21 would say I participated in the meeting, was
22 present.

23 Q This form that we're discussing, where
24 are those, typically, kept, where are they stored?

Page 115

1 A Would be in the file, the offender's
2 file.

3 Q Would you keep -- in addition to
4 keeping it in the offender's file, would you keep a
5 copy in your office --

6 A No.

7 Q -- the Transfer Coordinator's Office?

8 A Oh, wait. That new form I do. I just
9 stick it in their file. Yeah, I stick it in their
10 file.

11 Q Along with the Transfer Request Form,
12 is that right?

13 A I don't believe there's been any --
14 since they've been using that particular form that
15 I'm speaking of that there's been a transfer request
16 but it would be in their file. And a transfer
17 request would not come 'til later I wouldn't think
18 if they're being reviewed for a transfer.

19 Q We discussed earlier whether the
20 Committee considers a prisoner's genitalia -- a
21 transgender prisoner's genitalia in deciding whether
22 they should be transferred, right?

23 A Yes, we talked about that.

24 Q What's -- what's your understanding,

Page 116

1 in the context of these Committee meetings, of
2 what's meant by genitalia?

3 A A penis, a vagina. That's what genitalia
4 is.

5 Q And what about testicles?

6 A Okay. Yeah.

7 Q So when the Committee discusses
8 genitalia, which are they referring to?

9 A I -- I don't know. Genitalia to me
10 would mean both.

11 Q And I think you used the term was it
12 potency, whether -- whether someone's potent is
13 relevant?

14 A Yes, that would be relevant.

15 Q Is that fertility or reproductive
16 ability?

17 A Yes.

18 Q Has the Committee's practice changed
19 at all since December -- strike that.

20 When considering whether to transfer
21 someone to a facility that matches their gender
22 identity, has the Committee's practice changed at
23 all since December of 2019?

24 A I -- I -- not that I can recall. I

Page 117

1 don't believe we've moved any offenders either male
2 to female or female to male since December, but I
3 don't know. I can't say that. I don't remember.

4 Q Okay. That would be pretty unusual if
5 you did, right?

6 A If we did move, yes. We -- that
7 doesn't happen every day. That's correct.

8 Q Do you think you would remember if it
9 had happened?

10 A Maybe, probably. You know, there's
11 been a lot going on this year, a lot of stuff going
12 on.

13 Q I hear you.

14 A Yes.

15 Q It's been a strange year for sure.

16 A Yes.

17 Q But that would be really unusual and
18 you might remember it?

19 A I might, yeah.

20 Q Okay. Do you have 165646?

21 A 165646?

22 MS. TOLBERT: Glenda, that should be in the
23 new batch that was brought in --

24 THE WITNESS: I got it.

EXHIBIT G

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE,)	
MARILYN MELENDEZ,)	
EBONY STAMPS, LYDIA)	
HELENA VISION, SORA)	
KUYKENDALL, and SASHA)	
REED,)	
)	
Plaintiffs,)	18-CV-00156-NJR-MAB
)	
vs.)	
)	
JOHN BALDWIN, STEVE)	
MEEKS, and MELVIN)	
HINTON,)	
)	
Defendants.)	

Videotaped deposition of RYAN NOTTINGHAM, called as a witness herein, pursuant to the applicable provisions of the Federal Rules of Procedure governing the taking of depositions, taken before Janet L. Brown, CSR No. 84-002176, via Magna Legal Vision videoconference, on Tuesday, June 30, 2020, at 9:04 AM.

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1 A. I'm unaware. But I would probably be
2 part of that process.

3 Q. So would it be safe to say from your
4 experience, though, that generally transgender
5 women will arrive at men's facilities for
6 reception and classification?

7 A. Yes.

8 Q. And then they wait and have to be
9 evaluated by the committee and the medical
10 director?

11 A. I don't know the process for sure
12 whether they have to see the whole committee or
13 not, but I do know that notifications are made
14 immediately.

15 Q. Okay. And as far as you know, there's
16 no formal process by which they get elevated to
17 the committee?

18 A. I don't know.

19 Q. Okay. So it's your understanding,
20 then, that the screener at intake determines what
21 facility to place a prisoner in?

22 A. No. The transfer coordinator's office
23 makes that determination.

24 Q. Based on the vulnerable and predator

Page 131

1 status screening?

2 A. Under a multitude of things. Certain
3 crimes prevent an offender, for example, being
4 housed at a minimum security facility. So, I
5 mean, they look at what you're in for, your
6 escape history, all sorts of factors.

7 But, like I said, the transfer
8 coordinator's office is the one that ultimately
9 makes the decision by what facility that
10 individual will be housed in.

11 Q. And while you're waiting for the
12 transfer coordinator to make that decision,
13 you're housed in the reception and classification
14 center?

15 A. Correct.

16 Q. And so will the predator/vulnerable
17 screening, for example, be used immediately to
18 inform placement decision within the (audio
19 distortion) classification center?

20 COURT REPORTER: Within the?

21 MS. ROSE: Reception and classification
22 center.

23 COURT REPORTER: Thank you.
24

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1 BY THE WITNESS:

2 A. So, yes, the screening would be done
3 at reception, and if there are
4 predator/vulnerable issues, the placement officer
5 at the reception classification center would make
6 appropriate cell assignments.

7 BY MS. ROSE:

8 Q. And the reception classification
9 center can't determine whether to -- whether a
10 transgender prisoner should be placed in a male
11 or a female facility; correct?

12 A. That would be, I think, the
13 transgender care committee. I don't -- that's
14 not -- that's a decision not made at the facility
15 level.

16 Q. So it's your understanding that a
17 transgender prisoner must wait for the committee
18 to decide whether they can be transferred from a
19 men's -- strike that.

20 A transgender prisoner must wait
21 for the committee to decide whether they can be
22 transferred to a men's or women's prison;
23 correct?

24 A. I don't know for sure. Like I said,

Page 133

1 the notification is made immediately to the chief
2 medical director, but I don't know how that
3 decision is played out from there, whether that
4 is a, you know, immediate decision or a
5 long-term. I do not know.

6 Q. Are you aware of anyone being
7 transferred -- strike that.

8 Are you aware of any transgender
9 women being transferred to women's facilities
10 without the approval of the committee?

11 A. I do not believe so.

12 Q. Are you aware of the transfer of any
13 transgender women to women's facilities after
14 approval by the committee?

15 A. Yes.

16 Q. How many?

17 A. It is my understanding in recent
18 history two.

19 Q. And who were those transgender
20 prisoners?

21 A. Ms. Monroe and Ms. Hampton.

22 Q. And are you aware that both of those
23 prisoners were transferred only after lawsuits
24 were filed against the Illinois Department of

Page 134

1 Corrections?
 2 A. Yes.
 3 Q. So you're not aware of any transgender
 4 prisoners -- strike that.
 5 You're not aware of any
 6 transgender women who have been transferred to
 7 women's facilities without filing a lawsuit;
 8 correct?
 9 A. Correct.
 10 Q. Now, you would agree that transgender
 11 women are likely more vulnerable when placed in a
 12 male facility; correct?
 13 A. Correct.
 14 Q. They're at a higher risk of abuse and
 15 sexual assault; correct?
 16 A. Correct.
 17 Q. And higher risk of harassment;
 18 correct?
 19 A. Correct.
 20 Q. And that's why gender identity is a
 21 risk factor identified in the screening process;
 22 correct?
 23 A. Correct.
 24 Q. Are you aware that some transgender

Page 135

1 prisoners are housed in protective custody in
 2 men's facilities?
 3 A. I believe so, yes.
 4 Q. And what's the difference between
 5 protective custody and general population?
 6 A. Protective custody is at our maximum
 7 security facilities and they're a very -- oh,
 8 there are very large protection measures put in
 9 place.
 10 So, for example, if an offender
 11 that's in protective custody is being removed
 12 from their cell -- so they have a doctor's visit
 13 or something -- they actually do not allow any
 14 other offenders to be out on the gallery while
 15 that one offender's out. They even lock up the
 16 porters that are assigned to clean and whatnot.
 17 So in protective custody they
 18 completely limit physical interaction between two
 19 or more offenders.
 20 Q. So when you're housed in protective
 21 custody, you don't have a cellmate, for example?
 22 A. Correct.
 23 Q. And you don't go out to yard with
 24 other people, do you?

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1 A. You are, but you're separated.
 2 Q. So you don't go out to yard with other
 3 prisoners?
 4 A. You could, but you are going to be
 5 physically separated by a barrier fence or
 6 something.
 7 Q. So it's safe to say when you're in
 8 protective custody, you're fairly isolated;
 9 correct?
 10 A. Yes.
 11 Q. And are you aware of harmful effects
 12 that isolation can have on a person's mental
 13 health?
 14 A. I've heard of them, yes.
 15 Q. And are you aware that many
 16 transgender women in men's facilities request
 17 protective custody due to fear for their safety?
 18 A. I can see that, yes.
 19 Q. And you understand why; right?
 20 A. Yes.
 21 Q. Do you think that transgender women --
 22 strike that.
 23 In your opinion, do you think
 24 transgender women may feel safer in a women's

Page 137

1 facility?
 2 A. In my opinion, yes.
 3 Q. And you can understand why; correct?
 4 A. Yes.
 5 Q. So we discussed earlier that the
 6 committee must approve the transfer to a men's or
 7 women's facility; correct?
 8 A. Correct.
 9 Q. Strike that. Pardon me.
 10 We discussed -- strike that.
 11 The committee must approve
 12 transfer for a transgender prisoner to transfer
 13 to a women's or men's facility; correct?
 14 A. Correct.
 15 Q. And as PREA coordinator, you don't
 16 participate in these discussions; correct?
 17 A. Correct.
 18 Q. Do you know one way or the other
 19 whether the committee reviews PREA records?
 20 A. Likely they do. Each facility has --
 21 is assigned a PREA compliance manager to oversee
 22 PREA compliance for their facility.
 23 Q. Understood. Let me clarify my
 24 question.

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1 prohibition to that as well, but I cannot recall
2 specific about pat searches. I --

3 Q. And what about pat searches in men's
4 facilities?

5 Sorry. What about pat-down
6 searches in women's facilities?

7 A. I know at women's facilities it was
8 prohibited for male staff to do a pat search or a
9 body or strip search, unclothed search.

10 Q. And IDOC also has a requirement that
11 any cross-gender search only be performed in
12 exigent circumstances; correct?

13 A. That is correct.

14 Q. And in your time as -- strike that.

15 Very rarely, if ever, will there
16 be an exigent circumstance to justify a
17 cross-gender search; correct?

18 A. That is correct.

19 Q. So routine searches are not exigent
20 circumstances; correct?

21 A. Correct.

22 Q. So how does IDOC determine what
23 constitutes a cross-gender search with respect to
24 transgender prisoners?

Page 179

1 A. The policy still stands. So if they
2 are -- regardless of gender identity, if IDOC has
3 housed them in, for example, a male facility,
4 that they would be strip searched by male staff
5 unless that protocol was initiated and a case was
6 reviewed and decided otherwise.

7 Q. Okay. So IDOC ignores a transgender
8 prisoner's gender identity entirely for the
9 purposes of cross-gender searches; correct?

10 A. I don't think entirely.

11 Q. IDOC ignores -- how does it consider a
12 person's gender identity for the purpose of
13 cross-gender searches?

14 A. Well, so we do have, I guess, two
15 transgender females at a female facility, so I
16 don't know if that would exclude that or not,
17 but --

18 Q. Well, I believe you just stated that
19 it doesn't -- it's irrelevant how a transgender
20 prisoner identifies. What constitutes a
21 cross-gender search is determined by the facility
22 in which they're placed.

23 A. Correct.

24 Q. So, phrased differently, IDOC ignores

Page 180

1 a transgender prisoner's gender identity and
2 searches them in accordance with the gender of
3 the facility; correct?

4 A. I think it's taken into consideration,
5 but the transgender care committee decided to
6 house them at that facility.

7 Q. How does IDOC interpret what a
8 cross-gender search is?

9 A. Is by staff of the opposite gender.

10 Q. And you mentioned that the policy is
11 that in a male prison, search by men -- male
12 staff will not constitute a cross-gender search?

13 A. Correct.

14 Q. In a female prison, any search by
15 female staff will not constitute a cross-gender
16 search?

17 A. Correct.

18 Q. So whether or not a prisoner is a
19 transgender woman or a transgender man is not
20 taken into consideration when determining whether
21 the cross-gender search protections are
22 triggered; correct?

23 A. Correct.

24 Q. Now, I'd like to turn your attention

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1 to Bates 185373. And this is marked as
2 Nottingham Exhibit 2.

3 (Nottingham Exhibit No. 2
4 marked.)

5 BY MS. ROSE:

6 Q. This is a memo dated April 11th, 2018;
7 correct?

8 A. I can't see it.

9 Q. Apologies. Are you able to see it
10 now, Mr. Nottingham?

11 A. Yes.

12 Q. Do you recognize -- so this is Bates
13 185373. Do you recognize this document?

14 A. I do not.

15 Q. So you've never seen this document
16 which appears to be a PREA compliance roll call
17 memo sent out in the Illinois Department of
18 Corrections; correct?

19 A. Can you scroll down? I might have
20 seen it, but, I mean, it was drafted by the
21 warden at Taylorville Correctional Center to
22 Taylorville staff.

23 Q. Okay. Well --

24 A. I've seen similar roll --

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1 to be conducted in a way that is the least
2 intrusive manner possible?

3 A. Well, it follows the guidelines that,
4 you know, the -- the gender of the facility, as
5 that discusses, but, you know, in a private
6 manner.

7 Q. Okay. So the only difference between
8 a transgender search -- strike that.

9 Okay. So the only difference
10 between the search of a transgender prisoner and
11 a cisgender prisoner is that a transgender
12 prisoner in IDOC must be searched in a private
13 setting?

14 A. No. That's -- that goes for all
15 offenders.

16 Q. Okay. So there's no difference then
17 between the way that a transgender prisoner is
18 searched and the way that a non-transgender
19 person is searched in IDOC; correct?

20 A. Correct.

21 Q. So there's no protection afforded to
22 transgender prisoners under the PREA regulation
23 specific to transgender prisoners; correct?

24 A. Can you repeat that? I'm sorry.

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1 Q. I'll rephrase. That was a poorly
2 framed question.

3 So searches -- strike that.

4 The memo also provides that
5 "Searches should be completed in accordance with
6 facility policy based upon the gender of the
7 facility (male facility equals male offender).
8 Unless given other direction."

9 So --

10 A. Correct.

11 Q. -- a transgender woman housed in a
12 men's facility can be searched by a male guard
13 without triggering the cross-gender search
14 protections; correct?

15 A. Correct.

16 Q. And this is the current practice and
17 policy that's in effect; correct?

18 A. Correct.

19 Q. How long has this been IDOC's policy?

20 A. I think for quite some time.

21 Q. And you mentioned earlier that
22 transgender women are women; correct?

23 A. Correct. They identify as a woman.

24 Q. So is there any reason why subjecting

Page 188

1 a transgender woman to a search by a man wouldn't
2 be a cross-gender search?

3 A. I guess it could be interpreted either
4 way.

5 Q. And there's no reason why IDOC could
6 not -- strike that.

7 So this allows transgender --
8 strike that.

9 So under IDOC's current policy,
10 transgender women assigned to men's prisons can
11 be routinely searched by male officers; correct?

12 A. Correct.

13 Q. And under IDOC's current policy,
14 transgender women assigned to men's prisons are
15 not protected against cross-gender searches;
16 correct?

17 A. Well, they are protected because
18 they've gone through the transgender care
19 committee process, and the transgender -- you
20 know, they were reviewed on a case-by-case basis
21 per the PREA standards, and that committee
22 decided their appropriate placement was at that
23 male facility. So there were safeguards in
24 place, but that search is going to be conducted

Page 189

1 by a male staff member.

2 Q. Okay. So after -- well, I guess, two
3 questions. First of all, transgender women are
4 placed in men's facilities prior to their being
5 reviewed by the committee in some locations;
6 correct?

7 A. Potentially. Like I said, I'm not for
8 sure on how fast that process reacts.

9 Q. And so is it your view that because
10 the committee decides to place a trans- -- strike
11 that.

12 Okay. So it's your opinion that
13 the committee is the appropriate safeguard for
14 searches of transgender prisoners?

15 A. I think so. I mean, they consider it
16 on a case-by-case basis, also including
17 management and security concerns, and they make
18 the final determination of whether or not that
19 person will be housed in a male or a female
20 facility.

21 Q. So once that determination is made,
22 there's no reason to evaluate whether a
23 transgender woman should be searched by a man or
24 a woman?

Page 194

1 committee.

2 Q. Okay. Let's take a step back for a
3 second.

4 We talked about how many
5 transgender offenders are in the Illinois
6 Department of Corrections; correct?

7 A. Correct.

8 Q. And there were about 100,
9 approximately?

10 A. Correct. A little over that, yes.

11 Q. Is there any reason why the Illinois
12 Department of Corrections could not file an
13 incident report every time an inmate expresses
14 concern for the gender of the staff conducting
15 the search?

16 A. I mean, it's possible.

17 Q. And we weren't talking about any
18 inmate report being elevated to the gender
19 dysphoria management and treatment team, were we?

20 A. I need to back up to clarify. Because
21 that last paragraph doesn't just apply to
22 transgender offenders. It applies to any
23 offender.

24 Q. Well, read the second sentence for me.

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1 A. "Report may then be referred to the
2 gender dysphoria management and treatment
3 committee."

4 Q. Is that committee for all offenders?

5 A. That committee is for offenders that
6 have concerns for transgender offenders.

7 Q. Correct. That's for prisoners with
8 gender dysphoria; correct?

9 A. Correct.

10 Q. Okay. So let's take a step back.

11 Is there any reason why this
12 report should not be required to be referred to
13 the committee?

14 A. Well, like in the instance I gave, you
15 know, if every offender, transgender or not, at
16 Taylorville submitted -- or made the express
17 concern over the strip search, would it be
18 appropriate to trans- -- to forward all those
19 reports to the transgender committee.

20 Q. Okay. Is there any reason why the
21 complaints by transgender offenders should not be
22 forwarded to the gender dysphoria committee?

23 A. They should absolutely be forwarded.

24 Q. And this policy does not require it;

Page 196

1 correct?

2 A. That memo does not require it.

3 Q. Are you aware of a formal policy that
4 requires it?

5 A. As I mentioned, I think -- and I don't
6 know the exact terminology, but I know it is in
7 the offender search curriculum at the training
8 academy, and I am pretty sure it's in the
9 searches of offenders administrative directive.

10 Q. Okay. And if it's not in the
11 offenders -- searches of offenders administrative
12 directive, then it's not --

13 A. It is --

14 Q. -- formal policy; correct?

15 A. It is absolutely in the training
16 module.

17 Q. Okay. But the training module is not
18 a policy; correct? It's the module?

19 A. Well, it's -- I don't -- so if -- if
20 the training policy says the staff development
21 training shall develop a -- a written procedure
22 for the performance of searches, that curriculum
23 would be the document which satisfies the
24 requirement of the policy.

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1 Q. A prisoner grieving the failure to
2 report a cross-gender search could not invoke the
3 staff training to support their grievance;
4 correct?

5 A. Correct.

6 Q. Okay. So in order for this protection
7 to be invoked, it would have to be reflected in a
8 formal policy; correct?

9 A. Understood. Yes.

10 Q. So there's no requirement to
11 document -- strike that.

12 Under the current IDOC policy,
13 the only way for a transgender woman to avoid a
14 routine cross-gender search would be to be
15 transferred to a women's facility; correct?

16 A. Or to voice the concerns for the
17 committee to determine that unclothed searches
18 would be performed by sex of a different gender
19 of the facility.

20 Q. Are you aware of the committee ever
21 making that determination?

22 A. I do not believe so, no.

23 Q. And you're the agencywide PREA
24 coordinator; correct?

Page 198

1 A. Correct.
 2 Q. And so if the committee had made that
 3 determination, you would likely be aware of it;
 4 correct?
 5 A. Yes.
 6 Q. And would you agree that some
 7 transgender women may find a search by female
 8 guards to be the least intrusive manner of
 9 searching?
 10 A. Yes.
 11 Q. And you agree that some transwomen --
 12 transgender women may find a search by male
 13 guards traumatizing?
 14 A. Yes.
 15 Q. Okay. I'd like to now direct your
 16 attention to Bates -- pardon me. This document
 17 has no Bates number.
 18 COURT REPORTER: Excuse me. While you're
 19 looking for that, can we take a short break,
 20 please? Can you give me a minute?
 21 MS. ROSE: Absolutely. My apologies.
 22 COURT REPORTER: Thank you.
 23 MS. ROSE: How long -- Mr. Nottingham and
 24 Janet, how long of a break? Would you like to

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1 break for lunch? Sorry. We ran little over
 2 time, I see.
 3 Yeah? Okay. How long -- would
 4 half an hour be enough?
 5 Yeah? Okay. Great. Why don't
 6 we plan to reconvene at 2:00 PM.
 7 Chris, does that work for you as
 8 well?
 9 MR. HIGGERSON: That's fine.
 10 MS. ROSE: Okay. Great.
 11 THE VIDEOGRAPHER: 1:30 PM. We're off the
 12 record.
 13 (Lunch recess taken.)
 14 THE VIDEOGRAPHER: 2:00 PM. We are on the
 15 record.
 16 BY MS. ROSE:
 17 Q. So, Mr. Nottingham, I'd like to show
 18 you a document. This document is not Bates
 19 stamped. It is a grievance officer's report.
 20 Date received is indicated as 2/20/2020 and date
 21 of review 2/24/2020.
 22 Do you see that?
 23 (Nottingham Exhibit No. 3
 24 identified.)

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1 BY THE WITNESS:
 2 A. I do.
 3 BY MS. ROSE:
 4 Q. Now, do you recognize this as a
 5 grievance officer's report?
 6 A. Yes. Actually, that's a response, but
 7 staff wrote back to the grievant. That's not
 8 what the offender wrote.
 9 Q. Correct. So this is -- the first page
 10 is a response to an offender's grievance, and the
 11 second page as well, and the third page is the
 12 actual grievance; correct?
 13 A. Correct.
 14 Q. Sorry. The third and fourth page;
 15 correct?
 16 A. Correct.
 17 Q. Now, I'd like you to look with me at
 18 the grievance filed by Ms. Kuykendall. So that
 19 starts on page 2; correct? Sorry. Page 3.
 20 A. Yes.
 21 Q. Okay. So looking at page 3, there's a
 22 grievance filed by Ms. Kuykendall dated December
 23 16th, 2019; correct?
 24 A. Correct.

Page 201

1 Q. Now, I'd like you to take a minute
 2 just to read this grievance.
 3 A. Okay.
 4 Q. I'm going to scroll down to the last
 5 page. Let me know once you've finished.
 6 A. I'm ready.
 7 Q. So this is a grievance by
 8 Ms. Kuykendall; correct?
 9 A. Correct.
 10 Q. And you're aware that Ms. Kuykendall
 11 is a named plaintiff in this case; correct?
 12 A. Yes.
 13 Q. And have you seen this grievance
 14 before?
 15 A. I have not.
 16 Q. Okay. And you reviewed this grievance
 17 just now; correct?
 18 A. Correct.
 19 Q. If you look at the last page of the
 20 grievance, you'll see that Ms. Kuykendall states
 21 "There was no penological reason for the sergeant
 22 to force me to accept the visit and have to go
 23 through the trauma of being stripped naked by a
 24 man twice."

Page 202

1 Do you see that?

2 A. I do.

3 Q. Do you understand Ms. Kuykendall to be
4 describing how she was subject to two strip
5 searches in one day by male officers?

6 A. Yes.

7 Q. Okay. After reading this grievance,
8 do you see any signs of any exigent circumstances
9 present?

10 A. No. Exigent circumstances, no.

11 Q. No signs of any immediate security
12 threat; correct?

13 A. As far as to do something out of the
14 ordinary?

15 Q. Correct.

16 A. I'm not sure (audio distortion).

17 COURT REPORTER: "I'm not sure ..." I
18 didn't understand the last part of what you said.
19 I'm sorry.

20 BY THE WITNESS:

21 A. Can you rephrase your question? I'm
22 sorry.

23 BY MS. ROSE:

24 Q. Sure. Nothing in this grievance

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1 suggests anything other than a routine search;
2 correct?

3 A. Correct.

4 Q. Okay. Now, I'd like you -- sorry to
5 make you stand up again. I'd like you to review
6 page 2 of the response to offender's grievance.

7 A. Okay.

8 Q. So, first of all, on page 2 there's a
9 paragraph written by an IA. What does IA stand
10 for?

11 A. Internal affairs.

12 Q. Okay. And is internal affairs the
13 person who investigates grievances?

14 A. Well, initially the grievance officer
15 would investigate the grievance, but if
16 appropriate, it's forwarded to internal affairs
17 to investigate.

18 Q. Do only certain kinds of grievances
19 get forwarded to internal affairs to investigate?

20 A. Correct.

21 Q. Which types? Strike that.

22 Why was this forwarded to
23 internal affairs do you think?

24 A. Probably because it was alleging staff

Page 204

1 misconduct.

2 Q. You see here that the invest- -- the
3 internal affairs officers provides two reasons
4 why Ms. Kuykendall's grievance has no merits;
5 correct?

6 A. Correct.

7 Q. And the officer says Ms. Kuykendall's
8 grievance has no merits either as a PREA
9 complaint or a procedural grievance; correct?

10 A. Correct.

11 Q. Now, you'll see in the report that the
12 officer says "Kuykendall is subject to strip
13 searches as is any offender housed in Menard with
14 no special circumstances granted."

15 Do you see that?

16 A. I do.

17 Q. So this suggests that Ms. Kuykendall
18 is to be searched in the same way as any other
19 prisoner in Menard per IDOC policy; correct?

20 A. Correct.

21 Q. And the next sentence says "This has
22 been confirmed the case through Menard
23 administration as well as the Springfield PREA
24 coordinator."

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1 Do you see that?

2 A. I do.

3 Q. And the Springfield PREA coordinator
4 is you; correct?

5 A. Should be, yes.

6 Q. Okay. So you confirmed as the PREA
7 coordinator that Ms. Kuykendall is to be searched
8 as any other offender housed in Menard with no
9 special circumstances being granted; correct?

10 A. I don't remember this case per se, but
11 there was, you know, nothing provided by the
12 transgender committee, that is the policy of the
13 Illinois Department of Corrections, to be
14 searched by staff, same gender of the facility
15 which houses offenders.

16 Q. With no special circumstances granted;
17 correct?

18 A. Correct. If --

19 Q. Okay.

20 A. If there have been no special
21 circumstances granted by the transgender care
22 committee, that is correct.

23 Q. And you are not aware of the
24 transgender care committee ever granting any

Page 206

1 special circumstances; correct?

2 A. Correct.

3 Q. And that's why the report finds there
4 was no violation of PREA's prohibition of
5 cross-gender searches; correct?

6 A. Correct.

7 Q. Because IDOC does not interpret a
8 search of a transgender woman housed in a women's
9 facility by a male officer to be a cross-gender
10 search?

11 A. Transgender woman housed at a male
12 facility.

13 Q. Correct. Did I -- I'll rephrase.

14 A. Yes.

15 Q. That's because so long as
16 Ms. Kuykendall is housed in a male facility, IDOC
17 considers her to be a man for purposes of
18 cross-gender searches; correct?

19 A. That is our current policy, correct.

20 Q. And that's the current policy that's
21 in force?

22 A. Correct.

23 Q. And under IDOC's policy and practice,
24 if Ms. Kuykendall was housed in a women's

Page 208

1 male officers?

2 A. Yes.

3 Q. Now, you mentioned that it's required,
4 according to IDOC policy, for IDOC to file a form
5 when a transgender prisoner complains about the
6 gender of the search; correct?

7 A. Yes. An incident report.

8 Q. So you would expect there to be an
9 incident report filed related to this search?

10 A. Unless there was one previously
11 submitted and the offender was assessed by the
12 transgender care committee and a determination
13 was made.

14 Q. Would the officers performing the
15 search be informed that the transgender committee
16 has already made a decision on searches?

17 A. That I don't know.

18 Q. So how would the officer know whether
19 or not they need to file a form to document the
20 prisoner's complaint?

21 A. That I don't know.

22 Q. So you don't know sitting here today
23 whether it's mandatory that an officer file a 434
24 form; correct?

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1 facility, this search would be a violation of
2 PREA; correct?

3 A. Correct. Unless there was an approved
4 accommodation where a different gender staff
5 would perform the search.

6 Q. Correct. Assuming there was no
7 special accommodations, this would be an
8 impermissible cross-gender search; correct?

9 A. Correct.

10 Q. Now, you mentioned that it was
11 required when an inmate -- strike that.

12 This was an instance where a
13 prisoner is expressing discomfort with the gender
14 of the officer that's searching her; correct?

15 A. The gender or whether the fact it was
16 a strip search, not a pat search.

17 Q. If we look back at page 4,
18 Ms. Kuykendall states "There was no penological
19 reason for the sergeant to force me to accept the
20 visit and have to go through the trauma of being
21 stripped naked by a man twice."

22 Do you understand that to be an
23 instance where a transgender prisoner is
24 complaining about being subject to a search by

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1 A. They should.

2 Q. My question was a little different.

3 As you sit here today, you cannot
4 tell me that it's mandatory for an officer to
5 file a 434 form to document a transgender
6 prisoner's complaint about being searched by an
7 officer of a specific gender; correct?

8 A. It is mandatory, correct.

9 Q. So then you would expect there to be a
10 form documenting the search; correct? In fact --

11 A. Correct.

12 Q. In fact, it would be required;
13 correct?

14 A. Correct.

15 Q. Okay. Where would I find this form?

16 A. An incident report, police report?

17 Q. Yes.

18 A. They would be on file with the
19 facility. I believe the warden's office
20 maintains copies.

21 Q. And what policy would failing to file
22 this incident report be in violation of?

23 A. If it's documented -- I'd have to look
24 at it, but -- I wasn't for sure whether or not

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1 A. Typically, yes.

2 Q. And decisions about surgery on an
3 internal organ are generally made by an
4 internist; correct?

5 A. Yes.

6 Q. What is your understanding of
7 gender-affirming surgery?

8 A. What do you mean by my understanding?

9 Q. Gender-affirming surgery is a type of
10 surgery; correct?

11 A. Correct.

12 Q. So just like those other types of
13 surgeries, you agree that decisions about
14 gender-affirming surgery should be made by a
15 qualified specialist; correct?

16 A. Correct.

17 Q. And you agree that decisions regarding
18 gender-affirming surgery should be based on the
19 patient's medical need for such surgery; correct?

20 A. Correct.

21 Q. Are you -- do you believe that an
22 expert monitor could help IDOC comply with the
23 court's order?

24 MR. HIGGERSON: Objection to that

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1 question.

2 MS. ROSE: You can answer.

3 MR. HIGGERSON: What is -- that's a legal
4 question as far as -- whether or not the Court
5 should appoint a monitor, that's not an
6 appropriate question for a fact witness.

7 BY MS. ROSE:

8 Q. You can answer.

9 A. Oh. As far as an outside monitor, you
10 know, you have somebody, a third party putting
11 eyes on your processes. I guess, you know, it
12 could be beneficial.

13 MS. ROSE: No further questions. Thank
14 you very much for your time today,
15 Mr. Nottingham.

16 MR. HIGGERSON: I have just a few
17 follow-up questions.

18 CROSS-EXAMINATION

19 BY MR. HIGGERSON:

20 Q. Mr. Nottingham, you mentioned audits
21 several times. What is the purpose of a PREA
22 audit?

23 A. The PREA audit is a requirement of the
24 PREA standards. It actually brings in a third

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1 party uninvolved with our agency to look at our
2 processes, ensure we are compliant with the PREA
3 standards.

4 Q. And how often are those conducted for
5 the department of corrections?

6 A. Every facility's audited once every
7 three years. The standards require us to split
8 it up one-third of our facilities each year. So
9 on year one of the audit cycle we audit 11
10 facilities. Year two and year three we audit
11 ten. Given that's a total of 31.

12 Q. Do the audits include the searches of
13 inmates and how those are conducted?

14 A. They do.

15 Q. And what types of results has the
16 department received on audits within, say, the
17 past two years?

18 A. We've been in full compliance.

19 Q. You were asked some questions about
20 what the transgender care review committee, how
21 they look at things and what types of decisions
22 they make.

23 Would you be aware if the
24 department -- or if the committee had changed its

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1 procedures or the types of things it looked at
2 within the last, say, six months?

3 A. Unless it was changed in statewide
4 policy, probably not.

5 Q. You said that you did not think gender
6 dysphoria was a medical condition. Why is that?

7 A. I -- I know at -- I think until
8 current time it was considered a mental health
9 condition. I know it was listed in the -- I
10 could get this wrong -- the DSM-IV, or something
11 like that, which lists all psychological or
12 mental disorders, but it's my understanding that
13 eventually that that diagnosis is going to be
14 removed completely so it's not looked at as a
15 mental health disability or that sort of thing.

16 Q. I think you testified too that you did
17 not think the committee considered the
18 transgender inmates' views of where they should
19 be housed or where they would feel safer; is that
20 correct?

21 A. I was unsure if that was asked or not.

22 Q. If the committee is considering
23 whether to transfer somebody, wouldn't that
24 usually be something that the inmate had

EXHIBIT H

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

JANIAH MONROE, MARILYN)
MELENDEZ, LYDIA HELÉNA VISION,)
SORA KUYKENDALL, and SASHA REED,)
individually and on behalf of a class of)
similarly situated individuals,)

Plaintiffs,

v.

ROB JEFFREYS, MELVIN HINTON,)
and STEVE MEEKS,)

Defendants.

Case No. 18-cv-00156-NJR

DECLARATION OF DR. RANDI ETTNER

I, Dr. Randi Ettner, hereby state:

1. Plaintiffs' counsel have asked me to review Transgender Care Review Committee ("Committee") notes from the 2020 Committee meetings and to interview Janiah Monroe and Sasha Reed, two of the Plaintiffs in this action, to assess the adequacy of the medical treatment they are currently receiving from the Illinois Department of Corrections ("IDOC").

2. I have also reviewed hundreds of pages of mental health records related to the treatment of transgender prisoners in the custody of IDOC. The opinions set forth in this Declaration, however, focus on what I have seen in the 2020 Committee records and what I learned in my interviews of Plaintiffs Janiah Monroe and Sasha Reed. What I have learned from those three sources of information causes me grave concerns regarding IDOC's treatment of transgender prisoners.

3. I have reviewed the minutes of several 2020 Transgender Review Committee meetings and was shocked to discover that medical decisions and treatment

plans continue to be determined by a group of inexperienced and unqualified people. That Committee continues to be made up of several members who are not even medical providers, but are prison administrators, transfer coordinators, and other prison personnel.

4. Unfortunately, the records I reviewed are replete with evidence of a Committee of unqualified people creating arbitrary barriers to the medical care necessary for prisoners who desperately require treatment for gender dysphoria. For example, electrolysis and laser hair removal are denied, being deemed “cosmetic;” female commissary items are withheld “until there is a policy in place;” and in another case, a well-adjusted prisoner requesting treatment was denied it, because they are doing well without. In that case, the Committee’s decision was to “continue current management, represent as needed.” So, the Committee penalizes prisoners with gender dysphoria both for “bad behavior” and “good behavior.” In both instances, the outcome is the same, i.e. no treatment.

5. In many cases, individuals in dire need of treatment feel too unsafe to proceed. Many individuals reported harassment or abuse by other inmates or staff that causes them to be concerned about accepting the treatment they need. Sadly, it is all too well known that delay or denial of medically necessary treatment of gender dysphoria results in psychological decompensation, attempts at self-surgery, or suicide.

Janiah Monroe

6. At the request of Plaintiffs’ counsel, I spoke with Janiah Monroe on July 9, 2020. Ms. Monroe’s condition has significantly deteriorated due to the restrictions and isolation imposed on her due to her placement in D-wing. It is my professional opinion that Ms. Monroe is at the highest possible risk of completing a suicide. I am alarmed at her

level of despair, the severity of her suicide attempts, and the unremitting suicidal ideation that Ms. Monroe is currently exhibiting.

7. I believe that absent the ability to interact with the other female prisoners at Logan Correctional Center and to be treated like the other women at the facility, Ms. Monroe's demise is inevitable. She is rapidly decompensating and experiencing extreme hopelessness: a better predictor of suicide than depression.

8. Although Ms. Monroe is incarcerated in a female facility, she is not treated like the other women. Instead, she has been isolated for approximately 7 months. Unlike the other prisoners on "D Wing", Ms. Monroe is the only person who is not allowed to have a cellmate.

9. She has been harassed and provoked, and has grown increasingly despondent. Being isolated and treated as, in Ms. Monroe's words, "less than human" has prevented her from socially transitioning and certainly dashed her hopes of receiving the medically necessary surgical treatment that she urgently requires.

10. Prolonged isolation causes devastating psychological damage. In Ms. Monroe's case, it will inevitably lead to a continually worsening course of psychiatric illness that will – absent some change in circumstances – result in self-harm or death. Unless immediate changes are made to preserve Janiah Monroe's life, I think she will end her life.

Sasha Reed

11. On July 7, I spoke to Ms. Reed, who has recently been transferred to Menard Correctional Center. Ms. Reed, too, is suffering as a result of IDOC's failure to provide her

with the treatment the Court ordered. She does not feel safe, and is finding it extremely difficult for her to be living among men as a transgender woman.

12. She is not able to proceed with her social transition, due to fear and harassment as well as her continued placement in a male facility and denial of any form of female clothing or grooming items, other than a bra. Ms. Reed is experiencing a reactive depression, as she tries to navigate life in a hostile and non-affirming environment.

13. Recently, Ms. Reed's inability to socially transition has caused her to experience depression. Gender dysphoric individuals often experience depression when there is identity threat coupled with a lack of support and affirmation.

14. Ms. Reed is now also experiencing suicidal ideation because of the continued denial of the care she needs, including social transition and surgery. Ms. Reed told me that she previously took the SSRI (Selective Serotonin Reuptake Inhibitor) anti-depressant drug Zoloft, which was helpful.

15. Given the immediate crisis brought on by the inadequacy of her medical treatment for gender dysphoria, I recommend that Ms. Reed receive Zoloft, without delay. This depressive episode will persevere given her symptomatology and the absence of gender affirming treatment. Although it is imperative that she receive this mood-stabilizing medication (Zoloft) immediately, it is not an appropriate or effective treatment for gender dysphoria, nor does it obviate the imperative for systemic reform.

Conclusion

16. Together, the Committee records and my interviews of Ms. Monroe and Ms. Reed strongly suggest that IDOC continues to provide gender dysphoric transgender

prisoners gravely substandard medical care. Gender affirming surgery is routinely denied, as is social transition treatment in the form of transfers to facilities consistent with individuals' gender identity and gender-appropriate clothing and other grooming items.

17. Although one transgender woman who has been transferred to a female facility she is nevertheless being denied adequate social transition because IDOC has isolated her and singled her out as different from all other women within the facility.

18. The results of such inappropriate treatment are predictable and dire. A lack of adequate care and an unsafe, non-supportive environment inevitably leads to an erosion of resiliency. This eventuates in psychological decompensation (the inability to function), attempts at surgical self-treatment, or suicide.

Pursuant to 28 U.S.C. § 1746, I declare that the foregoing is true and correct.

Dated: August 20, 2020

Randi Ettner Ph.D.
Randi Ettner, Ph.D.

EXHIBIT I

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE,)	
MARILYN MELENDEZ,)	
EBONY STAMPS, LYDIA)	
HELENA VISION, SORA)	
KUYKENDALL, and SASHA)	
REED,)	
)	
Plaintiffs,)	18-CV-00156-NJR-MAB
)	
vs.)	
)	
JOHN BALDWIN, STEVE)	
MEEKS, and MELVIN)	
HINTON,)	
)	
Defendants.)	

Videotaped deposition of JOHN EILERS,
called as a witness herein, pursuant to the
applicable provisions of the Federal Rules of
Procedure governing the taking of depositions,
taken before Janet L. Brown, CSR No. 84-002176, via
Magna Legal Vision videoconference, on Wednesday,
June 24, 2020, at time 9:04 AM.

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1 A. I can't give you a number. There was
2 multiple.

3 Q. Okay. And did any of those
4 investigations result in disciplinary measures
5 for IDOC staff?

6 A. Yes.

7 Q. Okay. Can you give me a sense of what
8 those disciplinary measures included?

9 A. Suspension time for some.

10 Q. Okay. Anything else?

11 A. Not related to transgenders, no.

12 Q. Chief, do you think that transgender
13 prisoners at IDOC would benefit from having an
14 expert in the field oversee IDOC's care of their
15 gender dysphoria?

16 MS. TOLBERT: I'm just going to object to
17 foundation.

18 Chief, you can answer.

19 BY THE WITNESS:

20 A. I think with the experts that we
21 already employ, I think that with that -- with
22 our group of experts, I mean, that that's
23 sufficient, but we can always benefit from
24 outside involvement.

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1 BY MS. PARSON:

2 Q. Okay. When you refer to the experts
3 you already have, are you talking about -- who
4 are you talking about when you mention them?

5 A. So Dr. Reister, the members of our
6 panel that, you know, are from the LGBTQ
7 committee, or organization. So we already have
8 some experts that we're reaching out that are
9 outside of IDOC. So that would be what I was
10 referring to.

11 Q. Okay. So in saying that you have the
12 capability right now, you're referring to
13 Dr. Reister and LGBTQ people outside of IDOC; is
14 that right?

15 A. Yes. And WPATH has well.

16 Q. Okay. But I think you agreed with me,
17 Chief, that the transgender prisoners would
18 benefit from additional help outside of IDOC; is
19 that right?

20 A. Yes.

21 Q. Okay. Do you think that would be a
22 valuable resource to IDOC?

23 A. Yes.

24 Q. Do you think the IDOC medical staff

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1 would be relieved to have some help?

2 MS. TOLBERT: Objection. Foundation.

3 You can answer, Chief.

4 BY THE WITNESS:

5 A. And I can't speak for our medical
6 folks on their opinion on that.

7 BY MS. PARSON:

8 Q. But you believe that IDOC really wants
9 to do the right thing with respect to the care of
10 transgender prisoners?

11 A. Absolutely, yes.

12 Q. Okay. Chief, let's say -- you know,
13 sometime after the branch transgender committee
14 has been fully formed and after some of these new
15 policies you're talking about have gone into
16 effect, would you expect to see improvements in
17 the transgender population at the prisons?

18 A. Yes. That's our expectation.

19 Q. Okay. Would you expect to see a
20 decreased risk of suicide perhaps?

21 MS. TOLBERT: Objection. Foundation.

22 You can answer.

23 BY THE WITNESS:

24 A. Hopefully, yes, absolutely.

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1 BY MS. PARSON:

2 Q. Would you expect overall mental health
3 of transgender prisoners to improve?

4 MS. TOLBERT: Objection. Foundation.

5 You can answer.

6 BY THE WITNESS:

7 A. Yes.

8 MS. TOLBERT: You can answer, Chief.

9 BY THE WITNESS:

10 A. Yes.

11 BY MS. PARSON:

12 Q. Any other improvements you're hoping
13 to see?

14 A. Just continued education for our
15 staff, that ultimately you can never overeducate
16 your staff, especially in topics like the
17 transgender population. So just continue
18 improvements and updates to our training that we
19 provide to our staff.

20 MS. PARSONS: Okay. I am just about
21 finished, Chief. I'd like to go off the record
22 for a short break so I can review my notes and
23 come back on, if that's okay. Can we take
24 another ten-minute break?

EXHIBIT J

DR. REISTER rough draft.txt

1

- ROUGH DRAFT -

1

2 IN THE UNITED STATES DISTRICT COURT
3 FOR THE SOUTHERN DISTRICT OF ILLINOIS

4 JANIAH MONROE, MARILYN)

5 MELENDEZ, LYDIA HELENA VISION,)

6 SORA KUYKENDALL and SASHA)

7 REED,)

8)

9 Plaintiffs,)

10) Civil No.

11 vs.) 3:18-cv-00156-NJR

12)

13)

14 ROB JEFFREYS, STEVE MEEKS and)

15 MELVIN HINTON,)

16)

17 Defendants.

18

19

20 The videotaped videoconference

21 deposition of DR. SHANE REISTER called by the

22 Plaintiffs for examination, pursuant to notice and

pursuant to the Rules of Civil Procedure for the

United States District Courts pertaining to the

taking of depositions, taken before Diane J.

Corona, CSR, License No. 084-00257, via Magna

Legal Vision, on Monday, August 17, 2020,

commencing at the hour of 8:59 clock a.m. CST.

20

21 Magna Legal Services

22 866.624.6221

www.MagnaLS.com, by:

DR. REISTER rough draft.txt

18 Q Okay. So Dr. Anderson has not yet
19 attended any of these conferences but the
20 anticipation is that if she doesn't have a
21 conflict that she will be able to attend future
22 ones?

23 A Yes. And I'm hoping she will be able
24 to attend all the future ones.

- ROUGH DRAFT -

↑

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- ROUGH DRAFT -

1 Q Is the plan for her to attend these
2 conferences indefinitely or is there sort of a
3 phase-in process where she is available for the
4 first six months or a year and then see how it
5 goes?

6 A No. It was discussed as
7 indefinitely. I mean, obviously if she is not
8 available we could look for another expert if she,
9 you know doesn't continue the contract. So
10 there's nothing that specifies it can only be her.
11 And it's possible we might bring in other expert
12 for a specific issue. Oftentimes clinicians will
13 met me know in advance that they want to present a

DR. REISTER rough draft.txt

14 case. So if there is somebody that might be good
15 to add in as an expert, we can do that. So it's
16 not exclusively limited to her.

17 Q Okay. And you mentioned Dr. Anderson
18 has a contract. Does that contract have a
19 duration?

20 A I don't know. I'm not involved in
21 the human resources side of that contract.

22 Q And then talking about, you know, if
23 not Dr. Anderson perhaps another expert. I mean,
24 would you agree with me that it's -- it's helpful

- ROUGH DRAFT -

↑

52

- ROUGH DRAFT -

1 to have sort of an outside expert be able to
2 assess and review and oversee what is going on
3 within IDOC about the treatment of transgender
4 individuals?

5 A Yes, that's why I'm really excited
6 about our new approach.

7 Q And I think you would agree with me
8 as well that it's important for that expert to be

DR. REISTER rough draft.txt

9 sort of an impartial person who can provide
10 feedback to you and to others within IDOC to say,
11 you know, this is working, this isn't working, and
12 this is what we can do better. I think you would
13 agree with me that not only you but also IDOC
14 would benefit from such an expert?

15 A Yes. That's one of the reasons why
16 we brought in the Moss Group.

17 Q So you mentioned training that WPATH
18 is putting together for IDOC. When did that --
19 what was the genesis that have project?

20 A Our new redesign, we wanted it to be
21 comprehensive including training so that was born
22 out of what we were doing. We are implementing as
23 much as possible already. Like the training
24 component and the gathering information about the

- ROUGH DRAFT -

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- ROUGH DRAFT -

1 population that I'm doing. So we are implementing
2 as soon as possible those items.

3 Q Okay. Who is coordinating with WPATH
4 over this training at IDOC? Is that you?

EXHIBIT K

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE,)
MARILYN MELENDEZ,)
EBONY STAMPS, LYDIA)
HELENA VISION, SORA)
KUYKENDALL, and SASHA)
REED,)

Plaintiffs,)

vs.)

18-CV-00156-NJR-MAB

JOHN BALDWIN, STEVE)
MEEKS, and MELVIN)
HINTON,)

Defendants.)

Videotaped deposition of DR. ERICA
ANDERSON, called as a witness herein, pursuant to
the applicable provisions of the Code of Civil
Procedure of the State of Illinois and the rules of
the Supreme Court thereof, taken before Janet L.
Brown, CSR No. 84-002176, via Magna Legal Vision
videoconference on July 29, 2020, at 10:02 AM.

MAGNA LEGAL SERVICES
(866) 624-6221
www.MagnaLS.com

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1 BY MS. HUDSON:

2 Q. Dr. Anderson, I just have a couple
3 questions. First, when do you envision your work
4 with IDOC being finished?

5 A. I don't know. It sort of depends on
6 whether they want me to continue to see that a
7 lot of these things are implemented. You know, I
8 would guess that I'm going to continue the rest
9 of this year and after that I don't know.

10 We -- I didn't fully report the
11 extent of the training that we've been talking
12 with GEI and WPATH about, but it goes into next
13 year. We're going to have additional training
14 for new people and probably going to have some
15 more specialty training. So that would
16 potentially keep me involved into next year
17 sometime.

18 Q. And what would determine -- or who
19 decides when your work with IDOC is finished?

20 A. Good question. I don't know the
21 answer to that.

22 Q. So do you envision continuing to work
23 until the policies that you're currently drafting
24 are finalized?

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1 A. Yes.

2 Q. And providing the trainings that are
3 currently underway, do you envision facilitating
4 those trainings?

5 A. I do.

6 Q. And then in terms of you mentioned
7 continuing to work to ensure that the policies --
8 or the changes that are being implemented -- or
9 the changes that are being made are in actuality
10 implemented, you said that that was up in the air
11 whether you would continue working through that?

12 A. Yes, I did say that.

13 Q. And would you agree that having
14 someone to ensure that the policies or changes
15 that are being -- being made are implemented
16 would be helpful?

17 A. Yes.

18 Q. And would be beneficial to IDOC?

19 A. I believe so.

20 Q. And beneficial to the transgender
21 inmates within IDOC?

22 A. I certainly hope so.

23 MS. HUDSON: I think that's all the
24 questions that I have.

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1 Ms. Cook, do you have any
2 questions?

3 MS. COOK: Yeah, I have just a couple
4 follow-up questions.

5 CROSS-EXAMINATION

6 BY MS. COOK:

7 Q. To go back to the beginning -- and I
8 think you referenced him, Dr. Anderson. You were
9 asked about conversations with the defendants in
10 this suit, but Dr. Bowman has taken over for
11 Dr. Meeks. So I just want to make sure, did we
12 already discuss all of your communications with
13 Dr. Bowman?

14 A. There were -- I think so. They were
15 very limited. You know, I had no one-to-one
16 conversations with him. It was only on, like, a
17 couple of conference calls possibly.

18 Q. Okay. And you were asked some
19 questions about the training that Dr. Reister
20 created for all of the correctional staff, and
21 you mentioned that it might be different -- taken
22 differently by a correctional officer versus,
23 like, an M.D.

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1 As far as you saw, would the
2 training be a good introduction for a
3 correctional officer or staff who interacts with
4 transgender inmates?

5 A. Yes -- introduction -- it would.

6 Q. And are you aware of any efforts the
7 department has made regarding discipline for
8 people who are, I guess -- not unsympathetic, but
9 unprofessional when addressing all inmates,
10 including transgender inmates?

11 A. I'm not privy to any specifics in that
12 regard. I'm just assuming that there is
13 supervisory oversight, and that if the
14 administrative directive policies are clear to
15 everyone that there would be compliance, and that
16 if an employee chose to flagrantly, you know, not
17 observe what's required that they would receive
18 the appropriate discipline.

19 Q. But, again, you're not aware of any
20 specifics on that end?

21 A. I am not.

22 Q. And I just want to clarify what
23 assistance you've provided with respect to
24 individual inmates. So at least with regard to

EXHIBIT L



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EXHIBIT

Plaintiff's Leach Number 2 8/12/20

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Illinois Department of Corrections Targeted Assessment Report

*Logan Correctional Center
2019*

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Acknowledgments

This report is provided by The Moss Group (TMG), in partnership with the PREA Resource Center (PRC) for the Illinois Department of Corrections (IL DOC) and two of its facilities: Pontiac Correctional Center and Logan Correctional Center. This project was supported by Grant No. 2015-RP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice nor those of Impact Justice, which administers the National PREA Resource Center (PRC) through a cooperative agreement with the Bureau of Justice Assistance.

TMG would like to thank PRC for its continued support in working together to address the implementation of the Prison Rape Elimination Act and to create cultures of safety in confinement settings. We wish to especially thank the Illinois Department of Corrections and its leadership and staff at Pontiac Correctional Center and Logan Correctional Center for their commitment to implementing best practice and to maintaining a culture of sexual safety.

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The Moss Group
1312 Pennsylvania Avenue, SE
Washington, DC 20003

The Moss Group, Inc. (TMG) is a Washington, DC-based criminal justice consulting firm. Our mission is to be a trusted partner to leaders and their organizations in creating optimal safety and well-being for staff and those persons under their care. We specialize in assisting state, local, federal, and private organizations in developing strategic solutions to often sensitive issues that face correctional administrators. We are a partner of the National PREA Resource Center.

Project Purpose and Background

The Illinois Department of Corrections (IL DOC) requested training and technical assistance (TTA) from the PREA Resource Center (PRC) in the form of a targeted assessment. A “targeted assessment” for TMG is an assessment that focuses on a presenting problem rather than a comprehensive cultural assessment. The purpose of this assessment was to better understand patterns of reports made under PREA policies and systems and the influencing factors that define the day to day operational and programmatic life that support or hinder sexual safety and reporting. The work was designed to observe and review reporting systems for sexual safety and the cultural norms that define the “reporting culture.”

This report reflects strengths and challenges in the policies reviewed, operational practices observed and reported, and themes that emerged as of the date of the assessment at Logan Correctional Center (Logan CC). The report provides feedback and actionable recommendations related to the ongoing enhancement of sexual safety related to PREA allegations and the use of reporting mechanisms; however, this process is not designed to determine compliance or non-compliance with the PREA standards. Only a formal PREA audit can determine compliance.

A Presenting Issue for Sexual Safety: PREA Reporting Resulting in Confirmed and Increasing False Allegations

The request for technical assistance from the department was defined by a concern for a high level of PREA allegations that appeared to be unfounded or unsubstantiated. The overall concern was that PREA reporting is misused and that there is a pattern of “bad faith reporting”. This concern is at the core of our technical assistance project. Our team found that the majority of allegations at Logan CC are unsubstantiated, not unfounded or substantiated. The burden of proof for determining allegations is by the preponderance of the evidence—or that there is a greater than 50 percent chance that the incident occurred. Without being able to prove for certain that an incident occurred or not, the administration is appropriately not disciplining the inmate. Our team found that the implementation of PREA is taken seriously both by the department and by the facility level staff. However, the successful and sustainable implementation of PREA and sexual safety is hindered by a number of influencing factors. The importance of understanding the “mix” of operational practice and influencing factors shaping the culture at the facility is a critical approach to better understanding the patterns of reporting at Logan CC. The importance of understanding correctional practice through a gender responsive lens at Logan CC is also critical in the development of any observations or recommendations.

Methodology

The TMG assessment model has been shaped by research and evidence-based literature, practitioner experience, knowledge of organizational culture dynamics, and collaborative partnerships with federal, state, and private entities. TMG’s approach is built on nationally accepted best practices related to safety, including the PREA Standards for Prisons and Jails, American Correctional Association (ACA) Standards for Adult Correctional Facilities, key DOJ Guidance in Restrictive Housing, as well as federal guidelines in gender-responsive best practice from the National Institute of Corrections, Bureau of Justice Assistance, and the National Resource Center for Justice Involved Women.

The targeted assessment at Logan CC was accomplished through the following process:

- Communicating with IL DOC representatives, as well as leadership to gain a full understanding of the presenting issues and the desired outcomes
- Selecting TMG subject matter experts from its cadre of consultants who have the experience and credibility to fit the needs of the facility and scope of work
 - The project team for this assessment consisted of four team members deployed based on expertise in investigations, operations, culture, gender-responsiveness, and project management.
- Requesting a comprehensive selection of documents designed to gather documentation from IL DOC and each facility, including policy, procedural guidelines, forms and checklists, as well as grievances, disciplinary, and investigative reports (See Appendix A.)
- Reviewing any historical or current influencing factors that impact the facility culture and related operational practice
- Using the data gathered from the document request, TMG worked collaboratively to construct an agenda that will support the goals of the assessment
- Conducting a two-day onsite assessment at Logan Correctional Center April 22-23, 2019. The key tasks conducted while onsite include the following:
 - Structured observations of operations
 - Interviews with agency and facility leadership and management staff members
 - Focus groups with a random sample of custody and non-custody staff members
 - Individual and group discussions with a random sample of inmates

Following the onsite assessment, the project team conducted a thematic analysis with all of the data gathered during each of the stages listed above. Themes are drawn from patterns across data sets. Those themes are then summarized, and subject matter experts provide practical and appropriate recommendations in alignment with best practices, PREA implementation and actionable solutions.

NOTE: Immediately following our assessment, numerous organizational changes were made on the facility and agency level. We welcome the opportunity to update any themes documented within the report.

Agency Influencing Factors

Litigation (Both Facilities)

One of the most significant influencing factors affecting the daily operation and culture of Pontiac and Logan is the active application of the *Ashoor Rasho V. John Baldwin* settlement agreement. The agreement is a comprehensive remedy for the treatment and management of mentally ill inmates. Under the agreement, the implementation of the operational practices related to the handling of grievances, disciplinary reports, and sexual abuse allegations require careful attention to supporting inmates involved in the population classified as mental health or those who may report that they are impacted by circumstances that initiate mental health evaluation. This careful consideration of an inmate's mental health status, while clinically critical, has also been a hard balance for discerning the response to allegations under PREA. There is a strong belief by many staff, including clinical staff, that a number of inmates are feigning mental illness and misusing PREA allegations. This influencing factor is one of the most significant drivers of the patterns of reporting sexual abuse in both facilities.

The IDOC has implemented significant initiatives to enhance the delivery of mental health services, including the following examples to date:

- Implementation of a definition of serious mental illness (SMI)
- Development of an evaluation and referral process

- Increased staffing of licensed mental health professionals and behavioral technicians by over 300 clinical staff positions to provide both long-term and acute care
- Construction and space retrofits to create four (4) residential treatment units
- Revised mental health protocols and policies, including incorporation of clinical mental health input into the disciplinary system
- Central committee review of SMI inmates who are segregated more than 60 days
- Enhanced clinical contacts, programming, and out-of-cell time for the most seriously mentally ill offenders.

Generally, while we do not offer a clinical opinion it appears that the nature and scope of these operational enhancements are in alignment with best practices and will continue to assist the IL DOC in effectively treating mentally ill offenders and provide a more adequate level of mental health care. However, the operational implementation of these initiatives from our observations has created unintended consequences to facility operations and the perceptions of safety. For example, designation as SMI has affected how the facility can hold inmates accountable for behavior, which has created for a number of staff the perception or experience of a lack of control of the facility by security staff.

Further, Section XXV of the *Rasho V. Baldwin* settlement places injunctions with regards to the disciplining of seriously mentally ill inmates. As a result, some inmates and staff reported to our team that inmates found it advantageous to be labeled as SMI. Prior to sanctioning an inmate for a disciplinary infraction, a mental health professional must make a determination whether or not placing the inmate in a restrictive housing status adversely impacts the inmate. Although they may determine that restrictive housing is not injurious to the inmate, many staff report they have been instructed by IL DOC's mental health director to recommend no segregation time. We heartily support national best practice guiding restrictive housing yet recommend a review of this practice.

Many staff report that beyond the *Rasho* lawsuit, numerous experiences of litigation or the threat of litigation over a period of years has left facility staff feeling that the agency is largely run by decree and policy and procedure is dictated by settlement agreements. This perceived disconnection between intention and application of policy and procedure was strongly presented to the consultants as a significant factor impacting the staff and population in both facilities.

Definition of SMI

As a result of *Rasho V. Baldwin*, IL DOC redefined the criteria for designating an inmate with a serious mental illness. The SMI definition appears broad when compared to other settlement agreements,¹ thus, creating a broader net for inmates to be designated SMI. With an increased SMI designated population, some staff report that mental health staff caseloads are over capacity and there is a concern by many that inmates are not being held accountable for behavior. It is beyond the scope of this assessment to offer clinical observations yet the operational impact on reporting requires careful consideration of this facility dynamic in better understanding the "reporting" environment and the influence of staff and inmate perceptions of "bad faith" reporting.

Changes in Leadership

Over the past eight years, the IL DOC has had five agency directors, with one resigning after two months. This trend continues into Logan Correctional Center with eight wardens in eight years since the transition of the facility from a male to a female facility. (At the time of the assessment, there had been seven wardens over eight years, but another leadership transition has recently occurred.)

¹ For example, Massachusetts's Mental health settlement agreement (Disability Law Center V Mass DOC) defines SMI under the DSM IV - Axis I: Schizophrenia, Delusional Disorder, etc.

While consistent turnover of administration in corrections is a national trend due to the political appointment of the commissioner-level position and the election cycle, it is important to understand the implications of persistent change on initiative fatigue, staff confidence, and facility safety for the staff working in institutions, as well as those housed in them. This influencing factor may be hard to fully avoid but “anchoring” change and strengthening facility culture with career staff through intentional strategies can help to lessen the impact of rapid change in leadership, such as an agency-level plan for working with woman offenders. This change leadership work is highly recommended.

The drivers that create sexual safety and a positive reporting culture will only be sustainable with a well communicated model of gender responsive practice that does not confuse staff with mixed messages. Logan staff have a lot to build on with past initiatives but the disruption in leadership has left many staff uncertain about implementation of best practice.

State Funding

The state of Illinois had a 793-day budget impasse from July 1, 2015 to August 1, 2017, and prior to that had not had a budget in place since 2013. The state has been in a prolonged budget crisis with an estimated \$2 billion deficit in fiscal year 2019. The financial instability of the state has its state employees concerned about retirement pensions and job security. This also has implications on staff retention due to the changes between the Tier 1 and Tier 2 retirement packages. Any staff member who started after June 2011 is in the Tier 2 retirement program and will be required to complete more years of service and work to an older age than those in the Tier 1 program. Tenured and new staff commented on how this impacts retention. It is important to note that while this change in retirement benefits was a significant concern, in general, staff still indicated that the benefits and the pay were significant factors in why staff continue their employment with IL DOC.

The backlog of Illinois vendor payments was estimated to be near \$7.5 billion in June 2018. As a result, facility leadership reports that many vendors refuse to do business with the department. Without the support of vendors, the safety of the staff and inmates is at risk as it jeopardizes the provision of essential products and services, such as inmate programming, inmate clothing, commissary and hygiene supplies, staff uniforms and tactical gear, community service providers, medications, as well as inmate money management and video visitation providers.

In addition to retirement and vendor payment concerns, the state’s financial crisis has also contributed to the conditions of plant maintenance and inmate housing, including plumbing, roofing, temperature control, and pest control. The facilities are old, and the structural conditions are in need of significant repair based on our observations and feedback from staff. Disrepair can contribute to unsanitary conditions, lack of personal wellness, and overall feelings of devaluation that can cause inmates and staff to act out and jeopardize safety and security. In addition, when the temperature outside gets hot, facilities have to use large fans to cool the housing units, which are loud and create situations where staff report they can miss important radio calls or alerts of inmates in distress. Staff report that the heat also creates situations where inmates may choose to remove articles of clothing for comfort. This combination of disorder will be addressed under PREA implications.

Limited Consequences for Filing False Reports

Illinois currently does not file charges against inmates who report allegations of sexual misconduct against staff or other inmates that are determined to be unfounded. There are limited consequences to inmates who make confirmed false allegations. Some states have had a great deal of success in enacting disciplinary actions when allegations are proven false—not unsubstantiated—rather than filing charges. TMG and PRC can provide suggested state resources for consideration.

Logan Correctional Center Observations and Recommendations

Logan CC is an adult women's facility in Lincoln, Illinois, with a capacity of 2,284, and a current population of 1,657. It was originally constructed in 1920 as a mental health facility. In 1978, it was converted into an adult correctional facility for men. In 2013, it was repurposed as a women's facility and in one day the male inmates were transported out and the women were brought in. The facility encompasses 150 acres with 57 acres enclosed by fencing. Logan CC serves a multifaceted population consisting of reception and classification, segregation, protective custody and mental health units, as well as a state-of-the-art medical facility designated to provide care to pregnant and critically or terminally ill woman inmates. Logan CC participated in and passed a PREA audit in 2016.

Leadership and Facility Culture

At the time of the assessment, it was reported that Logan CC has had seven wardens in the last eight years. In the last year, the administrative team has doubled in size, adding three new associate warden positions. Staff are unclear regarding the purpose of the additional facility management positions. Some staff reported that under previous leadership the facility operated with a "kinder and gentler" form of corrections and yet others perceived that the past administration was reluctant to address intimate relationships among the population, which undermined safety, as well as staff authority, from their perspective.

An important strength to note at Logan CC is the strong sense of community and camaraderie among staff. Many staff work well together and support one another. The consultants were impressed with observed staff interactions and noted a strong relationship with the mental health administrator and the custody leadership and supervisors. Most Logan staff stated that there is a family-type atmosphere among each other, as well as with supervisory staff. Many staff feel that things are improving at the facility and have a sense that the new administrative team in place at the time of the assessment will make changes that will support both the staff and inmates.

The National Institute of Corrections defines an institution's culture as "the values, assumptions, and beliefs people hold that drive the way the institution functions and the way people think and behave." It is reflected in such things as the institution's mission, vision, policies, procedures, and rituals, and it is often what unites an institution. It also refers to underlying assumptions, and expectations, which characterize the institution. The facility's culture affects the way staff and inmates think, feel, and behave. All facilities have formal and informal cultures. For instance, a published organizational chart is formal. How decisions are made may have an informal process that is found in who really influences decisions that may not be organizationally in the decision process. It is founded on what individuals perceive as factual or true. Default or informal cultures can emerge in the absence of a strong formal culture, or when the formal culture fails to meet the needs of the staff and inmates by placing unrealistic or untenable mandates. While all organizations have some informal culture, morale and effectiveness can decline if organizational disorder is allowed to occur. While not a full cultural assessment the trends below were noted in this technical assistance initiative. These trends and influencing factors are critical in understanding root causes of the cultural norms of the facility and the reporting culture.

Women, Relationships, and Concerns for Creating Sexual Safety

Based on the document review coupled with staff and inmate statements both inmates and staff reported awareness of active sexual behavior. Many of the PREA incident reports indicated that inmates acknowledged consensual sexual behavior.

It “is difficult to determine if sexual activity among women is consensual or coerced, in part because of the history of relationship trauma.”² Women do heal from engaging in supportive relationships and this can be misunderstood and assumed to be sexual in nature when in fact it is a close emotional bond but not particularly sexual. However, under PREA all sexual activity must be investigated even if it appears consensual. In one study, over 71 percent of woman inmates believed that sexual relationships were based on manipulation rather than genuine attraction or affection. Motivations for such relationships included economic manipulation, loneliness, curiosity, peer pressure, sexual release, and diversion from boredom.³ It is only recently that experts in gender-responsive practice and practitioners have raised concerns about the parallel of some relationships in women’s facilities to a mirroring of domestic violence in some prison “family” structures.⁴

In the implementation of PREA the standards address working with various populations. The employee training requirements address the importance of training staff on sexual safety specific to the population staff serve. Understanding the dynamics of women and their relationships is a useful approach to enhance in training offerings to all staff. Logan staff have had the opportunity to attend a number of various gender-responsive training events. A review of training offerings as the material relates to sexual safety is warranted however.

Consistency, Policy Implementation and Supervisory Practice

As noted, the rapid change of administration both for the department and the facility is an influencing factor in shaping the culture at Logan. The facility’s policies, procedures, and post orders govern how the facility operates but leadership and supervisory approaches impact implementation of policy. Additionally, staff and inmates perceive that practices often change without a supporting policy or procedure. Staff are concerned that practices change randomly and often during or after facility management team tours, impacting supervisors’ authority and facility consistency.

Understanding of the Population and Creating a Gender-responsive Model of Correctional Practice

Implementing and sustaining a well-run facility for women is often misunderstood as correctional staff are asked to recognize the differences in responding to a population that is so much smaller than the larger male population. Through the years, many correctional agencies have made strides to work effectively with women based on research and the experience of dedicated staff and stakeholders. Often that success is tied to internal and external advocates for the women. One of the greatest barriers to working effectively with women is debunking the myth that responding to women through a gender-specific lens means being soft or “coddling” women. A research-based approach to working with the women’s population recognizes that responding to women’s needs is no different than acknowledging the differences of any population and its characteristics. There is ample research-based practice to support operations and programming that result in positive outcomes for women specifically to their presenting needs. This approach further supports staff effectiveness and engagement in our experience.

² National Institute of Corrections. *Safety Matters: Managing Relationships in Women’s Facilities*. Washington, DC.

³ Greer, K. R. 2000. *The Changing Nature of Interpersonal Relationships in a Women’s Prison*. *The Prison Journal*, 80. 442-468,

⁴ National Institute of Corrections. *Safety Matters: Managing Relationships in Women’s Facilities*. Washington, DC.

Historically the IL DOC has had strong advocacy within and external to the department in addressing this population. At the time of the assessment the agency level position with policy responsibility for family and women's services was filled through a contractual position. The individual in the position was retiring and an update on the department's status in the management structure of this position has been requested. In our experience this is a crucial management position for any correctional state level agency.

Recent Gender-responsive Initiatives

There are a number of initiatives over the last few years that demonstrate the agency and facility efforts to build a gender-responsive model of service to the population at Logan. Strides have been made in facility-based training, attending the National Institute of Corrections (NIC)-related offerings, and working with experts in gender-responsive practice. Non-custody staff responsible for programming show an impressive interest in working effectively with the women in addressing their needs. Additionally, the agency has a position to provide a resource and programmatic oversight for services for women; however, at the time of the assessment, this position was soon to be vacant due to a retirement.

Grounding Gender-responsive Practice and Staffing

The lack of a transition process to include staff training, population orientation, and a review of gender-responsive operational practice when Logan became a facility that housed women may be one of the crucial root causes of current challenges to gender-responsive best practice. For instance, the current staffing remains very over represented with male correctional line staff, which most experts would say is uncommon for a women's facility.

It is clear that many facility mission changes are undertaken due to pressure and are urgent, resulting in a dearth of planning for successful transition.

Some gender-responsive experts recommend that the male to female staff ratio in women's facilities approximate 40 percent male and 60 percent female. It is important to note, however, that in our view having both professional and respectful male and female staff in the facility is vitally important to provide appropriate role models and replicate the experience women will have in the community. The recommended ratio does not diminish the role of male staff, rather accounts for same gender staff availability to address sensitive issues and adequately provide same sex supervision to ensure appropriate privacy during sensitive times. At the time of the assessment, Logan had a high overrepresentation of male line staff. The Logan staffing model we understand is impacted by numerous issues including union guidelines. The ability to address this issue, however, is an important consideration in the overall development of a gender-responsive model of correctional practice.

Transgender Population

At the time of the assessment, a major impact on the culture of the facility was the introduction of two transgender females into the facility. It appeared that little to no prework was done to manage staff and inmate's readiness to support the new practice. A myriad of staff expressed an irritation with the decision and felt as though the transgender inmates were "gaming the system" to be moved to different facilities in the state. Many woman inmates complained that the transgender inmates would be moving into the general population living units, which reportedly makes the woman inmates uncomfortable. This lack of planning or implementation activity can increase the disorder and impact a misuse of PREA as an emotional weapon for allegations.

In the case of transgender individuals housed in women's facilities, there is evolving correctional law and operational practice. While the PREA standards provide guidance and requirements in assessing housing and a case-by-case safety approach, many systems are not prepared with clear policy direction, staff training, and inmate orientation to support the needs of transgender individuals. A lack of preparation of the staff and inmate population in receiving transgender

individuals into the population is a common and unfortunate mistake. In prison environments that are not grounded in gender-responsive principles, it is less likely that the transgender community will be understood.⁵

Recommendations

1. Through the support and clinical guidance of mental health leadership explore the current training and supervisory guidance in addressing accountability for SMI designated inmates.
2. Coordinate efforts and revisit the work on inmate discipline from the NIC program attended to determine current understanding of effective strategies to address inmate discipline in women's facilities.
3. Engage key staff in reviewing the restrictive housing policy and the patterns of decisions in the use or non-use of restrictive housing. "Cross-walk" this review with the guidance from the related U.S. Department of Justice Guiding Principles and the requirements of *Rasho V. Baldwin*. Identify and/or clarify the guidance from clinical leadership.
4. Review opportunities to design scenario-based training for first line supervisors consistent with safety, security, and clinical considerations in the response to PREA allegations.
5. Consider developing "myths" handout regarding the restrictions or misconceptions of the settlement agreement.
6. Consider developing "myths" handout regarding the implementation of PREA and sexual safety practices.
7. Review available data to verify the increase in the use of the SMI designation and explore avenues to strengthen communication to supervisors and line staff in supporting strategies to assure accountability of behavior where indicated.
8. Include a review of the trends in the SMI population and PREA allegations with the PREA review team and ensure a clarification of interpretation of SMI requirements under the *Rasho V. Baldwin* settlement.
9. Develop an agency-level strategic plan for the department's response to the female population. (TMG can provide state examples.)
10. Consider a facility executive team leadership development initiative to anchor facility goals and alignment with best practices to include programmatic, operational and clinical practices. This model would contribute to the commitment and sustainability of best practice in women's facilities. We recommend this as a two-part, two-day facilitated event. With the constant change of leadership at Logan this model of team building is recommended as one we have implemented in similar scenarios as facility leadership strives to build a gender responsive facility culture throughout the organization. This short term but useful strategy contributes to order and sexual safety.
11. Through the support of the PREA Resource Center and its partners identify and review practices in state correctional jurisdictions regarding their response strategies to verified false allegations.

⁵ Testimony of Anadora Moss to the United States Civil Rights Commission on Women in Prison: Seeking Justice Behind Bars.

12. An update on the implementation of various training initiatives at Logan and the review of current material and design elements is recommended for quality assurance and fidelity of the training objectives.
13. Explore the purpose of team tours and review the practices and expectation of team members.
14. Ensure the current PREA Compliance Manager (PCM) has the capacity, time, and resources necessary to do the work.
15. Establish a routine schedule for PREA review team meetings with clear team objectives and goals and ensure commitment to this work by all team members.
16. Create a written process for living unit staff to communicate between shifts regarding mediation agreements made between inmates on other shifts. This documentation should also be made available to investigators.
17. Update annual refresher training to ensure it clearly indicates the protections of PREA, such as which allegations fit the definition of PREA, appropriate use of language, statistical breakdowns, and resources for staff.
18. Ensure that the retaliation monitor is provided the names of inmates and staff who report or cooperate with a PREA investigation in addition to the alleged victim so that incidents of retaliation can be monitored pursuant to PREA requirements.
19. Continue the central office management structure for an identified senior position for family and women services oversight and support.
20. Review current staffing rosters and explore feasibility of addressing the staff ratios understanding the parameters and concerns of the union and other stakeholders. Revisit the criteria and expectations of the PREA standards and issues of cross gender supervision and privacy.
21. Immediately review current practice in addressing the transgender population in reviewing each individual case consistent with PREA standards and promising practice in operational, clinical and operational considerations. The National PREA Resource Center can provide additional guidance and experts as resources.
22. Immediately review staff and supervisory training in working with transgender individuals. Additional guidance available through PRC.
23. Immediately review inmate orientation and avenues to prepare the population for respectfully responding to transgender individuals. Guidance available through PRC partners, including TMG.

Prison Rape Elimination Act: Implementation at Logan Correctional Center

The department has in place Administrative Directive 04.03.301 Sexual Abuse and Harassment Prevention Program, as well as a program manual for additional guidance toward implementing its zero-tolerance policy. Throughout the facility, staff at Logan CC were knowledgeable about PREA, its purpose, and their role in ensuring sexual safety. Staff reported receiving training on the requirements of PREA and were informed and comfortable responding to reports of sexual abuse and sexual harassment.

The current implementation of the PREA policy and procedures, while consistent with PREA standards as noted earlier appears to have also created unintended consequences in the reporting culture of the facility. Staff feel, and our team verified through document review and onsite observations, that PREA can be a vehicle for the population to manage a variety of aspects of facility "life." Specifically, staff and inmates report that PREA provides a tool to either gain an audience with administrative staff or used to work through or around practices that are intended to bring facility order and response to the population. This is most evident in reviewing inmate grievances, disciplinary processes, or inmate requests. This is true in both facilities assessed though the dynamics are different within the male and female populations

Many staff feel that the unintended consequences embedded in PREA implementation have created an effective tool to remove staff who attempt to enforce institutional or agency rules or relocate inmates who threaten a relationship or who interfere in one. The input we received from the population indicated a mixed sentiment in the degree to which the population "played" the system and the realities of how safe they felt in the environment. Many women acknowledged that PREA reporting is problematic as it is a tool to gain a solution to other operational or facility issues as indicated above. We suggest the research of Dr. Allen Beck at the U.S. Department of Justice, Bureau of Statistics suggesting that facility disorder and a lack of trust creates a heightened vulnerability to creating a healthy reporting culture. For instance, from the mission change of the facility, the multiple changes of administration, the mental health settlement, the severe budget constraints, limited programming space, and the management of the housing units with limited staff supervision all add to the disorder of the facility. Disorder erodes trust. Trust erodes reporting.

The following section documents specific observations regarding PREA implementation, followed by recommendations:

PREA Compliance Manager

It appears that a contributing factor in inconsistent application of PREA policy is due to the PREA Compliance Manager (PCM) being changed frequently; more specifically, four PCMs in two years. On a positive note, staff appear excited with the choice of the new PCM. The past PCM began the process of organizing the facility's PREA response and reporting and the new PCM has hit the ground running, which is encouraging.

PREA Review Team

Staff involved in the PREA review team have all commented that the constant change in review team staff has led to inconsistencies in how PREA policy is applied and how discipline is given. Names of victims and reporters are given to the retaliation monitor by the PCM or the investigative supervisor and this exchange of information is not always timely. A lack of PREA

review team meetings causes doubt that the appropriate information is being shared, which may hinder all team members' ability to complete their tasks.

Peer Mediation

Inmates do not have an opportunity for peer mediation; therefore, using PREA is often the only way to get a room change. Many staff and inmates stated that they believe many inmate allegations are made in an effort to remove a roommate or to be moved closer to another friend. Some staff stated that they try to mediate between roommates but, when a new shift starts, there is no consistency or documentation of the mediation and behaviors return.

Misperceptions of PREA

Another challenge, which is consistently reported across the country, is the notion that PREA and other mandates provide more protections to inmates than to staff. Some staff don't understand why they are not more protected by PREA, which indicates among other challenges a lack of trust in the investigative process. Some staff believe inmates should be charged or disciplined for a PREA violation; for instance, when an inmate intentionally exposes him or herself to staff, the inmate should be charged with exposure. Sexually inappropriate behavior may be directed at staff, but it does not fall under the purpose of PREA. Staff need to be reminded what behaviors are covered under the PREA standards. If inmates are exposing themselves to staff, they should be held accountable for public exposure through the general disciplinary procedures.

Staff and inmates also tend to refer to PREA as a verb with phrases such as "I was PREA'd" or "I want to report a PREA." When this terminology is used, it can be dismissive of the seriousness of sexual abuse and sexual harassment. It allows the inmates and staff to be less connected to the actual purpose of PREA. This practice also contributes to the confusion and excessive allegations when inmates or staff use this terminology and misrepresent behaviors that would otherwise not rise to the level of sexually abusive or harassing behavior.

Retaliation Monitoring

Staff stated that witness or reporter retaliation monitoring is not being done. The retaliation monitor acknowledged that this task is not currently required by facility administration. The retaliation monitor only monitors inmates whose names are provided by investigations staff and these have been the names of alleged victims only.

Pursuant to PREA Standard §115.67, protections against retaliation extend beyond the victim and include the reporter, which may not be the victim, and anyone who cooperates with the investigation, including witnesses. ILDOC Administrative Directive 04.01.301 (p. 12) II G 9a, outlines the agency retaliation process and it covers inmates who report; as per PREA standard, the reporter does not need to be the victim. All inmate and staff reporters shall be checked for possible retaliation for 90 days.

As with most members of Logan's PREA team, the Retaliation Monitor is new to the team. This staff member has a variety of tasks in the job description with retaliation being one of many. All team members acknowledged that the team needs to meet more consistently to discuss roles and tasks. All team members need to have access to applicable investigative information in order to complete their assigned PREA duties.

Physical Plant

Portions of the facility are in a state of major disrepair. Plumbing is not working in many areas, leading to units being closed, showers not working, faucets running for days without repair; paint is needed; and some ceilings are falling. Staff report having a difficult time taking pride in their place of work due to the state it is in. When employees don't feel supported by their employer, it is hard to show inmates that they care. Some inmates believe that they have been locked up and forgotten

due to their living conditions. Many staff did acknowledge that they know the state of Illinois is in a financial crisis. Administration staff acknowledged that repairs have been slow due to funding and a recent loss of maintenance staff.

Inmate Movement

Logan CC lacks fundamental gender-responsive operational prison practices and security standards. Both staff and inmates commented that boundaries between staff and inmates are lax. Operational practice for yard movement lacks basic order. While it is a fundamental reality that women thrive on relationships, the avenues for more positive outlets rather than negative cross-group banter during movement need strengthening. Basic facility order will reassure staff and the women that safety is increased.

Except for the intake and the restrictive housing units, most of the living units are multi-bed dorm style housing. There are three locked wings, two wings housing 66 inmates and one wing housing 24 inmates. Although the staffing plan calls for two officers during the 1st and 2nd shifts, often there is only one staff seated at a desk near the unit's main entry. Despite the fact the officer conducts staggered 30-minute checks, this rotation leads to female inmates often being left unsupervised.

When the women enter the housing unit, they surround the unit staff, asking questions and commenting all at once in front of the desk. This prevents the officer from seeing what is happening in other areas of the unit or the lobby. Adding lines around the staff desk will help to prevent inmates from crowding the desk or sitting on the desk. Lines, or painted footprints, should also be added in the phone area to give inmates privacy when talking to family, attorneys, or making a PREA call. These guidelines are not to be punitive but to assist in creating order that will contribute to women and the staff feeling greater safety.

Classification

Despite the fact only 1.5 percent of the inmates at Logan CC are classified as maximum security, the staff note that maximum security inmates are housed throughout the institution with lower security inmates. They point to a rise in staff and inmate assaults to support this assertion. Many of the woman inmates reported that the open housing of inmates with varying custody levels adds to the chaos and low-level inmates are being intimidated or learning new criminogenic behaviors from the higher-custody inmates.

Currently inmates of all custody levels, not housed in a control living unit, are mixed together in housing that does not offer a large variety of programming. Staff believe if the higher custody inmates were housed together, the fighting, sexual pressure and bullying would decrease. Administration stated that staff believe there is a high number of maximum custody inmates causing issues, however, as noted above, this belief is not substantiated.

Communication: Disrespectful Language and Safety⁶

It was reported by staff and inmates that communication between staff and inmates and sometimes between staff is very disrespectful. It was reported that staff routinely refer to women using derogatory terms. One of the biggest inmate complaints about staff is the way they say staff talk to them. Supervisors have acknowledged that many new staff are very disrespectful in their dialogue with inmates and their perception is that no one holds staff accountable. The administrative team articulated that it does not doubt the inmates' complaints are true and struggle with steps to hold line staff accountable. Our team observed, and staff and inmates reported, instances of inmates and staff members yelling at each other.

⁶ National Institute of Corrections. *Safety Matters: Managing Relationships in Women's Facilities*. Washington, DC.

Select staff at Logan CC participated in an NIC program titled *Safety Matters: Managing Relationships in Women's Facilities* that focuses on effective communication skills for staff to address the complexities of managing relationships in female institutions. As part of this program, some staff were trained as trainers of this curriculum to enhance sustainability of concepts and skills to support staff and enhance safety within the facility. It is unclear if this training has been introduced to staff.

Other NIC and consultant assistance has occurred in the last few years. Staff attended the NIC program on a gender-responsive disciplinary model in women's prisons, NIC's case management model was introduced in the last year, and the training department has worked with a consultant model of communication that has been delivered to a number of staff.

Mental Health—Crisis Status

Many staff believe that the agency does not have any way to hold offenders accountable for false PREA claims; staff believe this is due to the new rules for the use of segregation. Inmates call for a "crisis" when heading to segregation and staff believe this prohibits any discipline. "False reporting" is a 300 series ticket and if an inmate is defined as seriously mentally ill, 300 tickets are dismissed. We acknowledge the reality that SMI inmates must be understood in light of clinical dynamics in any reporting process.

While our team did not conduct a clinical review, our onsite work included the opportunity to meet with the clinical director and clinical staff. We recommend a deeper review of the clinical response to "crisis" status. It would appear that an inmate requesting "crisis" assistance should not immediately be considered to be SMI and incapable of understanding or being accountable for the behavior prior to the "crisis." An individual review should determine if the inmate knew what they were doing when they violated a rule to include filing false (not unsubstantiated) PREA claims with appropriate discipline to follow. While we were impressed with the clinical leadership there may be some inconsistency among staff in the interpretation of reporting practice related to "crisis" status.

PREA Allegations and Addressing Myths

A common challenge with an influx of allegations that are unsubstantiated yet often perceived as false allegations is the tendency for staff to stop taking allegations seriously over a period of time. However, it is important to note that staff reported that all allegations are taken seriously and handled accordingly, and this sentiment was expressed throughout the facility, which is a strength to the facility and the importance of sexual safety.

One strong opinion a number of experienced staff shared is that they do have knowledge of the population and effective communication strategies, which is critical to a healthy reporting environment. There was an interest in continuing and expanding staff training for less experienced staff working with the women so that unintended conflict in interpersonal interactions could be avoided or minimized. For instance, the staff had good things to say about some of the initiatives related to gender-responsive models of communication, disciplinary practice, etc. but conveyed they weren't sure if the strategies are as available to some of the staff who most need it.

Day Room Restriction

Inmates also misuse the discipline process and commit minor infractions to be placed on day-room restriction status. When inmates are on this restriction, they are given additional access to the phones. This practice should be revisited to eliminate perceivable incentives to being on restriction and to misuse PREA.

Investigations

Staff working in the investigative unit are new to the unit and appear to be taking their new jobs very seriously. Facility staff are hopeful that this new team is effective.

Confidentiality

Staff and inmates reported that the rumor mill at Logan is strong, but of course not always accurate, which is problematic when misinformation is circulating, and decisions or repercussions are perceived as lenient or unjust. Inmates do not feel that their reports are confidential. It was reported to our team that staff talk about reports in front of other inmates and send victims to investigations in front of other inmates. All of which is in violation of confidentiality and this leads to inmates not wanting to come forward to report or to be a witness. The investigation process is hindered when inmates are not willing to come forward. Confidentiality practices are paramount for protecting the integrity of operational systems within the institution. When inmates know that information will not be protected, they are less likely to file reports of sexual abuse or sexual harassment. Inmates should also be made aware of the limits to confidentiality.

Inmate Discipline

As commonly found in female facilities, Logan CC has excessive numbers of disciplinary reports. The facility has had 7,500 disciplinary reports in 2018 and 1,900 disciplinary reports as of April 2019. Most of those disciplinary reports are for insolence, such as refusing a direct order, and assault.

Some staff at Logan CC appear not to know how to administer discipline. The recourse, therefore, is to either resort to yelling or to manage via disciplinary reports. An assault on staff has included a simple brush against a staff member to, in one case, droplets of water from an inmate's cup hitting an officer's uniform. As a result of some staff over-using or misusing disciplinary reports, administration and disciplinary hearing staff often find themselves dismissing or downgrading disciplinary reports. When this occurs, the consequences are two-fold: one, staff are then left feeling unsupported by the administration and, two, the population may become empowered and less likely to adhere to staff member instructions.

Staffing

Although having an administrative presence in the facility is beneficial, supervisors and managers do not have enough decision-making power to be effective daily. Inmates are aware of this and use it to their advantage. Inmates said they can go directly to the warden to have discipline changed and staff complained about this issue. In addition, ranking shift supervisors are not authorized to approve bed movements—all bed requests have to be approved by administration. This dynamic further exemplifies the perceived powerlessness of staff, encourages inmates to circumvent and be non-compliant with security staff, and is concerning to staff who interact more with the inmates and feel the administration is making decisions with partial or inaccurate information. Again, this is a contributing factor to facility disorder and lack of trust in both the population and the staff.

Recommendations

1. Create and share with staff a list of capital improvement requests and plans to help build support for the facility and its mission. A culture of safety includes the confidence that the environment is conducive to basic human dignity.
2. Enhance operational practice during inmate movement in and out of the living units and throughout the facility.
3. Add boundary lines on the floor in the housing units—around the staff desk and inmate phones.

4. Create a working group to address staff and inmate safety concerns and strengthen positive outcomes for the population and the staff, particularly in creating sexual safety and the benefits of a gender-responsive implementation of PREA.
5. Develop an inmate orientation program enhanced by creating a video made by the women to increase their investment in sexual safety and an understanding of PREA as a tool for safety.
6. The PCM should meet with his facility team to educate them on the responsibilities they each are assigned.
7. Consider creating an inmate advisory council per housing unit where inmates can channel information to address concerns and to communicate with staff.
8. Ensure all staff are trained on and understand the importance of professional boundaries on safety, de-escalation strategies, and effective communication skills.
9. Review the status of outcomes from initiatives implemented through NIC and other resources to determine the level of implementation; the strengths and the barriers to supporting the staff in creating a stronger model in responding to women, the staff, and PREA implementation.
10. Include the population in being part of the solution. Several successful strategies nationally that have supported the population's involvement in addressing false allegations have been the following:
 - Staff training to include scenario-based examples of addressing operational practices with a trauma-informed approach. This requires all staff being trained in how operational practice and being trauma and gender informed work as a model of success—not as separate initiatives. Often the implementation of a trauma-informed approach is lacking the integration of what it really means in correctional operational practice.
 - Inmate involvement in trauma-informed, gender-responsive programming that addresses healthy relationships and personal boundaries
 - Inmate involvement in developing orientation materials and participating in peer education regarding sexual safety in the facility
 - Inmate advisory groups or dorm representation to meet with administration to participate in operational solutions
 - Increased access to individual or group treatment or psychoeducational groups
 - Strong presence of external stakeholder and non-profit organizations
11. Revisit policies on phone access to ensure inmates don't have to be sanctioned to use the phone.
12. Ensure that all investigative staff have taken specialized PREA Investigative training that is both gender and trauma informed.
13. Ensure staff understand the importance of confidentiality and enforce confidential matters to be handled appropriately.
14. In an effort to reduce the number of disciplinary reports, there should be a continuity of the work started with the NIC model of disciplinary practice in women's facilities.

15. Provide additional training for staff on the appropriate use of the disciplinary system.
16. Review any action taken as a result of the NIC team attendance and subsequent work with former facility administration.
17. In order to minimize the belief that disciplinary reports are arbitrarily dismissed, an informational sheet should be provided to staff indicating the reasons for the dismissal or downgrading of a disciplinary report.
18. Consider reviewing and revising the decision-making authority of key personnel.
19. Consider targeted training for first line supervisors with emphasis on the expectations of their supervisory role.

Summary Statement

The Logan CC is a facility where the staff and the population have experienced many challenges since the transitioning of the facility from a male population to one housing and responding to women. Significant efforts to become a well-established gender-responsive facility based on policy, staff training, and services for the female offender population have been met with uneven results due to many competing issues to include a severe lack of continuity of leadership on both the facility and agency level.

While the challenges raised in this report are focused on the factors that are underlying the “reporting culture” specific to allegations of sexual safety and the implementation of the Prison Rape Elimination Act, the influencing factors or “drivers” of reporting trends are systemic. That is the barriers or influencing factors that determine the level of success in creating cultures of safety cannot be separated from the day-to-day operations of the facility generally. Our work draws on the research of the U.S. Department of the Bureau of Justice Statistics (BJS) that stresses the importance of facility characteristics that either represent order or disorder. A lack of order (grievances, disciplinary practice, opportunities for programming, etc.) results in a lack of trust within the facility and a poor response to creating a culture of safety and healthy reporting practices. Conversely, we suggest that staff training, operational practice and inmate programming and services that meet the needs and cultural realities of the population create a healthy reporting environment.

In our research and through our federal partnerships, the TMG team of consultants is aware of a number of initiatives that have recently been undertaken by the department to address the implementation of gender-responsive practice at Logan CC. Each of these initiatives at best are building blocks in shaping a culture of safety at Logan CC. We commend the department for participating in these initiatives and urge a review of the status of related action steps.

Most significantly, this facility was reviewed very comprehensively through federal funding in October 2016 to develop a baseline for the development of a three-year strategic plan to address the implementation and sustainability of a gender-responsive approach at Logan and throughout the system. A team of 18 consultants trained in the National Institute of Correction’s *Gender Informed Practice Assessment (GIPA)* completed a facility-specific report that documents 12 domains of gender-responsive policy and practice. The data collection accomplished for GIPA informed our work, as well as a separate TMG document review of material.

The GIPA report documents key findings and recommendations after an extensive review of documentation, onsite work on all shifts, and a research-based overview of best practice.

Members of the TMG team are familiar with and have contributed to the NIC GIPA model nationally and strongly suggest that the framework of these recommendations continue to guide the agency. TMG's team's recommendations are not in conflict with the work of the GIPA team. Our task was specific to understanding the "reporting culture" related to PREA allegations and the GIPA confirms much of our documentation of influencing factors that create barriers to reporting, as well as impacting misguided use of the reporting process under PREA.

Other initiatives in recent years have included additional support from the National Institute of Corrections, the National Resource Center of Justice Involved Women (GIPA funding), and various national expert consultations and trainings.

An impressive cadre of external stakeholders committed to justice-involved women within the state have influenced legislation, policy, and initiatives to reduce incarceration and to raise the voices of women with lived experience. (Women's Justice Institute and the Statewide Women's Justice Task Force – see press release of June 5, 2019, "McLean County Statewide Women's Justice Task Force Listening Session on Reducing Illinois Women's Prison Population by 50%.")

The interest in supporting women involved in the criminal justice system is impressive in the state of Illinois and a hallmark of collaborative efforts within the community of reform-minded individuals and organizations. The ability to respond to and benefit from the external stakeholders will require the agency to strengthen the management structure and the leadership continuity within the Family and Women's Services Division, as well as the Logan CC facility management team.

TMG's approach to the need for systemic strategic planning outlined in the GIPA and this report would suggest more opportunities to involve every level of staff in the change process. For instance, the GIPPA report suggest that two separate cultures exist at the facility—security and non-security. We do not disagree that the predominant philosophies may be one of being gender responsive/trauma informed and one of an "inmate is an inmate." Our view, however, of culture change initiatives and the opportunity to enhance cultures of safety that are gender responsive would suggest multiple subcultures that include the culture within the population of women at Logan CC. We warn against a binary definition of the facility culture and suggest thoughtful engagement of various levels of staff, as well as strategies to involve the women in creating safety, including sexual safety of the facility. A very successful strategy in some systems in addressing safety for the women has been the development of an orientation video that can be a very engaging project that the women design and develop under staff supervision to implement a peer facilitation component to orientation. In our work, we did not verify if peer trainers are used in inmate orientation at Logan CC, but we do highly recommend that the population be involved in communicating the values of a "reporting culture" that encourages the importance of reporting abuse and contributing to safety.

If the effective use of the PREA reporting process is to provide for sexual safety and not be used for other operational concerns of the population, then far greater credibility in the grievance process and the day-to-day operations of the facility, to include housing assignments, use of segregation, response to the SMI population, and "crises" reports, must continue to improve.

Idleness of the population and the limitations of available programming further contribute to escalation of incidents that frustrate the women and contribute to the need to find some avenue to gain response from staff. This is often how PREA becomes involved in the "mix" of disorder within the facility.

Finally, in a recent conversation with the newly appointed commissioner our team was assured of his commitment to build a sustainable approach to the department's strategic goals in focusing on

positive outcomes for women in the system, particularly with a focus on reentry. We recognize that much work has been done in Illinois to address the issues of justice-involved women. Given this combination of external and internal commitment to improving practice at Logan CC that is characterized by a gender-responsive and trauma-informed approach, we have confidence that more focus on the implementation of practice will be forthcoming. Vacancies in the management structure of the chain of command for the facilities should receive an urgent focus and resolve.

Until the significant issues raised by multiple reports gain momentum with a strategic plan and a departmental management structure, the remedies for safety at Logan CC, to include the patterns of reporting under the Prison Rape Elimination Act, will lack grounding, sustainable change, and credibility.

Finally, we recommend that the National PREA Resource Center consider funding to immediately develop an inmate orientation project to engage the population in developing value in the reporting practices and the safety of women entering the system. Because of the robust initiatives that have been identified, the challenges and strengths of Logan CC, and because the state has developed legislation and recommendations for the management of women's services, we believe the partnership of the National PREA Resource Center is an important part of a larger systemic plan for positive outcomes of the women's services system in Illinois. The PRC support in this technical assistance event, we believe, has been important, as the implementation of PREA and the understanding of the "reporting culture" ensuring sexual safety specifically is not a focus of the GIPA. We urge this report supplement the plans to build a strategic plan for the agency response to justice-involved women.

Appendix A: Document Request List

IL DOC Targeted and Cultural Assessment Document Request

The following items will assist The Moss Group consulting team in preparation for the onsite targeted assessment regarding PREA sexual abuse and sexual harassment allegations and the cultural undertones and implications of the potential misuse of reporting mechanisms.

Please send the following materials electronically by Monday, April 1, 2019.

Agency-level Documents:

1. Agency vision, mission, and value statements
2. The agency code of conduct or code of ethics and any other agency guiding principles
3. Formal written guidance informing facility operations that would support implementation or sustainment of PREA standards or gender-responsive practice addressing the following topics:
 - a. PREA, including zero-tolerance
 - b. Sexual harassment
 - c. Gender-specific practice, such as cross-gender supervision, cross-gender searches, and safety for LGBTI inmates
 - d. Searches, including clothed searches, unclothed searches, and room searches
 - e. Staffing to include gender-specific posts or tasks
 - f. Investigations
 - g. Retaliation monitoring procedures
 - h. Employee discipline procedures
 - i. Employee grievance procedures
 - j. Inmate discipline and sanctions
 - k. Inmate grievance processes
 - l. Medical and mental health
4. Organizational chart for agency administration, including both position titles and names of individuals assigned to each key position
5. Overview of current data collection methodology and reporting mechanisms (including phone numbers, addresses, third party mechanisms, etc.), as it relates to reporting of sexual abuse and sexual harassment, current analysis of the data collected, and any training (including training plans and/or curricula) provided to supervisory staff on the use of the data
6. Curriculum for the PREA specialized investigations training and the PREA specialized medical and mental health training
7. Major incidents or lawsuits related to sexual abuse/sexual safety/PREA, as well as any claims or settlements from the past five years.

Facility Document Request

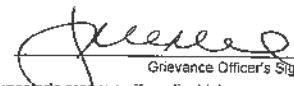
The following items will assist The Moss Group consulting team in preparation for the onsite targeted assessment regarding PREA sexual abuse and sexual harassment allegations and the cultural undertones and implications of the potential misuse of reporting mechanisms. Please send the following materials electronically by April 1, 2019.

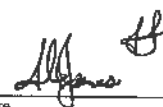
1. Facility specific vision, mission, and value statements
2. Copies of memorandums from leadership communicating about PREA, safety, or gender-responsive practice to facility staff and stakeholders
3. Organizational chart for the facility, including both position titles and names of individuals assigned to each key position (e.g., management team, department heads, etc.), including lines of supervision.
4. Current facility staffing plan
5. Facility schema or map, including footprints of buildings and housing units identified. This can be provided onsite if preferred.
6. Incident reports related to sexual abuse and sexual harassment of inmates over the past 12 months. Please indicate any incidents that were referred for criminal prosecution
7. Disciplinary reports for inmates related to sexual abuse or sexual harassment over the past 12 months, including a breakdown summary for, at least, the last 3-6 months listing: inmate, charge, finding sanction (if any), staff, and shift written.
8. Staff disciplinary reports related to PREA issues from the past 12 months.
9. Employee grievances related to sexual abuse over the past 12 months
10. Inmate grievances related to sexual abuse or sexual harassment over the past 12 months, including bed change and move requests.
11. Investigation reports related to sexual abuse or sexual harassment from the past 12 months
12. Retaliation monitoring reports from the past 12 months
13. Internal audits or quality assurance reports conducted by internal staff related to PREA allegations and investigative findings from the past 12 months
14. Facility staff shift rosters for the dates of the assessment. Preferably, in a format that includes demographic information, such as name, position title, gender, race, age, and—if possible—years of service at the facility. (Used to randomly select staff focus groups.)
15. List of inmates in the facility listing, at minimum, housing location, length of sentence, and indication of any known transgender or intersex inmates as well as any youthful inmates. (Used to randomly select inmates for discussion groups. Does not need to be provided in advance.)

EXHIBIT M

102-3-42

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report	
Date Received: 02/20/2020	Date of Review: 02/24/2020
Offender: Kuykendall, Jordan	Grievance # (optional): 296-12-19
ID#: B89676	
Nature of Grievance: Staff Conduct	
<p>Facts Reviewed:</p> <p>Offender submitted a grievance dated 12/16/2019 and grieves on 12/13/2019 when getting to the shakedown room prior to his visit he was told a strip search would be conducted. Offender states the officer was unaware he is only subject to a pat search. The officer told him if did not get stripped search he would not be allowed to go on the visit. After the visit offender grieves the strip out officer allowed another officer and offender into the room, which violated the policy of having offenders of different genders stripped out separately.</p> <p>Relief requested: Disciplinary action for the staff involved and actions taken to ensure that events like these do not happen again.</p> <p>Counselor responded on 1/28/2020 – Procedures for offenders in the contact visiting room: All offenders entering and exiting the contact visiting room must have a complete strip search. Per PREA standards the facility will not conduct cross gender strip searches.</p> <p>Continued on Page Two.</p>	
<p>Recommendation:</p> <p>It is the recommendation of this Grievance Officer that the inmate's grievance be DENIED.</p>	
<div style="display: flex; justify-content: space-between;"> Jeff Mulholland <div style="text-align: right;">  <small>Grievance Officer's Signature</small> </div> </div> <p style="text-align: center; font-size: small;">Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>	

Chief Administrative Officer's Response	
Date Received: 2-25-20	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <small>Chief Administrative Officer's Signature</small> </div> <div style="text-align: right;"> 2/25/20 <small>Date</small> </div> </div>	

Offender's Appeal To The Director	
<p style="font-size: x-small;">I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>	
Offender's Signature	Date

EXHIBIT

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ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Grievance Office reviewed on 2/24/2020 – Per IA: The grievance itself does not constitute a PREA violation for two reasons, The first being that the shakedown area of the visiting room contains two cages which have curtains to prevent cross viewing between offenders. Based on this the allegation that having a second offender in the room violates PREA standards is unfounded. Secondly, Kuykendall is subject to strip searches as is any other offender housed in Menard with no special circumstances being granted. This has been confirmed the case through Menard administration as well as Springfield PREA coordinator. This grievance has no merits as a PREA or procedural grievance

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

12-05-19 DEC 31 2019

Date: 12/16/19	Offender: (Please Print) Jordan Kuy Kendall	ID#: B89676
Present Facility: Menard	Facility where grievance Issue occurred: Menard	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where Issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): On Friday December 13th I went to go on a visit. When I got to the shakedown room I asked the Officer if he knew I was supposed to get a pat down & not a strip-search. In the past I have always always been given a pat down before & after my visits instead of a strip-search. There have been several times when I went up to go on a visit & there was confusion about this & since the person on shift didn't know, I was was told to consent to a strip search or refuse my visit & go back. So in those few instances I would refuse my visit & go back to my cell. The Sargent on duty (continued on back)		
Relief Requested: Disciplinary action for the stuff involved and actions taken to ensure that events like these do not happen again.		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature Kuy Kendall	ID# B89676	Date 12, 16, 19

Counselor's Response (If applicable)

Date Received: 1, 27, 2020	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Procedures for offenders in the Contact Visiting Room: All offenders entering and exiting the contact visiting room must have a complete strip search. Per PREA standards the facility will not conduct cross gender strip searches.		
Print Counselor's Name S. Quick CE II	Counselor's Signature S. Quick CE II	Date of Response 1, 28, 2020

EMERGENCY REVIEW

Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1

DOC 0046 (8/2012)

Scanned to GEL - Not a PREA

12

- Stripped searched
(by different genders)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

told me that I either had to get strip-searched and go on my visit or go to seg for disobeying a direct order & get strip-searched ~~and go to seg~~ anyway and that I couldn't just go back.

Shortly after 3:00pm I went back from my visit to the shakedown room & the second shift (3pm-11pm) officer was strip searching me in the shakedown room & while I was naked he allowed another % and another prisoner into the room.

There was no penological reason for the sergeant to force me to accept the visit & have to go through the trauma of being stripped naked by a man twice.

The % that strip-searched me and allowed the other % & prisoner into the room directly violated the IDOC policy that states, 'all strip searches ~~of~~ of inmates of different genders shall be performed separately.' And it also violates PREA § 115.15 (f). There was no reason for that officer & prisoner to enter the room while I was completely naked.

While I do not have the names & badge numbers of the Sergeant & %s the records of who worked the desk in the visiting room that day and who worked the visiting room shakedown room during the 3:00pm to 11:00pm shift, should exist. In addition, the % should have filed an incident report with the strip-search in accordance with PREA § 115.15 (c) which would have his name.