IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS EAST ST. LOUIS DIVISION

JANIAH MONKOE, MAKILYN MELENDEZ,	,)	
EBONY STAMPS, LYDIA HELENA VISION,	,)	
SORA KUYKENDALL, and SASHA REED,)	
)	
Plaintiffs,)	
)	
- VS-) No. 18-156-NJ	IR
)	
ROB JEFFREYS, MELVIN HINTON,)	
and STEVE MEEKS,)	
)	
Defendants.)	

DEFENDANTS' REPLY REGARDING THEIR NOTICE FILED JANUARY 22, 2020

The Defendants, ROB JEFFREYS, MELVIN HINTON, and STEVE MEEKS, by and through their attorney, Kwame Raoul, Attorney General for the State of Illinois, provide the following reply concerning the notice Defendants filed on January 22, 2020, [Doc. 202] and to which Plaintiffs responded on February 14, 2020 [Doc. 207]:

Introduction

On January 22, 2020, Defendants filed a notice in response to the Court's order that Defendants provide notice of progress made to comply with the preliminary injunction. [Doc. 202]. Plaintiffs filed a response, taking issue with much of the information provided by Defendants. Defendants requested an extension of time to file a reply. [Doc. 208]. On February 24, 2020, this Court granted Defendants' motion and ordered them to file a reply by February 28. [Doc. 209]. This Court also ordered Defendants to reply to Plaintiffs' request for a court-appointed expert to oversee implementation of the preliminary injunction order. [Doc. 209].

Accordingly, Defendants will respond to some of the Plaintiffs' contentions below—namely, Plaintiffs' assertions that Defendants are refusing to comply with this Court's order; that

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Defendants are delaying implementation; that the training provided by IDOC is ineffective; and that IDOC should not be allowed to hire its own consultant. In part IV below, Defendants also provide their position with respect to Plaintiffs' request for a court-appointed medical expert to oversee implementation of the preliminary injunction order.

I. Defendants are not willfully disobeying this Court's order.

Plaintiffs contend that Defendants "are either misinterpreting the Court's directive, or are willfully ignoring it." [Doc. 207, p. 4]. Plaintiffs contend that the IDOC and its Transgender Care Review Committee are violating the Court's order by continuing to make housing and other gender-related accommodations and that such determinations are medical treatment. [See Doc. 207, ¶¶ 4, 8]. Defendants agree that there is a medical *component* to housing and overall social transition for inmates suffering gender dysphoria; however, it is a stretch to contend that placement determinations are purely medical.

There are always security components in placement of any inmate within IDOC. Illinois law provides IDOC with the discretion to assign an inmate in its custody to any of its institutions, facilities, or programs. 730 ILCS 5/5-8-6(a). The Prison Rape Elimination Act contains guidelines on housing transgender or intersex inmates:

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

28 C.F.R. § 115.42(c). A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. *Id.* § 115.42(e). Nowhere in PREA nor in this Court's order is there a directive that IDOC must wholly disregard security concerns or individualized assessments in making housing determinations. The assignment or transfer of

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transgender inmates is not purely medical, therefore, Defendants have not disobeyed this Court's order while continuing to make individualized transfer assessments for transgender inmates.

At the time of Dr. Puga's deposition, the attorneys representing Ms. Monroe asked him about IDOC's compliance with this preliminary injunction order. Although defense counsel objected due to lack of relevance for the issue at hand, Dr. Puga explained that it has been made clear that the Committee is no longer weighing in on medication decisions. (Exhibit 1, Portions of Puga Transcript, p. 213).

Further, while IDOC is in transition, assessments for transfer must continue in some fashion. Just days prior to the deposition of Dr. Puga that Plaintiffs cite to, the Committee had approved another inmate to be transferred to a female institution. (Ex. 1, pp. 36-37).

II. This is an ongoing process and new policies are still being drafted.

Plaintiffs take issue with the pace of the changes and the lack of definite policy changes in IDOC. Yet, this Court acknowledged in its preliminary injunction order that the changes it ordered "will take time." [Doc. 186, p. 38]. The Court asked for assurance that progress was under way. [Doc. 186, p. 38]. Defendants addressed IDOC's progress in the notice it filed the following month. [Doc. 202]. Nowhere in their notice do Defendants contend that IDOC has finalized or finished its policies or practices with respect to transgender inmates—and, frankly, policies regarding medical care and inmate care should not be overhauled within a matter of a few weeks or else that haste could create other problems—instead, IDOC understood that it would need to continue improvement.

Plaintiffs also cite to some of Dr. Puga's February 3, 2020, testimony on this issue. When asked about the Committee's current responsibilities, Dr. Puga answered that they were "still in the process of redefining it." [Doc. 207, p. 3, citing Pl Ex. A at 10:14-11:18]. Plaintiffs only

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provided a portion of that testimony, taken with regard to another lawsuit filed by Plaintiff Monroe. Later in the deposition, Dr. Puga made it clear that the responsibility of decisions regarding gender-affirming surgery are being modified and the responsibility will stand with the IDOC Medical Department, not IDOC Mental Health. (Ex. 1, p. 167). They are still in early stages for defining how surgery recommendations will be handled. (Ex. 1, pp. 167-68). Dr. Puga put together a Transgender Policy Committee that will include Dr. Anderson. (Ex. 1, p. 203). These are matters that IDOC continues to work on.

Further, Wexford Health Sources, a contractual vendor for medical care, is developing its own manual for its physicians to use for treatment of gender dysphoria. (Ex. 1, p. 213). It was still in draft form in early February. (*Id.*). It is expected to follow guidelines set by the Endocrine Society, as requested by Plaintiffs.

III. Training

Plaintiffs challenge the IDOC training provided to correctional staff on transgender issues. [Doc. 202, ¶ 12]. Plaintiffs rely on representations of staff comments presented by the deposing attorney to Dr. Puga in his February 2020, deposition and part of Dr. Puga's response. The deposing attorney represented that staff had testified in another case that the training was not effective, that they could not remember what they learned, and that the training was brutal. (Ex. 1, p. 207). First, it is noteworthy that Dr. Puga had not previously heard any feedback on the training by members of IDOC staff. (Ex. 1, p. 207). Dr. Puga had assumed that some people may not change their review irrespective of any training IDOC provides them. (Ex. 1, p. 207). In addition, something that is not clear from the deposition transcript is that Dr. Puga was caught off guard by the question and representation that the training was "brutal." Dr. Puga does not present a dim outlook, but believes that IDOC's issues are the same as those presented across the

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country, and that many people are being challenged to re-think their attitudes about transgender individuals. (Ex. 1, p. 209, l. 9-15 "Q: So would you agree that the department has a lot of work to do and a long way to go to change the attitudes of its employees around transgender inmates and transgender issues? **A: I think it's across the country. I think we're challenged, like the whole country is challenged**").

Dr. Reister developed the training. In doing so, Dr. Reister sought input from contacts working with outside groups, including from Howard Brown Health Center, which is a leading LGBTQ+ Comprehensive Medical/Mental Health system in Chicago (www.howardbrown.org), and from Planned Parenthood, which has a coordinator that speaks to law enforcement agencies on Transgender Sensitive law enforcement response. Dr. Anderson, IDOC's new consultant, has also reviewed and approved of the training. Dr. Reister continues to update the training, discusses the training with IDOC staff, and attends conferences. As the information evolves, and feedback is presented, the training will also evolve. Dr. Reister and IDOC are committed to ensure that the training is useful.

IV. Expert assistance.

Plaintiffs take great issue with the fact that they were not brought into the discussion as to the consultant hired by IDOC. This Court did not require Defendants to allow for input by Plaintiffs in carrying out the preliminary injunction order. [Docs. 186, 187]. Moreover, Plaintiffs cite to no authority that grants them the right to decision-making authority over IDOC. To the contrary, IDOC is granted the authority to run its facilities. *See, e.g., Bell v. Wolfish*, 441 U.S. 520 (1979); *Rizzo v. Goode*, 423 U.S. 362, 378-79 (1976). This Court entered a preliminary injunction on December 19, 2019, and by the status report filed January 22, 2020, IDOC had agreed with a transgender expert for consulting services.

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Plaintiffs seek a "court-appointed medical expert to oversee implementation of the preliminary injunctive relief." [Doc. 207, p. 13]. This use of a court-appointment is not for a purpose outlined by the rules. Rather, Plaintiffs seek a court-appointed expert as another method to provide direct input and supervision over IDOC, which is not permissive in this situation. Under the rules, this Court has some options for appointing an expert or monitor. These will be addressed below; however, the allowable options are not preferred and are premature in this case.

In their request for a court-appointed monitor, Plaintiffs cite to Federal Rule of Evidence 706(a). [Doc. 207, p. 14]. This Court has the authority to appoint an independent expert pursuant to Federal Rule of Evidence 706. An expert is typically appointed under Federal Rule 706 to assist the Court in understanding the evidence and for use to decide a fact issue. *Ledford v. Sullivan*, 105 F.3d 354, 358-59 (7th Cir. 1997). Such authority is discretionary. *Id.* at 358 & 361, *citing* Fed. R. Evid. 706(a). Experts are not always necessary for determination of a claim of deliberate indifference arising under the Eighth Amendment because the test is that of subjective indifference which "is more closely akin to criminal law than to tort law" and "is not as involved as that for medical malpractice." *Id.* at 359. Although the topic of transgender care and gender dysphoria is complex, the Plaintiffs have shown they have the resources to provide their own experts for opinions to present to the Court. Although Defendants have not retained an expert witness for this matter, Defendants have the capability to retain an expert witness as part of the adversarial process.

Allowing the Court to appoint an expert under Rule 706 presents a large problem for the Defendants because they presume they will bear the burden of the costs. Rule 706 allows this Court to appoint an expert and then to apportion between the parties the costs of any expert it appoints. Fed. R. Civ. P. 706(b); *see also Ledford*, 105 F. 3d at 361-62. As the Seventh Circuit

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noted in *Ledford* and explained later in dicta, "district courts don't have budgets for paying expert witnesses." *Rowe v. Gibson*, 798 F.3d 622, 632 (7th Cir. 2015); *Ledford*, 105 F.3d at 356 (district court denied request for expert witness, in part, because no funds available to pay for expert). Any court-appointed expert would likely have to be paid by Defendants. *Rowe*, 798 F.3d at 632; *Ledford*, 105 at 360-61 (case law recognizes that a district court may apportion all costs to one side, and that indigent parties may be excused). Yet, a district court must also bear in mind that prison systems are strapped for cash. *Rowe*, 798 F.3d at 632.

Plaintiffs have so far put forth two experts from the WPATH Board of Directors, and now Defendants have hired a consultant tied to WPATH. Given the support Plaintiffs have received from outside groups (including WPATH), perhaps they will be able to find funding for a court-appointed expert. But, it is more likely that the burden will fall solely on IDOC and the State of Illinois, which are already contending with two different lawsuits by Plaintiff Monroe that have each required multiple depositions, payment of transcripts, and multiple days of hearing.

Yet, in this case, IDOC has already entered into a contract for services by a qualified expert affiliated with the group that Plaintiffs cite to as the experts on transgender issues. Plaintiffs do not dispute her qualifications, but do appear to question them even though Dr. Anderson is closely involved with the experts they put forth and the WPATH organization. Dr. Anderson is on the WPATH Board of Directors. *See* https://www.wpath.org/about/EC-BOD. She is also the current President-Elect of USPATH, which is the US branch of the world umbrella transgender group WPATH. https://www.wpath.org/uspath. All US members of WPATH are automatically members of USPATH, and may vote for their Board. Dr. Anderson is affiliated with the University of California San Francisco Child and Adolescent Gender Center Clinic. *See*

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https://www.ucsfbenioffchildrens.org/erica.anderson. IDOC independently worked out an arrangement for Dr. Anderson's services and should not be expected to pay for another consultant without some showing that Dr. Anderson is unqualified for the position.

To the extent Plaintiffs seek someone in the role of a court-appointed monitor, the closest provision in the federal rules appears to be under Federal Rule of Civil Procedure 53. There, a court may appoint a master only in certain circumstances. Fed. R. Civ. P. 53(a)(1). Unless a statute provides otherwise, the parties must consent or there must be some other specific reason for the appointment—either to hold a trial or make recommended findings of fact or 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)(A)-(C). Plaintiffs have not suggested a candidate for appointment, and Defendants have no one to suggest either.

Defendants do not consent to a court-appointed monitor at this stage of litigation. Defendants anticipate that, similar to the expectation for a court-appointed expert, compensation for a court-appointed monitor would be apportioned heavily on IDOC.

The Committee Notes for Rule 53 indicate that the "existence of magistrates may make the appointment of outside masters unnecessary in many instances" and that independent masters would potentially be useful "when some special expertise is desired or when a magistrate is unavailable for lengthy and detailed supervision of a case." 1983 Amendment. Defendants do not object to referral to a Magistrate Judge. Yet, compliance with the long-term goals set forth in the preliminary injunction is underway. Until Defendants and IDOC have been given the opportunity to finalize the projects currently underway, a master or Magistrate to oversee the preliminary injunction is premature.

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For the reasons outlined above, Defendants request that this Court accept the progress that they have represented and allow them to continue with their efforts to comply with this Court's preliminary injunction order. Defendants request that this Court deny Plaintiffs' request for a court-appointed expert or monitor, as either appointment will create a financial burden and is premature.

Respectfully submitted,

ROB JEFFREYS, MELVIN HINTON, and STEVE MEEKS,

Defendants,

KWAME RAOUL, Attorney General State of Illinois

Attorney for Defendants,

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS EAST ST. LOUIS DIVISION

JANIAH MONROE, MARILYN MELENDEZ,)	
EBONY STAMPS, LYDIA HELENA VISION,)	
SORA KUYKENDALL, and SASHA REED,)	
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Plaintiffs,)	
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- VS-)	No. 18-156-NJR
)	
ROB JEFFREYS, MELVIN HINTON,)	
and STEVE MEEKS,)	
)	
Defendants.)	

CERTIFICATE OF SERVICE

I hereby certify that on February 28, 2020 the foregoing document, *DEFENDANTS' REPLY REGARDING THEIR NOTICE FILED JANUARY 22, 2020*, was electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

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19	4C 11/02 4/11/1	18		
		19		
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2 3 4 5 6 7	RODERICK & SOLANGE MACARTHUR JUSTICE CENTER, by VANESSA DEL VALLE, ESQUIRE NORTHWESTERN UNIVERSITY SCHOOL OF LAW 375 East Chicago Avenue Chicago, Illinois 60611 312.503.0844 vanessa.delvalle@law.northwestern.edu UPTOWN PEOPLE'S LAW CENTER, by LIZ MAZUR, ESQUIRE (Via Telephone)	2 3 4 5 6 7 8	WHEREUPON: WILLIAM PUGA, M.D., called as a witness herein, having become sworn, was examined and testified as EXAMINATION BY ATTORNEY DEL VALLE: Q. Good morning, Dr. Puga. Co	
11 12	4413 North Sheridan Chicago, Illinois 60640 773.769.1411 liz@uplcchicago.org Representing the Plaintiff; OFFICE OF THE ILLINOIS ATTORNEY GENERAL, by LISA COOK, ESQUIRE CHRISTOPHER L. HIGGERSON, ESQUIRE 500 South Second Street Springfield, Illinois 62706 217.557.0261	9 10 11 12 13 14 15	A. Yes, William Puga, W-I-L-L-P-U-G-A. Q. And you've been deposed nurassume? A. Yes. Q. So I'll do the ground rules	ecord. -I-A-M, merous times, I
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1 if you answer my question, I will assume that you 1 And how long have you worked for the Q. 2 understood it. Okay? 2 IDOC? 3 3 A. Yes. Next month, it will be two years. A. 4 And lastly, we can take breaks at any 4 What's your current position? Q. Q. 5 point. The only rule with this is that if there's 5 Chief of Psychiatry. A. When did you start that position? 6 a question pending, you need to answer the 6 Q. 7 question before we take a break. Okay? 7 March 1st, 2018. A. 8 8 Was that your first position with the Α. Yes. Q. 9 Now, is there any reason whatsoever that 9 IDOC? Q. 10 you can't give accurate testimony today? 10 Yes. A. 11 11 Who do you directly report to? A. Q. 12 12 Chief Hinton and Deputy Chief Sawyer. And you are represented by counsel today, Q. A. 13 correct? 13 Q. And what is Chief Hinton's title? He is the Chief of Mental Health and 14 A. That's correct. 14 A. 15 Q. What did you do to prepare for today's 15 Addictions. 16 deposition? 16 Q. And you said Chief Sawyer? 17 I reviewed my files that I have regarding 17 Yes. A. And what is Chief Sawyer's position? 18 Ms. Patterson Monroe. So my own notes that I've 18 Q. 19 taken, notes from other meetings, and her -- some 19 She is, I believe Deputy Chief is what of her disciplinary records. That's about the sum her new title is. She's in charge of Medicine and 20 20 21 of it. Mental Health, Office of Health Services and 21 22 Okay. And when you said you reviewed 22 Office of Mental Health Services. Q. And who does Deputy Chief Hinton report 23 some of the notes that you have taken, are those 23 24 handwritten notes or typed notes? 24 to? 5 A. Typed notes. Deputy Chief Sawyer. 1 1 Α. 2 So we're going to go through a number of And who does Chief Sawyer report to? 2 Q. documents today, and then I think it will be 3 Director Jeffreys. 3 easier, I'll just ask you at that point throughout And what are your current 4 4 5 the deposition if there's any additional notes 5 responsibilities as the Chief of Psychiatry? that you have that aren't reflected in the A. I oversee psychiatric services through 6 6 7 exhibits that we go over today. Okay? 7 the Department. I am the assigned chairman of the 8 8 Transgender Care Review Committee. I -- A number A. Yes. 9 9 Now, have you discussed your deposition of things related to the overseeing of psychiatric 10 with anyone outside of counsel? 10 services. 11 So you're the chairman of the -- what's 11 A. No. Have you discussed with Nikki Robinson gone by a number of names, but we'll refer to it 12 12 Q. the deposition that she has already given in this today as the Transgender Care Review Committee? 13 13 14 case? 14 A. 15 15 And how long have you held that position? Q. 16 Q. Have you discussed your deposition today 16 A. About a year and a half. 17 with any of the other members of the Transgender 17 Do you remember when you started? Q. 18 Care Review Committee? 18 Roughly, I believe, July or August of Α. 19 A. 19 2018. No. And why did you become the chairman of 20 And you are an M.D.; is that right? 20 Q. 21 That's correct. 21 the Transgender Care Review Committee? A. 22 Are you currently employed by the 22 That generally falls under the agency Q. Illinois Department of Corrections? 23 23 Medical Director, Dr. Meeks, and he asked me to 24 A. I am. 24 take that over because I was more familiar with

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transgender care.

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- Q. What are your particular responsibilities as chairman, chairman of the committee?
- A. I have a standing meeting of the first Tuesday of the month. And we review transgender patients who are either newly diagnosed or if when they've transferred to the new facility and re-review accommodations and treatment planning. And up until recently, we approved hormones and other accommodations that may not have been already addressed.

More recently also, as of, I believe it was October, because there was a paucity of policy regarding transgender, I established a Transgender Policy Committee. And we've been looking at defining policy within our Department, and we're in the middle of defining that and clarifying that.

- Q. Okay. So you said up until recently, the committee used to be responsible for making determinations regarding hormones; is that right?
 - A. Yes.
- Q. And did that responsibility change as a result of a court order that was issued in

- 1 Q. Is the committee now, after the court 2 order, still in charge of making decisions related 3 to placement?
 - A. Yes.
 - Q. Is the committee now still in charge of making decisions related medical accommodations such as surgery?
 - A. Yes.
 - Q. Is the committee still responsible for making decisions related to accommodations within the prison such as access to commissary?
 - A. Yes.
- Q. So is it fair to say that the committee has retained all the same responsibilities it had prior to December of 2019 with the exception of making decisions regarding whether or not someone had been on hormones?
 - A. Yes. That's correct.
- 19 Q. Now, you said the committee has a 20 standing meeting?
- 21 A. Yes.
 - Q. And how often does that occur?
- 23 A. Monthly.
 - Q. Are there occasions where the committee

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December of 2019?

- 2 A. Yes.
 - Q. So just to make it clear for the record, can you discuss what the general responsibilities of the committee were before the court order and now after the court order?
 - A. So before, it was, again, primarily reviewing treatment planning and making sure that accommodations were appropriate, making sure the conditions of confinement and security issues were appropriate for transgender. And also we gave approval -- we approved or denied the start of hormones for the transgender folks.
 - Q. And now after the court injunction in December of 2019, what are the committee's current responsibilities?
 - A. Well, we're still in the process of redefining it. We have certainly stopped approving or stopped weighing in on whether hormones were to be approved or not. And I think now what we're looking at is more of an oversight of accommodations and making sure our transgendered offenders are adequately -- their

needs are adequately addressed.

- has to meet more times than monthly as things come up?
- 3 A. Yes.
 - Q. And does the committee do that?
 - A. Yes.
 - Q. How are the meetings held?
 - A. The Transgender Committee -- Review
- 8 Committee, they're held by -- it's a
- 9 teleconference.
 - Q. And are the meetings recorded?
- 11 A. No
- 12 Q. Do you take notes during the committee as 13 the chair?
 - A. Yes.
 - Q. Then do you then have a process where those notes are then recorded, documented?
 - A. They're handwritten for my purposes, and then a response is written on the DOCO400 form, and that's submitted to the facility in response to the requests, et cetera.
 - Q. So your notes are then inputted onto the DOCO400 form?
 - A. Yes.
 - Q. And who does that?



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1
         A. I will usually write it and have my
                                                           1
                                                               on page 921?
 2
     secretary send it out.
                                                           2
                                                                   Α.
                                                                       Yes, it is.
 3
              Do you know if any other members -- any
                                                           3
                                                                        Okay. Now, is this the first time you
 4
     other standing members of the committee also take
                                                           4
                                                               met as part of the committee to discuss
 5
     notes during the committee meetings?
                                                           5
                                                               Ms. Monroe?
             That I don't know.
 6
                                                           6
                                                                        It was probably the first time I was in
 7
              Okay. So have other committee members
                                                           7
                                                               the meeting regarding her, yes.
 8
     ever shared their notes that they've taken with
                                                           8
                                                                        Would this have been the first time that
 9
     members of the committee?
                                                           9
                                                               you learned of Ms. Monroe?
10
         Α.
              No. Not that I'm aware of.
                                                          10
                                                                   A.
                                                                        I believe so.
              Now, do you know Ms. Janiah Monroe?
                                                          11
                                                                        Now, in October of 2019 -- Sorry.
11
         Q.
12
                                                          12
                                                                        In October of 2018, were you then the
         Α.
13
         Q.
              And when was the first time you became
                                                          13
                                                               chairman of the Transgender Care Review Committee?
     familiar with her?
                                                          14
                                                                        I believe so.
14
15
         A.
             March of 2019.
                                                          15
                                                                        So if you flip to the prior meeting, the
              Was that the first time that you met
                                                               prior meeting was on November 11th, 2016. And on
16
                                                          16
         Q.
17
     Janiah?
                                                          17
                                                               that date, you weren't part of the committee; is
                                                               that right?
18
                                                          18
         Α.
19
         Q.
              And why -- So did you meet Ms. Monroe in
                                                          19
                                                                   A.
                                                                       That's correct.
                                                                        And you weren't employed with the
20
     person?
                                                          20
21
                                                          21
                                                               Department of Corrections at that time?
         Α.
              Yes.
                                                          22
22
              And how many times since March of 2019,
                                                                   Α.
                                                                        That's correct.
         Q.
23
     how many times have you met with Ms. Monroe in
                                                          23
                                                                        Now, when you met with the committee in
24
     person?
                                                          24
                                                               October of 2019, had you met Ms. Monroe at that
                                                      13
              Formally, I haven't.
                                                               point?
1
                                                           1
         Α.
              So the only time you've met her in person
 2
                                                           2
                                                                   THE COURT REPORTER: 2019?
     is in March of 2019?
 3
                                                           3
                                                               BY ATTORNEY DEL VALLE:
             That's correct.
                                                           4
 4
                                                                        I'm sorry.
 5
              Now let's go to our first exhibit. This
                                                           5
                                                                        2018?
     will be marked as Exhibit 1.
 6
                                                           6
                                                                   A.
 7
                     (Whereupon, Puga Deposition
                                                           7
                                                                        Now let's now turn to the March 18th,
                      Exhibit No. 1 was marked for
 8
                                                           8
                                                               2019, meeting. And that starts on Bates 639.
 9
                      identification.)
                                                           9
                                                                        Now, before -- Well, let me ask you this.
10
     BY ATTORNEY DEL VALLE:
                                                          10
                                                                   0.
              So this exhibit is a packet, and it's a
                                                               why did the committee meet in March of 2019 to
11
                                                          11
     group of the Transgender Care Review Committee
12
                                                          12
                                                               discuss Ms. Monroe's case?
13
     meetings for all the meetings the committee had on
                                                                       Ms. Monroe had requested a transfer to
                                                          13
     Ms. Monroe up until the March 5th -- up until the
                                                               Logan. And so at this point, Dr. Reister and I
14
                                                          14
    March 18, 2019, meeting. So just for the record,
                                                               had gone to interview her. We reviewed her
15
                                                          15
     it starts at Bates No. 4987 and ends at Bates
                                                               medical records and PREA and a number of other
16
                                                          16
17
     number 654, but those are not consecutive pages.
                                                          17
                                                               things. And we got together to discuss a
18
              So, Dr. Puga, if you flip through the
                                                               potential transfer.
                                                          18
19
     first couple much pages, you'll see your name
                                                          19
                                                                        Now, did you and Dr. Reister go and meet
     first appears on the committee notes on
                                                               Ms. Monroe because of her request to be
20
                                                          20
21
     October 30th, 2018. And that is Bates No. -- the
                                                          21
                                                               transferred to the Women's Division?
22
     meeting is 920 to 921. Are you on that page?
                                                          22
                                                                   A.
                                                                        Yes.
23
         Α.
             Yes.
                                                          23
                                                                        Okay. Let's turn to page 649 through
                                                                   Q.
24
             And is that your signature on that page,
                                                          24
                                                               650.
         Q.
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- 1
- 2 Are these the notes that you took of your 3 meeting with Ms. Monroe which occurred on
- 4 March 5th, 2019?
- 5 A. Yes. This was the write-up that I had
- for the committee prior to -- and I distributed to 6 7 the committee prior to the meeting so they could
- have that to reference. 8
- 9 So when you met -- when you and
- 10 Dr. Reister met with Ms. Monroe, did you hand
- write your notes? 11
- 12 A. Yes.
- 13 Q. And then you would type them up?
- 14 A. Yes.
- And this is the document that you gave to 15
- 16 all the committee members when you were meeting on 17 March 18th, 2019?
- 18 A. Yes. That's correct.
- 19 Q. Now flipping to the next page, 650 to
- 652, what's this document? 20
- 21 I believe that's when I reviewed the
- medical records. These are my notes from the 22
- review of the medical records. I believe I may 23
- 24 have submitted that also to the committee for

- I'm not sure.
- Q. Now, when you went to meet with
- Ms. Monroe in March of 2019, were you aware that 3
- 4 she had a lawsuit pending regarding her being 5
 - transferred to the Women's Division?
- 6 I don't think she had one pending at that 7 time.
 - So you're not aware she filed a lawsuit Q. on February 26, 2019?
 - I don't recall whether I -- I knew there was a possibility, but I didn't know. It occurred concurrently that we were in the process of reviewing her, and at that point, I knew that there was a possibility that that may happen. And I'm not sure if I knew at this time that that was
 - Okay. So I want to turn again to page 649 to 650, which is your interview notes.

in place. But I knew it was a potential.

- Where did the interview with Ms. Monroe take place?
- 21 Pontiac Correctional Center. A.
 - And where exactly in Pontiac?
- There was a room, I believe it was in 23 24 East House, that was available.

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consideration.

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- So you believe you submitted both your interview notes and your review of medical records 3 to the committee?
 - A. Yes. Yes.
- 6 Q. Did you review Ms. Monroe's medical 7 records before you met with her?
- 8 Α. Yes.
- 9 Did you share this review of medical 10 records with Dr. Reister before you and he met with her? 11
- 12 A. I don't recall. I know that we spoke about it. And I know that we have the chart also 13 that we reviewed together, both before and after 14 meeting with her. 15
 - So you and Dr. Reister reviewed her medical chart together before meeting with her?
 - A.

Yes.

- 19 was that after you had already reviewed the medical records that you listed on this page, 20 21 651 to 652?

A.

Do you know if Dr. Reister did a detailed 23 24 review of her medical records like you did?

- So did you take -- or was Ms. Monroe taken out of her cell to be interviewed by you and Dr. Reister?
- A.
- 5 And do you know where she was housed at Q. that time when you were interviewing her? 6
 - I believe it was there at East House.
- 8 Okay. And East House is in protective 9 custody; is that right?
 - No. A.
 - Q. No?
- 12 Ms. Monroe wasn't in protective custody 13 when you interviewed her?
- 14 I don't think so. I may be wrong, but I Α. 15 didn't think so.
 - Q. Now, do you remember this interview with Ms. Monroe?
 - A.
 - What do you remember about it? Q.
 - The correctional officer that brought her in was someone who I had worked with because I had worked at Pontiac when I was working with Wexford previous. And he was friendly with her, engaging, and he brought her in. And he was standing



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outside the door while we met with her. And this was a confidential setting.

She was very pleasant. She was very engaging. I thought she was articulate, and I thought she was pretty open with her questioning, with answering questions. And it was a pleasant interview.

- Q. Okay. Do you remember anything that she told you specifically?
- A. Well, those things that I wrote down here certainly came from the report that she was giving to me. Aside from this report, do you mean?
- Q. Well, I'm just asking what you remember off the top of your head.
- A. You know, I was -- You know, like I said, I had reviewed the records, I had reviewed her history, and, you know, I think I was sympathetic to her situation. And from what I understood, things had been very difficult. She had been in segregation for quite a long time. And yet it almost seemed that she was -- from my take, she was presenting very much improved over time as far as no longer engaging in the conflict that had been occurring previously.

A. Yes. Dr. Reister attends many transgender groups, and so he tends to have a familiarity with the offenders. And he's been on committee for a long time, so he might have dealt with some certain situations prior to that. But I believe he did have some experience with Ms. Monroe prior to that.

- Q. And how did you and Dr. Reister conduct that interview? Were you both asking questions? Were you taking the lead? Was Reister taking the lead? How did it come about?
- A. I took the lead, and then Dr. Reister would also offer some information. And then after I was finished with my the information I wanted to gather, I allowed Dr. Reister to continue and ask any other questions that he had. So we did it collaboratively, but I took the lead on it.
 - Q. And about how long did the meeting last?
- A. I would say, probably an hour, maybe a little longer possibly. But roughly an hour.
- Q. And was the purpose of meeting with Ms. Monroe to gather information about her history in IDOC and present that information to the Transgender Care Review Committee?

- She was much more -- She seemed settled. She seemed -- She seemed to present that things were much more stable. And she hadn't gotten a ticket for more than ten months. So I was impressed by the fact that she seemed like she was genuinely trying to better her situation.
- Q. When you say that she wasn't engaged in the conflict that she had before, what do you mean by that?
- A. Well, she had many tickets that led her to be in segregation. And so she seemed to be responding to situations such as misgendering or harassment or what have you in a way that wasn't compromising her ability to do well in that setting, to be successful as far as getting privileges, et cetera.
- Q. And when you met with her, that was the first time you had met with her in person?
 - A. That's correct.
- Q. Do you know if that was the first time Dr. Reister met with her in person?
 - A. I don't think it had been.
- Q. So you believe Dr. Reister already had a meeting with her prior to March of 2019?

- 1 A. Yes.
 - Q. Now, during your meeting with her, did you discuss her history of her being on cross-sex hormones?
 - A. I believe so.
 - Q. And you can refer back to the notes if you need to refresh your memory. But did you discuss her history of genital self mutilation?
 - A. I believe so.
 - Q. Did you discuss her history of being harassed by both staff and other prisoners?
 - A. Yes
 - Q. Did you discuss her history of being raped while in custody?
 - A. Yes. That did come up.
 - Q. Being raped by other inmates?
- 17 A. I believe so.
- 18 Q. Being raped by a correctional officer at 19 Dixon?
- 20 A. I don't recall. But I think as I review 21 the records, I think that was there. So I think 22 it probably did come up.
 - Q. And if you turn to Bates 650, you have a notation under PREA about her being sexually



1 assaulted at Dixon. Does that refresh your memory and so I reviewed everything that was presented to 2 as to whether that did come up during your 2 me, and it seemed pretty comprehensive from 3 meeting? 3 February -- at least February of 2010. Actually, 4 Yes, it does. This is what we talked 4 it even says February 2010 through January 2018. A. 5 about. The next section is what I reviewed. 5 So those were the records that I -- that I 6 And when you met with Ms. Monroe, did you reviewed. 6 7 discuss her prior PREA complaints? 7 Q. Okay. And the records that you reviewed 8 8 were consistent with what Ms. Monroe told you in Α. Yes. your interview with her; is that right? 9 And did you discuss her history of 9 Q. 10 suicide attempts? 10 A. I believe so. 11 11 Okay. Were you confident in her Α. Yes. 12 12 diagnosis of gender dysphoria? Q. And did you discuss her disciplinary 13 record? 13 A. Were you confident in her diagnosis of 14 Α. Yes. 14 Q. 15 And did you discuss her -- generally her 15 PTSD? Q. 16 time in segregation? 16 Α. I don't know that I went through the 17 Yes. 17 diagnostic criteria, so I'm not sure about that. A. Okay. Do you recall after reviewing her 18 Now, you write on page 650 towards the 18 bottom, you have -- you say "On exam," and then 19 19 medical records that she had a diagnosis of PTSD? you write, "tall, average build, effeminate, 20 20 Α. Yes. 21 braided hair in a feminine style." Now, you said you typed up these notes so 21 22 Why did you include that? 22 the committee could have them when you were 23 A. I wanted the committee to get a sense of 23 discussing Ms. Monroe at the March 2019 meeting? 24 how she presented. And the committee wasn't 24 A. Yes. 25 27 necessarily going to meet with her; so if I Did the committee have a discussion about 1 1 painted a picture of her verbally, then at that everything that was in your notes and what we just 2 2 point, they could get at little snapshot of who went over? 3 3 she is. 4 4 A. 5 Now, looking at this document, is there 5 Do you remember that committee meeting? Q. anything else that you can remember that you 6 6 Roughly. A. 7 talked about with Ms. Monroe that isn't documented 7 What do you remember about it? Q. 8 8 Well, what I was impressed by was Warden here? 9 Well, I didn't detail her sexual history. 9 Austin, I think, was there. 10 But yes, we talked about some of her sexual 10 Actually, no. No. That was a different 11 history. 11 one. Q. And did you -- On Bates 649, did you 12 12 It looks like my notes were -- the discuss her current sexual functioning? transcription, I believe, is here. But, you know, 13 13 14 at that point, we were newly doing these reviews, Yes. 14 Α. And it states here she was unable to have and we were -- we had done one previously, and so 15 Q. 15 16 an erection? 16 this was something that was relatively new. And 17 That's correct. 17 Dr. Reister and I were presenting what we saw. A. 18 Is that based on what she told you? 18 And, you know, the decision was to be made by Q. 19 That's what she told me. 19 committee, not by me individually or Dr. Reister. A. 20 And going again now to 650 to 651, the So we wanted to make sure that everybody had 20 21 list of medical records that you reviewed, did you 21 enough information to go by. 22 review her entire medical file? 22 And we also had Pontiac staff that could

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present what they had seen and what they were --

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You know, I wanted to make sure that she was

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No. I don't think so. I think I had --

I think they were records that were scanned in,

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- 1 presented most accurately. And the only person
- 2 from Logan, I remember Assistant Warden Calhoun
- 3 was there. I don't think she was actively asking
- 4 a lot of questions from what I recall. But
- 5 overall, it seemed like -- we presented the paper,
- 6 we presented her reasons for transferring. There
- 7 were no other concerns that came up. And so I
- 8 think it was a fairly easy vote that we move
- 9 forward.

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- Q. Okay. So I believe you said that you were doing a review, and you had only done one of these reviews previously.
 - A. Yes.
- Q. Are you referring to reviewing to determine whether or not a transgender individual could be placed in the Women's Division? Is that what you meant by these reviews?
- 18 A. Yes.
 - Q. And the one you had done previous, was that Ms. Strawberry Hampton's case?
- A. Yes. There were two others previously, but I wasn't involved in those.
- Q. Who were those two others previously?
- 24 ATTORNEY COOK: I'm going to object to the

Committee monthly meeting, at that point, I thought it would be good to make sure we had a record of that.

- Q. You said anything that's atypical. Isn't the committee responsible for making decisions on placement in general for transgender inmates?
- A. I guess what I meant, not necessarily atypical. That's something that the Transgender Committee does, but it's outside of the monthly review meetings. Because the monthly review meetings, we'll take a look at treatment plans and general accommodations. And so if it's anything like this, a transfer, that's something that I think we need to spend more time on and dedicate enough time and resources to consider this.
- Q. So does the committee not discuss placement or transfer of an individual outside of the monthly meetings?

Scratch that question.

(Whereupon, Attorney Liz Mazur appeared at the deposition via telephone at 11:37 a.m.)

23 BY ATTORNEY DEL VALLE:

Q. So does the committee not discuss

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- 1 names being used.
- THE WITNESS: There were two males that -- two biological male transgender who had gone over to Logan prior.
- 5 BY ATTORNEY DEL VALLE:
 - Q. And who were those two, if you know?
 - A. One was, last name Mahabasik (phonetic).
- 8 And the second one I don't remember.
 - Q. Do you remember when MAHABASIK was transferred to the Women's Division?
- 11 A. No. I reviewed the notes, but I don't 12 recall when the time frame was.
- Q. And do you recall when the other individual was transferred to the Women's Division?
 - A. I don't know. I'm not sure.
- 17 Q. Now, was this is a meeting in March of 18 2019, was this meeting recorded?
 - A. Yes.
- Q. Okay. And why did you decide to record this meeting?
- A. Anything outside -- anything that's -that's atypical of what we do, so, you know, if it's outside of the Transgender Care Review

placements and transfer of transgender individuals during the regular monthly meetings?

- A. Well, the request will come up. If requests come up, then we have to do a little deeper dive.
- Q. So that deeper dive would not take place during the regular general monthly meetings?
- A. Right. So the request would be logged, and then we would put that on our what we need to do next. Because what we started doing for the reviews is interviewing the individual, gathering information, whether it means medical, security, psychiatric, and reviewing all of that for the PREAs and grievances, et cetera. So it takes some time to gather all that and take a look at that. So it's not something that we would automatically do or come up with a decision at that point.
- Q. And just to be clear, you record all those meetings that aren't regular monthly meetings where you're discussing a specific topic, you record all of those?
- A. We report for purposes of transcription, but then we erase the recording once we have the transcription taken care of.



transgender inmate since you had been chair, and 1 Q. And who does the transcription? 2 My secretary. 2 that was Ms. Hampton; is that correct? 3 And is this document 639 to 640, is that 3 A. That's correct. 4 the entire transcription of the meeting? 4 Since Ms. Monroe, have you participated I'm not sure. I'd have to ask. But at 5 5 in any other meetings where the committee was the end, I say if you don't have any objections, specifically focused on whether a particular 6 6 7 we will move forward with the transfer. So I 7 transgender individual should be transferred to would assume that is a general overview, of course the Women's Division? 8 8 9 not verbatim. But yeah, more of a synopsis of it, 9 A. Yes. 10 10 Q. And what other individual is that? yes. 11 11 ATTORNEY COOK: And I'll object to that So this isn't a verbatim transcript? Q. 12 12 because I don't think these names have been Right. Α. 13 Q. More of an overview; more like notes of 13 disclosed at all. And I'm sure they would like what happened at the meeting? their names to be kept private. So can we 14 14 15 A. Right. 15 identify them by an inmate from X facility without 16 Q. Okay. Because I assume you had a longer 16 saying their names? 17 discussion about Ms. Monroe than what's on these 17 ATTORNEY DEL VALLE: Sure. two pages? 18 18 THE WITNESS: We have reviewed two inmates 19 Α. Exactly. 19 from Dixon, one inmate from Big Muddy River, one And do you know, did you take notes inmate from Lawrence, and I think one from 20 20 Q. during this meeting, handwritten notes? Danville. 21 21 I may have. I jot down things and ... 22 22 BY ATTORNEY DEL VALLE: Do you know if you still have those Is the inmate from Danville Ms. Tate? 23 Q. 23 ATTORNEY COOK: Can we go off the record for a 24 notes? 24 33 I may have. I would have to look. 1 1 second. 2 Where would you look? Q. 2 (Whereupon, a discussion was had off the record.) 3 I have notepads that -- where I might 3 have written a note there and left it on the ATTORNEY COOK: We can go back on. 4 4 5 notepad. And I keep my notepads. 5 You can say that name. 6 Q. Do you ever throw away your notes? 6 THE WITNESS: Yes. Ms. Tate was one. 7 Some notes, I will throw away. But if 7 BY ATTORNEY DEL VALLE: it's on my notepad, no, I won't. 8 So aside from Ms. Tate, you believe 8 there's four other individuals that the committee 9 Q. And do you believe you took notes for 9 10 this March 18, 2019, meeting on your notepad? 10 has conducted this type of review for? I don't know. Typically what I'll do Yes. Actually five, I believe. There 11 11 12 with a piece of paper in front of me is just jot 12 are five. One from, I don't remember where. But some ideas. And just as I'm thinking forward, I 13 13 yes. don't want to lose that thought. Sometimes when Do you believe it's a different prison 14 14 I'm starting a meeting, I'll have notes of how I'm than Dixon, Big Muddy, or Lawrence, or Danville? 15 15 16 going to start it off and the general structure of 16 Yes. Yes. I'm trying to remember where. 17 it or what have you. So I may -- I may have. 17 It might have been Illinois River, but I'm not That's common for me to do in many meetings. But placing him right now. It's someone we're going 18 18 19 it may not make logical sense to anybody looking 19 to be reviewing shortly. 20 at it because it's just to give me structure as Q. It's someone you're going to be 20 21 I'm conducting these. 21 reviewing, but you haven't yet? A. No, no. We've done the interview, but 22 Q. And you testified that this review --22

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the committee hasn't weighed in just yet.

Q. So that is the person you believe could

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prior to this review, you had only done one other

previous review relating to a transfer of a

1	possibly be from Illinois River?	1	that person a transgender woman?
2	A. Yes.	2	A. Yes.
3	Q. For the other four that you mentioned,	3	Q. Was that Does that person have male
4	again, the other four that aren't Ms. Tate, has	4	genitalia?
5	the committee had a committee meeting to review	5	A. Yes.
6	their placement?	6	Q. Is that person on cross-sex hormones?
7	A. For three of them.	7	A. Yes.
8	Q. For three of the individuals?	8	Q. Do you know how long that person has been
9	A. Yes.	9	on cross-sex hormones?
10	Q. And what prisons are they in?	10	A. I couldn't say for certain.
11	A. Two from Dixon and one from Lawrence.	11	Q. For the one that the committee is still
12	Q. And what was the committee's decision on	12	considering, you said more testing needed to be
13	those three individuals?	13	done?
14	A. One was declined. One was approved. And	14	A. Yes.
15	one we need to do further testing to make an	15	Q. Is that person a transgender woman?
16	adequate decision.	16	A. Yes.
17	Q. For the one that was approved, when did	17	
18	the committee make that decision?	18	Q. Does that person have male genitalia?A. Yes.
19	A. Last Tuesday.	19	Q. Is that person on cross-sex hormones?
20	Q. So has that person been transferred yet	20	
21	to Logan?	21	
22		22	
23	A. No. Q. For the one that was declined, what were	23	A. The concern that the facility had was
24	Q. For the one that was declined, what were the committee's reasons for declining that	24	that she had raped and brutally murdered a female, and that's why she's in prison. And though she
24	37	24	and that's why she's in prison. And though she
	a tutores a 4		
1	person's request?	1	hasn't acted out in her current facility, the
2	A. There were several reasons. One of them	2	concern is does that mean that she is safe or not.
3	was the transgender person was bisexual, and right	3	And the psychologist had recommended doing a
4	now, the structure of the and safety at the	4	certain testing, I don't remember what it's
5	facility was something we needed to take a look at	5	called, to look at how much of a threat she
6	to allow for that to be a safe transfer. And she	6	continues to be.
7	had recent sexual charges in the setting.	7	Q. For the person that was declined, the
8	Q. When you said the safety and structure of	8	request was declined, you said there were recent
9	the facility, do you mean Logan Correctional	9	sexual charges. Was that charges from activity
10	Center?	10	done in prison?
11	A. Yes.	11	A. Yes.
12	Q. Did the transgender individual whose	12	Q. That wasn't this person's criminal
13	request was declined, was that person a	13	history?
14	transgender woman?	14	A. Correct. I believe. I don't have the
15	A. Yes.	15	notes in front of me, but I believe so.
16	Q. Does that person still have the male	16	Q. And when you say sexual charges, are you
17	genitalia?	17	referring to disciplinary violations or actual
18	A. Yes.	18	criminal charges?
19	Q. Was that person on cross-sex hormones?	19	A. No, disciplinary violations.
20	A. Yes.	20	Q. And was that sexual disciplinary
21	Q. Do you know how long that person had been	21	violations with other inmates?
22	on cross-sex hormones?	22	A. Yes. And frankly, Logan was dealing with
	A. I don't recall.	23	all the sexual behavior that Ms. Patterson Monroe
23		10,000	



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- 1 that made it feel more unsafe.
- Q. For the person that was, the request was declined, when did the committee make that
- 4 decision?

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- A. I believe it was last month.
- Q. And for the person who the committee decided they needed more testing on before they could make the final determination, when was that committee meeting held?
- 10 A. Last Tuesday.
- 12 Q. So last Tuesday, the committee considered 12 two cases of transfer?
- 13 A. Yes.
- And I'm sorry, it was last Monday for both of them.
 - Q. Now, so that's three where the committee has had these type of reviews. For the fourth, what has the committee done for that person?
 - A. The fourth and fifth are still pending. We haven't gotten to them just yet. We will be setting up a meeting to consider both of them.
 - Q. And have you interviewed either of the fourth or fifth?
- 24 A. Both.

- A. Yes.
- Q. And is that person on cross-sex hormones?
- A. Yes
- Q. How did these five individuals come to the committee's attention?
- A. Requests through their therapists, and they were presented at the Transgender Care Review Committee.
- Q. Okay. So going back to Ms. Monroe's meeting in March 18th, 2019, after the committee discussed all the notes that you have in your interview that you noted in your interview with Ms. Monroe, did the committee make an individualized determination on whether Ms. Monroe should be placed in a women's prison?
 - A. Yes.
- Q. And what did the committee decide?
- A. They agreed to transfer her.
 - Q. Now, was the vote unanimous?
- 20 A. I believe so.
 - Q. So there was -- if there's no objections that you noted in your -- in this committee meeting document, does that indicate to you that there were no objections by anyone during the

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- 1
- Q. You personally have interviewed the fourth and fifth?
- A. Yes.
 - Q. For the fourth person, is that person a transgender woman?
- 6 A. Yes.
 - Not exactly. She may have been an intersex situation.
 - Q. Does that mean that that person has genitalia for both sexes?
 - A. She had surgery young, and I'm not sure whether that was just undescended testicles or whether that was something different. That needs to be clarified.
 - Q. Do you know whether that person currently has male genitalia?
- 17 A. Yes.
- 18 Q. Is that person on cross-sex hormones?
- 19 A. Yes.
- Q. And for the fifth person, is that someone who's a transgender woman?
 - A. Yes.
- Q. Is that person -- Does that person have male genitalia?

- L meeting?
- A. Yes.
 Q. Now.
- 3 Q. Now, if you then turn past your notes to 4 page 653 to 654, did you author this letter to the 5 governor?
- 6 A. To the Director.
 - Q. I mean, I'm sorry, to the Director?
 - A. Yes.
 - Q. And why did you write this letter?
- 10 A. Because the ultimate decision of transfer 11 comes from the Director and as recommended by the 12 committee.
 - Q. And what's the gist of this letter?
 - A. Summarizing the findings of the committee and the recommendation to allow transfer.
 - Q. Before writing this letter, had you spoken to Director Baldwin about Ms. Monroe?
- 18 A. I don't think so. I don't recall. But I 19 don't think so.
- Q. After you wrote this letter, did you speak to Director Baldwin about Ms. Monroe?
 - A. He didn't contact me directly about it. We may have spoken at another time, but not directly related to the letter.

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1	Q. Did you speak with Director Baldwin ever	1	Because I had encouraged Yes. Now I recall.
2	about Ms. Monroe?	2	I think I had e-mailed him requesting
3	A. I don't remember.	3	kind of a little status report of how are things
4	Q. How did you get this letter to him?	4	coming along, what have you. I didn't hear back
5	A. By e-mail.	5	from him. And then I heard that he wanted to have
6	Q. So you sent this letter, it appears, on	6	a meeting, and I think that's what this was about.
7	March 22nd, 2019; is that right?	7	I haven't reviewed this one in a while, so I
8	A. Yes.	8	apologize. This isn't fresh for me.
9	Q. Do you know when Director Baldwin	9	Q. Sure. We can take a moment, if you want,
10	approved the transfer?	10	to just kind of flip through the document and skim
11	A. No. No, I don't. But I think she was	11	through. I'll be asking some specific questions
12	transferred April 1st, I believe, so it was	12	at different points in the document. But if you
13	shortly after this.	13	want to take a moment to just review, that's fine.
14	Q. Did Director Baldwin or anyone else from	14	(Whereupon, a short break was
15	his office contact you to give you the Director's	15	taken.)
16	decision?	16	BY ATTORNEY DEL VALLE:
17	A. He e-mailed me back.	17	Q. Before we get into this meeting, I just
18	Q. And what did he say in the e-mail?	18	have a follow-up question about the one
19	A. It was approved.	19	transgender woman that was approved by the
20	Q. Was there anything else in the e-mail?	20	committee to be transferred last Monday. Has
21	A. I don't think so.	21	Director Jeffreys approved the committee's
22	Q. Okay. Now we'll go to Exhibit 2.	22	recommendation yet?
23		23	A. The recommendation was just sent today.
24		24	Q. So the committee had the meeting last
	45		47
1	(Whereupon, Puga Deposition	1	Monday, and did you send the recommendation to
2	Exhibit No. 2 was marked for	2	Director Jeffreys today?
3	identification.)	3	A. No. I'm sitting as chairman because this
4	BY ATTORNEY DEL VALLE:	4	is the Agency Medical Director's position, and he
5	Q. So Exhibit No. 2 is another packet of	5	has asked me to sit in. And so I had to get
6	documents. These are all the Transgender Care	6	clearance from him and just make sure he was okay
7	Review Committee meetings since Ms. Monroe has	7	with it. He was on vacation till Thursday, so I
8	been placed at Logan. So the documents start from	8	didn't get a response until Friday. So I drafted
9	Bates 641 and goes to Bates 910, but again, the	9	a letter, and today it was sent.
10	numbers aren't consecutive.	10	Q. Okay. And when you say you were sitting
11	So the next time the committee met to	11	in for the Agency Medical Director, is that
12	discuss Ms. Monroe after she was transferred to	12	Dr. Meeks?
13	Logan was April 30th, 2019; is that right?	13	A. Meeks.
14	A. We did meet in April, yes. So that	14	Q. So you have to get approval from
15	probably was the next time, yes.	15	Dr. Meeks before sending the committee's
16	Q. And focusing now just on the first page	16	recommendation to Director Jeffreys?
17	of your document, and that meeting goes from	17	A. Well, he hasn't told me that per se. But
18	page 641 through 648.	18	I feel a responsibility for that. So I want to
19	So what prompted the April 30th, 2019,	19	make sure he's on board for that.
20	meeting?	20	Q. So Dr. Meeks wasn't at that meeting last
21	A. I don't recall if that was something that	21	month when the committee made the recommendation?
22	we automatically set up as far as a status report,	22	A. That's correct. Dr. Conway sat in for
23	sort of, or whether Warden Austin requested it	23	him.
24		24	O And so you sent the letter similar to the

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- 1 letter that you wrote for Ms. Monroe to Director
 2 Jeffreys today?
 - A. Yes. Not as lengthy, but yes.
 - Q. And do you have any reason to think that the Director is not going to approve of the committee's recommendation to transfer this individual to Logan?
 - A. This is a new Director, so I don't have familiarity with how he works. So I don't know what to expect. I left it open for him to contact me for more information or concerns, and we'll have to see if he requests more information.
 - Q. Okay. And have you had any conversations with Director Jeffreys about this particular individual?
 - A. No.

- 17 Q. Going back to the April 30th, 2019, 18 meeting for Ms. Monroe, this meeting was recorded, 19 correct?
- 20 A. Yes.
- Q. And does this appear to be a transcript of the meeting?
- A. Not -- It's pretty verbatim, it looks like, from what was discussed.

- voiced his concern insofar as he didn't think it was a safe thing to have done as far as bring her to Logan.
- Q. And I believe you testified that you had e-mailed Warden Austin, and you didn't receive a response from him. But then you heard that he wanted to have a committee meeting. How did you hear that he wanted to have a meeting?
 - A. I don't know whether he got back to me about it or -- or he asked somebody else,
 Dr. Hinton, I'm not sure exactly how. But then again at that point, it was almost as though I was recommending us to have a status check, and then all of a sudden, there was more urgency about it because of how difficult it was. So it became something that was -- I was hoping to just have a chat, and went from having a chat to an urgency of getting together.
- Q. And looking on Bates 641, Warden Austin tells you and the other members of the committee that there were women at Logan who were making false PREA complaints against Ms. Monroe; is that right?
 - A. That's correct.

- Q. Okay. So you think, was it your secretary who transcribes the meetings?
- A. Yes.
- Q. Do you think your secretary transcribed this pretty close to verbatim?
- A. Yes. Close to it. I don't think it's all verbatim, but I think it's close to, yes.
- Q. Okay. Now, just in general, what happened at this meeting?
- A. Ms. Monroe was only there for about four a little more than four weeks. And there were a lot of difficulties that were coming up. Warden Austin wanted to make sure we were aware of how difficult this was as far as her transition, and Warden Austin wasn't actually at the meeting where we approved her to come. Warden Calloway had been.

And all along, like with the previous person we had transferred, Warden Austin was very on board, and he was very excited to help us in a new chapter of IDOC, and was very much on board with it. And he had been -- he certainly had been until at this point, he was very frustrated with how things were going. And at that point, he

- Q. And Warden Austin also tells you and the committee members that there are probably some staff members who have been behaving unprofessionally towards Ms. Monroe; is that right?
 - A. Is that in there?
- Q. Yeah. I can direct you to where exactly. It's kind of in the middle of the page --
- A. "Intimidating one of my lieutenants right in front of me ..."
- Q. I don't want to mark this up. But if you look right here (indicating).
- A. "Probably have some staff members behaving unprofessionally."
- Q. So do you recall Warden Austin telling you that there were probably some staff members who were behaving unprofessionally?
- A. I don't recall that specifically, but it looks like he did.

This was a major transition for everybody. And we had some experience with three transgenders prior to this. And, you know, everybody has -- had had difficulties with the transition. So they were not used to, you know,

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what Ms. Patterson had been portraying.

Q. And on page 642, Warden Austin gives a little bit more detail about how staff have been behaving unprofessionally and says that they have been saying inappropriate comments towards her.

Do you remember him telling you that?

- A. Not specifically. But if it says it on here, he did bring it up.
- Q. Now, on page 647, Camille Lindsey told the committee that adjusting to Logan would be hard for Janiah, particularly since she has spent her whole life in max security men's prisons.

Do you recall that conversation?

- A. Not specifically.
- Q. But if it's documented there --
- A. If it's documented there, it did happen. But again, we are listening to this, listening to the difficulties and what have you. At the same time, I know in my mind at least was, and I think in Dr. Hinton's was yes, there are growing pains, and there are going to be these type of things that we need to continue to address. And our hope at this point was to try to address some of this and work with the staff.

L hormones, that maybe we need to ask her to take an

- 2 injectable. So we began problem solving some
- 3 things. We looked at where exactly is she going
- 4 to be housed and what's going to be done. So
- 5 that's the type of thing I think the committee
- 6 began to take a look at. Okay. They need extra7 help.

Dr. Pfost was very intimidated by
Ms. Monroe, and she was the primary therapist.
And so we had actually talked about how to get
them, Dr. Pfost and Ms. Monroe, to have a better
working relationship. And so those are some
things that came out of that meeting with
Dr. Ashley, who's the mental health authority
there.

And so there were some things, some strategies that we put in place to try to see what we could do to make this -- make the situation better.

Q. Did you say you had a meeting with Dr. Ashley after this committee meeting?

A. No. Dr. Ashley was involved afterwards, shortly after this as far as trying to include or trying to develop the relationship, foster the

Q. So turning to page 643, at the top of that page, it's Warden Austin's -- Warden Austin's comment that continues on from page 642. If you look towards the second line towards the end warden Austin says "But now I am pretty much asking the committee for help trying to figure out what to do with Ms. Monroe because I don't have all the answers."

And then if you look at the very last line of that comment, Warden Austin says "I am almost at a loss as to what to do with her."

So Warden Austin was asking the committee for guidance; is that right?

- A. Yes.
- Q. And did the committee help Warden Austin? Did the committee develop any sort of plan to help manage Ms. Monroe at Logan?
- A. We had some ideas that we were going to implement afterwards. Like, for example, at the end, you see that Dr. Hinton was planning to go visit with Ms. Monroe. And I think that happened later that week. And we were strategizing with Dr. Meeks whether he was -- you know, if he's not taking the hormones -- or she's not taking

- relationship with Dr. Pfost and Ms. Monroe.
- 2 Dr. Pfost was going to be her primary therapist.
- 3 But because she felt intimidated, because she
- 4 wasn't connecting, if I recall correctly,
- 5 Dr. Ashley was going to try to bridge that. And
- 6 Dr. Ashley doesn't carry the caseload, so she
- 7 wouldn't be seeing her. But Dr. Ashley was going
- 8 to intervene. So we came up with some ideas and
- 9 what are we going to do to stabilize this
 - situation. So yes, we were going to do that.
 - Q. So where is it documented in this committee meeting note that Dr. Ashley was going to get involved?

A. It isn't. But I think the next day or whenever it was that Dr. Hinton met with her, and it was shortly after this meeting that that's a plan they had come up with. So it wasn't -- This was a beginning. This was airing Warden Austin's concerns. This was trying to problem solve, and it got the gears moving as far as what do we need to do to help this situation.

On a therapeutic end, on a medication end, we began to problem solve some of this with the situation.



Q. Is it fair to say that the committee in this April meeting discussed and had a conversation about Ms. Monroe's problems at Logan. But at the end of this committee meeting, there wasn't any concrete plan set in place on how to address those problems; isn't that fair to say?

- A. There was beginning of that. This sent us off into trying to come up with some solutions.
- Q. And you didn't come up with any solutions during this meeting?
- A. Well, again, we talked about Dr. Hinton going there. And Dr. Hinton has a lot of experience in this. And so he was going to go and take a look at what might be necessary. So as someone I think Dr. Hinton had known her from the past, might have worked with her. And as someone who I think had a working relationship with her in the past, to be able to sit down with her, kind of take a look at some of this, try to work with the team as far as what do we need to do as a team, that's what the next step was.

So this was an airing of frustration, of concern, of what have you. And, okay, obviously we don't just leave it there. So that put us into

"How about medical provider gives you a call," meaning Dr. Meeks, "and psychiatric provider gives me a call after the next visit," meaning after the psychiatrist sees him again. Dr. Meeks says "Fine as well." And it says "So we can kind of discuss that, and we know if compliance is an issue, then certainly there are injectable hormones and other things we can do psychiatrically. So if you can ask providers to do that for us, Warden, that would be great." And then he agreed to do that.

So we were going to -- Dr. Meeks and I were going to be available to consult with the treating hands-on providers there.

- Q. So you made a plan to talk with Dr. Hinton and the treating providers about Ms. Monroe's hormone levels?
 - A. Hormone and psychiatric care, yes.
- Q. And did you do that?
- 20 A. I believe so, yeah.
- 21 Q. When did you do that?

A. That was shortly after that. We had some communication. I'm trying to think what the context of that was. But I believe -- I don't

- action. And Dr. Hinton was the person that was the main person that was going to go out and take a look at that. Afterwards, he and I spoke, and so we were -- we were now working on this particular situation.
- Q. So is it fair to say that the -- the concrete plan that came out of this meeting was for Dr. Hinton to meet with Ms. Monroe and for the committee to reconvene in a month? Is that fair to say?
- A. I believe we were going to reconvene. We wanted to take a look at it. We wanted to take a pulse on what was going on, what was happening.
- Q. So again, is it fair to say the committee -- the recommendation that came out of this meeting was for Dr. Hinton to meet with Ms. Monroe?
- A. That was one of them. I think they did talk about possibly injectable hormones.
 - Q. Where is that documented in this meeting?
- A. Well, on page 646, the bottom half, Dr. Meeks, we talked about when we would reconvene. And I said a month might be a little too long. Let's see.

recall the details.

Q. Sure.

Who was the "we," when you said "we had some conversation"?

- A. That's who I'm trying to remember, who was managing them. Because I'm trying to remember whether we did that -- if I did that directly. I don't remember who the treating psychiatrist was. You know, I'm not sure exactly. Frankly, now I don't recall. I don't recall exactly.
- Q. So you don't recall if you met with the treating psychiatrist to discuss Ms. Monroe's hormones?
- A. Well, it wouldn't be hormones. The hormones I wouldn't be involved in. It's more the psychiatric medication management. So those are two separate things, Dr. Meeks regarding hormones, and me regarding -- so then we were going to do that, and Dr.- -- so then I -- after they conferred, Dr. Hinton, after the meeting, as he was driving back home, he called me, and we discussed what he found.
- Q. Okay. I just want to make sure I'm following you. So the "they" is Dr. Hinton and



the medical provider who was prescribing her hormones?

A. Well, okay. So we have several treating people. We have the therapist, so Dr. Pfost. So Dr. Pfost, and Dr. Ashley is the mental health authority there. And so they were working on trying to establish a working relationship. And a major issue being PTSD, behavioral issues, et cetera.

There was a psychiatric piece. I think she had been on psychiatric medications, if I recall. And so the psychiatric piece is something that I was taking a look at as far as whether they were appropriate and what was being done with that. And I don't recall -- I don't think I spoke with the treating psychiatrist. I don't remember if there were e-mail conversations or somehow I did take a look at that as far as what she was on and what was being done.

And then the hormone piece was Dr. Meeks was going to take a look at -- you know, injectables aren't a part of our formulary, but if that would be necessary. Then he would approve hormones to be done by injectable, which I believe

hormones, then we talked about we really can't enforce it like we do psychiatric meds. It would have to be voluntary. So we had a discussion like that.

- Q. Did you have a discussion specifically about switching Ms. Monroe to injectable hormones with Dr. Meeks?
- A. We discussed it. So I don't know if he brought it up or I brought it up. But yes, we discussed that.
- Q. Were you aware that she was going to be switched to injectable hormones?
- A. No. That's the medical piece, so no. I knew it was a possibility.
- Q. And then you said Dr. Hinton was in charge of having further discussions about security issues. Did I hear you correctly?
 - A. Housing and that type of thing, yes.
- Q. And what conversation was he supposed to be having?

A. Well, when he went to visit Ms. Monroe, at that point, he was going to be speaking with Dr. Ashley and the team there and coming up with some decisions.

she's on injectable hormones now. So that was another prong of what we were looking at.

The security piece and the housing and that type of thing, Dr. Hinton was going to weigh in on, because he's much more familiar with it. So we were approaching this on multiple levels at this point sparked by this meeting that we had.

- Q. So Dr. Meeks was in charge -- for lack of a better word, was in charge of talking to her treater at the facility regarding her hormones; is that right?
 - A. Right.
- Q. And did Dr. Meeks have that conversation with her treater?
- A. I don't know. I know she ended up on injectable hormones. I don't know what that conversation was.
- Q. Did you ever have a conversation with Dr. Meeks about Ms. Monroe's hormones?
- A. We talked about an experience we had in the past, I think it was with Mahabasik, where she stopped taking her hormones and she was sexually active as a result. So we talked about learning from that experience. And if she was to refuse

1 Q. Decisions regarding what?

A. Overall treatment, which would include housing and what have you there at Pontiac -- at Logan rather.

Q. So housing within Logan?

A. Yes

Q. Do you remember when, or do you know when Dr. Hinton went to go visit with Ms. Monroe?

A. No. I think it was the same week that this occurred. I remember he was heading down for a meeting anyway, and he was going to stop there afterwards. So an afternoon in that week, I believe it would have been within a couple of days.

Q. Did you talk to Dr. Hinton about his meeting with Ms. Monroe?

A. Yes.

Q. And what do you remember about that conversation?

A. That he spelled out some of the frustrations that the staff were having with him and with her and that he was trying to engage him in treatment and trying to engage him in working through some of these issues. And I heard it went



1 well. There was -- It was a good -- that it was a meeting. But you can take a moment to kind of 2 good, open dialogue. So it seemed positive. 2 skim through. But for the sake of time, I don't Q. Do you know if Dr. Hinton had met with want to spend 20 minutes reading the document when 3 3 4 Ms. Monroe prior to this visit? 4 we're going to go over it together. 5 5 A. I think based on the notes, he said he (Whereupon, a short break was had some experience with her. So I'm not sure if taken.) 6 6 7 that was actual in-person treatment, because 7 BY ATTORNEY DEL VALLE: Dr. Hinton had worked at Pontiac prior to him 8 Q. Okay. Dr. Puga, if you can turn to 8 9 becoming the Chief of Mental Health and 9 page 380. I'll direct your attention to Austin's 10 Addictions. And Ms. Monroe had been in the system 10 second comment there in the middle of the page -for quite a many years. Exactly. Austin writes towards about two-thirds 11 11 12 The next time the committee met was 12 of the way down that paragraph, he tells the 13 June 21st, 2019, correct? 13 committee "We get a lot of grievances and complaints from ladies in the population about 14 A. Yes. 14 15 Q. So about two months later? 15 Patterson, and we get a lot of PREA grievances on 16 A. 16 Patterson. The majority of them a 17 Do you know why the committee didn't meet 17 unsubstantiated" -- I'm assuming that's a typo; it should say "are unsubstantiated" -- "That was the 18 after a month? 18 19 A. No. 19 same with Hampton. I know we are not on the phone to talk about Hampton, but we have ladies that Was it scheduling issues or other 20 20 Q. 21 reasons? understand that this is a quick ticket way to move 21 22 I don't recall. 22 wherever you want to move in Logan by making a Α. 23 Q. Who schedules the meetings? 23 false PREA claim against another lady. And it is 24 These type of meetings would be me. 24 easy to make a false PREA against someone like a 65 But you don't recall why you had to Patterson or a Hampton. They realize that Logan 1 Q. 1 2 schedule it for June? doesn't have 24 other facilities in the state to 2 3 3 send someone to, so they know how to get from the Α. And flipping through this meeting, which high side to the low side." 4 4 5 is a document on page 379 through 391, was this 5 Do you remember having that conversation meeting also recorded? in the committee? 6 6 7 Α. Yes. 7 Α. Yes. 8 And does this appear to be a transcript 8 So Austin again here at this meeting in Q. 9 of the meeting? 9 June is telling the committee that there's a lot 10 It looks like it would be. 10 of unsubstantiated PREA complaints being filed Now, do you remember what happened at against Ms. Monroe; is that right? 11 11 this meeting? 12 12 Α. Yes. 13 13 And looking further down that page, No. I'm going to have to read through Q. Assistant Warden Calhoun says that they have two 14 this also. 14 substantiated PREAs, but Austin then replies "We 15 So before you start reading, I'm just 15 asking, do you have an independent recollection of have two that I still question." 16 16 17 this meeting? 17 Do you remember that? 18 I'm going to have to refresh my memory on 18 Not specifically. But it's in here. Α. 19 19 So it's unclear based on these meeting it. notes and the discussion the committee had what 20 So then the answer is no, you don't have 20 21 an independent recollection of the meeting? 21 her two substantiated PREA complaints were about; 22 Right now, yes. is that right? 22 23 Okay. So this one is rather long, and 23 Α. Yes. 24 I'm going to direct you to various portions of the 24 So in this discussion, the committee

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1 wasn't getting a complete picture of what the two 2 substantiated PREA complaints were? 3

Α. Correct.

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If you turn to page 379, at the very bottom, you ask -- you said "And the intimidation and threats to staff, I know we have heard that initially, but has that continued? Is that something that's continuing to be an issue?"

And then Warden Austin then replies to your question saying "We recently saw a minor improvement in her behavior, and we are working with her."

Do you remember having that conversation?

- A. Yes.
- Now, if you turn to page 381, in the comments that Chief Robinson is making in the middle of that page, do you see her paragraph there?
- 19 A. Yes.
 - Towards the bottom of her comment, Chief Q. Robinson says "I looked at the medical report since I have been here, and there is some indifference on this hormonal treatment. There is some manipulation by Patterson, who has indicated

- I haven't seen that charting, but I know -- I thought that she was resistant to taking it at one point. That's the report I had gotten.
 - And who did you get that report from?
- 5 It was probably at a committee meeting or -- I don't know, but that's the information 6 7 that I got.
 - Was it from Nikki Robinson at this Q. meeting?
 - A. I don't know. I don't know. I'm not sure. You know, I would check in with the mental health authority, Ashley, and so I would call Dr. Ashley from time to time just to check in to see how things were going. So it might have been from her.
 - Q. Okay. So I understand that you remember hearing that there -- hearing this information, that there was some problems with her taking her hormones. Would you be surprised to learn that there's no documentation of that, that there's no documentation that says that Ms. Monroe didn't want to take her hormones?
- 23 A. I'd be surprised.
 - Okay. So if this information that Q.

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- that she didn't like taking the shot because it
- hurts her arm. I am noticing that her female
- hormone levels are low, and this medical regimen 3
- as well as the treatment that she has had for the 4
- 5 male hormones is in range for her to have an
- erection and to potentially produce sperm." 6
- 7 Do you see that there?
 - Α. Yes.
- 9 Now, Robinson is giving her 10 interpretation of a medical report, and she is not a doctor, correct? 11
 - Α. Correct.
 - Q. And you looked at her medical records; is that right?
 - Correct.
 - Would it surprise you, then, to learn that there is nothing in Ms. Monroe's medical records that indicates indifference to hormone treatment?
 - That indicates what? A.
- 21 Indifference to hormone treatment. Q.
- 22 Whose indifference? A.
- Ms. Monroe's indifference to hormone 23 Q. 24 treatment.

- Robinson was communicating to the committee is 1 actually not supported by any documentation in her medical records would that surprise you?
- Yes. I know Chief Robinson is truthful, 4 and I don't think there's reason for her to come up with something that would be false to her 7 knowledge.
 - She's not a doctor or medical provider; Q. is that correct?
 - A. Correct.
 - Chief Robinson is also mentioning that --Q. Scratch that.

Would it also surprise you to learn that there is nothing in Ms. Monroe's medical file, nothing in her records to indicate that she was manipulating or being manipulative in regard to her hormones?

- A. I heard she was manipulative regarding that, but I haven't seen this documented anywhere.
- 20 So you haven't seen this documented? Q.
- 21 A.
 - And you heard she was manipulative from Q. Robinson?
 - And possibly other people. A.



- Q. And is it possible from your -- from the knowledge that you have as a doctor that the reason why Ms. Monroe's testosterone levels and her estrogen levels were low is possibly because she wasn't getting the proper dosage of the hormones?
 - A. I think she was stable on the medication previously. And unless that dose went down, I would anticipate that the levels would be similar.
 - Q. So you don't know that the doses in her -- the doses for her particular hormone pills were ever altered or changed?
 - A. Right.

- Q. You're assuming they weren't?
- 15 A. I'm assuming.
- 16 Q. And why are you making that assumption?
- 17 A. Because her hormone levels seemed 18 adequate and -- but I wasn't monitoring the
- hormone levels, so that I wouldn't know for
 certain.
- Q. So you weren't monitoring the hormone levels, correct?
- A. Correct.
- Q. And Nikki Robinson wasn't monitoring the

THE WITNESS: No. What I'm saying, if you look at hormone levels, it would have an L or H or N. And that's used to indicate if there was any abnormality. So I don't know what she's referring to. But somehow, whether she was told that by the medical folks or what have you, she's relaying some information that I don't think it's because she went into the record and was giving a medical opinion, but somehow that was related to her. Whether it was nursing or medical, I don't know. BY ATTORNEY DEL VALLE:

- Q. Do you know what information Chief Robinson is relying on to back her assumption that Ms. Monroe could produce sperm?
- A. You know, she has asked in the past whether that could be —— whether that could be assessed. And so she's asked us as medical personnel about that. I don't know if it's in this meeting or others, but she's asked about that. So it's been more of a question of how do we ensure safety in this situation? How can we be certain? And that's a question that she brings up for the medical folks in the room, Dr. Meeks and myself.

hormone levels, correct?

- A. Correct.
- 3 Q. Yet Nikki Robinson is giving her opinion 4 about the hormone levels in this document, 5 correct?
 - A. I've seen Ms. Robinson ask about those type of things and bringing things up more as a questioning and bringing it up as concerns rather than playing doctor.
 - Q. Well, Nikki Robinson is saying here "I'm noticing her that hormone levels are low."

Do you see that? So she's giving her opinion on hormone levels, right?

- A. Well, the record would indicate whether it's normal levels or not. I mean, it says what the range is. So any layperson can look at that and say that's out of range.
- Q. So any layperson can give a determination about the effects of low hormone levels, as Nikki Robinson is doing here, when saying that her hormone levels are in the range for her to have an erection and potentially produce sperm?

ATTORNEY COOK: I would object to that characterization.

- 1 Q. I understand that in the past she might 2 have asked that question --
 - A. No --
 - Q. Let me finish.

In this particular comment, she is telling the committee that she notices that the hormone levels are low and that Ms. Monroe now has the potential to produce sperm. My question is, do you know what information Robinson is relying on to tell the committee that Ms. Monroe can potentially produce sperm?

- A. I'd have to read this paragraph. But in my experience with Chief Robinson she has asked about how do we ensure this. And so maybe not in this meeting in particular, but going forward, she has asked, you know, how can we be certain, can we reassure her that she cannot get anyone pregnant.
- Q. Okay. Sure. She could have in the past asked that question. But is Robinson asking that question in this statement? Is she asking a question here?
 - A. She's not asking that guestion.
- Q. And there's no doctor in the room to accurately tell the committee whether Ms. Monroe



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- could produce sperm; is that right?
- 2 A. Well, there's a doctor in the room, but
- 3 you can't tell unless you've done exams.
- 4 Q. And IDOC has never done exams on
- 5 Ms. Monroe to determine whether or not she can
- 6 produce sperm; is that right?
 - A. That's correct.
- 8 Q. And as far as your review of the record,
- 9 have you ever seen any medical documentation to
- 10 support the proposition that Ms. Monroe can
- 11 produce sperm?
- 12 A. No.

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- 13 Q. Okay. So turning then to page 382,
- 14 towards the bottom of the page, your statement
- 15 that you state "I know the report that we had
- 16 gotten prior to her moving to Logan was that she
- 17 had testicular atrophy."
- 18 Do you see that there?
- 19 A. Yes.
- 20 Q. And you remember reading records of
- 21 Ms. Monroe that indicate she has testicular
- 22 atrophy?

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- 23 A. Yes.
- Q. So in response to your comment, Chief

- 1 evaluation at Logan?
 - A. Right.
- 3 Q. Would it surprise you to know that
- 4 Dr. Tsang's evaluation while at Logan is not
- $\,\,$ 5 saying to the committee what Nikki Robinson is
- 6 saying that it does?
 - A. That would be surprising.
- Q. And you reviewed her medical records, andthere are numerous records which indicate a
 - history of auto castration?
 - A. Yes.
 - Q. And you wouldn't have told the committee that she had genital mutilation if that wasn't true. correct?
- 15 A. That's correct.
- 16 Q. So what did the committee end up 17 recommending the next steps be for Ms. Monroe 18 after this meeting?
 - A. I haven't read further into that but --
- 20 Q. Sure. Let me just ask another question.
- 21 Did the committee recommend that
- 22 Ms. Monroe be evaluated to see if there could be
- 23 an interstate transfer? Do you remember that
- 24 discussion?

Robinson goes on to say "Well, that's not the case."

Do you see that there?

- A. Yeah. And that might have been from the examination that she had when she transferred in to Logan. So she may have -- she may have been told that after transferring in.
- Q. So Robinson is communicating to the committee that there are no signs of mutilation and no signs of testicular deformity; is that right? It's her very next statement.
- A. That's probably what she had gotten from the medical doctor, yes.
- Q. But you're a doctor, and you personally reviewed her records, right?
 - A. Yes.
- 17 Q. And there's nothing in her records that 18 does not indicate that -- Scratch that.
 - There is nothing in her records that indicates that she does not have testicular atrophy; is that right?
- A. I can't say that, because I haven't seen
 Trang's evaluation while she was at Logan.
 - Q. You didn't go back at look at Dr. Tsang's

- 1 A. Yes.
 - Q. Okay. And do you remember why the committee decided to go that route?
 - A. Yes
 - Q. Why was that?
 - A. Because Logan was having such a difficult time with her and wasn't able to manage needs as well as the needs of the facility. So it was not a good placement for her.
 - Q. So why then did the committee -- Given that fact, why did the committee think the next option was interstate transfer?
 - A. Because we -- our facility couldn't handle her particular needs or behavioral needs.
 - Q. The committee did not recommend sending Ms. Monroe back to the Men's Division at this meeting; is that right?
 - A. The recommendation was that an interstate compact be sought, and if that wasn't -- if we weren't able to find something that would meet her needs, then at that point, we would consider having her go back.
 - Q. But at this point, the committee did not recommend her being transferred back to the Men's

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1 Division, correct?

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- A. That's right.
- Q. So this committee, if you look at the very first page of this meeting, this committee meeting, according to the notes, happened between
- 6 2:00 and 3:00 o'clock p.m.; is that right?
 - A. Yes.
- 8 Q. Okay. So after the meeting ended, did 9 you communicate the committee's recommendations to 10 Director Jeffreys?
- 11 A. No.
- 12 Q. Do you know if someone on the committee 13 communicated the committee's recommendations to 14 Director Jeffreys?
- 15 A. Yes.
- 16 Q. And who was that?
- 17 A. I'm not sure.
- 18 Q. As chair of the committee, is it not your 19 responsibility to communicate the committee's
- 20 recommendations to the Director?
- 21 A. Yes.
- Q. So did you delegate someone to do that?
- 23 A. No

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Q. So how do you know, then, the Director

- that point. You know, other people did, and
- 2 somehow it went directly to him. Because
- 3 otherwise, I would have done what we did in the
- 4 other cases, write a letter and what have you, and
- $\,{\rm 5}\,\,$ send it to him and wait for a response. And all
- 6 of a sudden, I got a response back this isn't
- 7 happening. And I spoke to Dr. Meeks about it, and 8 he said that's what the Director said, and that's
- 8 he said that's what the Director said, and that's 9 the direction we're going.
 - Q. Were you surprised when you heard back that the Director had overruled the committee's recommendations and wanted to send Ms. Monroe back to Logan?
 - ATTORNEY COOK: Did you mean Pontiac?
- 15 ATTORNEY DEL VALLE: Yes.
- 16 BY ATTORNEY DEL VALLE:
 - Q. Wanted to send Ms. Monroe back to Pontiac?
- A. Surprised? It was a quick decision.
 That's his decision. I wasn't going to question
 it necessarily. You know, that was -- it's
 ultimately his decision. So he's in charge.
 - Q. Were you surprised that the information on the committee's recommendation got to him so

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was communicated the committee's recommendations?

- A. I had heard back later on that day that the Director said no, that we're going to transfer
- 4 her and transfer back to Pontiac. So, you know,
- 5 like I said, we as a committee make the
- 6 recommendation. It's the Director's decision
- 7 whether that happens or not.
 - Q. So how did you hear about the Director overruling the committee's recommendation?
 - A. It might have been an e-mail or -- I think it was an e-mail later on that day. This was a Friday, I believe, if I'm not mistaken.
- 13 That's when I heard about it, later on.
 - Q. And you don't know who talked to Director Jeffreys about the committee's recommendation?
 - A. I'm not sure.
 - Q. Don't you think you should have been consulted before anyone in the committee went to Director Jeffreys to discuss the committee's recommendation?
- A. Yes. The Director was new at this time.
 I think he might have started June 1st. I don't
 recall. So I didn't -- I hadn't met him yet. I
 hadn't had any working communication with him at

- 1 quickly before you had an opportunity to consult
 2 with him?
 - A. I didn't know what to expect because this was a new Director, and I don't think I had met him at that point.
 - Q. Did you wonder at that point who shared the committee's recommendation with him?
 - A. Frankly, no.
 - Q. Why not?
- A. Because that -- what was communicated was accurate that we had recommended one thing, and he declined it and took the second option we had suggested.
 - Q. So did it bother you at all that someone had gone above your head and talked to the Director on behalf of the committee instead of you?

ATTORNEY COOK: I'm going to object based on relevance to all these questions about how he feels about the Director's decision.

ATTORNEY DEL VALLE: This isn't about the Director's decision, it's about how the Director got communicated the committee's recommendation.

ATTORNEY COOK: But this is for a preliminary



meaning Janiah Monroe, "be transferred back to the injunction hearing, not how Dr. Puga felt about 2 2 Men's Division as opposed to an interstate 3 ATTORNEY DEL VALLE: But it's a deposition, 3 compact." 4 4 Now, was this the first time that you had and I get to ask him. heard that the Director had decided to overrule 5 ATTORNEY COOK: You can answer this, but I'm 5 the committee and decide to send Ms. Monroe back 6 going to object. 6 7 THE WITNESS: I'm sorry. What was the 7 to the Men's Division? 8 8 question? A. Yes. 9 ATTORNEY DEL VALLE: Can you read back my 9 And did you -- After receiving this Q. 10 question. 10 e-mail, did you have -- so you didn't have -- Let 11 11 me back up. (whereupon, the record was read as 12 12 requested.) After receiving this e-mail, did you 13 THE WITNESS: I wouldn't say it bothered me. 13 speak with Chief Robinson about her discussion I wouldn't say it bothered me. I did speak with with Director Jeffreys? 14 14 15 Dr. Meeks about it and made sure he knew. So we, 15 Α. No. And why not? 16 you know -- So we were on the same page. So it 16 Q. 17 didn't necessarily bother me that there was -- I 17 This was pretty clear. So I -- I felt it was clear. So I -- You know, they were there --18 think the message was accurate, and a new 18 19 Director, I didn't know how things were working in 19 Again, what was being stated here was she's going his administration. And I wasn't close to him. to Men's Division as opposed to interstate impact. 20 20 21 whoever shared it with him was closer to him than So the recommendation of the committee was, I 21 felt, properly expressed to him. And he decided 22 I was. So I was ready to do the next step, 22 23 whatever the next step might be. 23 the opposite. So I thought it was fairly clear. 24 24 Did you -- After receiving this e-mail, 85 87 BY ATTORNEY DEL VALLE: did you speak to Director Jeffreys? 1 1 Q. Okay. Let's go to our next exhibit. 2 2 Α. No. This will be Exhibit 3. Did you ever find out from any person why 3 3 (Whereupon, Puga Deposition the Director made the decision to send Ms. Monroe 4 4 5 Exhibit No. 3 was marked for 5 back to the Men's Division? identification.) 6 6 A. 7 BY ATTORNEY DEL VALLE: 7 Q. Were you ever curious as to why he made So this is a document filled with 8 8 that decision? e-mails, and we're going to take them one by one. Well, it seemed obvious that she was not 9 9 10 But for the record, the page starts on 552, and 10 successful at Logan. And frankly, I don't know the last page is 807. But again, the numbers how interstate compacts work, and I don't know 11 11 what all that entails. So if there are two 12 aren't consecutive. 12 13 possibilities and he chooses the other, there must So directing your attention, Dr. Puga, to 13 the very first page of this e-mail, Bates 552, be reasons for him choosing that. And so I need 14 14 this is an e-mail that you received from Warden 15 15 to accept that. Austin on the same day as the committee meeting, Did you think it was the right decision 16 16 17 Friday, June 21st, 2019, at about 4:49 p.m. 17 to send her back to the Men's Division? 18 Do you remember receiving this e-mail? 18 She had been very stable at Pontiac. She 19 Yes. 19 had not gotten a ticket for ten months. She A. Okay. And was this the first time -- So seemed happy there. The interaction with the CO 20 20 21 let me back up. 21 that -- the correctional officer that I had 22 So in this e-mail, Warden Austin says mentioned was really positive on her coming into 22 "After further discussion with Chief Robinson, it the interview. I thought that was a stable place 23 23 24 is the Director's wishes that this resident," 24 for her. So I didn't have concerns except that I



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- 1 was hoping that she would have a better experience 2 at Logan. And I was very surprised how sour it 3 went. 4 And I think I had made mention that I 5 expected the other person to have more difficulties than Ms. Patterson -- Ms. Monroe. 6 7 But obviously, I was wrong. 8 Q. So then is the answer -- Listening to 9 everything you just said, is the answer to my 10
 - previous question then yes, you did think it was the right decision to send her back to the Men's Division?
 - Α.

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- Did you think that transferring 0. Ms. Monroe back to the Men's Division would be good for her mental health?
- She had been stable for ten months. I thought she was being successful there. Other things that were problematic, we could probably work around. So I was going to help her be successful wherever she went.
- Did you think that transferring her back to the Men's Division would be good for her gender dysphoria diagnosis?

period of 2019 to 2016, and then she returned in November of 2018 and remained there until she was 2 transferred to Logan [sic]?

4 ATTORNEY COOK: Was the first date supposed to 5 be 2009?

6 ATTORNEY DEL VALLE: Yes. What did I say? 7

8 So let me say that question again.

10 Are you aware that Ms. Monroe was at Pontiac from 2009 to 2016 and then returned again 11 12 in November of 2018 and remained there until she 13 was transferred to Logan?

- I don't recall her moves. A.
- 15 But you're aware she was housed at 16 Pontiac on two separate occasions?
 - Α. I don't remember.

BY ATTORNEY DEL VALLE:

- But you reviewed her records, which indicated she was at Pontiac on two separate occasions, correct?
- 21 I don't remember that. But could have A. 22 been, yes.
 - Q. And are you aware that she spent most of her time at Pontiac either in segregation or in

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A. Like I said, she had been stable for that period of time when she was in Pontiac. I heard a lot of good feedback from people in Pontiac. I heard the COs seemed to present her in a very good light. And I -- I felt that we could probably work with her disorder.

Q. Okay. Let's go to the next page, which is 562. If you look at the bottom of that page, you received an e-mail on June 24th, 2019, from Warden Austin asking the committee for direction in regards to what facility to transfer Ms. Monroe back to.

Do you remember that?

Yes. A.

Okay. And you responded to that e-mail on June 24th, 2019, saying that you suggest that she be returned to Pontiac; is that right?

A.

19 Okay. Can you describe a little bit more why you thought it would be appropriate to send 20 21 Ms. Monroe back to Pontiac?

- Because she was successful there. A.
- 23 So you're aware that Ms. Monroe -- Are 24 you aware that Ms. Monroe was at Pontiac from a

protective custody? 1

- Α. She had told me she was in segregation for ten years.
- And you were aware that Ms. Monroe was raped at Pontiac in 2014, correct?
- A. I did review that, I believe. I don't remember where it was, whether it was Dixon or Pontiac.
- Q. Okay. So let's go back to the exhibit, which is the -- which has your notes from the meeting with her, which is on Bates 652.

Are you on 652?

Yes. Α.

And it's not indicated here, but I'm going to represent to you that the records indicate that Ms. Monroe was at Pontiac in 2014. Okay? And you note here that Ms. Monroe claimed that she was forcefully raped in June of 2014, correct?

A. Yes.

So after reviewing her medical records, you were aware at the time she had alleged she had been raped at Pontiac in 2014, correct?

ATTORNEY COOK: I object to the form of the

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1 question. He knew at the time she had been raped, 1 Is this one of the records that you 2 2 but he didn't know the location. reviewed in your review of her records? 3 3 ATTORNEY DEL VALLE: He was reviewing the A. It might have been. 4 medical records, which have the facility on top of 4 You have no reason to doubt that if it 5 5 was in her medical records that you would have the pages. 6 THE WITNESS: Yeah. So I don't recall knowing 6 reviewed this record? 7 specifically where it was. But yes. 7 Correct. 8 BY ATTORNEY DEL VALLE: 8 And are you aware that when Ms. Monroe Q. And you don't doubt that you reviewed her 9 9 returned to Pontiac for the second time, she was 10 medical records, which indicate the prison that 10 threatened with violence and propositioned for the inmate is at, correct? 11 sex? 11 12 12 I don't know the timing of that, but I Yes. 13 Q. And were you aware that when Ms. Monroe 13 think I had heard that, yes. was at Pontiac from 2009 to 2016, she attempted Okay. So let's go to the next page of 14 14 suicide a number of times? this exhibit, which is Bates No. 297345. This is 15 15 16 Yes. a Pontiac Correctional Facility Mental Health A. 16 17 And were you aware that when Ms. Monroe 17 Progress Note dated January 23rd, 2019. And if was at Pontiac from 2009 to 2016, she had engaged you look under the SOAP notes in the description, 18 18 in multiple self mutilation acts? 19 19 under S it says "PREA: Offender states an 20 offender is threatening him. Offender stated Α. Yes. 20 21 Including auto castration? 21 another offender keeps asking him sexual favors Q. and he tell him no. Offender stated this offender 22 I think that's what I saw in the record. 22 stated to him, 'I'm going to knock you out on the 23 And were you aware that in 2016, an IDOC 23 24 psychiatrist attributed her mental decompensation 24 yard and rape you and leave your blood on the 93 95 at Pontiac to the fact that the harsh environment 1 snow."" 1 at Pontiac was triggering a PTSD response? 2 2 Is this one of the records that you would 3 A. I don't remember that. 3 have reviewed? 4 ATTORNEY DEL VALLE: Let's go to the records. This is dated January of 2019. I don't 4 5 This will be Exhibit 4. 5 remember what time span my record review was. 6 No, it wouldn't have been. 6 (Whereupon, Puga Deposition 7 Exhibit No. 4 was marked for 7 Why wouldn't you have reviewed her 8 identification.) 8 records up until the time that she left Pontiac? 9 I spent time with the recent chart. And 9 BY ATTORNEY DEL VALLE: 10 So this is a collection of some of 10 so what I was sent was to 2018, January 2018. And Ms. Monroe's mental health records from Pontiac. when I reviewed her case, I had the chart in front 11 11 The first Bates number is 7645, and it goes to of me. I don't recall everything I looked at, but 12 12 983. But again they're not consecutive pages. I reviewed the chart. It doesn't mean that I read 13 13 every single page. So I don't know that I -- so 14 So directing your attention, Dr. Puga, to 14 the first page, which is a mental health progress I'm not for sure that I saw this. 15 15 So you don't know if you had this note from January 19th, 2016, it is a mental 16 16 17 health progress note written by a staff 17 information that Ms. Monroe had been threatened 18 psychiatrist. If you look at the second column, 18 with rape and violence in January of 2019? 19 I'll read for you under Assessment. The 19 Α. Right. psychiatrist states: "Indeed, the environment of 20 20 Now let's go to the next page. 21 the North House might be triggering posttraumatic 21 Now, were you aware that Ms. Monroe, when 22 symptoms for this inmate. Repeated attempts to 22 she was in Pontiac the second time in March of stabilize his mood and behavior while he is housed 23 23 2019, that she was sexually assaulted by an

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inmate?

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in the North House have failed."

brought him back to the cell house, he slammed his 1 A. I'm not 100 percent sure. 2 Okay. So looking at this document, 2 back against the cell bars and grabbed him by the Bates 984, this is a psychiatric progress note throat. Offender stated [he is going to be in] --3 3 4 from Pontiac Correctional Center for Ms. Monroe 4 Offender stated if he's going to be in seg, he's dated March 7th, 2019. And if you look under 5 5 going to cut himself up again." Box 3, which is History of Present Illness, you'll And as a result of this meeting with 6 7 see in the middle of that paragraph the 7 Ms. Monroe, she was placed on crisis watch. Do 8 psychiatrist notes "Patient was sexually assaulted you see that there? 8 9 by an inmate in the South House and thus was 9 A. Yes. 10 transferred to the East House." 10 Q. And you'll notice if you flip through Do you remember if you had that these pages that Ms. Monroe remained on crisis 11 11 12 information available to you? 12 watch until March 15th, 2015. 13 A. No. I don't remember. 13 Do you see that? Do you remember being informed that the A. Yes. 14 14 And so on page 993, on March 12th, 2019, 15 sexual assault that happened to Ms. Monroe in 15 Pontiac in March 2019 occurred while Ms. Monroe 16 16 Ms. Monroe states to the mental health 17 was in protective custody? 17 professional that you'll see it's in handwriting, "Offender seen in interview cell. 'I'm not so 18 A. No. I'm not sure -- I'd have to look 18 19 back on my notes. But I think she did say, and I 19 good in the past week. I've been sexually documented, that she had engaged in voluntary 20 20 assaulted, sexually harassed, and physically sexual activity. And then afterwards, she felt assaulted." 21 21 like she was pressured for more. And at that 22 22 Do you see that? 23 point, she had filed a PREA or had made complaints 23 Yes. 24 against the person. So I'm not sure if she was 24 And she remained on crisis watch on 97 99 referring to this situation. But -- But I believe March 12, 2019, correct? 1 1 that's what she had told me that she had done in 2 2 A. Yes. 3 several relationships. 3 Then flip to the next page. On 4 Okay. And you don't know if the March 13th, 2019, she remained on crisis watch 4 5 situation she was describing was the one that's 5 again, correct? documented in this March 2019 progress report of 6 6 A. Yes. 7 the sexual assault that happened in the South 7 Flip to the next page. On March 14th, House? 8 8 2019, she remains on crisis watch, correct? 9 9 March 14th is on Bates 1003. Right. I don't know. 10 Were you aware that Ms. Monroe went on 10 Yes. Α. crisis watch for five days two weeks before she Okay. And then flip to the next page, 11 11 was transferred to Logan? 12 12 1004, March 15th is when Ms. Monroe is finally 13 A. I believe I did know that. taken off crisis watch. 13 Okay. So let's go to, then, the next Do you see that? 14 14 page, which is Bates -- I'm sorry. It's 15 15 16 Bates 992. 16 And you believe that you were aware that So Bates 992 is a Mental Health Progress 17 17 Ms. Hampton had been on crisis watch two weeks 18 Note from Pontiac for Ms. Monroe dated March 11th, 18 before her transfer to Logan [sic]? 19 2019. And this -- In this progress note, it's 19 A. I believe so. I believe I did know that. indicated under Part 3 that it was a PREA Q. And looking at the next page, which is 20 20 21 follow-up, "Offender stated he was in chow hall 21 Bates 979 through 983, this is Ms. Monroe's mental

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health treatment plan from Pontiac dated

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Do you see that?

February 14th, 2019.

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yesterday and he had words with an officer.

Offender stated the officer called him a fag ass

cocksucker. Offender stated when the officer

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1 A. Yes.

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- Q. And were you aware that Ms. Monroe's treatment plan allowed only for 15 to 30 minutes of therapy every 60 days? And that's on page 981.
- 5 If that's what they had been planning 6 for.
 - Q. Were you aware of that at the time?
 - I don't recall.
- 9 And were you aware that Ms. Monroe's 10 treatment plan only allowed for groups when 11 available?
- 12 I don't know what that means, because 13 groups should always be available. However, sometimes in a lockdown or certain situations. 14 15 they're not available.
 - Q. Okay. So you weren't aware that her treatment plan indicated that she would only attend group when available?
- 19 A. Well, as I mentioned, if there's a lockdown or something else happens, they wouldn't 20 21 be available. So she wouldn't -- No one would 22 have access to those groups.
- 23 Q. And were you -- Were you aware that 24 Ms. Monroe in fact actually did not attend any

1 You don't remember hearing that 2 information?

- A. No.
- 4 Do you remember hearing that the Rasho monitor reported that the staffing levels at 5 6 Pontiac are dangerously low, the mental health 7 staffing levels?
 - He says that about the whole department.
 - Including Pontiac? Q.
 - A. Yes.
 - And are you aware that the Rasho monitor reported that there was a high level of use of force incidents by staff toward prisoners with mental illness at Pontiac?
 - There are things that he has said that may not be accurate.
 - So you don't believe that there are, that he was accurate in his report when he said that there's a high level of use of force incidents by staff towards mental health -- toward SMI inmates at Pontiac?
 - I think there's reason to doubt that. A.
 - So after being aware, either at the time or now, of all the information that we went over

- groups during her time at Pontiac from November 2018 to the time she was transferred to Logan?
- A. I can't recall if I knew that or not. I 3 know she's refusing anger management groups at 4 Logan.
 - Q. You weren't aware that she didn't attend any group -- wasn't allowed to attend any groups at Pontiac?
- 9 I'm not sure why she wouldn't be allowed Α. 10 to attend.
- So then the answer to my question is no, 11 12 you were not aware that she was not attending 13 group at Pontiac?
 - Correct.
- 15 And are you familiar with the Rasho Q. 16 lawsuit?
- 17 A. Yes, I am.
- 18 Q. Are you aware that a court appointed 19 monitor in Rasho reported that the mental health 20 treatment program at Logan is among one of the 21 worst in the entire IDOC system?
- 22 When was that dated? Α.
- 23 It was a recent report. Q.
 - I don't know. I don't know specifically.

- related to Ms. Monroe's mental state while she was 1 at Pontiac in the months before she was 2 transferred to Logan, would you still suggest that 3 Ms. Monroe should go back to Pontiac? 4
 - A. It's important to ensure safety of all inmates. And wherever she would go, we would need to make sure that she would be safe.
- So you still, as you sit here today, have 9 no problem with Ms. Monroe being transferred back to Pontiac?
 - If that's what the Director feels is appropriate, then we will make sure that she's safe.
 - Well, you made that recommendation to the Director on behalf of the committee, the recommendation being that she should be returned back to Pontiac. So my question is, as you sit here today, do you still think after learning all this information about Ms. Monroe's mental health while she was at Pontiac, do you still stand by that recommendation?
- 22 ATTORNEY COOK: I'm going to object to the characterization of that question. 23
 - THE WITNESS: She was relatively stable and

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- doing fairly well before she moved. And there 1
 - were some of these things that she -- that she
- 3 filed PREAs about, what have you, that seem to
- be -- that seem to be purposeful on her part. And 4
- 5 with -- So I don't know that -- that what you've
- presented is an accurate description of this 6
- 7 situation and her time in Pontiac. But that's
- 8 something that we would need to make sure that
- 9 she's safe and that she would be okay.
- 10 BY ATTORNEY DEL VALLE:

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- Q. You said she was relatively stable. But two weeks before transfer to Logan, she was on crisis watch for five days, correct?
 - A. Yes.
- Would you consider someone who was on crisis watch to be someone who's relatively stable?
- A. There are different reasons for crisis watch. And I thought it had -- it may be due to a reaction to her knowledge that she was going to go to Logan. And so people will respond, and people will react to changes sometimes. And so I didn't know what to make of it because I wasn't actively evaluating that particular situation.

- that specifically. I didn't talk to the mental
- health providers. People go on crisis watch for 2
- different reasons and for a lot of what we call 3
- secondary gain. And people -- people make 4
- allegations that may or may not be true. And none 5
- of that was -- was really looked at. So I don't
- 7 know whether that was, you know -- that was
- something that was -- that should have kept her 8
- 9 back or not. I was expecting that the staff 10
- helped stabilize the situation and be able to move 11 her on.
 - Again, we're not talking about keeping her back from being transferred to Logan. I'm not talking about Logan at all. What I'm talking about is you made the recommendations to Director Jeffreys that she should be sent back to Pontiac because she was relatively stable at Pontiac. So my question to you is, after reviewing these records, how is it still your testimony that she was relatively stable at Pontiac?
 - A. Ten months without a ticket and generally getting along well I think would indicate that she was relatively stable at Pontiac.
 - So being sexually harassed and sexually

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- According to the document, she was on crisis watch because she threatened to kill herself?
- She made allegations about a particular CO. So could it be that she wanted one last dig at someone she didn't like? I don't know. I don't know exactly what happened there. It wasn't going to stop me to take -- for transferring her to Logan. You know, it could have made us think twice about it. But I didn't allow it to stop the -- this direction.

Sometimes -- Sometimes situations like this make us reconsider. But I thought we should go ahead and transfer anyway.

- Q. Okay. I think we're talking -- we're on different pages here. My question is not whether or not she still should have been transferred to Logan because she had been on crisis watch. My question to you was, did you consider her to be mentally stable at Pontiac given that she went on crisis watch after threatening to kill herself after going through a number of sexual harassment incidents and sexual assault incidents?
 - A. Well, like I said, I wasn't looking at

assaulted and having to go on crisis watch because she was suicidal, despite all of that, you still think she was relatively stable?

- A. Like I said, that needs a lot of evaluation per se because not all -- not everyone who says they're suicidal and goes to crisis is actually suicidal. Are they actually suicidal? And many times people will tell you about what the reason is as far as secondary gain or what have you. So I don't know. I don't know. I think in general, when I met her, she was happy. She was engaging. She was articulate. She was -- She had a good relationship with the CO. She described things that had happened in the past and some things that were ongoing, harassment and what have you. And I concurred that it would be helpful to be in a different setting.
- If you didn't know and you needed -- you said these mental health records and the crisis placement needed more evaluation, if you didn't know, how could you make the recommendation that she should be transferred back to Pontiac?
- A. Because the staff didn't say that it was something that should be a deal breaker or



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cause -- cause for reevaluation. And as I
mentioned, I checked back with the AWP Ruskin just
to see how was she doing there, was she doing okay
there. It was my impression she did fairly well
at Pontiac, and she said yes, she would be welcome
back. And in general, she did well.

So my -- What this statement on page 562

So my -- What this statement on page 562 is about was, you know, I checked with the AWP, Nikki Robinson, who concurred she was relatively successful at Pontiac. So I wanted to check with her and say is this correct? Do we need to move her somewhere else? And she, AWP, knew him very well, and I wanted to make sure that she had -- she agreed with what my assessment was.

- Q. Would you characterize someone who is suicidal as a person that's doing well?
- A. Well, people become suicidal for different reasons. And in the Corrections Department, sometimes a suicidal statement or what have you is not always truthful. We take precautions, and we never dismiss it, even though there may be some secondary gain. And so we take it seriously. But, you know, we can't rule out the fact that it may be -- there may be a level of

that you would have been informed that Ms. Monroe was going to be transferred that day, through the e-mail?

That was a bad question?

Did you first learn that Ms. Monroe was going to be transferred to Pontiac via e-mail?

- A. I believe so, yes.
- Q. Okay. So you weren't called or given any indication prior to this e-mail that she was going to be transferred?
 - A. I believe that's correct.
- Q. So if you look at Warden Austin's e-mail in bold and underlined, he highlights that "A full mental health evaluation or assessment will need to be conducted upon arrival at Pontiac."

Do you see that there?

- A. Yes.
- Q. And then if you go up to the top of this page, you'll see an e-mail from Kelly Renzi, who is at Pontiac, stating "I've just spoken with Dr. Hinton about this transfer. I will do the assessment, and Patterson will be placed at least on a 30-minute watch in Health Care for the weekend at minimum as a precaution due to the

- manipulation, secondary gain, what have you that is there. But we're going to take it at face value anyway.
- Q. So looking back at these mental health progress notes, then, do you believe that Ms. Monroe wasn't being truthful when she said she was being suicidal?
- A. At that particular point, I can't say. During other times, yeah, I think she gets overwhelmed with her feelings. And I think these are truthful.
- Q. Okay. So going back to Exhibit 3, which is the e-mails, on page -- it's the next page from what we were on, Bates 614. So you received -- If you look at the bottom half, you received an e-mail from Warden Austin on June 28th, 2019, indicating that Ms. Monroe was going to be transferred to Pontiac that day via van. Do you remember receiving that e-mail?
- 20 If you look at the bottom half of the 21 page.
- A. Yeah. My name is on there, so I probably did. I probably did see it.
 - Q. All right. So was that the first time

increased risk factors. I've already -- "
Well, I can stop there.

Now, did you know about this, that Ms. Monroe would be placed on a 30-minute watch in the Health Care Unit for the weekend at a minimum?

- A. No. So Dr. Hinton at this point was probably calling the shots. And he probably was making sure that her transition would be safe. And so it looks like something that he would order as far as a full assessment and -- so that looks like it was a conversation between he and Dr. Renzi.
- Q. And did you ever consult with Dr. Hinton about this?
 - A. I don't think so. Not that I recall.
- Q. So you said that you believe Dr. Hinton ordered this 30-minute watch to make sure that she would be safe, and the e-mail here says "due to increased risk factors."

What are those increased risk factors that would affect her safety?

A. Well, it's -- certainly, she fought hard to get to Logan. And the fact that this was being reversed is a risk factor. And I think we were



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- all anticipating that that would not sit well with her.
- 3 Q. That it would be harmful for her mental 4 health for this to be reversed and for her to be 5 sent back to Pontiac?
 - A. That it would be stressful, and anybody would probably react to that to some degree.
- 8 Q. Would you agree this decision to send her 9 back would possibly make her suicidal, 10 necessitating the need for a 30-minute watch?
- 11 A. Or higher. Usually, if you're suicidal, 12 you're at the higher level of watch. Anything can 13 trigger that in people.
 - Q. So here, Warden Austin on June 28th, 2019, gives a pretty detailed e-mail about how Ms. Monroe was going to be transferred, and he sends it to a number of people, who all appear to be either members of the Transgender Care Review Committee or relevant staff at Pontiac; is that right?
- 21 A. Looks like it, yes.

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Q. Now, do you know if there was anyone outside of this e-mail chain that was aware that Ms. Monroe was going to be sent back to Pontiac Q. If you flip to the next page, the next page is Bates 625, so you and everyone else on that e-mail chain get an e-mail then from Warden Austin about an hour and 20 minutes later at 10:43 a.m. that says "This transport will be running behind due to noncompliance."

Do you remember receiving that e-mail?

- A. Yes.
- 9 Q. And did you know what Warden Austin meant 10 by "noncompliance"?
 - A. No. Not specifically, no.
- Q. Did you call Warden Austin to figure out what he meant by "noncompliance"?
 - A. No.
- Q. Did you ask anyone else to try to figure out what he meant by "noncompliance"?
 - A. No.
- 18 Q. Were you ever made aware -- Were you -- 19 Scratch that.

Were you aware at the time that the noncompliance meant that Ms. Monroe was refusing to get on the van?

A. Somehow I heard that, but I don't know when in the sequence of events.

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- 1 that day on June 28th?
- 2 A. I don't know. I'm not sure.
- 3 Q. Did you talk about the fact that
 4 Ms. Monroe was going to be sent to Pontiac that
 5 day with anyone?
 - A. I don't remember.
 - Q. Would that have been something that you would have discussed with someone?
 - A. Not necessarily in the sense that transfers occur. I don't direct when transfers are occurring and how it's done and all. So when something is going to happen like that, it may be that day; it might be the next three days. So I'm not sure. I didn't know. I wasn't aware of exactly when it was going to happen. I knew it was going to happen, but details I wasn't aware of.
 - Q. No. I understand that. But my question is, knowing that it was going to happen, once you received this e-mail, you became aware it was going to happen on June 28th. So did you talk about that fact, that she was going to be transferred that day, with anyone?
 - A. I don't recall.

- Q. You don't know how you heard that?
- A. No.
- Q. Okay. Then if you flip to the next page, which is Bates 627, you'll see in the middle of the page there's another e-mail by Warden Austin saying "Be advised this transfer has been cancelled."

ATTORNEY COOK: Did you mean 657?
ATTORNEY DEL VALLE: Yes, 657.
ATTORNEY COOK: Just so it's clear.

DV ATTORNEY DEL MALLE.

BY ATTORNEY DEL VALLE:

Q. There's an e-mail that Warden Austin sends a few hours later at -- a couple of hours later at 11:53 a.m. saying "Please be advised this transfer has been cancelled."

It's hard to tell in this document, but did you receive that e-mail?

A. I don't remember. I certainly heard about it through the day.

This was a time when we have meetings with our -- with Wexford. So 10:30 to noon and then noon to 1:00 o'clock are our Friday meetings. So I was probably, as I was on the phone call and what have you, I was probably getting these on my



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screen. So I didn't know exactly what was going on and how this was -- how this was occurring.

You know, I think that when offenders get transferred to wherever, sometimes there's — there are difficulties. And so it probably wasn't anything that I was too surprised by because that's something that happens when offenders are transferred. They don't want to go to the middle of nowhere when their family lives in Cook County, so they're going to be upset about that. So there are different reasons folks will have difficulty in transfer.

- Q. So you said this wouldn't have surprised you that the transfer was cancelled?
- A. Oh, that it was cancelled, that was surprising. I didn't know why I was unaware of why it got cancelled.
- Q. So just so we're clear, so Warden Austin sends this e-mail saying that the transfer has been cancelled, and it's likely that you found out that information that the transfer was cancelled that day; is that right?
- 23 A. Right.

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Q. Now, did that information surprise you?

exactly how things work. And so yeah, so this was something that got cancelled, the Governor was involved. I didn't know any more than that.

- Q. Okay. So you remember finding out that the Governor was involved from someone else?
 - A. Yes.
- Q. Do you remember if you heard that, like, someone called you or someone told you in person? Do you remember how you found out?
- A. No, I don't. Dr. Hinton is the one who usually gets the information, so I imagine here we are, and we're in the middle of our meetings, and he found out. I don't know. I found out not through anyone who was directly involved in this. I don't know how I found out.
- Q. Do you know why the Governor's office got involved?
- A. No
 - Q. Did you ever ask anyone why?
- 20 A. I don't recall.
- Q. Were you curious to figure out why the Governor's office got involved?
- 23 A. No.
 - Q. Why not?

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- A. Yes. That surprised me. What didn't surprise me was the previous page when he said it was running late due to noncompliance.
- 4 Noncompliance is understandable; but the cancel, I 5 had no idea what was going on.
 - Q. So focusing on the cancellation, did you ever find out why the transfer was cancelled?
 - A. Yes.
 - Q. And why was the transfer cancelled?
 - A. I heard the Governor's office was involved, and they reversed the decision.
 - Q. And who did you hear that from?
 - A. I don't remember.
- Q. You don't remember who you heard it from?

 Was it someone from the committee?
- A. I don't remember. I don't know. Perhaps
 Dr. Hinton. I don't know. It was somebody,
 somebody told me that. It came as a surprise to
 me as far as, you know, the cancellation, what
 have you, the Governor being involved.
- 21 And you have to -- you have to 22 understand, this is -- I'm relatively no
 - understand, this is -- I'm relatively new in this position. So a lot of this isn't -- I've not gone through these type of scenarios, and I don't know

- A. Because that -- that's something he may be sensitive to and on his radar and his agenda, and that's okay. And if that's how he wants to run the State and the Department of Corrections, I'm going to go along with that.
 - Q. After finding out that the transfer had been cancelled, did you talk to Director Jeffreys?
 - A. No.
 - Q. Have you had a conversation with Director Jeffreys about Ms. Monroe?
 - A. No.
 - Q. So to this day, since the summer of 2019, you haven't talked to Director Jeffreys about Ms. Monroe?
 - A. Correct
 - Q. Do you know how the Governor's office found out that Ms. Monroe was going to be transferred back to Pontiac?
 - A. No.
- 20 Q. Did you ever ask anyone about that?
 - A. No
 - Q. Were you ever curious to find out how the Governor's office got involved?
 - A. Yeah. If you know.

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- 1 Q. But you never asked anyone to try to get 2 that information?
- 3 A. No. I would imagine the Director has 4 meetings with the Governor. So it might have come 5 up in their meetings.
 - Have you met with the Director at all in your capacity as the chairman of the Transgender Care Review Committee?
 - The current Director, no.
 - Have you met with the Director at all to discuss anything involving your responsibilities with IDOC?
 - A. We've had a couple of meetings.
 - Okay. But not specifically about -those meetings weren't specifically about the Transgender Care Review Committee or any of the transgender inmates in IDOC?
- 18 Correct.

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- 19 Q. Okay. Are you aware that when Ms. Monroe was being put on the van on June 28th, she said 20 21 that she would kill herself if IDOC took her back 22 to Pontiac?
- 23 A. I don't think so. Was that why 24 Dr. Hinton had ordered the watch? I'm not sure.

1 I think sometime later, I heard, and I'm 2 not sure when, but I had heard that many facilities would not accept her unless she had --3 4 she was post-surgical, female facilities. And I heard there was difficulty finding a place for 5 her. So I don't know -- I don't know details on 6 7 that. I don't know who decides that. 8

- Okay. So but you remember hearing that other states wouldn't accept her?
- 10 Right. So I don't know if it was a handful of states; if it was all states. I have 11 12 no idea.
 - Q. So if you turn to page 792, you'll notice at the bottom there's an e-mail from Kathy Greer -- I think that's how you pronounce it -- to Dr. Meeks saying -- again, this is at the bottom, "One of the states that is reviewing is wanting to confirm if this offender is being reviewed for the gender reassignment surgery in the near future."

Dr. Meeks then writes to you "Dr. Puga, please confirm whether Offender Patterson has requested gender reassignment surgery," and then you respond to that e-mail saying "Yes, she requested genital reconstruction and breast

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- 1 But no.
 - Q. So that's not information that you remember hearing from anywhere?
 - Right.
 - Are you aware that Ms. Monroe was in fact put on crisis watch for several days after this incident at Logan?
 - A. I don't recall exactly.
 - If Ms. Monroe said it was extremely traumatic for her to be put on a van to Pontiac with no notice, you wouldn't have any reason to doubt that, correct?
 - A. No. I hear of other people having difficulties at transfer like that.
 - Going back to Exhibit 3 with the e-mails, if you turn to the next page, which is 791 to 792, this is a chain of e-mails from October 1st and October 2nd regarding the interstate transfer.

Were you at all consulted during this process regarding interstate transfer?

- A.
- 22 Were you at all updated regarding what was happening with the interstate transfer? 23 24
 - A. No.

augmentation." 1

> And that e-mail you sent on October 1st, 2019.

> > Do you see that chain?

A. Yes.

And then if you go above that, then, Kathy Greer sends an e-mail with you on it saying that "Many of the states that are reviewing this offender indicate since the offender has not had the surgery at this time, the offender will be housed in a male facility when moved to the other states."

And you remember that?

Yes. A.

- So you confirmed here that Ms. Monroe has requested surgery, and you're aware that Ms. Monroe has been requesting surgery from the IDOC for a number of years, correct?
- I think she requested it in the past, yes.
- And there's another lawsuit, a class action lawsuit, where her request for surgery was made very clear, correct?
 - A. I'm not fully aware of that. I wasn't



aware of that. there's the box that's checked Follow-Up. And 1 2 So you are familiar with the Monroe ACLU 2 under that, it says "Requests for breast and class action lawsuit, correct? genital surgery," correct? 3 3 4 Α. Yes. 4 Do you see at the top? 5 5 Where the court just issued the A. Yes. 6 preliminary injunction order? 6 So the purpose of this meeting was to 7 A. Yes. 7 discuss Ms. Monroe's request for a gender 8 And you're aware that one of the issues 8 confirmation surgery? Q. 9 that was brought up during that preliminary 9 A. Correct. 10 injunction hearing was Ms. Monroe's request for 10 0. So this meeting looks different than the gender confirmation surgery, correct? previous two that we went over for Ms. Monroe. 11 11 12 No. I didn't know that was part of the 12 Was this meeting recorded? Α. 13 lawsuit. 13 A. Okay. Did you at all read the judge's And was this meeting -- Why wasn't this 14 14 0. 15 decision in that case, the preliminary injunction 15 meeting recorded? A. This is the Transgender Care Review 16 decision? 16 17 A. Just the preliminary injunctions. 17 Committee monthly meeting. And so the -- what we Did you read the decision? have recorded is just the response on this form. 18 18 Q. 19 A. 19 And was the -- Was there any other 20 Are you a defendant in that case? documentation of this meeting outside from Q. 20 21 21 these -- aside from this form? A. 22 Not formal documentation. But I take So you're not then -- I just want to make 22 Α. sure I understand. So you're not then aware that 23 23 notes. 24 Ms. Monroe has requested surgery through that 24 So just your notes? Q. 125 127 case? Just my notes, not formal documentation. 1 1 Α. 2 A. Correct. 2 And was there anyone that transcribed what everyone in the meeting said for this 3 But you are aware that Ms. Monroe has 3 requested surgery in the past? August 6 meeting? 4 4 5 5 A. Yes. Α. No. And the Transgender Care Review Committee 6 6 So if you turn to page 925 under 7 has met to discuss Ms. Monroe's request for 7 Section 5, it says Sections 1 through -- sorry, under Section 10, it says Sections 1 through 9 8 surgery; is that right? 8 9 9 completed by Karen S. Pfost and Celina Tsang. A. It was brought up there, yes. 10 So let's turn to that meeting, which 10 A. Yes. was -- so this is back to Exhibit 2. And it's So who are they? 11 11 Q. Bates No. 923. And this is a Transgender Care 12 12 They're the psychologist from Logan and A. Review Committee recommendation from August 6, the medical provider at Logan. 13 13 14 2019; is that right? 14 Dr. Pfost is a psychologist? Q. 15 15 Α. A. And Dr. Tsang is the medical --16 0. Do you remember this meeting? 16 0. 17 Yes, I have some recollection of it. 17 Yes she may be the Medical Director. A. 18 And what do you remember about this Medical Director? 18 Q. Q. 19 meeting? 19 Yes. A. A. I don't remember many details, but I And they're the ones that completed this 20 20 Q. 21 think it was a fairly brief -- a fairly brief 21 form? 22 meeting. And it was regarding the request for 22 Yes. Probably Dr. Pfost. A. And did they present this information to 23 surgery. 23 Q. 24 Q. Okay. So up at the top of this page, 24 the committee? 126 128

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1 A. Yes.

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- Q. And do you remember what they said?
- 3 That there was -- That she had requested 4 surgery. And aside from that, I don't recall
- 5
- details of what else they may have presented.
 - Did they -- Did Dr. Pfost and Dr. Tsang give a recommendation whether or not they think
- 8 Ms. Monroe should get surgery?
- 9 Α. No.
- 10 Q. Did the committee ask them for a
- recommendation? 11
- 12 No. I don't think so.
- 13 what then was the purpose of this meeting if not to get a recommendation on whether or not 14
- 15 Ms. Monroe should have surgery?
- Just like as far as transfers are 16 17 concerned, and those are big decisions. So that's
- something that has to be made by -- by the 18
- 19
- committee in a separate meeting.
- 20 Q. So would you characterize, then, this meeting on August 6, 2019, as a preliminary 21
- 22 meeting to the --
- 23 A. Yes.

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24 -- eventual decision on whether or not to Q.

- I think I had read that.
- But August 6, 2019, was the first time 2 during the time that you were chair of the 3 4 committee when the committee sat down to discuss 5 Ms. Monroe's request for surgery?
 - Right. Α.
 - Now, if you turn to that -- the last page of the meeting, are those all -- that listed here in handwriting, are those all the people who were present at the meeting?
 - A. No.
 - Okay. Is there anyone listed here who wasn't present at the meeting?
 - A. No.
 - Are there people who were present at the Q. meeting who weren't listed here?
 - Yes. Α.
 - And who were those people? Q.
- 19 I don't know. I don't know if there were other people from Dixon, but we convene and people 20 have time slots of when they're being presented. 21
- 22 And so probably other people that were being
- 23 presented that day were also on the line. So that
- 24 the warden's staff, mental health staff,

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grant Ms. Monroe's request for surgery?

- A. This was when it was requested. So yes, preliminary meeting is where it's requested. So yeah. And then at that point, we go to the next step.
- Q. Well, Ms. Monroe had been requesting surgery long before August 6, 2019. Were you aware of that?
- A. It didn't come to my attention during the time I've been on the committee. But I think what I had read, I thought it may have come up in the past.
- Q. And so if it had come up in the past, do you know then why the committee was only meeting on August 6, 2019, for the first time to discuss her request for surgery?
- She had probably requested it in the past, and I don't know what might have happened with that, denied or what have you. And this now comes to committee again, and now we take a look at it.
- So I just want to be clear. So you were aware that Ms. Monroe had made requests for surgery prior to August 6, 2019?

- physicians or nursing staff from other facilities 1 2 also.
 - And was everyone who was listed here all the people that were discussing Ms. Monroe and the people who were present on the call to discuss Ms. Monroe?
 - A. And Dr. Pfost Dr. Tsang. And I'm not sure if there was anybody else. A warden representative usually is on there too. So as far as for her in particular, there may have been other -- another one or two.
 - Why aren't their names listed on this Q. form?
 - These are -- You know, we -- these are the people that are on the committee, on the Transgender Committee. And so generally, we'll list them and not necessarily everybody else who's on the call.
 - Q. Isn't it important to keep accurate documentation of who is attending these meetings?
 - Well, you know, and people on the phone come and go. So they may be on at the beginning, and after they present, they drop off. And some people continue. So some people enter closer to



1 the time when they're presenting. So it's really 1 So Dr. Meeks was present at the meeting 2 a moving group. And these are the core people, 2 though, correct? 3 3 the committee members who are going to be A. Yes. discussing this. And we'll take any other 4 So was the next step for you and 4 5 comments or any other concerns with anybody else, Dr. Meeks, then -- you and Dr. Meeks to have a 5 but these are the committee members who are conversation about Ms. Monroe's request for 6 6 7 weighing in on this particular decision. 7 surgery? 8 Okay. So what was the committee's 8 A. Yes. 9 recommendation at this meeting? 9 And then what was the next step after Q. 10 That -- That we were going to look into 10 that? 11 Well, actually, before that conversation, 11 it. 12 And what does that mean? 12 I did some research as far as where could this be 13 That there is a request. And so like 13 done, what -- how do we -- how do we access people with all requests, we have to look at things on an that would help us in this endeavor. So in my 14 14 research, I found that the University of Illinois 15 individual basis. 15 16 But what does looking into it mean? What 16 Chicago has a department that is with plastic 17 were the next steps? 17 surgery, urology, et cetera, that actually do reassignment surgery. And so at that point, I 18 Well, the next step of -- You know, the 18 19 next step has been working on the -- how this 19 gathered that information, and I passed it along is -- how this is to be done. We've never done 20 20 to, I believe, Dr. Conway had just begun on that. this in our -- in the Department of Corrections. So I said from my research this is what's 21 21 22 We don't have a set procedure of how we go about 22 available. 23 doing this. So we have to first invent the 23 I understood that Rush University also 24 procedure and then begin to move forward with it. 24 had that available at least sometime ago. 135 So, you know, from there, there has been some work Dr. Conway actually trained at Rush, and she was 1 1 2 in trying to try and identify how do you even 2 familiar with that, so she was going to look into 3 approach this question. And so we've been --3 who might be the people to be in contact with and that's something we've been working on. 4 4 begin to look at that. 5 ATTORNEY COOK: Okay. Is this a good time? 5 Q. And so you did that research, and then 6 (Whereupon, a short break was 6 had a conversation --7 taken.) 7 A. Yes. 8 (Whereupon, the record was read as 8 Q. -- with Dr. Conway? 9 9 requested.) Α. 10 BY ATTORNEY DEL VALLE: 10 And then what happened after that? 0. So you said in August 2019, there was no Then she said she was going to move 11 11 Α. 12 set procedure on how the Department could affirm 12 forward with that. an inmate's request for surgery; is that right? 13 13 Q. Move forward with what? 14 Looking at a contact person looking into Α. That's correct. 14 So in August of 2019, after the committee how that can work into -- in our system. 15 15 16 had this meeting, what was the immediate next 16 And has Dr. Conway found a contact person 17 step? 17 yet? 18 The immediate next step was to discuss 18 I'm not sure what the progress has been Α. 19 with Medicine how to go about moving forward with 19 on that. 20 this. 20 So have you had any further discussions 21 And who is in Medicine? 21 with Dr. Conway about what the process the IDOC 22 At that point, Dr. Meeks. Dr. Conway 22 should be putting in place to funnel these surgery joined sometime around that period or a little bit requests? 23 23

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A. To some degree, yes.

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afterwards.

- Q. And what other conversations have you had?
- A. I have notified her of people that are requesting gender reassignment surgery, and I have given her some of the information I have gathered from other states, California being one of them. And I had also developed information on hormones and informational sheets on that. I gave her that. I've given her some of the things that I have done so she could take a look at the medical piece to this issue.
- Q. Can you, I'm sorry, remind me again what Dr. Conway's title is?
- A. She's Deputy Chief of Medicine. So Dr. Meeks now has two deputy chiefs. And so Dr. Steve Bowman came, and Dr. Conway also has joined.
- Q. So is it fair to say that now it's Dr. Conway's responsibility to figure out the process that should be put in place to funnel these surgery requests?
- 22 A. Yes.

Q. And was Ms. Monroe's request for surgery the first time you and the committee started

- think we have been pretty progressive, even prior to me getting here, on the mental health piece of it. But medical and operations have been lagging behind. And so in my role as chairman, I've been looking at, okay, what are the responsibilities, how do I need to get this committee to move and resolve some of the issues in their camps. But I'm in mental health, and I have to rely on them to do certain things.
 - Q. So when the committee decided in August of 2019 that it would convene again later to discuss Ms. Monroe's request, what was the sense of time line on that?
- A. Well, the time line, like I said, as we look at this, we didn't have a procedure. We didn't have how do you approach this. We were just beginning to formulate how do we evaluate for transfers across gender -- to the other gender facility. So we were just getting that established. And so we didn't have a way of looking at requests for surgery. You know, does everybody get surgery when they request it? Do they have to be screened in certain ways? Do they have to -- There are a lot of questions about so

thinking about the process?

- A. No, not the first time. Certainly it's something that I knew was going to come up, so we began to discuss what happens postoperatively. Certainly the procedure and all that is one thing, but then where do they go postoperatively, what's going to be important, what do we have available. And so we began to entertain that before this request came up.
- Q. And when did you begin to entertain it, if you can remember?
- A. Mid last year. I don't remember exactly when.
- Q. So was it -- So I think of the mid year as in August of 2019. So was it before then? About how many months before then?
 - A. Yeah. You know, as chairman of this committee, I think what I -- as I got myself into this and understanding the issues, you know, I began to look at the fact that there are -- that really what we need to do is divided into at least three sections. There's mental health, there's medical, and there's operations. And so each of the three branches have responsibilities. And I

what does that mean as far as the next steps.

- Q. So then is it fair to say that in August of 2019, you didn't know when the committee would again reconvene to discuss Ms. Monroe's request for surgery?
- A. Right. There were some things we put into progress. And then one thing that is required for before this happens is stability. And I think she became -- I think she had a suicide attempt shortly after that. And I think Dr. Conway had actually gone to see her, and I'm not sure the timing of that. But Dr. Conway had gone to meet with her.

And actually, at one point, both of us were going to meet with her. Somehow my schedule got diverted, and so she met with -- I believe she met with Ms. Monroe individually. And so we thought that would be a good next step, Dr. Conway meeting her and ...

Q. Okay. Let's talk about that, the meeting.

So let's go to first the Bates 807 in the Exhibit 3, the e-mails. Should be the last page. And at the second half of this page, there's an



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- e-mail here from a person named Myron Neisler to what looks like a listsery of DOC reportable 2 3 incidents. And this is an e-mail about 4 documenting Ms. Monroe's very serious suicide
- attempts that occurred in October 6, 2019. 5
- Do you see that down there? 6
 - A.

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- And then it appears like Dr. Hinton then forwarded you that message; is that right?
- Α.
- And did you -- Were you on this listserv Q. that originally received the e-mail?
- A. I'm on most of them. And I'm not sure necessarily, but I may have been.
- Okay. But you don't remember if you received Myron Neisler's e-mail before Dr. Hinton forwarded it to you?
- A. I'm not sure.
- 19 So when Dr. Hinton forwards it to you, you then reply on the following morning, October 20 21 7, 2019, saying "I was planning on seeing her Friday. I wonder if this is in response to her 22 request for surgery." 23
 - So why were you planning on seeing

- get the attention of people to their situation.
- 2 And so she had requested a review regarding -- she
- requested surgery, we were in the midst of 3
- 4 planning to review, and then this came up. So I
- 5 was wondering whether she was trying to raise -doing this as raising concerns for her wish for 6
 - surgery.
 - Q. Did you say this in the e-mail because you knew that denying a person like Ms. Monroe surgery could be deadly?
 - A. No.
 - Did you think that she was suicidal and had attempted this very serious suicide attempt because she hadn't received her surgery yet?
 - A. There are a lot of possibilities. And so that -- I was wondering whether she was raising -trying to raise awareness of this particular situation.

So offenders sometimes will self mutilate. They'll go on hunger strikes. They'll act out in different ways in order to say, This is what I want, and I want this situation to be resolved or looked at or attention brought to this or what have you.

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Ms. Monroe that Friday?

- A. I think that was the Friday that I was supposed to go with Dr. Conway, I believe. And we were going to look at her request for surgery.
- Q. And was that -- That was to interview Ms. Monroe about her request for surgery?
 - Α. Yes.
- And why did that interview need to occur with you, Dr. Conway, and Ms. Monroe?
- In general, that's how we've been doing it with the requests for transfer to Logan. And we didn't have a protocol, and we were beginning to develop it.
- Was Ms. Monroe going to be the first person that you interviewed based on the request for surgery?
 - Α. Yes.
- So in your response, you say "I was planning on seeing her on Friday. I wonder if this is in response to her request for surgery."
- what did you mean by "wonder if this is in response to her request for surgery"?
- A. Well, you know, sometimes when people want something, they will do something extreme to

- Q. Did you think that she was just trying to 1 raise awareness and get attention as opposed to 2 Ms. Monroe being in extreme mental distress to the 3 point where she was suicidal because she hadn't 4 received her surgery yet?
 - At this point, I didn't know.
 - So it's possible the reason she had this serious suicide attempt was because she was in mental distress over the fact that she hadn't had surgery yet?
 - A. I heard that it wasn't, but at that point, I didn't have that information.
 - Who did you hear it wasn't from?
 - People at Logan. Probably Dr. Ashley.
 - And what did the people at Logan say?
 - I think as I looked at this, I think their concern, or they felt that her frustration was being incarcerated. She made the vague references to being tired of all this and whatever that means in letters that she had sent out. And from what I had gathered from people that worked with her was that it wasn't related to her
- 22
- transgender issues more so than overall 23
 - frustration of being incarcerated and the meaning



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- 1 of life and some existential issues she was 2 dealing with.
- You're aware after having reviewed her 3 medical records that Ms. Monroe's gender dysphoria has been so severe in the past that she has had suicide attempts and has committed acts of auto castration, correct?
 - A. Yes.

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9 Let's go back to Exhibit 2, which is the 10 TCRC meeting, and turn to Bates 511 through 515. This is the October 9th, 2019, committee meeting. 11

So the committee had this meeting October 9th, so that was two days after -- or three days after Ms. Monroe's serious suicide attempt; is that right?

- A. I'm not sure when that was.
- 17 So based on the e-mail, the suicide attempt occurred on October 6, 2019, and the 18 19 committee had a meeting on October 9th --October 6, 2019, and the committee had a meeting 20 21 on October 9th, 2019?
- 22 Α. Okay.
- 23 Q. Do you see those dates?
- 24 And where was --

Yes.

Q. So if you turn to page 514, your comment there on that page, you told the committee "And for Dr. Meeks and Dr. Conway, I know we were going to meet with Patterson on Friday to gather information to present for the surgery request, but it sounds like right now things are so unstable that I think we should probably postpone that. Not that we are saying this isn't possible for her, but first things first. She is attempting suicide, she has written a suicide letter this weekend, and she might potentially be going to inpatient and going through TRC, I don't think she is stable enough at this point to consider that."

Do you see that there?

- A. Yes.
- And do you remember saying that? Q.
 - A.
- And was the meeting you were planning to Q. have with Ms. Monroe on Friday the same that we had just been talking about that you had written about in the e-mail?
 - A. Yes.

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- So the e-mail about the suicide attempt Q. was on October 6 --
- 3 This is on October 7th. A.
- Well, the incident happened on 4 Q.
- 5 October 6th?
- 6 Okay. Yes, October 6 at 10:12 p.m.
 - And then the committee met to discuss
- Ms. Monroe a few days later on October 9th? 8
- 9 Correct.
- 10 What sparked the October 9th, 2019, 0. meeting for Ms. Monroe? 11
 - I believe this was about the next step as far as treatment. There was some question of whether she should go to the inpatient unit at Elgin.
 - And why was there a question about whether Ms. Monroe should go to the inpatient unit at Elgin?
 - After her suicide attempt. A.
- Because it was a serious suicide attempt, 20 21 correct?
- 22 A. Yes.
- Where she had to be taken off site to a 23 24 hospital, correct?

- And that meeting was to gather information from Ms. Monroe regarding her request for surgery?
 - A. Yes.
- 5 So you postponed this meeting because of Q. 6 her suicide attempt?
 - Α. Yes.
 - So you did not think Ms. Monroe was stable enough to consider the surgery?
 - A. WPATH standards say that there has to be a relative psychiatric stability prior to surgery. And at this point, I wanted her to be dealing with the issues that were of concern right now. And that seemed to be, right now, the pressing issue. And I wanted her to be a little more stable, and then we can go back to looking at it.
 - Q. Did you have at this point a plan of when you would go meet with Ms. Monroe again to discuss her surgery request?
 - A. No. My comment here in the same paragraph, we certainly have plenty of legwork we have to do before we actually go through with that. That meant we're going to need to look at this. And so if we're going to review her for

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- surgery, and if that's going to happen, then we've got to get that in motion as far as we can to get those details in motion.
- Q. So on that line, when you said "We certainly have" -- well, you say "In the meantime, we have to do some groundwork as far as if and when surgery is approved. We certainly have plenty of legwork we have to do before we actually go through with that."

What groundwork were you referring to?

- A. Figuring out how we -- how we approve, figuring out where does surgery happen, figure out postoperative placement, figuring out response to potential -- potential -- what do I want to say -- side effects to surgery. There tends to be a fair amount of complications, and so we want to be sure we're well equipped to handle complications. And those may be long-term complications. And so we want to make sure we have all that in place for anyone going through surgery.
- Q. You say "groundwork," and then in the next line, you say "legwork." Was there a difference in your mind between groundwork and leg work?

- A. I don't know the progress on that at this point.
- 3 Q. Certainly IDOC hasn't adopted any formal 4 policies on this process yet on how to evaluate 5 and approve requests for surgery?
 - A. I believe that's correct.
- 7 Q. When you were planning on meeting 8 Ms. Monroe on this Friday, were you anticipating 9 her surgery request would get approved?
 - A. I was open to that.
 - Q. You were open to that, you said?
 - A. Yes
 - Q. So now in October of 2019, did you plan on postponing your interview with Ms. Monroe until Medical could figure out and establish the process to evaluate whether or not inmates are approved for surgery?
 - A. In my mind, that was going to be -- I wasn't sure exactly what I was going to do with that information. Because I'm not sure that we have developed the right questions, the right things that we're looking at. You know, this was something that Dr. Conway and I were going to go interview her and see -- see what she's interested

A. No.

- Q. So you listed out some of the groundwork items that needed to be accomplished before you could approve Ms. Monroe's request for surgery. How long did you anticipate that these items would take, such as figuring out how IDOC approves, figuring out where the surgery happens, figuring out postoperative placement, figuring out potential side effects? How long did you envision that would take?
- A. Well, because it's nothing that I have control over. I was hoping that within the next several months, that that would be accomplished.

Like I said, me being a psychiatrist and in the mental health arena, that was something that was important for Medical to work on.

- Q. And has Medical figured out all these things? Has that been accomplished at this point today?
- A. I was supposed to have a meeting today to look at the progress on that. So I can't tell you today.
- Q. So as of today, this process hasn't been fleshed out and established yet?

- in as her level of understanding of the procedures and understanding of what it may mean as far as physically and potential side effects. And in my mind, this was something I was going to -- again, to an area I was beginning to embark on and willing to learn and willing to -- But at the same time, not having a definite framework of exactly what that was going to be like.
 - Q. So you wanted a framework in place before going to meet and talk to her?
 - A. I would have preferred it.
- Q. Since October, have you had any individual meetings with other transgender inmates who have requested surgery to evaluate them and get information from them?
- A. Yes, but not specifically just for surgery.
- Q. And how many transgender inmates have you interviewed regarding the request for surgery?
- A. Two.
- Q. Now, are those two transgender inmates two that we had -- of the five we had previously discussed? Are those two of them?
 - A. Yes.

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1 Okay. And which two? Do you know how we And that person is at Lawrence? Q. 2 ranked them 1 through 5? 2 A. 3 And then the fifth --3 and 4. 3 Q. A. 4 So 4 is the intersexed individual, 4 I apologize. I apologize. I think No. 3 Q. 5 5 is at Big Muddy River. correct? Not Centralia? 6 6 A. Yes. 0. 7 Q. And then 3 is the person that was --7 Right. And the last one is at Centralia. 8 needed more testing on; is that right? The fifth one is at Centralia. I apologize. 8 9 9 And the fifth person, again, the A. Yes. 10 Q. And I don't think I asked you who the 10 committee hasn't met to make a decision on that person that needed more testing, what prison are person yet? 11 11 12 they located? 12 A. That's correct. 13 A. I think they're at Lawrence. 13 Q. Okay. Now, since October of 2019, you And the intersex, possible intersex have met with two other individuals to discuss 14 14 15 individual, what prison is that person located in? 15 their requests for surgery, correct? I may be confused. I think one of them 16 16 A. Primarily transfer to Logan and the 17 was Centralia. One was Centralia -- I think I 17 request for surgery -- wasn't -- I feel that that said Illinois River for one of them, but I think should be something Medical Office of Health 18 18 Services should take care of. So that question 19 one of them was Centralia, and one of them -- some 19 of those have the same structure and everything for both of them is being deferred to Office of 20 20 looks the same. But it's different people. So I Health Services. But they did tell me about their 21 21 22 apologize. 22 request, and I passed that along to the committee 23 Q. Sure. 23 and -- yes. 24 So you believe the person who --24 Q. And who are those two people based on the 153 The intersex person is at Lawrence. And list that we just went through? 1 1 the other person, No. 4, was -- is at Centralia, I 2 2 Number three and four are requesting 3 believe. 3 surgery. 4 So we might have to clear this up because 4 And those two individuals, the person at 5 I have the fourth person is the intersex person. 5 Big Muddy and the person at Lawrence will need to So let's just clear this up for the record. speak with another staff member who's on the --6 6 7 So who's the first person? 7 involved on the medical side? The first two are Dixon. And then -- So 8 8 Yes. And so that's what we're flushing the first person is at Dixon. 9 out. And it's a possibility that may be a 9 10 And what did the committee decide? 10 consultant. The first one no; the second one yes. A consultant outside of the Department of 11 Α. 11 Q. 12 So they're both at Dixon? 12 Corrections? Q. 13 13 Α. Yes. Α. Yes. Now, who's the third person? That's the Aside from Ms. Monroe and these two other 14 14 one who was -- the committee needed to get more transgender individuals, has the Department 15 15 16 testing on? 16 considered any other person's request for surgery? 17 A. I believe, yes. She's at Centralia, I 17 Α. There's someone else at East Moline that 18 believe. 18 is requesting. 19 And then the fourth person is the 19 And have you spoken to that individual? Q. Q. intersex individual? 20 20 21 Yes. 21 Is that a transgender individual? Q. 22 And the committee has not met to discuss 22 Q. A. Is that person on cross-sex hormones? 23 that person yet, correct? 23 Q.

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A.

I believe so.



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A. Right. That's next.

1 2	Q. Has that person requested transfer to the Women's Division?	1 2	Q. Okay. So why do you believe Dr. Conway has met with her?
3	A. I don't remember all the details. I	3	A. She had appointments to go down there,
4	haven't met with her just yet because I don't	4	and I thought she told me she was going to be
5	think that was a request. Because if it had been,	5	meeting with her.
6	then she would be on my list of visiting her	6	Q. Do you know when those appointments were
7	regarding that.	7	supposed to occur?
8	Q. Do you have Aside from the two inmates	8	A. No, because the day she harmed herself,
9	who are pending the committee meetings	9	or that Friday right after she harmed herself, she
10	regarding their transfers are pending, is there	10	and I were supposed to go there. And then I
11	anyone else that you have in your line, in your	11	think and I don't think she saw her. But I
12	queue of who to interview regarding the request	12	think there was another time that we were trying
13	for transfer?	13	to arrange to go down together, but I knew she was
14	A. Yes.	14	going to go there, our schedules didn't coincide.
15	Q. And how many people?	15	So I believe she was going to she was going to
16	A. I believe, one other.	16	see her. So But I'm not sure.
17	I'm sorry. At least one new request came	17	Q. And do you know if that So we're just
18	in. They are going to be presented to the	18	at the beginning of February. Do you know if that
19	committee, and so I'll hear about them probably	19	meeting was supposed to occur in January or
20	tomorrow.	20	December? I'm just trying to get a sense of the
21	Q. You have already interviewed that person?	21	timing.
22	A. No. It's someone new to the department.	22	A. I believe it was probably around
23	Q. They are new to the department?	23	December. Probably around December.
24	A. Yes. 157	24	Q. And you were supposed to meet with 159
1	Q. Is it a transgender person?	1	Dr. Conway today to talk about Ms. Monroe or to
2	A. Yes.	2	talk about specifically the meeting she had with
3	Q. Is it a person who still has male	3	Ms. Monroe?
4	genitalia?	4	A. No. We were supposed to talk about
5	A. I believe so, yes.	5	surgery and the Medicine's part of the transgender
6	Q. And is that person on cross-sex hormones?	6	issue.
7	A. I believe so, yes.	7	Q. So not specifically about Ms. Monroe?
8	Q. So after Let me ask you this. Since	8	A. Correct.
9	October of 2019, have you set a date to talk to	9	Q. Okay. And to this point, Dr. Conway has
10	Ms. Monroe about her request for surgery?	10	not had any conversation with you about having met
11	A. No, I haven't.	11	with Ms. Monroe?
12	Q. Why haven't you set a date?	12	A. Correct.
13	A. I'm waiting for Medicine to to look at	13	Q. What's TRC mean?
14 15	this and decide how to move forward on surgery. Q. And by "Medicine" you mean Dr. Conway,	14 15	A. Treatment Review Committee regarding involuntary use of medications.
16	Q. And by "Medicine" you mean Dr. Conway, correct?	16	Q. So Ms. Monroe was going to be seen by the
17	A. Yes. Dr. Conway and Dr. Meeks.	17	TRC, correct?
18	Q. Have either Dr. Conway or Dr. Meeks met	18	A. I believe that had been the plan.
19	with Ms. Monroe to discuss her request for	19	Q. Do you know if Ms. Monroe was seen by the
20	surgery?	20	TRC?
21	A. I believe Dr. Conway has met with her.	21	A. I'm sure they reported it. I don't
22	She hasn't told me about that yet. But like I	22	recall what they decided.
23	said, I was supposed to meet with her today to	23	Q. And Ms. Monroe was supposed to be
24	discuss it.	24	presented for transfer to Elgin; is that right?
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ATTORNEY DEL VALLE: Off the record. 1 A. That was one consideration, yes. And I 1 2 know they spoke with the folks at Logan and the 2 (Whereupon, a discussion was had 3 folks at Elgin. 3 off the record.) 4 Q. And do you know what resulted -- what 4 BY ATTORNEY DEL VALLE: 5 came from that conversation? 5 So aside from Ms. Monroe, we discussed A. Yes. I believe that they didn't think it 6 that there are currently two other requests for 6 7 would be a good fit for her to go to Elgin. surgery that still need to be interviewed by 8 So you mention -- and again, the comment someone in Medical, Dr. Conway, Dr. Meeks, 8 9 that we were reviewing that you wanted Ms. Monroe 9 correct? 10 to be stable before -- before discussing a request 10 Α. Yes. for surgery, correct? 11 So is it fair to say that at this point 11 12 Correct. 12 in February of 2020, the IDOC still hasn't Α. 13 Q. And Dr. Hinton, if you go to page 513, 13 approved anyone's request for surgery yet? Dr. Hinton also voices a similar concern where he That's correct. 14 14 A. 15 says "She has continuously made a request for 15 And at this point in February of 2020, 16 consideration for the reassignment surgery, and I 16 it's still unclear about what the actual process 17 think there is a legitimate concern that we can 17 is going to look like for an inmate to request voice about stability." 18 18 surgery; is that right? 19 Now, would you agree that one of the 19 To me, it is. I don't know how far reasons she is unstable now is because she hasn't 20 20 Dr. Meeks and Dr. Conway have gotten with that. 21 Now, assuming that Ms. Monroe's treaters gotten the surgery? 21 22 22 recommend surgery for her, is there any reason why Α. No. 23 Q. And why wouldn't you agree with that? 23 IDOC wouldn't approve the surgery? 24 Because as the doctor actually said, her 24 That's -- Not that I know of, except for reasons for being -- for feeling suicidal wasn't do we have the medical capability of doing this 1 1 safely, monitoring it safely? And I would think 2 about her gender dysphoria. 2 3 Q. Are you aware that one of the treatments 3 that that would be the only thing that would get for someone with severe gender dysphoria is to 4 4 in the way. 5 allow them the gender confirmation surgery? 5 If we had our medical hospital like we A. But this wasn't about gender dysphoria. 6 6 will in a couple of years, wouldn't hardly be an 7 This was about depression and other issues. 7 issue. 8 (Whereupon, Attorney Cook reenters 8 For other requests for surgery, not 9 the deposition at 4:50 p.m.) 9 gender confirmation surgery but other necessary 10 (Whereupon, Attorney Higgerson 10 surgeries that inmates need to have, they're able 11 disconnects telephonically from to get those, correct, even though IDOC doesn't 11 12 the deposition at 4:50 p.m.) 12 have the medical center? 13 THE WITNESS: I termed it existential issues, You'll have to ask Dr. Meeks about that. 13 Α. from what I had heard. So I saw it as independent 14 14 I'm not sure. of she needs to deal with certain issues, and she So you're aware that there are a lot of 15 15 16 has the gender dysphoria. If she still needs 16 problems that Ms. Monroe is having at Logan that 17 surgery for gender dysphoria, I'm not going to get 17 all stem from the fact that she still has male 18 in the way. But at the same time, this was -- the genitalia, correct? 18 19 way I heard this, this was separate. 19 Α. No. You're not aware of that? 20 BY ATTORNEY DEL VALLE: 20 21 Q. So just to be clear, you thought this was 21 You used the word "all," and I don't separate, and this suicide attempt was not a 22 think that's correct. 22 Sure. Let me rephrase. 23 symptom of her severe gender dysphoria? 23 24 A. Correct. 24 You are aware that there are a lot of

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- 1 problems that Ms. Monroe is having at Logan that stem from the fact that she has male genitalia?
 - A. As far as using her penis.
 - Well, there are women at Logan who are making PREA complaints about seeing her penis, correct?
 - A. She has been masturbating publicly, yes, in view of other women.
 - And where are you getting that information from?
 - A. Incident report.
 - Are you aware that there are no investigations that substantiated that Ms. Monroe was masturbating in public?
 - It was a corrections officer report.
- 16 So you're just assuming that was true Q. 17 from a correctional officer's report?
- 18 Α. Yes.

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- 19 Q. And you didn't look at the underlying PREA investigation for that report, did you? 20
- 21 I don't know if I did.
- 22 Okay. So you're also aware that there are women complaining about Ms. Monroe having sex 23 24 with her penis, correct?

but not all.

- Sure, not all. But it would resolve a Q. good chunk of her problems based on the incident reports and PREA complaints you've seen, correct?
- I think it would resolve some of it. I think women would continue to have a lot of difficulties with her long term.
- Q. In your medical opinion, should Ms. Monroe have gender confirmation surgery? ATTORNEY COOK: I'm going to object to that. THE WITNESS: I haven't spoken to her about that. I don't know what she thinks about it. I don't know what she knows about it. I don't have a way of saying right now.
- Q. As you sit here today, based on what you know, is there any reason you can think of why Ms. Monroe shouldn't have gender confirmation surgery?

ATTORNEY COOK: Again I'll object to asking 20 for his professional opinion about Ms. Monroe. He 21 hasn't been asked to provide a professional 22 23 opinion about her surgery.

THE WITNESS: As mentioned, in absence of a

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- Yes. Α.
- And you are aware there are women that are claiming that they got pregnant from her, correct?
 - A. I think I heard that, yes.
- Now, would you agree that a lot of those problems she's been dealing with at Logan would go away if she had the surgery?
- A. Sexual behavior may change, and I would not -- I would not think that all her sexual misbehaviors, if you can call it that, would be resolved by that.
- Well, women wouldn't be able to complain about her penis anymore, correct, if she had the surgery?
 - A. Correct.
- 17 And women wouldn't be able to credibly 18 claim they were pregnant by her if she had the 19 surgery, correct?
 - A. Correct. But there are other ways of being sexually inappropriate, and there are other threatening -- ways you can be threatening. So I don't think that would resolve all her problems. But I think it would subdue some of the things,

- lot of information, I don't see a reason why she wouldn't except for the fact that I don't know enough about -- enough to really make that statement because you have to factor in a lot of things.
- BY ATTORNEY DEL VALLE:

BY ATTORNEY DEL VALLE:

- So we've talked about how you've essentially delegated this responsibility of establishing the process around surgery to the Medical Department, to Dr. Conway, correct?
 - I'm sorry. Can you repeat that? Α.
- Sure. So you have delegated the responsibility of establishing the process and procedures behind requests for surgery to Dr. Conway; is that right?
- Yes. I've asked them to develop that, yes.
- Now, is the Transgender Care Review Committee still going to have a say in approving or not approving -- Or let me ask you this. Is the Transgender Committee still going to have say in whether or not they recommend surgery for an inmate once this process is developed?
 - A. We haven't defined how to do that just

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- 1 yet. I think we're open for -- we're open to 2 possibilities at this point. We haven't really 3 defined that just yet, and I think it really means 4 we still have work to do to make this process occur. And we haven't -- we're -- I can't tell 5 6 you -- it's still in its early stages of that 7 right now. 8 So the Department hasn't yet figured out Q.
 - what the Transgender Care Review Committee's role is going to be in evaluating requests for surgery?

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- A. Correct. So it may be that we just say okay, this is the process that we do for requests for surgery, enter into that process; we'll funnel that paperwork that the information, what have you, to these people, and they'll take it from there. If they request transfer to another facility, it goes a different direction. So right now, I don't know exactly what that's going to be or how much has gone into it as far as we've talked about a number of entities and potential people to be involved, and so I really don't know from the Office of Health Services which direction that's going.
 - Q. Now, when will you and the committee

Department is still months away from figuring this all out?

A. I don't know what the status is of the health services. And I was thinking that this was going to be a short time, and so we were going --I was going to have time with Dr. Conway. But it didn't turn out that way.

ATTORNEY DEL VALLE: Let's go to Exhibit No. 5.

THE COURT REPORTER: I'm so sorry. I need --ATTORNEY DEL VALLE: No problem. (Whereupon, Puga Deposition Exhibit No. 5 was marked for identification.)

BY ATTORNEY DEL VALLE:

Q. And actually, before we get into Exhibit 5, I have one more follow-up question about the process for approving surgery. So why can't IDOC just handle requests for gender reassignment surgery like any other medical process? And what I mean by that is, why can't they handle it where a Medical Director of the facility works with Wexford to find an outside provider?

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figure this all out? I mean, it's been, now we're

in the sixth month since Ms. Monroe has requested

surgery, and there still aren't policies and 3 procedures put in place. When do you envision 4

5 that this becomes finalized?

ATTORNEY COOK: I'll object as argumentative. THE WITNESS: The surgical part? BY ATTORNEY DEL VALLE:

Correct. Q.

Well, this is entering at a time where there's a lot of competing priorities. Lippert is really in full force right now, and so the Department of Health Services is very involved with Lippert. We're talking about having two new deputy chiefs of medicine, and they're trying to understand their roles and understanding and getting a feel for what they do and how they do it. And so there have been some practical things that have slowed this process down.

If I could have done it myself, I would have. We would have had more progress than this, believe me. But there are competing priorities and -- that are beyond my control.

Q. Is it fair to say, then, that the

- That's not the WPATH standard of care. A.
 - What's the WPATH standard of care? Q.
- You have to go through a process where you get a recommendation and you get assessed as far as make sure the assessments occur as far as gender. And there are a number of criterias. I believe it's -- I can't quote everything, but I think it's a year experience, a certain amount of hormone treatments, certainly understanding of the potential side effects.
- But there are a number of criteria like the ones that you just described for all types of surgery, like heart surgery, knee surgery, cancer surgery. My question is, why can't IDOC work with Wexford to refer these individuals who request surgery to an outside consultant, to an outside specialist, and do it that way like they would to a cancer specialist?
- That may be where it's going. I've heard some discussion about that. But I don't know the progress of that.
- So if there's already a system in place in IDOC on how to handle someone who needs surgery for cancer, it's not like you're redeveloping the



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wheel. Why is it taking IDOC so long to figure this memo and standard operating procedures were 1 2 out how to handle requests for gender confirmation 2 issued as a result of the court's preliminary 3 injunction. Do you think the court's order surgery? 3 4 A. I'm not sure. I'm not sure what their 4 requires the Department to do anything in relation thinking is about it. I'm not sure what the 5 5 to surgery? procedures and steps are for that. 6 6 That's part of the transition that 7 I don't know. 7 sometimes is necessary to consider. So I would 8 Going to, then, Exhibit 5. 8 apply that also to coming up with an idea of what 9 Are you familiar with this document? 9 we do with surgery. 10 Yes 10 Q. Okay. Let's go back to Exhibit 2, which Α. 11 And what is it? 11 again is the Transgender Care Review Committee Q. 12 That's the Procedure Bulletin that came 12 notes. Let's flip to Bates 908 through 910. It 13 out in response to the preliminary injunction. 13 would be the last pages of the packet, Exhibit 2. And it came on January 21st, 2020; is Now, this is -- at the top of the document, it's 14 14 15 that right? 15 labeled IDOC Transgender Care Review Committee report for Ms. Patterson, and it was written by 16 Α. Yes. 16 17 And this is specifically in relation to 17 Assistant Warden McGary and Assistant Warden the initiation of transgender hormone therapy, Eddie. 18 18 19 correct? 19 Have you seen this document before? 20 20 Α. That's correct. Yes. A. 21 Did you help write this document? 21 Okay. And when did you see this Q. Q. 22 22 document? Α. 23 23 Q. Were you the primary author of the A. It was presented to the Transgender Care Review Committee that first Tuesday in April --24 document? 24 173 175 or, I'm sorry, it was a couple of days after this 1 NO. Α. 1 2 Q. Who wrote this with you? was written. This is December 12th. I think it 2 A. I wrote probably the second page, was shortly after that. But it was presented at 3 3 two-thirds of it, and I submitted that to Office the Transgender Care meeting that Logan had wanted 4 4 of Health Services. And they -- I don't think 5 5 to present Ms. Patterson. Okay. So the assistant wardens wrote that they modified anything that I had written. 6 6 7 But they wrote the preamble and the end. 7 this document on December 10th, 2019, and the 8 And who is "they"? 8 committee had a meeting on Ms. Monroe shortly 9 9 Α. I believe Dr. Conway, between Dr. Conway after in December? 10 and Dr. Meeks. 10 It was not on Ms. Monroe. It was the 11 And this memo was issued in response to Transgender Care Review Committee, so where we 11 12 the preliminary injunction issued by the Federal 12 review the people that transfer or have other 13 Court; is that right? 13 requests or are newly -- newly presenting as 14 That's correct. 14 transgender. Α. 15 Now, is it the plan for the IDOC to issue 15 Q. So then where did -- You said the committee wasn't meeting to discuss Ms. Monroe? a similar memorandum on standard operating 16 16 17 procedures regarding surgery? 17 It wasn't specifically regarding 18 A. I would imagine so. Like I said, I don't 18 Ms. Monroe, but they requested to put her on the 19 know the progress they've made on this. 19 docket. 20 Do you envision, though, that the Q. So the committee then in the December 20 21 Department will issue a written policy around 21 2019 meeting did discuss Ms. Monroe? 22 surgery? 22 A. Yes. For clarity, I would think so, yes. And what happened in that discussion? 23 23 Q.

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A.

It was a very long discussion that we

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Now, do you -- So as we discussed, so

1 decided we needed further discussion about this discussion was regarding Ms. Monroe? 2 but not -- it wasn't the appropriate forum to 2 At this particular date? really discuss this. But we reviewed it, we 3 3 Q. Yes. 4 heard -- we heard the warden's concerns, and then 4 At least a half an hour. A. And did you discuss what is contained in 5 we scheduled another meeting. 5 6 Q. Who was present at this December meeting 6 this memo? 7 for the committee? 7 In general, yes. Not detail, but in Α. 8 A. I would think -- You know, I would have 8 general, yes. 9 to look at the notes. But the people on our 9 Did you discuss whether or not Ms. Monroe Q. 10 committee. I think at this point, it was 10 should be transferred back to the Men's Division? probably, if it was December, it might have been 11 Α. 11 12 Dr. Conway. I'm not sure if Dr. Meeks was on. 12 That was not part of the committee's Q. 13 Sometimes Dr. Bowman steps in. Dr. Hinton, 13 agenda for that day? Dr. Reister, someone from the TCO department, 14 14 A. Correct. And I believe you said, and please 15 Chief Eilers -- Chief Eilers assigned Mike Chappel 15 (phonetic) from Security to sit in. And I'm not correct me if I'm wrong, it was the Logan staff 16 16 17 sure. -- I don't recall if Chief Robinson was in 17 that wanted the committee to meet? About her, yes. They asked to place her 18 18 19 Q. was that committee recorded? 19 on the docket. Did you have any knowledge about Director 20 20 Α. No. 21 Jeffreys also requesting that the Transgender Care Q. This committee meeting recorded? 21 22 22 Review Committee meet to discuss Ms. Monroe and whether or not she should be transferred back to 23 Q. Were there any notes -- Or let me ask you 23 24 this. Were there any documents that came out of 24 the Men's Division? 179 this committee meeting? 1 1 A. No. 2 Just the 0400 I believe. A. 2 Q. So that was never brought to your So you did have an 0400 form? 3 3 attention? 4 I believe so. 4 Α. 5 ATTORNEY DEL VALLE: So, Lisa, this is the 5 So are you aware whether or not the Q. document that we asked for, and we still haven't Director wants the committee to meet to discuss 6 6 7 received the December --7 whether or not Ms. Monroe should be transferred 8 ATTORNEY COOK: I'll clear it up. I'll clean 8 back to the Men's Division? 9 this up. I think it's just confused. 9 A. I've never been given that direction, nor 10 THE WITNESS: If I remember correctly, I think 10 have I heard that from anyone. it was just something general that said we would So you never had a conversation with the 11 11 12 need to meet separately on this. 12 Director about that? 13 BY ATTORNEY DEL VALLE: 13 Α. No. 14 Is the 0400 form the same as the one we And you never had a conversation with 14 went over at Bates 923? Nikki Robinson about that? 15 15 16 A. Yes. 16 About sending her back? 17 Is it the same form? 17 About the Director wanting the committee Q. Q. 18 Yes. 18 to meet --Α. 19 No changes to that form? 19 Q. Α. No. 20 20 -- to discuss sending Ms. Monroe back to Α. 21 So that's what would have been filled out 21 the Men's Division? Q. 22 for the December meeting? 22 A. No. No. Were there any recommendations of the 23 Α. 23

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committee that came out of the December 2019

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Q.

And do you remember how long the

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- meeting? 1
- 2 That we should have a meeting with Legal
- 3 and discuss this further.
- 4 Was a member of the legal team present 5 during the December 2019 meeting?
- 6 No. In this meeting, where this was 7 presented?
 - Q. Correct.
- 9 A. No.

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- 10 Did you then schedule a follow-up meeting Q.
- 11 with Legal?
- 12 Α.
- 13 Q. Did that meeting occur?
- 14 A. Yes.
- 15 When did that meeting occur? Q.
- I don't recall the date. It was probably 16
- 17 within a week or two of this occurring. If I may
- use my phone I can find it, but I don't remember. 18
- 19 It was shortly after this. Probably within --
- within two weeks. We had the holiday involved in 20
- 21 there, but we -- definitely within two weeks.
 - Okay. And did the committee come to any
- 23 resolution about its -- what it was going to
- 24 recommend regarding Ms. Monroe at the meeting with

- future plans to send Ms. Monroe back to the Men's 2 Division?
 - A. NO.
- 4 And you are unaware of what Director Q. 5 Jeffreys' opinion is regarding Ms. Monroe's placement in the Men's Division?
 - That's correct.
 - Do you know if there are other members on the committee who believe Ms. Monroe should be transferred back to the Men's Division?
 - I haven't heard that voiced. I haven't heard that opinion voiced.
 - Would it surprise you to learn that Chief Robinson testified in her deposition that she thinks Ms. Monroe should go back to the Men's Division?
 - A. She's not on the committee.
 - Chief Robinson is not a member of the Q. committee?
 - Right. Well, she's more or less an A. honorary member. By definition, I don't think she's on there. But she's been included in meetings.
 - Does she have an official vote?

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Legal? 1

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- 2 I'm sorry. Can you repeat that?
- 3 Sure. At the meeting that the committee had with Legal did the committee come to any 4 5 recommendation?
 - I had decided at that point that I should visit Logan and come up with an understanding of how to resolve some of the problems.
- 9 Did the committee consider transferring 10 Ms. Monroe back to the Men's Division after the meeting with Legal? 11
- 12 Α. No.
 - Was that something that was even discussed about the possibility of sending Ms. Monroe back to the Men's Division?
- 16 Not that I recall. In my mind, the 17 Director and the Governor made a decision to keep 18 her at Logan, and my job was to make sure that 19 that can work.
 - Q. So your discussions amongst the committee have been focused on how to figure out how to make Logan work with Ms. Monroe?
- That's correct. 23
 - Are there any, as far as you know, any Q.

- No. Decisions are made by committee, not 1 A. 2 by individual.
- 3 By the individuals who vote, though, Q. 4 correct?
- But, for example, if her vote was yes, A. 6 send her back, and we were no, the committee would 7 decide.
 - Q. It's a consensus vote; majority rules?
- 9 Majority rules. Α.
- 10 In the December 19, 2019, meeting, did you and the committee get into the details of 11 Ms. Monroe's PREA complaints that are outlined 12 13 here?
 - Α. In a sense.
 - And how much detail did you go into?
 - Well, the concern was brought up that she was refusing to shower separately, and so she was showering with the other women, and she -- and it was brought to my attention that the toilets are open, there are no stalls, and there are a row of toilets. And when she uses the bathroom, she's sitting on a toilet with other women surrounding her, and that she has been -- and that given her sexual activity, that was a very adverse scenario



for her.

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- Q. That was the conversation you had around Ms. Monroe's PREA complaints? I should say the PREA complaints filed against Ms. Monroe?
- A. Yes. We talked about the structure of Logan being dormitory style. We talked about how to keep her safe, and they felt that they have an impossible task given her behaviors and given the fact that there's a lot of freedom and no constant supervision as that can be done in that kind of a setting.
- Q. Given the discussion that you had regarding the showers, the toilets, the dormitory style, was there a decision reached on how to deal with that?
- A. A decision was made that I was going to go and take a look and problem solve with the warden, then we were going to get involved our PREA -- our PREA administrator and take a look at what other options there may be.
- Q. And did you have -- Did you go to Logan and have that meeting?
- 23 A. Yes.
- 24 Q. And when did you do that?

me some of what had occurred in some of her -some of the facts that when they have male
correction officers, they can't just go in there,
into the bathroom, and the fact that it's really
not set up in a way that would be conducive to
close supervision.

So I was very surprised. It was very eye-opening to me because I had expected what I had seen previously in my visits to Logan rather than this setting.

- Q. Now, when you had your visit to Logan, did you try to problem solve with the wardens for how to manage Ms. Monroe?
 - A. Yes.
- Q. And were any decisions reached?
 - A. Yes.
- Q. What decisions were reached?

A. The decision was, and I toured the other areas, and the reality is that Ms. Monroe with threatening, intimidation, sexual behavior, has not been responding to redirection and tickets, et cetera, that she needs more of a behavior modification program. And Logan does not have that type of a program. But we talked about

- A. I think it was the last Friday of the year.
 - Q. Last Friday of December?
- A. Yes. I believe it was.
- Q. And then can you describe briefly what you did during that visit to Logan?

A. Yes. Well, I should preface it by saying my previous visits to Logan have been primarily to the mental health section of it, the RTU and what have you. And that's what I expected Logan was like. I didn't visit every other area, and I didn't visit the area where she was. And I was very surprised to see when I walked in, I don't know if you've been to Logan, if you walk into the general dorm, it's a very open facility. I went onto one of the wings, and I understood then how the showers are. There are three -- There are three shower heads and a plastic curtain between them, and there are -- there is a row of toilets separated by maybe a 3-foot small brick wall between each toilet, and yet very open that anyone

can see. I didn't realize how spread out

everybody was in there as far as how much of a

dorm style that was. And they were explaining to

- 1 creating one for her.
 - Q. At Logan?
- 3 A. At Logan.
 - Q. And what is a behavioral modification program?
 - A. The program that needs to be in place is one that is going to allow her freedom as -- as what's safe for her. So she can go off unit, off the area to groups, to school, whatever, but there has to be restriction. There has to be restriction in where she showers, and it has to be somewhere where there can be some supervision, if necessary, and not the way it had been before. So we talked about developing a program where the facility can be safe and she can be safe.
 - Q. Other than restrictions in where she showers, are there any other restrictions that would be part of the behavior modification program?
 - A. There would be expectation of groups. She's refusing anger management groups. We will have some expectations. That's been an issue for her. She needs to be addressing that.
 - Q. Will there be any restrictions on where



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- 1 she can be housed within Logan?
- 2 Temporarily, yes.
- 3 And where will she be housed? Q.
- 4 On the D Wing in the X House.
- 5 And how long will she have to remain in
- 6 the D Wing on the X House?
 - It depends on her progress.
- 8 And will she be single celled on the
- 9 D Wing in the X House?
- 10 A. I believe everyone is, yes.
- And she will have her own toilet there on 11
- 12 the D Wing?

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- 13 Α. Everyone has their own toilet, so it will
- not be a shared toilet. 14
- And there is no set time for how long 15
- Ms. Monroe needs to remain on the D Wing of the 16
- 17 X House?
- 18
- 19 Q. will she have the opportunity to get off
- of the D Wing? 20
- 21 A. Yes.
- And how will she be able to do that? 22
- The staff will be making a behavior 23
- modification program for her. She will still have 24

- segregation?
- Α. That's correct. So we develop a
- 3 treatment plan around this.
- 4 Was there anything that -- Was there anything else that came out of your trip to Logan 5
- aside from establishing this behavior modification 6 7
 - program?
 - A. Yes. What else? Q.
 - A. We have a plan as far as where all the transgender women will go.
 - You have a plan as far as where other transgender women would go? Did I hear that right?
 - Yes. Α.
 - Q. And what is that plan?
 - If you can see the dormitory style, the buildings, there is -- it's shaped like an E.
- 19 There's a middle section that has their own
- bathroom at the end of the -- if you had an E, the 20 21 middle section, there's a bathroom to themselves
- and showers to themselves. And it is, again,
- 22
- 23 connected to the general housing. And so we're
- 24 going to take one of those sections and have our

- access to education; she will still have access to 1
- groups and being able to go off unit. But a lot 2
- of it depends on behavior. Obviously, if she's 3
- threatening, obviously, if she's danger, then that 4
- may be -- that can be limited. But we need to 5
- keep her safe. We need to keep others safe. And 6
- 7 she needs earn back some privileges.
 - Q. And there are no sis gender women on this behavior modification program; is that right?
 - A. They've done something like that with others. In fact, I asked, is this something -- is this reasonable, would you do something like this with other women in the facility if they were engaging in such behaviors? And they said yes, this is what they would do with the cis gender women. And I said, Okay, good. Then this is what we're going to do for her.
 - Q. And is Ms. Monroe currently on this behavior modification program?
- A. I'm not sure, because at the time I was 20 21 there, she was in segregation and -- I'm not 22 100 percent right now.
 - Q. So is the plan to initiate the behavior modification program once she gets out of

- transgender women sleep there, but program and do everything else with the other women general common area.
- So you said if you consider it to be an E, it's in the middle of the E?
 - A. Yes.
- Is that area still considered general Q. population?
 - A.
- Will there be any restrictions on the transgender women who are placed there?
- They should use the bathroom and shower at the end of that E is where the shower is so they'll have privacy, and they'll have that. No. They can be with the other women in the general population and general whatever is going on. But for where their bed is and their belongings, it's going to be in that section. And showering and all that will be in that section.
- Q. Will any other cis gender women also be in that section?
- A. I don't know right now.
- Do you envision that this is going to be a section only for transgender women?



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A. I'm thinking that that may be the safest way. You have to create a whole new building in order to make the bathrooms safe, but that gives you more ability to be -- to have privacy. And so that -- that's -- that may be the best way to do this.

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- Q. I guess my question is, if there's only one transgender woman at Logan, will she be the only one in that section?
- A. I don't know. Because right now, we have one that we're going to be sending, so we're going to have to figure this out. Yet we've got a few more we're looking at.
 - Q. How many people can that section house?
- I believe, 24. And there are other dorms there that are similar. So if we ran out of space, we probably would probably use another section. But as you see, this is all an evolving brainstorming, try something and see if it works. And if it doesn't then we look at it.
- 21 Q. Is this -- We're referring to it as a 22 section. Is it a section of a dorm? Is it a 23 separate dorm?
 - A. It's all confluent. It's -- That E

Would you expect that Ms. Monroe would eventually be transferred from D, X House to that section?

A. I would hope. It all depends on her and her ability to keep herself safe and keep others safe. That would be the hope. And sometimes to have an honor dorm or honor area is a good -- it's a good carrot. So I would hope that she can.

- And going --Q.
- A. But anybody can lose honor privileges as well. And that's sometimes the benefit or the -or the reward to positive social behavior.
- Q. And I just want to back up a little bit to when we were talking about whether or not the committee is going to consider sending Ms. Monroe back to Logan. And you said as far as you know, the committee has no plans --
 - A. You mean Pontiac.
- Q. Sorry, send Ms. Monroe back to Pontiac. And as far as you know, the committee has no plans to make that recommendation; is that right?
 - A. That's correct.
- But just to be clear, the final decision on whether or not Ms. Monroe will go back to the

- section is -- it's all confluent. Right now, that 1 E -- that middle section right now is more of an
- 2 honors area, and I'm not sure exactly why. I 3
- think it's because it's a little more separation, 4
- it's a little smaller than the other areas, that 5
- they have bathroom that are separate. It's 6
- 7 considered more of an honor area right now. But
- that's probably the best place we could house them 8 9 without having to rebuild a facility.
 - Q. And is it a separate section from the other areas where women are housed? Like, are there doors between --
 - No. There are no doors.
 - -- that section and another door?
- 14 No. No. There are no doors. It's all 15 16 confluented. You wouldn't know it's any 17 different. It's really not a difference except for they have their own bathroom. And also if you 18 19 went there and you walked around, you wouldn't appreciate a difference. People that are there 20 21 now, and I'm not sure why it's considered an honor area, but women prefer it, that area. So they're 22
- 23 going to be displaced and may not like it. So
- 24 we'll create another problem.

- Men's Division, back to Pontiac, is made by Director Jeffreys; is that right?
- The Director has final decision on everything.
- And I believe you also testified that it was your understanding that the Governor and Director Jeffreys want Ms. Monroe to stay at Logan. What's the basis of your understanding?
- A. Well, I think it's more of an assumption. I mean, I think -- it's -- I'm sorry to say, it's really an assumption, and I haven't heard otherwise. So I'm going to try to make this work as much as I can, and if it fails and all, then powers beyond me are going to make other decisions. But I'm going to try to make this work.
- Q. So then let me just ask you, what's the basis of your assumption?
- A. The fact that the Governor's office intervened and had her come back. I'm taking that as a strong message.
- Now, back to this section that we were speaking about in Logan, is this what you envision being the transgender -- the voluntary transgender



1 unit at Logan?

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- 2 No. I would hope that it would not be at 3 Logan.
- 4 So you testified in Ms. Tate's case at a preliminary injunction hearing back in September
- 6 of 2019. Do you remember that testimony?
 - A. Yes.
 - And in that testimony, you testified that Q. one of your dreams is to create a voluntary transgender unit. Do you remember that?
 - Α. Yes.
 - And where do you envision that voluntary transgender unit being created?
 - I would like it in Dr. Reister's section. He's in the southern section. And because he can have ready access to that as a consultant, as someone who can oversee it, someone who can make sure the program is going well. But as far as exactly where, I'm not 100 percent sure right now.
 - Do you envision it being within the Men's Division?
 - Yes, a wing, exclusive in IDOC. We have wings for different things, for substance abuse, for sexually dangerous persons. And so I would

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ATTORNEY COOK: Do you anticipate that 3 Ms. Monroe is going to be moved to this wing or 4 wants to be moved to this wing?

ATTORNEY DEL VALLE: No, I don't.

ATTORNEY COOK: So what does this have to do 6 7 with her injunction?

ATTORNEY DEL VALLE: Well, the Court is going to make a determination of where Ms. Monroe should be housed. So we want to know what IDOC has been doing with transgender inmates and options they have.

ATTORNEY COOK: The wing isn't completed. THE WITNESS: Currently, that's not an option. It's an idea, and it's ready when -- if and when we're given an okay for it, we'll be ready to do that.

18 BY ATTORNEY DEL VALLE:

- Q. Who has to give the okay for it?
- Well, there are PREA laws that would prevent it from going through. It would have to be more of a court order, from what I understand. And Dr. Hinton and I have spoken with the psychologist Director of the Los Angeles County

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- imagine we would have a wing. 1
 - But a wing in a men's prison? Q.
 - We have more of those available.
- 4 More men's prisons available? Q.
- 5 Right. Α.
 - Have you done anything to work towards creating that voluntary transgender wing?
 - Yes. We have a description and definition of groups and programming that Dr. Reister and I have worked on.
- You have that document -- You have 11 12 documented that?
 - Α. Yes.
 - And what's the form?
- 16 Like, is it -- did you write it in a memo 17 that you sent to someone?
 - No, no. We have not sent it to anyone. We have it between him and me. I don't know if we shared it with Dr. Hinton. But he and I developed it, mostly him, I can't take too much credit. But yes. So we have it as something of if and when we can use it, we're going to move forward with it.
 - Q. And when do you plan to move forward with

- Jail, and they have something similar. And so we 1 talked to them about the protocols and how that's
- done and how it works. And they've been very 3
- successful. They realize there are PREA laws that 4 5 would probably prohibit that from happening, but
- no one has said anything, and they have it, and it 6
- 7 works, and it's been very successful. And it's
- 8 very much of an honor dorm like. So we would love
- 9 for that to be an option at some point. And I 10 think the bottom line is about safety and about
- respect, and I would hope that that type of a 11
- 12 setting could allow for safety and respect. 13 Q. Okay. So going back to the June 21st,
 - 2019, meeting on Ms. Monroe, and this is on Bates 391, you ended the meeting by saying "Yes. All right. Well, thank you, everyone, for participating. And like I said, we are on the cutting edge, and we are on a steep learning curve."

What did you mean by that?

Well, a lot of this hasn't yet been defined. And there aren't standard protocols out there for what we're doing right now. And we're learning from our mistakes and our successes. And





- 1 frankly, if Ms. Monroe had been presented to the
- 2 committee today knowing what she's taught us, she
- 3 may not have been approved to go over. I don't
- 4 know. Because the security of Logan has been
- 5 compromised. And it's been a very difficult,
- challenging thing. But perhaps now we're learning 6
- 7 how to manage difficult -- difficult scenarios in
- 8 a way that we haven't before. So we're still
- 9 learning, and we will keep learning.

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- Q. And just to be clear, despite it being challenging, you do not have -- you do not have any plans to -- your plan is to try to make it work for Ms. Monroe at Logan?
- Yes. And yet women are talking about filing lawsuits because they feel threatened by Ms. Monroe. They talk about -- So there may be countersuits as far as that challenge our sending our transgender folks -- transgender females to a female facility. You know, we have people that are very -- have a history of severe trauma, and they're very scared, and they feel like they're
- 22 unsafe. And so there may be some countersuits
- 23 that we'll have to deal with. So it's an evolving
- 24 situation. So I certainly apologize to those

- very progressive policies. I think we in the
- 2 Department have been very late in the game as far
- 3 as addressing the particular needs of the
- 4 transgender individuals. I think we are, you
- 5 know, in my study and research and what we are
- doing, we certainly are very -- I don't want to
- 7 say skeletal, but I can't say we have a skeletal
- transgender situation. I think we have a bone 8
- 9 here and there. But my goal is to formulate this
- 10 and flush this out and make this solid, workable,
- and respecting the transgender community, 11
- 12 respecting our LGBTQ plus community, and making it 13 a safer and better environment as we can."
 - Do you still hold those opinions today?
 - Yes.

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ATTORNEY COOK: I'm going to say I thought we were going to stipulate to some of this testimony to cut down on the time of the deposition.

ATTORNEY DEL VALLE: I was just wondering since this testimony was given in October if today he still has the opinions that the IDOC's policies are skeletal.

THE WITNESS: Yes. And from there, I developed a Transgender Policy Committee, and we

- women that we've created a threatening scenario and created -- you know, I feel responsible for
- creating a difficult scenario. 3
 - There are difficult and complicated sis gender women at Logan, correct?
- 6 I would imagine so, yes. No. I know so. 7 Yes.
 - And IDOC would never send a difficult, complicated sis woman to the Men's Division; is that right?
 - That's correct. A.
 - Now, if Ms. Monroe had surgery, had Q. gender confirmation surgery, would there be any universe where IDOC would send her back to the Men's Division?
 - No. I don't think so.
- 17 I don't think we need to mark this as an exhibit. I just wanted you to be able to follow 18 19 along. This was your testimony in the preliminary 20 injunction hearing for Ms. Monroe -- I'm sorry, 21 for Ms. Tate. So if you turn to page 289, so if 22 you look at the top of that page, you testified 23 that -- on October 15th, 2019, you testified that

"I think it's very important for us to have some

- have met three, four times, I believe. And we are 1
- 2 defining some things in ways that haven't been defined yet. So we're -- we've been making good 3
- 4 progress.
 - BY ATTORNEY DEL VALLE:
- You've met -- The Transgender Policy 6 Committee that's met three times?
 - I believe, three or four.
- 9 And who's part of that Transgender Policy Q. 10 Committee?
- We have legal representation. Initially, 11 12 Bob Fanning, although he's a chief and designated someone. Our PREA person, or policies and 13 directives person, Dr. Reister. Who else do we 14 15 have? Mike Chappel from Security. So we want to 16 have Legal, Security, Medicine. So Dr. Conway,
- 17 Dr. Reister, and me. And I believe is that it?
- And now that we have a consultant, 19 Dr. Anderson, I think we're going to include her 20 in on this too.
- 21 Q. Okay. And you yourself are on this committee, the policy committee? 22
 - Α. Yes.
 - And what policies is this committee Q.

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establishing?

- A. Policy on commissary, policy on identification, policy on search. It will define movement to another -- the other cross-gender facility.
- Q. Sorry. Movement to the other cross-gender, you mean transfer?
 - A. Transfer, yes.

So far, there's about three pages worth of things right now. So those are things we're looking at.

- Q. Is surgery on that list?
- A. It will be. Surgery right now is very skeletal in our current policy. And until they get it defined differently, that's -- we're referring to the policy that exists. But that has to be modified.
- Q. And when do you expect the time line for all these policies to be in effect?
- A. Well, I wrote it out. Honestly, I don't know. I've never written policy before, and my first iteration, I thought it was just going to take a few modifications, and then we're fine.

24 And then they gave me more feedback than I

Q. And that training was created as a result of the court order?

A. I believe that's true.

Q. Have you been at all involved in that training?

- A. I attended part of the general training.
- Q. Have you heard any feedback on the training by any members of the staff?
 - A. No
- 10 Q. Is that something that you as the chair 11 of the Transgender Care Review Committee would 12 want to know about, if staff are receptive to this 13 training?
 - A. Yes. And I think, you know, there are many people who, no matter how much training they get, they will not change their view. And yet they've been told keep your view at home when you're in the department. You need to function in a role of being respectful, and it doesn't matter how -- what your feelings are. We have expectations so they can walk through the door.
 - Q. So I'll represent to you that as part of the Hampton matter, we have deposed a number of correction officers and asked them questions about

expected. So I'm in the midst of working that right now. So but what we're looking at is a more comprehensive policy.

- Q. So still a number of months before any of these policies are finalized?
 - A. I would imagine.

Another thing in the policy that we put is that, you know, once their surgery, that they go to the facility of whatever gender that they are newly assigned to. Things like that.

Q. Once they have their surgery?

A. Yes. It's an automatic. And yet there still is some room for the individual's right to choose to stay — there are many who elect to stay — the transgender females elect to stay in a male prison.

Q. Now, would it also be fair to say that the steep learning curve that you were referring to in the meeting and also in your testimony has to do also with changing attitudes of staff within the department?

A. Yes. We've begun that with the training that we're doing with the correction officers. So yes, that's begun some.

this training. Would it surprise you to hear that a number of the officers testified that this new training that they have been going through on transgender inmates was not effective, that they couldn't remember what they learned, and even one lieutenant characterized the training as brutal?

A. Brutal? Not surprising.

Q. Not surprising?

A. No. No.

Is it surprising? Like I said, there are people that are very -- that won't change their mind. And I think that's given. And sometimes you go into a very conservative, rural setting that you don't have exposure to things such as this, and they're going to have a very strong and negative opinion about this. And that's what we're up against. In fact, that's why the whole Transgender Committee was begun because we wanted to have -- from what I understand, this predates me -- consistency in treatment, and we wanted to make sure that someone who had negative views of transgender in the middle of nowhere Illinois, that no matter what -- who's servicing them, that we still had a way of saying this is what you need

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to do for this person, this is how we need to intervene. And it gives us an opportunity to intervene.

Part of what I need to take a look at is I don't want not having the Transgender Committee weigh in on some decisions. I don't want people to fall through the cracks and they become a problem.

- Q. So would you agree that the department has a lot of work to do and a long way to go to change the attitudes of its employees around transgender inmates and transgender issues?
- A. I think it's across the country. I think we're challenged, like the whole country is challenged.
- Q. And as for the steep learning curve we've been talking about, would you also agree that there was probably a steep learning curve for Ms. Monroe for figuring out how to exist in a women's prison?
- A. My worries about Ms. Monroe is that she doesn't learn from experience. And despite interventions, the behaviors still continue. I expect a difficult period in transition, but I

injunction in the Monroe v. Baldwin case, which
you're familiar with; is that right?

A. Yes.

Q.

No. 1, the Court orders that the Department cease the policy and practice of allowing the Transgender Committee to make the medical decisions regarding gender dysphoria and develop a policy to ensure that decisions about treatment for gender dysphoria are made by medical professionals who are qualified to treat gender dysphoria.

Okay. So looking at the court order in

What has the Department done to comply with that order?

ATTORNEY COOK: I'm going to object to going through this preliminary injunction in this deposition. Is there a way you can tailor it towards the preliminary injunction hearing we're going to have?

ATTORNEY DEL VALLE: Well, the problem is Chris, Mr. Higgerson opened up this door in the deposition of our expert, Dr. Brown, and went through the court order and asked his opinions about whether or not IDOC has been compliant with

- expect things to get better over time and with
- intervention. And the concern that I have is that it's going up on a year, and we're still hearing a
- 4 lot of difficulties.
 - Q. But would you agree that it would be difficult for someone who spent ten years in segregation in a men's prison to transition to a place like Logan?
 - A. Is it about segregation, is it about being in a men's prison, or is it about a personality disorder? And, you know, I don't know what to -- how much to weigh in on the different factors that may be leading to some of this. But, you know, the hope was that she would be in a different setting and that would be more supportive, that would be more -- less -- less difficult for her and that she would acclimate and do well. Unfortunately, I think she's gone from, you know, kind of seeing herself as a victim to becoming a perpetrator. And that's something that still needs a lot of work.
 - Q. So we're not marking this as an exhibit. Again, I just want you to be able to follow along. So that is the federal judge's preliminary

that, or if IDOC complies with that order, would Dr. Brown's opinions change.

So unfortunately, because that door was opened, I have to go through it with Dr. Puga.

ATTORNEY COOK: Well, we still have to do designations for Dr. Brown's deposition. And he's going to testify in the hearing that we're having. So I just -- I thought the purpose of this was to ask him some questions before the hearing, not to go reviewing every single thing now.

ATTORNEY DEL VALLE: Well, we're designating our expert's entire deposition so both Dr. Brown and Dan Patuki (phonetic). Their depositions in their entirety are going to be designated.

And for this deposition, I need to explore with this witness what his views are on each of these so I know whether or not we need to ask him about them at the hearing.

This is my last line of questioning we'll be done after this.

ATTORNEY COOK: Then I'll have some questions.
BY ATTORNEY DEL VALLE:

Q. So, Dr. Puga, what has the IDOC done to comply with the Court's in order No. 1?



A. First of all, my -- everybody on -- that presents at the facilities were informed that the decisions are now being made at the facility level with Dr. Conway. We developed what was set out to be a memorandum, and any time someone has, and whenever people get notified of the transgender meeting and when their time slot is, there's a note there that is starred that says, you know, reminder, we do not -- you are no longer, you know, doing -- weighing in on medication decisions. So everybody is informed about that.

We, with -- Wexford has developed a manual for the physicians to -- who treat gender dysphoria, and they will -- so that I just saw, I thought it was going to be the final product, I guess it's -- it says draft. It has a watermark, draft, that I just got Friday, I believe it was. And there will be an under print consultant or somebody as a consultant when the medical professionals who are prescribing medications have questions or concerns or what have you.

Q. Moving on to order No. 2, says the policy and practice of denying and delaying hormone therapy for reasons that are not recognized as the competency requirements stated in the WPATH standards of care to treat gender dysphoria.

How has the Department complied with that order?

A. We've developed a definition of competency, and we have the WPATH standards pretty much listed. And we will -- and part of that is the expectation for them to attend at least 50 percent of the monthly group supervision with Dr. Reister and that they need read the WPATH standards of care and attend Part 1, Part 2 of his training and that in order to be qualified to work with this population.

Q. And these are the clinicians employed by Wexford?

A. Yes.

Q. No. 2, allow inmates to obtain evaluations for gender dysphoria upon request or clinical indications of the condition.

What has the Department done to comply with that policy?

A. I think we've been in compliance with that. I think whenever they are identified or self identify, then at that point, they are

contraindications to treatment and ensure timely hormone treatment is provided as necessary and maintain routine monitoring of hormone levels.

Has the Department complied with that policy by issuing the memorandum we went through in Exhibit 5?

A. Yes. And also the monitoring hormone levels is included in the Wexford document and they will be doing some training of their physicians about that.

Q. Okay. Moving on to No. 3, says the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition, including by medically assigning housing based on genitalia and/or physical size or appearance.

How has the IDOC complied with this order?

A. We continue to review requests for transfer. And, as mentioned, we are sending in another person over to the Female Division.

Q. Turning the page, No. 1 on that page, develop policies and procedures which allow transgender inmates access to clinicians who meet evaluated.

Q. Okay. And lastly, No. 3, develop a policy 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.

What has the Department done to comply with that?

- A. As I mentioned, we had already started the policy development, so that is in -- that is part of what's being defined in the policy.
- Q. And there's no timetable yet for the implementation of those policies, correct?
- A. Correct. I think we're making good progress, but we're in the middle of that.

ATTORNEY DEL VALLE: That's all I have.

EXAMINATION

BY ATTORNEY COOK:

Q. Okay. I'm just going to clean up some things so the transcript doesn't look weird when we're looking at it later.

So, you know, earlier this morning, you were asked about Ms. Monroe telling you she was

