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

JANIAH MONROE, MARILYN MELENDEZ, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA REED,	)	
Plaintiffs,	)	
- vs-	)	No. 18-156-NJR
ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN,	)	
Defendants.	)	

DEFENDANTS' RESPONSE TO PLAINTIFFS' RENEWED REQUEST FOR APPOINTMENT OF INDEPENDENT MONITOR

The Defendants, ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN (each sued in their official capacity as an official of the Illinois Department of Corrections [referred to as "IDOC" or "the Department"]), by and through their Attorney, Kwame Raoul, Attorney General for the State of Illinois, provide the following in response to Plaintiffs' renewed motion seeking the appointment of an independent monitor [Doc. 225]:

Introduction

In February 2020, in response to Defendants' report on compliance with the preliminary injunction orders, Plaintiffs argued for the need of an expert to oversee compliance. [Doc. 207, pp. 13-14]. Defendants sought time and leave of Court in order to file a reply, which was filed on February 28, 2020. [Docs. 208-10]. On March 20, 2020, this Court found that the appointment of an expert was not warranted at the time. [Doc. 215, p. 3].

On August 21, 2020, Plaintiffs filed a motion renewing their request for the appointment of an independent monitor. Plaintiffs' motion is replete with emotion but exceeds the requirement of zealous advocacy and crosses into distasteful litigation tactics. In an effort to gain

more influence over the process of transgender care in IDOC, Plaintiffs are willing to ignore testimony, manipulate the facts, and misrepresent the state of affairs. As explained more fully below, Plaintiffs' legal arguments fall short of proving a need for an independent monitor or special master. In addition, Defendants have to provide the facts largely omitted by Plaintiffs to explain what the consultants already contracted with IDOC have been doing and how they feel about the work being done within IDOC. And, Defendants spend a substantial amount of time merely correcting the record on the facts already provided in this matter. Defendants find it worth noting below that the 90-day time period imposed by the Prison Litigation Reform Act (PLRA) has expired; however, that has made no difference in the actions taken by IDOC to improve transgender care for the prisoners in its custody. For all of these reasons, Plaintiffs' motion must be denied.

Argument in Response to Plaintiffs' Motion

I. Plaintiffs fail to address Defendants' prior arguments on this issue and fail to establish exceptional circumstances for appointment of a monitor or special master.

Plaintiffs are attempting to assert themselves in IDOC's day-to-day operations. As Defendants pointed out initially, IDOC has the authority to run its facilities and Plaintiffs have no decision-making authority over IDOC. [Doc. 210, p. 5, *citing to Bell v. Wolfish*, 441 U.S. 520 (1979) & *Rizzo v. Goode*, 423 U.S. 362, 378-79 (1976)]. Defendants pointed out then (and it still remains true) that Plaintiffs cannot show that the consultants hired by IDOC are unqualified for the work at hand. [*See* Doc. 210, pp. 7-8].

Plaintiffs also fail to discuss why they should be exempted from the requirements of Federal Rule of Civil Procedure 53. [*See* Doc. 210, p. 8]. Plaintiffs have never asked for Defendants to consent to a special master. And, Plaintiffs do not ask for relief that this Court is unable to understand or render a determination, either through the District Judge or through referral to a Magistrate Judge. The Committee Notes from the 2003 Amendment to Rule 53

provide: "The core of the original Rule 53 remains, including its prescription that appointment of a master must be the exception and not the rule." Fed. R. Civ. P. 53 committee notes-2003 amendment.

In support of their renewed request, Plaintiffs cite to several cases; however, Plaintiffs ignore the actual substance and pertinent background of the cited cases. For most, they provide snippets of information without accounting for the case-specific details that actually work against Plaintiffs' position.

First, they cite to *Ruiz v. Estelle*, 679 F.2d 1115 (5th Cir. 1982), *amended in part, vacated in part on unrelated grounds*, 688 F.2d 266. The *Ruiz* opinion begins as follows:

> There is no iron curtain drawn between the Constitution and the prisons of this country. When the remedial powers of a federal court are invoked to protect the constitutional rights of inmates, the court may not take a "hands-off" approach.
>
> The duty to protect inmates' constitutional rights, however, does not confer the power to manage prisons, for which courts are ill-equipped, or the capacity to second-guess prison administrators. Federal courts should not, in the name of the Constitution, become . . . enmeshed in the minutiae of prison operations. Our task is limited to enforcing constitutional standards and does not embrace superintending prison administration.

Ruiz, 679 F.2d at 1126 (internal quotations and footnotes omitted). That case dealt with a class action on behalf of 33,000 inmates in the Texas Department of Corrections, which was characterized in the opinion as the then-largest prison system in the United States. *Id*. at 1127. A 159-day trial was completed in September 1979, where 349 witnesses testified and 1,565 exhibits were admitted into evidence. *Id*. The court entered a 118-page memorandum opinion indicating that it would grant relief to the prisoners, and the parties subsequently entered into and filed a proposed consent decree that was approved by the court. *Id*. at 1127-28. Only then, after final relief was entered, the Court appointed a special master to monitor the implementation of the relief. *Id*. at 1128. The rationale behind the appointment of a special master was based on

several factors, not just the plaintiffs' complaints but a record of "intransigence" by the prison system, complexity of class members and facilities at issue, failure to acknowledge "completely evident" constitutional violations, and overall failure of the prison system to conform. *Id*. at 1160-61. Even so, the Fifth Circuit made clear that the "court's appointed agents should not intrude to an unnecessary extent on prison administration." *Id*. at 1161-62. And, the order appointing the monitor was amended by the Fifth Circuit to restrain the special master's authority where it was found to be too sweeping. *Id*. at 1162-63.

Ruiz and some of the other cases cited by Plaintiffs meet the requisite exceptional circumstances to justify appointment of an independent monitor. In *Powell v. Ward*, an order entered in 1975 was ignored for over three years. 487 F.Supp. 917, 934 (S.D.N.Y. Feb. 27, 1980). The defendant in that action was found to be in civil contempt, fined with a monetary sanction, and a special master was appointed to oversee the compliance process and report to the court until the court was satisfied that its constitutional protections were incorporated. *Id*. at 935. In *Newman v. State of Alabama*, the Fifth Circuit ordered the appointments of special masters in place of a 39-member "Human Rights Committee" that had been established and appointed by the district court to oversee remediation of excessive overcrowding and other inhumane conditions of confinement found in Alabama state prisons. This occurred at a time when the Eighth Amendment prisoner rights cases were considered a "comparatively new field of the law" at the federal level. 559 F.2d 283, 287-90 (5th Cir. 1977), *cert. granted in part, judgment rev'd in part sub nom. Alabama v. Pugh*, 438 U.S. 781 (1978). In lieu of the court-appointed committee, a monitor was to be appointed for each of the prisons involved to report observations to the court but "with no authority to intervene in daily prison operations." *Id*. at 290.

In *Epic Systems Corporation v. Tata Consultancy Services Limited*, a permanent injunction was entered against the defendants, and special monitor was appointed to "insure

compliance with the court's injunction in light of the extent of unauthorized and undocumented access to its trade secrets and confidential information within TCS." 2016 WL 1696912 at *2 (W.D. Wis. Apr. 27, 2016). In *Epic Systems*, the plaintiff was responsible for compensating the monitor.[1] 2016 WL 6477011 at *2 (W.D. Wis. Nov. 2, 2016). In *Michaelian v. Lawsuit Financial, Inc.*, a special master with specific expertise was appointed to investigate the financial health of the defendant-corporation. 2018 WL 5603622 at *1 (E.D. Mich. Oct. 30, 2018). The parties consented to limited duties to be performed by the special master, and one was selected by the court with the fees and costs to be borne by the defendants. *Id*. at *2.

In a number of the cases cited by Plaintiffs, the parties had *consented* to the appointment. In *H.B. by Bartolini v. Abbott Laboratories, Inc.*, a case overseen by the District Judge assigned to this matter, a special master was appointed to assist the Court with trial-related duties. 2017 WL 2868424, at *1 (S.D. Ill. Jul. 5, 2017). Importantly, there, the parties consented to the special master. *Id*. Plaintiffs cite to *Braggs v. Dunn*, but fail to provide any context as to the district court appointment of a monitor. 383 F. Supp. 3d 1218 (M.D. Ala. May 4, 2019). *Braggs* is a years-long class action suit where the parties reached an agreement "early" in the litigation (two years before the order cited by Plaintiffs), and the court granted separate prospective relief for immediate suicide-prevention measures. *Id*. at 1226-27. In late 2018, the parties had each proposed "global monitoring schemes" and the parties had agreed that court monitoring was necessary. *Id*. at 1278. Contrary to Plaintiffs' characterization of the monitor appointment, the defendants only opposed monitoring on the immediate relief that was the subject of the court's order, and argued in essence that "the court should wait to impose a global monitoring scheme that covers all remedial orders." *Id*. at 1282. The court found that the discrete monitoring for the

[1] There, the monitor's appointment was initially set at 2 years. This may explain why the issue was not raised in the recent Seventh Circuit opinion arising from the same case: *Epic Systems Corp. v. Tata Consultancy Services, Ltd.*, 2020 WL 4882891 (7th Cir. Aug. 20, 2020).

immediate suicide-prevention measures could not wait. *Id*. The court ordered the appointment of an external monitor to conduct site visits, review records, and periodically report to the court. *Id.* at 1285-87. In addition, the court ordered the prison system to establish a "formal internal monitoring scheme focused on the immediate suicide-prevention relief ordered [there]." *Id*. at 1286-87. These cases are inapposite comparisons to this suit.

And, *Benjamin v. Fraser*, is appallingly unrelated to the request sought by Plaintiffs here. 343 F.3d 35 (2d Cir. 2003), *overruled on other grounds by Caiozzo v. Koreman*, 581 F.3d 63 (2d Cir. 2009). The opinion cited by Plaintiffs discussed whether a monitoring group put in place prior to the PLRA comported with the Act. *Id*. at 43. In *Benjamin*, pretrial detainees in New York City facilities filed related class actions in 1975 alleging unconstitutional conditions of confinement. *Id*. at 40. The parties entered into consent decrees in 1978 and 1979. *Id*. Three years later, and *after the agreement of the parties*, the court ordered the creation of an "Office of Compliance Consultants" (OCC) to monitor and assist with compliance efforts. *Id*. The OCC's involvement continued by agreement of the parties from 1982 to 1987. *Id*. In 1987, the parties were unable to agree on terms of renewal, so the district court ordered the renewal of the OCC's mandate to ensure compliance with the consent decrees. *Id*. at 43. The OCC was found to not be a special master or appointee under Rule 53. The Second Circuit Court of Appeals found the following:

> The OCC's functions are quite different from those of a Rule 53 special master. The OCC was not appointed to hold hearings, subpoena witnesses, take testimony, or rule upon evidence. It does not prepare reports to assist in the court's determination of discrete issues of law or fact, and its factual findings are not legally entitled to deference. The OCC's reports, which are neither formally filed in the court's docket nor adopted, modified, or rejected by the court, serve a different function from the typical report of a special master. Besides informing the court of ongoing compliance efforts, these reports facilitate the City's awareness of its compliance with remedial directives. In other words, the OCC serves a monitoring

function; it does not exercise quasi-judicial power.

Id. at 45. Not only were the functions at issue in *Benjamin* extremely limited and quite separated from the judicial process, the parties had *consented* to the OCC in both its creation and, for many years, its oversight.

Nearly as bad as Plaintiffs' failure to recognize the difference between consent to a special master and a court's imposition of one is Plaintiffs' reliance on *Kendrick v. Bland,* a 36-year-old opinion from a different circuit. There, a district court entered a preliminary injunction after a class action had been pending for over four years. 740 F.2d 432, 434 (6th Cir. 1984). Then, the parties entered into a consent decree which essentially converted the preliminary injunction to permanent relief. *Id*. When the plaintiffs felt that the consent decree was not being met, they asked the court to disqualify prison officials from certain posts, and the court granted that request. *Id*. at 435-36. On appeal, the Sixth Circuit found such relief exceeded the remedies available to the district court. *Id*. at 439. In dicta, the Sixth Circuit discussed potential, less intrusive alternatives for the court to oversee the consent decree agreed upon, such as a special monitor or contempt proceedings. *Id*. at 438-39. Nowhere in the Sixth Circuit's opinion was a special monitor appointed or ordered.

In none of the instances cited by Plaintiffs was a monitor appointed to interfere with prison operations by developing a detailed plan or strict timeline as requested by the Plaintiffs in their motion. [*See* Doc. 225, pp. 13-14]. And, no compliance monitoring is necessary here. As argued more fully in sections II, III, and IV, below, Plaintiffs' arguments fail to present a fair picture to the Court. Even so, no permanent relief has been entered, nor any consent decree, and IDOC is working comprehensively to identify and solve issues highlighted by the Court in its preliminary injunction order.

II. Plaintiffs refer to the consultants hired by IDOC, but ignore the testimony of each of the consultants because it was favorable to Defendants.

When Defendants filed their notice with this Court after the preliminary injunction ruling, Defendants noted that IDOC had entered into a consulting contract with USPATH President-elect Dr. Erica Anderson. [Doc. 202, p. 5, ¶ 11]. Defendants also represented that IDOC made initial contact with Wendy Leach, a Senior Consultant for The Moss Group. [*Id*. at pp. 5-6, ¶ 13]. IDOC entered into a 60-day contract with The Moss Group in March 2020. It is clear that soon after the Court's preliminary injunction was entered, IDOC voluntarily engaged consultants for their expertise and guidance.

Plaintiffs deposed both consultants, who were hired by IDOC to assist with re-working its transgender policies and training. Both consultants expressed optimism about the work being done by IDOC. Although witnesses deposed for this action agreed when asked leading questions about whether outside advice would be helpful with respect to transgender care, none of the individuals deposed volunteered such testimony. And, no one testified that a monitor would be any more helpful than Dr. Anderson or The Moss Group. To the contrary, Dr. Reister explained that having impartial feedback was one of the reasons IDOC brought in The Moss Group. [Doc. 225-10 at 4:7-5:15].

A. The Moss Group

Wendy Leach is a Senior Consultant at The Moss Group, and she "provides her expertise in inmate and youth physical and sexual safety, conditions of confinement and the Prison Rape Elimination Act (PREA) and facility operations." (Exhibit 1, Leach CV). In early 2020, The Moss Group contacted the Director of IDOC about ongoing transgender issues. (Exhibit 2, Deposition of The Moss Group by Wendy Leach, Dep. 131:1-132:15). The Moss Group entered into a 60-day contract geared to assist with policy framework and staff training to manage transgender offenders. (Ex. 2, Leach Dep. 132:12-133:16). Ms. Leach *suggested* the 60-day

period for the recent contract. (Ex. 2, Leach Dep. 135:16-136:9). There was a component for on-site review; however, that was not able to be completed due to the COVID-19 pandemic. (Ex. 2, Leach Dep. 133:17-134:13). The goal was for The Moss Group to start earlier in 2020, but COVID-19 pushed it out and the work began in earnest in May. (Ex. 2, Leach Dep. 143:19-144:17). The delay was not due to IDOC, but because the circumstances of the pandemic forced The Moss Group to extend all of its contracts. (Ex. 2, Leach Dep. 148:16-150:20, 162:12-163:1). The extension did not affect the work of Ms. Leach. (Ex. 2, Leach Dep. 162:21-163:1).

In 2018, Ms. Leach assisted the Georgia Department of Corrections in updating its transgender and intersex offender policy. (Ex. 2, Leach Dep. 69:3-70:16). She has also assisted other correctional systems with policies. (Ex. 2, Leach Dep. 178:2-180:5). Georgia took about 18 months to finalize its transgender policy. (Ex. 2, Leach Dep. 178:2-9). Ms. Leach estimates that a system that is very serious and has nothing holding it up could probably complete a new policy in 60-90 days. (Ex. 2, Leach Dep. 177:16-178:1). Obviously, IDOC has had something holding up its newly revised policy: the COVID-19 global pandemic, which was cited by many witnesses in addition to Ms. Leach as the reason that more has not been accomplished by now.

Even so, Plaintiffs wrongly represent that IDOC's policy is not even close to final and could take a year or more to finalize. [Doc. 225, p. 6]. As Wendy Leach explained in the page following Plaintiffs' quotation, IDOC has not communicated to her when it expects to finalize the policy. (Ex. 2, Leach Dep. 177:1-5). In fact, she has not seen a version of it since she sent her template in May 2020. It was merely her opinion that implementation of the new directive could take much longer. (Ex. 2, Leach Dep. 177:7-178:1). Nevertheless, she believed that her involvement was to set the foundation and then IDOC could work more going forward to flesh out the policy, work more on staff training, come up with different housing and environmental ideas. (Ex. 2, Leach Dep. 134:2-135:5). Her involvement was "just a starting point." (Ex. 2, dep

p. 135:3). But, Plaintiffs have the testimony of Dr. Reister who testified on August 17, 2020, that the policy is out of the hands of "the developers" and with the IDOC Policy and Directives Unit, which is far along in the process. (Exhibit 8, Reister Dep. 99:15-100:8). Dr. Reister does not know with certainty when it will be complete but characterized the anticipated time as "very short." (Ex. 8, Reister Dep. 100:4-8).

Plaintiffs asked Ms. Leach about whether it would be helpful to have a court order requiring IDOC to continue the work with her. Defendants objected based on foundation, but as required, Ms. Leach provided her response anyway:

> I would say no. I – I would say no anyway. And here's why. The reality is that for sustainability and for people who really care about this stuff and really want to do it, it shouldn't take a court order to get anybody to do anything, right? I mean, I don't think there's been any push-back -- I've gotten no push-back on anything that we've pushed forward and said, "What about this? What about that?" And I know Dr. Anderson has, you know -- she has some views on transitioning and on surgery and other things that are way beyond where my world is. I don't know how they feel about any of that. But I do know that the stuff that I proposed, they've been very positive about it, haven't pushed back on it. So my thinking is, then, just do that stuff.
>
> Now understanding that there's other priorities, sometimes people get delayed, but it seems to me that we all kind of want the same thing. And that's what I've, you know, talked about about this. But we all want everybody to be safe and everybody to be healthy and fine and everything to go kind of smoothly. So how do we get there? It's not necessarily that we always have to fight about it in court.

(Ex. 2, Leach Dep. 276:18-279:11).

B. Dr. Erica Anderson

Dr. Anderson has a Ph.D. in clinical psychology and is currently employed as staff at the University of California, San Francisco. (Exhibit 3, Anderson Dep. 20:1-22:21). In addition, Dr. Anderson works in private practice with a focus on gender, sexuality, and trauma. (Ex. 3, Anderson Dep. 23:10-13). Plaintiffs deposed Dr. Anderson for several hours but attached only

one sheet of Dr. Anderson's condensed deposition transcript to their motion, reflecting a mere four pages of questions and answers. [Pl Ex. K at Doc. 225-11, including Anderson Dep. 154-157]. Important information was intentionally omitted from Plaintiffs' motion.

Dr. Anderson signed her contract with IDOC on January 10, 2020, and began performing her services for IDOC at that time. (Ex. 3, Anderson Dep. 57:8-13). Although the contract does not require IDOC to act on Dr. Anderson's assessment or recommendations, she noted the obvious incentive for IDOC to treat her recommendations seriously and appropriately incorporate them, and in her experience that is what IDOC had been doing. (Ex. 3, Anderson Dep. 59:1-5: "I think, as we can all recognize, there's a very big incentive for them to treat seriously all my recommendations and as is appropriate incorporate them, and that's my experience is what they are doing."). Dr. Anderson acknowledged that she is "a very well-paid consultant." (Ex. 3, Anderson Dep. 110:5-7). IDOC's contract with Dr. Anderson has an agreed term from January 16, 2020 to December 31, 2020. (Exhibit 4, IDOC-Anderson contract, p. 9). Plaintiffs have not even let Dr. Anderson fulfill her initial term before concluding that IDOC will not retain her for future services.

One of Dr. Anderson's tasks is to assist with bringing in WPATH's Global Education Initiative (GEI) training. (Ex. 3, Anderson Dep. 89:11-20). IDOC, with the assistance of Dr. Anderson, is completing a contract for customized training for medical and mental health care providers throughout IDOC. (Ex. 3, Anderson Dep. 89:15-90:17). Dr. Anderson also testified about what she has seen of IDOC since she began consulting for it in January 2020. She testified that: "My impression is that—is that the leaders in the health arena for IDOC are highly motivated to accept recommendations and improve the processes whereby decisions are made about care and they're committed to training professionals to raise their level of sophistication in this area. So I think we're moving in the right direction." (Ex. 3, Anderson Dep. 143:18-144:1).

Based solely on the deposition testimony of these consultants, Plaintiffs' request for the need for a court monitor is without merit.

III. Plaintiffs disregard facts that further explain IDOC's actions taken after the Court's preliminary injunction order.

In the motion at hand, Plaintiffs contend that the Transgender Care and Review Committee continues to allow non-medical members to make medical decisions regarding treatment for gender dysphoria. Plaintiffs cite to the testimony of Dr. Hinton to support their motion. Yet, in areas omitted from Plaintiffs' filing, Dr. Hinton stressed that the current Administrative Directive (AD) states certain things but that they were being changed.

At one point Dr. Hinton stated:

> So, again, it's really important to make it clear, this process is kind of evolving as we speak, and so by the time of this particular revision or addition of this AD, the transgender committee would make a recommendation as to whether or not to move forward or not. But, again, my understanding is that is changing . . . .

(Exhibit 5, Hinton Dep. 53:15-22). The recommendations regarding gender-affirming surgery contained in the AD were in the process of changing so that it would be strictly a medical decision. (Ex. 5, Hinton Dep. 54:20-55:8). Part of the transcript referenced by Plaintiffs clearly discussed what the current Administrative Directive states (Ex. 5, Hinton Dep. 69:16-70:11), which is different from the current practice. Although Dr. Hinton testified that he could recall an instance in 2020 where the committee made a decision on initiating hormone treatment for a transgender prisoner (Ex. 5, Hinton Dep. 70:12-71:2), Dr. Hinton later clarified that if brought to the Committee it could vote on issues presented, but the physician actually makes the decision to administer or prescribe the hormone treatment (Ex. 5, Hinton Dep. 98:18-99:17). He also testified that the attending physicians were currently tasked with prescribing gender-affirming clothing items, not the Transgender Care and Review Committee. (Ex. 5, Hinton Dep. 74:6-74:18). Some of Dr. Hinton's testimony is, admittedly, unclear if read in a vacuum, as it is not

clear from the transcript whether some of his answers referred to the written policy (which, again, is under revision), the actual practice, or both. Dr. Hinton explained he is not a physician and does not oversee the medical side of IDOC. (Ex. 5, Hinton Dep. 196:13-21).

Fortunately, Plaintiffs' attorneys have taken depositions of those who are more directly involved with the medical components and revisions for the medical provisions in the working draft of the Administrative Directive. Dr. Lamenta Conway—who is not mentioned once in Plaintiffs' motion—is the Deputy Chief of Health Services for IDOC. (Exhibit 6, Conway Dep. 10:8-10). Dr. Conway explained the expected two-committee system for IDOC's oversight of transgender issues. (Ex. 6, Conway Dep. 46:15). The Transgender Health and Wellness Committee (THAW) will be comprised of medical and mental health professionals trained and knowledgeable of the WPATH standards and, eventually, WPATH-certified. (Ex. 6, Conway Dep. 46:15-47:1). The THAW Committee will handle appeals from patients with concerns about the treatment provided at the facility level and consider requests for surgery, which Dr. Conway characterized as "a major agenda item." (Ex. 6, Conway Dep. 47:9-19, 259:7-14). The Transgender Administration Committee will handle operational concerns including housing, PREA and commissary. (Ex. 6, Conway Dep. 48:8-15, 54:2-8). They are working to add a surgical expert and a WPATH certified endocrinologist to THAW. (Ex. 6, Conway Dep. 78:11-81:8).[2] Dr. Conway confirmed that hormones are being prescribed and monitored by facility level medical staff and that IDOC wants to ensure that they have the type of the support they need. (Ex. 6, Conway Dep. 79:4-17). Wexford has provided training to everyone who will be

[2] This was also proposed by Dr. Anderson, and she is assisting with fulfilling this goal, although it has not been finalized. (Ex. 3, Anderson Dep. 132:14-134:16).

prescribing hormones. (Ex. 6, Conway Dep. 180:1-181:23).[3] Dr. Conway checked in with Wexford in May 2020 after receiving a couple of complaints about delays of hormone prescriptions. (Ex. 9, Fisher Dep. 52:13-18). In addition, Dr. Conway and IDOC are also working on Quality Assurance components for transgender care. COVID halted everything, but they are hoping to have rolled out the bulk the changes before the end of the year. (Ex. 6, Conway Dep. 170:2-172:17). Gender-affirming surgeries, specifically, were delayed by COVID-19. (Ex. 6, Conway Dep. 265:13-17). Dr. Conway was scheduled to take WPATH training, but WPATH cancelled its scheduled training due to COVID-19. (Ex. 6, Conway Dep. 25:23-26:6).

With respect to transfers, Plaintiffs completely disregard all of the other testimony and evidence on this point. Plaintiffs are well aware that four transgender prisoners have been evaluated for transfer and two have been approved since Monroe's transfer last year. (Exhibit 10, Defs' Resps to Pls' 2d Set of Ints., p. 2, #3). Even at the time of Dr. Conway's deposition, there was no inmate movement of any gender, so there were no transfers to women's facilities for social transition. (Ex. 6, Conway Dep. 175; see also Ex. 8, Reister at 232:16-233:17).

In fact, the State halted transfers of prisoners at the beginning of the pandemic. Viruses can easily spread throughout prisons and correctional centers due to the close proximity of prisoners and staff and the number of hours people are kept indoors. There are concerns associated with movement between facilities because the movement can make it difficult to control infection rates. In *Landers v. Pritzker*, 20-MR-70 (Logan County) a number of Sheriffs in Illinois sued the State for a court order to force IDOC to accept prisoners from county jails. Even though the Governor's Executive Action had been amended to no longer prohibited transfers from counties to IDOC, the IDOC Director was still able to enact criteria to limit the spread of

[3] Dr. Conway's testimony with respect to hormones was corroborated by Dr. Reister (Ex. 8, Reister Dep. 100:15-101:1, 112:8-16, 224:2-12) and Dr. Fisher as the Wexford Health Sources, Inc., 30(b)(6) Representative (Exhibit 9, Fisher Dep. 45:17-46:5). Dr. Fisher also corroborated Dr. Conway's testimony as to the Wexford Training. (Ex. 9, Fisher Dep. 59:16-22).

COVID-19. Regardless, the Logan County Court entered a preliminary injunction for resumption of all transfers regardless of whether the inmates met the criteria, and IDOC was required to admit several new inmates. That order was eventually stayed by the State's Fourth District Court of Appeals on August 20, 2020. No. 4-20-0356. So, all of the orders from county jails and the rippling effect that created transfers within IDOC has been lessened. As of now, "all interagency transports have been suspended except for court writs, medical and mental health appointments, and emergency transfers." IDOC website COVID-19 Frequently Asked Questions at: https://www2.illinois.gov/idoc/facilities/Pages/Covid19Questions.aspx (last accessed Sept. 2, 2020).

Plaintiffs cite to Tangenise Porter's lack of knowledge as to transfer procedures as evidence of IDOC's failures [Doc. 225, p. 7]; however, Ms. Porter began in her position in February 2020 and attended a Committee meeting on February 18, 2020, right after she started her position on February 1, 2020 (Exhibit 7, Porter Dep. 14:1-4, 53:22-54:4). She understood that she was on the February call to see how the process worked. (Ex. 7, Porter Dep. 108:12-17). Movement was stopped shortly thereafter. At the time of her deposition, Ms. Porter had only attended two Committee meetings. (Ex. 7, Porter Dep. 54:5-7).

Additionally, Plaintiffs discuss improper strip searches and the Plaintiffs' overall wellbeing as bases for an independent monitor. As to the search rules, Ryan Nottingham, who is presently the Departmental PREA Coordinator, testified in his deposition that it is generally the type of prison (male versus female) that determines the gender of the searching officer, but that default rule may be adjusted if the prisoner raises a concern to the searching officers. (Exhibit 11, Nottingham Dep. 176:8-177:19). The Court's preliminary injunction order as to this point was to "develop a policy to allow transgender inmates . . . avoidance of cross-gender strip searches." [Doc. 187, amended at Doc. 212, p. 2, ¶ 3]. Written policy articulating what Nottingham testified

to is expected to be in the new IDOC transgender care directive.[4] Plaintiffs raise the example of Plaintiff Kuykendall being strip-searched twice in a day by male officers; however, Plaintiffs confuse the date of the grievance. Ms. Kuykendall's grievance filed as Exhibit M [Doc. 225-13] concerned strip searches conducted on December 13, 2019, and was signed by Kuykendall on December 16, 2019. The Court's order and preliminary injunction were first entered on December 19, 2019. Even so, it is clear that the grievance was reviewed in the light of a potential PREA violation as claimed by Ms. Kuykendall. Per Ms. Leach, PREA does not prohibit someone of the opposite gender identity from searching a transgender prisoner. (Ex. 2, Leach Dep. 270:19-271:4).

Plaintiffs also discuss threats of harm and suicide by Plaintiffs Monroe and Reed. In footnotes 3 and 4, Plaintiffs express that their counsel informed defense counsel of the information "but thus far, no action by IDOC is evident." [Doc. 225, p. 15]. Plaintiffs are not entirely clear on what they are attempting to convey by the footnotes; however, to the extent the footnotes could be interpreted as a failure by defense counsel in this matter, such is not the case. On July 17, 2020, the undersigned responded to the July 15 email to inform Plaintiffs' counsel that we had passed the concerns raised to IDOC and we understood that the concerns would be forwarded to the appropriate persons to be resolved.[5] The parties' attorneys have not had further discussions with respect to those individuals' concerns.

[4] And, it is the approach that Ms. Leach, who is a PREA auditor and trainer, also states is the best practice under PREA. (Ex. 2, Leach Dep. 269:7-271:4)

[5] The referenced emails are part of a long chain that discuss a number of matters, so they will not be attached here; however, the full text of the undersigned's response on the issue is: "As for the concerns you relayed about your clients, Ms. Monroe and Ms. Reed, we have passed those along to IDOC. We understand those concerns will be forwarded to the appropriate persons."

IV. The preliminary injunction order has expired under the PLRA; however, Defendants are still working within its confines and following the Court's orders.

The PLRA provides that: "Preliminary injunctive relief shall automatically expire on the date that is 90 days after its entry, unless the court makes the findings required under subsection (a)(1) for the entry of prospective relief and makes the order final before the expiration of the 90-day period." 18 U.S.C. § 3626(a)(2). The Court has not made its December 2019 order final.[6] Although the amended preliminary injunction was entered on March 4, 2020, case law from the Eleventh Circuit suggests that clarification or a change is not the same as renewal of the injunction. *U.S. v. Sec'y, Fla. Dep't of Corr.*, 778 F.3d 1223, 1228 (11th Cir. 2015).

The Ninth Circuit has found that there is nothing in the PLRA that limits the number of times a court may enter preliminary relief, but "the provision simply imposes a burden on plaintiffs to continue to prove that preliminary relief is warranted." *Mayweathers v. Newland*, 258 F.3d 930, 936 (9th Cir. 2001). Defendants do not wish to invite any additional evidentiary hearings at this time—frankly, moving forward at this moment is not productive because IDOC is still tying up loose ends with new policies and relationships, such as that with the University of Illinois-Chicago Transgender Clinic—but it is worth noting that the injunction has expired under the law, the world has been in the midst of a pandemic, and IDOC still continues to push forward. No monitor is needed to finalize the changes for transgender care in IDOC.

Conclusion

In conclusion, this Court should deny Plaintiffs' renewed request seeking the appointment of an independent monitor. Plaintiffs call Defendants' efforts "scant"—and they may appear scant if viewed in the limited and skewed frame presented by Plaintiffs—however, it is clear that progress is being made, even if not overnight. Plaintiffs contend that the relief they

[6] Plaintiffs represent that there is a trial currently scheduled for March 2021 [Doc. 225, p. 4], but this Court's docket reflects no such trial date. In fact, the Court's March 24, 2020, docket entry accompanying Doc. 216 (scheduling order) states: "A trial date will be set after the Court renders a decision on the dispositive motions."

seek in their motion seeking appointment of a monitor is "necessary and narrowly tailored" but the relief they seek meets neither of those definitions. Defendants have voluntarily made efforts to ensure appropriate treatment for transgender prisoners within IDOC and have staff committed to fulfill those goals.

WHEREFORE, for these reasons, Defendants respectfully request that this Court deny Plaintiffs' renewed motion for appointment of an independent monitor.

Respectfully submitted,

ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN,

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, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA REED,	)	
Plaintiffs,	)	
- vs-	)	No. 18-156-NJR
ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN,	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that on September 4, 2020, the foregoing document, *Defendants' Response to Plaintiffs' Renewed Request for Appointment of Independent Monitor*, 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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Defendants' Exhibit 1

Curriculum Vitae of Wendy Leach, J.D.

Wendy Leach, J.D., is a Senior Consultant with The Moss Group, Inc. where she provides her expertise in inmate and youth physical and sexual safety, conditions of confinement and the Prison Rape Elimination Act (PREA) and facility operations. Prior to joining The Moss Group, Ms. Leach was a prosecutor in Baltimore Maryland, managed a federal settlement agreement, and later served as the statewide juvenile detention facility Director of Quality Improvement and corrections consultant. She is also a Department of Justice certified PREA auditor.

Ms. Leach was an Assistant State's Attorney in Baltimore and prosecuted both juveniles and adults, with a docket that focused on handgun-related violent offenses. She was also a War Room prosecutor specializing in targeting new cases of violent repeat offenders.

She was later tasked with assisting the State of Maryland in complying with and exiting a U.S. Department of Justice settlement agreement involving the unsafe conditions of confinement in three detention facilities, which included required changes in classification, incident reporting, restraint use, suicide watch procedures, behavior management practices, overuse of restraints, and improper uses of isolation. Due to her efforts, all three facilities reached full compliance and exited federal oversight on time over a four-year period, earning her a Governor's Citation.

Afterwards, Ms. Leach was promoted to Director of Quality Improvement where she was directly responsible for creating a system of facility quality assurance metrics. Ms. Leach had oversight of eight state detention facilities and a young women's treatment facility. She has a tremendous amount of experience interviewing detainees of all kinds, working closely with facility leadership, developing policy revisions and operating procedures, assisting with physical plant and staff-related topics, and training staff in order to ensure understanding and compliance with policy.

She went on to become a consultant providing quality assurance reviews as well as audits, technical assistance and training in policy, classification, screening, incident response, senior management review, suicide prevention, behavior management, overuse of restraints, sexual safety, seclusion practices and PREA. She worked nationwide to ensure facilities were prepared for PREA audits and was the first auditor to audit the first PREA compliant juvenile facility in the United States. As a Senior Consultant with The Moss Group, she has worked in numerous jurisdictions providing training and assistance in PREA compliance, performing mock audits, assessing facility operations and completing system-wide policy reviews. She has assessed prisons, juvenile facilities and jails around the country, has been a faculty member at the national PREA Auditor Training and PREA Academy, has spoken at various summits and conferences, has published articles on inmate sexual safety and facility operations, and has led multi-member teams in prison and jail safety assessments. She is a graduate of Albany Law School in Albany, New York.

PROJECTS:

Mississippi Department of Juvenile Corrections – Selected by a federal monitor to perform quality assurance reviews of various protection from harm provisions required to end settlement agreement with the DOJ, August 2012 and August 2013.

PREA auditor certification, August 2013-present. By invitation from the DOJ, invited to be in the first class of DOJ-certified auditors.

PREA Audits conducted: Four juvenile facilities between 2013-2014.

Georgia Department of Juvenile Justice, Forsyth GA, September 2014. Training: Cross Gender Searches.

National PREA Auditor Training, Faculty. Columbia SC, 2014.

New York City Department of Correction, Riker's Island NY. Lead consultant responsible for sexual safety and PREA assessment, action planning, implementation groups, policy reviews, mock audits, coaching, compliance manager and staff trainings, transgender inmate housing, and technical assistance at all men's and women's jails in the NYC DOC system. January 2015-December 2019.

Mid-Atlantic State's Correctional Association, "Tips for a Successful PREA Audit." Presenter. Atlantic City NJ, June 2015.

Louisiana Office of Juvenile Justice, Shreveport LA, 2015. PREA mock audit and provision of technical assistance.

National Partnership for Juvenile Services – Presenter. Pittsburgh PA, September 2015.

Alabama Department of Correction, Montgomery, AL, 2015-2016. Lead consultant on sexual safety assessments of three men's prisons. Additional housing unit review, grievance system review, grievance system training, and policy reviews of all policies in DOJ settlement agreement for Tutwiler women's prison.

Washington DC Department of Corrections, 2015-2016, PREA audit preparation, employee sexual harassment policy revision and memorandum.

Caroline County Detention Center, Denton MD, April 2016. PREA sexual safety assessment.

Nebraska Department of Correction, July 2016. Risk screening tool review and technical assistance.

North Carolina Department of Public Safety, Raleigh NC, August 2016. Prison sexual safety assessment.

National Partnership for Juvenile Services - Presenter. Denver CO, October 2016.

San Francisco Juvenile Probation, San Francisco, CA, November 2016. Assessment of detention facility and treatment facility for PREA readiness, policy reviews, and LGBTIQ policy revision.

Juvenile Justice Information Exchange article, published March 6, 2017. "Sexual Abuse of Youth in Custody: What Makes a Facility Sexually Safe?" by Wendy Leach and Tina Waldron.

Montana Department of Correction, Helena MT, January 2017. Statewide PREA compliance manager training.

Georgia Department of Correction, 2016-2017, PREA policy reviews to include sexual assault response teams and incident review, general policy development curriculum and training.

TMG consultant webinar, Washington DC, March 2017. Creation and presentation of "What to do with a report of abuse, incident or potential criminal activity."

Louisiana Office of Juvenile Justice Leadership Symposium, Baton Rouge LA, March 2017. Presentations: 1) PREA: Critical Issues for Juvenile Agencies and LGBTI Inmates and 2) Understanding Quality Improvement and Audits.

Iowa Department of Correction, April 2017. Feedback on validated study of PREA risk and vulnerability study for women's prisons.

Central California Women's Facility, Chowchilla CA. Sexual safety and culture assessment of the largest women's prison in the country, April 2017.

Expert Witness (Sexual safety, PREA standards, and transgender inmate safety in confinement). Office of the Attorney General, Washington D.C., May 2017.

Corrections One article, published July 14, 2017. "Six Ways Leaders Can Get Input from Line Staff (and Why It Matters)."

Corrections One article, published August 1, 2017. "Five Reasons to Hire a Correctional Consultant (and Four Reasons You May Not Need To)."

New York City Department of Correction, August 2017. Transgender inmate mapping project.

Faculty Member. Presentation: "PREA and Prison Reform: Its Impact and Transgender Inmates." Practising Law Institute's 13th Annual Municipal Law Institute, August 14, 2017, New York City, NY.

Corrections One article, published September 19, 2017. "Five Ways to Get Your Staff Behind PREA Compliance."

National Partnership for Juvenile Services Annual Symposium – Presenter. Orlando, FL, October 2017.

Jail/Prison Litigation Seminar attendee, University of Nebraska at Omaha, October 2017.

Maryland Department of Juvenile Services, agency policy reviews, November 2017-January 2018.

Orleans Parish federal consent decree technical assistance expert, Orleans Parish Sheriff's Office jail, New Orleans, LA, November 2017.

Corrections One article, published November 16, 2017. "Six Steps to Guarantee Correctional Officer Task Completion."

New York City Administration for Children's Services, two juvenile secure detention facility assessments (Brooklyn and the Bronx). November-December 2017 and follow-up train the trainer event, June 2018.

Corrections One article, published December 12, 2017. "Four Crucial Steps Correctional Officers Must Take After a Sexual Assault."

Maryland Department of Juvenile Services, PREA employee training, March-May 2018.

Alabama Department of Corrections, prison contraband prevention and detection assessment, May 2018.

Washington DC Department of Youth Rehabilitation Services, PREA mock audits of two secure juvenile facilities, May 2018.

Delaware Department of Correction, prison grievance system review, May 2018-September 2020.

Georgia Jail Association, newsletter article, published June 2018. "Seven Practices to Enhance Sexual Safety in Jail Settings" by Wendy Leach and Mara Dodson.

Review of Washington DC sentencing guidelines project, DC Sentencing Commission, September 2018.

Georgia Department of Corrections, transgender inmate statewide policy creation, September 2018.

New York City Department of Correction, inmate PREA screening practices, investigations and incident review practices review, October-December 2018.

Hawaii Youth Correctional Facility, PREA employee training and train the trainer, October 2018.

National Partnership for Juvenile Services Annual Symposium, "Engaging Youth for Positive Outcomes: Strategies' for Front Line Staff and Supervisors." Presenter. Greensboro, NC, October 2018.

Washington State Department of Corrections, staffing model assessment, December 2018.

Georgia Department of Corrections, prison operational assessments lead and technical assistance expert, December 2018-July 2019.

Kentucky Department of Corrections and Kentucky Justice Cabinet, safety assessment at four prisons and technical assistance lead for the DOC, PREA and LGBT policy creation and revision, PCM training, and sexual abuse investigator training, March 2019 to July 2020.

Georgia Department of Juvenile Justice, staffing analysis project, March-June 2019.

Washington DC Department of Youth Rehabilitation Services, PREA screening tool guidebook and staff training, May-July 2019.

Georgia Jail Association, "National Trends in Jail Settings: Supervision and Safety of Transgender Inmates." Presenter. Helen, GA, July 17, 2019.

City of Alexandria, Virginia, Cost Benefit/Operational Analysis of the Northern Virginia Juvenile Detention Center, August 2019-January 2020.

New York State Department of Corrections and Community Supervision (DOCCS), Creation of LGBTIQ training modules and training for trainer event. August-September 2019.

Alabama Jail Association, "PREA Implementation for Jails." Presenter. Orange Beach AL, October 2, 2019.

Association for Justice-Involved Females and Organizations (AJFO) conference, "Gender Responsive Principles: What Does This Mean for Security Operations." Presenter. Atlanta GA, December 9, 2019.

New York City Department of Correction, Riker's Island NY. Incident reporting and senior management review training creation. Wardens manual content. January-July 2020.

American Correctional Association (ACA) conference, "The Inmate Grievance Process: Making the Process Beneficial for Inmates and Prisons." Presenter. San Diego, CA, January 11, 2020.

Federal Bureau of Justice Assistance. Coach and technical assistance provider for four grantee jurisdictions. January 2020 to present.

PREA 101 Academy, Federal Bureau of Justice Assistance course for PREA compliance managers. Faculty. March-June 2020.

Michigan Department of Corrections, Department of Justice appointed technical assistance expert, staffing plan, recruitment and retention. February 2020 to present.

Federal Bureau of Prisons, Federal Correctional Institution Manchester, KY. Culture assessment. February 2020.

Illinois Department of Corrections, transgender policy and training creation and revision, April 2020 to present.

Alabama Department of Corrections, review of inmate disciplinary system and staff assaults/uses of force. June-August 2020.

Ongoing: Technical assistance provision to jurisdictions and agencies via referral from the PREA Resource Center, federal monitors, The Moss Group and U.S. Department of Justice.

EDUCATION

Albany Law School, Albany New York	Juris Doctor, May 2002
Admitted to Maryland Bar December 2002	
University of West Florida, Pensacola FL	Bachelor of Arts, Communications, May 1990

UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF ILLINOIS

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

Videotape 30(b)(6) Deposition of

THE MOSS GROUP

By and Through

WENDY LEACH

Wednesday, August 12, 2020

10:10 a.m.

Job No.: 617914

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Reported by: Tammy S. Newton

Defendants' Exhibit 2
Excerpts of Leach Dep

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Derek Haapaoja, Videotape Operator

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VIDEOTAPE OPERATOR: We are now on the record. This begins the video deposition of Wendy Leach in the matter of Janiah Monroe, et al., versus Rob Jeffreys, Melvin Hinton, et al. Today is Wednesday, August 12th, 2020, and the time is -- I'm sorry, Wendy. What time zone are you in?

THE WITNESS: I'm in Eastern.

VIDEOTAPE OPERATOR: Eastern. Okay. All right. The time is 10:10 a.m. This deposition is taken remotely at the request of Kirkland & Ellis, LLP. The videographer is Derek Haapaoja of Magna Legal Services, and the court reporter is Tammy Newton of Magna Legal Services.

Will the counsel and all parties present state their appearance and whom they represent.

MR. GUIDETTI: This is Ghirlandi Guidetti for the plaintiff with the ACLU of Illinois.

MS. COOK: Will the other plaintiffs' attorneys be stating their appearance?

impacting transgender offenders. So it was probably I think an hour-and-a-half presentation with some PowerPoint slides, and they were a very nice group.

BY MR. GUIDETTI:

Q Is that attorneys mostly?

A Yes. All attorneys.

Q Okay. Do you have a -- a recording of that presentation?

A I don't, but they may. They may. But I don't, no. I never saw -- a recording of it.

Q Were there any handouts or other materials from that presentation?

A I don't think I had any handout. It was a pretty -- like, it was a big group and it was a big room. I don't recall doing handouts, so --

Q So like a PowerPoint that you used?

A Yeah. There's a PowerPoint. I'm not sure if I kept it. Do you want me to look? Do you mind if I look while we're talking or -- I don't want to do that if --

Q Yeah.

A -- I'm not supposed to.

Q Yeah. In general, let's not look at documents --

A Okay.

Q -- unless we're looking at them together.

A Okay.

Q But if you could look for that after the deposition, and if you have it, we'd -- we'd love to see that.

A PowerPoint.

Q You -- you did some work for the Georgia Department of Corrections. Could you tell me about that?

A Yeah. I did kind of a little bit of different work for them. Some in their women's facility and some regarding their transgender offender policy.

Q Is that ongoing?

A We have a new contract with them we just signed I believe. Again, I'm not the

project director on it. I'd have to ask my colleague Mara Dodson, but I believe that that contract just got signed to do some work for them. I don't know the --

Q You --

A -- scope of that work.

Q Your colleague's name is Mara Dodson?

A Yes. Do -- M-A-R-A, D-O-D-S-O-N.

Q Thank you.

A She's the project director for Georgia.

You're welcome.

Q Was Ms. Dodson also the project director for the new New York contract?

A No. That's Tina Waldron: T-I-N-A, last name, W-A-L-D-R-O-N.

Q Thanks for that.

A Sure.

Q Okay. Let's look at one document, and then we can take a break.

Does that sound all right?

A Sure. Whatever you want to do.

Q Can you see my screen?

A Yes.

Q Okay. Do you recognize this document?

A I -- I don't recognize the final document. I did a -- I have a draft, but I never saw the final document, so --

Yeah. But I talked to Tina last night and --

Q What's are --

A Sorry. It's -- it's their transgender and intersex offender policy. It's dated July 26, 2019. The last draft I had working with them was in 2018 I believe, so I have not seen this copy. I'm glad it's final.

Q So you helped to develop this policy?

A Yeah. I mean, I'd have to look through it to see what's different about what I did, but yes, I did. I work with them on work groups.

Q I'm trying to rearrange the windows. Just give me one second.

A No. You're -- you're good. You're

good.
Q Who else was involved in developing this policy?
A Mara Dodson from my office and a lot of folks from the Georgia Department of Corrections. Leadership, facility people, medical-mental health people, kind of a variety of people.
Q And I think you said this already, but when -- when did you work on this?
A I worked on it I believe in 2018. This is a final policy as of last year, which I'm gla- -- like I said, I'm glad they finalized it, but by the time I finished working with them, they hadn't finalized it yet, and I wasn't sure when they were going to.
Q Okay. I'm going to scroll down to Page 9. If you could take a look at C, the SCC committee.
What -- do you know what SCC is?
A I don't remember, but -- I don't remember what it stood for, but it was going to

be the committee that decided whether a transgender person would go to a male or a female facility, if I remember correctly. I can't remember what it stands for now.
Q And in Number 3 it says, "This committee will evaluate each referral to discuss the facility type and the safe placement of each transgender offender."
A Mm-hmm.
Q "The committee will consider the following," and then there's a number of factors A through J.
Can you just, you know, look through those. I'm -- I'm going to leave it on A for a minute then scroll down when you're -- I can scroll down when you're ready. You can peek through those.
A You can scroll.
Q Okay. Let me know when you've reviewed them all.
A Yes, I've reviewed them all.
Q Thank you.

When -- when you were working on this in 2018, was -- was the draft you were working on sub- -- substantially the same as this?
A I don't know if the entire policy is, but this section looks pretty similar to what we had recommended to them.
Q Okay. And, yeah, my -- my question was relating just to this -- this section.
Do you know where these -- these considerations, these factors come from?
A Our -- our knowledge and -- and research around transgender people in confinement.
So if we're talking about transgender people in society, it certainly would be a little different, but when you're talking about people in confinement, things like their prior institutional history, their prior violent sexual crime history, you know, what's on their classification, what's on their PREA writ screening, you know, those are all things that we learn from the offender.

And then, you know, you have to ask them where they would feel safest. That's in PREA. The PREA says you certainly have to do that. And then right before those factors, it talks about whether somebody would present management or security problems. That's in PREA as well.
So that's why you get into management problems, disciplinary reports via information about the offender's ability to positively or negatively manage him or self in each environment, and then information about -- from security staff and medical and mental health staff about that person. So management and security problems which is in PREA is sort of covered by that block.
Q Is it fair to say that these -- these standards are PREA-oriented?
A Very much so, yeah. The problem, again, with PREA, as we talked about earlier, is it's vague. So it's says, "management or security problems." I think there's some other

current -- well, this isn't current any more.
Was this the only contract you had with IDOC at the time?
A That I'm aware of, yes.
Q Do you know the difference between this contract and The Moss Group's previous contract with IDOC?
A Again, I didn't work on those projects, so I don't know anything about them, except to say I know this is a separate contract because this was separate -- you know, specific work in this particular area. So I know --
Q Who would -- sorry to cut you off. Who would know?
A Donna Deutsch. Same person.
Q Okay.
A I can get you her e-mail if you have any questions for her. I'm sure she would be happy to answer them.
Q I think we can follow-up with Lisa after the dep about any -- any additional things we might need, but I appreciate that. Thank you.

So thinking back to -- just thinking about this contract, I think you mentioned earlier that you were contacted by -- was this the director of IDOC about this current work?
A I -- well, I contacted him, and then he con- -- he called me and said, "Yeah, we really need some help here." So that was how it -- yeah, it started.
Q And you contacted him after you spoke with plaintiff's counsel about potentially serving as our witness; is that right?
A Yes, because I -- once I contacted my office and they said we had a conflict because we already had done work with Illinois, I contacted plaintiff's counsel and said, "I can't do this work for you. Here's why." And then I contacted the director to say, "Listen, I see that you're in a bit of a pickle here. We can help you. If you need any help, let me know," and they seemed to want the help.
Q Do you remember approximately when that was?

A No. But again, I could probably figure it out from past records. So I can try to find out. I don't remember exactly, but I can find out. I can give you at least a general time frame. But maybe even an exact if I can look.
Q And can you just give me like a summary of the work under this contract? And if there's like a specific page, I can give you the remote again.
A No. I can give you a summary.
Q Yeah, go for it. Thank you.
A Sure. So it was -- again, just a 60-day contract because there seemed to be some pressure on the department to get some things moving.
Again, I was coming at this story a little late. So a bunch of stuff had already happened, and I was trying to sort of figure out what they needed most. But it seemed to me the thing they needed most, and what we put in our contract, was to create a policy framework for them, which means all of the sections of the

policy that needed to be there that in my professional opinion weren't there.
There was a lot of discussion about parts of, you know, periods that related to transgender offenders, but there was all this other stuff that I felt wasn't covered. And we also gave them example sections of policies. So maybe a professional respectful communication section, we would write for them and show them what that could look like.
The other piece of it was to review their current staff training for appropriateness. And so we were given their PowerPoints and information on their current staff training on transgender offenders, and we reviewed that in a written document that I think I sent to you.
The other piece was to try to assess whether this TCRC process was working through again -- it's possible an on-site review, but we weren't able to do that piece. We also were supposed to have a joint meeting to discuss staff training needs for staff in a female facility

working with transgender women, but again, we weren't able to go there and do that.

So that one was a Zoom meeting that we ended up having with the group to discuss the training needs, and then we created a document of notes. These are the things that should be considered in that staff training. So that was the contract. It was again very small, under 20,000, but it was basically to show -- and I encouraged them, you know, show plaintiff's counsel, show the judge you're working on this. You've hired people to help you. You can get this stuff done.

So show them at least that you're making some progress, and then we can -- we can kind of work going forward from here to flesh out the entire policy, get it completed, get some staff training in line that is appropriate for a correctional staff, help your female staff and male staff who work in the female facilities, and maybe even come up with some different environments and unit ideas where a transgender

population. But all of that, again, is doable, but you've got to move forward with it and get it going. So this was just a starting point. This is where you start. This is your foundation. And then go from there.

Q I'm trying to get a better understanding of how you got to this starting point.

Was this your -- what you proposed at the very beginning? You said, "Let's start with the 60-day contract," or did you say, "I want to do a five-year assessment," like in New York, and they got back to you and said --

A No.

Q So tell me how you got to this point.

A Sure. I suggested the 60-day time frame because there seemed to be some pressure, legal pressure. Again, we deal with this a lot. We deal with a lot of clients that are in litigation or pre-litigation. So I get that.

But when they are under pressure like that, it's sometimes good to say, "What can we do

for you in a short time frame to support you?" And so I suggested a 60-day because I felt like, you know, we could get a good foundation of work done for them for not a lot of money and but would show good faith and would show they're moving in the right direction. So that was actually my suggestion. And then I said, "Listen, if you need more after that, let us know. But at least this will get you moving."

Q And the focus areas, the policy framework, the review of the staff training, the on-site review, that was also your recommendation and was not requested by IDOC?

A Yeah. Those are my recommendations.

Q Okay. Let's move to another document. Let's mark this -- let me get it open -- Plaintiff's Leach Exhibit 4.

(Plaintiff's Leach Exhibit Number 4 was marked for identification and attached to the transcript.)

BY MR. GUIDETTI:

Q Can you see my screen?

A Yes. For some reason, I don't know if it's doing this to yours, but it puts a black box right in the middle of it. Now it's gone.

Q Sorry. I'm trying to move a window around. Give me one second.

A Okay.

Q Is the document clear?

A Yes, it is.

Q Do you recognize this document?

A I don't -- I'm not -- it looks familiar, yes. But sorry. I read a lot of these. It looks familiar.

Q That's okay. This is the defendant's report on compliance with the preliminary injunction orders.

Do you recall looking at or working on a document like this?

A Yeah, it looks familiar.

Q I can give you the remote control again so you can flip through it.

A I'm not sure if I've seen this full order actually. I'm familiar with the

information in it. I'm not sure if I've seen this because I don't remember reading this section.

Q How are you familiar with the information that you do recognize?

A Well, this -- some of this stuff about requiring them to provide hormone therapy and things like that are things that I am familiar with the judge mentioning before or them mentioning to me before that the judge had mentioned. In making indiv- --

Q Did you -- sorry. Can you go to Page 5, Paragraph 13.

A I'm trying. I have the document. You sent it to me. If it's easier because it doesn't seem to want to move much.

Q If you want to open it on your own computer, that's fine, as long as we're looking at the same document.

A Yeah, it's Number 6, okay. Yeah, this is a little easier. So Page 5, Paragraph 13.

Q Paragraph 13. Mm-hmm.

A Yes, I see it.

Q Okay. It says on Paragraph 13, "The department is also in contact with additional consultants and experts in the areas of transgender care, immediate [sic] inmate physical safety, and inmate sexual safety. There has been initial contact made with Wendy Leach, a senior consultant at The Moss Group, regarding the possibility of obtaining her services to assist the department in providing transgender specific training and implementing policies to ensure inmate safety." This was filed on January 22, 2020.

A Mm-hmm.

Q Does the description in Paragraph 13, is that consistent with your understanding of what happened on the date of the filing?

A This is true. I mean, Number 13 is true. Yeah.

Q Okay. Is it accurate to say that your role as was represented to the Court is assisting the department in providing transgender-specific

training and implementing policies to ensure safety?

A Yes. I mean -- yes.

Q Okay.

A I'm not the medical and mental health expert.

Q Right.

A That's -- that's more Erica's -- mine is more operational.

Q And Erica is Dr. Erica Anderson?

A Yes, sorry. Dr. Erica Anderson.

Q That's okay.

A She's great.

Q I know -- I know who you're talking about. I just wanted it for the record.

A I'm a fan of hers. I'll put that on the record.

Q All right. We'll share the transcript with her.

A Okay. Great.

Q Give me one second. I'm moving documents around.

A Sure.

Q So we touched on this in kind of jumping around a bit, but just for ease of the record, if you could summarize the work that you've done so far that you've actually completed.

A Sure. We created a policy framework, like I said, with some example sections. I believe we sent that to you guys to look at as well. We have completed the review of the staff training, which is a written document, and we sent that as well. That really reviews the staff -- current correctional staff training that we have some pretty lengthy recommendations around making changes to.

We have had our Zoom -- Zoom meeting instead of in-person meeting with a group of leadership, medical, mental health, lots of people at DOC around training for staff in women's facilities in working with transgender women. And then sort of as an extra, we hadn't planned on doing this, but they did ask about it

a little bit. When they were talking about the judge asking about housing for transgender women -- and we keep talking about transgender women. I understand that transgender men are also an issue, but I know for right now, I keep saying transgender women because that tends to be the topic that we're talking about.

We provided a copy of kind of a special population unit concept where maybe vulnerable folks could live in an environment that was not restrictive, like protective custody or segregated housing, but provided maybe better trained staff, more staff, safe environment where different kinds of vulnerable folks might be able to stay and live and be safe.

So if you're going to place a transgender woman in an environment, whether it's a men's or women's facility, is there another option? So for placing somebody so that they will be safe. So we did provide sort of again a framework, but here's what a special population unit could look like. Here's what the staff

training that would happen for the folks in that unit would look like. That wasn't part of our contract, but we felt it was something they should consider since the judge had mentioned something about safe housing.

Q I got --

A That's it.

Q -- the framework. I got the framework, staff training, review and recommendations, the Zoom meeting to discuss training needs, and then not part of the contract but you also did the special population unit concept.

A Yes. So we wrote example sections for their policy as well, but that was sort of a part of the policy framework. I think it's separate in the contract, but it's really -- they're pretty blended.

Q When did the work start?

A I think we were hoping to start it, you know, early in the year, but COVID really pushed it out. So I mean, I could look in the

e-mails and get a better idea, but I think we started in May, if I recall, in earnest.

Q The contract, and I could pull it up if you like, but the contract is dated March 9th. Did you start before or after that?

A After.

Q Okay.

A We typically --

Q Go ahead.

A Sorry. We typically have to have a signed contract before we can begin work. So there may have been a phone call or two, but the substantive work wouldn't have happened until that date.

Q Okay. And it was 60 days. So it started in May, ended July?

A Yes, approximately.

Q Who -- I think you referred to yourself as an army of one earlier. Are you the only person at TMG that worked on this contract?

A I'm the only one that worked on it. We have project managers that do administrative

work for us. So my -- Callie Murray did administrative work for this one, but the work was all done by me.

Q Okay.

A But it's so small and short-term.

Q So Callie's involvement was limited to administrative things, like taking messages?

A She scheduled meetings. She -- you know, she looks -- if they send a document, she'll put it in SharePoint for me. So she does all those administrative tasks. She scheduled the Doodle poll to figure out when people could go to the Zoom meeting. She scheduled all that.

Q Other than what we discussed at the very beginning when we were going through your resume and talking about your background and experience, is there anything else that informed your opinions and your work under this contract?

A Other than the background and experience in it or --

Q Right.

A We research. We would look at

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research. So that could be a variety of different things. I can't name all the sources. But you know, a typical National Center of --

COURT REPORTER: Hold it. Slow down. You were saying those way too fast.

THE WITNESS: Sorry. Research from the National Center for Transgender Equality, the PREA Resource Center, the Bureau of Justice Statistics. We look at a variety of different areas to inform our findings. We also look at policies from around the country.

We have -- not all policies are public. Some are online. Many are not. But if we can find things, that we also look at them. There's best practice. We work with the National Institute of Corrections on a lot of stuff. So we look at their stuff. But yeah, so research as well. But --

Q And is it largely -- I mean, everything -- I think everything you mentioned except for NCTE is corrections research; is that right?

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A Yeah, yeah, because we -- that -- we're a criminal justice consulting firm, so we focus on the operational side of things more.

Q Okay. And the research that you do, this is just kind of like you're always educating yourself, right? It's not like you start a contract and then do a bunch of research. Like you're always reading this stuff, right?

A All the time, yes.

Q Okay.

A And we write white papers. We all produce articles and different things too. So -- but yeah, we are always trying to stay up-to-date on what's going on.

Like I said, in the transgender policy world in corrections, I mean, it's really been in the last seven years that you started to see people have substantive policies, and for transgender individuals specifically, it's actually been unusual.

I think there's been a few states, like maybe in Washington State, where they

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specifically had transgender policies, but I mean, I would say in the last three years you're starting to actually see transgender-related actual policies in corrections. You just didn't have them. It was PREA that really spurred on a lot of that.

Q We've touched on how, you know, there was a delay between you first reaching out to IDOC, then Bob Fanning became your point person, right?

A Yes.

Q And then you got the contract signed in March and the work started in May.

Can you describe what -- what caused that delay?

A I think it was honestly more COVID. I think we -- we probably started -- I'm almost sure we started where I was kind of creating some policy framework. That -- that kind of stuff could have happened immediately.

But in terms of like getting more information from it or planning on getting to the

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facilities, then that sort of slowed everything down. And I think the big issue wasn't really as much we couldn't possibly do the work, it was that the department was so tied up with everything with COVID, they didn't have the time or the people to really dedicate to it because they were in the middle of an emergency.

We run into this all the time with current clients we have. We have one client right now, their prisons are full of COVID, and it's a mess, and it is all they can think about.

So I think that was for them a time to step back and go we need, you know, 45 days of concentrating on this and then we're going to get back to this. So we dealt with that from all of our clients.

Q Was that specifically communicated to you? For example, did you get an e-mail that said, "Can't think about this right now, it's all COVID all the time"?

A I think I might have gotten an e-mail that said we're going to have to get back to you

on this or something like that, and I can't remember if it was also a phone conversation. I don't remember. But I do remember that that specifically came up, yes.

Q Do you know if IDOC -- based on your communications with IDOC, do you know if the decision to delay starting to work with you was impacted by the court hearings scheduled in this case?

A Now that you say that, I sort of vaguely remember somebody saying the courts were closed. But now I don't remember if that was Illinois or everywhere else because I feel like courts have been closed everywhere. So we've been kind of dealing with the courts closed everywhere.

So it may have also been communicated that courts were closed or they just weren't hearing things. I mean, that's possible. But we heard that from pretty much everywhere.

Q So thinking back to the compliance report we looked at and the goals identified

there, who else is working toward those goals other than, you know, you/The Moss Group? You mentioned earlier Dr. Anderson.

A Yes.

Q Do you know what her focus is?

A Her focus is on medical and mental health care, of course. So she is more focused on hormone therapy and treatment that all transgender people should get for their gender dysphoria when they come into the system. And so she's very focused on that area of things, and she recognizes that her correctional background isn't where mine is.

So we're actually, that's where I think we're really a good match because she has all of that clinical expertise and then I have the more operational side, and together I feel like we can get a lot of good stuff done.

Q You've been working -- you've been working together. You know, you give her some of your corrections expertise. She gives you her transgender and gender dysphoria expertise, and

you work together in that way.

A Exactly. That's for the medical-mental health section policy is going to be really informed by she and her team creating that section. I know enough to be able to create a framework around it, but I want that clinical expertise in that section; whereas, something like transports or intakes, that's more my area. I know how that needs to flow. And so that's the part I would be in charge of doing.

Q Were there any other medical professionals or other professionals working towards the goals described in the contract and the compliance report?

A Not from The Moss Group side.

Q Okay.

A But did they have some more medical professionals? Possibly. But the only ones I knew about were the ones that worked for the department and then Erica, Dr. Anderson.

Q Okay. And we talked earlier about the folks at the department that you talked to.

Have you -- are you familiar with Wexford?

A I'm familiar with them as a -- yeah, as a name.

Q So Wexford is the Department of Corrections medical contractor. Have you talked to any of the doctors or anyone at Wexford?

A Just the ones I mentioned earlier on the Zoom call, Dr. Puga and --

Q Reister?

A Reister sorry. Reister, yes. They were on the Zoom call. I have not talked to anyone else though on the clinical side, no.

Q Do you remember -- do you recognize the name Dr. Fisher?

A No.

Q What about Ms. Campbell?

A No.

Q No?

A They may have been on the Zoom call again. I -- but I -- I don't remember them specifically, no.

Q Okay. You've mentioned some things that you looked at in accomplishing the deliverables. This is kind of annoying, but if we can try to get a comprehensive list of everything you looked at that informs your guidance.

A I did not hear that question. Something kind of went electronic. Can you say that one more time?

Q Sorry.

A That's okay.

Q If you can describe for me what information and documents you relied on in creating the deliverables for DOC.

A Well, again, prior research, prior work we've done, prior work other people have done. So a lot of it is certainly online, information that you can find that you can kind of look at. Some of it is just information that's similar like you mentioned the Georgia policy. It's similar to stuff we may have done for other clients that have worked for them.

There's another client I can think of right now where we have similar language that worked for them.

So that's pretty much where it comes from. I mean, we all work -- we're all kind of -- on the consultant side of The Moss Group, we're practitioners. We've been in facilities. We've worked in them. So we really do understand the practicality realities.

We can say you want to make something work. When you're talking about a facility, it's a whole different ball game making that work. We sort of know the steps to try to get there to make it work.

So I understand, for example, that committee processes to decide where someone should go are a challenge. You've got to get people in a particular period of time. They've got to somehow be together. They've got to have all the records that they need. They've got to have the documentation process. I mean, there's got to be some kind of quality assurance to make

sure that somebody is keeping an eye on that, and they are good decisions.

Again, in a corporate world, that would be probably easy to do. In a corrections world, it's not always easy to do. So we try to set up processes that are actually doable in corrections.

Q What documents or information specifically about the Illinois Department of Corrections provided to you by IDOC did you rely on?

A They gave me a copy of their current transgender policy. I don't remember the number, but it's in there somewhere. They gave me a few examples of their TCRC committee form that were redacted that were filled out so that I could see basically how the form worked and the kinds of questions that were being asked. Again, some of the legal documents, a few, I think two, I want to say. They gave me -- yeah. I mean, those are the two main things.

Q You mentioned earlier the training.

A Oh, yeah. Sorry. Yeah, they gave me their staff training to review. So I took a look at that, and they also sent me a mental health training that I think was for mental health staff on transgender offenders. But that wasn't what we were here to look at, but I mean, I have it. They sent it to me.

Q That was Anderson?

A Yeah. I think training for clinical staff should be different from training for correctional staff. We only reviewed the training for correctional staff. So I took a look at that.

Q Was there anything that you asked for from IDOC that you did not get?

A I don't think so. I think we got everything we requested.

Q Okay. When you requested the examples of the committee -- the committee recommendation form -- let me back up. How many of those did you receive?

A The committee recommendation forms?

Q Yes.
A Oh, I don't know, maybe three. I would have to look at them. Just a few.
Q And did you request just a few?
A I just said I wanted some examples, I think. I am pretty sure that's what I asked for. I just wanted to get a sense of what does the form look like and how is it being used.
Q Did you initially ask for all of the transgender care review committee recommendations and notes?
A Yeah. I was looking for kind of a large sampling of them. But I can't remember. There was a reason why they said -- they either aren't doing the TCRC any more or something happened where they don't have them or they're -- so I said, "Well, can you just send me a few to look at?"
So I think we initially requested like all of them or as many as they had, but I didn't know how many they would have because sometimes in a year or six months or whatever it is, you

can have so many that it's voluminous, and you can't possibly look at them all. So I really just wanted to get a sense of what are they doing, how many -- you know, show me some examples then. And they said, "Okay, we can do that." They wanted to redact them, and that takes time too.
Q Did -- did the committee records that you received -- strike that.
Would you -- if you had received more committee records than what you did get, would that have been helpful to you?
A No, because -- no, because the form -- I mean, I'm just being blunt. The form needs to be changed, and the whole process needs to be changed in my opinion. So once you -- once you actually saw a few, you sort of knew what you needed to do to change them. It wouldn't -- it wouldn't have helped to look at any more really.
Q Okay.
A Yeah. I will say too, I'm looking at my folder really quick. I'm not looking in it.

But I'm looking at folders. I think we requested policies too because I have a search folder, a segregation folder, and protective custody folder. So my -- my inkling is we also requested just some collateral policies from them. We typically do that anyway, PREA policies and search policies, just to see what they have currently when it comes to transgender offenders in their other policies.
Q Did you get those?
A Yes, I believe we did. Yes.
Q Would reviewing additional records from the transgender care review committee have given you a different sense of what prisoners in Illinois who are transgender are asking for or complaining about?
A If they had records in the documents that said what they're complaining about or asking about, that's certainly interesting. And certainly if I had 100 of them to look at, I would have a lot more information, sure. It wouldn't have changed my feeling on the actual

review committee process sells though. Like I said, I think that was very clear that that needs to be addressed.
Q So it wouldn't -- it would not have changed your recommendation that the current process is inadequate, but might it have been informed what process you recommend to replace it?
A No, I don't think so.
Q Why not?
A I think knowing what transgender folks in a department are complaining about or want is interesting that informs what you know more about that population. That's why I said talking to them, that's the way to do it. Sit down in groups and talk to people and get into the -- whatever they want to talk about.
But finding out like what are the challenges and what are strengths of this place, what do they need to work on, what do we need to all work on together, you can only do that by talking to people. I love that kind of

information, but in terms of the actual review process, the step by step, case by case that's required in PREA, that I am clear where they need to probably go with that to be more successful and to have more consistency.

Knowing more about what the transgender women themselves, for example, are complaining about doesn't change that process.

Q Okay. Going back real quick to the 60-day duration or deadline of the contract.

A Yes.

Q At any point did you ask for or suggest an extension of that due to COVID or something else?

A Yeah. I think we said, you know, can we do an extension up to 60 days to start later because of COVID. We did attend almost all of our Moss Group contracts.

Q So that was agreed to?

A Yes.

Q Okay. And did that affect the work other than it started later?

A No.

Q Okay. Let me try to find the next document.

A Okay.

Q Can you walk me through the framework document that you submitted to -- that you created for IDOC? How -- how was that developed, and then what was kind of the process for finalizing that?

A So it hasn't been finalized. Just want to clarify. It is a draft, and it is not fully completely filled out.

So the way it was begun was understanding all of the different things that need to be in transgender policies, all the different sections that needed to be in there. The first thing I did was created a skeleton policy, and then I just took a few sections and filled them out. Said this is what I would put in the section.

Understanding I had more to learn about the department and how they did things, I

wanted them to just see this is what we're talking about here. So professional and respectful communication, you can -- you need to put that in policy. It needs to be clear that that's a part of it. Same thing with intake. This is how we do intake. And so the staff don't have to kind of guess. I felt like the current one didn't have a lot of those sections that I felt like needed to be there.

So, first of all, it was just a matter of creating a policy framework that was more thorough and doing those example sections and saying, "What do you all think of this? Is this moving in the right direction for you?" And we got positive feedback that it was.

MR. GUIDETTI: Okay. Can we take a short break? I don't have the document that I want to pull up on this computer. I need to go to that computer. So let's take five minutes. Is that all right, Lisa?

MS. COOK: That's fine with me.

VIDEOTAPE OPERATOR: Okay. The time

is 1:05 p.m., and we're going off the record.

(A brief recess was taken.)

VIDEOTAPE OPERATOR: The time is 1:11 p.m., and we're back on the record.

BY MR. GUIDETTI:

Q Ms. Leach, can you see the document on my screen?

A Yes.

Q Do you recognize this document?

A Yes.

Q And what is the document?

A It is a framework policy.

Q And how do you recognize it?

A Because I created it.

Q Excellent. Before our break you mentioned this is not yet final. Do you know if this is the current draft? And I can give you remote so you can scroll through it.

A I think it is in this current version. I think that's what I sent. It's the only one we have. I think this is the one that Dr. Anderson had given some edits to as well. I believe there

was some comments on the right-hand side. I don't see them here, but they may be just in the track changes.

Q Are these the comments you're referring to?

A Yes. Thank you.

Q Let's mark this Plaintiff's Leach exhibit -- are we on 5?

COURT REPORTER: No, we're on 6.

MR. GUIDETTI: 6, thank you.

COURT REPORTER: Is that one that was sent to me?

MR. GUIDETTI: It was not. I'll get it to you as soon as we're done here.

MS. COOK: I'm sorry. Just to cut in, what was Number 5?

MR. GUIDETTI: It was a pdf. It was -- give me one second -- it was -- sorry -- I have 5.

COURT REPORTER: Can we go off the record?

MR. GUIDETTI: Yes.

MS. COOK: Sorry.

VIDEOTAPE OPERATOR: The time is 1:13 p.m., and we are going off the record.

(Discussion off the record.)

VIDEOTAPE OPERATOR: The time is 1:14 and we are back on the record.

BY MR. GUIDETTI:

Q So Ms. Leach, this will be Plaintiff's Leach Exhibit 5, and it is the framework that was created by Ms. Leach.

(Plaintiff's Leach Exhibit Number 5 was marked for identification and attached to the transcript.)

BY MR. GUIDETTI:

Q Ms. Leach, you mentioned that this has Dr. Anderson's edit and comments; is that right?

A Yeah. There's some edits she has and some comments I have. So it's a combination, but she reviewed it, and I wanted to get her thoughts.

Q And did you send this to IDOC?

A Yes.

Q Was it this draft, or was it another draft?

A I'm pretty sure I sent this draft to them.

Q With the redlining?

A Pretty sure, yeah. I mean --

Q And we talked about the information, you know, generally that guided your work. I just want to make sure we've not missed anything.

Did you review any prisoner grievances?

A I have reviewed many prisoner grievances, but not from the department, no.

Q Okay. Did you review any incident reports from the Department of Corrections?

A No.

Q Did you review anything to help you assess the institutional climate at the Illinois Department of Corrections?

A No. I couldn't go there.

Q Is this framework -- okay. Is this framework based on other policies that you have

worked on? For example, the one in Georgia or in New York?

A Yeah, it's similar. They're all a little different, but yeah, it's similar because it's got to have certain sections and parts to it. So --

Q And -- and how do you decide what sections and parts it needs?

A Well, if you think about a transgender person's life in confinement, there's certain things that kind of jump out at you. I mentioned a few of them earlier. But starting with intake and then notifications and then the case-by-case determination process and then the screening process.

Q But that was -- sorry to interrupt. That would all be the same at any facility, right?

A Yeah. All inmates go through the same thing, but for transgender inmates, you have more considerations in those areas.

Q So I'm just trying to understand why

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Illinois' policy -- you know, the framework that you proposed to Illinois, why would it be different from what you created for Georgia or created for New York or anywhere else?

A Illinois wanted to have -- I mean, a good example at the bottom of this page, Illinois wanted to have a separate medical and mental health type committee. That doesn't happen in a lot of jurisdictions. Excuse me. They have a committee to determine male or female housing, and that committee may also look at property needs and other things. But typically, the clinical stuff is done by medical-mental health care practitioners. They don't necessarily have a separate committee just for transgender offenders.

But that's what I discussed with Dr. Anderson and with the department was with this two-committee structure, we talked it over, and we came up with a general theme what the medical and mental health care committee would do and what this administrative review. And these

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are -- I mean, these are draft titles, but what an administrative review committee would do. So that's specific to Illinois that, you know, they wanted to have, and it was easy to write in. But some things --

Q When you --

A Go ahead.

Q When you talk about the two committees, is that reflected here on Page 3, "Facility determination would be the committee that determines facilities," and then scrolling down to -- where is the section on the medical committee?

A That would have to be -- yeah, it's under mental. It should be above the tracking and quality improvement section. So I think it says medical -- somatic and mental health, which she preferred medical over somatic, so I said that's an easy fix. This staff section would be written and reviewed by the medical team. So I could help guide it -- guide the structure of it, but that would be written by them.

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Q And that's --

A What we suggested --

Q Go ahead.

A I'm sorry to interrupt.

What we suggested and we talked about were two SOPs, so standard operating procedures. One would be a SOP that this medical and mental health committee would follow, and one would be a SOP that the administrative review committee would follow.

And so the details of what they would do every single day when they were working on these things would be in the SOP. The policy would have a basic framework, like here's what that committee does, but the details of their exact step-by-step function would be in a separate written SOP.

There's no reason for staff to know all the details, for example, of what a medical review committee does, but it is important that the medical review committee people know what it is they're supposed to do. So usually a separate

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SOP for that is better, and that's what we agreed to do. That was a part of maybe any future work, if you like, we can write those SOPs for you.

Q How did the two-committees structure arise?

A You know, that came from Dr. Anderson. I'm not sure who initially came up with it. You'd have to ask her. I don't know. She mentioned it to me, and I said, "Yeah. That makes sense. We can do that."

Q Have you worked -- have you done work for any other system that has implemented a two-committee structure?

A I have not. I will say it makes sense though if you think about it. I mean, if you're going to have medical-mental health care, it's a priority item for transgender folks, and then you have a group of people who are dedicated to that and know those -- part of it is knowing those inmates.

And if you clinically are caring for 4 million people, how well do you know those 20?

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

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

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

Q How so? Can you explain that to me?

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

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

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

Q And that's guided based on your

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

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

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

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

Q Okay.

A Yeah.

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

A Oh, no. Not even close.

Q Do you know when -- strike that.

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

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

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

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

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

probably do it in that time period.
Q Thinking to when you were working with Georgia and the policies there was approximately at this stage, at this framework stage, how long did it take Georgia to get from this to final?
A Well, it looks like a year and a half actually. In looking at the date of their final policy, July of 2019, I mean, we were working with them in early 2018. So I'm --
Q What about --
A I'm -- go ahead.
Q What about in New York? You helped New York develop their policy as well?
A Yeah. They -- they're kind of an odd case because they -- they just took a long time, and then they finally just threw something kind of together at the last minute. Everybody does this a little differently. New York took a long time, but, you know, I'm not picking on New York. They always take a long time. So I'm not sure that they're the best example.
I can give you another example without

giving away the jurisdiction. It was a Southern state. They finished their policy and finalized it in six months. They wanted to get it done. They were motivated. They had a commissioner that was willing to sign it without a lot of, you know, formulaic of people going through it. And so they were able to do it in about six months, and they did a great job.
Q Without -- I know you've got confidentiality agreements in place with your clients. Without -- if you can answer this, was that other jurisdiction that completed it in six months, were they under a court order or a -- or a settlement agreement, anything like that?
A No, they weren't.
Q Okay.
A They just have motivated staff and a commissioner -- I think the only issue, as you know with court agreements and things like this, is that there's always so many more people that have to look at every single draft. And so something that could take 60 to 90 days, just

because there's so many people, even a judge sometimes has to look at it and approve it, there's so many different hands in it, and everybody's got an edit, that that sometimes can make it last a little bit longer.
I'm of the belief that it's better to get something solid in place. You can always revise it after a year. You should be looking at your policies anyway. Things change. You can always add to it a year from now, change something a year from now. But get those basics in there and get rolling on those, and then you can -- again, you can always finesse it later.
Q Would you agree that sometimes having more folks look at something can help ensure it's solid?
A Oh, sure. Sure.
Q So this isn't final. This is not the current policy, right?
A Correct.
Q And again, we're talking about the framework, just for the record. Do you know what

the current policy is?
A Yes. It's the -- it's their management -- I think it's called management of transgender offenders or evaluation and management of transgender offenders.
Q Let me see if I can pull that up.
A Sure. It's dated July 1st, 2019.
(Plaintiff's Leach Exhibit Number 6 was marked for identification and attached to the transcript.)
BY MR. GUIDETTI:
Q Can you see my screen, Ms. Leach?
A Let's see. Yes. That's it. That's the one.
Q Okay. I have to get some questions for the record. Do you recognize this document?
A Yes, I do.
Q And how do you recognize it?
A It's the current Illinois transgender offender policy.
Q And you've seen this before?
A Yes, I have.

exercise and isn't really substantive.
Q So if I told you that today in Illinois there are over 100 prisoners that IDOC has identified as transgender and only one transgender woman that has been placed in a female facility --
A Mm-hmm.
Q -- and that the -- that prisoner who was transferred to a female facility filed a lawsuit in order to accomplish that, would that be indicative to you that the Department of Corrections is mechanically housing people?
A No.
MS. COOK: I'm going to object on the -- on the basis of the question because I do think it's inaccurate. So I think any opinion based on that will also not be in line with the facts.
BY MR. GUIDETTI:
Q You can answer if you -- if you know.
A I don't agree -- I don't think so because I think you have to know a whole lot more

about the rest of the inmates to make a determination. And also, if you asked those 99 inmates where they would rather be housed, maybe half of those say or three-quarters of them say, "I'd rather just stay in the men's facility where I am. I'm fine here," so you need --
Q But you said a minute ago --
A You need --
Q Yeah, no. I understand what you're saying. But you said a minute ago that if you've got a system where they say, "Oh, yeah, we're making individualized decisions," but then every single time, the transgender women are placed in men's facilities, that that --
A Mm-hmm.
Q -- suggests to you that it's not actually an individualized decision, right?
A Yes.
Q Okay. The Court also ordered -- we're going to take a look at -- look at Number 3 down here at the bottom. This says, "The Court further orders Defendants to develop the 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."
A Okay.
Q What does PREA say about cross-gender strip-searches?
A So the guidance for cross-gender strip-searches is really Teflon when you're talking about transgender people because everybody likes to say, "Well, a transgender woman is a woman," but when you get into PREA, it starts to feel a little different. So the guidance is that strip- -- strip-searches of transgender people have to be done professionally and respectfully and have to be done by people who have been specially trained.
So, for example, we do training for staff to do professional and respectful transgender search. But typically the thing that you're looking for is that the transgender person

is either searched most typically by the gender of staff where they are, so if you're in a men's facility, you can reasonably be expected to be searched by a man. If you're in a women's facility, you can reasonably be expected to be searched by a woman.
But best practice is that you just ask the transgender person who they prefer. So if they say, "I prefer a female staff" and you can provide one, then a female staff does the search. Same thing if they choose a male staff. You say sure. You document their preference, and then you follow along with that preference. That's -- that's the easiest way to do it in some ways.
Now, I take the -- take away from that that some unions have major problems with that. Some female staff are allowed to refuse and say, "I am not going to do a strip-search of this transgender woman. I'm just not doing it," and -- and they're allowed to refuse. I have no idea what the rules are in Illinois around that.
Typically I always tell corrections

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people, we're in a field that's similar to medical and that you see a lot of naked bodies, and you sometimes see things you really don't want to see. I have seen too many things in my day, most of which I had absolutely no desire to see. But you're in corrections, and sometimes people just take all their clothes off for no reason or sometimes -- so take -- take -- be a professional, and just go in and do you are job.

But there are definitely times when you have different gender staff saying, "I'm not going to do it," and they have that right to refuse. I just don't know what the rule is in Illinois. So I would say they have to work with their union and figure that out, but if possible, ask the person who -- what gender they prefer and then provide that person, and then you won't have a problem.

Q I -- I appreciate you going into the best practice model. I think that's helpful. To be -- to make sure I understand, though, you're saying PREA, with respect to transgender

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individuals, does not prohibit someone of the opposite gender identity from searching them?

A It does not. It does not. They can --

Q Do -- so -- so would you agree that here the -- where the judge is saying -- let me back up.

A Okay.

Q In the context of -- of -- of this order, right, where the judge is talking about transgender prisoners being searched, what's your understanding of the term "cross-gender strip-search"?

A Well, that's -- the problem there is no understanding of it. So in our field, people struggle with it because what is cross-gender for a transgender woman? Is cross-gender a female staff or a male staff? So if she's a woman and identifies as a woman, you would say cross-gender's a male staff, right. So a male staff cannot search her.

But if she prefers a male staff

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because she's used to that and that's what she'd rather have, that is -- that is what you want to do. That's -- you have now moved over to the cross-gender search is the preferred search. So it's complicated by the fact that you have somebody who's transgender, and that's why I say having them say what gender they prefer is the way to go.

But if you're in a women's facility and you're a transgender woman and you're walking in, the likelihood is there's a lot of female staff working there. That -- that's very common. The likelihood is if you're going to get a strip-search, you're going to be strip-searched by a female staff. So is that same gender or is that cross-gender? You know. Most --

Q Let's look -- let's look at it in context, and -- and let's do this as a -- as a hypothetical to -- to avoid objections. But let -- let's assume that the complaint in this case was that transgender women are always being searched by male guards and that this order

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followed that complaint.

Under those circumstances, would you agree that the judge is basically saying male guards should not be searching transgender women?

A I'm sure that's what the judge is saying, but that's -- that's not really what PREA says, so PREA doesn't --

Q So --

A -- prohibit that.

Q -- would you -- would you agree, then, that the judge is telling IDOC to do more than PREA?

A I -- okay. We have to assume the judge understands what a cross-gender search is. I assume she's trying to say that a male searching a transgender woman is a cross-gender search in her mind. My -- my -- my only caveat is what if the transgender woman really prefers to have a male search her. But to have a blanket prohibition on males searching transgender women means that now you have -- you -- you don't have -- you've taken that choice away from the

transgender individual.

And, you know, some of these people have trauma background where they were molested by a woman or molested by a man. They don't want that person's hands on them. They're going to prefer the other staff. So that's the whole point of asking them who they prefer is to, you know, allow for that trauma history and to give them some control over the situation so that they also stay calm and feel respected in that environment. It's --

Q When you --

A (Interrupted, unintelligible cross-talking.)

Q When you --

Under the best -- the best practice, when you ask someone their preference, if there are, you know, quote, unquote, exigent circumstances, they may not get their preference, right.

A Sure.

Q But the -- the best practice is to,

when possible, you give them their preference, and you avoid not searching them in a way that they've told you is -- is uncomfortable, right?

A Yeah. I mean, another option is to always have medical staff do it because medical staff can search anybody. But that's just not realistic in any facility environment. You can't constantly be bringing in medical staff to pat-search someone leaving the dining room, you know. So -- so that's why I left out the medical staff option. You could have medical staff do it and not have a real issue, but to me, it's better to do the -- the preference one because then you don't get into the male or female issue. They -- they -- they choose.

Q Would you agree that it would be helpful -- strike that.

Would you agree that -- let me back up.

So you -- you put out a -- a proposal. You've done a lot of work, right?

A A little bit.

Q And -- and you've put out a proposal saying, like, "These are the next steps that I think you should take," right?

A Mm-hmm, yes.

Q And -- and we've already discussed that there's nothing requiring IDOC to follow any of your recommendations, right?

A True.

Q And we don't know if they're going to hire you to continue the work, right?

A Right.

Q Would you agree, it would be helpful to have a court order that requires IDOC to continue the work?

A Well --

MS. COOK: I'm going to object on foundation.

THE WITNESS: I would say no. I -- I would say no anyway. And here's why. The reality is that for sustainability and for people who really care about this stuff and really want to do it, it shouldn't take a court order to get

anybody to do anything, right? I mean, I don't think there's been any push-back -- I've gotten no push-back on anything that we've pushed forward and said, "What about this? What about that?"

And I know Dr. Anderson has, you know -- she has some views on transitioning and on surgery and other things that are way beyond where my world is. I don't know how they feel about any of that. But I do know that the stuff that I proposed, they've been very positive about it, haven't pushed back on it. So my thinking is, then, just do that stuff.

Now understanding that there's other priorities, sometimes people get delayed, but it seems to me that we all kind of want the same thing. And that's what I've, you know, talked about about this. But we all want everybody to be safe and everybody to be healthy and fine and everything to go kind of smoothly. So how do we get there?

It's not necessarily that we always

have to fight about it in court. I mean, I deal with this all the time, so I'm sort of used to it, but I've also been in situations where we talked through stuff and said we -- "We agree to do this. Give us six months to do this, or give us 12 months to do this. And if we don't do it, you know, then nail us to the wall. But give us an opportunity to sort of get this stuff done."

And that -- that sometimes works to just have everybody allow some progress to happen and see how well it goes and have -- be very transparent and -- and do a lot of tracking. I don't know. I think that that's -- that's so much healthier and a better way to do things, and it's probably cheaper to do it that way.

So I'm -- though I've been in litigation, not personally but on different sides of it many times, the thing I've always found is that when it came down to it, people sitting down at a table and going "We're going to do this, and we're going to do it within this time frame," and the other people saying, "All right. Make sure

you do it, but let's see what you do," it just makes such a difference.

So I'm -- I would rather see the agency say that "We want to lead on this. We want a sustainable effort. We want a really world-class policy. We want the best training. We want our staff to feel competent, and we want to say 'We're doing a great job.' We don't have to make any excuses for it." That's -- that's what I would like to see. That's the end goal to me.

Everything works better that way, but -- sorry. That was my speech.

BY MR. GUIDETTI:

Q What's the -- the biggest challenge facing IDOC in implementing the reforms that you've recommended?

A I -- I don't know. There's probably just things that I don't know anything about. So what their biggest challenge is, I really don't know. If -- if you're --

Q That -- that -- that answers my

question.

A Oh, okay. Okay.

MR. GUIDETTI: I think that's all I have. I'll turn it over to Lisa to see if she has any clarifying questions.

MS. COOK: I don't have any questions.

MR. GUIDETTI: Then I think -- I think we're done for the day.

Thank you, Ms. Leach.

THE WITNESS: That was painless.

VIDEOTAPE OPERATOR: The time is 3:29 p.m., and we are going off the record, and this ends the deposition.

(Whereupon, the signature having been waived, the deposition concluded at 3:29 p.m.)

CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

I, Tammy S. Newton, the officer before whom the foregoing proceedings was taken, do hereby certify that the foregoing transcript is a true and correct record of the proceedings; that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 13th day of August, 2020.

My commission expires:
3/05/2022

_____

Notary Public in and for the
State of Maryland

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

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

Videotaped deposition of DR. ERICA ANDERSON, called as a witness herein, pursuant to the applicable provisions of the Code of Civil Procedure of the State of Illinois and the rules of the Supreme Court thereof, taken before Janet L. Brown, CSR No. 84-002176, via Magna Legal Vision videoconference on July 29, 2020, at 10:02 AM.

MAGNA LEGAL SERVICES
(866)624-6221
www.MagnaLS.com

Defendants' Exhibit 3
Excerpts of Anderson Dep

MAGNA LEGAL SERVICES

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ALSO PRESENT:

VINCENT MAZZA - Videographer.

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WITNESS
ERICA ANDERSON, M.D.

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THE VIDEOGRAPHER: We are now on the record. This begins videotape number one in the deposition of Dr. Erica Anderson in the matter of Monroe, et al., vs. Jeffreys, et al., in the Federal Court of the Southern District of Illinois.

Today is July 29th, 2020, and the time is 10:02 AM. This deposition is being taken remotely via Zoom technology at the request of Kirkland & Ellis, LLP.

The videographer is Vincent Mazza of Magna Legal Services, and the court reporter is Janet Brown of Magna Legal Services.

Will counsel and all parties present state their appearances and whom they represent.

MS. HUDSON: Anne Hudson for the plaintiffs.

MS. BAILEY: Amelia Bailey on behalf of the plaintiffs.

MS. COOK: And Lisa Cook for the defendants, and I'm representing Dr. Anderson as well.

THE VIDEOGRAPHER: Will the court reporter

please swear in the witness.

COURT REPORTER: Would you raise your right hand, please.

(Witness sworn.)

COURT REPORTER: Thank you.

MS. HUDSON: Okay. Before we get started with the questions, I just wanted to state for the record that defense counsel has withheld documents responsive to our subpoena on the grounds that they are privileged under the deliberative process privilege.

The parties have pending motion -- a motion to compel briefing dealing with this privilege, and as a result of that, we will keep the deposition open today pending resolutions of those motions and production of further responsive documents, and we reserve -- reserve our rights to continue the deposition upon resolution of that privilege.

DR. ERICA ANDERSON,
called as a witness herein, having been first duly sworn, was examined and testified as follows:

great. I just want to make sure it's all working out.

Okay. Do you -- so I'm showing you what will be marked as Plaintiff's Exhibit 1, and this is your -- your CV.

Do you -- this was produced in response to our subpoena, and it's Bates 722727.

(Anderson Exhibit No. 1 identified.)

BY MS. HUDSON:

Q. Do you recognize this document, Dr. Anderson?

A. I do.

Q. And did you draft this document?

A. Yes.

Q. And did you draft this document in the course of your business?

A. I'm not sure what you mean, my business.

Q. In the course of your professional work.

A. Yes. I've been updating my CV for 40 years.

Q. And you update it in the ordinary

course of --

A. Periodically when it's indicated.

Q. Perfect. And is this in the same substance -- is this the same as it was when you produced it in response to the subpoena?

A. It looks like it, yes.

Q. Now, I'm going to talk a little bit about your education. I'll scroll down.

Now, you attended Whittier College; is that correct?

A. Yes.

Q. Did you graduate -- did you receive a degree from Whittier College?

A. No.

Q. But you received a BA in honor's psychology from University of Minnesota; correct?

A. Yes.

Q. And did your education at University of Minnesota involve the treatment and care of gender dysphoria?

A. No.

Q. And you next attended Fuller Theological Seminary; is that correct?

A. Yes.

Q. And from there you received both a master's in theology and a Ph.D. in clinical psychology; right?

A. Correct.

Q. In either of those degrees did you have a specialty or focus?

A. A specialty of what, please?

Q. A specialty or focus.

A. Well, there's two -- they're different degrees.

Q. Right. Let's just talk about your Ph.D.

A. Okay. Ph.D. in clinical psychology, and I probably -- I would say I had a specialty in child and adolescent clinical psychology.

Q. And did any of your Ph.D. education involve the treatment or care of gender dysphoria?

A. No.

Q. You also -- you also have clinical training in psychology; is that correct?

A. Yes.

Q. In any of those clinical trainings from '75 to '79, did you have any training

specifically on working with transgender individuals or treating and caring for gender dysphoria?

A. No.

Q. Now, I want to talk about your current position. You're currently employed at the University of California, San Francisco; is that right?

A. Yes.

Q. Can you describe your role at the University of California?

A. I'm on the medical staff, and my appointment is in pediatric endocrinology, and I provide consultation and services in the child and adolescent gender center to transgender/gender creative youth and their families.

Q. And how long have you been in that position?

A. Almost four years.

Q. And you mentioned that in this position you work with transgender population?

A. Yes.

Q. And you treat gender dysphoria?

A. Yes.
Q. Before that you worked at the John F. Kennedy University; is that right?
A. Yes.
Q. What were your positions at that university?
A. I was originally hired as the chair of the doctoral program, and then I served as the dean of the graduate school, and then I served as the chair of the two largest graduate programs in the graduate school, and then I continued for a little while longer as a faculty member.
Q. And as a faculty member at either John F. Kennedy or the University of California, do you teach classes that involve working with transgender populations?
A. I do.
Q. And do you teach classes -- at either did you teach classes involving treating gender dysphoria?
A. Yes.
Q. Now, you also have maintained a private practice; is that right?
A. Yes.

Q. What -- what do you do in your private practice?
A. So I provide services to outpatient -- outpatients, and my private practice is primarily focused around gender sexuality and trauma.
Q. And why have you chosen to focus your practice around gender and sexuality and trauma?
A. Because I'm uniquely qualified to do so.
Q. Do you think it's important to -- for someone to be treated by someone who is qualified to treat issues involving gender and sexuality?
A. I do.
Q. And why is that?
A. Well, those are -- those are three very large categories of psychological issues and each with its own peculiarities in terms of the science, the clinical practice standards, and the challenges in working with individual patients.
Q. Let's talk specifically about issues involving gender identity. Why is it important to have someone with -- who's qualified to provide treatment relating to issues with gender -- involving gender identity?

A. Because most practicing professionals in the United States in healthcare have no training to do that.
Q. And what can happen when someone receives treatment from a medical professional who doesn't have treatment -- who doesn't have knowledge?
A. Potentially that they would receive substandard care.
Q. And how -- in what way could that care be substandard?
A. Well, there are many. How many do you want?
Q. Perfect. You can -- we'll start with the first that comes to your mind, and we can go from there.
A. Well, first of all, because the understanding of transgender individuals has evolved very significantly in the last 40 years. Someone who was trained years ago probably didn't have any exposure to the unique needs of transgender people, didn't learn about the development of gender, doesn't appreciate the complexity in terms of the inter --

interrelationship between potential trauma and gender development and gender expression and identity.
Q. I want to talk -- touch on a few things that you mentioned there. You mentioned that they might not understand the unique needs that someone might have.
What unique needs does someone facing issues with their gender identity have?
A. Well, there are very few types of personal change that a human being can go through that is more -- are more wide sweeping and comprehensive than a gender change or a gender transition.
Q. And does that complex -- does that change require different treatment or strategy?
A. I believe so, yes.
Q. And you mentioned also complexity and interrelations with other -- with trauma. Can you speak more about that?
A. So there are huge individual differences among people who are transgender or gender variant, and these would have to do with their individual differences. But certainly

BY MS. HUDSON:
Q. Dr. Anderson, what in general did Mr. Caplan say about the lawsuit?
A. He said in general there have been one or more lawsuits in which the plaintiffs were transgender offenders and they had some issues with how they had been treated and that the state needed someone who could provide them expertise, perhaps be an expert witness, and they were looking for a consultant who could advise the organization of the Illinois Department of Corrections on how to improve and enhance how transgender offenders were managed and how they were provided healthcare.
Q. How did you progress from that initial conversation to your being hired as a consultant in this case?
A. Well, it was quite straightforward. I was invited to tell them what I could do and what I would charge, and I did so.
Q. What do you understand your role as a consultant to IDOC to be?
A. It's two-part. One, to serve as an expert witness as necessary, and to advise the

department on how to improve how transgender healthcare is managed and delivered.
Q. Have you been asked to complete an expert report in this case?
A. The case we're talking about here?
Q. Correct.
A. No.
Q. Now, you mentioned that you would be helping review their -- their policies and related -- in relation to transgender care; is that right?
A. Yes.
Q. Could you describe generally -- and we'll get into more specifics later -- what you've done so far as part of this work for IDOC?
A. Well, so first on the expert witness side, I've been asked to review the medical records of two offenders: Ms. Monroe, who's a plaintiff in this action; and then another one who's not a party to this action. So I've reviewed all the medical records and had some brief conversations with a couple of people at IDOC.
The bulk of my work has been

focused around looking at how IDOC has managed transgender offenders historically and what the policies and procedures have been in place to date and then advising them on how I would recommend they change them to improve them, and that has involved many activities, including conversations with individuals within IDOC and a few outside in various places, including other states, actually another country, and at least one other outside consultant, Wendy Leach, and then making some recommendations about how -- how to change things.
Q. Great. Thank you.
I'm going to pull up your contract with IDOC.
A. Uh-huh.
Q. Showing you what will be marked as Plaintiff's Exhibit 3, which is your contract with IDOC. Do you see that document?
(Anderson Exhibit No. 3 identified.)
BY THE WITNESS:
A. Yes.

BY MS. HUDSON:
Q. And do you recognize this document?
A. Yes.
Q. Now, is this your signature here?
A. You mean that scribble at the top?
Q. Yes.
A. Yeah. Yes, that's my signature.
Q. And it says that you signed this on January 10th, 2020; is that right?
A. Right.
Q. Is that when you started performing services under this contract?
A. Yes.
Q. I'm going to turn to page 5 -- did I scroll right past it? There it is. Okay. -- and you'll see this list of four here that describes your services under the contract.
Could you look those over and let me know if that is a -- describes your understanding of the services you are to perform for IDOC.
A. Yes.
Q. I'm going to -- we're going to look at each one one at a time. The first one says

"Dr. Anderson shall provide expert consultation and assistance in assessing all IDOC policies and training related to dysphoria care and treatment."

Dr. Anderson, under this contract as part of your assessment do you have the authority to make or change IDOC policies?

A. Not unilaterally.

Q. You can make suggestions, but -- right?

A. Yes.

Q. But they would have to be approved?

A. Yes.

Q. Under this contract IDOC does not have an obligation to act on your assessment or recommendation; is that right?

A. I think that's correct.

Q. Is there anything else that creates an obligation for IDOC to act on your recommendation or assessment?

A. Moral authority.

Q. Other than moral authority, is there anything that requires IDOC to act on your recommendation or assessment?

A. I think, as we can all recognize, there's a very big incentive for them to treat seriously all my recommendations and as is appropriate incorporate them, and that's my experience is what they're doing.

Q. But you'd agree there's nothing that creates -- that requires them to act on your recommendation, incentive aside?

A. I would agree.

Q. Do you agree that IDOC is free to disregard your advice if they choose?

A. They are hiring me, and they are free to disregard my advice, yes.

Q. Now, I'd like to discuss more -- in more detail the steps you've taken in this assessment.

A. Uh-huh.

Q. Now, I believe you mentioned you've had extensive communications with various individuals as part of this assessment; is that right?

A. Yes.

Q. In general, how do you typically communicate with IDOC?

A. Usually it's phone conversations and review of documents.

Q. Let's start with just the conversation. Who is your -- who are the main individuals that you talk to at IDOC?

A. My point of contact is Robert Fanning, and -- but I now have a, I would say, close working relationship with Drs. Conway, Puga, and Reister.

Q. Let's start with Dr. -- with Mr. Fanning. About how often do you communicate with Mr. Fanning?

A. Generally once a week, possibly more.

Q. And what topic do you discuss in your conversations?

A. The ongoing activities that we are concerned with and any initiatives that we're working on to review or change things.

Q. And what are some of those initiatives?

A. To look at the policy documents on how transgender offenders are treated, to review and change the structure of how decisions are made regarding care that transgender offenders

receive, to -- to conceive and then plan and execute training for medical and mental health professionals throughout IDOC. These would be probably the biggest ones.

Q. And you said that you spoke with Mr. Fanning approximately once a week. Has that been consistent since January?

A. Yes.

Q. And how long are your conversations with Mr. Fanning each week?

A. Half an hour to an hour.

Q. Now, what -- you also said that you communicated with Dr. Conway. About how often do you speak with Dr. Conway?

A. Couple times a month.

Q. And what are the topics that you discuss with Dr. Conway?

A. We've been -- we've been working on carrying out a series of training programs for IDOC medical and mental health professionals. We have worked on the administrative procedures, administrative directives, and we've worked on -- more recently we've worked on -- oh, we've worked on putting together an expert panel of advisors

Q. It says "Dr. Reister has developed this training," and then later it says "Dr. Anderson, IDOC's new consultant, has also reviewed and approved of this training."
Do you see that?
A. Uh-huh.
Q. I'm going to talk about this review of this training. Do you remember which training this is referring to?
A. I think it's the two-hour video training.
Q. And who is that training for?
A. I think it's for all employees in IDOC.
Q. What was the subject of that training?
A. To introduce information about how to properly treat transgender offenders and contextualize it in terms of what our understanding is about transgender individuals and related issues.
Q. This is a two-hour video that IDO staff -- IDOC staff would watch on their own?
A. I don't know.
Q. Do you know if this training has been

administered?
A. I don't know. I assume it has.
Q. And so you reviewed this two-hour video; correct?
A. Yes.
Q. And did you provide any suggestions?
A. I said on the whole it was okay. I -- yeah. It's -- it's hard to say how a two-hour video training would be received by people as different as correctional officers and physicians.
So, you know, with the qualification that it's not sufficient to constitute training on transgender issues for all employees in the department, it was a good effort I thought.
Q. And why isn't it sufficient in your view?
A. Well, it depends on how it's administered. If it's something an individual would just watch and just confirm that they've watched it, that's one thing. If it's shown and then there's an ongoing provision of support to the people who've seen it in applying it in their

job, that's going further and better.
To the extent it -- in addition to that, it is a part of a longer term effort to bring the general understanding of transgender issues forward and elevate these issues for everyone who's employed in the department, that's much better yet.
Q. And you said that you didn't know how or if it had been administered; is that right?
A. Technically correct.
Q. Why technically?
A. Well, I mean, I've been told that this is the video that they use, but I have no way of knowing how often, with whom, when. I don't know any details.
Q. And do you know if there's any follow-up or additional support that you mentioned in regards to this training?
A. My understanding is that there is ongoing supervision throughout the department for medical and mental health professionals who deal with transgender offenders, but I don't know the particulars of that.
Q. Do you know if there's any additional

training?
A. I don't know.
Q. So your opinion was that the video alone without any additional training would be insufficient?
A. Yeah.
Q. Have you attended -- outside of that two-hour training, have you reviewed any other trainings?
A. Yes.
Q. Which training have you reviewed?
A. So the WPATH has training under the global education initiative, and I've been reviewing that.
Q. Is this training under the global education initiative training that would be given to IDOC?
A. We have been working on a customized approach to a version of that that's tailored for IDOC, and it's pretty far along.
Q. And who has been working on that training?
A. Mostly me with GEI and WPATH, and then -- and Drs. Conway and Puga and Reister have all

seen the outline of the days of training that we are likely to give.
Q. And who would this training be given to?
A. A group of medical and mental health professionals throughout the IDOC. It would be done on Zoom, so it wouldn't require them to go to a location, which would be logistically challenging and costly, so. And we're probably going to do the first day of training at the end of August.
Q. Has the training been finalized?
A. We're close to signing a contract, yes.
Q. But there hasn't been -- a contract been signed with GEI?
A. Not yet.
Q. And has this training -- has the draft version of this training been shared with individuals at IDOC?
A. Yes.
Q. Who at IDOC has it been shared with?
A. Robert Fanning and Drs. Conway, Puga, and Reister.

Q. And do you know if they've shared that with any of the named defendants in this case?
A. I don't know.
Q. Okay. Has the draft training been approved by the individuals at IDOC who have reviewed it?
A. As far as I know, yes.
Q. And you said it -- you're planning on delivering this training in August?
A. Yes. The end of August. Well, the first of two days of training the end of August.
Q. And do you know if this training would be required for certain individuals at IDOC?
A. My understanding is it's going to be voluntary, but that the individuals that are going to be invited are those currently caring for transgender people and then a smaller group of people who also are expressing interest.
Q. And attendance -- but attendance would be voluntary?
A. Yes, I believe so.
Q. So just to confirm, there hasn't yet been an in-person or via Zoom training session that you have attended or facilitated?

A. Correct. At IDOC? Yes, correct.
Q. Yes. Do you remember being asked to review a review course by Dr. Reister?
A. No.
Q. Let me pull up an email. It's Tab 10 of the documents that I have sent, which is Bates 341884. This is -- I'll share the screen.
This --
A. Oh, wow.
Q. Yeah, I'll make it --
A. That is small.
Q. I'll increase the -- zoom in.
Is that better?
A. Yeah.
MS. HUDSON: Okay. I'll ask that this exhibit be marked as Exhibit 7, Plaintiff's Exhibit 7.
(Anderson Exhibit No. 7 identified.)
BY MS. HUDSON:
Q. This is an email between you, Dr. Reister and Mr. Fanning on March 16, 2020.
Do you see -- do you recognize this email?

A. Actually, I don't.
Q. Do you have any reason to believe that this isn't an email that you received and responded to?
A. No.
Q. Now, you'll see at the bottom number 3 here. Dr. Reister states "I will be working on an IDOC online abbreviated annual transgender care topics review course so staff don't forget the original trainings." And then he asked that -- he states that he hopes for you to be able to review it. And you in turn respond that you're happy to review it.
A. Yeah, I see that.
Q. Okay. Do you remember if you reviewed that review -- that review training?
A. I don't recall.
Q. Is Illinois One that the -- the document -- what is Illinois One, then?
A. I don't know.
Q. Is it a way that you reviewed documents from IDOC?
A. Perhaps.
Q. You don't remember ever reviewing this

course on Illinois One, then?
A. I just don't remember. Like I said earlier, I received documents in various versions through various mechanisms, and I just don't remember, you know, which -- which way I might have seen something.
Q. Now, as part of your -- stepping back. As part of your assessment of IDOC's training, have you spoken with IDOC staff who have taken the trainings?
A. No.
Q. Or previous iterations of the training?
A. No.
Q. What about IDOC who would take future training?
A. I -- let's see. The way that -- to respond is I regard Drs. Conway, Puga, and Reister as proxies for representing those who would take the training.
Q. Right. So you haven't spoken to any other -- outside of those individuals, you haven't spoken to any other IDO staff -- IDOC staff?

A. About the training?
Q. Right. Regarding the training.
A. No. Well, Mr. Fanning, but -- as I've indicated.
Q. All right. Have you heard feedback from attendees of past trainings from other sources?
A. Dr. Reister attended a training in conjunction with the USPATH meeting last September in Washington, D.C., and I think he found it very helpful.
Q. Have you heard feedback from any other IDOC staff about training -- about trainings related to gender dysphoria?
A. No.
MS. HUDSON: I think now would be a good time to take a break.
THE WITNESS: As you wish.
MS. HUDSON: We can break for lunch, if that makes sense. Maybe --
THE WITNESS: Okay. A little early for me, but ...
MS. COOK: Yeah, it's -- I don't mind. I know it is early for Dr. Anderson. I don't know

what you guys think.
MS. HUDSON: I was just going to say let's go off the record and then --
MS. COOK: Yeah. Fair enough.
THE VIDEOGRAPHER: We're now going off the record. The time is 12:06 PM.
(Lunch recess taken.)
THE VIDEOGRAPHER: We're now going back on the record. The time is 12:38 PM.
BY MS. HUDSON:
Q. Dr. Anderson, I have some follow-up questions based on what we were talking about before the break.
You mentioned that you haven't spoken to any transgender inmates as part of your assessment. Have you asked to?
A. No.
Q. And why not?
A. It's -- so when we were talking -- this is a little bit of roundabout, but I'll directly answer it eventually.
The discussion we had earlier about, you know, have I talked to any and I did feel it was necessary for my project, there are

no shortage of opportunities potentially to drill down into more detail in aspects of how the DOT -- IDOC works, and I have tried to stay at a fairly macrolevel, sort of an organization level, because I didn't feel like it was necessary in my role as advising the organization.
I know -- I have my opinions about the specific cases that I've looked at medical records for, and it satisfied me that I kind of knew what the problems were.
So, you know, to have the state spend more money on me hearing more problems from individual offenders didn't strike me as a good use of their resources, given who I am. I mean, I'm not going to treat them. I'm not going to supervise the treating medical provider. So, you know, I'm addressing the organization as my primary client.
Q. In your private practice, do you typically meet with patients individually?
A. Yes.
Q. Would you say that it would be helpful to speak with transgender prisoners at some point in your assessment?

A. It would be helpful. It would give me greater confidence that I understood what their challenges were.

Q. And would it be important in reviewing the effect of -- strike that.

Once -- if the policies that are currently in draft form are approved, would monitor -- would speaking to transgender prisoners be important in determining if those policies are having the desired effect?

A. It would be a good perspective to gain probably, yes.

Q. You mentioned earlier that the -- that in your work on the assessment you reviewed various other systems, including the Canadian system, and you said I think that it seemed more advanced than the U.S. prison system; is that right?

A. That was my comment, yes.

Q. Could you explain that a little bit more?

A. So -- let's see. I think I can best do it by comparing and contrasting. My understanding comes from talking to an attorney

who's an advocate for criminal justice reform and inmate rights in Canada and had worked on how to improve the treatment of transgender offenders or inmates in prisons in Canada, and through her I learned that the national prison system in Canada seemed to be more collaborative with the outside perspectives than is often true in the USA.

The USA seems to be far more adversarial and, you know -- and we have -- and there are some -- let's see. How do I say?

So what I admire about the Canadian system is that rather than turn it into legal disputes, they've turned it into, in effect, what I think of as a project to improve how trans inmates are treated in the prisons, and essentially all perspectives were welcomed and factored in and then they changed things.

And, you know, it's a different -- as we know, it's a different country, smaller country with maybe a different ethos in terms of how individual rights are treated, and so, you know, it isn't directly applicable to us. And I said that when I talked about what I learned to people at IDOC.

But I think there are some lessons to be learned, and that is to try to agree on what the end game is, to agree on what the ideal would be, and them come at it that way.

I think there also -- I'm now starting to tell you things I don't need to, so I think I'm going to just stop. You can ask me more questions if you need to.

Q. I'd be happy to talk about Canada offline anytime.

A. Okay.

Q. Now, you -- discussing the two-committee system proposal, you mentioned that there would be two committees, a health committee and an admin committee; is that right?

A. Yes.

Q. And what would be the anticipated roles and responsibilities of those two committees?

A. So the health committee would be health professionals, including mental health professionals, who would monitor the evaluation and health services provided to transgender offenders and be the point of access for

specialty care.

For example, if there needed to be a consultation regarding a patient with an endocrinologist who's sophisticated in transgender healthcare, that would come through that committee. There would be collective data on what happens with the population and how the population might be changing, what their needs might be. And then when there are requests for surgery, it would go through that committee.

The -- and then we're starting to call it the health and welfare committee, and the chair of that, I suggested that Dr. Conway, who's a physician leader in IDOC, be the chair of that committee.

And then the other committee is more of an operations administrative committee which would have as its purview safety and security for transgender -- and other -- offenders.

So they would -- they would evaluate, you know, requests in terms of commissary, individual treatment of trans offenders insofar as them being in a safe,

supportive facility and unit. They would evaluate PREA and its relationship, if necessary, with trans offenders.

They would evaluate and facilitate potentially transfers between facilities if it's recommended by the health committee that, for example, a transgender woman offender who is pretty far along in their medical transition be transferred to a women's facility.

Then the administrative committee would get involved to determine how to make it happen safely and what provisions needed to -- might need to be made.

Yeah, so that's basically it: health and then safety and security.

Q. In our discussion earlier about training and the effectiveness of various trainings, you mentioned that the treatment of transgender prisoners and the effectiveness of trainings would be impacted by incentives and disincentives for certain behavior. Is that a fair characterization?

A. Yes.

Q. Have you been asked to evaluate

incentives or disincentives for behavior that could impact transgender health -- provision of transgender care?

A. Not directly, no.

Q. You also mentioned that bias of certain employees could affect -- could impact the effectiveness of training in the treatment of transgender prisoners; is that right?

A. Yes.

Q. Have you been asked to evaluate the bias of IDOC employees?

A. No.

Q. Do you know if anyone else has been asked to evaluate that bias?

A. I don't know.

Q. And when we were discussing training, you -- we were discussing the training that is scheduled to be provided at the end of August, and you said that they'd invited certain individuals to that training; is that right?

A. That's in process.

Q. Specifically that they invited individuals involved in -- individuals who interact with transgender inmates; is that right?

A. Yes. I would say my recommendation had been to invite the medical and mental health providers who are actively treating transgender offenders first, and then possibly if there was additional capacity to invite others who might be interested or be expected eventually to work with transgender offenders.

Q. And would that be limited -- first, was -- do you know if your recommendation was taken?

A. I believe it is being --

Q. Do you know if invitations have been sent?

A. I don't know. I know that Dr. Conway has been talking with various people who would approve the training for their supervisees, or whatever, and there was a new wrinkle that emerged with the nurse practitioner group about, you know, whether this would be during a paid day or whether it would be voluntary. So I know she's actively working on finalizing the list of attendees.

Q. Do you know if it would be limited to medical and mental health professionals?

A. The intention is to have, you know, licensed mental health people -- licensed health people, including physicians, nurse practitioners, PAs, various mental health professionals, psychologists, psychiatrists, and so on. That's the target group.

Q. And what about individuals who are responsible for transfer decisions?

A. At this point this is intended for health professionals.

Q. So the same question with respect to correctional officers.

A. Yeah. I would be open to talking with the people at IDOC about having them there. But this is a -- it's a medical training, so, you know, it might be a little -- I don't want to say advanced, but it's not directly addressing -- it's not going to directly address safety and security issues. That's not the purpose of this training. It's to bring a general knowledge of transgender healthcare practice into the core group of health professionals in IDOC.

Q. I'm going to turn back to your contract for a second. This is -- I'm not sure

which exhibit number this has been previously marked as, but this -- do you see your contract with IDOC?

A. I do.

Q. If we look at number 2 on the list here, it says that "Dr. Erica Anderson shall advise IDOC as she conducts the assessment. She will review IDOC documents, review relevant medical and mental health files, and use other professionally accepted means of investigation to assess IDOC's policies, training to IDOC administration and staff, and treatment of those offenders in IDOC custody for gender dysphoria."

Okay. So the first sentence stated that "Dr. Anderson shall advise IDOC as she conducts the assessment."

Have you been updating IDOC as you perform your work?

A. Yes.

Q. And has IDOC provided feedback to you on those updates?

A. Yes.

Q. Now, under this contract you're not required to update or advise anyone else of your

assessment; correct?

A. Correct.

Q. Now, is it a fair characterization of number 2 to say that it describes how you will perform your assessment? Reviewing documents, medical records, and other means of investigation?

A. Yes.

Q. Now, we already talked about some of the documents that you reviewed, but I want to talk a little bit more in detail about some of the services that you delivered for this item.

Now, it has -- there are several buckets in that list, the first being IDOC documents.

Now, we've discussed previously your review of the administrative directive provision of healthcare; is that right?

A. Yes.

Q. And we've discussed your review of the Wexford guidelines?

A. Yes.

Q. Have you reviewed IDOC documents related to policies on placement determinations?

A. I don't recall that I have.

Q. What about IDOC policies on transfers consistent with gender identity?

A. I don't recall doing so.

Q. What about documents relating to IDOC policy on cross-gender strip searches?

A. I don't recall.

Q. What about IDOC policies related to gender -- to access to gender-affirming clothing and other commissary items?

A. So -- I want to qualify an answer a moment ago. Go back to -- you asked me a question about one aspect of the policies was strip searches, right?

Q. Correct.

A. Okay. So in the course of developing a more elaborated discussion about the two-committee structure, we have talked about the need to have guidance to all employees in the department about these practical things, including strip searches, use of showering and toileting facilities, use of commissary.

Because the staff who oversee those are primarily correctional staff and

operation staff, not medical people, we have generally considered those to fall under the purview of the administrative committee in terms of policy.

So I have -- to that extent I have seen some -- a little bit of language about all of those issues. So I wanted to just add that.

And then the next question again was?

Q. Well, that's a helpful clarification.

So in your draft of the administrative -- new administration -- administrative committee, would you be revising policies regarding cross-gender strip searches and those other items you discussed?

A. So this gets into the question of how -- how -- how much into detail do I get in terms of operationalizing the implications of having a two-committee structure, and because my expertise is addressed at the organizational level but I'm trying not to do the work within the organization, there are people in IDOC who are more familiar with how to write standard

operating procedures to flesh out the mandate of the two committees, and I'm allowing them to figure that out and available to talk to them, but I'm not -- I'm not charged with doing so myself, if that makes sense. And they agree with that. I'm a -- I'm a very well-paid consultant, and I don't think it's cost-effective to have me write policies.

Q. Fair. So is it a fair -- a fair summary to say that outside of assigning these policies to the purview of the administrative committee, you haven't been involved in assessing or revising policies related to the items we discussed?

A. I think that's fair, yes.

Q. And I think the last one on the list we -- that we stepped away from was policies relating to access to gender-affirming clothing and grooming items.

A. So I have evaluated the commissary lists in IDOC, which are historically, like many correctional systems, highly gendered, highly, you know -- you know, binary, and we've had a fair amount of discussion about that. And I have

some opinions, and I have shared them with them about that. And if you care to ask me, I'll tell you what they are, I guess.

Q. Please, yes. I would like to know your opinions on the gender commissary list.

A. So the -- having binary gendered commissaries and having a firewall between them does not serve transgender people well, and I have looked at some commissary personal care lists from other systems, including the two I've already mentioned, California and Canada, and based on that and just my review, I've suggested that, in theory, what Illinois could do would be to make available to transgender offenders both commissary lists.

And if they wanted to keep them -- which they need to for logistic reasons, as I understand it, because the facilities are gendered and they have supplies, and they can't keep all supplies in all facilities, and there's probably no need to -- that for people who are so designated, transgender offenders who are, again, monitored by the two committees, that they would have -- unless there are safety or security

issues -- kind of free reign to the two commissary lists.

Q. And who did you make that suggestion to?

A. I think it's the three doctors and Robert Fanning.

Q. And what was their -- when did you suggest that?

A. That so that would been a couple months ago. And Bob Fanning and I have talked about it and I think agree in principle that the binary commissaries don't serve trans offenders and that we should be highly flexible with trans offenders, with the exception, as I noted, you know, if there are items that for a specific offender constitute a safety or security risk, that there might be a limitation based on that, but not based on gender status.

Q. Outside of your conversations with Mr. Fanning and Drs. Puga, Reister, and Conway, have -- are you aware of any steps towards implementing those changes to the gender commissary lists?

A. No, not aware.

Q. Now, as part of your review of IDOC documents, have you reviewed materials from the transgender care committee? There's a -- from the committee.

A. So I've seen very little from any documents that they have collected.

Q. And stepping back, how do you decide -- how have you decided what documents to review as part of your assessment?

A. That's a good question. So some -- some were obvious and some have been offered to me by IDOC. I've been requested to review some things. I have asked for a few things, but I don't recall offhand which ones.

It hasn't been something that I've tried to create a plan for. It's more -- it's just sort of progressed, you know, over time in terms of, Oh, well, I'm looking at document A, which refers to something else, and then I say, Well, can I have that something else to review as well.

Q. So fair to say that at times you are provided -- you are sent documents and at times you request documents --

treatment of transgender offenders.
Have you -- in your work with IDOC since January 2020, have you helped in making determinations regarding the care and treatment of transgender offenders?
A. In individual offender's cases?
Q. Correct.
A. No. No.
Q. Have you been asked to?
A. Only insofar as my thoughts about the medical records for the two offenders that we've been talking about.
Q. And with regards to the medical records of inmate Tate, what was the context of your review of the medical records?
A. I was advised that the department was being sued and that they would like to know what my perspective is about the offender and her -- her health and psychological well-being. And, as I told you earlier, I had several comments which I shared with them about what I learned from the record.
Q. Do you know if they were considering -- it was in the context of

considering a transfer?
A. That was one of the considerations, as I understood it, yes.
Q. And do you know -- regarding the concern about hormone therapy and diabetes which we discussed, do you know if any steps were taken to address that concern?
A. Yes.
Q. What steps were those?
A. In reviewing the medical record and hearing that concern, I suggested that the department engage a consulting endocrinologist, and I actually directed the department to someone in Chicago.
Q. Do you know if they contacted that individual?
A. Yes, they did.
Q. And was -- did that individual speak with inmate Tate?
A. They were working on it, but inmate Tate, as I understand it, is no longer in the system.
Q. Now, if -- you haven't yet been asked to assist in making determinations regarding care

and treatment of transgender offenders individually; is that correct?
A. Correct.
Q. And if you were to make recommendations, they would not -- they would be subject to approval by IDOC or the medical professional -- sorry. Strike that.
A. Yes.
Q. Any recommendations you would have concerning the care or treatment of individual transgender offenders would be subject to IDOC approval; correct?
A. Yes.
Q. I won't pull it up again, but the last item on your contract states "Dr. Anderson shall assist in obtaining other experts, as necessary, to participate in the transgender care review committee in order to comply with the court's order in ongoing litigation."
Have you obtained -- assisted in obtaining any other experts in this matter?
A. Yes.
Q. And which experts have you assisted in obtaining?

A. So the endocrinologist in -- I call him Dr. Ravi. Ravi is his first name. His last name is difficult for me. And Dr. Loren Schechter, who's a transgender surgeon in Chicago.
Q. And what would the roles of these doctors be?
A. So what I've recommended is that the transgender health and welfare committee have a panel of experts in four areas that they can consult as needed on individual cases to -- as with Tate, to evaluate the appropriateness of whether it's hormones or surgery or some kind of care.
And the department has been responsive, they like the idea, I think, and so we are working on contracts with Dr. Ravi and Dr. Schechter.
Q. Dr. -- you said Dr. Ravi and Dr. Schechter?
A. Dr. Loren Schechter, yes, who's also on the board of WPATH.
Q. And you mentioned four areas that this panel would be responsible for.

A. Surgery, endocrinology, psychiatry, and psychology.
Q. I believe you mentioned that Dr. Schechter was a surgeon --
A. Correct.
Q. -- is that right?
A. Yes.
Q. And Dr. Ravi is an endocrinologist?
A. Endocrinologist, right.
Q. And who would be the psychologist, psychiatrist?
A. I haven't proposed anybody yet for the other two roles.
Q. And no contracts have been finalized with the two doctors you identified; correct?
A. I don't think so.
Q. All right. Then we'll pull up -- do you remember discussing an institution -- organizational membership for WPATH for IDOC?
A. I probably did. I probably did.
Q. And what would -- would it be helpful to review an email on that subject?
A. Sure. Go ahead.
Q. I'm going to pull up document No. 12,

Bates 341880.
MS. HUDSON: I'll ask that it be marked as Plaintiff's Exhibit 7 -- 8.
COURT REPORTER: 8.
MS. HUDSON: Plaintiff's Exhibit 8.
(Anderson Exhibit No. 8 identified.)
BY MS. HUDSON:
Q. Okay. So this is a -- can you see the document, Dr. Anderson?
A. Yeah. If you can increase the print, it would be helpful.
Q. Absolutely.
A. Even with bifocals I couldn't read it very well.
That's helpful. Thank you.
Yeah. Now I remember, yeah.
Q. So you're discussing in this email with Drs. Puga, Reister, Conway, and Mr. Fanning IDOC joining a pilot -- exploring the possibility of a pilot program of WPATH, which is an organizational membership; is that right?
A. Correct.
Q. And what would an organizational

membership to WPATH provide?
A. So I don't know specifically, but what I do know is that this idea of a pilot of some -- selected organizations to be organizational members has been under discussion by the WPATH board for the last year, and I have had discussions -- I have been privy to those discussions because I'm on the board and also because I think Dr. Schechter is one of the principals on that project and so I've had a little bit of discussion with him.
And, you know, the idea would be that there would be some benefits -- not full membership benefits, but some benefits that would be eligible for all the people who are professionals in an organization that was an organizational member, and there would likely be discounts to various things including meeting, symposia, so forth.
Q. So would you agree that the benefits to individual membership include access to materials, training, and registration to various events?
A. Yes.

Q. Now, a membership to WPATH, is that something that's available to anyone who wants one?
A. No.
Q. What are the requirements for obtaining --
A. So there's -- the category of professional membership -- let me move back.
The professional membership, you have to meet the criteria. You have to be a licensed professional. I think -- I think we require at the graduate level. So someone who has a master's degree who's a licensed mental health professional. Certainly anybody who has a doctorate, whether it's a Ph.D., Psy.D., or an M.D., nurse practitioners, speech therapists, people like that, are all eligible for membership.
Q. Is there any requirement that the individual becoming a member have any particular experience related to gender identity issues or transgender populations?
A. No.
Q. Within -- so within the institutional

membership, similarly, there would be no requirement that the organization have any expertise or familiarity with treating gender identity -- gender dysphoria?

A. That's correct. The assumption is anybody who joins wants to increase their expertise or acquire their expertise, but there's no floor, no requirement in terms of having some before you become a member.

Q. Why did you think that IDOC should become an organizational member of WPATH?

A. Well, I don't know that it does make sense because I don't know what the final cost and benefits would be of such a membership, but I brought it up knowing that this was under consideration of WPATH thinking that this might be a way to give access to a larger group of professionals within IDOC some of the resources of WPATH.

Q. And do you know if any steps have been taken for IDOC to become a part of this pilot program?

A. I don't.

Q. Now, in the email you also state in

the second paragraph "Another potential advantage in our efforts and to pursue the court of the -- our seriousness of purpose."

A. Uh-huh.

Q. What did you mean by that?

A. Well, I'm making lots of recommendations to IDOC about how to enhance what they do with transgender offenders. I assume that the Court has an interest and the plaintiffs have an interest, and I so indicate there.

MS. HUDSON: I think now would be a time -- a good time to take another quick five- or ten-minute break.

THE WITNESS: Very good.

MS. HUDSON: Let's go off the record.

THE VIDEOGRAPHER: We're now going off the record. The time is 1:35 PM.

(Recess taken.)

THE VIDEOGRAPHER: We're now going back on the record. The time is 1:50 PM.

BY MS. HUDSON:

Q. Dr. Anderson, I just want to spend some time summarizing what we've discussed in terms of your work with IDOC, understanding that

this summary won't include all of the conversations and background materials that have gone into it.

But in terms of the IDOC policies that you have reviewed, is it fair to say that your review has been focused primarily on the administrative directive regarding the provision of medical care and the suggestion -- the proposal to split the committee into two committees?

A. Yes.

Q. And as part of your review of IDOC policies, no new policies have been adopted as of yet?

A. Not to my knowledge.

Q. In your review and assessment of IDOC's trainings, you have reviewed Dr. Reister's two-hour training video to all IDOC staff; correct?

A. Correct.

Q. And you're not sure if that training has been implemented?

A. I was told that a number of people have seen it, but I can't confirm that.

Q. You don't -- fair to say that you don't have details on how it has been rolled out?

A. That's correct.

Q. And additionally as part of your assessment of the trainings, you have worked on creating a training in connection with GEI that will be administered at the end of August; correct?

A. Yes. There's more to say about that. It's a two-day training that the first day of which would be the end of August. The second would be the end of September or October. We're still working on picking a date for that.

Q. And that training will be primarily focused on medical providers and will be voluntary?

A. It's medical and mental health providers, and my understanding is it will be voluntary.

Q. And then as part of your assessment, you have reviewed -- as part of your work with IDOC, I should say, you have reviewed two medical records: one of Ms. Monroe and one of inmate Tate?

A. Correct.
Q. And you have provided -- you have not provided any input on decisions relating to the care and treatment of specific transgender inmates in IDOC?
A. Other than -- other than Monroe and Tate?
Q. On Monroe and Tate, I believe you said that you provided your feedback on the medical records; is that correct?
A. Yes.
Q. But you didn't provide input on specific treatment decisions regarding those two individuals?
A. Correct.
Q. And you have not as yet attended any committee meetings or reviewed any minutes from previous committee meetings?
A. That's correct.
Q. Now, based on your work for IDOC thus far and the steps you've taken in your assessment, have you formed any opinion regarding whether IDOC is currently as of now providing adequate care for gender dysphoria?

A. Since I'm not privy to the individual case reports, I'm not sure what I can say about individual trans offenders. What I would say is the system is moving in a very positive direction with the challenge of a number of moving parts that have to all get synchronized, like the committee structure and how the committees function and how the procedures flow from the committee, and then the training of professionals.

So I think it's premature for me to form a judgment, you know, yea or nay, is it adequate or not. I don't feel like I can say.
Q. Since your -- since you began working with IDOC in January of 2020, has IDOC -- has the care or treatment for gender dysphoria that inmates receive changed in any way?
A. My impression is that -- is that the leaders in the health arena for IDOC are highly motivated to accept recommendations and improve the processes whereby decisions are made about care and they're committed to training professionals to raise their level of sophistication in this area. So I think we're

moving in the right direction.
Q. But you haven't reviewed any sufficient medical records to determine whether changes are being seen on the ground?
A. Correct.
Q. Now, since January 2020 when you began working with IDOC, have you observed instances or heard complaints of delays in access to hormone therapy treatment?
A. Only in the medical records and the court documents.
Q. And have you observed instances or heard complaints of inadequate hormone treatment or lack of monitoring?
A. Only in the court documents and the medical records.
Q. Since January 2020 has any prisoner been transferred to a facility consistent with their gender identity?
A. My understanding is two have.
Q. Two have -- inmates --
A. Have been transferred.
Q. -- have been transferred?
A. Have been transferred.

Q. Do you know which -- which inmates those are?
A. I thought Ms. Monroe was transferred.
Q. Since January 2020?
A. I don't know when that transfer occurred. She -- my understanding is she's at Logan.
Q. And you don't know when she was transferred to Logan?
A. It may be in the medical records, but -- and I'm guessing it probably did occur prior to January, but I don't recall.
Q. Has any -- since January 2020, has any prisoner been considered for or approved for gender-affirming surgery?
A. I think a few have been in discussion with medical providers in IDOC about it, but to my knowledge, none have been approved.
Q. Has the day-to-day experience of transgender inmates in IDOC changed since you were retained?
A. I don't know.
Q. Do you know if the access to social transition accommodations has changed since

January 2020?
A. I don't know.
Q. Do you know if trans prisoners are subjected to strip searches by officers that do not match their gender identity?
A. I don't know.
Q. Now, as far as the changes that have begun but have not been finalized, you do not know -- is it fair to say that you don't have a timeline for when those policies will be finalized?
A. I don't.
Q. And once the policies are finalized, there will be additional steps needed to implement them. Is that fair?
A. I would expect so, yes.
Q. And do you have a timeline for then the time after the policies are implemented before changes might be seen for an IDOC inmate?
A. I don't. I don't as yet, no.
Q. Okay. I want to talk a little bit about the preliminary injunction that was issued in this case. Have you reviewed that court document?

A. I believe so, but if you could put it up, I'll confirm that.
Q. This is Tab 14. I would ask that it be marked as Plaintiff's Exhibit 9. This is the amended preliminary injunction that was issued in March. I'll represent to you that a previous preliminary injunction was issued in December.
Do you recognize this document?
(Anderson Exhibit No. 9 identified.)
BY THE WITNESS:
A. I believe I have seen that.
BY MS. HUDSON:
Q. Have you -- as part of your work with IDOC, have you provided advice on how to implement the orders in this preliminary injunction?
A. No.
Q. We'll go through the specifics one by one, but I'll stop sharing. I can read the relevant parts.
So the preliminary injunction involved -- the first point "The Court orders defendants to immediately: cease the policy and

practice of allowing the transgender committee to make the medical decisions regarding gender dysphoria."
I want to talk a little bit -- we talked about the committee before, but I want to turn back to -- again, this is the transgender care review committee as it currently is instituted and not under the revised policies currently being drafted.
What does it -- do you understand -- who is currently on the committee?
A. I believe Dr. Puga and Dr. Reister, and I'm -- I don't recall after that. There are five or six members, two doctors and some others.
Q. Do you know -- it's fair to say that you don't know what the training is of those other members of the committee?
A. That's correct.
Q. Do you know if they have medical training?
A. I don't know.
Q. Now, what do you understand the term "medical decisions regarding gender dysphoria" to include?

A. Certainly the decision about hormones and any support medical care that would be related to hormones. Certainly -- certainly surgeries.
Q. What about items related to social transition? For example, gender-affirming clothing or other commissary items?
A. Well, I would need to hear the language again, but medical support -- I don't consider that necessarily medical support, but it would be psychosocial support, I guess, because we're transitioning a transgender person.
Q. What about transfer to a facility that's consistent with their gender identity?
A. What about it, please?
Q. Sorry. Would you consider that to be a medical decision related to gender dysphoria?
A. Not per se, but it's related to the decision-making about medical support for transition in that for some transgender offenders they would prefer to be in the facility that's gendered consistent with their gender identity.
Q. Would you agree that the facility -- being in a facility that's either consistent or

inconsistent with their gender identity would impact their gender dysphoria symptoms?
A. Likely would, yes.
Q. And you already said that medical decisions regarding gender dysphoria would include certain decisions related to surgery; correct?
A. Yes.
Q. Do you know if the committee currently makes decisions related to access to commissary items or -- gender and commissary items?
A. I don't know.
Q. Do you know if the committee currently decides -- makes decisions regarding access to hormone therapy?
A. I don't know. Emphasis on "currently." I don't know.
Q. Do you know if the committee currently makes decision related to transfer requests, specifically transfers to facilities consistent with gender identity?
A. I don't know.
Q. Do you know if the committee currently makes decisions related to gender-affirming

surgery?
A. I don't know. But I'll remind you that I've never been to a committee meeting, nor have I reviewed the minutes.
Q. Do you know what steps have been taken to implement this aspect of the court's order?
A. Which aspect of the order?
Q. Sorry. That the committee -- I'll read the language again. That defendant "cease the policy and practice of allowing transgender committee to make medical decisions regarding gender dysphoria."
A. And the question is?
Q. Do you know what steps have been taken to implement that aspect of the court's order?
A. I don't.
Q. The preliminary injunction also required that defendants immediately "cease the time" -- "immediately ensure that timely hormone therapy is provided when medically necessary, including the administration of hormone dosage adjustments, and to perform routine monitoring of hormone levels."
Now, why -- do you know who's

responsible for providing hormones or monitoring hormone levels currently?
A. No, I'm not aware.
Q. In your understanding, before the preliminary injunction were there delays in the provision of hormone at IDOC?
A. I'm advised that there were in the past.
Q. Who advised you of that?
A. Just the documents. I guess I should more properly say it was alleged that they -- there were delays. I can't corroborate that.
Q. Do you know what the current time -- how long it would take a current inmate to gain access to hormones today?
A. I do not.
Q. Do you know the process by which a current inmate would gain access to hormones under current policies?
A. I do not.
Q. So you -- just to confirm, you do not have an opinion regarding whether IDOC is currently providing timely access to hormone therapy or consistent monitoring?

A. I know they are doing some of that. I don't know the status of it, nor do I know particulars in any individual case.
Q. You do not currently have any role in performing evaluations for gender dysphoria at IDOC; correct?
A. Correct.
Q. Do you know who currently does?
A. I believe it's the mental health professionals at the facilities.
Q. Have you spoken with any of those mental health professionals?
A. Other than Dr. Reister or Dr. Puga, no.
MS. HUDSON: I think we can just go off the record for a couple minutes. I'll see -- I think we're almost done. I just want to review and see if there's anything else.
THE WITNESS: Okay.
THE VIDEOGRAPHER: We're going off the record. The time is 2:09 PM.
(Recess taken.)
THE VIDEOGRAPHER: We're now going back on record. The time is 2:13.

BY MS. HUDSON:
Q. Dr. Anderson, I just have a couple questions. First, when do you envision your work with IDOC being finished?
A. I don't know. It sort of depends on whether they want me to continue to see that a lot of these things are implemented. You know, I would guess that I'm going to continue the rest of this year and after that I don't know.
We -- I didn't fully report the extent of the training that we've been talking with GEI and WPATH about, but it goes into next year. We're going to have additional training for new people and probably going to have some more specialty training. So that would potentially keep me involved into next year sometime.
Q. And what would determine -- or who decides when your work with IDOC is finished?
A. Good question. I don't know the answer to that.
Q. So do you envision continuing to work until the policies that you're currently drafting are finalized?

A. Yes.
Q. And providing the trainings that are currently underway, do you envision facilitating those trainings?
A. I do.
Q. And then in terms of you mentioned continuing to work to ensure that the policies -- or the changes that are being implemented -- or the changes that are being made are in actuality implemented, you said that that was up in the air whether you would continue working through that?
A. Yes, I did say that.
Q. And would you agree that having someone to ensure that the policies or changes that are being -- being made are implemented would be helpful?
A. Yes.
Q. And would be beneficial to IDOC?
A. I believe so.
Q. And beneficial to the transgender inmates within IDOC?
A. I certainly hope so.
MS. HUDSON: I think that's all the questions that I have.

Ms. Cook, do you have any questions?
MS. COOK: Yeah, I have just a couple follow-up questions.

CROSS-EXAMINATION
BY MS. COOK:
Q. To go back to the beginning -- and I think you referenced him, Dr. Anderson. You were asked about conversations with the defendants in this suit, but Dr. Bowman has taken over for Dr. Meeks. So I just want to make sure, did we already discuss all of your communications with Dr. Bowman?
A. There were -- I think so. They were very limited. You know, I had no one-to-one conversations with him. It was only on, like, a couple of conference calls possibly.
Q. Okay. And you were asked some questions about the training that Dr. Reister created for all of the correctional staff, and you mentioned that it might be different -- taken differently by a correctional officer versus, like, an M.D.

As far as you saw, would the training be a good introduction for a correctional officer or staff who interacts with transgender inmates?
A. Yes -- introduction -- it would.
Q. And are you aware of any efforts the department has made regarding discipline for people who are, I guess -- not unsympathetic, but unprofessional when addressing all inmates, including transgender inmates?
A. I'm not privy to any specifics in that regard. I'm just assuming that there is supervisory oversight, and that if the administrative directive policies are clear to everyone that there would be compliance, and that if an employee chose to flagrantly, you know, not observe what's required that they would receive the appropriate discipline.
Q. But, again, you're not aware of any specifics on that end?
A. I am not.
Q. And I just want to clarify what assistance you've provided with respect to individual inmates. So at least with regard to

inmate Tate, you did make recommendations for Tate; correct?
A. Yes.
Q. And as far as you knew, those recommendations were going to be followed by the department?
A. Yes. Specifically we worked on arranging an endocrinology consult, and that was in motion up until the point at which I believe she was -- is the technical word paroled? comminuted?
Q. I believe she received clemency.
A. Yeah. I'm a little fuzzy on the differences between clemency and commutation and ... yeah.
Q. I think that's fair.
A. Okay. But I believe she's no longer in custody in a facility currently.
Q. Have you ever requested a document or information from IDOC and been denied that request?
A. Never.
Q. And in the practice that you currently do with a focus on gender identity, trauma, and

sexuality, is that -- is it easy to find a specialist who also focuses on those topics?
A. A specialist in what -- which discipline are we talking? Like a --
Q. Well, I guess --
A. -- psychiatrist?
Q. Yeah, a psychiatrist or mental health professional who focuses on gender identity specifically.
A. Yeah, I would say more and more there are mental health professionals who are having that as an important focus of their work.
Q. And so are the expectations of people who focus on that type of work, on gender identity, you know, is the training and the requirements, do those continue to evolve as well?
A. Yes.
MS. COOK: Those are all the follow-up questions I had.
MS. HUDSON: I think -- I don't think I have any other questions.
MS. COOK: Okay. Well, we can go off the record, then.

MS. HUDSON: Yeah, let's go off the record.
THE VIDEOGRAPHER: We're now going off the record. The time is 2:21 PM.
(The following proceedings were had off the video record.)
MS. COOK: Dr. Anderson, did you want to waive your signature?
THE WITNESS: Yes.
MS. COOK: Okay. She'll waive.
COURT REPORTER: Lisa, do you want a copy of the transcript?
MS. COOK: Right. But, again, I don't need any exhibits attached or nothing extra.
COURT REPORTER: Thank you.
- - -

STATE OF ILLINOIS)
) SS:
COUNTY OF DU PAGE)
I, Janet L. Brown, CSR No. 84-002176, do hereby certify that DR. ERICA ANDERSON was first duly sworn by me to testify the truth; that the foregoing deposition was recorded stenographically by me and computer-transcribed under my personal direction; and that the said deposition constitutes a true record of the testimony given by the deponent at the time and place aforesaid.
I further certify that I am not counsel for nor in any way related to any of the parties to this suit, nor am I in any way, directly or indirectly, interested in the outcome thereof.
This certification applies only to those transcripts, original and copies, produced under my direction and control; and I assume no responsibility for the accuracy of any copies which are not so produced.
IN WITNESS WHEREOF I have hereunto set my hand this 12th day of August, 2020.

Janet L. Brown
Certified Shorthand Reporter

STATE OF ILLINOIS
CONTRACT

Defendants' Exhibit 4

Illinois Department of Corrections
Dr Erica E Anderson

41001 27141

The Parties to this contract are the State of Illinois acting through the undersigned Agency (collectively the State) and the Vendor. This contract, consisting of the signature page and numbered sections listed below and any attachments referenced in this contract, constitute the entire contract between the Parties concerning the subject matter of the contract, and in signing the contract, the Contractor affirms that the Certifications and if applicable the Financial Disclosures and Conflicts of Interest attached hereto are true and accurate as of the date of the Contractor's execution of the contract. This contract supersedes all prior proposals, contracts and understandings between the Parties concerning the subject matter of the contract. This contract can be signed in multiple counterparts upon agreement of the Parties.

Contract includes BidBuy Purchase Order? (The Agency answers this question prior to contract filing.)

☐ Yes

☐ No

Contract uses Illinois Procurement Gateway Certifications and Disclosures?

☐ Yes (IPG Certifications and Disclosures including FORMS B)

☐ No

1. DESCRIPTION OF SUPPLIES AND SERVICES
2. PRICING
3. TERM AND TERMINATION
4. STANDARD BUSINESS TERMS AND CONDITIONS
5. SUPPLEMENTAL PROVISIONS
6. STANDARD CERTIFICATIONS
7. FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST (IF APPLICABLE)
8. CONTRACT SPECIFIC CERTIFICATIONS AND DISCLOSURES - "FORMS B" (IF APPLICABLE)
9. PURCHASE ORDER FROM BIDBUY (IF APPLICABLE)

In consideration of the mutual covenants and agreements contained in this contract, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the terms and conditions set forth herein and have caused this contract to be executed by their duly authorized representatives on the dates shown on the following CONTRACT SIGNATURES page.

STATE OF ILLINOIS
CONTRACT

Illinois Department of Corrections
Dr Erica E Anderson

VENDOR

Vendor Name: Dr. Erica Anderson	Address: [redacted]
Signature:	Phone: [redacted]
Printed Name: Dr. Erica Anderson	Fax:
Title: Clinical Psychologist and Transgender Specialist	Email: [redacted]
Date: 1/10/2020	

STATE OF ILLINOIS

Procuring Agency: Illinois Department of Corrections (IDOC)	Phone: 217-558-2200
Street Address: 1301 Concordia Court	Fax:
City, State ZIP: Springfield, IL 62794	
Official Signature: Rob Jeffreys by Jared Bowne	Date: 1/27/2020
Printed Name: Rob Jeffreys / Jared Bowne	
Official's Title: Acting Director / CFO	
Signature:	Date:
Printed Name:	
Title:	
Fiscal Signature:	Date:
Fiscal's Printed Name:	
Fiscal's Title:	

AGENCY USE ONLY NOT PART OF CONTRACTUAL PROVISIONS

- Agency Reference #:
- Project Title:
- Contract #:
- Procurement Method (IFB, RFP, Small Purchase, etc.):
- IPB Reference #:
- IPB Publication Date:
- Award Code: A
- Subcontractor Utilization? ☐ Yes ☒ No Subcontractor Disclosure? ☐ Yes ☒ No
- Funding Source: General Revenue Fund
- Obligation #:
- Small Business Set-Aside? ☐ Yes ☒ No Percentage:
- Minority Owned Business? ☐ Yes ☒ No Percentage:
- Female Owned Business? ☐ Yes ☒ No Percentage:
- Persons with Disabilities Owned Business? ☐ Yes ☒ No Percentage:
- Veteran Owned Small Business? ☐ Yes ☒ No Percentage:
- Other Preferences? Anticipation of Litigation

1. DESCRIPTION OF SUPPLIES AND SERVICES

1. **SUPPLIES AND/OR SERVICES REQUIRED:** The Illinois Department of Corrections (IDOC) is contracting with Dr. Erica Anderson, a clinical psychologist and transgender specialist, to provide Expert Consultation in response to ongoing litigation in assessing the IDOC's policies and training for transgender care and treatment. Dr. Anderson shall also provide Expert Consultation in connection with this litigation, as necessary, in assessing the medical and mental health care of those offenders diagnosed with Gender Dysphoria. Dr. Anderson will serve on the Transgender Care Review Committee, as appropriate, to help make determinations regarding the care and treatment of transgender offenders. Dr. Anderson will also assist in obtaining other experts, as necessary, to participate in the Transgender Care Review Committee in order to comply with the court's orders in the ongoing litigation. The consultation and assessment will be considered and presented during the ongoing litigation, and beyond if necessary, to comply with the court's orders.

☒ For procurements conducted in BidBuy, the State may include in this contract the BidBuy Purchase Order as it contains the agreed Supplies and/or Services.

☐ If checked, see the attached BidBuy Purchase Order for a Description of Supplies and/or Services.

1. Dr. Erica Anderson shall provide Expert Consultation and assistance in assessing all IDOC policies and training related to Gender Dysphoria care and treatment.

2. Dr. Erica Anderson shall advise IDOC as she conducts the assessment. She will review IDOC documents, review relevant medical and mental health files, and use other professionally accepted means of investigation to assess IDOC's policies, training to IDOC administration and staff, and treatment those offenders in IDOC custody for Gender Dysphoria.

3. Dr. Erica Anderson shall participate on the Transgender Care Review Committee, as appropriate, and shall assist IDOC in litigation related to Gender Dysphoria, including testifying through deposition and/or courtroom testimony.

4. Dr. Anderson shall assist in obtaining other experts, as necessary, to participate in the Transgender Care Review Committee in order to comply with the court's orders in the ongoing litigation.

2. **MILESTONES AND DELIVERABLES:** Provide expert services and comprehensive analysis of IDOC policies and training.

3. **VENDOR / STAFF SPECIFICATIONS:** Vendor must be a qualified transgender sepcialist with documented background expertise.

4. **TRANSPORTATION AND DELIVERY:** N/A

5. SUBCONTRACTING

Subcontractors are not allowed.

For purposes of this section, subcontractors are those specifically hired to perform all or part of the work covered by the contract. If subcontractors will be utilized, Vendor must identify below the names and addresses of all subcontractors it will be entering into a contractual

agreement that has an annual value of $50,000 or more in the performance of this Contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money to the extent the information is known that each subcontractor is expected to receive pursuant to the Contract. Attach additional sheets as necessary.

5.1. Will subcontractors be utilized? ☐ Yes ☒ No

- Subcontractor Name:

  Amount to be paid:

  Address:

  Description of work:

- Subcontractor Name

  Amount to be paid:

  Address:

  Description of work:

  If additional space is necessary to provide subcontractor information, please attach an additional page

5.2. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.

5.3. If the annual value of any the subcontracts is more than $50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

5.4. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide to the State a completed Forms B for the subcontractor.

5.5. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to this Contract. Any subcontracts entered into prior to award of the Contract are done at the sole risk of the Vendor and subcontractor(s).

6. SUCCESSOR VENDOR

☐ Yes ☒ No This contract is for services subject to 30 ILCS 500/25-80. Heating and air conditioning service contracts, plumbing service contracts, and electrical service contracts are not subject to this requirement. Non-service contracts, construction contracts, qualification based selection contracts, and professional and artistic services contracts are not subject to this requirement.

If yes is checked, then the Vendor certifies:

(i) that it shall offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and

(ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract.

This certification supersedes a response to certification 4, Form F, of the Illinois Procurement Gateway (IPG).

7. **WHERE SERVICES ARE TO BE PERFORMED:** Unless otherwise disclosed in this section all services shall be performed in the United States. If the Vendor performs the services purchased hereunder in another country in violation of this provision, such action may be deemed by the State as a breach of the contract by Vendor.

Vendor shall disclose the locations where the services required shall be performed and the known or anticipated value of the services to be performed at each location. If the Vendor received additional consideration in the evaluation based on work being performed in the United States, it shall be a breach of contract if the Vendor shifts any such work outside the United States.

- Location where services will be performed: The Vendor may utilize space in the state of Washington(?) the IDOC prison facilities, and the U.S. District Court, Central District of Illinois as required.

Value of services performed at this location: not to exceed $75,000.00

2. PRICING

1. **TYPE OF PRICING:** The Illinois Office of the Comptroller requires the State to indicate whether the contract value is firm or estimated at the time it is submitted for obligation. The total value of this contract is estimated.

   1.1. Vendor shall submit pricing in the format shown below, based on the terms and conditions set forth in section 1 of this Contract.

   1.2. Review of IDOC policies and procedures, training materials, records, reports, or other data gathering and research activities with written report will be compensated at a rate of $350 per hour. Conference with IDOC officials or others as required will be compensated at a rate of $500 per hour. Deposition testimony will be compensated at a rate of $500 per hour. Courtroom testimony will be compensated at a rate of $500 per hour.

   1.3. **EXPENSES ALLOWED:** Expenses are allowed as follows: Billing for travel to and from depositions or courtroom testimony away from the Vendor's office location will be compensated at a rate of $350 per hour. Billing for travel to and from IDOC facilities away from the Vendor's office location will be compensated at a rate of $350per hour.

2. Travel expenses, meals, and accommodations will be computed at the rates set forth in the State's travel guidelines.

3. **DISCOUNT:** The State may receive a N/A % discount for payment within N/A days of receipt of correct invoice.

4. **VENDOR'S PRICING:** Attach additional pages if necessary.

   • For procurements conducted in BidBuy, the State may include in this contract the BidBuy Purchase Order as it contains the agreed Pricing.

☐ If checked, see the attached BidBuy Purchase Order for the Vendor's Price for the Initial Term.

   1. Renewal Compensation: If the contract is renewed, the price shall be at the same rate as for the initial term unless a different compensation or formula for determining the renewal compensation is stated in this section.

      1. Agency Formula for Determining Renewal Compensation: N/A.

      2. Vendor's Price for Renewal(s): N/A

5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed $100,000 without a formal amendment.

3. TERM AND TERMINATION

1. **TERM OF THIS CONTRACT:** This contract has an initial term of January 16, 2020 to December 31, 2020. If a start date is not identified, the term shall commence upon the last dated signature of the Parties.

☒ For procurements conducted in BidBuy, the State may include in this contract the BidBuy Purchase Order as it contains the agreed term.

☐ If checked, see the attached BidBuy Purchase Order for the Term of this Contract.

1. In no event will the total term of the contract, including the initial term, any renewal terms and any extensions, exceed 10 years.

2. Vendor shall not commence billable work in furtherance of the contract prior to final execution of the contract except when permitted pursuant to 30 ILCS 500/20-80.

2. **RENEWAL:**

1. Any renewal is subject to the same terms and conditions as the original contract unless otherwise provided in the pricing section. The State may renew this contract for any or all of the option periods specified, may exercise any of the renewal options early, and may exercise more than one option at a time based on continuing need and favorable market conditions, when in the best interest of the State. The contract may neither renew automatically nor renew solely at the Vendor's option.

2. Pricing for the renewal term(s), or the formula for determining price, is shown in the pricing section of this contract.

3. The State reserves the right to renew for a total of N/A years in any one of the following manners:

1. One renewal covering the entire renewal allowance;

2. Individual one-year renewals up to and including the entire renewal allowance; or

3. Any combination of full or partial year renewals up to and including the entire renewal allowance.

3. **TERMINATION FOR CAUSE:** The State may terminate this contract, in whole or in part, immediately upon notice to the Vendor if: (a) the State determines that the actions or inactions of the Vendor, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety, or property, or (b) the Vendor has notified the State that it is unable or unwilling to perform the contract.

If Vendor fails to perform to the State's satisfaction any material requirement of this contract, is in violation of a material provision of this contract, or the State determines that the Vendor lacks the financial resources to perform the contract, the State shall provide written notice to the Vendor to cure the problem identified within the period of time specified in the State's written notice. If not cured by that date the State may either: (a) immediately terminate the

contract without additional written notice or (b) enforce the terms and conditions of the contract.

For termination due to any of the causes contained in this Section, the State retains its rights to seek any available legal or equitable remedies and damages.

4. **TERMINATION FOR CONVENIENCE:** The State may, for its convenience and with thirty (30) days prior written notice to Vendor, terminate this contract in whole or in part and without payment of any penalty or incurring any further obligation to the Vendor.

1. Upon submission of invoices and proof of claim, the Vendor shall be entitled to compensation for supplies and services provided in compliance with this contract up to and including the date of termination.

5. **AVAILABILITY OF APPROPRIATION:** This contract is contingent upon and subject to the availability of funds. The State, at its sole option, may terminate or suspend this contract, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason (30 ILCS 500/20-60), (2) the Governor decreases the Department's funding by reserving some or all of the Department's appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly, or (3) the Department determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. Contractor will be notified in writing of the failure of appropriation or of a reduction or decrease.

4. STANDARD BUSINESS TERMS AND CONDITIONS

1. PAYMENT TERMS AND CONDITIONS:

1.1. Late Payment: Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act and rules when applicable. 30 ILCS 540; 74 Ill. Adm. Code 900. This shall be Vendor's sole remedy for late payments by the State. Payment terms contained on Vendor's invoices shall have no force and effect.

1.2. Minority Contractor Initiative: Any Vendor awarded a contract under Section 20-10, 20-15, 20-25 or 20-30 of the Illinois Procurement Code (30 ILCS 500) of $1,000 or more is required to pay a fee of $15. The Comptroller shall deduct the fee from the first check issued to the Vendor under the contract and deposit the fee in the Comptroller's Administrative Fund. 15 ILCS 405/23.9.

1.3. Expenses: The State will not pay for supplies provided or services rendered, including related expenses, incurred prior to the execution of this contract by the Parties even if the effective date of the contract is prior to execution.

1.4. Prevailing Wage: As a condition of receiving payment Vendor must (i) be in compliance with the contract, (ii) pay its employees prevailing wages when required by law, (iii) pay its suppliers and subcontractors according to the terms of their respective contracts, and (iv) provide lien waivers to the State upon request. Examples of prevailing wage categories include public works, printing, janitorial, window washing, building and grounds services, site technician services, natural resource services, security guard and food services. The prevailing wages are revised by the Illinois Department of Labor (DOL) and are available on DOL's official website, which shall be deemed proper notification of any rate changes under this subsection. Vendor is

responsible for contacting DOL at 217-782-6206 or (http://www.state.il.us/agency/idol/index.htm) to ensure understanding of prevailing wage requirements.

1.5. Federal Funding: This contract may be partially or totally funded with Federal funds. If Federal funds are expected to be used, then the percentage of the good/service paid using Federal funds and the total Federal funds expected to be used will be provided to the awarded Vendor in the notice of intent to award.

1.6. Invoicing: By submitting an invoice, Vendor certifies that the supplies or services provided meet all requirements of the contract, and the amount billed and expenses incurred are as allowed in the contract. Invoices for supplies purchased, services performed and expenses incurred through June 30 of any year must be submitted to the State no later than July 31 of that year; otherwise Vendor may have to seek payment through the Illinois Court of Claims. 30 ILCS 105/25. All invoices are subject to statutory offset. 30 ILCS 210.

1.6.1. Vendor shall not bill for any taxes unless accompanied by proof that the State is subject to the tax. If necessary, Vendor may request the applicable Agency's state tax exemption number and federal tax exemption information.

1.6.2. Vendor shall invoice at the completion of this contract unless invoicing is tied in this contract to milestones, deliverables, or other invoicing requirements agreed to in the contract.

1.6.3. It is understood by both parties that the vendor shall be permitted to invoice on a periodic basis, but no more frequently than once per week.

Send invoices to:

Agency:	Illinois Department of Corrections
Attn:	Melissa Jennings
Address:	1301 Concordia Ct.
City, State Zip	Springfield, IL 62794

☐ See attached BidBuy Purchase Order

☒ For procurements conducted in BidBuy, the Agency may include in this contract the BidBuy Purchase Order as it contains the Bill To address.

2. **ASSIGNMENT:** This contract may not be assigned, transferred in whole or in part by Vendor without the prior written consent of the State.

3. **SUBCONTRACTING:** For purposes of this section, subcontractors are those specifically hired to perform all or part of the work covered by the contract. Vendor must receive prior written approval before use of any subcontractors in the performance of this contract. Vendor shall describe, in an attachment if not already provided, the names and addresses of all authorized subcontractors to be utilized by Vendor in the performance of this contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money that each subcontractor is expected to receive pursuant to this contract. If required, Vendor shall provide a copy of any subcontracts within fifteen (15) days after execution of this contract. All subcontracts must include the same certifications that Vendor must make as a condition of this contract. Vendor shall include in each subcontract the subcontractor certifications as shown on the Standard Certification form available from the State. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, then Vendor must promptly notify, by written amendment to the Contract, the State Purchasing

Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. 30 ILCS 500/20-120.

4. **AUDIT/RETENTION OF RECORDS:** Vendor and its subcontractors shall maintain books and records relating to the performance of the contract or subcontract and necessary to support amounts charged to the State pursuant the contract or subcontract. Books and records, including information stored in databases or other computer systems, shall be maintained by the Vendor for a period of three (3) years from the later of the date of final payment under the contract or completion of the contract, and by the subcontractor for a period of three (3) years from the later of final payment under the term or completion of the subcontract. If Federal funds are used to pay contract costs, the Vendor and its subcontractors must retain their respective records for five (5) years. Books and records required to be maintained under this section shall be available for review or audit by representatives of: the procuring Agency, the Auditor General, the Executive Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Vendor and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this contract or any subcontract for which adequate books and records are not available to support the purported disbursement. The Vendor or subcontractors shall not impose a charge for audit or examination of the Vendor's or subcontractor's books and records. 30 ILCS 500/20-65.

5. **TIME IS OF THE ESSENCE:** Time is of the essence with respect to Vendor's performance of this contract. Vendor shall continue to perform its obligations while any dispute concerning the contract is being resolved unless otherwise directed by the State.

6. **NO WAIVER OF RIGHTS:** Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.

7. **FORCE MAJEURE:** Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence, including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the contract without penalty if performance does not resume within thirty (30) days of the declaration.

8. **CONFIDENTIAL INFORMATION:** Each Party to this contract, including its agents and subcontractors, may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this contract. Vendor shall presume all information received from the State or to which it gains access pursuant to this contract is confidential. Vendor information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of the contract shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the contract or thereafter. The receiving Party must return any and all data collected, maintained, created or used in the course of the performance of the contract, in whatever form it is maintained, promptly at the end of the contract, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party; received in good faith from a third Party not subject to any confidentiality obligation to the disclosing Party; now is or later becomes publicly known

through no breach of confidentiality obligation by the receiving Party; or is independently developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.

9. **USE AND OWNERSHIP:** All work performed or supplies created by Vendor under this contract, whether written documents or data, goods or deliverables of any kind, shall be deemed work for hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Vendor hereby assigns to the State all right, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all claims that Vendor may have to such work including any so-called "moral rights" in connection with the work. Vendor acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of this contract.

10. **INDEMNIFICATION AND LIABILITY:** Pursuant to the terms of the State Employee Indemnification Act, 5 ILCS 350/1, et seq., the Parties intend that the State of Illinois shall represent and indemnify Vendor in the event any civil proceeding is commenced against the Vendor for any act or omission occurring within the scope of Vendor's services provided under this Agreement. Vendor shall comply with the notice and cooperation requirements of that Act. Vendor shall indemnify and hold harmless the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Vendor of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any real or personal property, or any other damage or loss claimed to result in whole or in part from Vendor's intentional, willful, or wanton misconduct; or (d) any actual or alleged claim that the services or goods provided under this contract infringe, misappropriate, or otherwise violate any intellectual property (patent, copyright, trade secret, or trademark) rights of a third party. In accordance with Article VIII, Section 1(a),(b) of the Constitution of the State of Illinois and 1973 Illinois Attorney General Opinion 78, the State may not indemnify private parties absent express statutory authority permitting the indemnification. Neither Party shall be liable for incidental, special, consequential, or punitive damages.

11. **INSURANCE:** Vendor shall, at all times during the term of this contract and any renewals or extensions, maintain and provide a Certificate of Insurance naming the State as an additionally insured for all required bonds and insurance. Certificates may not be modified or canceled until at least thirty (30) days' notice has been provided to the State. Vendor shall provide: (a) General Commercial Liability insurance in the amount of $1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and $2,000,000 Annual Aggregate; (b) Auto Liability, including Hired Auto and Non-owned Auto (Combined Single Limit Bodily Injury and Property Damage), in amount of $1,000,000 per occurrence; and (c) Worker's Compensation Insurance in the amount required by law. Insurance shall not limit Vendor's obligation to indemnify, defend, or settle any claims.

12. **INDEPENDENT CONTRACTOR:** Vendor shall act as an independent contractor and not an agent or employee of, or joint venture with the State. All payments by the State shall be made on that basis.

13. SOLICITATION AND EMPLOYMENT: Vendor shall not employ any person employed by the State during the term of this contract to perform any work under this contract. Vendor shall give notice immediately to the Agency's director if Vendor solicits or intends to solicit State employees to perform any work under this contract.

14. **COMPLIANCE WITH THE LAW:** The Vendor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this contract. Vendor shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Vendor shall obtain at its own expense, all licenses and permissions necessary for the performance of this contract.

15. **BACKGROUND CHECK:** Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Vendor's and subcontractors officers, employees or agents. Vendor or subcontractor shall immediately reassign any individual who, in the opinion of the State, does not pass the background check.

16. **APPLICABLE LAW:**

16.1. **PREVAILING LAW:** This contract shall be construed in accordance with and is subject to the laws and rules of the State of Illinois.

16.2. **EQUAL OPPORTUNITY:** The Department of Human Rights' Equal Opportunity requirements are incorporated by reference. 44 ILL. ADM. CODE 750.

16.3. **COURT OF CLAIMS; ARBITRATION; SOVEREIGN IMMUNITY:** Any claim against the State arising out of this contract must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505/1. The State shall not enter into binding arbitration to resolve any dispute arising out of this contract. The State of Illinois does not waive sovereign immunity by entering into this contract.

16.4. **OFFICIAL TEXT:** The official text of the statutes cited herein is incorporated by reference. An unofficial version can be viewed at (www.ilga.gov/legislation/ilcs/ilcs.asp).

17. **ANTI-TRUST ASSIGNMENT:** If Vendor does not pursue any claim or cause of action it has arising under Federal or State antitrust laws relating to the subject matter of this contract, then upon request of the Illinois Attorney General, Vendor shall assign to the State all of Vendor's rights, title and interest in and to the claim or cause of action.

18. **CONTRACTUAL AUTHORITY:** The Agency that signs this contract on behalf of the State of Illinois shall be the only State entity responsible for performance and payment under this contract. When the Chief Procurement Officer or authorized designee or State Purchasing Officer signs in addition to an Agency, he/she does so as approving officer and shall have no liability to Vendor. When the Chief Procurement Officer or authorized designee or State Purchasing Officer signs a master contract on behalf of State agencies, only the Agency that places an order or orders with the Vendor shall have any liability to the Vendor for that order or orders.

19. **EXPATRIATED ENTITIES:** Except in limited circumstances, no business or member of a unitary business group, as defined in the Illinois Income Tax Act, shall submit a bid for or enter into a

contract with a State agency if that business or any member of the unitary business group is an expatriated entity

20. **NOTICES:** Notices and other communications provided for herein shall be given in writing via electronic mail whenever possible. If transmission via electronic mail is not possible, then notices and other communications shall be given in writing via registered or certified mail with return receipt requested, via receipted hand delivery, via courier (UPS, Federal Express or other similar and reliable carrier), or via facsimile showing the date and time of successful receipt. Notices shall be sent to the individuals who signed this contract using the contact information following the signatures. Each such notice shall be deemed to have been provided at the time it is actually received. By giving notice, either Party may change its contact information.

21. **MODIFICATIONS AND SURVIVAL:** Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between the State's and the Vendor's terms, conditions and attachments, the State's terms, conditions and attachments shall prevail.

22. **PERFORMANCE RECORD / SUSPENSION:** Upon request of the State, Vendor shall meet to discuss performance or provide contract performance updates to help ensure proper performance of the contract. The State may consider Vendor's performance under this contract and compliance with law and rule to determine whether to continue the contract, suspend Vendor from doing future business with the State for a specified period of time, or whether Vendor can be considered responsible on specific future contract opportunities.

23. **FREEDOM OF INFORMATION ACT:** This contract and all related public records maintained by, provided to or required to be provided to the State are subject to the Illinois Freedom of Information Act (FOIA) (50 ILCS 140) notwithstanding any provision to the contrary that may be found in this contract.

24. **SCHEDULE OF WORK:** Any work performed on State premises shall be done during the hours designated by the State and performed in a manner that does not interfere with the State and its personnel.

25. **WARRANTIES FOR SUPPLIES AND SERVICES:**

25.1. Vendor warrants that the supplies furnished under this contract will: (a) conform to the standards, specifications, drawing, samples or descriptions furnished by the State or furnished by the Vendor and agreed to by the State, including but not limited to all specifications attached as exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party. Vendor agrees to reimburse the State for any losses, costs, damages or expenses, including without limitations, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.

25.2. Vendor shall ensure that all manufacturer's warranties are transferred to the State and shall provide to the State copies of such warranties. These warranties shall be in addition to all other warranties, express, implied or statutory, and shall survive the State's payment, acceptance, inspection or failure to inspect the supplies.

25.3. Vendor warrants that all services will be performed to meet the requirements of this contract in an efficient and effective manner by trained and competent personnel. Vendor shall monitor performances of each individual and shall immediately reassign any individual who does not perform in accordance with this contract, who is disruptive or not respectful of others in the workplace, or who in any way violates the contract or State policies.

26. **REPORTING, STATUS AND MONITORING SPECIFICATIONS:** Vendor shall immediately notify the State of any event that may have a material impact on Vendor's ability to perform this contract.

27. **EMPLOYMENT TAX CREDIT:** Vendors who hire qualified veterans and certain ex-offenders may be eligible for tax credits. 35 ILCS 5/216, 5/217. Please contact the Illinois Department of Revenue (telephone #: 217-524-4772) for information about tax credits.

5. SUPPLEMENTAL PROVISIONS

1. STATE SUPPLEMENTAL PROVISIONS

☐ Agency Definitions

☐ Required Federal Clauses, Certifications and Assurances

☐ Public Works Requirements (construction and maintenance of a public work) 820 ILCS 130/4.

☐ Prevailing Wage (janitorial cleaning, window cleaning, building and grounds, site technician, natural resources, food services, and security services, if valued at more than $200 per month or $2,000 per year or printing) 30 ILCS 500/25-60.

☒ Agency Specific Terms and Conditions

Availability of Appropriations; Sufficiency of Funds. This [grant/contract] is contingent upon and subject to the availability of sufficient funds. The Department may terminate or suspend this [grant/contract], in whole or in part, without penalty or further payment being required, if (i) sufficient State funds have not been appropriated to the Department [or sufficient Federal funds have not been made available to the Department by the Federal funding source], (ii) the Governor or the Department reserves appropriated funds, or (iii) the Governor or the Department determines that appropriated funds [or Federal funds] may not be available for payment. The Department shall provide notice, in writing, to [Provider] of any such funding failure and its election to terminate or suspend this [grant/contract] as soon as practicable. Any suspension or termination pursuant to this Section will be effective upon [Provider's] receipt of notice.

☒ Other (describe)

Certificate of Insurance

2. VENDOR SUPPLEMENTAL PROVISIONS

STATE OF ILLINOIS

TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Dr. Erica Anderson

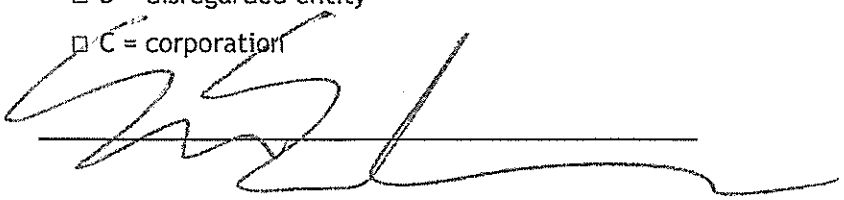
Business Name: Anderson Health Strategies, L.L.C.

Taxpayer Identification Number: [redacted]

Legal Status (check one):

☒ Individual	☐ Governmental
☐ Sole Proprietor	☐ Nonresident alien
X Partnership	☐ Estate or trust
☐ Legal Services Corporation	☐ Pharmacy (Non-Corp.)
☐ Tax-exempt	☐ Pharmacy/Funeral Home/Cemetery (Corp.)
☐ Corporation providing or billing medical and/or health care services	☐ Limited Liability Company (select applicable tax classification)
☐ Corporation NOT providing or billing medical and/or health care services	☐ D = disregarded entity ☐ C = corporation ☐ P = partnership

Signature of Authorized Representative:



LATE FILING AFFIDAVIT

Purchasing Agency: ILLINOIS DEPARTMENT OF CORRECTIONS

Division: Field Services

Address: 1301 CONCORDIA COURT
P.O. BOX 19277
SPRINGFIELD, IL 62794-9277

Vendor: **DR ERICA A ANDERSON / ANDERSON HEALTH STRATEGIES**

Address: [redacted]

Contract Number: 4100127141

State of Illinois
: SS
County of Sangamon

I, Jared Brunk, being duly sworn, solemnly swear that I am the Chief of Administration for Illinois Department of Corrections.

The contract was not filed within 30 days of execution because the obligation document was not completed due complications with vendor paperwork regarding the ownership structure of the vendor.

I am duly authorized to make this affidavit. I know and understand the contents of this affidavit, and all statements herein are true and correct. This affidavit is made pursuant to and in fulfillment of the requirements of Section 20-80(c) of the Illinois Procurement Code (30 ILCS 500).

Jared Brunk
Signature of person making this affidavit

Subscribed and sworn before me this 1st day of April, 2020

(seal)
OFFICIAL SEAL
CYNTHIA A. MILLER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11-14-2020

Cynthia A. Miller
Notary Public

My Commission Expires: 11-14-2020

LFA 20-024

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

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

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

Defendants' Exhibit 5
Excerpts of Hinton Dep

PRESENT:
KIRKLAND & ELLIS, LLP, by
MS. SYDNEY SCHNEIDER and
MR. THOMAS LEAHY
300 North LaSalle Street
Chicago, Illinois 60654
(sydney.schneider@kirkland.com)
Appeared on behalf of Plaintiffs;

OFFICE OF THE ATTORNEY GENERAL, by
MR. CHRISTOPHER L. HIGGERSON
Assistant Attorney General
500 South Second Street
Springfield, Illinois 62706
(chiggerson@atg.state.il.us)
Appeared on behalf of Defendants.

ALSO PRESENT:
Kirk Synnestvedt, Magna Legal Services.

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HINTON

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THE VIDEOGRAPHER: We are now on the record. This begins videotape number one in the deposition of Melvin Hinton in the matter of Janiah Monroe, et al., v. Rob Jeffreys, Melvin Hinton, et al.

Today is June 25th, 2020, and the time is 10:10 AM. This deposition is being taken remotely at the request of Kirkland & Ellis, LLP.

The videographer is Kirk Synnestvedt of Magna Legal Services and the court reporter is Janet Brown of Magna Legal Services.

Will counsel and all parties present state their appearances and whom they represent.

MS. SCHNEIDER: Sydney Schneider on behalf of the plaintiffs.

MR. HIGGERSON: Chris Higgerson for the defendants.

MR. LEAHY: Thomas Leahy on behalf of the plaintiffs.

THE VIDEOGRAPHER: Will the court reporter please swear in the witness.

COURT REPORTER: Would you raise your right hand, please, sir.

(Witness sworn.)

COURT REPORTER: Thank you.

DR. MELVIN HINTON,
having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION
BY MS. SCHNEIDER:

Q. Good morning, Dr. Hinton. Can you hear me okay?

A. Yes, ma'am. Good morning.

Q. Can you state and spell your full name for the record, please.

A. Dr. Melvin Hinton. Melvin, M-E-L-V-I-N, Hinton, H-I-N-T-O-N.

Q. Great. Mr. Hinton, have you been deposed before?

A. I have.

Q. About how many times?

A. A number of times. I don't know that I can count them all in my head.

Q. Okay. Well then I won't go through the general rules of the road of a deposition. You know, today's a little bit different circumstances because we're over Zoom. So if you

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

Have you seen this document before, Dr. Hinton?

A. Yes.

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

A. I believe so, yes.

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

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

Q. Were you involved in drafting this administrative directive?

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

Q. Who is responsible for drafting this administrative directive?

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

Puga would have been a part of that process.

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

A. I -- yes.

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

Do you see that?

A. I do.

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

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

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

Have you ever been the psychologist responsible for diagnosing a patient

with gender dysphoria?

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

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

A. No.

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

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

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

A. Sure. Yes.

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

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

transgender care review committee."

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

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

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

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

Q. So you said that's changing --

A. Sorry.

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

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

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

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

A. Or could.

Q. -- is that right?

And who is that recommendation made to?

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

it will strictly be a medical decision.

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

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

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

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

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

A. Yes.

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

A. Could, uh-huh.

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

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

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

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

A. Not that I'm aware of.

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

A. Not that I can recall.

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

A. Since it started, that's correct.

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

surgery?

A. Not that I can recall.

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

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

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

A. Could be, absolutely.

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

A. I have not.

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

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

Q. So you said you have not seen a case

where you believed that gender-affirming surgery was medically necessary to treat a prisoner's gender dysphoria; correct?
A. Correct.
Q. And I'm asking have you been involved in cases where gender-affirming surgery was discussed as a potential treatment for a certain prisoner's gender dysphoria?
A. Not that I can recall specifically that this is the only option left or available for the treatment of someone.
Q. Have transgender prisoners at IDOC requested gender-affirming surgery?
A. Yes.
Q. How many?
A. I do not know.
Q. And you said none of these requests have ever been granted by the transgender committee?
A. Not that I'm aware of.
Q. And what criteria does the transgender committee use when deciding whether to grant a request for gender-affirming surgery?
A. Well, certainly we're talking about

recommendations again, and a number of things would be considered: adjustments, point in the process of transition that a person may be going through, their full understanding of what that would mean, their response to hormonal therapy. Any number of things. Their stability, so on and so forth. That would be stability both on the mental health and medical side of things.
Q. What do you mean by "stability"? I've seen that word used in a couple of these committee material meetings.
A. So specifically talking about mental health. If the person is actively psychotic, for example. If the person is, you know, actively or morbidly depressed or something like that. If they kind of have a pressing significant concern or diagnosis that would require immediate intervention, as an example.
Q. Is depression a symptom of untreated gender dysphoria?
A. It could be.
Q. We'll get back to some specific discussions on the surgery, but I want to continue with this document.

So back to the paragraph you can see up here, Dr. Hinton, when it talks about requests for surgery has to be submitted to the transgender care review committee.
It then says "The director, after a review of the recommendation, shall make the final determination as to whether the department will perform or allow the performance of surgery."
Is this saying that after the transgender committee submits a recommendation that says the prisoner should or should not receive surgery, the medical director is the one responsible for making the final determination on that surgery?
A. After the recommendation is advanced to the director, yes, the director then will review that recommendation, shall make final determination as to whether the department will perform or allow the performance of the surgery.
And, again, I need to stress this again, this is something that I believe is being changed.
Q. But it has not changed as of today; is

that correct?
A. That is correct.
Q. And, again, to your knowledge, you are not aware of a case where the transgender committee made a recommendation that a transgender prisoner should receive surgery and submitted that recommendation to the medical director; correct?
A. I am not aware.
Q. Are you aware of a situation where the transgender committee did not recommend surgery but the medical director said that surgery was medically necessary?
A. I am not aware.
Q. Paragraph 3 under "General Provisions" says "Hormone therapy shall require prior approval of the agency medical director or chief of psychiatry."
Do you see that?
A. I do.
Q. So currently is the transgender committee responsible for approving the initiation of hormone therapy for a transgender prisoner?

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

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

A. That's fair.

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

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

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

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

Q. And if -- strike that.

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

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

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

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

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

A. Their current physician, treating physician or attending physician, or attending treatment team.

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

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

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

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

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

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

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

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

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

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

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

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

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

don't know if you mean physically, mentally. I'm not sure what you mean by that.

Q. Okay. Would it be dangerous to a transgender prisoner's mental health if he or she was not started on hormone therapy after a diagnosis of gender dysphoria and after that hormone therapy was found to be medically necessary?

A. Again, it kind of depends on the situation for that individual. Are they ready. Do they have a full understanding of what it would mean to start, you know, hormonal therapies. Again, each individual would have to be considered.

Q. So it sounds like you think generally that treatment decisions for a transgender prisoner should made on a case-by-case basis?

A. Yes.

Q. Is that fair?

A. Yes, that's fair.

Q. Okay. Turning back to this document. Okay. It says "The agency medical director or, in the absence of or at the designation of the agency medical director, the chief of

psychiatry." And here again the current medical director is Dr. Meeks; is that correct?

A. No, that is not correct.

Q. Who is the current medical director?

A. Dr. Bowman.

Q. Oh, Bowman. I'm sorry. Okay.

So Dr. Bowman has designated Dr. Puga to head the committee. That's what you had testified; correct?

A. Well, the designation of -- I'm sorry. Something just popped up here.

The designation -- no, no. It's on my end. No problem.

The designation was made by the prior medical director, who would have been Dr. Meeks. But yes, continued with the current medical director.

Q. Okay. And this says that the committee will be reviewing placements, security concerns, and overall health-related treatment plans of transgender offenders and offenders diagnosed with gender dysphoria and overseeing the gender-related accommodations for these offenders.

Did I read that correctly?

A. Yes.

Q. And as of today, June 2020, are these the current responsibilities of the transgender care review committee?

A. Are these the what responsibilities? I'm sorry.

Q. The current responsibilities today. Again -- strike that.

Today the committee currently reviews placements, security concerns, and overall health-related treatment plans for transgender offenders; is that correct?

A. Yes.

Q. And it says "At minimum, the committee shall be comprised," and then it says again "agency medical director or chief of psychiatry," and in parenthesis it says "no designee." What does that mean?

A. It means that the only person a -- the medical director can designate to chair is the chief of psychiatry or the medical director. You couldn't now designate someone else.

Q. If you don't attend a transgender

committee meeting, do you have to send a designee in your place?

A. No, it's not required.

Q. Who is the current chief of operations?

A. John Eilers.

Q. And does Mr. Eilers currently sit on the transgender committee?

A. According to the AD, yes.

Q. I guess, in your experience having attended the committee meetings, is Mr. Eilers present in the meetings?

A. He has been.

Q. Is he not at every meeting?

A. No, he's not at every meeting.

Q. Okay. I'm scrolling now. I'm now on the page that's marked Bates labeled 285943.

Do you see the paragraph that starts with the letter (c), Dr. Hinton?

A. Yes, ma'am.

Q. It says "The TCRC" -- which again means the transgender committee -- "shall review the case and make the final recommendation for housing and any additional matters that may be of

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

Did I read that correctly?

A. Yes.

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

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

Q. And have you attended committee meetings in 2020?

A. Yes.

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

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

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

prisoner?

A. Yes.

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

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

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

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

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

A. I do not.

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

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

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

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

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

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

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

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

those details.

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

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

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

A. I do.

Q. And Dr. Reister as well?

A. I do.

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

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

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

A. I do not.

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

A. Correct.
Q. And is that a change that's going to happen at some point in time with this split or has that change already --
A. That's current.
Q. So as of today if a transgender prisoner wants access to a bra, he or she does not have to come before the committee?
A. Correct.
Q. And would it be the -- strike that.
Who would be the person at the facility responsible for making that decision?
A. Their attending physician.
Q. When you say "attending physician," do you mean psychologist, mental health provider, or medical doctor?
A. Well, a physician would be a medical doctor.
Q. What about -- so previously we talked about the term "social transition." Do you recall that?
A. I believe so.
Q. What does the term "social transition" mean to you?

A. The process of someone kind of understanding what or how the community will respond to their change literally from natal male or natal female to female or male or other.
Q. And is gender-specific clothing an important part of a transgender prisoner's social transition?
A. It could be.
Q. So do you agree that gender-specific clothing could be medically necessary to treat a transgender prisoner's gender dysphoria?
A. It could be.
Q. What about gender-affirming grooming items?
A. It certainly could be.
Q. What kind of gender-affirming grooming items do you have knowledge of that can aid the social transition for a gender prisoner?
A. Again, it certainly depends on the specific person, but access to, you know, makeup or access to certain hair care products or brushes, combs, so on and so forth.
But, again, I do not believe that, you know, one size fits all for every

individual, so it will depend on the person and what the person's needs specifically are.
Q. Do you agree that access to gender-affirming grooming items could be medically necessary to treat a certain transgender prisoner's gender dysphoria?
A. Oh, it certainly could be helpful in treating their gender dysphoria, yes.
Q. So turning back to this document in paragraph (c), it talks about searches. What does that term mean in this context?
A. Like, for example, if an officer needed to do a particular pat-down search, search a person's body, their physical body.
Q. And does the committee currently make decisions about cross-gender searches at IDOC facilities?
A. So, again, I believe this is something that has kind of been defined, so to speak, in policies about how a person can -- any person, not just a transgender person but any person, how they will be subject to search.
Q. When you say "policies," are you referring to any specific written policies?

A. Administrative directives related specifically to searches. But, again, I -- as that's not a mental health directive, I don't know that off the -- the policy number off the top of my head.
Q. In the past when you had served on the transgender committee, had you been involved in making decisions about cross-gender searches at IDOC facilities?
A. There were certainly discussions, certainly early -- very early on in this process. One of the things that I certainly like about this process is that it's evolving. As we educate the department, and obviously ourselves, on best practices, then certainly we evolve that policy.
But certainly in the kind of infancy of this committee there were discussions about what is the appropriate way to conduct searches, how do you do that, who should do that.
Q. And since 2019, do you recall any discussions on the committee about this issue?
A. Not specifically since 2019. I don't have any specific recollection of that.

A. Yes. It's in the AD.
Q. And in order for a transgender prisoner to receive the care on which the committee voted that day, does there have to be a majority vote in that transgender prisoner's favor?
A. I don't think I understand --
Q. I'll strike that.
Okay. So we talked about earlier the committee will make a -- makes decisions on whether to initiate hormone therapy for transgender prisoners if that transgender prisoner requests it; right?
A. Okay.
Q. So during that committee meeting, would the committee vote on whether to initiate hormone therapy?
A. Well, that's -- that becomes a medical decision. So the physicians will certainly have that conversation and will come to a medical decision on the actual administration and initiation of hormones, if that's what you're asking.
Q. Yes. But you had said earlier that

the committee is the one per the AD who is responsible for making the final recommendation to the medical director on whether to initiate hormone therapy.
A. No, that's not what I said.
Q. Okay. But the committee still hears requests for hormone therapy today?
A. Yes.
Q. And does the committee vote on hormone therapy issues? Because I believe you said earlier the committee will vote on the issues presented.
A. Well, yes, on issues presented they certainly can, but, again, the medical procedure or process to actually administer medication, start medication, is a physician's decision, if that's what you're asking. I'm not --
Q. Then why is the issue of hormone therapy brought to the committee?
A. Well, again, we're -- there's a process. It's not just start hormones and that's it. So, you know, has the person, you know, started -- have an understanding of what this means, does the person, you know, have

real-life lived experiences, has the person been participating and engaging in any therapy related to that process. So there's a number of things that happen in conjunction with literally administering medication.
Q. Yes. And the committee -- the committee is still involved in evaluating all of those criteria that you just mentioned; correct?
A. Certainly -- certainly there's an involvement. And, again, maybe this is kind of where you're going. The -- ultimately the committee will say things like, for example, "Well, has the person engaged in a real-life experience? Has the person been participating in, you know, psychotherapy? Has the person stabilized their mental health or other medical conditions," da-da-da-da. Therefore, "Oh, then yes, this person is ready to, you know, potentially take the next step for actual hormonal therapy."
Q. And, again, that's a determination the committee will make after a discussion of those issues?
A. Correct.

Q. Okay. I'm going to show you just some sample committee meeting notes to get your understanding of what happened, so I'm going to share my screen.
Okay. Can you see this, Dr. Hinton?
A. Yes, ma'am.
MS. SCHNEIDER: So this is what's been -- what, Janet, you should mark as Hinton Exhibit 3. This is labeled Bates stamp 167023, and the document is called "Gender Identity Disorder Committee Recommendation."
(Hinton Exhibit No. 3 marked.)
BY MS. SCHNEIDER:
Q. Dr. Hinton, we had talked earlier, just to clarify for the record, that gender identity disorder committee, that's the same as the transgender committee that we've been discussing; correct?
A. Kind of an earlier version of it. I don't know when this document was -- maybe if you can scroll --
Q. 10/30/2018. Do you see that?
A. Yes, uh-huh.

A. Okay. Go ahead.
Q. Page 3, Dr. Pittman says "With the testosterone being at 293 last time fertility could be an issue."
Do you see that?
A. I do.
Q. Do you know if a testosterone level of 293 is within the therapeutic range for a transgender woman?
A. I actually think there was a question asked later on about -- specifically about what would be the normal range for -- it was actually earlier. "What is a testosterone average for a male" was asked by Chief Robinson and Dr. Pittman replied 400. So that's found on the previous page, page 2.
Q. And do you know what the therapeutic range, the recommended levels are for a transgender woman?
A. I do not.
Q. Are you aware that experts have said that for a transgender woman testosterone should be below 50?
A. I am not aware.

Q. Did it concern you during this meeting that her testosterone levels were this high?
A. It didn't concern me.
Q. Why not?
A. It wasn't relevant to my thought process in going through this.
Q. But her testosterone levels are certainly relevant to her treatment and care for gender dysphoria; right?
A. Absolutely.
Q. And you sit on the transgender committee who is responsible for administering that care; right?
A. Well, I sit on a committee, and we're responsible for reviewing that care. The responsibility, as I stated earlier, is still had by her attending physician and her treatment team.
Q. And we looked at committee reports, and you had said that the committee makes recommendations about the care and passes those recommendations on; right?
A. Correct.
Q. And so every transgender prisoner

within IDOC who needs medical treatment for his or her gender dysphoria comes before the committee; right?
A. Well, every person -- every transgender person within the department comes before the committee. Again, certainly treatment for gender dysphoria can be discussed, but it's discussed amongst other things too. Every transgender person isn't gender dysphoric, have gender dysphoria.
Q. After this meeting, did you do any follow-up on Ms. Finnegan's hormone levels?
A. No. Again, I'm a psychologist, not a physician.
Q. As a psychologist, you understand that if a patient's testosterone value is outside of the applicable therapeutic range, that patient is not receiving adequate treatment for gender dysphoria?
A. No, that would not be under my scope of practice.
Q. Do you have any knowledge of the symptoms generally of gender dysphoria?
A. Generally, yes. Again, I think you

asked this question earlier. So certainly I can reference DSM for line item specifics, but in general, yes.
Q. Would you say that anxiety, depression, and feelings of hopelessness can all be symptoms of untreated gender dysphoria?
A. Certainly could.
Q. And here you're receiving information that this transgender prisoner had tried to self-castrate; correct?
A. Correct, that was presented.
Q. And did it concern you that her gender dysphoria was not being treated effectively?
A. Well, certainly I had some questions about her overall safety and adjustment. And I think I made that known, as you referenced earlier, on, I think it was page 5.
Q. And I'm trying to understand. If her treating physicians -- so Ms. Deel-Hout and anyone else at Lawrence -- had come to this committee and said that Ms. Finnegan needs to be transferred in order to treat her gender dysphoria, would you have voted yes or no?
A. I would have asked a lot more

IN THE UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE, MARILYN MELENDEZ, EBONY STAMPS, LYDIA HELÉNA VISION, SORA KUYKENDALL, and SASHA REED, Plaintiffs,	)
vs.	)No. 18-cv-00156-NJR
STEVE MEEKS, MELVIN HINTON, and ROB JEFFREYS, Defendants.	)

The deposition of LA MENTA CONWAY, M.D., called for examination pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before JENNIFER D. RIEMER, a certified shorthand reporter within and for the County of Cook and State of Illinois, via videoconference, on the 30th day of July, 2020, at the hour of 9:44 a.m.

Defendants' Exhibit 6
Excerpts of Conway Dep

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THE VIDEOGRAPHER: Okay. We are now recording. We are on the record. This begins meeting unit No. 1 of the deposition of La Menta Conway in the matter of Janiah Monroe, et al., versus Rob Jeffreys, et al. Today is July 30th, 2020. The time is 9:44 a.m. This deposition is being taken virtually at the request of Kirkland Ellis.

Videographer is Wesley Schwartz of Magna Legal Services, and the court reporter is Jennifer Riemer also of Magna Legal Services.

Will all counsel and all parties present please state their appearances and whom they represent.

MS. WALD: Carolyn Wald on behalf of the plaintiff.

MR. HIGGERSON: Chris Higgerson for the defendants.

THE VIDEOGRAPHER: Will the court reporter please swear in the witness.

THE REPORTER: I'm going to read the Zoom agreement before I swear in the witness.

This is Jennifer Riemer, CSR. The parties are present via videoconference to take

the discovery deposition of La Menta Conway in the matter of Monroe vs. Jeffreys, et al., Case No. 18-cv-00156-NJR, in the United States District Court, Southern District of Illinois.

Today's date is July 30, 2020, and the time is 9:45 a.m. This deposition is being taken by means of videoconferencing, and the oath will be administered remotely by the court reporter pursuant to Governor Pritzker's Executive Order 2020-14.

Will all parties present please state your name and agreement with this procedure.

MS. WALD: Carolyn Wald; I agree.

MR. HIGGERSON: Chris Higgerson; I agree.

THE WITNESS: La Menta Conway; I agree.

LA MENTA CONWAY, M.D.
called as a witness herein, having been first duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. WALD:

Q. So good morning, Dr. Conway.

A. Good morning.

Q. My name is Carolyn Wald. And as I

mentioned before, I'm an attorney for the plaintiff, and I'll be taking your deposition today.

Could you please state and spell your name for the record.

A. My name is La Menta Conway. And did you say spell?

Q. Yes, please. Yes.

A. Okay. L A space M E N T A is the first name. Last name is Conway, C O N W A Y.

Q. And have you been deposed before?

A. Yes.

Q. How many times?

A. I don't recall. Maybe two or three.

Q. Okay. And what were those matters about?

A. Those were cases as were related to malpractice.

Q. Do you remember --

A. That were ultimately released.

Q. What were the case captions for those?

A. I'm sorry?

Q. Do you -- do you know what the case captions were for those, the name of the cases?

A. I do not.

MS. WALD: Okay. I guess, Chris, we reserve the right, if we'd like more information, more documents of that, to ask for that later.

THE WITNESS: That's fine.

BY MS. WALD:

Q. And were any of those cases related to the Illinois Department of Corrections?

A. No.

Q. And if I refer to the Illinois Department of Corrections as IDOC or I D O C, will you understand what I mean?

A. Yes.

Q. So I'd like to go over some ground rules for today.

Is there any reason you cannot answer my questions fully and truthfully today?

A. I didn't quite hear everything you just asked me.

Q. Is there any reason that you cannot answer my questions fully and truthfully today?

A. No, there are not.

Q. So as we know, Jennifer is our court reporter, and she is taking down everything that

we say. So especially because we're doing this by video, there can be lag time. It's very important that we not talk over each other, and that you please wait to answer my question until I finish, and I will do my best to do the same for you.

A. Okay.

Q. And it's also important that you provide verbal answers, such as saying yes, no, instead of saying something like mm-hmm, just because it makes it difficult for the record to be clear.

Please also don't nod your head or, you know, answer via nonverbal gesture because that won't be accurate on the record as well. Okay?

A. Yes.

Q. And the defendant's lawyer may object to some of my questions. You have to answer anyway. If defendants' lawyer instructs you not to answer a question, you can decide to take the advice of counsel and not answer, or you can decide to answer. Okay?

A. Okay.

Q. Are you represented by counsel today?

A. Yes.

Q. Are you represented by Mr. Higgerson?

A. Yes.

Q. Is he your personal attorney?

A. No.

Q. Does he represent you personally?

A. Do you mean in this case?

Q. Correct.

A. He's representing me, to my understanding, personally in this case. He can clarify if that's not correct.

Q. Have you -- are you paying Mr. Higgerson?

A. No.

Q. Have you signed an agreement to have him represent you directly?

A. No.

Q. And you understand that you are testifying under oath as if you are testifying in open court, correct?

A. Yes.

Q. Do you understand that you have been called here today to testify in your personal capacity?

A. Can you clarify what that means?
Q. Sure. Do you understand that you've been called here today to testify in your personal capacity as deputy director at IDOC --
A. Yes.
Q. -- regarding your personal knowledge?
A. Yes.
Q. What is your current position at IDOC?
A. Deputy chief of medicine -- or deputy chief of health services.
Q. Okay. Are those the same titles for the same position?
A. I don't understand that question.
Q. Are those two separate roles?
A. I'm sorry. I actually was saying one but renaming it, I suppose. Deputy chief of health services.
Q. Who do you report to?
A. Steve Bowman.
Q. Anyone else?
A. No.
Q. Who reports to you?
A. I have employees in the HIV department who are located in Springfield; Ravian Thomas

and Sunder Papoux, but they're in the HIV program. Those are direct reports.
Q. As part of your position, you are a voting member of the Transgender Review Committee, correct?
A. I have been a voting member since I joined, yes.
Q. And when did you join?
A. When did I join? I was assigned to the transgender committee, and I can't recall the exact date, but it was fairly recent, and that was in, I want to say, December of 2019.
Q. When did you begin your position as deputy chief of health services?
A. September 2019. I don't want to say when I became a voting -- when I began to vote because that I don't remember specifically. But I began to sit in on their meetings around December, somewhere around that time.
Q. If I refer to the Transgender Review Committee as "the committee" or "transgender committee" or "TCRC," will you understand what I mean?
A. I believe I will if you are referencing

the previous structure, yes.
Q. Are you aware that the Court issued a preliminary injunction in this case?
A. Yes.
Q. Have you read the preliminary injunction that was issued in December of 2019?
A. Yes.
Q. When did you read it?
A. When did I read it? Shortly after -- is that your question?
Q. Correct.
A. I first read it in December, shortly after it was released.
Q. Did you read the memorandum for the preliminary injunction order?
A. Not certain what the memorandum -- what you're referring to. I'm sorry.
Q. I'd like to pull up what's labeled as -- okay. I'm going to share my screen.
A. Okay.
Q. Can we go off the record really quickly. My computer --
THE VIDEOGRAPHER: Off the record at 9:55 a.m.

(Whereupon, a discussion was had off the record.)
THE VIDEOGRAPHER: 10:58 a.m., back on the record.
9:58 a.m., back on the record. Sorry.
BY MS. WALD:
Q. I'm going to share my screen with you really quick. Can you see the document that I've placed on the screen?
A. I see "C. Wald has started screen sharing." That's all I see at the moment. There's a gray background. There's no words on it other than that.
Q. So it looks like I just got kicked off of Zoom because I'm connecting back in. I might just shut my video off entirely because I think -- I'm not sure what's going on, but that might help fix the connectivity issue. But then you won't be able to see the documents.
(Whereupon, a discussion was had off the record.)
BY MS. WALD:
Q. I just want to see if the doctor recognizes the document.

A. I'm not sure. I'm not 100 percent sure. There's a lot of documents that's been released. I can't be 100 percent sure I've seen that particular one. Particularly just in scrolling it. I'm sorry. I'm not 100 percent sure.
Q. Do you remember reading a document that was -- when you received -- okay. You said before that you had read the actual preliminary injunction from December, correct?
A. The first document that was released in 2019 in December, I recall reading that. You mentioned a memo. If that has additional information, I'm not 100 percent sure that I saw that. I may have. I'm just not certain.
Q. Sure. At the time that you read the order, did you also remember reading a longer document from Judge Rosenstengel explaining the reasoning behind her order?
A. I would like to answer you on that, but I just can't 100 percent answer that with certainty. I'm sorry. I just don't know. There's been so many documents, I'm just not certain.

Q. Okay. Did you also read the amended preliminary injunction that was issued in March of 2020?
A. By dates, I can't say. If I could read the document or see it, I could -- I can comment on my familiarity with it.
MS. WALD: Sure. Jennifer, could you please pull up tab D. I apologize. I meant to say before, when you pulled up tab C, could you please mark that as Exhibit 1.
THE REPORTER: Sure.
(Conway Exhibit 1 was marked for identification.)
THE REPORTER: And now you're on B as is boy?
MS. WALD: Now I'm on D as in dog, actually.
THE REPORTER: Is that it, the amended?
MS. WALD: Yeah, so I can't see it. Like I said, it's gone.
THE REPORTER: Dr. Conway, can you see the amended preliminary injunction?
THE WITNESS: Yes, I see the top of it, yes.
BY MS. WALD:
Q. Dr. Conway, you don't recall if you read this specific document, correct?

A. I mean, if I could see the rest of it, yes. It looks familiar, and I believe that I may have. But I just don't know. I don't want to say that I've seen something that right now I can't look at, actually, and say.
MS. WALD: Sure. Is it possible for you, or Jennifer, for you, to send Dr. Conway the zip file of documents?
THE REPORTER: Sure.
MS. WALD: So that she can open them up on her computer and scroll.
THE REPORTER: Sure. Do you want to go off the record?
MS. WALD: Yes. And I'm going to restart my connection.
THE VIDEOGRAPHER: Off the record at 10:04.
(Whereupon, a short recess was taken.)
(Conway Exhibit 2 was marked for identification.)
THE VIDEOGRAPHER: The time is 10:07 a.m. Back on the record.
BY MS. WALD:
Q. Dr. Conway, you've opened the

Exhibit 2, which is the --
A. I have not. That's what I was trying to tell you that my computer was actually off. I'm using the laptop. Let me try to see if I can pull it up from here, from the actual laptop. One second.
And currently I don't have anything in my inbox after 10:02. So let me see if it populates -- yes. It's on my -- do you want me to look on my cell phone? Is that okay with you? My cell phone e-mail?
Q. Let's just come back, since it might take a bit to get back to --
A. Yeah, it's not on my laptop.
Q. Okay. It may take a while for it to arrive. So I just want to go back quickly to your position and role.
A. Sure.
Q. You said that the individual from the HIV department reports to you. Is there anyone else who reports to you?
A. Directly, no. Directly, no.
Q. What about indirectly?
A. Indirectly, all of our regional

coordinators, who also report directly to Dr. Bowman, you know, work under my supervision as well, but not as direct hires.

Q. Understood. Are there any other indirect people -- are there any other people that you report -- that report to you indirectly, besides the regional directors?

A. You know, that is very -- it is very difficult to answer that question. Basically, all those who report to Dr. Bowman would be able to report to me. Is the best way that I could put it. If needed. But I'm not directly responsible for managing them. And I -- nor do I have the agency, you know, chart, which is, I believe, under development.

Q. So by indirect reports, do you oversee the work that they do?

A. I don't oversee the work they do unless it's work that I've actually given them to do, for example.

Q. Understood. So I assume the documents have not yet arrived. You said before that you did read the preliminary injunction around December when it was first issued. Do you

remember who gave it to you?

A. Probably at that time it was the agency medical director, I'm assuming, who probably forwarded it to me. I can't say that with exact -- I mean, with accuracy, but most likely.

Q. Would that have been Dr. Meeks?

A. Correct.

Q. And you have not, to your knowledge, read the preliminary injunction since then?

A. I have read it since then, but I couldn't give you a date or a time, specifically. I would just need to know -- I'm sorry?

Q. Did you last read it in, for example, the last month?

A. I have read the, for example, the one with the two page, I have read it within the last month. And the one that I haven't seen yet, I can't comment if I read it at all or when I read it.

Q. And sitting here today, you don't recall reading a long document issued by the court explaining the reasoning behind the preliminary injunction order, correct?

A. I belive I have. But, again, I don't want to speak with certainty about a document I can't see. That's all I'm really saying. I mean, I've made it my business to try to be as familiar with, you know, the injunctions and all the material that's come out, but I don't want to speak to a certain document without seeing it. That's the only thing I'm saying.

And nor do I know that I received everything that was out there. So that's the other piece to it.

Q. Do you recall reading the preliminary injunction hearing transcript?

A. I don't believe I've heard or seen a transcript, an actual transcript. I'm not certain that I have.

Q. Did you ever ask to see it?

A. I don't know that I -- that I knew that it existed. So I definitely didn't ask to see it.

Q. Have you read the report on compliance that the defendants filed in this case?

A. And when you say the report on compliance, is that something that would have

happened prior to the December injunction?

Q. No. It would have been following the preliminary injunction. When the documents arrive, I can point you to that.

A. Okay. I'm sorry, because I just don't know the answer to that.

Q. Have you by any chance checked your spam folder?

A. No. Let's see. No, it looks like -- let me check. One second. Now, the phone that I'm referring to is my work phone. If you wanted me to look at that, it could very well be on that e-mail, just not showing up here.

And let me check the spam and go to junk e-mail. Nothing is in junk. The most recent e-mail I have is 10:10, and it's from someone within the agency. And then 10:02 someone else in the agency. I have something from 9:41, but that was a second calendar invite.

Q. Okay. Let's move on and we can come back when you do receive the documents.

A. Okay.

Q. Are you familiar with the -- are you

familiar with the WPATH standards of care?
THE REPORTER: With the what? I'm sorry; can you repeat your question?
BY MS. WALD:
Q. Are you familiar with the WPATH, W P A T H, standards of care?
A. Yes, I am.
Q. What are the WPATH standards of care?
A. Basically, it is, you know, a world professional association for transgender health. They are not a governing body, but they are a certifying body. And I would say that the WPATH represents probably our national standards for transgender health guidelines, and though there are others such as, you know, the Endocrine Health and the University of California and San Francisco, they are probably recognized by most as a standard at least.
Q. To clarify your response, so you said that the WPATH standards of care or WPATH organization sets the standard for what is medically appropriate treatment for a gender dysphoria; is that correct?
A. Yes, I believe that.

Q. And you also mentioned The Endocrine Society guidelines, I believe; is that correct?
A. Correct.
Q. And what are The Endocrine Society guidelines?
A. Can you tell me what you mean by what are the guidelines?
Q. What is your understanding of what The Endocrine Society guidelines are, or what they do?
A. For transgender health? I mean, I believe that they're similar. They are some subtle differences, I'm sure, between one or the other. But, I mean, obviously transgender medicine and transgender health involves hormone therapy, so endocrinology is very intricately involved. So they have also set, you know, standards as well -- or guidelines as well.
Q. You said that The Endocrine Society guidelines have some subtle differences from the WPATH standards of care, correct?
A. Yes. I don't know all of the differences. I just know that there are subtle differences. I can't say that I'm as familiar

with all of the writings of The Endocrine Society.
Q. Do you know --
A. But I do know, also, that the WPATH, you know, does take from The Endocrine Society, and they all are pretty relevant.
Q. Do you know if The Endocrine Society guidelines contain guidance on gender affirming surgeries?
A. I don't know the answer to that regarding the endocrine guidelines.
Q. Do you know if The Endocrine Society guidelines present a minimum standard of qualifications for providers working with individuals with gender dysphoria?
A. My understanding of The Endocrine Society is that minimally, you should be a -- you know, board-certified in your area of expertise, and it can also include nurse practitioners, PAs, primary care providers who are certified in their area of expertise, internal medicine, family medicine. That's my understanding of the endocrine guidelines.
Q. To your knowledge, does The Endocrine

Society guidelines also discuss social transition in -- social transition in the treatment of gender dysphoria?
A. I don't know. Again, I'm not as familiar with the Endocrine guidelines. I actually tried to make myself more familiar with the WPATH guidelines. So I can't answer that question, I'm sorry.
Q. What did you do to become familiar with the WPATH guidelines?
A. I'm sorry. What did you say?
Q. What is it that you did to become familiar with the WPATH guidelines?
A. I read them. I also --
Q. When did you read them?
A. Over the past several months. I can't give you a specific time. I made an investment since I was becoming involved in taking the leadership role in, you know, the transgender -- involving transgender health. So in that time, I can't say specifically when I made it a point to become familiar.
I also made it a point to -- for me to become certified; however -- and I actually

registered for the GEI pathway to certification to start with the Global Education Initiative and was formally registered until the class was canceled. So I actually wanted to be and hoped to be certified. But as you know, that's a two-year process.

Q. I'd like to learn more about that certification process, but we'll get to that later.

A. Sure.

Q. Prior to you becoming employed by the Illinois Department of Corrections, were you familiar with the WPATH standards of care?

A. That they existed, I -- I don't know. I've taken care of transgender patients, but know about the standards of care, no, I did not. I became more familiar once I came to the agency.

Q. And prior to coming to IDOC, had you heard of The Endocrine Society guidelines?

A. I believe I have. I can't say with certainty, but I believe so.

Q. Were you familiar with the substance of the guidelines prior to joining IDOC?

A. I just can't answer that. Sorry.

Q. You mentioned that you have experience treating transgender patients; is that correct?

A. That's correct.

Q. Can you please describe that experience?

A. Sure. My experience with treating transgender patients was primarily in providing the preventative healthcare for them. I actually worked with an inner city FQHC, or federally qualified health center, where a number of patients who were unable to afford some of the routine screenings would -- would come in.

So that was the capacity in which I met most of my patients. And along the line, I've also seen patients in other places, as well.

Q. What type of screening were you referring to?

A. So one of the big part of what we do would be breast -- breast draining for patients, not specifically for transgender patients, but for patients, period; as well as cervical cancer screening. So that is the capacity in which

I've had the opportunity to engage with transgender patients, one capacity.

Q. What was the other capacity?

A. Just in the hospital in taking care of patients here and there.

Q. Do you have experience treating transgender patients for gender dysphoria?

A. No, not prior to coming to IDOC, no.

Q. Do you have any medical training on the treatment of gender dysphoria?

A. Tell me what you mean by medical training.

Q. For example, in medical school, were you trained in the treatment of gender dysphoria?

A. Medical schools then and now, more so now, there's a little blurb on it, but there is not any specific training that I am aware of in medical school.

However, in my residency, I had the opportunity to spend time with one of the physicians there who was a leading expert in transgender health, just because he positioned himself in that position and became very

familiar, and I had an opportunity to interact with him and some of his patients. That was at UIC.

Q. And who was that person?

A. I knew you were going to ask that. I just don't remember because it's been over 20 -- it's been a long time. I just don't remember specifically. But it was so new, you know, for the community at large, the medical community. It was very refreshing, I can say that, to be able to meet this physician who I knew in one capacity and then later, throughout the years, I saw him in another capacity. That's why it stands out so much.

Q. What did you mean by meeting him in one capacity and then getting to know him in another capacity?

A. Right. What I meant by that is I think early on, I more or less saw him in the standard types of way that an endocrinologist may present in terms of, like, the diabetes or thyroid hormone, you know, dysfunctions and things like that. And then ultimately, I saw him in this particular clinic, or in his practice, I should

say. It wasn't a transgender clinic because I don't think that that existed at the time, yeah.

And I don't remember all of the details, I just remember, you know, having the opportunity to meet with him and some of his patients.

Q. So I understand you don't remember this doctor's name. Do you -- was his specialty in endocrinology?

A. And I'm trying to remember if he was -- to be honest because I want to give you a good answer, I can't remember specifically if he was endocrine. I just don't remember specifically.

Q. And around when were you interacting with this doctor?

A. That would be -- goodness -- about 20-plus years ago, probably somewhere around there. At least around the 20 mark, yeah. It's been a while.

Q. When was the last time that you were -- I know you don't remember the exact dates, but roughly how long ago was the last time that you interacted with this doctor?

A. It was a short interaction and

probably -- because if you -- if you know medicine, how it works is rotations and experiences. So it wasn't throughout the continuum of my residency. So I would put it around a 20-year mark.

Q. Is it correct that you would have spent about one rotation with this doctor?

A. I don't -- I didn't have more than one rotation. But, yes, I would have spent -- I'm sure it interacted with him, you know, at some point throughout the time I was there. But in terms of, you know, being exposed to the clinic and some of the things that he was doing in transgender health, which was newer to most of us then, probably about a month's time. I'm just trying to round it. I'm not exactly sure.

Q. Have you ever been the primary physician for a transgender patient receiving hormone therapy?

A. Tell me what you mean by the primary physician -- physician.

Q. Have you been the physician prescribing hormone therapy to a transgender patient?

A. No. No. I have been a physician that

managed patients in primarily their preventative health needs. And I'm sure I have taken care of transgender patients also in the hospital as well.

And I would add -- and I'm sure you know this already -- that in Chicago at least, because it is a community that is highly specialty driven, many of our patients are not in the community, you know, just routinely.

They will be in clinics like Howard Brown where I have a close relationship with my colleagues there and friends who are there. And they will also be in other locations as -- as well. But they're very rarely in the primary care environment.

Q. And is the primary care environment the environment in which you primarily work?

A. Yes. I worked in primary care in the clinics for many years, primarily with the underserved community initially, in the earlier part of my career. And then I ended up working in hospitalist medicine and leadership a little bit later on.

Q. You mentioned you have a close

relationship with Howard Brown Health. When did that begin?

A. Actually, one of my really -- one of my dear friends works over there, and she's a regional director. And she's been a real support as well. That started -- I mean, I began to talk to her more about transgender health when I began to take more of an active role in -- at IDOC.

And before when we were actually looking to bring on WPATH actual leaders, you know, at WPATH into IDOC -- which you can ask me about that later, if you'd like -- we were actually looking to have her and the team of Howard Brown, we were working on building a relationship.

And this was all pre-COVID, you know. And so -- and then ultimately we ended up going the WPATH route. But they are just so hands-on with many of the community in the City of Chicago. And they're -- they're -- they're aligned very closely with -- you know, with -- also with, I'd say, a community that struggles in terms of having healthcare at all. So they

turn out to be primary care, and then this area of transgender healthcare as well.

So they really align a lot with our mission and with their understanding of the kinds of patients that we have. So I thought that she would be perfect initially. But, again, we went another route.

But I would say I began chatting with her more about this. I don't want to give an exact time, but probably around January, February, because, again, I became peripherally involved somewhere around December when Dr. Meeks said, I think this will -- you know, you have such a role in -- in terms of primary healthcare for many -- for many years, and a passion to take care of those who are underserved.

He said, I think this would be great for you to get involved, and they could really use the help. Because as you know, before then, it was primarily the TCRC committee, and that's the way it was structured. And there weren't a lot of -- there wasn't a lot of actual medical physicians involved.

And so that's what he thought that when I came -- because he was by himself for years, which you know. And then I came and Dr. Bowman came, and he said I think this would be a great area for you.

So somewhere around January, as I became familiar with their processes, I began to reach out to my friend for some additional help in trying to get training for our -- for our people, for our staff.

Q. Thanks. So Dr. Meeks was the one who came to you and recommended that you take a more active role in overseeing this medical treatment of gender dysphoria; is that correct?

A. That is correct.

Q. And he -- so your understanding is that he told you that he wanted you to step into that role because before you joined, there were not any -- there wasn't anyone besides him who had primary care experience?

A. To my understanding, I don't think that there was, actually. And he also is passionate about this as well, but I think being only one person in an agency -- over an entire agency, it

was hard to manage it.

So I think initially, Dr. Puga took a role as a -- also a practicing physician, a psychiatrist. But when I came, he felt like I could really contribute from the medical perspective. And so that's when -- and I thought that was great, and I welcomed the challenge.

Q. Did you talk to Dr. Puga at all about you seeking a more active role in overseeing transgender health?

A. Oh, he was excited about it. I think that he welcomed the health. I think at the time we didn't have the restructuring like we do now. But, yes, he welcomed my input for sure.

Q. Did you get the sense that they were a little overwhelmed by the task of caring for transgender prisoners?

A. Overwhelmed, no, but in need of maybe a different approach, which I think we've come up with, yes.

Q. What was the different approach that you understand that they were hoping to be able to take?

A. I don't know that they knew what approach I would be able to take. I think that we all -- particularly, which I'm sure you know already, Dr. Anderson, were all collaborating for quite a while. And I don't want to give you exact dates, but I can speak clearly about February. And I think that probably even in January, we began to have conversations.

And I just think that we came up with a -- and I -- a good way of trying to focus mental health and separate that from operations. And so that's when, kind of like, my role became a little more apparent as to how I would function, if that makes -- if that makes sense.

Q. I also wanted to ask, going back to your connection to Howard Brown, who was the regional director that you're friends with?

A. Her name is Maya Green.

Q. And you said that you had also -- you mentioned Dr. Anderson had come in in a consultant role; is that correct?

A. In a what role, ma'am?

Q. A consulting role; is that correct?

A. Yes. Yes.

Q. And you had previously considered Maya Green or someone else at Howard Brown stepping into that consulting role?
A. Not stepping into the consulting role. I think we hadn't really thought about a way to restructure the whole program at that time. So at that time, I was trying to figure out how can we can get our providers better trained. That was before Wexford came up with their protocol that we could talk about later.
I said, we've got to get the providers more comfortable with hormone therapy, since we knew that it was going to be decentralized. And I said, and knowing how just individual physicians practice very individually, and they bring with them certain biases, certain fears that are completely unavoidable, we have to make sure that we can insulate ourselves against those types of problems now that we're going to decentralize.
So I thought to myself, how about I bring someone whose whole organization has championed these causes, and she could come in. And she was excited about it. And the plan was

to bring her at our -- I believe it was our March ADB -- not ADB -- our annual meeting. She was going to come in March and actually do this whole -- you know, basically hormone therapy, question, answer -- because that's, like, an all-day seminar -- and really help them become more comfortable.
So she wasn't going to be a consultant, but she was helping us with everything from consents, you know, education of the -- of the patients or the offenders, so they can have all the information.
So those are some of the things that we had been working on, even prior to Dr. Anderson coming on the scene. And when she came, I feel like she brought even more to help just to simplify things.
Q. You mentioned that Howard Brown all-day seminar. Did that end up going forward?
A. It didn't happen because of COVID. So that completely went away. Everything went away because of COVID.
Q. And you mentioned before that, you know, you were going to have to restructure and

things were being to become decentralized, correct?
A. Sorry?
Q. So you said that the way in which IDOC was treating prisoners with gender dysphoria was going to be restructured; is that correct?
A. Well, that had a lot to do with the preliminary injunction, that they didn't want or didn't feel -- and I understand that as well -- that the hormone therapy decision should be made at the TCRC committee level.
And so this was in direct response to trying to say, okay, if it's going to be decentralized and in the hands of individual providers, whom we do not hire -- we do have, you know, affiliation, obviously, and we have oversight over them, of course.
But still, we know that every doctor has their own biases. And we wanted to protect the patient by making sure that physicians felt comfortable, if this decision was going to rest solely on them.
So that's -- that was the reason why we started with that approach initially.

Q. If you --
A. But Maya was never hired. These were just conversations between myself -- I don't want you to think that she was involved in this. It was just conversations. Myself and Dr. Meeks, and, you know, but there was never a formal agreement.
Q. Who else was usually on the calls with -- calls or conversations and communications with Maya? You mentioned --
A. It was just me. They were just me.
Q. Okay. Not Dr. Meeks as well?
A. I'm sorry?
Q. Not Dr. Meeks as well?
A. Oh, no. Uh-uh. This was going to be something that I was working on. But, again, COVID came, and prior to that, Dr. Anderson also came, so we didn't go that route. So these were just conversations she and I had about trying to essentially develop a teaching module. That was really what our focus was going to be on, hormone therapy teaching module. It wasn't a consultant role. It was none of those things.
And my plan was at that time to spend

some time at Howard Brown, too. That was the other thing. They were just very kind. They opened up their clinic, and the plan was for me to go over there and spend some time and, you know, shadow even with some of the physicians. And I was really excited about that, but, again, that all shifted away. And then, of course, Dr. Anderson also came, and we had, I think, maybe even better plans.

Q. So I know you mentioned that you had a leadership role in figuring out how to decentralize the treatment of gender dysphoria; is that correct?

A. How to treat gender dysphoria?

Q. No. My question was, I understand that you had -- have a leadership role in figuring out how to decentralize IDOC's treatment, or medical treatment, of people with gender dysphoria; is that correct?

A. And to optimize their care delivery for sure, yes.

Q. And then I guess would you describe yourself as sort of the architect of the restructuring process to decentralize --

A. No. I would describe this very much so as a committee -- a heroic committee effort, actually.

THE REPORTER: Doctor, if you could make an extra effort -- sorry, Carolyn -- to wait until she finishes her question, wait until her whole question is out, because once your voice comes in, the rest of her question can't be heard. Thank you.

THE WITNESS: Okay.

BY MS. WALD:

Q. And you mentioned a couple times that, you know, you knew that when the medical treatment of gender dysphoria got decentralized, that the care would then be (inaudible); is that correct?

THE REPORTER: The care would be what?

THE WITNESS: You broke up.

MS. WALD: Jennifer, did you hear me?

THE REPORTER: Not the end of the question. He moved his chair, and any little sound blocks out the voice.

BY MS. WALD:

Q. So you mentioned that in the -- I know

I'm repeating myself. I'm just trying to make sure I'm clear.

THE REPORTER: Thank you.

BY MS. WALD:

Q. So you mentioned that in the process of decentralizing the medical treatment of IDOC with gender dysphoria, that that would move the care of transgender patients to the individual providers more so than before; is that correct?

A. I want to be very clear. I'm speaking specifically about hormone therapy. I don't think that we shifted care, nor do we plan to. But the shifting of hormone therapy so that it could be expedited, yes.

Q. Okay. And you mentioned that those providers who will now be treating gender dysphoric prisoners with a need for hormone therapy, that some of them have certain biases or fears. What did you mean by that?

A. I don't know that they have biases or fears. I just know that if you look at the current conflict that's going on with masks and hydroxychloroquine, for every doctor, there is a belief system.

And so the same would have to apply, necessarily, you know, within the State as well. That was just a -- it wasn't based on any knowledge or any particular experience. It's just based on being human. You know that physicians are going to bring with them their own particular biases. And that can work in disfavor to our transgender population.

So that was what I was speaking to. And I wanted to be able to protect them because we're now shifting it away from a group that I know that the -- the courts may have visualized or felt like it didn't have the best interests of the transgender population, and it could have possibly been made better. I don't doubt that. I wasn't on there for the years or the time that they had it.

However, I can definitely say that amongst the group, the great majority of people were advocates for the transgender population. And I knew that by shifting the hormone initiation to -- you know, to individual providers, we would have to make sure that there continued to be some oversight to make sure --

and some quality control, to make sure that these patients are not just falling through the cracks.

So that was what I meant by that. And so that oversight will continue to exist, but in terms of it won't impede the speed at which they get started on hormone therapy. If that is clearer.

Q. Understood. And so you corrected me that the transgender care committee has shifted the initiation of hormone treatment to these individual providers, but that the other forms of treatment for gender dysphoria has remained with the committee?

A. There's two committees now. So there's one, the THAW committee, or the Transgender Health and Wellness Committee, will focus on the mental and medical health and well-being of the patient. It will consist of medical personnel that are on that committee who will be well trained and knowledgeable about the WPATH standards. And they are being trained and eventually certified. That's the route that the committee is going along with a group of what we

call THAW champions.

So we've actually reached out to -- throughout the entire agency and we've identified nurse practitioners and physicians who are very passionate about the care of transgender health, and they want to be on the committee and play an active role as being advocates and supporters of other physicians.

So that's the Transgender Health and Wellness Committee. It will deal not only with, you know, the appeals that some people may have, or complaints that some transgender patients may have, if they feel like they didn't get hormones when they felt like they should have. Or they feel like they don't have the -- met the criteria of gender dysphoria and they should have. There is going to be a route of protection for them, if you will, within the Transgender Health and Wellness Committee.

It will also be a committee -- and it will be staffed by those who are interested, those who care, those who will be under my supervision and leadership, and those who will be trained. And these are people who are

already advocates. So that's the way that is going to be set up.

And that would also double our surgeries, so we're working on our policies for that as well. To make sure that those who are interested in surgeries will be able to be pushed in that direction.

Now, the Transgender Administrative Committee will still -- which is a different name, you know, but it will deal with more the operational concerns, which will be separate from the health and -- the physical and the medical -- I'm sorry. The medical and the mental health of the patients. So we've kind of divided it.

Q. And --

A. Because that was one of the complaints. I'm sorry. Go ahead.

Q. I'm sorry. What was one of the complaints?

A. I was saying that was one of the complaints of the injunction that nonmedical people were making decisions about hormone therapy. And that's reasonable.

And so we're taking that from out of their hands. They will deal with more operational concerns because those are important as well in a prison system.

Q. And what are these operational concerns that the administrative committee is going to be overseeing?

A. I can't speak in as much detail about the Transgender Administrative Committee. Dr. Puga will be able to tell you a lot more about that because he will be in some capacity or some leadership capacity probably, or at least operations will be.

But they will deal with housing concerns, PRIA concerns. You know, they will also look at the history of violence against women, for example. Those are, you know, real concerns when offenders want to be transferred, whether or not it's going to be safe for the other 2,000 or however many, you know, offenders that are in custody there. So that will be something that -- that they will address.

Q. And you mentioned that when considering moving a transgender -- for example, a

transgender female prisoner to a women's facility, that the Transgender Administrative Committee will consider the history of violence against women; is that right?

A. I don't want to speak to the specifics because that's not an area of my expertise. But certainly, if there are PRIA allegations, or if there is a history of violent crimes or violent behavior within the -- you know, even while they've been in custody, for the safety of the remainder of the offenders whose health and welfare we're also responsible for, I'm sure that there will be considerations for that as well. What algorithms they will use and what considerations, I can't speak as directly about that. But I know that you can't look at it in a silo.

Q. And the other prisoners you're referring to would be the female prisoners, for example, at Logan?

A. Correct.

Q. Are you aware of the allegations by -- allegations that female prisoners at Logan have committed PRIA violations? Sorry. That wasn't

clear. Strike that.

Are you aware of any female prisoners at Logan who have been accused by other female prisoners at Logan of PRIA violations?

A. Yes.

Q. And are there prisoners -- female prisoners at Logan who have a history of violence?

A. I mean, they're in prison, so I imagine that there must be some patients, you know, offenders, that have a history of violence, sure.

Q. And some of them might have a history of violence against other women?

A. I have -- I can't speak to that, but it's a large prison; I would suspect so.

Q. So it wouldn't surprise you if --

A. Again, I'm speaking, not just history -- I'm sorry. Were you -- you go ahead. There's a little bit of a delay, so I didn't realize that you were about to speak.

I was going to say, there's also the concern of violence within the prison. So those things are important to consider. Behavior

within the prisons, aggression towards officers, those are things that are not to be dismissed, at least, when you're considering the safety of someone being transferred.

But the specifics as to how operations is going to look at it, I would defer that to Dr. Puga.

Q. Are you aware of violence that goes on between female prisoners at Logan?

A. I'm not personally aware of that. I would imagine that it happens, but I don't know that personally.

Q. And are you aware of any, for example, violent attacks by female prisoners at Logan on IDOC staff?

A. You'd have to characterize violent. I'm not quite sure what you mean by that.

Q. Sure. I guess, are you aware of any physical attacks on IDOC staff by any female prisoners at Logan?

A. I actually am not personally familiar with that. That's not to say it doesn't exist. I just don't know.

Q. Understanding that that's -- that's not

something that you know for sure, would it surprise you if there were incidents of female prisoners at Logan physically attacking IDOC guards or staff?

A. I -- actually, I don't want to use the word surprised, but it's not part of what I've come to expect in my mind's eye. But I don't have enough information to answer that. When they use the words aggression, I don't know specifically because I haven't necessarily been involved in those incidents, if they've been physical or not.

Q. So I guess moving away from PRIA, so you mentioned that the administrative committee is going to be overseeing housing, PRIA complaints. What other things are they going to be overseeing?

A. I think it's probably going to be more related to housing because many of our previous things that they -- that were under maybe the purview of that administrative type committee have now been made more clear in the -- in the upcoming -- in one of our -- we haven't finalized the AD, but we're working very hard on

that as well.
And so making clear what things are available in terms of commissary, so these things are not coming up, you know, as individual questions. So that they'll have access to the things that they need and deserve without having to go through so many loops and hoops.
So some of the things that may have been included previous to my even being there are probably not going to be some of the things that they will have to concern themselves with anymore. I think it's really about making a safe place for a safe transfer.
And I think you're probably also aware that they or we are also looking at creating a voluntary unit for vulnerable -- I can't speak a lot on it. But for vulnerable offenders, so that there are some other options aside from just Logan that would be very nurturing and supportive and very -- you know, they'll have the type of mental health and support and vocational type of training. That is a big vision of our -- our group as well to create an

alternative, so that, you know, the offenders have a few options, not just Logan.
Q. So what do you understand the benefits to be of a voluntary third location that isn't either an existing female prison or an existing male prison?
A. Say that again.
MS. WALD: Jennifer, did you get that question down for me?
THE REPORTER: Yes.
MS. WALD: Can you read it back?
THE REPORTER: Sure.
(Whereupon, the record was read as requested.)
THE WITNESS: So when you say it's not either an existing female prison or male prison, I think you're just saying in spirit because it will be probably one of the actual buildings, to be clear, or something that belongs to IDOC, I would assume.
But I think the beauty of it and the benefit of it is that it's voluntary. It would be a place where transgender patients or offenders, along with other people who have --

who are vulnerable in a prison environment can choose. And it will be highly focused on, you know, therapy, vocational training, and, you know, just providing them the comfort and the safety to -- you know, a better environment for a vulnerable population.
Some would still prefer to go to Logan, and that would be perfectly acceptable for many of the offenders.
BY MS. WALD:
Q. I know you said that the plan is still in progress about developing this idea of having a sort of voluntary option, special location, for trans prisoners and other vulnerable prisoners.
A. Yes.
Q. Who is in charge of -- who is involved in the process of --
A. So all of us have been involved. We've had several meetings talking about it. But Shane Reister is really working on that. And he'll be able to give more detail about his vision for that program.
And there is some locations, which I'll

let him speak to, where there are even transgender correctional officers that really -- I mean, you can't build a program around a single person, obviously.
But obviously where there's been a transgender correctional officer, there's a certain amount of culture change that has probably already begun to occur just because his presence. And that really helps.
So he has locations in mind, and that particular facility -- and I don't want to speak to the specifics because I don't want to get ahead of him. He knows best about that.
I know that there are few places where there is significant buy-in from the wardens and they're very excited about moving forward with that. So that will provide yet another option. And we certainly have support at the higher levels.
Q. And who are the wardens that are particularly excited about this?
A. I couldn't tell you because, again, those are the people at that particular facility, and I'll just direct you to

Dr. Reister on that. That's really his vision.
Q. You said that -- I know that Dr. Reister is primarily the one working on this. But you also mentioned that all of us, I think you said, were involved in some way.
Was all of us referring to the people on the transgender committees?
A. All of us would refer to present and future leadership. So it was a smaller group for this particular idea because it was still in its infancy stages, so that includes our consultants, people like Dr. Erica Anderson, myself, Dr. Puga, Dr. Reister. I don't know if -- I don't recall if Dr. Bowman was in because he was so inundated with COVID-related things at that time. So I can't remember if he was in on that meeting. And if there were other psychologists that were involved, I just don't recall for that particular meeting.
But that's the team that has been discussing this and, you know, entertaining moving forward with this.
Q. About how many meetings have you had on this topic?

A. How many meetings? Now, how many meetings, I can't speak to that. I can only speak to the ones I've been involved in. I probably, regarding that topic, have heard it discussed at least three times, and there was a very detailed meeting at one point which he began to unveil his thoughts, and we all kind of spoke in on it.
But they've had -- he and whomever he's working with, I'm sure have had many meetings discussing that.
Q. Do you know if there were notes or minutes from any of these meetings?
A. I don't know the answer to that.
Q. Did you -- were you involved in any e-mail conversations about this topic?
A. No, I was not.
Q. Have you seen any written material outlining some of the beginning thoughts?
A. No. Most of the conversations were -- that I became more familiar with, the plan was at the group where he actually presented his ideas. And I don't know that this was presented anywhere else, other than at that meeting.

Q. Okay. And at that meeting, you didn't get any, like -- was there, like, a slide show presentation?
A. There was a slide -- there was a -- he did make a presentation, yes.
MS. WALD: Chris, have these materials been produced, the slide show?
MR. HIGGERSON: I'm sorry. I didn't hear the answer. There was some disruption in the video feed. I didn't hear the answer on that.
MS. WALD: Sure. So Dr. Conway was discussing that there were -- there was a large presentation that Dr. Reister gave about this opt-in voluntary location for transgender prisoners and other vulnerable prisoners. And that there was a slide show presentation at that meeting.
THE WITNESS: Can I make a clarification? I didn't say that there was a large meeting. I don't want to make it sound like it was a giant PowerPoint type of assembly. It was a small group with Dr. Anderson, myself, Dr. Puga. Could have been some others there, probably was, I just don't remember. And he shared his

vision.
And it was a meeting that was -- you know, that he presented all of his thoughts, which I thought were great. But I just want to be clear, it wasn't like a big global roll-out.
Q. Pardon me. I didn't -- I didn't mean to misrepresent what you had said. About how long was that meeting?
A. Your camera froze when you started speaking, and then when it unfroze, you were done.
Q. About how long was that meeting?
A. How long was it? Probably over an hour, could have been longer. Could have been 90 minutes. I just don't remember.
Q. And around when was that meeting?
A. I would be giving you a wrong month, if I told you. I could give you a range. It was probably somewhere between March and June.
MS. WALD: Chris, is it possible to produce the documents related to this meeting? I don't think I -- I don't think we've seen those.
MR. HIGGERSON: I don't know that I've seen them, but I -- and I suspect -- I will look and

figure out what's going on, but I suspect that will also be subject to our deliberate process objection, which I know we're resolving at this point.

MS. WALD: Understood. Well, I guess we will still reserve our right to call Dr. Conway again if that becomes necessary.

BY MS. WALD:

Q. You also mentioned as part of this -- do you understand what I mean when I say voluntary program? Do you understand (inaudible.)

THE REPORTER: Carolyn, you're going to have to start over.

MS. WALD: Okay.

THE REPORTER: Thank you.

BY MS. WALD:

Q. So if I refer to the voluntary opt-in location or program for transgender prisoners and other vulnerable prisoners, if I refer to it as the voluntary opt-in program, will you understand what I'm referring to that?

A. Okay. Sure.

Q. So you mentioned that one of the

features that the opt-in program is hoping to have is that the staff there will have specialized training in working with transgender patients; is that correct?

A. I didn't say that. I said that they would provide specialized training, but our goal is to make sure all staff at Illinois Department of Corrections, especially particularly my focus is on medical leadership, are fully trained. And that's something that we're working on.

So, sure, will they have -- I imagine they would have training unique to the programming and the setup there, but it's -- this is going -- this type of sensitivity throughout the whole IDOC is actually our goal. If it's more for those who just want to be in an environment that is apart from the environment that they're currently maybe struggling with. I think it's more related to that.

Q. So ideally would be any IDOC staff member could be assigned or work at this opt-in program; is that correct?

A. I don't know how they would do assignments because, as you know, a number of --

I mean, we are staffed by Wexford. So how we move people around, we don't do it independently.

So what I was saying, though, is that there seems to be a lot of support already at the facility that he was looking at and a lot of interest for this type of unique programming. And so, yes, I imagine that they could build more around what they've already gotten there, but apparently it's a lot of -- it's a very holistic environment compared to a lot of places. So I think that's why he focused on that one. But he could tell you more.

Q. Okay. And which facility is it that you're referring to?

A. I'd rather him mention it to you because I don't want to speak out of turn. He was looking at several. We talked about several. He's more familiar, been with IDOC longer, and I just don't want to misrepresent.

We actually discussed a few facilities and their feasibility for something like this. We were even considering an option as to whether or not some of our post-op patients, if we could

make something really unique for those who had gender affirming surgeries. And then we were thinking about location, you know, what would be a good location relative to who may be able to do surgeries for our patients.

So really trying to create a holistic environment. I was really proud to kind of listen and hear this kind of very progressive -- progressive ideas around providing good care for vulnerable populations. But I don't want to say the specifics. I'll let him speak to that.

Q. So understanding that, you know, you don't totally know for sure what Dr. Reister will decide, what was your understanding --

A. Well, it won't be -- I'm sorry.

Q. So what would be your own understanding of the facilities that were being suggested, with the understanding that Dr. Reister has more --

MR. HIGGERSON: I'm going to object to the question about the specifics. To that point, I think we're within the deliberative process. I mean, she's explained that they're talking about a type of facility. But as far as specific

proposals by any employee and the discussions they had, that's within the deliberative process.

MS. WALD: As you know, our position is very different about that.

And Dr. Conway, are you going to take the advice of counsel?

THE WITNESS: Well, what I've been told is that I have to respond, you know, anyway. And that his objection -- that's my understanding.

MR. HIGGERSON: Because this is a privileged matter, Doctor, because this is a privilege, I will direct you -- I will instruct you not to answer that.

THE WITNESS: Okay.

BY MS. WALD:

Q. Are you going to take your counsel's suggestion?

A. Yes.

Q. If he had not objected, would you have been able to give me an answer?

A. Your specific question, I think I mentioned that I could not indicate the place because there were several, and I wouldn't feel

comfortable speaking, not knowing. And he does not have the authority to give that either. So this is very, as Chris mentioned, it's still in the visionary phase. And I really think that's all I could say about it.

Q. And understanding that you're taking counsel's advice not to answer with the specifics, just in your mind, do you have names of facilities that were being suggested?

A. I don't have names that I would -- that I could suggest or say to you right now.

Q. So going back to the Health and Wellness Committee, so you mentioned that the committee is going to be made up of certain nurse practitioners or doctors who are -- who are particularly passionate about transgender medical care; is that correct?

A. They're some of the members.

Q. And how were those individuals identified?

A. So would you like me to tell you about some of the other members, too? So just you can have a more broad understanding?

So it's going to consist of myself;

Dr. Bowman -- Dr. Steven Bowman is the agency medical director -- Dr. Puga, Dr. Reister. And regional coordinators, we haven't identified specifically. It may be each of them because they all are champions in their own right. They are true advocates, our regional nurse coordinators for the department of -- Office of Health Services; and our director of nursing; as well as -- as far as the committee.

And these are not all voting members. I want to be clear about that as well. Not everyone will be allowed to vote. And you'll see why in a moment. So these champions, as we call them, THAW champions, or Transgender Health and Wellness Committee champions, are people that the regional coordinators, that I asked them, and they did, to reach out to each of their facilities. They all have somewhere between eight and ten facilities each. And speak with your providers, your healthcare unit administrators, and identify people who really take care of the transgender, you know, patients, and really love doing that.

So they each did that, and they were

very careful to be protective, as they always are, of the offenders. And they came back, and they told me those who -- it was also voluntary. So they spoke with them and told them in general what their roles would be, which I can tell you a bit more about; what we're hoping to create in the Transgender Health and Wellness Committee; the type of training that we wanted to provide to them first, and then spread out to everyone.

So they went and they -- and they found the people who had -- you know, the office have transgender patients also on their roster. So they did focus, though, on all of their facilities and identified any medical directors who had a particular passion.

I had the opportunity to speak with some of them, you know, at least one medical director. And he was very excited. He takes care of a lot of transgender patients. They gave me the names of them.

And that's how we -- we sent out letters, e-mails, which you've probably looked through, and just to let them know about upcoming training and things like that. So

everyone that they sent to me were people who were interested and were identified as true -- true leaders.

Q. And you mentioned that there were letters sent out to individuals who are champions; is that correct?

A. I sent out an e-mail with -- basically for two purposes. The e-mails was to let them know that I'm going to have -- I'm trying to plan our, like, a Webinar, so that I can give more detail about the vision, because a lot of them, you know, they're in the -- in the trenches, if you will, and these isolated positions in a way. Doing the work, they don't always know what's going on outside of that.

So I wanted to have -- schedule a meeting to just kind of discuss the vision for IDOC and the Transgender Health and Wellness Committee. And so to get their dates, kind of like a -- not a Google poll, but like that, to get their dates and availability in the coming weeks.

And then secondly, basically confirming with them some upcoming training that we have

planned that hopefully we will be able to move forward with that and to see if they were able to do that training. And that training was with our WPATH leaders, who basically customized a course for our IDOC staff that we offered numerous times throughout the rest of the year, so we can hopefully get everyone involved, all of our medical people that are interested, we can get them trained.

So that was what the e-mail was about, to see if we can get their participation.

Q. Backing up to when you were reaching out to the regional coordinators to try to identify these champions, were there e-mail correspondence that you had with them?

A. No. This was part of our -- we have biweekly meetings with Office of Health Services, so those conversations would happen then.

Q. Okay. Who usually attends the meetings for the Office of Health Services?

A. Our regional coordinators; our director of nursing; our agency or acting agency medical director; myself; someone from, like, facilities

and management of those environmental issues; and our secretary. We have a small department.

Q. And are there notes --

A. Oh, and -- I'm sorry. I'm sorry. I forgot two things, two people.

Also our infection control person and our quality -- quality control people. So those persons, too.

Q. Are there minutes or notes taken at these meetings?

A. There has been. I don't know that there were -- I don't think that we have had minutes each meeting. That hasn't been a part of the routine.

MS. WALD: And, Chris, we would ask that any meeting or minute notes that were taken at these meetings be produced.

MR. HIGGERSON: Okay.

BY MS. WALD:

Q. And how often -- you said that -- outside of these weekly Office of Health Services meetings, have the Health and Wellness Committee been discussed -- strike that. Sorry. Strike that.

Besides the weekly Office of Health Services meetings, have there been other instances where the Health and Wellness Committee has been discussed?

A. Other times the Health and Wellness may have been discussed would probably be in earlier meetings with -- when -- with Dr. Erica and when we were all a small, little group figuring out what our plans were going to be moving forward. Those were where it all started.

Q. And around when were those meetings?

A. Probably -- I'm going to say January through March, perhaps. I just don't remember the specifics. With COVID, there's just a lot -- there's a lot blurred. So I will say January to March, maybe even April. I just don't remember.

Q. Does the Health and Wellness Committee already exist?

A. So as an entity, it exists. But have we met yet as a formal group, no, because we're putting -- we're pulling together our champions as a part of it. So we have not had our first formal meeting.

But as a -- as a leader of that committee, it exists in terms of the many things that we're doing to -- to develop all of the pieces for the Transgender Health and Wellness Committee. That does exist.

Q. And what do you mean by the pieces of the Health and Wellness Committee?

A. So there's a lot of pieces to it because we're trying to create a transformational program in transgender health that can hopefully be a leader and a standard for all correctional facilities. We really want to do that.

And a part of that has been me reaching into the -- to the experiences of our regional coordinators who have had decades as healthcare unit administrators, and just, like, the most impressive advocates I think I've ever met at IDOC exist among or regional coordinators and our district -- I mean, our director of nursing.

So I involved them, and they will -- haven't decided who, if we need all regional coordinators, like I said, we're still -- if you look at the layout, we say regional coordinator,

but we didn't necessarily say for every region. But we're still trying to figure that out because we are pulled pretty thin, and I don't know that we'll involve all regional coordinators.

But those ladies, along with other team members, have been a part of helping come up with things like, for example, one of the things that didn't exist before is we are creating a transgender health clinic. We've never had that before.

IDOC has chronic care clinics for everything except for transgender health. We have a diabetes clinic, a seizure clinic, an asthma clinic, you know, hypertension clinic that includes heart failure, so forth. Now we're going to have a transgender health clinic.

And there are guidelines that we are developing that will be similar to -- in format to our chronic care, our chronic clinic guidelines, meaning it will be very specific information as to how many times per in the first year will they go to clinic. How many -- you know, it even goes to the details of the lab

draws that are expected at each clinic.

And, of course, doctors can also go outside the clinic and schedule additional appointments. But, again, we're trying to standardize the approach.

So these are the very intricate pieces that I'm talking about. So creating the transgender, basically, are guidelines, period, which didn't exist before. So there were no transgender guidelines for health and wellness. So now that has to be produced.

It will follow things like what happens -- the AD does speak to some of that, of course. But this -- you know, our guidelines, obviously, speak to more detail, to the specifics of what happens when you walk in, what's the flow chart when an offender arrives.

What if they ask to be seen, and they express an interest in receiving hormones, and they haven't self-identified until later while they are in their stay. So we're trying to develop those specific guidelines. And a part of that includes the transgender chronic clinic guidelines.

And then also, you mentioned what does that involve? It involves CQI. We've never had CQI before. So we're actually setting up quality control measures that are the very things that you guys are, you know, expecting and should expect to see, like how are the hormones being managed.

We have a quality control expert, a nurse who's done, you know, QI work in hospitals for years, a 20-year history plus of nursing, and a great deal of it in quality control.

So we have any number of areas of quality control. Part of that quality control is how long have these patients -- when did they request hormones, and how long did it take for them to get hormone therapy. That's going to be a QI one. Side effects. Any -- you know, any particular area of concern that, you know, how often are their levels being monitored. All of this is CQI that we're working on.

So those are the pieces I've been talking about, but they're pretty overwhelming because they don't exist. So trying to put it together, it's been -- it's a lot of work.

And pretty much the Office of Health Services, because we're a small, little team, we are basically -- we double-back on ourselves, and we've become, in a sense, the Transgender Health and Wellness Committee in a sense, plus our extended family, which would include these Wexford people who we've identified who are doing the work out there in the actual facilities, they're welcome to be a part of the committee as well.

Another thing we've done which I think is huge is getting, you know, specialists as a part of our committee and working on the contracts for them. We are bringing in an endocrine specialist who -- now, we have a specific person that we're interested in, but in case that doesn't happen, we're still trying to, you know, formalize that.

We have -- we're going to have a WPATH certified endocrinologist on the committee. We'll also have a WPATH certified surgeon who specializes in gender-affirming surgeries on the committee. These are nationally renowned speakers for WPATH and probably for all sorts

of -- I'm sure there's overlap for other societies. These are people that are going to be on our committee.

In addition, other pieces are for our endocrine doctors, because we have decentralized, you know, the hormone therapy. And it is already in the hands of the individual physicians at the facilities. But we want to make sure that they have the type of support that they need, you know, because we kind of say, here, you have to do this because this is part of the expectation, and this is the immediate expectation.

But what can we do to make sure that we can back that up with adequate training or adequate, you know, counsel or support or consultation.

So one of the things that our endocrine doctor is going to do is to provide E-consults. And we've been very excited about that. And E-consults would be easy to assess for primary care physicians or primary care providers at the facilities. They will be able to forward us the consult.

But, again, that's the thing that we're working on right now, developing our consult form. We don't have electronic medical records. We're still very much an antiquated, as you already know, type of system. So putting that together -- implementing it is a little challenging, but we're working on it. So E-consults is one pathway. So doctors will be able to write an E-consult.

And I was talking to the potential physician endocrinologist that we are hoping to have on staff with us. We've been going that route, down that journey, for a little bit. And we both discussed the idea of having actual, you know, twice-monthly rounds, basically, so that doctors in the facilities can present these complicated patients, like what do you do with someone who really has a -- you know, they have a -- they've had some sort of contraindication, be it relative or absolute, and yet they have this dysphoria. And you want to know what to do.

So that's a simple one. I mean, not a simple solution, but a simple example. But

those are what the consults are for. For someone, despite their compliance with medication, doesn't seem like they're getting the results that we would expect, yet they're maxing out at the levels that, you know, we would think is -- you know, dosage wise is appropriate. Because then you want to mitigate side effects with, you know, with the results.

So what do you do? That's where fear comes because I don't think that a lot of people who are not doctors understand that most doctors are afraid of hormone therapy. This is -- this is a fact, and it is a known fact.

And it might be straightforward to those who are not in medicine, but there's always a significant amount of apprehension, at least in the mindset of most doctors. No one wants to hurt people, and hormones can do that.

You know, there's -- and then there's just kind of a fear of what you don't know, also, to a certain extent. So we want to make sure that doctors don't feel like they're out there by themselves. So our consult -- our consultant that we're going to bring on will do

either monthly or twice-monthly consultations where we can actually have physical, like this, Zoom rounds and present our cases and really help the doctors learn and then get the patient good care.

Another piece to this -- and tell me if I'm talking too much, and I'm really excited about this, to be honest -- is we are working on our -- Wexford is doing their part, I have to say. They've already met with UIC, you know, because we already have telehealth with UIC already for our hepatitis C clinic and our HIV clinic.

Now, they're not going to run the transgender clinic because that's going to be run by primary care providers. They will be a consultant. But they're actually very excited. I participated on one or two calls, I can't remember, I think it was two; one with Wexford for sure, and then maybe a couple with UIC where we were talking about the vision for actually providing tele -- telehealth consult from UIC. So there will be more than one pathway.

So some doctors might just want to put

E-consult that they can, you know, get submitted to us. And then we can have a case conference to go over it later if they need more of a personal response, over and above what he would submit on the E-consult. And then some people will just need to send the patient in, you know, perhaps. In, meaning like to telehealth.

So we're working on that. And we're trying to make sure that we have enough of the telehealth -- I guess they call it Polycom. They're working on making sure that we have enough. They're equipped on the endocrine side, but we need to make sure that we have enough, so they don't interfere with current telehealth that's going on with mental health, hepatitis C, and HIV.

So those are some of the other components that we're working on. And that's just what I can think of off the top of my head.

Q. Yeah, it sounds like a lot of work.

So I guess it sounds like this is a huge undertaking, right?

A. Right.

Q. So how far along are you in the process

of getting the structure and everything worked out?

A. So I think my goal would be to have our first transgender health committee meeting in September. And I say September because we're already working on getting everyone trained with their first session with WPATH, ideally -- we're still in the midst of confirming whether or not it would be that Friday or Saturday. And, you know, things can happen contractually, so I don't want to nail down that specific date. But the tentative date is for that date, and for most of our -- most of the people that we talk with are available.

It is a little bit of a challenge, and I'm learning that as a person who's worked in the community in a place where if I needed to do something, I could get it done. One of the challenges is that, you know, you have unions. And I hadn't even thought about that. So I'm still learning, you know, that if I try to plan something on Saturday, then we have steps that we have to go through to make it happen.

And I think we've worked that part out.

You know, I've worked with Wexford, and right now Dr. Anderson is looking to shift it to Friday, which would be a little bit easier to get in all of the people that would like to attend on board.

But I've gotten a great consensus that there are many that are -- that are key, instructional to the THAW committee that can come on Saturday. So if we can't move it to Friday, we'll move forward.

And the physicians are all open. So the physicians are not constrained with these bargaining units, so we'll start with them, making sure they're trained and on board.

So in terms of the THAW committee, we're ready to assemble and meet, but I do need to outline the remainder of our guidelines. So I'm creating those still. So my vision is to complete all of this and have our first meeting somewhere in September. That's the plan. Our first formal meeting as a committee.

Q. I'm sorry, you were referencing that there will be this WPATH training that you're still working on the dates on. What are the

they will treat it like any other clinic. I'm sure that they will evaluate these things separately as well.

Q. Is there a document or documents that outline what information the nurse managers need to provide to the healthcare administrators --

A. Healthcare --

Q. -- for --

A. I'm sorry. Go ahead.

Q. Specifically for the upcoming transgender health clinic?

A. That doesn't exist yet. This is all a part of what we're creating. And just for clarification, the nurse manager is really the healthcare administrator, unless she designates someone else. So that healthcare administrator is really the manager as well.

Q. Understood. Thank you for clarifying that.

A. Mm-hmm, no worries.

Q. So you mentioned that Ms. Hedges?

A. Tanya, mm-hmm.

Q. Yes. Tanya Hedges is the nurse who is leading the drafting process for gathering data;

is that correct?

A. We will work together. So basically, she had wonderful ideas thinking about it, but this is new to her as well, and she's new to corrections. So she won't be leading it by herself. She had some ideas knowing the kinds of just general things that we should be looking for for the patient.

But I came up with some more additional ones, and through my conversations with other professionals in the community, things that they're looking at. So I have an even longer list. So we're going to meet and chat about that and how best to collect it.

Again, all of this would be so much easier for all of us if we had an electronic medical record. But my understanding is that these guys, these basically hero-type ladies, these nurses, administrators, do a lot. And they make sure they pull the information, and it's accurate, and it's good data.

Q. Do you know when IDOC is expected to move to an electronic medical system?

A. After what happened this year with

COVID, probably -- and this is my guess. I don't know this. But I don't personally see an electronic medical record, because of all the things that didn't go right, for over a year. That's just my guess. And I have no specific knowledge. But I know it's not coming this year. I can say that. I know they're still working on it, though.

Q. So right now you're working with -- or you are about to have a meeting with Tanya to discuss the actual mechanics of how this QC program would can work, correct?

A. Correct.

Q. So right now it's just in the idea stage, correct?

A. It's in the idea stage, yes, that is correct, but I don't think this is going to be a heavy lift. I think the more important lift is getting, you know, our clinics established so that we can attack the proper, you know, quality information, or quality improvement to those clinics.

Q. And then what does need to happen in order to get the transgender health clinic up

and going?

A. I think we need time to get it on paper. You know, this has been an evolving process. It hasn't been going on that long, at least my involvement in it. I really became involved just very peripherally in December when I first started hearing it.

I started becoming more participatory on the then TCRT somewhere around January, but I wasn't very engaged. I was just becoming part of it. And then I was asked to take involvement. So you're talking about a couple of months' time, to be completely honest with you, before COVID it, and it changed everything.

I mean, we have a lot we're dealing with not just with transgender patients, but with all of our patients, and trying to, you know, manage our backlogs. And lots of things couldn't possibly happen under the circumstances that we were under.

So I've had a couple of months leeway before it all started to just, first of all, familiarize myself with, you know, WPATH standards and just understand what transgender

health was all about and my role and leadership. Then we've got a big interruption, and we've now picked back up.

So I just want to now give you timeline-wise, I would say we really began to pick back up May. But even then, we were still very limited by the stress of the COVID. So it's going to take us a little bit to put all this on paper, but that's what we're looking at first. I hope to use August to finish that at least.

Q. So just to make sure I'm clear --

A. I understand.

Q. -- when you first came on in December, you had a couple months to just familiarize yourself with the basics of trans health; is that right?

A. Correct.

Q. And COVID hit, and that slowed everything down, correct?

A. Pretty much to a halt. And then we had no movement in our facilities. So much changed, you know, in order to mitigate the spread.

Q. And now you're dealing with a backlog

of everything that piled up during COVID; is that right?

A. Correct, and trying to normalize. We've worked hard on that, yes.

Q. And you're still hoping that you'll be able to roll out all of the different elements of the SOP, including the transgender health clinic, by the end of this year?

A. Oh, yes, most definitely.

Q. Okay.

A. I can't say that every aspect of it will be fully developed. Like one thing that I want to do, as I mentioned, is, like, peer education. Or at least implement some changes in terms of orientation. But I am fairly confident that we should get most of this by the end of this year. I really believe that.

Q. And besides the peer education and the orientation piece that you mentioned, are there any other aspects that you think will still be in development by the end of the year?

A. We mentioned the transgender chronic care clinic. But I believe that that can happen. And the corresponding quality

improvement types of indicators should be addressed by then.

We're still working on our SharePoint because our healthcare administrators are pretty overwhelmed, like I mentioned before. So we started just speaking to the agency coordinator yesterday because she's very techie. And they're working on her and a few other staff that are also very tech oriented in getting all of the SharePoint up and running, because that would be -- those are our nurses that have been a part of IDOC that are familiar with it, thought that it was a lifesaver, and never knew why we left it; and now they're, like, you got to go back to it because until we get medical records, this is definitely it.

And we've all went in there and looked at it, and we think, once we have that, we'll be able to manage a lot of our quality improvement data for sure.

Q. Okay. So I'd like to talk a little bit more about the transgender committee. Is the single committee still meeting?

A. The TCRC committee? You know, I think

they had a meeting -- I do believe they are meeting. How regularly, I don't know, because that's under Dr. Puga's leadership currently. But I believe that they are meeting to help deal with some of the things that may be -- that still may be overlapping.

Q. And because the SOP has not been finalized, the two separate committees, the Health and Wellness Committee and the administrative committee, have not yet formed, correct?

A. Formally, no. And the SOP is not going to be for both. It's going to be focused on transgender health, and administrative care would be a separate one.

Q. Would that be, for example, an administrative directive that establishes the two committees?

A. Yes. That already exists. And it's -- there will be a couple of more probably edits to that. But it is -- it is fairly well written right now.

Q. Once it is final, in terms of substance, what needs to happen in order for it

to officially take effect?
A. I think that not a whole lot. I believe that Dr. Puga made quite a few adjustments, as I mentioned before, to that document, to reflect many of the changes that we've already put into place, and he sent it to legal.
But when I looked at it yesterday, I noticed that there were a few things relative to our process on the medical side that probably needed some tweaking.
So not a lot. I think we're very close to completing the administrative directive, which will give you a lot of information regarding our flow increase.
Q. And until that actually is finalized and that administrative directive is in place, the committee is still making decisions around transgender health; is that right?
A. Transgender health in what aspect?
Q. I guess in what aspects is the committee still making transgender health decisions about?
A. I don't know that they're making any

right now because one of the things that was -- was important at one point was relative to movement. There's no movement going on at IDOC at all except for emergency -- emergency meaning like life-threatening, imminent movement. We haven't even moved people from out of our reception centers. The County is not moving people into our centers. Everyone is staying put everywhere.
So those are some of the things that they would have been meeting about. That's not been happening. So I can't say that they're currently making decisions. I don't know that any commissary decisions have been made. I doubt it because we've tried, again, to remove some of the questions as it would formerly have been.
People may have had -- come before the TCRC committee. So I would have to defer that to Dr. Puga. I didn't attend the last TCRC meeting, whenever that was. I don't remember the date. And I don't know what decisions if any that they made in the past few months.
Q. So I'd like to pull back up the amended

preliminary junction, I believe. I'd like to show you Exhibit 2, and I'm going to hopefully share my screen again.
A. Okay.
Q. All right. Do you see a document called the amended preliminary injunction?
A. I do.
Q. So I'd like to turn your attention to the second thing that the court has ordered.
A. Yes.
Q. I'll zoom in so you can read it a little better.
A. I see it. I see it very well.
Q. Okay. So it says -- so it says here that "The Court ordered defendants to immediately ensure that timely hormone therapy is provided when medically necessary, including the administration of hormone dosage adjustments, and to perform routine monitoring of hormone levels."
I'd like to know --
A. Okay.
Q. -- who is -- who is currently ensuring that the approval of initiation of hormone

therapy is timely.
A. I don't know that we have anyone because we don't have the CQI set up. That's the whole reason we're trying to put those policies in place. As I know that you can understand, that takes time to put in place.
I don't know that anyone has been responsible, other than the medical director and the healthcare administrators have always been advocates for all of our patients when they think things are not being done in a timely manner.
Q. But because the CQI is not up yet, there's no additional oversight over what treatment is going on?
A. That's correct. That's what we're working on. And we know that needs to happen. I think, you know, the first thing we did was we moved -- we decentralized it, as we were asked to do, and we knew that that was going to -- you know, not going to be a perfectly smooth, you know, transition because we're shifting it from, you know, where there was oversight, actually, to now there isn't, you know.

So we had to re-- we had to reform our -- our organization -- our committee in a way that was acceptable to the Court. They didn't like it the way it was before. And I'm not commenting that that's right or wrong. But I understood it.

So we're trying to do something that is not only helpful but also is acceptable. And I think that's where we are right now. And that's the creation of the committee, and that's where we are. And then under the committee, our idea is to create the clinic, and with the clinic comes the quality control, which will happen this year. That's our plan and expectation.

Q. Based on your answer, is it correct to say that there isn't anyone currently responsible for ensuring that hormone levels are being monitored appropriately?

A. The medical director, who's board-certified and should be able to do that the way that it's done out in the community, they're doing it.

And/or the -- the medical director is ultimately in charge at this point, you know.

That responsibility shifted to the medical director. And under them are the nurse practitioners and PAs or whoever may be working, or even physicians who may be working under the medical director.

So that shifts to them. Currently it also shifts to the regional director if there's any, you know, departures from the expected norm, to the extent that they're aware.

Q. Is it the case that the medical directors and regional directors are, then, the ones currently ensuring that approval requests for increased dosages or changes to hormone dosages are happening appropriately?

A. It would have to be them because what was asked of the Court is that we shift it to the doctors, you know, and if you shift it to them, you have to shift it to them. So that's where the responsibility has to lie.

Again, you still need oversight to make sure that the patients are going to be okay, and that's where the THAW committee will come in. It won't be just them doing that. It will be us overseeing it and making sure that it got done.

Q. And the medical directors and regional directors, have they all received training in treating gender dysphoria through hormone therapy?

A. Yes, they have. So once they completed their own training module, it could be -- you know, I'm sure that it could be tweaked to made better. Once I went through the whole -- you know, when I went through their training module, I could see where some of the administrative issues -- I can't remember off the top -- they weren't exactly accurate.

But in terms of the hormone therapy and that education, it was. And I did speak with their regional VP as well as their chief medical officer sometime this past week. And every single provider, I've been told, has completed their Wexford hormone therapy training as well as the posttest.

Q. And so --

A. So there was a --

Q. Sorry. You said that every provider has completed their Wexford hormone therapy training as well as --

A. So what happened was when this -- when these requirements were first mentioned, Wexford actually got on it from even a national perspective from all of their employees across the nation. So they developed their own training module because they knew their providers, who were working under at IDOC, but under Wexford, were going to be responsible for this care.

So they wanted to make sure that they were actually prepared to actually do it without the oversight of the TCRC at that time because they had to immediately cease and desist, as you know. So it went directly to them, but they wanted to make sure that they were trained.

So they developed their own protocol that they use nationwide to train their providers. So that has already been accomplished. I don't know what month they finished it, but all of their providers finished the training, hormone-based training, and they all did a posttest, and presumably have all passed as well.

Q. Do you know what the training was like?

A. It involved, like, PowerPoint slides, you know, going through the slides, talking about, you know, the dosage you would typically initiate, when you would actually do -- you know, check hormone levels or, say, CNP, liver functions, all of that. It included all of that information and the intervals that you would actually check it for the first year, versus the second year, versus when they're stable, and those kind of questions.

Q. Do you know how long that training was?

A. It was self directed. It wasn't in person. Each person had to do it, and each person had to do a posttest. I don't know how long it took for the individual providers to finish it. I would imagine -- I don't want to guess. I would be guessing really, to be honest.

Q. Was the -- was your understanding that this training module is something that could be completed in a day?

A. Oh, yes, definitely, mm-hmm. It doesn't preclude continued learning. But in terms of trying to provide a resource for

physicians who will suddenly have this in their hands when it wasn't necessarily in their hands before, I think that it was a very good start and first step. And that's why we're doing the additional training with WPATH to make sure that they have -- you know, they do have proper contacts.

It's more than just hormone therapy, as you know. But do they understand the mental health implications. Because before -- and this happens a lot in the community, too, we tend to separate mental health from medical health, as if it's different. So having a holistic perspective is going to be important.

The training focused mostly on definitions, to make sure the providers understood those, which I think is important, and then focus on hormone therapy, which is some of the first -- which is the first line of contact that most of the physicians would have. So that's what their focus was on.

Q. I also wanted to go back quickly to discussing Tanya Hedges.

A. Mm-hmm.

Q. Is she -- what is her experience like working with -- working in the area of transgender health?

A. I really can't speak to her experience. I really can't. She's new to the agency. A very enthusiastic add, I might mention. Really a blessing to us, to be honest. But she's been all over the place, too, during the COVID. You know, she hasn't had an opportunity to focus on what she really came here for.

She came here and got started with it because we were really engaged in building up a robust, quality improvement program back in November, December. You know, that was our first plan. And that's kind of when she came along.

And we all have become somewhat -- I would say her specifically because she's used quite a bit in other capacities during the crisis. I can't speak to her knowledge, but I can definitely speak to her professionalism and enthusiasm.

She, like myself, if she doesn't know something, she's going to make it a point to

know it. Which I think is the expectation of a medical professional, a doctor, and a nurse, that what you don't know, you make sure that you go and learn.

And I think that's all I know about Tanya in regards to that. I do know she has broad experience in quality improvement, but the specifics, I do not know. She was hired by the agency medical director, Dr. Meeks, who probably knew her better than myself.

Q. Okay. So I guess referring back to the court order, the second thing that the Court ordered you to do, it says "To ensure that timely hormone therapy is provided when medically necessary."

What was your understanding of ensuring that timely hormone therapy is provided?

A. I don't know that I for sure understand the question. Can you just maybe rephrase it a different way.

Q. Sure. So the Court had ordered defendants to immediately ensure that timely hormone therapy is provided.

What does timely mean to you?

definition of what the criteria is.
And Dr. Bowman says yes.
Dr. Reister responds, it seems like as a committee, they're are not very clear on what their criteria is.
And then Dr. Puga says, there are several things that they are looking at: The security threat level, the criminal history, medical and mental health information, vulnerability, and the likelihood of perpetrating abuse.
Do you agree with Dr. Reister and Dr. Bowman that this criteria is not very clear?
A. You know, I can't speak to the TCRC committee criteria. At that same time, I was also new to the committee. And the org -- the committee doesn't exist in the same format doing the same thing.
So I -- I would really defer, I think, to Dr. Puga and whenever he's spoken to -- to discuss what that might look like moving forward. I just can't speak to the criteria at that time.
Q. So Dr. Puga listed as one of the things

that the committee at that time was looking at was the security threat level, the criminal history, the medical -- strike that.
Currently, do you know what the criteria is for evaluating someone for transfer?
A. I do not.
Q. So as of right now, who at IDOC is responsible for making decisions about requests for surgery?
A. So who will be is going to be not one person. It's going to be the THAW committee, so the Transgender Health and Wellness Committee, which we are formalizing as we speak. And that is a major agenda item is surgery.
Q. And understanding that the Health and Wellness Committee hasn't met yet and has not been formalized, who today is responsible at IDOC for making decisions about surgery requests?
A. No one is being -- again, I'm going to go back to movement. No one is moving in the facility. We just started -- I believe it's going to be -- and I don't want to quote the day, but it has not even happened that our

offenders that are in reception center will finally, after months, move to an actual parent facility.
Surgeries are not what we have focused on in the past three or four months. Trying to keep our -- all of our offenders, including our transgender offenders, well and not sick from COVID has been our priority.
So at this very moment, right now, our focus is on making sure that our criteria are clear so that when we -- when we meet in September, that's the goal date for the first committee meeting, we can begin to entertain the surgery requests, but first we have to use this time to actually make sure we have the policy and procedure nailed down.
This hasn't existed before. It was just more of a conversation. People talked about it. They knew -- from what I understand, there were people who wanted surgery, but I think that there was a limited knowledge and limits in how to do that. And I think that we're better equipped to do that now. We're going to be all better trained to do that. And

I feel like getting this done will now be, you know, for sure a reality.
So there's no person that will be able to make that decision today. That's going to be in the hands of the Transgender Health and Wellness Committee. And our first meeting, if all goes well and there's no unforeseen obstructions, will be in September. And I don't know that that will be the first thing that we will address because there's going to be a backlog of issues that we may need to address at that time. But it certainly will be something that I am hoping we will address by, you know, this year, for sure.
Q. What will be the first thing --
A. And maybe sooner.
Q. Sorry. What will be the first thing that the Health and Wellness Committee will address once they meet?
A. I mean, I think we are going to be -- I think our priority is to get our clinics up and running. We can't just run to the surgeries. I think the most important thing is to get our patients established in a health and wellness

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

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

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

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

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Defendants' Exhibit 7
Excerpts of Porter Dep

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* * * * *

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THE VIDEOGRAPHER: Good morning. We are now on the record.

This begins video tape No. 1 of the deposition of Ms. Tangenise Porter in the matter of Monroe and others versus Rob Jeffreys and Melvin Hinton and others in the U.S. District Court of Illinois. Civil Action No. 18-156-NJR.

Today is Friday, June 26, 2020, and the time now on the record is 9:03 a.m. This video deposition is being taken via virtual deposition at the request of the law firm of Kirkland & Ellis, LLP. The Videographer today is Anthony Scardapane of Magna Legal Services, and our court reporter is Debbie Rannells also of Magna Legal Services.

Will counsel and all parties present please state your appearance and whom you represent?

MS. BAILEY: Amelia Bailey from Kirkland & Ellis on behalf of the plaintiffs.

THE VIDEOGRAPHER: Sir?

MR. HIGGERSON: Chris Higgerson representing the defendants.

THE VIDEOGRAPHER: Thank you.

Will the court reporter now please swear in the witness?

(Whereupon, the witness was duly sworn.)

THE VIDEOGRAPHER: Thank you. Please proceed.

TANGENISE PORTER,

called as a witness herein, having been first duly sworn was examined and testified as follows:

EXAMINATION

BY MS. BAILEY:

Q Great. Well, good morning, Ms. Porter. We briefly met off the record. But, again, just to reintroduce myself, my name is Amelia Bailey. I'm an attorney, and I'm here today representing the plaintiffs in this lawsuit that they are bringing against some members of the Illinois Department of Corrections.

So just to get started, could you please say and spell your name for the record?

A Sure. My name is Tangenise Porter. That's T, like Tom, a-n-g-e-n-i-s-e. And the last name Porter is P-o-r-t-e-r.

Q Great. And you understand that today you are testifying under oath as if you were testifying in open court; right?

A Yes, ma'am.

Q And is there any reason that you're aware of

that would prevent you from testifying truthfully today?
A No, ma'am.
Q And Debbie here is our court reporter, and she'll be taking down everything that you say. So it's important to give verbal answers to my questions, meaning, yes or no, rather than shaking your head or nodding your head.
It's hard to remember so, you know, I'll obviously let you know if that happens, but just try and keep that in mind as we move forward.
And then today we're obviously taking this deposition via video. And that can prevent some delay issues, so it's very important that you just try and wait until I finish my question.
And, obviously, I'll extend you the same courtesy and make sure I do my best to wait for you to finish an answer before I move on to the next topic.
Does that make sense?
A Yes, ma'am.
Q And then, finally, from time to time, Mr. Higgerson may object to a question I'm asking. Unless he instructs you not to answer, you should go ahead and answer my question.
Does that make sense?

A Yes, ma'am.
Q Great. So to get started, are you represented by counsel for this deposition today?
A Yes.
Q And who is that?
A Chris.
Q When did Chris start representing you?
A When I received the subpoena.
Q Do you know when that was?
A I don't have the exact date in front of me.
Q You can estimate if that's possible.
A I'm sorry, what did you say?
Q If you can estimate, that would be helpful. Like, a week ago, two weeks ago?
A So some time last week.
Q And without telling me the substance of your conversations, did you meet with Chris between receiving the subpoena and coming here today for the deposition?
A Yes.
Q How many times did you meet?
A Maybe once or twice.
Q Once or twice.
How long were those meetings?
A They were telephone conversations. Those count

as meetings; right?
Q Correct, yep.
A I don't know, maybe half an hour, 45 minutes.
Q Did you review any documents during those telephone calls?
A No, no.
I mean, outside of the subpoena itself. Does that count?
Q Yeah. Any documents other than the subpoena?
A No.
Q Did you review the subpoena with Chris during your telephone calls?
A He explained it to me.
Q And prior to receiving the subpoena, did you have any conversations with Chris or any other counsel from IDOC or the state?
A No.
Q Has anyone ever asked you to search for emails or documents related to this case, Ms. Porter?
A No.
Q Do you know if anyone has ever searched through your documents for this case?
A No, not that I'm aware.
Q And do you know someone named Steve Hinton who

works for the Illinois Department of Corrections?
A Yes, Dr. Hinton.
Q Correct. And I should just step back for a minute.
When I say IDOC, do you understand that I'm referring to the Illinois Department of Corrections?
A Yes.
Q Okay. So I'll just go ahead and use IDOC today with the understanding that that's what I'm referring to, if that's all right with you.
A Okay. Thank you.
Q Yep. So have you ever discussed this case with Dr. Hinton?
A No.
Q And have you ever had emails with Dr. Hinton about this case?
A No.
Q What about Melvin Meeks, do you know him?
A Yes, Dr. Meeks.
Q Have you ever discussed this case with Dr. Meeks?
A No.
Q And have you ever exchanged email correspondence about this case with Dr. Meeks?

A No.
Q What about Rob Jeffreys, do you know him?
A Yes.
Q And have you ever spoken to Mr. Jeffreys about this case?
A No.
Q What about Dr. Puga, do you know him?
A Yes.
Q And have you ever spoken to Dr. Puga about this case?
A No.
When you say "this case," you're talking about Janiah Monroe versus -- the caption that you gave me; right?
Q Correct, yep.
A No.
Q And what about Shane, I believe it's Reister, do you know him?
A Yes.
Q And have you ever spoken to, I believe it's Dr. Reister about this case?
A No.
Q Have you spoken to any other IDOC employees about this case?

A No.
Q And what about your deposition today, have you spoken to other IDOC employees about this deposition?
A No. Outside of Chris?
Q Correct.
A No.
Q So, Ms. Porter, I want to talk a little bit about your understanding of why we're here today.
So do you understand that you've been called here today to testify in your personal capacity?
A In my personal capacity?
Q Meaning, you're here representing yourself rather than all of IDOC.
Is that your understanding?
A Yes.
Q And I think we've covered this, but you've never been asked to look for or produce documents for this case; correct?
A No.
Q And we mentioned your phone calls with Chris.
Other than that, what did you do to prepare for this deposition today?
A That's it.
Q So you didn't review any documents on your own

before coming to the deposition today; right?
A No. I did get -- so when you talk about documents, anything that was -- I did receive an exhibit, and that's a document.
Q Sure.
A Okay, yes.
Q Was that -- did you receive that last night or this morning?
A Yesterday evening.
Q And so you took a look at that?
A Yes.
Q Do you remember what that was?
A It was a transcript.
Q Do you remember who was testifying?
A Oh, it wasn't -- I'm sorry, it wasn't that kind of transcript. Sorry.
Q Oh, okay. That's okay.
What kind of transcript was it?
A It was a conversation. A transcript -- a conversation from a telephone call for, I believe it's called, the Transgender Committee meeting.
Q Do you -- so was it a transcript of one meeting, just a single meeting?
A Yes.

Q Do you remember the date of the meeting?
A I believe it was February 18th.
Q Did someone ask you to review that?
A It was sent to me.
Q Who sent it to you?
A Chris.
Q And did you have conversations with Chris about it after reviewing it?
A No.
Q Did Chris ask you to look at anything specifically when he sent it to you?
A No.
Q Okay. Ms. Porter, are you aware that in this case there was something called a preliminary injunction hearing that took place in 2019?
A No.
Q And just to confirm, you haven't read any of the court's rulings in this case; right?
A No.
Q So I want to turn to your roles and responsibilities at IDOC, Ms. Porter.
Am I correct that your position is head of the women's division?
A Yes.

Q Is that your full title?
A It's Chief of Women and Family Services.
Q And when did you take over that position?
A February 1st of 2020.
Q Who held that position prior to you?
A It was -- the division was -- it was being overseen by Chief Robinson at the time.
Q When you say "overseen," what do you mean?
A Well, she was the person in the role before I was appointed.
Q Was her title Chief of Women and Family Services?
A No. Her title was Chief of Public Safety, I believe.
Q But part of her job responsibilities -- Strike that.

Her job responsibilities included the responsibilities of the Chief of Women and Family Services position; is that right?
A I don't know exactly -- I don't know exactly.
Q And what is Chief Robinson's position today?
A Chief Robinson has retired.
Q Do you know when she retired?
A Sometime at the end of May.

Q May 2020?
A Yes, I'm sorry, May 2020.
Q No problem.

When you -- so between when you started in February and when Chief Robinson retired in May, did you report to Chief Robinson?
A No, I report -- I reported to the Director.
Q And is that Jeffreys -- Mr. Jeffreys?
A Yes.
Q Did you work with Chief Robinson before she retired?
A Yes.
Q Did she provide any type of training or transition for you as you took over the role of Chief of Women and Family Services?
A She did provide like transition and training and things of that nature to familiarize me with the division.
Q What are some of the things that she did in terms of transition and training?
A So she would give me information -- information about the different facilities that fall under the women and -- the women's division, their capacity, their classification. So basic information about the

operations of the division.
Q And going back to you for a second, Ms. Porter, prior to becoming Chief of Women and Family Services, what was your position or job?
A I was with the Cook County Sheriff's Office.
Q And what position did you hold with the Cook County Sheriff's Office?
A So I was a -- I was a deputy sergeant/special assistant.
Q And what did your -- what did that -- what were the duties of that job position?
A So I managed Department of Juvenile Justice and Advocacy unit, and we did programs and services for schools in Cook County. So we had a truancy unit. We did summer camps.

I was community liaison for the First Deputy of -- First Deputy Chief of Police, so we set up community events and things of that nature. So preventative and education or programs for at-risk youth.
Q So is it safe to say your prior position before moving over to IDOC focused primarily on youth?
A Yes. And their families, yes.
Q And your current position with IDOC, Chief of Women and Family Services, you focus both on youth and

families, and then also women specifically; is that correct?
A Yes.
Q So now circling back again to the training and transition that Chief Robinson provided for you, did she provide some training specifically about ways to deal with female prisoners?
A So when you say training to deal with female prisoners?
Q Sure. So your job prior to IDOC was primarily focused on youth; correct?
A Yes. Well, I mean, I worked for the Sheriff's office so I did -- I mean it's the Department of Corrections so . . .
Q Sure, okay. Good -- that's an important clarification.

Prior to becoming Chief of Women and Family Services, your role and responsibilities primarily focused on youth and their familiar you said?
A Mm-hmm.
Q And then as you moved into the position of Chief of Women and Family Services, your job responsibilities expanded to also include women; is that correct?

needs a five-minute break.
MS. BAILEY: I'm okay too.
Ms. Porter, are you okay to keep going?
THE WITNESS: Yes, ma'am.
MS. BAILEY: Okay. We'll keep going.
BY MS. BAILEY:
Q So I want to go back to the transgender care committee, Ms. Porter.
So you mentioned that you've been invited to some of the phone calls; is that correct?
A Mm-hmm. Yes.
Q When you first started on February 1st, did someone mention the transgender care committee to you?
A No, not -- no.
Q How did you first hear about it?
A Through -- from Chief Robinson.
Q And what did she tell you about it?
A That it was part of the responsibilities and the duties to participate in the calls.
Q Responsibilities and duties of your position; right?
A Yes, the women's division, mm-hmm.
Q Did she say to you you sit on this committee?
A No. She just said that there's a telephone

call that she's part of, and that she would have me added to the list of invitees.
Q During the telephone calls that you've participated in, what all is discussed during these telephone calls or is it limited to one subject?
A The one telephone call that I was on, it was a discussion -- it was a discussion -- so cases were being presented to -- for possible transfer.
Q So was it just transfers that were discussed?
A Yes, on that call.
Q And have you participated in any other calls besides that? I'm assuming that was the February call?
A Yes, that was the February call. And there was one other call that I participated in. I think -- I don't know when it was.
Q And what was discussed on that call?
A Items that a woman was requesting to receive or access to a -- to some items.
Q When you say "items," could you give a little bit more description about that? What do you mean by "items"?
A So -- what is it called? I can't remember exactly what it was, but it was something that the woman was requesting to have I believe at her facility.

Q Was she housed at a male facility?
A Yes.
Q And was just one prisoner discussed on this second call?
A I believe so. I can't -- I believe so.
Q Okay. So to your -- to the best of your knowledge, there's just one transgender committee; right?
A Yeah, mm-hmm.
Q And you participate in those calls; right?
A Yes.
Q But you don't believe that you sit on the committee; is that right?
A Yes.
Q Do you know if the committee has calls or meetings that you're not invited to?
A I don't know.
Q And you've been referring to the committee as the transgender committee.
Is that its formal title, as far as you know?
A Yeah, yeah. I know it has those words in it. I'm not exactly sure what the actual official title is.
Q And it's your understanding that you're invited to these meetings as part of your responsibilities as

head of the women's division; is that right?
A Yes.
Q Do you know who all sits on the committee?
A No. Who all are part of the telephone calls or?
Q Well, yeah, let's start with that.
Who else participated in these telephone calls?
A So I know Dr. Puga, Dr. Hinton, Chief Robinson. Who else? Mike Chappell has been on the call. Those are the names -- those are the ones that I can remember. Oh, Dr. Conway, I think, are on those -- has been on a call. I can't remember who else -- everyone else.
Q Do you know what Mike Chappell's position is?
A No, I don't.
Q And Dr. Conway, do you know what her position is?
A She's on the medical team.
Q Do any of the people that you just mentioned have expertise treating gender dysphoria?
A I don't know.
Q How often do these phone calls take place?
A I believe the first Tuesday of the month. After the one in February, because of COVID, we -- I

think the one in February, February 18th, is the only one that I can remember. And then another one, I don't know. I don't know if it's April -- wait, I don't know. Another one like maybe a few months down the line.

Q So you've attended two since you started in February of 2020?

A Yes, ma'am.

Q And, to the best of your knowledge, there have not been any phone calls that have taken place that you were not invited to; correct?

A To the best of my knowledge, yes.

Q Do you know if prior to COVID the committee was meeting in person rather than by phone?

A I don't know.

Q But the meeting in February was done over the phone; correct?

A Yes.

Q How does a transgender prisoner become considered by the committee? How are they put forth before the committee?

A I don't know.

Q So you don't know how a transgender prisoner would request a hearing by the committee?

A No.

Q When the committee discusses a transgender prisoner, is there someone that's responsible for describing them and explaining why they should get the thing that they're requesting?

A Yes.

Q And who is that person typically?

A I don't -- I don't know specifically. There is quite -- there's been quite a few people on the telephone call, so I don't know specifically who. I don't -- I don't know.

Q And you're not sure if someone leads these calls; correct?

A So, like, who hosts the telephone calls?

Q Sure, we can start with that.

Who hosts the telephone calls?

A I just get an email with a telephone number and I just dial in, and then I just announce that I'm on the telephone call.

Q And during the call, is there someone that is leading the discussion?

A It seems like -- it appears -- it seems like there's a presentation. Like someone starts with the presentation. I don't know exactly who that person is that starts with the presentation. I can't remember who

would have opened up the call, the one that I was on. I can't remember.

Q Does it feel like during the call there is an equally allocated discussion among all the participants then?

A Yes.

Q Prior to these calls, did you review any materials to prepare for the call?

A No.

Q Did anyone send you any materials prior to the call?

A No. No, not that I remember.

Q So you didn't review a case file or records about the transgender prisoners that were being considered that day?

A Oh, so there -- part of the email is -- a part of the email is some information on the person that's being presented, I believe, yes. I'm sorry.

Q And is that something you opened up during the call?

A Yes.

Q But you didn't review it beforehand?

A No. It's -- because it is like a case -- a case presentation maybe, for lack of a better word.

Q What all is included in that case presentation?

A I don't remember all the details. I think it's -- I think it gives some demographic information about the person and things of that sort, if I remember correctly. But I can't remember everything that's included with it.

Q Do you remember if it includes grievances from the prisoner being presented?

A No, I don't remember that. I don't, no.

Q Do you ever remember looking at a grievance during either of the phone calls you attended?

A No, I don't think so.

Q And the prisoners themselves don't appear or dial in by telephone during these meetings; correct?

A Not that I know of.

Q You've never heard of a prisoner speak during those phone calls; correct?

A Right, correct.

Q Do you know if anyone who has participated in these phone calls met with or interviewed the transgender prisoners being presented?

A I think it might have been mentioned on the telephone call that someone had.

Q But you've never interviewed a transgender

hormone levels; correct?
A Mm-hmm.
Q So why did you think it would be helpful to hear about Padilla's testosterone levels?
A So that if it's mentioned, the people on the telephone call that would need the information could have the information. I just didn't hear it mentioned so, and it was mentioned on the last person. I imagine that's why I asked.
Q Okay. But for purposes of your deliberation, hearing about the hormone levels wasn't important because you didn't have the background or information to interpret those levels; correct?
A Yes.
Q And why did you ask about prisoner Padilla's sexual identity?
A I don't know why I asked about that. I don't know. I don't --
Q Is it -- oh, go ahead.
A I don't know.
Q Is it possible you asked about it because it had been mentioned for other inmates that were discussed at the committee?
A I guess that's possible.

Q Okay. So in response to your question about testosterone levels, Terri -- I think it's Schulte or Schulte -- responded that "her estradiol was 101 in November and her testosterone hasn't been done since April of last year when it was 54."
Do you see that?
A Yes.
Q And this phone call took place in February of 2020; right?
A Yes.
Q So what Ms. Schulte is saying is that this prisoner Lydia Padilla hadn't had her testosterone levels tested since April of 2019.
Is that your understanding of what she's saying?
A I would imagine, based on that statement. I don't know.
Q Does that seem like a long time to you to go without having hormone levels tested, almost a year?
A I have no idea.
Q Okay. So you don't have any sense of how often hormone levels should be tested; right?
A Right.
Q So when Terri Schulte gave her answer about the

hormone levels, did you feel like you got a satisfactory answer to your question and had enough information to evaluate Miss Padilla?
A No, no. So my reason for the question was so the information could be put out there because I heard it mentioned before. So I wasn't asking the question to make a determination on -- to be part of my evaluation for the determination -- of the transfer, is that what you asked?
Q Right.
A Yeah.
Q So what information were you considering when you were deciding about whether Miss Padilla should be transferred or not?
A I was not considering -- I was not -- I was on the call just to see how the process worked, and that's it.
Q Sure. Do you know why then Dr. Puga asked for your vote?
A I mean, I imagine because of my title.
Q Okay. And then going down to Page 9, it looks like you again deferred your vote to Nikki Robinson about Padilla; is that right?
Do you see that right there?

A Yes.
Q And, again, that's because you felt like you didn't have the proper training and experience and background to make a decision about whether this prisoner should be transferred; correct?
A Yes.
Q And then if we go down to Page 10, Dr. Puga says, "They will contact them once the transfers are set in motion."
So it looks like Miss Padilla was approved to transfer; is that right?
A I imagine. Does it say that . . .
Q Well, I guess I should ask, do you remember from that meeting if Miss Padilla was approved to transfer?
A No, I don't remember.
Q And as far as you know, Miss Padilla has not been transferred to Logan; right?
A Yes, as far as I know.
MS. BAILEY: Okay. That is all I have on that document. I think, if it works for everyone else, we can break for lunch.
MR. HIGGERSON: How much more do you anticipate having after lunch?

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

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

Plaintiffs,

vs.

ROB JEFFREYS, STEVE MEEKS and MELVIN HINTON,

Defendants.

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

The videotaped videoconference deposition of DR. SHANE REISTER called by the Plaintiffs for examination, pursuant to notice and pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before Diane J. Corona, CSR, License No. 084-00257, via Magna Legal Vision, on Monday, August 17, 2020, commencing at the hour of 8:59 clock a.m. CST.

Magna Legal Services
866.624.6221
www.MagnaLS.com, by:
Diane J. Corona, CSR

Defendants' Exhibit 8
Excerpts of Reister Dep.

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Also present: Anthony Scardapane, videographer

* * * *

I N D E X

THE WITNESS: DR. SHANE REISTER

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THE VIDEOGRAPHER: Good morning. We are now on the record. This begins videotape No. 1 of the deposition of Dr. Shane Reister in the matter of Monroe and others versus Rob Jeffreys, Melvin Hinton, and others in the U.S. District Court, Southern Illinois. Case Number 3:18-CV-00156-NJR.

Today is Monday, August 17, 2020. The time now on the record is 8:59 a.m. Central time. This deposition is being taken via virtual deposition at the request of King & Spalding of Houston, Texas.

The videographer today is Anthony Scardapane of Magna Legal Services, and our court reporter is Diane Corona also of Magna Legal Services.

Will counsel and all parties present please state your appearance and whom you represent.

MR. RAY: Brent Ray of King & Spalding for the plaintiffs. Along with me today virtually is my colleague, Abby Parsons, from Houston.

MS. COOK: And Lisa Cook present for

the defendants. And I'm also representing Dr. Reister for this deposition.

THE VIDEOGRAPHER: Okay. Will the court reporter now please swear in the witness.

THE REPORTER: Raise your right hand, please.

(Witness sworn.)

THE VIDEOGRAPHER: Thank you. Please proceed.

DR. SHANE REISTER,
called as a witness on behalf of the Defendants, having been first duly sworn, was examined and testified as follows:

E X A M I N A T I O N

BY MR. RAY:

Q Good morning, Dr. Reister.
A Morning.
Q Would you kindly please state your full name for the record.
A Shane Michael Reister.
Q Dr. Reister, I know that we're conducting today's deposition virtually. You may have had some experience with this over the last few months. If for any reason you're having

in a vary enhanced way, and the amount of additional, you know, training and supports and what have you.

Also, I want a location that is close to a major metropolitan community in case there is a complication with the medical side such as a surgery. I want somebody near a hospital. That's why I had recommended Centralia Correctional Center. It meets basically all the criteria that I'm really looking for. They are very supportive of the trans population. They're knowledgeable and have very aware staff on trans issues, not just criminals, people with criminogenic histories, but also just in general. And it's in very close proximity to St. Louis which provides large hospitals. If there is a complication, we can get them there very quickly. So that was my recommendation.

They didn't specifically say the institution, nor did they say those other factors for considering. I added those additional factors and limited down and broke down the population into a smaller group of people who are bullied a lot.

So that was the final submission. I felt that there were missing pieces that the Moss Group overlooked that needed to be in there. I don't know if overlooked is the right word, but they didn't have it included in their plan specifically, and I wanted those factors in because I want it to be successful in -- you know, if we're going to implement it, and I want to address all the issues.

And that would be a voluntary program, not required. Because not all offenders want to go into the facility, either the bullied offenders or the trans offenders. So it would be voluntary.

Q Dr. Reister, I know that there is an administrative directive that we talked about today that is in the works. When will that be finalized and enacted?

A I don't know. It is out of the developers, which is myself, Dr. Puga, Dr. Conway the operations individuals, and my understanding -- and again, it's not within the scope of my job task. But my understanding is that is going to policy and directives. They review all the

policies and make sure there isn't any inconsistencies or conflicts or mistakes in basic grammar, writing, that sort of thing.

So it is far along in the process. However, I don't know how long it will take them, to be honest. It could be a matter of weeks or a matter of months. I can't foresee the future, but it's -- it's very short.

Q Okay. We can --

A We update mental health policies and they come out a few months later.

Q Okay. And would you agree with me that until the new administrative directive is -- scratch that.

You would agree with me that the current administrative directive that is in place today renders IDOC not in compliance with WPATH Standards of Care?

A As written, it does. But in practice, we have already implemented changes that are beyond that such as -- you know, we've already enacted the survey, for example. We've already enacted that hormone decisions are made on the site level. So we have been eliminating things

that are noncompliant.

We've already implemented reaching out to WPATH to created additional trainings to enhance the mental health providers' expertise. We're already implementing Dr. Anderson's trainings in terms of consultations, case conferences. So we are implementing many of the pieces in advance of that AD coming out.

Q Okay. So you're working on it?

A We're working on it, yes. We're working very steadily, and we're very serious about working on it. I have a lot of support for the changes.

Q Now, I want to go back to something we talked about before the break as well regarding the mental health providers that work under your supervision. Are those individuals IDOC employees or are they Wexford employees?

A They're Wexford employees. There are a few exceptions, but in general they are IDOC employees. You know, myself, I might sit in on a group and I might provide feedback or interject something into the group process. But in general,

they are Wexford employees.
Q Just to make sure the record is clear, that with some rare exception, the -- well, you are an IDOC employee. The mental health providers that you oversee are Wexford employees?
A Yes, that I provide consultation for. I have no -- I have no human resources jurisdiction over them.
Q Okay. And you also don't have access to their personnel files and résumés?
A That's correct.
Q Okay. So when -- if you are under the -- you have no way to know one way or the other then what the qualifications are of a particular mental health provider because you don't have access to that file?
A I know the basics that we talked about earlier in terms of in order for them to qualify. Because they do have contractual obligations in terms of getting us individuals who can do that differential diagnosis, people who are DSM-V competent. So those basic clinical requirements that are listed in the competency, you know, having supervised practicums, those are

requirements of the contract. But some of the other transgender specific, I wouldn't have access to that because that would be part of the résumé, not the basic contract that we have.
Q Okay. So you -- so is it your -- is it your testimony then that it is not a basic requirement to be hired by Wexford to be a mental health provider within IDOC to have met all minimum requirements under the WPATH Standard of Care competency requirements?
A No. That's not what I'm saying. What I'm saying is I am not privy to the additional requirements that they might have in terms of their recruitment and hiring of employees. I can't speak to those additional requirements that are outside of our contract. The reason I can speak to the contract is -- items is it's written specifically in our contract. So I can't speak to the additional employment pieces that are beyond the contract.
Q Okay. So maybe let me ask it a different way. You assume that the -- well, let me ask it this way.
Based upon your knowledge of

the contract that Wexford has with IDOC to supply mental health providers to IDOC, does someone who has -- meets those basic requirements guarantee that they will be competent under the WPATH Standards of Care?
A I cannot speak directly to that. But I can say that employees, that they do have an initial trial and training period. And if they don't meet those standards, um, of competency, that they do have it so that they can actually terminate employment of individuals that aren't meeting competency standards. It's up to them to determine competency standards for individuals and trainability.
Q So are you saying then that Wexford will not hire anybody who doesn't meet the WPATH Standards of Care and minimum competency requirements?
A I can't say whether that's part of their hiring process. I have no way of knowing if that's one of their required areas that are beyond the State's contract with them.
Q Okay.
A So I have no way of knowing.

Q Is IDOC compliant with the WPATH Standards of Care when it comes to assessing gender dysphoria in transgender prisoners?
A Yes. We are all -- I provide screening on the assessment domain so that the clinicians can do proper assessments. I utilize a combination. They first start off with our mental health evaluation form, and that is due 14 days after arrival at a parent institution. Or if it's been done 60 days prior to a transfer, then they would review that -- that mental health evaluation.
That's a starting point. It provides basic demographics, basic background, histories on family. It provides an ability for people to determine addiction recovery issues and mental health problems. And then -- because proper assessments of co-occurring disorders, which would be, you know, intellectual disabilities and substance abuse and mental health addiction issues is part of the basic care that's provided, it's also part of the WPATH Standards of Care as well. And then they will do additional interviewing to gather WPATH transgender specific

things like, you know, what is their gender identity over time, you know, what is their -- the extent and how gender dysphoria has presented itself. I ask them to address in their assessment their minority stress management in general.

Because remember, transgender people aren't just transgender. They are the intersectionality of all of their identities. So they may be impacted by racism, Islamaphobia, or any number of other prejudice and all of those combined. And they may have different ways of managing different elements, different aspects of their identity, or there may be a consistent form.

So I want to know the different ways that they're coping and whether they're healthy or unhealthy. We have individuals, for example, that relieve emotional distress through, you know, cutting behavior. They're enacting the emotional pain with physical. There's a lot of psycho dynamics as to why that is. There's a lot of individuals that also have addiction recovery issues because they're managing those feelings through chemicals. Some individuals may engage in fighting behavior and

other forms of acting out. Some people may be social support seekers. Those are just a few examples of the types of stress management they may use. There are other coping skills. We use that to determine whether we need to help them develop additional healthy coping.

The other element that I wanted --

Q Okay.

A Oh, do you want me to go over everything, or do you want just kind of a skimming over?

Q Well, I mean, I don't mean to interrupt, but I did just want to pipe in on something here just to clarify a point then.

I mean, it is the -- it is the site mental health providers who are responsible for assessing whether or not a -- whether or not an inmate has gender dysphoria, correct?

A That is correct.

Q Okay. And it's the same site mental health providers that are going to be educating, for example, those inmates on what options might be available for them for treatment?

A Yes. But they would be referring out ultimately the medical interventions.

Q Right.

A They might mention medical, but they're going to refer out to medical those.

Q Understood.

Is there a written sort of guide so that these mental health providers know how to do this? Are they provided something?

A There are three sources to gather information. Obviously -- well, not obviously. But the administrative directives do provide some basic guidance on major areas, but it's very brief and vague. So it's expanded upon in the standard operating procedure manuals. But do keep in mind that manual is based on the old ideas and it's going to need to be updated. But these assessment criteria won't change. It will be more some of the other specifics that we talked about that we're changing earlier.

And in addition, part one and part two mental health and corrections training that I've talked about earlier, is on our mental health SharePoint. So if they want to re-review

the materials, they can. And I do periodically update those. You know, I've, you know, basically rearranged the slides so I thought it was more user friendly so that they can have ready access. Some individuals may choose to print off certain pages like on assessment or certain pages on the DSM assessment or, you know, that sort of thing.

So it's available through those three sources. And I also talk with them that they should be printing off the WPATH Standards of Care, or at least using the electronic version because that's free and available off of WPATH.com. And so the clinicians will take a look at that as well. But probably the most user friendly is the slides from my training.

Q And what quality assurance do you have that these 35 to 40 mental health providers are going about this in the right way?

MS. COOK: And I'll object to that. Outside the scope. Dr. Conway will talk about quality assurance.

MR. RAY: I think that as part of WPATH -- I mean, your objection is noted. But as

part of being compliant with WPATH is also making sure that the things are getting done right.
BY MR. RAY:
Q So I'm asking the 35 to 40 mental health professionals under your supervision, what quality assurance do you have that they're doing this and going about assessing gender dysphoria and educating inmates in the proper manner?
A We have a division of mental health -- and do keep in mind, I'm not speaking to medical. We do have a separate division within mental health that provides our QI for the mental health services. A lot of those criteria that showed competency are directly applied. You know, for example, the -- you know, dealing with co-occurring disorders and mental health assessment.
In terms of the oversight, you know, of gender dysphoria, everybody is required to do proper diagnosing, and so we do look at those mental health evaluations. That should have gender dysphoria listed. It should meet -- and individuals are supposed to be identifying why they came up with the diagnoses. So that should

be in there and in that.
So our quality assurance piece is within those departments.
Q So you personally don't --
A And that's conducted -- I'm sorry. And that's conducted by the State.
Q Okay. So you personally are not reviewing their records to make sure that they're doing it correctly. That's a separate department that is -- that is doing quality checking?
A The quality assurance piece that you were asking about in terms of how you phrased it and how I understood it is done by a separate department. However, I do, when I go into facilities, look at charts and take samples as I'm working with those.
For example, when offender Monroe -- when we were making the decision to transfer to the female division, Dr. Puga and I both looked at the chart, and gender dysphoria was clearly identified. So we didn't just go by our interview when we went to interview the offender at Pontiac. We also looked at the chart to, you know, see that this individual meets gender

dysphoria.
In general, I haven't found a lot of problems with gender dysphoria diagnosing with the mental health team. The criteria are pretty straightforward. It's just really a matter of following our assessment, interview guides. And they're pretty straightforward, too.
Q Okay. So just to make sure I have this straight. When an inmate is being assessed for gender dysphoria, is being educated about the things that they have, the options available to them when they're being looked at, for example, for potential referrals for hormone treatment and the like, it is obviously the site level mental health provider who is doing that work, correct?
A Correct.
Q Okay. And the quality assurance of that work is being done by a separate department by the State, although you may from time to time also see those records for certain inmates, correct?
A Correct.
Q Okay. The people who are doing the quality assurance checking at the State, are any

of those people -- do they meet the minimum competency requirements under WPATH Standards of Care?
A I wouldn't know that because that doesn't fall under my job tasks. They -- if they have attended my training, they would have at least those base information. But I can't say specifically their job qualifications in terms of WPATH standards.
Q And are the quality assurance people you are talking about, those are employees of IDOC and not Wexford?
A They're IDOC employees. And all of them are -- are experts in terms of DSM-V which is where you get the gender dysphoria diagnosis. So they all are competent in gender dysphoria diagnosing.
Q Okay. Is IDOC, when it comes to the topic of hormone therapy, currently compliant with all applicable WPATH Standards of Care?
A That's outside of my scope of practice, so I can't tell you. And I don't assess the medical department because it's outside my scope.

the committee.

And I'll be honest. I don't remember when. My questions were really along the lines of a medical director making that decision doesn't make a lot of sense to me, and so I raised that concern pretty early on. But I don't remember when I read that -- that section of the AD specifically and raised that concern, but -- I don't remember exactly when it was.

MR. RAY: Okay. I have no further questions on the 30(b)(6) portion of this. I will note there were some aspects of the topics, namely the terms of the engagement relating to certain of the third parties that have engaged, where we didn't get right answers. We also had some issues relating to certain topics were relating to medical providing that Dr. Reister couldn't answer. So we're going to --

Lisa, I'll have a conversation with you after the deposition about seeing if Dr. Puga can cover some of those topics. Otherwise, we're going to leave the deposition open on those segments of the topics that were inadequately covered today.

But with that, I will pass the witness for the 30(b)(6) topics for today, and we will continue after with the 30(b)(1) portion of the deposition.

E X A M I N A T I O N

BY MS. COOK:

Q Okay. So Dr. Reister, I want to follow up on some of the questions you were asked. And just so it's clear, the TCRC that was in place and the administrative directive that were in place, they have been -- or been in the process of changing since the Court's order in this case, correct?

MR. RAY: Objection. Lacks foundation.

THE WITNESS: Correct. I'm sorry. I didn't --

MS. COOK: I think the court reporter got it down.

THE WITNESS: Okay.

BY MS. COOK:

Q So the transgender committee has still been working in some form until the new administrative directive is in place, correct?

A Correct.

Q And one of the things you were asked about was about the transgender committee overseeing hormone treatment. Does the Transgender Care Review Committee still oversee any hormone treatment?

A No. That's on the site level.

Q And so as far as WPATH standards concerning hormone treatment, that's not applicable to the Transgender Care Committee at this --

A That's correct.

MR. RAY: Object -- I'm sorry. Objection. Leading.

BY MS. COOK:

Q And then as far as any committee reviews of surgery, you anticipate that the THAW Committee that you discussed will be following WPATH standards?

MR. RAY: Objection.

THE WITNESS: Yes.

BY MS. COOK:

Q As far as you know, will the committee oversee aftercare of any prisoners who

do receive gender-affirming surgery?

A The site level would take care of aftercare needs, as well as the surgical team may have specific recommendations. But that -- that medical care would be taken care of at the site level, to the best of my knowledge.

Q And you mentioned that the department is in the process of engaging with University of Illinois Chicago Transgender Health Clinic?

A Yes.

Q Do you know exactly what that clinic is called?

A I don't know the exact name, to be honest.

Q Has the department finalized that relationship?

A No, it has not. Again, this is all in the works. We're moving as quickly as we can.

Q And you also explained that many of the commissary items will be available at facility regardless of the gender of the population, correct?

MR. RAY: Objection. Leading.

THE WITNESS: Correct.

BY MS. COOK:
Q And so what kind of commissary items will be -- will the department be offering, say, to transgender females who are at a male facility?
A The common request of the female division, lotions and cosmetic products that have a certain scent that our culture perceives as feminine scents. And things like the makeup, we've talked about the importance of not concealing one's identity with how one uses those cosmetic products. So that also would be something that individuals would have to take some responsibility for how they utilize it, so that implies that those are going to be on there as well.
I believe the female division has different bras that are available, you know, and other female products that might be on there. The male division, the offenders are wanting more masculine clothing, and the masculine-scented cosmetic products is what they're asking for and they would get by the merger.
Q So many of the changes that are taking place are not reflected in the current

administrative directive that's in place?
MR. RAY: Objection. Leading.
THE WITNESS: No.
BY MS. COOK:
Q And so I wanted to ask a little bit more about training just so that it's clear.
So WPATH, through its global education initiative, is going to offer training to IDOC staff; is that right?
MR. RAY: Objection. Leading.
THE WITNESS: Yes.
BY MS. COOK:
Q And that training, is that going to be for only mental health or medical and mental health?
MR. RAY: Objection. Leading.
THE WITNESS: Mental health.
BY MS. COOK:
Q If Dr. Bowman and Dr. Anderson testified that it was for medical staff and mental health staff, would you dispute that, or are they different trainings?
MR. RAY: Objection. Assumes facts not in evidence, and also leading again. Lacks

foundation. Also outside the scope of my testimony.
BY MS. COOK:
Q You may answer.
A I only track the mental health training, so I -- I wouldn't be in on any meetings with Dr. Anderson about the medical. So anything they have going, I wouldn't be in on those meetings.
Q When the department does trainings like the transgender health training that you have been putting on, are those solely for State employees, or are contractual employees also doing those trainings?
A Both State and contractual employees. Also the chief of chaplain services attended one of them. So we get requests, and I will consider those requests. But yes, both Wexford Health Sources and State mental health are invited, and it's designed specifically for them.
Q And so the only trainings that maybe people who work under you or who work with gender dysphoria patients in IDOC, the only trainings you don't know about are Wexford's proprietary

trainings?
MR. RAY: Objection.
THE WITNESS: Correct.
MR. RAY: I don't know how he can know what he doesn't know. Also, objection, leading.
BY MS. COOK:
Q Do you know as far as other WPATH trainings, are staff members trying to take -- have they been trying to take WPATH conference trainings?
A One individual was able to do it. And I'm so sorry. I'm blanking on her name. I'm sorry. Webb. I'm sorry. Debbie Webb took a WPATH training. I know that a number of people signed up for the May Kansas City training. Unfortunately, that was cancelled due to COVID-19, including myself. I was also going to go to that. So like, for example, Dr. Fairless signed up for that training.
So yes, staff are -- are -- you know, as an interest is -- they are going to get additional education.
Q And will the State pay for that, or

do people have to pay on their own?
A If you want it paid for the State, you have to be a State worker, and you have to submit a request and a rationale why. And -- for example, they agreed to pay for mine. Now, I didn't submit for that, but I could have submitted for it. So I know that at least in one case, my own, they were willing to pay for it.
Q And the department also has a training department, correct?
A They do.
Q And so that is who often gives the training that you created?
A Yes. That is -- and they coordinate tracking the all-staff training. They also track my trainings as well. I had to submit my trainings to them, and they keep it on file and what have you. We have an entire training system so that we can keep track of that. As well as my -- as well as my executive secretary, she keeps a list of individuals as well so that we can create and generate from the waiting list who would like training or retraining.
Q And you mentioned that your -- you

know, you consider your training to be a work in progress. Do you intend to incorporate all the notes you've been collecting into the training as you revise it?
A Well, what I -- what I do is as I go and I give a training and I get a new piece of information, I just quickly try to put it in. But the notes -- the feedback I get goes into a pile, and then there are some times I'll keep a little pile in my office of journals and different books. I've had to expand the length of the training as I expand the materials. So I can't guarantee you -- we're up to ten hours now, so it may go even higher over time as different things come out. So it really depends on the feedback and the, you know, research I do or the trainings I go to. Because I do this on an ongoing basis.
Intersectionality of identity is a specialty area I'd like to gather further information on. Not just transgender, but race and all the other forms of identity.
Q You were asked also about housing decisions. You know, you mentioned some of the decisions could be tabled. Do you know, is it up

to those offenders to re-raise the -- their request to be moved to a different facility, or is that something that staff can do?
A Staff can definitely do that. When we've tabled things, we'll usually give a specified time frame. You know, it would be a case-by-case basis. But my survey includes that question, so we're very soon going to have a list of people who have that request. Of course, we'll have to cross reference in case there's somebody who is already approved, but it's been delayed due to COVID-19. But that's pretty easy to do that.
So I'll have a list of everybody outstanding who has not moved divisions who are wanting to be moved.
Q Are any inmates being moved to different facilities right now during COVID-19?
A We have emergency transfers to, like, our inpatient units and our residential treatment units, and then we have a quarentine process. But no, and we're having an upswing in our cases that's pretty significant, particularly in Southern Illinois, but also at places like East Moline and some of the other sites.

So COVID-19 is a concern right now because of the upswing of cases, offenders and staff.
Q And in addition, has Logan Correctional Center asked that transfers be staggered?
A I believe they have asked for it to be staggered so that they can -- they can prepare and also acclimate offenders who are received there. And that allows us to address any individual concerns those individuals have. So they have requested that, but with COVID-19 we're basically backlogged on transfers. Even transfers to the RTUs are being held or only doing the emergency ones at this point in time.
MS. COOK: Those are all the follow-up questions I had.
MR. RAY: I didn't have any follow-ups on the 30(b)(6) portion. I think we can move on to the personal deposition.
THE REPORTER: Can we go off the record for just a minute. I'm having some technical difficulties.
MR. RAY: Why don't we take a two- or

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,	)	
Plaintiffs,	)	
vs.	)	No. 18-156-NJR
ROB JEFFREYS, MELVIN HINTON, and STEVE MEEKS,	)	
Defendants.	)	

ZOOM VIDEOCONFERENCE VIDEOTAPED

DEPOSITION OF NEIL FISHER, M.D.

Phoenix, Arizona
August 11, 2020
8:03 a.m.

Reported by:
SHANNON STEVENSON, RPR, CCR
Certificate No. 50461

Defendants' Exhibit 9
Excerpts of Fisher Dep

I N D E X

(WITNESS)		PAGE	LINE
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	Examination by Ms. Cook.....	145	2

* * *

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3	May 1, 2020, email, Bates Nos. 128 and 129	51	12
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9	Curriculum Vitae of Arthur Dominic Funk, MD, Bates No. 140	122	14
10	Email string, Bates Nos. 378 through 384	126	13
11	June 2, 2020, email with attachments, Bates Nos. 222 through 275	137	11

ZOOM VIDEOCONFERENCE VIDEOTAPED
DEPOSITION OF NEIL FISHER, M.D.

commenced at 8:03 a.m. on August 11, 2020, at 3101 North Central Avenue, Suite 290, Phoenix, Arizona, before SHANNON STEVENSON, Certified Court Reporter, Certificate No. 50461, for the State of Arizona.

* * *

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transfer of inmates that help guide the process. I'm confused by the question.

Q Sure. Wexford just hasn't had anything to do with that as it relates to helping IDOC comply with the Preliminary Injunction Orders as it relates to transfer of prisoners?

A I don't remember that transfer of prisoners was a part of that injunction order. I just don't personally recollect that topic.

Q Okay. Had Wexford been involved in anything related to transgender searches at any of the prisons?

A Searches as a security function, so, again, if IDOC requests input from Wexford, Wexford would participate. But I don't remember that being a conversation on the three conference calls that I was on, so I don't recollect that.

Q Has Wexford had any input on IDOC's transgender care committee and its structure?

A Again, that's an IDOC function. I know that transgender committee still exists, but, again, that's an IDOC function. I don't -- I don't recall any specific conversation that occurred during those three meetings about specifics related to that topic.

Q Is it fair to say that Wexford's role in helping IDOC attempt to comply with the Preliminary

Injunction Orders has been limited to guidance and training?

A I would not say that that would be the limited role. There's a number of things that our guideline comes up with. So our guideline came up with consent forms for hormone therapy. So that was something that we assisted the IDOC with, the appropriate patient consent forms. We've advised IDOC on -- it mentions in this memorandum on Page 2, No. 6, we've advised IDOC about the "clinic progress note template for the transgender patient." We talked about some items that may be beneficial to have on that form, but that would need to be an IDOC form since it's going into an IDOC medical record.

Q Okay. With those clarifications, Dr. Fisher, is it fair to say that those are the things that Wexford has helped IDOC with?

A Well, I think it's always important when we're discussing during these calls that Wexford has different clients around the country and each client is doing things in a different manner. So we are there to give information to our client about ways that things are done in West Virginia or Florida or Alabama or our newest client which is New Mexico. Each client does transgender care a little bit differently, so we are there as subject

matter experts related to corrections.

Also, our guideline that Wexford developed, we used a large reference of that was from the Bureau of Prisons, the Federal Bureau of Prison guideline related to transgender care. We've used that as a reference and mentioned that reference to our client. We also, as part of those conference calls related to Item No. 8 on Page 2 of the January 21st memo, talked about where we were at with providing readily available expert professional medical consultation when needed via telemedicine for complicated cases or when a provider needs guidance. So we were there to discuss what we had done with reaching out to University of Illinois Chicago to the Endocrine Department and arranging for consultative services to be available for our clinicians for challenging cases.

We've also mentioned to our client that our Regional Medical Directors, which there are three Regional Directors in Illinois, were very familiar with Wexford's guideline so that clinicians could reach out directly to them if there were questions. And those Regional Medical Directors to reach out to myself, Dr. Ritz, or any other -- the other Corporate Medical Directors as needed also.

Q Dr. Fisher, has Wexford's daily activities at IDOC changed since the PI was entered in December 2019?

A Yes.

Q How so?

A Well, the memorandum from January 21st of 2020 outlined to our providers, this is directed to all Regional Directors, Medical Directors, physicians, and advanced practice-level providers of a change that was occurring related to the Preliminary Injunction. So it says a Preliminary Injunction was entered 12/19/2019 by the United States District Court for the Southern District of Illinois for IDOC to cease the policy and practice of allowing the transgender committee to make medical decisions regarding gender dysphoria and to develop a policy to ensure that decisions about treatment for gender dysphoria are made at the facility by medical professionals who are responsible for the care of such patient and qualified to treat such gender dysphoria.

So where the committee used to recommend hormone therapy, that's now at the site level with the clinicians at the site. So that's a definite change that has occurred. The other change that occurred was to guide our clinicians. We came up with that guideline that helps them to understand more about the monitoring, the medications, the doses, the meaning of the lab reports, the possible side effects related to these medicines, potential consequences, contraindications.

So, yes, it is a definite change that has occurred since the injunction. It's been an ongoing change, but particularly after this January 21st, 2020, memo which was guidance from our client related -- sent out to our clinicians.

Q Dr. Fisher, do you get feedback from the local physicians at the site in Illinois about prescribing hormone therapy?

A Directly there are clinicians who have reached out to me via email related to asking for some guidance before our guideline came out. And so prior to our guideline being developed, the pharmacy team had developed guidance about dosing of medicines, monitoring of medicines for transgender treatment, and so I would use that as a resource to guide.

Also, when this initially came out on January 21st there were no consent forms that were available, so clinicians reached out to me saying what are we supposed to use for consent forms. And, again, that's when we sent out to some of our Medical Directors draft -- the draft version of the consent form, which ended up being the final version. Those I don't believe were changed, so they could use those in the meantime needing something to use to comply with this.

Q Dr. Fisher, I think you already mentioned that

you are not -- that the transgender committee is an IDOC thing. You are not a member of the IDOC transgender committee, are you?

A No.

Q You don't go to those meetings?

A I'm not invited to those meetings, no.

Q You are not updated on what the transgender committee meetings entail?

A I have been part of Wexford's quarterly meetings that occur in Illinois where individuals who have attended those meetings, those meetings were discussed. I believe it was in 2018 where Dr. Funk was mentioning and guiding our medical leadership in the state about transgender guidelines that were existing and informing our Medical Directors about those guidelines. He had also distributed a template of a progress note that was written at Dickson as something that other Medical Directors may want to adopt. But that was 2018, I believe, well before the Preliminary Injunction.

Q Right. So since 2019 in December when the Court issued the first Preliminary Injunction Order, you haven't been apprised of the activities of the transgender committee at IDOC?

A As I said, there was one email that it was questions about bras and I believe the Mental Health

Director was answering something about that and how the new administrative directive was going to be covering the issue of bras, but the new administrative directive related to transgender health has not yet been given to Wexford.

Q So Wexford does not have any role in creating that new administrative directive?

A Wexford -- I don't know of any individual at Wexford that has been asked for input related to that, but, again, we've given them permission to use parts of our transgender guideline if they wish.

Q Okay. Dr. Fisher, why don't we take a short break. It's about 11:20 right now. I think if we could take maybe a 10-minute break and come back.

A That's perfect, no problem.

MR. RAMAGE: Thank you.

THE VIDEOGRAPHER: The time is 9:21 a.m. We are now off the record.

(Break taken at 9:21 a.m.)

(Back on the record at 9:33 a.m.)

THE VIDEOGRAPHER: Time is 9:33 a.m. We are now back on the record.

Q BY MS. PARSONS: Dr. Fisher, before we took a break, I think you had mentioned a total of three conference calls that Wexford had with IDOC relating to

IDOC's efforts to comply with the Preliminary Injunction Orders, and we spoke about the January 15th call and you mentioned there was an April call and a June call. In April you discussed the final guidance from Wexford.

Can you give me any more details about what happened on the April call?

A The April call I believe was set up by Dr. Conway from IDOC and was related to concerns of hers over training of the Medical Directors and their comfort level with prescribing hormone therapy for transgender individuals. So it was focused related to specifically two different clinicians, Dr. -- I believe it was Dr. Nawoor, N-a-w-o-o-r, and Dr. Siddiqui, S-i-d-d-i-q-u-i, related to some specific -- two specific patients that Dr. Conway had heard that there may have been a delay in prescribing hormone therapy.

Q Okay. And so you set up a call with Dr. Conway to address the concerns she had?

A Yes. And also to update from the January call of where we were at.

Q Who attended the April call?

A Again, Dr. Ritz, myself. From corporate the Mental Health Director for Illinois, Dr. McCormick; also Dr. Brian Thomas who is a Regional Director for mental health; Dr. Funk; I believe Dr. Matticks,

M-a-t-t-i-c-k-s. From the IDOC side, Dr. Conway; Dr. Bowman; I believe Dr. Puga. Again, I didn't look at the invite list, but also on the call were Dr. Nawoor and Dr. Siddiqui.

Q Okay. Did you learn what Dr. Nawoor and Dr. Siddiqui's concerns were with prescribing hormone therapy?

A Well, Dr. Conway mentioned the concerns. I actually at the beginning of the call didn't realize Dr. Nawoor and Dr. Siddiqui were on the call, so then they spoke up about the specific patients. From my recollection, Dr. Nawoor was concerned that the mental health provider had not specifically stated whether they believed the person should be prescribed hormone therapy, and I believe that Dr. Siddiqui's issue from my recollection was that the patient had actually refused appointments with Dr. Siddiqui. I believe that's what was discussed.

Q And did Wexford offer any solutions to Dr. Conway's concerns about these two physicians?

A Well, we had mentioned that we were developing the training. I believe it was after this call where I shared with them -- it could -- it might have been this call or the June call where I shared with them the slide set. I believe it was actually after this April call

when I gave them the slide set related to the guideline, the final version of the guideline, and also information about the post-test that we were developing.

Q I'm going to go ahead and share my screen.

A I did not mention as an attendee for the April call also would have been Shannis Stock-Jones, our Director of Operations for Illinois.

Q Thank you. Okay. So I'm going to mark, Shannon, if you could get out this document, it has a Bates number of 128.

THE WITNESS: I have it in front of me.

(Deposition Exhibit No. 3 was marked for identification and attached hereto.)

Q BY MS. PARSONS: Dr. Fisher, you just walked me through a conference call that you had that was called for by Dr. Conway in April of 2020; is that right?

A I believe it was in April, yes.

Q Okay. If you take a look at what we handed you as Exhibit 3. This is an email from -- that's Dr. Conway, Lamenta.Conway@Illinois.gov; is that right?

A Yes.

Q And it was sent to a Roderick Matticks and Glen Babich at Wexford?

A Yes. With a lot of people being cc'd.

Q Yes. And I'm trying to make sure you are on

the cc on this one. I'm not sure.

A I was not.

Q Did you receive this email -- okay. Are you aware of this email?

A I am. This -- the portion of the email was copied into the invite for the call that actually did not occur in April but occurred actually at the beginning of May.

Q Okay. So this document's dated May 1st and the testimony you just gave about a call in April, that really postdated this sometime in May; is that right?

A Yes.

Q Okay. So let's take a look at what Dr. Conway has to say in this email. I'll read from it. It says, "As we all know, a lawsuit was filed in the U.S. District Courts regarding the care of our transgender patients. One of the major expectations of the lawsuit, was to decentralize the decisions to provide hormone therapy from the TRCC and to localize that care to the individual prison facilities." Did I read that correctly?

A Yes.

Q She goes on to say, "The purpose of that mandate and a major complaint in the lawsuit was that there were unacceptable delays in initiating hormone therapy." Right?

A It states that, yes.

Q Okay. You understand the "TRCC" to be the transgender committee that we were talking about earlier?

A Yes.

Q Okay. Then Dr. Conway phrases, the next paragraph she states, "It has come to our attention that a number of providers are yet uncomfortable initiating and prescribing hormone therapy for those who are appropriate for treatment and have been diagnosed with gender dysphoria by Mental Health. Others may be refusing to provide appropriate hormone therapy." Do you see that?

A Yes.

Q Okay. So you -- moments ago you told me about two providers. Dr. Conway mentions a number of providers. Were there any other providers that you heard about on that May conference call with IDOC that were having -- that were uncomfortable initiating and prescribing hormone therapy?

A I don't recollect other than Dr. Nawoor and Dr. Siddiqui as mentioned that any other particular provider was mentioned. I don't have a transcript of that call, and there's no meeting notes that I am aware of related to that, but I believe it was only those two that were mentioned.

Q Okay. Did Dr. Conway have any other general concerns about the site physicians prescribing and initiating hormone therapy?
A That's how she started the call with similar to what she is stating here.
Q Okay. But your understanding, you didn't get any specifics about the other physicians that were having difficulty in prescribing hormone therapy?
A I don't recollect other clinicians being mentioned.
MR. RAMAGE: I'm going to object. That assumes facts not in evidence.
Q BY MS. PARSONS: I'm just trying to be clear here. You said Dr. Conway opened the call with this general sense of unrest about physicians being uncomfortable in initiating and prescribing hormone therapy; is that right?
A From my recollection.
MR. RAMAGE: I'm going to object to that question. "General sense of unrest" mischaracterizes the email.
Q BY MS. PARSONS: Can you give us your answer to that question again, Dr. Fisher.
A Can you repeat the question again, please.
Q Sure. Dr. Conway opened the May conference

call that you were describing with a -- with her concern that a number of providers were still uncomfortable initiating prescribing hormone therapy. Was that your sense?
A I do believe that that's how the conversation started, but, again, this was May, and it's now August. My general recollection, yes.
Q I'm just trying to be sure that your call in May was not limited to the two concerns that we discussed earlier about Dr. Nawoor and Dr. Siddiqui?
A I can't be certain her exact wording that day, so I don't recollect her exact wording. Again, this email was attached to the invite, so the exact wording of the meeting, I don't know the exact wording of the meeting. That would be probably best question for Dr. Conway who was stating what she was stating.
Q Okay. You were at the meeting. Was the concern broader than just those two doctors?
A I can't say certainly one way or the other whether she said more than the two doctors.
Q This email certainly suggests it was more than two doctors, doesn't it, Dr. Fisher?
A It says it has come to our attention that a number of providers are yet uncomfortable initiating and prescribing hormone therapy, so it does say a number

providers. Those would be questions best of Dr. Conway in reference to did she have more information.
Q Were you surprised by Dr. Conway's concerns that she raised in this email that we're looking at in Exhibit 3?
A You are asking me as Dr. Neil Fisher or Wexford?
Q Sorry. You were a participant in these meetings. I'm wondering if it was expected to Wexford that there would be some growing pains in changing protocol?
A I don't think it was surprising to Wexford that there were growing pains with changing protocols. So, again, we did not have a new administrative directive to direct our clinicians to. All we had was a memorandum at this stage from January 21st of 2020, and we had put out a guideline.
The guideline at that stage did not have any mandatory training associated with it, and this is also during the period of time of COVID outbreaks at a number of our facilities, so many of our providers were very consumed with COVID and the protocols being placed for COVID and may not have immediately taken to effect that there was a new guideline out there from Wexford on transgender care.

Q So other than from pointing the two doctors to the drafts, I guess then final guidelines from Wexford, did you provide any other support to address Dr. Conway's concerns about those two physicians?
A Well, we mentioned that our Regional Medical Directors were certainly aware of the new guideline and Regional Medical Directors are the clinical resource for site Medical Directors and site clinicians, and we encouraged that our site clinicians may reach out to our Regional Medical Directors if questions, who may reach out to Corporate Medical Directors if questions also.
Q You agree, though, at least the two patients that were in question that were under the care of Dr. Siddiqui and Dr. Nawoor had been waiting for hormone therapy as a result of these concerns?
A Other than their cases being discussed at that call, I did not independently look at their medical records or develop a timeline related to it. So I personally don't know the timeline.
Q Do you know that at least as of the time of the call those physicians had not prescribed hormone therapy as a result of their concerns?
A They had from what I recollect of what Dr. Siddiqui had said, that the patient had refused a number of visits with Dr. Siddiqui. So that's what I

recollect related to that conversation. So clinician's not going to prescribe medications without being able to evaluate the patient. With Dr. Nawoor his concern as I mentioned previously was that mental health had not given specific enough direction related to that they thought this was an appropriate candidate for or similar type of wording. They had evaluated the patient but he did not feel that the wording was sufficient for him to go to the next step.

Q Certainly in Dr. Conway's email, Exhibit 3, she says she refers to patients who are appropriate for treatment and have been diagnosed with gender dysphoria by mental health, right, but those people who are generally discussed on the call, they would have been waiting for hormone therapy; right?

A Well, the information that was brought forward during the call was, as I mentioned with the Dr. Siddiqui case, that the patient had been refusing visits. So I believe that was new information for the IDOC team. So, therefore, again, the clinician is not going to prescribe medicine for a patient who is not undergoing evaluations.

Q So other than directing these physicians to their Regional Medical Director with questions and providing the draft, then final guidance, did you do anything else at this May 4th or early May conference

call related to addressing Dr. Conway's concerns about physicians prescribing hormone therapy?

A I believe we discussed the memorandum from January 21st of 2020 again. I believe I asked about the clinic progress note template for the transgender patient because I felt that that would be helpful to our clinicians, but I believe I brought that up at this call, and it had not yet been developed. I believe I brought up also about an administrative directive being written by IDOC covering this subject, and I believe I was told it was in the works. So I think those would help guide our clinicians also. So that's why I was asking questions specific to that. But, again, with any new process and change in process, there will need to be additional training and monitoring of that process.

Q You mentioned that the IDOC folks that were required to complete your training, they had all completed it as of the end of June; is that right?

A These are Wexford clinicians, so not IDOC clinicians, so to clarify. So our initial goal was, I believe, June 15th, and I believe by I think it was the 28th of June everyone had completed that.

Q So just to be clear, and thank you for that clarification, the training that you provided to the Wexford physicians, that training was not available to

IDOC mental health providers and physicians?

A IDOC for physicians are leadership positions and would not have access to Wexford's proprietary Core Educator system. So that was not provided to IDOC employees or anyone from that may be mental health on the IDOC side. So, again, it's our proprietary system, but we had given them a copy of the slide set. I had sent it to them and a copy of a sample post-test. So they may have well looked at that slide set, which is part of our Core Educator system.

Q I understand.

You don't know whether IDOC implemented that training as part of their own training system?

A I don't know whether they adapted it to any type of education provided by them. I have no knowledge of that.

Q Would they have been authorized to use that content for training their own physicians and mental health providers?

A I believe we said it was proprietary and confidential.

MR. RAMAGE: I want to just --

Q BY MS. PARSONS: Sorry, I don't understand.

MR. RAMAGE: I want to object here. It's assuming facts not in evidence. I mean, I think if you

establish some foundation about the mental health providers, those are Wexford people by and large, and I think that's the trouble I'm having with this question. It's going to create an inaccurate record if the plaintiff is assuming that the mental health providers are DOC.

MS. PARSONS: I thought I asked that question earlier. Let me ask a few more, Andy.

Q BY MS. PARSONS: So your understanding, Dr. Fisher, is that the mental health providers in the state of Illinois at the correctional facilities, those are all employees of Wexford?

A As far as I know, yes. But they are -- the IDOC leadership's side, they do have mental health professionals; meaning, at their regional and agency level.

Q Okay. What about on the physician's side, are all the physicians that work at the facilities in Illinois, are those all employed by Wexford or is it a mixture of IDOC and Wexford employees?

A Wexford employees.

Q Exclusively?

A Yes.

Q Okay. Did you have any feedback about your training from those folks?

Defendants' Exhibit 10
Redacted for filing

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

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

DEFENDANTS' ANSWERS TO PLAINTIFFS' SECOND SET OF INTERROGATORIES

The Defendants, ROB JEFFREYS, STEVEN BOWMAN, and MELVIN HINTON, sued in their official capacities as officials of IDOC, by and through their Attorney, Kwame Raoul, Attorney General for the State of Illinois, provide the following answers to Plaintiffs' second set of interrogatories pursuant to Federal Rule of Civil Procedure 33 and Southern District Local Rule 33.1:

1. Identify all transgender prisoners who have committed suicide since the inception of the Transgender Committee (a.k.a. the "Gender Identity Disorder" Committee) in 2013.

Answer: IDOC collects and tracks epidemiology data on the suicides of prisoners in IDOC custody. Although IDOC changed its form in recent years to allow "transgender" information to be collected rather than just the choice of binary gender options (i.e., male or female), IDOC does not track that information as part of its epidemiological data.

Accordingly, IDOC is unable to provide the information sought in interrogatory 1 because: (a) such information was not collected going as far back to 2013 and (b) even though the information is presently collected, such information is not tracked by IDOC.

It should be noted that such information was requested as part of the ESI searches conducted in 2018 and 2020. The responsive results of the 2018 request have been

provided. Responsive records that are identified from the 2020 ESI search will be produced as well.

2. Identify all transgender prisoners who have been evaluated for gender-affirming surgery.

Answer: Although some transgender prisoners had been considered for surgery evaluation, as discussed by Dr. Puga in his testimony during the preliminary injunction hearing on August 1, 2019, thus far, no transgender prisoner has been evaluated for gender-affirming surgery. The Office of Health Services is working on a procedure for this to occur.

3. Identify all transgender prisoners who have been evaluated for transfer to a facility that matches their gender identity, and identify all prisoners who have been granted approval for such a transfer.

Answer: Aside from the transgender prisoners that have previously been transferred to Logan Correctional Center (Mahalbesic, Hampton, and Monroe/Patterson), the transgender prisoners who have been evaluated and approved for transfer to a facility matching their gender identity include A[redacted] C[redacted], [redacted] and E[redacted] P[redacted], [redacted] (a.k.a. Lydia Helena Vision). At present C[redacted] and Vision/P[redacted] are waiting for transfers that are planned to resume when transfer restrictions related to COVID-19 are lifted.

Other transgender prisoners who have been evaluated for potential transfer are C[redacted] T[redacted] (a.k.a TayTay) and J[redacted] T[redacted].

4. Identify the commissary items that are available at IDOC's female facilities that are not available at IDOC's male facilities.

Answer: Commissary lists currently in place from all IDOC facilities, including those specific to the Women and Family Division have been produced for comparison in accordance with Federal Rule of Civil Procedure 33(d). *See* Bates-numbered documents 339794-339875.

The commissary lists are under revision, in part to accommodate transgender prisoners, though they will be applicable to all prisoners in IDOC custody.

5. Identify the commissary items that are available IDOC's male facilities that are not available at IDOC's female facilities.

Answer: Commissary lists from all IDOC facilities have been produced for comparison in accordance with Federal Rule of Civil Procedure 33(d). *See* Bates-numbered documents 339794-339875.

The commissary lists are under revision, in part to accommodate transgender prisoners, though they will be applicable to all prisoners in IDOC custody.

6. Identify all transgender prisoners who IDOC medical staff believe have suffered medical complications or harm as a result of, or related to, hormone therapy.

Answer: See separately provided objection.

Subject to and without waiver of Defendants' separate objection, IDOC is aware of one prisoner who suffered medical complications related to hormone therapy received while in IDOC custody. That individual is named [redacted] and his records have already been disclosed. Bates-numbered 92845-97679, 285944-286501, & 293037-293761.

7. Identify all individuals who were involved in the drafting and approval of the revised Administrative Directive on "Evaluations of Transgender Offenders."

Answer: The individuals primarily involved in drafting and approving the current IDOC Administrative Directive pertaining to the care of transgender offenders (04.03.104 eff. 7/1/19) are:

a) **Dr. William Puga**
b) **Dr. Shane Reister**
c) **Ryan Nottingham, formerly in Policy & Directive Unit**

Additional revisions are currently being made. Dr. Puga and Dr. Reister continue to be involved, as well as: Dr. Lamenta Conway and Dr. Erica Anderson

8. State whether the revised Administrative Directive has been implemented, and if so, the date of its implementation.

Answer: IDOC Administrative Directive 04.03.104, Evaluations of Transgender Offenders, was implemented effective July 1, 2019. It is currently under revision again. As of the date of service of these responses, the IDOC's revised Administrative Directive pertaining to the evaluation and care of transgender offenders has not been implemented. It is still under review and in draft form.

Respectfully submitted,

ROB JEFFREYS, STEVEN BOWMAN, and MELVIN HINTON,

Defendants,

KWAME RAOUL, Attorney General
State of Illinois

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

JANIAH MONROE, MARILYN MELENDEZ, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA REED,	)	
Plaintiffs,	)	
- vs-	)	No. 18-cv-156-NJR
ROB JEFFREYS STEVEN BOWMAN, and MELVIN HINTON,	)	
Defendants.	)	

CERTIFICATE OF SERVICE

I hereby certify that on July 10, 2020, the foregoing document, **Defendants' Answers to Plaintiffs' Second Set of Interrogatories**, was served via email to the following:

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

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

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

Defendants' Exhibit 11
Excerpts of Nottingham Dep

PRESENT:
KIRKLAND & ELLIS, LLP, by
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Appeared on behalf of Plaintiffs;

OFFICE OF THE ATTORNEY GENERAL, by
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Assistant Attorney General
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(chiggerson@atg.state.il.us)
Appeared on behalf of Defendants.

ALSO PRESENT:

Daniel Katz, Magna Legal Services.

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RYAN NOTTINGHAM

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THE VIDEOGRAPHER: We are now on the record. This begins video one in the deposition of Ryan Nottingham in the matter of Janiah Monroe, et al., vs. Rob Jeffreys, et al., in the U.S. District Court for the Southern District of Illinois.

Today is Tuesday, June 30th, 2020. The time is 9:04 AM. The deposition is being taken remotely at the request of Kirkland & Ellis, LLC. The videographer is Daniel Katz and the court reporter is Janet Brown.

Will counsel and all parties present state their appearance and whom they represent.

Appearances, are we doing that or are we going to -- I'm sorry.

MS. ROSE: Apologies. I couldn't hear you. I think the video cut out a little bit at the end there.

Sam Rose representing plaintiffs in this case.

MR. RAY: Brent Ray of King & Spaulding also for plaintiffs.

MR. HIGGERSON: And Chris Higgerson for

the defendants.

COURT REPORTER: Would you raise your right hand, please, sir.

(Witness sworn.)

COURT REPORTER: Thank you.

RYAN NOTTINGHAM,
called as a witness herein, having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION
BY MS. ROSE:

Q. Good morning, Mr. Nottingham. We met briefly off the record, but I'll introduce myself again. My name is Sam Rose, and I represent plaintiffs in this matter.

Could you state and spell your name for the record.

A. First name Ryan, R-Y-A-N, last name Nottingham, N-O-T-T-I-N-G-H-A-M.

Q. Mr. Nottingham, have you been deposed before?

A. I have.

Q. How many times?

A. Once.

A. I believe once they're on that transgender list the facility's notified.
Q. And is this once they're pending or confirmed?
A. I think it's both.
Q. Okay. So -- and then it's up to the facility once they see that a prisoner's on their list to afford these protections and accommodations?
A. Correct.
Q. And is there any way to verify that transgender prisoners are provided these accommodations?
A. As far as -- I mean, you could, I guess, interview the offenders or staff. But I know that is specifically asked during the PREA audit process when the PREA auditors do have confidential interviews with the offenders.
Q. Okay. You're aware that transgender prisoners are more likely to find the experience of being subjected to a search especially traumatic; right?
A. Yes, correct.
Q. And you agree that a transgender woman

is a woman; correct?
A. Correct.
Q. Now, you agree that it may be particularly traumatic for transgender women to be searched by male correctional officers; correct?
A. Correct.
Q. Are you aware of PREA complaints filed by transgender prisoners relating to being subject to searches by male officers?
A. I believe so, yes.
Q. How many?
A. I couldn't tell you offhand.
Q. Several?
A. Probably.
Q. Are you aware of PREA complaints filed by transgender prisoners about being subject to unnecessary and intrusive searches?
A. I don't know specific examples, but I'm sure it's probably been alleged.
Q. Would you say more than once?
A. Probably.
Q. Likely several times?
A. Likely.

Q. Okay. And you're aware that some transgender prisoners remain isolated in their cells instead of being subject -- strike that.
Are you aware that transgender prisoners may remain in their cells to avoid being subjected to strip searches?
A. I was not aware of that, no.
Q. Are you familiar with IDOC's policy and practice regarding cross-gender searches?
A. I am.
Q. What is that policy?
A. Basically it says that staff of the gender of the facility that houses that specific gender will be performing strip searches on offenders housed there. For example, Lincoln Correctional Center is a male facility, so male staff members will be performing strip searches at that facility.
The policy goes on to state that if any offender has concern with the gender of staff performing that search, that they can notify that staff member. The staff member is then required to write an incident report which is forwarded up the chain of command to the

gender review and care committee for consideration on alternate means for searches.
Q. Okay. So I'd like to break that down a little bit, because that was a lot.
So first off, what is the policy with regard to cross-gender searches generally? When are you allowed to do a cross-gender search?
A. Cross-gender search, they are prohibited by our agency.
Now, we're talking about strip search, right? The unclothed search? So unclothed strip searches, cross- -- sorry. Back up.
Cross-gender strip searches are prohibited by the agency, and they are -- they're, like I'd said, based on the gender of the facility -- the gender of the facility the inmate at the facility houses is on what staff member performs that search.
Q. Okay. And cross-gender pat-down searches?
A. For a while females were allowed to pat search both. I do not know if that's still the case. I think we were working on a

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

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

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

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

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

A. That is correct.

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

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

A. That is correct.

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

A. Correct.

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

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

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

A. I don't think entirely.

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

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

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

A. Correct.

Q. So, phrased differently, IDOC ignores

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

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

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

A. Is by staff of the opposite gender.

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

A. Correct.

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

A. Correct.

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

A. Correct.

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

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

(Nottingham Exhibit No. 2 marked.)

BY MS. ROSE:

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

A. I can't see it.

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

A. Yes.

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

A. I do not.

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

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

Q. Okay. Well --

A. I've seen similar roll --