

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

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

Plaintiffs,

v.

ROB JEFFREYS, MELVIN HINTON,  
and STEVE MEEKS,

Defendants.

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

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

Defendants' Response (Dkt. 226) highlights its lack of urgency and disregard for Plaintiffs' suffering that has marred this case from the outset. Defendants promise improved care, but evidence reveals that these are still just words, leaving the Plaintiff class in crisis and even suicidal. These are not litigation tactics; Plaintiffs' sole goal is to receive adequate care in a timely fashion as mandated by the Constitution and ordered by this Court in December 2019.

Plaintiffs' respectful request for appointment of an independent monitor is warranted for at least three reasons. First, no question exists that this Court has the inherent authority to appoint an independent monitor to oversee Defendants' compliance with the Amended Preliminary Injunction. Defendants' unpersuasive attempt to conflate it with the Federal Rule of Civil Procedure 53 standard for special masters does not change this fact. Second, depositions of both parties show that IDOC has made no meaningful changes to its transgender care since the injunction and proceeds at a pedestrian pace with no end in sight. Finally, Defendants' half-hearted claim that the injunction expired is unsupported, inaccurate, and should be rejected.

## **ARGUMENT**

### **I. THE COURT HAS INHERENT AUTHORITY TO ORDER A MONITOR TO PREVENT AN IMMINENT THREAT OF SUICIDE OR SELF-HARM**

Defendants do not question this Court's inherent authority to grant Plaintiffs' requested relief. Instead, Defendants spend pages distinguishing inconsequential facts of decisions cited by Plaintiffs. Resp. at 2–7. No matter. These decisions recite black-letter law imbuing courts with the power to appoint an expert monitor. Indeed, there is no basis to challenge this Court's inherent authority. *See* Dkt. 225, Mot. at 11–12. This Court should exercise that authority to appoint a monitor to work *with* IDOC to improve transgender care in a timely fashion, and not overtake IDOC's day-to-day operations, as Defendants claim.

A 2019 decision highlights a court’s authority to address an urgent need for appointment of an outside monitor in similar circumstances to prevent suicide. *See Braggs v. Dunn*, 383 F. Supp. 3d 1218 (M.D. Ala. May 4, 2019) (discussed at Mot. at 13 and Resp. at 5–6). Even Defendants recognize the authority in *Braggs* for “discrete monitoring for the immediate suicide-prevention measures [that] could not wait.” Resp. at 5–6. Although *Braggs* represents action imposed by the court at a later stage of the case, this Court should not wait for prisoners to die or harm themselves before appointing a monitor.

## **II. A MONITOR IS NECESSARY BECAUSE IDOC HAS MADE NO PROGRESS SINCE THE DECEMBER 2019 INJUNCTION**

### **A. Defendants have plans but no progress for improving transgender care.**

Defendants criticize Plaintiffs for failing to cite Dr. Lamenta Conway’s deposition testimony, but like IDOC’s other witnesses, her testimony lacks any assurance that competent care is forthcoming. Dr. Conway admits that the only steps IDOC has taken are to draft the forthcoming Administrative Directive (AD) and to shift responsibility for hormone treatment from the unqualified Transgender Care Review Committee (TCRC) to the unqualified medical and mental health providers in the prisons. Ex. A, Sept. 11, 2020 Conway 30(b)(6) Dep. Tr. at 127:8–128:14, 46:7–13. Dr. Conway forecasts IDOC approval of the new AD by mid-to-late November—almost a year after this Court ordered IDOC to implement a new policy. *Id.* at 126:13–23. If approved, the AD would establish the Transgender Health and Wellness Committee (THAW) to oversee all medical and mental health treatment of gender dysphoria.<sup>1</sup>

Presently THAW is little more than a general concept, has never met, and will not meet until after the AD takes effect. *Id.* at 125:12–17. Dr. Conway will chair THAW, holds the tie-

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<sup>1</sup> The TCRC, rebranded as the new “Administrative Committee,” will oversee social transition of transgender prisoners. Ex. B, July 30, 2020 Conway Dep. Tr. at 53:13–55:2, 128:15–129:1.

breaking vote, and has the final say on who receives gender-affirming surgery. *Id.* at 108:24–109:2, 141:1–11; Ex. C, Aug. 17, 2010 Reister 30(b)(6) Dep. Tr. at 15:15–23. Yet Dr. Conway admits she has no experience treating patients with gender dysphoria, only began familiarizing herself with trans issues in 2020, and has no WPATH training. *See* Ex. B at 31:17–32:15, 33:24–35:15; Ex. A at 118:15–21. IDOC still is soliciting members to THAW, including physician volunteers and outside consultants that IDOC has not yet retained. *Id.* at 137:12–21, 150:9–152:15. Dr. Conway has only begun to “gather notes” to draft its bylaws (*see id.* at 147:23–150:3), and there are no criteria for hearing grievances related to hormone therapy or considering requests for surgery. *Id.* at 141:24–146:11, 206:5–17.

The AD itself lacks key details and Dr. Conway is responsible for drafting a myriad of policies and procedures to fill in the gaps, but she has barely begun. For example, Dr. Conway is developing guidelines for a transgender health clinic, as well as policies and procedures “that more or less outlines additional detail from a health and wellness perspective.” Ex. A at 131:10–132:2. But, critically, nine months after the injunction, these documents are not even in draft form. *Id.* at 134:24–135:7, 136:12–21. The only care documents that presently exist come from Wexford, and Defendants recklessly imply that those materials meet the WPATH Standards of Care when they do not. *See* Resp. at 13–14, n.3. Dr. Conway repeatedly testified that physicians at IDOC follow the Wexford Guidelines, “which are based on the WPATH guidelines or the Endocrine Society guidelines.” *See, e.g.*, Ex. A at 94:20–23. But Wexford admitted they were not (*see* Ex. D, Aug. 11, 2020 Wexford Dep. Tr. at 66:25–68:7, 85:17–86:8, 109:9–13), and that its guidelines and training materials that IDOC adopted depart from the Standards of Care in key respects. *See, e.g.*, Ex. D at 97:20–98:9, 79:20–81:10.

- B. Despite these plans, IDOC's care of transgender prisoners is largely the same as before the injunction.

Defendants cannot backpedal from clear testimony showing that IDOC's current level of care of transgender prisoners is inadequate. For example, IDOC admitted it will not make any changes with respect to depriving prisoners of medically necessary social transition, including with respect to transfers and commissary items, until the new AD takes effect. Ex. A at 165:17–167:6, 191:1–4. Director Rob Jeffreys agreed that IDOC still has no policy to employ qualified professionals or meet accepted standards regarding hormone therapy, and that the TCRC continues to make medical decisions regarding gender dysphoria. Ex. E, Sept. 9, 2020 Jeffreys Dep. Tr. at 171:19–172:1, 172:2–7, 172:19–173:2. And although IDOC engaged outside experts—including Dr. Anderson and Ms. Wendy Leach of the Moss Group—an independent monitor still is necessary because IDOC admitted these limited engagements do not include oversight of implementation. *See* Ex. E at 201:23–202:6, 214:3–215:6.

These failures by IDOC are directly contributing to imminent harm of the Plaintiff class. During their recent depositions—taken more than seven months after the Court ordered IDOC to *immediately* make changes—the class representatives uniformly report similar or worsened conditions. For example, each of the class representatives have been subject to traumatic cross-gender strip searches in 2020.<sup>2</sup> At trial, Plaintiffs' security expert, Mr. James Aiken, will show that IDOC's current search policy is a plain violation of PREA, and Plaintiffs' medical expert, Dr. Vin Tangpricha, will show that IDOC's current hormone therapy practices are still inadequate.

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<sup>2</sup> Attached hereto as Exhibit F are highlighted excerpts of Plaintiffs' deposition testimony showing examples of IDOC's failures to provide adequate care and its impact on them.

### III. DEFENDANTS CONCLUDE—WITHOUT ANALYSIS—THAT THE INJUNCTION HAS EXPIRED WHEN IT HAS NOT

The Amended Preliminary Injunction met the statutory requirements of the PLRA such that it is still in place today and until trial, and the Court already considered and rejected this argument in deciding Defendants’ Motion for Reconsideration (Dkt. 206). Defendants now mention in passing that the Court’s Order does not meet the “finality” requirement of the PLRA, but at least one court recently disagreed on similar facts. *See Georgia Advocacy Office v. Jackson*, No. 1:19-CV-1634-WMR-RDC, 2020 WL 1883877, at \*5 (N.D. Ga. Feb. 26, 2020) (“[T]he phrase ‘makes the order final,’ as it is used in 18 U.S.C. § 3626(a)(2), refers to *finalizing the preliminary injunction* by including the required findings[.]”) (emphasis added).

In the alternative, this Court may issue a new injunction without another hearing. *See, e.g., Mayweathers v. Newland*, 258 F.3d 930, 936 (9th Cir. 2001) (affirming right to seek renewal of preliminary injunction under PLRA). That is because this Court’s prior injunction is law of the case, and Defendants have no better evidence to avoid a second preliminary injunction. *See, e.g., Mayweathers v. Terhune*, 328 F. Supp. 2d 1086, 1090 (E.D. Cal. 2004) (granting subsequent preliminary injunction against prison system based upon law of the case without a hearing).<sup>3</sup>

### CONCLUSION

For the reasons stated herein, Plaintiffs respectfully request the Court grant their renewed request for an outside monitor.

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<sup>3</sup> Should the Court issue a new preliminary injunction, undersigned counsel could submit a proposed order that includes appropriate “needs-narrowness-intrusiveness” findings for the ongoing violation by Defendants in accordance with the PLRA for the Court’s consideration.

Date: September 18, 2020

By: */s/ Abby L. Parsons*

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**CERTIFICATE OF SERVICE**

I certify that on September 18, 2020, I electronically filed the foregoing document and any attachments with the Clerk of this Court by using the CM/ECF system, which will accomplish service through the Notice of Electronic Filing for parties and attorneys who are Filing Users.

/s/ Abby L. Parsons

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# **EXHIBIT A**

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

JANIAH MONROE, MARILYN	)	
MELENDEZ, EBONY STAMPS, LYDIA	)	
HELENA VISION, SORA	)	
KUYKENDALL, AND SASHA REED	)	
	)	No.
Plaintiffs,	)	18-CV-00156-NJR-
	)	MAB
vs.	)	
	)	
JOHN BALDWIN, STEVEN MEEKS,	)	
AND MELVIN HINTON,	)	
	)	
Defendants.	)	

The remote videotaped deposition via ZOOM of  
LAMENTA CONWAY, M.D.  
September 11, 2020  
10:00 CST

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1 Did you speak to anyone besides your  
2 counsel during the break?

3 A. No.

4 Q. Did you review any documents during the  
5 break?

6 A. No.

7 Q. I'd like to discuss who is involved -- as  
8 of today, who is currently involved in making the  
9 decision to start a prisoner on hormone treatment  
10 after receiving a diagnosis? So who are the  
11 individuals involved in doing that?

12 A. The primary care provider for the  
13 individual.

14 Q. Are the mental health professionals  
15 involved in that process?

16 A. In starting the patient on hormone  
17 therapy?

18 Q. Hm-hmm, in the decision.

19 A. To the extent that you just -- that you  
20 just described, beyond the diagnosis, no.

21 Q. What is the first thing that the primary  
22 care physician would need to do after a patient  
23 receives a diagnosis of gender dysphoria?

24 A. They would meet with the patient,

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1 evaluate them with -- and evaluate them. That would  
2 include a full medical history as well as a physical  
3 exam.

4 Q. What is the criteria that the primary  
5 care physicians would use to evaluate a patient  
6 before starting them on hormone therapy?

7 A. So the types of things that they would do  
8 is just take a look if there are any -- if there are  
9 any contraindications.

10 Q. What contraindications does IDOC expect  
11 primary care physicians to look for?

12 A. Estrogen dependent tumors or potential  
13 cancers, DVT, pulmonary embolism, or deep vein  
14 thrombosis or pulmonary emboli. Smoking, which is  
15 the nonissue, but basically the standard  
16 contraindications.

17 Q. Are there any contraindications that IDOC  
18 expects the primary care physicians to look for?

19 A. I mean, there's a list and those are the  
20 ones that come off the top for me. If you ask me  
21 specific ones, I can tell you if it is or it isn't.

22 Q. What list are you referring to?

23 A. There are a -- there are in the training  
24 from Wexford that all of the providers have used,

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1 there is a list. And we will include a similar list  
2 in our -- in our Office of Health Service guidelines  
3 as well, but that's the list.

4 Q. What is the list this Wexford training  
5 list based on?

6 A. It is based on the WPATH standards.

7 Q. Is it different in any way from the WPATH  
8 standards of care?

9 A. No.

10 Q. Are there any contraindications that  
11 would prohibit a patient with a diagnosis of gender  
12 dysphoria from starting hormone therapy?

13 A. I think a history of pulmonary emboli and  
14 deep vein thrombosis would make it extremely risky  
15 and probably would result in a certain amount of  
16 medical negligence and would -- and at the minimum,  
17 if there's concerns or questions beyond that, would  
18 probably warrant maybe a consultation with an  
19 endocrinologist.

20 Q. You mentioned that there is a Wexford  
21 training that has a list of the contraindications.  
22 Are there any other criteria that primary care  
23 providers are expected to use when deciding on  
24 whether or not to start someone on hormone therapy?

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1 A. There are no other criteria that I can  
2 think of, no.

3 Q. Is the use of these criteria and these  
4 criteria alone mandatory?

5 A. Can you describe that a little bit  
6 better? Say that again or repeat.

7 Q. Are primary care physicians allowed to  
8 use any other criteria apart from what they receive  
9 in the Wexford training to make their determination  
10 about whether or not a patient should be started on  
11 hormone therapy?

12 A. So we may be asking -- you may be asking  
13 me a different question than I thought you were  
14 asking. I thought we were talking about the  
15 contraindications.

16 For starting hormonal therapy, there  
17 are no criteria whereby they can't start it other  
18 than if they don't meet the definition of gender  
19 dysphoria or if they're not mentally believed to  
20 have their mental health under, you know, stable,  
21 control, and if they are able to give informed  
22 consent. Those are the only criteria that they  
23 would have, or that would be required to start.

24 Now the criteria to not start would

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1 question as before, and the only thing I can tell  
2 you is by -- or same type of question, it is  
3 comparing the two, looking at their guidelines and  
4 then looking at our guidelines. Reviewing our  
5 guidelines, rather.

6 Q. And when has IDOC -- when did IDOC last  
7 compare the schedule to the Endocrine Society  
8 guidelines?

9 A. Similarly to the question before, I can't  
10 recall if this was before or after the preliminary  
11 injunction. The medications and the schedules go  
12 together. And they were reviewed at the same time.

13 Q. And what criteria do the primary care  
14 physicians use when monitoring blood or hormone  
15 levels to determine the levels are within an  
16 appropriate range?

17 A. They follow the guidelines. There's  
18 laboratory norms that they're expecting and there's  
19 guidelines that are recommended to follow as well.

20 Q. Are those guidelines you are referring to  
21 the Wexford guidelines?

22 A. Yes, which are based on the WPATH  
23 guidelines or the Endocrine Society guidelines.

24 Q. And how were the primary care physicians

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1 made aware of the criteria they should be using when  
2 determining whether blood work and hormone levels  
3 are in a safe or appropriate range?

4 A. This is within their training guidelines.

5 Q. Is that the annual training that you  
6 refer?

7 A. No, the annual training that you  
8 mentioned to me was -- that you inquired about was  
9 about mental health. That is the only training you  
10 and I talked about. This is the Wexford training  
11 that they had to do prior -- this year.

12 Q. And has that Wexford training been  
13 provided before this year?

14 A. That specific training was a newer  
15 training. That actually to my understanding was  
16 something that their organization anticipated a need  
17 for and had been working on prior to the preliminary  
18 injunction in December. It was a national  
19 initiative to my understanding.

20 Q. And are the primary care physicians made  
21 aware of the risks involved with inadequately  
22 monitoring or adjusting blood work and hormone  
23 levels?

24 A. Yes.

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1 Q. And how are they aware of the risks?

2 A. Through their training.

3 Q. And this is the Wexford training that  
4 they would have received this year?

5 A. Yes.

6 Q. And what risks does IDOC ask that the  
7 primary care physicians be aware of, understanding  
8 that it is Wexford who actually performs the  
9 training?

10 A. What risks -- please rephrase that again.

11 Q. Sure. What are the risks that the  
12 primary care physicians are aware of or made aware  
13 of with respect to inadequately monitored blood work  
14 and hormone levels?

15 A. So the training -- not just in Wexford  
16 but as physicians or care providers, in general,  
17 working within the confines of their license, the  
18 risk of treating someone improperly. You run the  
19 risk of causing harm. So, if a person is  
20 overtreated, if they are undertreated, there are  
21 going to be certain adverse reactions that they may  
22 be at risk for. So, that's part of their training  
23 and that's discussed in their training. And besides  
24 that, one critical risk is their inability to

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1 adequately treat the gender dysphoria, which is the  
2 whole purpose for the training.

3 Q. Are any endocrinologists involved in  
4 monitoring the blood work for hormone levels?

5 A. So, do we have endocrinologists that --  
6 that -- can you tell me what you mean by monitoring?  
7 Like in what scenario do you imagine that? It's  
8 hard for me to picture how that would be done.

9 Q. Are there any endocrinologists currently  
10 analyzing the blood work that is done to ensure that  
11 the various levels are safe and appropriate for the  
12 patient?

13 A. No. We don't have endocrinologists that  
14 review the blood work of our physicians routinely.

15 Q. Does the Wexford training prescribe which  
16 tests should be run to monitor which levels when  
17 monitoring blood work?

18 A. Yes.

19 Q. And are those tests compliant -- is that  
20 list of tests compliant with the Endocrine Society  
21 guidelines?

22 A. Yes.

23 Q. How is IDOC sure that the list of tests  
24 that are run are compliant with the Endocrine

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1 Q. Does she -- has she received any training  
2 that's specific to the treatment of gender  
3 dysphoria?

4 A. She is a part of our larger group that  
5 will be receiving training, WPATH-led training. She  
6 does have extensive training, however, as it relates  
7 to quality improvement initiatives.

8 Q. As of today, she has not yet received any  
9 specific training around treating gender dysphoria;  
10 is that correct?

11 A. Not that I'm aware of.

12 Q. Along with these presentations, is there  
13 other information that will be presented alongside  
14 the information specific to the treatment of gender  
15 dysphoria?

16 A. Other information that would be presented  
17 where? I'm sorry.

18 Q. I'll rephrase my question. At these  
19 presentations where the aggregated data on treatment  
20 of gender dysphoria for hormones will be presented,  
21 are there other topics besides hormone therapy that  
22 will be discussed?

23 A. I'm not sure if you are referring to the  
24 transgender health and wellness meetings or if you

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1 are referring to other places where they have  
2 quality control meetings. So if you were referring  
3 to places -- I'm sorry. Go ahead.

4 Q. I'm referring to when the presentations  
5 are given to the Health and Wellness Committee, does  
6 the presentation or does the meeting itself include  
7 other information besides just the hormone therapy?

8 A. Yes. We will be evaluating grievance  
9 processes that are medical. What else. We will be  
10 evaluating patients who are requesting surgery.

11 Q. Will the Health and Wellness Committee be  
12 overseeing anything else with respect to transgender  
13 care?

14 A. We oversee training, which currently is  
15 going to be a year-long opportunity for all of our  
16 providers, mental health, medical, to be trained by  
17 WPATH with the -- basically with the global  
18 education initiative that's been customized for our  
19 community.

20 Q. What is the community that you're  
21 defining?

22 A. IDOC.

23 Q. So for this training, in what way has the  
24 GEI training been customized for IDOC?

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1 A. Only in the sense it is focused on adult  
2 care as opposed to adolescents or child transgender  
3 health needs, so focused primarily on adult care.

4 Q. Besides the age group at issue in the  
5 training, are there other changes that have been  
6 made to customize for IDOC?

7 A. No, not that I recall.

8 Q. Who are the individuals who will be on  
9 the Health and Wellness Committee?

10 A. The individuals on the Health and  
11 Wellness Committee would include the deputy, the  
12 deputy chief, the acting medical director of health  
13 services, the chief of psychiatry, chief of  
14 psychology, a designated regional coordinator. That  
15 is on the IDOC side I'm referring to, our  
16 regional -- our nurse regional coordinators. And an  
17 assortment of providers who have expressed interest  
18 and have some -- have more experience in terms of  
19 transgender healthcare matters so basically those  
20 providers who have a particular heart and passion  
21 for the transgender community and want to take on  
22 additional learning opportunities and also be a  
23 resource to other providers.

24 Q. Let's start with the deputy chief. Is

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1 that referring to you in your current role?

2 A. Yes.

3 Q. Since August 1st, have you received any  
4 additional specialized training in the treatment of  
5 gender dysphoria?

6 A. I have personally begun my training with  
7 WPATH. This is a training that I had paid for and  
8 registered for some time ago and it was disrupted  
9 because of the pandemic. In the month of August  
10 only, they actually converted to an online platform.  
11 So I began my training.

12 Q. What is the name of the training if you  
13 know it?

14 A. It's the WPATH GEE -- GEI course.

15 Q. What is your understanding of the content  
16 and nature of that course?

17 A. I don't understand that question.

18 Q. What information will be covered in the  
19 GEI course that you're taking?

20 A. It's one of their foundations courses or  
21 it's a foundations course. So the purpose of the  
22 course is to help provide a -- provide proficiency  
23 and knowledge as it relates to the care of  
24 transgender patients.

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1 primary care provider.

2 Q. And has Ms. Griffin received any training  
3 specific to gender dysphoria treatment?

4 A. She would be the same as the others. Her  
5 training would be the collaborative -- the  
6 collaborative experience and training that all of  
7 the nurse and nurse leadership have had with others  
8 who are providing care.

9 Q. And to clarify, that collaborative  
10 experience would be referring to collaborating with  
11 other IDOC and Wexford professionals; is that right?

12 A. Yes, IDOC and Wexford professionals who  
13 are providing care to transgender health of which  
14 they will be involved.

15 Q. When is this GEI training that you  
16 mentioned scheduled to be provided to these  
17 individuals?

18 A. Friday, I believe September the 25th, and  
19 then I would have to take a look but Friday  
20 September the 25th, and then I believe a month later  
21 on the 23rd.

22 Q. What are you looking at to refer? I see  
23 you are looking down at a document.

24 A. I'm looking at a calendar on my phone.

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1 Q. Have you looked at anything else besides  
2 your phone for the calendar for answering your  
3 question?

4 A. Just now I looked at the calendar to  
5 answer your question as to the date.

6 Q. I just ask that you please don't refer to  
7 any documents or your phone or anything unless you  
8 let me know first, okay. Is that all right?

9 A. That is just fine. I'll ask permission  
10 next time.

11 Q. Thank you. So for the training that's  
12 going to take place on the 25th of September and  
13 then again in October, is that two days of the same  
14 training or is it two one-day trainings?

15 A. Two one-day trainings. I don't know  
16 if -- let me make sure I understand your question.

17 Q. Sure. Are the two dates you mentioned,  
18 is that a two-day training with a month long gap or  
19 is that two repetitions of the same one day  
20 training?

21 A. They're not repetitions.

22 Q. And how will the content differ between  
23 the October training and the November GEI training?

24 A. I did not mention November.

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1 Q. I'm sorry. October. Between the  
2 September and October trainings, what is the  
3 difference in content?

4 A. So it will be a continuation of all of  
5 the items that were not covered in the first  
6 training.

7 Q. And who at IDOC has reviewed the GEI  
8 training that will be provided in September and  
9 October?

10 A. Myself, Dr. Anderson, Fanning, Chief  
11 Fanning, I'm not sure if Dr. Puga has seen it,  
12 possibly, but us three for certain.

13 Q. And what is Dr. Fanning's title or Chief  
14 Fanning? Sorry. What is Chief Fanning's title?

15 A. Chief of legal.

16 Q. Did you sign off on the GEI curriculum  
17 that will be presented to IDOC staff?

18 A. Yes.

19 Q. And did Dr. Anderson review and sign off  
20 on the GEI training that will be provided?

21 A. Yes.

22 Q. And did Chief Fanning also review and  
23 sign off on the training?

24 A. Yes.

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1 Q. And is Chief Fanning qualified to treat  
2 gender dysphoria?

3 A. I don't believe that he would meet the  
4 typical criteria.

5 Q. And has Chief Fanning received any  
6 training on the medical treatment --

7 A. I can't speak to his training.

8 Q. Can you describe the review process for  
9 the three individuals you mentioned including  
10 yourself?

11 A. The review process is we looked at the  
12 GEI Foundations course and its typical offerings and  
13 we determined what part would be applicable to our  
14 population, which is adults, and we essentially  
15 mirrored their usual GEI Foundations course.

16 Q. And are there any individuals for whom  
17 this GEI training is mandatory?

18 A. I'm sorry.

19 Q. Are there any individuals who are  
20 required, that is, it is mandatory for them to  
21 complete the GEI training?

22 A. Within Wexford, we -- within Wexford, it  
23 is not possible with the bargaining units to  
24 actually make it mandatory for all providers,



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1 particularly the nurses that are in bargaining  
2 units. It has to be offered voluntarily.

3 Q. Are there any individuals who are -- whom  
4 the training is mandatory?

5 A. There are no one that it is actually  
6 listed as mandatory, but there are persons for whom  
7 it is listed as expected.

8 Q. Who is listed as expected?

9 A. All medical providers, all medical  
10 providers, be they nurse practitioners or whomever,  
11 all medical providers are requested and expected;  
12 however, we can't make it mandatory for those who  
13 are in bargaining units.

14 Q. And for all medical providers, does IDOC  
15 have a plan in place to ensure that all of the  
16 medical providers regardless of who employs them is  
17 qualified to treat gender dysphoria?

18 A. Yes.

19 Q. What is that?

20 A. That is done through the Wexford training  
21 and it will be also be done through the WPATH  
22 training.

23 Q. IDOC understands that the combination of  
24 the Wexford training and the non-mandatory GEI

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1 training will be sufficient to get all of the  
2 medical providers sufficiently competent to treat  
3 gender dysphoria?

4 A. Yes.

5 Q. Apart from the Wexford training and the  
6 WPATH training, is anything else scheduled to be  
7 provided or planning to be provided with regards to  
8 the treatment of gender dysphoria with any IDOC  
9 professionals?

10 A. With IDOC professionals?

11 Q. Yes.

12 A. Can you define what you mean by IDOC  
13 professionals?

14 Q. With any IDOC staff.

15 A. Okay. We are planning to provide case  
16 presentations on a monthly or quarterly basis. We  
17 haven't determined the interval. So that's one  
18 thing that we will be doing for difficult or  
19 challenging patients and those will be presented  
20 with one of our endocrine consultants along with the  
21 providers and those who are on the committee or the  
22 transgender Health and Wellness Committee.

23 Q. Who are the endocrinologists that will be  
24 going to be giving the presentation?

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1 A. We are working on securing our  
2 endocrinologists.

3 Q. What the criteria that IDOC is using to  
4 decide which endocrinologist to use?

5 A. We are taking the advice and the  
6 suggestions of our endocrine -- I mean, of our  
7 consultant, Dr. Anderson, who is a WPATH member and  
8 has given us some recommendations. We are  
9 preferring to choose an endocrinologist who is  
10 WPATH-trained, certified, or a member ideally, or  
11 someone who has extensive experience in leadership  
12 in management of transgender patients.

13 Q. And has any endocrinologist been  
14 contacted yet?

15 A. Yes.

16 Q. Has any endocrinologist verbally agreed  
17 to serve a role in these case presentations?

18 A. Can you define "verbally agreed"?

19 Q. Sure. I'll ask it a different way.

20 Has any endocrinologist been retained  
21 to participate in these case presentations?

22 A. Those negotiations are still ongoing.

23 Q. And when does IDOC expect to formally  
24 retain one or more endocrinologists?

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1 A. Our hope is that this will be completed  
2 in the next one to two months.

3 Q. When did IDOC first contact any  
4 endocrinologist?

5 A. I can't recall the exact month. It was  
6 this year in 2020. It was beyond.

7 Q. Was it within this month?

8 A. No, it was before that. So it was -- I  
9 just can't tell you the month. It was after the  
10 preliminary injunction, and after we met with  
11 Dr. Anderson, but I cannot tell you the exact month.

12 Q. Has the THAW or the transgender Health  
13 and Wellness Committee met yet?

14 A. No.

15 Q. When is the first meeting?

16 A. After our administrative directives have  
17 been approved then we will set up our first meeting.

18 Q. Who needs to approve the administrative  
19 directive before THAW can meet?

20 A. That would be not just THAW, that would  
21 be THAW and the administrative committees. That  
22 would go through Chief Fanning, or Chief Fanning's  
23 office and legal team and from there to the policies  
24 and procedures committee.



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1 Q. Who are the individuals on the policy and  
2 procedures committee?

3 A. I do not know.

4 Q. Do you know what criteria the policies  
5 and procedures committee is going to use to  
6 evaluate?

7 A. I do not. I do not.

8 Q. Has the AD been submitted to Chief  
9 Fanning yet or the legal department?

10 A. Yes. Yes.

11 Q. When was it sent?

12 A. I don't know the date.

13 Q. And when does IDOC expect the  
14 administrative directive to leave the review of the  
15 legal department?

16 A. I don't have that specific information.  
17 You probably want more specific information and I  
18 can't give you that.

19 Q. Has someone with IDOC provided a timeline  
20 for when the administrative directive will clear all  
21 the approvals necessary to take effect?

22 A. We're hoping by November, mid November to  
23 late November.

24 Q. Does anyone besides legal or the policy

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1 Moss Group?

2 A. I don't know the specifics because I  
3 wasn't involved in that piece of it.

4 Q. Who at IDOC would know what the Moss  
5 Group's contribution was to the administrative  
6 directive?

7 A. Dr. Puga.

8 Q. Did anyone besides Dr. Puga, you,  
9 Dr. Conway, and the Moss Group draft or revise  
10 portions of the administrative directive?

11 A. No.

12 Q. Did anyone else review the administrative  
13 directive before it was sent to legal?

14 A. Not to my knowledge.

15 Q. And how long did it take for the  
16 administrative directive to be revised?

17 A. I don't understand the question. I'm  
18 sorry.

19 Q. From the period with which -- at which  
20 time Dr. Puga, you, and the Moss Group were revising  
21 the administrative directive, how long did it take  
22 from that point to send to legal?

23 A. I don't know that I know how long that it  
24 took. I can't remember the specifics of what month

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1 and procedures committee need to sign off before the  
2 administrative directive can take effect?

3 A. No. Not to my knowledge.

4 Q. Have other individuals approved the  
5 administratively directive before it left to be  
6 reviewed by legal?

7 A. Such as whom?

8 Q. So who drafted this administrative  
9 directive that is not yet taken effect?

10 A. So the revisions of the previous  
11 administrative directive was revised by Dr. Puga  
12 included elements from myself and included elements  
13 from the Moss Group.

14 Q. Which were the elements provided by you?

15 A. I focused on the transgender health and  
16 wellness aspects.

17 Q. That would include everything from mental  
18 health treatment, hormone treatment, surgical  
19 treatment, anything else?

20 A. It is more on hormone therapy and  
21 surgical treatment, not on the mental health piece.

22 Q. Who provided the mental health piece?

23 A. Dr. Puga.

24 Q. And what elements were provided by the

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1 that we started or finished, but it was -- I just  
2 don't know the answer to that the specific timeline.  
3 It is after the preliminary injunction and a little  
4 bit ago, maybe a month or so ago that it was  
5 actually submitted. I'm not exactly sure of the  
6 dates.

7 Q. And what documents did Dr. Puga, you, and  
8 the Moss Group rely on in drafting these revised --  
9 this revised administrative directive?

10 A. Probably -- I don't know about all pieces  
11 of it. I was only involved in one small portion of  
12 it, and I looked at -- considered documents like  
13 WPATH standards.

14 Q. Any other documents that you relied on?

15 A. Because this is an administrative  
16 directive and it is not a policies and procedures  
17 manual, which might have additional details, no, I  
18 did not.

19 Q. You don't know what Dr. Puga relied on in  
20 drafting his portions of the revised administrative  
21 directive?

22 A. I don't know if he used -- what  
23 particular items that he used, I don't, or what  
24 particular documents he may have used.

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1 Q. And do you know what documents the Moss  
2 Group might have used or relied upon when working on  
3 their portions of the revised AD?

4 A. They presented their own version of an  
5 AD. They did not actually complete our AD, and they  
6 gave suggestions, which were incorporated into our  
7 AD. And I do not know what the Moss Group would  
8 have used to as they come up with the suggestions  
9 that they did.

10 Q. And which suggestions from the Moss Group  
11 did IDOC end up incorporating into the revised AD --

12 A. I think you asked me that. I don't know  
13 the answer. I wasn't the primary person responsible  
14 for the AD and so I just don't know.

15 Q. Dr. Puga would know?

16 A. Yes.

17 Q. So in addition to the -- let's see --  
18 besides the administrative directive, are there any  
19 other documents that will outline the scope or  
20 structure of the Health and Wellness Committee and  
21 admin committee?

22 A. You are asking me -- I'm not sure if I  
23 understand specifically what you are asking.

24 Q. So, you mentioned that the two committee

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1 system will take effect when the new revised  
2 administrative directives is able to be approved by  
3 legal and by the policy and procedures committee; is  
4 that right?

5 A. Correct.

6 Q. And so, these administrative directives,  
7 once approved, will layout how treatment of gender  
8 dysphoria is done at IDOC; is that right?

9 A. Yes.

10 Q. And apart from the administrative  
11 directive, is there anything else that is going to  
12 govern or guide the treatment of gender dysphoria  
13 under this new system?

14 A. Yes. We are -- there are several things.  
15 We will have a transgender health clinic which is  
16 something that we did not have before, which is  
17 specific to transgender patients, and then there  
18 will be guidelines that will be developed for the  
19 transgender health clinic. These won't be extremely  
20 different from what may be indicated or spoken of in  
21 the Wexford guidelines, but it's specific to the  
22 transgender health clinic. There will also be,  
23 although the name of it hasn't been determined, but  
24 a policies and procedures that more or less outlines

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1 additional detail from a health and wellness  
2 perspective.

3 Q. Besides those two documents, are there  
4 anything else?

5 A. Not that I can of.

6 Q. That will -- okay.

7 Let's talk about the transgender  
8 health clinic. Who is developing the guidelines for  
9 that?

10 A. I will be doing that in addition to with  
11 our regionals.

12 Q. Is that the IDOC regional -- one of the  
13 IDOC regional coordinators you mentioned?

14 A. Yes.

15 Q. And which of the IDOC regional  
16 coordinators will be assisting or working with you  
17 on developing the trans health clinic guidelines?

18 A. Because of their extensive experience in  
19 corrections, which makes this a very unique  
20 experience, all three of them will be involved  
21 because they know kind of like the inner workings,  
22 the inner working aspects of IDOC and how best to  
23 get things done. So they will be a part of that as  
24 well, at least from a strategic perspective.

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1 Q. Besides the regional coordinator and you,  
2 Dr. Conway, will anyone else be involved in  
3 developing those guidelines?

4 A. Possibly the director of nursing, and our  
5 quality improvement leader, Tonya Hedges.

6 Q. Is anyone going to approve or review the  
7 guidelines once developed?

8 A. Agency medical director.

9 Q. That would be Dr. Bowman?

10 A. Yes.

11 Q. What are the things that will be included  
12 in these guidelines for the trans health clinic?

13 A. So, the types of things that are included  
14 in all of our chronic clinics -- diabetes,  
15 hypertension, and now transgender health -- will be  
16 some of the things that we're actually -- that we  
17 are actually looking at again as we said on the  
18 Wexford guidelines, the Wexford training manual,  
19 same.

20 So basically we would be making sure  
21 that the patients are seen as often as they should  
22 be seen, which is a part of that continuous quality  
23 improvement, which had not happened before. So  
24 that's one of the things that happens with all of

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1 all our chronic clinic. Every chronic clinic has  
2 continuous quality improvement that is surrounding  
3 that. So part of -- part of the guidelines will  
4 include the continuous quality improvement around  
5 the chronic clinic for transgender health. Other  
6 inclusions would be when -- guidelines on when you  
7 will be checking certain labs and then part of  
8 the -- part of the expectations and monitoring for  
9 side effects and such and adverse events.

10 Q. Anything else that will be contained in  
11 the guidelines?

12 A. That's all I can think of.

13 Q. And what documents will be relied upon  
14 when developing the trans health guidelines?

15 A. Please be clear as to which trans health  
16 guidelines you are referring to.

17 Q. For the trans health clinic guidelines  
18 that we were discussing, what documents and  
19 materials will be relied upon in developing those?

20 A. So, basically, the requirements for  
21 hormone use or the proper use of hormone which is in  
22 the Wexford guidelines, WPATH guidelines, and those  
23 will be the main things that we'll be using.

24 Q. Have the guidelines already been drafted?

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1 A. No.

2 Q. Who has the latest draft?

3 A. There is no draft as yet for the actual  
4 clinic. We're still working on our policies and  
5 procedures. So for the specifics of that, the  
6 transgender health clinic, that is yet to be  
7 drafted.

8 Q. Let's talk about the policies and  
9 procedures with respect to other health and wellness  
10 details that you mentioned. Are there multiple  
11 policies and procedures that will be developed?

12 A. What do you mean by multiple policies and  
13 procedures?

14 Q. So I believe when I was asking what other  
15 policies or documents would outline this new  
16 structure for treating gender dysphoria, you  
17 mentioned the trans health clinic, and you also  
18 mentioned some other policies and procedures with  
19 respect to other health and wellness things; is that  
20 right?

21 A. I mentioned the transgender health clinic  
22 is going to be one of our new chronic care clinics  
23 like diabetes and hypertension, so that allows  
24 for -- that allows for transgender medicine to be

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1 included with the chronic clinic guidelines. So I  
2 mentioned that. That's important because that  
3 involves continuous quality improvement, which is  
4 the case for all of our chronic clinics. That's  
5 one. But then I said -- but that's not a policy on  
6 how we operate. So the policies and procedures are  
7 a little bit more specific to day-to-day types of  
8 things that people may need to know, such as forms  
9 that they might be using for patients that are being  
10 seen, for example, if the medical history form or  
11 the physical exam forms and those types of things.

12 Q. Besides the medical history -- sorry. So  
13 besides the medical history and the physical exam  
14 forms, are there any other forms that are going to  
15 be developed?

16 A. Some forms that might be included  
17 could -- may include our continuous quality  
18 improvement or at least reference to those.

19 Q. And have those forms already been  
20 drafted?

21 A. They have not.

22 Q. And aside from the forms and then the  
23 trans health clinic guidelines, are there any other  
24 documents in development or with respect to policies

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1 and procedures for the treatment of gender  
2 dysphoria?

3 A. No.

4 Q. So we also discussed the members of the  
5 Health and Wellness Committee and I think we talked  
6 about everybody except for the medical providers who  
7 are interested in transgender care. Is that a  
8 correct assessment?

9 A. I believe so.

10 Q. So how are the providers -- or strike  
11 that.

12 How many providers will be members of  
13 the Health and Wellness Committee?

14 A. We don't have a number, a specific  
15 number.

16 Q. And how will the providers who will be on  
17 the Health and Wellness Committee be selected?

18 A. Volunteer. Volunteer. And you said were  
19 they had only ones -- that's not the only ones. We  
20 will also have consultants as well that will serve  
21 on the committee.

22 Q. And let's talk about the volunteers first  
23 and then I can ask about the consultants.

24 So the volunteers, how do the

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1 providers know to volunteer? How is this -- how is  
2 membership on the Health and Wellness Committee  
3 being advertised?

4 A. We worked through our regional  
5 coordinators, who have a -- hold on. I can't see.  
6 One second. Okay.

7 We worked through our regional  
8 coordinators as opposed to -- well, I'll just say we  
9 worked through our regional coordinators, and our  
10 regional coordinators work with the healthcare  
11 administrators who are very skilled and very -- are  
12 staunch advocates. They were able to identify  
13 people who they thought would have interest in  
14 serving, interest in transgender health, and they  
15 reached out to those individuals.

16 Q. What was the criteria that the healthcare  
17 administrator used to identify who would be good  
18 candidates?

19 A. They looked at providers who do the  
20 majority of -- you know, providing the majority of  
21 the transgender care at various facilities and those  
22 whom they have known to be staunch advocates for the  
23 transgender community. So the recommendations  
24 specifically came from the healthcare administrators

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1 and the regionals who were very familiar with their  
2 work.

3 Q. What instructions did IDOC give to  
4 healthcare administrators when they were going out  
5 and looking for people to volunteer to be part of  
6 the Health and Wellness Committee?

7 A. We asked them to identify people, medical  
8 providers that they thought would be -- that they  
9 felt would be reasonable -- I'm sorry -- that would  
10 be champions for transgender health and would want  
11 to serve in a capacity of being mentors and  
12 basically collaborators are those who needed  
13 additional support and help. And also they're  
14 experience, more experienced than most.

15 Q. And for the providers who do agree to be  
16 on the Health and Wellness Committee, will they  
17 receive any additional training on the treatment of  
18 gender dysphoria?

19 A. They will be WPATH trained. But that is  
20 going to be for everyone who is interested. So that  
21 will be a requirement for them. So that -- that may  
22 answer the question better that you asked earlier.  
23 That would be acquired requirement for anyone that  
24 serves on the transgender Health and Wellness

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1 Committee that they are WPATH trained.

2 Q. And for the medical providers that are  
3 employed by Wexford, will they then also be required  
4 to take WPATH training?

5 A. They will be asked to take the training.  
6 It's going to be offered for all providers.

7 Q. Does that mean no Wexford employed  
8 providers will be able to be members of the Health  
9 and Wellness Committee since IDOC cannot mandate  
10 training for them?

11 A. I can't quite understand that question.  
12 If I do get what you're saying, there are quite a  
13 few physicians who are interested in being on the  
14 committee and they will participate in the training.

15 Q. How has IDOC identified who will take the  
16 training?

17 A. We have spoken -- first of all, the  
18 training is going to be open to everyone, anyone  
19 that is a potential provider.

20 Q. Okay. And as far as decisions made by  
21 the Health and Wellness Committee, how will they be  
22 made?

23 A. Please tell me what you mean by that, how  
24 will they be made?

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1 Q. Sure. How will the transgender Health  
2 and Wellness Committee make decisions? Is it by  
3 voting, by some other means?

4 A. So, it will be by voting. Once  
5 information is presented and if there's a tie, that  
6 the chair of the committee will make the decision.

7 Q. How is the chair of the committee  
8 determined?

9 A. I am the chair of the committee. I was  
10 assigned by the Chief of Health Services at the  
11 time.

12 Q. Will every member have an equal vote?

13 A. Every member will not have an equal vote,  
14 unless it is -- and we haven't completed that  
15 bylaw -- unless it is determined at the outset of  
16 the meeting prior to the meeting that that will be  
17 the case, but our plans as we are on this call today  
18 is that it would just be IDOC members. Everyone  
19 will have an equal opportunity to share information  
20 and give consult and advice, but the final decisions  
21 will be by those who are employed by IDOC.

22 Q. That would include -- okay. -- Strike  
23 that.

24 What are the decisions that will be



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1 taken by vote, that the Health and Wellness  
2 Committee would make?

3 A. So some decisions may relate to  
4 grievances related -- relative to hormone therapy.  
5 So, for example, maybe a patient feels that their  
6 dose is not adequate, and they want more feminizing  
7 characteristics or more masculinizing  
8 characteristics. So that may be brought to the  
9 transgender Health and Wellness Committee. So we  
10 can apply medicine and safety in order to see if  
11 there's a way to best assist the patient and safely  
12 assist the patient. So that's usually not a matter  
13 of voting. It is more a matter of consulting and  
14 finding out what is the best matter of care. So  
15 those are the types of decisions that doesn't -- I  
16 can't imagine that actually coming to a vote, but  
17 that is an example of something that may come to the  
18 committee. Another one that may involve a vote more  
19 specifically -- and let me go back because the other  
20 one. If there were questions or concerns that could  
21 not be addressed, by the transgender Health and  
22 Wellness Committee, with endocrine and surgical  
23 consultation involved, then this patient would have  
24 an outside consultation with another physician. So

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1 there are other avenues to try to hopefully address  
2 and answer any questions or concerns. As it relates  
3 to --

4 Q. So, for the decision to have outside  
5 consultation with regard to endocrine or surgical  
6 issues, would the Health and Wellness Committee be  
7 voting on whether that consultation should happen?

8 A. No. They can just simply request the  
9 consultation.

10 Q. You are referring to the provider  
11 themselves?

12 A. Yes.

13 Q. What -- apart from the grievances that we  
14 talked about, what are the things that the Health  
15 and Wellness Committee will make decisions on?

16 A. Other things include, for example,  
17 surgeries, so patients who are interested in moving  
18 forward with surgery.

19 Q. Would the members of the Health and  
20 Wellness Committee be the ones determining the  
21 timeline and logistics for surgery?

22 A. Yes. And also the preparedness for  
23 surgery and making sure that all the minimum  
24 requirements as set forth by WPATH, as set forth by

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1 insurers are actually provided.

2 Q. And how will the Health and Wellness  
3 Committee ensure preparedness?

4 A. Things that we would evaluate is the  
5 length of time, for example, a patient has been on  
6 hormone therapy, that's an example. If it is over a  
7 year, 12 months, the expected guidelines in most  
8 cases; their compliance with medical therapy; the  
9 fact that their gender dysphoria is under good  
10 control or good management; that their hormonal  
11 therapy is within proper range and their medical  
12 issues and the psychological issues are  
13 well-managed. Those are some things. And that they  
14 have the required letters of support from mental  
15 health and/or their primary care physician or  
16 provider in consultation that would be reviewed and  
17 discussed and forwarded on, if appropriate.

18 Q. And what will the Health and Wellness  
19 Committee members be looking at to make all those  
20 determinations?

21 A. Just everything that I mentioned, I mean,  
22 just really those things.

23 Q. Sure. Are they looking at medical  
24 records, for example?

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1 A. So we will look at the letters that are  
2 presented. We will also evaluate -- potentially  
3 evaluate medical records. We haven't actually  
4 determined the specifics on how we would know that  
5 specific information, but there's any number of ways  
6 that we can make sure that they're compliant. We  
7 have our own quality improvement mechanisms that we  
8 will be looking at and, of course, the  
9 recommendation from the provider would be important  
10 as well.

11 Q. And will the Health and Wellness  
12 Committee meet with any of the individuals  
13 requesting, for example, surgery in this case?

14 A. You know, we haven't discussed that  
15 specifically, but it was reasonable but I don't want  
16 to say that will be a requirement. It may not be  
17 needed. Or it may be needed. But it is not a  
18 requirement.

19 Q. With respect to the grievances  
20 surrounding the hormone therapy, what will the  
21 Health and Wellness Committee members base their  
22 decisions on with regard to resolving those  
23 grievances?

24 A. It will be case by case.

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1 Q. Is there a written criteria about what  
2 should be considered when making decisions around  
3 grievances?

4 A. Not at this time, there isn't.

5 Q. For surgery, are there written criteria  
6 stating what the Health and Wellness Committee must  
7 look at and how, when making determinations around  
8 surgery?

9 A. It would be everything that I mentioned  
10 before, which is all what is mentioned for WPATH, we  
11 will be applying the same standards.

12 Q. Apart from surgery and the grievances, is  
13 there anything else that the Health and Wellness  
14 Committee will make decisions on?

15 A. We will also be -- making decisions is  
16 our only role. I think our other role is education,  
17 making sure that the patients are supported,  
18 updating formularies, providing best practices. It  
19 will be all of those things.

20 Q. Could you describe more what the Health  
21 and Wellness Committee's responsibilities are in  
22 education will entail?

23 A. One of the things that we are looking at  
24 is our case conference. So we are excited about

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1 that. That will be an opportunity to provide  
2 education and feedback to our providers utilizing  
3 board-certified endocrinologists and/or fellows by  
4 reviewing difficult cases on a monthly or quarterly  
5 basis. That's one thing.

6 Others would be involved in reviewing  
7 our policies and procedures relative to education,  
8 and making sure that everyone has an opportunity to  
9 be WPATH trained, and that everyone has also  
10 completed the Wexford training or any other training  
11 that we decide that might be useful or important.

12 Q. For the case conferences, have any  
13 endocrinologists or fellows been retained?

14 A. No one has been retained.

15 Q. For the roles and responsibility of the  
16 Health and Wellness Committee that aren't based on  
17 vote but rather are around developing education or  
18 other things, how will those decisions be made?

19 A. So basically, probably I would say with  
20 Transgender Health and Wellness Committee, if  
21 there's a need to revise our policies, that will be  
22 where we can actually discuss some of those things.

23 Q. Is there a formalized way that these  
24 revisions will be presented to the Health and

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1 Wellness Committee?

2 A. No.

3 Q. I think you mentioned some bylaws that  
4 are being developed; is that right?

5 A. We are trying to devise our policies and  
6 procedures.

7 Q. Will that include bylaws?

8 A. Can you describe to me what you mean by  
9 bylaws? You mean how the actual committee is going  
10 to work, is that what you are asking?

11 Q. Correct. Yeah. Correct. Bylaws as you  
12 used the term earlier, whatever you meant by that.

13 A. Okay. So there will be a description,  
14 you know, the purpose and the function of the  
15 committee, and I guess you can say in a sense that  
16 will be guidelines. We haven't -- hadn't discussed  
17 bylaws, but certainly there will be a working  
18 definition as to what is the role of the Transgender  
19 Health and Wellness Committee, and how we will  
20 function. So that probably equals bylaws.

21 Q. And how often will the Health and  
22 Wellness Committee meet?

23 A. At least once monthly.

24 Q. Is there a rule around having a quorum

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1 before decisions can be made by the committee?

2 A. Those bylaws as you have described have  
3 not been established.

4 Q. Who is drafting the bylaws?

5 A. There weren't bylaws actually  
6 established. We were describing it more of a  
7 policies and procedures and that would include how  
8 the committee works, but that's going to be myself  
9 and the persons that I mentioned to you before.

10 Q. And have you and the person you mentioned  
11 before started drafting?

12 A. Persons. Yes. We have begun to have --  
13 I put together and compiled notes. There is not a  
14 version of -- there's not a draft of the bylaws or a  
15 policy and procedures that is available as of yet.

16 Q. What notes did you put together or  
17 compile?

18 A. I don't know what you mean by "what  
19 notes."

20 Q. You said that you had not started  
21 drafting yet but that you had put together and  
22 compiled certain notes. I was wondering what you  
23 meant by that.

24 A. I'm beginning to write down the

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1 subheadings of the areas I want to actually have  
2 defined in the policies and procedures and what  
3 areas we want to deal with and address.

4 Q. I have one more question about the  
5 consultants that will be on the Health and Wellness  
6 Committee and then I think it will be a good time to  
7 take a break so since we've been going for an hour  
8 15.

9 You mentioned there will be some  
10 consultants who are also members of the Health and  
11 Wellness Committee; is that right?

12 A. Yes.

13 Q. Who will be those members?

14 A. Someone -- a representative in  
15 endocrinology and a representative in surgery, in  
16 gender affirming surgery.

17 Q. Has the endocrinologist that will be a  
18 member of committee been identified?

19 A. No. Identified? What do you mean by  
20 identified?

21 Q. Has anyone ever been retained?

22 A. No one has been retained.

23 Q. Has anyone been contacted to be retained?

24 A. There have been persons that have been

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1 discussed, yes.

2 Q. Has anyone from IDOC contacted the  
3 endocrinologist?

4 A. Yes.

5 Q. And who are the endocrinologists that are  
6 being considered?

7 MR. HIGGERSON: Objection. This is  
8 getting into the deliberative process too far. They  
9 don't have somebody designated yet. The Department  
10 doesn't have a position on who that person is, just  
11 that there will be an endocrinologist.

12 BY MS. WALD:

13 Q. For the surgical consultants, has anyone  
14 been retained?

15 A. No.

16 Q. Has anyone been contacted?

17 A. No. Not to my knowledge.

18 Q. Has IDOC discussed a surgeon?

19 A. IDOC has not discussed a surgeon.

20 Q. And what is the role -- will the  
21 endocrinologist and the surgical consultant when  
22 retained be a voting member?

23 A. They will not.

24 Q. And what will be their, their role with

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1 respect to the Health and Wellness Committee?

2 A. Provide, you know, a needed and necessary  
3 consultation in the area of question for the patient  
4 in question.

5 Q. And will the consultant be expected to  
6 attend every meeting?

7 A. We have not formalized that.

8 Q. And has there been any other details that  
9 have been formalized with respect to how the  
10 consultants will participate in the Health and  
11 Wellness Committee?

12 A. We know that they will be -- that they  
13 will participate in respect, as I mentioned before,  
14 the questions -- the clinical questions or queries  
15 that are being presented. But aside from that, no.

16 MS. WALD: Let's go off the record and  
17 just take a ten-minute -- let's call it 15, and come  
18 back at 2:50 I guess.

19 THE VIDEOGRAPHER: The time is now  
20 2:37 p.m. This ends media unit No. 3.

(Whereupon, a break in the  
22 proceedings was taken.)

23 THE VIDEOGRAPHER: The time is now 3:04.  
24 This begins media unit No. 4. We're back on the

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1 record.

2 BY MS. WALD:

3 Q. Dr. Conway, did you speak to anyone  
4 during the break besides counsel?

5 A. No.

6 Q. Did you review any documents during the  
7 break?

8 A. No.

9 Q. Presently is everyone in IDOC currently  
10 receiving an appropriate hormone treatment for  
11 gender dysphoria under the WPATH standards of care  
12 and the Endocrine Society guidelines?

13 A. It is our belief of care that they are.

14 Q. Is that your belief that they are. Is  
15 IDOC certain that that's the case?

16 A. IDOC is not certain at present if that's  
17 the case.

18 Q. Currently is there any committee that is  
19 making or approving decisions regarding hormone  
20 therapy?

21 A. When you say regarding hormone therapy,  
22 can you tell me what you mean by regarding hormone  
23 therapy?

24 Q. Is there any committee that's making or

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One of the things that had been considered before, that would not be considered or may not be considered now, might be the interjection of hormone therapy and where they were in terms of numbers and things like that. So whether or not they were completely therapeutic versus not therapeutic but compliant.

So the way we interpreted that is that whatever the other barriers may have been for the patient to be housed or receive appropriate social transition, those things should cease, however they may present themselves, and I feel that we have and are doing that and are more mindful and are aware of that.

However, I do want to make it very clear, if I can complete this statement, I want to make very clear, we don't operate in a silo. We are a health agency. And we are in a midsts of a pandemic, which also applies to not just our agency, but across the United States as well, and we are under an order or were under an order by Governor Pritzker that there was no movement of any of our patients, not just transgender patients, but for the safety of our patients, there was no movement.

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It's important to understand that. There's not been any application of anything else. Like I said before, our new directives as it relates to that, which is also not the committee that I'm going to be managing, have not actually been -- you can say enacted upon. So that is a part of our upcoming administrative directive. There hasn't been an --

Q. Sorry. I'm going to have to interject and stop you here.

So, at what point did IDOC -- was IDOC ordered to stop housing transfers?

A. I don't know the exact month. I think our cease of transfers was probably around -- and this is give or take -- March.

Q. Since the preliminary injunction was entered in the end of December, there were several months that took place before COVID hit; is that right?

A. There were several months.

Q. Was there any transfers made at that time?

A. Yes. I'm sorry.

Q. So there were several months in between

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when the preliminary injunction was entered and when COVID began to affect IDOC; is that correct?

A. Yes.

Q. And I'd like to know, apart from housing that we discussed, and hormone therapy, does IDOC include anything else in its understanding of social transition as per the Court's preliminary injunction?

A. If I go by -- if I go by your -- the document that you shared, it seems as though that particular question is specific to housing. If there's other items on there that you want me to take a look at, I would need to look at those again. But specifically for the question you asked me, it says relative to housing.

Q. And apart from the document that we discussed, which is the preliminary injunction itself, was there any other document informing IDOC's understanding of what the Court was ordering it to do with respect to social transition?

A. Is there any other document?

Q. Yeah. Is there any other document or materials that is informing IDOC's understanding of what the Court meant in its preliminary injunction

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about providing medically necessary social transition?

A. Medically necessary social transition, obviously our documents that we looked to would be the WPATH standards and medically necessary social transition will include everything from clothing, the opportunity for therapy, support, and such things would all be a part of meaningful social transition along with hormonal therapy, although those things would help with social transitioning.

Q. It is IDOC's understanding that preliminary injunction was ordering IDOC to do anything different with respect to clothing and therapy and other things?

A. You know, I'd have to read the injunction. I would have to read that again.

Q. Since the injunction, has IDOC done anything different with respect to clothing therapy and other things besides housing?

A. Everything is relative to our AD that has currently been designed for the purposes of addressing all of the issues that were presented.

Q. So sitting here today, as of today, IDOC has not done anything differently with respect to



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1 social transition?

2 A. In social transition relative to  
3 everything, or social transition relative to  
4 housing?

5 Q. Social transition with respect to its  
6 meaning as understood by IDOC from the Court's  
7 order?

8 A. We made significant inroads and efforts  
9 to develop -- to develop administrative directives  
10 to be in compliance, and we have done other things  
11 too. But if you are speaking specifically about  
12 social transitioning, you know, in relationship --  
13 and its relationship to housing, there's been no  
14 transfers. We have two persons that were up for  
15 transfer at the time or the beginning of the  
16 pandemic and those persons were not transferred  
17 because we were not transferring. Once that was  
18 lifted, just a couple of weeks ago, the facility  
19 that they would have transferred to was also in the  
20 midst of their own pandemic within a pandemic so it  
21 would not have been safe to transfer them. So they  
22 will be up for evaluation in the months to come for  
23 transfer once it is safe to do so.

24 Q. Apart from housing and then the

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1 administrative directive that is not yet in place,  
2 has IDOC done anything different with respect to  
3 complying with the Court's order around social  
4 transition?

5 A. I don't know of anything else. If you  
6 have a specific, I'll respond to that.

7 Q. So talk to me about what IDOC is going to  
8 do in the future. What is IDOC going to do to  
9 ensure that housing transfers are made for  
10 transgender individuals that need to be moved to  
11 another facility?

12 A. You were asking -- I'm not sure if I  
13 understand, but when you say what is going to be  
14 done, are you asking whether they have them. So,  
15 the -- I'm going to just see if this is what you're  
16 asking. The Transgender Administrative Committee  
17 will be carrying on the work of identifying patients  
18 who are requesting transfers, and those would be  
19 basically managed by the Transgender Administrative  
20 Committee and they will be managed with respect to  
21 operational concerns that must be considered for all  
22 of the offenders and for the safety of the offenders  
23 and safe as well as the patient themselves.

24 Q. The scope of the Transgender

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1 Administrative Committee is going to be operational  
2 concerns and safety concerns with respect to  
3 transgender prisoners; is that right?

4 A. More so. They will also deal with --  
5 they may or may not deal with commissary-related  
6 issues that are not on the commissary.

7 One of the things that happened as a  
8 result of the preliminary injunction is to simplify  
9 the commissary. So that has been done, but it does  
10 have to be put into motion because this is a state  
11 agency. So there are mechanisms by which this has  
12 to be done, but it has been actually moved through  
13 legal, approved, and then I do believe that all of  
14 these things will become a part of, you know, the  
15 entire working document of the administrative  
16 directive probably sometime in November once  
17 everything has moved through the Policy and  
18 Procedures Committee.

19 But one of the things that has  
20 happened that I think has been very positive is the  
21 commissary list which wasn't there before. So  
22 there's now a commissary that's unique to  
23 transgender patients, and that was not there before  
24 and that's a part of meaningful transition as well.

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1 So all patients that identified as transgender will  
2 have the opportunity to go -- to select items from  
3 commissary.

4 Q. And that will take effect once this the  
5 administrative directive that we already talked  
6 about passes through approval; is that right?

7 A. Correct. Yes.

8 Q. So, apart from commissary, what else  
9 specifically falls under the umbrella of operational  
10 and safety concerns?

11 A. I think those are I think the primary  
12 issues will be more or less operational as it  
13 relates to social housing, transition relative to  
14 housing.

15 Q. And who will be the members of the  
16 Administrative Committee?

17 A. The chief of operations or his designate  
18 will be one of the one of the members and leaders.  
19 Also psychiatry and psychology will also be  
20 involved. I also will be a part of that committee  
21 as well for aspects that might be where there's an  
22 intersection between health and where there's an  
23 intersection between health and operations, if that  
24 exists, and to inform that committee as well. And I

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1 items and typically the wardens assist with them  
2 with those requests off of other commissaries.

3 So, for example, the way it is right  
4 now, whatever facility you're housed in, if it's  
5 male, that's the commissary that's available. That  
6 will not be like that in the coming advanced  
7 directives. Obviously it's going to be quite  
8 different.

9 Let me minimize this because it  
10 popped up in front of you guys and I can't see you.

11 So with the changes, there is a  
12 commissary for all transgender patients, and they  
13 simply can just choose from them. There is no  
14 request or adding or anything. Until that is  
15 actually through committee, and which I'm certain  
16 that it will be approved -- oh, I'm sorry, the  
17 commissary has been approved. It just hasn't been  
18 enacted. So that has been approved.

19 Q. When will it be enacted?

20 A. Probably around the November timeline  
21 when we expect everything else to go through.

22 Q. And is the enactment of the new  
23 commissary list tied to the AD being approved?

24 A. Yes. Well, yes, it does, it ties to it.

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1 Q. And so currently because the AD has not  
2 yet been approved, the commissary and clothing  
3 policies are the same as they've always been?

4 A. Correct.

5 Q. And following the administrative  
6 directive, what changes are going to be made with  
7 respect to commissary and clothing besides the  
8 commissary list that you discussed?

9 A. So I'm not sure if I fully understand  
10 your question, but as it relates to commissary, I  
11 mean, it's just going to be a list where they  
12 don't -- it's reflective. They don't have to  
13 actually ask for anything. It will be already  
14 available to them on that list. So that is  
15 positive.

16 The second piece is when offenders  
17 actually are placed in a facility, they are given  
18 the commissaries that's appropriate for their gender  
19 identity. If they are a transgender women, they  
20 will receive perhaps a certain number of the bras, I  
21 don't know the total number. There is some standard  
22 things that whatever an offender would receive in a  
23 more gender specific type of situation, they would  
24 get the same except for be based on their gender

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1 identity.

2 If they enrolled in a particular --  
3 if they are assigned to a particular facility but  
4 their gender identity is female, even if they are in  
5 a male facility at that moment, they will get the  
6 typical -- you know, the typical items that are  
7 consistent with their identity, unless they don't  
8 want that. They do have the opportunity to choose  
9 not to have that as well.

10 Q. And for the changes that will be made to  
11 how clothing and commissary are handled for  
12 transgender prisoners, is there anything preventing  
13 IDOC from implementing them sooner?

14 A. I think that you have to have established  
15 directives like any other agency. It has to -- you  
16 know, it has to be approved and be some sort of  
17 policy.

18 Q. So the commissary list has been approved  
19 separate from the administrative directive. Is  
20 there any reason why the commissary list cannot  
21 already be take effect in terms of what's available  
22 to people?

23 A. We're guided by our administrative  
24 directive, and it is not part of our administrative

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1 directives that are currently the guiding authority.

2 Q. And are you aware of complaints from the  
3 plaintiffs in this case and grievances regarding the  
4 impact on them of not having these gender affirming  
5 commissary and clothing items?

6 A. I'm aware that there have been  
7 complaints, but just because it is not reflexive at  
8 this moment doesn't mean it's not available. These  
9 offenders can request these items and these items  
10 can still be provided. I think what we had done is  
11 to remove the barriers and that specifically just  
12 has not been actually -- has not been officially  
13 enacted. That's the only difference. So these  
14 offenders can still have -- you know, they can have  
15 access to the things that they have requested.

16 Q. And is IDOC aware that transgender  
17 prisoners are requesting items but are not receiving  
18 them?

19 A. I mean, I think they have been aware.  
20 That's the reason why these things have been changed  
21 and that's also the reason why their grievances were  
22 addressed in the transgender care committee.

23 Q. In what way has the grievance been  
24 addressed with respect to the commissary and

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1 long answer, I'm going to go back to what we said  
2 before, there was no provision for that under the  
3 TCRC. That's the best I can answer. And that is  
4 consistent with the new one.

5 Q. Okay. Once these administrative  
6 directive is in place, who will -- how will  
7 additional candidates be presented for surgery to  
8 the Health and Wellness Committee?

9 A. We are working on how they will be  
10 formally presented.

11 Q. And when you say working on it, do you  
12 mean that you are drafting a policy?

13 A. We are or will draft within the months to  
14 come specifically how they would interact with the  
15 committee in order to meet the WPATH requirements  
16 and be evaluated and/or approved and/or moved  
17 forward.

18 Q. And who are the individuals that will be  
19 involved in drafting the provisions around surgery  
20 in months to come?

21 A. That is going to be myself -- and that  
22 will be myself.

23 Q. Anyone else?

24 A. No. There will be other -- let me take

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1 that back. There will be others that may be  
2 involved in terms of their knowledge of -- relative  
3 to the medical process, meaning how they get through  
4 insurance and so forth. And let me also add that we  
5 will welcome, once this is available, but it won't  
6 preclude the further evaluation, but welcome the  
7 insight of a surgical or a gender affirming surgeon  
8 in terms of participating in those discussions.

9 Q. In what way would you seek the input or  
10 the insight of a surgeon that performed these types  
11 of procedures?

12 A. I'm not sure if I understand the  
13 question.

14 Q. You mentioned that you would welcome the  
15 insight of a surgeon who performs gender affirming  
16 procedures. In what way would you actually welcome  
17 that insight?

18 A. Just so they could contribute their  
19 wealth of the knowledge as we discuss the patient as  
20 being a good candidate.

21 Q. Just so I'm clear, are you referring to  
22 the insight of a surgeon on the ways in which the  
23 Health and Wellness Committee evaluates candidates  
24 for surgery?

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1 A. That could be a part of it. But there  
2 are some -- you know, some very I would say for lack  
3 of a better word, there are some standards. So it's  
4 not very complicated in terms of the things that we  
5 considered. So we will follow the WPATH standards,  
6 but I was speaking more in relationship to  
7 suitability, if there some issues that might be  
8 concerning for a particular patient that will be  
9 going forward.

10 So, for example, if a patient is  
11 interested and the medical provider doesn't, for  
12 example, think that they're a good candidate because  
13 of this or that, maybe their hormones are not under  
14 control, or they may need additional time or more  
15 hormone therapy or any number of medical issues  
16 because medical issues always come up, just their  
17 input as a surgeon as to the suitability of a  
18 patient where there might be exceptions or concerns  
19 where it's less clear whether or not they may be a  
20 good candidate.

21 Q. And will it be the primary care  
22 physicians or other medical providers who are  
23 determining whether surgery is appropriate?

24 A. They're just giving one reference as per

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1 the WPATH recommendations.

2 Q. What is that guidance that the medical  
3 providers are given?

4 A. They write the letter of support as per  
5 the WPATH recommendations and guidelines.

6 Q. Do the mental health professionals have a  
7 role in this?

8 A. Yes, they do the same.

9 Q. So after a patient receives a letter from  
10 their medical provider and their mental health  
11 professional recommending surgery, what will be the  
12 next step under the forthcoming administrative  
13 directive?

14 A. So if I'm understanding your question,  
15 those persons who are presented to the committee  
16 with two letters of recommendation, we will discuss  
17 that patient, make certain that the letters suggest  
18 what -- you know, that the letters have -- that the  
19 letters indicate whether or not they truly recommend  
20 them, whether or not the things that we are  
21 expecting to see actually are found.

22 So, for example, if they -- if all of  
23 the pieces that are kind of required to move forward  
24 with a successful surgery have all been met, then

## **EXHIBIT B**

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.

1     probably -- because if you -- if you know  
2     medicine, how it works is rotations and  
3     experiences. So it wasn't throughout the  
4     continuum of my residency. So I would put it  
5     around a 20-year mark.

6           Q.     Is it correct that you would have spent  
7     about one rotation with this doctor?

8           A.     I don't -- I didn't have more than one  
9     rotation. But, yes, I would have spent -- I'm  
10    sure it interacted with him, you know, at some  
11    point throughout the time I was there. But in  
12    terms of, you know, being exposed to the clinic  
13    and some of the things that he was doing in  
14    transgender health, which was newer to most of  
15    us then, probably about a month's time. I'm  
16    just trying to round it. I'm not exactly sure.

17          Q.     Have you ever been the primary  
18    physician for a transgender patient receiving  
19    hormone therapy?

20          A.     Tell me what you mean by the primary  
21    physician -- physician.

22          Q.     Have you been the physician prescribing  
23    hormone therapy to a transgender patient?

24          A.     No. No. I have been a physician that

1 managed patients in primarily their preventative  
2 health needs. And I'm sure I have taken care of  
3 transgender patients also in the hospital as  
4 well.

5 And I would add -- and I'm sure you  
6 know this already -- that in Chicago at least,  
7 because it is a community that is highly  
8 specialty driven, many of our patients are not  
9 in the community, you know, just routinely.

10 They will be in clinics like Howard  
11 Brown where I have a close relationship with my  
12 colleagues there and friends who are there. And  
13 they will also be in other locations as -- as  
14 well. But they're very rarely in the primary  
15 care environment.

16 Q. And is the primary care environment the  
17 environment in which you primarily work?

18 A. Yes. I worked in primary care in the  
19 clinics for many years, primarily with the  
20 underserved community initially, in the earlier  
21 part of my career. And then I ended up working  
22 in hospitalist medicine and leadership a little  
23 bit later on.

24 Q. You mentioned you have a close

1 relationship with Howard Brown Health. When did  
2 that begin?

3 A. Actually, one of my really -- one of my  
4 dear friends works over there, and she's a  
5 regional director. And she's been a real  
6 support as well. That started -- I mean, I  
7 began to talk to her more about transgender  
8 health when I began to take more of an active  
9 role in -- at IDOC.

10 And before when we were actually  
11 looking to bring on WPATH actual leaders, you  
12 know, at WPATH into IDOC -- which you can ask me  
13 about that later, if you'd like -- we were  
14 actually looking to have her and the team of  
15 Howard Brown, we were working on building a  
16 relationship.

17 And this was all pre-COVID, you know.  
18 And so -- and then ultimately we ended up going  
19 the WPATH route. But they are just so hands-on  
20 with many of the community in the City of  
21 Chicago. And they're -- they're -- they're  
22 aligned very closely with -- you know, with --  
23 also with, I'd say, a community that struggles  
24 in terms of having healthcare at all. So they



1 turn out to be primary care, and then this area  
2 of transgender healthcare as well.

3 So they really align a lot with our  
4 mission and with their understanding of the  
5 kinds of patients that we have. So I thought  
6 that she would be perfect initially. But,  
7 again, we went another route.

8 But I would say I began chatting with  
9 her more about this. I don't want to give an  
10 exact time, but probably around January,  
11 February, because, again, I became peripherally  
12 involved somewhere around December when  
13 Dr. Meeks said, I think this will -- you know,  
14 you have such a role in -- in terms of primary  
15 healthcare for many -- for many years, and a  
16 passion to take care of those who are  
17 underserved.

18 He said, I think this would be great  
19 for you to get involved, and they could really  
20 use the help. Because as you know, before then,  
21 it was primarily the TCRC committee, and that's  
22 the way it was structured. And there weren't a  
23 lot of -- there wasn't a lot of actual medical  
24 physicians involved.

1           And so that's what he thought that when  
2   I came -- because he was by himself for years,  
3   which you know. And then I came and Dr. Bowman  
4   came, and he said I think this would be a great  
5   area for you.

6           So somewhere around January, as I  
7   became familiar with their processes, I began to  
8   reach out to my friend for some additional help  
9   in trying to get training for our -- for our  
10  people, for our staff.

11          Q.    Thanks. So Dr. Meeks was the one who  
12  came to you and recommended that you take a more  
13  active role in overseeing this medical treatment  
14  of gender dysphoria; is that correct?

15          A.    That is correct.

16          Q.    And he -- so your understanding is that  
17  he told you that he wanted you to step into that  
18  role because before you joined, there were not  
19  any -- there wasn't anyone besides him who had  
20  primary care experience?

21          A.    To my understanding, I don't think that  
22  there was, actually. And he also is passionate  
23  about this as well, but I think being only one  
24  person in an agency -- over an entire agency, it

1 something that you know for sure, would it  
2 surprise you if there were incidents of female  
3 prisoners at Logan physically attacking IDOC  
4 guards or staff?

5 A. I -- actually, I don't want to use the  
6 word surprised, but it's not part of what I've  
7 come to expect in my mind's eye. But I don't  
8 have enough information to answer that. When  
9 they use the words aggression, I don't know  
10 specifically because I haven't necessarily been  
11 involved in those incidents, if they've been  
12 physical or not.

13 Q. So I guess moving away from PRIA, so  
14 you mentioned that the administrative committee  
15 is going to be overseeing housing, PRIA  
16 complaints. What other things are they going to  
17 be overseeing?

18 A. I think it's probably going to be more  
19 related to housing because many of our previous  
20 things that they -- that were under maybe the  
21 purview of that administrative type committee  
22 have now been made more clear in the -- in the  
23 upcoming -- in one of our -- we haven't  
24 finalized the AD, but we're working very hard on

1     that as well.

2             And so making clear what things are  
3     available in terms of commissary, so these  
4     things are not coming up, you know, as  
5     individual questions. So that they'll have  
6     access to the things that they need and deserve  
7     without having to go through so many loops and  
8     hoops.

9             So some of the things that may have  
10    been included previous to my even being there  
11    are probably not going to be some of the things  
12    that they will have to concern themselves with  
13    anymore. I think it's really about making a  
14    safe place for a safe transfer.

15            And I think you're probably also aware  
16    that they or we are also looking at creating a  
17    voluntary unit for vulnerable -- I can't speak a  
18    lot on it. But for vulnerable offenders, so  
19    that there are some other options aside from  
20    just Logan that would be very nurturing and  
21    supportive and very -- you know, they'll have  
22    the type of mental health and support and  
23    vocational type of training. That is a big  
24    vision of our -- our group as well to create an

1 alternative, so that, you know, the offenders  
2 have a few options, not just Logan.

3 Q. So what do you understand the benefits  
4 to be of a voluntary third location that isn't  
5 either an existing female prison or an existing  
6 male prison?

7 A. Say that again.

8 MS. WALD: Jennifer, did you get that  
9 question down for me?

10 THE REPORTER: Yes.

11 MS. WALD: Can you read it back?

12 THE REPORTER: Sure.

13 (Whereupon, the record was read  
14 as requested.)

15 THE WITNESS: So when you say it's not either  
16 an existing female prison or male prison, I  
17 think you're just saying in spirit because it  
18 will be probably one of the actual buildings, to  
19 be clear, or something that belongs to IDOC, I  
20 would assume.

21 But I think the beauty of it and the  
22 benefit of it is that it's voluntary. It would  
23 be a place where transgender patients or  
24 offenders, along with other people who have --

1 that they can possibly -- you know, whatever we  
2 may have offered, essentially, is what I hope to  
3 be able to put in or intend to put in the SOP.

4 Q. And the SOP will ultimately also  
5 include the mechanisms for quality control or  
6 oversight; is that correct?

7 A. That is correct. It won't include  
8 anything about the Transgender Administrative  
9 Committee. That it won't talk about. But there  
10 will be some overlap in the sense that, you  
11 know, they may need some information from us in  
12 the administrative committee because it's --  
13 it's still focused more on operations versus  
14 health.

15 Q. Is the administrative committee in  
16 charge of issues related to, for example, social  
17 transition?

18 A. Yes. And you say social transition  
19 meaning, like, accommodations?

20 Q. I guess, what do you understand social  
21 transition to mean?

22 A. Well, I don't know, when you say social  
23 transition, I would -- you know, in our context,  
24 I would relate it more to accommodations versus

1 the way it might be looked at in the community.

2 THE REPORTER: Carolyn, when -- when you get  
3 a chance, are we -- are we close to a break?

4 MS. WALD: Yeah, yeah, yeah. Let me just  
5 ask, like, two more things and then we'll stop.

6 BY MS. WALD:

7 Q. So currently, this SOP is not in  
8 effect, correct?

9 A. It is not in effect because it's all  
10 those pieces that we spoke about, so...

11 Q. About how many pages do you expect it  
12 to be?

13 A. Long. I don't know numbers. I'm  
14 sorry, I just don't.

15 Q. Long like over 20 pages?

16 A. I would say over 20 pages because it  
17 will include our transgender clinic guidelines,  
18 too, which typically are -- when I say  
19 guidelines, I meant chronic clinic guidelines.  
20 So that -- those typically run about three or  
21 four pages, depending. And this has a lot more  
22 detail.

23 Q. And is the SOP still being drafted and  
24 revised?

# **EXHIBIT C**



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

1 today. We are in the process of gathering  
2 information on offenders' interest in that. Based  
3 on our plan for the new committee, the THAW  
4 Committee, I am responsible for gathering research  
5 data so that we know the offender population.

6 That data is not due back to  
7 me until the 31st of this month. It will take me  
8 a month or two to analyze the data. And from that  
9 data from all the sites, we'll have a list of  
10 offenders who are wanting various surgical  
11 procedures.

12 Q Okay.

13 A And we'll know whether or not they're  
14 wanting top or bottom surgery as well.

15 Q Is the new administrative directive  
16 going to contain a provision relating to surgery?

17 A Yes. But it is changing that  
18 decision -- the final decision away from the  
19 director, who the decision would be beyond their  
20 scope of practice, and shift it down to the chair  
21 of the THAW Committee who will be a medical  
22 person, such as currently Dr. Conway would make  
23 the final decision.

24 Now, currently, Dr. Puga and I

## **EXHIBIT D**

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.	)	
	)	
	)	

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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

1           A     I don't remember that coming up during  
2     conversation. It may have, but I don't recollect that.

3           Q     All right. I want to start looking at the  
4     guidelines specifically, Dr. Fisher. I'm going to share  
5     a new exhibit on my screen.

6                     (Deposition Exhibit No. 4 was marked for  
7     identification and attached hereto.)

8           Q     BY MS. PARSONS: Do you have Exhibit 4 in front  
9     of you, Dr. Fisher?

10          A     I do.

11          Q     And for the record, it has a Bates No. 23  
12     through 46.

13                     Dr. Fisher, do you recognize this as the final  
14     approved transgender guidelines put forth by Wexford?

15          A     This one says specific region Illinois.

16          Q     Okay. So you recognize this as the final  
17     guidelines put forth by Wexford for the Illinois region?

18          A     Yes.

19          Q     Okay. See at the bottom of the second page  
20     it's revised 4/20 of 2020?

21          A     Yes.

22          Q     And you recognize that to be the date of the  
23     final document?

24          A     I believe so, yes.

25          Q     Okay. Before we get into this specifically,

1     how -- I know you mentioned the Federal Bureau of Prisons  
2     Guidelines that were a large resource for this document.  
3     Are there any other documents that the folks that put  
4     these together were relying upon?

5           A     Yes.

6           Q     What were they?

7           A     There's references on Bates No. Stamp 36.  
8     There's seven different references listed here. One of  
9     them, No. 2 being the "Federal Bureau of Prisons (2016).  
10    Medical Management of Transgender Inmates," but there are  
11    also other references there.

12          Q     Okay. I've got it up on the screen. There's  
13    seven references there. Do you agree?

14          A     Yes.

15          Q     You did not list the WPATH Standards of Care.  
16    Are you familiar with that document, Dr. Fisher?

17          A     It is mentioned within this guidance, so, yes,  
18    we are familiar with WPATH, but not specifically  
19    referenced within this -- within these references. But  
20    WPATH is mentioned on Bates Stamp 25 and is mentioned on  
21    other pages of this document.

22          Q     Okay. Also on Bates Stamp 36 you were just  
23    looking at the references, the references do not include  
24    a reference to the Endocrine Society Guidelines. Are you  
25    familiar with that document?



1           A       I believe that was mentioned within the  
2       complaint, but I don't believe I was familiar with it. I  
3       don't believe I was personally familiar with it prior to  
4       reading about that within the complaint.

5           Q       Okay. Were you familiar with the WPATH  
6       standards of care before you read the complaint?

7           A       Yes.

8           Q       Do you recognize the WPATH standards of care as  
9       ethical standards as it relates to transgender health?

10           MR. RAMAGE: I'm going to object that this is  
11       calling for improper opinion testimony. This is -- he's  
12       not been called upon to testify for the plaintiffs as an  
13       expert in the WPATH standards. So this is not one of the  
14       topics that was identified in the notice.

15           Q       BY MS. PARSONS: That's fine. I'll withdraw  
16       the question.

17                    So other than -- we talked about the references  
18       listed here of how these documents were generated.  
19       Who -- who in particular at Wexford were putting these  
20       documents together?

21           A       A combination of myself and Linda Campbell who  
22       was our Director of Training.

23           Q       I'm sorry, I didn't catch the last part.

24           A       Myself and Linda Campbell who is our Director  
25       of Training, C-a-m-p-b-e-l-l.

1           Q     Okay. So the only substantive changes you can  
2     recall between your initial preparation and your own  
3     process in preparing this with Ms. Campbell and Dr. Ritz  
4     and Ms. Grover from finalizing it and approval from the  
5     MAC were to correct some typos and to confirm the  
6     accuracy of some hormone levels; is that right? Anything  
7     else you can recall?

8           A     That's what I recall at this stage. I don't  
9     recall other aspects that were major changes within it.

10          Q     If you could, let's turn to Bates Page 24 of  
11     the document. There's a set of definitions begin on this  
12     page and go to the next. Do you recall specifically  
13     taking notes from any other guidance to put them in here  
14     or are they a compilation?

15          A     I don't recall specifically.

16          Q     Okay. If you look at the next page, 25, at the  
17     bottom Roman Numeral V, "intake screening," do you see  
18     that?

19          A     Yes.

20          Q     So this is when a prisoner comes to a  
21     correctional facility for the first time and there's a  
22     few considerations here and the guidelines. I'm going to  
23     direct your attention to Item C. Item C says, "Any  
24     patient who is receiving hormonal medication at the time  
25     of intake should be continued on the hormonal medication,

1 provided that." And there's two conditions listed there.

2 Do you see that?

3 A Yes.

4 Q I'm sorry, there's actually three, one  
5 continues on the next page; right?

6 A Yes.

7 Q Okay. So the first one is that "The hormones  
8 represent an established treatment that has been  
9 prescribed under the supervision of a qualified  
10 physician." Right?

11 A That's what it states.

12 Q So if the prisoner had been taking hormones  
13 that they obtained illicitly, but they were taking them,  
14 would they -- would that exclude them from this part of  
15 the guidelines?

16 A Again, that's something that a clinician would  
17 be making an individual decision on. So with our  
18 guidelines, as I mentioned, clinical pathways do not  
19 replace sound clinical judgment, nor are they intended to  
20 strictly apply to all patients. So that would be  
21 clinician judgment also.

22 Q Right. Have you compared that provision to the  
23 WPATH standards of care to see what that says about it in  
24 preparing these guidelines?

25 A I have not personally done it. Whether Linda

1 Campbell who was one of the authors did that, I don't  
2 know. But, again, we're making a compilation guideline  
3 related to a number of different references including  
4 correctional references.

5 Q Okay. So this wasn't specifically based on any  
6 WPATH guidance?

7 A I'd say intake is not a common word that's used  
8 in most national guidelines, but they are used in  
9 correctional guidelines because intake is unique to  
10 corrections.

11 Q Okay. Let's look at the second item there.  
12 "The patient cooperates in obtaining written records or  
13 other necessary confirmation of his/her previous  
14 treatment." Does that mean that Wexford physicians are  
15 waiting until medical records can be obtained from the  
16 patient's prior physician at the correctional facility?

17 A If the line of C that is start of the Section C  
18 is "any patient who is receiving hormonal medication at  
19 the time of intake should be continued on the hormonal  
20 medication, provided that." So if you've got  
21 confirmation from a pharmacy or transfer documentation.  
22 When patients are transferred into prison, they are often  
23 coming in from a jail, so if there is information from  
24 the jail on a transfer summary that says that the patient  
25 was prescribed hormone therapy, that would be enough

1 diagnosis of gender dysphoria under your guidelines, is  
2 it?

3 MR. RAMAGE: Same objection.

4 THE WITNESS: Again, it's an individual patient  
5 and an individual mental health clinician who are helping  
6 to make the diagnostic assessment. So related to an  
7 individual patient, I can't say how every mental health  
8 clinician or every mental health provider will do that  
9 diagnostic assessment and diagnostic formulation.

10 Q BY MS. PARSONS: Right. Well, you looked at a  
11 number of documents and guidance that put these  
12 particular guidance together. Do those require therapy  
13 before a prisoner can be diagnosed with gender dysphoria?

14 A Again, I can't recollect every guideline that I  
15 looked at in reference to forming this, so I wouldn't  
16 want to misrepresent that they say or do not say that.

17 Q Well, do you know, for example, whether WPATH  
18 recommends therapy as a prerequisite to a diagnosis of  
19 gender dysphoria?

20 A I am personally not an expert on WPATH  
21 guidelines. I am aware of them being out there, but I  
22 did not review them in any level of detail in preparation  
23 for this deposition.

24 Q Okay. Did you review them in any level of  
25 preparation for drafting these guidelines?

1           A       We are aware that the guidelines were out  
2       there. I did research them by looking them up on the Web  
3       at the time. Considering that there are references that  
4       were more correction specific, that's where we went to  
5       things that were more correction specific, and also that  
6       our guideline was very focused on the actual treatment  
7       hormone therapy, that's why we looked at references like  
8       UptoDate.

9           Q       Okay. In Section D of the same page, the  
10      "Relevant Historical Information." You've got listed  
11      here, for example, F, the criminal history of the  
12      prisoner. How is that relevant to the diagnosis of  
13      gender dysphoria?

14               MR. RAMAGE: Are you asking about a specific  
15      patient?

16               MS. PARSONS: No. I'm asking why this is in  
17      the guideline.

18               THE WITNESS: I believe this section is asking  
19      for a mental health assessment, and as they are  
20      getting -- obtaining a mental health assessment, it gives  
21      them many areas that they may want to look at that would  
22      help maybe guide a diagnostic assessment and a diagnostic  
23      formulation. That's one of the factors that they are  
24      going to look at along with the other factors.

25           Q       BY MS. PARSONS: Right. So you agree, though,

1           Q     Okay. So we are going to look at page -- and  
2     this document doesn't have Bates numbers, so I'm going to  
3     refer to the actual page. So I'll have you look at the  
4     standards of care Page 34. And I'll pull it up here as  
5     well. Are you there, Dr. Fisher?

6           A     Yes.

7           Q     Okay. And so I'm going to direct your  
8     attention to the heading "Criteria for Hormone Therapy."  
9     Do you see that?

10          A     Yes.

11          Q     And it says, "The criteria for hormone therapy  
12     are as follows: No. 1, persistent, well-documented  
13     gender dysphoria; No. 2, capacity to make a fully  
14     informed decision and to consent for treatment; No. 3,  
15     age of majority in a given country (if younger, follow  
16     the SOC outlined in Section VI); and if significant  
17     medical or mental health concerns are present, they must  
18     be reasonably well-controlled." Do you see that?

19          A     Yes.

20          Q     Okay. Do you agree that the language from  
21     Exhibit 4 where you reference the WPATH, the medical or  
22     mental health conditions being well-controlled is  
23     different from the standard here we see in Exhibit 6  
24     where medical or mental health concerns are reasonably  
25     well-controlled?



1           A       There is a difference between the language, the  
2       word reasonably is added within the WPATH guidelines, it  
3       is not present in the Wexford health guidelines.

4           Q       Okay. You would agree with me that  
5       well-controlled is a higher standard than reasonably  
6       well-controlled?

7           A       Well, I think it's a clinician judgment that we  
8       are asking for here, but I do agree that there is a  
9       difference by adding the word reasonably into that.

10          Q       Okay. And when you were putting together the  
11       guidelines that we're looking at, Exhibit 4, was there an  
12       intentional choice to leave off the word reasonably there  
13       or was that an oversight?

14          A       I didn't query anyone at Wexford to that  
15       question because I didn't know there was the difference  
16       between that. So Linda Campbell, who was involved with  
17       writing this with me, whether she researched this and  
18       made a conscious choice, I did not ask her that question.

19          Q       Okay. But you agree that there -- that a  
20       mental health professional would see a valid distinction  
21       between a well-controlled and a reasonably  
22       well-controlled patient?

23                   MR. RAMAGE: Objection. Speculation.  
24       Dr. Fisher is not a mental health professional.

25          Q       BY MS. PARSONS: Sorry, let me rephrase the

1 (sex reassignment) surgery." Do you see that?

2 A Yes.

3 Q Do you know where -- the criteria that you used  
4 here, do you know where it comes from?

5 A I don't have a specific answer, but we do have  
6 our references within the criteria and within the  
7 guideline, so it may be a compilation of different  
8 references that are out there.

9 Q Is it fair to say that these did not come from  
10 the WPATH standards of care?

11 A The WPATH standards of care are not listed as  
12 one of the references, so I would say that would be  
13 unlikely that would have come from WPATH.

14 Q Okay. Under that same heading, I'm going to  
15 direct you to No. D, as in dog, and it says, "Requests  
16 for surgery are submitted to the Regional Medical  
17 Director for initial review and recommendation to the  
18 Medical Director, who is the approving authority." Do  
19 you see that?

20 A Yes.

21 Q Are all of the Regional Medical Directors and  
22 the Medical Directors, are they all qualified to make  
23 decisions about transgender reassignment surgery?

24 A Most of the Regional Medical Directors would be  
25 aware of what the client's specific policy or guideline

# **EXHIBIT E**

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 ROBEY JEFFREYS,  
pursuant to the applicable provisions of the  
Federal Rules of Procedure governing the taking of  
depositions, taken before Janet L. Brown, CSR No.  
84-002176, via Magna Legal Vision videoconference,  
on Wednesday, September 9, 2020, at 10:24 AM.

MAGNA LEGAL SERVICES  
(866) 624-6221  
[www.MagnaLS.com](http://www.MagnaLS.com)

1 Q. Who would know?

2 A. The transgender evaluation, or  
3 evaluation transgender committee.

4 Q. So the committee would know whether  
5 your approval is required or not?

6 A. Or is it written in policy, I mean?  
7 Is it required a director's ...

8 And if I could clarify, I mean, I  
9 have not denied or approved any -- anybody  
10 transferring -- transgender transferring to the  
11 women's division or vice versa or transferring to  
12 a male facility.

13 Q. So you don't weigh in on the transfer  
14 decisions from male to female facilities or vice  
15 versa?

16 A. No. That's what this committee's for.

17 Q. Okay. And you don't know what  
18 criteria, other than what is listed in the  
19 directive?

20 A. Correct.

21 Q. So aside from the policies we  
22 discussed above, are you aware of any other  
23 policy revisions related to transgender  
24 prisoners?

1 A. No. No.

2 Q. And just to clarify, as of today,  
3 which is over eight months after the PI order,  
4 IDOC has not enacted a single new policy related  
5 to the care of transgender prisoners; correct?

6 A. No. It's a work in progress.

7 Q. So just to clarify, IDOC has not  
8 enacted a single new policy since the PI hearing  
9 related to the care of transgender prisoners;  
10 right?

11 A. Right.

12 Q. Okay. I'd like to now turn to the  
13 preliminary injunction order, which is Tab 11,  
14 and I believe we are at Jeffreys Exhibit 10, if  
15 I'm not mistaken. And I will pull this up.

16 (Jeffreys Exhibit No. 10  
17 marked.)

18 BY MS. ROSE:

19 Q. Director Jeffreys, are you able to see  
20 this preliminary injunction order?

21 A. Yes.

22 Q. And you recognize this as the  
23 preliminary injunction order that you read issued  
24 by Judge Rosenstengel in this case?

1 A. Yes.

2 Q. Okay. Now -- so you've seen this  
3 document before; correct?

4 A. Yes.

5 Q. And you're aware that the Court  
6 ordered defendants to do several things; correct?

7 A. Yes.

8 Q. So I'd like to look at each one  
9 individually. So first, though, you'll notice at  
10 the top that "The Court orders defendants to  
11 immediately:"

12 Do you see that? Do you see that  
13 language?

14 A. Yes.

15 Q. What do you understand "immediately"  
16 to mean?

17 A. It means now.

18 Q. Okay. And so I'd like to look at the  
19 first -- so the judge lists three things under  
20 this order; correct? I'd like to look at the  
21 first one.

22 So it says "The Court orders  
23 defendants to immediately:

24 "Cease the policy and practice of



1 prisoners in IDOC who needed transgender --  
2 strike that.

3 Are you aware that there are been  
4 prisoners in IDOC who needed gender-affirming  
5 surgery?

6 A. I do not know of who needs surgery.

7 Q. Are you aware of transgender prisoners  
8 in IDOC custody who have asked for gender  
9 confirmation surgery?

10 A. Other than the testimonies, I'm not  
11 aware of who asked for surgery.

12 Q. And have you personally had any  
13 involvement with any requests by a transgender  
14 prisoner at IDOC for gender --

15 A. No, I --

16 Q. -- confirmation surgery?

17 A. No, I have not.

18 Q. Are you aware of any mental health  
19 providers who have recommended that a prisoner be  
20 approved for surgery?

21 A. No.

22 Q. Are you aware of whether IDOC mental  
23 health staff are telling prisoners that surgery  
24 is not an option?

1 A. No.

2 Q. It's likely that staff know that  
3 surgery has never been provided in the past to  
4 treat gender dysphoria; right?

5 A. I'm not sure how to answer that  
6 question. Could you repeat it?

7 Q. Yeah, sure. You're aware that IDOC  
8 had a past policy that it did -- it would not  
9 provide gender confirmation surgery; right?

10 A. I'm aware of this policy.

11 Q. Are you aware of any prior policies?

12 A. No.

13 Q. Before the lawsuit what was the  
14 process that IDOC followed when a transgender  
15 prisoner requested surgery?

16 A. The only thing I can speak on is the  
17 policy in which we have here of the request to  
18 the committee reviewing it and then making the  
19 recommendations.

20 Q. Okay. Are you aware of any formal  
21 plan in place to actually provide surgery to  
22 transgender prisoners in IDOC custody?

23 A. No.

24 Q. I'd like to change topics one more

1 assisting -- to your knowledge, are they  
2 assisting in developing policies?

3 A. I'm not sure their -- I'm not sure in  
4 details of what their role is as far as either  
5 delivering or creating it.

6 Q. Okay. Have you interacted directly  
7 with The Moss Group?

8 A. Yes.

9 Q. How many times?

10 A. I talk with Andie Moss, you know,  
11 maybe once a quarter or once a month, somewhere  
12 around those lines.

13 Q. And so how many times would you say  
14 you've talked to Andy Moss?

15 A. I talked to her at least four times in  
16 the last -- maybe four times in the last five,  
17 six months.

18 Q. And is that with respect to this  
19 engagement?

20 A. It's a number of different things.

21 Q. Okay. And I noticed that Wendy Leach  
22 I think is the one who signed this contract. Is  
23 that who's spearheading The Moss Group's work  
24 under this engagement?

1 A. Yes.

2 Q. And have you had any conversations  
3 with Wendy Leach?

4 A. Yes.

5 Q. And about how many?

6 A. Maybe about three to four times.

7 Q. And what were those conversations  
8 about?

9 A. In relation to the recommendations put  
10 forth by, you know, the Moss -- the Moss report,  
11 some additional training, what have you, and  
12 continuing to be helpful in bringing us complaint  
13 as it relates to the preliminary injunction.

14 Q. And when you mentioned the Moss  
15 report, are you referring to the 2019  
16 engagement --

17 A. Yes.

18 Q. -- you discussed earlier?

19 A. Yes.

20 Q. And you're not aware the scope of the  
21 work that The Moss Group is engaging in?

22 A. It's based upon the recommendations I  
23 know from the Moss report, and I know there's  
24 components as it relates to the things that we

# **EXHIBIT F**

## MARILYN MELENDEZ 8/20/2020

Page 1	Page 3
<p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE SOUTHERN DISTRICT OF ILLINOIS 3 EAST ST. LOUIS DIVISION</p> <p>4 JANIAH MONROE, MARILYN ) 5 MELENDEZ, LYDIA HELENA ) 6 VISION, SORA KUYKENDALL, ) 7 and SASHA REED, ) 8 ) 9 Plaintiffs, ) 10 ) 11 vs. ) No. 18-156-NJR 12 ) 13 ROB JEFFREYS, MELVIN ) 14 HINTON, and STEVEN BOWMAN, ) 15 ) 16 Defendants. )</p> <p>17 The videoconference deposition of 18 MARILYN MELENDEZ, called by the Defendants for 19 examination, taken pursuant to the Rules of Civil 20 Procedure for the United States District Courts 21 pertaining to the taking of depositions, taken before 22 Verla A. Todd, Certified Shorthand Reporter in and for 23 the State of Illinois, CSR License No. 084-003498, taken 24 via Webex on the 20th day of August, 2020, commencing at 25 approximately 9:10 a.m.</p>	<p>1 INDEX TO TRANSCRIPT 2 WITNESS: PAGE 3 Marilyn Melendez 4 Examination by Ms. Cook 4 5 6 7 8 9 10 INDEX TO EXHIBITS 11 ID 12 13 NONE MARKED 14 15 16 17 18 19 20 21 22 23 24 25</p>
Page 2	Page 4
<p>1 APPEARANCES 2 3 KIRKLAND &amp; ELLIS, LLP, by 4 SAMANTHA G. ROSE, Esq. 5 300 North LaSalle Street 6 Chicago, Illinois 60654 7 (312) 862-4026 8 sam.rose@kirkland.com 9 Appeared on behalf of the Plaintiffs</p> <p>10 11 12 KWAME RAOUL, ATTORNEY GENERAL, 13 STATE OF ILLINOIS, by 14 LISA A. COOK, Esq., AAG 15 500 South Second Street 16 Springfield, Illinois 62701 17 (217) 782-4445 18 lcook@atg.state.il.us 19 Appeared on behalf of the Defendants 20 21 22 23 24 25</p>	<p>1 (Witness sworn) 2 MARILYN MELENDEZ, 3 called as a witness herein, having been first duly 4 sworn, was examined and testified as follows: 5 EXAMINATION 6 BY MS. COOK: 7 Q. Ms. Melendez, you know you are here for a 8 deposition in a lawsuit that you are a party to in the 9 Southern District of Illinois, correct? 10 A. Yes, ma'am. 11 Q. And can you go ahead -- just so the record is 12 clear, can you state and spell your legal name? 13 A. My legal name is XXX Rico Melendez, X-X-X-X-X, 14 R-I-C-O, M-E-L-E-N-D-E-Z 15 Q. And, Ms. Melendez, what name do you go by? 16 A. Marilyn. 17 Q. And can you spell that, too? 18 A. M-A-R-I-L-Y-N. 19 Q. And I did see in some of your records your 20 name was noted as Maryland, like the state. You're 21 looking confused. Would that -- to your knowledge would 22 that have been a mistake? 23 A. Probably. 24 Q. Have you ever had your deposition taken 25 before?</p>

1 (Pages 1 to 4)

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## MARILYN MELENDEZ 8/20/2020

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1 Q. Well, I guess I can split it up in two ways.  
 2 Have you attempted suicide?  
 3 A. Yes.  
 4 Q. And when have you done that?  
 5 A. How many times or do you want like the year?  
 6 Q. Both. So how many times have you attempted  
 7 suicide?  
 8 A. A few times. At least five about now.  
 9 Q. When was the last time you attempted suicide?  
 10 A. Let's see. So the day I went on watch was the  
 11 5th of this month.  
 12 Q. So August 5?  
 13 A. Yes.  
 14 Q. Was it before -- did you attempt suicide  
 15 before or after the basis for your discipline?  
 16 MS. ROSE: Objection, vague, form and  
 17 foundation.  
 18 BY MS. COOK:  
 19 Q. You can answer.  
 20 A. Do I have to answer that question?  
 21 Q. I'm not trying to ask you anything that is not  
 22 relevant to this case, but part of the case has to do  
 23 with self harm and suicide of transgender prisoners.  
 24 And so I just want to get a sense of the timing. I'm  
 25 not trying to ask you anything to upset you, but I would

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1 Q. And what were you feeling that caused you to  
 2 try to commit suicide?  
 3 A. My gender dysphoria.  
 4 Q. What about gender dysphoria?  
 5 A. I mean, I don't want to sound rude but what  
 6 about it? It's happy, something that you want to live.  
 7 Q. Was there anything in particular or was it  
 8 just, you know, a general feeling?  
 9 A. I will try to sum it for you. Reflecting on  
 10 my life of constantly being ridiculed, disrespected,  
 11 looked at as a freak, as an abomination, as some COs say  
 12 something that my mother should have swallowed instead  
 13 of birthed. Maybe the fact that I have to take  
 14 medications. I have to attempt to get surgeries so I  
 15 can feel aligned with myself. The disturbing fact that  
 16 I have testicles, that I have a penis, that I have an  
 17 Adam's apple, that I've gone through male puberty,  
 18 things like that.  
 19 Q. When you tried to commit suicide on August 5,  
 20 was that all you were thinking of when you tried, or  
 21 were there other things on your mind as well?  
 22 A. I mean, I thought maybe it's easier to get the  
 23 suffering over with. Yeah, I thought about that.  
 24 Q. Are there people who you can talk to when you  
 25 feel like that?

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1 like to know what precipitated the suicide attempt.  
 2 MS. ROSE: Marilyn, would it be helpful for  
 3 Ms. Cook to repeat the question?  
 4 THE WITNESS: Can you --  
 5 BY MS. COOK:  
 6 Q. How about I ask it this way. Approximately  
 7 what time of the day on August 5 did you attempt  
 8 suicide?  
 9 A. It was before med lines in the morning, so med  
 10 lines come anywhere from four to six. So before that I  
 11 had woken up and tried. I didn't look at the clock  
 12 really.  
 13 Q. So probably before 4:00 a.m. you think?  
 14 A. I'm going to be honest with you. It's tricky  
 15 because med lines aren't always done at 4:00. That's  
 16 why they have 4:00 to 6:00 range. They might start from  
 17 a different cell house and make their way to other cell  
 18 houses. That's why all I know is that I had woken up,  
 19 you know what I'm saying? I tried something I wasn't in  
 20 -- and me trying to kill myself I'm not worried about  
 21 time or looking at what time it is. If that's what  
 22 you're asking, I don't know.  
 23 Q. No. So it was the early morning hours. Was  
 24 it still dark outside?  
 25 A. Yes.

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1 A. You mean staff in prison, or do you mean  
 2 family members and friends?  
 3 Q. Anybody.  
 4 A. Well, in my current situation I can't have  
 5 video visits. I can't message my family. I'm only  
 6 given the phone once a week and their system is messed  
 7 up so we can't even use the phone. As of right now all  
 8 I can do is write, and sometimes having to wait that  
 9 long to communicate with somebody through snail mail,  
 10 no, not right now.  
 11 Q. You mean while you're in segregation you're  
 12 limited in how you can communicate with others outside?  
 13 A. Yes.  
 14 Q. Before being in segregation -- I know COVID  
 15 has kind of messed up like in-person visitations, but  
 16 even while COVID was underway and when you were in just  
 17 protective custody status, could you have phone calls  
 18 with your family?  
 19 MS. ROSE: Objection, form.  
 20 THE WITNESS: Yes.  
 21 BY MS. COOK:  
 22 Q. How often?  
 23 A. I'm sorry, how does this have to do with the  
 24 suicide, conversation with my family?  
 25 Q. I just want to know how often you're able to

7 (Pages 25 to 28)

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<p style="text-align: right;">Page 41</p> <p>1 whoop-de-doo, I have gender dysphoria.</p> <p>2 <b>Q. Ms. Melendez, I'm sorry to interrupt you. I</b></p> <p>3 <b>don't -- I'm not arguing whether you have gender</b></p> <p>4 <b>dysphoria or not. I just want to understand if you have</b></p> <p>5 <b>received a diagnosis that was documented because, as you</b></p> <p>6 <b>pointed out, often the prison goes by the records</b></p> <p>7 <b>they've already received. So I just want to know at</b></p> <p>8 <b>what point it was recorded that you have gender</b></p> <p>9 <b>dysphoria. And I don't have your juvenile records and I</b></p> <p>10 <b>don't have your childhood records.</b></p> <p>11 <b>So I just want to know if, to your</b></p> <p>12 <b>knowledge, before you came into the adult system you had</b></p> <p>13 <b>been diagnosed with gender dysphoria?</b></p> <p>14 A. Like I had said, IYC Joliet and St. Charles</p> <p>15 were not doing mental health evaluations. They weren't</p> <p>16 doing evaluations for anything. So that's why there</p> <p>17 wouldn't be any records because is there is no mental</p> <p>18 health staff there, how can they write anything down if</p> <p>19 there is no people to document it?</p> <p>20 <b>Q. So you don't have a reason to suspect that</b></p> <p>21 <b>your records would say anything about gender dysphoria?</b></p> <p>22 <b>Is that what I'm getting?</b></p> <p>23 A. They wouldn't say anything about it because</p> <p>24 when I asked about hormones or about being housed</p> <p>25 separately, it's this is what it is. You are here,</p>	<p style="text-align: right;">Page 43</p> <p>1 bone density, osteoporosis, something regarding blood</p> <p>2 loss or my health. Oh, well, you know, that's really</p> <p>3 Tilden's job, I'm just here to tell you you're doing</p> <p>4 fine. Scenarios like that happen.</p> <p>5 <b>Q. Just so it's clear, you had been raising</b></p> <p>6 <b>gender dysphoria issues with prison staff when you got</b></p> <p>7 <b>into the adult system; is that right?</b></p> <p>8 A. Correct.</p> <p>9 <b>Q. But you weren't actually diagnosed with gender</b></p> <p>10 <b>dysphoria until 2015?</b></p> <p>11 A. That is correct.</p> <p>12 <b>Q. And that same year is when you began receiving</b></p> <p>13 <b>hormones?</b></p> <p>14 A. Yes, that is correct.</p> <p>15 <b>Q. So the hormones that you're taking, do you</b></p> <p>16 <b>have any current complaints about your hormones?</b></p> <p>17 A. The current ones as of now?</p> <p>18 <b>Q. Yes.</b></p> <p>19 A. Yes.</p> <p>20 <b>Q. What are they?</b></p> <p>21 A. I have been on hormone medications for five</p> <p>22 years and I'm still getting frequent erections, which</p> <p>23 being on proper dosages from what I -- I'm not a doctor,</p> <p>24 but from what I've read is that that shouldn't be</p> <p>25 happening. Still growing excessive hairs in places.</p>
<p style="text-align: right;">Page 42</p> <p>1 you're doing your time, we don't do that. These</p> <p>2 counselors never wrote that stuff down, and I can almost</p> <p>3 guarantee if you find these records, they won't have</p> <p>4 anything to say about mental health evaluations,</p> <p>5 transgender. Mostly you will find paperwork that will</p> <p>6 say they came from detention center, these medications</p> <p>7 were prescribed, continue medication.</p> <p>8 <b>Q. And again -- and I think I asked you this last</b></p> <p>9 <b>year, but I just want to confirm that nothing has</b></p> <p>10 <b>changed. You haven't seen your IDOC medical or mental</b></p> <p>11 <b>health records; is that correct?</b></p> <p>12 A. No, not really.</p> <p>13 <b>Q. What do you mean by not really?</b></p> <p>14 A. I haven't physically seen them. I've been</p> <p>15 told by staff when I see them that this what the levels</p> <p>16 are, this, this and this. Sometimes they'll say that</p> <p>17 I'm doing fine off what they've written. I will ask</p> <p>18 what does that mean, and they won't really tell me that.</p> <p>19 I had one scenario where I just got switched over to a</p> <p>20 medication. They did blood tests, and I asked how is it</p> <p>21 going and they said that it looks okay. And I asked,</p> <p>22 well, what are the dosages, what's the levels, do I need</p> <p>23 to go up, down or readjustments? Well, you look fine.</p> <p>24 Everything has to be working fine apparently. And I</p> <p>25 asked well is my liver or kidney at risk? Am I losing</p>	<p style="text-align: right;">Page 44</p> <p>1 Even though it doesn't stop growing, it should thin out.</p> <p>2 Isn't happening. I was switched over from Menest to</p> <p>3 estradiol, and then I believe one or two months, not</p> <p>4 even beknownst to me, I was switched to Premarin, which</p> <p>5 I don't know even know why. I put in a medical request</p> <p>6 to see Tilden about it, and then before I ever get seen,</p> <p>7 out of nowhere it got switched back to estradiol.</p> <p>8 They did one blood test, and I didn't</p> <p>9 even see it. I don't even know what my testosterone</p> <p>10 levels are, what my estrogen levels are. For all I</p> <p>11 know, I don't know if there's anything wrong with me.</p> <p>12 Am I at risk for blood clots right now? I don't even</p> <p>13 know. Am I at risk for osteoporosis? Is there any</p> <p>14 risks, side effects, complications that I could be</p> <p>15 facing that could be permanent? I don't even know</p> <p>16 because they won't even show me the paper when I went.</p> <p>17 A nurse brought it to me and said this</p> <p>18 is it, didn't show it to me, said that that's Tilden's</p> <p>19 job. But Tilden hasn't seen me. I've requested to see</p> <p>20 Tilden for several months now, medical request to see</p> <p>21 medical director. Every time my medication prescription</p> <p>22 hormones run out, he's the one I see to renew them.</p> <p>23 Recently he hasn't been coming in. I just put in a</p> <p>24 medical request slip three days ago about the same issue</p> <p>25 again. He still has not seen me or even told me what my</p>

11 (Pages 41 to 44)

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<p style="text-align: right;">Page 45</p> <p>1 levels are or what my risks are, if my kidneys are all  2 right, is my liver all right, is the blood pressure and  3 cholesterol all right from the testosterone blocker,  4 none of that.</p> <p>5 I even suggested that -- you know, he's  6 telling me that 200 milligrams already is too much, and  7 I explained to him there's other testosterone blockers  8 that if they don't work, there is other options you can  9 give me. It's either oh, they're implants or patches  10 and we don't do that or it's too expensive. I don't  11 understand where expense comes into a problem with that.  12 If there is someone right now who needs cancer surgery,  13 eventually they're going to get that surgery. It costs  14 money to do it, but they don't tell him it's too  15 expensive. So why should I be told that my medication  16 or any surgery that I'm having is expensive if I'm a  17 ward of the state? If somebody had cancer right now,  18 they would do a CAT scan, MRI, chemo, radiation,  19 whatever they need to do to help the person here. I  20 don't understand that -- I think that's more expensive  21 than the simple medication I'm asking for. They won't  22 even do it because it's expensive.</p> <p>23 I even said okay, you can't give me  24 gender reassignment surgery, you said you're not  25 approved, okay give me an orchiectomy. If you remove my</p>	<p style="text-align: right;">Page 47</p> <p>1 being Tilden, which it's usually done -- examinations or  2 hormones or like the stuff regarding me were done on  3 first shift, before 3:00, anywhere from 8:00 to 3:00.  4 So that's all I know.  5 BY MS. COOK:  6 <b>Q. And when you want a request to see a</b>  7 <b>physician, do you put in a specific request, like an</b>  8 <b>M.D. request?</b>  9 A. Well, they have -- they call it medical  10 request slip and basically put your name, number, date  11 and cell. Then they have a list. It could be stomach  12 or bowel issue, allergies, back pain, knee pain, eye  13 issues, you know. They don't say. Then they'll say  14 legal medications. Nothing that has to -- they don't  15 put anything transgender, so what I do I put an X by the  16 box that says other and I will attach a piece of paper  17 explaining what's going on.  18 So what I did recently, since I only  19 have one month for my hormones, I put renew medication,  20 the number, the dosage of the medication, how many times  21 I take it a day. Then at the bottom I'll put need to  22 see Tilden regarding blood test, need to know what's  23 going on with test results to know about health, know of  24 adjustment of hormones. That's basically what I have to  25 submit.</p>
<p style="text-align: right;">Page 46</p> <p>1 testes, my gonads, my testosterone is basically little  2 to none. I don't need testosterone blockers. They save  3 money with that. The estrogen has to be lower now.  4 They save money off that. Still, oh well, that's an  5 expensive surgery.</p> <p>6 <b>Q. So you mentioned you had one blood test. When</b>  7 <b>was that?</b>  8 A. It was before COVID hit. It might have  9 been -- I think it was around March.</p> <p>10 <b>Q. But you don't know the results of that lab</b>  11 <b>check?</b>  12 A. No.</p> <p>13 <b>Q. And is Dr. Tilden the only medical doctor who</b>  14 <b>is coming in to Pontiac right now?</b>  15 MS. ROSE: Objection, foundation. Go ahead if  16 you know.</p> <p>17 THE WITNESS: As of right now I haven't even  18 gone to medical, so I can't tell you who's coming in or  19 out or if they have another medical director coming in  20 because after five years I've been here, that's who I've  21 always see, Dr. Tilden. That's all I know. That's all  22 I see.</p> <p>23 As of right now -- because I asked other  24 inmates or staff or nurses when they do their rounds who  25 is the medical director today, and it always ends up</p>	<p style="text-align: right;">Page 48</p> <p>1 When that's put in, routinely anywhere  2 from five to seven days a nurse or a nurse practitioner  3 is supposed to have us pulled out, but with COVID you  4 don't go to health care. So it's somewhere in the cell  5 house in a little room where they read it, asks us  6 what's going on. You explains what's going on, and most  7 of the time with me, with transgender, they will put  8 refer to Tilden. That's usually what happens. The only  9 time it doesn't happen with me is if it's to renew cream  10 or shampoo or antibiotic or something that doesn't have  11 to do with transgender, date and sign off.</p> <p>12 <b>Q. So you just haven't heard anything back about</b>  13 <b>when you will see Dr. Tilden?</b>  14 A. No. They always tell me that either he's not  15 here or he's here, he's extremely busy, that he can't  16 come over to the cell house, that he's in the health  17 care taking care of severe patients and that with COVID  18 I won't be going to health care unless it's an emergency  19 or something that's extremely threatening.</p> <p>20 <b>Q. So it sounds like in the past -- so you had</b>  21 <b>your blood test possibly in March of this year, but when</b>  22 <b>was the last time you actually spoke with a medical</b>  23 <b>provider about your hormones?</b>  24 A. The hormones in regards as in what? Like  25 adjustment or exactly what?</p>

12 (Pages 45 to 48)

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1 **Q. Adjustment or complaints about how you're**  
2 **reacting with the hormones.**

3 A. I mean, when the nurses walk by in the morning  
4 or at med line, they will tell you like look, whatever  
5 you're trying to tell me, you have to put in a sick  
6 call. So that has to be done to see that nurse. I put  
7 in three sick calls since I've been in seg from this  
8 month on the 5th. Still have not been pulled out to see  
9 a nurse. I'm being told to be patient, they will come  
10 see me.

11 **Q. And before that -- you were talking about this**  
12 **month, but before this month when was the last time you**  
13 **spoke with a medical provider about adjusting or**  
14 **complaints with your hormones?**

15 A. The last time I saw Tilden was -- when I tell  
16 sick call staff, hey, all we know is you got to see  
17 Tilden, he's not here yet or he will get to you when he  
18 gets to you or he's busy or whatever.

19 **Q. And you do you recall about when that was, the**  
20 **last time you spoke with Dr. Tilden?**

21 A. That was probably maybe March -- no, no. It  
22 had to have been toward the end of January, beginning of  
23 February, because I had seen him about the medication.  
24 He had renewed it for six months and then he said that  
25 since you've been on it for a while, I'm going to order

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1 oh we don't know where it's at. I ask property.

2 Property says oh, we sent it to health care. So I tell  
3 health care well here is the paper from property saying  
4 it's at health care. Oh, it must be first shift that  
5 has it, we don't have it, we're second shift. I ask  
6 first shift where's my hormones? Oh, second shift must  
7 have it, we don't know where they put it at.

8 Miraculously nobody knows where my  
9 hormones are, but I guarantee you, and I have seen it  
10 time and time again, if there is an inmate who is  
11 diabetic, whether he takes a pill or insulin, that day  
12 when they run med lines, depending on what time they  
13 come because they give insulin shots from 3:00 to 4:00  
14 and they do that mornings from I want to say after  
15 breakfast, so anywhere from 5:00 to 7:00 they do insulin  
16 shots. He just got here that day, hasn't even been 24  
17 hours, it's documented he has diabetes, he needs his  
18 pill or his insulin.

19 Me, I'm documented with gender  
20 dysphoria. I've been on hormones for over five years,  
21 but yet every time I go to seg they somehow disappear.  
22 Oh, they're lost. Oh, we have to reorder them. The  
23 minute a hunger strike is done, the minute I need a  
24 crisis team or the minute I file a grievance, oh wait,  
25 we're going to find them. I thought they were lost. Oh

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1 a blood test. That was during the time where I had went  
2 to seg and staff or medical had lost my hormones for  
3 over a month.

4 **Q. So there was a month where you were not given**  
5 **hormones?**

6 A. Yes, that is correct.

7 **Q. And when was that?**

8 A. The last time I went to seg before this  
9 infraction. The incident occurred in the jail where me  
10 and another inmate were fighting. They cuffed me up,  
11 took me to seg. It's routine that staff packs a seg  
12 pack, which they grab a laundry bag, put -- what they're  
13 supposed to do is two sheets, two pillow cases, two  
14 shirts, two bottoms, two bras, my fan and at least one  
15 soap, a towel and a washcloth and if they have -- the  
16 inmate has blister packs, that as well. So if I have an  
17 inhaler, that comes with it. If I have medication for  
18 whether it's hormones, cholesterol, diabetes or anything  
19 like that that's in a pack, they put that in there as well.

20 With me for some reason whenever I come  
21 to seg, my hormones are never ever in my seg bag.  
22 They're never brought to me. I ask staff. Oh, well,  
23 they should have put it in there, but it's not. I ask  
24 them can they check. Oh, ask the nurse, that's  
25 medication. I will ask the nurse when they do med runs,

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1 yeah, we found them. Property said they sent them to  
2 health care and they were misplaced.

3 If it's a medication I'm supposed to  
4 have, it should be in my seg pack. And if you think  
5 that it's not mine, they will say my name on there. The  
6 staff, wanting to be prejudiced towards me, ripped apart  
7 the stuff with my name and ID on it. Medical staff said  
8 we finally got it, but he name was ripped off so we  
9 don't know if they're really yours. I said well you  
10 guys know every month you bring me blister packs that  
11 have my hormones and the dosages. Why don't you just  
12 look on my chart and see if I get these exact  
13 medications? Yeah, but even if you do, how do we know  
14 that these are yours? What?

15 **Q. Well, so do you -- you take estrogen and then**  
16 **you have the testosterone blocker. Are both of those**  
17 **given to you in a blister pack?**

18 A. Yes.

19 **Q. So the nursing staff, when they run**  
20 **medications, they don't bring either of those to you,**  
21 **correct?**

22 A. No. They bring a month's worth supply. So  
23 let's just say they start my meds over and I have five  
24 days left. So anywhere from three to five days, they  
25 will bring the new ones. They do it enough to where you

13 (Pages 49 to 52)

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1 have enough for 30 days, and at least they add four more  
2 days in there in case it gets late coming from the  
3 medical company here. That's how they do it. They do  
4 it like that because, you know, before I seen other  
5 transgender inmates go through the problem of nurses  
6 will bring meds in the packages that they do at health  
7 care and put them in a cup and give it to you.  
8 Sometimes nurses -- I don't know why -- forget to put  
9 hormones in there. I see them go through it multiple  
10 times.

11 With me, instead of me going through  
12 that, I said look, you have no documents of me ever  
13 abusing medication or anything like that, just give me  
14 my hormones in a pack. That way, one, you don't have to  
15 worry about you misplacing them because I'll always have  
16 them in my cell. If nurses don't come or some excuse  
17 happens, I always have them.

18 **Q. And when this most recent time when you went**  
19 **to segregation this month, did you have that same**  
20 **problem?**

21 A. Yes.

22 **Q. Have you received your hormones?**

23 A. Eventually, yes.

24 **Q. Do you know about how long it took that you**  
25 **were without them?**

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1 can't just stop. You have to gradually go down to  
2 smaller dosages, just like with psychotropic  
3 medications. If they switch you over to a new  
4 medication, they give you some of your old one with the  
5 new one until you adjust. They just don't stop it  
6 completely, and I started feeling that. I started  
7 getting like -- I just get hot flashes. I just start  
8 sweating out of nowhere. I feel anxious, like I just  
9 can't sit still. My hands shake. I don't feel right.  
10 My stomach goes -- discomfort, you know. It's like when  
11 you feel like throwing up but when you do it's I guess  
12 like a dry vomit. Nothing comes out.

13 **Q. So you have distress just by knowing you're**  
14 **not getting medication, and then you have these other**  
15 **symptoms.**

16 **Aside from -- you mentioned specifically**  
17 **hot flashes, hand shaking, nausea, anxiety. Are there**  
18 **any other physical symptoms that you have?**

19 A. At that time, not -- no, nothing more really  
20 happened further.

21 **Q. About how long from when you took your last**  
22 **hormone pills until you start experiencing these side**  
23 **effects?**

24 A. You mean when did I notice that they started  
25 happening from not taking them?

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1 A. A week.

2 **Q. But when they brought them to you this time in**  
3 **August, did they bring you a whole new blister pack, or**  
4 **did they find your old one again?**

5 A. They found it after they said it was lost or  
6 thrown away.

7 **Q. Can you tell a difference in how you feel when**  
8 **you don't have the hormones?**

9 A. Yes.

10 **Q. Can you explain what the difference is?**

11 A. Well, you know, it's kind of difficult to  
12 fully explain, but it's like, you know, knowing that I'm  
13 not getting the medication causes obviously distress,  
14 you know what I'm saying, causes my anxiety to go up  
15 because I already know in my mind they're using some  
16 excuse for not giving them to me for whatever reason,  
17 they're trying -- you know, there's that factor, and  
18 there's the one where I went for a month without having  
19 them. You know, even though that they're not what you  
20 call an addictive medication or like pain killers or  
21 anything like that, just like with all medications, if  
22 you go a certain amount of time without taking them,  
23 there are side effects of not taking them.

24 It's just like if you have high blood  
25 pressure and you don't want to take them no more, you

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1 **Q. Correct.**

2 A. Within at least two weeks. That's when I  
3 started, you know, like -- you just know when you don't  
4 feel right, like I feel a headache coming, I'm getting a  
5 headache, but you can just tell when something isn't  
6 right with you.

7 **Q. So you mentioned some conversations with staff**  
8 **members about the expense of the hormone or testosterone**  
9 **blocker. Do you remember when those conversations**  
10 **occurred?**

11 A. The most recent one was when I had just seen  
12 Tilden January -- around towards the end of January,  
13 beginning of February, and, you know -- because he said  
14 that with the estradiol, even though it's the same  
15 dosage that was the Menest, obviously they're different  
16 medications and that he would do a blood test to see if  
17 my estrogen was going up or down, side effects,  
18 testosterone. He told me that if the testosterone and  
19 frequent erections continue to be a problem that he  
20 doesn't really know what he can do because, you know,  
21 the other testosterone blockers, whether it's an implant  
22 or the patch or the other one that is too expensive,  
23 saying that, you know, we can't have those.

24 So then I said okay, why don't you  
25 include micronized progesterone. They're known to, from

14 (Pages 53 to 56)

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<p style="text-align: right;">Page 57</p> <p>1 what I read, bind to what they call free testosterone,  2 and they do another thing where it tricks the body into  3 not releasing them to get to the gonads. So that will  4 help reduce testosterone and increase estrogen. He says  5 micronized progesterone is too dangerous. And I asked  6 him why is that. He said that it's tricky to know if  7 it's really going to help. I said well why don't you  8 put me on it for one to two months and see what happens.  9 He didn't want to.</p> <p>10 And then he said that another problem is  11 that they give us so much of a high dosage of estrogen  12 that five milligrams is already too much. That's when I  13 suggested well remove my testicles and we won't have to  14 worry about any or a lot of what we're going through.  15 Again, he doesn't know if he's supposed to do that and  16 it's expensive.</p> <p>17 <b>Q. Has anybody given you like written information</b>  18 <b>-- anybody from DOC given you written information about</b>  19 <b>hormones, your options and the risks?</b></p> <p>20 A. No. The only time I was told verbally was by  21 Ms. Bell and Ms. Cheserick [phonetic] who in 2015 were  22 part of mental health regarding gender dysphoria at  23 Stateville. They explained some of it to me basically,  24 you know, when you take this, you develop breasts, body  25 fat distribution, blood clots, the chances of</p>	<p style="text-align: right;">Page 59</p> <p>1 <b>Q. And last year when you asked about it, was</b>  2 <b>that also to Dr. Tilden?</b></p> <p>3 A. Yes. He's the -- I tried before with other  4 medical nurse practitioners and medical staff. They're  5 saying that issues like those should only be addressed  6 to the medical director since I guess they have the  7 overall say-so.</p> <p>8 <b>Q. And what specifically -- I know you mentioned</b>  9 <b>one surgery request, but have you made other surgery</b>  10 <b>requests recently?</b></p> <p>11 A. Yes.</p> <p>12 <b>Q. What are those?</b></p> <p>13 A. He said that these were mostly deemed cosmetic  14 or plastic surgery, which is breast augmentation,  15 liposuction, lipofilling, contouring of the abdominal  16 area to have more kind of a shape, a trachea shave which  17 is the shaving of the Adam's apple, and obviously the  18 SRS surgery.</p> <p>19 <b>Q. What do you mean when you say SRS?</b></p> <p>20 A. It could be labeled as gender affirming  21 surgery, sexual reassignment surgery, gender affirming  22 surgery.</p> <p>23 <b>Q. And then the other requests, did Dr. Tilden</b>  24 <b>characterize them as cosmetic?</b></p> <p>25 A. Cosmetic, plastic surgery that isn't deemed</p>
<p style="text-align: right;">Page 58</p> <p>1 osteoporosis, cardiovascular disease, increase in  2 diabetes and breast cancer and stuff like that. That I  3 already knew about.</p> <p>4 <b>Q. When they give you your blister packs of</b>  5 <b>medication, does that come with like a medication insert</b>  6 <b>with the risks and side effects and things written down?</b></p> <p>7 A. No. All it says is my name, my cell number,  8 the type of prescription. So testosterone says 100  9 milligrams twice a day. Estradiol says 2.5 milligrams  10 twice a day, and then they'll have a little red sticker  11 which they put on all medications saying be careful,  12 this is a hazardous medication or hazardous risk.</p> <p>13 <b>Q. And I'm assuming that you have not heard</b>  14 <b>anything from Dr. Tilden or any DOC medical staff about</b>  15 <b>Wexford direction regarding hormones that came out this</b>  16 <b>year?</b></p> <p>17 A. No. I didn't even know they had something out  18 like that.</p> <p>19 <b>Q. And the last time you had a discussion about</b>  20 <b>surgery requests was that the one you had with Dr.</b>  21 <b>Tilden earlier this year?</b></p> <p>22 A. Yes. That was this year, and I did it  23 obviously the year before, and surgery is not approved.  24 He says the orchiectomy is not approved but he will look  25 into that. And I'm still waiting to see what he says.</p>	<p style="text-align: right;">Page 60</p> <p>1 medically necessary even though specialists say  2 otherwise, but I guess.</p> <p>3 <b>Q. When did you talk to Dr. Tilden about those</b>  4 <b>requests?</b></p> <p>5 A. Usually every time I see him. When he sees  6 me, either for the six month followup or giving me the  7 physical for my birthday, I always bring it up and ask  8 about it. I mean, I know I'm going to get the same  9 answer, but it's always good to stay hopeful.</p> <p>10 <b>Q. Have you ever tried to go above Dr. Tilden to</b>  11 <b>like the Office of Health Services?</b></p> <p>12 A. I have tried in the past when -- you know,  13 once I bring it up at certain decisions, even though  14 he's the medical doctor or if it's entirely at his  15 discretion or up to him, and I ask him well if it's not  16 you, then who? Gender committee. I said well can you  17 tell who they are so I can write them? Well, you know,  18 the committee they're not always here or we have to do a  19 certain amount of time until they meet. I said okay,  20 well can you at least tell me who they are and who do I  21 write so it gets to them? Clinical services? Is it  22 health care or is it like I send it to the warden? They  23 hardly want to tell me names, hardly want to tell me who  24 it is or who to write to.</p> <p>25 I ask them if these people are in charge</p>

15 (Pages 57 to 60)



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<p style="text-align: right;">Page 61</p> <p>1 of what hormones I get, what dosage I get, what  2 surgeries or approved or not approved, why don't you at  3 least give me information to write them or speak with  4 them? I've written the counselor about it. They said  5 that I have to ask Tilden, which when I ask him, I get  6 spinned back to a counselor or I get spinned to ask the  7 warden and then the warden say that that's not their  8 thing, the warden is simply here to uphold the law and  9 order in the prison. That is what they tell me, and I  10 get sent back to medical.  11 I ask mental health. Mental health says  12 well we really don't know who is or who isn't except for  13 Hoover. Hoover used to come here, but then he stopped.  14 So I could never actually write an individual who is on  15 the committee and ask.  16 <b>Q. So have you been able to go to any transgender</b>  17 <b>groups?</b>  18 A. They didn't have those before. I have gone,  19 yes.  20 <b>Q. When did those start?</b>  21 A. I didn't actually go to one until, I want to  22 say, I think last year. Ms. Hardy started doing them.  23 <b>Q. And what role does Ms. Hardy have at the</b>  24 <b>prison?</b>  25 A. What I'm told she is a mental health</p>	<p style="text-align: right;">Page 63</p> <p>1 have to monitor fags.  2 <b>Q. Did you hear somebody say that?</b>  3 A. Yes, Lieutenant Zimmerman.  4 <b>Q. What's the group called? Does it have a name?</b>  5 A. Well, she did it to where, you know, if staff  6 pass it out, they don't really know. It's called GIFT  7 group. It was supposed to be like gender identify focus  8 team therapy, something along that line. That way if  9 staff sees it -- because at first they'll say, you know,  10 oh here is your pass to go to the sissy group or hey  11 sissy, are you going to chicks with dicks class. So  12 that's why she switched it so staff would stop saying  13 very humiliating and disrespectful stuff like that.  14 <b>Q. And do you feel so far that it's a productive</b>  15 <b>group?</b>  16 A. It's tricky because in that one hour that once  17 a month, it's not really a lot of time to focus in on so  18 many things in that one hour because you have obviously  19 people who are transgender in there who are on hormones,  20 haven't been on hormones yet. They're at different  21 stages. So it's hard for her to bring one topic up that  22 would only address those who aren't on hormones and then  23 she has to switch the topic to those who are, and then  24 you have some who might not want surgery. So it's  25 tricky for her to make it as productive as it has to be</p>
<p style="text-align: right;">Page 62</p> <p>1 professional who was put here from Springfield to deal  2 with transgender mental health and run groups.  3 <b>Q. Is there only one transgender group at</b>  4 <b>Pontiac?</b>  5 A. Well, at first she was understaffed, so it was  6 only her running them. So wherever there are -- they're  7 in the cell houses, so I'm in seg, I can't attend group  8 with those in PC or unapproved or different status. So  9 once a month for an hour she'll come see us and hold  10 group. She says she has to do it once a month because  11 she has to run it in other cell houses, plus she has to  12 deal with -- she also has a regular mental health staff  13 assigned to the house to deal with various other people  14 on caseloads.  15 <b>Q. Have you continued groups while COVID has been</b>  16 <b>going on?</b>  17 A. At first they were not running them saying  18 they don't have enough staff or that there isn't enough  19 space or they don't have adequate room to have the six  20 feet required distancing, and, you know, that was an  21 excuse because you'll run us to yard and people can walk  22 side by side. That's not six feet, but you still run  23 it. Then one time they told us she couldn't run it  24 because Lieutenant Zimmerman says I'm not going to have  25 a staff member sit outside this door for an hour and</p>	<p style="text-align: right;">Page 64</p> <p>1 in that one hour because, you know, if she has a topic  2 of the day what is your ideal day and what she was  3 aiming for was for everybody to say what is the most  4 thing that can be taken away that --  5 (Connection lost)  6 BY MS. COOK:  7 <b>Q. Were you in a group when you were in</b>  8 <b>protective custody?</b>  9 A. Yes.  10 MS. COOK: Did we lose you, Ms. Todd?  11 THE REPORTER: Yes, you did.  12 (Previous answer read)  13 MS. COOK: I think that was about the end of  14 her answer anyway, so I will just start back with my  15 question that I asked after that.  16 BY MS. COOK:  17 <b>Q. So, Ms. Melendez, about how many people are in</b>  18 <b>the group?</b>  19 A. The last time I was there, there were four.  20 <b>Q. And that was while you were still in</b>  21 <b>protective custody?</b>  22 A. Yes.  23 <b>Q. So while you've been in segregation in the</b>  24 <b>month of August, have you had any GIFT grouping?</b>  25 A. No. I've requested it and they're saying that</p>

16 (Pages 61 to 64)

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1 they have to not like me and at least still respect me.  
 2 Some staff don't feel comfortable saying she. So what  
 3 they'll do is to have a respect thing, you don't want to  
 4 call me she? Okay, you can just say Melendez is my last  
 5 name, or if you feel comfortable, they, them. That way  
 6 you don't have to misgender me. Some do that. Some  
 7 still are -- obviously it's not a perfect world. You're  
 8 going to have idiotic people who don't understand or  
 9 don't want to understand other people.

10 **Q. And so at least this year, in 2020, has the**  
 11 **misgendering improved at all for you?**

12 A. It's the same. I'm still getting misgendered.  
 13 It's tricky. Like I said, you have some staff who  
 14 obviously either in the world or in here do not have a  
 15 problem with saying Ms., she or proper pronunciations to  
 16 me. They don't have a problem with it. And you have  
 17 some who do. Then you have other ones who I don't know  
 18 what their issue is. It's like I guess they hate me.  
 19 They literally -- you can see it in their face and their  
 20 eyes, the way they speak to me. Some go out their way,  
 21 okay sir, go to your cell. I say you don't have to call  
 22 me sir, you can say Melendez. I don't want you to  
 23 misgender me. All right, man, go to your cell. Say  
 24 man, you don't have to disrespect me, you can just call  
 25 me by last name. Okay, go to your cell sissy, how about

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1 know that it's my word against him, I'm going to win or  
 2 it's my word against hers, I'm going to win.

3 **Q. What kind of penalties have you faced because**  
 4 **of something like that, an interaction like that?**

5 A. As a ticket right now, I was going to the yard  
 6 any other day. Staff shook me down, found a comb. They  
 7 let me go to the yard. Lieutenant Torres said come  
 8 here, go in your cell. Why? Because I said so. If I  
 9 didn't commit any 504 DR rule infraction, what is the  
 10 justification of me going to my cell? He said I had a  
 11 comb. I'm like okay, every other time I go to the yard  
 12 and I pass by you I take a comb either to braid my hair  
 13 or braid somebody else's hair and it's never been an  
 14 issue.

15 Torres is one of those people who, for  
 16 whatever reason, does not like me and hates me being  
 17 transgender. I hardly even speak to this man, and when  
 18 I do, I'm always respectful even though he's not to me.  
 19 He's saying -- you know, swearing at me go to your F'ing  
 20 cell because F'ing said so. I said why? Then he starts  
 21 saying the whole fag and sissy stuff. I'm like you know  
 22 what, if you want to be petty and take my yard over  
 23 this, you know -- I don't really want to swear, but  
 24 basically I said this is some bogus ass sugar honey ice  
 25 tea and F you. And he said oh, you're intimidating,

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1 that, that's not man or girl. You have those.

2 The minute I start misgendering them,  
 3 okay miss have a nice day, now I'm getting written up a  
 4 ticket. Now I'm the bad person. Now I'm wrong, just  
 5 how I'm in seg for this bogus ticket right now.

6 **Q. And when you push back or if you misgender**  
 7 **somebody, have you actually been disciplined for that?**

8 A. Yeah. I'm either told you're going to call me  
 9 by my name and I'm a man, you're going to call me that,  
 10 give me my respect. And I will tell them, okay, well  
 11 respect is a two-way street. Staff are trained in their  
 12 protocols to not be confrontational or aggressive or  
 13 intimidate inmates, yet they do. How can you get mad at  
 14 me for treating you the same way you treat me? If you  
 15 call me a fag and I ask don't call me that and you call  
 16 me a sissy, and I say okay you're the fag. Now you want  
 17 to cuff me up for insolence and then add on to the --  
 18 oh, inmate was being threatening and intimidating toward  
 19 me, they called me a sissy, fag or they'll say other  
 20 things and add on, talking about that I would beat them  
 21 up or that I would assault them, stuff like that. They  
 22 will add things like that because certain tickets do not  
 23 carry seg time. So they will add stuff that are deemed  
 24 worthy. Plus a lot of the time it's the officer's word  
 25 over the inmate. That's usually how it goes. So they

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1 cuff up, intimidation threats.

2 I never once approached him. I never  
 3 once touched my fist. I never raised my voice, looked  
 4 or talked to him in an aggressive or threatening or  
 5 intimidating manner, but he wrote it up. These people  
 6 believed it and yet here I am sitting in seg because of  
 7 a lie he did.

8 **Q. At least the staff you deal with at Pontiac,**  
 9 **you know, what proportion of them are the ones that**  
 10 **aren't respectful to you versus the ones who will listen**  
 11 **to you and be respectful?**

12 A. I mean, the ones that are respectful and are  
 13 understanding or at least do their jobs to their extent  
 14 and not be prejudiced is -- they're outweighed by the  
 15 ones that are. And then there has been times where  
 16 staff will call me Ms. Melendez or she in front of other  
 17 staff and they get either cursed out or chewed out or  
 18 make fun of saying oh, you got a crush on the sissy,  
 19 you're calling it a girl, and they get made fun of.  
 20 That's why some of them don't even say it no more.  
 21 They're like man, I'm trying to be polite and here are  
 22 these guys ridiculing me for being nice to somebody.  
 23 That's why so many people, you know, they try not do it  
 24 in front of others that will make fun of them.

25 **Q. So in your experience the vast majority of the**

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<p style="text-align: right;">Page 73</p> <p>1 <b>staff is at least disrespectful to you?</b></p> <p>2 <b>A. Yes.</b></p> <p>3 <b>Q. And what proportion of those are just the ones</b></p> <p>4 <b>who you think are malicious, who you think hate you?</b></p> <p>5 A. That number is smaller because, you know, some</p> <p>6 of them aren't as older brass as others. Some might</p> <p>7 show that hate but not go to the full extent of</p> <p>8 expressing it or portraying it and doing it. You know</p> <p>9 what I mean? So like you might have one who will walk</p> <p>10 by and look at give me a look and just I hate you. They</p> <p>11 choose not to speak to me.</p> <p>12 Like there's been times this one guy --</p> <p>13 I forgot his name, but I'm asking him about my legal</p> <p>14 call. I said hey officer. He looked at me, gave me a</p> <p>15 nasty look and kept walking. On the way back I said</p> <p>16 hey, I'm supposed to have a legal call. He says look</p> <p>17 here, do not talk to me, do your time and I'm going to</p> <p>18 do my job, leave me alone, leave it at that. I said</p> <p>19 hey, man, I'm just asking about my legal call. You say</p> <p>20 you want to do your job, okay, find out about my legal</p> <p>21 call so I'm not late. He says hey, I told you stop</p> <p>22 talking to me. I said you said you're going to do your</p> <p>23 job, I'm just asking you to do your job. He's like</p> <p>24 okay, you're talking to me again, I'm asking you to stop</p> <p>25 talking to me. What I mean about this is you don't ever</p>	<p style="text-align: right;">Page 75</p> <p>1 MS. ROSE: Yes, sure. Is this like lunch? Do</p> <p>2 you anticipate having a longer afternoon? Should we</p> <p>3 make this a lunch break?</p> <p>4 MS. COOK: I don't have that much longer, so</p> <p>5 if everybody is okay pushing through, we could just do</p> <p>6 that. I don't know what Ms. Melendez's lunch situation</p> <p>7 is like there. I don't know if they have a bag waiting</p> <p>8 for her or what.</p> <p>9 MS. ROSE: Okay. Are you okay to continue</p> <p>10 with just a short break and then just continuing? It</p> <p>11 doesn't seem like we're going to be that much longer.</p> <p>12 THE WITNESS: That will be fine.</p> <p>13 MS. ROSE: So let's meet back in like 10</p> <p>14 minutes.</p> <p>15 (Recess taken)</p> <p>16 MS. COOK: Back on the record.</p> <p>17 BY MS. COOK:</p> <p>18 <b>Q. I know that in the preliminary injunction</b></p> <p>19 <b>hearing you noted that you had been requesting women's</b></p> <p>20 <b>clothing. Has anything about that changed in the past</b></p> <p>21 <b>year?</b></p> <p>22 A. No. The only thing they still provide is a</p> <p>23 sports bra.</p> <p>24 <b>Q. Have you heard anything about changes in</b></p> <p>25 <b>commissary that may be occurring in the Department of</b></p>
<p style="text-align: right;">Page 74</p> <p>1 talk to me, you don't look at me. When it's your time</p> <p>2 for the shower, I will bring you over, you go in, then I</p> <p>3 let you out or you go to the yard and come back. Other</p> <p>4 than that, do not talk to me. I'm not going to do</p> <p>5 nothing for you except for what I'm required to do. And</p> <p>6 I left it at that because I'm not going to sit here and</p> <p>7 waste my time arguing with an idiotic person like that.</p> <p>8 <b>Q. So in your experience none of that type of</b></p> <p>9 <b>conduct has improved over this past year?</b></p> <p>10 A. Over the past year, no. The stage I'm at now,</p> <p>11 I've got to go through five years of this for at least</p> <p>12 to have some people be like you know what, they just are</p> <p>13 who they are, man, just be respectful.</p> <p>14 <b>Q. And are you aware of any of the people who</b></p> <p>15 <b>have been -- some of the examples you've given where</b></p> <p>16 <b>they're just highly unprofessional, are you aware of</b></p> <p>17 <b>them being reported at all for discipline?</b></p> <p>18 A. I mean, obviously inmates and staff rumors</p> <p>19 pass around, gossiping and stuff like that, but as far</p> <p>20 as actually hearing and knowing about it, I can't tell</p> <p>21 you because that's usually an internal affairs thing</p> <p>22 where there's staff assigned to that specific thing and</p> <p>23 I don't know about it.</p> <p>24 MS. COOK: Well, I think now might be a good</p> <p>25 time for a break. Is everybody good with that?</p>	<p style="text-align: right;">Page 76</p> <p>1 <b>Corrections?</b></p> <p>2 A. No. I have written two commissary</p> <p>3 supervisors, Ms. Stooks and Ms. Wolf. I have written</p> <p>4 them letters asking about it, and either I don't get</p> <p>5 heard back and I can't personally speak to them anymore.</p> <p>6 Because of COVID our commissary is brought to our cell</p> <p>7 now. We don't go over there.</p> <p>8 Before, before Emily Ruskin left, she</p> <p>9 was trying to have it to where -- you know, she would</p> <p>10 grab items, put them through the TAC team, because it's</p> <p>11 a max prison, so certain things we won't be able to get.</p> <p>12 For example, like an emery board they say we can't get</p> <p>13 because it's like a sandpaper and if anybody purchases</p> <p>14 it, they can use it to sharpen objects. So certain</p> <p>15 stuff like that she said we wouldn't get. She was</p> <p>16 trying to get it like -- you know, try to get us</p> <p>17 everything we could to have, and that's when she had</p> <p>18 left. The new warden, Leonta Jackson, isn't doing</p> <p>19 anything about it. When I was in seg, he did a</p> <p>20 walk-through. I asked him about it. He says don't get</p> <p>21 my hopes up anytime soon.</p> <p>22 <b>Q. Is that about clothing and hygiene items, or</b></p> <p>23 <b>did you just ask him -- what did you ask Mr. Jackson?</b></p> <p>24 A. When I saw him, I asked him if I could speak</p> <p>25 with him. I asked like man, before the previous warden</p>

19 (Pages 73 to 76)



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1 **Q. Has anybody ever asked you your preference on**  
2 **the gender of the person searching you?**

3 A. They never ask it. In general I usually have  
4 to be the one to say something. Like this month already  
5 twice we've been stripped down by TAC team where  
6 basically they suit up, tell us to cuff up, and before  
7 they do they strip us, and I ask hey, is there a female  
8 officer here? They're saying yeah. I say well can you  
9 bring her here so I can get strip searched? He said  
10 that they don't do cross gender searches. I said what  
11 do you mean? He's like basically it has to be male-male  
12 searches. I said okay, man, I'm transgender. I said  
13 they have a PREA guideline thing that came out that  
14 specifically says you aren't supposed to search me and  
15 to at least give me the option of having another staff  
16 search me. He says that's not going to happen, are you  
17 gonna to strip or not? If not, let me know. If not,  
18 we'll just Mace you, open your door and restrain you.  
19 Let me know what you're going to do.

20 So to avoid all that, I'm like you know  
21 what, come on, let's just get this over, because I'm not  
22 going to waste my time arguing with him and he's  
23 constantly not trying to hear it. The next thing he's  
24 saying is either I do it or I don't and he's talking  
25 about macing me. That's happened twice.

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1 other words they're not supposed to be saying.

2 **Q. Leaving out the tactical team searches, how**  
3 **often are you strip searched a month?**

4 A. Well, strip search, those are only done on  
5 like particular circumstances. So an example is if  
6 staff believe that I have dangerous contraband, which  
7 could be anything from, I guess, drugs, alcohol, prison  
8 made hooch or weapons, they will cuff me up, take me to  
9 the shower. They will have officers go in my cell,  
10 shake it down, and while I'm in the shower they will ask  
11 me like hey, you've got to strip search. They'll cuff  
12 me, give me clothes, behind the ears, open my mouth,  
13 turn around, spread, cough, stuff like that. That  
14 doesn't always happen. Sometimes it happens, you know.  
15 There's people here who -- you know, they're A holes.  
16 That's just what they feel like doing to get a reaction  
17 out of a person to have an excuse to send somebody to  
18 seg by doing that, you know.

19 There was one time they had a five day  
20 officer. Every five days he's there, and they just -- I  
21 don't know what it is. I hardly spoke to him, and at  
22 least once every two weeks he insists upon searching my  
23 cell for contraband and putting me in the shower and  
24 strip searching me. Now, I can't really complain about  
25 it because if it's something that, oh well, they deem

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1 **Q. And both times was it with the TAC team?**

2 A. Yes, and not in seg. When we go to yard,  
3 basically we walk down the galleries. We can go out.  
4 They can do one to two what they call pat-down or  
5 searches where they'll feel your side your, pocket or  
6 want to see your shoes, whatever you have. And on that  
7 it's -- there'll be a few staff. Sometimes it will be  
8 men and women, so usually I'll gravitate toward the  
9 women. It's never a problem, but it's never an option,  
10 though. If they're not there and I for it, it's not  
11 going to be an option. If they're there and I go to  
12 them, it's not a problem, but if I request it on a  
13 shakedown or strip search, then it's a problem.

14 **Q. So when you request it, has your request**  
15 **always been denied?**

16 A. Yeah, always. Their excuse is they can't do  
17 cross gender searches even though time and time again  
18 I've basically explained to them part of the PREA  
19 guideline thing that came out was to prevent this and  
20 there's supposed to be at least one female staff who can  
21 do this. The issue with that is they don't it. Then  
22 you got some guys that they're disrespectful. They're  
23 supposed to do a pat in a search, not supposed to do a  
24 grope. You're not supposed to do a squeeze and then say  
25 fag or sissy or like bitch, stuff like that, whore and

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1 that it's necessary and they're giving me a shakedown  
2 slip, what can I say? I can't refuse a shakedown.  
3 That's a violation. I can go to seg for that, plus I  
4 know I don't have anything in there. But at the same  
5 time, you know, sometimes there's things that are  
6 borderline harassment that you -- I can't really tell  
7 that they are, if they're following rules or if it's  
8 just to mess with me.

9 **Q. Have you made any PREA complaints about staff**  
10 **harassment?**

11 A. I have made one and it took six months  
12 investigation and basically it was thrown out saying  
13 that there wasn't enough sufficient data to basically  
14 prove my claims or allegations against the officer.

15 **Q. And when was that?**

16 A. This was last year, and this was regarding --  
17 what is his name? Sergeant Ellinger, he was one of  
18 them, and he -- it was in seg. He asked me to move to a  
19 cell and I didn't want to. So this time he didn't write  
20 a ticket but he took me to the shower and grabbed one of  
21 my bras, walked up and down the gallery saying that  
22 there is bra wearer fag in this cell. He's walking  
23 around with my bra spinning it on his finger saying that  
24 if you guys throw shit on him, I won't write a ticket.  
25 He put me back in the cell, threw my bra back in there,

22 (Pages 85 to 88)

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<p style="text-align: right;">Page 93</p> <p>1 if I say that is there any other medication besides</p> <p>2 Spirolactone testosterone blocker that is helpful, they</p> <p>3 will look it up. They're not specialists of anything,</p> <p>4 though.</p> <p>5 <b>Q. Got you.</b></p> <p>6 <b>Do you have contact with any of the</b></p> <p>7 <b>other named plaintiffs in this case? So you mentioned</b></p> <p>8 <b>Ms. Monroe. Do you have contact with her?</b></p> <p>9 A. No. She's in a different prison.</p> <p>10 <b>Q. And you don't write or call each other?</b></p> <p>11 A. They don't allow inmates to call each other or</p> <p>12 write each other. I think the only way that could</p> <p>13 happen I believe is they have to be either a spouse or</p> <p>14 relatives.</p> <p>15 <b>Q. You mentioned you heard about Ms. Monroe,</b></p> <p>16 <b>complaints that she had from Logan Correctional Center,</b></p> <p>17 <b>which is the women's prison. Was that all information</b></p> <p>18 <b>that you got from her before the preliminary injunction</b></p> <p>19 <b>hearing last year?</b></p> <p>20 A. When I saw her there and we were next to each</p> <p>21 other, she had told me about some of the issues and</p> <p>22 difficulties that she was going through, yes, and then I</p> <p>23 also found out through Black and Pink, because they try</p> <p>24 to stay obviously relevant on what's happening. So</p> <p>25 they're like just, you know, this person called here and</p>	<p style="text-align: right;">Page 95</p> <p>1 <b>you have any contact with Lydia Helena Vision?</b></p> <p>2 A. No.</p> <p>3 <b>Q. What about Sora Kuykendall?</b></p> <p>4 A. No.</p> <p>5 <b>Q. And I know Ebony Stamps is no longer in IDOC.</b></p> <p>6 <b>Do you have any ongoing communication with Ms. Stamps?</b></p> <p>7 A. No.</p> <p>8 <b>Q. So we've talked about your present complaints</b></p> <p>9 <b>with the care that you're receiving, which it sounds</b></p> <p>10 <b>like it could be broken down into staff harassment and</b></p> <p>11 <b>treatment, hormone information and changes to your</b></p> <p>12 <b>hormones, the commissary items that we spoke about and</b></p> <p>13 <b>surgical changes that you're seeking.</b></p> <p>14 <b>Is there any other accommodation or</b></p> <p>15 <b>treatment for gender dysphoria that you are seeking?</b></p> <p>16 MS. ROSE: Objection, form and object to the</p> <p>17 extent it mischaracterizes prior testimony. You can</p> <p>18 answer.</p> <p>19 THE WITNESS: You know, all I really seek, not</p> <p>20 just for myself but anybody who is transgender and going</p> <p>21 through what I'm going through, all I'm asking is that</p> <p>22 the IDOC follows WPATH standards, which is just</p> <p>23 adequate. I'm not saying you have to give me the best</p> <p>24 accommodation or the best mental health or medical. I'm</p> <p>25 just asking that you at least give me -- let me receive</p>
<p style="text-align: right;">Page 94</p> <p>1 they're transgender saying they have problems. They'll</p> <p>2 ask some of the things they're going through and ask me</p> <p>3 if that's something they're going through so they can</p> <p>4 try to help.</p> <p>5 <b>Q. So some of the -- at least from Ms. Monroe</b></p> <p>6 <b>some of the complaints that you heard were just from</b></p> <p>7 <b>when you were at the courthouse together?</b></p> <p>8 A. Yes.</p> <p>9 <b>Q. Do you have any contact with Sasha Reed?</b></p> <p>10 A. No.</p> <p>11 <b>Q. Do you have any contact with -- well, I guess</b></p> <p>12 <b>Sasha Reed also known as XXXX Reed. Is it the same</b></p> <p>13 <b>answer?</b></p> <p>14 A. I haven't had any contact with her.</p> <p>15 BY MS. ROSE: Can we go off the record for a</p> <p>16 second.</p> <p>17 MS. COOK: Sure.</p> <p>18 (Discussion off the record)</p> <p>19 MS. COOK: Back on the record.</p> <p>20 Just so it's clear, I'm not going to</p> <p>21 refer to the plaintiffs by their legal names, and I have</p> <p>22 agreed to -- if the transcript is filed, to redact</p> <p>23 Ms. Reed's legal name.</p> <p>24 BY MS. COOK:</p> <p>25 <b>Q. And so just to ask you about the others, do</b></p>	<p style="text-align: right;">Page 96</p> <p>1 the bare minimum that's required, you know, put somebody</p> <p>2 who knows what they're doing to deal with my health.</p> <p>3 You wouldn't want to go to the dentist</p> <p>4 to have your teeth cleaned add guy is talking about oh</p> <p>5 I'm really a garbage man, this is my side job, or you go</p> <p>6 in to have a hernia fixed and he's talking about that</p> <p>7 he's a dermatologist. I just want a person that's</p> <p>8 supposed to take care of me to be at least licensed or</p> <p>9 pass some type of test they have to to have the position</p> <p>10 they're qualified to have.</p> <p>11 BY MS. COOK:</p> <p>12 <b>Q. Do you know if the providers meet the standard</b></p> <p>13 <b>for the licenses they have?</b></p> <p>14 A. Tilden doesn't. Dr. Tilden has told me out of</p> <p>15 his own mouth when he first met me that transgender is</p> <p>16 something new to him, he doesn't really have any</p> <p>17 hands-on experience, that he has read some things. I</p> <p>18 had to walk him through and explain to him what</p> <p>19 conjugated estrogens do. I've had to provide him with</p> <p>20 WPATH standards because he says they don't have them.</p> <p>21 In case he was lying, here you go. Now you can't say</p> <p>22 you're lying, you don't know.</p> <p>23 That's why when he will say things like</p> <p>24 either it's too expensive, WPATH says that regardless of</p> <p>25 the cost, expense should never be an issue if I'm a ward</p>

24 (Pages 93 to 96)

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<p style="text-align: right;">Page 97</p> <p>1 of the state. I should be afforded or given the option</p> <p>2 of the same treatment I was given for in the world.</p> <p>3 <b>Q. Aside from what we've already discuss, is</b></p> <p>4 <b>there anything that you have requested that you have not</b></p> <p>5 <b>received related to your gender dysphoria?</b></p> <p>6 A. I don't understand what you mean.</p> <p>7 <b>Q. I just want to make sure that I know -- the</b></p> <p>8 <b>things that we've talked about that you have sought for</b></p> <p>9 <b>treatment for your gender dysphoria, is there anything</b></p> <p>10 <b>that we have not yet talked about?</b></p> <p>11 MS. ROSE: Objection, form, vague.</p> <p>12 THE WITNESS: Are you asking me if there's</p> <p>13 something that I haven't brought up already that I would</p> <p>14 want or am asking for?</p> <p>15 BY MS. COOK:</p> <p>16 <b>Q. Yes. Is there anything else that we haven't</b></p> <p>17 <b>talked about that you're seeking from the Department of</b></p> <p>18 <b>Corrections?</b></p> <p>19 MS. ROSE: Same objection.</p> <p>20 THE WITNESS: I mean, as far as I know, I</p> <p>21 think I've listed everything I want or should I say</p> <p>22 need.</p> <p>23 MS. COOK: Okay. I don't have additional</p> <p>24 questions. I don't know if your counsel has some</p> <p>25 follow-up questions.</p>	<p style="text-align: right;">Page 99</p> <p>1 STATE OF ILLINOIS }</p> <p>2 } SS:</p> <p>3 COUNTY OF C O O K }</p> <p>4</p> <p>5 I, Verla A. Todd, do hereby certify</p> <p>6 that MARILYN MELENDEZ was by me first duly sworn to</p> <p>7 testify the whole truth, and that the foregoing</p> <p>8 deposition was recorded stenographically by me and was</p> <p>9 reduced to computerized transcript under my direction,</p> <p>10 and that the said deposition constitutes a true record</p> <p>11 of the testimony given by said witness.</p> <p>12 I further certify that the reading and</p> <p>13 signing of said deposition was not waived by the witness</p> <p>14 and counsel.</p> <p>15 I further certify that I am not a</p> <p>16 relative or employee of any of the parties, or a</p> <p>17 relative or employee of such attorney or counsel, or</p> <p>18 financially interested directly or indirectly in this</p> <p>19 action.</p> <p>20 IN WITNESS WHEREOF, I have hereunto set</p> <p>21 my hand at Chicago, Illinois, this _____ day of</p> <p>22 _____, A.D. _____.</p> <p>23</p> <p>24</p> <p>25</p> <p>_____ Certified Shorthand Reporter Illinois CSR License No. 084-003498</p>
<p style="text-align: right;">Page 98</p> <p>1 MS. ROSE: No, no further questions.</p> <p>2 MS. COOK: Okay. We can go off the record</p> <p>3 then.</p> <p>4 MS. ROSE: We would like to see the transcript</p> <p>5 to make sure the redactions are done.</p> <p>6 FURTHER DEPONENT SAYETH NOT...</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 100</p> <p>1 ALARIS LITIGATION SERVICES</p> <p>2</p> <p>3 September 4, 2020</p> <p>4</p> <p>5 SAMANTHA G. ROSE, Esq.</p> <p>6 KIRKLAND &amp; ELLIS, LLP</p> <p>7 300 North LaSalle Street</p> <p>8 Chicago, Illinois 60654</p> <p>9</p> <p>10 IN RE: JANIAH MONROE, MARILYN MELENDEZ, LYDIA</p> <p>11 HELENA VISION, SORA KUYKENDALL, and SASHA</p> <p>12 REED v. ROB JEFFREYS, MELVIN HINTON, and</p> <p>13 STEVEN BOWMAN</p> <p>14</p> <p>15 Dear Ms. Rose:</p> <p>16</p> <p>17 Please find enclosed your copies of the deposition of</p> <p>18 MARILYN MELENDEZ taken on August 20, 2020 in the</p> <p>19 above-referenced case. Also enclosed is the original</p> <p>20 signature page and errata sheets.</p> <p>21</p> <p>22 Please have the witness read your copy of the</p> <p>23 transcript, indicate any changes and/or corrections</p> <p>24 desired on the errata sheets, and sign the signature</p> <p>25 page before a notary public.</p> <p>26</p> <p>27 Please return the errata sheets and notarized</p> <p>28 signature page within 30 days to our office at 711 N</p> <p>29 11th Street, St. Louis, MO 63101 for filing.</p> <p>30</p> <p>31 Sincerely,</p> <p>32</p> <p>33 Verla A. Todd</p> <p>34</p> <p>35 Enclosures</p>

25 (Pages 97 to 100)

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## LYDIA HELENA VISION 8/25/2020

<p style="text-align: right;">Page 1</p> <p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE SOUTHERN DISTRICT OF ILLINOIS 3 EAST ST. LOUIS DIVISION 4 JANIAH MONROE, MARILYN ) 5 MELENDEZ, LYDIA HELENA ) 6 VISION, SORA KUYKENDALL, and ) 7 SASHA REED, ) 8 ) 9 Plaintiffs, ) 10 ) Case No. 11 vs. ) 18-156-NJR 12 ) 13 ROB JEFFREYS, MELVIN HINTON, ) 14 and STEVEN BOWMAN, ) 15 ) 16 Defendants. ) 17 18 The deposition via videoconference 19 of ERIC PADILLA a.k.a LYDIA HELENA VISION, taken 20 before Alyssa N. Kuipers, Certified Shorthand 21 Reporter and Registered Professional Reporter, 22 commencing at 9:00 a.m. on the 25th day of August, 23 2020. 24</p>	<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES: 2 3 ACLU OF ILLINOIS 4 MR. GHIRLANDI GUIDETTI (via videoconference) 5 150 North Michigan Avenue 6 Suite 600 7 Chicago, Illinois 60601 8 Phone: (312) 201-9740 9 E-mail: gguidetti@aclu-il.org 10 On behalf of the Plaintiffs; 11 12 13 ILLINOIS ATTORNEY GENERAL 14 MS. LISA A. COOK (via videoconference) 15 500 South Second Street 16 Springfield, Illinois 62701 17 Phone: (217) 782-4445 18 E-mail: lcook@atg.state.il.us 19 On behalf of the Defendants. 20 21 * * * * * 22 23 24</p>
<p style="text-align: right;">Page 2</p> <p>1 I N D E X 2 WITNESS: PAGE 3 ERIC PADILLA a.k.a LYDIA HELENA VISION 4 Direct Examination by Ms. Cook..... 4 5 Cross-Examination by Mr. Guidetti..... 35 6 Redirect Examination by Ms. Cook..... 48 7 8 9 10 11 E X H I B I T S 12 (NO EXHIBITS MARKED.) 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p style="text-align: right;">Page 4</p> <p>1 (Witness sworn.) 2 WHEREUPON: 3 ERIC PADILLA a.k.a LYDIA HELENA VISION, 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 6 videoconference as follows: 7 DIRECT EXAMINATION 8 BY MS. COOK: 9 Q. Can you just start off by stating 10 your name for the record; and you can say your 11 preferred name, if you wish. 12 A. Lydia Helena Vision. 13 Q. Okay. So it's Vision? 14 A. Yeah. 15 Q. I've been adding the accent to it, 16 so I apologize for that. 17 A. It's okay. 18 Q. Okay. So, Ms. Vision, we're here 19 for your deposition for a case that you're a 20 plaintiff in in the Southern District of 21 Illinois, Case No. 18-156. Did you know that 22 before we started today? 23 A. Yes. 24 Q. And are you having any problems</p>

1 (Pages 1 to 4)

## LYDIA HELENA VISION 8/25/2020

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<p>1 was in gave me 10 percent of that, so by not</p> <p>2 giving an adequate amount, it was a problem.</p> <p>3 <b>Q. And was the prescribing doctor your</b></p> <p>4 <b>normal doctor at the facility?</b></p> <p>5 A. Yes.</p> <p>6 <b>Q. Do you remember who that was?</b></p> <p>7 A. I don't remember his name.</p> <p>8 <b>Q. Were you still at Danville then?</b></p> <p>9 A. No. I was at Graham.</p> <p>10 <b>Q. How long did it take to get the</b></p> <p>11 <b>dosages worked out for you?</b></p> <p>12 A. About a month, maybe two.</p> <p>13 <b>Q. So in about early 2019, did you have</b></p> <p>14 <b>no more complaints about the hormones you were</b></p> <p>15 <b>receiving?</b></p> <p>16 A. No.</p> <p>17 <b>Q. Okay. When did it get worked out?</b></p> <p>18 A. Excuse me?</p> <p>19 MR. GUIDETTI: Objection as to form.</p> <p>20 BY MS. COOK:</p> <p>21 <b>Q. Yeah. I'm going to rephrase that</b></p> <p>22 <b>because that was a bad question.</b></p> <p>23 <b>So was it about 2019 when the</b></p> <p>24 <b>hormone dosages were worked out?</b></p>	<p>1 <b>Q. Where do you shower at Centralia?</b></p> <p>2 A. In the shower. I don't understand.</p> <p>3 <b>Q. Is it a group shower or a single</b></p> <p>4 <b>shower?</b></p> <p>5 A. It's a single shower on the wing.</p> <p>6 <b>Q. Is there a hard door or a curtain</b></p> <p>7 <b>for the shower?</b></p> <p>8 A. A curtain.</p> <p>9 <b>Q. Does the curtain cover your body?</b></p> <p>10 A. I don't understand.</p> <p>11 <b>Q. If you pull the curtain shut, does</b></p> <p>12 <b>it shield your body from people looking in?</b></p> <p>13 A. No.</p> <p>14 <b>Q. How can people see in?</b></p> <p>15 A. By looking.</p> <p>16 <b>Q. Does the curtain go above your head?</b></p> <p>17 A. No, it does not.</p> <p>18 <b>Q. Where does the curtain go up on your</b></p> <p>19 <b>body when you shut it?</b></p> <p>20 A. I don't understand.</p> <p>21 <b>Q. Well, maybe -- could you explain to</b></p> <p>22 <b>me how people can see into the shower when</b></p> <p>23 <b>you're showering if you close the curtain?</b></p> <p>24 A. Yes. Only the bottom half of it or</p>
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<p>1 A. Yes.</p> <p>2 <b>Q. And have you had any complaints</b></p> <p>3 <b>about your hormones since then?</b></p> <p>4 A. No.</p> <p>5 <b>Q. Are labs taken to review the amount</b></p> <p>6 <b>of hormones in your system?</b></p> <p>7 A. Yes.</p> <p>8 <b>Q. How often have you had them taken?</b></p> <p>9 A. I don't remember.</p> <p>10 <b>Q. Do you remember the last time you</b></p> <p>11 <b>had labs drawn?</b></p> <p>12 A. I believe it was in December, maybe</p> <p>13 November.</p> <p>14 <b>Q. Does anybody meet with you to</b></p> <p>15 <b>discuss the results of your lab work?</b></p> <p>16 A. Yes.</p> <p>17 <b>Q. And who is that?</b></p> <p>18 A. The doctor that was here.</p> <p>19 <b>Q. When you shower at the facility, do</b></p> <p>20 <b>you shower alone?</b></p> <p>21 A. Yes.</p> <p>22 <b>Q. And are you allowed to shower in a</b></p> <p>23 <b>place where you have privacy?</b></p> <p>24 A. No.</p>	<p>1 so is where you can't see through it. So the</p> <p>2 top half is mesh and all you have to do is look</p> <p>3 over to see through it.</p> <p>4 <b>Q. And is the shower located in a place</b></p> <p>5 <b>where people walk by?</b></p> <p>6 A. Yes.</p> <p>7 <b>Q. And have you raised the lack of</b></p> <p>8 <b>privacy with people who work at the prison?</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. Who have you raised it with?</b></p> <p>11 A. At the time, Assistant Warden Stock,</p> <p>12 the head of mental health, Ms. Schultzy</p> <p>13 (phonetic), and other mental health staff. I</p> <p>14 don't remember which ones.</p> <p>15 <b>Q. Have you received an explanation as</b></p> <p>16 <b>to why they haven't changed your shower</b></p> <p>17 <b>situation?</b></p> <p>18 A. No. They gave me the option of</p> <p>19 walking across the camp to shower at another</p> <p>20 building.</p> <p>21 <b>Q. Are you interested in doing that?</b></p> <p>22 A. No.</p> <p>23 <b>Q. Why not?</b></p> <p>24 A. Because taking a half hour round</p>

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<p style="text-align: right;">Page 21</p> <p>1 trip to take a shower in a place where I had to</p> <p>2 file a PREA complaint in a different prison</p> <p>3 doesn't real appeal to me.</p> <p>4 <b>Q. Okay. So at other facilities, were</b></p> <p>5 <b>you given the option to shower in a more</b></p> <p>6 <b>private setting?</b></p> <p>7 A. Yes.</p> <p>8 <b>Q. Like, so at Danville, where would</b></p> <p>9 <b>you shower?</b></p> <p>10 A. At Danville, I did walk across the</p> <p>11 camp to shower in the medical unit, which led</p> <p>12 to, in my opinion, being assaulted by a</p> <p>13 lieutenant while naked in the shower, so you</p> <p>14 can see why I wouldn't want to do that anymore.</p> <p>15 <b>Q. So is it that you're worried that if</b></p> <p>16 <b>you went to a different location, you could be</b></p> <p>17 <b>at risk of assault?</b></p> <p>18 A. I'm at risk of assault all the time.</p> <p>19 <b>Q. And when you say that, do you mean</b></p> <p>20 <b>by other inmates or staff or both?</b></p> <p>21 A. Both.</p> <p>22 <b>Q. Have you been having issues at</b></p> <p>23 <b>Centralia with other inmates?</b></p> <p>24 A. Can you please clarify?</p>	<p style="text-align: right;">Page 23</p> <p>1 <b>Q. Do you think that a transfer to a</b></p> <p>2 <b>female facility will alleviate some of your</b></p> <p>3 <b>concerns about threats?</b></p> <p>4 A. Yes.</p> <p>5 <b>Q. Where you are currently, do you have</b></p> <p>6 <b>access to transgender groups?</b></p> <p>7 A. No.</p> <p>8 <b>Q. Have you made a request with IDOC</b></p> <p>9 <b>staff for gender-affirming surgery?</b></p> <p>10 A. Yes.</p> <p>11 <b>Q. And what surgery are you seeking?</b></p> <p>12 A. An orchiectomy and electrolysis.</p> <p>13 <b>Q. And do you remember when you made</b></p> <p>14 <b>those requests?</b></p> <p>15 A. 2016 maybe.</p> <p>16 <b>Q. Do you remember when in 2016?</b></p> <p>17 A. No. When I -- No, I don't remember.</p> <p>18 <b>Q. Have you requested surgery since</b></p> <p>19 <b>2016?</b></p> <p>20 A. Yes.</p> <p>21 <b>Q. Do you remember when?</b></p> <p>22 A. Can you clarify?</p> <p>23 <b>Q. Well, how many times since 2016 have</b></p> <p>24 <b>you renewed your request?</b></p>
<p style="text-align: right;">Page 22</p> <p>1 <b>Q. Like threats from other inmates at</b></p> <p>2 <b>Centralia?</b></p> <p>3 A. Yes.</p> <p>4 <b>Q. What kind of threats?</b></p> <p>5 A. I don't understand.</p> <p>6 <b>Q. Are the threats related to your</b></p> <p>7 <b>transgender status?</b></p> <p>8 A. Yes.</p> <p>9 MR. GUIDETTI: Objection,</p> <p>10 foundation.</p> <p>11 BY MS. COOK:</p> <p>12 <b>Q. And have you been receiving threats</b></p> <p>13 <b>from staff at Centralia Correctional Center?</b></p> <p>14 A. I'm not at liberty to discuss it.</p> <p>15 <b>Q. And you requested a transfer to a</b></p> <p>16 <b>female facility, correct?</b></p> <p>17 A. Correct.</p> <p>18 <b>Q. And have you been told anything</b></p> <p>19 <b>about that request?</b></p> <p>20 A. Yes.</p> <p>21 <b>Q. And what have you been told?</b></p> <p>22 A. It was intimated to me that it was</p> <p>23 approved in February, but because of the COVID</p> <p>24 thing, it didn't happen.</p>	<p style="text-align: right;">Page 24</p> <p>1 A. Dozens.</p> <p>2 <b>Q. And how do you renew it? Do you</b></p> <p>3 <b>write letters, grievances?</b></p> <p>4 A. I've brought it up to the mental</p> <p>5 health staff, to the medical staff, written</p> <p>6 grievances.</p> <p>7 <b>Q. And so when you bring it up to</b></p> <p>8 <b>medical and mental health staff, do you do that</b></p> <p>9 <b>verbally?</b></p> <p>10 A. I've done it verbally and in</p> <p>11 writing.</p> <p>12 <b>Q. And has mental health staff given</b></p> <p>13 <b>you a response on your request?</b></p> <p>14 A. No.</p> <p>15 <b>Q. Has medical staff given you a</b></p> <p>16 <b>response on your request?</b></p> <p>17 A. No.</p> <p>18 <b>Q. And in the grievances you write, do</b></p> <p>19 <b>you get a response to those?</b></p> <p>20 A. Sometimes, sometimes not.</p> <p>21 <b>Q. Do you keep copies of all the</b></p> <p>22 <b>grievances that you send?</b></p> <p>23 A. I've kept what I could.</p> <p>24 <b>Q. So has anybody told you, you know, a</b></p>

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<p style="text-align: right;">Page 25</p> <p>1 <b>definitive yes or no on your surgery requests?</b></p> <p>2 A. No, they have not.</p> <p>3 Q. What about requests for female</p> <p>4 clothing items? Have you requested female</p> <p>5 clothing items?</p> <p>6 A. Yes.</p> <p>7 Q. Have you received any women's</p> <p>8 clothing items?</p> <p>9 A. Just two bras.</p> <p>10 Q. Has anybody told you anything about</p> <p>11 changes in allowable property at male</p> <p>12 facilities to allow for female items?</p> <p>13 A. Can you clarify?</p> <p>14 Q. Yeah. So have you heard any -- from</p> <p>15 medical or mental health staff, have you heard</p> <p>16 there might be changes in the lists for</p> <p>17 allowable property at male facilities?</p> <p>18 A. From them, on the issue, I always</p> <p>19 get a denial and a form of delay. "Wait.</p> <p>20 We're working on it." Things of that nature.</p> <p>21 Q. And is that the same for like the</p> <p>22 administrative staff, like the warden,</p> <p>23 assistant wardens?</p> <p>24 A. If they respond at all.</p>	<p style="text-align: right;">Page 27</p> <p>1 A. When I first got here, any visits</p> <p>2 that I've had while I was here. I don't know</p> <p>3 exactly how often.</p> <p>4 Q. And do male or female staff do the</p> <p>5 strip-searches?</p> <p>6 A. Male.</p> <p>7 Q. Have you asked for female staff to</p> <p>8 do it?</p> <p>9 A. Yes.</p> <p>10 Q. And when do you ask?</p> <p>11 A. I asked when I first got here. I</p> <p>12 got transferred here, they strip-search you</p> <p>13 out; I asked right then.</p> <p>14 Q. And do you remember the response you</p> <p>15 got?</p> <p>16 A. It's not pleasant.</p> <p>17 Q. So when you say "not pleasant," what</p> <p>18 do you mean?</p> <p>19 A. I'm not at liberty to discuss</p> <p>20 security staff.</p> <p>21 Q. Are you concerned because there's</p> <p>22 other staff in the room with you?</p> <p>23 A. Correct.</p> <p>24 Q. Well, I just want to know -- So, I</p>
<p style="text-align: right;">Page 26</p> <p>1 Q. Have you requested any</p> <p>2 female-specific hygiene items?</p> <p>3 A. Yes.</p> <p>4 Q. And what are those?</p> <p>5 A. Any specific female hygiene items,</p> <p>6 soap, shampoos, deodorants, razors, things of</p> <p>7 that nature.</p> <p>8 Q. And have you been allowed any of the</p> <p>9 hygiene items you've requested?</p> <p>10 A. No.</p> <p>11 Q. And, again, has any DOC staff,</p> <p>12 either, you know, on the medical/mental health</p> <p>13 side or the administrative side, told you of</p> <p>14 any upcoming changes?</p> <p>15 A. In as much as they always say:</p> <p>16 Wait, wait, wait.</p> <p>17 Q. At Centralia, are you strip-searched</p> <p>18 by staff?</p> <p>19 A. Can you clarify?</p> <p>20 Q. Yeah. Are there any times at</p> <p>21 Centralia where you've been strip-searched by</p> <p>22 staff?</p> <p>23 A. Yes.</p> <p>24 Q. How often does that occur?</p>	<p style="text-align: right;">Page 28</p> <p>1 mean, when you've asked, has it been, you know,</p> <p>2 the search is just starting and then you ask,</p> <p>3 or have you asked like the warden or assistant</p> <p>4 wardens about the searching?</p> <p>5 A. I don't understand the question.</p> <p>6 Q. Have you raised your search concerns</p> <p>7 with the warden or assistant wardens?</p> <p>8 A. I believe I've written a grievance</p> <p>9 on the issue.</p> <p>10 Q. Do you remember when you wrote that?</p> <p>11 A. No.</p> <p>12 Q. Do you remember if you got a</p> <p>13 response?</p> <p>14 A. No.</p> <p>15 Q. Do you know if you have a copy of</p> <p>16 that grievance?</p> <p>17 A. No, I do not. I don't know if I do</p> <p>18 or not. I would have to review my paperwork.</p> <p>19 Q. Do you keep track of the grievances</p> <p>20 that you send?</p> <p>21 A. As much as possible.</p> <p>22 Q. Do you send any letters or kites?</p> <p>23 A. Excuse me?</p> <p>24 Q. Do you send any letters or kites to</p>

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<p style="text-align: right;">Page 29</p> <p>1 the warden or assistant wardens?</p> <p>2 A. No.</p> <p>3 Q. Is there any other treatment that</p> <p>4 you've requested for gender dysphoria that</p> <p>5 you've not received?</p> <p>6 A. I don't understand.</p> <p>7 Q. Besides the items I've already asked</p> <p>8 you about, is there any treatment that you've</p> <p>9 requested that you have not received?</p> <p>10 A. Yes.</p> <p>11 Q. And what's that?</p> <p>12 A. Mental health counseling in</p> <p>13 accordance with the WPATH standards.</p> <p>14 Q. And what do you mean by that?</p> <p>15 A. What do I mean by that? Excuse me?</p> <p>16 Q. Yeah. What exactly do you mean?</p> <p>17 A. Half of the staff here have hardly</p> <p>18 any knowledge on gender dysphoria, so, yeah.</p> <p>19 Q. So you want treatment providers who</p> <p>20 have more experience with gender dysphoria?</p> <p>21 A. Correct. I believe I also requested</p> <p>22 voice coaching also.</p> <p>23 Q. And did you get a response on your</p> <p>24 request for voice coaching?</p>	<p style="text-align: right;">Page 31</p> <p>1 people know that you want to be treated female,</p> <p>2 do they more often than not act respectfully</p> <p>3 towards you or disrespectfully?</p> <p>4 A. They do not act respectfully of that</p> <p>5 request.</p> <p>6 Q. Because of -- Well, I'm going to</p> <p>7 rephrase that.</p> <p>8 Do you feel -- I think I saw</p> <p>9 somewhere in your records that maybe in the</p> <p>10 beginning, you thought you were on a spectrum</p> <p>11 of gender?</p> <p>12 MR. GUIDETTI: Objection to form.</p> <p>13 You can answer if you understand the</p> <p>14 question.</p> <p>15 BY THE WITNESS:</p> <p>16 A. I don't understand.</p> <p>17 Q. When you first described some of the</p> <p>18 symptoms of gender dysphoria, did you feel at</p> <p>19 that time like you fully associated as female?</p> <p>20 A. Yes.</p> <p>21 Q. And do you still feel that you fully</p> <p>22 associate as female?</p> <p>23 A. Yes.</p> <p>24 Q. In recent months, do you feel like</p>
<p style="text-align: right;">Page 30</p> <p>1 A. Same as always, no response,</p> <p>2 delayed, or denial.</p> <p>3 Q. When you've gotten a response where</p> <p>4 staff say "we're working on it," you know, that</p> <p>5 type of thing, do they ever tell you what steps</p> <p>6 they're taking to work on it?</p> <p>7 A. No. To be honest, some of them say</p> <p>8 it in a joking manner.</p> <p>9 Q. At Centralia, does the staff</p> <p>10 misgender you?</p> <p>11 A. Yes.</p> <p>12 Q. Do you communicate, you know, that</p> <p>13 you wish to be called she/her?</p> <p>14 A. Sometimes.</p> <p>15 Q. And when you do let staff know, will</p> <p>16 they change how they refer to you?</p> <p>17 A. Again, I don't feel comfortable</p> <p>18 talking about security staff.</p> <p>19 Q. Well, I understand to a certain</p> <p>20 point, but I think that this has been enough of</p> <p>21 a topic. I do have to ask you about this. I'm</p> <p>22 not asking you about specific people right now.</p> <p>23 I just want to know, overall, like if you can</p> <p>24 give me a percentage, you know. When you let</p>	<p style="text-align: right;">Page 32</p> <p>1 you want to harm yourself?</p> <p>2 A. I don't understand.</p> <p>3 Q. While I know you mentioned that you</p> <p>4 don't have a history of self-harm, but is that</p> <p>5 something that you feel currently or in recent</p> <p>6 months?</p> <p>7 A. I don't believe -- I don't know.</p> <p>8 Q. Have you felt suicidal in recent</p> <p>9 months?</p> <p>10 A. Yes.</p> <p>11 Q. When you feel suicidal, when has</p> <p>12 that occurred?</p> <p>13 A. I don't know the dates. I don't</p> <p>14 understand the question. What do you mean?</p> <p>15 Q. Well, I am looking for dates, but</p> <p>16 can you give me an approximate time?</p> <p>17 A. Like time of the day? I don't</p> <p>18 understand.</p> <p>19 Q. Like, you know, six months ago or --</p> <p>20 A. Within six months.</p> <p>21 Q. Within six months.</p> <p>22 Were you able to reach out to any</p> <p>23 staff for assistance?</p> <p>24 A. No, I was not.</p>

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<p style="text-align: right;">Page 33</p> <p>1 Q. Did you take any steps to attempt</p> <p>2 suicide?</p> <p>3 A. No, I did not.</p> <p>4 Q. What were you feeling that made you</p> <p>5 feel suicidal?</p> <p>6 A. I don't understand the question.</p> <p>7 What was I feeling? Suicidal, depressed.</p> <p>8 Q. Was there any particular reason or</p> <p>9 was it just an overall feeling?</p> <p>10 A. There's multiple reasons why I would</p> <p>11 feel that way. Yes, there were reasons.</p> <p>12 Q. What were they?</p> <p>13 A. Lack of treatment for gender</p> <p>14 dysphoria, having been in prison so long,</p> <p>15 worries about, when I get out, if I'll be able</p> <p>16 to successfully reintegrate into society,</p> <p>17 family issues, other issues I'm not at liberty</p> <p>18 to discuss.</p> <p>19 Q. And, again, are you referring to</p> <p>20 staff issues?</p> <p>21 A. Some.</p> <p>22 Q. Is there another reason you wouldn't</p> <p>23 be able to discuss some of the other feelings</p> <p>24 you had?</p>	<p style="text-align: right;">Page 35</p> <p>1 A. I received a newsletter.</p> <p>2 Q. Are there other transgender</p> <p>3 prisoners at Centralia?</p> <p>4 A. Not that I'm aware of.</p> <p>5 Q. At the facilities that you've been</p> <p>6 in since you've been diagnosed with gender</p> <p>7 dysphoria, have you ever been able to meet many</p> <p>8 other prisoners who also have gender dysphoria?</p> <p>9 A. No.</p> <p>10 Q. Aside from Dr. Ettner, have you</p> <p>11 spoken with or met with any other outside</p> <p>12 providers?</p> <p>13 A. No.</p> <p>14 MS. COOK: Okay. Give me a minute.</p> <p>15 I'm just going to look through my notes.</p> <p>16 Okay. I think we're almost done.</p> <p>17 Okay. I don't have any further</p> <p>18 questions for you. I don't know if your</p> <p>19 attorney has any follow-up questions.</p> <p>20 MR. GUIDETTI: Yeah. I just have a</p> <p>21 few. I'll try not to take up too much of</p> <p>22 your time.</p> <p>23 CROSS-EXAMINATION</p> <p>24 BY MR. GUIDETTI:</p>
<p style="text-align: right;">Page 34</p> <p>1 A. Yes.</p> <p>2 Q. Can you just tell me generally why</p> <p>3 you would be unable to discuss them?</p> <p>4 A. No.</p> <p>5 Q. When are you going to be released</p> <p>6 from IDOC custody?</p> <p>7 A. 2012 -- or 2022, December 12th.</p> <p>8 Q. Has your family become more</p> <p>9 supportive of you?</p> <p>10 A. No.</p> <p>11 Q. And so do you know the other</p> <p>12 plaintiffs in this action?</p> <p>13 A. No.</p> <p>14 Q. I saw in your declaration -- have</p> <p>15 you joined or become part of the organization</p> <p>16 Black and Pink?</p> <p>17 A. Excuse me?</p> <p>18 Q. Do you know what the Black and Pink</p> <p>19 organization is?</p> <p>20 A. Yes.</p> <p>21 Q. And have you joined that</p> <p>22 organization?</p> <p>23 A. I don't understand.</p> <p>24 Q. Are you a part of that organization?</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. Ms. Vision, you said that you've</p> <p>2 seen some of your mental health records; is</p> <p>3 that right?</p> <p>4 A. I can't hear you.</p> <p>5 Q. You said you've seen some of your</p> <p>6 medical and mental health records; is that</p> <p>7 right?</p> <p>8 A. That's correct.</p> <p>9 Q. Do you know specifically what</p> <p>10 records you've seen?</p> <p>11 A. No, not specifically.</p> <p>12 Q. Have you seen all of your medical</p> <p>13 and mental health records?</p> <p>14 A. Up to a certain date.</p> <p>15 Q. Up to what date?</p> <p>16 A. I don't know. Maybe 2019.</p> <p>17 Q. So after 2019, you have not</p> <p>18 necessarily seen all of your medical and mental</p> <p>19 health records?</p> <p>20 A. No.</p> <p>21 Q. You said you've had no medical or</p> <p>22 mental health training; is that right?</p> <p>23 A. Yes.</p> <p>24 Q. Have you done any self-study around</p>

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## LYDIA HELENA VISION 8/25/2020

<p style="text-align: right;">Page 45</p> <p>1 pretty directly.</p> <p>2 <b>Q. Ms. Cook asked you about Black and</b></p> <p>3 <b>Pink. Can you tell me what Black and Pink is?</b></p> <p>4 A. Yeah. It's a -- I guess it's more</p> <p>5 of a collective of LGBT prisoners and outside</p> <p>6 allies that are there for support. The problem</p> <p>7 I have is she was asking me if I was a member,</p> <p>8 and I got the impression it was like a union I</p> <p>9 would have to join and sign papers for or</p> <p>10 something and it's not anything of that nature.</p> <p>11 <b>Q. So you don't understand it to be a</b></p> <p>12 <b>membership organization?</b></p> <p>13 A. More of a support organization, I</p> <p>14 would guess. I didn't sign any papers saying I</p> <p>15 was a member. I didn't take any oath of fealty</p> <p>16 to them. It's just something you can be a part</p> <p>17 of or not.</p> <p>18 <b>Q. Ms. Cook asked if you've seen or met</b></p> <p>19 <b>other transgender prisoners at Centralia, and</b></p> <p>20 <b>you said you're not aware of any. How big is</b></p> <p>21 <b>Centralia, do you know?</b></p> <p>22 A. Person-wise, I do not know how many</p> <p>23 people are here. Well, over 1,500.</p> <p>24 <b>Q. Is it possible there are other</b></p>	<p style="text-align: right;">Page 47</p> <p>1 Shah. He was bullying in nature, threatening</p> <p>2 me, and said it was within his power to deny me</p> <p>3 my hormones, said that people consider him</p> <p>4 generous because he allowed us to have them.</p> <p>5 Told me he was a Muslim for some reason.</p> <p>6 Generally, was a pretty nasty character with</p> <p>7 regards to my hormones besides when he said</p> <p>8 "have a nice day" when I fucking -- excuse me</p> <p>9 -- when I left.</p> <p>10 <b>Q. How did you understand Dr. Shah's</b></p> <p>11 <b>statement to you?</b></p> <p>12 A. He was attempting to be a bully to</p> <p>13 me. He was threatening me.</p> <p>14 <b>Q. Threatening to take away your</b></p> <p>15 <b>hormones?</b></p> <p>16 A. Yes. And just put himself in a</p> <p>17 position of threat over me. Why? I have no</p> <p>18 idea. I'm already an inmate in prison. He</p> <p>19 obviously has position over me.</p> <p>20 <b>Q. You said a number of times that you</b></p> <p>21 <b>couldn't answer some of Ms. Cook's questions,</b></p> <p>22 <b>you said, because of the presence of security</b></p> <p>23 <b>staff. Other than the questions where you</b></p> <p>24 <b>specifically said that you can't discuss</b></p>
<p style="text-align: right;">Page 46</p> <p>1 transgender prisoners there, but you just don't</p> <p>2 know about them?</p> <p>3 A. Yes. She also asked me if there</p> <p>4 were many transgender people I came across, and</p> <p>5 I had issue with the word "many." I've come</p> <p>6 across other transgender women since I've been</p> <p>7 in prison, but just not many, you know.</p> <p>8 <b>Q. How many, approximately, prisoners</b></p> <p>9 <b>with gender dysphoria have you met during your</b></p> <p>10 <b>time in IDOC?</b></p> <p>11 A. Maybe a dozen.</p> <p>12 <b>Q. You said that other than Ms. Ettner</b></p> <p>13 <b>-- Dr. Ettner -- I apologize -- you've not</b></p> <p>14 <b>spoken with or met with any outside providers.</b></p> <p>15 <b>I just want you to clarify. That's regarding</b></p> <p>16 <b>gender dysphoria, right?</b></p> <p>17 A. Correct.</p> <p>18 <b>Q. When was the last time you met with</b></p> <p>19 <b>a medical provider regarding your hormone</b></p> <p>20 <b>therapy?</b></p> <p>21 A. Just a couple of months ago.</p> <p>22 <b>Q. And can you describe that visit for</b></p> <p>23 <b>me, please?</b></p> <p>24 A. Yeah. They had a doctor here named</p>	<p style="text-align: right;">Page 48</p> <p>1 something, were you able to fully and</p> <p>2 truthfully answer all of the other questions?</p> <p>3 A. Yes.</p> <p>4 MR. GUIDETTI: That's all I have.</p> <p>5 REDIRECT EXAMINATION</p> <p>6 BY MS. COOK:</p> <p>7 <b>Q. I just have a couple questions about</b></p> <p>8 <b>Dr. Shah.</b></p> <p>9 A. Yes.</p> <p>10 <b>Q. Is it S H A H?</b></p> <p>11 A. Yes.</p> <p>12 <b>Q. And is he the normal medical doctor</b></p> <p>13 <b>at Centralia?</b></p> <p>14 A. There was a doctor here named Santos</p> <p>15 who was very helpful. He, I guess, retired,</p> <p>16 and Shah filled in. I don't know if Shah is</p> <p>17 still here, so he might have just been</p> <p>18 temporary. I don't know.</p> <p>19 <b>Q. And did Dr. Shah actually change</b></p> <p>20 <b>your hormones?</b></p> <p>21 A. No, he did not.</p> <p>22 MS. COOK: Okay. Those are all of</p> <p>23 the questions that I had.</p> <p>24 (Witness excused, 10:16.)</p>

12 (Pages 45 to 48)

ANDRE PATTERSON a.k.a JANIAH MONROE 8/24/2020

Page 1	Page 3
<p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE SOUTHERN DISTRICT OF ILLINOIS 3 EAST ST. LOUIS DIVISION</p> <p>3 JANIAH MONROE, MARILYN ) 4 MELENDEZ, LYDIA HELENA ) 5 VISION, SORA KUYKENDALL, and ) 6 SASHA REED, ) 7 ) 8 ) 9 Plaintiffs, ) 10 ) Case No. 11 vs. ) 18-156-NJR 12 ) 13 ROB JEFFREYS, MELVIN HINTON, ) 14 and STEVEN BOWMAN, ) 15 ) 16 Defendants. )</p> <p>17 18 19 The deposition via videoconference 20 of ANDRE PATTERSON a.k.a JANIAH MONROE, taken 21 before Alyssa N. Kuipers, Certified Shorthand 22 Reporter and Registered Professional Reporter, 23 commencing at 9:26 a.m. on the 24th day of August, 24 2020.</p>	<p>1 2 APPEARANCES: 3 ACLU OF ILLINOIS 4 MS. CAROLYN WALD (via videoconference) 5 150 North Michigan Avenue 6 Suite 600 7 Chicago, Illinois 60601 8 Phone: (312) 201-9740 9 E-mail: cwald@aclu-il.org 10 On behalf of the Plaintiffs; 11 12 ASSISTANT ATTORNEY GENERAL 13 MR. CHRISTOPHER HIGGERSON (via videoconference) 14 500 South Second Street 15 Springfield, Illinois 62701 16 Phone: (217) 782-4445 17 E-mail: chiggerson@atg.state.il.us 18 On behalf of the Defendants. 19 20 21 * * * * * 22 23 24</p>
Page 2	Page 4
<p>1 INDEX 2 WITNESS: PAGE 3 ANDRE PATTERSON a.k.a JANIAH MONROE 4 Direct Examination by Mr. Higgerson..... 4 5 6 7 8 9 EXHIBITS 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>1 (Witness sworn.) 2 WHEREUPON: 3 ANDRE PATTERSON a.k.a JANIAH MONROE, 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 6 videoconference as follows: 7 DIRECT EXAMINATION 8 BY MR. HIGGERSON: 9 Q. Could you please state your name for 10 the record. 11 A. Janiah Monroe. 12 Q. And that is your chosen name, 13 correct? 14 A. Yes. 15 Q. Can you tell us your inmate number 16 just so that we have you properly identified? 17 A. Y35508. 18 Q. Okay. Thank you. How long have you 19 been in the Illinois Department of Corrections? 20 A. Since 2008. 21 Q. And what was the crime you were 22 convicted of? 23 A. My original charge? 24 Q. Yes, the one that led you to come to</p>

1 (Pages 1 to 4)

## ANDRE PATTERSON a.k.a JANIAH MONROE 8/24/2020

Page 21	Page 23
<p>1 A. To D wing.</p> <p>2 Q. Which is -- at that time, was still</p> <p>3 a transition wing?</p> <p>4 A. Yes.</p> <p>5 Q. And how long were you on D wing that</p> <p>6 time?</p> <p>7 A. I was on D wing that time until</p> <p>8 October.</p> <p>9 Q. Where did you go when you left D</p> <p>10 wing in October of 2019?</p> <p>11 A. Well, first, I went to seg, and I</p> <p>12 believe it was August or September. August, I</p> <p>13 believe, I went to seg. I believe I went to</p> <p>14 seg in August. And when I got out of seg, they</p> <p>15 placed me in health care on what they created</p> <p>16 for me, which they called administrative</p> <p>17 detention. They don't even have administrative</p> <p>18 detention in this prison, but they created it</p> <p>19 for me as another form to isolate me from</p> <p>20 everybody else where they would not let me have</p> <p>21 any interactions with any inmates at all. I</p> <p>22 had to stay in my cell, and when I did come</p> <p>23 out, I had to be escorted by a tac member and a</p> <p>24 sergeant or a tac member and a lieutenant</p>	<p>1 30 days seg for. They gave me 30 days seg on</p> <p>2 this ticket, but they held me in seg for</p> <p>3 45 days. Then they put me in health care and</p> <p>4 isolated me from everybody.</p> <p>5 Q. I thought you said you were found</p> <p>6 not guilty on the ticket?</p> <p>7 A. No. I said I was found not guilty</p> <p>8 of a PREA. That's what I said.</p> <p>9 Q. Okay. So you were found guilty of</p> <p>10 sexual misconduct, but not of assaulting</p> <p>11 anybody?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And that's when you went to</p> <p>14 the health care unit?</p> <p>15 A. Yes.</p> <p>16 Q. And you were single-celled there?</p> <p>17 A. Yes. I was isolated there from</p> <p>18 everybody. I had no interaction with any other</p> <p>19 inmates at all.</p> <p>20 Q. Could you talk to people if they</p> <p>21 passed through, in and out of the health care</p> <p>22 unit?</p> <p>23 A. No. They told people if they talked</p> <p>24 to me, they was going to go to seg. I was</p>
Page 22	Page 24
<p>1 everywhere I went. And I had no interactions</p> <p>2 with any other inmates at all, and I was in my</p> <p>3 cell.</p> <p>4 Q. Why did you go to segregation in</p> <p>5 August of 2019?</p> <p>6 A. For sexual misconduct.</p> <p>7 Q. And what was --</p> <p>8 A. I believe it was around August.</p> <p>9 Q. Okay. And what was the sexual</p> <p>10 misconduct allegation at that time?</p> <p>11 A. It was a PREA.</p> <p>12 Q. What were you accused of doing?</p> <p>13 A. I'm not quite sure because IA never</p> <p>14 asked me anything, did I force myself on them,</p> <p>15 anything. Like, they just investigated it and</p> <p>16 found for theirself that it was false.</p> <p>17 Q. Okay. Were you put in segregation</p> <p>18 during the investigation?</p> <p>19 A. Yes.</p> <p>20 Q. And then when they found it was</p> <p>21 false, you were let out of segregation?</p> <p>22 A. No. When they found it was false,</p> <p>23 they put me in health care. I was in seg for</p> <p>24 45 days on a ticket that they sentenced me to</p>	<p>1 completely isolated to the point that I tried</p> <p>2 to kill myself, and I went to an outside</p> <p>3 hospital in Springfield.</p> <p>4 Q. What type of cell were you housed in</p> <p>5 in the health care unit?</p> <p>6 A. In an isolation cell.</p> <p>7 Q. Is that the same as a crisis cell?</p> <p>8 A. Yes.</p> <p>9 Q. How long were you there before you</p> <p>10 tried to hurt yourself?</p> <p>11 A. I don't know.</p> <p>12 Q. And when did you eventually get out</p> <p>13 of the health care unit?</p> <p>14 A. When some psych doctors came down</p> <p>15 there and told them that -- and told the</p> <p>16 administration down here that I needed human</p> <p>17 interaction and that if they continued to</p> <p>18 isolate me, that I was going to kill myself.</p> <p>19 Then they let me out and sent me to House 10.</p> <p>20 Q. Do you know who that doctor was who</p> <p>21 said that?</p> <p>22 A. I don't remember. I believe he came</p> <p>23 down here with Dr. Puga. I believe it was</p> <p>24 Dr. Puga and somebody else.</p>

6 (Pages 21 to 24)

## ANDRE PATTERSON a.k.a JANIAH MONROE 8/24/2020

<p style="text-align: right;">Page 33</p> <p>1 some minor tickets for insolence.</p> <p>2 <b>Q. During the time since December, when</b></p> <p>3 <b>you've been on D wing, have you ever gone to</b></p> <p>4 <b>segregation or have you been on D wing the</b></p> <p>5 <b>entire time?</b></p> <p>6 A. Yeah. I went to seg for the sexual</p> <p>7 and for the assault, that I remember. Yeah.</p> <p>8 <b>Q. When was the time you were in</b></p> <p>9 <b>segregation?</b></p> <p>10 A. I was in seg from January, I</p> <p>11 believe, to like February. I don't know. I</p> <p>12 got out of seg -- I just know I just got out of</p> <p>13 seg in April. I got out of seg in April. I've</p> <p>14 been out of seg since April. I haven't went</p> <p>15 back to seg since April.</p> <p>16 <b>Q. Okay. So you've only been in D wing</b></p> <p>17 <b>continuously since -- from April to August</b></p> <p>18 <b>because you were in segregation before that?</b></p> <p>19 A. I've been in and out.</p> <p>20 <b>Q. You have been diagnosed with gender</b></p> <p>21 <b>dysphoria, correct?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. Do you see a mental health</b></p> <p>24 <b>professional to be treated for that?</b></p>	<p style="text-align: right;">Page 35</p> <p>1 I've been staying out of trouble and I'm in</p> <p>2 school and stuff like that.</p> <p>3 <b>Q. When was the last time you saw her</b></p> <p>4 <b>to talk about the gender dysphoria?</b></p> <p>5 A. Like, last month, I think.</p> <p>6 <b>Q. Is that a regularly scheduled</b></p> <p>7 <b>appointment? Do you see her every so often?</b></p> <p>8 A. Yeah.</p> <p>9 <b>Q. How often do you see her?</b></p> <p>10 A. Like every month when she come in to</p> <p>11 check on me. Like, every month.</p> <p>12 <b>Q. Do you have any other type of</b></p> <p>13 <b>treatment for gender dysphoria from the mental</b></p> <p>14 <b>health people?</b></p> <p>15 A. I mean, it's not really, like, a</p> <p>16 form of treatment for this gender dysphoria.</p> <p>17 She just asks me like how am I doing. It's</p> <p>18 just to check in, a wellness check-in. You</p> <p>19 know what I'm saying? It's not like she's</p> <p>20 treating my gender dysphoria. She is just</p> <p>21 checking on me to see how I'm doing because,</p> <p>22 like, I struggle with suicidal ideations. I've</p> <p>23 attempted suicide multiple times since I have</p> <p>24 been down here. She's concerned about me, so</p>
<p style="text-align: right;">Page 34</p> <p>1 A. Yes, I do.</p> <p>2 <b>Q. Who do you see right now that's</b></p> <p>3 <b>treating you for gender dysphoria?</b></p> <p>4 A. Dr. Post.</p> <p>5 <b>Q. What was the last time you saw</b></p> <p>6 <b>Dr. Post?</b></p> <p>7 A. Last week.</p> <p>8 <b>Q. What was -- Why did you see her last</b></p> <p>9 <b>week?</b></p> <p>10 A. To talk about anger management</p> <p>11 groups.</p> <p>12 <b>Q. Are you part of an anger management</b></p> <p>13 <b>group right now?</b></p> <p>14 A. I've been part of the anger</p> <p>15 management group. It's supposed to be starting</p> <p>16 back up.</p> <p>17 <b>Q. Is that what you were talking to her</b></p> <p>18 <b>about, about it starting back up?</b></p> <p>19 A. Yes.</p> <p>20 <b>Q. Was there anything else you talked</b></p> <p>21 <b>to her about?</b></p> <p>22 A. Not last week, no. She just said</p> <p>23 that she was happy that I was doing better,</p> <p>24 that I've been doing good. She's proud that</p>	<p style="text-align: right;">Page 36</p> <p>1 she comes in to check on me because -- and she</p> <p>2 knows that I'm trying to get my surgery.</p> <p>3 And the last time I talked to her</p> <p>4 last month, I spoke to her about being</p> <p>5 displeased that Dr. Reister is putting my</p> <p>6 surgery on hold, because Dr. Sang had said I</p> <p>7 could have my surgery, but Dr. Reister is</p> <p>8 saying that he has to speak to me, and I don't</p> <p>9 understand. So my surgery is not happening, so</p> <p>10 they just keep giving me the runaround, so,</p> <p>11 like, they just keep --</p> <p>12 <b>Q. Who is Dr. Sang?</b></p> <p>13 A. She's the medical director.</p> <p>14 <b>Q. Okay. Do you participate in any</b></p> <p>15 <b>group therapy for your gender dysphoria?</b></p> <p>16 A. Before we went on quarantine, there</p> <p>17 was a group for gender dysphoria.</p> <p>18 <b>Q. And how often did you participate in</b></p> <p>19 <b>that?</b></p> <p>20 A. It was every week.</p> <p>21 <b>Q. And who led that group?</b></p> <p>22 A. Dr. Post.</p> <p>23 <b>Q. Is there any other mental health</b></p> <p>24 <b>treatment that you are receiving for your</b></p>

9 (Pages 33 to 36)

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## ANDRE PATTERSON a.k.a JANIAH MONROE 8/24/2020

<p style="text-align: right;">Page 37</p> <p>1 gender dysphoria?</p> <p>2 A. No.</p> <p>3 Q. And I understand -- we'll talk about</p> <p>4 surgery and the medical side of it in a minute.</p> <p>5 Is there any mental health treatment that you</p> <p>6 believe you should be receiving that you're</p> <p>7 not?</p> <p>8 A. I believe that, for one, they really</p> <p>9 don't know how to treat gender dysphoria down</p> <p>10 here. I believe that -- Like, I did some</p> <p>11 groups for gender dysphoria. I believe they</p> <p>12 don't -- they're not informed. I believe</p> <p>13 Dr. Post tries. You know, she's willing to</p> <p>14 listen and hear what we have to say and listen</p> <p>15 to how we feel, but I feel like she don't</p> <p>16 really have a lot of knowledge to offer me. I</p> <p>17 feel like I know more about what I need than</p> <p>18 her. Like, if I have questions, I can't go to</p> <p>19 her like for help.</p> <p>20 And I need -- Sometimes I need</p> <p>21 people I can talk to about my problems, and I</p> <p>22 can't talk to her.</p> <p>23 Q. That goes to the quality of the</p> <p>24 treatment or whether she is qualified. Do you</p>	<p style="text-align: right;">Page 39</p> <p>1 medical side of it, you receive hormone</p> <p>2 therapy, correct?</p> <p>3 A. Yes.</p> <p>4 Q. Who has prescribed those hormones to</p> <p>5 you?</p> <p>6 A. Dr. Sang.</p> <p>7 Q. Have you been having your blood</p> <p>8 drawn and monitored to check on your hormone</p> <p>9 levels?</p> <p>10 A. Yes.</p> <p>11 Q. When was the last time that was</p> <p>12 done?</p> <p>13 A. I don't know. Like a month or two</p> <p>14 ago probably.</p> <p>15 Q. Do you know what the results were of</p> <p>16 your blood test?</p> <p>17 A. No.</p> <p>18 Q. Was there a change in the hormones</p> <p>19 you're being given as a result of that blood</p> <p>20 test?</p> <p>21 A. Was there a change, no. They</p> <p>22 haven't changed my hormones. My hormones have</p> <p>23 been consistent. I've been trying to get my</p> <p>24 hormones changed because I feel that they're</p>
<p style="text-align: right;">Page 38</p> <p>1 think there's any form of treatment on the</p> <p>2 mental health side for gender dysphoria that</p> <p>3 you should be receiving that you're not?</p> <p>4 A. Yeah.</p> <p>5 Q. And what is that?</p> <p>6 A. For one, I believe that they're</p> <p>7 supposed to be giving me the counseling and</p> <p>8 preparing me with therapy to make sure that I'm</p> <p>9 ready and everything for the surgeries and</p> <p>10 everything that I'm ready to go through. And</p> <p>11 that's supposed to take place now in the time</p> <p>12 leading up before surgery and everything, not</p> <p>13 at the last moment. That's supposed to be</p> <p>14 happening now, but they're not doing that.</p> <p>15 Q. Is there anything else on the mental</p> <p>16 health side that you think is not being</p> <p>17 provided to you?</p> <p>18 A. That is mental health.</p> <p>19 Q. I understand. I'm just asking: Is</p> <p>20 there anything else, besides the preparation</p> <p>21 for surgery, on the mental health side that you</p> <p>22 think you're not being provided?</p> <p>23 A. No.</p> <p>24 Q. On the physical side of it, the</p>	<p style="text-align: right;">Page 40</p> <p>1 inadequate.</p> <p>2 Q. But you haven't seen the actual test</p> <p>3 results on what your levels are, correct?</p> <p>4 A. I seen some when I first got here.</p> <p>5 I seen some of my levels, but I haven't</p> <p>6 requested any recently. I seen some when I</p> <p>7 first got here.</p> <p>8 Q. When you say "here," are you talking</p> <p>9 about Logan or Department of Corrections?</p> <p>10 A. Here, Logan.</p> <p>11 Q. Okay. Now, have you talked to</p> <p>12 somebody about -- Who have you talked to about</p> <p>13 wanting surgery?</p> <p>14 A. Everybody. I was talking to</p> <p>15 Dr. Sang. I've spoken to Dr. Reister. I've</p> <p>16 spoken to Dr. Puga. I've spoken to Dr. Ashley.</p> <p>17 I've spoken to Dr. Post. I've spoken to</p> <p>18 everybody that's willing to listen. I've</p> <p>19 spoken to Dr. Hinton. I've spoken to</p> <p>20 everybody.</p> <p>21 Q. Okay. To your knowledge, have any</p> <p>22 of those conversations been an actual</p> <p>23 evaluation for surgery?</p> <p>24 A. No.</p>

10 (Pages 37 to 40)

**SORA KUYKENDALL 8/31/2020**

Page 1	Page 3
<p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE SOUTHERN DISTRICT OF ILLINOIS 3 EAST ST. LOUIS DIVISION 4 JANIAH MONROE, MARILYN ) 5 MELENDEZ, EBONY STAMPS, ) 6 LYDIA HELENA VISION, ) 7 SORA KUYKENDALL, and ) 8 SASHA REED, ) 9 Plaintiffs, ) 10 vs. ) NO. 18-156-NJR 11 ROB JEFFREYS, MELVIN HINTON, ) 12 and STEVE MEEKS, ) 13 Defendants. ) 14 15 DEPOSITION OF SORA KUYKENDALL 16 17 MONDAY, AUGUST 31, 2020 18 9:00 A.M. 19 20 Via Webex 21 22 23 24 25</p>	<p>1 APPEARANCES: 2 3 4 FOR THE PLAINTIFF SORA KUYKENDALL: 5 MS. AMELIA BAILEY 6 Kirkland &amp; Ellis, LLP 7 300 North LaSalle 8 Chicago, Illinois 60654 9 amelia.bailey@kirkland.com 10 11 FOR THE DEFENDANTS: 12 MS. CARLA TOLBERT 13 Assistant Attorney General 14 201 West Pointe Drive, Suite 7 15 Belleville, Illinois 62226 16 17 ALSO PRESENT: 18 Joyce D. Lawrence, CSR, CCR, RPR 19 CSR# 84-1716 CCR# 1329 20 Alaris Litigation Service 21 15 S. Old State Capitol Plaza 22 Springfield, Illinois 62701 23 24 25</p>
Page 2	Page 4
<p>1 INDEX 2 WITNESS Page 3 SORA KUYKENDALL 4 EXAMINATION BY Ms. Tolbert..... 4 5 EXAMINATION BY Ms. Bailey..... 100 6 FURTHER EXAMINATION BY Ms. Tolbert ..... 117 7 8 (No exhibits marked.) 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p>1 IT IS HEREBY STIPULATED AND AGREED by and 2 between Counsel for the Plaintiffs and Counsel for 3 the Defendants that this deposition may be taken in 4 shorthand by JOYCE D. LAWRENCE, an Illinois 5 Certified Shorthand Reporter, and afterwards 6 transcribed into typewriting, and the signature of 7 the Witness is WAIVED. 8 9 ***** 10 11 (All counsel stipulate to the reporter 12 swearing in the witness remotely.) 13 SORA KUYKENDALL, 14 called as a witness, being first duly sworn, was 15 examined and testified as follows: 16 EXAMINATION 17 BY MS. TOLBERT 18 Q. Ms. Kuykendall, are you ready to get 19 started? 20 A. I am. 21 Q. Okay. We met briefly earlier, but my 22 name is Carla Tolbert. I am one of the Assistant 23 Attorney Generals here in the Swansee/Belleveille 24 office and I represent the defendants in this case. 25 Have you ever been deposed before?</p>

1 (Pages 1 to 4)

## SORA KUYKENDALL 8/31/2020

Page 49

1 A. Yes.

2 Q. Okay.

3 A. I mean, I don't know. I don't think

4 anybody from the outside could have prescribed

5 them.

6 Q. Did you go outside for any treatment?

7 A. No.

8 Q. Okay. So yeah, you're right.

9 Do you know the dose you're on today?

10 A. Of what?

11 Q. Well, tell me what hormones you're on

12 today.

13 A. I'm on Premarin.

14 Q. Uh-huh. And do you know the dose of the

15 Premarin?

16 A. That's five milligrams.

17 Q. Okay. Are you on any other kind of

18 medications?

19 A. I am.

20 Q. Okay. And what else are you on?

21 A. I'm on spironolactone.

22 Q. Uh-huh. And do you recall the dose of

23 that?

24 A. 200 milligrams.

25 Q. Are those both once a day?

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1 A. Well, it's 100 milligrams twice a day.

2 Q. Twice a day, okay.

3 Okay. And the Premarin is just once a

4 day, correct?

5 A. Yes, but --

6 Q. Say that again.

7 A. It's four pills.

8 Q. Four pills for that -- to get that

9 dose?

10 A. Right.

11 Q. Okay. Are you on any other

12 medications?

13 A. I'm on Wellbutrin.

14 Q. Okay. What psychiatrist are you seeing

15 to prescribe the Wellbutrin?

16 A. Ms. Poteete.

17 Q. Can you say that again?

18 A. Ms. Poteete.

19 Q. Poteete?

20 A. Poteete.

21 Q. Poteete. Do you see her by video

22 tele-site or do you see her in-person?

23 A. I see her in-person.

24 Q. Okay. All right. I don't know her.

25 Okay. Premarin, spironolactone and

Page 51

1 Wellbutrin. Are you on any other kind of

2 medications?

3 A. No.

4 Q. Okay. Do you know if your dosage of the

5 Premarin and the spironolactone have changed over

6 the years?

7 A. So when I first got my spironolactone

8 dosage, it was low. And for eight months after

9 that, I was trying to get it increased. I asked

10 many times and it wasn't.

11 Q. How did you know it was low? Was it

12 based on labs or just how you felt?

13 A. During that time that -- this was the

14 previous question. During that time, I was

15 experiencing hair growth and body growth and I was

16 telling her that.

17 Q. And so you -- just based on how your body

18 was reacting, you knew the dose wasn't high enough,

19 correct?

20 A. I also had some people look that up on

21 the outside, so --

22 Q. Okay. Who looked it up for you?

23 A. My mother.

24 Q. Okay. And then were you -- during that

25 time, were you having lab tests to monitor your

Page 52

1 hormone levels?

2 A. No.

3 Q. Okay. Are you having lab tests to

4 monitor your hormones now?

5 A. On occasion.

6 Q. On occasion. Do you know how often that

7 is?

8 A. Not very.

9 Q. Okay. So who is prescribing your

10 hormones now?

11 A. My last -- I think Ms. Zimmer right now,

12 but I could be wrong.

13 Q. Nurse Practitioner Zimmer?

14 A. I thought it was Dr. Zimmer.

15 Q. If you know.

16 A. I thought it was Dr. Zimmer.

17 Q. Okay. All right.

18 A. Yeah.

19 Q. And --

20 A. It might have been Dr. Siddiqui.

21 Q. Okay. Have you seen them both over the

22 years?

23 A. Yes.

24 Q. Okay. All right. Is Dr. Siddiqui

25 treating you for anything else?

13 (Pages 49 to 52)



## SORA KUYKENDALL 8/31/2020

Page 53	Page 55
<p>1 A. Well, like I said, I don't know if 2 it's -- he's the one who is prescribing those. 3 Q. Okay. Got it. 4 A. I don't know if he's prescribing the 5 blockers either. 6 Q. Got it. 7 So how do you feel on your current dose? 8 Do you feel like it's high enough? 9 A. No. 10 Q. Okay. So why don't you feel like it's 11 high enough? 12 A. Because it's -- my hormone levels are 13 supposed to be between 100 and 200 and my last 14 result was way below that. 15 Q. When was that last lab test that you 16 recall? 17 A. During the last lab or the last lab where 18 I got the results? 19 Q. Well, where you said it was -- it was too 20 low. Do you remember when that lab was? That blood 21 test? 22 A. It was a couple months ago. I got the 23 results. I think it was a couple months ago. 24 Q. Okay. 25 A. I might be off. But I got the results a</p>	<p>1 dosage. 2 Q. Okay. And what did she say? 3 A. She said they were fine and they were -- 4 I think it was 32, or around there, which is not 5 fine. 6 Q. Okay. And that's based on your 7 knowledge? 8 A. Right. 9 Q. Okay. And are you still getting 10 information on dosage and things like that from your 11 mom? 12 A. No, I know that it's supposed to be 13 between 100 and 200 from Dr. Ettner. 14 Q. And when did you see Dr. Edmond? 15 A. Ettner. 16 Q. Ettner. I'm sorry. When did you see 17 her? 18 A. I saw her a couple years ago now, but I 19 talked to her recently. 20 Q. And do you speak to her by phone? 21 A. I have. 22 Q. Do you ever see her in-person? 23 A. I have. 24 Q. How often does she come to Menard? 25 A. She's only been up here once.</p>
Page 54	Page 56
<p>1 few weeks ago. I had a breast exam and, during the 2 breast exam, they didn't have any curtains on the 3 windows at all. 4 Q. Okay. 5 A. And someone walked by. 6 Q. When was that? 7 A. That was a few weeks ago. 8 Q. A few weeks ago. And was that Ms. Zimmer 9 or Dr. Siddiqui? 10 A. Ms. Zimmer. 11 Q. Okay. And did you tell her that you were 12 uncomfortable or ask her to cover the windows? 13 A. I was told that that was the way I had to 14 do it. 15 Q. Okay. 16 A. I didn't have any other option. And I 17 have also been told that, if I refuse a breast exam, 18 then they can take my hormones away. So I didn't 19 have a choice. 20 Q. And who told you that? 21 A. Ms. Zimmer told me. 22 Q. Ms. Zimmer told you. Okay. 23 At that exam, did you discuss your -- 24 your dosage and your hormone levels with her? 25 A. We talked about my hormone levels, not my</p>	<p>1 Q. Okay. And do you recall when that was? 2 About. 3 A. A couple years ago now, I think. 4 Q. Okay. 5 A. I could be wrong. 6 Q. Okay. It's not a memory test. It is 7 just to the best of your recollection. Okay. 8 MS. BAILEY: Carla, I don't want to 9 interrupt anything. I just want to make sure, Sora, 10 do you want to take a break or are you okay? 11 WITNESS: I think I need a drink real 12 quick, if that's fine. 13 MS. BAILEY: Is now an okay time, Carla? 14 MS. TOLBERT: Yeah. Yeah. Any time is 15 good. 16 MS. BAILEY: Okay. Why don't we take, 17 like, five minutes or however long? 18 MS. TOLBERT: Yeah, that's fine. 19 MS. BAILEY: Okay. Thank you. 20 (Recess taken from 10:20 to 10:24 a.m.) 21 MS. TOLBERT: We are back on the record. 22 BY MS. TOLBERT: 23 Q. So Ms. Kuykendall, we were talking about 24 Dr. Ettner and your interaction with her. Are 25 you -- what other treatment, psychiatric, mental</p>

14 (Pages 53 to 56)

## SORA KUYKENDALL 8/31/2020

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<p>1 A. I do not.</p> <p>2 <b>Q. And based on your previous answer, I</b></p> <p>3 <b>think I know the answer to this, but do you know</b></p> <p>4 <b>whether your request to transfer to Logan was ever</b></p> <p>5 <b>presented to the Transgender Care Review</b></p> <p>6 <b>Committee?</b></p> <p>7 A. As far as I know, for this one, I</p> <p>8 actually did get some feedback. It was in the</p> <p>9 process of being done, allegedly, and then it has</p> <p>10 been on hold indefinitely.</p> <p>11 <b>Q. Is the hold related to COVID or did they</b></p> <p>12 <b>give you a reason?</b></p> <p>13 A. They transferred other people during</p> <p>14 COVID for medical reasons.</p> <p>15 <b>Q. Okay. Were they transgender women that</b></p> <p>16 <b>got transferred or other medical problems?</b></p> <p>17 A. It hasn't been transgender women, to my</p> <p>18 knowledge.</p> <p>19 <b>Q. Okay. All right. Is it your</b></p> <p>20 <b>understanding that, once the COVID restrictions are</b></p> <p>21 <b>lifted, that you will transfer to Logan?</b></p> <p>22 A. I don't think that they'll approve it.</p> <p>23 <b>Q. Okay. All right.</b></p> <p>24 <b>You told me earlier you had been single</b></p> <p>25 <b>celled your entire time at Menard, right?</b></p>	<p>1 restrictions are going to be lifted or at least</p> <p>2 relaxed at Menard?</p> <p>3 A. They have not.</p> <p>4 <b>Q. Okay. Having nothing to do with your</b></p> <p>5 <b>case, but do you know the status at Menard? Like,</b></p> <p>6 <b>it's planning on staying tight; is that your</b></p> <p>7 <b>understanding?</b></p> <p>8 A. Sorry. Could you rephrase?</p> <p>9 <b>Q. Do you know the status of Menard in</b></p> <p>10 <b>general? You said that they haven't been lifted,</b></p> <p>11 <b>but are there any plans to that you are aware of?</b></p> <p>12 MS. BAILEY: Objection. Calls for</p> <p>13 speculation.</p> <p>14 But you can answer the question based on</p> <p>15 your knowledge, Sora.</p> <p>16 BY MS. TOLBERT:</p> <p>17 <b>Q. Sure. I just kind of -- what's going on</b></p> <p>18 <b>at Menard?</b></p> <p>19 A. I mean, there's no way I could know.</p> <p>20 <b>Q. Yeah. Once the restrictions get lifted,</b></p> <p>21 <b>are you going to have to go back to medical and get</b></p> <p>22 <b>another permit to eat in?</b></p> <p>23 A. That's right. But I've been watching</p> <p>24 kind of the outside and seeing how to determine,</p> <p>25 like -- you know, just to kind of guesstimate when</p>
Page 66	Page 68
<p>1 A. Right.</p> <p>2 <b>Q. In general, how are your interactions</b></p> <p>3 <b>with the male prisoners?</b></p> <p>4 A. So it's -- it's kind of nonstop sexual</p> <p>5 harassment.</p> <p>6 <b>Q. Okay.</b></p> <p>7 A. I keep to myself.</p> <p>8 <b>Q. So what is your current housing unit?</b></p> <p>9 A. North 2.</p> <p>10 <b>Q. North 2.</b></p> <p>11 <b>So when you go to eat, you go with the</b></p> <p>12 <b>rest of the offenders from that housing unit.</b></p> <p>13 A. I do not ever go to lunch or dinner. I</p> <p>14 eat in our cells.</p> <p>15 <b>Q. All of you or just you by choice?</b></p> <p>16 A. No. No. Everyone gets breakfast in</p> <p>17 their cells.</p> <p>18 <b>Q. Uh-huh.</b></p> <p>19 A. And then I've been fed in. But that has</p> <p>20 expired right now. But everybody is fed in during</p> <p>21 COVID. So I haven't renewed it because we are all</p> <p>22 being fed in anyways. It seemed kind of pointless</p> <p>23 to renew it.</p> <p>24 <b>Q. Fair point.</b></p> <p>25 <b>And have they told you when the COVID</b></p>	<p>1 it's going to happen.</p> <p>2 <b>Q. Sure.</b></p> <p>3 A. So we previously knew they were letting</p> <p>4 people go to yard and so I'm assuming that they're</p> <p>5 going to let people go to yard before they open</p> <p>6 everything back up, that it's going to be a gradual</p> <p>7 process, because it's a prison.</p> <p>8 <b>Q. Yep. Yep.</b></p> <p>9 <b>Now, is anybody going to yard right now?</b></p> <p>10 A. No.</p> <p>11 <b>Q. Prior to the COVID response --</b></p> <p>12 A. Not to my knowledge.</p> <p>13 <b>Q. Okay. Fair enough. Your housing unit is</b></p> <p>14 <b>not?</b></p> <p>15 A. Nobody I know is going to yard.</p> <p>16 <b>Q. Got it. Prior to COVID, were you going</b></p> <p>17 <b>to yard?</b></p> <p>18 A. For years and years, I did not and I</p> <p>19 didn't talk to anyone and it kind of -- the</p> <p>20 loneliness got to me to the point where --</p> <p>21 (connection failed)</p> <p>22 BY MS. TOLBERT:</p> <p>23 <b>Q. I was asking you if, before COVID, you</b></p> <p>24 <b>were going to yard and you said you had not for</b></p> <p>25 <b>years and years and then you were talking about</b></p>

17 (Pages 65 to 68)

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<p style="text-align: right;">Page 113</p> <p>1 Q. And did she seem concerned for your</p> <p>2 mental health?</p> <p>3 A. Yes.</p> <p>4 Q. And then we also spoke today or you told</p> <p>5 us about how every correctional officer misgenders</p> <p>6 you, correct?</p> <p>7 A. Right.</p> <p>8 Q. How does that -- go ahead?</p> <p>9 A. Most of the medical staff does, too. I</p> <p>10 just want to be clear on that. Like, it's -- it's</p> <p>11 kind of everywhere and, you know, other prisoners</p> <p>12 and --</p> <p>13 Q. So is it safe to say that the vast</p> <p>14 majority of people you interact with misgender</p> <p>15 you?</p> <p>16 A. Right.</p> <p>17 Q. And how does that make you feel?</p> <p>18 A. Like -- like how I feel doesn't matter.</p> <p>19 Like, I feel trapped about it. That I can't do</p> <p>20 anything about it. That I can't get to a situation,</p> <p>21 change my circumstances to where, like, I blend in</p> <p>22 or that I can just avoid these people, because I</p> <p>23 can't. I can't escape this in here.</p> <p>24 Q. And you mentioned one incident today</p> <p>25 where you were getting a breast exam and the curtain</p>	<p style="text-align: right;">Page 115</p> <p>1 visit and I was told that I had to get a strip</p> <p>2 search and I had to go on my visit and, if I</p> <p>3 refused, I would be taken to seg and get strip</p> <p>4 searched anyways. And I asked if I could go back to</p> <p>5 my cell and just refuse my visit, but I was -- I was</p> <p>6 told, no, I have to go or I will be taken to seg.</p> <p>7 So I went on my visit and then, on the strip search</p> <p>8 from returning from the visit, because it was before</p> <p>9 and after, while I was -- while I was being strip</p> <p>10 searched, two people came in. And when I grieved</p> <p>11 this issue and when I reported it to PREA, I don't</p> <p>12 recall ever hearing back from PREA at all. And when</p> <p>13 I reported it, I was told by the counselor, you're</p> <p>14 not going to like my answer to this. And then when</p> <p>15 I got the response, they were saying that there's a</p> <p>16 curtain in the shakedown room. But the way it's set</p> <p>17 up is that curtain is between the cells and I was in</p> <p>18 the cell on this side and the door is here. So they</p> <p>19 came in and they could see everything while I was</p> <p>20 completely naked.</p> <p>21 Q. When you say they, does that mean other</p> <p>22 correctional officers?</p> <p>23 A. It was a correctional officer and a</p> <p>24 prisoner.</p> <p>25 Q. And were they all males?</p>
<p style="text-align: right;">Page 114</p> <p>1 was left open and other people?</p> <p>2 A. There was no curtain.</p> <p>3 Q. There was no curtain. Sorry. No</p> <p>4 curtains. And I think you mentioned that others</p> <p>5 walked by when you were getting your breast exam and</p> <p>6 could see what was happening; is that right?</p> <p>7 A. Someone walked by while I was getting the</p> <p>8 breast exam and the windows did not have curtains on</p> <p>9 them.</p> <p>10 Q. Had there been other occasions where</p> <p>11 either if it -- whether it was a medical exam or</p> <p>12 maybe a strip search, where others came in and</p> <p>13 viewed things that made you uncomfortable?</p> <p>14 A. Yes. One would be during the castration</p> <p>15 attempt. For whatever reason there had to be --</p> <p>16 yeah, for whatever reason, there had to be three COs</p> <p>17 in there while the nurse checked to see, like, if</p> <p>18 there was any marks or whatever.</p> <p>19 And then another instance during a strip</p> <p>20 search. During a strip search, somebody -- I was</p> <p>21 told that I -- I had to get a strip search, when, in</p> <p>22 the past, that hadn't been the case. I just</p> <p>23 received a pat down and that had been how it was</p> <p>24 many times previously. That's how I was told it was</p> <p>25 supposed to be done. And then I came out for a</p>	<p style="text-align: right;">Page 116</p> <p>1 A. Both were males.</p> <p>2 Q. And the officer that strip searched you,</p> <p>3 was that a male officer, as well?</p> <p>4 A. Yes, they always -- they always strip me</p> <p>5 by -- they always have me stripped by a male. And</p> <p>6 if I refuse, I was told -- once, when I asked, what</p> <p>7 if I refuse, I was told that I would be held down</p> <p>8 and they would forcibly strip me, so I needed to</p> <p>9 cooperate.</p> <p>10 Q. And have you ever filed grievances</p> <p>11 requesting to not be strip searched by male</p> <p>12 correctional officers?</p> <p>13 A. Yes.</p> <p>14 Q. How does that make you feel when you are</p> <p>15 strip searched by a male correctional officer?</p> <p>16 A. Terrible. I -- usually during it, I</p> <p>17 breakdown into tears and I'm shaking. And then when</p> <p>18 I get back to my cell, I do the same thing.</p> <p>19 Q. And then you mentioned that you've</p> <p>20 requested to have a cellie, right?</p> <p>21 A. Yeah. Could we take a break?</p> <p>22 Q. Sure. Sure. Yeah.</p> <p>23 MS. BAILEY: Is that okay, Carla?</p> <p>24 MS. TOLBERT: Yeah, that is fine.</p> <p>25 Whatever you want.</p>

29 (Pages 113 to 116)