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

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

DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

The Defendants, ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN (sued in their official capacities only as IDOC Officials), by and through their attorney, Kwame Raoul, Attorney General for the State of Illinois, move for summary judgment in their favor pursuant to Federal Rule 56 and Local Rule 7.1(c).

Introduction

Plaintiffs allege that Defendants subject them and a class of prisoners with gender dysphoria to a substantial risk of serious harm that violates the Eighth Amendment. Their claim is based on policies and practices of IDOC pertaining to the evaluation and treatment of gender dysphoria. [Doc. 1, at 36, ¶ 120.]

Plaintiffs seek a permanent injunction enjoining the alleged violations and requiring:

Defendants . . . to develop and implement, as soon as practical, a plan to eliminate the substantial risk of serious harm that Plaintiffs and members of the Plaintiff Class suffer due to Defendants' inadequate evaluation and treatment of gender dysphoria. At a minimum, this plan should include: (i) Prisoner access to clinicians to treat gender dysphoria who meet[] the competency requirements stated in the Standards of Care; (ii) Prompt evaluation for gender dysphoria upon request or clinical indication of the condition; (iii) Timely fulfillment of medically prescribed treatment for gender dysphoria, including, but not limited to, hormone therapy and gender affirming surgery; (iv) Accommodation of medically necessary social transition, including individualized placement determinations, avoidance of crossgender strip searches, and access to gender affirming clothing and grooming items; and (v) Ceasing the practice whereby medical decisions regarding gender dysphoria are second-guessed and treatment is governed by the GID Committee.

[Doc. 1, at 36-37.]

In addition, Plaintiffs request the Court "[r]etain jurisdiction . . . until Defendants have fully complied with the orders of this Court, and there is a reasonable assurance that Defendants will continue to comply in the future absent continuing jurisdiction." [Doc. 1, at 38, ¶ f.]

This Court certified a plaintiff class, defined as "all prisoners in the custody of IDOC who have requested evaluation or treatment for gender dysphoria." [Doc. 213, at 11.] Plaintiffs are not entitled to the relief they seek whether as a class or only on behalf of the five representative individuals. Plaintiffs are unable to meet their burden, as they cannot show that IDOC is violating or will continue to violate their Eighth Amendment rights. Further, Plaintiffs are unable to meet the other elements necessary for a permanent injunction. Moreover, Plaintiffs' requests are out of

bounds set by the Eleventh Amendment and the Prison Litigation Reform Act. For these reasons, as argued more fully below, Defendants are entitled to summary judgment in their favor.

Preliminary Injunction

On December 19, 2019, after considering evidence presented over the course of a two-day

hearing and the arguments of the parties, the Court granted Plaintiffs' request for preliminary

injunctive relief. [See Doc. 123 (Pl.'s Mot.); Doc. 145 (Defs.' Resp.).] Defendants were ordered

to cease certain policies and practices and mandated to take further action. [Docs. 186-87.]

Defendants sought reconsideration of the Court's order. [Doc. 203.]

On March 4, 2020, the Court clarified its order [Doc. 211] and entered an amended

preliminary injunction. [Doc. 212.] The Court ordered Defendants to immediately:

1. cease the policy and practice of allowing the Transgender Committee to make the medical decisions regarding gender dysphoria and develop a policy to ensure that decisions about treatment for gender dysphoria are made by medical professionals who are qualified to treat gender dysphoria;

2. ensure that timely hormone therapy is provided when medically necessary, including the administration of hormone dosage adjustments, and to perform routine monitoring of hormone levels; and

3. cease the policy and practice of depriving gender dysphoric prisoners of medically necessary social transition, including by mechanically assigning housing based on genitalia and/or physical size or appearance.

[Doc. 212, at 1-2.] The Court also ordered Defendants to:

1. develop policies and procedures which allow transgender inmates access to clinicians who meet the competency requirements stated in the WPATH Standards of Care to treat gender dysphoria;

2. allow inmates to obtain evaluations for gender dysphoria upon request or clinical indications of the condition;

3. develop a policy to allow transgender inmates medically necessary social transition, including individualized placement determinations, avoidance of cross-gender strip searches, and access to gender-affirming clothing and grooming items; and

4. advise the Court what steps, if any, IDOC has taken to train all correctional staff on transgender issues, including the harms caused by misgendering and harassment—by both IDOC staff and other inmates.

[*Id.* at 2.]

Statement of Facts

Relevant IDOC Policies and Training

At the time of the Court's preliminary injunction order, IDOC followed an Administrative Directive titled "Evaluations of Transgender Offenders." (Ex. 1, A.D. 04.03.104, eff. July 1, 2019.) The Directive provided for a Transgender Care Review Committee (TCRC) that would review placements, security concerns, health-related treatments, and gender-related accommodations for prisoners diagnosed with gender dysphoria. (Ex. 1, at 3, ¶G.) Prisoners were to be screened during the reception and classification process for prisoners who self-identified as transgender or "for whom there are questions regarding gender identity or Gender Dysphoria." (Ex. 1, at 3, \P H.1.) The reception and classification facility medical director was to take steps to ensure the prisoner would be housed and provided with necessary gender specific clothing, in accordance with the prisoner's gender-related needs. (Ex. 1, at 4, ¶ H.4.) After arrival to a parent facility or after a new disclosure of gender identity, a mental health professional (with the assistance of a health care representative) was required to complete a form and to present the prisoner to the TCRC, which would then make a final recommendation for housing and "any additional matters that may be of issue including, but not limited to, hormone therapy, gender specific clothing, showers and searches." (Ex. 1, at 4-5, ¶H.5.) The TCRC was to conduct follow-up reviews on an as-needed basis. (Ex. 1, at 5, ¶H.6.) Hormone therapy would only be provided after consultation with and approval by the Agency Medical Director or Chief of Psychiatry (or designees). (Ex. 1, at 3, ¶ H.1.b.)

After the initial preliminary injunction order, the TCRC ceased making decisions regarding direct medical treatment for gender dysphoria. [Doc. 202, at 2, ¶ 4.] IDOC and Wexford have made continuing efforts to ensure that prisoners diagnosed with gender dysphoria continue to receive timely and appropriate hormone therapy. *See*, *e.g.*, Doc. 226 at 13; Doc. 226-6, pp. 180-81; Doc. 226-9, pp. 45-46, 59; Ex. 5, Email BATES 320535-320536. The TCRC structure is being changed to delineate between a medical committee and one overseeing security-related accommodations. *See*, *e.g.*, Doc. 226, pp. 12-14; Ex. 2, p. 9.

IDOC also contracted with Dr. Erica Anderson and The Moss Group for consultation services and assistance in drafting a new Directive to replace A.D. 04.03.104. [Doc. 202, at 5-6, \P 11, 13; Doc. 226, at. 8-12]. IDOC desires to maintain WPATH Standards of Care (Standards) and to meet other prison standards. *E.g.*, Doc. 226; Doc. 226-6, p. 10; Ex. 2, Reister Tr. at 90. In recent weeks, IDOC has updated its commissary items for transgender prisoners. (Ex. 3, eff. Nov. 5, 2020.) While the initial plan had been noted as one to offer universal items throughout all facilities, the policy eventually adopted and effective November 5, 2020, is applicable to transgender female prisoners. (*Id.*) This change allows transgender female prisoners to purchase items such as bras, panties, makeup, facial hair remover, and scrunchies regardless of the facility in which they are housed. (*Id.*)

Many prisoners come to IDOC with a gender dysphoria diagnosis. (Ex. 2, at 268.) In those instances, they may very quickly have such diagnoses confirmed. (*Id.* at 269.) If someone needs a diagnosis clarified, they are brought to the attention of mental health staff through screening that specifically asks about being transgender. (*Id.* at 269.) If gender dysphoric symptoms are disclosed while working with a mental health provider, that provider is authorized to make a diagnosis. (*Id.* at 270.)

IDOC had already been in the process of providing training on transgender concerns to all staff members. (*Id.*, at 123-24.) In January 2020, Defendants noted that training was underway to provide an introduction to IDOC staff. [Doc. 202, at 6, ¶12.] IDOC used a two-hour training developed by Dr. Shane Reister to provide training to all staff members. (Ex. 2, at 46, 123, 130.) Dr. Reister provides a separate two-part training for mental health providers. (*Id.* at 128-29.) Dr. Reister also incorporated into both trainings information as to the psychological impact and microaggressive form of transphobia related to individuals misgendering prisoners. (*Id.* at 93.) This means that every staff member in IDOC, regardless of position, received training to not misgender prisoners. (*Id.* at 94.) IDOC has a "very clear policy on not misgendering offenders." (*Id.* at 93.) IDOC also worked with WPATH for a targeted training to be done via Zoom for medical and mental health providers. (*Id.* at 46-47.) In September 2020, they completed part one of the WPATH training.

IDOC employees operate under a code of conduct that requires them to conduct themselves in a manner that will not reflect unfavorably on the Department and that will not impair the operations of the Department. 20 Ill. Admin. Code § 120.30. After receiving complaints about employees' use of social media that put down certain groups of prisoners, IDOC set forth an Administrative Directive reiterating that IDOC employees are required to "conduct themselves in a professional manner when engaging in personal use of social media platforms and, whether on duty or off duty, not engage in conduct that is unbecoming of a State employee or that may reflect unfavorably on or impair operations of the Department." (Ex. 4, A.D. 03.02.113, eff. Nov. 1, 2019.) The policy prohibits employees from posting, displaying, or otherwise transmitting content that disparages a person or group based on race, religion, sexual orientation or any other protected class. (*Id.* at 3, ¶ II.G.4.g.)

Representative Plaintiffs

There are five representative Plaintiffs prosecuting this action: Janiah Monroe, Marilyn Melendez, Lydia Helena Vision, Sora Kuykendall, and Sasha Reed.¹

1. Janiah Monroe

Plaintiff Monroe is housed, since April 1, 2019, at Logan Correctional Center, an institution that houses female prisoners. (Ex. 6, Monroe Tr. 6.) In June 2019, Monroe was nearly moved to another facility (*Id.* at 6), but that transfer was stopped. Ms. Monroe filed a separate action in the Central District of Illinois seeking equitable relief pertaining to her housing and care at Logan: *Monroe vs. Jeffreys*, CDIL no. 19-1060. That case remains pending.

At Logan, Monroe has access to makeup, female cosmetics, perfume, female hair care products, and female clothing and shoes. (*Id.* at 42-43.) Monroe finds the female clothing to be reassuring. (*Id.* at 43.) Monroe is unable to say at this time that there is any other property that she would need for social transition that she does not already have access to. (*Id.* at 44-45.) Strip searches of Monroe, if penologically required, are done only by female security officers. She still "sometimes" experiences misgendering, but it is less common than it was for her at a men's prison. (*Id.* at 47-48.)

Ms. Monroe testified in August 2020 that she had been participating in group treatment for gender dysphoria, which was paused while on quarantine. (*Id.* at 36-37.) Monroe's treatment is led by Dr. Pfost, who Monroe feels tries but does not "have a lot of knowledge to offer." (*Id.* at 37.) Monroe believes that she should be receiving additional treatment to prepare her for surgery, which

¹ These are the Plaintiffs' preferred names, but not their legal names. Generally, IDOC records use prisoner legal names rather than preferred names. Defendants will use Plaintiffs' preferred names throughout this filing; however, as a practical matter, legal names are used in underlying IDOC records.

she has discussed with her treating physician, Dr. Sang. Besides that preparation there, is nothing else on the mental health side that she believes is lacking. (*Id.* at 38.)

Ms. Monroe continues receiving hormone therapy at Logan Correctional Center, prescribed by Dr. Sang. (*Id.* at 39.) Monroe has her blood drawn and hormone levels monitored. (*Id.* at 39.) Yet, as recently as July 2020, there have been concerns that Monroe has not been taking her hormone therapy as prescribed. A progress note dated July 24, 2020, and signed by Dr. Daphne Maurer, M.D. notes that Monroe's Tegretol had recently been crushed to avoid "cheeking" medication. Her Tegregtol levels were noted to be low, but Monroe quit taking it after it was crushed. (Ex. 7, BATES 357976-357980.) Dr. Maurer noted staff would give "her the benefit of the doubt" and cease crushing her Tegretol at that time. (*Id.* at 357978.)

2. Marilyn Melendez

Ms. Melendez is incarcerated at Pontiac Correctional Center. She has not had a cellmate per her request since the end of 2018. (Ex. 8, Melendez Tr. 11-12.) Ms. Melendez testified that she has attempted suicide close to five times, most recently in early August 2020. (*Id.* at 25.) Ms. Melendez testified that her recent suicide attempt came because of her gender dysphoria and feelings related to her "life of constantly being ridiculed, disrespected, looked at as a freak, as an abomination the fact that [she has] to take medications . . . [and] attempt to get surgeries so [she] can feel aligned with herself." (*Id.* at 27.) Ms. Melendez began taking feminizing hormones in 2015, the same year she was diagnosed with gender dysphoria. (*Id.*, at 43.) Melendez has some concerns as to the hormone levels she is receiving, and as of her deposition in August, had received a lab test within a few months and requested to see her treating physician, Dr. Tilden. (*Id.*, at 43-46.) At the time of her deposition, she had not heard back from Dr. Tilden but had been told either that he was not present at the facility or was taking care of patients with serious needs, so she would not be able to see Dr. Tilden unless it was an emergency. (Id., at 48.) Ms. Melendez has asked her physician for surgery, including breast augmentation, liposuction, lipofilling, contouring of the abdomen, a trachea shave, and gender-affirming surgery. (Id., at 59.) Dr. Tilden has denied these requests, but told Melendez he would look into the orchiectomy she requested. (Id., at 58-60.) Sometime in 2019, Ms. Melendez began regularly attending a monthly transgender group. (Id., at 61-63.) Melendez has not requested a transfer to a female institution since about 2017, because she has been at Pontiac for about five years and is accustomed to where she is. (Id., at 68-69.) Ms. Melendez is still misgendered by the majority of staff at Pontiac and, although some staff will speak to her respectfully when she brings it to their attention, the majority of staff is disrespectful to her. (Id., at 69, 72-73.) But, Ms. Melendez is not aware of any of the staff members acting unprofessional being reported for discipline. (Id., at 74.) Ms. Melendez has made only one PREA complaint for staff harassment. (Id., at 88-89.) Ms. Melendez has a number of item requests: a stronger brush, comb, scented shampoo, lotions, soaps, "better hair ties," women's undergarments and shoes. (Id., at 77-82.) Typically, Melendez has no issue with searches and may choose a female officer to pat-search her, though there have been a few instances where the Tactical Team came in and refused to accommodate her request for a female to conduct the strip search. (*Id.*, at 85-86.)

3. Sora Kuykendall

Ms. Kuykendall is incarcerated at Menard Correctional Center. She receives feminizing hormonal therapy and laboratory follow-ups to monitor her hormones. Though she recently refused labs in May 2020, she was scheduled for a transgender clinic and after a provider spoke to her in June, Ms. Kuykendall agreed to have labs taken. (Ex. 9, BATES 361313.) She has since raised

concerns with her hormone therapy and had labs re-taken in October 2020. (*Id.*, BATES 361352-361356.)

Ms. Kuykendall still desires placement in a female institution plus gender affirming surgery, including "general reassignment surgery, voice feminization surgery, [and a] tracheal shave." (Ex. 10, Kuykendall Tr. 94). She also wants the same items that any other woman in IDOC gets. (*Id.*, at 95).

4. Sasha Reed

Ms. Reed is also incarcerated at Menard Correctional Center, and receives feminizing hormones. (Ex. 11, Reed Tr. 43). In June 2020, she asked for hormonal injections rather than pills, and she also requested female panties and bras. (Ex. 12, BATES 361357.) She was provided with a medical permit for sports bras and women's underwear in June 2020. (*Id.*) She also had lab work done in June 2020 and August 2020. Her hormones were adjusted in September 2020 after it was noted that her prolactin level was elevated. (*Id.*, BATES 361427.) Ms. Reed desires to have gender-affirming "bottom" surgery and breast implants. (Ex. 11, at 45, 80).

5. Lydia Helena Vision

Plaintiff Lydia Helena Vision was diagnosed with gender dysphoria in 2016, while in IDOC custody. (Ex. 13, Vision Tr.. 8.) Ms. Vision began receiving hormone therapy in late 2018. (*Id.* at 16.) As of her deposition at the end of August 2020, Ms. Vision had no complaints about the hormones that she was taking. (*Id.* at 16.) When she was initially prescribed hormone therapy, Ms. Vision complained that the nurses and medical staff were giving her a smaller percent of the hormones than she had been prescribed, but it only took about a month or two to correct. (*Id.* at 16-17.) Ms. Vision has not had any complaints about her hormones since then. (*Id.* at 18.) Labs are drawn to review the amounts of hormones in her system and she meets with a medical doctor

to discuss the results of her lab work. (Id. at 18.) Ms. Vision is at a facility that houses males, but she is single-celled and showers alone. (Id. at 9, 18.) Ms. Vision does not feel she is given sufficient privacy in the shower on her wing—it is a single shower with a curtain containing mesh over the top half and is located in a place where people pass; when she raised the issue, she was given the option to go to another building to shower. (Id. at 18-20.) Ms. Vision declined the offer because it would require her to make a 30-minute round trip and the other shower was in a location similar to one from a different facility where she filed a PREA complaint. (Id. at 20-21.) Ms. Vision has been approved for a transfer to a female facility, but has not been moved due to restrictions associated with COVID-19. [Doc. 226, at 14-15; Doc. 226-10, at 2, #3.] Ms. Vision believes that a transfer to a female facility will alleviate some of her concerns about threats. (Ex. 13 at 21-23.) Ms. Vision testified that she is strip-searched by male security staff and that she asked for a female security member to search her but did not get a pleasant response. (Id. at 27-28.) She believes that she wrote a grievance on the issue but does not know if she kept a copy of it² and does not remember obtaining a response. (Id. at 28-29.) Ms. Vision would like to obtain surgery and voice coaching.

Plaintiffs have identified no unnamed class members to provide evidence.

Plaintiffs' Experts³

Dr. Tangpricha is an endocrinologist who has authored many publications related to transgender care. His primary employment is as a professor and endocrinologist at Emory University. (Ex. 14, Tangpricha Tr. 30-31.) According to Dr. Tangpricha, there are a large number of transgender patients in the Atlanta area and not all of them are seen at Emory. (*Id.* at 38.) In his

² Ms. Vision has produced no documents.

³ Two of Plaintiffs' three experts, Dr. Tangpricha and Dr. Ettner, testified in the preliminary injunction hearing. James Aiken's opinions are challenged by separate motion.

experience, not all transgender patients are treated by an endocrinologist. And, as he stated: "hormones are not restricted to endocrinologists. Any physician is able to prescribe hormone therapy, provided they do it safely and know what regimes to use, and those are all public knowledge." (*Id.* at 38.) Dr. Tangpricha testified that physicians are able to receive training that will make them comfortable and competent in prescribing hormone therapy. (*Id.* at 49-50.) But, Dr. Tangpricha also believes that nearly all transgender patients who want hormone therapy receive it, though this is contradicted by news in Illinois and nationally. (*See* Ex. 15; Ex. 16; Ex. 17 (*Insurance Coverage and Use of Hormones Among Transgender Respondents to a National Survey*, 18 Annals Fam. Med. 528 (2020).)

Dr. Ettner is a psychologist who has worked for WPATH and received numerous awards and accolades. Dr. Ettner is not a medical doctor, and did not go to medical school nor does she have the ability to prescribe medications. (Ex. 18, Ettner Tr. 7.) Dr. Ettner does not distinguish whether a particular treatment is medical in nature, but rather considers all treatments and accommodations related to gender dysphoria, including social transition, as medically necessary. (*Id.* at 9-11, 49.) Dr. Ettner believes that female accommodation requests are a necessary part of medical treatment for gender dysphoria and that individuals should have a right to that treatment.

WPATH formed a Global Education Initiative in 2014 to provide an introduction to the field by people trained to do so. (*Id.* at 19, 28.) WPATH's trainers provide the training offered through its Initiative. (*Id.* at 53.) As of October 2020, Dr. Ettner was aware that IDOC had provided the first part of the WPATH training online. (*Id.*) Dr. Ettner considers the training a "first step" but thinks the two-day training is a "good introduction and overview to the field." (*Id.* at 53.) Per its website, the Global Education Initiative courses are offered to "increase access to knowledgeable healthcare providers for the transgender community by training those providers

globally in the context and principles of the WPATH Standards of Care, and their implementation into clinical practice." (Ex. 20.) The courses "serve as the Core Curriculum for WPATH Members pursuing WPATH GEI SOC7 Certification." (*Id.*) According to Dr. Ettner, the Initiative had not been brought into other state prison systems like in Illinois. (Ex. 18 at 54.)

WPATH currently has a nine-step certification process. (*Id.* at 21-22.) The first step is to complete the foundations training, which is typically eight hours. (*Id.* at 21-22.) There are also the following prerequisites: "eight hours of an advanced coursework, four hours of additional workshops, ten hours of outside approved WPATH workshops, five years of some community experience or work, evidence of knowledge or expertise in the field, such as publication in a peer review journal, 20 approved WPATH ... continuing education courses every two years, and ten hours of mentorship at the time that an individual sits to take the certification exam." (*Id.* at 22 (see errata correction).)

Dr. Ettner is a co-chair of WPATH'S Committee for Incarcerated Persons. (Ex. 18 at 29-31.) All of the people on this Committee have had interaction with incarcerated persons, but Dr. Ettner is not aware of whether any individuals on the Committee have actually worked day-to-day in a correctional facility. (*Id.* at 31.) The WPATH Standards of Care pertaining to all institutionalized persons provide that the treatment should mirror that which is available in the community. (*Id.* at 33; Ex. 19, § XIV at 67-68.) The WPATH Standards for incarcerated persons contemplate changes to the delivery of care, but not changes or denials based on security concerns. Dr. Ettner was not able to answer whether a denial of social accommodation based on security concerns would be inconsistent with the Standards, but she opined simply that "denial of social role transition is placing a gender dysphoric prisoner at risk." (Ex. 18 at 33-38.) Dr. Ettner has been hired to conduct forensic work for prisoners in other lawsuits. Dr. Ettner reviewed IDOC records for this case and interviewed the representative Plaintiffs. Dr. Ettner has interviewed only one other IDOC prisoner, who has been released from IDOC custody, and was not interviewed as part of this case. (*Id.* at 64.) Dr. Ettner has opined that all five of the representative Plaintiffs in this action are at a serious risk of self-harm. (*Id.* at 45-46.) Out of the 40 or more prisoners she has evaluated, she can think of only about two that she found were not at risk of self-harm at the time she evaluated them. (*Id.* at 14, 44-45.) Dr. Ettner testified that she saw instances in her review of the class members' records where she observed that prisoners were receiving hormones correctly and appeared to be stable. (*Id.* at 65.)

Argument

I. Plaintiffs are not entitled to a permanent injunction.

First and foremost, a plaintiff must be able to succeed on the merits of their case before permanent injunctive relief may be entered. *E.g., Plummer v. Am. Inst. of Certified Pub. Accountants*, 97 F.3d 220, 229 (7th Cir. 1996). Then, "[a]ccording to well-established principles of equity, a plaintiff seeking a permanent injunction must satisfy a four-factor test before a court may grant such relief." *eBay Inc. v. MercExchange, LLC*, 547 U.S. 388, 391 (2006). It is the Plaintiffs' burden here to establish that: (1) the class has suffered irreparable injury; (2) the remedies available at law are inadequate to compensate the class for that injury; (3) the benefits of granting the injunction outweigh the injury to the Defendants; and (4) the public interest would not be harmed by a permanent injunction. *Id.*; *see also ADT Sec. Servs. Inc. v. Lisle-Woodridge Fire Prot. Dist.*, 672 F.3d 492, 498, (7th Cir. 2012) (citing *Collins v. Hamilton*, 349 F.3d 371, 374 (7th Cir. 2003)).

Plaintiffs will be unable to succeed on their Eighth Amendment claim and cannot meet the accompanying burden to warrant the imposition of injunctive relief.

A. Plaintiffs cannot succeed on their Eighth Amendment claim.

In order to proceed past summary judgment where a prisoner seeks injunctive relief based on an Eighth Amendment claim, the plaintiff "must come forward with evidence from which it can be inferred that the defendant-officials were at the time suit was filed, and are at the time of summary judgment, knowingly and unreasonably disregarding an objectively intolerable risk of harm, and that they will continue to do so." *Farmer v. Brennan*, 511 U.S.825, 846-47 (1994). To be eligible for injunctive relief, the plaintiff "must demonstrate the continuance of that disregard during the remainder of the litigation and into the future." *Id.* at 847. Plaintiffs cannot meet this burden. Although the Plaintiffs contend that they are facing an objectively serious risk of harm, it is not so clear. *See Jackson v. Pollion*, 733 F.3d 786, 790 (7th Cir. 2013) (distinguishing between a serious medical condition and the risk of harm for failure to treat condition). For purposes of this motion, however, Defendants will not focus on the objectively serious prong, but will instead focus on the state of mind required for an Eighth Amendment claim.

1. Precedent sets constitutional limits for Eighth Amendment cases claiming deliberate indifference and there is no strict liability; rather there must be some sort of punishment or subjective cruelty.

The Eighth Amendment prohibits the infliction of "cruel and unusual punishments." U.S. Const. amend. VIII. In assessing the Plaintiffs' claim here, it is necessary to look to Supreme Court precedent regarding Eighth Amendment medical indifference claims. In *Estelle v. Gamble*, the Supreme Court concluded that a claim of deliberate indifference to serious medical needs falls under the Eighth Amendment prohibition of cruel and unusual punishments. 429 U.S. 97, 104 (1976). In so holding, the Supreme Court considered prior Eighth Amendment case law with respect to torture and barbarous methods of punishment. *Id.* at 102. It also reiterated previous holdings that the Eighth Amendment must remain in line with "evolving standards of decency that

mark the progress of a maturing society." *Id.*, *quoting Trop v. Dulles*, 356 U.S. 86, 101 (1958) (Discussing prior recognition that the words of the Eighth Amendment "are not precise, and that their scope is not static.").

The Court drew a fine point to its holding by adding: "This conclusion does not mean, however, that every claim by a prisoner that he has not received adequate medical treatment states a violation of the Eighth Amendment." *Estelle*, 429 U.S. at 105. An inadvertent failure to provide adequate care does not violate the Eighth Amendment. The Court continued:

Similarly, in the medical context, an inadvertent failure to provide adequate medical care cannot be said to constitute "an unnecessary and wanton infliction of pain" or to be "repugnant to the conscience of mankind." Thus, a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment. Medical malpractice does not become a constitutional violation merely because the victim is a prisoner.

Id. at 105-06.

Eighteen years after its holding in *Estelle*, the Court considered an Eighth Amendment claim raised in *Farmer* where the Court further discussed the meaning of the term "deliberate indifference." 511 U.S. 825. Although the Constitution does not mandate comfortable prisons, the Eighth Amendment imposes duties on prison officials to provide humane conditions of confinement, which includes "adequate food, clothing, shelter, and medical care" and that they must "take reasonable measures to guarantee the safety of the inmates." *Id.* at 832-33 (internal quotations omitted). But, there is no strict liability for failure to meet this constitutional floor. *Id.* at 834. Prison officials may only violate the Eighth Amendment when two requirements are met: "First, the deprivation alleged must be, objectively, sufficiently serious; a prison official's act or omission must result in the denial of the minimal civilized measure of life's necessities," *id.* (internal quotations and citations omitted); and, second, a prison official must have acted with a "sufficiently culpable state of mind," *id.* This test remains in effect for adjudicating Eighth

Amendment prison conditions cases. *See Giles v. Godinez*, 914 F.3d 1040, 1049-50 (7th Cir. 2019) (no deliberate indifference where non-medical officials reasonably rely on the judgment of medical professionals). The Court again was clear that there must be some form of *punishment* at issue. *Farmer*, 511 U.S. 837. The requirement that the prison official first know of and then disregard an excessive risk to inmate health or safety was found to comport with the Eighth Amendment because it "does not outlaw cruel and unusual 'conditions'; it outlaws cruel and unusual 'punishments.'" *Id*.

2. Plaintiffs are attempting to expand the Eighth Amendment beyond its limits because they cannot show that they are suffering punishment rather than individual medical complaints.

In light of the applicable case law, Plaintiffs will be unable to establish a likelihood of success on the merits. Plaintiffs cannot establish that Defendants, who have been sued in their capacities as IDOC officials rather than as individuals, nor any other high-ranking IDOC officials are indifferent to their needs. The Defendants are not subjecting Plaintiffs to punishment that violates the Eighth Amendment. Instead, Plaintiffs have couched medical malpractice claims as constitutional violations, which are not equivalent. Neither medical malpractice nor common law negligence are sufficient to meet the high hurdle of deliberate indifference. E.g., Farmer, 511 U.S. at 837; Holloway v. Delaware County Sheriff, 700 F.3d 1063, 1073 (7th Cir. 2012); Rosario v. Brawn, 670 F.3d 816, 821 (7th Cir. 2012); Roe v. Elvea, 631 F.3d 843, 857 (7th Cir. 2011). Courts have strained to set forth a balance between constitutional backstops and tort claims, but they have been clear that the Eighth Amendment is not a medical malpractice statute for prisoners. See e.g., Forbes v. Edgar, 112 F.3d 262, 266-67 (7th Cir. 1997) (The Eighth Amendment does not provide either specific treatment or foolproof protection from infection); Snipes v. DeTella, 95 F.3d 586, 590-92 (7th Cir. 1996) (discussed below); Bryant v. Madigan, 84 F.3d 246, 249 (7th Cir. 1996) (comparing ADA with Eighth Amendment and writing: "Moreover, the courts have labored

mightily to prevent the transformation of the Eighth Amendment's cruel and unusual punishments

clause into a medical malpractice statute for prisoners.").

In Snipes, the Seventh Circuit rejected a prisoner's attempt to expand the Eighth

Amendment to prevent "a risk of needless pain." 95 F.3d at 592. There, the court noted that:

[T]he Constitution is not a medical code that mandates specific medical treatment. *Davis* [v. Jones, 936 F.2d 971, 972 (7th Cir. 1991)] did not find deliberate indifference to "needless pain," even though the authorities knew plaintiff was injured but did nothing. The issue there was delay in treatment, not the constitutional threshold of when pain is "needless."

Whether and how pain associated with medical treatment should be mitigated is for doctors to decide free from judicial interference, except in the most extreme situations. A prisoner's dissatisfaction with a doctor's prescribed course of treatment does not give rise to a constitutional claim unless the medical treatment is "so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate the prisoner's condition."

Snipes, 95 F.3d at 592 (emphasis added) (some internal citations omitted)..

Here, Plaintiffs seek full accommodation for whatever they request regardless of how it may impact IDOC operations and security, or fellow prisoners. Their expert, Dr. Ettner, sees no difference between accommodations for prisoners and those outside of prison. And, the WPATH Standards of Care provide for very limited exceptions for care to those in institutional environments, which include both prisons and health care facilities. (Ex. 19 § XIV at 67-68.) The only exceptions contemplated by the WPATH Standards are those that "do not jeopardize the delivery of medically necessary care to people with gender dysphoria." (Ex. 19 at 68.) The only example given is using one method to deliver hormones, if not medically contraindicated, as opposed to another. (*Id.*) Aside from that one example, the Standards of Care do not elaborate. But, the standards for incarcerated persons have been criticized for setting forth aspirations rather than acknowledging reality. (Ex. 21, Arch Sex Behav., 45:1649-1663). In a journal article published in 2016, the authors identified the issue succinctly: "Its confident simplicity may not adequately take account of the clinical and contextual complexities that inmates with GD present."

(Id. at 1651.) The authors elaborated on some of these complexities:

Many inmates who seek treatment for GD in prison never sought treatment in the community. Many have lived troubled, chaotic lives characterized by early family and economic instability, substance abuse and other psychiatric problems, failed school and employment experiences, and early involvement in crime. Inmates who seek treatment for GD typically display little resemblance to the patients who present for treatment in the community, and prison life bears little resemblance to life in the community. The SOC were not developed with the complexities, vulnerabilities, and life circumstances of incarcerated persons in mind.

(*Id.*) And, Dr. Anderson has questioned whether all items related to social transition are medically necessary support as opposed to "psychosocial support." [Doc. 226-3, p. 18, at 148]. Yet, even aside from complexities underlying the specific requests the Plaintiffs have made, it is unclear at what point accommodation falls outside of necessity and is just based on "a risk of needless pain."

3. Defendants are not constitutionally mandated to provide the relief sought by Plaintiffs.

Defendants are entitled to summary judgment in this action because they are not constitutionally mandated to comport with WPATH Standards of Care. Mental health and medical providers working in IDOC facilities have strived to follow the WPATH Standards; however, those standards are not the constitutional floor for adequate treatment. *Brown v. Plata*, 563 U.S. 493, 539-40 (2011) (citing *Rhodes v. Chapman*, 452 U.S. 337, 348 n.3 (1981)) ("Of course, courts must not confuse professional standards with constitutional requirements."). Prisoners are not entitled to "preferred therapy." *Forbes*, 112 F.3d at 267. Nor are prisoners entitled to demand specific care or the best care possible under the Eighth Amendment. *Id*. In a recent opinion involving a Fourth Amendment constitutional floor. *Turner v. City of Champaign*, 979 F.3d 563, (7th Cir. Nov. 3, 2020) (citing *United States v. Brown*, 871 F.3d 532, 536-37 (7th Cir. 2017) and *Mays v. Dart*, 974 F.3d 810, 823-24 (7th Cir. 2020)). It has been noted by others and bears

repeating here that while WPATH Standards are general and non-specific and subject to modification by professionals, they also lack evidentiary support for some of their standards. *See* Ex. 19 at 2; Ex. 2 at 56; Ex. 21 at 1650-51; *see also Edmo v. Corizon*, 949 F.3d 489, 499 (9th Cir. Feb. 10, 2020) (O'Scannlain. J., dissenting) ("The panel's disposition results from its failure to put the WPATH Standards in proper perspective.").

Nor are Defendants constitutionally required to provide the same care as that set forth by Plaintiffs' experts, Dr. Tangpricha and Dr. Ettner, who sit on the WPATH Board. Expert opinions may be relevant to the question of how to remedy constitutional violations or useful in determining what is obtainable and acceptable in the prison context. *Id.* at 540. But, here, the Plaintiffs' experts provide little that is useful in the context of prison reform. Rather, Plaintiffs' experts attempt to change a necessarily regimented system into one that matches the best potential and preferential care instead of acting within the context of incarceration and the Eighth Amendment's limitations.

Analysis of the Eighth Amendment must above all be based in objective factors. *Rhodes*, 452 U.S. at 346. This requires a review of contemporary standards such as those "derived from history, the action of state legislatures, and the sentencing by juries." *Id.* at 346-47. A review of history with respect to the care and treatment of gender dysphoria shows that there is no set treatment, let alone one that may easily be determined in the prison environment. This history is also reflected in the case law, which articulates no set Eighth Amendment standard for the care and treatment of gender dysphoria. The cases specific to the types of claims and relief at issue here have set no clear lines. Even since the hearing in this matter on Plaintiffs' motion for preliminary injunction, recent cases involving similar claims have pulled in different directions.

In *Campbell v. Kallas*, the Seventh Circuit rejected a gender dysphoric prisoner's attempt to proceed on an Eighth Amendment claim framed at a "'high level of generality." 936 F.3d 536,

545 (7th Cir. Aug. 19, 2019). There, the Court reviewed a denial of qualified immunity, which does not apply here, but the Court's findings and discussion are instructive for this case. The court reiterated its prior determination that "'inmate medical care decisions must be fact-based with respect to the particular inmate' rather than the product of categorical rules." *Id.* at 546 (quoting *Roe v. Elvea*, 631 F.3d 843, 859, 863 (7th Cir. 2011)). The Court wrote:

But prisons aren't obligated to provide every requested treatment once medical care begins. In a deliberate-indifference case challenging the medical judgment of prison healthcare professionals who actually diagnose and treat an inmate's medical condition (as opposed to ignoring it), we necessarily evaluate those discrete treatment decisions. And we defer to those decisions 'unless no minimally competent professional would have' made them. *Sain*, 512 F.3d at 895 (quotation marks omitted). Deciding whether a particular treatment plan was a 'substantial departure from accepted professional judgment, practice, or standards'—a necessary predicate to establish an Eighth Amendment violation—requires a close examination of professional standards and the specific choices made by care providers. *Id.* (quotation marks omitted).

Campbell, 936 F.3d at 548. The Court of Appeals found that qualified immunity for the prison officials was appropriate because there was no clearly established right to the sex-reassignment surgery sought by the prisoner. At most, there was arguably a right to hormone therapy to treat gender dysphoria. *Id.* at 549. And, there was no prior indication that "denying arguably nonmedical cosmetic accommodations" such as electrolysis and makeup violated the Eighth Amendment. *Id.* Even though Defendants may not assert qualified immunity for this action, *Campbell* establishes that this class of Plaintiffs cannot show a clear right to the relief they seek.

And, if we expand our search beyond the Seventh Circuit to look at the national jurisprudence, there is less support for Plaintiffs' position. As discussed by Defendants in their response to Plaintiffs' motion for a preliminary injunction, the Fifth Circuit recently declined to find that providing some but not all of the treatments recommended by WPATH amounted to deliberate indifference. *Gibson v. Collier*, 920 F.3d 212, 220 (5th Cir. 2019), *cert. denied*, 140 S. Ct. 653 (Dec. 9, 2019). Just prior to that, the Tenth Circuit affirmed summary judgment in favor

of prison officials and against a prisoner who claimed that she was receiving inadequate care for her gender dysphoria. *Lamb v. Norwood*, 899 F.3d 1159, 1161 (10th Cir. 2018) ("We have consistently held that prison officials do not act with deliberate indifference when they provide medical treatment even if it is subpar or different from what the inmate wants."). And in *Edmo v. Corizon, Inc.*, the Ninth Circuit upheld an injunction requiring Idaho prison officials to provide gender confirmation surgery to avoid subsequent self-castration attempts. 935 F.3d 757, 803 (9th Cir. Aug. 23, 2019), *cert. denied*, _____S. Ct. __, 2020 WL 6037411 (Memo) (Oct. 13, 2020).

In *Keohane v. Florida Department of Corrections Secretary*, the Eleventh Circuit followed a similar vein to that in the Seventh Circuit, but *Keohane* more closely resembles this suit than *Campbell*. There, the Eleventh Circuit held that there was no Eighth Amendment violation that warranted injunctive relief based on prison officials' denial of social transitioning accommodation to a gender dysphoric prisoner. 952 F.3d 1257, 1262 (11th Cir. Mar. 11, 2020). The prisoner-plaintiff raised three main issues with her gender dysphoria treatment, but two of the issues were mooted during the pendency of the suit. *Id.* at 1263. The only live controversy that remained related to the prisoner's requests to grow her hair long, use makeup, and wear female undergarments. *Id.* at 1272. The parties did not agree that the plaintiff's social transitioning requests were medically necessary to treat her gender dysphoria. *Id.* at 1264. In a carefully considered opinion, contested by one dissenting Judge, the Eleventh Circuit reversed the district court's entry of a permanent injunction directing prison officials to allow the plaintiff to socially transition, noting the court could not say that failing to provide the total preferred treatment was sufficient to show deliberate indifference. *Id.* at 1277, 1279.

This case differs from *Keohane* and *Campbell* in a major way: those cases (along with the others cited above) were brought by one plaintiff rather than a class, which allowed for a court and

the parties to present adequate testimony as to individual needs rather than a group as a whole. But, even there, where the parties were able to look at specific needs and the specific care and treatment afforded for the prisoner-plaintiffs, the courts were unwilling to find that such demands for accommodation violated the Eighth Amendment. Yet, even analyzing the holdings in *Campbell* and *Keohane* more broadly in the context of this case, there can be no showing sufficient to establish that the care and treatment provided by IDOC violates the Eighth Amendment.

And, though it is an outlier in the group of recent cases on this topic, *Edmo* only supports the need for an individualized assessment. The Ninth Circuit opinion—in acknowledging that transgender health care has changed throughout the decades based on the medical community's understanding of medical necessity—explained that the original injunction and its affirmance were based on the unique facts and circumstances presented in that case and were not to be construed as a general finding. *Edmo*, 935 F.3d at 783. Despite the court's assurances as to the limitations to the injunction ordered in *Edmo*, nine Judges called the decision an "unjustified" and "unprecedented" expansion of the Eighth Amendment in a "highly controversial area of medical practice." *Edmo*, 949 F.3d at 490 (O'Scannlain, J., dissenting from denial of reh'g en banc).

This Court must also take into account the efforts made following its preliminary injunction order. *Farmer*, 511 U.S. 845-47; *Helling v. McKinney*, 509 U.S. 25, 36-37 (1993). Although Defendants did not agree with the injunction entered by this Court, and do not agree that they are violating the Eighth Amendment, this Court should consider the steps it has taken when deciding whether this case should proceed. These steps include: restructuring administrative oversight of the care provided to transgender prisoners by working to replace the TCRC with a two-committee structure; providing additional training to staff and working with the WPATH Global Education Initiative for provider training; engaging consultants with correctional expertise and gender-

informed mental health expertise to update IDOC's policies and practices for gender dysphoric prisoners; and changing commissary restrictions to allow transgender female prisoners the ability to purchase makeup, undergarments, and other gender-affirming items. In her deposition in June 2020, Dr. Anderson, one of the consultants hired by IDOC, noted that the IDOC system had been "moving in a very positive direction" in spite of challenges with "a number of moving parts." [Doc. 226-3, p. 17 at 143]. Ultimately, Plaintiffs fail to establish Defendants are knowingly and unreasonably disregarding an objectively intolerable risk of harm, and that they will continue to do so. For these reasons, Defendants are entitled to summary judgment on Plaintiffs' Eighth Amendment claim.

B. Plaintiffs will be unable to carry the burden required for the issuance of a permanent injunction.

As noted above, in addition to showing they can prevail on the merits of their claim, Plaintiffs are tasked with meeting a four-part test before a permanent injunction may issue. *See eBay Inc.*, 547 U.S. at 391; *ADT Sec. Servs. Inc.*, 672 F.3d at 498. The determination as to a permanent injunction differs from that of a preliminary injunction, and a court's findings of facts and conclusions of law in granting a preliminary injunction are not binding on the merits of a final determination. *Univ. of Texas v. Camenisch*, 451 U.S. 1830, 1833-34 (1981); *e.g., Michigan v. U.S. Army Corps of Engineers*, 667 F.3d 765, 782 (7th Cir. 2011) (findings made at the preliminary injunction stage do not bind the court as the case progresses); *Ayres v. City of Chicago*, 125 F.3d 1010, 1013 (7th Cir. 1997) (purpose of a preliminary injunction is not a decision on the merits).

1. Plaintiffs cannot show irreparable injury here.

Throughout this suit, Plaintiffs have merely hinted at the *possibility* that IDOC's policies lead to a risk of harm. Dr. Ettner has opined that the five representative Plaintiffs are at a substantial risk of serious harm, but, as noted above, she finds the same in nearly all of the forensic analyses

she performs. Regardless, Plaintiffs cannot show that there is a "presently existing actual threat" as a result of IDOC policies. Michigan v. U.S. Army Corps of Engineers, 667 F.3d at 789 (quoting 11A Charles Alan Wright, et al., Federal Practice and Procedure, § 2948.1, at 154-55 (2d ed. 1995)). Although the Plaintiffs have each discussed complaints about the treatment and accommodations they receive, some of the more recent issues (like Ms. Vision's wait for a transfer [Doc. 226, at 14-15; Doc. 226-10, at 2, #3] and Ms. Melendez's request for an appointment with her physician (Ex. 8 at 48.)) are largely outside of IDOC's immediate control due to COVID-19 restrictions. These are not creations of Departmental policy, but result from the need to control the spread of COVID or different priorities for health care providers who work in the prison. As Dr. Conway testified and others echoed, much of the work for the transgender prisoners has been disrupted by COVID-19, including a "major agenda item" such as gender-affirming surgeries. [Doc. 226-6 at 7-8 pp. 25-26; id. at 28, p. 259]. Other complaints are outside the scope of IDOC policy or practice, such as Plaintiffs' allegations that individual staff are disregarding IDOC's policies and training, and are dependent on numerous factors specific to the facilities where the representative Plaintiffs are housed and the specific needs of the Plaintiffs themselves.

In a recent opinion, the Seventh Circuit reversed the entry of a preliminary injunction where equivocal evidence as to a risk of harm was insufficient to meet the necessary hurdle for irreparable harm. *Orr v. Shicker*, 953 F.3d 490, 502 (7th Cir. Mar. 23, 2020). The court concluded that the district court's analysis was flawed because it found only that a substantial risk *could* arise rather than irreparable harm was *likely*. *Id*. Similarly, here, the evidence is equivocal. Plaintiffs' evidence fails to rise to the level of likely irreparable harm. Accordingly, Plaintiffs are not entitled to a permanent injunction.

2. Plaintiffs cannot show traditional legal remedies are inadequate.

The Plaintiffs must also show that traditional legal remedies ("i.e., money damages") would be inadequate to compensate them for any harm. *Girl Scouts of Manitou Council, Inc. v. Girl Scouts of U.S. of Am., Inc.*, 549 F.3d 1079, 1096 (7th Cir. 2008). "In saying that the plaintiff must show that an award of damages at the end of trial will be inadequate, we do not mean wholly ineffectual; we mean seriously deficient as a remedy for the harm suffered." *Roland Mach. Co. v. Dresser Indus., Inc.*, 749 F.2d 380, 386 (7th Cir. 1984). The Seventh Circuit notes several reasons why damages could be inadequate, and thus warrant injunctive relief—a business could shutter while waiting for a damage award; a plaintiff could be unable to finance his lawsuit without revenues impacted by a suit; damages may be unobtainable from the defendant; lost profits may be difficult to calculate in the distant future. *Id.* But, here, if Plaintiffs do in fact suffer a compensable injury, they are able to seek damages for such an injury. Due to the vague and general nature of this suit, Plaintiffs are unable to establish that traditional legal remedies are inadequate.

Defendants acknowledge that a risk of suicide or self-harm related to an unconstitutional policy could be sufficient to establish that there are no adequate remedies at law. *See Whitaker By Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, 858 F.3d 1034, 1046 (7th Cir. 2017). But, the *Whitaker* case involved a discrete issue and policy related to whether a student could use the restroom associated with the student's gender identity. At issue was a preliminary injunction entered in the individual student's favor. *Id.* at 1039. The student had been able to show that the policy exacerbated an underlying medical condition that made the student susceptible to fainting and seizures and, additionally, that the policy caused him "educational and emotional harm, including suicidal ideations." *Id.* The court found that the student adequately established that there was no adequate remedy of law available to him. *Id.* at 1046. By contrast, here, it is not clear that

injunctive relief will resolve any one individual prisoner's feelings of self-harm. The burden is on the Plaintiffs here, and they cannot show that traditional legal remedies would be inadequate to resolve their civil right claims.

3. Issuance of a permanent injunction will cause injury to Defendants that outweighs the harm to the Plaintiffs.

As Defendants have raised previously, the Department is entitled to substantial deference in handling its agency. Governmental actors in general, and prison officials in particular, are given deference in managing and fulfilling their public obligations. See, e.g., Johnson v. California, 543 U.S. 499, 529 (2005) ("[E]xperienced prison administrators, and not judges, are in the best position to supervise the daily operations of prisons across this country."). Although various aspects of Plaintiffs' suit have been mooted by changes in IDOC practices and informal policies, IDOC has not yet finalized the new directive pertaining to the care and treatment of transgender prisoners. This final piece may entirely moot Plaintiffs' complaints. IDOC's attempts to modify its policy should be given weight. Compare Fed'n of Adver. Indus. Representatives, Inc. v. City of Chicago, 326 F.3d 924, 929 (7th Cir. 2003) ("[W]hen the defendants are public officials we place greater stock in their acts of self-correction, so long as they appear genuine.") (internal quotations and citations omitted) and Ragsdale v. Turnock, 841 F.2d 1358, 1365 (7th Cir. 1988) ("cessation of the allegedly illegal conduct by government officials has been treated with more solicitude by the courts than similar action by private parties.") with ADT Sec. Servs., Inc. v. Lisle-Woodridge Fire Prot. Dist., 724 F.3d 854, 864 (7th Cir. 2013) (change in policy did not moot dispute over modified permanent injunction because it did not resolve parties' dispute). IDOC should be allowed to fully implement its new policies before this Court intervenes.

Additionally, Plaintiffs have suggested that Defendants have failed to provide access to competent clinicians. While all IDOC providers are required to meet minimum competency

requirements, any order that imposes WPATH requirements on every provider would be too difficult to achieve. WPATH-certification is not feasible, as it requires completion of a nine-step process that will take even a dedicated specialist many years. The providers are, however, able to meet the basic competency requirements. With some exceptions, most facility providers within IDOC prisons are contractual employees, contracted with Wexford Health Sources, Inc. The IDOC-Wexford contract requires that all mental health providers be licensed and meet educational requirements including knowledgeability of co-occurring mental health concerns and the DSM-V. (Ex. 2 at 81.) Facility mental health providers are required to: (1) have a master's degree or its equivalent in a clinical behavioral science field; (2) meet competence in using the DSM and/or International Classification of Diseases; (3) demonstrate DSM competency for licensure; and (4) document supervised training and competence in psychotherapy or counseling as required by educational prerequisites (but the amount varies). (Id. at 264-66.) IDOC has taken steps to improve providers' knowledgeability about gender non-conforming identities and expressions and the assessment of gender dysphoria through trainings. (Id. at 266.) And, they are providing continuing education in assessment and treatment of gender dysphoria through training and transgender specific case conferences. (Id. at 266-67.) The final WPATH competency requirement—working with someone in the field—is part of the reason IDOC engaged with Dr. Anderson. (Id. at 267-68.) IDOC has expended effort and money to provide additional training to its providers. To hold the providers to a specialty standard and require that IDOC provide the specialty standard through its providers injures Defendants in a way that outweighs harm to the Plaintiffs.

Plaintiffs complain about lack of competent care, yet both of Plaintiffs' experts testified that there is no one way to become competent. Dr. Tangpricha testified about very simple training that may be undertaken for prescribing gender-affirming hormones. He also explained that "there are many paths to get training in . . . dealing with people with transgender identity" though not all training is equal. (Ex. 14 at 55-56.) WPATH just recently offered a certification course which allows a provider to say they are WPATH-certified in transgender health. As of August 2020, it had just recently launched and only a few had been certified to Dr. Tangpricha's knowledge. (*Id.* at 53-54.) And, Dr. Ettner testified that she has noticed more available providers in metropolitan areas than in rural areas, but any determination of competency would have to be looked at on an individual basis. (Ex. 18 at 26.) Because of the steps IDOC has already taken with respect to competency, and the fact that there is no set course to obtain competency, this Court should deny a permanent injunction with respect to such request.

In addition, the other requests sought in Plaintiffs' prayer for relief will burden Defendants in a way that outweighs any potential harm to Plaintiffs in the absence of such relief. Plaintiffs' requests for "[p]rompt evaluation for gender dysphoria[,] . . . [t]imely fulfillment of medically prescribed treatment for gender dysphoria, including, but not limited to, hormone therapy and gender affirming surgery[, and] . . . [a]ccommodation of medically necessary social transition, including individualized placement determinations, avoidance of cross-gender strip searches, and access to gender affirming clothing and grooming items" are broad, vague, and over-inclusive. What would constitute "prompt" or "timely" action is not readily discernible, and Plaintiff proposes no metric to assess compliance. Plaintiff's list of treatments or accommodations is open ended ("including, but not limited to"), while those items that are specified would not be expected to apply across the board to every person in the plaintiff class. Further, the list is not sufficiently cabined by the "medically necessary" term, because whether an accommodation or treatment meets that standard will depend on the discretion of individual health providers. There are no workable metrics to guide Defendants' compliance, or monitor the same, regarding such nebulous relief.

4. Public interest weighs against the permanent injunction sought here.

The public interest is not served by Plaintiffs' approach. Institutional reform injunctions, such as the one sought here, raise "sensitive federalism concerns" because they involve "areas of core state responsibility." *Horne v. Flores*, 557 U.S. 433, 448 (2009). Here, Plaintiffs ask this Court to usurp the role of the IDOC and, by extension, the State. But this is not the role given to federal courts. Rather,

It is the role of courts to provide relief to claimants, in individual or class actions, who have suffered, or will imminently suffer, actual harm; it is not the role of courts, but that of the political branches, to shape the institutions of government in such fashion as to comply with the laws and the Constitution.

Lewis v. Casey, 518 U.S. 343, 349 (1996).

For these reasons, in addition to those raised by Defendants in prior filings, the relief sought by Plaintiffs and the manner in which they have tried to obtain it disserves the public interest.

II. Plaintiffs' requested relief is barred by the Eleventh Amendment.

Eleventh Amendment concerns are implicated by requests for prospective as well as for retrospective relief. *Green v. Mansour*, 474 U.S. 64, 68 (1985). The *Ex Parte Young* exception allows a federal court to grant equitable relief against a state official acting in violation of the constitution or federal law. *Ex Parte Young*, 209 U.S. 123 (1908). The exception is very narrow and is not intended for suits such as the one brought here. Instead, the exception requires an unconstitutional act carried out by a state official claimed to be proceeding under authority of their government capacity to enforce an unconstitutional and, therefore, void law. *Id.* at 159-60. Such an act strips the individual of "official or representative character" and subjects them "to the consequences of [their] individual conduct." *Id.* at 160. This very limited purpose treats the official

as outside of "the state" to render the Eleventh Amendment inapplicable. *Id.*; *Green*, 474 U.S. at 68. But, without this clear violation of the law, such a suit against a state officer "should be treated for what it is: a suit against the state." *Watkins v. Blinzinger*, 789 F.2d 474, 484 (7th Cir. 1986) ("*Young* is a narrow and somewhat anomalous sidestep"). And, suits brought against the state—whether for damages or injunctive relief—are barred. *Pennhurst State Sch. & Hosp. v. Halderman*, 465 U.S. 89, 102 (1984).

The *Ex Parte Young* exception is limited to the "precise situation" "when a federal court commands a state official to do nothing more than refrain from violating federal law"; however, it does not apply when the "judgment sought would expend itself on the public treasury or domain, or interfere with public administration." *Virginia Office for Prot. & Advocacy v. Stewart*, 563 U.S. 247, 255 (2011) (quoting *Pennhurst*, 465 U.S. at 101, n.11). The relief sought by Plaintiffs here is not limited to stop a federal violation, but is rather engineered to control and interfere with the public administration of IDOC duties. This is evident from the Plaintiffs' court filings, including most recently their motion for appointment of a monitor.

The *Ex Parte Young* exception to the Eleventh Amendment does not allow "reparation for the past." *Endelman v. Jordan*, 415 U.S. 651, 665 (1974) (quoting *Rothstein v. Wyman*, 467 F.2d 226 (2d Cir. 1972)). Nor does it allow for deterrence or notice injunctions based on past conduct. *Green*, 474 U.S. at 68-69. Many of Plaintiffs' individual complaints are moot, and the entire process at issue is undergoing change. As noted above, IDOC has taken substantial steps to improve the care offered to gender dysphoric inmates in its custody. There are still some aspects pending finalization. Yet, it is not left to Defendants to establish that the federal claims are moot in order for the Eleventh Amendment to apply; such a view is "backwards." *Watkins*, 789 F.2d at 474. The rule "is that federal courts may not entertain suits against the states." *Watkins*, 789 F.2d

at 474. And, Plaintiffs' attempts to control the State through this suit are barred by the sovereign immunity afforded to the States.

III. The injunctive relief sought by Plaintiffs is not narrowly tailored.

The injunctive relief sought by Plaintiffs is overly broad. There is nothing that is narrowly tailored about the relief they seek. But under the Prison Litigation Reform Act:

Prospective relief in any civil action with respect to prison conditions shall extend no further than necessary to correct the violation of the Federal right of a particular plaintiff or plaintiffs. The court shall not grant or approve any prospective relief unless the court finds that such relief is narrowly drawn, extends no further than necessary to correct the violation of the Federal right, and is the least intrusive means necessary to correct the violation of the Federal right.

18 U.S.C. § 3626. Although judicial remedies may have collateral effects, they are required to be narrowly tailored in the context of prison remedies. *Brown v. Plata*, 563 U.S. 493, 531 (2011). This means that there must be a "fit between the remedy's ends and the means chosen to accomplish those ends." *Id.* Even in non-prisoner civil rights suits, the law has been clear that a mere finding of a constitutional violation is insufficient to justify *any and all* remedies, but rather the scope and nature of the violation must be of sufficient magnitude to justify the magnitude of the remedy imposed. *Dayton Bd. of Edu. v. Brinkman*, 433 U.S. 406, 414 (1977).

Therefore, to find that relief is narrowly drawn and extends no further than necessary to correct the violation of the federal right, the Court must first, necessarily, identify the violation with sufficient precision. Here, there is no clarity as to the precise violation, as this case is built on a patchwork of individualized complaints that attempt to piece together a broad claim to buttress broad relief. But, such an approach broadens the scope of the case much more than is necessary and sweeps in reforms that were not needed in 2019 and are not needed now.

A finding of a "cumulative violation"—like that sought by Plaintiffs here and discussed by the Court in its order granting preliminary relief to Plaintiffs—is not sufficient for a system-wide remedy that exceeds the scope of the evidence. *See Dayton*, 433 U.S. at 416-17 (lower courts' findings of cumulative violations in school desegregation case and imposition of overly broad remedy went beyond legal confines). Such requests are not appropriate without specific evidence of necessity for class members. *See, e.g., Barrow v. Shearing*, 2017 WL 3866818, at *3 (S.D. Ill. Sep. 5, 2017) ("Directing prison employees to give [the plaintiff] 'community standard of care treatment' and requiring a broad range of medical procedures without specific evidence of their necessity is hardly the least intrusive means."). Similarly, this Court has previously considered a prisoner's request for "proper medical treatment" and found that such a request was overly broad in contravention of the PLRA requirement for narrowly drawn relief. *See Owens v. Duncan*, 2017 WL 119173, at *8 (S.D. Ill. Jan. 12, 2017).

And, Plaintiffs' request for ongoing judicial enforcement is a blanket request that must be denied under the PLRA. The PLRA sets forth specific timing for the termination of prospective relief in civil actions concerning prison conditions. 18 U.S.C. § 3626(b). Such relief is terminable two years after the date that prospective relief was granted or approved or one year after a prior termination denial made under the Act. § 3626(b)(2). When termination is sought, it shall not terminate only if the court makes written findings on the record that the relief remains necessary and otherwise complies with the PLRA. § 3626(b)(3). Plaintiffs' prayer for relief has never been narrowed. Yet, it is clear that Defendants have taken steps to improve the care and treatment of gender dysphoric prisoners in IDOC custody. In light of the actions already taken by IDOC to alleviate Plaintiff's complaints, Plaintiff's requests for relief are not narrowly tailored and exceed what is necessary to correct any violation Plaintiff's could demonstrate.

Conclusion

Judgment should enter in Defendants' favor. The Eleventh Circuit noted earlier this year that cases like this "stir[] emotions" and the questions at issue are sensitive. *Keohane*, 952 F.3d at 1278. Defendants and IDOC appreciate the sensitive issues here and have made attempts to provide care that is better than adequate to treat gender dysphoric prisoners. Plaintiffs cannot show that IDOC is presently violating or will in the future violate the Eighth Amendment with respect to this class claim. Plaintiffs also fail to meet the corresponding burden required for a permanent injunction. Moreover, the relief sought by Plaintiffs exceeds that which is allowed under the Eleventh Amendment and the PLRA. For these reasons, Defendants are entitled to summary judgment.

WHEREFORE, Defendants respectfully request that this Court grant their motion for summary judgment and enter judgment in their favor.

Respectfully submitted,

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Defendants,

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

JANIAH MONROE, MARILYN MELENDEZ,)
EBONY STAMPS, LYDIA HELENA VISION,)
SORA KUYKENDALL, and SASHA REED,)
)
Plaintiffs,)
)
- VS-)
)
JOHN BALDWIN, MELVIN HINTON,)
and STEVE MEEKS,)
)
Defendants.)

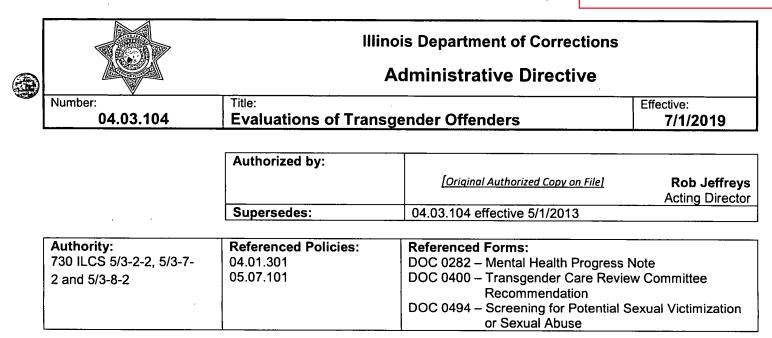
No. 18-156-NJR-MAB

CERTIFICATE OF SERVICE

I hereby certify that on December 2, 2020, the foregoing document, *Defendants' Motion for Summary Judgment*, was electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

John A. Knight Catherine L. Fitzpatrick Erica B. Zolner Ghirlandi Guidetti Megan M. New Sydney L. Schneider Jordan M. Heinz Sarah Jane Hunt Thomas E. Kennedy, III Brent P. Ray Samantha G. Rose Austin B. Stephenson Carolyn M. Wald Amelia Bailey Camille Bennett jknight@aclu.il.org cfitzpatrick@kirkland.com ezolner@kirkland.com gguidetti@aclu.il.org mnew@kirkland.com Sydney.schneider@kirkland.com jheinz@kirkland.com sarahjane@tkennedylaw.com tkennedy@tkennedylaw.com bray@kslaw.com sam.rose@kirkland.com austin.stephenson@kirkland.com cwald@aclu-il.org abailey@kirkland.com cbennett@aclu-il.org

> s/ Lisa A. Cook Lisa A. Cook, #6298233 Assistant Attorney General Office of the Attorney General 500 South Second Street Springfield, Illinois 62701 (217) 782-9014 Phone (217) 524-5091 Fax Email: lcook@atg.state.il.us



I. <u>POLICY</u>

The Department shall evaluate offenders at a Reception and Classification Center to ensure appropriate facility placement; and provide appropriate accommodations and treatment for all offenders who are self-identified or suspected of having gender identity incongruence issues, are transgendered or who are diagnosed by the Department as having Gender Dysphoria.

II. PROCEDURE

A. <u>Purpose</u>

The purpose of this directive is to establish a written procedure for conducting medical and mental health evaluations of offenders self-identified as transgendered or suspected of having Gender Dysphoria or other concerns related to gender identity, and to address adjustment to the prison environment related to gender identity throughout their incarceration.

B. Applicability

This directive is applicable to all facilities within the Department.

C. Facility Review

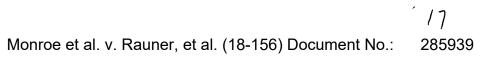
A facility review of this directive shall be conducted at least annually.

D. <u>Designees</u>

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. <u>Definitions</u>

Gender Dysphoria – a specific mental health disorder meeting diagnostic criteria of the current version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) that includes a marked incongruence between an individual's experienced or expressed gender and his or her assigned gender; a strong and persistent desire to be a member of the opposite or alternative gender; persistent discomfort with his or her assigned gender or a sense of inappropriateness with the gender role. Gender Dysphoria is typically associated with clinically significant distress or impairment in occupational, social or other important areas of functioning; and absence of evidence of intersex characteristics (hermaphroditism), or a congenital disorder in which the development of chromosomal or anatomical sex is atypical.



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04.03.104	Evaluations of Transgender Offenders	7/1/2019

NOTE: The offender may have had cosmetic or other surgery to enhance appearance, undergone hormonal therapy and frequently lived as a person of the opposite gender in the free community in spite of genetically being a male or female. A transvestite (cross-dresser) or non-transgender homosexual shall not be considered a person with Gender Dysphoria for purpose of this directive.

Gender identity – a person's internal sense of being male, female or an alternative gender regardless of anatomical genitalia at birth or sexual orientation. Gender identity is a result of genetics and environmental influences and may be manifested by appearance, behavior or other aspects of the individual's lifestyle.

Medical Provider – for the purpose of this directive, shall mean a Physician, Physician's Assistant or a Nurse Practitioner.

Sexual orientation – a pattern of sexual attraction to a specific gender or genders or lack of sexual attraction to a specific gender or genders. Sexual orientation and gender identity are distinct and separate concepts.

Transgender – an individual whose gender identity is different from his or her assigned gender at birth.

Transvestite – an individual who chooses to dress as the opposite gender without drawing their primary gender into question.

F. <u>General Provisions</u>

- 1. In accordance with Administrative Directive 05.07.101, all offenders shall undergo a detailed medical history, physical examination and mental health screening during the reception and classification process. This shall be competed within 24 hours of arrival at a Reception and Classification Center (R&C) for any offender self-identified or for whom there are questions regarding gender identity or Gender Dysphoria.
- 2. All requests for surgery for the specific purpose of gender reassignment must be submitted in writing to the Transgender Care Review Committee. The Agency Medical Director, in consultation with an interdisciplinary team of medical and mental health professionals, shall make a recommendation to the Director regarding the offender's request for surgery. The Director, after a review of the recommendation, shall make the final determination as to whether the Department will perform or allow the performance of the surgery.
- 3. Hormone therapy shall require prior approval of the Agency Medical Director or Chief of Psychiatry.

G. Transgender Care Review Committee (TCRC)

The Agency Medical Director or, in the absence of or at the designation of the Agency Medical Director, the Chief of Psychiatry (no other designee) shall establish and head a committee for the purpose of reviewing placements, security concerns and overall health-related treatment plans of transgender offenders and offenders diagnosed with Gender Dysphoria; and overseeing the gender related accommodations for these offenders. At a minimum, the committee shall be comprised of the:

- 1. Agency Medical Director or Chief of Psychiatry (no designee);
- 2. Chief of Mental Health;
- 3. Transfer Coordinator; and
- 4. Chief of Operations.

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H. <u>Requirements</u>

- 1. The Chief Administrative Officer shall ensure a written procedure is established and maintained that requires a detailed medical examination and mental health screening to be conducted during the reception and classification process for any offender who is self-identified as transgender or for whom there are questions regarding gender identity or Gender Dysphoria. The procedure shall provide for the following:
 - a. Medical History
 - (1) As part of the detailed medical history obtained from the offender by a medical provider, including information about past illnesses and family medical history, the medical provider shall also elicit information about:
 - Sexual activity, specifically homosexual, heterosexual or bisexual activity;
 - (b) Previous operative procedures related to gender identity; and
 - (c) Hormone therapy.
 - (2) The medical provider shall also ask the offender questions that would:
 - (a) Clarify the offender's sense of gender identity; and
 - (b) Reveal any plans the offender may have with regard to future surgery and life style.
 - b. Physical Examination
 - (1) The physical examination report shall provide a concise description of the presence of genitalia including the presence or absence of natal primary sexual characteristics. If necessary, additional diagnostic testing may be performed.
 - (2) If possible, the medical provider who was managing the offender's gender related treatment prior to incarceration shall be contacted for verification of the course of treatment and to obtain relevant medical records.
 - (3) The Facility Medical Director shall inform the offender of the Department's policy regarding gender reassignment surgery, as necessary. Hormone therapy shall only be provided after consultation with, and approval by, the Agency Medical Director or Chief of Psychiatry.
 - c. Mental Health Screening
 - (1) As part of the mental health screening, a psychiatrist shall evaluate the offender using current DSM criteria to determine if he or she has Gender Dysphoria and:
 - (a) The consistency of the offender's gender identity other than that assigned at birth;
 - (b) The offender's capacity to give informed consent;
 - (c) The offender's sexual activity, sexual preference and current gender identification;
 - (d) The regularity and history of any hormone therapy; and

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			Illinois Department of Corrections	Page 4 of 5
			Administrative Directive	
mber: 04.03.104		Title: Evalua	tions of Transgender Offenders	Effective: 7/1/2019
			(e) The presence or absence of any gender related goals prior to incarceration.	counseling activities and
		(2)	If applicable, the offender's mental health symptoms and be evaluated for consideration of readiness for any requ	
		(3)	In accordance with Administrative Directive 04.01.301, a of Sexual Victimization or Sexual Abuse, DOC 0494, sha	
2.	Upon (conclusi	ion of the medical history and physical examination:	
	a.		&C Facility Medical Director shall contact the Agency Med niatry to review the offender's medical history and physical	
	,	(1)	Gender identification;	
		(2)	Anatomical description;	
		(3)	Preference for sexual partners; and	
		(4)	History of any gender identity related medical or surgica including hormone therapy or gender reassignment surg	
	b.	prelin	Agency Medical Director or Chief of Psychiatry, as applicab ninary determination of gender and recommendations, incluing, showering restrictions and hormone therapy.	
	C.	The F	R&C Facility Medical Director shall:	
		(1)	Document the determination of gender and any recomm Medical Director or Chief of Psychiatry, as applicable, in record; and	
		(2)	Notify the Health Care Unit Administrator and Mental He gender determination and the preliminary recommendat Paragraph II.H.2.b. above.	
3.			are Unit Administrator shall notify the Supervisor or Admini etermination of the offender's gender identity.	strator of the
4.			or or Administrator of the R&C shall ensure the offender is y gender specific clothing in accordance with the offender'	
5.	facility	/ or new	rs of an offender identified under Paragraph II.H.1. arriving disclosure of transgender or alternate gender identity at th sional shall:	
	a.	gend than	blete a social history interview and review any relevant doc er expression or life experience the offender may have had the gender assigned at birth. The history shall be documen ress Note, DOC 0282, and shall include, but may not be lim	in the gender role other nted on the Mental Healt
		(1)	Mental health history;	

(3) General adaptive functioning;

Monroe et al. v. Rauner, et al. (18-156) Document No.: 285942

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				Illinois Department of Corrections	Page 5 of 5
				Administrative Directive	
Number:			Title:		Effective:
	04.03.104		Evalua	ations of Transgender Offenders	7/1/2019
,			(4)	Gender identity and the development of gender ic applicable;	lentity or Gender Dysphoria,
			(5)	Positive or stigma experiences in social situations	5, .
			(6)	The availability of support in the community and i	n the correctional setting;
			(7)	Experiences during any previous incarcerations, i	f applicable; and
			(8)	Any efforts to legally change his or her name, efforts or gender reassignment, or gender affirming cosr including preparation for surgery.	
		b.	of the comp	the assistance of a representative from Health Care, Transgender Care Review Committee Recommend pleted DOC 0400 shall be submitted to the TCRC Ch ing of the Committee, during which the case shall be	dation, DOC 0400. The airperson who shall schedule
		c.	additi gende	TCRC shall review the case and make the final recor ional matters that may be of issue including, but not er specific clothing, showers and searches. The rev ocumented on the DOC 0400.	limited to, hormone therapy,
	6.			nall conduct follow-up reviews on an as-needed basi on the DOC 0400.	s. Follow-up reviews shall be

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Page 1

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

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MELENDEZ,	NROE, MARILYN LYDIA HELENA VISIO ENDALL and SASHA) N,)))	
	Plaintiffs,)	Civil No. 3:18-cv-00156-NJR
VS)))	
ROB JEFFR	EYS, STEVE MEEKS an	d)	

MELVIN HINTON,

Defendants.

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



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		Page 2		Page 4
1	APPEARANCES: (All appearing via Zoom)	-	1	THE VIDEOGRAPHER: Good morning. We are
2			2	now on the record. This begins videotape No. 1 of
3	KING & SPALDING LLP 353 North Clark Street		3	the deposition of Dr. Shane Reister in the matter
4	Chicago, Illinois 60654 Telephone: (312) 995-6333		4	of Monroe and others versus Rob Jeffreys, Melvin
	Bray@kslaw.com, by:		5	Hinton, and others in the U.S. District Court,
5 6	BRENT P. RAY, ESQ. - and -		6	Southern Illinois. Case Number
7	KING & SPAULDING LLP		7	3:18-CV-00156-NJR.
8	1100 Louisiana Street, Suite 4000 Houston, Texas 77002		8	Today is Monday, August 17,
	Telephone: (713) 751-3294		9	2020. The time now on the record is 8:59 a.m.
9	Aparsons@kslaw.com, by: ABBY L. PARSONS, ESQ.,		10	Central time. This deposition is being taken via
10	-		11	virtual deposition at the request of King &
11	appeared on behalf of the Plaintiffs;		12	Spalding of Houston, Texas.
12	OFFICE OF THE ILLINOIS ATTORNEY GENERAL -		13	The videographer today is
13	SPRINGFIELD 500 South Second Street		14	Anthony Scardapane of Magna Legal Services, and
	Springfield, Illinois 62701		15	our court reporter is Diane Corona also of Magna
14	Lcook@atg.state.il.us, by: LISA COOK, ESO.,		16	Legal Services.
15			17	Will counsel and all parties
16	appeared on behalf of the Defendants and Dr. Reister.		18	1
17				present please state your appearance and whom you
18	Also present: Anthony Scardapane, videographer		19	represent.
19	* * * *		20	MR. RAY: Brent Ray of King & Spalding for the plaintiffs. Along with me today
20			21 22	
21 22				virtually is my colleague, Abby Parsons, from
23			23 24	Houston.
24			24	MS. COOK: And Lisa Cook present for
			1	
		Page 3		Page 5
1	I N D E X	Page 3	1	the defendants. And I'm also representing
1 2	I N D E X THE WITNESS: DR. SHANE REISTER	Page 3	2	the defendants. And I'm also representing Dr. Reister for this deposition.
2 3		Page 3		the defendants. And I'm also representing
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2 3 4 5		Page 3	2 3	the defendants. And I'm also representing Dr. Reister for this deposition. THE VIDEOGRAPHER: Okay. Will the
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	Page 6		Page 8
1	difficulty either hearing me or hearing anybody on	1	Q Okay. Maybe let's go through them by
2	the phone or viewing a document, please let us	2	number and we'll maybe that'll refresh your
3	know, and we will try and improve the connection	3	recollection as to which topics you are here to
4	or whatever we need to do so that you can see and	4	testify about.
5	hear everything you need to for today. Is that	5	So topic No. 2, are you here
6	okay?	6	to testify about topic No. 2?
7	A That works.	7	A That's correct.
8	Q Okay.	8	Q Okay. Scrolling down, are you also
9	À Thank you.	9	here to testify on topic No. 7?
10	Q All right. So you understand today	10	A You're moving the document. Okay.
11	that you are appearing as a witness not only in	11	Thank you.
12	your personal capacity, but also to testify	12	Yes. That, also.
13	regarding some topics in a Rule 30(b)(6) notice as	13	Q Are you also here to testify about
14	a designee of the defendants in this matter; is	14	topic No. 8?
15	that right?	15	A Yes, that is also correct.
16	A That's correct.	16	Q And scrolling down just a bit more,
17	Q Okay. And what I'm going to do now	17	are you also here to testify on topic No. 10?
18	is show you, as best I can Dr. Reister, are you	18	A Yes.
19	able to see my screen?	19	Q Okay. And you understand that your
20	A I can see it, but I'll be honest.	20	testimony regarding these four topics is on behalf
21	It's a little small for me to be able to see. Can	21	of the defendants in this case, not merely in your
22	you hit the little square button at the upper	22	own personal capacity?
23	right hand to expand it?	23	A That's correct.
24	Perfect.	24	Q Okay. I'm going to go up.
	Page 7		Page 9
1	(Reister Exhibit No. 1 was	1	Okay. So in the past and I'm
2	marked for identification.)	2	talking pre-2020 was there something that was
3	BY MR. RAY:	3	sort of known within IDOC as the transgender
4	Q So what I've gone ahead and	4	committee?
5	premarked, as you can see up here in the upper	5	A Yes. The Transgender Care Review
6	right-hand corner as Reister Exhibit 1, this is a	6	Committee is a committee that is before 2020
7	copy, as I scroll down, of a Rule 30(b)(6) notice	7	we're in the process of eliminating that committee
8	that has specific deposition topics listed in it.	8	and splitting it into two to cover various areas
9	Have and I'm going to make this small again and	9	of expertise for each of the committees.
10	just flip through it slowly.	10	Q And what are the two anticipated new
11	Can you tell me whether you've	11	committees going to be?
12	seen this document before?	12	A The Transgender Administrative Review
13	A I have seen that document before.	13	Committee and the Transgender Health and Wellness
14	It's been a few months, but I am familiar with the	14	Committee.
15	document.	15	Q Prior to that change, does the
16	Q Okay. And you are here today	16	Transgender Care Review Committee still exist
17	testifying regarding specific topics in this	17	today?
18	document; is that right?	18	A It currently exists until the new AD
19	A That's correct.	19	gets through our review process. We have already
20	Q Do you know which topics you're here	20	written it, and so now it has to be reviewed;
21	to testify about?	21 22	things like, you know, grammar, editing, what have
		172	you. And then it will be assigned by the director
22	A I can't read them, but I actually got		
22 23 24	A I can't read them, but I actually got an excerpt the other day from Lisa Cook, so I am familiar with the topics.	23 24	to activate it. Q And by just to make sure the



	Page 10		Page 12
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1	record is clear, when you say "AD," you mean	1	A The core members have votes.
2	administrative directive; is that right?	2	Q Who are the core members?
3	A That's correct.	3	A The core members are not the
4	Q So as we sit here today, August 17,	4	administrative I'm sorry not the
5	2020, the Transgender Care Review Committee that	5	administration, mental health, and medical from
6	existed in 2018-2019 still exists today in its	6	the site.
7	present form?	7	Q Okay. Understood. Who are the core
8	A It still exists today.	8	members of the committee today, though?
9	Q Have you ever been a member of the	9	A Myself, Dr. Hinton, Dr. Conway,
10	Transgender Care Review Committee?	10	Eilers or a designee. We usually will have
11 12	A Yes.	11	somebody representing some kind of investigative
	Q When did you become a member?	12	division. Sometimes we might have an additional
13	A 2012.	13	mental health person. It would be basically a
14 15	Q Have you been a member continuously between 2012 and today?	14 15	regional administrator for mental health or above.
15 16	2	16	Q Is Dr. Puga a core member of the committee?
10	A I have been a regular member. I occasionally have to miss some of the committees	17	
18	due to vacations, time off, other commitments, but	18	A Yes, and Dr. Puga. Dr. Puga is the
19	mostly I have been on the committee during the	19	current chair. Also, Dr. Conway can also be a chair as well. Dr. Conway is from medical. Chief
20	various meetings.	20	Puga is from mental health.
21	Q During the time you have been a	21	Q Just to be clear, each one of these
22	member of the Transgender Care Review Committee,	22	core members presently has a vote on the
23	have you ever had a vote?	23	committee; is that right?
24	A Yes.	24	A Not not every committee member
	Page 11		Page 13
1	Q So you would classify yourself as a	1	currently would would vote in certain matters.
2	voting member of that committee?	2	For example, if there's a recommendation that is
3	A That's correct.	3	out of my scope of practice such as a
4	Q Have you been a voting member of that	4	recommendation for, you know, some kind of hormone
5	committee since 2012?	5	care or something along those lines that I
6	A Correct.	6	wouldn't have knowledge of, I would defer to
7	Q How many members are on the	7	medical.
8	transgender review committee excuse me. Strike	8	So there are some topics that,
9	that.	9	you know, I wouldn't be able to speak about
10	How many present members are	10	because it's outside of my scope of practice.
11	on the Transgender Care Review Committee today?	11	Q Okay. So presently, the way the
12	A I'm counting in my head, so if you	12	committee works is amongst the core members,
13	give me a second.	13	certain members can select or deselect themselves
14	Between seven and ten. Now,	14	to vote on a particular issue based upon their
15	that is not including the sites. Also, from the	15	expertise?
16	sites there are an administrative representative,	16	A Yeah. You're allowed to deselect
17	a mental health representative, and a medical	17	yourself based on your expertise.
18	representative, minimum.	18	Q When a to your example, when an
19	Q Do the seven to ten members plus the	19	issue comes up in the committee regarding hormone
20	site administrative, mental health, and medical	20	treatment for a particular transgender inmate, who
21	members all have votes as well?	21	deselects themselves during that vote?
22	A No, not everybody has votes.	22	A Well, currently, due to an injunction
23	Q Which people on the committee	23	and I don't I think it might be a different
24	presently have votes?	24	case than this one that decision doesn't happen



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1	at the TCRC level. It now is a decision made	1	would do the readiness letter that the surgeons
2	between the offender who is requesting that	2	will need according to WPATH standards, and we'll
3	hormone treatment and the site level medical care	3	write those in consultation with Erica Anderson
4	provider. So the TCRC has not and I can't	4	who is the USPATH president. She is our expert
5	remember the date of that but it does not make	5	consultant, and so she will help us with those
6	those decisions any longer.	6	surgical letters.
7	Q So your testimony today is that the	7	Q Okay. So just to make sure I
8	TCRC does not make any decisions whatsoever on	8	understand the process, let's unpack that just a
9	hormone treatment?	9	bit.
10	A No, it no longer does. And what will	10	As you're you're currently
11	happen is if somebody brings it to us by mistake,	11	gathering data from the prison population about
12	we will refer them back to the site level medical	12	who wishes to have who wishes to be considered
13	doctor to go over the requirements and the risks	13	for surgery; is that right?
14	and benefits.	14	A Yes.
15	Q Does the TCRC currently make any	15	Q Did you send out a survey or did
16	decisions whatsoever regarding surgery for	16	you how did you how are you gathering that
17	transgender inmates?	17	information?
18	A Currently, we have not made a	18	A I created an Excel spreadsheet with
19	decision regarding the surgical procedure request.	19	between 40 and 50 questions. Some of them were
20	Q When you say currently you have not	20	related specifically to surgery. Some of them
21	made any decisions, have are you saying that	21	were related to mental health topics that I will
22	you have never authorized surgery?	22	be working on developing if we don't currently
23	A No. What I'm saying is we have not	23	have that particular topic for their group. There
24	reviewed those decisions as of those as of	24	are also demographic information regarding their
	Page 15		Page 17
1	today. We are in the process of gathering	1	parole times or whether they have a life sentence
2	information on offenders' interest in that. Based	2	so that we know basically what kind of time frames
3	on our plan for the new committee, the THAW	3	individuals have.
4	Committee, I am responsible for gathering research	4	And I can further analyze that
5	data so that we know the offender population.	5	data as well as addiction recovery information;
6	That data is not due back to	6	what are their top three substances of abuse or
7	me until the 31st of this month. It will take me	7	more serious addiction. And basically as well
8	a month or two to analyze the data. And from that	8	as their mental health symptoms; the major ones
9	data from all the sites, we'll have a list of	9	that they might have such as major depressive
10	offenders who are wanting various surgical	10	disorder; i.e., depressive disorder, bipolar
11	procedures.	11	disorder, psychotic disorder and so forth. Trauma
12	Q Okay.	12	is really big in the transgender research, so PTSD
13	A And we'll know whether or not they're	13	and trauma that hasn't risen to the level of PTSD
14	wanting top or bottom surgery as well.	14	is also taken a look at.
15	Q Is the new administrative directive	15	So it's a comprehensive
16	going to contain a provision relating to surgery?	16	survey. It will be the first one I do. I will
17	A Yes. But it is changing that	17	also break down additional topics to see if there
18	decision the final decision away from the	18	are other materials that would be useful for the
19	director, who the decision would be beyond their	19	population. But I believe that the amount that we
20	scope of practice, and shift it down to the chair	20 21	have is a number to begin with, and then over time
	- af 4 b a T [] A W / C a m 44 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		we can add in materials for the groups. But we
21	of the THAW Committee who will be a medical		
22	person, such as currently Dr. Conway would make	22	have plenty of topics depending on whether or not



	Page 18		Page 20
1	provide basic case management, and they will be	1	staff in the mental health department.
2	the ones that are coordinating getting that	2	Q Well, we'll definitely cover the
3	information. And that information will be sent	3	training in a bit. I want to stay on this topic
4	back to me by the 31st for collecting the data and	4	just for a little bit longer.
5	then analyzing it.	5	So then did anyone help you
6	Some of the information that	6	create these 40 or 50 questions, or did you do it
7	I've talked about has already generated	7	yourself?
8	automatically into charts so that I can analyze	8	A This is something that I did myself.
9	them. But some of the information I will have to	9	These are based on topics that were recommended at
10	analyze, write some formulas and what have you to	10	WPATH as areas for further research.
11	be able to get that data. I wasn't able to get	11	Q And when did you create these
12	all the programming done, but I have a good chunk	12	questions?
13	of the programming.	13	A These questions were created I
14	Q Okay. And how did you go about	14	believe I started at the beginning of March or
15	creating this list of 40 to 50 questions?	15	along that time period. So it takes a little bit
16	A Well, I am a WPATH member and I go to	16	of time for me to scan through the research and to
17	WPATH conferences. A lot of the information and	17	create the questions and then to write the
18	the interest in certain topics was related to	18	formulas necessary to generate the charts. So it
19	research that was discussed at the conference	19	took several months. And I launched it at the end
20	and such as the high amount of trauma, the high	20	of last month. So it took about that period of
21	level of underground ways of supporting one's	21	time to take a look at the research and to write
22	self. These are topics that were discussed at the	22	the formulas into the database.
23	conference.	23	Q Okay. Did somebody ask you to create
24	Also, just in general, the	24	these this these questions?
	Page 19		Page 21
1	requests that we have received from offenders such	1	A This was part of the design that I
2	as wanting various types of medical interventions	2	worked on in terms of the new committees that were
3	have already been discussed; and, therefore, I	3	developed. I wanted a research section so that we
4	added those in. And then I utilized information	4	can be sure that we're meeting population needs.
5	regarding various gender identities and sexual	5	And again, all of these
6	orientation information for some of the factors	6	trainings and research are designed for gathering
7	that are going to be broken down for this	7	and updating information over time. So this is
8	population.	8	not a one-time survey. That's why I included it
9	For example, I wanted to do	9	as a regular piece of the THAW Committee.
10	some comparisons between trans men and trans women	10	Q So but it was nobody so you're
11	and gender non-binary or other senses of gender	11	saying nobody asked you to do this? This was your
12	that are not falling into the dichotomous sense of	12	idea to do it?
13	gender, and that way we understand the population	13	A We it was I was the originator
14	and are gathering information regarding a	14	of the idea, and then the THAW proposal was given
15	correctional population.	15	to the medical and mental health committee members
16	I'm hoping over time that	16	for review. We wrote out a more specific
17	we'll have enough data to see if there is a way to	17	description of, you know well, we discussed
18	just recommend and to talk with therapists and to	18	this and I explained the importance of it. So
19	expand out the part one and part two transgender	19	there were several conversations that we've had
20	trainings that I developed so that people are	20	with the committee members about why that would be
21	aware of common problems for our population and	21	important for ongoing development.
22	common requests.	22	Q Thank you. I'm sorry to interrupt,
23	So a lot of this is gathering	23	Dr. Reister.
24	information to improve the training of the IDOC	24	Did Dr. Anderson review the



1questions before they went out to immates?1questions to try and assess what the sort of state2AShe did not have a chance to look atfbe world is regarding attitudes about surgical4questions but they are pretty typicalproceedures, desire for surgical consideration from4questions but all of us in WPATH are aware of.fbe more is going to be a process for you and7The committee and the discussion of survey iswas reviewed by her.8The she did review and has beenfbe more is going to be a process for you and9AThe she did review and has been11We basically took a Moss group proposal andfalored it to IDOC, and she's been involved in12trems of taking a look at that. She has alsofor them these questions have come out of.13terms of taking a look at that. She has alsofor where these questions have come out of.14reviewed my training materials, which is the bulkfor where these questions have come out of.15go And how will you what proceduresfbe considered for surgery.18topics.Q19Q And how will you what procedures.11reviewed of mitring involves12haw for analyze the results that you get13numbers and the mean or in other words, the24research. I will be analyzing, basically, the24research. I will be analyzing, basically, the24resorned all of interest. And then T15will gender dinis using alides and get16		Page 22		Page 24	
2 A She did not have a chance to look at those questions, but they are perty typical questions that all of us in WPATH are aware of. of the world is regarding attinueds about surgical provider for surgical consideration from these questions. Separately, what you're saying, is there is going to be a process for you and Dr. Conway for whether or not somebody should be considered for surgery. Is that right? 9 A The - she did review and has been part of the decision about the various committees. 5 10 part of the decision about the various committees. 10 11 terms of taking a look at that. She has also or fubrics. 10 12 torking a how will you - what procedures. 10 13 provider team, and they have good 14 reviewed my training materials, which is the bulk 14 15 of where these questions have come out of. 15 16 So she's approved the training topics. 10 17 topics, and these are extensions of the training topics. 10 18 Q A haw a licensed clinical serverser. 10 19 Q And how will you - what procedures will you have to analyze the results that you get averages of various frequencies of various interests as well as the medical procedures. 10 1 Q A Yes.<	1	questions before they went out to inmates?	1	questions to try and assess what the sort of state	
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24 then two things going on here. Tou have these 124 Commute currently making decisions on that:		O Okay. So there is there is really	123	allirming items? Is the Transgender Review	



1	Page 26		Page 28
	A We've already made that decision	1	is taken a look at as well. And then we confer to
2	without the new ADs. The TCRC had the power to do	2	see if the various pieces are in place. We no
3	that. So what we have decided already is that	3	longer use genitalia as the sole decision-making
4	we're going to merge the male and female division	4	for doing that.
5	commissary items, and then the security side will	5	However, for example,
6	go through those items for specific institutions	6	genitalia was used for a trans man without going
7	and remove the items that might be dangerous at	7	to the committee, and he wanted to go into the
8	various institutions.	8	male division and that was granted. So there are
9	So we've already made that	9	times. He was bottom surgery postoperative, and
10	decision. My understanding is that operations has	10	so that just automatically went through without
11	already reached out to other correctional systems,	11	the committee decision and upon entrance, I
12	taken a look at what they've done. And they	12	believe.
13	reported back, and we're now in the process of	13	And I'm doing this from memory
14	going through and merging those commissary items.	14	and I wasn't involved necessarily with that case.
15	We need to merge both because through my	15	But he initially came into my region at Centralia
16	discussion in both the male and female divisions,	16	Correctional Center and then requested for
17	both trans men and trans women would like	17	programming to go up to East Moline Correctional
18	commissary items from the opposite division	18	Center. I believe he is out of the system now.
19	current list.	19	But again, I don't remember exactly because he is
20	Q So but if an inmate currently	20	out of our out of my region.
21	requests to have a brush a hair brush or a bra,	21	Q Okay.
22	does that request still need to come through the	22	A I cover only the southern region for
23	Transgender Care Review Committee for decision and	23	those kind of day-to-day operational decisions.
24	vote?	24	Q Just to make sure I'm clear, the
	Page 27		Page 29
1	A Those go through the site medical	1	Transgender Care Review Committee still today
2	personnel who go through their medical provider.	2	votes and decides upon transfer requests from
3	Q So then other than this more recent	3	transgender prisoners who wish to go to a
4	decision to consolidate and sort of, I guess	4	different institution; is that right?
5	yeah, I guess consolidate male and female	5	
5		1 5	A That's correct. And that will be
6	commissary items into one sort of pool, does the	6	A That's correct. And that will be flipped over to the Transgender Administrative
	commissary items into one sort of pool, does the Transgender Care Review Committee make any other	1	
6	Transgender Care Review Committee make any other decisions currently on whether or not an inmate	6	flipped over to the Transgender Administrative Review Committee upon launching of the new system. Q When transfer requests come up for a
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	Page 30		Page 32
1	Q Okay. And then you mentioned this	1	like I said earlier, an outside consult.
2	already in kind of going back to the anticipated	2	Q Is the are the core members of the
3	division of this committee. So there's an	3	Transgender Administrative Committee already
4	administrative review committee. What will be the	4	decided who is going to be on that committee?
5	roles and responsibilities of that committee when	5	A There is not a final decision on who
6	it is finalized?	6	is going to be at that committee. Obviously,
7	A Well, one of the things that it may	7	Chief Eilers is somebody who would be on that
8	take a look at is operational concerns such as	8	committee, or a designee. And so that committee
9	housing issues. And that's not just division	9	might have various designees.
10	changes. Sometimes there will be requests that	10	We also have staff turnover to
11	will go up to that committee if, perhaps, the	11	consider so you know, I don't know what
12	offender does not like current decisions at the	12	people's retirements dates are and things like
13	site. Like, for example, maybe they want a single	13	that. So people are pretty high in their career
14	cell and maybe they are double-celled, or maybe	14	when they get to those regional and statewide
15	the reverse, and they can't find a good cellie	15	positions. But it will be somebody out with
16	match at the institution. Those sorts of second	16	basically at Concordia, our central our central
17	opinions would go up to the TAR Committee. If	17	office designation.
18	there is an item that's not found in either the	18	Q Do you intend to be on the
19	male or female division currently, they could put	19	Transgender Administrative Committee?
20	up requests to have that added to the commissary	20	A I would be a consultant for them to
21	in the future. So it's not necessarily a final	21	ask questions. Like, for example, if somebody is
22	list.	22	requesting a transfer over to the female division
23	And so it'll provide those	23	and they're unstable for example, maybe they
24	operational concerns. If they have other concerns	24	were recently on a crisis watch we need to
			· · · · · · · · · · · · · · · · · · ·
	Page 31		Page 33
1		1	
1 2	that might impact operations, it's a source for a second opinion.		Page 33 determine if they're stabilized for transport before we could transport them. Let's say
	that might impact operations, it's a source for a	1	determine if they're stabilized for transport
2	that might impact operations, it's a source for a second opinion.	1 2	determine if they're stabilized for transport before we could transport them. Let's say
2 3	that might impact operations, it's a source for a second opinion. Q So the Transgender Administrative	1 2 3	determine if they're stabilized for transport before we could transport them. Let's say somebody is wanting a transfer from one I'll
2 3 4 5 6	that might impact operations, it's a source for a second opinion.Q So the Transgender AdministrativeCommittee will handle housing and operational	1 2 3 4 5 6	determine if they're stabilized for transport before we could transport them. Let's say somebody is wanting a transfer from one I'll just throw an example one medium secured
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1			
1	referrals, they have the ability to consult on the	1 2	the committee. Dr. Conway can, of course, bring
2	questions, and then we can discuss who is	3	in other medical people if she would like to the
3	appropriate for the committee. We have good		committee in terms of voting individuals. So it will be medical and mental health.
4	interdepartmental communication. We still have	4	
5	that ability to talk about those issues about	6	Q Okay.
6 7	various specialists that could be brought in to	7	A And then we can also bring in Dr. Erica Anderson as well because that will
	make decisions more individualized and tailored.	8	provide a perspective as well.
8	Q Okay. Moving on then to the	9	
9 10	Transgender Health and Wellness Committee, what	10	Q But Dr. Anderson is not going to be a core member of this committee?
11	will that committee be responsible for?AThat committee can also be a second	11	A That hasn't been determined, but I
12		12	
13	opinion for sites that like, for example, a	13	can see her being identified as a core member.
13	medical doctor has a patient. Perhaps they want a	14	She is employed with us, and that can also be done.
14	second opinion on hormones or endocrinology	15	Some of the decisions like
16	results. They are always welcome to consult with	16	
10	the committee. The committee, as we've discussed	17	deploying Dr. Puga and I are pretty
18	earlier, will be involved in the deploying	18	straightforward and may not necessarily require her consultation. We're basically doing that by
19	Dr. Puga and I to do letters of recommendation for	19	, e ,
20	the surgical procedures. It will also be	20	offender request.
20	responsible for the research, which I talked about	21	Q Okay. In the past the Transgender
22	earlier as well, that I'm doing so that we can	22	Care Review Committee has met via phone once per
22	identify needs, whether it's medical or the mental	23	month for, I believe, two to three hours in
23 24	health needs, so that we can get the proper	23	length. Is that still the review frequency and
24	referrals started. And it can deal basically with		duration today for that committee?
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1	various requests that would involve medical or	1	A It depends on the number of offenders
2	mental health.	2	that have requests. We sometimes, if there is a
3	Q What about requests for gender-	3	complex case, we will set up a second meeting as
4	affirming items?	4	well in the month. If we think it will take up
5	A That, if we received that, would be	5	too much time in the regular committee, then we
6	referred over to the Transgender Administrative	6	can also do that that as a second day.
7	Review Committee. If there's something specific	7	Sometimes we might do that if we run out of time.
8	that they need information about how that would	8	Q Okay. But the default is once per
9	help with the psychology of the individuals, we	9	month, about two to three hours via phone?
10	can provide that information if they would like us	10	A Yes.
11	to act as a consultant.	11	Q And does will that be the
12	Q So for the Transgender Health and	12	anticipated meeting frequency and format for the
13	Wellness Committee, you are going to be a core	13	Transgender Administrative Committee and the
14	member of that committee?	14	Transgender Health and Wellness Committee?
15	A Yes.	15	A I would suspect and again, we
16	Q Will you be the chair or will	16	don't know how many requests are going to be
17	Dr. Puga be the chair?	17	administrative. Generally, the requests that we
18	A Actually, neither us will be the	18	have are along the lines of medical and mental
19	chair. Dr. Conway will be the chair due to the	19	health. Therefore, I albeit I have no data to
20	nature of the surgical requests.	20	know that, I would suspect it would be less often
21	Q Other than Dr. Puga, yourself, and	21	for the administrative review committee just
22	Dr. Conway, who else will be the core members on	22	because of the smaller number of issues that are
23	the Transgender Health and Wellness Committee? A Dr. Hinton would also be a member of	23 24	being requested. Perhaps initially there might be a larger number of individuals asking for transfer
24			



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1	to the female division. However, I don't know how	1	and reach out about it?
2	long that would take to get through that list of	2	A They do not disclose to us at
3	individuals.	3	least so far they have not disclosed to us the
4	Q Okay. So you suspect the Transgender	4	identity of the individual. So we would just
5	Administrative Committee may meet maybe once every	5	remind them to remind that person that we are
6	few months instead of once a month?	6	available and that an offender request form or
7	A Well, it would depend on just the	7	letting a staff member know that a referral is
8	amount. But I would expect, you know, maybe every	8	needed is all that it takes to reach us.
9	other month to every month depending on the	9	But so far nobody has actually
10	newness of the committee. I suspect initially it	10	disclosed those individuals to us. And they will
11	will be higher and then taper off to less frequent	11	be asked again on transfer, so they periodically
12	based on a sender request.	12	will get opportunities. And so that information
13	But again, this is completely	13	is available to them if they choose to take
14	based on the current population. Most of their	14	advantage of our services.
15	requests are much fewer in terms of transfer	15	Q In the 40 to 50 questions that you
16	between divisions versus other mental health/	16	prepared to try and gather additional data about
17	medical requests.	17	the transgender population, did those go out to
18	Q How many, if you know, transgender	18	each one of these 120 or so individuals?
19	prisoners are currently under the care of IDOC?	19	A They went out to point of contact
20	A The last time I did research to try	20	people at each facility, and those individuals
21	to determine this population, we had two 120,	21	were responsible for utilizing their list.
22	roughly, offenders. One of the reasons why I	22	Because it would be very difficult due to
23	wanted to do the survey is to get the actual	23	transfers for me to know whether or not somebody
24	population number again. So individuals have come	24	transferred, for example, the week that that
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1	into our system. Other individuals have gone on	1	survey was sent out. So I wanted it to be real
2	parole and, I imagine, have discharged as well.	2	time according to the knowledge of the staff. And
3	So I need current data.	3	that information is readily available to the
4	Q Now, those are the hundred those	4	mental health team at the sites.
5	are 120 prisoners who are known to be transgender.	5	Q Okay. I mean, just kind of going
6	Do you suspect the number in fact that are	6	back to this topic I know I asked you a similar
7	actually suffering from gender dysphoria is more?	7	question but I mean in your experience and
8	A I have been told by the other	8	you've been with the prison system for a while
9	offenders that they know other offenders at their	9	and, you know, you've obviously you've been a
10	facility from the community who identified as	10	WPATH member for a while. I mean, do you truly
11	transgender. We ask every offender when they are	11	believe that there's actually only 120 transgender
12	on intake to each facility and into our system	12	individuals within IDOC's care amongst the
13	whether or not they're transgender, but it is	13	thousands of prisoners that are in the state?
14	their right to remain in the closet and not	14	A Well, I assume that we're getting
15	disclose their true gender identity.	15	accurate information on that there are
16	Q When you	16	additional offenders who are in the closet. We
17 10	A So that is antidotal evidence.	17	also I was aware of somebody who did tell me
18	Q I'm sorry again to interrupt,	18	that she wanted to remain in the closet and did
19 20	Dr. Reister. I apologize.	19	not want hormone therapy during her very short
20 21	When you have a referral or	20	stay in IDOC. She had a very it was under two
21 22	information from a for example, a current	21 22	years. It might have been even under a year. And
22 23	transgender inmate that there may be another	22	she just wanted to keep a low profile. She
23 24	inmate out there who is transgender, is there any effort made to approach that person specifically	23	thought that that would be a way that she could do it. We talked about the availability of services
24	enon made to approach that person specifically	^{∠ 4}	it. We talked about the availability of services,



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1	and she continued to want to remain in the closet,	1	review various parts of it. The most common part
2	which we respect that right of individuals.	2	that is referenced is readiness issues because
3	Q Okay.	3	sometimes I will receive questions about that.
4	MR. RAY: We've been going for just	4	Sometimes people want the definitions from the
5	about an hour. Why don't we take a short	5	back.
6	five-minute break, and then we can come back	6	Q When you say readiness issues, what
7	online at a little bit after 10:00 a.m. Is that	7	do you mean?
8	all right?	8	A For example, the consistency of
9	THE WITNESS: That works well.	9	identity over time, capacity to make an informed
10	THE VIDEOGRAPHER: The time now is	10	decision. You know, for example, for surgery,
11	9:56 a.m. We are off the video record.	11	have they been on hormones for 12 months. Are
12	(After a brief recess, the	12	they well stabilized for surgery. Those sorts of
13	deposition continued as	13	standards I may get questions about.
14	follows:)	14	Individuals like mental health are involved in
15	THE VIDEOGRAPHER: The time now is	15	stabilization.
16	10:02 a.m. We are back on the video record.	16	So we want to have somebody
17	BY MR. RAY:	17	well stabilized. They may ask me questions about
18	Q Dr. Reister, you've made mention of	18	that or ask for suggestions for stabilization
19	it a few times today, so I'm going to assume	19	would be common. They may ask questions regarding
20	you're aware of this, but I'll ask anyways.	20	the stability of gender over time. It's not
21	You're aware of an organization called WPATH?	21	unusual for somebody who comes out of the closet
22	A That's correct.	22	at a very young age to go through a period in
23	Q And you are aware that it has	23	adolescence of some confusion as they become more
24	promulgated a set of standards of care?	24	sexually aware, and then to reconsolidate the
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1	A That's correct.	1	difference between sexual identity and gender.
2	Q And you are a WPATH member?	2	So they'll consult with me
3	A That's correct.	3	about that, and I'll explain some of the those
4	Q When did you become a WPATH member,	4	dynamics and that that's a normal part of the
5	sir?	5	process for many transgender people. Those are
6	A I believe, if I recall correctly, it	6	the types of questions that I might talk about and
7	was around 2013. I'm doing that from memory.	7	explain.
8	Q Okay. And	8	Q In all of IDOC, is there anyone who
9	A So I'm pretty sure that's what it is.	9	is as or more qualified than you to speak about
10	Q Do you recall the first time that	10	transgender issues for as it relates to mental
11	you well, let me back up for a moment. Have	11	health?
12	you reviewed the WPATH Standards of Care before?	12	A Well, obviously, Dr. Erica Anderson,
13 14	A Yes, many times.	13	who we've employed and who I consult with on a
14 15	Q Okay. When is the first time you	14 15	regular basis. She is going to be coming to my
16	recall reviewing it? A In, I believe, 2012 was the first	16	monthly case conferences whenever she is available and doesn't have a conflict. Obviously she is
17	time that I reviewed it when I went on to the	17	USPATH's president. She, you know, clearly has
18	committee.	18	more expertise than me. And if she doesn't know
19	Q And how often would you say that you	19	something for example, I had a question about
20	consult the standards of care in your day-to-day	20	autism in the transgender population. She was
21	work?	21	able to link me up so I could talk with Finn
22	A Well, frequently. Because I utilize	22	Gratton, and I consulted with them. And we're
23	the standards of care in the training revisions	23	working on a training with Finn and
24	that I do, as well as during consultations I will	24	So she has contacts that she
۰	-	-	



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1	doesn't [sic] know to help me identify training	1	
2	and trainers. So she she clearly has more	2	carry a caseload as an administrator, I will
	•	3	consult with her on things like when we were
3	knowledge. She knows the people involved in		designing the changes, we were consulting with her
4	various subspecialties.	4	every week, if not more than once a week. Because
5	Q Other than Dr. Anderson and I'm	5	sometimes I since I was one that was chiefly
6	going to circle back to her in just a moment is	6	writing up and explaining the changes, I might
7	there anybody else within IDOC that has, you know,	7	have talked to her, you know, more than once a
8	more experience with this than you?	8	week.
9	A Probably not more experience. But we	9	But during that phase we were
10	have some very gifted clinicians who have done	10	talking once a week. Now it will be about once a
11	lots and lots of work with the transgender	11	month. And then in between if I get questions or
12	population, continual ongoing learning. We've had	12	I have a question when I'm doing additional
13	individuals attend WPATH conferences.	13	reading, I can consult with her. So that would be
14	So there are individuals that	14	on an as-needed basis and when I have questions.
15	really have a very strong interest in this	15	Q Is the anticipation
16	population and have gone above and beyond the	16	A Or my clinicians have questions.
17	basic requirements. We are actually upping our	17	Q Okay. Do IDOC mental health
18	training to include WPATH is working on	18	providers other than yourself have direct access
19	specific training for us, and they're going to do	19	to Dr. Anderson?
20	it via Zoom so that we can get various experts to	20	A Yes. The mental health providers who
21	get further training. The idea being that my	21	attend the Transgender Care Review Committee, we
22	training part one and part two are the	22	encourage them to attend at least 50 percent, but
23	introduction to mental healthcare and corrections,	23	hopefully 100 percent. People have vacations.
24	and they will provide some advanced training after	24	And in, I believe
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1	that.	1	Sorry. I hope that didn't
2	Q Okay. Let's we'll circle back to	2	hurt your ears too much when it fell off the
3	that in just a bit as well. I want to make sure I	3	table. The mic fell off the table.
4	understand.	4	And there's a committee that
5	Is Dr. Anderson now do you	5	usually gets cancelled because it's the fourth
6	consider her to be an IDOC employee?	6	Thursday of the month, noon to 1:00 p.m. And so
7	A Yes.	7	there is one, I believe, that gets cancelled
8	Q Okay. Is she a full-time employee?	8	automatically. And then people will sometimes get
9	A No. She is a consulting employee, so	9	sick or have vacations or be quarentined due to
10	she comes in not as full time.	10	COVID-19 testing and that sort of thing so
11	Q How many hours per week does she	11	But they try to go to each one
12	spend working with IDOC on these issues?	12	with Dr. Anderson beginning to attend those. That
13	A I don't know. Because I am aware she	13	will give direct access to the treatment
14	consults with other people when I'm not aware. So	14	providers.
15	various people consult with her. So I really	15	Q Okay. So there is a is this a
16	don't know how often she consults.	16	monthly meeting that Dr. Anderson is available for
17	Q How many times per week do you speak	17	on the fourth
18	with Dr. Anderson about transgender health issues	18	A Yes.
19	for your prison population?	19	Q Thursday of every month for one
20	A I speak with her as needed. For	20	hour, and the mental health providers can attend
21	example, the questions about autism, I have had a	21	and ask her questions at that time?
22	couple of discussions with Finn Gratton. So it	22	A Correct.
23	depends on the question whether I consult with	23	Q And what is the is this a
24	her. And I don't always have because I don't	24	particular committee that meets, or is this a



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1	does this kind of regular meeting have a name?	1	A I don't think I'm explaining it
2	A This is called a case conference.	2	correctly. What I'm saying is there is another
3	Case conferences are used in mental health for	3	case conference that is used separately from this
4	mental health providers to share information and	4	that you can present a case, but this case
5	to do case conceptualization on cases. People	5	conference is specifically to the transgender
6	will bring in a clinical issue that they have a	6	population.
7	question about. They'll pose that to the other	7	Q Okay.
8	clinicians who are present, and people will share	8	A And so, for example, maybe there's a
9	information.	9	transgender offender who is having a specific
10	For example, if a client comes	10	time a specific kind of crisis stabilization
11	in and they are their treatment plans are	11	that might be related to being transgender and
12	let me reword that. That was confusing.	12	for example, maybe they're having stress coping
13	If a clinician comes in with a	13	with peers that are disrespectful to them, for
14	case they want to present for example, they are	14	example, and that is straining the coping skills,
15	having a hard time stabilizing an offender on a	15	and so they end up on a crisis watch. But that's
16	crisis watch they can consult and get other	16	separate from the other committees we use for
17	ideas about what other clinicians have done to do	17	consultation.
18	stabilization. If a clinician is having a hard	18	Does that make better sense?
19	time with identity development, then they can ask	19	So it would be related to transgender care for
20	the people who are in attendance what has worked	20	this committee.
21	with your client for identity confusion.	21	Q So how long has Dr. Anderson been
22	Those are the type of things	22	attending then this once-a-month care conference
23	that might be brought in. For example, somebody	23	specific to transgender issues?
24	might suggest, well, clients sometimes don't have	24	A Well, we're in the process of getting
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1	a dichotomous sense of gender. They could be	1	her scheduled, and so hopefully this month there
2	gender nonconforming. Have you talked about	2	won't be any conflicts and we can have her start
3	various spectrum of gender? And then the	3	joining this month. This is all part of our
4	clinician can say, yeah, I you know, could do	4	redesign of the care and you know, we're
5	that, and then they could talk about, you know,	5	piecing in the various pieces over the next few
6	using graphs that they use to explain, maybe it's	6	months.
7	the verbal modality isn't good for the client. So	7	Q Okay. So Dr. Anderson has not yet
8	people could say, you know, not everybody learns	8	attended any of these conferences. But the
9	through the auditory. Maybe they need a visual	9	anticipation is that if she doesn't have a
10	diagram to help them understand and think about	10	conflict, that she will be able to attend future
11	and process gender.	11	ones?
12	So that's one example or	12	A Yes. And I'm hoping she'll be able
13	actually two examples of different things people	13	to attend all the future ones.
14	might bring into the committee to get ideas,	14	Q Okay. Is the plan for her to attend
15	feedback, treatment plan, and homework	15	these conferences indefinitely, or is there a sort
16	assignments. It's not unique to transgender care.	16	of phase-in process where she's available for the
17	We also do it with other issues as well in the	17	first six months or a year and then see how it
18	department.	18	goes?
19	Q Okay. So this monthly fourth	19	A No. It was discussed as
20	Thursday of every month one-hour meeting is not	20	indefinitely. I mean, obviously if she's not
21	limited to transgender issues. It's just more of	21	available, we could look for another expert if
0.0		22	she you know doesn't continue the contract So
22	a case conference call across the board where, you		she, you know, doesn't continue the contract. So
22 23 24	a case conference call across the board where, you know, any issues that are coming up that merit a group discussion can be raised?	23 24	there's nothing that specifies it can only be her. And it's possible we might bring in another expert



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1	for a specific issue. Oftentimes clinicians will	1	A We're still in the process of getting
2	let me know in advance that they want to present a	2	that. That would be a question, since she's
3	case. And so if there's somebody that might be	3	coordinating it, that she would be able to have
4	good to add in as an expert, we can do that. So	4	that information. Obviously things may be slowed
5	it's not exclusively limited to her.	5	down. I don't know in terms of their schedules.
6	Q Okay. And you mentioned Dr. Anderson	6	It would depend on the experts themselves and
7	has a contract. Does that contract have a	7	their scheduling. So I don't know for sure. She
8	duration?	8	would have a better estimate.
9	A I don't know. I'm not involved in	9	Q Okay. Going back to the WPATH
10	the human resources side of that contract.	10	Standards of Care, would you agree with me that
11	Q And then talking about, you know, if	11	the that those standards of care, that sort of
12	•••	12	nucleus of information, is the best resource to
13	not Dr. Anderson, perhaps another expert, I mean	13	
$13 \\ 14$	would you agree with me that it's it's helpful	14	understand how to care for transgender individuals
$14 \\ 15$	to have sort of an outside expert be able to	15	from a mental health standpoint?
16	assess and review and oversee what's going on	16	A From a mental health standpoint, yes.
10 17	within IDOC about the treatment of transgender	17	They're very general, though, and so the specifics
	individuals?		you really need additional training.
18	A Yes. That's why I'm really excited	18	Q Okay. Well, maybe if I can share my
19	about our new approach.	19	screen again, perhaps we can put these up.
20	Q Okay. And I think you'd agree with	20	A I apologize. I hit the mic again.
21	me as well that it's important for that expert to	21	Q Okay.
22	be sort of an impartial person who can provide	22	A Yes, I can see that.
23	feedback to you and to others within IDOC to say,	23	Q Can you see the WPATH Standards of
24	you know, this is working, this isn't working, and	24	Care then on your screen?
	Page 55		Page 57
1	this is what we can do better. I think you'd	1	A Yes.
2	agree with me that not only you, but also IDOC	2	Q All right. And you'll see that this
3	would benefit from such an expert?	3	is marked as Reister Exhibit 2. So I'd like to
4	A Yes. That's one of the reasons why	4	introduce that into the record for this
5	we brought in the Moss Group.	5	deposition.
6	Q So you've mentioned training that	6	(Reister Exhibit No. 2 was
7	WPATH is putting together for IDOC. When did that	7	marked for identification.)
8	what was the genesis of that project?	8	BY MR. RAY:
9	A Our new redesign. We wanted it to be	9	Q So you've reviewed this document
10	comprehensive, including training, so that is	10	before, you said, many times?
11	borne out of what we're doing. We're implementing	11	A I have.
12	as much as possible already, like the training	12	Q All right. So I'm going to turn to
13	component and the gathering information about the	13	some pages here, and hopefully that will come up
14	population that I'm doing. So we're implementing	14	on your screen okay. And I apologize for the
15	as soon as possible those items.	15	dizzying scrolling forward, but I want to try to
16	Q Okay. Who is coordinating with WPATH	16	get to a particular section.
17	over this training at IDOC? Is that you?	17	Okay. So right now I'm on
18	A No. That's Dr. Anderson.	18	Page 21 of Exhibit 2, which is a WPATH Standards
19	Q Whose idea was it to have WPATH do	19	of Care Version 7, which is the current version of
20	specific training for IDOC in addition to the	20	the standards of care. And I'm referring to
21		21	Chapter 7 which is called Mental Health.
	training that you had put together?		-
22	A I believe it was Dr. Anderson.	22	Do you see that on your
			-



	Page 58		Page 60
1	-	1	A In 2020.
1 2	Q Okay. And then I'm flipping now to Page 22, and this is a list of on this page of	2	
3	the recommended minimal "minimum credentials	3	Q And specifically do you have a month?A Oh, no. We've been doing it for a
4	for mental health professionals who work with	4	few months.
5	adults presenting with gender dysphoria." And I'd	5	
6	like to go through each one of these with you.	6	Q About how manyA Before that my supervision was not by
7		7	WPATH members, by LGBT training.
8		8	
9	Q Of course. Is that better, sir?	9	Q Okay. About how many hours would you say that you have had supervised training under
10	A That's much better. Thank you. I'm	10	Dr. Anderson?
11	wondering if there's a way to get rid of the	11	A Oh, goodness. Well, you figure the
12	perfect. Okay. I had to turn off my picture	12	weekly was I believe that was four I'm
13		13	guessing, without calculating it, probably around
14	Q Okay. A to be able to read it.	14	20.
15	Q Great. So then turning to this list,	15	20. I've also had some
16	which is the "recommended minimum credentials for	16	consultations with and again, I don't know
17	mental health professionals who work with adults	17	whether they're WPATH members or not but with
18	presenting with gender dysphoria," Item 1 is "A	18	an individual from Howard Brown, which is a major
19	master's degree or its equivalent in a clinical	19	LGBT organization in Chicago. They provide
20	behavioral science field."	20	comprehensive care. And they actually came in and
21	Do you have this, Dr. Reister?	21	did a training at one of our quarterly mental
22	A I do. I'm a licensed clinical	22	health meetings, and I've also had a few
23	psychologist.	23	conversations with her.
24	Q Okay. Turning then to the second	24	I've also had conversations
27		27	
	Dago 50		Page 61
-	Page 59		Page 61
1	item, "Competence using the Diagnostic Statistical	1	with somebody from Planned Parenthood who is a
2	item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is	2	with somebody from Planned Parenthood who is a trans person who helped me with the original
2 3	item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International	2 3	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I
2 3 4	item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic	2 3 4	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed.
2 3 4 5	item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir?	2 3 4 5	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take
2 3 4 5 6	item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir? A Yes.	2 3 4 5 6	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take a look at those trainings so I could get outside
2 3 4 5 6 7	 item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir? A Yes. Q Okay. Is your competence using the 	2 3 4 5 6 7	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take a look at those trainings so I could get outside ideas and opinions on that training. And then
2 3 4 5 6 7 8	 item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir? A Yes. Q Okay. Is your competence using the DSM-V or the International Classification of 	2 3 4 5 6 7 8	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take a look at those trainings so I could get outside ideas and opinions on that training. And then Dr. Anderson took a look at that more recently.
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2 3 4 5 6 7 8 9 10 11	 item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir? A Yes. Q Okay. Is your competence using the DSM-V or the International Classification of Diseases or both? A DSM-V. Q Dr. Reister, then do you have the 	2 3 4 5 6 7 8 9 10 11	with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take a look at those trainings so I could get outside ideas and opinions on that training. And then Dr. Anderson took a look at that more recently. So those are the other people that I consulted with, you know. I mean, obviously when I went to the conferences, we would
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 item, "Competence using the Diagnostic Statistical Manual of Mental Disorders," which I believe is also known as the DSM-V, "and/or the International Classification of Diseases for diagnostic purposes." Do you have this, sir? A Yes. Q Okay. Is your competence using the DSM-V or the International Classification of Diseases or both? A DSM-V. Q Dr. Reister, then do you have the "Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria?" A Yes. Q Dr. Reister, do you have "Documented supervised training and competence in psychotherapy or counseling?" A Yes. Q Okay. Have you ever been supervised by a WPATH member in your work in this regard? A I have not, other than Dr. Anderson. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 with somebody from Planned Parenthood who is a trans person who helped me with the original transgender part one and part two trainings that I had developed. I wanted both of them to take a look at those trainings so I could get outside ideas and opinions on that training. And then Dr. Anderson took a look at that more recently. So those are the other people that I consulted with, you know. I mean, obviously when I went to the conferences, we would talk about I would talk with other people offline about what we were doing and idea gathering as well. But that wasn't formal, those were more informal consultations. Q Okay. And what is the name of the individual who helped you as well with this training with Dr. Anderson? A Len Meyers [sic] from Planned Parenthood in Illinois who does a lot of the transgender care and training. She's on the I'm sorry. They're on the governor's LGBT
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1	Page 62		Page 64
	And Caitlin Williams from	1	that one.
2	Howard Brown Howard Brown Health Centers in	2	Q Okay.
3	Chicago.	3	A Maybe '15.
4	Q Okay.	4	Q Dr. Reister, then are you
5	A In addition, you know, I have	5	"Knowledgeable about gender-nonconforming
6	consulted for the all-staff training. We had to	6	identities and expressions in the assessment and
7	train about 12,000 staff members. And I did	7	treatment of gender dysphoria?"
8	consult with a trans officer, but he prefers to	8	A Yes. And I would base that on the
9	remain basically doesn't want to disclose, you	9	positive feedback that I received from all of the
10	know, to courts. But I wanted to get an officer's	10	individuals reviewing my trainings.
11	perspective. And as well, Len Meyers also worked	11	Q You mean the individuals the
12	I believe as an officer in the North Carolina	12	training materials that you were preparing and you
13	system. So they also have correctional	13	have prepared for IDOC personnel?
14	experience.	14	A Yes. From the mental health
15	Because, again, when I'm going	15	providers I got very positive feedback on those
16	over the that third training that I did for all	16	materials. They included both describing basic
17	staff, I also wanted a correctional officer	17	definitions of gender nonconforming identities and
18	perspective. I'm going to be revising that	18	expression assessment section. There was also a
19	material.	19	treatment planning section to talk about how one
20	Q Okay. And this officer who is	20	would formulate treatment plans and what that
21	transgender, this is a current IDOC employee?	21	might look like. And I received very positive
22	A Correct.	22	feedback.
23	Q Okay. And you're not able to give me	23	Q Okay. And then relating to Item 6,
24	that person's name?	24	continuing education and the assessment and
	Page 63		Page 65
1	A Yeah. I I cannot. I had a	1	tweature at a formulan driven having have very have
			treatment of gender dysphoria, have you have
2	specific request not to out this individual. Is		treatment of gender dysphoria, have you have you accomplished this?
2 3	specific request not to out this individual. Is that okay?	2	you accomplished this?
	that okay?	2 3	you accomplished this? A Yes. And I do plan on continuing to
3	that okay? Q Well, we are under a protective	2 3 4	you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through
3 4	that okay? Q Well, we are under a protective order, but, you know, I also understand that, you	2 3	you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through WPATH and USPATH. So they're really good in
3 4 5	that okay? Q Well, we are under a protective order, but, you know, I also understand that, you know, there is right to privacy relating to the	2 3 4 5	you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through WPATH and USPATH. So they're really good in clinical skills in general as well as transgender
3 4 5 6	that okay? Q Well, we are under a protective order, but, you know, I also understand that, you	2 3 4 5 6	you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through WPATH and USPATH. So they're really good in clinical skills in general as well as transgender specific, so they're great conferences.
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3 4 5 6 7 8	that okay? Q Well, we are under a protective order, but, you know, I also understand that, you know, there is right to privacy relating to the transgender status that at this point in time I I don't feel like it's, you know, worth if this	2 3 4 5 6 7 8	you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through WPATH and USPATH. So they're really good in clinical skills in general as well as transgender specific, so they're great conferences. Q All right. So then on that basis
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	that okay? Q Well, we are under a protective order, but, you know, I also understand that, you know, there is right to privacy relating to the transgender status that at this point in time I I don't feel like it's, you know, worth if this person wishes to remain that way, then I I'm fine with that. We may take it up later if it's important, but okay. And I know you've been a WPATH member now, you say, perhaps for about seven years or so. How many conferences have you been to? A Two. Q And what years were those in? A Oh, goodness. One well, the latest one is easy. That was last September in 2019 in Washington, DC. I also went to another conference that launched just before the global education initiative. They were just talking	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 you accomplished this? A Yes. And I do plan on continuing to do this since they're great conferences through WPATH and USPATH. So they're really good in clinical skills in general as well as transgender specific, so they're great conferences. Q All right. So then on that basis then, Dr. Reister, do you consider yourself to be somebody who meets the minimum credential for mental health providers who are working with adults who presenting with gender dysphoria? A Yes. And in addition to that, which isn't mentioned, is the reading of various books and research on transgender issues. Like, for example, I get the WPATH journal that comes out and various books. There's a really nice edited volume from, you know has a lot of the top experts and various other readings. So it's not just about conferences. You also have to do your homework in terms of reading as well.



	Page 66		Page 68
1	A Oh, no. That's why you need to go to	1	opportunity to have those discussions and talk
2	the conferences. You need to do the consults.	2	more specifically with other professionals that
3	That's why the department has implemented that	3	were working in this field.
4	more intensive outside supervision. It just makes	4	Q So then on that basis
5	it easier for clinicians. And it also, you know,	5	A And then in combining that yeah.
6	makes it cost effective as well to provide that	6	I'm sorry.
7	free for our clinicians, so	7	Q That's okay. I apologize for
8	Q Would you consider yourself an expert	8	interrupting. I didn't know you weren't finished
9	in the field of the treatment of gender dysphoria?	9	with your response.
10	A I would.	10	Then on that basis then, did
11	Q When did you become an expert in that	11	you become an expert in this field then sometime
12	field?	12	after September 2019?
13	A I think it happened over time. I	13	A I think I began with the expertise
14	think that the conferences have really improved	14	because in terms of being an expert, you need to
15	that competency because that afforded me the	15	have more than the average knowledge that somebody
16	opportunity to talk about specific issues in the	16	would have. So I've had that extra knowledge for
17	department with various experts. You know, it's	17	quite some time. But the thing about becoming an
18	not just about the trainings themselves. It's	18	expert is it's not an on/off switch. I do think
19	about going to the dinner, sitting at the table,	19	that it is a continuum more like a dimmer switch
20	and specifically consulting with people. As well	20	with less and more. And that has been building
21	as consulting with Howard Brown. Howard Brown	21	over time. And I think it just skyrocketed
22	does our aftercare. The majority of our clients	22	talking once we added that expert,
23	need those sliding C scales and things like that.	23	Dr. Anderson. And also, the last conference was
24	So having consultations.	24	amazing as well.
	Page 67		Page 69
1	Also, just the real-life experience of talking	1	So it skyrocketed within the
2	with trans people, both offenders and as well as	2	last year in terms of the expertise. And I think
3	community people, keeping up on what's going on.	3	it really helped me when we were redesigning our
4	There's a very large trans community in the	4	programming.
5	community I live in.	5	Q When did you first start working with
6	And so you need all of that.	6	Dr. Anderson?
7	You know, you can't just hear from an expert. You	7	A That was a few months ago. I can't
8	need to talk with actual trans people as well.	8	remember the exact date of when that was. I think
9	So again, it's the combination	9	it was before we were locked down well, it was
10	of all of that that I think has informed my	10	before we were locked down for COVID. I'm pretty
11	expertise, that it goes well above the average	11	sure that's when it was. But I'll be honest, I
12	clinician and what you would be taught in school	12	didn't mark the calendar.
13	or at a standard practicum	13	Q Do you think you became an expert in
14	Q Okay.	14	this field after you started working with
15	A or internship.	15	Dr. Anderson?
16	Q I appreciate the answer. I was	16	A I think I had expertise far above the
17	seeking just a little more discrete. When did you	17	average clinician before I worked with
18	become an expert in this field?	18	Dr. Anderson. But in particular, it afforded me
19	A Oh, I think that I achieved well,	19	the chance to really cement down and also confirm
20	I always had a lot more information than the	20	my knowledge.
21	average clinician, but I do think that the	21	One of the things that
22	information that I had gained was basically	22	Dr. Anderson really did was highlight the
23	starting after the WPATH conferences that I went	23	expertise that I had because of the training
24	to. That's when it really afforded me the	24	materials I developed. The content was good.



	Page 70		Page 72
1	There weren't content revisions in that training.	1	A I believe so. I believe him to be.
2	So that expertise, although I	2	Do keep in mind, his specialty is outside of my
3	don't know exactly when that tipped over into	3	scope of practice, so I wouldn't be the
4	expertise, but the fact that it was acknowledged	4	appropriate person to determine that, but so I
5	as comprehensive did indicate that it predated my	5	would refer you back to him or somebody that would
6	work with her.	6	be able to evaluate what a medical doctor would
7	When that exact date is is	7	do. But he definitely has provided me information
8	hard to say, but because I had a lot of	8	that was very helpful in terms of understanding
9	different experiences. But clearly since that	9	hormones in particular and the impact on the human
10	training was done long before well before she	10	body.
11	reviewed it and it didn't have content revision, I	11	Q Do you consider Dr. Conway to be an
12	think that the expertise was in advance of 2020,	12	expert in the field of the treatment of
13	at least for many years. Because I had been	13	transgender individuals?
14	teaching that content for a long, long time.	14	A I'm assuming so. But do keep in
15	Many, many years. The content that I had hasn't	15	mind, I haven't had conversations, so you would
16	changed. I think that my ability to communicate	16	I would have to refer you to speak with a medical
17	that in the actual visuals, that has improved.	17	person. Same reason. It's outside of my scope of
18	But that has more to do with teaching, learning	18	practice. What she's bringing to the table is
19	how to teach, you know.	19	just beyond what I could assess.
20	Q Okay. So setting aside Dr. Anderson,	20	Q Why do you assume that she would be
21	who I would assume you believe is also an expert	21	an expert in this field?
22	in this field	22	A Because she works closely with
23	A Yes.	23	Dr. Puga. But again, this is beyond my ability,
23 24		24	and and nor is it in you know, what I would
24		24	•
	Page 71		Page 73
1	who you would consider to be an expert in the	1	deal with in my job. It wouldn't be my job to
2	field of treatment of gender dysphoria?	2	assess her qualifications. I wouldn't it
3	A Dr. Puga has experience in the	3	wouldn't be within my job to ever see her résumé
4	community as well, so he also provides some	4	or anything like that or to question that. That
5	information. Particularly on the medical side	5	is not my role, nor would it be appropriate for me
6	since he is a medical doctor by training, he has	6	to ask to see those things. There are there's
7	some perspectives that are helpful. You know,	7	a whole division for medical that would be more
8	medical is outside of my scope of practice, it's	8	appropriate to consult with if you're, you know,
9	not in my training background.	9	interested in finding out.
10	So he and Dr. Conway and other	10	Q Well, I'm just asking you, so
11	medical providers have really helped educate me.	11	A Oh. For me, I can't assess her
12	Because what the offenders talk about in their	12	medical skills. She seems to be knowledgeable. I
13	experience includes their medical interventions as	13	haven't heard any other medical professionals, or
14	well.	14	in Dr. Anderson's discussions I've never seen
15	I have, you know, talked with	15	concerns raised. But again, I'm just basing it on
16	and had trainings with some top endocrinologists,	16	the feedback not being provided by other medical
17	of course, at WPATH, you know. So that's been	17	professionals. I haven't heard complaints about
18	very good for my education. But I don't use that	18	what she's saying.
19	in my actual clinical. It just helps provide a	19	Q Okay. So just to make sure the
20	context for what my staff/clients are, you know,	20	record's clear. You do it is your opinion that
21	going through and their experiences.	21	Dr. Puga is an expert in the field of treatment of
22	Q So do you consider Dr. Puga to be an	22	transgender individuals; is that right?
23	expert in the field of treatment of transgender	23	A As far as a mental health keep in
24	individuals?	24	mind, I cannot assess that. So my best guess is



1	Page 74		Page 76
1	he is. Because again, that's not I don't have	1	discussing.
2	the ability to assess his medical skills.	2	MR. RAY: I don't see how that has
3	Q Other than Drs. Puga and Conway, is	3	anything to do with anything.
4	there anyone else within IDOC again, setting	4	I'll ask my question of the
5	aside Dr. Anderson who you believe is an expert	5	witness again.
6	in the field of treatment of transgender	6	BY MR. RAY:
7	individuals?	7	Q Dr. Reister
8	A I will be honest. All medical care	8	MS. COOK: So I want we need to
9	in terms of transgender care is by the medical	9	MR. RAY: Look, counsel, you can't
10	division. I don't even know the names of very	10	interrupt me when I'm asking the witness a
11	many of those medical doctors providing that care,	11	question. You may have a chance to object after
12	so I can't make that determination because I don't	12	I'm done. Okay? And you may have a chance, of
13	know who those people are because it's out of my	13	course, to redirect the witness if you wish. But
14	supervisory area.	14	this is what you're doing right now is a
15	Q Okay. But what about on the mental	15	blatant speaking objection.
16	health side?	16	MS. COOK: I'm not doing a speaking
17	MS. COOK: Well, and just so I can	17	objection.
18	interject. I would ask for clarification because	18	MR. RAY: I'm not even let me
19	you keep using the word "expert," but do you mean	19	finish, please. You're not even actually stating
20	they fall under the WPATH standards?	20	an objection. You're asking, "What do you mean by
21	MR. RAY: Counsel, if there's a point	21	this?" And frankly, you're not testifying today.
22	of clarification the witness did not have any	22	The witness is. So the witness can also and
23	difficulty understanding what I was saying. So	23	you may object if you wish. Okay? And if you
24	you may redirect on this point, if you wish, but I	24	want to instruct the witness not to answer, you
	Page 75		Page 77
1	don't think it's a proper objection at this point	1	can take your risk doing that as well. But
2	in time. So do you have an objection?	2	otherwise, I don't think it's proper for you to
3	MS. COOK: I'm just asking for	3	just interject and say well, I'm not sure what you
4	clarification as to what you mean when you keep	4	meant by that after the questioning is done. So
5	saying "expert."	5	I'm giving I'm turning it over to the witness
6	MR. RAY: Well, I will turn the	6	again to ask him if he understood what I meant,
7	question over to the witness.	7	and we'll see where it goes. But otherwise, I
8	BY MR. RAY:	8	don't think what you're doing is proper.
9	Q Dr. Reister, when I say "expert" in	9	MS. COOK: I will object to it then
10	the field of treatment of transgender individuals,	10	as outside of the scope of the 30(b)(6) topics he
11	do you understand what I mean?	11	has been produced for.
12	A I would say	12	MR. RAY: You may object to that if
13	MS. COOK: I would	13	you wish. He's still here in his personal
14	MR. RAY: Counsel, don't interrupt.	14	capacity as well.
15	MS. COOK: If I could, please. I'm	15	MS. COOK: Well, we are doing two
16	just asking to make	16	separate depositions. You can ask him his
17	MR. RAY: Do you have an objection?	17	personal capacity questions, but first we're doing
18	MS. COOK: Are we staying on the	18	the representative questions, and so I want to
19	topics, is what I'm trying to determine.	19	make sure we stay on topic.
20	MR. RAY: I need to know whether you	20	MR. RAY: Your objection is outside
	have an objection or not.	21 22	the scope. You can make that objection. I'm
21		177	STUL GOING TO PROCOOD
22	MS. COOK: I'm asking what you		still going to proceed.
	intend. Because I need to know if you're staying within the scope of the topics that we are	23 24	MS. COOK: So wait. So are you going to continue to ask him also topics is this a



1	Page 78		Page 80
	30(b)(6) deposition or a personal deposition?	1	they're the whether it's Dr. Puga as a chief
2	MR. RAY: This is both, and right now	2	he's above my rank because he's a chief and I'm a
3	we are on topic No. 2 of the 30(b)(6) deposition	3	regional. I won't see his résumé, for example.
4	which applies the transgender committee to the	4	Does that make sense?
5	WPATH Standards of Care, and we referred to	5	So, you know, I'm hearing
6	document Exhibit 2 which talks about minimum	6	individuals providing care, and what I'm speaking
7	qualifications for individuals, and that's what	7	to is I haven't heard of any egregious medical
8	I'm asking about.	8	I'm not aware of any medical malpractice or
9	MS. COOK: So you're asking whether	9	anything like that. But I really don't have the
10	they fall under the standards of care, not whether	10	ability to tell you whether or not these
11	or they are a, quote/unquote, "expert"?	11	individuals are operating with good medical care
12	MR. RAY: Okay. This is what we're	12	because, again, it's out of my scope of practice
13	not doing today. Because that's not an objection.	13	and it's also out of my scope of duties. And
14	You've made your objection outside the scope. If	14	that's both for speaking for the State as well as
15	you want to clarify something on the record when	15	myself. You know, I can't assess somebody who
16	you have a chance to redirect, then fine.	16	isn't even in my field.
17	Otherwise, you don't have an ability to make	17	Q Okay. I understand your response on
18	speaking objections right now. You made your	18	Dr. Puga and Dr. Conway then. Okay. And what I
19	objection, so I'm going to proceed.	19	was getting to is then is within the mental health
20	BY MR. RAY:	20	side of things, is there anyone else other than
21	Q Dr. Reister, do you understand what I	21	as you proclaim yourself to be an expert, are
22	meant when I asked if somebody was an expert in	22	there any other experts within IDOC in the care
23	the field of the treatment of transgender	23	and treatment of individuals on the mental health
24	individuals?	24	side?
	Page 79		Page 81
1	A My understanding was since we were	1	A Well, everybody who's working with
2	going over the standards of care was their	2	this population has access to consult with me.
3	following of the standards of care. And what I	3	I'm sure that Wexford Health Sources, who is our
4	was talking about is the other in terms of	4	contract company providing those therapists, also
5	medical decisions is beyond my ability to assess	5	
			has opportunities. But again, their HR in
6	because that is outside my scope of practice. I	6	other words, their human resources is not an
6 7	cannot and the other thing is, I can really		other words, their human resources is not an area that's under my under my jurisdiction, I
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 23 of offe 24 to also 1 I migh 2 3 why I 4 but fro 5 do med 	Because I try to go in and interview lots	22	of staff turnover. So, you know, that number of
 24 to also 1 I might 2 3 why I 4 but fro 5 do med 	enders who are transgender and you know,	23	people has changed over time, and there are newer
1 I migh 2 3 why I 4 but fro 5 do me	b get an idea about what training, you know,	24	employees as well who are just at the beginning
2 3 why I 4 but fro 5 do me	Page 83		Page 85
2 3 why I 4 but fro 5 do med			
3 why I4 but from5 do med	it want to beef up, that sort of thing.	1	process of training.
4 but fro 5 do me	So, you know, that's part of	2	Q Okay. So best guess right now is
5 do me	meet with offenders. Not for psychotherapy,	3	currently clinicians mental health clinicians
	om an administrative training perspective, I	4	under your supervision, approximately 35 to 40; is
h lact m	et with offenders on a regular basis. In the	5	that right?
	onth alone I met with everyone but one	6 7	A Yes, something along those lines are
•	ender offender, a trans man every you		under my supervision. And, you know, very soon
	of the trans men over at Logan Correctional	8	starting, Erica Anderson will be also helping out
	. I just met with the Pinckneyville, half	9 10	with those supervision contacts, and already has
	transgender offenders. The other half I am	11	in terms of, you know, indirectly through me. Q Okay. So are there additional mental
12 Danvil	ng with this week. So I've gone up to Dixon,	12	· ·
12 Danvil 13		13	health providers within IDOC who are not under
	So that's part of the process	14	your supervision who are under a different regional director's oversight?
	making sure that we're on the right track ne treatment. And if there are concerns,	15	A I should be clearer. I cover all
	ying to address those concerns specifically	16	three regions for transgender care. For mental
10 then the 17 with st		17	healthcare in general, a cis and trans offenders,
17 with Si 18 Q	Okay. How many clinicians do you	18	I only cover the south. For trans care I cover
\[inder your supervision?	19	the north and central as well.
20 A		20	Q Okay. So when you're talking about
	•	21	the 35 to 40, is that statewide or is that only
1	There are 30 sites, and there are	22	within your region?
22 C xamp 23	There are 30 sites, and there are le clinicians at certain sites. So for		A That's statewide. And I'm estimating
24 out. I'	There are 30 sites, and there are	23	



1 bind of lease in wind that same of the leases 1 THE VIDEO OD A DIFE	Page 88
1 kind of keep in mind that some of the larger 1 THE VIDEOGRAPHER:	The time now is
2 facilities may have two individuals that are under 2 11:13. We are back on the video re	
3 training and developing their skills. They're 3 BY MR. RAY:	
4 going to be at all different levels of where 4 Q Dr. Reister, is it the defen	dants'
5 they're at in that training process and that 5 position in this matter that as we sit	
6 expertise. So there will be variants between the 6 on August 17, 2020, that the Transg	•
7 clinicians based on how long they've been under 7 Review Committee follows and app	
8 supervision. 8 WPATH Standards of Care in its de	
9 You know, we have hired 9 A We do. We have recently	consulted
10 individuals that have gone through Howard Brown's 10 with Dr. Anderson to make sure that	
11 training, for example. I don't always know 11 line, as well as court decisions that	have
12 whether they were those clinicians. I had one in 12 clarified what we need to do as wel	
13 the south for a while. And I don't know up north 13 are currently implementing as many	
14 how many, but I would imagine they were they 14 as we can so that we can be in com	
15 would be more likely, since Howard Brown is in the 15 with WPATH standards. So that is	
16 Chicago area, to be somewhere around the northern 16 is definitely guiding our approach.	8
17 region if those students were recruited by 17 Q Okay. I'm not sure I unde	rstand vour
18 Wexford. 18 response then. So is what you're sa	
19 But again, their HR, I I 19 as we sit here today, you are compl	
20 don't have control of, and nor am I to monitor 20 you are trying to become compliant	
21 their credentialing and their résumés because that 21 A We are compliant.	
22 falls under the jurisdiction of Wexford. And it 22 Q Okay. And does that com	pliance also
23 would be considered dual employment for me to 23 extend to the mental health provide	
24 cross into that HR or human resources grounds. 24 making decisions on hormone treat	
Page 87	Page 89
1 Q Okay. 1 gender-affirming items, and transfe	r?
2 A So my role is to provide training, 2 A They wouldn't be making	
3 ongoing consultation. 3 those. What they would be making	
4 Q So based upon your limited knowledge 4 the readiness of individuals for those	
5 then of qualifications and HR information on these 5 Now, do keep in mind	that in
6 individuals who are who ultimately work for 6 terms of surgeries, that wouldn't be	
7 you, you don't know one way or the other whether 7 level. That would be done external	
8 at every site there is a clinician who meets the 8 myself and Dr. Puga.	
9 minimum competency standards under the WPATH 9 Q Okay. Maybe I'll let me	e rephrase
10 Standards of Care? 10 my question then because I know the	
11 A I cannot know for certain because I 11 decisions we're talking about here -	- going to
12 don't have access to their human resources file 12 hormone treatment, surgery, gender	
13 due to dual employment, you know, preventions and 13 and transfer involves people othe	r than just
14 union requirements. 14 the core members of the Transgend	er Care Review
15 MR. RAY: Okay. We've been going for 15 Committee. So I'll rephrase my que	estion this way.
16 about an hour. Now is a good time for another 16 For all those involved i	in
17 short five-minute break. Is that all right? 17 making decisions relating to issues	on transgender
18THE WITNESS: That works for me.18health, are those decisions made in	•
19Thank you.19with the WPATH Standards of Card	
20 THE VIDEOGRAPHER: The time now is 20 A We are supposed to make	
21 11:05. We are off the video. 21 decisions, and I will definitely poin	
22 (After a brief recess, the 22 there is something that modification	
23 deposition continued as 23 advantageous for.	
24 follows:) 24 Q When you say you're supp	osed to be



			
	Page 90		Page 92
1	making decisions, what do you mean?	1	that's in effect today non-WPATH compliant in any
2	A Um, decisions are made according to	2	other ways?
3	WPATH. We've talked about very clearly that we	3	A In terms of the social transition
4	want to maintain and that we will maintain WPATH	4	component of gender-affirming care, we need to get
5	standards. That's one of the reasons why	5	that commissary merged. And although it's in the
6	Dr. Anderson was employed. That way we can ensure	6	process of being merged, it still isn't available.
7	that we are in compliance.	7	And I still have to, you know, discuss with
8	Q When Dr did she do an assessment	8	offenders. I get lots of questions about the
9	of IDOC's policies, procedures, and actions to see	9	merger.
10	whether or not they were in compliance with WPATH	10	So yes, that is not in
11	Standards of Care?	11	compliance when we're trying to work as mental
12	A Yes. And that's one of the reasons	12	health people with that transition. So that isn't
13	why we are adapting our suggestions or not	13	in compliance, but, again, it's in the process of
14	suggestions, I'm sorry our administrative	14	being in compliance.
15 16	directives. And Moss Group has also weighed in	15	Q Anything else from the currently
10 17	and also provided some outside perspective. And	16 17	active administrative directive that's not in
18	so that is the purpose or one of the purposes in addition to training consultation.	18	compliance? A The current administrative directive
19	Q But the new administrative directive	19	does not address the transfer not based on
20	is not yet final, correct?	20	genitalia into the opposite from the
21	A It's not yet final.	21	gender-assigned-at-birth division. By practice,
22	Q Okay. So is it are you saying	22	we have already changed that due to court orders,
23	that you are WPATH compliant across the board even	23	but that's also, you know, another thing that
24	though the administrative directive is not yet in	24	would not be specified in the current AD, but it
	Page 91		Page 93
1	place?	1	is in practice done.
2	A We are currently implementing as much	2	Q Okay. Anything else?
3	as possible. We don't have a procedure that is in	3	A One of the things that we're working
4	writing that we would do for the surgical	4	on through the training, and it has been a
5	interventions. You know, for example, we changed	5	complaint of offenders, is misgendering pronouns.
6	out the director making a final decision. That's	6	We have a very clear policy on not misgendering
7	still in the current AD, but we're not at that	7	offenders. We are looking at a voluntary
8	part of the process because we are still gathering	8	appropriate pronoun on IDs to help staff with that
9	information on those who need that intervention.	9	process. That, again, is not in the current AD.
10	But but the current policy	10	It has not been finalized.
11	as it's written is not according to WPATH	11	And in addition, I have
12	standards in terms of that person's competency.	12	incorporated into the all-staff training as well
13	That's why it was changed so that it moves it from	13	as the mental health provider training the
14	the director to medical personnel.	14	psychological impact and the microaggression form
15	Does that make sense?	15	of transphobia of individuals misgendering
16	Q What you're saying is that the	16	offenders.
17	administrative directive that is currently in	17	Q Okay. Anything else in the current
18	place today is not WPATH compliant, but that when	18	policy that renders it not compliant with WPATH
19 20	the new AD issues, you believe that it will be because it'll take surgery decisions away from the	19 20	Standards of Care?
20 21	because it'll take surgery decisions away from the director level and into the hands of Dr. Conway?	20	A I cannot recall one way or the other without looking at it whether or not it covers
22	A Correct.	22	gender nonbinary. It probably does, but I cannot
23	Q Okay. Other than the surgery	23	assure you without looking at the document, so
24	provision we just talked about, is the current AD	24	it's possible it may not include that.
<u> </u>	Provision we just mixed about, is the current AD		no possiole it may not menude mat.



	Page 94		Page 96
1	So again, I'm doing this from	1	section that prevents us from creating a
2	memory as well. But again, that's in the	2	specialized LGBT-only unit.
3	training. And that's in the all-staff training as	3	And so they proposed an idea
4	well. So every staff member, regardless of your	4	for a specialized unit. It was similar in idea to
5	position, has received that training despite the	5	one I had proposed earlier about a unit that was
6	AD and how it may be currently written.	6	not specific to transgender people, but would have
7	Q When Dr. Anderson reviewed well,	7	a very strong transgender support with other
8	first off, anything else in the current AD policy	8	populations that were more vulnerable also in it.
9	that you believe is not compliant with WPATH	9	I took that Moss Group and I
10	Standards of Care?	10	talked with the department about, A, that that
11	A I cannot recall anything in addition	11	population would be too huge to even fit in one
12	in that AD.	12	facility if that were implemented. And so I
13	Q Okay. When you said that you have	13	really talked about narrowing it down to other
14	made changes to the draft AD based upon comments	14	another bullied population. Because at the end of
15	from Dr. Anderson and the Moss Group. Did you	15	the day, the transgender community repeatedly has
16	receive comments back in a document?	16	communicated with me that their peers and their
17	A We had meetings with Dr. Anderson	17	peers can have a bullying affect on them, and that
18	that were teleconferences where we discussed	18	that increases their minority stress. Again, all
19	policy and where to change policies.	19	those microaggressions, sometimes actual
20	Q Was there any documents or meeting	20	aggressions. We've had reports of gangs
21	notes or summaries included as part	21	preventing access to telephones. You know, those
22	A The meeting notes would've come out	22	kinds of things we can do a specialized unit that
23	of Chief Puga's office.	23	addresses bullying.
24	Q So Puga's office created meeting	24	And so by combining those
	Page 95		Page 97
1	notes relating to those meetings with Dr. Anderson	1	_
1 2	notes relating to those meetings with Dr. Anderson regarding the compliance or lack thereof of IDOC	1 2	populations, it's not specific to LGBT. It's
1 2 3	notes relating to those meetings with Dr. Anderson regarding the compliance or lack thereof of IDOC as it relates to WPATH Standards of Care?	2	populations, it's not specific to LGBT. It's really addressing the bullying and emotional abuse
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	Page 98		Page 100
1	in a vary enhanced way, and the amount of	1	policies and make sure there isn't any
2	additional, you know, training and supports and	2	inconsistencies or conflicts or mistakes in basic
3	what have you.	3	grammar, writing, that sort of thing.
4	Also, I want a location that	4	So it is far along in the
5	is close to a major metropolitan community in case	5	process. However, I don't know how long it will
6	there is a complication with the medical side such	6	take them, to be honest. It could be a matter of
7	as a surgery. I want somebody near a hospital.	7	weeks or a matter of months. I can't foresee the
8	That's why I had recommended Centralia	8	future, but it's it's very short.
9	Correctional Center. It meets basically all the	9	Q Okay. We can
10	criteria that I'm really looking for. They are	10	A We update mental health policies and
11	very supportive of the trans population. They're	11	they come out a few months later.
12	knowledgeable and have very aware staff on trans	12	Q Okay. And would you agree with me
13	issues, not just criminals, people with	13	that until the new administrative directive is
14	criminogenic histories, but also just in general.	14	scratch that.
15	And it's in very close proximity to St. Louis	15	You would agree with me that
16	which provides large hospitals. If there is a	16	the current administrative directive that is in
17	complication, we can get them there very quickly.	17	place today renders IDOC not in compliance with
18	So that was my recommendation.	18	WPATH Standards of Care?
19	They didn't specifically say	19	A As written, it does. But in
20	the institution, nor did they say those other	20	practice, we have already implemented changes that
21	factors for considering. I added those additional	21	are beyond that such as you know, we've already
22	factors and limited down and broke down the	22	enacted the survey, for example. We've already
23	population into a smaller group of people who are	23	enacted that hormone decisions are made on the
24	bullied a lot.	24	site level. So we have been eliminating things
	Page 99		Page 101
1	-	1	
1	So that was the final	1	that are noncompliant.
2	So that was the final submission. I felt that there were missing pieces	2	that are noncompliant. We've already implemented
2 3	So that was the final submission. I felt that there were missing pieces that the Moss Group overlooked that needed to be	2 3	that are noncompliant. We've already implemented reaching out to WPATH to created additional
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	De		Deve. 104
	Page 102		Page 104
1	they are Wexford employees.	1	the contract that Wexford has with IDOC to supply
2	Q Just to make sure the record is	2	mental health providers to IDOC, does someone who
3	clear, that with some rare exception, the well,	3	has meets those basic requirements guarantee
4	you are an IDOC employee. The mental health	4	that they will be competent under the WPATH
5	providers that you oversee are Wexford employees?	5	Standards of Care?
6	A Yes, that I provide consultation for.	6	A I cannot speak directly to that. But
7	I have no I have no human resources	7	I can say that employees, that they do have an
8	jurisdiction over them.	8	initial trial and training period. And if they
9	Q Okay. And you also don't have access	9	don't meet those standards, um, of competency,
10	to their personnel files and résumés?	10	that they do have it so that they can actually
11	A That's correct.	11	terminate employment of individuals that aren't
12	Q Okay. So when if you are under	12	meeting competency standards. It's up to them to
13	the you have no way to know one way or the	13	determine competency standards for individuals and
14	other then what the qualifications are of a	14	trainability.
15	particular mental health provider because you	15	Q So are you saying then that Wexford
16	don't have access to that file?	16	will not hire anybody who doesn't meet the WPATH
17	A I know the basics that we talked	17	Standards of Care and minimum competency
18	about earlier in terms of in order for them to	18	requirements?
19	qualify. Because they do have contractual	19	A I can't say whether that's part of
20	obligations in terms of getting us individuals who	20	their hiring process. I have no way of knowing if
21	can do that differential diagnosis, people who are	21	that's one of their required areas that are beyond
22	DSM-V competent. So those basic clinical	22	the State's contract with them.
23	requirements that are listed in the competency,	23	Q Okay.
24	you know, having supervised practicums, those are	24	A So I have no way of knowing.
	Page 103		Page 105
1	requirements of the contract. But some of the	1	Q Is IDOC compliant with the WPATH
2	other transgender specific, I wouldn't have access	2	Standards of Care when it comes to assessing
3	to that because that would be part of the résumé,	3	gender dysphoria in transgender prisoners?
4	not the basic contract that we have.	4	A Yes. We are all I provide
5	Q Okay. So you so is it your is	5	screening on the assessment domain so that the
6	it your testimony then that it is not a basic	6	clinicians can do proper assessments. I utilize a
7	requirement to be hired by Wexford to be a mental	7	combination. They first start off with our mental
8	health provider within IDOC to have met all	8	health evaluation form, and that is due 14 days
9	minimum requirements under the WPATH Standard of	9	after arrival at a parent institution. Or if it's
10	Care competency requirements?	10	been done 60 days prior to a transfer, then they
11	A No. That's not what I'm saying.	11	would review that that mental health
12	What I'm saying is I am not privy to the	12	evaluation.
13	additional requirements that they might have in	13	That's a starting point. It
14	terms of their recruitment and hiring of	14	provides basic demographics, basic background,
15	employees. I can't speak to those additional	15	histories on family. It provides an ability for
16	requirements that are outside of our contract.	16	people to determine addiction recovery issues and
17	The reason I can speak to the contract is items	17	mental health problems. And then because
18	is it's written specifically in our contract. So	18	proper assessments of co-occurring disorders,
19	I can't speak to the additional employment pieces	19	which would be, you know, intellectual
20	that are beyond the contract.	20	disabilities and substance abuse and mental health
21	Q Okay. So maybe let me ask it a	21	addiction issues is part of the basic care that's
22	different way. You assume that the well, let	22	provided, it's also part of the WPATH Standards of
23	me ask it this way.	23	Care as well. And then they will do additional
24	Based upon your knowledge of	24	interviewing to gather WPATH transgender specific



	Page 106		Page 108
1	things like, you know, what is their gender	1	A Yes. But they would be referring out
2	identity over time, you know, what is their the	2	ultimately the medical interventions.
3	extent and how gender dysphoria has presented	3	Q Right.
4	itself. I ask them to address in their assessment	4	A They might mention medical, but
5	their minority stress management in general.	5	they're going to refer out to medical those.
6	Because remember, transgender	6	Q Understood.
7	people aren't just transgender. They are the	7	Is there a written sort of
8	intersectionality of all of their identities. So	8	guide so that these mental health providers know
9	they may be impacted by racism, Islamaphobia, or	9	how to do this? Are they provided something?
10	any number of other prejudice and all of those	10	A There are three sources to gather
11	combined. And they may have different ways of	11	information. Obviously well, not obviously.
12	managing different elements, different aspects of	12	But the administrative directives do provide some
13	their identity, or there may be a consistent form.	13	basic guidance on major areas, but it's very brief
14	So I want to know the	14	and vague. So it's expanded upon in the standard
15	different ways that they're coping and whether	15	operating procedure manuals. But do keep in mind
16	they're healthy or unhealthy. We have	16	that manual is based on the old ideas and it's
$10 \\ 17$	individuals, for example, that relieve emotional	17	going to need to be updated. But these assessment
18	distress through, you know, cutting behavior.	18	criteria won't change. It will be more some of
19	They're enacting the emotional pain with physical.	19	the other specifics that we talked about that
20	There's a lot of psycho dynamics as to why that	20	we're changing earlier.
20 21	is. There's a lot of individuals that also have	21	And in addition, part one and
22		22	
23	addiction recovery issues because they're managing	23	part two mental health and corrections training
23 24	those feelings through chemicals. Some individuals may engage in fighting behavior and	24	that I've talked about earlier, is on our mental health SharePoint. So if they want to re-review
27	mutviduais may engage in righting behavior and	24	health Shaler ont. So if they want to re-review
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	Page 107		Page 109
1	other forms of acting out. Some people may be	1	the materials, they can. And I do periodically
2	other forms of acting out. Some people may be social support seekers. Those are just a few	1 2	the materials, they can. And I do periodically update those. You know, I've, you know, basically
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8 and educating inmates in the proper manner? 8 Q Okay. So just to make sure I have 9 A We have a division of mental 9 this straight. When an inmate is being assessed 10 health and do keep in mind, I'm not speaking to 10 for gender dysphoria, is being educated about the 11 medical. We do have a separate division within 11 things that they have, the options available to 12 mental health that provides our QI for the mental 12 them when they're being looked at, for example, 14 showed competency are directly applied. You know, 14 for potential referrals for hormone treatment and 15 for example, the you know, dealing with 15 health provider who is doing that work, correct? 16 co-occurring disorders and mental health 16 A Correct. 17 assessment. 17 Q Okay. And the quality assurance of 18 In terms of the oversight, you 18 that work is being done by a separate department 19 know, of gender dysphoria, everybody is required 19 by the State, although you may from time to time 20 to do proper diagnosing, and so we do look at 20 als		
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22 interview when we went to interview the offender 22 practice, so I can't tell you. And I don't assess	 And that's conducted by the State. Q Okay. So you personally are not reviewing their records to make sure that they're doing it correctly. That's a separate department that is that is doing quality checking? A The quality assurance piece that you were asking about in terms of how you phrased it and how I understood it is done by a separate department. However, I do, when I go into facilities, look at charts and take samples as I'm working with those. For example, when offender Monroe when we were making the decision to transfer to the female division, Dr. Puga and I both looked at the chart, and gender dysphoria was 	 specifically their job qualifications in terms of WPATH standards. Q And are the quality assurance people you are talking about, those are employees of IDOC and not Wexford? A They're IDOC employees. And all of them are are experts in terms of DSM-V which is where you get the gender dysphoria diagnosis. So they all are competent in gender dysphoria diagnosing. Q Okay. Is IDOC, when it comes to the topic of hormone therapy, currently compliant with all applicable WPATH Standards of Care?
at Pontiac. We also looked at the chart to, you 23 the medical department because it's outside my	 And that's conducted by the State. Q Okay. So you personally are not reviewing their records to make sure that they're doing it correctly. That's a separate department that is that is doing quality checking? A The quality assurance piece that you were asking about in terms of how you phrased it and how I understood it is done by a separate department. However, I do, when I go into facilities, look at charts and take samples as I'm working with those. For example, when offender Monroe when we were making the decision to transfer to the female division, Dr. Puga and I both looked at the chart, and gender dysphoria was clearly identified. So we didn't just go by our 	 specifically their job qualifications in terms of WPATH standards. Q And are the quality assurance people you are talking about, those are employees of IDOC and not Wexford? A They're IDOC employees. And all of them are are experts in terms of DSM-V which is where you get the gender dysphoria diagnosis. So they all are competent in gender dysphoria diagnosing. Q Okay. Is IDOC, when it comes to the topic of hormone therapy, currently compliant with all applicable WPATH Standards of Care? A That's outside of my scope of
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	Page 114		Page 116
1	Q Okay. You are here to testify about	1	mental health components to it. And in fact,
2	whether the committee follows and applies the	2	there is actually administrative components as
3	WPATH Standards of Care or any other medical	3	well. Like, shower separately and privately, for
4	standards to its treatment decisions, correct?	4	example.
5	A I can't tell you about the medical	5	So it's a multidisciplinary
6	side of whether that care meets medical	6	process. I that's documented on an IDOC 0400
7	compliance. That would be something that Dr. Puga	7	form. And that is also through verbal. I know
8	could speak to. I can basically speak to the fact	8	that in my region the like, for example, at
9	that they are all required to follow that. But in	9	Menard, I know there's a lot of conversations
10	terms of quality assurance for their care, I can't	10	between mental health and the medical providers in
11	determine their quality assurance for medical.	11	terms of those decisions.
12	Mental health doesn't oversee that quality	12	Q Okay. So then does the 0400 form
13	assurance piece. But they are all required to	13	that a mental health provider at least partially
14	they're supposed to be following WPATH standards.	14	completes with the help of others, is that
15	MR. RAY: Okay. All right. Maybe,	15	essentially the referral letter for when hormone
16	Ms. Cook, you and I can take that up offline if	16	treatment should be considered by a medical
17	perhaps Mr. Puga is able to address other parts of	17	professional?
18	these topics at his deposition on Monday.	18	A Yes. I would consider that similar
19	BY MR. RAY:	19	to a referral letter, although it's much more
20	Q But let me try and stay on hormone	20	it's basically like a form format. It will ask
21	therapy for a bit. When a mental health provider	21	sections like right out of DSM and that sort of
22	does a referral letter and as it relates to	22	thing. So it's got content. And a lot of our
23	hormone treatment, is that process done fully in	23	offenders actually come into the system having
24	compliance with WPATH Standards of Care as of	24	already been on hormones as well. So, you know,
	Page 115		Page 117
1	today?	1	those individuals, we wouldn't stop their hormone
2	A They do it via a multidisciplinary	2	use obviously when they came into the facility.
3	team staffing of the individuals, and that would	3	Q And then for surgery, when a
4	be documented again in terms of the criteria	4	transgender inmate is being attended to by a
5	that's used for it in medical. So they are	5	mental health professional, is there another form
6	supposed to work with medical in a	6	for when a there is a referral letter relating
7	multidisciplinary in person or via the	7	to surgery?
8	telemedicine. So that is actually done in person	8	A You cut out a little bit, but if I
9	and documented on IDOC forms rather than a	9	don't answer the completely. But my understanding
10	traditional, like, letter like I would do for	10	of what you're asking was that does mental health
11	surgery. That letter I wouldn't do on an IDOC	11	provide that letter, and the mental health
12	form because it's going to outside individuals.	12	providers on-site would not be the ones to write
13	Q Okay.	13	that letter. I would consult with them. I would
14	A So that will be a form specific to,	14	consult with the record. And I would interview
15	you know, how you would see it in the community.	15	the offender as well for that beforehand.
16	Q Okay. So when IDOC mental health	16	I've also trained staff about
17	providers issue a referral for hormone therapy,	17	the importance of preparing offenders who want the
18	it's done in relation to filling out a specific	18	surgery to make sure they are, you know, gathering
19	form; is that right?	19	information, talking with their medical providers.
20	A Whenever they come into the facility,	20	So we also provide that pre-procedure just to talk
21	offenders get a 0400 form, and the mental health	21	with offenders about the importance of preparing
22	providers are filling that out. They are they	22	themselves, having some basic idea to communicate
23	use a multidisciplinary approach with medical. So	23	with medical providers, that sort of thing. If
24	there are medical components to that and there are	24	they have difficulty, you know, communicating with



	Page 118		Page 120
1	medical providers, then we can talk about those	1	finalized soon?
2	issues about, you know, maybe it might be helpful	2	A Yes.
3	to write it down what you want to talk about	3	Q Okay. Do you know whether or not
4	before, you know, in case you get nervous. So we	4	IDOC is in compliance with all WPATH Standards of
5	also provide that as assistance for medical so	5	Care relating to postoperative care and follow-up
6	medical can can provide, you know, optimal	6	after surgery?
7	services.	7	A We haven't provided that, and it's
8	Q Okay. And this is going back to the	8	out of my scope of practice. Mental health will
9	process that I think you were talking about	9	be providing aftercare and helping individuals
10	earlier today where all surgery referal letters	10	with that process in terms of mental health care.
11	would come from either you or Dr. Puga and then	11	Q Dr. Reister, are you aware that there
12	ultimately go to Dr. Conway for approval; is that	12	is a specific section within the WPATH Standards
13	right?	13	of Care relating to the applicability of these
14	A Yes.	14	standards to people living in institutionalized
15	Q Okay. Is there a particular format	15	environments?
16	that those letters well, let me back up. Have	16	A Yes.
17	you written, or Dr. Puga, has he written, any such	17	Q Is IDOC, as we sit here today, fully
18	referral letters for surgery yet?	18	compliant with all provisions of that chapter?
19	A I have not written that letter, which	19	A I reviewed it. It's been a minute
20	is why Erica Anderson is going to help me write	20	since or a little bit of time since I reviewed
21	the letter. Of course, it was discussed at WPATH.	21	it. At the time it was not completely in
22	However, I want somebody to actually review it to	22	compliance. It's my understanding is it's
23	make sure that it has everything that the surgical	23	actually going to be expanded in revision eight,
24	team would need.	24	and so I having an expert from USPATH is going
	Page 119		Page 121
1	Q All right. And just following up on	1	to help us so that we are compliant with
2	hormone treatment then, you are not able to	2	standards. So that's one of the other advantages
3	testify today as to whether or not IDOC is	3	of having somebody from USPATH helping us with
4	compliant with all relevant WPATH Standards of	4	policies.
5	Care on hormone treatment, correct?	5	
6	A We are supposed to be. However, I	6	Q And when you had done this review and had determined yourself that IDOC was not in
7	don't audit that, so I can't speak for certain	7	compliance, when did this review occur?
8	other than they need to have basic competency for	8	A Oh, goodness. It was a couple of
9	providing all their medical services.	9	years ago. And one of the things that I was
10	Q Okay. And so and you are not also	10	concerned about is the ability for individuals to
11	able to testify today whether any or all of the	11	live in their gender and their gender congruent
12	physicians within IDOC who are prescribing	12	manner just because of the things we talked about
13	hormones are competent to do so?	13	earlier that make it a challenge. And we have
14	A It's outside of my scope of practice.	14	made movement in terms of those things, but it's
15	Q All right. And I'm going to assume	15	been a little time and I can't remember all the
16	then you are also unable to testify today	16	points from it. I just, you know, recall that
17	regarding whether or not IDOC is in compliance	17	there were some things that might be helpful to
18	with all WPATH Standards of Care relating to	18	modify.
19	surgery?	19	Q Okay. And are those strike that.
20	A We haven't actually done a referral	20	MR. RAY: It's a little bit after
20 21	for surgery yet. So therefore, there's there	21	noon. We've been going for about an hour. How
22	is not a way to assess that. I know that it's	22	about we take a lunch break now?
23	part of the new policy.	23	Dr. Reister, I see you brought
24	Q That is hopefully going to be	24	some food with you today. But how long would you
/4			



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1	like to take for lunch?	1	the previous fiscal year. It was completed. And
2	THE WITNESS: I only need ten	2	that training involved topics would you like me
3	minutes, so you probably will take longer than I	3	to go over the topics? I'm not sure if you want
4	will.	4	me to go over them.
5	MR. RAY: Well, why don't we take a	5	Q Yeah. But just to make sure we have
6	half hour? Is that all right with everybody? And	6	a timeline here. So this is training that you put
7	we'll try to do a half hour so we can keep moving	7	together and was completed in 2019.
8	today? Lisa, is that all right with you?	8	A Yes.
9	MS. COOK: Yes.	9	Q Okay. Was it
10	MR. RAY: Okay. Diane, is that all	10	A And 2020. Because the fiscal year
11	right with you, too?	11	goes from July 1st through the end of June the
12	THE REPORTER: That's fine.	12	following year. So it was in 2019 through 2020.
13	MR. RAY: Okay. Let's try and come	13	Q Okay. Do you recall what month you
14	back around 12:40 or so and resume then.	14	began working on that on that training?
15	THE VIDEOGRAPHER: The time now is	15	A November of 2018.
16	12:07. We are off the video record.	16	Q Okay. So this is training that you
17	(After a lunch recess, the	17	started working on November 2018 that wound up
18	deposition continued as	18	getting deployed within the last fiscal year,
19	follows:)	19	correct?
20	THE VIDEOGRAPHER: The time now is	20	A Yes.
21	12:41 p.m. Central time. We are back on the video	21	Q Okay. And does this training bear
22	record.	22	any correlation to the part one or the part two
23	BY MR. RAY:	23	that you had talked about earlier?
24	Q Dr. Reister, welcome back. I hope	24	A That's correct. A lot of the
	Page 123		Page 125
1	you had a good lunch.	1	sections of it actually came from the part one and
2	I now would like to talk a bit	2	part two. I only had a few months to write it,
3	about training for IDOC staff. And so what I'd	3	according to the courts. So I wanted to I had
4	first like to talk about is prior to 2020, so	4	that as a starting point. And then I put it again
5	setting this year aside.	5	through the review process. I talked about with
6	What was the required training	6	those outside consults. And so I basically
7	for IDOC staff on issues relating to transgender	7	crunched down the topics that were specific to
8	individuals?	8	trauma, emotional distress related to transphobia,
9	A Well, all staff have an initial	9	as well as other forms of discrimination. We went
10	training that we go through. Mental health calls	10	into legal issues, existing court cases of
11	it PSOT. And it goes over IDOC policies and	11	discrimination. I spent a lot of time on
12	general function. That training is very, very	12	misgendering, how to use proper pronouns, and
13	general in terms of diversity awareness and PREA.	13	mental health issues in general.
14	And then additionally, every staff member will get	14	So the basically I pulled
15	what we call cycle training and again, sexual	15	out the mental health provider specific topics and
16	harassment, abuse. Professional standards is	16	gave the basic definitions of the various terms
17	covered again. But again, that's not intensive	17	and so that they were using those terms
18	trans specific. It would be sort of like a	18	correctly. Discussed, in addition what I talked
19	subgroup discussion of the larger topics.	19	about a minute ago, you know, what kind of
20	And so what we developed	20	terminology would be not appropriate for use with
21	there was a court action that required me to	21	this population.
22	develop an all-staff training to deal specifically	22	Q Okay. For the part one and part two
23	with transgender concerns. And so that training	23	trainings that you're talking about, those are
24	was a two-hour training. It was implemented in	24	trainings that were created for mental health



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1	professionals, correct?	1	spoke about earlier from Howard Brown, and she
2	A Yes.	2	came to one of our quarterly mental health
3	Q All right. And then	3	meetings and she did a presentation as well. It
4	A And then I took excerpts out of that	4	was also one of the topics covered when we had one
5	for the all-staff training.	5	of our psychiatrists was dealing with diversity
6	Q For the all-staff training. Okay.	6	issues, and she incorporated it into her larger
7	And when were part one and	7	discussion. So there have been additional.
8	part two trainings created?	8	I also did another quarterly
9	A Those were in development over	9	mental health meeting where I had talked about
10	multiple years, and I kept adding to them. I know	10	transgender issues and transgender training and
11	I started working when I was in this position	11	helping people understand the additional needs of
12	before I worked as a contract person for the	12	this population several years ago. So they've had
13	department. I would say that they were started in	13	a few other trainings primarily through quarterly
14	2013, but a majority of it was really basic	14	mental health meetings.
15	information, and it wasn't as developed as what it	15	Q All right. Do you know if there is
16	is today.	16	any specific training for medical professionals
17	So there was a revision that	17	relating to transgender health issues?
18	got completed in 2018 right after I came back from	18	A I don't know. I heard rumors that
19	the WPATH conference, and I added some information	19	there were. But I'll be honest, I don't know. I
20	about voice work, what kinds of topics might	20	don't track that as much.
21	somebody use. I went and in terms of if you	21	Oh, can I go back and say, we
22	were a voice therapist with trans women in	22	also had a Federal Bureau of Prisons did a
23	particular. And I added a little bit more in	23	training a few years ago. Probably like five or
24	terms of helping people understand risks and	24	six years ago they did a training as well that was
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1	benefits and basically realistic expectations	1	attended by many of us.
2	about the time frames that it would take. I	2	Q Okay. So just to make sure the
3	pulled those that information right out of the	3	record is clear, though, you know, as the designee
4	WPATH Standards of Care, but I wanted to make sure	4	for the State on this issue, you're not aware of
5	that the MHPs were aware of the medical	5	any specific training for medical professionals
6	interventions.	6	regarding the treatment of gender dysphoria or
7	Q Since	7	regarding transgender individuals?
8	A So that was the latest topics that I	8	A I'm told that Wexford Healthcare has
9	added.	9	something, but I'm not aware it's not something
10	Q Okay. So since 2018, the part one	10	that I have tracked. But Wexford Health Sources,
11	and part two trainings for the MHPs has remained	11	it's my understanding, has been has either
12	the same?	12	completed it or they're working on it. I don't
13	A In content. I changed the what do	13	know where in the process it is. But that's a
14	you call it the background, the designs, and I	14	side issue that probably would be better directed
15	rearranged a couple of the slides so because I	15	to Dr. Puga because he would have that information
16	felt like, you know, if I moved them to another	16	about where they're at in that process, or
17	section, it would read better. But yeah, the	17	Dr. Conway.
18	content has stayed the same.	18	Q Okay.
19	Q Okay. And so other than the	19	MR. RAY: And, Lisa, I think we'll
20	all-staff training that was completed in the last	20	follow up on that after the deposition today. It
21	fiscal year and the part one and part two training	21	seems like maybe there's a couple of things that
22	for the MHPs, is there any other training for IDOC	22	Dr. Puga can address on Monday.
23	personnel at any level on transgender issues?	23	BY MR. RAY:
24	A We brought in Caitlin Williams that I	24	Q Okay. Are you aware of any training



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1	relating to the treatment of gender dysphoria or	1	A I don't recall any feedback having
2	regarding transgender individuals that is provided	2	received. I am always appreciative of any
3	specifically to correction officers?	3	feedback, particularly since I'm going to be
4	A I only the training the	4	revising.
5	two-hour training was for correctional staff. It	5	Q Okay. So you don't recall even in
6	was every single staff member no matter what your	6	the last couple of months receiving any feedback
7	position was. So that is the training that they	7	from Wendy Leach or anybody at the Moss Group
8	received.	8	regarding your training materials?
9	Q Okay. So that training was not	9	A I have information and feedback from
10	specific for correction officers. That training	10	Erica Anderson. Most of the feedback that I
11	was for everybody?	11	received was regarding perhaps using examples and
12	A Including correctional officers. I,	12	different things that might be how should I put
13	in particular, want a lot of the issues were	13	it not at a master's level, there were some
14	related to security issues and concerns, so that	14	things that they were suggesting to maybe include
15	training, when I was developing it, was having	15	some other things that might capture the attention
16	that in mind. Because the issues that were	16	of non-mental health staff. Because it was pulled
17	brought up in the other court case was regarding	17	out of the mental health staff due to the time
18	security staff, behaviors of misgendering in	18	constraints. But it had all the information, and
19	particular. And so it was actually designed	19	then I did get that feedback from other
20	and that's one of the reasons why I had Len Meyers	20	correctional people.
21	take a look at it as well because I wanted to make	21	So all the feedback I'm
22	sure it met the needs of correctional officers	22	going to look, and I will when I go to actually
23	staff.	23	revise those materials, I'm actually going to
24	And do keep in mind, I am	24	solicit from, you know, all of our sources. The
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1	planning this to be a multiyear process because	1	Moss Group wasn't working with us at the time that
2	social psychology research says that you make	2	those slides were due.
3	small, incremental changes. So I'm going to be	3	Q When do you anticipate having a
4	continuing to develop trainings and information	4	revised version of that training available?
5	for people and the correctional officers as well.	5	A I'm going to work on that in probably
6	But I can only work on so many projects at once.	6	2020. I'm also working on some other projects as
7	So that's going to be, you know, once I finish	7	well.
8	some of the ones that we are talking about right	8	Q Okay. And does that all-staff
9	now.	9	training session that's two hours, are they
10	Q So just to make sure the record is	10	just do they receive that once?
11	clear, although correction officers were among the	11	A It's received once. And then that's
12	clear, annough confection officers were among the		
	population of IDOC employees that received the	112	why I'm working on some follow-up trainings
	population of IDOC employees that received the all-staff training that training was not	12	why I'm working on some follow-up trainings because it will take more than one exposure to the
13	all-staff training, that training was not	13	because it will take more than one exposure to the
13 14	all-staff training, that training was not specifically directed towards correction officers,	13 14	because it will take more than one exposure to the information. Clearly, the training lieutenants
13 14 15	all-staff training, that training was not specifically directed towards correction officers, correct?	13 14 15	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to
13 14 15 16	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards	13 14 15 16	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity.
13 14 15 16 17	 all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was 	13 14 15 16 17	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more
13 14 15 16 17 18	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security	13 14 15 16 17 18	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in
13 14 15 16 17 18 19	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security professionals and they received it as well. But	13 14 15 16 17 18 19	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in racism as well. Because I want to address that
13 14 15 16 17 18 19 20	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security professionals and they received it as well. But it was designed specifically for correctional	13 14 15 16 17 18 19 20	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in racism as well. Because I want to address that intersectionality.
13 14 15 16 17 18 19 20 21	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security professionals and they received it as well. But it was designed specifically for correctional officers in particular to the other staff.	13 14 15 16 17 18 19 20 21	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in racism as well. Because I want to address that intersectionality. We have a very large black
13 14 15 16 17 18 19 20 21 22	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security professionals and they received it as well. But it was designed specifically for correctional officers in particular to the other staff. Q Okay. Did you receive any feedback	13 14 15 16 17 18 19 20 21 22	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in racism as well. Because I want to address that intersectionality. We have a very large black trans population, particularly in the female
13 14 15 16 17 18 19 20 21	all-staff training, that training was not specifically directed towards correction officers, correct? A It was directed specifically towards correction officers, but a lot of the material was also appropriate for other non-security professionals and they received it as well. But it was designed specifically for correctional officers in particular to the other staff.	13 14 15 16 17 18 19 20 21	because it will take more than one exposure to the information. Clearly, the training lieutenants have been exposed, and there are opportunities to talk about diversity and intersection of identity. So it will be covered, but I want some more specific training as well as particularly in racism as well. Because I want to address that intersectionality. We have a very large black



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1	take a look at the research and some of the stats.	1	anybody who received who had the training that
2	The murder rate for that population is very, very	2	it wasn't it needed to be more engaging or it
3	high. And so, you know, I want to talk a little	3	wasn't they didn't understand it?
4	bit more about that kind of information. So	4	A They didn't like the inflections in
5	things like that that may capture people's	5	my voice. I was too monotone. And it had to do
6	attention.	6	with how I recorded it and the fact that I, you
7	I'm also going to probably	7	know, could only do so many takes to get it done
8	beef up a little bit regarding and do something to	8	on time. Because it was two hours worth of
9	make it stand out in people's mind that even	9	recording. And so that's something I'm going to
10	biology is not dichotomous. And, you know, I did	10	work on.
11	cover that, but also I want to do something, and	11	I do a lot of public speaking,
12	I'm still in the creation to really make that	12	and one of the comments people said I'm so
13	stand out. Because I do think it's easier to	13	animated normally, and it wasn't kind of my normal
14	understand gender not fitting into cultural	14	animated style of presenting. And so they were
15	typical cultural ideas. If you can take a look	15	suggesting to, you know, basically get the right
16	at even biology doesn't isn't that simple.	16	conditions and take the time necessary to get that
17	And I know that that caught a	17	inflection more animated to, you know, capture
18	lot of people's attention, and so I want to take	18	people's attention. So that was the feedback that
19	the things that I keep getting feedback from	19	I received in terms of engagement.
20	people that catch their attention and help explain	20	Q Okay. I'm going to share a document
21	working with this population and take some of that	21	with you that I wanted to follow up on a point
22	feedback and maybe and maybe, you know you	22	regarding the Moss Group, so bear with me as I
23	know, increase it a notch or two so that, you	23	attempt to share my screen once again.
24	know, it really captures people's attention.	24	
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1	Q So when there is a when the	1	(Reister Exhibit No. 6 was
2	all-staff does the training session, is there a	2	marked for identification.)
3	do they all sit in a room and do it together? Do	3	BY MR. RAY:
4	they do it on their computer? How is it	4	Q Can you see a document that's marked
5	delivered?	5	at the top Reister Exhibit 6?
6	A I actually recorded the dialogue	6	A If you could enlarge it, it
7	the script basically. So I did the it's on a	7	because it's too small for me to read.
8	PowerPoint platform. I did basically I wrote a	8	There you go. Yes, I can read
9	script and I recorded it. I got a professional	9	that.
10	mic and I recorded it for everybody. And again,	10	Q Okay. This is a document I know
11	there were time constraints. There were only so	11	that the logo is really difficult to see in the
12	many, you know, takes I could do. So I will	12	upper right-hand corner, but it says the Moss
13	probably also work on the delivery and getting	13	Group up here. Do you see that?
14	maybe more of a professional sound studio, that	14	A I do.
15	sort of thing, to make it a little bit easier to	15	Q Okay. And this is entitled "Review
16	be more animated, for example, in the delivery. I	16	of IDOC staff training on transgender offenders,"
17	think that would help so it doesn't come across as	17	and gives the title of the presentation dated
18	so dry.	18	May 18, 2020. My question is have you seen this
19	Due to the nature of the	19	document before?
20	recording studio I created to do it, it's I	20	A If I have, I have not had a chance to
21	think it will be more engaging, you know, to	21	incorporate it. Because in May of this time of
22			
	record it again and really up it a notch to	22	year I was on medical leave around that time
23 24	record it again and really up it a notch to capture people's attention. Q Did you receive any feedback from	22 23 24	year I was on medical leave around that time period. So I can double-check the huge amount of e-mails that I received during that time period



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1	because I was off for a few weeks. So it's	1	earlier this year and maybe even late in 2019, the
2	possible I missed it or I went through so many	2	two-hour training, how did they receive that? Is
3	that I can't remember it.	3	it I think I asked this already, but maybe we
4	Because I've been planning to	4	got off on a different topic. Do they all sit in
5	revise the materials, so I may have just tabled it	5	the room and watch the video together with your
6	and stuck it in my training ideas folder.	6	voice-over, or is it on them to find it, you know,
7	Q As you sit here today, you don't know	7	click on a link in their e-mail and watch the
8	whether you reviewed this document or not?	8	video themselves?
9	A I can't remember whether I reviewed	9	A I believe that the training
10	it. I definitely at that date wouldn't have been	10	department, which implemented it I provided the
11	able to review it in the time that I would have	11	slides and they implemented, were going to have
12	received it. It's probably to be reviewed. I'm	12	this presented in a class. However, it was
13	basically I've got so many different projects	13	designed to do either either method. So either
14	I'm doing. I can only do so many at once.	14	one would work given the didactic nature of it. I
15	And that time period was	15	designed it specifically depending on the needs.
16	designing, you know, things like the specialized	16	Particularly with COVID, you
17	unit and what have you. So I basically put things	17	know, at the you know, recently since March, we
18	in folders, and when I'm ready to work on those	18	wouldn't have been able to do those trainings. So
19	projects, I'll go through. So I would have	19	it would have had to have been done if somebody
20	basically skimmed over it if I read it and then	20	hadn't completed it, it would have had to have
21	stuck it in a folder for when I revised training.	21	been done via the online version just because we
22	Q Okay. I mean, do you have any help	22	can't get those people into the rooms to do that
23	to put together these training materials within	23	training. Only recently have we opened up, and
24	IDOC? I mean, obviously Dr. Anderson is available	24	they're very small groups so but I don't track
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1	for you now at least in a part-time consultancy	1	specifically. I was told it was finished by the
2	role. But otherwise, does it really just fall on	2	end of the year.
3	your shoulders to put these things together?	3	Q Okay. As part of that two-hour
4	A No. The for example, the	4	training for all staff, as well is there like a
5	information on microaggressions is coming from our	5	quiz or something either spaced throughout the
6	training academy. They do deal with racism and,	6	presentation or at the end to confirm that some of
7	you know, other issues of diversity. And they	7	the content was understood and received?
8	would go and we would share, you know, appropriate	8	A There was not a quiz to pass. There
9	documents. Implicit bias was one of the trainings	9	was basically a myth section at the end. If you
10	I utilized. Also, Dr. Christian Gillespie and I	10	had been paying attention, you would be able to
11	developed a different training called the	11	answer the question. But there was no recording
12	Intersectionality of Identity, and that heavily	12	of, like, for example, a quiz. You know, if
13	influenced and she gave me permission to	13	people think I should incorporate that, I
14	utilize our training that we made for a conference	14	definitely could incorporate it into the
15	to utilize it in these materials.	15	revisions.
16	So, you know, I had those	16	Q You said a myth section; is that
17	other individuals that are also consultants on	17	right?
18	diversity issues, and in particular implicit bias,	18	A Yeah, different topics that people,
19	minority stress, and those particular topics. So	19	you know basically turning the discussion
20	those were not specifically just mine, or some of	20	points into misconceptions that people may have.
21	them were actually not mine. They were borrowed	21	They were basically different topics if you've
22	from the training department's implicit bias	22	been paying attention that you would be able to
23	training.	23	identify if that was true or not true.



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1	specifics, but it would be basically something	1	that would be more understandable by the average
2	where whether it was a definition, whether it was,	2	offender.
3	you know, a particular topic. But basically I	3	So those are the types of
4	would turn it into, you know, a question that	4	quizzes I would be doing to kind of see if they're
5	would be more or less designed if somebody thought	5	getting the concepts.
6	X, Y, Z, is that true or is that false, and then	6	Q Other than some redundancy in the
7	the answer would float into the slide of what that	7	presentations, did Dr. Anderson have any other
		8	constructive criticism for you?
8	answer was. So it would give you a second to		5
9	think what your answer would be and then to	9	A She didn't have content changes to be
10	then to generate your answer.	10	made.
11	Q Okay. But it's not like they had to	11	Q Anything else?
12	answer that question correctly to demonstrate that	12	A She said it was comprehensive. It
13	they had actually taken the training?	13	was basic. It was their more advanced training.
14	A No. No. But I know how to do that,	14	And it was designed to be a basic understanding.
15	and I can incorporate that if somebody would like	15	I mean, one of the things that I go over is the
16	me to incorporate that in.	16	importance of further education and consultation
17	Q Well, see, maybe today was productive	17	and, you know so that's part of the training.
18	after all then, you know, so you know, have	18	And so that is part is to acknowledge that this
19	open minds about depositions, right? And I know	19	is preliminary. This isn't all you do.
20	you sat through a few of them already so	20	And so that was really the
21	A Uh-huh.	21	springboard for her to work with WPATH experts in
22	Q Okay. So did Dr. Anderson review any	22	the field, to provide the advanced training that
23	of these training materials and provide feedback?	23	would follow up. So the plan is people have part
24	A Yes.	24	one and part two. That provides a basic
	Page 143		Page 145
1	Q Okay.	1	foundation. And then the advanced training will
2	A Yes. She reviewed the training	2	happen in Zoom trainings that various experts are
3	materials. She liked the training materials. She	3	working on for us.
4	found a couple of redundant slides in them. When	4	In addition, I also am working
5	I'm presenting, if I find a slide that's	5	I think I mentioned this earlier, but in case I
6	redundant, I either skip it or I bring up a new	6	didn't but I'm also working with somebody on
7	topic. I do sometimes repeat topics or little	7	transgender issues and autism. There's an
8	mini questions to make sure people are, you know,	8	increased rate of transgender identity with this
9	paying attention, that sort of thing. I kind of	9	population. I also want to make sure that people
10	just take a look at the audience and how they're	10	can in general work well with this population.
11	doing, or you know, as kind of a warm-up when	11	So and Dr. Anderson gave me that referral and
12	you come back from a break a little bathroom	12	this individual, and I have been corresponding
13	break or something, then, you know, quiz them to	13	planning that for 20 for 2021.
14	see what's going on in terms of their learning	14	Q Okay. So basically the WPATH
$14 \\ 15$	process.	15	training that Dr. Anderson is working on with
エン		1-2	uanning mai Di. Anderson is working on with
	•	16	WPATH grow out of a hor comments that the most
16	But again, not written. It's	16	WPATH grew out of a her comments that the part
16 17	But again, not written. It's really more of a group format.	17	one and part two training that you had for mental
16 17 18	But again, not written. It's really more of a group format. Q Okay.	17 18	one and part two training that you had for mental health professionals was basic, but perhaps
16 17 18 19	But again, not written. It's really more of a group format. Q Okay. A Like for example, I might ask the	17 18 19	one and part two training that you had for mental health professionals was basic, but perhaps something more advanced would be good for them?
16 17 18 19 20	But again, not written. It's really more of a group format. Q Okay. A Like for example, I might ask the group what's wrong with this treatment plan, you	17 18 19 20	one and part two training that you had for mental health professionals was basic, but perhaps something more advanced would be good for them? A Yes.
16 17 18 19 20 21	But again, not written. It's really more of a group format. Q Okay. A Like for example, I might ask the group what's wrong with this treatment plan, you know. And like last week when I did the training,	17 18 19 20 21	one and part two training that you had for mental health professionals was basic, but perhaps something more advanced would be good for them? A Yes. Q And forgive me if I asked this
16 17 18 19 20 21 22	But again, not written. It's really more of a group format. Q Okay. A Like for example, I might ask the group what's wrong with this treatment plan, you know. And like last week when I did the training, basically they were written in psychobabble, and I	17 18 19 20 21 22	one and part two training that you had for mental health professionals was basic, but perhaps something more advanced would be good for them? A Yes. Q And forgive me if I asked this before. Is there an ETA on when the WPATH
16 17 18 19 20 21	But again, not written. It's really more of a group format. Q Okay. A Like for example, I might ask the group what's wrong with this treatment plan, you know. And like last week when I did the training,	17 18 19 20 21	one and part two training that you had for mental health professionals was basic, but perhaps something more advanced would be good for them? A Yes. Q And forgive me if I asked this



	Page 146		Page 148
1	A I know that they were wanting to get	1	outside group provide the feedback and training
2	it launched this fall.	2	and what have you, or feedback on the training.
3	Q Have you seen any drafts of this	3	Q So does do the mental health
4	presentation or training?	4	professionals who are Wexford employees that work
5	A I have not seen drafts. I don't know	5	under you, do they get separate training on this
6	if Erica has drafts. But I imagine this is coming	6	issue from Wexford?
7	out of the global education initiative that these	7	A I'm not aware of the mental health
8	experts do, so I'm assuming it's going to be	8	providers getting separate training. However,
9	similar presentations and slides to what I saw	9	Wexford does provide some I've been told that
	last fall, maybe updated for any new research that	10	Wexford provides some continuing education credits
10 11	came out.	11	through some through some trainings. And I
12	Again, these are assumptions	12	don't know whether those training materials
12 13	on my part. But given the fact that people kind	13	include this topic or not. I imagine there are
14	of create their conference materials in certain	14	some online topics in particular that would be
15	ways and and, you know, when I'm doing	15	available right now. But, you know, most all
16	conferences, I will, you know, utilize slides and	16	the in-person conferences are basically are closed
16 17	things that might be relevant. Like when I'm	17	down right now.
18	doing my intersection of identity, I don't always	18	But again, that that goes
19	redo every slide if I repeat that training.	19	into their HR, and I don't tread into Wexford HR
20	Q Okay. Did Wexford have any input	20	issues, but they do have additional continuing
21	into any of your training materials?	21	education credits.
22	A No.	22	Q Okay. So you are aware that there is
23	Q Did you seek their input at all?	23	some continuing education efforts by Wexford
24	A They did not provide somebody with	24	generally, but you don't know the effects of what
	Page 147		Page 149
1	the expertise. Wexford staff obviously have gone	1	they get trained with or what they get told?
2	to the trainings. I've had administrative level	2	A Yes.
3	Wexford in terms of mental health go to the	3	Q Okay. So
4	training and give feedback. The feedback has been	4	A And can I make a further comment?
5	positive.	5	And that's why the State does our trainings. That
6	Q So when you say they didn't provide	6	way we can, you know, further their education in
7	input because they didn't have somebody with	7	terms of this training. So that was one of the
8	expertise, what do you mean?	8	reasons why I started working on these trainings
9	A They didn't offer anyone anyone	9	and why we're continuing to invest in getting
10	from their training department. They have an	10	outside experts to help us out. You know, that
11	entire training department, and I didn't have any	11	way we don't have to impinge on HR issues, and yet
12	resources from them, which is why I went and I got	12	we can provide that training to the Wexford
13	outside people to take a look at it.	13	employees.
14	Q Okay.	14	Q Okay. Going back to the WPATH
15	A The other thing, too, is a lot of	15 16	training that Dr. Anderson is putting together,
16 17	those trainings are that they have are	17	have you seen any outlines of what's going to be
17 18	they're intellectual property, so I it would	18	covered or do you have any A Yes. I did see an outline on what
19	require a how should I put it? We would have to write a separate contract, I imagine, to be	19	was covered. It's been a while since I saw that
20	able to merge those trainings and for me to	20	outline. It all looked really good. It covered a
21	implement Wexford material. Due to dual	21	lot of the issues that, you know, was in the
22	employment and union issues, that could be a	22	conferences. So basically what it looked like to
23	challenge. It would be much easier to do like we	23	me is they took, you know, the global education
24	did and have, you know, Erica Anderson or an	24	initiative topics and then the WPATH global



	Page 150		Page 152
1	education initiative topics, and then just	1	ultimately would have to approve it. I'll be
2	tailored it to our adult correctional population.	2	honest. I'm not really sure. The director may
3	Q Okay. Were you involved in the	3	have been involved, but I I don't know who all
4	selection and retention of Dr. Anderson by IDOC?	4	was involved. Obviously the chief of staff would
5	A I was told that they were looking at	5	have to sign off. Legal would want to make sure
6	experts, and then and they named off some	6	that person met our needs in terms of, you know,
7	experts, and I was very pleased to see	7	supporting a, you know, positive legal support for
8	Dr. Anderson on that list and I did express that.	8	feedback we've received in court, so
9	So yes, I was involved with that.	9	But the exact people, I don't
10	At the end of the day	10	know.
11	again, HR issues, I might make comments on, but at	11	Q Okay. And you're not aware of the
12	the end of the day, you know, the powers that be	12	terms of Dr. Anderson's engagement with IDOC in
13	have to decide on those positions. But I'm very,	13	terms of payment or duration of of the
14	very pleased with their selection. It was really	14	engagement?
15	a dream consult for somebody like me to be able to	15	A I don't know how long the current
16	have somebody like Dr. Anderson.	16	contract goes for. I have been given the
17	Q Have you ever requested that IDOC	17	impression that this is an indefinite, but I'm
18	bring on somebody like Dr. Anderson as a	18	sure as with other people who are non-union, you
19	consultant before and play a more beneficial role	19	know, they have contracts that periodically are
20	other than having you just having to go it on your	20	reviewed and renewed, but I don't have any of
21	own and talk to people?	21	those terms.
22	A Well, I'll be honest. I wish that	22	Q Okay. What is the nature of IDOC's
23	was my idea, but I but it wasn't. I didn't	23	engagement with the Moss Group?
24	even realize that, you know, there was a way to	24	A They are providing us suggestions on
	Page 151		Page 153
1	bring a consultant in like this. So somebody was	1	various ways to enhance our correctional
2	aware of that and utilized that approach.	2	transgender care. And so, again, like the exhibit
3	I would say that they were	3	that you provided, they are providing us, you
4	very supportive of me going to WPATH, you know,	4	know, obviously with training suggestions that
5	utilizing that as part of my training and what	5	we'll incorporate into future training revisions.
6	have you. So they are very supportive of giving	6	The one I was reviewing from
7	additional training. But to get the extra staff	7	them and modifying currently was their
8	member is just it was a huge positive step.	8	recommendation for a specialized a specialized
9	Q What other names do you recall were	9	unit that both transgender and other populations
10	on the list?	10	because, again, we talked about the PREA laws
11	A Oh, goodness. I can't remember the	11 12	prohibit having a specific unit without a court
12 13	other names. You know, when they had that name	13	order or a settlement agreement, and we don't have
13	there was somebody that was in child adolescence, and I just didn't think that was appropriate for	14	either of those. So I took a look at their
15		$14 \\ 15$	
16	an adult population. So I can't remember. And I don't know who they eliminated before they came up	16	their suggestions. And they had a write-up, and then I took those and I modified them to address
17	with those names. So that is something that	17	populations like I talked about those who were
18	that once once I saw Dr. Anderson, that was	18	susceptible to bullying, for example, lower
19	pretty much it. That seemed like a perfect	19	functioning offenders and taking a look at how
20	person.	20	would we implement that, what would it look like
21	Q Whose decision ultimately was it on	21	at a facility, what kinds of facilities would work
22	who to hire?	22	really well. And so I had to take a look at some
23	A That's a really good question. We do	23	facilities and take a look at their structure,
24	have somebody in a position. The chief of staff	24	like their physical design, to see if it made
~ 1			



	Page 154		Page 156
1	sense for the size population that might be	1	contract. It's done for a period of time. It's
2	interested in volunteering for such a unit.	2	agreed upon mutually and then it gets re-reviewed.
3	So that was the current Moss	3	For example, they've been
4	Group write-ups that I've been working with.	4	employed by the department through many, many
5	Again, I take a project at a	5	contracts over the 12 years I've worked for the
6	time, and then I save up the other information.	6	department. So just because the contract is
7	And when I start that one, I move on to the next	7	designed to be reviewed at a certain point, you
8	one.	8	know, clearly with Wexford, for example it
9	Q When was the Moss Group engaged?	9	is ongoing, you know, into the future.
10	A Well, I started getting those	10	Q Does Caitlin Williams have a contract
11	write-ups in spring of this year. I don't know	11	with IDOC?
12	when they actually engaged them. And I'll be	12	A No. She was kind enough to just
13	honest. I don't even know if they are	13	volunteer her time.
14	volunteering this information or whether they are	14	
15	contracted. I'm not sure exactly our relationship	15	Len Meyers, part of her
16		16	part of her funding or contract is to educate
	with them. But they have provided some, you know,	17	community professionals. For example, I actually
17	good information, so and again, any time we can	18	I'm sorry. I met them at a training for, like,
18	get a consult, it's helpful.		sheriffs and police departments and corrections.
19	Q So I'm asking you right now some of	19	And so working with IDOC is part of the Planned
20	this information in relation to topic No. 8, which	20	Parenthood funding and that part of their job, you
21	is, "Whether the Transgender Committee or IDOC has	21	know, whereas Caitlin was volunteering some of her
22	engaged outside medical or mental health	22	time to go over the materials and talk about those
23	professionals with expertise in the treatment of	23	with me and coming in I don't know whether or
24	gender dysphoria. And if so, the name of any such	24	not she got paid to come in and do the quarterly
	Page 155		Page 157
1	Page 155 outside professional, the reasons for engagement,	1	Page 157 mental health meeting. I assume that she got paid
1 2		2	_
	outside professional, the reasons for engagement,		mental health meeting. I assume that she got paid
2	outside professional, the reasons for engagement, and the terms of the engagement."	2	mental health meeting. I assume that she got paid for that because it was during the week and during
2 3	outside professional, the reasons for engagement, and the terms of the engagement." So did you do anything to	2 3	mental health meeting. I assume that she got paid for that because it was during the week and during the workweek.
2 3 4	outside professional, the reasons for engagement, and the terms of the engagement." So did you do anything to prepare to testify on that topic today? A Yes. And I have relayed, you know, Erica Anderson, Moss Group, Caitlin Williams, Len	2 3 4	mental health meeting. I assume that she got paid for that because it was during the week and during the workweek. So those are the only
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	Page 158		Page 160
1	Q But ultimately, the decisions are for	1	know, have like, for example, the Minahal
2	somebody else to actually decide whether to take	2	(phonetic) provider trainings, that was initiated
3	action, right? She's making recommendations, but	3	by me, not Dr. Anderson. So over the years I've
4	it's still not the personnel that are having to	4	tried to move the department along helping people
5	make the decisions, right?	5	understand the importance of misgendering. But
6	A At the end of the day, what the	6	bringing Dr. Anderson aboard basically skyrocketed
7	director says goes. So everything is ultimately	7	the speed of these changes.
8	his decision, responsibility. He has been very	8	Q Why didn't these changes get adopted
9	supportive of our work and and, you know,	9	before?
10	really using, you know, consultation.	10	A I don't know why the changes weren't
11	I can't speak beyond that, you	11	adopted before. I for sure think that the courts
12	know, because I don't want to speak for the	12	had an influence on people realizing the
13	director as the regional. But all of this is	13	importance of these changes.
14	dependent upon the director's approval. And I	14	Q Were you did you find yourself in
15	don't foresee any problems because we are basing	15	prior years frustrated by the lack of progress by
16	it on so much consultation.	16	IDOC in relation to the care of transgender
17	Q Did Dr. Anderson have any	17	individuals?
18	recommendations or suggestions that were not	18	MS. COOK: I'll object to this
19	adopted?	19	question. It's beyond the scope.
20	A Not that I'm aware of. If I am	20	BY MR. RAY:
21	you know, I'm not always in the operations	21	Q You can answer.
22	meetings, but I haven't heard of any operations	22	A Am I representing the State or
23	decision that appear to be out of sync. And even	23	myself?
24	some of the ones that were discussed in front of	24	Q No. I can I'll take this one out
	Page 159		Page 161
1	me were in sync with the direction she was	1	of scope right now and ask you personally. Did
2	suggesting.	2	you find yourself at any time in the past
3	So the department is really	3	frustrated by IDOC's lack of progress or the
4	trying to be doing its homework, basically, to try	4	status of their treatment level of treatment of
5	to ensure that we are utilizing the WPATH	5	transgender individuals?
6	standards. Now, obviously we don't have WPATH	6	MS. COOK: I'll just object again and
7	Standards of Care aid, and so it may require some	7	ask that we just why don't you save that
8	changes, but I don't think so since we are using	8	question for the next deposition.
9	an expert that is so closely involved in these	9	MR. RAY: We're doing both
10	in this process.	10	depositions today, right?
11	Q Would you agree with me that since	11	MS. COOK: Yeah.
	Dr. Anderson was engaged, that the welfare of	12	MR. RAY: Okay. So I'm telling you,
12		13	it's outside the scope, fine. He's sitting here
13	transgender prisoners under IDOC's care has		it's outside the scope, fine. The s sitting here
13 14	improved?	14	right now. It's in this line of questioning, and
13 14 15	improved? A Oh, yes.	14 15	right now. It's in this line of questioning, and I want to ask it now.
13 14 15 16	improved? A Oh, yes. Q Okay. Why did it take Dr. Anderson	14 15 16	right now. It's in this line of questioning, and I want to ask it now. MS. COOK: Well, I think it's very
13 14 15 16 17	improved?A Oh, yes.Q Okay. Why did it take Dr. Andersonto be hired for that to occur?	14 15 16 17	right now. It's in this line of questioning, and I want to ask it now. MS. COOK: Well, I think it's very confusing for the witness.
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	Page 162		Page 164
1	BY MR. RAY:	1	that we're doing it on an individual-by-individual
2	Q In the past, have you ever found	2	basis is allowing us to do it in a way that is
3	yourself frustrated by the level of care of	3	appropriate to, you know, various needs so we can
4	transgender individuals by IDOC?	4	really look at it in detail in a multidisciplinary
5	MS. COOK: You can answer.	5	manner.
6	THE WITNESS: Did you say I can	6	So those are the big issues.
7	answer?	7	You know, getting that training component in
8	MR. RAY: You may answer.	8	definitely reduced frustration. Because I
9	MS. COOK: Yes, you may answer.	9	received many complaints about misgendering. And
10	THE WITNESS: Okay. I was frustrated	10	so being able to address that has been a relief.
11	by the commissary items in particular. It was	11	Because it was something that was something
12	really hard for my clinicians to work on some of	12	that mental health were having to deal with. And
13	the interventions if they were out in the	13	it's, you know, more efficient to deal with
14	community, it would be much easier. For example,	14	helping people understand the importance of that
15	an assignment that somebody who wasn't ready to	15	and the legal requirements to not misgender. So
16	come out of the closest might do is to wear female	16	those are the kinds of things that I would find
17	undergarments under their clothing so that they	17	frustrating.
18	psychologically knew that they were in feminine	18	And, you know, change takes
19	attire, or that trans men were in masculine	19	time in a large institution. And what I found is
20	attire, yet they didn't have to publicly come out	20	you focus, you know, on one thing and then you get
21	with it.	21	that, and then you, you know, evaluate that
22	So having those separations,	22	effect, and that's when you work on the next
23	you know, not having makeup in the male division,	23	thing. So we have been improving over the years,
24	those sorts of things limited the amount of the	24	and, you know, it's just really, again,
	Page 163		Page 165
1	assignments that we could do as mental health for	1	skyrocketed with the support that we have today.
2	the social transition.	2	Is that what you're asking?
3	Also, the policy I am very	3	
л			Q Yeah. I mean, you've got the sort
4	pleased to move the medical decisions to, you	4	Q Yeah. I mean, you've got the sort of the history here to see sort of in your own
4 5	pleased to move the medical decisions to, you know, a medical scope of practice. So yeah, on a	4 5	
		1	of the history here to see sort of in your own
5 6 7	know, a medical scope of practice. So yeah, on a	5	of the history here to see sort of in your own mind how things have changed over time. But, you
5 6 7 8	know, a medical scope of practice. So yeah, on a personal level, getting these changes has been a	5 6	of the history here to see sort of in your own mind how things have changed over time. But, you know, I asked because it sounds like though I'm
5 6 7 8 9	know, a medical scope of practice. So yeah, on a personal level, getting these changes has been a big relief so that the policy is in line with the kinds of standards of care that I would do and the kinds of assignments I would do with a client in	5 6 7 8 9	of the history here to see sort of in your own mind how things have changed over time. But, you know, I asked because it sounds like though I'm not trying to put words in your mouth, but it sounds like that there's been some changes made, you know, after some court decisions, and then
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1	Q So let's move on to	1	don't understand, for example, and aren't educated
2	MR. RAY: Actually, we've been going	2	in trans issues, like a lot of their peers are
3	time flies when you're having fun just about	3	not, may not even understand, you know, that their
4	an hour again. Why don't we take a short break	4	expression is about gender, not about sexual
5	and come back in five minutes.	5	orientation. Just really basic information.
6	THE VIDEOGRAPHER: The time now is	6	The other the other thought
7	1:47. We are off the record.	7	that individuals have is that, you know a lot
8	(After a brief recess, the	8	of individuals are aware of, you know, sexual, you
9	deposition continued as	9	know, propositions and things like that. And they
10	follows:)	10	are hoping whether this is accurate or not
11	THE VIDEOGRAPHER: Time now is	11	but they perceive that that might be easier to
12	1:53 p.m. We are back on video record.	12	manage in the female division.
13	BY MR. RAY:	13	I know there is also a trans
14	Q Dr. Reister, I would now like to	14	man who wants to transfer to the female division,
15	spend a little time talking about transfer issues,	15	and he is in particular interested in very
16	and specifically topic 10 of our 30(b)(6) notice.	16	similar reasons, but also wants some specific
17	So in your experience, why	17	programming as well in addiction recovery. So we
18	and I know every case is different, but you've	18	talked a little bit about about what kinds of
19	been around long enough. You've been in IDOC long	19	institutions would have that and that sort of
20	enough. Why do transgender prisoners seek to	20	thing.
21	transfer to different facilities consistent with	21	So those are the major reasons
22	their gender identity?	22	why individuals may request that transfer. I
23	A What I'm told from those offenders is	23	would say that it's a small or smaller group of
24	two major reasons. One is that well, one could	24	individuals making that particular request.
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1	split the one into two so three reasons. One	1	Q You mean to say that that it's
2	is due to complaints about transphobia and	2	only a subset of the transgender prisoner
3	comments that are made at the division that the	3	population that actually requests a transfer?
4	individuals are in. Most of the requests are in	4	A Correct. And in fact, some of the
5	the they are starting they're trans women in	5	trans men specifically were concerned about being
6	the male division wanting to transfer to the	6	forced into the male division, and so I had to
7	female division.	7	have a discussion with them that this would
8	The other issue that some, but	8	require their request before we would make that
9	not all, have brought up is how expressing your	9	change.
10	true inner self can be less you're less nervous	10	\tilde{Q} So in the current policy right now
11	doing that in a facility that matches that gender	11	upon intake, how are prisoners assigned a facility
12	expression largely. Now, of course, there are	12	regarding you know, if they identify as
13	trans men in the female division. You know, and	13	transgender at that time?
14	people do vary in terms of stereotypical	14	A Well, for individuals like, for
15	expressions of masculinity, femininity. And of	15	example, we had a trans man who had bottom surgery
16	course, people vary. And we look at those on	16	and requested to be in the male division. We
17	different continuums in terms of masculinity,	17	accommodated that request. And, um, for
18	femininity, and other conceptions. You can be	18	individuals that haven't been determined to that
19	high or low in two of them.	19	degree, what we would do is have those individuals
20	But they feel that it would be	20	taken a look at by the external committee for a
21	easier in terms of being their genuine self in a	21	request to transfer between divisions. So that
22	setting that is supportive of living in your true	22	occurred in a couple of cases.
23	gender. Whereas, peers may make comments on, you	23	There was also a trans woman
24	know, gender expression. People who, you know,	24	who, I believe, was put immediately into the

who, I believe, was put immediately into the



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1	female division as well. There have been	1	Q And do you think that transphobia, if
2	(audio disruption). That was before my time, but	2	it got to a certain degree, could be harmful to
3	I did hear about that.	3	their health?
4	MR. RAY: Let me stop you there. I'm	4	A Yes.
5	sorry, Dr. Reister. I think you cut out there	5	Q How can it be harmful to their
6	just for a moment. And I think, Diane, you	6	health?
7	were	7	A Well, it can be traumatizing
8	THE WITNESS: What I was saying is	8	depending on the person's coping capacities and
9	there was also a trans woman, I believe, before I	9	the nature of it. You know, it can be associated
10	started working in this capacity at IDOC as well.	10	with sexual violence, physical violence, emotional
11	So it's happened for both a trans man and trans	11	abuse. And there you know, basically any of
12	woman according to my best knowledge.	12	those can create a trauma reaction, stress
13	BY MR. RAY:	13	reaction, and potentially PTSD symptoms as well.
14	Q Would that	14	So that creates a risk, and
15	A I actually knew the trans man from	15	that's what I talk a lot about in my all-staff
16	working with him.	16	training and in my mental health trainings is we
17	Q Okay. And the trans man who came in	17	need to follow the legal rules about this because
18	on intake and was assigned to his desired gender	18	it traumatizes individuals.
19	facility, he had already had he was post-op?	19	Q When you say "legal rules about
20	He'd already had surgery, correct?	20	this," you mean what do you mean?
21	A Yes, he was post-op.	21	A There were previous court cases. The
22	Q Had the trans woman also had surgery?	22	Department of Justice actually a few years ago
23	A Yes.	23	came out with basically a comprehensive overview
24	Q Okay. Are you aware of any prisoner	24	of LGBT legal cases. And there were some and
	Page 171		Page 173
1	coming in on intake who identified as transgender	1	again, I'm not a lawyer, so I don't remember them.
1 2	coming in on intake who identified as transgender and was assigned to anything other than their a	1 2	again, I'm not a lawyer, so I don't remember them. But I do remember the content about you don't want
2	and was assigned to anything other than their a facility consistent with their sort of lack of	2	But I do remember the content about you don't want
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1	environment where they feel like they are able to	1	A 13 percent higher likelihood.
2	be themselves, especially when it relates to their	2	Q Okay. And so then so then what is
3	gender, can that be harmful to their health?	3	the actual criteria then for when a transgender
4	A That can be harmful to their mental	4	prisoner says, hey, here are my concerns, here is
5	health.	5	what I'm going through, I would like to be
6	Q How so?	6	considered for transfer. What is the process as
7	A Again, if they are trying to have	7	it exists today to handle that request?
8	that tension between who they are some	8	A The mental health provider team will
9	individuals may be in the closet it creates a	9	be the case manager, in effect, in terms of
10	lot of internal stress and unhealthy acting-out	10	getting that request information to either the
11	behaviors as well. You know, for example,	11	TCRC currently or to the Transgender
12	individuals who are in the closet in the community	12	Administrative Review Committee once that
13	engage in, you know, substance use disorders to	13	launches. Mental health provides that referal,
14	manage that. Well, in a correctional setting, you	14	and then it would be reviewed by the committee.
15	know, those people utilizing hootch, for example,	15	And what would happen is if it is founded and
16	which is homemade liquor, are they trying to do	16	so far they've all been appropriate then
17	that. You know, are you know, are they doing	17	Dr. Puga and I will interview the offender, take a
18	other unhealthy behaviors like self-injurious	18	look at the chart, and talk about issues like the
19	behavior to relieve emotional distress. So it	19	trauma. That came up really strong in one of the
20	leaves people at risk of depression, is one of the	20	cases that we decided to transfer.
21	consequences. Increased gender dysphoria can be	21	So you know, so we would
22	one of the consequences.	22	look at that. We would also look at coping
23	Just the just being in the	23	skills. We would also make sure that they have an
24	institution that is the same as they were assigned	24	informed consent to their request when we talk
	Page 175		Page 177
1	at birth in terms of the gender of the	1	about different people will have varying
2	institution, some individuals talk about that	2	experiences. We can't guarantee that there
3	alone being a misgendering. Some of them view it	3	wouldn't be sexual propositioning or aggression or
4	as an institutional form of transphobia and	4	misgendering; that they need to be aware that
5	dismissing their sense of gender. And so that can	5	those behaviors, you know, are choices that
6	have an impact of any internalized transphobia	6	individuals make, and that there are going to be
7	they have, would be an example.	7	people, you know, in the female division that vary
8	Q Okay. You had also talked about an	8	in terms of antisocial attitudes and behaviors.
9	increased risk of it sounds like sexual	9	So they just need to be aware that, you know, we
10	propositioning as being something that some	10	can't guarantee that some negativity wouldn't
11	prisoners mention when talking about desires to	11	happen.
12	transfer. Is that a viable reason in your mind as	12	We would also, you know, talk
13	110	13	about the process below them understand that
	well?		about the process, helping them understand that,
14	A Yes. That's a viable reason that	14	you know, what would be the next step in terms of
14 15	A Yes. That's a viable reason that some might want to transfer. And remember, all of	14 15	you know, what would be the next step in terms of making those decisions.
14 15 16	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these	14 15 16	you know, what would be the next step in terms of making those decisions. So those decisions and we
14 15 16 17	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with	14 15 16 17	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during
14 15 16 17 18	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been	14 15 16 17 18	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and
14 15 16 17 18 19	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been abused in the past before, for example.	14 15 16 17 18 19	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and there are a lot of benefits. And we'll talk about
14 15 16 17 18 19 20	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been abused in the past before, for example. Q As part of that sexual propositioning	14 15 16 17 18 19 20	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and there are a lot of benefits. And we'll talk about basically risks and benefits and expectations.
14 15 16 17 18 19 20 21	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been abused in the past before, for example. Q As part of that sexual propositioning or the increased risk of it, is there also an	14 15 16 17 18 19 20 21	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and there are a lot of benefits. And we'll talk about basically risks and benefits and expectations. And then so far we've had people say yes to
14 15 16 17 18 19 20 21 22	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been abused in the past before, for example. Q As part of that sexual propositioning or the increased risk of it, is there also an increase risk of sexual assault of transgender	14 15 16 17 18 19 20 21 22	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and there are a lot of benefits. And we'll talk about basically risks and benefits and expectations. And then so far we've had people say yes to continue with the process.
14 15 16 17 18 19 20 21	A Yes. That's a viable reason that some might want to transfer. And remember, all of these things are individualized and all of these impacts, you know, have a lot of intersection with coping skills and prior experience if you've been abused in the past before, for example. Q As part of that sexual propositioning or the increased risk of it, is there also an	14 15 16 17 18 19 20 21	you know, what would be the next step in terms of making those decisions. So those decisions and we haven't had individuals change their minds during these things because we try to be balanced and there are a lot of benefits. And we'll talk about basically risks and benefits and expectations. And then so far we've had people say yes to



	D		D
	Page 178		Page 180
1	to the stability to transfer, whether or not what	1	Q I mean, in your mind again,
2	the level of care would need to be and what have	2	looking out for the best interests of the inmate
3	you. So far we've had people who are very stable,	3	to put them in the best position of care should
4	didn't need to be transferred to the RTU section	4	IDOC be considering things like whether they've
5	of Logan or anything like that. But we have to	5	gotten any tickets recently?
6	consider all of those possibilities as well as are	6	A The nature of those tickets may be
7	they safe for physically transferring.	7	relevant to a placement, so that might be
8	Then once the committee	8	something to consider. For example, violent
9	will also bring in people from the security,	9	sexual assault might be something that operations
10	internal affairs side, and they would discuss	10	may have comments upon, something like that. But
11	concerns and issues. People representing the	11	we we don't take any one piece of information
12	female division would talk about, you know, things	12	as a disqualifier. It's basically you pull the
13	like housing, readiness issues to bring somebody	13	pieces together including the site's ability to
14	over, that sort of thing.	14	manage, you know, safely.
15	But, you know, our role in	15	The other thing is whenever a
16	mental health would be basically to talk about the	16	decision is rendered, it's not the final decision.
17	things that we've been talking about today in	17	Offenders are permitted to resubmit those same
18	terms of risks and benefits.	18	questions to be reviewed again.
19	Q So it's so it sounds like then,	19	Q By the same committee?
20	from your experience, that every time that	20	A By the same committee. And, like,
21	somebody has any time that mental health	21	for example, that person will eventually be
22	provides a referral and you've interviewed that	22	reconsidered. I know this person. They're in my
23	person, you've substantiated the mental health	23	region, and I've talked with that individual.
24	professional's referral to say this is a viable	24	Q In your history at IDOC, has the
	Page 179		Page 181
1	request; is that right?	1	committee ever changed its mind upon resubmission
2	A Yes. We have approved multiple	2	for transfer?
3	individuals. Some of them have been delayed due	3	A We haven't gotten to that point yet.
4	to COVID-19. And there was a case that we had a	4	I would anticipate that we probably will in this
5	disagreement on. Mental health voted one way.	5	case. But I cannot tell you what the votes of
6	Operations voted a different way than mental	6	other people might be, but I would assume so.
7	health. We voted for transfer. And so that	7	Q Not for this particular case. But in
8	decision, I believe, was I'm doing it from	8	your experience as a whole with this process, are
9	memory. I think we tabled that for re-review.	9	you aware of the committee ever changing its mind
10	And so, you know, I'm very familiar with that	10	for an inmate who has submitted an original
11	case. My opinion hasn't changed.	11	transfer request and it was denied and submitted
12	Q Okay. So	12	another request? Has the committee ever changed
13	A And that's my personal, not my IDOC,	13	its mind, in your experience?
14	just to be clear.	14	A These these transfers are a new
15	Q Well, I mean, let's talk about that	15	option in IDOC. They actually grew out of another
16	case. So I mean, did you feel like the concerns	16	case that made clear that genitalia can't be the
17	that were provided by the operations side of the	17	sole exclusionary criteria for transfer from the
18	committee were valid?	18	male I'm sorry from the female to the male
19	A I cannot remember their arguments. I	19	division, so it had to be taken a look at in
20	didn't as a mental health provider, I didn't	20	context.
21	see them as something that would make me change my	21	Because it's so new, we
22	opinion. But I can't remember their exact	22	haven't had a chance to take another look at this
23	arguments, but I didn't see them as something that	23	particular case. I'm just looking at the, you
24	I agreed with.	24	know I would suspect that that that this



	Page 182		Page 184
1	probably would be changed at some point.	1	Q As we sit here today, August 17,
2	Q Okay.	2	2020, has the committee ever approved anyone for
3	A And this individual is going to	3	surgery before?
4	has requested surgery as well, so I'm sure that	4	A No. But I'm pretty confident we are
5	also will have an impact. My guess is we'll	5	going to fairly soon.
6	probably transfer before then. But I don't know.	6	Q Okay. Is it frustrating to you, as
7	I'm not sure which process would occur. With them	7	somebody who has some history with this subject
8	splitting the committees up, I'm not sure. But	8	matter and knowing that surgery can be, for some
9	anyway, it could be reviewed. I have no doubt	9	transgender individuals, medically necessary, that
10	that we have change decisions at times. Most	10	there still has been no approval of surgery here
11	likely the decisions will be tabled rather than a	11	in 2020?
12	final decision, and probably people will come back	12	MS. COOK: And again, you're asking
13	with additional information. It's probably the	13	his personal opinion?
14	most common.	14	MR. RAY: Right.
15	But again, I'm doing some	15	MS. COOK: You may answer.
16	looking into the future based on the past, there	16	THE WITNESS: From a personal
17	have been individuals that we have already	17	opinion, it can be frustrating, particularly for
18	basically tabled rather than make a final decision	18	individuals who are having a lot of suffering from
19	because we want to gather more information.	19	gender dysphoria. However, as a department, we've
20 21	Q Okay. But the individual where	20 21	made so much progress that I have a lot of hope.
22	mental health thought the transfer should occur	21	And this is this is already in my opinion,
23	but operations did not, do you feel there is a risk of that person's well-being in their current	23	this ship has sailed and we're just in the process of figuring out how to do it, so and we figured
24	incarceration situation rather than be	24	out a process, so now it's basically about coming
	Page 183		Page 185
1	transferred?	1	up and getting the final paperwork done trying to
2	A I've had discussions about this issue	2	figure out the logistics and that sort of thing.
3	with this particular individual. They have a	3	But, you know, the fact that
4	strong she's got a lot more hope than what she	4	we already have identified a top-notch surgical
5 6	had in the past. Particularly surgeries, you	5	team that I would send any friend to get, you know, surgery gender confirmation surgery, I
7	know, the idea of that is something that has	7	think really speaks to the movement. And so my
8	provided a lot of hope for this individual. Albeit, gender dysphoria is very high, she's also	8	frustration has been relieved. I'm not frustrated
9	very well engaged with mental health for support.	9	anymore. Historically I was.
10	But she will request to go again in addition to	10	I think that we basically have
11	she's already submitted for surgery. That request	11	a plan in place that are going to allow us to
12	officially went out a few weeks ago, so	12	address these issues that were unaddressed. I'll
13	Q Is that a request to be considered	13	be honest. I'm very proud of where how far
14	for surgery, or is she past	14	we've come in such a short amount of time in terms
15	A Yes. She requested surgery bottom	15	of, you know, IDOC. I mean, one of my facilities
16	surgery, and she has been on hormones and stable	16	was built in the 1870s, and just in this short
17	for quite a while. And so Dr. Puga and I would	17	amount of time we've just made so much progress.
18	have to go out and interview her. I know her very	18	And I'm full of so much hope that I I think
19	well because she is in my region, and I just I	19	that you're finding that a lot of offenders, what
20	know her from going into the groups before and	20	they were lacking was hope, and that's really what
21	meeting with her with her therapist.	21	they needed.
22	And so we would go out there	22	So I think that our process,
23	because we have to write the letter of	23	and I think once the AD comes out, I think you're
24	recommendation that we talked about earlier.	24	going to be seeing a whole lot of hope. The fact



	Page 186		Page 188
1	that we're asking the questions and developing a	1	them about that I don't want them gatekeeping
2	list and we haven't excluded any type of bottom	2	those requests. So that's why I got the list on
3	surgery that they might be requesting, the fact	3	what the offenders and where the offenders are at
4	we're showing care enough and indicating that	4	in that process. Because I don't want gatekeeping
5	their medical needs are important, that has a lot	5	happening.
6	of symbolic meaning for the offenders. And	6	So, you know, we can assess
7	they've directly told me that. And they've told	7	people if they aren't ready. You know you
8	me that the hope is much higher.	8	know, that's fine. I've talked with offenders,
9	And I receive feedback that	9	you know, about some of the criteria like
10	the misgendering is even a little bit better.	10	12 months on hormone, for example. I've talked
11	It's not that we don't have ways to go in terms of	11	with them about, you know, they have to be
12	that, but it's getting better. They're seeing	12	medically stable enough, so they have to talk to
13	steps in the right direction. And because a lot	13	their doctor, is surgery a bad idea given maybe
14	of them were in need of medical interventions,	14	other health conditions that they have that are
15	this is the fact that we are gathering this	15	unrelated to gender dysphoria, and, you know,
16	information is very meaningful and	16	making sure that they have those conversations
17	So yeah, I I am very	17	with their medical providers.
18	pleased with where we are at. And the frustration	18	Stability factors, I encourage
19	that I'm sure they also felt, you know but	19	offenders not to wait until their mental health
20	remember. I have more information. Right? So	20	issues are a crisis. Early intervention can
21	their frustration in terms of they don't have	21	prevent a destabilization and prevent them from
22	information. Because we don't promise offenders	22	not meeting the criteria of well stabilized.
23	things that we can't deliver on. And so when	23	Obviously, we'd be concerned if somebody was
24	this when this change gets published, it's	24	recently on a crisis watch, for example. So that
	Page 187		Page 189
1	really going to even skyrocket more. I think that	1	would be scrutinized and taken a look at. And
2	there's indications that it's really going to be	2	those can be avoided by early communication with
3	exciting for a lot of the offenders.	3	their mental health providers.
4	BY MR. RAY:	4	And it seemed like it seems
5	Q Now that in the future surgery might	5	
6		1 5	like individuals are really understanding. The
-	be allowed or at least not categorically excluded,	6	requests are coming in from offenders that have
7	is there going to be any specific training for		requests are coming in from offenders that have a lot of the ones that I've talked to and
7 8	is there going to be any specific training for mental health providers or medical providers at	6 7 8	requests are coming in from offenders that have a lot of the ones that I've talked to and granted, I'm still gathering that list have
7 8 9	is there going to be any specific training for mental health providers or medical providers at IDOC on how to recognize and refer transgender	6 7 8 9	requests are coming in from offenders that have a lot of the ones that I've talked to and granted, I'm still gathering that list have educated themselves on the various procedures.
7 8 9 10	is there going to be any specific training for mental health providers or medical providers at IDOC on how to recognize and refer transgender prisoners for surgery?	6 7 8 9 10	requests are coming in from offenders that have a lot of the ones that I've talked to and granted, I'm still gathering that list have educated themselves on the various procedures. And I just talk with them about, well, what are
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5			1	-
1^{2-1} again, as a writes for the state on this topic, I 1^{2-1} matridualized. But yes, that s just one example	24	again, as a witness for the State on this topic, I	24	individualized. But yes, that's just one example



	Page 194		Page 196
1	where, you know, we have to consider their	1	there's some other factors that we needed to look
2	criminal history.	2	into in terms of risk.
3	Q But you are building that into your	3	So yes, I would want to take a
4	list of considerations when you are working with	4	look at age and any interactions of age and their
5	the mental health provider to determine, hey, is	5	need for that environment.
6	this a request that should go to the committee or	6	Q Let me ask you this way. In your
7	not. You and you and if I understand your	7	experience dealing with transfer discussions with
8	testimony correctly, you	8	the committee, has anyone ever brought up
9	A I would still have them present the	9	something that you said to yourself, hey, I know
10	case. And in fact, we did, and we tabled the	10	we're looking at all angles here, but we shouldn't
11	decision.	11	be using this as a consideration or criteria for
12	You know, I wanted the case to	12	determining whether or not we're going to transfer
13	be presented because I think it's important not	13	this person?
14	just to pull out the criminal history out of the	14	A I don't recall any of those sorts of
15	context of the whole person. So we would still	15	questions. If I had that concern, I would voice
16	present the case, but that would be one of the	16	it. I'm a very vocal person. And if I had a
17	factors that we would take into consideration.	17	concern, I would definitely raise it in real time.
18	Now it's very different. What	18	You know, I would basically suggest, well, this is
19	if this individual is not listed in a predatory	19	the implication, and have you considered with that
20	status, but has that criminal history? Because we	20	factor that this could be, you know, whatever the
21	do have a classification of predator/vulnerable,	21	alternative would be would be at play.
22	and this is specific to sexual assaultive behavior	22	So the fact that I'm very
23	or both. And so we can't just pull out the	23	vocal with alternate alternate perspectives.
24	criminal history. We also have to look at their	24	And I'm also one that talks about you can have
	Page 195		Page 197
1		1	
1 2	classification in terms of predatory/vulnerability	1 2	more than one factor simultaneously occurring, and
2	or both behavior. So you see how we would still	3	let's consider not just this factor, but another
4	need to present, and operations would present some of that information to the committee.		factor.
4 5		45	So to answer your question, I
6	Q Okay. I'm just trying to get a sense	6	can't recall. But if something were like that
7	of, you know, what is a valid consideration and what is not.	7	were to occur, I would voice my objection and I would vote accordingly.
8	What is not. What about an inmate's age?	8	Q Have you had anybody in your
9	Is that relevant?	9	conversations with people at IDOC and in your
10	A In terms of age, there's a number of	10	career try and suggest to you that people who
11	things that would make that a consideration. For	11	identified as transgender were sort of making it
12	example, it's possible for a younger person to	12	up, that it wasn't real?
13	have fewer stigma management skills. Or perhaps a	13	MS. COOK: This is
14^{13}	younger person might have very fresh a history	14	THE WITNESS: I've had to address
15	of sexual abuse as a child, you know, and maybe	15	that
16	they are still working through that very heavily.	16	MR. RAY: It's personal.
17	And the risk of sexual assault for that person may	17	THE WITNESS: Oh, I'm sorry. What
18	be very anxiety provoking, or maybe some of the	18	do you need to finish?
19	abusive behaviors might be triggering of that	19	MR. RAY: No. You can answer.
20	event.	20	THE WITNESS: I've had those training
21	So, you know, age is something	21	discussions. I like to go and get my some of
22	that I would want other information in	22	my cycle training done at one of my facilities in
23	combination, but it's something that I'm going to	23	my area, which is Menard. It's a maximum security
24	want in my interview to be mindful of and see if	24	facility. And and people will ask me because



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1	they know that I may, you know, be the all-staff	1	doing this earlier today. Stop trying to get in
2	training. And they, you know, will pose questions	2	the way of the testimony right now because I'll
3	like that, you know, off line like while we're	3	tell you when we are going back into topic 10.
4	waiting, and they'll, you know, sometimes ask	4	For right now I want to ask him this. There's
5	question and that sort of thing. And I will	5	nothing in the rule that says I can't do this.
6	usually and my go-to is usually the the	6	MS. COOK: I want to know when one of
7	nonbinary nature of physiological sex; how you	7	the depositions ends and when one begins. And
8	have to look at the chromosomes and body parts to	8	it's after this many instances where I have not
9	when they're doing gender assignments at birth,	9	made any objection or we've just let it proceed,
10	and how some people are now choosing not to	10	I'm now believing that that's not going to
11	identify a gender for those children and letting	11	happen
12	them choose for themselves. And I talk about why	12	MR. RAY: No.
13	that might be and have them think about it, and it	13	MS. COOK: as we agreed before.
14	makes them take pause. When you see that biology	14	MR. RAY: You're wrong. And you can
15	isn't that simple, then they will consider that	15	make your objections, outside the scope, and I
16	perhaps something as complex as one's identity	16	don't contest that. I'm asking in his personal
17	isn't that simple either.	17	capacity.
18	So that's how I would address	18	MS. COOK: No. I'm going to stop
19	that. And that's how mental health providers	19	this.
20	I'll be honest. I think some of those side	20	MR. RAY: Let's finish. I'm going to
21	conversations if you can make a safe	21	ask my question again. If you would like to
22	environment for staff to actually talk about that,	22	object, then fine. Otherwise, we're going to
23	I think that some of those little side	23	proceed.
24	conversations that I and my mental health	24	
	Page 199		Page 201
1	providers have can sometimes really do a lot for	1	BY MR. RAY:
2	moving that bar of understanding.	2	Q So again, the question is to you,
3	BY MR. RAY:	3	Dr. Reister, has any of these conversations that
4	Q Have you had anybody other than a	4	you've had or people coming to you asking, hey, is
5	correctional officer have these conversations with	5	this real, you know, expressing doubts about
6	you? Anybody who is a warden or assistant warden	6	whether transgender was a real thing, were any of
7	or somebody at your level or above?	7	the people that came to you more than just a
8	MS. COOK: And I just object for the	8	correctional officer-level individual, such as a
9	same reason. Are we truly going to have two	9	warden, assistant warden, or anybody else, you
10	depositions today, or is are you going to ask	10	know, at your level, above your level that has had
11	all of the questions now?	11	these conversations with you?
12	MR. RAY: I don't understand. I'm	12	MS. COOK: And again, I will object.
13	telling him he can answer in his personal	13	I will ask that this be reserved for his personal
14	capacity. And then when we go back into topic 10,	14	deposition today, and that you continue on the
15	I'll let him know. We've done this before without	15	topics.
16	any issues today.	16	BY MR. RAY:
17	MS. COOK: Well, that's because when	17	Q Okay. You can answer.
18	we discussed it earlier, I was under the	18	MS. COOK: No. He cannot answer.
19	impression, as we had agreed, that we would do the	19	MR. RAY: I just want to make sure
20	30(b)(6), stop, and then have a personal	20	we're clear on this, Lisa. You're instructing him
	deposition that	21	not to answer?
21	A		
22	MR. RAY: We've been through this	22	MS. COOK: I'm going to conclude this
	A	22 23 24	MS. COOK: I'm going to conclude this deposition, and we can take a break and call the Court or work it out as we can.



	Page 202		Page 204
1	MR. RAY: I'm sorry. So just to make	1	MS. COOK: Yes.
2	sure, you're instructing him not to answer and	2	MR. RAY: I just want to make sure
3	you're going to seek a protective order? I want	3	I'm clear on what you're doing. Because I'm
4	to make sure I'm clear on what you're doing.	4	telling him right now he can answer this to his
5	MS. COOK: I want to conclude this	5	personal capacity. This is one follow-up question
6	deposition and we can discuss this further. We	6	I have. And then I'm going to finish up with
7	can get the Court on the phone and see how they	7	topic 10. And then we're going to hit the rest of
8	want to proceed. But this is this is too	8	his personal deposition. There's no question
9	intermingled. The depositions are too	9	whatsoever in what capacity I am asking him this
10	intermingled.	10	question. And in no way, shape, or form will I
11	MR. RAY: No. They're not. And I'm	11	
12	going to ask my question one more time and I want	12	make it reflect upon the State or any other
13	you to think about what you're doing.	13	defendant in this matter. I'm asking him, Dr. Reister.
14^{13}	MS. COOK: No. Because	14	
14		15	MS. COOK: I don't understand why you
16	MR. RAY: What you're doing is not	16	can't wait until his personal deposition, though. MR. RAY: I just you didn't object
17	only against the rules, if you as you know,	17	5 5 5
18	Lisa, if you instruct him not to answer a question	18	to the first I mean, you objected to the first
10	and you don't have the basis to do so, it's	19	question and let me ask it, which you should have.
20	sanctionable.	20	And now you're essentially are you instructing him not to answer or not?
20 21	So I'm going to ask my		
22	question one more time. And if you want to	21 22	MS. COOK: I've told you I don't
22	instruct him not to answer, okay, then you're	22	believe that this will end. I gave you leeway
	going to have to go seek a protective order. And		because I'm not trying to be difficult. But
24	we will suspend this deposition, and then we will	24	eventually I have come to the conclusion that I
	Page 203		Page 205
1	come back and it will be worse than when we left	1	don't know how many more times this is going to
2	it for you.	2	occur. And since we're already doing the personal
3	So let me ask my question one	3	deposition as soon as this one is over, I don't
4	more time.	4	understand why you can't wait until then and ask
5	MS. COOK: No, Mr. Ray	5	all these questions then. Because I don't know
6	BY MR. RAY:	6	how many more questions you're going to do this
7	Q Dr. Reister, okay, you just talked	7	to. It's very confusing for the transcript.
8	about having conversations with people who	8	We asked repeatedly, and you
9	expressed doubts or at least had questions for	9	and I discussed today that we need to have them
10	you, hey, is this real, do people really	10	separated. And there there are times I've let
11	transgender, is this something that actually	11	a lot go through because I'm not trying to
12	happens. All I am asking you is do you recall	12	conclude the deposition or end things. I'm trying
13	having any of these conversations with somebody	13	to resolve it.
14	who wasn't just at a correctional officer level?	14	MR. RAY: Okay. So your position
15	MS. COOK: And, Mr. Ray, again, I	15	right now, after I have asked my question now, I
16	object. And you know that while I can't instruct	16	think, three times are you going to let the
17	him not to answer unless it's a privilege, we can	17	witness answer the question?
18	absolutely conclude the deposition, and that's	18	MS. COOK: When during his
19	appropriate under the case law.	19	personal deposition, of course.
20	So I would prefer to work this	20	MR. RAY: Are you instructing him not
21	out with you. However, if we cannot work it out,	21	to answer the question now?
22	I will conclude the deposition right now.	22	MS. COOK: I would like you to
23	MR. RAY: You are concluding the	23	proceed on the topics, and then we'll proceed with
24	deposition unilaterally?	24	his individual deposition. So I'm instructing him



	Page 206		Page 208
1	to defer this question until his individual	1	will switch into personal deposition land, unless
2	deposition.	2	there is something that comes up the street
3	BY MR. RAY:	3	relating to the topic that any of the topics
4	Q Dr. Reister, you may answer the	4	that Dr. Reister brings up again.
5	question.	5	But otherwise, in an effort to
6	MS. COOK: I'm Mr. Ray, I'm going	6	move past this, I will go ahead and finish my
7	to stop this deposition, yes. We can try to get	7	questioning on topic 10. So let me do that now,
8	the Court on the phone, but we need to conclude it	8	and then we will address the remainder of the
9	now.	9	questions. But I do not appreciate the
10	MR. RAY: Okay. This is highly not	10	insinuation, nor the what I frankly think is
11	only objectionable, but, also, I don't think I	11	a beyond a speaking object at this point in
12	have ever seen this in my entire career. You have	12	time. But let's move past it.
13	no ability to do this, Lisa, particularly since	13	BY MR. RAY:
14	the record is absolutely crystal clear I'm asking	14	Q I wanted to raise a couple of other
15	him this question which is a direct follow-up from	15	considerations for you, Dr. Reister, relating to
16	the last one, okay, in his personal capacity.	16	transfer. Is an inmate's sexual orientation a
17	MS. COOK: Then wait	17	valid consideration for transfer?
18	MR. RAY: Now you are unilaterally	18	A I don't see the relevance of sexual
19	let me finish. You are unilaterally terminating a	19	orientation beyond the risk of potential trauma
20	deposition with no ability or responsibility to do	20	because the the gay, lesbian, bisexual, and
21	so.	21	particularly gay men and trans people are targeted
22	MS. COOK: I have the ability to do.	22	for, you know, PREA events, assault, that sort of
23	MR. RAY: I have never seen this in	23	thing. They may come in and it's something that
24	my career.	24	Dr. Puga and I will have to assess to see if
	Page 207		Page 209
1	BY MR. RAY:	1	there's any due to minority stress issues as
2	Q You can answer the question,	2	well that the emotional impact of
3	Dr. Reister.	3	heterosexism we do need to consider if those
4	MS. COOK: No. If you will proceed	4	are part of some of the negativity or violence.
5	on to the topics, he can answer your questions.	5	For example, somebody who is
6	If you want to proceed with his individual	6	an offender may think that the individual
7	deposition, then we should conclude and begin his	7	identifies as gay or bisexual when they're
8	individual deposition.	8	actually transgender because the offenders may not
9	MR. RAY: We're going to take a	9	know the difference, and may be saying very
10	break.	10	heterosexist comments about same-sex behavior, for
11	THE VIDEOGRAPHER: It's 2:53 p.m. We	11	example. And, you know, that could be very
12	are off the video record.	12	extensive, and it could be something that is worth
13	(After a brief recess, the	13	us being aware of the traumatic impact, that that
14	deposition continued as	14	could be something that might make us well,
	deposition continued us		
15	follows:)	15	that would be one of the reasons why it would
15 16	•	15 16	that would be one of the reasons why it would potentially be a consideration for transfer to a
	follows:)		potentially be a consideration for transfer to a different setting. So it's I would call it as
16 17 18	follows:) THE VIDEOGRAPHER: The time now is	16	potentially be a consideration for transfer to a
16 17 18 19	follows:) THE VIDEOGRAPHER: The time now is 3:01 p.m. We are back on the record. MR. RAY: All right. So to let me state for the record, I think that any insinuation	16 17 18 19	potentially be a consideration for transfer to a different setting. So it's I would call it as
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16 17 18 19 20 21	follows:) THE VIDEOGRAPHER: The time now is 3:01 p.m. We are back on the record. MR. RAY: All right. So to let me state for the record, I think that any insinuation to end the deposition early over this would be improper on multiple levels. However, I took the	16 17 18 19 20 21	potentially be a consideration for transfer to a different setting. So it's I would call it as breadcrumbs as a clue; in other words, leading to potential concerns that we need to consider.
16 17 18 19 20 21 22	follows:) THE VIDEOGRAPHER: The time now is 3:01 p.m. We are back on the record. MR. RAY: All right. So to let me state for the record, I think that any insinuation to end the deposition early over this would be improper on multiple levels. However, I took the break so that I could check my outline to see what	16 17 18 19 20 21 22	potentially be a consideration for transfer to a different setting. So it's I would call it as breadcrumbs as a clue; in other words, leading to potential concerns that we need to consider. Q Okay. But as you know, there are LGBT prisoners in every facility, right? A Different individuals may pull for
16 17 18 19 20 21	follows:) THE VIDEOGRAPHER: The time now is 3:01 p.m. We are back on the record. MR. RAY: All right. So to let me state for the record, I think that any insinuation to end the deposition early over this would be improper on multiple levels. However, I took the	16 17 18 19 20 21	potentially be a consideration for transfer to a different setting. So it's I would call it as breadcrumbs as a clue; in other words, leading to potential concerns that we need to consider. Q Okay. But as you know, there are LGBT prisoners in every facility, right?



	Page 210		Page 212
1	with that and more support. So it really is a	1	So would you agree with me,
2	case-by-case basis whether or not an individual	2	though, that if a transfer proceeding is coming
3	may need a transfer because they're just not able	3	before the committee for consideration that I
4	to adapt to that kind of bullying. And one of the	4	know that you and have just one vote on that
5	possibilities might be a transfer to Logan.	5	committee, but and, you know, others may have a
6	So again, any piece of	6	vote but if it's at least past your gatekeeping
7	information to a psychologist or psychiatrist is	7	function to say this is a, on its face, valid
8	an avenue that we explore the meaning. Because	8	request, let's see what other people think.
9	they are clues of potential traumas is one of the	9	A Can you word that differently?
10	most common things that I'm going to be concerned	10	'Cause I'm not quite sure what your question is
11	about.	11	getting at.
12		12	
13	So maybe there isn't any	13	Q Sure.
	problem with that, but it's something that as a	1	A I may have I'm missing something.
14	psychologist I just I have to look into it.	14	Q Sure. When you let me back up for
15	Q What about a particular inmate's	15	a moment. The MHPs who work underneath you field
16	physical appearance or stature? Is that a	16	transfer requests from the prisoners that they
17	consideration when looking to transfer?	17	see, correct?
18	A Some individuals may feel unsafe due	18	A Yes.
19	to their size. They may feel that given the	19	Q And then those MHPs meet with you to
20	abuse level or their experiences they're having,	20	say, hey, I have an inmate who is interested in
21	they may feel particularly vulnerable and be more	21	transferring, let's talk about it. Right?
22	comfortable in the female division because the	22	A Yes. And usually it's about how we
23	average height of women is shorter than the	23	could prepare this individual since they're going
24	average height of men. So those individuals may	24	to make the request, what kinds of skills might
	Page 211		Page 213
1	feel safer, and that might be one of the other	1	make the transition more successful. Because I
2	potential reasons somebody may request a transfer.	2	want them an offender has the right to request
3	Q Okay. Do you think somebody's	3	it. So the MHP's job is not to gatekeep. You
4	appearance or stature is a reason to deny	4	1 .1
		-	know, the committee will meet and make the
5	transfer?	5	know, the committee will meet and make the decision. So the job of the MHP is to consult and
5 6		1	decision. So the job of the MHP is to consult and
	transfer? A Not in and of itself. I could see it	5	
6	transfer?	5 6	decision. So the job of the MHP is to consult and figure out how can you best prepare somebody or
6 7	transfer? A Not in and of itself. I could see it being a consideration for operations in terms of placement. At Logan if there is somebody who has	5 6 7	decision. So the job of the MHP is to consult and figure out how can you best prepare somebody or this particular client for success given their history.
6 7 8	transfer? A Not in and of itself. I could see it being a consideration for operations in terms of placement. At Logan if there is somebody who has a history of violence and they are still in	5 6 7 8	decision. So the job of the MHP is to consult and figure out how can you best prepare somebody or this particular client for success given their history.
6 7 8 9	transfer? A Not in and of itself. I could see it being a consideration for operations in terms of placement. At Logan if there is somebody who has a history of violence and they are still in therapy and they have a maximum security status	5 6 7 8 9	decision. So the job of the MHP is to consult and figure out how can you best prepare somebody or this particular client for success given their history.Q Okay. But then after that meeting takes place where you talk about the concerns with
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	Page 214		Page 216
1		1	
1	A I haven't talked with the majority of	1 2	questions along the way, and they may consult just
2	the wardens, so I can't speak to everybody. But I	3	for their own personal knowledge.
3	don't think that was a standard part of their		Q Okay. We're going to move on. Time
4	training beforehand. You know, I've got a lot of	4	to go back to the question that I had pending
5	positive feedback from the training that was	5	before we went on the break.
6	helpful for their learning.	6	And recalling back to your
7	Q Okay. Is it fair to say that for any	7	conversations with individuals who had doubts
8	transfer request that you bring to the committee	8	about whether people were really transgender, I
9	from a mental health standpoint that checks enough	9	wanted to know if there were any individuals who
10	boxes for you, that you think that the inmate	10	you had spoken with about that topic who were
11	would benefit from transfer?	11	either director-level individuals or wardens or
12	A Let me let me because I'm still	12	assistant wardens or anybody in a managerial role?
13	not sure I got it, but let me answer and see if	13	A No, no individual. And I interact
14	this is what you're saying.	14	with a lot of different administrators, and
15	I have the ability to vote	15	nobody's questioned that.
16	what I feel is the correct transfer decision, and	16	Q Has anyone questioned whether gender
17	I also have the ability to ask for more time to	17	dysphoria is real?
18	further consider I have the ability to	18	A No, nobody's questioned that. I
19	further to abstain from answering if that's	19	think for one thing, by the time you get to be an
20	something that is necessary. So I have those	20	administrator, you've been around for a while, and
21	abilities.	21	we've always had out transgender people. So I'm
22	Is that your question?	22	guessing that's probably why I don't hear those
23	Q Not really. My question is	23	because you got more experienced staff in those
24	A Okay. I'm not getting it. Say it	24	positions.
	Page 215		
	rage 215		Page 217
1		1	
1 2	again.	1 2	Q If people had been, though, you know,
	again. Q Okay. So as I understand the		Q If people had been, though, you know, around for a while and seen transgender
2	again. Q Okay. So as I understand the process, the transfer request comes to the TCRC	2	Q If people had been, though, you know, around for a while and seen transgender individuals throughout their career, why was there
2 3	again. Q Okay. So as I understand the	2 3	Q If people had been, though, you know, around for a while and seen transgender individuals throughout their career, why was there a categorical exclusion for surgery?
2 3 4	again. Q Okay. So as I understand the process, the transfer request comes to the TCRC Committee, as is currently composed, from you, correct?	2 3 4	Q If people had been, though, you know, around for a while and seen transgender individuals throughout their career, why was there a categorical exclusion for surgery? MS. COOK: I'm going to object
2 3 4 5	again. Q Okay. So as I understand the process, the transfer request comes to the TCRC Committee, as is currently composed, from you, correct? A No. It comes through the mental	2 3 4 5	Q If people had been, though, you know, around for a while and seen transgender individuals throughout their career, why was there a categorical exclusion for surgery? MS. COOK: I'm going to object THE WITNESS: Well
2 3 4 5 6 7	again. Q Okay. So as I understand the process, the transfer request comes to the TCRC Committee, as is currently composed, from you, correct? A No. It comes through the mental health providers at the site. They submit a DOC	2 3 4 5 6 7	Q If people had been, though, you know, around for a while and seen transgender individuals throughout their career, why was there a categorical exclusion for surgery? MS. COOK: I'm going to object THE WITNESS: Well MS. COOK: I mean, I thought you were
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	Page 218		Page 220
1	A It was a little bit of a delay. No	1	about a mistake of nature and things like that.
2	problem. So if, like, you know, nobody was really	2	Everybody has their own kind of terminology. But
3	questioning gender dysphoria and nobody was, as	3	it's that mismatch between their body and how they
4	you say, questioning whether transgender	4	feel inside. And that's something that you have
5	individuals were real, and people had	5	to actually have a conversation. And when we're
6	administrative abilities who were setting these	6	an operations person, have a sound, confidential
7	policies were, you know, aware of a transgender	7	location to ask those kind of questions, and it
8	population, why the categorical exclusion for	8	wouldn't be an appropriate conversation for them
9	surgery? I don't know. It's one of the things	9	to educate themselves on.
10	that, you know, I've been talking with people	10	And so since a lot of prisons
11	about over the years, that sometimes hormones are	11	are in rural areas, they may not have as much
12	not sufficient for every person in general, you	12	access as somebody like me who lives, you know, in
13	know. And so I'm not certain. I think the	13	a metropolitan community, has friends. You know,
14	education process is a process, and I think there	14	I can literally ask the questions. My friends and
15	is a continuum of understanding and learning that	15	I are very open and you know, whereas somebody
16	people do. And I also think that a lot of people	16	that I don't know. Name a prison. Like
17	look too much towards those external finds about	17	Robinson may not keep in mind, I don't know all
18	being read correctly. So they might think	18	the staff there. There could be a transgender
19	something along the lines of this person is on	19	staff there. But they may not have access the way
20	hormones, you know, everybody can see they are	20	some of us have access to ask those questions, you
20	transgender, they're growing secondary female	21	know, of individuals, or they may not think to
22	characteristics, and yet not understand that it's	22	check You Tube.
23	not about just external. You have to think about	23	There's a lot of people that
24	the person's internal sense of their body. Even	24	give personal accounts of being transgender, but,
24	· · ·	24	
	Page 219		Page 221
1	though people may not see their genitalia does not	1	of course, you don't know, you know, if this is
2	mean that that that they don't have a gender	2	real or not. Although, I think that when you hear
3	dysphoria dysphoric reaction to their	3	from those individuals, you can tell that
4	genitalia. And they may not stop to think about,	4	they're they're really talking from a genuine
5	you know, the impact that has on healthy sexual	5	space and can give you things to think about in
6	expression, on, you know, just their general sense	6	terms of the privilege that might make you not
7	of themselves when they see their body. That	7	consider that kind of internal sense of one's
8	it may be so out of somebody's frame of reference	8	self.
9	that they don't even think about that. And you	9	So I think it's really about
10	know, part of my job as a psychologist is to help	10	just how the human mind works.
11	people kind of step outside of their own their	11	MR. RAY: One quick follow-up, Lisa,
		11 0	
12	own cultural viewpoint, their own privilege, to	12	and then I'll let you ask your redirect.
13	not even have to think about that and to help them	13	BY MR. RAY:
13 14	not even have to think about that and to help them to ask good questions about how somebody else in a	13 14	BY MR. RAY: Q When was the first time that you can
13 14 15	not even have to think about that and to help them to ask good questions about how somebody else in a different gender identity might view something	13 14 15	BY MR. RAY: Q When was the first time that you can remember raising a concern about the categorical
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23 open on those segments of the topics that were 23 Q As far as you know, will the	
24 inadequately covered today. 24 committee oversee aftercare of any prisone	ers who
	age 225
1 But with that, I will pass the 1 do receive gender-affirming surgery?	
2 witness for the 30(b)(6) topics for today, and we 2 A The site level would take care of	
3 will continue after with the 30(b)(1) portion of 3 aftercare needs, as well as the surgical tear	n mav
4 the deposition. 4 have specific recommendations. But that -	
5 EXAMINATION 5 medical care would be taken care of at the	
6 BY MS. COOK: 6 level, to the best of my knowledge.	Site
7QOkay. So Dr. Reister, I want to7QAnd you mentioned that the depa	rtment
8 follow up on some of the questions you were asked. 8 is in the process of engaging with University	
9 And just so it's clear, the TCRC that was in place 9 Illinois Chicago Transgender Health Clinic	
10 and the administrative directive that were in 10 A Yes.	
11 place, they have been or been in the process of 11 Q Do you know exactly what that c	linic
12 changing since the Court's order in this case, 12 is called?	
13 correct? 13 A I don't know the exact name, to b	e
14 MR. RAY: Objection. Lacks 14 honest.	
15 foundation. 15 Q Has the department finalized that	
16 THE WITNESS: Correct. I'm sorry. I 16 relationship?	
17 didn't 17 A No, it has not. Again, this is all	
18 MS. COOK: I think the court reporter 18 in the works. We're moving as quickly as	we can.
19 got it down. 19 Q And you also explained that man	
20 THE WITNESS: Okay. 20 the commissary items will be available at f	
21 BY MS. COOK: 21 regardless of the gender of the population,	-
22 Q So the transgender committee has 22 correct?	
23 still been working in some form until the new 23 MR. RAY: Objection. Leading.	
24administrative directive is in place, correct?24THE WITNESS: Correct.	



	Page 226		Page 228
1		1	
1 2	BY MS. COOK:	1 2	foundation. Also outside the scope of my
3	Q And so what kind of commissary items	3	testimony. BY MS. COOK:
	will be will the department be offering, say,	4	
4 5	to transgender females who are at a male facility?	5	
	A The common request of the female	6	A I only track the mental health
6	division, lotions and cosmetic products that have	7	training, so I I wouldn't be in on any meetings
7	a certain scent that our culture perceives as	1	with Dr. Anderson about the medical. So anything
8	feminine scents. And things like the makeup,	8	they have going, I wouldn't be in on those
9	we've talked about the importance of not	9	meetings.
10	concealing one's identity with how one uses those	10	Q When the department does trainings
11	cosmetic products. So that also would be	11	like the transgender health training that you have
12	something that individuals would have to take some	12	been putting on, are those solely for State
13	responsibility for how they utilize it, so that	13	employees, or are contractual employees also doing
14	implies that those are going to be on there as	14	those trainings?
15	well.	15	A Both State and contractual employees.
16	I believe the female division	16	Also the chief of chaplain services attended one
17	has different bras that are available, you know,	17	of them. So we get requests, and I will consider
18	and other female products that might be on there.	18	those requests. But yes, both Wexford Health
19	The male division, the offenders are wanting more	19	Sources and State mental health are invited, and
20	masculine clothing, and the masculine-scented	20	it's designed specifically for them.
21	cosmetic products is what they're asking for and	21	Q And so the only trainings that maybe
22	they would get by the merger.	22	people who work under you or who work with gender
23	Q So many of the changes that are	23	dysphoria patients in IDOC, the only trainings you
24	taking place are not reflected in the current	24	don't know about are Wexford's proprietary
	Page 227		Page 229
1	administrative directive that's in place?	1	trainings?
2	MR. RAY: Objection. Leading.	2	MR. RAY: Objection.
3	THE WITNESS: No.	3	THE WITNESS: Correct.
4	BY MS. COOK:	4	MR. RAY: I don't know how he can
5	Q And so I wanted to ask a little bit	5	know what he doesn't know. Also, objection,
6	more about training just so that it's clear.	6	leading.
7	So WPATH, through its global	7	BY MS. COOK:
8	education initiative, is going to offer training	8	Q Do you know as far as other WPATH
9	to IDOC staff; is that right?	9	trainings, are staff members trying to take
10	MR. RAY: Objection. Leading.	10	have they been trying to take WPATH conference
11	THE WITNESS: Yes.	11	trainings?
12	BY MS. COOK:	12	A One individual was able to do it.
13	Q And that training, is that going to	13	And I'm so sorry. I'm blanking on her name. I'm
14	be for only mental health or medical and mental	14	sorry. Webb. I'm sorry. Debbie Webb took a
15	health?	15	WPATH training. I know that a number of people
16	MR. RAY: Objection. Leading.	16	signed up for the May Kansas City training.
17	THE WITNESS: Mental health.	17	Unfortunately, that was cancelled due to COVID-19,
18	BY MS. COOK:	18	including myself. I was also going to go to that.
19	Q If Dr. Bowman and Dr. Anderson	19	So like, for example, Dr. Fairless signed up for
20	testified that it was for medical staff and mental	20	that training.
21	health staff, would you dispute that, or are they	21	So yes, staff are are
22	different trainings?	22	you know, as an interest is they are going to
23	MR. RAY: Objection. Assumes facts	23	get additional education.
24	not in evidence, and also leading again. Lacks	24	Q And will the State pay for that, or



		-	
	Page 230		Page 232
1	do people have to pay on their own?	1	to those offenders to re-raise the their
2	A If you want it paid for the State,	2	request to be moved to a different facility, or is
3	you have to be a State worker, and you have to	3	that something that staff can do?
4	submit a request and a rationale why. And for	4	A Staff can definitely do that. When
5	example, they agreed to pay for mine. Now, I	5	we've tabled things, we'll usually give a
6	didn't submit for that, but I could have submitted	6	specified time frame. You know, it would be a
7	for it. So I know that at least in one case, my	7	case-by-case basis. But my survey includes that
8	own, they were willing to pay for it.	8	question, so we're very soon going to have a list
9	Q And the department also has a	9	of people who have that request. Of course, we'll
10	training department, correct?	10	have to cross reference in case there's somebody
11	A They do.	11	who is already approved, but it's been delayed due
12	Q And so that is who often gives the	12	to COVID-19. But that's pretty easy to do that.
13	training that you created?	13	So I'll have a list of
14	A Yes. That is and they coordinate	14	everybody outstanding who has not moved divisions
15	tracking the all-staff training. They also track	15	who are wanting to be moved.
16	my trainings as well. I had to submit my	16	Q Are any inmates being moved to
17	trainings to them, and they keep it on file and	17	different facilities right now during COVID-19?
18	what have you. We have an entire training system	18	A We have emergency transfers to, like,
19	so that we can keep track of that. As well as my	19	our inpatient units and our residential treatment
20	as well as my executive secretary, she keeps a	20	units, and then we have a quarentine process. But
21	list of individuals as well so that we can create	21	no, and we're having an upswing in our cases
22	and generate from the waiting list who would like	22	that's pretty significant, particularly in
23	training or retraining.	23	Southern Illinois, but also at places like East
24	Q And you mentioned that your you	24	Moline and some of the other sites.
	Page 231		Page 233
1	know, you consider your training to be a work in	1	So COVID-19 is a concern right
2	progress. Do you intend to incorporate all the	2	now because of the upswing of cases, offenders and
3	notes you've been collecting into the training as	3	staff.
4	you revise it?	4	Q And in addition, has Logan
5	A Well, what I what I do is as I go	5	Correctional Center asked that transfers be
6	and I give a training and I get a new piece of	6	staggered?
7	information, I just quickly try to put it in. But	7	A I believe they have asked for it to
8	the notes the feedback I get goes into a pile,	8	be staggered so that they can they can prepare
9	and then there are some times I'll keep a little	9	and also acclimate offenders who are received
10	pile in my office of journals and different books.	10	there. And that allows us to address any
11	I've had to expand the length of the training as I	11	individual concerns those individuals have. So
12	expand the materials. So I can't guarantee you	12	they have requested that, but with COVID-19 we're
13	we're up to ten hours now, so it may go even	13	basically backlogged on transfers. Even transfers
14	higher over time as different things come out. So	14	to the RTUs are being held or only doing the
15	it really depends on the feedback and the, you	15	emergency ones at this point in time.
16	know, research I do or the trainings I go to.	16	MS. COOK: Those are all the
17	Because I do this on an ongoing basis.	17	follow-up questions I had.
18	Intersectionality of identity	18	MR. RAY: I didn't have any
19	is a specialty area I'd like to gather further	19	follow-ups on the $30(b)(6)$ portion. I think we
20	information on. Not just transgender, but race	20	can move on to the personal deposition.
21	and all the other forms of identity.	21	THE REPORTER: Can we go off the
22	Q You were asked also about housing	22	record for just a minute. I'm having some
23	decisions. You know, you mentioned some of the	23	technical difficulties.
24	decisions could be tabled. Do you know, is it up	24	MR. RAY: Why don't we take a two- or



	Page 234		Page 236
1	three-minute break.	1	A Correct.
2	THE REPORTER: That would be great.	2	Q And who do you defer to or turn to
3	Thank you.	3	with questions about surgery?
4	THE VIDEOGRAPHER: The time is 3:40.	4	A I would refer that over to medical,
5	We are off the video.	5	and then they would have to refer it over to an
6	(After a brief recess, the	6	outside surgeon. We don't have any actual
7	deposition continued as	7	surgeons on staff. That would require a contract
8	follows:)	8	being written up for that service.
9	THE VIDEOGRAPHER: The time now is	9	Q What did you do and this
10	3:43 p.m. We are back on the video record.	10	actually this question is relevant actually to
11	MR. RAY: All right. We're now going	11	both sides of the deposition, but it's just one
12	to begin the personal deposition portion of today.	12	sort of the nucleus of questions. What did you do
13	Dr. Reister, thank you for	13	to prepare for today's deposition?
14	your time and patience already today, and we will	14	A I looked over some of our new
15	see if we can move quickly through the rest of the	15	directives. I looked at the basic structure and
16	content today.	16	design. I reviewed my training materials on the
17	DR. SHANE REISTER,	17	part one and the part two, so I looked over the
18	having been first duly sworn, was examined and	18	the um Lisa Cook sent out a listing of the
19	testified as follows:	19	major topics. So those are the kind of things
20	EXAMINATION	20	that I did to prepare for today.
21	BY MR. RAY:	21	Q What kind of list was this?
22	Q So I just wanted to confirm, in terms	22	A It was the list that was what you
23	of your conferences and training, you have	23	were putting up there on the screen when you were
24	attended two WPATH conferences in your life; is	24	talking about the 1 through 10.
	Page 235		Page 237
1	that right?	1	Q Yes. Okay. Since it didn't draw a
2	A Yes.	2	privilege objection, I figured that's probably
3	Q Have you done any other sort of	3	what it was.
4	WPATH-sanctioned training sessions or workshops in	4	Did you discuss the deposition
5	addition to those two conferences?	5	with Ms. Cook prior to today?
6	A No workshops. I do get the journals	6	A Yes.
7	and Listserv information where people are talking	7	Q When did you do that discussion?
8	about cases, but nothing like other workshops.	8	A Oh, goodness. It was within the
9	Q And you do not consider yourself an	9	last, I think, week or so. She may know off the
10	expert in hormone therapy, correct?	10	top of her head better than I do. But it was
11	A No, I'm not.	11	recently.
12	Q Within IDOC, who do you turn to with	12	Q And did this occur via phone or in
13	questions about hormone therapy?	13	person?
14	A Dr. Puga would be somebody that I	14	A Phone.
15	might talk to, or Dr. Conway. I haven't had to do	15	Q And how long did you meet with
16	so, but those would be the people I might go to.	16	Ms. Cook?
17	I do reference Dr. Puga had a handy outline of	17	A Again, I didn't really time it, to be
18	risk/benefits for offenders. And so that's a	18	honest. I don't know. It could have been like 30
19	reference source that we utilize because it goes	19	minutes or an hour. But I'll be honest, I really
20	over some of the basics, which is about the level	20	don't know. I didn't even see what time the clock
21	of knowledge that a mental health provider would	21	was during the call.
22	need to familiarize themselves with.	22	Q During that session with Ms. Cook,
23	Q You're also not an expert in surgery	23	did you review any documents?
24	for transgender individuals, correct?	24	A No. But we, you know, talked about
21	6		



	Page 238		Page 240
1	the questions in there. So, you know, obviously,	1	and what happened after that?
2	you know, standards of care would be discussed.	2	A It was I received copies once it
3	Q Okay. Have you had any conversations	3	posted. Probably it would have come from the
4	with Dr. Puga, for example, about this case?	4	legal department, and then it would have been
5	A Not specifically about this case. I	5	discussed by the transgender committee.
6	mean, we consult all the time on issues. But I	6	And is this the one that has
7	don't recall this offender being discussed any	7	the medical providers that has to be done on site?
8	time soon. But this offender has been discussed	8	I think it may be, but I could be wrong. Again, I
9	so much, I mean it's hard to say whether this case	9	haven't read this in a while.
10	has come up in terms of recent discussions. But	10	Yeah. It has the gatekeeping
11	this is one of the cases that come up on a regular	11	thing, about the committee would kind of delay
12	basis.	12	getting those.
13	We periodically review how	13	Q So I'm happy to flip through the
14	she's doing over at Logan. So one of those	14	remainder of this. There's some additional points
15	reviews, I can't remember when we last had one.	15	here down on the second page of the document.
16	But we do we consult on a regular basis about	16	But it sounds like you're
17	the offender and how she's doing over in Logan	17	familiar with this as an order handed down by the
18	currently. I don't believe there's any problems.	18	Court in this case, correct?
19	And I was just over at Logan and they didn't	19	A Yes.
20	identify any problems.	20	Q Okay. And this was things that the
21	Q Okay. Earlier during the deposition	21	Court was ordering the defendants or IDOC to do in
22	Ms. Cook had mentioned an order, and I know you've	22	response to a preliminary injunction motion. Is
23	talked about some orders from the courts. I know	23	that your understanding?
24	there's a couple of different lawsuits that have	24	A That is my understanding.
	Page 239		Page 241
1	been filed over the years. But are you familiar	1	Q Okay. And have you been asked to
2	with the preliminary injunction that the Court in	2	look at what IDOC has done or is doing to comply
3	this case handed down in December of 2019?	3	with this order ever to compare and contrast what
4	A Um, I'm going to be honest. I	4	is the the Court has ordered IDOC to do versus
5	sometimes mix up the different court cases. You	5	what it is doing?
6	know, there's basically three cases that have been	6	A The Transgender Care Review Committee
7	involved with various decisions like that, and I	7	is has been particularly recently really taken
8	can't remember the details of what came out of	8	a look at all of the requirements as well as, you
9	which case, to be honest. Some things I'll	9	know, trying to foresee if there might be anything
10	remember, but some things just kind of go into the	10	else that hasn't been ordered. And so we've been
11	back of my mind as you got to do X, Y, Z.	11	trying to anticipate, you know, and talk about in
12	Q Okay. Let me show you the	12	discussions about issues and taking a look at the
13	preliminary injunction in this case. Take a look	13	orders as well.
14	at that to refresh your recollection. I will make	14	I don't believe that any of
15	this bigger now.	15	the orders required us to merge the commissary
16	(Reister Exhibit No. 3 was	16	items, but we thought that that would be a good
17	marked for identification.)	17	way to go about addressing the gender-affirming
18	BY MR. RAY:	18	clothing and grooming items. So that's an example
19	Q Okay. Dr. Reister, does this	19	where we tried to anticipate what might be helpful
20	particular document that I'm scrolling through	20	beyond what was ordered.
21	slowly look familiar to you?	21	Q Okay. And I know you're not a
22	A Yes.	22	lawyer, but is it your personal view that IDOC is
23	Q Okay. And what please describe	23	fully in compliance with every part of this order?
24	sort of the first time you had seen this document	24	A Well, we're not yet, but I do think



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1	that we are going to be within compliance. I do	1	wouldn't be able to do immediately, and some of
2	think that the parts about misgendering is not an	2	them would require, I suspect, having different
3	instant fix. I think that this is going to take	3	contracts to even do that piece.
4	time, and it's going to require repetition as	4	So immediately we have you
5	well. And I've talked about that earlier when I	5	know, in terms of where we're going is we've made
6	talked about training and attitudinal research	6	these decisions, and now we're just in the process
7	showing that attitude change happens in small	7	of finalizing, is the impression I get. Keeping
8	increments toward a more positive view. And so I	8	in mind that I don't know what all the details and
9	really view that part to be to be a process	9	intricacies involved in things like logistics or
10	over time that I'm going to be investing in.	10	all the details in the operations side. But
11	So, you know, not everything	11	they're all in the works currently.
12	is an instant fix. There's definitely	12	Q So the I just want to make sure
13	attitudes can be read by people. I mean, people	13	I'm clear, too, in the timeline here. The
14	can read facial expressions. It's not just about	14	all-staff training that you put together that
15	words that come out of people's mouths. And so	15	addresses misgendering, that was
16	I'm hoping over time we'll get more and more	16	A Uh-huh.
17	culturally competent if we continue to do the	17	Q was that training complete as of
18	training. And the training department's implicit	18	the date of this order in December of 2019, or was
19	bias training is really important for the work I'm	19	it finished later?
20	trying to do as well.	20	A No. I had to actually write up that
21	So again, it's not just my	21	material. It took me several months to write up
22	trainings. My trainings interact with other	22	material that would be appropriate for all of the
23	trainings. And some other things that I want to	23	staff. And plus, recording it took time. There
24	work on, such as racism, those and a lot on	24	was no way I could get it done immediately. But I
	Page 243		Page 245
1	privilege you know, those kind of things	1	did immediately start with the writing of it and
2	interact. And the mental health department also	2	the because remember, I have to remove
3	has a share point with lots of information. And	3	psychobabble that tech terms that, you know,
4	our quarterly mental health meetings incorporate a	4	might confuse people. I have to figure out how am
5	lot of different topics, all of which will	5	I going to communicate some of these concepts that
6	interact with various staff growing in terms of	6	perhaps may be closer to my master's level
7	cultural competence.	7	clinician's, you know, training level that
8	Q So Dr. Reister, I appreciate the	8	somebody with a high school diploma may not have
9	answer, but you agree with me that on in this	9	that kind of background, like in biology and
10	order it says the Court orders defendants to	10	things like that.
11	immediately do these things, correct?	11	So I had different
12	A Yes. And that's why I was saying	12	considerations, and it took time for me to do
13	that it's really an in-progress part in terms of	13	that. Plus, having somebody take a look at the
14	being able to do that. Getting those changes	14	materials also takes time as well. So I I have
15	implemented is not something that can always	15	to, um I couldn't immediately do it, but I
16	immediately happen.	16	could immediately start the process of it.
17	I give the example of I can't	17	Now, not being a lawyer, I
18	even get quarters where I live because of	18 19	don't know whether or not being in process counts
19	logistics problems distributing to the stores and	20	as immediate, but I do know that immediately, you
20 21	the banks. So in the middle of COVID trying to	20	know, I started working on it as soon as I was asked to work on on it.
21	get, like, for example, commissary items logistics	22	And, you know so that's as
22	planned out I imagine would probably be more challenging than other points in IDOC history.	22	fast as I can do it. I can't you know, I can't
23	So again, some of them you	24	just pull out of a hat material that's appropriate
<u> </u>	so again, some of mem you		just puil out of a nat material that's appropriate



	Page 246		Page 248
1	for all staff.	1	who meet the competency requirements, if somebody
2	Q But it was ultimately you who was	2	were to need me to come out and deal with a
3	working on all this material, right? You were	3	particular issue and I have done that before,
4	tasked with it?	4	not with this particular, you know, person but
5	A Yes. Yes. And I had a considerable	5	with other people I have gone out and worked with
6	amount of my time that I set aside to do this	6	the clinician and doing basically a supervised
7	because it was so labor intensive.	7	therapy session with them to help work through
8	Q But I would also like to refer to	8	concerns that they had. And the offenders can
9	another section of this order to and it's No. 1	9	always write the central office or they can ask
10	on the screen right now to develop policies and	10	their clinician for, you know, additional support.
11	procedures which allows transgender inmates access	11	We have a grievance process in
12	to clinicians who meet the competency requirements	12	the IDOC that allows them to have a look at
13	stated in the WPATH Standards of Care to treat	13	concerns. And the mental health caseload clients
14	gender dysphoria.	14	regularly use that process to draw attention to
15	You have already said that you	15	issues. So that is something that we definitely
16	believe that you meet the competency requirements	16	can address so that they have access
17	stated in the standards of care, correct?	17	Q My question is
18	A Uh-huh.	18	A if necessary.
19	Q Okay. But you do not treat you	19	Q Okay. I appreciate the answer. My
20	are not a primary treating clinician for any	20	question was different, through, and is
21	transgender inmate, correct?	21	A Okay. Let me try again.
22	A That's correct.	22	Q That's okay. It's been a long day.
23	Q And Dr. Anderson is you believe	23	But it's an important question.
24	also meets the competency requirements in the	24	A Yes.
	Page 247		Page 249
1	WPATH Standards of Care, correct?	1	Q Well, so can you name one clinician
2	A Yes.	2	who has primary responsibility for treatment of
3	Q But she is a part-time consultant at	3	inmates who meets the competency requirements
4	IDOC, and she does not have primary responsibility	4	stated in the WPATH Standards of Care?
5	for any transgender inmate, correct?	5	A I can't I can't attest to the fact
6	A Correct.	6	that they meet all the standards of care. I do
7	Q Okay. So my question is this. What	7	believe that they're providing competent care and
8	other clinicians exist within IDOC who meet the	8	that they are in the process of training and
9	competency requirements stated in the WPATH	9	growing as a clinician.
10	Standards of Care who have primary responsibility	10	So that is something that is a
11	for transgender inmates?	11	standard practice in terms of people working with
12	A I'm not a lawyer, but every clinician	12	new populations. That's part of all of our ethics
13	at some point starts working with new populations	13	standards is to do those kind of consultations and
14	for the first time, whether it's of an internship	14	supervisions and working with other people more
15	or on a job. And so meeting competency requires	15	knowledgeable and going to trainings. So that is
16	lots of consultation for individuals.	16	part of any standard of care, whether it's WPATH
17	If I start working with a new	17	or any other organization.
18	population, I have to go and do the research, not	18	Q Are you aware of Wexford hiring any
19	having the client teach me about that particular	19	individuals for the specific purpose of having a
20	issue or concern. So, you know, there are always	20	clinician who could primarily treat inmates who
21	areas where individuals need to grow in	21	met the competency requirements of WPATH Standards
22	competency, reach out, do consultations or work	22	of Care?
23	with other clinicians on growing.	23	A They have not informed me of doing
24	So having access to clinicians	24	that.



1 Q Id like to do now sort of a couple presume an immate shows up at intake and they are physician or the medical professional that would be consult of the scenario ever happening. But again, they wouldn't be consulting with me on such an occurrence. So it would be basically conjecture because I'm not aware. But there would be an opportunity for that to be - to get a consult. 9 MS. COOK: I'll object to foundation. But you may answer. 9 11 THE WTNESS: Our offenders come into a divert system through county jails primarily. We try to get them linked up with is aftercare, so they would be coming in - to my to are standardy be linked up with is aftercare, so they would be coming in - to my is aftercare, so they would be coming in - to my is after their hormones. Because we talk with them about the importance of knowing where their hormones are going to terms of is - what they're receiving is actually zeroret. 9 So most of them are going to is - what they're receiving is actually and surgery? Is it Drs. Puga and comway? 24 it from Howard Brown because they do have the fact? Page 231 25 So most of funding. Sagin, the specifies, I'm not know that, and o so there could make the decision to continue the hormones and that there weren't contraindications. If somebody has, for example, a blood cloi, it might be dangerous and the fact? 26 MS. COOK: And I just want to repart in the fact? So mast of them ore on a do the down they could make, the medical doctor is supposed to contact the fact? 37 My question was slightly different. M S. COOK: And I just want to		Page 250		Page 252
2of basic hypotheticals. And Im aking if - lets2physician or the medical professional that would3presume an inmate shows up at intake and they areif the scenario ever happenning. But again, they4current()of this scenario ever happenning. But again, they5say the prisoner had obtained those hormones onthe steet, not from a doctor. Would it be7ability to vork with people who don't have paroleor steet10But you may answer.1011THE WTNFSS: Our offenders come into12or get them linked up with13aftercare, so they would be coming in - to my14violators should already be linked up with15aftercare, so they would be coming in - to my16knowledge, they're coming in on non-street17hormones. Because we talk with them about the18A - outside.19cornet J.10terms of is what they're receiving is actually21corret.22So most of them are going to23be coming from the Chicago area, so they would ate24it from Howard Brown because they do have the25and access to finding.26and access to finding.27by question was, if you have a prisoner coming in28or outside.29fort He streets. Okay? Is it appropriate for20My question was, if you have a prisoner coming in3ability to work with people who don't have jobs4Q4Q <td>1</td> <td>O I'd like to do now sort of a couple</td> <td>1</td> <td>provide that feedback to the primary care</td>	1	O I'd like to do now sort of a couple	1	provide that feedback to the primary care
3 presume an immate shows up at intake and they are currently on hormones. And Pm asking if - let's say the prisoner had obtained those hormones on a appropriate for IDOC to stop that hormone treatment? 3 be deciding whether to continue or discontinue. If the bonest. I'm not aware of this scenario ever happening. But again, they wouldn't be consulting with me on such an occurrence. So it would be basically conjecture because I'm not aware. But there would be an opportunity for that to be - to get a consult. 0 But you may answer. 10 11 THE WITNESS: Our offenders come into a diverse, so they would be coming in to my to get them linked up. Those who are parole a threare, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to get them linked up. Those who are parole a diverse, so they would be coming in to my to terms of is what they're receiving is actually correct. 7 20 So most of them are going to correct. 7 Q So wool of them are going to correct. 7 21 So most of them are going to correct. 7 A Yes 10 7 22 So most of them are going to correct. 8				
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9 MS. COOK: I'll object to foundation. But you may answer. 9 opportunity for that to be to get a consult. 10 But you may answer. 9 opportunity for that to be to get a consult. 11 THE WITNESS: Our offenders come into our system through county jails primarily. We try 13 10 BY MR. RAY: 12 Violators should already be linked up with 14 14 Standards of Care relates to things like hormone significant medical part of that which is outside of your expertise, correct? 16 knowledge, they're coming in on non-street 16 A Yes 17 hormones. Because we talk with them about the importance of knowing where their hormones are 19 0 So who is it within IDOC then, who 10 12 So most of them are going to 22 So most of them are going to 23 24 A outside. 24 it from Howard Brown because they do have the 24 24 Competent physicians at the R and Cs so that when 24 Page 253 25 adalcess to funding. 3 assuming that the level was safe and that there would respond. But that, to sourchindications. If Somebody has, for 25 Page 253 26 My question was, if you have a prisoner coming in 6 on intake, so new to the system, and you find out 7 5 Somebody like this would come in, that they could 7 <td></td> <td></td> <td>1</td> <td></td>			1	
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23 So if they had an objection to 23 properly trained on that, right?	23	So if they had an objection to	23	
24those hormones being discontinued, they could24ACorrect.	24	those hormones being discontinued, they could	24	A Correct.



	Page 254		Page 256
1	Q Dr. Reister, do you believe that IDOC	1	We are off the record.
2	has consistently sufficient initial screening to	2	(After a brief recess, the
3	serve the needs of transgender prisoners?	3	deposition continued as
4	A The initial screenings when I first	4	follows:)
5	started were not sufficient. We even had to	5	THE VIDEOGRAPHER: The time now is
		6	
6 7	change the wording of gender on the forms that	7	now 4:24 p.m. We are back on the video record. BY MR. RAY:
8	were utilized. So the assessment process has improved greatly from when I started working for	8	
o 9		9	Q Dr. Reister, just one quick follow-up
10	the department.	10	with you. It actually relates to the transfer
11	Q Does IDOC have a consistently	11	procedures that we talked about earlier. Is there a written document
12	sufficient referral system by correction officers	12	
13	and other non-mental health professionals to serve	13	that sets forth, that you're aware of at least,
	the needs of transgender prisoners?		the criteria for determining whether or not to
14	A Yes. Yeah. We already have existing	14	transfer a transgender individual?
15	for multidisciplinary communication between the	15	A I would frame it as a document I
16	various departments. Mental health receives	16	believe Dr. Puga was the author of it that
17	calls. We receive paper notices. We receive	17	gives some considerations to have. It's not
18	e-mails getting ahold of mental health who	18	intended to be a you know, there's not a
19	coordinate the case management side and can make	19	scoring system, for example, for it. You have to
20	sure that the various components are addressed.	20	basically just think about those considerations at
21	We have communications very easily and regularly	21	minimum.
22	with the other departments.	22	Also, you know, obviously, I
23	Q Do you believe that IDOC has a	23	would use my clinical skills for some of the
24	consistently effective quality assurance process	24	aspects of transfer. And we've talked about a lot
	Page 255		Page 257
1		1	Page 257 of the considerations for that. And, um, so I
1 2	Page 255 in place to serve the needs of transgender prisoners?	1 2	-
	in place to serve the needs of transgender		of the considerations for that. And, um, so I
2	in place to serve the needs of transgender prisoners? A Well, we could	2	of the considerations for that. And, um, so I believe it was Dr. Puga who authored that
2 3	in place to serve the needs of transgender prisoners?	2 3	of the considerations for that. And, um, so I believe it was Dr. Puga who authored that document.
2 3 4	in place to serve the needs of transgender prisoners? A Well, we could MS. COOK: Object to form. THE WITNESS: I'm sorry.	2 3 4	of the considerations for that. And, um, so I believe it was Dr. Puga who authored that document. Now, do keep in mind that
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	Page 258		Page 260
1		1	
1	so and I can't remember if I was involved in	1	department been working to fulfill that?
2	creating that list or not. It was quite a while	2	A Yes. And I believe it was just that
3	ago. But they were pretty straightforward things	3	same thing that I received was distributed to the
4	to think about.	4	medical side as well. So I wasn't the only
5	Q So that list you're thinking about,	5	mental health wasn't the only one to receive that
6	though, from Dr. Puga and you believe he created	6	to work on each of our pieces of that order.
7	it, that document is still used today to guide	7	Q But from what you know in your
8	transfer discussions?	8	perspective, the transgender Care Committee
9	A It's things to consider to help guide	9	immediately ceased having
10	people's transfer decisions.	10	A Yes.
11	Q Okay. Thank you for that	11	MR. RAY: Objection. Leading.
12	clarification at the end.	12	THE WITNESS: Yeah. The Transgender
13	With that, I have no further	13	Care Review Committee immediately stopped doing
14	questions for today.	14	that. And the information that I had received
15	I pass the witness.	15	from sites is that they also would do that. And
16	MS. COOK: Okay. I do have some	16	we would just simply refer it back to the mental
17	questions and just some cleaning up, but it	17	health I'm sorry to the medical provider if
18	shouldn't be too long.	18	a site were to mistakenly do that.
19	EXAMINATION	19	Of course, if they need a
20	BY MS. COOK:	20	consult, you know, they can contact Dr. Conway or
21	Q I did want to clarify, just so the	21	Dr. Puga. They're both readily available by
22	record is clear, you and I spoke more than once	22	phone, you know, State cell, 24/7.
23	this month	23	BY MS. COOK:
24	A Yes.	24	Q And the Court also ordered
	Page 259		Page 261
1	Q about the deposition.	1	immediately that the defendants cease the policy
2	A Yes. I'm sorry. I've been really	2	and practice of depriving gender dysphoric
3	busy this month.	3	prisoners of medically necessary social
4	Q I will not take offense to you not	4	transition, including biomechanically assigning
5	remembering.	5	housing based on genitalia and/or physical size or
6	And then I want to ask	6	appearance. It was kind of two different things.
7	about so the preliminary injunction order, you	7	But you did mention in your
8	were asked some questions about it, and it was	8	other deposition that the department has quit
9	Exhibit 3. And so the Court ordered the	9	assigning prisoners mechanically based on their
10	defendant, the Department of Corrections, to	10	genitalia, correct?
11	stop immediately cease the policy and practice	11	A That's correct.
12	of allowing the transgender committee to make	12	Q And as far as social transition, has
13	medical decisions regarding gender dysphoria. Did	13	the department been depriving prisoners of social
14	the transgender committee follow that order?	14	transition?
15	A Yes.	15	MR. RAY: Objection. Lacks
16	MR. RAY: Objection. Lacks	16	foundation. You can answer.
17	foundation.	17	BY MS. COOK:
18	BY MS. COOK:	18	Q You may answer.
19	Q And the Court ordered defendants to	19	A Okay. In terms of social transition,
20	cease the policy and practice of denying and	20	the offenders are already socially transitioning.
21	delaying hormone therapy for reasons that are not	21	However, they are requesting additional things
22	recognized as contraindications to treatment.	22	like we discussed earlier for that transition. A
23	I understand you're not a	23	large, large number of individuals have are out
24	medical doctor, but as far as you know, has the	24	of the closet, you know. They if staff are



	Page 262		Page 264
1	unaware of their gender identity, they will	1	people.
2	correct them on pronouns, that sort of thing.	2	Q And as far as the standard of care on
3	Q And I know you we talked already	3	the mental health side you know, so the first
4	about the commissary items. But do you in your	4	bullet point in the WPATH standards, and it's
5	opinion and based on your experience, has that	5	Page 21 which we already discussed is a
6	been held up a little bit by COVID-19?	6	master's degree or its equivalent in a clinical
7	A Definitely.	7	behavioral science field.
8	Q And so then the other items we talked	8	A Uh-huh.
9	about so Page 2 is stuff the Court ordered the	9	Q Do the mental health providers in
10	defendants to start doing, and I just want to get	10	facilities have that accreditation?
11	it clear on the training.	11	A Yes. That's a requirement.
12	So you had already begun	12	Q And then so just going down to No. 2,
13	developing training before December of 2019; is	13	competence in using the DSM and/or International
14	that right?	14	Classification of Diseases, do mental health
15	A That's correct. And a lot of that	15	providers in the facilities have to meet that?
16	material became the core, so I didn't have to do	16	A Yes.
17	from scratch the all-staff training.	17	Q And so ability to recognize and
18	Q And as far as allowing inmates access	18	diagnose coexisting mental health concerns and to
19	to clinicians to fall under the WPATH Standards of	19	distinguish these from gender dysphoria, are
20	Care, do in your opinion, do prisoners have	20	you is training geared to help providers do
21	access to you?	21	that?
22	A Yes. And in fact, I to ensure	22	MR. RAY: Objection. Vague.
23	that they do, I do visit even prisons outside of	23	THE WITNESS: Well, it is to provide
24	my region, and I go into their transgender care	24	it. But also to get licensed, you have to
	Page 263		Page 265
1	support groups on a regular basis. So obviously	1	demonstrate DSM competency. So that's part of
2	COVID-19 has curtailed that significantly. There	2	everybody's training.
3	were basically from March until oh,	3	BY MS. COOK:
4	goodness. What was that the end of or middle	4	Q So in just so I understand, so the
5	of June, I was one of the State workers that had	5	people who are already accredited to work as
6	to work out of my house and not enter facilities	6	mental health providers, through the DSM they have
7	to prevent the spread of COVID-19, and so that	7	to be able to distinguish those?
8	curtailed that. That's why recently I have	8	A Yeah. You have to to pass
9	resumed going for example, Pinckneyville has a	9	licensure, you're responsible for the whole DSM,
10	very large population of trans women. Logan	10	so not just portions of it. And what we're doing
11	obviously has a large population of trans men and	11	is really highlighting those differences and
12	some a trans woman as well who we're familiar	12	making sure that they understand the differences.
13	with from this case.	13	That's not usually where the challenge is in terms
14	So yes, it has been curtailed,	14	of training. Most clinicians are very adept, and
15	but they do have access. And if they were to	15	it's very well written and easy to follow.
16	request, I can actually go to any of the sites.	16	Usually they're wanting more information on, you
17	I'm out of Concordia as a southern regional, and	17	know, gender nonbinary, treatment planning, that
18	so I can travel outside of my region to do those	18	sort of thing.
19	kind of consults.	19	Q And so going to 4, it's the
20	Q And is it the goal that through the	20	documented supervised training and competence in
	UIC clinic that prisoners will have direct access	21	psychotherapy or counseling. Do the providers
21	-		
22	to providers?	22	need to have that?
	-	22 23 24	need to have that? A Yes. And that's a requirement for the schools that we graduate from, so everybody



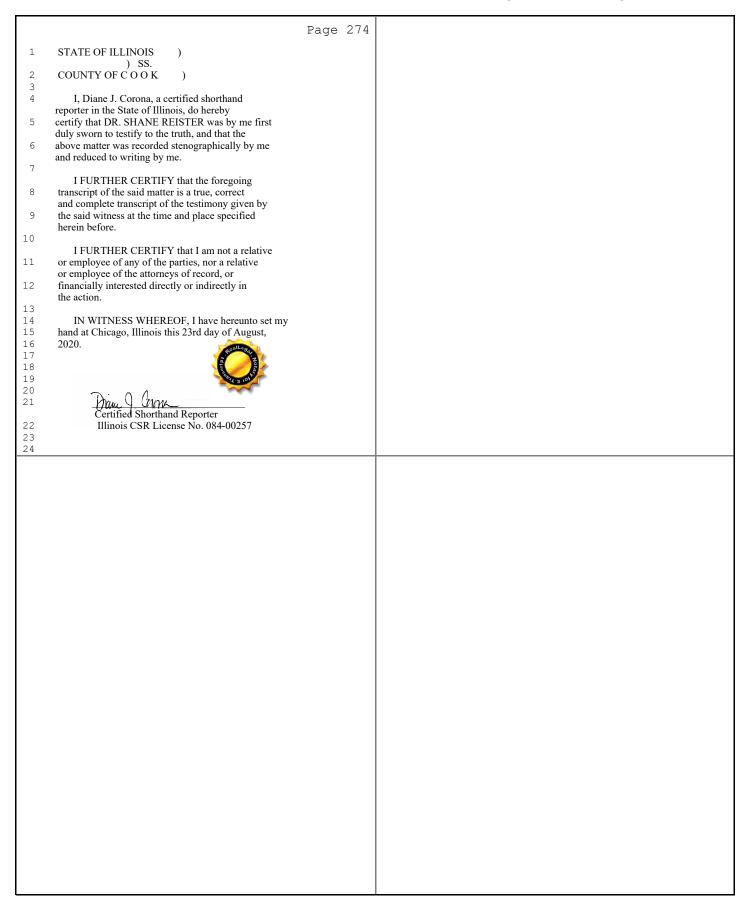
	Page 266		Page 268
1	has to have that. Now, the schools vary on how	1	why I go around. That's part of the reason why I
2	much. Obviously I have a doctorate, so I have	2	want Dr. Anderson to be at our case conferences.
3	many more years of supervised training as well as	3	I want people to be growing as clinicians
4	my post doc. But everybody has to do that. And	4	continuously. Even if they've been doing this
5	also, to, you know, qualify to even, you know,	5	work, you know, for years and years, I still want
6	take the licensure exam, there are basic	6	people to grow as a clinician. It keeps people's
7	requirements like that.	7	skills fresh and it keeps people aware of new
8	Q And then being knowledgeable about	8	research that comes out. And by, you know,
9	gender nonconforming identities and expressions	9	collaborating and sharing new resources, sometimes
10	and the assessment and treatment of gender	10	a mental health provider will have a good
11	dysphoria, what about that?	11	resource. They can talk about what they've read
12	A That is	12	and provide people ideas.
13	MR. RAY: Wait. Objection.	13	So that sharing of information
14	THE WITNESS: Oh. Can I answer?	14	is a big core part of working with any population
15	BY MS. COOK:	15	in mental health.
16	Q Yes, you may answer.	16	Q Okay. And then as far as the mental
17	A That is something that I include in	17	health side, what steps does an inmate have to
18	my trainings so that I'm certain they received it	18	take before they may be diagnosed with gender
19	regardless of the school that they might have	19	dysphoria, like with the mental health staff?
20	graduated from or their practicum site that they	20	A Many of the offenders actually come
21	might have gone to.	21	into our system with a gender dysphoria diagnosis
22	Q And No. 6 is continuing education in	22	through the county jail system, in particular Cook
23	assessment and treatment of gender dysphoria. Do	23	County. You know, and if they also have been
24	you know if people in DOC facilities meet that?	24	through our system before, like many of them have,
	Page 267		Page 269
1		1	
1 2	A Yes. That's why we're doing the	1	they may have already received that diagnosis in
2	A Yes. That's why we're doing the transgender specific case conferences. That way	2	they may have already received that diagnosis in the past. So if they have those diagnoses
2 3	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them	2 3	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender
2 3 4	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that	2 3 4	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest.
2 3 4 5	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of	2 3	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get
2 3 4	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training.	2 3 4 5	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who
2 3 4 5 6	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome	2 3 4 5 6	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get
2 3 4 5 6 7	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're	2 3 4 5 6 7	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of
2 3 4 5 6 7 8	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other	2 3 4 5 6 7 8	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like
2 3 4 5 6 7 8 9	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of	2 3 4 5 6 7 8 9	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to
2 3 4 5 6 7 8 9 10	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other	2 3 4 5 6 7 8 9 10	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable
2 3 4 5 6 7 8 9 10 11	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and	2 3 4 5 6 7 8 9 10 11	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions
2 3 4 5 6 7 8 9 10 11 12	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those	2 3 4 5 6 7 8 9 10 11 12	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being
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2 3 4 5 6 7 8 9 10 11 12 13 14	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to,	2 3 4 5 6 7 8 9 10 11 12 13 14	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if	2 3 4 5 6 7 8 9 10 11 12 13 14 15	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide those kind of trainings for free. Q And then as far as, you know, working with somebody in the field, is that something that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health condition, they can also receive that mental
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide those kind of trainings for free. Q And then as far as, you know, working with somebody in the field, is that something that you're able to do with your providers right now?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health condition, they can also receive that mental health care as well. Because a very large
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide those kind of trainings for free. Q And then as far as, you know, working with somebody in the field, is that something that you're able to do with your providers right now? MR. RAY: Objection. Form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health condition, they can also receive that mental health care as well. Because a very large percentage of our population has other serious
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide those kind of trainings for free. Q And then as far as, you know, working with somebody in the field, is that something that you're able to do with your providers right now? MR. RAY: Objection. Form. BY MS. COOK:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health condition, they can also receive that mental health care as well. Because a very large percentage of our population has other serious mental illnesses or mental illnesses that require
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Yes. That's why we're doing the transgender specific case conferences. That way we can distribute information and also train them on clinical care using actual case examples that they bring into that training. So that is part of that training. So and they're also welcome to retake the part one and part two. They're also the WPATH is working on that other training for more advanced. So there are lots of opportunities for them to improve their skills and continue their education. And, you know, those don't require them, you know, having, you know, money from their own personal budgets going to, like, global education initiative conferences if they can't afford that. We are trying to provide those kind of trainings for free. Q And then as far as, you know, working with somebody in the field, is that something that you're able to do with your providers right now? MR. RAY: Objection. Form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	they may have already received that diagnosis in the past. So if they have those diagnoses confirmed, that's how they would receive a gender dysphoria diagnosis the fastest. If somebody does need to get that diagnosis clarified, then we already know who the out transgender offenders are via a couple of routes. The first one is we have a PREA screen to look at PREA risk factors for classification; like we talked about earlier, the predator/vulnerable or both classifications. And one of the questions is explicit about their about being transgender. So that could trigger communication with mental health. That will provide case management. And if the offender would like, they can also receive mental health support. Or if they have another mental health condition, they can also receive that mental health care as well. Because a very large percentage of our population has other serious



	Page 270		Page 272
1	disclosures to other staff. Staff will fill out	1	availability and my openness to address concerns
2	forms, send e-mails to communicate with mental	2	that they have. So I think that, you know, it may
3	health, and so that might be a mode for a mental	3	be easier for them.
4	health provider to do an assessment.	4	But, you know, usually what is
5	Frequently what will happen is	5	really happening is when I'm coming into sites, I
6	individuals will disclose their gender identity	6	always like to ask about how it's going. And I
7	while working with a mental health provider. Many	7	like to ask about how we can improve our system as
8	will seek that support. And during the process of	8	a whole so we can get feedback and make changes.
9	the interview process I believe I talked a	9	They sometimes have really great ideas. And, you
10	little bit about the 14-day mental health	10	know, if it works, we can definitely consider
11	evaluation and then the additional questions that	11	those ideas.
12	they can readily find in my trainings and the SOP	12	So that's one of the reasons
13	and the AD to be available to fill out their	13	why I ask those kind of questions to make sure
14	case conceptualization, and that is another mode	14	that we get feedback from the consumer of our
15	for getting that gender dysphoria diagnosis.	15	services.
16	Psychiatrists and medical	16	Q But you did those site visits and
17	doctors very often will make those diagnoses as	17	asked those questions before December of 2019 as
18	well. And because we use a multidisciplinary	18	well, right?
19	approach, you know, everybody will communicate	19	A Yes.
20	that. If somebody happens to give a diagnosis	20	MR. RAY: No further questions.
21	before a different person, they can consult on the	21	MS. COOK: Okay. I don't have
22	reason for that diagnosis with the other	22	anything else. I guess we can go off the record.
23	providers.	23	THE VIDEOGRAPHER: Okay. The time
24	Q And so if you know, have you seen	24	now is 4:48 p.m. You're off the record. And that
	Page 271		Page 273
1	where a mental health provider at one facility	1	is the end of the deposition.
2	might reach out to somebody at a new facility and	2	(Off the video record.)
3	say you're getting so and so, you know, we should	3	MS. COOK: Did you want to review it
4	talk about his or her care?	4	and sign it?
5	A Correct.	5	THE WITNESS: I think I'm comfortable
6	MS. COOK: Those are all the	6	with it. Do you think I need to? I think I was
7	questions I had.	7	pretty clear. But if you think I should do that,
8	MR. RAY: I had just one quick	8	I am more than comfortable doing it. What's your
9	follow-up.	9	recommendation?
10	FURTHER EXAMINATION	10	(Discussion off the record.)
11	BY MR. RAY:	11	MS. COOK: As long as she thinks she
12	Q Talking about your level of access	12	got it, I would waive.
13	or the level of access that transgender prisoners	13	THE WITNESS: I will go ahead and
14	had to you, They also had access to you before	14	waive that.
15	December 2019, correct?	15	THE REPORTER: Brent, do you need a
16	A Yes, they also had that. And in	16	rough ASCII right away?
17	fact, the one consult I talked about as an example	17	MR. RAY: Whatever our order is.
18	with the therapist and the client was actually	18	THE REPORTER: And Lisa, do you need
19	before that time period. Since then, both the	19	a copy of the deposition?
20	client and the clinician have left IDOC. But yes,	20	MS. COOK: I will take a copy, but I
21	it happened before as well.	21	can't pay for exhibits or anything extra.
22	I think I'm better known today	22	FURTHER DEPONENT SAITH NOT
23	due to the number of lawsuits we're dealing with,	23	
24	and so I think offenders are better educated on my	24	



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From:	Locke, Angela
То:	DOC.DL-Warden"s Adult Group; DOC.DL-DOC Business Administrators
Cc:	Puga, William; Conway, Lamenta
Subject:	Transgender Female Commissary List
Date:	Thursday, November 5, 2020 2:31:08 PM
Attachments:	Transgender Female Commissary 11-05-2020.docx

Please find attached the approved Statewide Transgender Female Commissary list. These items should be offered as soon as you have inventory on hand and they shall only be sold to the offenders who identify as Transgender Female. The Administrative Directive governing all transgender related items is forthcoming. This list will be posted on the intranet along with the other commissary list.

Angela M. Locke Warden Vandalia Correctional Center (618) 283-4170 ext. 2142 (217) 450-7498 cell Angela.locke@illinois.gov

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

Transgender Female Commissary List

```
Bras – white only (4)

ICI Panties – white only (8)

Hair Net – Brown (1)

Scrunchies – Black (1)

Blush – (1)

Eye Shadow (Neutral Color) – (1)

Eyebrow Pencil – (1)

Eyeliner Pencil – (1)

Foundation – (1)

Lip Gloss (Clear) – (1)

Lipstick (Neutral Color) – (1)

Mascara – (1)

Cosmetic Bag (clear plastic) – (1)

Body Scrubber – (1)
```

Facial Hair Remover/Magic shave – (1)

01.02.400

Exhibit 4

	IIIi	nois Department of Corrections Administrative Directive	
Number:	Title:		Effective:
03.02.113	Personal Use of Soc	ial Media	11/1/2019
	Authorized by:	[Original Authorized Copy on File]	Rob Jeffreys Acting Director
Authority:	Referenced Policies:	Referenced Forms:	

L	POLICY

730 ILCS 5/3-2-2

820 ILCS 55/10

The Department shall require employees to conduct themselves in a professional manner when engaging in personal use of social media platforms and, whether on duty or off duty, not engage in conduct that is unbecoming of a State employee or that may reflect unfavorably on or impair operations of the Department.

II. <u>PROCEDURE</u>

A. <u>Purpose</u>

The purpose of this directive is to establish written standards for personal use of social media by all employees of the Department.

B. Applicability

This directive is applicable to all employees of the Department.

C. <u>Facility Reviews</u>

A facility review of this directive shall be conducted at least annually.

D. <u>Designees</u>

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. <u>Definitions</u>

Employee – for purposes of this directive, refers to any full-time, part-time, conditional or temporary, State or contractual staff member of the Department.

Personal use of social media – engagement or participation in any social media platform not related to a person's employment.

Post (noun) – an item inserted in a blog, or an entry to any type of social media platform.

Post (verb) – the act of creating, uploading, editing or adding information to any social media platform. This shall include, but not be limited to, text, photographs, audio, video or any other multimedia file.

Social Media Platform – any electronic communication (such as personal websites and outlets for social networking and microblogging) through which participants utilize online communities to share information, ideas, personal messages and other content through any electronic format including, but not limited to, text, video, photographs, digital documents, audio and other multimedia files. Examples of social media outlets include, but are not limited to, Facebook, Instagram, LinkedIn, Reddit, TumbIr, Twitter, WhatsApp and YouTube.

Monroe, et al. v. Rauner, et al. (18-156) Document No.

	Illinois Department of Corrections Administrative Directive	Page 2 of 3
Number:	Title:	Effective:
03.02.113	Use of Social Media	11/1/2019

F. <u>General Provisions</u>

This directive shall address the full breadth and scope of social media rather than any one particular format. The Department recognizes that as technology advances, new methods for social media participation will emerge.

- 1. All employees shall be informed of the provisions of this directive and the directive shall be accessible to employees.
- 2. Training on the Department's policy on personal use of social media shall be included in preservice training for new employees and shall be a component of annual training programs.
- 3. Nothing in this directive shall prohibit employees from engaging in their constitutional right to express their views under the First Amendment but shall prohibit personal use of social media to disseminate certain content not protected by the First Amendment.
- 4. Employees shall not use Department property, including, but not limited to, desktop computers, laptop computers, cell phones, handheld digital or electronic devices and digital media storage, to engage in personal use of social media.
- 5. Employees shall have no reasonable expectation of privacy when engaging in personal use of social media.
 - a. Any information employees create, transmit, download, exchange or discuss that is available online in a public forum or that is accessible by the public may be accessed by the Department without prior notice.
 - b. The content of social networking websites may be obtained for use in criminal trials, civil proceedings and Department investigations.
- 6. Employees shall respect the confidentiality of information and are prohibited from accessing or disclosing information such as, but not limited to, investigations, offender records and personnel issues, except to the extent needed in the performance of their job duties.

G. <u>Requirements</u>

- 1. Employees shall obey all Department Rules, Administrative Directives and applicable federal, State and local laws.
- 2. Use of any social media platform(s) by an authorized employee in the performance of his or her job duties shall be in accordance with Administrative Directive 01.02.400.
- 3. Unless otherwise authorized by the Director, employees shall not suggest or imply that they are:
 - a. Speaking or acting on behalf of the Department; or
 - b. Representing or presenting the interests of the Department.
- 4. Employees shall not post, display or transmit:
 - a. Any communications that discredit or reflect poorly on the Department, its mission or goals, or in any way jeopardize or impair the operations of the Department, including the ability of others to perform their duties.
 - b. Any information, including but not limited to rank, title or position, that in any way suggests they are representing themselves as an official spokesperson of the

320228

Case 3:18-cv-00156-NJR Document 238-4 Filed 12/02/20 Page 3 of 3 Page ID #3290

	Illinois Department of Corrections Administrative Directive	Page 3 of 3
Number:	Title:	Effective:
03.02.113	Use of Social Media	11/1/2019

person's consent.

Department and the State of Illinois without written permission from the Director.

C.	Any intellectual property of the Department or the State of Illinois without the specific authorization of the Director. Intellectual property shall include, but not be limited to, any depiction or illustration of the State or Department seal, or the Department name, logo, uniform, ID Card or badge, patch, official photographs, audio or video files or any text documents (paper or electronic).
d.	Any depiction or illustration of Department issued firearms, restraints or tactical equipment.
e.	Any references to any other employee's employment by the Department without that

f. Information, records, documents, video or audio recordings, or photographs belonging to the Department or relating to offenders in the Department's custody to which they have access as a result of their employment without the written permission of the Director, including but not limited to information regarding:

- (1) Current, past or pending Department investigation, where such post would impede or interfere with said investigation; jeopardize the safety and security of the Department, its employees or offender population; or release confidential information regarding staff or offenders.
- (2) Current, past or pending criminal or civil proceedings pertaining to or arising from any matter involving the Department, including allegations of misconduct, where such post would impede or interfere in said proceedings.
- g. Any content that could be viewed as: vulgar; obscene; threatening; intimidating; harassing; as a violation of the Department's polices on discrimination or harassment; or that is otherwise disparaging to a person or group based on race, religion, sexual orientation or any other protected class under federal or State law. Such content shall include, but not be limited to:
 - (1) Use of ethnic slurs, profanity, personal insults, any material that is harassing, defamatory, fraudulent or discriminatory, or other content or communications that would not be acceptable under Department Rules, Administrative Directive, or State or federal law.
 - (2) Use or display of sexually explicit images, cartoons, jokes, messages or other material that would be considered in violation of Department Rules, Administrative Directives and State laws regarding sexual harassment.

Exhibit 5)
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From:	Conway, Lamenta
То:	Roderick L. Matticks; Glen Babich
Cc:	Bowman, Steven; Johnson, Lisa M.; Puga, William; Fanning, Robert L.; "Shannis Stock-Jones"; Crain, Angela; Hackney, Katie; Klein, Mary L.
Subject:	Transgender Health and Hormone Therapy
Date:	Friday, May 1, 2020 10:18:44 PM

Greetings

As we all know, a law suit was filed in the U.S. District Courts regarding the care of our transgender patients. One of the major expectations of the law suit, was to decentralize the decisions to provide hormone therapy from the TRCC and to localize that care to the individual prison facilities. The purpose of that mandate and a major complaint in the lawsuit was that there were unacceptable delays in initiating hormone therapy.

It has come to our attention that a number of providers are yet uncomfortable initiating and prescribing hormone therapy for those who are appropriate for treatment and have been diagnosed with gender dysphoria by Mental Health. Others may be refusing to provide appropriate hormone therapy

Despite the extreme challenges of COVID-19 and the demands on all of our time, IDOC remains subject to the demands of the lawsuit. I would like to schedule a meeting Monday, May 4th, 2020 at 1pm if available, to discuss how we might support and empower the medical directors to provide appropriate care expediently. Wexford developed an early draft that was meant to be a national policy for Transgender Health. It was a very good draft with excellent information on how to initiate and titrate hormone therapy. There are other handouts available as well that can simplify the challenging process.

If we can connect for 30 minutes, let's discuss how we can get our Medical Directors on board with prescribing hormone therapy as indicated. If there are barriers to care, lets identify those as well.

LaMenta S. Conway, MD, MPH Deputy Chief of Health Services Illinois Department of Corrections JRTC 4th Floor 100 West Randolph Chicago, IL 60601-3210 (312) 814-5776 (office) (312) 261-0702 (mobile)

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information

Monroe, et al. v. Rauner, et al., (18-156) Document No.

or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

Page 1	Page 3
1 IN THE UNITED STATES DISTRICT COURT	1
FOR THE SOUTHERN DISTRICT OF ILLINOIS	2 APPEARANCES:
2 EAST ST. LOUIS DIVISION	3 ACLU OF ILLINOIS
	4 MS. CAROLYN WALD (via videoconference)
3 JANIAH MONROE, MARILYN)	5 150 North Michigan Avenue
4 MELENDEZ, LYDIA HELENA)	6 Suite 600
5 VISION, SORA KUYKENDALL, and)	7 Chicago, Illinois 60601
6 SASHA REED,)	8 Phone: (312) 201-9740
7)	
8)	
9 Plaintiffs,)	
10) Case No.	
11 vs.) 18-156-NJR	12 ASSISTANT ATTORNEY GENERAL
12)	13 MR. CHRISTOPHER HIGGERSON (via videoconference)
13 ROB JEFFREYS, MELVIN HINTON,)	14 500 South Second Street
14 and STEVEN BOWMAN,)	15 Springfield, Illinois 62701
15)	16 Phone: (217) 782-4445
16 Defendants.)	17 E-mail: chiggerson@atg.state.il.us
17 18	18 On behalf of the Defendants.
19 The deposition via videoconference	19
20 of ANDRE PATTERSON a.k.a JANIAH MONROE, taken	20
21 before Alyssa N. Kuipers, Certified Shorthand	21 * * * * * *
22 Reporter and Registered Professional Reporter,	22
23 commencing at 9:26 a.m. on the 24th day of August,	23
24 2020 .	24
Page 2	Page 4
1 INDEX	1 (Witness sworn.)
2 WITNESS: PAGE	2 WHEREUPON:
3 ANDRE PATTERSON a.k.a JANIAH MONROE	3 ANDRE PATTERSON a.k.a JANIAH MONROE,
4 Direct Examination by Mr. Higgerson 4	4 called as a witness herein, having been first duly
5	5 sworn, was examined and testified via
6	6 videoconference as follows:
	o videocomercice as follows.
7	7 DIRECT EXAMINATION
7 8	
8	7 DIRECT EXAMINATION
8 9 EXHIBITS	7 DIRECT EXAMINATION8 BY MR. HIGGERSON:
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.)	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record.
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe.
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name,
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct?
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes.
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified?
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508.
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508. Q. Okay. Thank you. How long have you
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18 19	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508. Q. Okay. Thank you. How long have you been in the Illinois Department of Corrections?
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18 19 20	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508. Q. Okay. Thank you. How long have you been in the Illinois Department of Corrections? A. Since 2008.
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18 19 20 21	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508. Q. Okay. Thank you. How long have you been in the Illinois Department of Corrections? A. Since 2008. Q. And what was the crime you were
8 9 E X H I B I T S 10 (NO EXHIBITS MARKED.) 11 12 13 14 15 16 17 18 19 20 21 22	 DIRECT EXAMINATION BY MR. HIGGERSON: Q. Could you please state your name for the record. A. Janiah Monroe. Q. And that is your chosen name, correct? A. Yes. Q. Can you tell us your inmate number just so that we have you properly identified? A. Y35508. Q. Okay. Thank you. How long have you been in the Illinois Department of Corrections? A. Since 2008. Q. And what was the crime you were convicted of?
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1 (Pages 1 to 4)

1	Page 5		Page 7
1	DOC.	1	Q. Who told you that?
2	A. Originally, my original charge was	2	A. Teri Kennedy.
3	attempted murder.	3	Q. When was that?
4	Q. Was there a later charge added to	4	A. She told me she didn't want me down
5	that?	5	here when she first came down here as warden.
6	A. I was convicted of ten other crimes.	6	Q. Do you know when that was?
7	Q. Is that within either Cook County or	7	A. I don't know exactly when she came
8	the Illinois Department of Corrections?	8	down here. I was in seg.
9	A. I caught eight other cases in Cook	9	Q. What was Why were you talking to
10	County and two in Livingston County.	10	the warden at that time?
11	Q. Is one of the additional ones in	11	A. Why was I talking to the warden?
12	Cook County involving a cellmate at the Cook	12	Q. Yes.
13	County Jail?	13	A. I think I was talking to her because
14	A. Yes.	14	she hadn't seen me. Because we knew each other
15	Q. Was that a murder charge also?	15	from Pontiac, and I was trying to get her to
16	A. Second-degree murder, voluntary	16	let me out of seg and to restore my grade,
17	manslaughter.	17	because I was in C grade, and to help me. I
18	Q. You are now housed at Logan	18	thought she might help me, but she wasn't
19	Correctional Center, correct?	19	trying to help me at all. She was actually
20	A. Yes.	20	taking a harder stand against me.
21	Q. When did you move there?	21	Q. Did she say there was anybody but
22	A. 2019. April 1st, 2019.	22	her who wanted to move you out of Logan
23	Q. Have you been housed there	23	Correctional Center?
24	continuously since?	24	A. She told me that since she came
<u> </u>			
	Page 6		Page 8
1	A. Yes.	1	here, that she thought that I shouldn't be here
2	Q. There was an attempt to move you at	2	and that it was other people that thought the
3	one point, correct?	3	same thing.
			surfic trinig.
4	A. Yes.	4	Q. Did she say
4	A. Yes. Q. When was that?	4 5	
5 6			 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been
5 6 7	Q. When was that?A. In June of 2019.Q. You never actually arrived at	5 6 7	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they
5 6 7 8	Q. When was that?A. In June of 2019.Q. You never actually arrived at another prison, though, correct?	5 6 7 8	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which
5 6 7 8 9	 Q. When was that? A. In June of 2019. Q. You never actually arrived at another prison, though, correct? A. No. They put me in a van and was 	5 6 7 8 9	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which is punitive housing, during her whole time as
5 6 7 8	 Q. When was that? A. In June of 2019. Q. You never actually arrived at another prison, though, correct? A. No. They put me in a van and was taking me outside the gate, and the transfer 	5 6 7 8 9 10	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which is punitive housing, during her whole time as warden.
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. When was that? A. In June of 2019. Q. You never actually arrived at another prison, though, correct? A. No. They put me in a van and was taking me outside the gate, and the transfer was stopped because they said that the governor stopped the transfer. Q. To your knowledge, have there been any further attempts to move you from Logan Correctional Center? A. To my knowledge, there has been talk of transferring me out of the institution, but there haven't been the actual physical attempt to move me out of the institution. There's been talk. Q. Have you ever heard talk or have people told you that there's been talk? 	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which is punitive housing, during her whole time as warden. Q. Is Teri Kennedy still the warden? A. I have no idea, but I believe so, but I heard she was supposed to be leaving, so I'm not sure if she's still the warden or not at this moment. I heard she was supposed to be leaving. Q. When you first arrived at Logan Correctional Center, where were you housed? A. Everybody at that time was going from Receiving to D wing. The system was B wing, A wing, D wing, and then to grounds. So I went from B wing to D wing, and then I was
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. When was that? A. In June of 2019. Q. You never actually arrived at another prison, though, correct? A. No. They put me in a van and was taking me outside the gate, and the transfer was stopped because they said that the governor stopped the transfer. Q. To your knowledge, have there been any further attempts to move you from Logan Correctional Center? A. To my knowledge, there has been talk of transferring me out of the institution, but there haven't been the actual physical attempt to move me out of the institution. There's been talk. Q. Have you ever heard talk or have people told you that there's been talk? A. I've been told by the administration 	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which is punitive housing, during her whole time as warden. Q. Is Teri Kennedy still the warden? A. I have no idea, but I believe so, but I heard she was supposed to be leaving, so I'm not sure if she's still the warden or not at this moment. I heard she was supposed to be leaving. Q. When you first arrived at Logan Correctional Center, where were you housed? A. Everybody at that time was going from Receiving to D wing. The system was B wing, A wing, D wing, and then to grounds. So I went from B wing to D wing, and then I was on D wing for longer than other people. And
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. When was that? A. In June of 2019. Q. You never actually arrived at another prison, though, correct? A. No. They put me in a van and was taking me outside the gate, and the transfer was stopped because they said that the governor stopped the transfer. Q. To your knowledge, have there been any further attempts to move you from Logan Correctional Center? A. To my knowledge, there has been talk of transferring me out of the institution, but there haven't been the actual physical attempt to move me out of the institution. There's been talk. Q. Have you ever heard talk or have people told you that there's been talk? 	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Did she say A. She didn't name any names specifically, but I know ever since she's been here, I have been housed on the D wing and they have refused to move me from the D wing, which is punitive housing, during her whole time as warden. Q. Is Teri Kennedy still the warden? A. I have no idea, but I believe so, but I heard she was supposed to be leaving, so I'm not sure if she's still the warden or not at this moment. I heard she was supposed to be leaving. Q. When you first arrived at Logan Correctional Center, where were you housed? A. Everybody at that time was going from Receiving to D wing. The system was B wing, A wing, D wing, and then to grounds. So I went from B wing to D wing, and then I was

2 (Pages 5 to 8)

	Page 9		Page 11
1	went to seg.	1	they brought you back into the prison?
2	Q. Okay. What type of unit is B wing,	2	A. No. I left D wing. I said I left D
3	the one you said you started in?	3	wing before they tried to move me.
4	A. That's receiving.	4	Q. Okay. And where did you go from D
5	Q. Were you single-celled in there, or	5	wing?
6	how were you celled?	6	A. I just said I left D wing before
7	A. Whenever I'm on House 15, they	7	they tried to move me. I went to House 10, and
8	single-cell me.	8	then I went into the cell with a girl named
9	Q. Is that in B wing you were	9	Danielle Carter.
10	single-celled?	10	Q. What type of classification is 10?
11	A. Yes.	11	A. It's general population.
12	Q. Okay. And how long were you in B	12	Q. How long were you housed with
13	wing?	13	Danielle Carter?
14	A. Like two days.	14	A. Like a day.
15	Q. Did you say most people move from B	15	Q. Do you know why you were only with
16	to A wing?	16	her for one day?
17	A. Yes.	17	A. Yes, I do.
18	Q. Did you go to A wing?	18	Q. Why was that?
19	A. I went straight to D wing.	19	A. Because a girl that I was in a
20	Q. What type of wing is D wing?	20	relationship with accused me of sexually
21	A. D wing now is a punitive housing	21	assaulting her.
22	wing. D wing at that time was a transitional	22	Q. When had you started the
23	wing. Now, it's a punitive housing wing.	23	relationship with this girl who accused you of
24	Q. What did it mean that it was a	24	sexual assault?
	Dage 10		Page 12
	Page 10		Fage 12
1	transitional wing?	1	A. While we was on the D wing.
1 2	-	1 2	-
	transitional wing?	2	A. While we was on the D wing.
2	transitional wing? A. Like it was the next stop. You had	2	A. While we was on the D wing.Q. Had she also moved from D wing to
2 3	transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to	2 3 4 5	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day
2 3 4	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as 	2 3 4 5	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes.
2 3 4 5	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or 	2 3 4 5 6 7	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes.
2 3 4 5 6 7 8	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? 	2 3 4 5 6 7 8	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation
2 3 4 5 6 7 8 9	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only 	2 3 4 5 6 7 8 9	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only one that they don't give a celly to. Q. When you were in D wing the first time after coming off of B wing, you were single-celled in D wing? A. Yes. Every time I'm on D wing, they never give me a celly. They always isolate me. Q. How long did you stay on D wing the first time? A. From April to June. Q. And when did you leave D wing? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now? A. To my knowledge, yes. Q. So where did you go after she made that allegation against you? A. To segregation. Q. Were you single-celled there? A. Yes. Q. And how long were you in segregation? A. I was in segregation I don't remember exactly how long I was in segregation.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only one that they don't give a celly to. Q. When you were in D wing the first time after coming off of B wing, you were single-celled in D wing? A. Yes. Every time I'm on D wing, they never give me a celly. They always isolate me. Q. How long did you stay on D wing the first time? A. From April to June. Q. And when did you leave D wing? A. In June. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now? A. To my knowledge, yes. Q. So where did you go after she made that allegation against you? A. To segregation. Q. Were you single-celled there? A. Yes. Q. And how long were you in segregation? A. I was in segregation I don't remember exactly how long.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only one that they don't give a celly to. Q. When you were in D wing the first time after coming off of B wing, you were single-celled in D wing? A. Yes. Every time I'm on D wing, they never give me a celly. They always isolate me. Q. How long did you stay on D wing the first time? A. From April to June. Q. Was that before or after the started 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now? A. To my knowledge, yes. Q. So where did you go after she made that allegation against you? A. To segregation. Q. Were you single-celled there? A. Yes. Q. And how long were you in segregation? A. I was in segregation I don't remember exactly how long I was in segregation. I don't remember exactly how long. Q. Did you receive a ticket as a result
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only one that they don't give a celly to. Q. When you were in D wing the first time after coming off of B wing, you were single-celled in D wing? A. Yes. Every time I'm on D wing, they never give me a celly. They always isolate me. Q. How long did you stay on D wing the first time? A. From April to June. Q. Was that before or after the started attempt to move you to Pontiac? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now? A. To my knowledge, yes. Q. So where did you go after she made that allegation against you? A. To segregation. Q. Were you single-celled there? A. Yes. Q. And how long were you in segregation? A. I was in segregation I don't remember exactly how long. Q. Did you receive a ticket as a result of that sexual assault allegation?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 transitional wing? A. Like it was the next stop. You had to go from B to A to D in order to go to grounds. It was a routine, like it was protocol. That's what they were doing. Q. And how is the housing in D wing as far as is it single-cell or double-cell or anything else? A. It's double cells, but I'm the only one that they don't give a celly to. Q. When you were in D wing the first time after coming off of B wing, you were single-celled in D wing? A. Yes. Every time I'm on D wing, they never give me a celly. They always isolate me. Q. How long did you stay on D wing the first time? A. From April to June. Q. Was that before or after the started 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. While we was on the D wing. Q. Had she also moved from D wing to 10? A. Yes. Q. So you were out of D wing one day and she made this allegation? A. Yes. Q. Is this the same assault allegation that has been brought in Federal Court now? A. To my knowledge, yes. Q. So where did you go after she made that allegation against you? A. To segregation. Q. Were you single-celled there? A. Yes. Q. And how long were you in segregation? A. I was in segregation I don't remember exactly how long I was in segregation. I don't remember exactly how long. Q. Did you receive a ticket as a result

3 (Pages 9 to 12)

	Page 13		Page 15
1	A. They found that we had consensual	1	lied on the tickets and said I threatened them.
2	sex, and they found me guilty of sexual	2	Q. Were you found guilty on any of
3	misconduct.	3	those tickets?
4	Q. Do you know if she received a ticket	4	A. I was found guilty on all the
5	for that?	5	tickets. To this day, I'm almost never found
6	A. Yes.	6	not guilty. I'm always almost found guilty of
7	Q. Yes, you know, or, yes, she did?	7	everything.
8	A. Yes, she received a ticket as well.	8	Q. Who were the staff members who you
9	Q. Do you know if she was found guilty?	9	had these interactions with where they would
10	A. I know that she was found guilty	10	disrespect you and then you would say things
11	because I know that that's one of the things	11	back to them?
12	she's suing about.	12	A. I don't even Sergeant Jackson,
13	Q. Did you receive any other discipline	13	Officer Lara. I don't even remember, like,
14	while you were in segregation?	14	everybody's name. It was a lot of people.
15	A. I believe they put me on day room	15	Q. Did you file grievances about the
16	restriction or C grade.	16	way they treated you?
17	Q. Were there any other tickets while	17	A. I have filed grievances, yes. I
18	you were in segregation?	18	filed grievances. I filed PREAs for some of
19	A. Yes.	19	the stuff that was said against me.
20	Q. And what were those for?	20	Q. Have any of the grievances been
21	A. Well, after they found me guilty,	21	resolved in your favor? Did any of them say
22	they immediately tried to transfer me. After	22	that you were correct?
23	they couldn't transfer me, they wrote me	23	A. No. They mostly don't really
24	approximately 15 tickets for	24	respond. Like, they will give me an answer
	Page 14		Page 16
1	intimidation/threats back to back, like	1	that's not really an answer; it's a very vague
2	approximately. I don't know the exact number,	2	answer.
3	but I believe it was around 15 tickets for	3	And, like, I filed a grievance
4	intimidation/threats and being yeah.	4	against Officer Angilee (phonetic) because he
5	Q. Was that intimidation and threats	5	was making sexual comments about my privates
6	against staff?	6	online on Facebook. And they sent my grievance
7	A. Intimidation and threats against	7	to Internal Affairs, and I never got my
8	staff, I believe, yes.	8	grievance back.
9	Q. Had you actually made any comments	9	Q. How did you know that officer was
10	to staff that would amount to intimidation or	10	making comments on Facebook?
11	threats?	11	A. Because I have family.
12	A. I didn't threaten the staff at that	12	Q. Is that officer still at Logan
13	time.	13	Correctional Center?
14	Q. Did you curse at them?	14	A. Yes, to my knowledge.
15	A. I have cursed at staff.	15	Q. Is it a he?
16	Q. Did that lead to tickets for the	16	A. It's a man.
17	intimidation and threats?	17	Q. Okay. When was the last time you
18	A. This is what happens: I be I was	18	saw him?
19	getting provoked by staff. They were mad I was	19	A. Probably a couple months ago.
20	in this institution, and they got	20	Q. Were any of your PREA complaints
21	disrespecting. And I wasn't just going to let	21	against staff substantiated?
		22	A No but I filed locitimate DDEA
22	people disrespect me. And sometimes I will	22	A. No, but I filed legitimate PREA
22 23 24	people disrespect me. And sometimes I will lose my cool and I will disrespect them back, but that does not justify the fact that they	22 23 24	complaints. I filed a PREA complaint against an officer named Lara, which was legit, and he

4 (Pages 13 to 16)

	Page 17		Page 19
1	just got fired from down here for sexually	1	been PREA complaints against you by other
2	assaulting a female and it was legit. And I	2	inmates at Logan?
3	filed a PREA against him when I first got here,	3	A. Yes.
4	and they told me that was unsubstantiated. IA	4	Q. And have any of those been
5	is corrupt down here. Whatever I file, they	5	substantiated?
6	never fully investigate my stuff the way that	6	A. Yes.
7	they're supposed to.	7	Q. Do you know how many have been
8	Q. What did Lara do to you that led to	8	substantiated?
9	the Are you saying Laura that sounds like	9	A. I don't know. I just know that the
10	the woman's first name?	10	ones that have been substantiated against me
11	A. Lara, L A R A.	11	were the ones where somebody said I said
12	Q. What did he do to you that led to	12	something, and they will have like one of their
13	your PREA complaint?	13	friends as a witness to say I said this or I
14	A. He told me to suck his dick.	14	said that.
15	Q. As an insult or as an instruction on	15	Because what a lot of girls do down
16	what to do?	16	here is they will use me to get moved, because
17	A. Like, I don't know what it was. I	17	this is the thing: I'm on D wing; it's a
18	just know I felt that it was inappropriate, and	18	punitive wing. Nobody wants to be on D wing.
19	I filed a PREA about it. And IA said it was	19	And since everybody knows that the wardens are
20	unsubstantiated even though I had witnesses.	20	not moving me off of D wing, they say they're
21	And they just said like it never happened.	21	going to file a PREA on me and they're going to
22	They found me guilty of a ticket he wrote on	22	use me to get moved. Because if they file a
23	me. He turned around and wrote me a ticket	23	PREA on me, they have to get moved; it's
24	because I filed a PREA on him, and they found	24	guaranteed. So that's what everybody do, they
	Page 18		Page 20
1	me guilty of his ticket.	1	file PREAs on me to get moved.
2	Q. What was the charge in his ticket to	2	That's why when I go to grounds
3	you?	3	The only person to ever file a PREA on me on
4	A. He said I think he said I called	4	grounds was Amanda Scott. That's it. She was
5	him a wet back.	5	the only person. But all of my PREAs have been
6	Q. Did you do that?	6	filed on me on D wing because all these girls
7	A. No. I'm not racist against	7	use me to get moved off of D wing because they
8	Mexicans.	8	know that the administration refuses to move me
9	Q. Are you racist against somebody	9	off of D wing. To this day, I've been on D
10	else?	10	wing right now going on nine months.
11	A. No.	11	Q. Let's finish the timeline. We had
12	Q. I'm just wondering why you qualified	12	talked up until June of 2019, is when you were
13	that.	13	placed in segregation, correct?
14	Okay. Have you filed PREA	14	A. Yeah.
15	complaints against other inmates while you were	15	Q. And where is segregation located?
16	at Logan Correctional Center?	16	A. It's in House 15.
17	A. Yes, I have.	17	Q. Were you released from that
18	Q. Have any of those been	18	segregation that time in segregation at some
19 20	substantiated?	19	point?
20	 A. I've had one that was substantiated. Was that substantiated by 	20 21	A. Yes. Q. When was that?
21	Q. Was that substantiated by	22	 A. Like a month later.
22	investigation by IA?	23	
23	Δ Υρς		
23 24	A. Yes.Q. And, to your knowledge, have there	24	Q. And where did you go from segregation?

5 (Pages 17 to 20)

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

	Page 25		Page 27
1	Q. And then you said you went back to	1	was in a relationship while I was on 10, and
2	general population at that time?	2	one of the things that people said we did was
3	A. Yes.	3	behaved inappropriate in the shower. Now, I
4	Q. When you were in general population,	4	don't know if they believed that we did
5	where did you shower?	5	something in the shower or not; that's on them.
6	A. I showered in the shower.	6	I never did anything inappropriate in the
7	Q. Were you given any directions to	7	shower. I didn't. But we were found guilty of
8	shower anywhere else?	8	sexual misconduct.
9	A. They told me that they would prefer	9	Q. When you say you didn't do anything
10	that I shower in the health care.	10	inappropriate, do you think that having sex
11	Q. But you preferred to shower on the	11	with her when she is doing it voluntarily would
12	actual on 10?	12	have been inappropriate?
13	A. Yes.	13	A. Look, I understand breaking the
14	Q. Did you shower by yourself or with	14	rules is inappropriate; I understand that, but
15	other inmates?	15	you need to understand this: Number 1,
16	A. This is how the shower is set up: I	16	everybody down here almost is in a
17	believe it's four, like, shower heads and	17	relationship. That is the norm. If you was to
18	there's curtains to separate the showers, so	18	come visit this prison, almost every female
19	what I would do is when I get in, I would have	19	here is in some form of relationship. That is
20	my friend get in one in her one in front of	20	the norm of prison life.
21	me, so nobody can say I was doing anything	21	Even you are to go to the men's
22	inappropriate, so her curtain blocked mines.	22	prison, there are jailhouse relationships.
23	You see what I'm saying?	23	It's something that we do. We form connections
24	Q. Yes. Were you ever accused of doing	24	because we are so isolated and alone. No one
	Page 26		Page 28
1	anything inappropriate in the shower?	1	wants to do this time alone.
2	A. Was I ever accused of doing anything	2	I've been locked up for 15 years.
3	inappropriate in the shower?	3	I've been locked up since I was 16. I've lost
4	Q. Yes.	4	everything. I refuse to be alone by myself.
5	A. I think so, yes, but not with her.	5	One thing I will not do is force myself on
6	Q. When you say "not with her," you	6	another person. I am a rape victim. I have
7	mean not with your friend?	7	been raped by over six different people. I
8	A. Yeah.	8	will never force myself on nobody else. But
9	Q. Who were you accused of doing	9	I'm not going to be by myself, and it's not
10	something inappropriate with in the shower?	10	right to ask me to be. I'm a respectful
11	A. A girl named Catrina Cotton.	11	person. I'm an honest person.
12	Q. How were you accused of that if your	12	Q. So were you you were actually
13	friend was in there between you and anybody	13	guilty of what they accused you of doing in the
14	else?	14	ticket, though, correct?
15	A. People say what they want to say.	15	A. Except behave inappropriate in the
16	Q. What did she accuse you of doing?	16	shower.
17	A. Catrina didn't accuse me of nothing.	17	Q. But you were having sexual contact
18	It was other people that said this.	18	in the shower; you just don't think that's
19	Q. Who said it?	19	inappropriate, correct?
	A. I don't know. This is what IA told	20	A. I did not say that we had any sexual
20			
21	me.	21	contact in the shower.
21 22	Q. Was that claim substantiated?	22	Q. Okay.
21			

7 (Pages 25 to 28)

	Page 29		Page 31
1	shower?	1	wing and B wing to D wing and they started
2	A. No. I just told you no.	2	sending them to grounds, and they started
3	Q. What happened Did you stay in	3	sending people from segregation to D wing. And
4	general population even after that ticket?	4	it started to be that you had to go 30 days
5	A. I didn't get a ticket at that time.	5	without a ticket and you can get moved from D
6	I was moved to House 9 because I was placed	6	wing to grounds.
7	under investigation. They didn't have enough	7	Q. So it sounds like it was still a
8	evidence at the time. We was placed on	8	transitional unit, but just not for new
9	investigation. I was moved to House 9.	9	arrivals?
10	Q. What kind of housing is House 9?	10	A. If that's how you want to look at
11	A. It's general population.	11	it, but it was a punitive thing, disciplinary.
12	Q. In 9, were you single-celled or were	12	Q. Were you the only person who went
13	you with somebody else?	13	directly to D wing? You said it was for people
14	A. I was with four other people.	14	who were leaving seg.
15	Q. What happened How long were you	15	A. I was the only person that was
16	on 9?	16	continuously housed on D wing, and I'm still
17	A. Until December.	17	housed on D wing from December to August. I'm
18	Q. What happened in December?	18	still on D wing. Everybody else is gone and
19	A. I was placed on D wing.	19	I'm still there, and I still don't have a
20	Q. Why?	20	celly.
21	A. I was placed under investigation.	21	Q. Okay. Have you received any other
22	Q. For what?	22	discipline since you've been on D wing starting
23	A. Because they thought that I had	23	in December of 2019.
24	assaulted somebody physically.	24	A. Any other discipline like what?
	Page 30		Page 32
1	Q. Okay. Who thought that you had	1	Q. Did you get any tickets while you've
2	assaulted somebody physically?	2	been on D wing?
3	A. IA.	3	A. I've got like two minor tickets, I
4	Q. Did somebody report that to them?	4	believe.
5	Is that why they thought that?	5	Q. For what?
6	A. Yes.	6	A. No. Like, I got No. I got a
7	Q. Who told them that you Was it the	7	couple tickets, yeah.
8	person who said that they were physically	8	Q. For what?
9	assaulted who told them that?	9	A. I have one major ticket and two
10	A. No. It was somebody else. I don't	10	minor tickets.
11	know who, a confidential source, but that claim	11	Q. What were the charges?
12	was found not true.	12	A. I don't remember. Hold on. Let me
13	Q. You said you went to D wing; that	13	see. Okay. No. I had a ticket for an old
14	was December of 2019. Was it still a	14	sexual from when I was on House 9 that I was
15	transitional unit at that time?	15	under investigation for. And then they wrote
16	A. At that time?	16	me a ticket for assault on a girl a trans
17	Q. Yes.	17	man, but they, like, cut my time in half
18	A. I don't remember.	18	because they saw on camera that I just pushed
19	Q. Okay. You said, at some point, it	19	'em back because they spit in my face and I
20	became a punitive unit?	20	wasn't trying to fight. They cut my time in
21	A. Yes.	21	half. Normally, it would be 30 days. They
22	Q. When did that change?	22	gave me 15 days because I wasn't trying to
23	A. I'm not sure the exact month that it	23	fight them. The person said I punched 'em, but
24	changed, but they stopped sending people from A	24	I just pushed 'em back. And after that, I got

8 (Pages 29 to 32)

Page 33	Page 35
1 some minor tickets for insolence.	1 I've been staying out of trouble and I'm in
2 Q. During the time since December, when	2 school and stuff like that.
3 you've been on D wing, have you ever gone to	3 Q. When was the last time you saw her
4 segregation or have you been on D wing the	4 to talk about the gender dysphoria?
5 entire time?	5 A. Like, last month, I think.
6 A. Yeah. I went to seg for the sexual	6 Q. Is that a regularly scheduled
7 and for the assault, that I remember. Yeah.	7 appointment? Do you see her every so often?
8 Q. When was the time you were in	8 A. Yeah.
9 segregation?	9 Q. How often do you see her?
10 A. I was in seg from January, I	10 A. Like every month when she come in to
11 believe, to like February. I don't know. I	11 check on me. Like, every month.
12 got out of seg I just know I just got out of	12 Q. Do you have any other type of
13 seg in April. I got out of seg in April. I've	13 treatment for gender dysphoria from the mental
14 been out of seg since April. I haven't went	14 health people?
15 back to seg since April.	15 A. I mean, it's not really, like, a
16 Q. Okay. So you've only been in D wing	16 form of treatment for this gender dysphoria.
17 continuously since from April to August	17 She just asks me like how am I doing. It's
18 because you were in segregation before that?	18 just to check in, a wellness check-in. You
19 A. I've been in and out.	19 know what I'm saying? It's not like she's
20 Q. You have been diagnosed with gender	20 treating my gender dysphoria. She is just
21 dysphoria, correct?	21 checking on me to see how I'm doing because,
22 A. Yes.	22 like, I struggle with suicidal ideations. I've
23 Q. Do you see a mental health	23 attempted suicide multiple times since I have
24 professional to be treated for that?	24 been down here. She's concerned about me, so
P	· · · · · · · · · · · · · · · · · · ·
Page 34	Page 36
Page 34 1 A. Yes, I do.	Page 36 1 she comes in to check on me because and she
 A. Yes, I do. Q. Who do you see right now that's 	 she comes in to check on me because and she knows that I'm trying to get my surgery.
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9 (Pages 33 to 36)

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

10 (Pages 37 to 40)

1	Page 41		Page 43
1	Q. Okay. Do you know if anybody has	1	A. The clothing that I'm able to wear?
2	reached a conclusion that you are appropriate	2	Q. Yes.
3	for surgery?	3	A. Versus the clothing I was able to
4	A. Dr. Sang said that she was approving	4	wear in the men's prison?
5	me for surgery and that she wanted to schedule	5	Q. Yes?
6	me to go out to be evaluated for surgery, but	6	A. Yeah. Like, these are jogging
7	then Dr. Reister stopped her.	7	pants and stuff, these are female jogging pants
8	Q. Have you talked to Dr. Reister about	8	and female shoes, you know, stuff like that.
9	that?	9	Q. What makes them female jogging pants
10	A. Dr. Reister came to this prison and	10	as opposed to male or unisex jogging pants?
11	spoke to all the trans men, but would not talk	11	A. Because they fit different. Men's
12	to me.	12	pants fit different; they're cut different.
13	Q. Okay. Was it Dr. Sang who told you	13	Female pants, they hug, they show your figure,
14	that Dr. Reister stopped her?	14	your shape. Men don't want pants that's going
15	A. Yes. She told me that she was	15	to show off their body, they butt, and
16	prepared to have me sent out and evaluated for	16	everything like that. Like, if you put on some
17	surgery and scheduled, but that Dr. Reister	17	female jogging pants, I don't think you're
18	said he wanted her to wait until he could speak	18	going to like how they fit you.
19	to me.	19	Q. What's the difference between male
20	Q. Do you know when that was?	20	and female shoes?
21	A. She told me this in June.	21	A. It's not really a big difference
22	Q. And you have not spoken to	22	between male and female shoes. It's just
23	Dr. Reister since then?	23	for me, I just like, it's a psychological
24	A. No.	24	thing. You know, it's a psychological thing.
	Page 42		Dava 44
1			Page 44
1	Q. What property have you had access to	1	Page 44 Like, it's just a psychological thing, knowing
1 2	-	1 2	-
	Q. What property have you had access to		Like, it's just a psychological thing, knowing
2	 Q. What property have you had access to have you been able What have you been 	2	Like, it's just a psychological thing, knowing that I have female clothes on versus having
2 3	 Q. What property have you had access to have you been able What have you been able to buy on the commissary that you were not 	2 3	Like, it's just a psychological thing, knowing that I have female clothes on versus having men's stuff on. It's reassuring to me. But
2 3 4	 Q. What property have you had access to have you been able What have you been able to buy on the commissary that you were not able to buy before you came to Logan 	2 3 4	Like, it's just a psychological thing, knowing that I have female clothes on versus having men's stuff on. It's reassuring to me. But some of the female shoes do look different than
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2 3 4 5 6 7 8	 Q. What property have you had access to have you been able What have you been able to buy on the commissary that you were not able to buy before you came to Logan Correctional Center? A. Makeup, female cosmetics, and 	2 3 4 5 6	Like, it's just a psychological thing, knowing that I have female clothes on versus having men's stuff on. It's reassuring to me. But some of the female shoes do look different than the men's shoes. Q. Different in what way?
2 3 4 5 6 7	 Q. What property have you had access to have you been able What have you been able to buy on the commissary that you were not able to buy before you came to Logan Correctional Center? A. Makeup, female cosmetics, and perfume. 	2 3 4 5 6 7	Like, it's just a psychological thing, knowing that I have female clothes on versus having men's stuff on. It's reassuring to me. But some of the female shoes do look different than the men's shoes. Q. Different in what way? A. In, like, the styles. Some female
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11 (Pages 41 to 44)

	Page 45	Page 47
1	got people who are in different situations than	1 A. Razors. Yeah, razors and
2	I am. Like, I don't grow a lot of facial hair.	2 (inaudible) shave are available.
3	I don't grow a lot of body hair. You see what	3 Q. How are strip-searches done at
4	I'm saying? But you got other people that are	4 Logan?
5	way more masculine than I am and they have a	5 A. Are you asking like what the routine
6	lot more different needs than I have. See what	6 is like, or are you asking by who?
7	I'm saying?	7 Q. Who does a strip-search of you?
8	You got some trans women who	8 A. Females.
9	like, hormones does not stop does not	9 Q. Do men ever do strip-searches of
10	replace male pattern baldness. It will stop	10 you?
11	hair that you already lost. Like, you won't	11 A. No. If I was sent to a men's
12	grow back the hair that you lost, but you won't	12 prison, a man would strip-search me.
13	lose any more hair. You see what I'm saying?	13 Q. That's the way it was the last time
14	But at the same time, hair can be a	14 you were at a men's prison, right?
15	big factor in making you feel feminine. It can	15 A. Yes.
16	be a big part of how you feel. And when you	16 Q. Do you experience misgendering at
17	walk around a female prison and you see all	17 Logan Correctional Center?
18	these girls that got this long hair and then	18 A. Sometimes.
19	you sit up here with a bald-head and you're	19 Q. How common is it?
20	like: I'm bald-headed and look like a man and	20 A. It's not as common as it was in the
21	my hair fell out.	21 men's prison, but it still happens from time to
22	That's going to be a problem for	22 time.
23	other people when you got them transitioning to	23 Q. Has the frequency changed since you
24	female and they're probably bald-headed and	24 arrived at Logan until today?
		Page 48
	Page 46	Fage 40
1	Page 46 they transitioning from female. I think they	1 A. I mean, like, you have some officers
1 2	-	
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2	they transitioning from female. I think they might want wigs or something like that.	 A. I mean, like, you have some officers that are just assholes, like, that are just
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 they transitioning from female. I think they might want wigs or something like that. It's not a problem for me because my hair grows. My hair grows as long as I want it to grow. I'm just saying that would be an issue. I know because I had a friend who was in a men's prison and she started taking hormones and she was trying to transition, but no matter what she did, she felt inadequate because she had went bald and she didn't feel like a woman and she killed herself. And I know that's a major insecurity that some people cannot overcome. Your hair plays a major part in how you feel as a woman. I feel like, you know, I don't want to be bald-headed, you know. So that's a big thing. Your hair has a lot to do with how you feel as a woman. Q. Are hair removal products available 	1A. I mean, like, you have some officers2that are just assholes, like, that are just3jerks who refuse to see me as a woman, who,4every time they see me, they call me5Mr. Patterson or Andre or things like that.6And they know that I identify as female. And I7just try not to let it get under my skin, you8know, but it's not something that the majority9does. I still experience misgendering on a10daily basis, depending on which officer I11encounter.12Q. Do the officers who do the13misgendering, do they do it in front of their14superior officers or the administrators or do15they only do it when it's just them talking to16you?17A. Sometimes, it will be some of the18superior officers that do it.19Q. Sergeants do it?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 they transitioning from female. I think they might want wigs or something like that. It's not a problem for me because my hair grows. My hair grows as long as I want it to grow. I'm just saying that would be an issue. I know because I had a friend who was in a men's prison and she started taking hormones and she was trying to transition, but no matter what she did, she felt inadequate because she had went bald and she didn't feel like a woman and she killed herself. And I know that's a major insecurity that some people cannot overcome. Your hair plays a major part in how you feel as a woman. I feel like, you know, I don't want to be bald-headed, you know. So that's a big thing. Your hair has a lot to do with how you feel as a woman. Q. Are hair removal products available at Logan? 	1A. I mean, like, you have some officers2that are just assholes, like, that are just3jerks who refuse to see me as a woman, who,4every time they see me, they call me5Mr. Patterson or Andre or things like that.6And they know that I identify as female. And I7just try not to let it get under my skin, you8know, but it's not something that the majority9does. I still experience misgendering on a10daily basis, depending on which officer I11encounter.12Q. Do the officers who do the13misgendering, do they do it in front of their14superior officers or the administrators or do15they only do it when it's just them talking to16you?17A. Sometimes, it will be some of the18superior officers that do it.19Q. Sergeants do it?20A. There has been a sergeant that does
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 they transitioning from female. I think they might want wigs or something like that. It's not a problem for me because my hair grows. My hair grows as long as I want it to grow. I'm just saying that would be an issue. I know because I had a friend who was in a men's prison and she started taking hormones and she was trying to transition, but no matter what she did, she felt inadequate because she had went bald and she didn't feel like a woman and she killed herself. And I know that's a major insecurity that some people cannot overcome. Your hair plays a major part in how you feel as a woman. I feel like, you know. I don't want to be bald-headed, you know. So that's a big thing. Your hair has a lot to do with how you feel as a woman. A re hair removal products available at Logan? 	 A. I mean, like, you have some officers that are just assholes, like, that are just jerks who refuse to see me as a woman, who, every time they see me, they call me Mr. Patterson or Andre or things like that. And they know that I identify as female. And I just try not to let it get under my skin, you know, but it's not something that the majority does. I still experience misgendering on a daily basis, depending on which officer I encounter. Q. Do the officers who do the misgendering, do they do it in front of their superior officers or the administrators or do they only do it when it's just them talking to you? A. Sometimes, it will be some of the superior officers that do it. Q. Sergeants do it? A. There has been a sergeant that does it.
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12 (Pages 45 to 48)

	Page 49	Page 51
1	A. No.	1 the Department of Corrections or things you
2	Q. And are there any wardens or	2 have the only copy of?
3	assistant wardens who do it?	3 A. Things that I have shown to the
4	A. No.	4 Department of Corrections.
5	Q. Does anybody on the medical or	5 Q. But you haven't made those part of a
6	mental health staff do it?	6 grievance or anything?
7	A. There's a dentist that does it.	7 A. No.
8	Q. You said dentist, right?	8 Q. Do you keep any kind of a journal or
9	A. Yeah.	9 diary or anything?
10	Q. Is that just a man or a woman?	10 A. No.
11	A. A woman. Well, I think she's a	11 Q. Do you keep a calendar where you
12	woman. I'm not sure.	12 keep track of the days where things happen?
13	Q. Does she misgender you in front of	13 A. No, I don't calendar. I have been
14	other people or just when she's talking just to	14 locked up 15 years. One thing I learned about
15	you?	15 a calendar and when you have time like I have,
16	A. In front of other people.	16 it makes you feel every day; your time goes by
17	Q. Who has she done it in front of?	17 too slow, so I don't use calendars.
18	A. I don't know. I don't keep track of	18 Q. Do you have anybody that you write
19	stuff like that. I'm so used to being	19 letters to who are on the outside?
20	misgendered that I don't keep track of dates	20 A. Yes.
21	and locations. It's a part of my every-day.	21 Q. Do you ever talk about your
22	I've been locked up 15 years. I've been	22 experiences as a transgender woman in the
23	transgender my whole life. I'm going to get	23 Department of Corrections in those letters?
24	misgendered. I'm going to get disrespected.	A. Sometimes.
	Page 50	Page 52
1	They're going to look at me as I'm used to	1 Q. Do you keep copies of those letters?
2	these things. I don't expect to be not	2 A. No.
3	misgendered. When they do it, it's an	
	misgendered. When they do it, it's an	3 Q. You mentioned specifically a
4	irritant.	 Q. You mentioned specifically a transgender woman who you thought needed a wig
4 5		
	irritant.	4 transgender woman who you thought needed a wig
5	irritant. Maybe one of these days, I will be	 4 transgender woman who you thought needed a wig 5 and eventually killed herself. Are there other
5 6	irritant. Maybe one of these days, I will be treated like a human person, you know, but I	 4 transgender woman who you thought needed a wig 5 and eventually killed herself. Are there other 6 transgender women with whom you discuss your
5 6 7	irritant. Maybe one of these days, I will be treated like a human person, you know, but I expect it. So I don't remember: Oh. On this	 4 transgender woman who you thought needed a wig 5 and eventually killed herself. Are there other 6 transgender women with whom you discuss your 7 experiences and their experiences in the
5 6 7 8	irritant. Maybe one of these days, I will be treated like a human person, you know, but I expect it. So I don't remember: Oh. On this day and this time, I was misgendered. I don't	 4 transgender woman who you thought needed a wig 5 and eventually killed herself. Are there other 6 transgender women with whom you discuss your 7 experiences and their experiences in the 8 Department of Corrections?
5 6 7 8 9	irritant. Maybe one of these days, I will be treated like a human person, you know, but I expect it. So I don't remember: Oh. On this day and this time, I was misgendered. I don't even file grievances on that stuff because I	 4 transgender woman who you thought needed a wig 5 and eventually killed herself. Are there other 6 transgender women with whom you discuss your 7 experiences and their experiences in the 8 Department of Corrections? 9 A. Yes.
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13 (Pages 49 to 52)

	Page 53		Page 55
1	them work on their voices and how to make	1	A. I don't believe so.
2	makeup and everything. I used to help them, so	2	Q. Have you met Dr. Bowman?
3	they all looked up to me, so	3	A. Dr. who?
4	Q. When you say you helped them know	4	Q. Dr. Bowman.
5	how to get hormones, what was it that you told	5	A. I don't think so.
6	them?	6	Q. Did you ever meet Dr. Meeks when
7	A. The appropriate procedures to go	7	Dr. Meeks worked for the Department?
8	through, how to file the grievances and get	8	A. Yes, I believe so.
9	everything rolling.	9	Q. Do you know when you met Dr. Meeks?
10	Q. Have you spoken to Marilyn Melendez	10	A. No. I believe that was a long time
11	about your experiences as a transgender woman?	11	ago.
12	A. Yes.	12	Q. Did you discuss your transgender
13	Q. What discussions did you have with	13	status with Dr. Meeks?
14	her?	14	A. I believe so.
15	A. I don't recall specifically.	15	Q. Do you remember anything that you
16	Q. Have you talked to her about this	16	
	-		talked specifically to Dr. Meeks about? A. No.
17	case in particular?	17	
18	A. Have I talked to her about this case	18	Q. And you said you spoke to
19	in particular?	19	Dr. Hinton. How often have you spoken to
20	Q. Yes.	20	Dr. Hinton?
21	A. I don't know. I think we probably	21	A. I've known Dr. Hinton since
22	spoke about it a little bit. I'm not sure.	22	Dr. Hinton worked at Dixon, so I've spoken to
23	Q. Do you remember anything that you	23	Dr. Hinton on numerous occasions. So I've
24	talked to her about?	24	spoken to him several times.
	Page 54		Page 56
1	Page 54 A. Mostly, about surgeries and my hope	1	Page 56 Q. When was the most recent time you
1 2	-	1 2	
	A. Mostly, about surgeries and my hope		Q. When was the most recent time you
2	A. Mostly, about surgeries and my hope for the future.	2	Q. When was the most recent time you spoke to Dr. Hinton?
2 3	 A. Mostly, about surgeries and my hope for the future. Q. Have you talked to Lydia Helena 	2 3	Q. When was the most recent time you spoke to Dr. Hinton?A. The last time I spoke to Dr. Hinton
2 3 4	 A. Mostly, about surgeries and my hope for the future. Q. Have you talked to Lydia Helena Vision about this case? 	2 3 4	Q. When was the most recent time you spoke to Dr. Hinton?A. The last time I spoke to Dr. Hinton was, I believe, last year when Warden Austin
2 3 4 5	 A. Mostly, about surgeries and my hope for the future. Q. Have you talked to Lydia Helena Vision about this case? A. No. 	2 3 4 5	 Q. When was the most recent time you spoke to Dr. Hinton? A. The last time I spoke to Dr. Hinton was, I believe, last year when Warden Austin was here. He came down here to visit me.
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14 (Pages 53 to 56)

	Page 57		Page 59
1	know, because I was just assaulted by an	1	PREA after false PREA. And it irritates my
2	officer and then I was assaulted by his	2	soul because I'm a rape victim. I've been
3	coworkers. So I wasn't able to told my tongue	3	raped multiple times since I was four. To have
4	because I felt like if I took it, it was going	4	people lying on me and saying I'm a rapist or
5	to lead to me being assaulted or something even	5	I'm assaulting them or I'm saying things to
6	worse again. I wasn't going to open the door	6	them, that irritates my soul because the last
7	for me to be victimized even more, you know.	7	thing I would ever do is victimize someone else
8	But, since then, I have not been	8	because I know what that feels like.
9	giving into the bait. I've had officers try to	9	But the administration has made me
10	fight me. Recently, I've had officers try to	10	this target because the girls see PREA as a
11	fight me. I've had a supervisor try to fight	11	tool that they can use to get moved to their
12	me. I've had people come up in my face and	12	girlfriend. That's what they use PREA for down
13	call me (inaudible) bitches and get up in my	13	here. That's why this prison probably has one
14	face, and I walked the other way.	14	of the highest PREA rates than anything because
15	You know, Officer Ledbetter came up	15	they use PREA to get moved.
16	in my face to try to fight me, and I literally	16	When you're in a house, you get into
17	ran to the door and got Lieutenant Armstrong	17	it with somebody, they use PREA to get that
18	and Sergeant Schrock to come onto the deck so	18	person moved or to get theirself moved to they
19	they could break it up and get him because he	19	girlfriend. You're some place you don't want
20	was trying to fight me. You know what I'm	20	to be, PREA to get moved. That's what they do.
21	saying? So I've been doing the right thing.	21	They use PREA on officers. They use PREA on
22	This has been for the last five months. I've	22	inmates. That's what they do. It's a PREA
23	been doing better. I'm in school. I'm working	23	game. It's all a game to them. Me, I'm just a
24	on myself, you know, so	24	big target because everybody knows I'm on the D
	Page 58		Page 60
1	Q. So it seems like your time at Logan	1	wing; I'm not going anywhere.
2	Q. So it seems like your time at Logan Correctional Center is a better experience	2	wing; I'm not going anywhere. Q. Have you been given a plan of what
2 3	Q. So it seems like your time at Logan Correctional Center is a better experience right now than it was when you started; is that	2 3	wing; I'm not going anywhere. Q. Have you been given a plan of what you need to accomplish or what you need to do
2 3 4	Q. So it seems like your time at Logan Correctional Center is a better experience right now than it was when you started; is that right?	2 3 4	wing; I'm not going anywhere. Q. Have you been given a plan of what you need to accomplish or what you need to do in order to get off of D wing?
2 3 4 5	 Q. So it seems like your time at Logan Correctional Center is a better experience right now than it was when you started; is that right? A. It's a better experience than it was 	2 3 4 5	 wing; I'm not going anywhere. Q. Have you been given a plan of what you need to accomplish or what you need to do in order to get off of D wing? A. They had told me that if I did anger
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15 (Pages 57 to 60)

1	Page 61		Page 63
1	Then a reasonable person would say:	1	They always got to find me guilty of something.
2	The groups is cancelled. Patterson has been	2	Q. Has there been a time when you went
3	doing good.	3	30 days without a ticket since
4	I'm staying out of trouble, I'm in	4	A. There's been times when I went
5	school. Everybody knows my behavior has been	5	months without a ticket.
6	different. "Put Patterson on grounds."	6	Q. Since April of this year, have you
7	They're not doing that, though.	7	had a 30-day stretch with no tickets?
8	They're holding me because they want to	8	A. Yes.
9	irritate me. They want to provoke me. They	9	Q. You mentioned that you spoke to
10	want a reaction because they don't want my	10	Dr. Puga. When was the last time you spoke to
11	transition to work. They don't want to see me	11	Dr. Puga?
12	successful.	12	A. I don't know. That time, I was in
13	Q. After the groups were cancelled	13	the health care.
14	because of quarantine, was anybody moving off	14	Q. You haven't spoken to him since
15	of D wing or was everybody staying at their	15	about surgery?
16	current assignment during the guarantine?	16	A. No.
17	A. We're still on guarantine.	17	Q. Have you met Dr. Conway since she
18	Q. Right. Were people being moved off	18	started with the Department of Corrections?
19	of D wing during that time?	19	A. No.
20	A. Yes. People are still being moved.	20	MR. HIGGERSON: That is all the
21	People are still being moved. I'm the only one	21	questions that I have.
22	that's not being moved.	22	MS. WALD: And I don't have any
23	Q. You said you haven't been to seg	23	redirect. We'll reserve signature.
24	since April. Have you received a ticket since	24	(Witness excused, 10:45.)
2 1	since April. Have you received a licket since	24	(Withess excused, 10.45.)
	Page 62		Page 64
1	then?	1	UNITED STATES OF AMERICA)
2	A Vach I reactived a minor ticket		
-	A. Yeah, I received a minor ticket.	2	SOUTHERN DISTRICT OF ILLINOIS)
3	Q. When was the last time you received	2 3	SOUTHERN DISTRICT OF ILLINOIS) EAST ST. LOUIS DIVISION) SS.
3	-		,
	Q. When was the last time you received	3	,
4	Q. When was the last time you received a ticket?	3 4	EAST ST. LOUIS DIVISION) SS.
4 5	Q. When was the last time you received a ticket?A. I don't know the exact date, but if	3 4 5	EAST ST. LOUIS DIVISION) SS. STATE OF ILLINOIS)
4 5 6	Q. When was the last time you received a ticket?A. I don't know the exact date, but if you was to talk to Lieutenant Armstrong, if you	3 4 5 6	EAST ST. LOUIS DIVISION) SS. STATE OF ILLINOIS)
4 5 6 7	Q. When was the last time you received a ticket?A. I don't know the exact date, but if you was to talk to Lieutenant Armstrong, if you was to talk to Sergeant Schrock, they can tell	3 4 5 6 7	EAST ST. LOUIS DIVISION) SS. STATE OF ILLINOIS) COUNTY OF COOK)
4 5 6 7 8	 Q. When was the last time you received a ticket? A. I don't know the exact date, but if you was to talk to Lieutenant Armstrong, if you was to talk to Sergeant Schrock, they can tell you that same ticket should have been thrown 	3 4 5 6 7 8	EAST ST. LOUIS DIVISION) SS. STATE OF ILLINOIS) COUNTY OF COOK) I, Alyssa N. Kuipers, Certified Shorthand Reporter, Registered Professional Reporter, do hereby certify that ANDRE PATTERSON a.k.a JANIAH
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1		1 ERRATA SHEET
2		2 Witness Name: ANDRE PATTERSON a.k.a JANIAH MONROE
3	l witness my official signature on this	3 Case Name: JANIAH MONROE, MARILYN MELENDEZ, LYDIA
4	10th day of September, 2020.	4 HELENA VISION, SORA KUYKENDALL, and SASHA 4 REED v. ROB JEFFREYS, MELVIN HINTON, and
5	iour day of opplember, 2020.	STEVEN BOWMAN
6		5 Date Taken: AUGUST 24, 2020
7		
8		6 Page # Line #
o 9		Should read: Reason for change:
	ALYSSA N. KUIPERS, CSR, RPR	9
10	ALTSSA N. KUIPERS, CSR, RPR	10 Page # Line #
11		11 Should read:
12	000 NL 004 004057	12 Reason for change:
13	CSR No. 084-004857	13 Page # Line #
14		14 Should read:
15		15 Reason for change:
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18		17 Should read: 18 Reason for change:
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21		20 Should read:
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24		2.4 Witness Signature:
	Page 66	Page 68
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2 3 4	ALARIS LITIGATION SERVICES September 10, 2020	1 STATE OF) 2 3 COUNTY OF)
2 3 4 5	ALARIS LITIGATION SERVICES September 10, 2020 ACLU OF ILLINOIS MS. CAROLYN WALD	1 STATE OF) 2 3 COUNTY OF) 4
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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Progress Note LOGAN CORRECTIONAL CTR Center

07/24/2020 08:22

Offender Information				s
PATTERSON	ANDRE		ID#:	y35508
Last Name	First Name	Mi		
Race: B	Gender: male	Date of Birth: 07/23/1989		
0502 PROGRESS NO	re.			
	1 L.			
Date: 7/24/20		Start Time: 0845		
Diagnosis:				
Unspecified Depre Borderline Person	ty Disorder First Observed 4/ essive Disorder First Observe ality Disorder First Observed Most Recent Episode (or Cui	d 4/25/2019 09:56PM	bserved	
Not Specified:				
Constipation First Anemia First Obse Personal History (ting First Observed 5/17/2019 Observed 5/23/2019 02:39PM erved 6/3/2019 08:56PM Of Self-harm First Observed 7 red 2/11/2020 01:16PM			
ESTRADIOL CYPIONATE : GEODON 60 MG CAPSULI MIRTAZAPINE 15 MG TAB	CTONE 100 MG TABS, 1 TAB 5MG/ML ML, 5 MG INTRA-MUS E, 1 CAPS ORAL(po) BEDTIME , 1 TABS ORAL(po) BEDTIME 5 TAB, 1 TABS ORAL(po) TWIC	SC EVERY 2 WEEKS		
	E, 1 CAPS ORAL(po) DAILY			
	ABS ORAL(po) TWICE DAILY CAPSULE, 1 CAPS ORAL(po)	DAILY		
Allergies or medication sense		If yes, then describe:		
Allergies: Fish Containing		-		
Scheduled Visit Type: F	Routine Follow Up	Complex Follow Up Evaluation [
evel of Care: Outpati	ent 🛛 Residential Tre	atment Unit 🔲 Inpatient 🗌	Cris	sis 🗌
ype of Visit: Teleps	ychiatry 🔲 Onsite Evaluati	on 🛛 Other 🗌 (identify):		
las offender been on Crisis	Watch since last psychiatric vi	sit? No 🛛 Yes 🗌		
f yes, explain:				
Source of Information:	Offender 🗌 Mental He	ealth Staff	ital Health	Progress Notes
check all that apply)] Medical Progress Notes [Mental Health Evaluation dated:		
L L	Crisis Records	Other (identify):		
L	L			
	Previous Psychiatric Progress	s Note		

DOC 0502 (Rev. 1/2019)

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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Progress Note LOGAN CORRECTIONAL CTR Center

07/24/2020 08:22

Offender Information PATTERSON	ANDRE		ID#:	y35508
Last Name	First Name	MI		
Race: B	Gender: male	Date of Birth: 07/23/1989		

Patient here for follow up. She says that she is upset about her tegretol being crushed. She denies that she is cheeking or selling her tegretol although level is less than two. She says that she is not in a good mood because she is still on D wing. She is taking her other medictations but not the crushed tegretol. She is really down about the D wing issue. She is starting to get triggered and is having night terrors again. No Sl. No HI. No A/V hallucinations. She feels like her medications are okay if she can get the tegretol uncrushed. Appetite has not been the greatest and she says that the chow hall food makes her sick. Patient becomes upset during end of visit and gets up and leaves because she needs to get her hair done and be in day room.
LIST CURRENT PSYCHOTROPIC MEDICATIONS: Geodon 20 mg q 2 pm, 60 qhs Remeron 15 qhs Tegretol 200 bid-has not been taking since crushed Topamax 50 bid Prozac 20 qday
Check if none
Pertinent medical medications:
Compliance: Good Poor (list details) see above Side effects: None Yes (list details) MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Lab Results: Comment on abnormal results and include drug levels: Non ordered Image: Comment on abnormal results and include drug levels: tegretol level 7/23/19=<2.0; will check when last flp and a1c as results do not come up in computer
Medical/Mental Health – Female Specific: 🛛 🖾 Not applicable
Is the offender currently pregnant? No 🛛 Yes 🗌 - expected due date:
Mental Status Examination
Posture/Gait: Appropriate Inappropriate Slumped Tense Atypical Rigid
Behavior: Image: Unremarkable Poor physical boundaries Posturing aggressively Image: Tensed muscles Image: Closed body posture Image: Guarded/protective posturing Image: Psychomotor retardation Psychomotor agitation Image: Window Structure
Eye Contact: Appropriate Avoids eye contact Looks down in his/her lap Timid Unfocused Image: Contact in the second contact i
Level of appearance: Appropriately groomed Disheveled Poor hygiene Malodorous
Level of consciousness: Alert Clouded consciousness Lethargic Delirious Somnolent
Level of cooperation: Cooperative Guarded/Suspicious Hostile Uncooperative

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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Progress Note LOGAN CORRECTIONAL CTR Center

07/24/2020 08:22

Offender Information PATTERSON	ANDRE		ID#:	y35508
Last Name	First Name	MI		
Race: B	Gender: male	Date of Birth: 07/23/1989		

Orientation: 🛛 Ox4 (Time, place, person, reality) 🗌 OX	(list:) Disoriented
Attention: Appropriately focused Selective attenti	on/inattention Distractible Dunaware
Speech: Inremarkable Slowed Rapid In tone: Inremarkable Impatience Irritab	
Thought processes:	d Loose association Word Salad/Incoherent
Thought content: 🛛 Unremarkable 🗌 Paranoid 🗋 D	elusional Excessive religiosity Referential
Explain:	
Perceptions Hallucination Auditory V	isual 🔲 Olfactory 🔲 Somatic 🔄 Illusions
Explain:	
Affect: Unremarkable (Euthymic) Constricted Hyperthymic Euphoric Dysthymic Slightly irritated	Concernation of the second state
Mood: 🛛 Euthymic 🗌 Dysthymic 🗌 Anxious	Fearful Some mild feeling down due to
Suicidal ideation: 🛛 None 🗌 Yes, details:	
Homicidal ideation: 🛛 None 🗌 Yes, details:	
Memory: Short-term 🛛 Intact	Long-term 🛛 Intact 🗌
Estimated Intelligence: 🗌 Above average 🛛 Avera	ge 🔲 Below average
Insight: 🗌 Adequate 🗌 Poor 🛛 fair	
Judgment: 🗌 Adequate 🔲 Poor 🛛 fair	
Motivation: Good X Adequate Poor	
Historian: 🛛 Reliable 🗌 Poor 🔲 Inconsistent	Unable to assess at this time
Diagn	oses
Psychiatric Diagnosis: BPAD, gender dysphoria, anxiety unsp	pecified
Medical Diagnosis: see above	
Since last visit, offender's psychiatric symptoms have:	Improved 🔲 Remained same 🗌 Worsened 🗌
Modified Global Assessment 50 to 55	
Based upon diagnosis, Modified GAF and need for	
	Yes 🛛 No 🗋
Narrative s	
Patient continues with feelings of frustration that she is being tegretol crushed has wanted to just stop all psychiatric medic says that levels of hormones have not been where they need will keep her on the tegretol and uncrush it giving her the ben stable and she is coping with things. Will continue medication	ations. Denies cheeking or selling the medication and to be either with the tegretol. Although level less than two, efit of the doubt at this time. Overall, mood is relatively

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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Progress Note LOGAN CORRECTIONAL CTR Center

07/24/2020 08:22

Offender Information PATTERSON	. ANDRE		ID#: y35508
Last Name	First Name	MI	
Race: B	Gender: male	Date of Birth: 07/23/1989	
has been running high and	will refer to medical.		
13. Psychiatric Plan			
Psychotropic Medication:	Started Discon	tinued 🗌 Changed	
Continue Current Medic			
Medication specifics and	d rationale:		
Stopped Meds:			
CARBAMAZEPINE	200 MG TAB 433530	95353 06/08/2020 09:23	
	TS ORAL(po) TWICE DAILY		
	pecial Instructions: Give With	• •	
• • • • • • • • • • • • • • • • • • • •	E: 07/24/2020 08:57	REFILLS: 19399 06/18/2020 14:51	
	. 20 MG CAPSULE 658620 JLES ORAL(po) DAILY x 60		
	E: 07/24/2020 08:57	REFILLS: 0	
GEODON 20 MG C			
	JLES ORAL(po) DAILY x 60		
	pecial Instructions:Give At 2p		
• • • • • - • • •	E: 07/24/2020 08:57	REFILLS: 0	
GEODON 60 MG C			
	JLES ORAL(po) BEDTIME x		
MIRTAZAPINE 151	E: 07/24/2020 08:57 MG TAB 00378351593	REFILLS: 0 06/08/2020 09:21	
	TS ORAL(po) BEDTIME x 60		
	E: 07/24/2020 08:57	REFILLS:	
TOPAMAX 50 MG		06/18/2020 14:51	
1 TABLE	TS ORAL(po) TWICE DAILY	′ x 60 Days	
STOP DAT	E: 07/24/2020 08:57	REFILLS:	
Reordered Meds:			
CARBAMAZEPINE	200 MG TABS 433530	95353 07/24/2020 08:56	
	TS ORAL(po) TWICE DAILY		
	pecial Instructions:Okay To G		
STOP DAT	E: 09/22/2020 08:56	REFILLS:	
	20 MG CAPSULE 658620		
	JLES ORAL(po) DAILY x 60		
GEODON 20 MG C	E: 09/22/2020 08:57	REFILLS: 0 96060 07/24/2020 08:57	
	CAPSULE 000493 JLES ORAL(po) DAILY x 60		
	pecial Instructions: Give At 2p		
	E: 09/22/2020 08:57	REFILLS: 0	
GEODON 60 MG C			
	JLES ORAL(po) BEDTIME x	60 Days	
	E: 09/22/2020 08:55	REFILLS: 0	
MIRTAZAPINE 15		07/24/2020 08:55	
	TS ORAL(po) BEDTIME x 60		
	E: 09/22/2020 08:55 TAB 54868534301	REFILLS: 07/24/2020 08:57	
	170 34000334301	01/24/2020 00.07	

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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Progress Note LOGAN CORRECTIONAL CTR Center

07/24/2020 08:22

Offender Information PATTERSON	ANDRE				ID#:	y35508
Last Name	First Name		١	MI		,
Race: B	Gender: male	Da	te of Birth: 07/	/23/1989		
1 TABLETS	S ORAL(po) TWICE DA	AILY x 60 Days				
	09/22/2020 08:57		ILLS:			
AIMS completed today	AIMS to be done b	y RN (if available	e)			
Labs CMP B	MP CBC+Plts	Thyroid Pro	file 🗌	Lithium	🗌 Carbama	azepine
	pid Profile 🛛 A1C	🗋 EKG 🛛 🗌	Other:		Other:	
Abdominal circumference:	🗌 BMI			BP/P		
Fill in values and measureme	nts on Metabolic Monitori	ng form:				
Needs medical referral for:						
Needs MHP referral (Completed)	te DOC 0387) for:					
Sleep hygiene	Anger management	🗌 Traur	na history	C	Psychometric	c testing
Other:		_				
Crush/float all Psychotropi	ics due to 🔲 Hx of no	on-compliance	Hx of hoa	rding medic	cations	
		Potential	Other:			
Offender has been given a co	ppy of the Psychotropic M	edication Informati	on brochure.			
I have verbally reviewed any offender	medication changes, side	effects, risks and	benefits of tre	atment or re	fusing treatmen	t with the
Offender's psychiatric condition may be seen max OP – 3 months	on has been stable on the s, RTU – 2 months, Enfor	e same psychotrop ced – 1 month.	c medication(s) at the san	ne dose for the j	past 60 days –
The offender has signed his/h	ner Medication Consent F	orm				
🛛 🔲 Treatment plan update neede	ed based on change of dia	agnosis, direction d	of treatment, e	tc. (DOC 0	546)	
Designation: SMI		Enforced Psyc				al need)
C Othe	er: (identify):					
	Dispo	sition (Level of	Care)		States Sale	1.28
Outpatient Level of Care	Residential Tre	atment Unit	Inpatient	🗌 🗌 Cri	sis	
Next Appointment Date: 3-4 v	veeks					
Evaluation completed by:						
Daphne Maurer				Psychiatry		
Print Name		Signature			Title	
7/24/20		0900				
Date		End Time				

Electronically Signed by MAURER, DAPHNE M.D. on 07/24/2020. ##And No Others##

DOC 0502 (Rev. 1/2019)

	1
Page 1	Page 3
Page 1 In The UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS EAST ST. LOUIS DIVISION JANIAH MONROE, MARILYN) MELENDEZ, LYDIA HELENA) VISION, SORA KUYKENDALL,) and SASHA REED,)) ()	Page 3 INDEX TO TRANSCRIPT WITNESS: PAGE Marilyn Melendez 4 Examination by Ms. Cook 4 5 6 7 8 9 10 10 INDEX TO EXHIBITS 11 ID 12 13 13 NONE MARKED 14 15 15 16 17 18 19 20
10 the state of millios, CSR License No. 084-003498, taken 19 via Webex on the 20th day of August, 2020, commencing at approximately 9:10 a.m. 21 22 23 24 25 Page 2	20 21 22 23 24 25 Page 4
1APPEARANCES233KIRKLAND & ELLIS, LLP, by4SAMANTHA G. ROSE, Esq.5300 North LaSalle Street6Chicago, Illinois 606547(312) 862-40268sam.rose@kirkland.com9Appeared on behalf of the Plaintiffs10	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.
1112KWAME RAOUL, ATTORNEY GENERAL,13STATE OF ILLINOIS, by14LISA A. COOK, Esq., AAG15500 South Second Street16Springfield, Illinois 6270117(217) 782-444518Icook@atg.state.il.us19Appeared on behalf of the Defendants202123242525	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, 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 10 name was noted as Maryland, like the state. You're 11 looking confused. Would that to your knowledge would 12 that have been a mistake? 13 A. Probably. 14 A. Have you ever had your deposition taken 15 before?

1 (Pages 1 to 4)

	Page 5		Page 7
1	A. No, ma'am.	1	that?
2	Q. I'm sure that you've spoken with your attorney	2	A. When I was in Menard prison, I tried, but they
3	about this, but the deposition is just my chance to ask	3	said that I had too much time to qualify for classes
4	you some questions about your lawsuit. The court	4	like that since I was in the max cell house, and then
5	reporter is taking down everything that we say on the	5	Stateville didn't offer it and Pontiac doesn't have any
6	record. If you don't understand a question that I ask	6	school unless you go to the MSU.
7	you, please let me know, and I will rephrase it. Do you	7	Q. And are you eligible to go to the MSU?
8	understand that?	8	A. I put in before. They've denied me.
9	A. Yes, ma'am.	9	Q. Do you you were incarcerated very young,
10	Q. And if you need a break or we need to stop for	10	correct, Ms. Melendez?
11	some reason, please let me know that as well, okay?	11	A. Yes.
12	A. Okay.	12	Q. Aside from trying to finish your GED, have you
13	Q. And you're doing a great job, but the	13	been able to take any other classes or educational
14	important thing is to speak clearly and hopefully we can	14	programs while you've been incarcerated?
15	wait for each other to finish speaking so that the court	15	A. I have attempted to getting them, but I'm
16	reporter can take down everything that we're saying	16	always shot down. Either it's time or the case that I
17	accurately, okay?	17	have or the prison that I'm in or housed. So it's
18	A. Um-hmm.	18	something that stopped me from getting education.
19	Q. And when you answer a question, I will ask	19	Q. Other than this lawsuit that we're discussing
20	that you say yes or no because um-hmm or uhn-uhn, they	20	today, have you filed any other civil lawsuits?
21	look funny when you read them. They look the same. So	21	A. No.
22	if I follow up and say was that a yes, it's just to make	22	Q. And the crimes you are incarcerated for, are
23	sure that the record is clear, okay?	23	those the only felonies that you have?
24	A. Okay.	24	A. Yes.
25	Q. Thank you.	25	Q. And what are those felonies?
1	Page 6 And I note that so you gave testimony	1	Page 8 A. Attempted murder and then I have sorry,
2	for this lawsuit in court in July of last year, so this	2	forgive me. It's murder on the first one. Then the
3	is similar to that. I ask you questions and you give me	3	other case was attempted murder, and it was lowered down
4	whatever answers you're able to. But just like being in	4	to aggravated battery with a firearm, aggravated battery
5	court, you are now under oath. Do you understand that?	5	discharge and aggravated bodily harm to a person.
6	A. Yes, I do.	6	Q. Do you have any misdemeanors for things like
7	Q. Again, I'm going to try to avoid overlapping		
/		7	fraud or, you know, something to do with dishonesty?
8	with the questions that I already asked you. There may	7	fraud or, you know, something to do with dishonesty? A. No.
	with the questions that I already asked you. There may be a bit of repetition there, but I'm going to avoid		
8		8	A. No.
8 9	be a bit of repetition there, but I'm going to avoid	8 9	A. No.Q. In your history with the Illinois Department
8 9 10	be a bit of repetition there, but I'm going to avoid going through all of that again, okay?	8 9 10	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the
8 9 10 11	be a bit of repetition there, but I'm going to avoid going through all of that again, okay? A. Yes.	8 9 10 11	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the Illinois Department of Corrections?
8 9 10 11 12	 be a bit of repetition there, but I'm going to avoid going through all of that again, okay? A. Yes. Q. So to prepare for your deposition today, were 	8 9 10 11 12	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the Illinois Department of Corrections? A. Adult or including youth?
8 9 10 11 12 13	 be a bit of repetition there, but I'm going to avoid going through all of that again, okay? A. Yes. Q. So to prepare for your deposition today, were you able to speak with your attorneys? 	8 9 10 11 12 13	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the Illinois Department of Corrections? A. Adult or including youth? Q. Well, you can start with the youth and then
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8 9 10 11 12 13 14 15 16 17 18 19 20 21	 be a bit of repetition there, but I'm going to avoid going through all of that again, okay? A. Yes. Q. So to prepare for your deposition today, were you able to speak with your attorneys? A. Yes, I was. Q. And did you review any documents to prepare for today? A. No. Q. I want to start by asking you just some general questions about your backgrounds. I'm not going to spend too much time on this, but I just want to get a sense of some of your history. 	8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the Illinois Department of Corrections? A. Adult or including youth? Q. Well, you can start with the youth and then when you transferred to the adult prison. A. In 2010 I believe I was sent to St. Charles in around November, and then from there I was transferred to IYC Joliet. I did almost a year and a half there. And then 2011 I was sent to Stateville. I did two weeks there, and from there I was sent to Menard. Q. And what prisons – have you only been incarcerated in three prisons in the adult system?
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 be a bit of repetition there, but I'm going to avoid going through all of that again, okay? A. Yes. Q. So to prepare for your deposition today, were you able to speak with your attorneys? A. Yes, I was. Q. And did you review any documents to prepare for today? A. No. Q. I want to start by asking you just some general questions about your backgrounds. I'm not going to spend too much time on this, but I just want to get a sense of some of your history. So starting with your education 	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. No. Q. In your history with the Illinois Department of Corrections, when were you first placed in the Illinois Department of Corrections? A. Adult or including youth? Q. Well, you can start with the youth and then when you transferred to the adult prison. A. In 2010 I believe I was sent to St. Charles in around November, and then from there I was transferred to IYC Joliet. I did almost a year and a half there. And then 2011 I was sent to Stateville. I did two weeks there, and from there I was sent to Menard. Q. And what prisons – have you only been incarcerated in three prisons in the adult system? A. Yes.

2 (Pages 5 to 8)

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MARILYN MELENDEZ 8/20/2020

	Page 9		Page 11
1	Q. How long have you been at Pontiac Correctional	1	do you have a cellmate?
2	Center?	2	A. No.
3	A. Since 2015, June.	3	Q. When you were in protective custody, did you
4	Q. Is that the only prison you've been at since	4	have a cellmate?
5	June of 2015?	5	A. Before yes; most recently, no.
6	A. Yes.	6	Q. Do you remember the last time that you had a
7	Q. Have you been placed in protective custody at	7	cellmate?
8	Pontiac Correctional Center?	8	A. Let me see. I believe the last time was two
9	A. Yes.	9	years ago, 2018.
10	Q. Are you in protective custody now?	10	Q. Have you requested to have no cellmate?
11	A. No.	11	A. Before, no, I was fine having a cellmate as
12	Q. Where are you housed now?	12	long as I told staff like, look, if you have me down to
13	A. I'm currently housed in west cell house	13	have a cellmate and it's necessary space or whatever and
14	segregation.	14	I'm gonna have one, all I ask is that you take into
15	Q. Is that for a disciplinary infraction?	15	consideration, you know, I'm transgender and you have
16	A. Yes.	16	individuals here who can be homophobic or transphobic or
17	Q. How long have you gone been in segregation for	17	whatever reason that they don't want to be in the cell
18	that infraction?	18	with me, and I told them like just don't put me in a
19	A. Since the 5th of this month.	19	situation where they come in here and either they want
20	Q. So since August 5. Do you know how long your	20	me to walk myself and go to seg or they try to be
21	term of segregation is?	21	aggressive and then we end up fighting or you try to put
22	A. As of right now, no. I heard the ticket this	22	somebody who is a predator or a sexual deviant in here
23	Tuesday, and I asked them, you know, what's you know,	23	and they're trying to do something to me and then I
24	what's going on. I'm pleading not guilty to one charge	24	defend myself and I'm going to seg for it. And, you
25	and guilty to the other. They said that they will get	25	know, some lieutenants are understanding and work with
	Page 10		Page 12
1	Page 10 back at me and I'll find out once they send me their	1	Page 12 me. Some, you know, obviously are transphobic and they
1 2	-	1 2	-
	back at me and I'll find out once they send me their	1	me. Some, you know, obviously are transphobic and they
2	back at me and I'll find out once they send me their summary judgment.	2	me. Some, you know, obviously are transphobic and they just believe that I'm just in here trying to have sex.
2 3	back at me and I'll find out once they send me their summary judgment. Q. So you had a hearing, but you haven't received	2 3	me. Some, you know, obviously are transphobic and they just believe that I'm just in here trying to have sex. So I wrote Emily Ruskin, the warden, and said look your
2 3 4 5 6	 back at me and I'll find out once they send me their summary judgment. Q. So you had a hearing, but you haven't received the results of that hearing? A. Exactly. Q. Until August 5 have you been in protective 	2 3 4 5 6	me. Some, you know, obviously are transphobic and they just believe that I'm just in here trying to have sex. So I wrote Emily Ruskin, the warden, and said look your staff is on some, you know, issues with me, I don't know what they're on with me, I'm asking if you'll put me in a cell by myself, that way I don't have to go through
2 3 4 5 6 7	 back at me and I'll find out once they send me their summary judgment. Q. So you had a hearing, but you haven't received the results of that hearing? A. Exactly. Q. Until August 5 have you been in protective custody up until that point? 	2 3 4 5 6 7	me. Some, you know, obviously are transphobic and they just believe that I'm just in here trying to have sex. So I wrote Emily Ruskin, the warden, and said look your staff is on some, you know, issues with me, I don't know what they're on with me, I'm asking if you'll put me in
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3 (Pages 9 to 12)

ALARIS LITIGATION SERVICES Phone: 1.800.280.3376

	Page 13		Page 15
1	because while I'm in seg, a lot of my legal envelopes,	1	right now, if you say only if I can select the inmate as
2	some papers were taken. They said they were torn or	2	my cellmate, then what does staff do then?
3	altered or got thrown away. A bunch of my materials are	3	MS. ROSE: Objection, calls for speculation,
4	jumbled up along with my mail. I'm still trying to sort	4	foundation.
5	it out.	5	BY MS. COOK:
6	Q. And so has anybody tried to put a cellmate in	6	Q. You can answer if you understand.
7	with you since 2018?	7	A. I'm fine.
8	MS. ROSE: Objection, form, vague.	8	Q. Do you understand the question?
9	BY MS. COOK:	9	A. Can you rephrase the question?
10	Q. Has security staff attempted to put a cellmate	10	Q. Sure. So let's say an officer comes up to you
11	in your cell with you since 2018?	11	and asks you can you help us out and take a cellmate,
12	A. There has been a few times where they'll come	12	we're trying to move people around right now, and you
13	by asking me if I could help them out and get a cellie	13	say I will only accept a cellmate if something like I
14	since some cells obviously it's an old facility,	14	will only accept a cellmate if I can select him and I
15	either the cell leaks or something is wrong with the	15	have some input, then what does security staff do or say
16	cell. And I will tell them like if it's somebody you'll	16	to you after that?
17	let me recommend that I get along with, I don't have a	17	MS. ROSE: Same objections. Go ahead and
18	problem, but if you're trying to throw a random	18	answer if you understand the question.
19	individual in there, no, because, you know, that's like	19	THE WITNESS: They will either say that if I
20	you're just asking me like hey can you have a cellie and	20	say yes that I don't get to pick and choose because
21	I say yeah and then you put somebody in here and we end	21	either it's the fact that I don't dictate their pace,
22	up fighting or whatever disagreement and I end up going	22	they make the rules, they set their scenarios and
23	to seg over something that they did.	23	boundaries, or it's the other ones who say we knew you
24	Q. So what happens in that scenario?	24	would say that sissy, you're just trying to have
25	A. Well, for one scenario, for example, they put	25	somebody so you can have sex.
	Page 14		Page 16
1	me in a cell with a guy named Davonte [phonetic]. At	1	BY MS. COOK:
2	first he seemed okay. Then eventually he started asking	2	Q. Do they put do they end up putting somebody
3	me disturbing sexual questions. I said look man, just	3	in with you in that scenario?
4	leave me alone, I have to be in a cell with you, you	4	A. They have tried, but I know you can always
5	have to be the cell, you don't have to talk to me, you	5	in my position I've learned that I can ask for a crisis
6	can do your prison bit, l'll do mine, leave me alone.	6	team. That way something is either documented, or
7	Then eventually he started saying that if I do not,	7	mental health will explain to them, you know, I'm
8	forgive me, suck his dick that he will take it. So I	8	transgender, the issues and situation. I can ask to
9	said what are you trying to say, that you're going to	9	have a PREA filed, and then once I start doing that,
10	rape me? And he got aggressive and tried to hit me and	10	they're like oh we were just playing with you. Or it's
11	we fought and went to seg over that. I told staff about	11	that they tried to and as the person got to my cell,
12	it because I didn't want to be in a cell with him from	12	I'll tell them look man, I don't know you, I don't want
13	the beginning, but at that time it's like okay if I	13	you in here. If you come in here, I'm letting you know.
14	don't want to be in here with him, he doesn't want me,	14	I'm not playing with the staff. I told them if anyone
15	I'm not going to be the one to walk myself from	15	who's in here I'm not comfortable with, I'm not letting
16	[inaudible] housing and do some time in seg over this	16	you in the door, get in a fight. So the person will
17	stuff that staff can easily fix. They could have easily	17	tell the lieutenant look I'm not trying to go to seg if
18	put me in a cell with somebody else, and they chose not	18	they're going to fight me, and they will put them
19	to. His exact words, which was Lieutenant Bennett	19	somewhere else, magically find an open cell or space or
20	[phonetic] at the time, he says you can either, excuse	20	cellmate or something.
21	my language, fuck or fight.	21	Q. And has staff asked you to accept a cellmate
22	Q. And when did that happen?	22	in your cell with you since 2018?
23	A. That was in 2016.	23	A. They have even though they know that I am
24	Q. And what you described earlier where staff	24	single cell status, and having that status I'm not even
25	will say hey will you help us out and take a cellmate	25	supposed to have a cellmate. So they shouldn't even be

4 (Pages 13 to 16)

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MARILYN MELENDEZ 8/20/2020

	Page 17		Page 19
1	asking me that if on my paper single cell status, but	1	medical and mental health history. I will talk about
2	that's what they do to either make room or accommodate	2	gender dysphoria separately, but I just want to know
3	somebody.	3	based on your records you do have some – a psych
4	Q. How many times have they asked you since	4	history; is that correct?
5	you've been on single cell status?	5	MS. ROSE: Objection, form, vague. You can
6	A. Four times.	6	answer if you understand nine question.
7	Q. In those four times since 2018, have you just	7	BY MS. COOK:
8	said no?	8	Q. You can answer.
9	A. I mean, yeah. If they're not going to allow	9	A. My psych history, are you saying that I have
10	me to pick somebody that I feel comfortable with or I	10	mental illnesses or disorders or that I take
11	have known for a while, then I'm fine, don't give me a	11	psychotropic medication? I don't completely understand.
12	cellie. But if you're asking me to help you out, if I'm	12	Q. Well, all of that. So you have have you
13	helping you out, why would you put me in a messed up	13	been diagnosed with mental health or psychiatric
14	situation or why would you put me in a situation that's	14	disorders?
15	going to be harmful to me if I'm the one helping you	15	A. Yes.
16	out?	16	Q. And what are those?
17	Q. And have you been disciplined because you said	17	A. Bipolar, depression, anxiety.
18	no?	18	Q. And when were you first diagnosed with those?
19	A. I mean, there's the occasional my cell will	19	A. Bipolar and anxiety at a very early age.
20	get shook down after it's been shaken down and stuff	20	Depression was never actually done because, you know, as
21	like that. I will go in there some stuff will be	21	a juvenile getting in trouble at school, sometimes they
22	missing, you know. It's tricky. They do things in ways	22	will recommend that oh your child needs anger management
23	to punish an individual and make it seem like it's	23	or they need to go to therapy or counseling for their
24	according to their 504 rules, just like this ticket that	24	issues. And from there my mom would have me see people.
25	I'm in seg for.	25	That's where I was being bipolar, that I had anxiety.
	Page 18		Page 20
1	-	1	-
1 2	Q. And when you were put on single cell status,	1	And before anything else was done, shortly afterwards I
	Q. And when you were put on single cell status, was this something that was verbally communicated to		And before anything else was done, shortly afterwards I had got incarcerated.
2	Q. And when you were put on single cell status,	2	And before anything else was done, shortly afterwards I
2 3	Q. And when you were put on single cell status, was this something that was verbally communicated to you, or did you receive a letter informing you of that?	2 3	And before anything else was done, shortly afterwards I had got incarcerated. Q. So have you received prescription medications
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2 3 4 5	 Q. And when you were put on single cell status, was this something that was verbally communicated to you, or did you receive a letter informing you of that? A. No. When I wrote Emily Ruskin, they eventually have what call cadet training or tours where 	2 3 4 5	And before anything else was done, shortly afterwards I had got incarcerated. Q. So have you received prescription medications for the diagnoses? A. Yes. Outside of the world, yes, and then
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5 (Pages 17 to 20)

	Page 21		Page 23
1	and anxiety?	1	different medication. Do it for 30 days and I will come
2	A. It has been very poor, you know. You go see	2	see you again, and if it doesn't work, let me know and
3	mental health and they deem that our session, or	3	we're going to find something else. They gave me the
4	whatever it is, is enough to help with that when all	4	medication. It gave me a rash. He switched to
5	they do is ask you how are you feeling today, what's	5	Trileptal [phonetic], which was the medication I was
6	today's date, what's your name, are you taking your	6	currently on. It was working fine, and so they
7	meds? And you say you know the day or whatever, taking	7	discontinued it. And now they're telling me that
8	our meds. Okay, so are you feeling suicidal, do you	8	there's only two other options. One of them was the one
9	want to kill yourself? And if you be honest and say I'm	9	that gave me the rash and the other one can cause damage
10	having thoughts yes, they're going to put you on watch,	10	to your blood cells. I've tried recommending other
11	which shouldn't even be necessary if you don't tell	11	medication. They're saying that that's not my job,
12	staff that I'm having an issue, I'm going to kill myself	12	that's their job.
13	or I'm not attempting to kill myself.	13	Q. So right now you feel like you're on
14	Q. At least, you know, in the past two years how	14	medication that's helping you?
15	often do you see mental health staff?	15	A. No.
16	A. It's supposed to be every 30 days, you know.	16	Q. Have you been designated within IDOC as
17	They'll say that they're short staffed or there's too	17	seriously mentally ill?
18	many people on each caseload, they can't come see every	18	MS. ROSE: Objection, foundation.
19	person all the time. I've gone sometimes two or three	19	THE WITNESS: Yes.
20	months from seeing them and it's supposed to be every 30	20	BY MS. COOK:
21	days.	21	Q. Is that something that is communicated to you?
22	Q. In the past two years have they made any	22	A. At first I didn't know. This was in 2013
23	changes to your medication?	23	before that case before they actually started doing
24	A. Upon my request, yes.	24	actual mental evaluations where you do seg time
25	Q. Has that begun to alleviate some of your	25	regardless of your diagnosis and you have to do the
		<u> </u>	
			Page 24
	Page 22		Page 24
1	symptoms from bipolar, depression and anxiety?	1	whole time. I received a one year cut. I never knew
2	symptoms from bipolar, depression and anxiety? A. To an extent because the medication they had	2	whole time. I received a one year cut. I never knew why, and one time I got a ticket and they put SMI at the
2 3	symptoms from bipolar, depression and anxiety? A. To an extent because the medication they had me on at first, Depakote, they draw blood for it and the	2 3	whole time. I received a one year cut. I never knew why, and one time I got a ticket and they put SMI at the top corner. And I what is that, and they said oh well,
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6 (Pages 21 to 24)

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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.	1	Q. And what were you feeling that caused you to
2	Have you attempted suicide?	2	try to commit suicide?
3	A. Yes.	3	A. My gender dysphoria.
4	Q. And when have you done that?	4	Q. What about gender dysphoria?
5	A. How many times or do you want like the year?	5	A. I mean, I don't want to sound rude but what
6	Q. Both. So how many times have you attempted	6	about it? It's happy, something that you want to live.
7	suicide?	7	Q. Was there anything in particular or was it
8	A. A few times. At least five about now.	8	just, you know, a general feeling?
9	Q. When was the last time you attempted suicide?	9	A. I will try to sum it for you. Reflecting on
10	A. Let's see. So the day I went on watch was the	10	my life of constantly being ridiculed, disrespected,
11	5th of this month.	11	looked at as a freak, as an abomination, as some COs say
12	Q. So August 5?	12	something that my mother should have swallowed instead
13	A. Yes.	13	of birthed. Maybe the fact that I have to take
14	Q. Was it before did you attempt suicide	14	medications. I have to attempt to get surgeries so I
15	before or after the basis for your discipline?	15	can feel aligned with myself. The disturbing fact that
16	MS. ROSE: Objection, vague, form and	16	I have testicles, that I have a penis, that I have an
17	foundation.	17	Adam's apple, that I've gone through male puberty,
18	BY MS. COOK:	18	things like that.
19	Q. You can answer.	19	Q. When you tried to commit suicide on August 5,
20	A. Do I have to answer that question?	20	was that all you were thinking of when you tried, or
21	Q. I'm not trying to ask you anything that is not	21	were there other things on your mind as well?
22	relevant to this case, but part of the case has to do	22	A. I mean, I thought maybe it's easier to get the
23	with self harm and suicide of transgender prisoners.	23	suffering over with. Yeah, I thought about that.
24	And so I just want to get a sense of the timing. I'm	24	Q. Are there people who you can talk to when you
25	not trying to ask you anything to upset you, but I would	25	feel like that?
	Page 26		Page 28
1	like to know what precipitated the suicide attempt.	1	A. You mean staff in prison, or do you mean
2	MS. ROSE: Marilyn, would it be helpful for	2	family members and friends?
3	Ms. Cook to repeat the question?	3	Q. Anybody.
4	THE WITNESS: Can you	4	A. Well, in my current situation I can't have
5	BY MS. COOK:	5	video visits. I can't message my family. I'm only
6	Q. How about I ask it this way. Approximately	6	given the phone once a week and their system is messed
7	what time of the day on August 5 did you attempt	7	up so we can't even use the phone. As of right now all
8	suicide?	8	I can do is write, and sometimes having to wait that
9	A. It was before med lines in the morning, so med	9	long to communicate with somebody through snail mail,
10	lines come anywhere from four to six. So before that I	10	no, not right now.
11	had woken up and tried. I didn't look at the clock	11	Q. You mean while you're in segregation you're
12	really.	12	limited in how you can communicate with others outside?
13	Q. So probably before 4:00 a.m. you think?	13	A. Yes.
14	A. I'm going to be hones with you. It's tricky	14	Q. Before being in segregation I know COVID
15	because med lines aren't always done at 4:00. That's	15	has kind of messed up like in-person visitations, but
16	why they have 4:00 to 6:00 range. They might start from	16	even while COVID was underway and when you were in just
17	a different cell house and make their way to other sell	17	protective custody status, could you have phone calls
18	houses. That's why all I know is that I had woken up,	18	with your family?
19	you know what I'm saying? I tried something I wasn't in	19	MS. ROSE: Objection, form.
20	and me trying to kill myself I'm not worried about	20	THE WITNESS: Yes.
21	time or looking at what time it is. If that's what	21	BY MS. COOK:
22	you're asking, I don't know.	22	Q. How often?
23	Q. No. So it was the early morning hours. Was	23	A. I'm sorry, how does this have to do with the
24	it still dark outside?	24	suicide, conversation with my family?
25	A. Yes.	25	Q. I just want to know how often you're able to
L		J	

7 (Pages 25 to 28)

	Page 29		Page 31
1	talk with others outside of the prison.	1	health to basically try to get them to leave me alone,
2	A. Well, they have a rule that we can only use	2	get off my back or try to get them to understand or
3	the phone one time and I have to pass it to other cells.	3	something, you know, to let them know just leave the
4	And there's 52 cells on a gallery in south house, so	4	person alone. They're already in prison going through a
5	it's not that easy unless somebody doesn't use it and	5	difficult time and obviously I have problems, you know.
6	they want to sell their time, which is basically I'll	6	They're not making it any easier by trying to harass me
7	give them something that I buy from commissary so I can	7	or being disrespectful or doing something harmful.
8	get their phone time. Or if we go to the yard and	8	Q. So when you have felt suicidal, is it
9	there's phones open, I'll try to use it. We don't have	9	something that you try to raise with mental health staff
10	yard every day per COVID. We have yard once a week for	10	beforehand?
11	one hour.	11	A. No, because if I'm going to kill myself, why
12	Q. So the phone, when you say one time, is that	12	would you I tell you that so you can come stop me?
13	one time per week?	13	Q. Your 2018 attempt your suicide attempt, was
14	A. Per day.	14	that also related to your gender dysphoria?
15	Q. And you mentioned so before August 5 when	15	A. Yes.
16	was the last time that you had tried to commit suicide?	16	Q. In what way?
17	A. Like maybe two years ago at least.	17	A. The same ways I told you earlier.
18	Q. So maybe in 2018?	18	Q. And what about the other attempts? I'm not
19	A. Yes.	19	going to go through each of them individually, but you
20	Q. And you mentioned that well, I'll split the	20	mentioned there might be around five. So the three
21	question up. When I asked about self harm, I also meant	21	others, were they for similar reasons?
22	do you engage in other forms of self harm such as self	22	A. Some of them yes, some of them no.
23	mutilation or, you know, cutting yourself?	23	Q. Is there ever anything that happens right
24	A. I don't do self mutilation as some type of	24	before your suicide attempt that contributes to your
25	pleasure if that's what you're asking. I don't like	25	suicidal feelings?
1	Page 30	1	Page 32
1 2	doing stuff like that.	1	A. I mean besides my gender dysphoria, you know,
3	Q. Do you do it to hurt yourself?A. When I attempt suicide, I don't do it to hurt	3	I had multiple family members that were already, you know, great grandparents and grandparents, and they were
4	myself. I try to kill myself. I don't understand what	4	already old, but being real close to them and they're
5	you're trying to point out or say exactly.	5	oh, great grandpa is gone, great grandpa is gone, great
6	Q. I'm trying to understand your history. So I	6	uncle is gone, grandpa is gone. And it's like I'm in
7	guess when you tried to commit suicide in August, how	7	prison. These people won't even let me go to their
8	did you do it?	8	funeral and have a goodbye. I can't see them anymore.
9	A. I bought some medication from another inmate	9	I can't talk to them anymore. I'm in prison. Do you
10	and I took them.	10	understand what that's like?
11	Q. And the same thing in 2018, how did you try to	11	Q. I guess and I want to know, too, you know,
12	commit suicide?	12	it sounds like there are a lot of general things behind
13	A. At first I thought about using a cord to try	13	your suicide attempts. Do you want to take a break?
14	to hang myself, and knowing that it didn't work out	14	A. Yes, if I can. Thank you.
15	before when I tried, I tried taking some more	15	MS. COOK: Okay. Let's take like ten minutes
16	medication.	16	and then we will resume.
17	Q. You mentioned that sometimes you're able to	17	(Recess taken)
18	ask for a crisis. In what instances would you ask for a	18	MS. COOK: We will go back on the record.
19	crisis team?	19	BY MS. COOK:
20	A. Usually it's when staff is, you know, either	20	Q. So, Ms. Melendez, before the break I was
21	trying to harass me, mess with me or, you know, they're	21	asking you some questions. I just want to get a sense
22	trying to do something they're not supposed to do to me,	22	of whether, you know – at least your most recent
23	and asking for a crisis team, you know, mental health is	23	suicide attempts, if they're related to just general
24	supposed to be notified. They're supposed to come talk	24	feelings or if it's feeling compounded by a specific
25	to me and pull me out. With that I'm able to use mental	25	action.
2.5		20	

8 (Pages 29 to 32)

	Page 33		Page 35
1	MS. ROSE: Objection, form.	1	Q. And you testified that you knew that from an
2	BY MS. COOK:	2	early age and that your mother was able to obtain for
3	Q. You can answer, Ms. Melendez.	3	you hormones [inaudible]. Is that accurate?
4	A. Like I said earlier, my last suicide was my	4	A. It's tricky because as a kid keeping up with
5	gender dysphoria.	5	actual oh I was eight or, you know, you could say I'm
6	Q. Is it just your gender dysphoria generally or	6	seven and three-fourths, stuff like that, but it's
7	that staff says something to you or another inmate says	7	around that age, yes. She was supportive of it, you
8	something to you that leads you to become suicidal?	8	know, and she helped.
9	A. I mean, there's certain things that, you know,	9	Q. And where did those hormones come from?
10	end up being said or done that you can say play a part	10	MS. ROSE: Objection, foundation. You can
11	in it, but, you know, if somebody calls me a fag today,	11	answer.
12	I'm not going to kill myself, if that's what you're	12	THE WITNESS: As a kid, I'm not I don't
13	asking. My recent two suicide attempts are particularly	13	really know how back then how meds were made or how they
14	related to my gender dysphoria which I described to you	14	were obtained or prescribed. All I know is that my
15	before I went out. Specifically that.	15	mother said that I'm her baby, she's going to do
16	Q. I'm just trying to see if there is anything	16	whatever I can to help him and she got me the
17	else or if you've told me everything. So if there's	17	medication.
18	nothing specific that contributes to it besides what	18	BY MS. COOK:
19	you've told me, then that's fine. I will move on.	19	Q. Did you see a provider for gender dysphoria at
20	Just so I'm clear, we did talk about	20	that time?
21	suicide attempts, but aside from your suicide attempts	21	A. We went to see the doctor that as a child I
22	have you tried to harm your body through cutting or	22	guess I was assigned to, you know. They would ask
23	mutilation and or anything like that?	23	certain questions, ask if I was doing okay, how am I
24	MS. ROSE: Objection.	24	progressing, stuff like that.
25	THE WITNESS: There was a time that I did slit	25	Q. Was it just your normal doctor who you went to
	Page 34		
	-		Page 36
1	my wrist, but it's not that oh I'm depressed, I'm going	1	see at that time?
2	my wrist, but it's not that oh I'm depressed, I'm going to be a self mutilator to get rid of the pain. It's	2	see at that time? A. I had a normal doctor and then I had another
2 3	my wrist, but it's not that oh I'm depressed, I'm going to be a self mutilator to get rid of the pain. It's just that I tried to kill myself. There's a difference	2 3	see at that time? A. I had a normal doctor and then I had another doctor because we had moved from Waukegan, Illinois to
2 3 4	my wrist, but it's not that oh I'm depressed, I'm going to be a self mutilator to get rid of the pain. It's just that I tried to kill myself. There's a difference between someone who is a self mutilator that they could	2 3 4	see at that time? A. I had a normal doctor and then I had another doctor because we had moved from Waukegan, Illinois to Crystal Lake when my mother got a different job. So I
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 my wrist, but it's not that oh I'm depressed, I'm going to be a self mutilator to get rid of the pain. It's just that I tried to kill myself. There's a difference between someone who is a self mutilator that they could find pleasure in the pain that they cause. I'm not a self mutilator. Do you understand that? BY MS. COOK: Q. Yes. Thank you for explaining. So moving on to your gender dysphoria, like I said, we already talked about some of this. You testified about it last year in the preliminary injunction hearing, so I will only briefly go over anything related to that and most of it is leading up to additional questions I had related to your prior testimony. Just so the record is clear, you were born a male and you identify as female, right? MS. ROSE: Objection, form and phrasing of the question. BY MS. COOK: Q. Okay. What sex did you have when you were born, Ms. Melendez? A. Obviously I was born biologically male. Q. But how do you identify? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 see at that time? A. I had a normal doctor and then I had another doctor because we had moved from Waukegan, Illinois to Crystal Lake when my mother got a different job. So I had seen another doctor at that time which was in Crystal Lake. Q. Did you see a gender dysphoria specialist? A. I'm going to be honest with you. I was a kid. I don't know the difference – didn't know the difference between what a gender dysphoria specialist or a doctor who does or even a dentist, to be honest with you. As a kid you really don't know. All we know is everyone is a dentist. You go in and you see what you presume as a kid is a dentist, or we're going to see this doctor. So I can't honestly tell you yeah, it was a gender dysphoria person. A. So then you stopped taking hormones when you mere a teenager; is that right? A. Yes. My mother could no longer afford it. G. So when you were was that about the time that you were into juvenile custody? A. It was before that. I went almost a year and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 my wrist, but it's not that oh I'm depressed, I'm going to be a self mutilator to get rid of the pain. It's just that I tried to kill myself. There's a difference between someone who is a self mutilator that they could find pleasure in the pain that they cause. I'm not a self mutilator. Do you understand that? BY MS. COOK: Q. Yes. Thank you for explaining. So moving on to your gender dysphoria, like I said, we already talked about some of this. You testified about it last year in the preliminary injunction hearing, so I will only briefly go over anything related to that and most of it is leading up to additional questions I had related to your prior testimony. Just so the record is clear, you were born a male and you identify as female, right? MS. ROSE: Objection, form and phrasing of the question. BY MS. COOK: Q. Okay. What sex did you have when you were born, Ms. Melendez? A. Obviously I was born biologically male. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 see at that time? A. I had a normal doctor and then I had another doctor because we had moved from Waukegan, Illinois to Crystal Lake when my mother got a different job. So I had seen another doctor at that time which was in Crystal Lake. Q. Did you see a gender dysphoria specialist? A. I'm going to be honest with you. I was a kid. I don't know the difference didn't know the difference between what a gender dysphoria specialist or a doctor who does or even a dentist, to be honest with you. As a kid you really don't know. All we know is everyone is a dentist. You go in and you see what you presume as a kid is a dentist, or we're going to see this doctor. So I can't honestly tell you yeah, it was a gender dysphoria person. A. Yes. My mother could no longer afford it. G. So when you were was that about the time that you were into juvenile custody? A. It was before that. I went almost a year and a half before I got sent to the detention center for the

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ALARIS LITIGATION SERVICES Phone: 1.800.280.3376

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1	for gender dysphoria?	1	hormones. So once I saw that they won't even let me get
2	A. At the detention center it was different from	2	the hormones here when my mom tried and she couldn't and
3	anything regarding the actual state because in detention	3	it didn't work, there is only so much I can do after
4	center I wasn't a ward of anything. My mother still had	4	that. They wouldn't do evaluations for that. They
5	to pay to bring me my bipolar medication, my anxiety	5	didn't even know I was bipolar until the paperwork
6	medication. She had tried to bring me eventually she	6	followed me from the detention center. So that's what
7	told me she was able to get some hormones for me. They	7	they went off of. They never actually did their own
8	would not allow her to bring that in to be given to me	8	evaluation.
9	because they said that they didn't know where to house	9	Q. But did you have to speak with mental health
10	me, if they put me in the dorm with the boys or they put	10	staff to get renewed prescriptions or were those just
11	me in the dorm with the girls. They said they didn't	11	automatically renewed?
12	know what to do. So my mother said well if you're	12	A. There was no mental health down there. They
13	making me pay for dental and everything else, why don't	13	had what they call counselors. Counselors were would
14	you allow my child to have her medication. They said	14	do basically everything from grievances to you ask them
15	because obviously it would cause an issue, so they	15	about time, seg out days and stuff like that. The only
16	wouldn't let her do it.	16	staff that were there were medical staff who would give
17	Q. And then how soon after you were in the	17	like medication such as anything that's prescribed.
18	detention center were you committed to the Department of	18	There actually was no mental health. That's why IYC
19	Juvenile Justice?	19	Joliet was shut down because they were doing so many
20	A. I was there for at least a little over a year	20	things that were wrong and violations.
21	and a half. I turned 15 and then turned 16 because when	21	Q. How old were you when you came into the
22	I got obviously incarcerated, I was a few months off	22	Illinois Department of Corrections?
23	from being 15.	23	A. Adults?
24	Q. And at the juvenile justice center, they did	24	Q. Yes.
25	not prescribe you hormones, correct?	25	A. 17.
	Page 38		Page 40
1	-	1	C C
2	A. No. I requested them. They said that they	2	Q. So before that I know you discussed how you
3	don't do that. I said well, you know, I need to speak to my mom about it. They're saying that, you know,	3	felt. You felt female. You were taking hormones. But do you know if you had a gender dysphoria diagnosis?
4	you're a ward of the state now, your mom doesn't have a	4	MS. ROSE: Objection to the extent that
5	say-so of what you can or can't be given, the state is	5	characterizes mischaracterizes prior testimony.
6	in charge of that and that's something they don't do.	6	BY MS. COOK:
7	Q. Do you know if your mom tried to contact the	U 0	
		7	
8		7	Q. You may answer.
8	juvenile justice people about it?	8	Q. You may answer.A. I don't mean to sound rude, but we went
9	juvenile justice people about it? A. Well, I know she called who was the warden at	8 9	 Q. You may answer. A. I don't mean to sound rude, but we went through some of these questions before, correct? I
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	Page 41		Page 43
1	whoop-de-doo, I have gender dysphoria.	1	bone density, osteoporosis, something regarding blood
2	Q. Ms. Melendez, I'm sorry to interrupt you. I	2	loss or my health. Oh, well, you know, that's really
3	don't I'm not arguing whether you have gender	3	Tilden's job, I'm just here to tell you you're doing
4	dysphoria or not. I just want to understand if you have	4	fine. Scenarios like that happen.
5	received a diagnosis that was documented because, as you	5	Q. Just so it's clear, you had been raising
6	pointed out, often the prison goes by the records	6	gender dysphoria issues with prison staff when you got
7	they've already received. So I just want to know at	7	into the adult system; is that right?
8	what point it was recorded that you have gender	8	A. Correct.
9	dysphoria. And I don't have your juvenile records and I	9	Q. But you weren't actually diagnosed with gender
10	don't have your childhood records.	10	dysphoria until 2015?
11	So I just want to know if, to your	11	A. That is correct.
12	knowledge, before you came into the adult system you had	12	Q. And that same year is when you began receiving
13	been diagnosed with gender dysphoria?	13	hormones?
14	A. Like I had said, IYC Joliet and St. Charles	14	A. Yes, that is correct.
15	were not doing mental health evaluations. They weren't	15	Q. So the hormones that you're taking, do you
16	doing evaluations for anything. So that's why there	16	have any current complaints about your hormones?
17	wouldn't be any records because is there is no mental	17	A. The current ones as of now?
18	health staff there, how can they write anything down if	18	Q. Yes.
19	there is no people to document it?	19	A. Yes.
20	Q. So you don't have a reason to suspect that	20	Q. What are they?
21	your records would say anything about gender dysphoria?	21	A. I have been on hormone medications for five
22	Is that what I'm getting?	22	years and I'm still getting frequent erections, which
23	A. They wouldn't say anything about it because	23	being on proper dosages from what I I'm not a doctor,
24	when I asked about hormones or about being housed	24	but from what I've read is that that shouldn't be
25	separately, it's this is what it is. You are here,	25	happening. Still growing excessive hairs in places.
	Page 42		Page 44
1	Page 42	1	Page 44
1	you're doing your time, we don't do that. These	1	Even though it doesn't stop growing, it should thin out.
2	you're doing your time, we don't do that. These counselors never wrote that stuff down, and I can almost	2	Even though it doesn't stop growing, it should thin out. Isn't happening. I was switched over from Menest to
2 3	you're doing your time, we don't do that. These counselors never wrote that stuff down, and I can almost guarantee if you find these records, they won't have	2 3	Even though it doesn't stop growing, it should thin out. Isn't happening. I was switched over from Menest to estradiol, and then I believe one or two months, not
2 3 4	you're doing your time, we don't do that. These counselors never wrote that stuff down, and I can almost guarantee if you find these records, they won't have anything to say about mental health evaluations,	2 3 4	Even though it doesn't stop growing, it should thin out. Isn't happening. I was switched over from Menest to estradiol, and then I believe one or two months, not even beknownst to me, I was switched to Premarin, which
2 3 4 5	you're doing your time, we don't do that. These counselors never wrote that stuff down, and I can almost guarantee if you find these records, they won't have anything to say about mental health evaluations, transgender. Mostly you will find paperwork that will	2 3 4 5	Even though it doesn't stop growing, it should thin out. Isn't happening. I was switched over from Menest to estradiol, and then I believe one or two months, not even beknownst to me, I was switched to Premarin, which I don't know even know why. I put in a medical request
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1	levels are or what my risks are, if my kidneys are all	1	being Tilden, which it's usually done examinations or
2	right, is my liver all right, is the blood pressure and	2	hormones or like the stuff regarding me were done on
3	cholesterol all right from the testosterone blocker,	3	first shift, before 3:00, anywhere from 8:00 to 3:00.
4	none of that.	4	So that's all I know.
5	I even suggested that you know, he's	5	BY MS. COOK:
6	telling me that 200 milligrams already is too much, and	6	Q. And when you want a request to see a
7	I explained to him there's other testosterone blockers	7	physician, do you put in a specific request, like an
8	that if they don't work, there is other options you can	8	M.D. request?
9	give me. It's either oh, they're implants or patches	9	A. Well, they have they call it medical
10	and we don't do that or it's too expensive. I don't	10	request slip and basically put your name, number, date
11	understand where expense comes into a problem with that.	11	and cell. Then they have a list. It could be stomach
12		12	-
13	If there is someone right now who needs cancer surgery,	13	or bowel issue, allergies, back pain, knee pain, eye
	eventually they're going to get that surgery. It costs	1	issues, you know. They don't say. Then they'll say
14	money to do it, but they don't tell him it's too	14	legal medications. Nothing that has to they don't
15	expensive. So why should I be told that my medication	15	put anything transgender, so what I do I put an X by the
16	or any surgery that I'm having is expensive if I'm a	16	box that says other and I will attach a piece of paper
17	ward of the state? If somebody had cancer right now,	17	explaining what's going on.
18	they would do a CAT scan, MRI, chemo, radiation,	18	So what I did recently, since I only
19	whatever they need to do to help the person here. I	19	have one month for my hormones, I put renew medication,
20	don't understand that I think that's more expensive	20	the number, the dosage of the medication, how many times
21	than the simple medication I'm asking for. They won't	21	I take it a day. Then at the bottom I'll put need to
22	even do it because it's expensive.	22	see Tilden regarding blood test, need to know what's
23	l even said okay, you can't give me	23	going on with test results to know about health, know of
24	gender reassignment surgery, you said you're not	24	adjustment of hormones. That's basically what I have to
25	approved, okay give me an orchiectomy. If you remove my	25	submit.
	Page 46		Page 48
1	testes, my gonads, my testosterone is basically little	1	When that's put in, routinely anywhere
2	to none. I don't need testosterone blockers. They save	2	from five to seven days a nurse or a nurse practitioner
3	money with that. The estrogen has to be lower now.	3	is supposed to have us pulled out, but with COVID you
4	They save money off that. Still, oh well, that's an	4	don't go to health care. So it's somewhere in the cell
5	expensive surgery.	5	house in a little room where they read it, asks us
6	Q. So you mentioned you had one blood test. When	6	what's going on. You explains what's going on, and most
7	was that?	7	of the time with me, with transgender, they will put
8	A. It was before COVID hit. It might have	8	refer to Tilden. That's usually what happens. The only
9	been I think it was around March.	9	refer to filderi. That's usually what happens. The only
			time it doesn't hannen with me is if it's to renew cream
-			time it doesn't happen with me is if it's to renew cream
10	Q. But you don't know the results of that lab	10	or shampoo or antibiotic or something that doesn't have
10 11	Q. But you don't know the results of that lab check?	10 11	or shampoo or antibiotic or something that doesn't have to do with transgender, date and sign off.
10 11 12	Q. But you don't know the results of that labcheck?A. No.	10 11 12	or shampoo or antibiotic or something that doesn't have to do with transgender, date and sign off. Q. So you just haven't heard anything back about
10 11 12 13	 Q. But you don't know the results of that lab check? A. No. Q. And is Dr. Tilden the only medical doctor who 	10 11 12 13	or shampoo or antibiotic or something that doesn't have to do with transgender, date and sign off. Q. So you just haven't heard anything back about when you will see Dr. Tilden?
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12 (Pages 45 to 48)

	Page 49		Page 51
1	Q. Adjustment or complaints about how you're	1	oh we don't know where it's at. I ask property.
2	reacting with the hormones.	2	Property says oh, we sent it to health care. So I tell
3	A. I mean, when the nurses walk by in the morning	3	health care well here is the paper from property saying
4	or at med line, they will tell you like look, whatever	4	it's at health care. Oh, it must be first shift that
5	you're trying to tell me, you have to put in a sick	5	has it, we don't have it, we're second shift. I ask
6	call. So that has to be done to see that nurse. I put	6	first shift where's my hormones? Oh, second shift must
7	in three sick calls since I've been in seg from this	7	have it, we don't know where they put it at.
8	month on the 5th. Still have not been pulled out to see	8	Miraculously nobody knows where my
9	a nurse. I'm being told to be patient, they will come	9	hormones are, but I guarantee you, and I have seen it
10	see me.	10	time and time again, if there is an inmate who is
11	Q. And before that you were talking about this	11	diabetic, whether he takes a pill or insulin, that day
12	month, but before this month when was the last time you	12	when they run med lines, depending on what time they
13	spoke with a medical provider about adjusting or	13	come because they give insulin shots from 3:00 to 4:00
14	complaints with your hormones?	14	and they do that mornings from I want to say after
15	A. The last time I saw Tilden was when I tell	15	breakfast, so anywhere from 5:00 to 7:00 they do insulin
16	sick call staff, hey, all we know is you got to see	16	shots. He just got here that day, hasn't even been 24
17	Tilden, he's not here yet or he will get to you when he	17	hours, it's documented he has diabetes, he needs his
18	gets to you or he's busy or whatever.	18	pill or his insulin.
19	Q. And you do you recall about when that was, the	19	Me, I'm documented with gender
20	last time you spoke with Dr. Tilden?	20	dysphoria. I've been on hormones for over five years,
21	A. That was probably maybe March no, no. It	21	but yet every time I go to seg they somehow disappear.
22	had to have been toward the end of January, beginning of	22	Oh, they're lost. Oh, we have to reorder them. The
23	February, because I had seen him about the medication.	23	minute a hunger strike is done, the minute I need a
24	He had renewed it for six months and then he said that	24	crisis team or the minute I file a grievance, oh wait,
25	since you've been on it for a while, I'm going to order	25	we're going to find them. I thought they were lost. Oh
	Page 50		Page 52
	5		
1		1	-
1	a blood test. That was during the time where I had went	1	yeah, we found them. Property said they sent them to
2	to seg and staff or medical had lost my hormones for	2	yeah, we found them. Property said they sent them to health care and they were misplaced.
2 3	to seg and staff or medical had lost my hormones for over a month.	2 3	yeah, we found them. Property said they sent them to health care and they were misplaced. If it's a medication I'm supposed to
2 3 4	to seg and staff or medical had lost my hormones for over a month. Q. So there was a month where you were not given	2 3 4	yeah, we found them. Property said they sent them to health care and they were misplaced. If it's a medication I'm supposed to have, it should be in my seg pack. And if you think
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 to seg and staff or medical had lost my hormones for over a month. 0. So there was a month where you were not given hormones? A. Yes, that is correct. 0. And when was that? A. The last time I went to seg before this infraction. The incident occurred in the jail where me and another inmate were fighting. They cuffed me up, took me to seg. It's routine that staff packs a seg pack, which they grab a laundry bag, put – what they're supposed to do is two sheets, two pillow cases, two shirts, two bottoms, two bras, my fan and at least one soap, a towel and a washcloth and if they have – the inmate has blister packs, that as well. So if I have an inhaler, that comes with it. If I have medication for whether it's hormones, cholesterol, diabetes or anything like that that's in a pack, they put that in there as well. With me for some reason whenever I come to seg, my hormones are never ever in my seg bag. They're never brought to me. I ask staff. Oh, well, they should have put it in there, but it's not. I ask 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 yeah, we found them. Property said they sent them to health care and they were misplaced. If it's a medication I'm supposed to have, it should be in my seg pack. And if you think that it's not mine, they will say my name on there. The staff, wanting to be prejudiced towards me, ripped apart the stuff with my name and ID on it. Medical staff said we finally got it, but he name was ripped off so we don't know if they're really yours. I said well you guys know every month you bring me blister packs that have my hormones and the dosages. Why don't you just look on my chart and see if I get these exact medications? Yeah, but even if you do, how do we know that these are yours? What? A. Well, so do you – you take estrogen and then you have the testosterone blocker. Are both of those given to you in a blister pack? A. Yes. A. So the nursing staff, when they run medications, they don't bring either of those to you, correct? A. No. They bring a month's worth supply. So let's just say they start my meds over and I have five

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	Page 53		Page 55
1	have enough for 30 days, and at least they add four more	1	can't just stop. You have to gradually go down to
2	days in there in case it gets late coming from the	2	smaller dosages, just like with psychotropic
3	medical company here. That's how they do it. They do	3	medications. If they switch you over to a new
4	it like that because, you know, before I seen other	4	medication, they give you some of your old one with the
5	transgender inmates go through the problem of nurses	5	new one until you adjust. They just don't stop it
6	will bring meds in the packages that they do at health	6	completely, and I started feeling that. I started
7	care and put them in a cup and give it to you.	7	getting like I just get hot flashes. I just start
8	Sometimes nurses I don't know why forget to put	8	sweating out of nowhere. I feel anxious, like I just
9	hormones in there. I see them go through it multiple	9	can't sit still. My hands shake. I don't feel right.
10	times.	10	My stomach goes discomfort, you know. It's like when
11	With me, instead of me going through	11	you feel like throwing up but when you do it's I guess
12	that, I said look, you have no documents of me ever	12	like a dry vomit. Nothing comes out.
13	abusing medication or anything like that, just give me	13	Q. So you have distress just by knowing you're
14	my hormones in a pack. That way, one, you don't have to	14	not getting medication, and then you have these other
15	worry about you misplacing them because I'll always have	15	symptoms.
16	them in my cell. If nurses don't come or some excuse	16	Aside from you mentioned specifically
17	happens, I always have them.	17	hot flashes, hand shaking, nausea, anxiety. Are there
18	Q. And when this most recent time when you went	18	any other physical symptoms that you have?
19	to segregation this month, did you have that same	19	A. At that time, not no, nothing more really
20	problem?	20	happened further.
21	A. Yes.	21	Q. About how long from when you took your last
22	Q. Have you received your hormones?	22	hormone pills until you start experiencing these side
23	A. Eventually, yes.	23	effects?
24	Q. Do you know about how long it took that you	24	A. You mean when did I notice that they started
25	were without them?	25	happening from not taking them?
	Page 54		Page 56
1	A. A week.	1	Q. Correct.
2	Q. But when they brought them to you this time in	2	A. Within at least two weeks. That's when I
3	August, did they bring you a whole new blister pack, or	3	started, you know, like you just know when you don't
4	did they find your old one again?	4	feel right, like I feel a headache coming, I'm getting a
5	A. They found it after they said it was lost or	5	headache, but you can just tell when something isn't
6	thrown away.	6	right with you.
7	Q. Can you tell a difference in how you feel when	7	Q. So you mentioned some conversations with staff
8	you don't have the hormones?	8	members about the expense of the hormone or testosterone
9	A. Yes.	9	blocker. Do you remember when those conversations
10	Q. Can you explain what the difference is?	10	occurred?
11	A. Well, you know, it's kind of difficult to	11	A. The most recent one was when I had just seen
12	fully explain, but it's like, you know, knowing that I'm	12	Tilden January around towards the end of January,
13	not getting the medication causes obviously distress,	13	beginning of February, and, you know because he said
14	you know what I'm saying, causes my anxiety to go up	14	that with the estradiol, even though it's the same
15	because I already know in my mind they're using some	15	dosage that was the Menest, obviously they're different
16	excuse for not giving them to me for whatever reason,	16	medications and that he would do a blood test to see if
17	they're trying you know, there's that factor, and	17	my estrogen was going up or down, side effects,
18	there's the one where I went for a month without having	18	testosterone. He told me that if the testosterone and
19	them. You know, even though that they're not what you call an addictive medication or like pain killers or	19	frequent erections continue to be a problem that he
0.0		20	doesn't really know what he can do because, you know,
20			
21	anything like that, just like with all medications, if	21	the other testosterone blockers, whether it's an implant
21 22	anything like that, just like with all medications, if you go a certain amount of time without taking them,	21 22	or the patch or the other one that is too expensive,
21 22 23	anything like that, just like with all medications, if you go a certain amount of time without taking them, there are side effects of not taking them.	21 22 23	or the patch or the other one that is too expensive, saying that, you know, we can't have those.
21 22	anything like that, just like with all medications, if you go a certain amount of time without taking them,	21 22	or the patch or the other one that is too expensive,

14 (Pages 53 to 56)

	Page 57		Page 59
1	what I read, bind to what they call free testosterone,	1	Q. And last year when you asked about it, was
2	and they do another thing where it tricks the body into	2	that also to Dr. Tilden?
3	not releasing them to get to the gonads. So that will	3	A. Yes. He's the I tried before with other
4	help reduce testosterone and increase estrogen. He says	4	medical nurse practitioners and medical staff. They're
5	micronized progesterone is too dangerous. And I asked	5	saying that issues like those should only be addressed
6	him why is that. He said that it's tricky to know if	6	to the medical director since I guess they have the
7	it's really going to help. I said well why don't you	7	overall say-so.
8	put me on it for one to two months and see what happens.	8	Q. And what specifically I know you mentioned
9	He didn't want to.	9	one surgery request, but have you made other surgery
10	And then he said that another problem is	10	requests recently?
11	that they give us so much of a high dosage of estrogen	11	A. Yes.
12	that five milligrams is already too much. That's when I	12	Q. What are those?
13	suggested well remove my testicles and we won't have to	13	A. He said that these were mostly deemed cosmetic
14	worry about any or a lot of what we're going through.	14	or plastic surgery, which is breast augmentation,
15	Again, he doesn't know if he's supposed to do that and	15	liposuction, lipofilling, contouring of the abdominal
16	it's expensive.	16	area to have more kind of a shape, a trachea shave whic
17	Q. Has anybody given you like written information	17	is the shaving of the Adam's apple, and obviously the
18	anybody from DOC given you written information about	18	SRS surgery.
19	hormones, your options and the risks?	19	Q. What do you mean when you say SRS?
20	A. No. The only time I was told verbally was by	20	A. It could be labeled as gender affirming
21	Ms. Bell and Ms. Cheserick [phonetic] who in 2015 were	21	surgery, sexual reassignment surgery, gender affirming
22	part of mental health regarding gender dysphoria at	22	surgery.
23	Stateville. They explained some of it to me basically,	23	Q. And then the other requests, did Dr. Tilden
24	you know, when you take this, you develop breasts, body	24	characterize them as cosmetic?
25	fat distribution, blood clots, the chances of	25	A. Cosmetic, plastic surgery that isn't deemed
	Page 58		Page 60
1	-	1	-
1 2	osteoporosis, cardiovascular disease, increase in	1 2	medically necessary even though specialists say
	diabetes and breast cancer and stuff like that. That I		otherwise, but I guess.
3 4	already knew about.	3	Q. When did you talk to Dr. Tilden about those
4 5	Q. When they give you your blister packs of	4	requests?
6	medication, does that come with like a medication insert with the risks and side effects and things written down?	6	A. Usually every time I see him. When he sees me, either for the six month followup or giving me the
0 7	A. No. All it says is my name, my cell number,	7	physical for my birthday, I always bring it up and ask
8		8	about it. I mean, I know I'm going to get the same
9	the type of prescription. So testosterone says 100 milligrams twice a day. Estradiol says 2.5 milligrams	9	
2		10	answer, but it's always good to stay hopeful. Q. Have you ever tried to go above Dr. Tilden to
10	twice a day, and then they'll have a little red sticker		
10 11	twice a day, and then they'll have a little red sticker		
11	which they put on all medications saying be careful,	11	like the Office of Health Services?
11 12	which they put on all medications saying be careful, this is a hazardous medication or hazardous risk.	11 12	like the Office of Health Services? A. I have tried in the past when you know,
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11 12 13 14 15 16 17 18 19 20 21 22	 which they put on all medications saying be careful, this is a hazardous medication or hazardous risk. Q. And I'm assuming that you have not heard anything from Dr. Tilden or any DOC medical staff about Wexford direction regarding hormones that came out this year? A. No. I didn't even know they had something out like that. Q. And the last time you had a discussion about surgery requests was that the one you had with Dr. Tilden earlier this year? A. Yes. That was this year, and I did it 	11 12 13 14 15 16 17 18 19 20 21 22	like the Office of Health Services? A. I have tried in the past when you know, once I bring it up at certain decisions, even though he's the medical doctor or if it's entirely at his discretion or up to him, and I ask him well if it's not you, then who? Gender committee. I said well can you tell who they are so I can write them? Well, you know, the committee they're not always here or we have to do certain amount of time until they meet. I said okay, well can you at least tell me who they are and who do I write so it gets to them? Clinical services? Is it health care or is it like I send it to the warden? They
11 12 13 14 15 16 17 18 19 20 21 22 23	 which they put on all medications saying be careful, this is a hazardous medication or hazardous risk. Q. And I'm assuming that you have not heard anything from Dr. Tilden or any DOC medical staff about Wexford direction regarding hormones that came out this year? A. No. I didn't even know they had something out like that. Q. And the last time you had a discussion about surgery requests was that the one you had with Dr. Tilden earlier this year? A. Yes. That was this year, and I did it obviously the year before, and surgery is not approved. 	11 12 13 14 15 16 17 18 19 20 21 22 23	like the Office of Health Services? A. I have tried in the past when you know, once I bring it up at certain decisions, even though he's the medical doctor or if it's entirely at his discretion or up to him, and I ask him well if it's not you, then who? Gender committee. I said well can you tell who they are so I can write them? Well, you know, the committee they're not always here or we have to do certain amount of time until they meet. I said okay, well can you at least tell me who they are and who do I write so it gets to them? Clinical services? Is it health care or is it like I send it to the warden? They hardly want to tell me names, hardly want to tell me who
11 12 13 14 15 16 17 18 19 20 21 22	 which they put on all medications saying be careful, this is a hazardous medication or hazardous risk. Q. And I'm assuming that you have not heard anything from Dr. Tilden or any DOC medical staff about Wexford direction regarding hormones that came out this year? A. No. I didn't even know they had something out like that. Q. And the last time you had a discussion about surgery requests was that the one you had with Dr. Tilden earlier this year? A. Yes. That was this year, and I did it 	11 12 13 14 15 16 17 18 19 20 21 22	like the Office of Health Services? A. I have tried in the past when you know, once I bring it up at certain decisions, even though he's the medical doctor or if it's entirely at his discretion or up to him, and I ask him well if it's not you, then who? Gender committee. I said well can you tell who they are so I can write them? Well, you know, the committee they're not always here or we have to do certain amount of time until they meet. I said okay, well can you at least tell me who they are and who do I write so it gets to them? Clinical services? Is it health care or is it like I send it to the warden? They

15 (Pages 57 to 60)

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

16 (Pages 61 to 64)

	Page 65		Page 67
1	Ms. Yuhas [phonetic], she was just assigned to I	1	I know you would take offense if you out of nowhere
2	guess assigned or approved or however they go about it	2	seeing a mental health professional, oh by the way, have
3	to run the GIFT group on her own in seg, and when I saw	3	you prostituted yourself in the past, were you in sex
4	her, she told me you will be seeing me in group and she	4	trafficking. That's just wrong.
5	said before I could attend group that there is a	5	Q. Nobody told you where the questions came from
6	questionnaire that I have to fill out where she was	6	except for a doctor who you don't know; is that correct?
7	asking me questions that was from the it's supposed	7	A. Some guy name Rister or Risker, that he was
8	to be an overall evaluation scope from some doctor named	8	doing a questionnaire to get overall scope and
9	Risker [phonetic], and they started asking me questions	9	understanding of transgender individuals.
10	where was I born male? Yes. Am I transgender? Yes.	10	Q. And you do want to go just live in a female
11	Do I identify as female? Yes or no questions. And then	11	institution; is that correct?
12	do I want hormones or surgery, and then it started going	12	A. You mean do I want to get transferred to a
13	into very irrelevant and disrespectful questions as to	13	female prison?
14	was I prostituted before, have I done sex trafficking,	14	Q. Yes.
15	was I selling drugs, do I want to go to a women's	15	A. I mean, I've requested it before. I want to.
16	facility and if yes, do I want a cellie just to have	16	It's just, you know, tricky right now because from what
17	sex, you know. They were just asking very irrelevant	17	I've heard about one of my friends, Janiah Monroe, is
18	and disrespectful questions that I don't really think	18	that they put her in a house where she's segregated.
19	has anything to do with me going to a transgender group.	19	She's even said that she's gone through seg, gone
20	Q. I see. So somebody it was presented to you	20	through issues there, and it's like the whole point of
21	like you needed to answer the questions before group	21	going there is not to be discriminated against, to be
22	could begin?	22	recognized for the person that I am. And it's like from
23	A. Basically that I needed basically she will	23	what I've seen from her, she's going there and it's like
24	ask me those questions. I'm supposed to say yes or no,	24	she's still being discriminated against, still being
25	have it filled out, and then from there I would be	25	humiliated, still being treated wrong. And it's like
	Page 66		Page 68
1	placed in her group, which I found odd because with	1	wow, what's the difference? Regardless of where I go,
2	Ms. Hardy's group I was never asked this questionnaire.	2	I'm going to be continued to be given this type of
3	I was never asked these questions. I just found it odd,	3	treatment.
4	but if it's something new they're doing, you know, I	4	Now, if you tell me that I go there and
5	answered questions that I felt were all right. Like all	5	it's going to be fine and I'm not going to have those
6	that prostituting and drug trafficking and sex	6	issues, of course I want to go. That way I don't have
7	trafficking and having sex with people, I stopped there	7	to worry about people saying oh, well, you're still a
8	because I told them if I have to answer this to go to	8	man because you're in a male prison. So once I go
9	your group, I would rather not because if that's how	9	there, what are they going to say next? That I have a
10	you're starting this out for me to go to your group, I	10	male name. It's always something. Now, if it's the
11	will just stay in my cell because that's disrespectful.	11	ideal world and I don't have to worry about it, then of
12	BY MS. COOK:	12	course.
13	Q. So were you able to decline answering some of	13	Q. So the last time in the preliminary injunction
14	those questions that you did not want to answer?	14	hearing, you testified that you had stopped asking for a
15	anoto queenene anar you and not main to another		
15	A. I mean, right after as soon as it got to	15	transfer to a female institution in about 2017. Has
16		15 16	transfer to a female institution in about 2017. Has that changed?
	A. I mean, right after as soon as it got to		
16	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's	16	that changed?
16 17 18 19	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have	16 17	that changed? A. I have thought about re-asking again, but it's
16 17 18 19 20	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have to fill it out. I said well, you can put that I refuse	16 17 18	that changed? A. I have thought about re-asking again, but it's you know, it's how do I say this? Being in prison
16 17 18 19 20 21	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have to fill it out. I said well, you can put that I refuse to comply. If you want to write a ticket or incident	16 17 18 19 20 21	 that changed? A. I have thought about re-asking again, but it's - you know, it's how do I say this? Being in prison is already like walking on edge. It's already a
16 17 18 19 20 21 22	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have to fill it out. I said well, you can put that I refuse to comply. If you want to write a ticket or incident report or whatever you have to do, go ahead because I'm	16 17 18 19 20 21 22	 that changed? A. I have thought about re-asking again, but it's you know, it's how do I say this? Being in prison is already like walking on edge. It's already a difficult and hard position to be in and, you know,
16 17 18 19 20 21 22 23	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have to fill it out. I said well, you can put that I refuse to comply. If you want to write a ticket or incident report or whatever you have to do, go ahead because I'm not going to sit there and be asked questions like that.	16 17 18 19 20 21 22 23	that changed? A. I have thought about re-asking again, but it's you know, it's how do I say this? Being in prison is already like walking on edge. It's already a difficult and hard position to be in and, you know, having to sit down and actually think do I want to do it and then once I get there, it's worse than where I'm at. I've been here five years, so there are staff and people
16 17 18 19 20 21 22	A. I mean, right after as soon as it got to the prostitute and sex trafficking and going to women's prison and wanting to have sex, I said look, stop right there, don't put yes or no for anything else. What I answered so far, you can use that. She was like I have to fill it out. I said well, you can put that I refuse to comply. If you want to write a ticket or incident report or whatever you have to do, go ahead because I'm	16 17 18 19 20 21 22	that changed? A. I have thought about re-asking again, but it's you know, it's how do I say this? Being in prison is already like walking on edge. It's already a difficult and hard position to be in and, you know, having to sit down and actually think do I want to do it and then once I get there, it's worse than where I'm at.

17 (Pages 65 to 68)

	Page 69		Page 71
1	they have to not like me and at least still respect me.	1	know that it's my word against him, I'm going to win or
2	Some staff don't feel comfortable saying she. So what	2	it's my word against hers, I'm going to win.
3	they'll do is to have a respect thing, you don't want to	3	Q. What kind of penalties have you faced because
4	call me she? Okay, you can just say Melendez is my last	4	of something like that, an interaction like that?
5	name, or if you feel comfortable, they, them. That way	5	A. As a ticket right now, I was going to the yard
	6 you don't have to misgender me. Some do that. Some		any other day. Staff shook me down, found a comb. They
	 still are obviously it's not a perfect world. You're 		let me go to the yard. Lieutenant Torres said come
	 going to have idiotic people who don't understand or 		here, go in your cell. Why? Because I said so. If I
	 going to have failed people who don't understand of don't want to understand other people. 		didn't commit any 504 DR rule infraction, what is the
10		9 10	justification of me going to my cell? He said I had a
11	Q. And so at least this year, in 2020, has the	11	
12	misgendering improved at all for you?	12	comb. I'm like okay, every other time I go to the yard
12	A. It's the same. I'm still getting misgendered.	13	and I pass by you I take a comb either to braid my hair
13	It's tricky. Like I said, you have some staff who	1	or braid somebody else's hair and it's never been an
14	obviously either in the world or in here do not have a	14	issue.
	problem with saying Ms., she or proper pronunciations to	15	Torres is one of those people who, for
16	me. They don't have a problem with it. And you have	16	whatever reason, does not like me and hates me being
17	some who do. Then you have other ones who I don't know	17	transgender. I hardly even speak to this man, and when
18	what their issue is. It's like I guess they hate me.	18	I do, I'm always respectful even though he's not to me.
19	They literally you can see it in their face and their	19	He's saying you know, swearing at me go to your F'ing
20	eyes, the way they speak to me. Some go out their way,	20	cell because F'ing said so. I said why? Then he starts
21	okay sir, go to your cell. I say you don't have to call	21	saying the whole fag and sissy stuff. I'm like you know
22 23	me sir, you can say Melendez. I don't want you to	22	what, if you want to be petty and take my yard over
23	misgender me. All right, man, go to your cell. Say	23 24	this, you know I don't really want to swear, but
24	man, you don't have to disrespect me, you can just call	24	basically I said this is some bogus ass sugar honey ice
23	me by last name. Okay, go to your cell sissy, how about	25	tea and F you. And he said oh, you're intimidating,
	Page 70		Page 72
1	that, that's not man or girl. You have those.	1	cuff up, intimidation threats.
2	The minute I start misgendering them,	2	I never once approached him. I never
3	okay miss have a nice day, now I'm getting written up a	3	once touched my fist. I never raised my voice, looked
4	ticket. Now I'm the bad person. Now I'm wrong, just	4	or talked to him in an aggressive or threatening or
5	how I'm in seg for this bogus ticket right now.	5	intimidating manner, but he wrote it up. These people
6	Q. And when you push back or if you misgender	6	believed it and yet here I am sitting in seg because of
7	somebody, have you actually been disciplined for that?	7	a lie he did.
8	A. Yeah. I'm either told you're going to call me	8	Q. At least the staff you deal with at Pontiac,
9	by my name and I'm a man, you're going to call me that,	9	you know, what proportion of them are the ones that
10	give me my respect. And I will tell them, okay, well	10	aren't respectful to you versus the ones who will listen
11	respect is a two-way street. Staff are trained in their	11	to you and be respectful?
12	protocols to not be confrontational or aggressive or	12	A. I mean, the ones that are respectful and are
13	intimidate inmates, yet they do. How can you get mad at	13	understanding or at least do their jobs to their extent
14	me for treating you the same way you treat me? If you	14	and not be prejudiced is they're outweighed by the
15	call me a fag and I ask don't call me that and you call	15	ones that are. And then there has been times where
16	me a sissy, and I say okay you're the fag. Now you want	16	staff will call me Ms. Melendez or she in front of other
17	to cuff me up for insolence and then add on to the	17	staff and they get either cursed out or chewed out or
18	oh, inmate was being threatening and intimidating toward	18	make fun of saying oh, you got a crush on the sissy,
19	me, they called me a sissy, fag or they'll say other	19	you're calling it a girl, and they get made fun of.
20	things and add on, talking about that I would beat them	20	That's why some of them don't even say it no more.
21	up or that I would assault them, stuff like that. They	21	They're like man, I'm trying to be polite and here are
22	will add things like that because certain tickets do not	22	these guys ridiculing me for being nice to somebody.
23	carry seg time. So they will add stuff that are deemed	23	That's why so many people, you know, they try not do it
24	worthy. Plus a lot of the time it's the officer's word	24	in front of others that will make fun of them.
25	over the inmate. That's usually how it goes. So they	25	Q. So in your experience the vast majority of the

18 (Pages 69 to 72)

	Page 73		Page 75
1	staff is at least disrespectful to you?	1	MS. ROSE: Yes, sure. Is this like lunch? Do
2	A. Yes.	2	you anticipate having a longer afternoon? Should we
3	Q. And what proportion of those are just the ones	3	make this a lunch break?
4	who you think are malicious, who you think hate you?	4	MS. COOK: I don't have that much longer, so
5	A. That number is smaller because, you know, some	5 if everybody is okay pushing through, we could just	
6	of them aren't as older brass as others. Some might	6 that. I don't know what Ms. Melendez's lunch situa	
7	show that hate but not go to the full extent of	7 is like there. I don't know if they have a bag waitin	
8	expressing it or portraying it and doing it. You know	8	for her or what.
9	what I mean? So like you might have one who will walk	9	MS. ROSE: Okay. Are you okay to continue
10	by and look at give me a look and just I hate you. They	10	with just a short break and then just continuing? It
11	choose not to speak to me.	11	doesn't seem like we're going to be that much longer.
12	Like there's been times this one guy	12	THE WITNESS: That will be fine.
13	l forgot his name, but I'm asking him about my legal	13	MS. ROSE: So let's meet back in like 10
14	call. I said hey officer. He looked at me, gave me a	14	minutes.
15	nasty look and kept walking. On the way back I said	15	(Recess taken)
16	hey, I'm supposed to have a legal call. He says look	16	MS. COOK: Back on the record.
17	here, do not talk to me, do your time and I'm going to	17	BY MS. COOK:
18	do my job, leave me alone, leave it at that. I said	18	Q. I know that in the preliminary injunction
19	hey, man, I'm just asking about my legal call. You say	19	hearing you noted that you had been requesting women's
20	you want to do your job, okay, find out about my legal	20	clothing. Has anything about that changed in the past
21	call so I'm not late. He says hey, I told you stop	21	year?
22	talking to me. I said you said you're going to do your	22	A. No. The only thing they still provide is a
23	job, I'm just asking you to do your job. He's like	23	sports bra.
24	okay, you're talking to me again, I'm asking you to stop	24	Q. Have you heard anything about changes in
25	talking to me. What I mean about this is you don't ever	25	commissary that may be occurring in the Department of
	Page 74		5 70
			Page 76
1	talk to me, you don't look at me. When it's your time	1	Page 76 Corrections?
1 2	-	1	-
	talk to me, you don't look at me. When it's your time	1	Corrections?
2	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I	2	Corrections? A. No. I have written two commissary
2 3	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I let you out or you go to the yard and come back. Other	2 3	Corrections? A. No. I have written two commissary supervisors, Ms. Stooks and Ms. Wolf. I have written
2 3 4	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I let you out or you go to the yard and come back. Other than that, do not talk to me. I'm not going to do	2 3 4	Corrections? A. No. I have written two commissary supervisors, Ms. Stooks and Ms. Wolf. I have written them letters asking about it, and either I don't get
2 3 4 5	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I let you out or you go to the yard and come back. Other than that, do not talk to me. I'm not going to do nothing for you except for what I'm required to do. And	2 3 4 5	Corrections? A. No. I have written two commissary supervisors, Ms. Stooks and Ms. Wolf. I have written them letters asking about it, and either I don't get heard back and I can't personally speak to them anymore.
2 3 4 5 6	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I let you out or you go to the yard and come back. Other than that, do not talk to me. I'm not going to do nothing for you except for what I'm required to do. And I left it at that because I'm not going to sit here and	2 3 4 5 6	Corrections? A. No. I have written two commissary supervisors, Ms. Stooks and Ms. Wolf. I have written them letters asking about it, and either I don't get heard back and I can't personally speak to them anymore. Because of COVID our commissary is brought to our cell
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2 3 4 5 6 7 8	talk to me, you don't look at me. When it's your time for the shower, I will bring you over, you go in, then I let you out or you go to the yard and come back. Other than that, do not talk to me. I'm not going to do nothing for you except for what I'm required to do. And I left it at that because I'm not going to sit here and waste my time arguing with an idiotic person like that. Q. So in your experience none of that type of	2 3 4 5 6 7 8	Corrections? A. No. I have written two commissary supervisors, Ms. Stooks and Ms. Wolf. I have written them letters asking about it, and either I don't get heard back and I can't personally speak to them anymore. Because of COVID our commissary is brought to our cell now. We don't go over there. Before, before Emily Ruskin left, she
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	Page 77		Page 79
1	had left, she was in process of trying to get items as	1	to try to untangle and comb my hair.
2	far as cosmetic, hygiene, clothing, you know, stuff like	2	Q. When you were in protective custody, did you
3	that we're allowed, and I was trying to go into depth	3	have a comb that you could use?
4	and explain better shampoo and stuff like that. He says	4	A. Yeah. I've had these three combs for four
5	don't get my hopes up anytime soon.	time soon. 5 years when they were se	
6	Q. You had mentioned that you could get some	6	of them because they don't sell them anymore. It's hard
7	hygiene items, like soap or shampoo or lotion maybe, by	iene items, like soap or shampoo or lotion maybe, by 7 to get them. And I went to seg over a c	
8	8 asking medical staff. Are you able to get any medical 8 one. The other two I had in my proper		one. The other two I had in my property they're trying
9	prescriptions for the hygiene items you want?	9 to say they are unauthorized. For whatever reason	
10	A. As of right now the only thing I'm getting is	10 don't know. But, you know, I basically explain the	
11	supposed to be they call is T/Gel Shampoo,	11 property like how is it that it's unauthorized if it was	
12	anti-dandruff charcoal, and it's basically like if you	12 once sold on commissary? They have a rule that an	
13	have sensitive scalp, irritation, rash, dandruff. I	13	that was once sold they cannot take from us unless it is
14	think psoriasis is one of them. They prescribe it for	14	deemed extremely dangerous. So if they were selling
15	that, and they give me Minerin Creme, which is for like	15	something that had like a real hard piece of plastic
16	diabetics or people with severely dry sensitive skin.	16	that you could use to stab somebody, they would look at
17	So they gave it to me because the testosterone blocker	17	anybody who buy it, shake the cell down or do a whole
18	dries the skin out, so they gave it to me for that.	18	prison shakedown and take them. Every time TAC team
19	Plus the soaps they sell here, it's even though	19	shakes my cell down or has shaken my cell down, the
20	they're for men, the main issue is that they dry me out.	20	combs aren't taken. Certain people, like whoever is in
21	The skin cracks or it makes me just itch all over. So	21	property, are just doing it because they know oh screw
22	that's why they prescribed it.	22	it, let's take their comb.
23	Q. So do you still get the Minerin Creme, too?	ne, too? 23 Q. Are they plastic combs?	
24	A. Yes.	24	A. Yes, they are. It's a black plastic comb
25	Q. But has anything changed with I think you	25	about three or four inches.
	Page 78		Page 80
1	discussed that you were seeking different soap. Are	1	Q. Is it like a wide tooth comb?
2	they offering different soaps to you at the commissary?	2	A. No, it's like a little pocket comb. It's
3	A. They do have a variety of soaps, yes, but as	3	about that wide and about this long [indicating].
4	far as them actually being usable for me, no. Like for	51 53	
		4	That's it, small teeth, but it's the label says
5	now I have to settle with a mild soap that, even though	4 5	That's it, small teeth, but it's the label says unbreakable, so it's extremely hard.
5 6	now I have to settle with a mild soap that, even though it's unscented, still dries me out but does me make	1	-
		5	unbreakable, so it's extremely hard.
6	it's unscented, still dries me out but does me make	5 6	unbreakable, so it's extremely hard. Q. Just so the record is clear, when you said how
6 7	it's unscented, still dries me out but does me make like right now it doesn't make me oh, I've got to	5 6 7	unbreakable, so it's extremely hard. Q. Just so the record is clear, when you said how big it is, can you just say what those approximate
6 7 8	it's unscented, still dries me out but does me make like right now it doesn't make me oh, I've got to scratch all over, it's bearable, versus because they	5 6 7 8	unbreakable, so it's extremely hard. Q. Just so the record is clear, when you said how big it is, can you just say what those approximate dimensions are?
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20 (Pages 77 to 80)

	Page 81		Page 83
1	not even not even used different, and they're not trying	1	here and they deem if it's something that can be
2	to approve it. Certain things like I don't even	2	altered, broken or used as a weapon to cause harm to any
3	understand why you wouldn't just approve it. If it's	3	of their staff. You know, if it's actually them that
4	something that like maybe you could say nail polish	4	does that commissary approval, I don't know. This is
5	remover. Somebody might try to drink it or kill	5	what I'm being told.
6	themselves or throw it at staff or metal tweezers.	6	Q. So you wrote a letter to the commissary staff,
7	You know, certain things that would	7	right? Do you have a copy of that letter?
8	actually pose a security issue, I could understand. I'm	8	A. I did. I have to go look. I have to see what
9	in a max prison. It's not a minimum. So that's	9 I have. I know I wrote one to the commissary. I wro	
10	understandable. It's just the things that we do get in	10 one to the warden. I even wrote some grievance wh	
11	here, the only difference would be they would be for	11 basically listed them on there.	
12	women. It's like they're not even trying to do it.	12	Q. Did you put the brand name and everything?
13	Q. Do you remember what specific things you had	13	A. Yes. What I did because if they send an
14	asked about?	14	order from that company, what I did I put the item, its
L5	A. I had asked for shampoo, and they said that	15	size. So let's just say it's deodorant four ounces. I
L 6	they have a new rule that the shampoo bottles have to be	16	deodorant, the name of it, four ounces, and then I put
L7	four ounces. Why I don't understand because they sell	17	slash, the ordering or shipping weight or whatever it is
18	us 20 ounce pop bottle. But I said okay. So I have the	18	they you know, how they order it in bulk or
19	catalog that the prison orders from. I specifically	19	individual from the company. That way when they look
20	wrote the company and they sent me a catalog. I've	20	through the pages, they know where to go and which ones
21	listed three shampoos that are four ounces or less.	21	specifically I'm talking about so they can't get it
22	I've listed various four ounce lotions. I've listed	22	confused.
23	picks, combs and brushes, vented brushes, better hair		
24	ties, lotions, deodorants, better soaps, better even	23 Q. The response that you got back, was your 24 response in writing or did somebody come speak with	
25	body wash that's four ounces, as far as clothes,	25	A. Most of the time they usually come speak to
			Daga Q
	Page 82		Page 84
1	undergarments, shoes, average stuff like that.	1	me. That way it's verbal and their response isn't on
2	undergarments, shoes, average stuff like that. Q. So did you go through the catalog and write	2	me. That way it's verbal and their response isn't on paper.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<text><text><text></text></text></text>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 me. That way it's verbal and their response isn't on paper. Q. When was the last time somebody came to speak with you about these commissary things? A. The only time that was recently was with the warden when he was doing a walk by. Q. Do you still shower alone? A. Yes. Well, in the max prison cell they have showers that are individual. You go in one at a time. Q. Last time you mentioned that it was open bars. Has that changed at all, on the shower door? A. They still have the showers are always behind the bars, but they had did in south house as far as I know it's the only cell house that does it. They have shower doors where you can open and close if and that covers you basically from chest to calf. In seg they have no shower doors, and east house they have no shower doors. I don't know why. Q. Before you went into segregation, what house were you living in? A. South house, protective custody. Q. You also testified about searches by staff

21 (Pages 81 to 84)

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	Page 85		Page 87
1	Q. Has anybody ever asked you your preference on	1	other words they're not supposed to be saying.
2	the gender of the person searching you?	2	Q. Leaving out the tactical team searches, how
3	A. They never ask it. In general I usually have	3	often are you strip searched a month?
4	to be the one to say something. Like this month already	4	A. Well, strip search, those are only done on
5	twice we've been stripped down by TAC team where	5	like particular circumstances. So an example is if
6	basically they suit up, tell us to cuff up, and before	6	staff believe that I have dangerous contraband, which
7	they do they strip us, and I ask hey, is there a female	7	could be anything from, I guess, drugs, alcohol, prison
8	officer here? They're saying yeah. I say well can you	8	made hooch or weapons, they will cuff me up, take me to
9	bring her here so I can get strip searched? He said	9 the shower. They will have officers go in my cell,	
10	that they don't do cross gender searches. I said what	10 shake it down, and while I'm in the shower they w	
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	12 me, give me clothes, behind the ears, open my m	
13	they have a PREA guideline thing that came out that	13	turn around, spread, cough, stuff like that. That
14	specifically says you aren't supposed to search me and	14	doesn't always happen. Sometimes it happens, you know.
15	to at least give me the option of having another staff	15	There's people here who you know, they're A holes.
16	search me. He says that's not going to happen, are you	16	That's just what they feel like doing to get a reaction
17	gonna to strip or not? If not, let me know. If not,	17	out of a person to have an excuse to send somebody to
18	we'll just Mace you, open your door and restrain you.	18	seg by doing that, you know.
19	Let me know what you're going to do.	19	There was one time they had a five day
20	So to avoid all that, I'm like you know	20	officer. Every five days he's there, and they just I
21	what, come on, let's just get this over, because I'm not	21	don't know what it is. I hardly spoke to him, and at
22	going to waste my time arguing with him and he's	22	least once every two weeks he insists upon searching my
23	constantly not trying to hear it. The next thing he's	cell for contraband and putting me in the s	
24	saying is either I do it or I don't and he's talking	24	strip searching me. Now, I can't really complain about
25	about macing me. That's happened twice.	25	it because if it's something that, oh well, they deem
	Page 86		Page 88
1	Q. And both times was it with the TAC team?	1	that it's necessary and they're giving me a shakedown
2	A. Yes, and not in seg. When we go to yard,	2	slip, what can I say? I can't refuse a shakedown.
3	basically we walk down the galleries. We can go out.	3	That's a violation. I can go to seg for that, plus I
4	They can do one to two what they call pat-down or	4	know I don't have anything in there. But at the same
5	searches where they'll feel your side your, pocket or	5	time, you know, sometimes there's things that are
6	want to see your shoes, whatever you have. And on that	6	borderline harassment that you I can't really tell
7	it's there'll be a few staff. Sometimes it will be	7	that they are, if they're following rules or if it's
8	men and women, so usually I'll gravitate toward the	8	just to mess with me.
9	women. It's never a problem, but it's never an option,	9	Q. Have you made any PREA complaints about staff
10	though. If they're not there and I for it, it's not	10	harassment?
11	going to be an option. If they're there and I go to	11	A. I have made one and it took six months
12	them, it's not a problem, but if I request it on a	12	investigation and basically it was thrown out saying
13	shakedown or strip search, then it's a problem.	13	that there wasn't enough sufficient data to basically
14	Q. So when you request it, has your request	14	prove my claims or allegations against the officer.
15	always been denied?	15	Q. And when was that?
16	A. Yeah, always. Their excuse is they can't do	16	 A. This was last year, and this was regarding
17	cross gender searches even though time and time again	17	what is his name? Sergeant Ellinger, he was one of
18	I've basically explained to them part of the PREA	18	them, and he it was in seg. He asked me to move to a
19	guideline thing that came out was to prevent this and	19	cell and I didn't want to. So this time he didn't write
20	there's supposed to be at least one female staff who can	20	a ticket but he took me to the shower and grabbed one of
21	do this. The issue with that is they don't it. Then	21	my bras, walked up and down the gallery saying that
22	you got some guys that they're disrespectful. They're	22	there is bra wearer fag in this cell. He's walking
23	supposed to do a pat in a search, not supposed to do a	23	around with my bra spinning it on his finger saying that
24	grope. You're not supposed to do a squeeze and then say	24	if you guys throw shit on him, I won't write a ticket.
25	fag or sissy or like bitch, stuff like that, whore and	25	He put me back in the cell, threw my bra back in there,
20			

22 (Pages 85 to 88)

	Page 89		Page 91
1	didn't write me a ticket.	1	Q. So how many times have you seen her then
2	And then later on again, two weeks	2	total?
3	later, he came by and asked me to move. I said just	3	A. One time.
4	leave me alone, I'm not moving. Then he wrote me up	4	Q. Before Ms. Yuhas, who was your mental health
5	another bogus ticket saying that I disobeyed a direct	5	provider?
6	6 order and caused a dangerous and [inaudible] safety to		A. At south house it was Ms. Hardy. She was
7			assigned for transgenders and she has the mental health
8	5. S		caseloads at that house. So I would see her for issues
9	Mace me, restrain me and physically take me up out the		
10	cell and put me somewhere else or take me and strip, or	10	anxiety and stuff like that on a separate note because
11	whatever it is TAC team had to be used. TAC team was		
12	never used and he wrote it up and I still had to do time	12	Q. Have you been satisfied with the care that
13	in seg because of it. He said that's what I get for	13	Ms. Hardy provided?
14	being a fag and not wanting to move.	14	A. I mean to an extent because she's only able to
15	Q. You have contact with other transgender	15	do what they allow her to do. Anything that she's allow
16	prisoners at Pontiac Correctional Center, correct?	16	to do and can do, one thing about Ms. Hardy she will do
17	A. As of right now, no.	17	or she will try to do. And if she can't, she will tell
18	Q. When you went to group, was that the only	18	you exactly why not.
19	contact you had with other transgender prisoners there?	19	Q. And I know that you spoke with Dr. Ettner at
20	A. Well, group is basically because, you know,	20	one point before the preliminary injunction hearing.
21	some of you us might not be on the same said. So in	21	Have you had any follow-up discussions with Dr. Ettner
22	south house they have PC, five, seven, six and eight	22	since then?
23		23	A. No.
23			Q. Have you spoken with anybody outside of the
25	the way in 48 cell and I'm in 19 cell. So us to	25	Department of Corrections about your care or treatment?
	-		
	Page 90		Page 92
1	Page 90 communicate in our cell in quarantine is impossible	1	Page 92 A. As far as them being unprofessional or asking
1 2	-	1	-
	communicate in our cell in quarantine is impossible		A. As far as them being unprofessional or asking
2	communicate in our cell in quarantine is impossible because we have to be able to yell over everybody else.	2	A. As far as them being unprofessional or asking them or just anybody?
2 3	communicate in our cell in quarantine is impossible because we have to be able to yell over everybody else. If the COs want to be mean or find a reason to write a	2 3	 A. As far as them being unprofessional or asking them or just anybody? Q. I mean, sometimes I know there are TeleMed
2 3 4	communicate in our cell in quarantine is impossible because we have to be able to yell over everybody else. If the COs want to be mean or find a reason to write a ticket, they just say excessive noise, which is a	2 3 4	 A. As far as them being unprofessional or asking them or just anybody? Q. I mean, sometimes I know there are TeleMed referrals or you might speak with somebody who doesn't
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23 (Pages 89 to 92)

1	Page 93		Page 95
	if I say that is there any other medication besides	1	you have any contact with Lydia Helena Vision?
2	Spirolactone testosterone blocker that is helpful, they	2	A. No.
3	will look it up. They're not specialists of anything,	3	Q. What about Sora Kuykendall?
4	though.	4	A. No.
5	Q. Got you.	5	Q. And I know Ebony Stamps is no longer in IDOC.
6	6 Do you have contact with any of the		Do you have any ongoing communication with Ms. Stamps?
7	other named plaintiffs in this case? So you mentioned	7	A. No.
8	Ms. Monroe. Do you have contact with her?	8	Q. So we've talked about your present complaints
9	A. No. She's in a different prison.	9	with the care that you're receiving, which it sounds
10	Q. And you don't write or call each other?	10	like it could be broken down into staff harassment and
11	A. They don't allow inmates to call each other or	11	treatment, hormone information and changes to your
12	write each other. I think the only way that could	12	hormones, the commissary items that we spoke about and
13	happen I believe is they have to be either a spouse or	13	surgical changes that you're seeking.
14	relatives.	14	Is there any other accommodation or
15	Q. You mentioned you heard about Ms. Monroe,	15	treatment for gender dysphoria that you are seeking?
16	complaints that she had from Logan Correctional Center,	16	MS. ROSE: Objection, form and object to the
17	which is the women's prison. Was that all information	17	extent it mischaracterizes prior testimony. You can
18	that you got from her before the preliminary injunction	18	answer.
19	hearing last year?	19	THE WITNESS: You know, all I really seek, not
20	A. When I saw her there and we were next to each	20	just for myself but anybody who is transgender and going
21	other, she had told me about some of the issues and	21	through what I'm going through, all I'm asking is that
22	difficulties that she was going through, yes, and then I	22	the IDOC follows WPATH standards, which is just
23	also found out through Black and Pink, because they try	23	adequate. I'm not saying you have to give me the best
24	to stay obviously relevant on what's happening. So	24	accommodation or the best mental health or medical. I'm
25	they're like just, you know, this person called here and	25	just asking that you at least give me let me receive
	Page 94		Page 96
1	they're transgender saying they have problems. They'll	1	the bare minimum that's required, you know, put somebody
2	ask some of the things they're going through and ask me	2	who knows what they're doing to deal with my health.
3	if that's something they're going through so they can		
4		3	You wouldn't want to go to the dentist
	try to help.	3 4	You wouldn't want to go to the dentist to have your teeth cleaned add guy is talking about oh
5	try to help. Q. So some of the at least from Ms. Monroe		-
5 6		4	to have your teeth cleaned add guy is talking about oh
	Q. So some of the at least from Ms. Monroe	4 5	to have your teeth cleaned add guy is talking about oh I'm really a garbage man, this is my side job, or you go
6	Q. So some of the at least from Ms. Monroe some of the complaints that you heard were just from	4 5 6	to have your teeth cleaned add guy is talking about oh I'm really a garbage man, this is my side job, or you go in to have a hernia fixed and he's talking about that
6 7	Q. So some of the at least from Ms. Monroe some of the complaints that you heard were just from when you were at the courthouse together?	4 5 6 7	to have your teeth cleaned add guy is talking about oh I'm really a garbage man, this is my side job, or you go in to have a hernia fixed and he's talking about that he's a dermatologist. I just want a person that's
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6 7 8 9	 Q. So some of the at least from Ms. Monroe some of the complaints that you heard were just from when you were at the courthouse together? A. Yes. Q. Do you have any contact with Sasha Reed? 	4 5 7 8 9	to have your teeth cleaned add guy is talking about oh I'm really a garbage man, this is my side job, or you go in to have a hernia fixed and he's talking about that he's a dermatologist. I just want a person that's supposed to take care of me to be at least licensed or pass some type of test they have to to have the position
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24 (Pages 93 to 96)

	Page 97	Page 99
1	of the state. I should be afforded or given the option	1 STATE OF ILLINOIS }
2	of the same treatment I was given for in the world.	2 }SS:
3	Q. Aside from what we've already discuss, is	3 COUNTY OF C O O K }
4	there anything that you have requested that you have not	4 5 I, Verla A. Todd, do hereby certify
5	received related to your gender dysphoria?	6 that MARILYN MELENDEZ was by me first duly sworn to
6	A. I don't understand what you mean.	7 testify the whole truth, and that the foregoing
7	Q. I just want to make sure that I know the	deposition was recorded stenographically by me and was
8	things that we've talked about that you have sought for	8 reduced to computerized transcript under my direction, and that the said deposition constitutes a true record
9	treatment for your gender dysphoria, is there anything	9 of the testimony given by said witness.
10	that we have not yet talked about?	10 I further certify that the reading and
11	MS. ROSE: Objection, form, vague.	signing of said deposition was not waived by the witness and counsel.
12	THE WITNESS: Are you asking me if there's	11 and counsel. 12 I further certify that I am not a
13	something that I haven't brought up already that I would	relative or employee of any of the parties, or a
14	want or am asking for?	13 relative or employee of such attorney or counsel, or
15	BY MS. COOK:	financially interested directly or indirectly in this 14 action.
16		15 IN WITNESS WHEREOF, I have hereunto set
17	Q. Yes. Is there anything else that we haven't talked about that you're seeking from the Department of	my hand at Chicago, Illinois, this day of
18	Corrections?	16, A.D
10	MS. ROSE: Same objection.	17 18
20	THE WITNESS: I mean, as far as I know, I	19
20	think I've listed everything I want or should I say	Certified Shorthand Reporter
21	need.	20 Illinois CSR License No. 084-003498
23	MS. COOK: Okay. I don't have additional	21 22
24	questions. I don't know if your counsel has some	23
25	follow-up questions.	24
		25
	Page 98	Page 100
1	MS. ROSE: No, no further guestions.	
		1 ALARIS LITIGATION SERVICES
2	MS. COOK: Okay. We can go off the record	2
2 3	•	2 3 September 4, 2020 4
	MS. COOK: Okay. We can go off the record	2 3 September 4, 2020 4 SAMANTHA G. ROSE, Esq.
3	MS. COOK: Okay. We can go off the record then.	2 3 September 4, 2020 4
3 4	MS. COOK: Okay. We can go off the record then. MS. ROSE: We would like to see the transcript	2 3 September 4, 2020 4 SAMANTHA G. ROSE, Esq. 5 KIRKLAND & ELLIS, LLP
3 4 5	MS. COOK: Okay. We can go off the record then. MS. ROSE: We would like to see the transcript to make sure the redactions are done.	2 3 September 4, 2020 4 SAMANTHA G. ROSE, Esq. 5 KIRKLAND & ELLIS, LLP 300 North LaSalle Street 6 Chicago, Illinois 60654
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25 (Pages 97 to 100)

	Page 101	
1	ERRATA SHEET	
	Witness Name: MARILYN MELENDEZ	
2	Case Name: JANIAH MONROE, MARILYN MELENDEZ, LYDIA	
_	HELENA VISION, SORA KUYKENDALL, and SASHA	
3	REED v. ROB JEFFREYS, MELVIN HINTON, and	
^	STEVEN BOWMAN	
4	Date Taken: AUGUST 20, 2020	
5	Page # Line #	
6	Should read:	
7	Reason for change:	
8	-	
9	Page # Line #	
10	Should read:	
11	Reason for change:	
12	Dava #	
13	Page # Line #	
14 15	Should read: Reason for change:	
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17	Page # Line #	
18	Should read:	
19	Reason for change:	
20		
21	Page # Line #	
22	Should read:	
23	Reason for change:	
24	With and Circature	
25	Witness Signature:	
	Daga 100	
	Page 102	
1	STATE OF)	
2		
3	COUNTY OF)	
4		
5	I, MARILYN MELENDEZ, do hereby certify:	
6	That I have read the foregoing deposition;	
7	That I have made such changes in form	
8	and/or substance to the within deposition as might	
9	be necessary to render the same true and correct;	
10	That having made such changes thereon, I	
11	hereby subscribe my name to the deposition.	
12	I declare under penalty of perjury that the	
13	foregoing is true and correct.	
14	Executed this day of,	
14	20, at	
16	۲۰, ai	
16 17		
18		
19		
20	MARILYN MELENDEZ	
21		
22		
23	NOTARY PUBLIC	
24	My Commission Expires:	
25		
		<u> </u>

26 (Pages 101 to 102)

Case 3	:18-cv-00		Piled 12/02/20 PagE: RTMENT OF CORRECTIONS PagE: patient Progress Notes ard CC CENTER	xhibit 9 1
		Offender Information KUYKENDALL	JORDAN	ID#:B89676
		Last Name	First Name	
Date / Time		Subjective, Objectiv	e, Assessment	Plans
5/22/2020	RN/LPN	Phlebotomistratote (Circle One)	\sim
CON	Lab N	ote :		
<u> </u>	Schedule	ed for	GM 5-20	
(generation of the second sec	ESTRADI	OL LEVEL/TESTOSTERONE LEVEL	•	
)				
	Done : Y	es	Signed Refusal Yes No	»)
	Recall :			00
	Unable /	Ate / Work /Move / No Show	/ Security / Other	_ AM
			· · · · · · · · · · · · · · · · · · ·	
206/01/02	NPC	U.		P-11.
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	, ``			

Distribution: Offender's Medical Record

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

		Offender Information:	
		Kuylendell	BY9676 First Name MI ID#:
	Date/Time	Subjective, Objective, Assessment	Plans
J	15/20	Crint note	D olifer to NP Zimmee
3	SA	Sto: Apender Acquesting Dumit for Brast	
		Jan tres-	
9)	A) transpender concerns	ASuko
-		1) stongenau Corverns	
	<u> </u>		

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper Monroe et al. v. Rauner, et al. (18-156) Document No.: 361314

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ILLINOIS DEPARTMENT OF CORRECTIONS
Date: June 11, 2020 Psychiatric Progress Note
Facility MENARD CORRECTIONAL CENTER
Offender Name: Last, First Kuykendall, Jordan ID Number: B89676 Start Time: 12: 24pm
Allergies or Medication Sensitivities?
Scheduled Visit Type: Routine Follow Up Complex Follow Up Evaluation
Level of Care: Outpatient 🖌 Residential Treatment Unit 🗌 Inpatient 🗌 Crisis 🗍
Type of Visit: Telepsychiatry Onsite Evaluation Other (identify):
Has offender been on Crisis Watch since last psychiatric visit? Yes 🗌 No
If yes, explain:
Source of Information: D Offender D Mental Health Staff D Medical Staff Mental Health Progress Notes
(Check all that apply) Medical Progress Notes Mental Health Evaluation dated:
Crisis Records Other (identify):
Previous Psychiatric Progress Note
Subjective/Objective
S: NF for Wellbotrin expired, objender has noted significant worsening of mood, fostique kloo has 1'd stress related to corrid-19 situation, concern re: nationwide protests. Has met E MHP
significant worsening of mood, fatigue
Also has I'd stress related to covid-19 situation,
concern re: nationwide protests, Has met E MHP
LIST CURRENT PSYCHOTROPIC MEDICATIONS: but not
Welbutrin 100 mg bid Ther yet to
Shas not received since discuss full
Check if None NF expired 5/21/2020 Cotent-0 of Pertinent medical medications:
Premarin Spirmolactone
Compliance: Cood Poor (list details)
When taking - Co fatiger and sig wowening of depressed MAR reviewed: Yes & No - Co fatiger and sig wowen since med has
Is offender currently prescribed Involuntary Psychotronic Medication(c)?
Lab Results: Comment on abnormal results and include drug levels. None ordered

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	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	
Date: June 11, 2020		
Facility	MENARD CORRECTIONAL CENTER	
Last, First Kuykendall, Jordan	ID Number: <u>B89676</u>	Start Time: <u>12, "24pm</u>
Medical/Mental Health – Female Speci	fic: 📈 Not Applicable	
Is the offender currently pregnant? No	Yes Expected due date:	
	Mental Status Examination	
Posture/Gait: Appropriate Inappro	priate 💢 Slumped 🔲 Tense 🔲 Atypica	al 🔲 Rigid 🔄
Behavior: Unremarkable [Tensed muscles] Psychomotor retardation [Posturing aggressively Guarded/protective posturing
Eye contact: Appropriate	Avoids eye contact I Unfocused I	Looks down in his/her lap
Level of Appearance: Appropriately Groon	A UNUSUALLY SO 50	Malodorous Malodorous moder Musoffender omnolent
Level of Cooperation: Cooperative	Guarded/Suspicious 🗌 Hostile 📋 Uncod	operative
Orientation: Ox4 (Time, place, person,	reality) OX (list:)	Disoriented
Attention: Appropriately focused S	Selective attention/inattention Distractible	e 🗌 Unaware 🔄
Speech: Unremarkable Slowed In tone: Unremarkable Impatien Thought Processes: Circumstantial	☐ Rapid ☐ Inarticulate ☐ Pre-	ssured
Clear/Coherent	Tangential Loose Association	on Word Salad/Incoherent
Thought content: [] Unremarkable] Para Explain: UTES been rea Interactions E other	anoid Delusional Dexcessive religions My rough" - do pr offendors Ktaff; COUC	erns and increased
Perceptions: Hallucination	Auditory 🗌 Visual 🗌 Olfactory	Somatic Illusions
Explain: No ababrace	I par ceptions	aveto covid-19
Affect: Unremarkable (Euthymic)		nt/Inexpressive
Mood: Euthymic Dystr Suicidal ideation: None Yes, details:	hymic Anxious Fearful	red about COMP
Homicidal ideation: None Yes, details	in in	pact it wisht
Memory: Short-term		Intact Jamilie
Estimated Intelligence:		E gaming
Distribution: Offender Medical File Monro	Printed on Recycled Paper	Document No.: 361316

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Date: June 11, 2020	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note
Facility	MENARD CORRECTIONAL CENTER
Offender Name: Last, First Kuykendall, Jordan	ID Number: B89676 Start Time: 12 7 Z 4 port
Insight: Adequate	
Judgment: Adequate	□ Poor □
Motivation: Good , A	dequate 🔲 Poor 📋
Historian: Reliable Poor	□ Inconsistent □ Unable to assess at this time
Psychiatric Diagnosis Pers is	Diagnoses Mecoment Hent Depressive 1/0; 3 Anxiety D/0;
Medical Diagnosis:	(onspec)
Based upon today's evaluation: Since last visit, offender's psychiatric s	ymptoms have: Improved
Modified Global Assessment	to
Based upon diagnosis, Modified C supportive services, Offender is d	
	Narrative Summary
7740 Cauco	anion the manda famale
incorcerated	for avoider ing teenage girlfiend. upting suicide after the morder,
Offender atter	upting suicide after the morder,
agreed to plea	d'quitty bot mentally ill'a and has had
Decing appression	Since inconstated in 2019, much
Psychotropic Medication:	d (DOC 0541) Discontinued Changed Some Monorement
Continue Current Medication	Boproprion 100 mg pobid x 200KS,
Medication specifics and rationale:	then increase top
N EUbmittee stid	A and 100 mg po gam X6 mo.
AIMS completed today (if necessary)	(DOC 0336) \Box AIMS to be done by RN (if necessary) S S H had
Labs CMP BMP	CBC+Plts Thyroid Profile Lithium Carbamazepine
🗌 VPA 🔄 Lipid Profi	le A1C EKG Other: Other: Other:
Abdominal circumference:	BMI BP/P SO planto increas

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	ILLINOIS DEPARTMENT OF CORRECTIONS	3
Date: <u>June 11, 2020</u>	- Psychiatric Progress Note	
Facility	MENARD CORRECTIONAL CEN	ITER
Offender Name: Last, First Kuykendall, Jordan	ID Number: 889676	Start Time: 12:29
Fill in values and measurements on Me	etabolic Screening and Monitoring form (DOC (0532)
Needs medical referral for:		
│	C 0387) for:	
Sleep hygiene Anger	management 🔄 Trauma history	Psychometric testing
Other:		
Crush/float all Psychotropics due to	🔲 Hx of non-compliance 🛛 🗌 Hx of hoa	arding medications Abuse Potential
☐ Other		
Offender has been given a copy of t	the Psychotropic Medication Information bro	ochure.
I have verbally reviewed any medica offender.	ation changes, side-effects, risks and benef	its of treatment or refusing treatment with the
	been stable on the same psychotropic mec onths, RTU - 2 months, Enforced - 1 month.	dication(s) at the same dose for the past 60
The offender has signed his/her Me	dication Consent Form.	
Treatment plan update needed bas	ed on change of diagnosis, direction of treat	tment, etc. (DOC 0546)
Designation: 🕅 SMI 🗌 En	forced Psychotropic to be continued (clinica	Ily necessary)
Other (identify):		
	Disposition (Level of Care)	
Outpatient Level of Care	Residential Treatment Unit Inpatie	nt 🗌 Crisis
Next Appointment: 30 da	45	
Evaluation completed by:		
DR. THENA POTEAT	Mana Donth	PSYCHIATRIST
Print Name	Signature	Title
6/11/2020	12:55pm	
Date	End Time	

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-	Men	bis Department of Corrections tal Health Progress Note hard Correctional Center Facility		
Session Date: <u>June 30</u>) <u>, 2020</u> T	ime: <u>1:00 pm</u>	Session Duration: <u>-2</u>	<u>0- min</u>
Offender Name: (Last,	First) Kuykendall, Jorda	n	ID Number: B896	576
	Part I	Offender Informatio	on	
Level of Care: 🔀 Gen	eral/Outpatient	ecial/Residential Treatment	t Unit 🔄 Crisis Plac	ement 🗌 Inpatient
MSR: <u>06-30-2053</u>	Dischar	ge: <u>06-30-2056</u>		
No face-to-face conta	act occurred	Designated GBMI] On Enforced Medica	tion 🛛 None
Completed by Behavio	oral Health Technician Mental Status Evaluatio	n section, document inform	nation in Part III)	
	Part II: Bri	ef Mental Status Eva	luation	
Level of Cooperation:	Cooperative	Guarded/Suspicious	Hostile	Uncooperative
Orientation: 🛛 O	0x3 (Time, place, person)	OX situation	_(list:)	Disoriented
Affect: U	nremarkable	Constricted	Blunt/Inexpressive	Flat Labile
Appearance: 🛛 Ap	ppropriately Groomed	Disheveled	Poor Hygiene	
Thought Process: 🛛 Cl	lear/Coherent	Circumstantial Word Salad/Incoheren	Tangential Thought Blocki	Perseveration
A = assessm	nder self-report of preser nent, clinician assessmer	rt III: S.O.A.P. Note ting problem; O = objective at of offender; P = plan, cur	rent plan, link to treatm	nent plan
that he is doing well and s trust." Inmate reports that rapport as this is the first s discuss and no mental he reports doing well and add O: Inmate is observed to ideations upon direct inquitime and situation. Inmate A: Gender Dyshoria	states that there are "4 of at he has no cellie. QMH session with this writer a ealth problems to discuss vocating for self well. have good eye contact a uiry, no evidence of hallu e was observed well groo	confidential location in Nort 5 others who I can talk wi P Draper also attending se and MHP Draper. Inmate re QMHP provides support and smiling during session. cinations/delusions. Clear omed. Good eye contact. by. Continue helping inma	th on the gallery, but the ession. Inmate and Ql ports that there are no therapy, primarily Roge Inmate denies suicion in thought. Oriented Inmate is observed to	here is no one that I MHPs establish medical problems to erian as inmate dal/homicidal to person, place, be polite.
Clinician Name (Print): Sa	amantha Stellhorn QMHF	Signat ure:	Bent	ff cet

Title: Mental Health Professional

Page 1 of 1 000.0282 (Rev 05/2016) 361319 Monroe et al. v. ຂໍ້ສະຫາອີຮັກ, ອີຮັກລີ. (18-156) Document No.:

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ILLINOIS DEPARTMENT OF CORRECTIONS

Psychiatric Progress Note

	F	acility:	Menard Corr	ectional Cer	iter	
Offender Nar Last, First	me: KUYKENDAL	L, JORDAN	ID Nun	n ber : <u>B8967</u>	6	_ Date: Jul 10, 2020
Labs			'lts 🗌 Thyr	roid Profile	Lithium	Carbamazepine
	🗌 VPA 🛛 Lip	id Profile 📋 A1C	EKG] Other:		Other:
Abdominal	circumference:		BMI			3P/P
Fill in values	and measurement:	s on Metabolic Screen	ing and Monito	ring form (DC)C 0532)	
Needs med	dical referral for:					
Needs MH	P referral (Comple	te DOC 0387) for:				
Sleep	hygiene 🔲 /	Anger management	🗌 Trai	uma history	Psyct	nometric testing
Other:						
Crush/float	all Psychotropics	due to 🔲 Hx of no	n-compliance	Hx of h	noarding medicat	tions 🛛 Abuse Potential
	Other for Wellb	utrin				
Offender ha	as been given a co	py of the Psychotrop	oic Medication	Information I	prochure.	
I have verb offender.	ally reviewed any	medication changes,	, side-effects, ri	isks and ber	efits of treatmer	nt or refusing treatment with the
Offender's days - may	psychiatric conditions be seen max OP	on has been stable o - 3 months, RTU - 2	in the same psy months. Enforc	ychotropic m ced - 1 mont	edication(s) at t	he same dose for the past 60
10-10		er Medication Conse				
		d based on change		irection of tre	eatment, etc. (D	OC 0546)
Designation:	SMI [Enforced Psychol			-	•
	🗌 Other (ide	entify):	<u></u>			
		Dispo	sition (Level	of Care)		
Outpatien	t Level of Care	Residential Tr	eatment Unit	🗌 Inpat	ient 🗌 Ci	risis
Next Appointme	ent: 4 weeks					
Evaluation cor	npleted by:					
Farza	na Alam	farzana A	Digitally signed t	y farzana Alam		MD
Print	Name		Signature	J 22:42:21 -05'00'		Title
07/	10/20		3:02:00 PM			
D	late		End Time		\mathcal{C}	
Distribution: Offender	Medical File		Primed on Recycled F Page 4 of 4	ruper Not	BRUCK BRUCK	N DOC 0502 (Rev. 1/2019)

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		ILLINOIS DEPARTMENT OF CORRECTIO	NS	
Date: August 12, 2020		Psychiatric Progress Note		
	Facility	MENARD CORRECTIONAL C	ENTER	
Offender Name: Last, First Kuykenda	ali, Jordan	ID Number: <u>B8967</u>	5	Start Time: <u>/0 / / 0 A</u>
Allergies or Medication Sens	itivities? 🖌 No	Yes If yes, then describe		
Scheduled Visit Type: Rou	<u>л</u>	Complex Follow Up I		
Level of Care: Outpatien	nt 🗹 Resi	dential Treatment Unit	npatient	Crisis 🗋
Type of Visit: Telepsychiat	try Onsite E	Evaluation 🛛 Other 🗌 (ident	ify):	
Has offender been on Crisis	Watch since last	psychiatric visit? Yes 🗌 No	P	
If yes, explain:			_	
Source of Information: (Check all that apply) Note: Seen brieger at cell brieger at cell S: Dockg be but Co	Medical Pr Crisis Rec Previous Ps	□ Mental Health Staff □ Med rogress Notes □ Mental Health E ords □ Other (identify): ychiatric Progress Note Subjective/Objective Subjective/Objective Med Wellborn Med Wellborn	valuation dated:	
Reques	ted d	ecrease in a	lose	digtessed
		RRENT PSYCHOTROPIC MEDI		
Wellbert	rin 15	Omg gam a	nd 10	OWS POGHS
Check if None				
Pertinent medical medication	s:			
Premarin Spirouolai	stone			
Compliance: 🖉 Good	Poor (list details)	*** i	7
	Yes (list details)	A'd ankie	Hy/Rg1	tation (mild)
MAR reviewed: Yes	No 🗌	vehotronic Modication/a)2		
Lab Results: Comment on			s No	
7/10/2020		the dial 33]
Invicoza	Tes	tosterone less th	843	
	1. 1849-07 vit			

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DOC 0502 (Rev. 1/2019) 361321

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		ARTMENT OF CORRECTIO	DNS		
Date: August 12, 2020	Psychia	atric Progress Note			
Facil	ity MENAR	D CORRECTIONAL C	ENTER		
Offender Name: Last, First Kuykendall, Jorda	an	_ ID Number: B8967	6	Start Time: 10	. IBAN
Medical/Mental Health Fem	ale Specific:	Not Applicable			
Is the offender currently pregnant?	No Pres	Expected due date:			
	Mental	Status Examination			
Posture/Gait: 🖌 Appropriate 🗧] Inappropriate 🔲 S	Slumped 🔲 Tense	🗋 Atypical 🔲 F	Rigid]
Behavior: Unremarkable Tensed muscles	Closed b	sical boundaries ody posture notor agitation		g aggressively l/protective posturing	
Eye contact: Appropriate Timid	Avoids e	ye contact	🔲 Looks do	own in his/her lap	_
Level of Appearance: Appropria	tely Groomed 🔲 Di	sheveled 🗌 Poor H	ygiene 🔲 Malodo	orous	
Level of Consciousness: KAlert		hargic 🔲 Delirious	Somnolent	t 🗆	
Level of Cooperation: 🏾 🗖 Coope	rative 🔲 Guarded/S	uspicious 🔲 Hostile		e 🗌	
Orientation: 💋 Ox4 (Time, place	, person, reality) 🔲	ох	(list:)		riented
Attention: Appropriately focus	ed 🔲 Selective atte	ention/inattention	Distractible 🔲 Ur	naware	
Speech: Wunremarkable	Slowed 🗌 Rap	id 🗌 Inarticulate	e 🗌 Pressured		
· 7t -	Impatience [] Irrit		Flatted tone		
Thought Processes: Circumsta	COLUMN AND A DESCRIPTION OF A DESCRIPTIO	ganized 🔲 ential 🔲 Loose	Association) Word Salad/Incohe	rent
Thought content: Unremarkable	Paranoid 🗌 D	elusional 🔲 Excess	ive religiosity 🔲 F	Referential	
Explain: Notably	improved	Moods	The u	ellbottin.	2
Perceptions: Hallucinatio	n 🗌 Auditory	🗌 Visual 📃	Olfactory] Somatic 🛛 🗍	lusions
Explain:				14	
Affect: Unremarkable (Euthymic Hyperthymic Euph	c) Constricted oric Dysthymic	Expansive	☐ Blunt/Inexp ☐ Inappropria		
Mood: Euthymic	Dysthymic	Anxious	Fearful]	
Suicidal ideation: None 🗌 Ye	s, details:				
Homicidal ideation: None 🔲 Y	es, details:				
Memory: Short-term	tact	Lor	ng-term		
Estimated Intelligence:	oove average	Average or a love [Below average		
Distribution: Offender Medical File		Primed on Recycled Paper Page 2 of 4 Rauner, et al. (18	3-156) Docume	ent No.: 3613	(Rev. 1/2019) 22

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Date: August 12	2, 2020		ARTMENT OF CORRECT		
	Facility	MENARI	CORRECTIONAL	CENTER	
Offender Name Last, First	: Kuykendall, Jordan		_ ID Number: <u>B896</u>	576	Start Time: <u>/0 : /0 A</u>
Insight:	Adequate	Poor			
Judgment:	Adequate	Poor			
Motivation:		lequate 🔲 Poo	or 🗌		
Historian:	Reliable 🔲 Poor	Inconsistent	Unable to as	ssess at this time	
			Diagnoses	4 4. 6	a i Di
Psychiatric Diagno			× 1	totistic	Spectrum h
Medical Diagnosis	- moj u	recurren	t), Anke	ty PloCon:	spec). [nansging
Based upon toda	Takest	eminizin	y hormon	res	
	ffender's psychiatric sy		S 1 4		orsened 🗌
Modified Globa	l Assessment	68	to Z	3	
	gnosis, Modified G			1	
supportive serv	vices, Offender is d	esignated SMI?		Also G.	BMI
las F		Narra	tive Summary	and the second sec	
284	o tran	5 gende	er fema	le, cur	rently
faki	us femin	nizing	hormon	ies. M	Jchleis
alpre	essed, bi	at regi		lerea	
- we	Mbutch	n dose	20 50	me we	spening
- U	inxiety,		chiatric PLAN		1
'sychotropic Medic		l (DOC 0541)	Discontinued	Changed	had a second
Continue Currer		d.	Decreas	e wen	Darrato
	cifics and rationale:	a USA	+ 10	ong	po bra
	C	ranglo	<i>L</i>	K	,6m0,
AIMS complete	d today (if necessary)	(DOC 0336) [AIMS to be done l	by RN (if necessar	y)
			Thyroid Profile	🗌 Lithium	Carbamazepine
	/PA 📋 Lipid Profile		KG 🗍 Other:		Other:
Abdominal circ	umference:		BMI	BP/	/P
stribution: Offender Med	dical File Mor		red on Recycled Paper Page 3 of 4 auner, et al. (18-	156) Documen	t No.: 361323

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	ILLINOIS DEPARTMENT OF CO		
Date: August 12, 2020	Psychiatric Progres	ss Note	
F	acility MENARD CORRECT	ONAL CENTER	
Offender Name: Last, First Kuykendall, J	ordan ID Number	r: <u>B89676</u>	Start Time: 16: 10AM
Fill in values and measurement	s on Metabolic Screening and Monitoring	form (DOC 0532)	
Needs medical referral for:			
Needs MHP referral (Comple	ete DOC 0387) for:		- 12 12
🗌 Sleep hygiene	Anger management 🛛 🗌 Trauma	history Psychol	metric testing
Other:			
Crush/float all Psychotropics	due to 🔲 Hx of non-compliance [Hx of hoarding medicatio	ns Abuse Potential
	opy of the Psychotropic Medication Info	rmation brochure.	regin star has
A			Regional psychiat.
⊼ offender.	medication changes, side-effects, risks		Supervisor
Offender's psychiatric condit days - may be seen max OP	ion has been stable on the same psych - 3 months, RTU - 2 months, Enforced	otropic medication(s) at the - 1 month.	e same dose for the past 60
The offender has signed his	her Medication Consent Form.		
Treatment plan update need	ed based on change of diagnosis, direc	ction of treatment, etc. (DO	C 0546)
Designation: SMI	Enforced Psychotropic to be contin	ued (clinically necessary)	
🗌 Other (id	lentify):		Carlos Contractor
	Disposition (Level or	f Care)	
Outpatient Level of Care	Residential Treatment Unit		sis
Next Appointment: 30	days		
Evaluation completed by:	,		
DR. THENA POTEAT	Suena Tot	PSI PSI	CHIATRIST
Print Name	Signature	<i>w</i> _ŋ	Title
8/12/2020	(D:15Am		IT
Date	End Time		1. ANN
			CLOOPLAN
			Craf Briton

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Menard Correctional Center 711 Kaskaskia Street PO Box 711 Menard, IL 62259



UNIVERSITY OF ILLINOIS Hospital and Health Sciences System

Reference Laboratory

640 South Wood Street, Room 170 (M/C 750) Chicago, Illinois 60612 Ph# (877)FOR-LABS Fredrick Behm, M.D., Director

KUYKENDALL, JORDAN BE	9676	PATIENT ID A208-89676	DOB	/1992 M			DESTINA		0
PHYSICIAN		COLLECT DATE & TIME		ATE OF SERVIC		PRINTED ON	L	D20	
		07/10/2020 08	the second se	7/10/202				7:04	PAGE
REQUISITION NO. PT. LAB NO.	LAB REF NO.			17 107 202	0 23.23	01/15/	1	7.04	
A208.5899									
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Diagnostic Procedure		in Range		of Range	Units		Reference	Range	
								riange	
ESTRADIOL		33			PG/M	Б			
	(NOTE)								
	REFERENCE	INTERVAL							
	MALES (AD	ULT)			15-31	PG/ML			
	FEMALES (,			
		OSTMENOPAUSAL:			15-25	PG/ML			
		OLLICULAR PHAS				PG/ML			
		IDCYCLE:	12101			PG/ML			
		UTEAL PHASE:				PG/ML			
		ence interval	impleme	nted 6/1					
	performed				.,				
		an DXI platfor	m.						
TESTOSTERONE				<3 L					
	Reference	range: 300 to	1080						
	Unit: ng/								
	(NOTE)								
		tosterone valu	es may	not refle	ect opti	mal			
	concentra				-				
	in all in	dividuals. Fre	e or bi	oavailabl	le testo	sterone			
	measureme								
	may provi	de supportive	informa	tion.					
		INTERVAL: Tes			: Male				
		mplete set of				ific			
	reference								
	intervals	for this test	in the	ARUP Lak	oratory	Test			
	Directory								
	(aruplab.								
		By: ARUP Labo	ratorie	3					
	500 Chipe								
		City, UT 8410	8						
	Laborator	y Director: Ju	lio C. I	Delgado.	MD, MS				
End of Report									
UYKENDALL, JORDAN B89	676	07/15/2020	07.04			1			D200
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				(TA)	ULI CHAI				
				V	EE PATIEI	VT		CC/PE/	HV
	Monro	e et al. v. Raun	or ot al	(19, 156)		1	3613		HIV

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Consent for Medical Treatment

Munard Corp. Center

ate: <u>8/10/2020</u> ime: <u>935</u> <u>p.m.</u> p.m. <u>List Name</u> <u>First Name</u> <u>M</u>	ID#: B89674
I authorize the performance upon	ne following treatment:
to be performed by Dr. <u>Mary Zimmer, A.P.N.</u> or whomever he of Name of Physician as his or her assistants.	or she may designate
probable consequences by Dr Mary Zimmer, A.P.N.	ble complications, and
I certify that I have read and fully understand the above Consent to Treatment, that the EXPLANATIONS th	erein referred to were
Jobb Brint Name of Patient	V 10/ANJe
Print Name of Person Authorized to Consent Signature of Person Authorized to Consent	/ / Date
Print Nerrie of Witness Print Nerrie of Witness Printed on Recycled Paper Monroe et al. v. Rauner, et al. (18-156) Document No.:	DOC 0094 (Eff. 9/2002) (Replaces DC 7130-A) 361326
	I authorize the performance upon I authorize the performance I authorize the performance upon I authorize the performance I authorize the performance upon I authorize the performance or assurance has been made as to the results that may be obtained. I certify that I have read and fully understand the above Consent to Treatment, that the EXPLANATIONS the made, and that all blanks or statements requiring insertion or completion were filled in. I authorize the performance to give consent: I authorize the performance to give consent: I authorize the performance to give consent: I authorize the performance the performan

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Non-Specific Discomfort	Offender Information:	Ardon B89674 First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
10120	RN NOTE LFN/CMT NOTE S) - Any Allergies? Arcov - Location of pain / discomfort?	Patient presents more than twice at NSC for c/o same discomfort within one month
Som	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	 Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated?	- Patient has abnormal vital signs
	- Rate pain level scale of 1 – 10?	
	- Duration of pain?	No MD referral:
	0) 0 Pr R12 BP 108 WTG	 Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort	- Ibuprofen 200mg 12 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching:
	- Observations related to body part affected UIVEWHY ON ODTradule Smo	 Return to see provider if symptoms worsen or interfere with daily functioning
[pody, offender is reque	thy
	podey. Apender is requer duse to be increased	
1-		
		Nurse Sigperure
	A) Non-Specific Discomfort	Payment voucher YES NO

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper

Allergies or Medication Sensitivities? No Yes If yes, then describe: Scheduled Visit Type: Routine Follow Up Complex Follow Up Evaluation Level of Care: Outpatient R Residential Treatment Unit Inpatient Crisis Type of Visit: Telepsychiatry Onsite Evaluation Ø Other (identify): Has offender been on Crisis Watch since last psychiatric visit? Yes No No If yes, explain: Mental Health Staff Medical Staff Mental Health Progress Notes Source of Information: © Offender Mental Health Staff Medical Staff Mental Health Progress Note © Check all that apply) Medical Progress Notes Mental Health Evaluation dated:	Date: August 12, 2020		NOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	
Offender Name: Lat, First Kuykendall, Jordan ID Number: B89676 Start Time: [D] [D] [D] Allergies or Medication Sensitivities? IN No Yes If yes, then describe:		Facility	MENARD CORRECTIONAL CENTER	2
Scheduled Visit Type: Routine Follow Up Complex Follow Up Evaluation Level of Care: Outpatient Residential Treatment Unit Inpatient Crisis Type of Visit Telepsychiatry Onsite Evaluation Other (identify): Has offender been on Crisis Watch since last psychiatric visit? Yes No No Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Medical Progress Note Other (identify): Bout of the apply Medical Progress Notes Other (identify): Medical Staff Mental Health Progress Note Work of constructions of the progress Note Other (identify): Medical Progress Note Medical Progress Note Soffed constructions S				
Scheduled Visit Type: Routine Follow Up Complex Follow Up Evaluation Level of Care: Outpatient Residential Treatment Unit Inpatient Crisis Type of Visit Telepsychiatry Onsite Evaluation Other (identify): Has offender been on Crisis Watch since last psychiatric visit? Yes No No Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Mental Health Staff Medical Staff Mental Health Progress Note Source of Information: Offender Offender Medical Progress Note Other (identify): Bout of the apply Medical Progress Notes Other (identify): Medical Staff Mental Health Progress Note Work of constructions of the progress Note Other (identify): Medical Progress Note Medical Progress Note Soffed constructions S	Allergies or Medication Sens	itivities?		
Type of Visit Telepsychiatry Onsite Evaluation Other (identify): Has offender been on Crisis Watch since last psychiatric visit? Yes No provident in the intervent of the inte		<i>n</i>	·	ion
Has offender been on Crisis Watch since last psychiatric visit? Yes No If yes, explain: If yes, explain: Source of Information: Offender Medical Progress Notes Mental Health Staff Medical apply) Medical Progress Notes Medical apply) Medical Progress Notes Medical Progress Notes Mental Health Evaluation dated: Crisis Records Other (identify): Previous Psychiatric Progress Note Previous Psychiatric Progress Note Mage: a for entry Subjective/Objective Matter Staff Multipoly Medical Progress Note Mental Health Evaluation dated: Science Previous Psychiatric Progress Note Matter Staff Subjective/Objective Matter Staff Butter Staff Butter Staff Butter Staff Butter Staff Multipoly Butter Staff Butter Staff Butterint TSO mg Butter Staff	Level of Care: Outpatien	nt 📈 Residen	tial Treatment Unit 🔲 Inpatie	nt 🗌 Crisis 🗌
If yes, explain: Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note (Check all that apply) Medical Progress Notes Mental Health Evaluation dated: Crisis Records Other (identify): Notes Such Previous Psychiatric Progress Note Previous Psychiatric Progress Note S Dock & Detter Since Wellbortnin restarted to the but Clo Some A in Aukriefy, bust much less LIST CURRENT PSYCHOTROPIC MEDICATIONS: LIST CURRENT PSYCHOTROPIC MEDICATIONS: Wellbortnin ISO mg gam and IOO Mg PogHs Checkif None Perlinent medical medications: Premarine Side effects: None free (list details) Side effects: None free (list details) A dd Aukrichy/Aggitation (much MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes None ordered	Type of Visit: Telepsychiat	try Onsite Eval	luation 🛛 Other 🗌 (identify):	· · · · · · · · · · · · · · · · · · ·
Source of Information: Offender Mental Health Staff Medical Staff Mental Health Progress Note Medical Progress Notes Medical Progress Notes Medical Progress Notes Other (identify):	Has offender been on Crisis	Watch since last psy	chiatric visit? Yes 🔲 No 🗖	
(Check all that apply) Medical Progress Notes Mental Health Progress Notes Mental Health Evaluation dated: Crisis Records Other (identify): Notes seen Previous Psychiatric Progress Note Notes seen Previous Psychiatric Progress Note LIST CURRENT PSYCHOTROPIC MEDICATIONS: Netl Destrin 150 mg gam and 100 mg po 9 ms Check if None Pertinent medical medications: Note Previous Psychotropic Medication(s)? Yes Note Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes Note Lab Results: Comment on abnormal results and include drug levels. None ordered	If yes, explain:		/	
LIST CURRENT PSYCHOTROPIC MEDICATIONS: Uellbertrin 150mg gam and 100 Hg poghs Check if None Pertinent medical medications: Spinoulactone Compliance: Good Poor (list details) Side effects: None Yes (list details) Atd ankir My / Agitation (mille Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes None ordered	Note: suen briegen at cell Me to corr S: Doing be	Medical Progra Crisis Records Previous Psychi Pout D-19 Her Since	ress Notes Mental Health Evaluation s Other (identify): iatric Progress Note Subjective/Objective Comparison Comparison	on dated:
Wellbertrin 150mg gam and 100mg pogts Checkif None Pertinent medical medications: Premarin Spireuslactone Compliance: Good Poor (list details) Side effects: None Yes (list details) MAR reviewed: Yes [x] No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes [] No ment on abnormal results and include drug levels. None ordered	Reques	ted de	crease in dog	
□ Check if None Pertinent medical medications: □ Prefunction □ Spinoual actions: □ Compliance: □ Good □ Good □ Poor (list details) □ Side effects: □ None □ MAR reviewed: Yes (list details) □ MAR reviewed: Yes [No □ Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes □ None □ None □ Lab Results: Comment on abnormal results and include drug levels. None ordered				DNS:
Pertinent medical medications: Premarin Spireuelactone Compliance: Cod Poor (list details) Side effects: None Pres (list details) MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Lab Results: Comment on abnormal results and include drug levels. None ordered None ordered No ordered None ordered No	Wellbett	rin 150	mg gam and	TOO ME PO GHAS
Spireuelactone Compliance: Good Poor (list details) Side effects: None Yes (list details) MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Lab Results: Comment on abnormal results and include drug levels. None ordered				
Spireuelactone Compliance: Good Poor (list details) Side effects: None Yes (list details) A ld ANKi dy/Rgitation (mide MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Lab Results: Comment on abnormal results and include drug levels. None ordered Isone ordered	Pertinent medical medications	S:		
Side effects: None Yes (list details) MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Lab Results: Comment on abnormal results and include drug levels. None ordered	11010011	sone	· /	
MAR reviewed: Yes No No I Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No K Lab Results: Comment on abnormal results and include drug levels. None ordered	Compliance: 🔏 Good [Poor (list details)		
Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No Karal None ordered Caral None ordered Carad None ordered Carad None ordered Carad None ordered Carad Non	Side effects: 🔲 None	Yes (list details)	Ald Mkinger	agitation (mild)
Lab Results: Comment on abnormal results and include drug levels. None ordered	MAR reviewed: Yes	No 🗆	n and H	
	大		- //	No the
7/10/2020 Estradiol 33	s offender currently prescribe	d Involuntary Psycho	otropic Medication(s)? Yes	\mathcal{F}

Distribution: Offender Medical File

Primed on Recycled Paper Page 1 of 4 Monroe et al. v. Rauner, et al. (18-156) Document No.: 361328

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	DIS DEPARTMENT OF CORRECTIONS sychiatric Progress Note	
	MENARD CORRECTIONAL CENTER	
FacilityN Offender Name: Last, First Kuykendall, Jordan	ID Number: <u>B89676</u>	Start Time: 10 - 18 Am
Medical/Mental Health — Female Specific:	Not Applicable	
Is the offender currently pregnant? No Pre	S Expected due date:	
M	lental Status Examination	
Posture/Gait: 🖌 Appropriate 🔲 Inappropriate	e 🗌 Slumped 🔲 Tense 🗌 Atypical	Rigid
Tensed muscles	and the second	osturing aggressively uarded/protective posturing
	voids eye contact	ooks down in his/her lap
Level of Appearance: Appropriately Groomed	Disheveled Poor Hygiene	Malodorous
Level of Consciousness: Alert Clouded	Lethargic Delirious Sor	nnolent
Level of Cooperation: 📈 Cooperative 🔲 Gua	arded/Suspicious 🗌 Hostile 🔲 Uncoo	perative
Orientation: 💋 Ox4 (Time, place, person, reali	ty) 🗋 OX (list:)	Disoriented
Attention: Appropriately focused Select	tive attention/inattention 🔲 Distractible	Unaware
	☐ Rapid ☐ Inarticulate Pres Irritability ☐ Terse □ Flatte	sured ed tone
Thought Processes: Circumstantial	Disorganized	n 🔲 Word Salad/Incoherent
Thought content: Unremarkable [] Paranoic	Delusional 🔲 Excessive religiosi	ty 🗌 Referential 🔲
Explain: Notably impro	wed mood since	wellbuttin
Perceptions: Hallucination Auc	ditory 🗌 Visual 🗌 Olfactory	Somatic Illusions
Explain:		
		t/Inexpressive
Mood: Euthymic Dysthymic	c Anxious Dearful	
Suicidal ideation: None Yes, details:		
Homicidal ideation: None Yes, details:		
Memory: Short-term		Intact
Estimated Intelligence: Above average	Average or a love Below av	erage
Distribution: Offender Medical File	Page 2 of 4	DOC 0502 (Rev. 1/2019)

Case 3:	:18-cv-00	156-NJR	Documer	nt 238-9	Filed 12/	02/20 Page	18 of 44	Page ID #3368
Date: August 1	2 2020				ent of corre Progress N			
Date: August 1	2, 2020	Facility	-		ORRECTION			
Offender Name Last, First	-	III, Jordan		ID	Number: B	39676	Start Ti	me: <u> 0:{[0aw</u>
Insight:	Adec	quate	Poor					
Judgment:	Adeo	luate	Poor					
Motivation:	Good	🗌 Ade	quate [] Poor				
Historian:	Reliable	Poor	Incon:	sistent	Unable to	assess at this tim	ie	
				Diag	jnoses	Autis	tic St	ectrum DA
Psychiatric Diagn	nosis:	DDIA	ecuri	cut)	, Any	very D/o G	inspec)	. Transgene
Medical Diagnosi	170	thes fe	mini	Tine	horm	ones		
Based upon tod Since last visit, e				-	11	nained same 🗌	Worsened	
Modified Globa	al Assessi	nent	68	- 6 T - 6	to Z	73		
Based upon di					A-6			
supportive ser	rvices, Off	ender is de:	signated S	5MI? Yo	es 🛛 No	Also	GBMI	
		all and		Narrative	e Summary			
281	10 4	ran:	5 al M	der	fem	ale, c	vn	the
tak	ing f	emin	izie	ie he	SIMO	nes.	Much	less
depr	esse	d ba	it no		sted	decre	asl	in
lue	allbo	frin	de	se	205	ome	Voise	min,
06	anx	iety,		Psychia	tric PLAN			9
Psychotropic Med			DOC 0541)	Dis	continued	Changed	. // /	
Continue Curr				\mathcal{D}	ecrea	se We	ell bart	riato
Medication sp	pecifics and ra	ationale:	JSH1		- 1	DOM	e po	bid
	5.00 B	CK	and	voa			X6,	MO,
AIMS complet	ted today (if	necessary) ([DOC 0336)	A	IMS to be do	ne by RN (if nec	essary)	
]CMP [BMP	CBC+P	lts	Thyroid Profil	e 🗌 Lithium	Carb	amazepine
		Lipid Profile	🗌 A1C	🗌 EKG	Other:		Other	:
Abdominal cir	rcumference			BMI			BP/P	
istribution: Offender M	fedical File			Page	Recycled Paper 3 of 4	// .		DOC 0502 (Rev. 1/2019)
		MC	onroe et a	a. v. Ra	uner, et al.	(18-156) Do	cument No	.: 361330

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Date: August 12, 2020	ILLINOIS DEPARTMENT OF		
F	Facility MENARD CORREC	TIONAL CENTER	
Offender Name: Last, First Kuykendall, .	lordan ID Numl	ber: <u>B89676</u>	Start Time: 16: 10AW
Fill in values and measuremen	ts on Metabolic Screening and Monitori	ng form (DOC 0532)	
Needs medical referral for:			
Needs MHP referral (Compl	ete DOC 0387) for:		
Sleep hygiene	Anger management	ma history] Psychometric testing
Other:			
Λ.	s due to 🔲 Hx of non-compliance	Hx of hoarding	medications Abuse Potential
	copy of the Psychotropic Medication Ir	nformation brochure	Per protoco
A	y medication changes, side-effects, ris		Kegoual psych
Offender's psychiatric condi days - may be seen max OF	tion has been stable on the same psy > - 3 months, RTU - 2 months, Enforce	chotropic medicatio ed - 1 month.	on(s) at the same dose for the past 60
The offender has signed his	her Medication Consent Form.		
	ded based on change of diagnosis, di	rection of treatment	, etc. (DOC 0546)
Designation: SMI	Enforced Psychotropic to be con	tinued (clinically ne	cessary)
🗌 Other (i	dentify):		
	Disposition (Level	of Care)	
Cutpatient Level of Care	Residential Treatment Unit	Inpatient	Crisis
Next Appointment: 30	days		
Evaluation completed by:			
DR. THENA POTEAT	Stions TE	AMA	PSYCHIATRIST
Print Name	- <u>Signature</u>	<u>aar</u> 1) _	Title
8/12/2020	10:15 Am		IT
Date	End Time		1. Jun
			Charles Broom
			Mu

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Illinois Department of Corrections
Mental Health Progress Note
Menard Correctional Center
Facility
Session Date: 8.11, 20 Time: 9:25 A.M. Session Duration: 8-10 minutes
Offender Name: (Last, First) Kyyken dall, Jordan "Soma" ID Number: B891676
Part I: Offender Information
Level of Care: 🔀 General/Outpatient 📋 Special/Residential Treatment Unit 📋 Crisis Placement 📋 Inpatient
MSR: Discharge:
Check all that apply: Designated SMI Designated GBMI On Enforced Medication None
No face-to-face contact occurred (If checked, skip Brief Mental Status Evaluation section, document information in Part III)
Completed by Behavioral Health Technician
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)
Part II: Brief Mental Status Evaluation
Level of Cooperation: Cooperative Guarded/Suspicious Hostile Un cooperative
Orientation: Ox3 (Time, place, person) OX (list:) Disoriented
Affect: Unremarkable Constricted Blunt/Inexpressive Flat Labile
Appearance: Appropriately Groomed Disheveled Poor Hygiene
Thought Process: Clear/Coherent Circumstantial Tangential Perseveration
Loose Association Word Salad/Incoherent Thought Blocking
Part III: S.O.A.P. Note S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan
S: "Langood" The offender stated. Offender
profers the pronouns her she offender ashed
about her wanger? This QMHP will fly.
0:= offender presented with in normal lines
of motor activities. no thought of homicile or suice
no hallucinations (delusions), good eye contact, good
Clinician Name (Print): R. Brager Signature: Re. Drep.
Facility: Menard Correctional Center Title: Om HP
Page 1 of 2

Distribution: Offender Medical File

Monroe et afine. Raumer, et al. (18-156) Document No. 1832 (1986) 1983 29

Case 3:18-cv-00156-NJR Document 238-9 Filed 12/02/20 Page 21 of 44 Page ID #3371 Illinois Department of Corrections	ţ.
Mental Health Progress Note	
Menard Correctional Center	
Facility	
Session Date: <u>8,14.00</u> Time: <u>9:30 Approv</u> Session Duration: <u>8-10 min</u> Offender Name: (Last, First) <u>Kykendall, Gordan</u> ID Number: <u>B89476</u>	
Offender Name: (Last First) Kickendall Gordan ID Number: B89476	
Rapport, med Compliand, and Quintur X. A: Transgender P. Continue Current Course	
1.1. Mansaemien	
P. Ampine Current Course	
T CONTINUE CANOC COLOR =	
	0
	/
	1
Clinician Name (Print): R. Praper Signature: R. Praper Ku	
Facility: Menard Correctional Center Title: Title:	
Page 2 of 2	

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ILLINOIS DEPARTMENT OF CORRECTIONS					
Date: September 9, 2020 Psychiatric Progress Note					
Facility MENARD CORRECTIONAL CENTER					
Offender Name: Last, First KUYKENDALL, JORDAN ID Number: <u>B89676</u> Start Time:					
Allergies or Medication Sensitivities? No 🗌 Yes If yes, then describe:					
Scheduled Visit Type: Routine Follow Up					
Level of Care: Outpatient Residential Treatment Unit Inpatient Crisis					
Type of Visit: Telepsychiatry Onsite Evaluation Other (identify):					
Has offender been on Crisis Watch since last psychiatric visit? Yes 🗌 No 🕅					
If yes, explain:					
Source of Information: (Check all that apply) Øffender Mental Health Staff Medical Staff Mental Health Progress Notes Medical Progress Notes Mental Health Evaluation dated:					
Previous Psychiatric Progress Note					
Subjective/Objective					
5. Really sad, all the time" Does not want to change meds 20					
Does not want to change meds 20					
LIST CURRENT PSYCHOTROPIC MEDICATIONS:					
Wellbotrin 100 mg po bid					
Check if None Pertinent medical medications:					
Spironolactone					
Compliance: Good Poor (list details) Excellent - 40 missod doses					
Side effects: None Yes (list details) Some tim anxiety					
MAR reviewed: Yes X No					
Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes 🗌 No 💋					
Lab Results: Comment on abnormal results and include drug levels. None ordered					

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		ILLINOIS DEPARTMENT OF CORREC	TIONS	
Date: Septer	mber 9, 2020	Psychiatric Progress No	te	
	Facility	MENARD CORRECTIONAL	CENTER	
Offender Na Last, First	ME: KUYKENDALL, JORDAN	I ID Number: <u>B89</u>	676 Start Time	:
Medical/M	ental Health – Female Spe	cific: Not Applicable		
Is the offerade	er currently pregnant? No	Yes Expected due date		
		Mental Status Examinati	on	
Posture/Gait:	🕼 Appropriate 🔲 Inapp	ropriate 🗌 Slumped 🔲 Tense	Atypical Rigid	
Behavior:	Unremarkable Tensed muscles Psychomotor retardation	 Poor physical boundaries Closed body posture Psychomotor agitation 	 Posturing aggressive Guarded/protective 	
Eye contact:	Appropriate	Avoids eye contact	Looks down in his/h	er lap
Level of Appe	arance: Appropriately Gro	oomed 🗋 Disheveled 📋 Poo	r Hygiene 🗌 Malodorous 📋	
A BURGER AND	_ Coremin	uded [] Lethargic [] Delirio	Usual	
Level of Coop	peration: 🛛 Cooperative	Guarded/Suspicious Hosti	le 🔲 Uncooperative 🗌	Standard Street 1
Orientation:	Ox4 (Time, place, perso	n, reality) 🔲 OX	(list:)	Disoriented
Attention:	Appropriately focused	Selective attention/inattention [Distractible Unaware	
	Unremarkable 🗌 Slowe	d 🗌 Rapid 🗌 Inarticu ence 🗌 Irritability 🔲 Terse	late Pressured Flatted tone	
In tone:		Disorganized	ose Association 🔲 Word Sala	ad/Incoherent
Thought cont	tent: 📈 Unremarkable 🔲 P	aranoid 🔲 Delusional 🔲 Exce	essive religiosity 🔲 Referential	
Explain: Providence Perceptions: Explain: N	Hallucination	e: lack of accu s, hygiene Auditory Usual al percepti	Olfactory Somatic	le Illusions
Tellin Person	lyperthymic 🗌 Euphoric	Constricted Expansive Dysthymic Manic Sthymic Anxious	e Blunt/Inexpressive	Flat hull pange Miles
Suicidal idea		"All ching chin	u, but I don't	t acton
Homicidal id	eation: Whone 🗌 Yes, deta	ails: Medica	tion will h	elp."
Memory:	Short-term	<u>k</u>	Long-term	
Estimated In	telligence: 🕢 Above av	erage Average	Below average	
Distribution: Offe	ender Medical File	Page 2 of 4		DOC 0502 (Rev. 1/2019)

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Date: September 9, 2020	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	
Facility		
Offender Name: Last, First KUYKENDALL, JORD	AN ID Number: B89676	Start Time:
Insight: Adequate	Deor	
Judgment: Adequate	Poor	
Motivation: Good Add	equate Poor	
Historian: 🙀 Reliable 🔲 Poor	Inconsistent Unable to assess at this time	2
	Diagnoses	
Psychiatric Diagnosis: Model Diagnosis: Mans 9 Based upon today's evaluation: Since last visit, offender's psychiatric sy	mptoms have: Improved [] Remained same	Worsened
Modified Global Assessment Based upon diagnosis, Modified G		GBMT
supportive services, Offender is de	esignated SMI? Yes No	Shi KL
	Narrative Summary	and the second
28 yo transwe on bup nopion	Mondherapy be	MDD, Stable at MH Lack of
clearly advers	is dearly female	in a male
prisen.	Psychiatric PLAN	
Psychotropic Medication: Started	(DOC 0541) Discontinued Changed Ubstrin 100 mg pob	d lexp2/12/2021
	20 <u>0 1</u> 20 20 20 20 20 20 20 20 20 20 20 20 20	
AIMS completed today (if necessary)	(DOC 0336) AIMS to be done by RN (if nece	essary)
	CBC+Plts Thyroid Profile Lithium	Carbamazepine
VPA Lipid Profile] BP/P
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Date: September	r 9, 2020		DEPARTMENT OF C		-	
	Faci	lityMEI	NARD CORREC	FIONAL CENTER	२	
Offender Name: Last, First	KUYKENDALL, J	IORDAN	ID Numb	er: <u>B89676</u>	Stai	rt Time:
Fill in values and	d measurements or	n Metabolic Screen	ing and Monitorin	g form (DOC 0532)	
Needs medica	I referral for:					
Needs MHP re	eferral (Complete	DOC 0387) for:				
🔲 Sleep hyg	jiene 🗌 An	ger management	🗌 Traum	a history	Psychometr	ic testing
Other:						
Crush/float all	Psychotropics du	e to 📋 Hx of no	on-compliance	Hx of hoardin	g medications	Abuse Potential
	Other					
Offender has I	been given a copy	of the Psychotro	pic Medication In	formation brochu	re.	
I have verbally offender.	y reviewed any mo	edication changes	, side-effects, ris	ks and benefits o	f treatment or re	efusing treatment with the
Offender's psy days - may be	ychiatric condition e seen max OP - 3	has been stable of months, RTU - 2	on the same psyc months, Enforce	hotropic medicat d - 1 month.	lion(s) at the sa	me dose for the past 60
	has signed his/he					
Treatment pla	in update needed					546)
Designation:	K SMI □	Enforced Psycho	otropic to be cont	inued (clinically r	ecessary)	
	Other (iden	tify):				
		Disp	osition (Level	of Care)	States and	
Outpatient L	evel of Care	Residential T	reatment Unit	Inpatient	Crisis	
Next Appointmen	: 30 de	ayr	10			. e
Evaluation comp	pleted by:	/				
DR. THENA	POTEAT	Alle	Rot	SM15	PSYCH	IATRIST
Print N	lame		Signature		Ti	tle
9/9/2	070					
Da	te		End Time			

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

	Offender Information: <u> <u> <u> </u> <u> </u></u></u>	First Name MI ID#: 389-676
Date/Time	Subjective, Objective, Assessment	Plans
Color/S	S: Gender Dysphoria Disorder No change from previous unless noted	Labs: Estradiol: Level 33 Last done 7/b/20 (< 200)
932	GDD Related Treatment in the Past? Been on Horman Ty smeedor	Labs: Estradiol: Level 3 Last done 7/b/bo (< 200) Testosterone: Level 3 Last done 7/b/bo (< 200) CMP (if on spironolactone)
2	GDD Related Surgeries in the Past?	K Level / Cr _ Not Last done Other Lab: LevelLast done LevelLast done
1.Ah3	Other:	LevelLast done (consider: periodic lipids, CBC, prolactin level)
992)	Family History: No change from previous unless noted	Imaging: Mammogram:
50	Reproductive CancersEarly AtherosclerosisHTNDyslipidemiaDM2	Not needed Needed Done
18	O: No change from previous unless noted Exam not done (not necessary at every clinic)	(mammogram screening can be considered in any patient > 50 years of age who has had at least 5 years of hormone treatment)
117/98	Penis: Present Normal Normal	
	Testis. Present Normal Atrophied	Counseling: Not done (only needed prior to starting treatment and periodically there after)
	Breasts: No Finding Breast Bud Developed Breasts	Risk of treatment: Increased risk of: thromboembolic disease,
	Note: breast growth usually stops after about 2-3 years of treatment and increased medication will not result in more growth.	gallstones, elevated liver enzymes, weight gain, hypertriglyceridemia, cardiovascular disease (in the presence of risk factors) Potential increased risk of: HTN,
	Adams Apple Alterations: YES NO	hyperprolactimenia or prolactinoma, DM2 Reasons treatment may be stopped without patient consent include but are not limited to the following:
	Surgical alterations: NO YES	Non-compliance with medication Non-compliance with lab Monitoring
	Female Fat Distribution: YES NO	Non-compliance with the GDD clinic Development of a contention that is a contraindication of treatment Decompensation of a condition that is a
	Reduced Body / Facial Hair: YES NO	contraindication to treatment.
	Other:	Patient teaching: Verbalized or otherwise indicated understanding YES NO

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361338 DOC 0084 (Eff. 9/2002 (Replaces DC 7(147) Case 3:18-cv-00156-NJR Document 238-9 Filed 12/02/20 Page 27 of 44 Page ID #3377

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: 10#: B8967 Plans Subjective, Objective, Assessment Date/Time Does the patient have: Orders: Cirrhosis HIV Hepatitis C Hepatitis B Relative Contraindications to treatment: Obesity Dyslipidemia HTN/CAD Diabetes Psychiatric Disorders g freatment (these need to be well controlled before beginning Absolute Contraindications to treatment: ---- Active or recent DVT/PE ---- Hypercoagulable state Breast or other estrogen dependent cancer End stage chronic liver disease Gallbladder disease requiring surgery solic syndrome Met Refractory of focal migraine Seizure disorder Drug addiction Active smoker Untreated prolactinoma Medical Treatment: Wants medical treatment: YES NO Medical treatment epproved by GDD Team: YES NO List GDD medications if already on medical treatment: remarin 1.25mg 4 tables pironalactore 100mg BLD Next Clinic: 🐧 Provider Signature

Distribution: Offender's Medical Record

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Consent for Medical Treatment

Muncerd Corp. Center

a: a:	Patient Information: Kuekandall	JordonID#:13896
I authorize the performance upon	Myself or Name o Patient	of the following treatme
n.		
to be performed by Dr	Mary Zimmer, A.P.N.	or whomever he or she may designa
as his or her assistants.		
		that may be obtained.
	understand the above Consent to Treatment,	that the EXPLANATIONS therein referred to w
		that the EXPLANATIONS therein referred to we
	understand the above Consent to Treatment,	that the EXPLANATIONS therein referred to we
	understand the above Consent to Treatment,	illed in.
	understand the above Consent to Treatment, of ments requiring insertion or completion were f	illed in.
made, and that all blanks or state	understand the above Consent to Treatment, or ements requiring insertion or completion were f	illed in.
made, and that all blanks or state	understand the above Consent to Treatment, or ements requiring insertion or completion were f	illed in.
made, and that all blanks or state	understand the above Consent to Treatment, interest requiring insertion or completion were for a signature of Patient Signature of Patient signature of Patient	that the EXPLANATIONS therein referred to we
made, and that all blanks or state	understand the above Consent to Treatment, interest requiring insertion or completion were for a signature of Patient Signature of Patient signature of Patient	that the EXPLANATIONS therein referred to we
made, and that all blanks or state	understand the above Consent to Treatment, interest requiring insertion or completion were for a signature of Patient Signature of Patient signature of Patient to give consent:	that the EXPLANATIONS therein referred to we
made, and that all blanks or state	understand the above Consent to Treatment, interest requiring insertion or completion were for a signature of Patient Signature of Patient signature of Patient to give consent:	that the EXPLANATIONS therein referred to we

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Non-Specific Discomfort	Offender Information:	Arolon B89674 First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
100	RN NOTE LFN/CMT NOTE S) - Any Allergies? ACOV - Location of pain / discomfort?	- Patient presents more than twice at NSC for c/o same
glas		discomfort within one month
sou	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated?	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10?	
	- Duration of pain?	No MD referral:
	0) On Br R12 BP 108	 Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort	- Ibuprofen 200mg 12 tabs t.i.d. PRN for 3 days (18 tabs)
	/	Patient Teaching:
	- Observations related to body part affected	 Return to see provider if symptoms worsen or interfere with daily functioning
[pody, offender is requer	thy
	pody, offender is requer duse to be increased	
1 1		
		Nurse Signeture
	A) Non-Specific Discomfort	Payment voucher YES NO

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
	Offender Information: <u>huyllendel</u> Last Name	Anden B89676 First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
Date/Time	Subjective, Assessment <u>MDNAC</u> <u>JR:</u> NJORN <u>JRB</u> JRB <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u> <u>JRB</u>	

Distribution: Offender's Medical Record

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Offender Outpatient Progress Notes

Menard CC CENTER

	Offender Information		, et al
	KUYKENDALL	JORDAN	ID#: B89676
	Last Name	First Name	
Date / Time	Subjective, Objecti	ve, Assessment	Plans
10/2/2020	RN/LPN/Phlebotomist Note (Circle One	· · · ·	\bigcirc
752	Lab Note :		
196	Scheduled for	NP-Zim	
	CMP/LPD/TESTOSTERONE/ESTRADIOL/F	PROLACTIN/CBC (PRIOR TO NEXT C	
	Done : Yes No	Signed Refusal : Yes No	
	Recall :		
· Millerer	Unable / Ate / Work / Move / No Show	/ Security / Other	A
·			MA
-			
		· · · · · · · · · · · · · · · · · · ·	1
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		a	
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Distribution: Offender's Medical Record

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Illinois Department of Corrections
Mental Health Progress Note
Facility
Session Date: <u>9.29.20</u> Time: <u>10.30 a.m.</u> Session Duration:
Offender Name: (Last, First) Kuykendell ID Number: 3891076
Part I: Offender Information
Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpatient MSR: (230/53 Discharge: (2130/56)
Check all that apply: Designated SMI Designated GBMI On Enforced Medication None
No face-to-face contact occurred (If checked, skip Brief Mental Status Evaluation section, document information in Part III)
Completed by Behavioral Health Technician (If checked, skip Brief Mental Status Evaluation section, document information in Part III)
Part II: Brief Mental Status Evaluation
Level of Cooperation: Cooperative Guarded/Suspicious Hostile Uncooperative
Orientation: Ox3 (Time, place, person) OX (list:) Disoriented
Affect: Unremarkable Constricted Blunt/Inexpressive Flat Labile
Appearance: Appropriately Groomed Disheveled Poor Hygiene
Thought Process: Clear/Coherent Circumstantial Tangential Perseveration Loose Association Word Salad/Incoherent Thought Blocking
Part III: S.O.A.P. Note S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan
S= affender dias seen in N2 alafirman in a Confidential Setting. Offender denies any konicidad
a suidal idention. Most pressing issue
to not having the surgery for transition yet.
0: Offender made good eig Contact: attin was
appropriate. god hyguen, is thought or perceptual
disturbunees: Clear coherent Speech. Offende
Clinician Name (Print): D. Drapan Signature: R. Drapan

Distribution: Offender Medical File

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Illinois Department of Corrections

Mental Health Progress Note

	Facility		
Session Date:	Time:	Session Duration:	_
Offender Name: (Last, First)		ID Number:	-
Has stable at A: Sender Dupp	the semi	By the appension	-
P: Continue Ce	unert Course.	Aldent Ly	
Copen shills E. alderthy -	and trigger.		•
			_
		κία.	_
** 			
		2	

Clinician Name (Print): Draper	Signature:	Draps/25

Distribution: Offender Medical File

Page 2 of 2 Printed on Recycled Paper Monroe et al. v. Rauner, et al. (18-156) Document No.: 361345 Case 3:18-cv-00156-NJR Document 238-9 Filed 12/02/20 Page 34 of 44 Page ID #3384

Illinois Department of Corrections	
Mental Health Progress Note	
Session Date: 10.13.20 Time: / Session Duration: Add ave to the	
Session Date: 10.12 20 Time: Session Duration: Approx 5m. Offender Name: (Last, First) Keylendell, Gorden ID Number: 289676	'n
Part I: Offender Information	
Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpati	iont
MSR: 1130/53 Discharge: 1130/576	ent
Check all that apply: Designated SMI Designated GBMI On Enforced Medication	•
No face-to-face contact occurred (If checked, skip Brief Mental Status Evaluation section, document information in Part III)	
Completed by Behavioral Health Technician	ĺ
(If checked, skip Brief Mental Status Evaluation section, document information in Part III) Part II: Brief Mental Status Evaluation	
	e
Orientation: Ox3 (Time, place, person) OX (list:) Disoriented	d
Affect: Onremarkable Constricted Blunt/Inexpressive Flat Lab	oile
Appropriately Groomed Disheveled Poor Hygiene	
Thought Process: Clear/Coherent Circumstantial Tangential Perseveration	PARIEL
Loose Association Word Salad/Incoherent Thought Blocking	
Part III: S.O.A.P. Note S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan Munder Wab Deem in the Ha Manuaria	_
in a confidential setting on the above date and	7
he was homicida a suicida - official	-
Stated "NO, not currently" " alve thought about it -	1
In not at that place at the moment."]_
Apender presented which in normal limits of	
nician Name (Print): R. Brashington Signature: R. Braser, actu	
ility: <u>Menard CC</u> Title: <u>Quilty</u>	
tion: Offender Medical File Monroe et 89.9%. Relivener, et al. (18-156) Document No.: 361346 DOC 0282 (Rev. 05/2016) DOC 0282 (Rev. 05/2016)]

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Illinois Department of Corrections Mental Health Progress Note OMANS Facility Session Duration: Approx 15 Session Date: / 🔿 Time: Jordan ID Number: Offender Name: (Last, First) Kuskendalt motor activity; good up contact. no thought or percepture ductivitiantes; escience XY; attice was ropriate, hygine was geod happort who reported not having ter butic. this amthe will see offend to tollow-up. Taise ler dypphonia Daapha Kaw Signature: Clinician Name (Print): Title: Facility: Page 2 of 2 DOC 0282 (Rev. 05/2016)

Case 3:18-cv-00156-N	JR Document 238-9	Filed 12/02/20	Page 36 of 44 Page ID #3386
JN.		IENT OF CORRECTIONS	
N N	Aental Health Maste	r Treatment Plan L	Jpdate
	Facility	Navid CC	
Offender name: Kurkonlag	IDOC #:	89676	DOB: July. 15, 1997
Treatment Plan Date: 10.13.	20		0
Treatment Type: Crisis Watch	Entry/7 days Seg Entry	Routine Crisis Watch	Crisis Watch upon discharge
Next Treatment Plan Due: Manual	ly (OP) 🗌 Every 6	months (SDP)	Every 2 months (RTU)
Monthl	y (SEG) 🛛 🗌 Weekly	(Input, Crisis) Nex	tt Treatment Plan Due: 10.13. 21
Diagnosis Change? No If yes, please add diagnosis and justifica	Yes tion in the boxes below.		
Diagnosis added or deleted:			
NA			
Justification for change:			
NA		W	
Medication(s):	Dose:	Frequency:	Indication:
Wellsumin	150mg (sily-Report)	BID	Depression
Add Medication			
Response to medication and other of	concurrent treatment: (Co	omment on enforced med	s, compliance issues, lab follow-ups, etc.)
-	Siento to I		e Some 11
Currenta	3 awating	Refili.	

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ILLINOIS DEPARTMENT OF CORRECTIONS Mental Health Master Treatment Plan Update

Facility //pand/cc	
Offender name: Kunkendalla IDOC #: BS9/076 DOB: Qulle, 15-1992	-
Client long-term goals: (use client direct quote)	
"To transition and transfer"	
Short-term Objectives: (Must be specific, measurable, attainable within review period, realistic and time-bound)	
Objective Objective (Linked to documented functional impairment, symptoms & diagnosis):	
number:	
by likensing coping shills and higger.	0
by identitying coping shills and to ser	
Clinical Interventions (Description, duration and staff responsible):	
Client With Offender to help identify triggers and	
Client initials: With Mender to help identify hissers and	
Involvement (Client agrees to participate by):	
XSK & officker will contine to nut with	
Clinician - offender will be able to decues	
Clinician - offender will be able to decines Misson and agin shill that work effering	
for her.	

e 3:18-cv-00156-NJR Document 238-9 Filed 12/02/20 Page 38 of 44 Page ID #3388
ILLINOIS DEPARTMENT OF CORRECTIONS
Mental Health Master Treatment Plan Update
Facility Menard CC
ne: Kuppendelig IDOC#: B83676 DOB: Qully 15 1992
bjectives (Must be specific, measurable, attainable within review period, realistic and time-bound)
Objective (Linked to documented functional impairment, symptoms & diagnosis):
all a sea to alle to sea a
offender well be as to name
Apender will be able to name 2 benefits to taking her rets.
Clinical Interventions (Description, duration and staff responsible):
At Psychiat to well continue to Preser he, main an Olducat apende
Preser he , maitor an Olducat apende
Involvement (Client agrees to participate by):
Offenler vill attend each art. with
Psych.
r

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ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Master Treatment Plan Update

	Facility Menard CC		
Offender nam	e: Kurkendall, Q. IDOC #: B8 9676 DOB:	Tilly	15,1992
Short-term O	bjectives. Must be specific, measurable, attainable within review period, realistic and tim	ne-bound	d)
Objective	Objective (Linked to documented functional impairment, symptoms & diagnosis):		
number:	Afender will		
3.			
	Clinical Interventions (Description, duration and staff responsible):		
Client initials:	\sim		C
T	Involvement (Client agrees to participate by):		
		7	
SK	No third objective		
	ivo mira upjestive		
Primary QMHF	P(Print): R. Draper Signature: R. Blaper	Date:	10-13-20
Psychiatric Pro	ovider (Print): Thena Potent Signature: Hundfoll	Date:	10/15/2020
. r]	
Title:	Print & Sign:	Date:	
Title:	Print & Sign:	Date:	
Title:	Print & Sign:] Date:	
Title:	Print & Sign:	Date:	
I agree wit	h this treatment plan		
Client Signatu	re: Date: 1/3/2(
	1 - 41		

			University of Illin	ois Hospital & Health Sciences Sys		
			840 S	Reference Labora		
UI Healt	n 🐨		840 South Wood Street Room 170 (M/C 75) Chicago, IL 6061 Ph: 312.355.580			
			Labo	atory Director: Frederick G. Behm,		
				alory Diroclor. I redenick G. Benni,		
	Men	ard Correctional Cent 711 Kaskaskia St	ler			
		PO Box 711				
	M	lenard Illinois 62259				
	DOB	MDN	ÔEV			
Kuykendall, Jordan B89676	7/15/1992	<u>MRN</u> 200172739	<u>SEX</u> male	REQUISITION NO. RQ20569		
PHYSICIAN		TSIDE MRN		PRINTED DATE		
SIDDIQUI, MOHAMMED	A20	A208-B89676		10/7/2020 3:01 PM		
	Laborat	ory Pathology R	eport			
al Report						
P. Hopoli						
See Values: CMP (L), Prola	actin (H). Testosterone	(L), Blood Count	(1)			
(-,,			(=)			
Authorizing Provider						
Mohammed Siddiqui, MD				n - Charles Anna Anna Anna Anna Anna Anna Anna Ann		
Component			Value	Ref. Range		
Component BLOOD UREA NITROGEN			Value 8	Ref. Range 6 - 20 MG/DL		
Component BLOOD UREA NITROGEN SODIUM			8 141	6 - 20 MG/DL 135 - 145 MMOL/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM			8	6 - 20 MG/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE			8 141	6 - 20 MG/DL 135 - 145 MMOL/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT			8 141 3.6	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE			8 141 3.6 106	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM			8 141 3.6 106 25	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE			8 141 3.6 106 25 85	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN			8 141 3.6 106 25 85 8.8	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN			8 141 3.6 106 25 85 8.8 0.85	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS			8 141 3.6 106 25 85 85 8.8 0.85 6.6	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL		
Component BLOOD UREA NITROGEN BODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS			8 141 3.6 106 25 85 85 8.8 0.85 6.6 4.1	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS			8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST			8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST BILIRUBIN, TOTAL			8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10 16	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L 10 - 40 U/L		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST BILIRUBIN, TOTAL ANION GAP			8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10 16 0.3 10	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L 10 - 40 U/L <=1.2 MG/DL		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST BILIRUBIN, TOTAL NION GAP BUN/CREAT RATIO Specimen Type: Blood Speciment Mammed Siddiqui, MD. Collect	ted: 10/2/2020 0830 Re	s Specimen: 20H-2 cceived: 10/3/2020 (8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10 16 0.3 10 9.4 (L) 77CH0193. Ordered 0303. Verified: 10/3	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L 10 - 40 U/L <=1.2 MG/DL 3 - 11 MMOL/L 12.0 - 20.0 d by Unspecified. Authorized by /2020 0357. Resulted by UI		
Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST BILIRUBIN, TOTAL NION GAP BUN/CREAT RATIO Specimen Type: Blood Specimen Johammed Siddiqui, MD. Collect IEALTH PATHOLOGY LABORA	ted: 10/2/2020 0830 Re	s Specimen: 20H-2 ceived: 10/3/2020 (8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10 16 0.3 10 9.4 (L) 77CH0193. Ordered 0303. Verified: 10/3	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L 10 - 40 U/L <=1.2 MG/DL 3 - 11 MMOL/L 12.0 - 20.0 d by Unspecified. Authorized by /2020 0357. Resulted by UI		
CMP (Final result) Component BLOOD UREA NITROGEN SODIUM POTASSIUM CHLORIDE CO2 CONTENT BLUCOSE CALCIUM CREATININE TOTAL PROTEIN ALBUMIN ALK PHOS ALT AST BILIRUBIN, TOTAL ANION GAP BUN/CREAT RATIO Specimen Type: Blood Specimer Mohammed Siddiqui, MD. Collect HEALTH PATHOLOGY LABORA	ted: 10/2/2020 0830 Re	s Specimen: 20H-2 cceived: 10/3/2020 (8 141 3.6 106 25 85 8.8 0.85 6.6 4.1 46 10 16 0.3 10 9.4 (L) 77CH0193. Ordered	6 - 20 MG/DL 135 - 145 MMOL/L 3.5 - 5.2 MMOL/L 98 - 108 MMOL/L 24 - 32 MMOL/L 65 - 110 MG/DL 8.6 - 10.6 MG/DL 0.50 - 1.50 MG/DL 0.50 - 1.50 MG/DL 6.0 - 8.0 GM/DL 3.4 - 5.0 GM/DL 40 - 125 U/L 7 - 50 U/L 10 - 40 U/L <=1.2 MG/DL 3 - 11 MMOL/L 12.0 - 20.0 d by Unspecified. Authorized by /2020 0357. Resulted by UI		

		UATE WEDON			
Component		Value TOR Ref. Range			
CHOLESTEROL		166 .L. CHART	<200 MG/DL		
Patient: Kuykendall, Jordan B89676	MRN: 200172739	ROZODE	Page: 1 of 5		
	Monroe et al. v. Rauner	, et al. (18-156) Document	No.: 361352		

Case 3:18-cv	-00156-NJR Document	238-9 Filed 12	and the second	1 of 44 Page ID #3391 nois Hospital & Health Sciences Syste	
He UI He	ealth 🚥			Reference Laborato outh Wood Street Room 170 (M/C 75 Chicago, IL 606 Ph: 312.355.580	
			Labo	ratory Director: Frederick G. Behm, M	
	Men	ard Correctional Cen	tor		
		711 Kaskaskia St PO Box 711 Ienard Illinois 62259			
PATIENT NAME Kuykendall, Jordan B89676	DOB 7/15/1992	<u>MRN</u> 200172739	<u>SEX</u> male	REQUISITION NO. RQ20569	
Physician Siddiqui, Mohammed		TSIDE MRN 08-B89676		PRINTED DATE 10/7/2020 3:01 PM	
	Laborat	tory Pathology I	Report		
Component			Value	Ref. Range	
Cholesterol(mg/dl): <200 200-239 >239	DESIRABLE BORDERLINE HIGH HIGH				
IDL			61	>40 MG/DL	
	ative risk factor for		01		
RIGLYCERIDE		a	101	<150 MG/DL	
Triglycerides (mg/dl): <150 150-199 200-499	NORMAL BORDERLINE HIGH HIGH				
>499 Triglyceride measureme	VERY HIGH ent must be performed on a sp	ecimen			
obtained from a fasting		Connerr			
DL, CALCULATED LDL, Calculated(mg/dl): <100 100-129 130-159 160-189 >189	OPTIMAL NEAR OPTIMAL BORDERLINE HIGH HIGH VERY HIGH		85	0-<130 MG/DL	
The UIMCC Core Labor	ed when triglycerides are >400 atory also offers direct measur dered separately (LDL Choles	rement			
RISK CATEGORY	LDL GOAL(mg/dl)				
CHD or CHD risk equivalent(1) <100 Multiple (2+) risk factors(2) <130 Zero to one risk factor <160			M.D. REVIEW		
atient: Kuykendall, Jordan B	89676 MRN: 200172	739	RQ20569 E PATIE FILE		

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			University of Illin	nois Hospital & Health Sciences System
📲 UI Health			840 S	Reference Laborator South Wood Street Room 170 (M/C 750 Chicago, IL 6061 Ph: 312.355.580
			Labo	ratory Director: Frederick G. Behm, MI
		ard Correctional Cen 711 Kaskaskia St PO Box 711 Ienard Illinois 62259	ter	
PATIENT NAME Kuykendali, Jordan B89676	<u>DOB</u> 7/15/1992	<u>MRN</u> 200172739	<u>SEX</u> male	REQUISITION NO. RQ20569
PHYSICIAN SIDDIQUI, MOHAMMED		T <u>SIDE MRN</u> 08-B89676		PRINTED DATE 10/7/2020 3:01 PM
	Laborat	ory Pathology R	Report	
Component			Value	Ref. Range
 (2)Major Risk Factors: +1 Cigarette smoking +1 Hypertension(BP > or =1). antihypertensive meds) +1 Low HDL cholesterol (<40) +1 Family history of premature +1 Age: men 45 years and of women 55 years and of women 55 years and of -1 High HDL cholesterol (60 r Specimen Type: Blood Specimen So Mohammed Siddiqui, MD. Collected HEALTH PATHOLOGY LABORATC Collection Questions I Has the patient been fasting for a Estradiol (Final result) 	9 mg/dL) re CHD der ng/dl or greater) purce: Blood, Venou : 10/2/2020 0830 Re DRY.	is Specimen: 20H- eceived: 10/3/2020	277CH0193. Order 0303.Verified: 10/	red by Unspecified. Authorized by /3/2020 0357. Resulted by Uł Yes
Component			Value	Ref. Range
ESTRADIOL Specimen Type: Blood Specimen So Mohammed Siddiqui, MD. Collected HEALTH PATHOLOGY LABORATO Prolactin (Final result)	: 10/2/2020 0830 Re	s Specimen: 20H-/ aceived: 10/3/2020	35 277CH0193. Order	15 - 31 PG/ML red by Unspecified. Authorized by
Component			Value D DD	Why Pof Panas
PROLACTIN			39.9 (H)	VIEW 10 Mm. Ref. Range
Specimen Type: Blood Specimen Sc Mohammed Siddiqui, MD. Collected: HEALTH PATHOLOGY LABORATO	: 10/2/2020 0830 Re	s Specimen: 20H-2 ceived: 10/3/2020	277CH0193, Order 0303.Verified: 10	ed by Unspecified. Authorized by 3/2020 0406. Resulted by UI
atient: Kuykendall, Jordan B89676	MRN: 2001727	739	SEE PATIE RQ20569E	NT C _/P: // // Page: 3 of 5
	Monroe et al.	v. Rauner, et al	. (18-156) Docu	iment No.: 361354

Case 3:18-cv-00156	o-NJR Document	238-9 Filed 12/0	University of Illin	3 of 44 Page ID #3393 ois Hospital & Health Sciences Syste Reference Laborato
Healtl			840 S	outh Wood Street Room 170 (M/C 75 Chicago, IL 606 Ph: 312.355.580
			Labo	ratory Director: Frederick G. Behm, M
		aard Correctional Cente 711 Kaskaskia St PO Box 711 Menard Illinois 62259	r	
ATIENT NAME Kuykendali, Jordan B89676	DOB 7/15/1992	<u>MRN</u> 200172739	<u>SEX</u> male	REQUISITION NO. RQ20569
PHYSICIAN SIDDIQUI, MOHAMMED	A2	UTSIDE MRN 08-B89676 tory Pathology Re	port	PRINTED DATE 10/7/2020 3:01 PM
PHYSICIAN SIDDIQUI, MOHAMMED	A2	08-B89676	port	
PHYSICIAN	A2	08-B89676	oport Value	10/7/2020 3:01 PM
PHYSICIAN SIDDIQUI, MOHAMMED Stosterone (Final result)	A2	08-B89676		

CBC and differential

Blood Count (Final result)

Component		Value	Ref. Range
WBC		5.8	3.9 - 12.0 K/UL
RBC		4.10	4.00 - 6.10 M/UL
HEMOGLOBIN		12.9 (L)	13.2 - 18.0 GM/DL
HEMATOCRIT		37.5 (L)	38.0 - 55.0 %
MCV		91.4	80.0 - 99.0 FL
МСН		31.3 V.D. REV	EW 26.0 - 35.0 PG
MCHC		34.3 ATE 19	22.0 - 37.0 GM/DL
RDW		12.7 OCTOR	har 11.6 - 15.0 %
PLATELET		251 CHAR	150 - 450 K/UL
MPV		9.5 CE PATIEN	6.5-11.0 FL
Patient: Kuykendall, Jordan B89676	MRN: 200172739	RQ20569_E	Page: 4 of 5
	Manual et al. v. Deviner		ent No.: 36/1365
	Monroe et al. v. Rauner	, et al. (10-150) Docum	ent ivo 30/1300/*

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			Univ	versity of Illinois Hospi	tal & Health Sciences System
📲 UI Health	UIC			840 South Woo	Reference Laboratory d Street Room 170 (M/C 750) Chicago, IL 60612 Ph: 312.355.5800
				Laboratory Dire	ector: Frederick G. Behm, MD
		711 Kas PO E	ectional Center skaskia St Box 711 linois 62259		
PATIENT NAME Kuykendall, Jordan B89676	DOB 7/15/1992		<u>RN</u> <u>S</u> 0172739 n		EQUISITION NO. 220569
<u>PHYSICIAN</u> SIDDIQUI, MOHAMMED	****************	OUTSIDE N A208-B896		<u>Pf</u> 10	RINTED DATE /7/2020 3:01 PM
	Lal	boratory Pa	thology Report		

Certimen Type: Blood Specimen Source: Blood, Venous Specimen: 20H-277HM0085. Ordered by Unspecified. Authorized by hammed Siddiqui, MD. Collected: 10/2/2020 0830 Received: 10/3/2020 0303. Verified: 10/3/2020 0344. Resulted by UI HEALTH PATHOLOGY LABORATORY.

Differential (Final result)

1

Resulting Labs

Component	Value	Ref. R	lange
METHOD	Automated Differential		
% NEUTROPHIL	57.7	40.0 - 70.0	%
% LYMPHOCYTE	32.2	25.0 - 45.0	%
% MONOCYTE	7.6	2.0 - 12.0	%
% EOSINOPHIL	2.1	0.0 - 6.0	%
% BASOPHIL	0.4	0.0 - 2.0	%
ABSOLUTE NEUTROPHIL	3.3	1.3 - 7.5	K/UL
ABSOLUTE LYMPHOCYTE	1.9	1.3 - 4.2	K/UL
ABSOLUTE MONOCYTE	0.4	0.2 - 1.0	K/UL
ABSOLUTE EOSINOPHIL	0.1	0.0 - 0.5	K/UL
ABSOLUTE BASOPHIL	0.0	<=0.2	K/UL
NUCLEATED RBC'S	0.2		/100

Specimen Type: Blood Specimen Source: Blood, Venous Specimen: 20H-277HM0085. Ordered by Unspecified. Authorized by Mohammed Siddiqui, MD. Collected: 10/2/2020 0830 Received: 10/3/2020 0303. Verified: 10/3/2020 0344. Resulted by UI HEALTH PATHOLOGY LABORATORY.

ARUP	ARUP LABORATORY, 50 Director: Lab Director	0 Chipeta Way, Salt Lake City UT 84108	
CLIA: 14D0664392	UI HEALTH PATHOLOG BLDG 920 (CSB), Chicag Director: Frederick Behm		215
Legend		M.D. REVIEW	
L - Low H - High		DOCTOR bon PULLCHART	
Patient: Kuykendall, Jordan B89676	MRN: 200172739	RQ20569-ILE	Page 5
	Monroe et al. v. Rauner	, et al. (18-156) Document No.: 36135	6

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Page 1	Page 3
1 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS 2 EAST ST. LOUIS DIVISION 3 JANIAH MONROE, MARILYN) MELENDEZ, EBONY STAMPS,) 5 LYDIA HELENA VISION,) SORA KUYKENDALL, and) 6 SASHA REED,) 7 Plaintiffs,) 8 vs.)NO. 18-156-NJR) 9 ROB JEFFREYS, MELVIN HINTON,) and STEVE MEEKS,) 10) 12) 13 DEPOSITION OF SORA KUYKENDALL 14 MONDAY, AUGUST 31, 2020 9:00 A.M. 17 Via Webex 19 Via Webex	Page 3 Page 3 1 APPEARANCES: 2 3 4 FOR THE PLAINTIFF SORA KUYKENDALL: 5 MS. AMELIA BAILEY Kirkland & Ellis, LLP 6 300 North LaSalle Chicago, Illinois 60654 7 amelia.bailey@kirkland.com 8 FOR THE DEFENDANTS: 10 MS. CARLA TOLBERT Assistant Attorney General 11 201 West Pointe Drive, Suite 7 Belleville, Illinois 62226 12 13 14 15 ALSO PRESENT: 16 Joyce D. Lawrence, CSR, CCR, RPR CSR# 84-1716 CCR# 1329 17 Alaris Litigation Service 15 S. Old State Capitol Plaza 18 Springfield, Illinois 62701 20 21 22 23 24 3
24 25	24 25
Page 2	Page 4
1 INDEX 2 WITNESS Page 3 SORA KUYKENDALL 4 EXAMINATION BY Ms. Tolbert	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 ************************************
24 25	24office and I represent the defendants in this case.25Have you ever been deposed before?

1 (Pages 1 to 4)

	Page 89		Page 91
1	a prison rule. Not not IDOC, but among among	1	about
2	prisoners.	2	A. Counting myself?
3	Q. Okay. All right.	3	Q. Counting yourself.
4	Who brings your meals? Is it a porter or	4	A. Okay. Two.
5	staff or who delivers meals?	5	Q. Two, okay.
6	A. Right now, it's staff.	6	Let me ask you if you I'm going to
7	Q. Okay. All right. Do you interact with	7	give you some names and you tell me if you've known
8	any other offenders?	8	these people or heard of them, okay?
9	A. I have also been groped.	9	A. Okay.
10	Q. Okay. Now you mentioned that one time on	10	Q. Marilyn Melendez?
11	the way to lunch, you said that's the reason you	11	A. I do.
12		12	
13	don't go out for meals anymore. Have you been		Q. Do you know
_	groped other than that time?	13	A. I just know she is part of the lawsuit.
14	A. I have.	14	Q. Okay. Do you know her personally or have
15	Q. Okay. Do you recall when those other	15	you ever been housed with her?
16	times were?	16	A. I have never met her.
17	A. After that first time, but I don't have	17	Q. Okay. Lydia Helena Vision?
18	any dates.	18	A. That doesn't ring a bell at all.
19	Q. And was that by other inmates?	19	Q. Okay. Sasha Reed?
20	A. Yes.	20	A. Yes.
21	Q. Have you ever been other than the	21	Q. And how do you know Sasha?
22	groping, and not to minimize that, have you ever had	22	A. We are in the same housing unit.
23	any other kind of physical assault?	23	Q. Okay. And she is also part of this
24	A. Like somebody hit me?	24	lawsuit, correct?
25	Q. Hit you or physical or sexual assaults in	25	A. Correct.
	Page 90		Page 92
1	-	1	-
1 2	Page 90 addition to the groping? A. Like I said, I've had people, like, try	1	Page 92 Q. Okay. How far away are you celled from Sasha?
	addition to the groping? A. Like I said, I've had people, like, try		Q. Okay. How far away are you celled from Sasha?
2	addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars.	2	Q. Okay. How far away are you celled fromSasha?A. She is on a different gallery on, like,
2 3	addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay.	2 3 4	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up,
2 3 4	 addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay. A. And they pulled at my door, too. 	2 3	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up, it's like a big hallway with a bunch of cells.
2 3 4 5 6	 addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay. A. And they pulled at my door, too. Q. Okay. And how did that go down? Was 	2 3 4 5 6	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up, it's like a big hallway with a bunch of cells. Q. Sure.
2 3 4 5 6 7	 addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay. A. And they pulled at my door, too. Q. Okay. And how did that go down? Was that just other inmates walking by? 	2 3 4 5 6 7	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up, it's like a big hallway with a bunch of cells. Q. Sure. A. She is, like, all the way on the other
2 3 4 5 6 7 8	 addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay. A. And they pulled at my door, too. Q. Okay. And how did that go down? Was that just other inmates walking by? A. Well, that has happened before. But what 	2 3 4 5 6 7 8	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up, it's like a big hallway with a bunch of cells. Q. Sure. A. She is, like, all the way on the other end on a different gallery.
2 3 4 5 6 7 8 9	 addition to the groping? A. Like I said, I've had people, like, try to grab me through the bars. Q. Okay. A. And they pulled at my door, too. Q. Okay. And how did that go down? Was that just other inmates walking by? A. Well, that has happened before. But what I'm talking about is it was some this was 	2 3 4 5 6 7 8 9	 Q. Okay. How far away are you celled from Sasha? A. She is on a different gallery on, like, the other end of the way the prison is set up, it's like a big hallway with a bunch of cells. Q. Sure. A. She is, like, all the way on the other end on a different gallery. Q. Have you ever asked to be housed near or
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23 (Pages 89 to 92)

	Page 93		Page 95
1	requested to go – go ahead.	1	Q. When you talk about sexual reassignment
2	A. I do not believe what I was told.	2	surgery, are you talking about top, bottom or
3	Q. Okay. Other than requesting to go to a	3	both?
4	women's division, Logan, have you requested to go to	4	A. I wasn't wait, what do you mean.
5	any other IDOC facilities?	5	Q. When you said you wanted reassignment
6	A. I didn't specifically say Logan.	6	surgery, correct?
7	Q. Okay. You just but you have requested	7	A. The reassignment surgery is I mean, I
8	to go other places?	8	want breast augmentation and a reassignment for
9	A. To a women's prison, but that's it.	9	genitalia.
10	Q. Okay. All right. How about Janiah	10	Q. Okay. All right.
11	Monroe?	11	A. And then voice feminization surgery.
12	A. Is she on the lawsuit?	12	Q. Okay. Is there anything else?
13	Q. Yes.	13	A. Buttock augmentation.
14	A. Okay. I have not met her in person, but	14	Q. Say that again. I'm sorry.
15	I recognize the Monroe.	15	A. Buttock augmentation.
16	Q. Okay. How about Strawberry Hampton?	16	Q. Okay. Okay. Is there anything else that
17	A. I've heard of her.	17	you are looking for with this lawsuit?
18	Q. Okay. Have you ever met Strawberry?	18	A. As far as surgeries, or in general?
19	A. I have not.	19	Q. In general, what are you trying to
20	Q. Okay. And Tay Tay Artalia Tate?	20	accomplish?
21	A. I don't know who that is.	21	A. Laser hair removal.
22	Q. Okay. All right. I want to ask you	22	Q. Okay. Anything else?
23	about the defendants in this lawsuit. And again, it	23	A. Proper clothing and hygiene items. I
24	is not a memory test. Just to know what your	24	mean, we should have I'm trying to get everything
25	interaction, if any, has been, okay.	25	else that any other woman in IDOC gets. I feel we
	Page 94		Page 96
1	The first is Steve Meeks. Have you ever	1	should have access to that.
2	met Dr. Meeks?	2	Q. Are you aware of what clothing the women
3	A. No.	3	in the women's division wear?
4	Q. Okay.	4	A. I know they have clothes that probably
5	A. At least no.	5	fit them, unlike here.
6	Q. Okay. Do you know who Dr. Meeks is?		
		6	Q. Okay.
7	A. I do not.	6 7	Q. Okay.A. I know they have bras and underwear
7 8	A. I do not. Q. Okay. How about Rob Jeffreys?		
		7	A. I know they have bras and underwear
8	Q. Okay. How about Rob Jeffreys?	7 8	A. I know they have bras and underwear available.
8 9	Q. Okay. How about Rob Jeffreys?A. I don't recall ever knowing anyone by	7 8 9	 A. I know they have bras and underwear available. Q. Okay. Ms. Kuykendall, how tall are
8 9 10	Q. Okay. How about Rob Jeffreys?A. I don't recall ever knowing anyone by that name.	7 8 9 10	 A. I know they have bras and underwear available. Q. Okay. Ms. Kuykendall, how tall are you?
8 9 10 11	 Q. Okay. How about Rob Jeffreys? A. I don't recall ever knowing anyone by that name. Q. How about Melvin Hinton? 	7 8 9 10 11	 A. I know they have bras and underwear available. Q. Okay. Ms. Kuykendall, how tall are you? A. I'm 5'7 and a half.
8 9 10 11 12	 Q. Okay. How about Rob Jeffreys? A. I don't recall ever knowing anyone by that name. Q. How about Melvin Hinton? A. I don't recall meeting any of these 	7 8 9 10 11 12	 A. I know they have bras and underwear available. Q. Okay. Ms. Kuykendall, how tall are you? A. I'm 5'7 and a half. Q. And do you know how much you weigh?
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SORA KUYKENDALL 8/31/2020

	Page 97		Page 99
1 shoes t	hat fit you there?	1	A. I don't remember if ACLU or Kirkland and
	They do.	2	Ellis
	Okay. So they have smaller men's	3	Q. Okay. I don't I don't want to hear
4 shoes?		4	anything about Kirkland, okay.
5 A.	Well, I just kind of got big feet.	5	MS. BAILEY: And I'll just say, the ACLU
	Fair enough. Got it. Okay.	6	is representing Ms. Kuykendall, as well. So if
	MS. TOLBERT: All right. I think that's	7	anyone asks about, you know, dates of
8 all I hav	e for now. I'm sure your attorney has some	8	communications, that's fine, Carla.
9 questio	ns.	9	MS. TOLBERT: That's fine.
10 V	VITNESS: All right.	10	BY MS. TOLBERT:
11 N	IS. BAILEY: I do.	11	Q. Yeah. Do you remember anything else
12 5	Sora, how are you doing? Do you want to	12	about your communication before you were
13 take an	other break or do you want to push through?	13	represented, Ms. Kuykendall?
14 It's tota	lly up to you.	14	A. I mean, I remember writing them and at
15 V	VITNESS: I will push through. I want to	15	first like, dates or details, or
16 go back	k, though. I wasn't done with the things I	16	Q. Just in general. I mean, I don't expect
17 wanted	l.	17	you to remember the exact date, but anything you can
18 N	IS. TOLBERT: Oh, okay. It's okay.	18	tell me about your communication before you were
19 V	VITNESS: That people get hormone therapy	19	represented?
20 and rev	riewed, that that is done properly.	20	WITNESS: Amelia, can I say can I say
21 BY MS.	TOLBERT:	21	what that was?
22 Q.	Okay.	22	MS. BAILEY: Yeah, I think, Sora, I
23 A.	Blockers, as well. Hormone blockers.	23	don't we don't I don't expect you to remember
	Okay. Is there anything else?	24	when we officially started representing you, but you
25 A .	And someone to monitor IDOC for years now	25	can feel free to talk about your first letter to the
	Page 98		Page 100
1 and goi		1	Page 100 ACLU. If you remember what the next communication
5	Page 98 ng into the years from the outside to make ese things get done, because I don't feel	1 2	-
2 sure the	ng into the years from the outside to make		ACLU. If you remember what the next communication
2 sure the 3 like they	ng into the years from the outside to make ese things get done, because I don't feel	2	ACLU. If you remember what the next communication was, you can talk about that, as well. But after
2 sure the 3 like the 4 all the h	ng into the years from the outside to make ese things get done, because I don't feel y will. And from everything I have seen,	2 3	ACLU. If you remember what the next communication was, you can talk about that, as well. But after that, I think that's going to be privileged.
2 sure the 3 like they 4 all the h 5 that the	ng into the years from the outside to make ese things get done, because I don't feel y will. And from everything I have seen, history I have seen, I have seen no evidence	2 3 4	ACLU. If you remember what the next communication was, you can talk about that, as well. But after that, I think that's going to be privileged. MS. TOLBERT: Absolutely.
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25 (Pages 97 to 100)

	Page 101		Page 103
1	the things that you spoke about with Carla.	1	point, correct?
2	So earlier today, you mentioned that you	2	A. Right.
3	first realized that you were transgender or	3	Q. It wasn't necessarily top of mind at that
4	potentially suffering from gender dysphoria when you	4	moment, right?
5	were about four or five years old; is that right?	5	A. Right.
6	A. That's when I asked to be called by a	6	Q. And then thinking about the other times
7	female name.	7	prior to your car accident and prior to your
8	Q. Right. And at that point, you had	8	incarceration that you were hospitalized or saw a
9	asked go ahead. Sorry.	9	doctor, was your mom or another member of your
10	A. It wasn't until a little older that I	10	family typically with you when you were speaking
11	that I could, like, articulate that and, like,	11	with the doctor?
12	really kind of fully understood all of that.	12	A. Could you repeat the question? Sorry.
13	Q. Okay. So	13	Q. Sure. It was a long question.
14	A. That was when I was	14	So thinking about your hospitalizations
15	Q. Say that one more time. I just couldn't	15	or interactions with doctors prior to your car
16	hear you, Sora.	16	accident, were you typically with a family member
17	A. I knew I was a girl then. I just wanted	17	when you spoke to a doctor?
18	to make that clear.	18	
19	Q. And your knowledge that you were a girl	19	A. I mean, I was do you mean, like, a
20			medical doctor or do you mean a like a
	continued on through the rest of your life, correct?	20	psychiatrist or psychologist?
21		21	Q. Sure. Let's start with medical doctors.
22	A. Right.	22	Were you typically with a family member when you
23	Q. So just because you did not continue to	23	spoke with them?
24	ask your family to call you by a female name doesn't	24	A. I think so, yeah.
25	mean that your feelings and knowledge of your true	25	Q. And your family had indicated to you that
	Page 102		Page 104
1	gender identity went away, correct?	1	they were not accepting of transgenders, correct?
2	A. Right.	2	A. Yeah.
3	Q. And then Carla asked you some questions	3	
4	about interactions you had with doctors prior to		Q. So then I want to think about when you
	about interactions you had that about 5 phot to	4	 Q. So then I want to think about when you got to Menard. So remind me again when you first
5	your incarceration. Do you remember that?		-
5 6		4	got to Menard. So remind me again when you first
	your incarceration. Do you remember that?	4 5	got to Menard. So remind me again when you first got into IDOC custody?
6	your incarceration. Do you remember that? A. Yes.	4 5 6	got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that?
6 7	your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told	4 5 6 7	got to Menard. So remind me again when you firstgot into IDOC custody?A. Sorry. Can you repeat that?Q. No problem.
6 7 8	your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a	4 5 6 7 8	got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you
6 7 8 9	your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about	4 5 6 7 8 9	got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody?
6 7 8 9 10	 your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about that. Do you remember that? 	4 5 6 7 8 9	got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody? A. IDOC custody?
6 7 8 9 10 11	 your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about that. Do you remember that? A. She asked me a question? 	4 5 7 8 9 10 11	got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody? A. IDOC custody? Q. Correct.
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6 7 8 9 10 11 12 13 14	 your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about that. Do you remember that? A. She asked me a question? Q. Correct. Does that ring a bell? A. Yes. Q. And the your hospitalization right 	4 5 6 7 8 9 10 11 12 13 14	 got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody? A. IDOC custody? Q. Correct. A. Or county? Q. No, when you got to Menard. A. I believe that was November 20, 2014.
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about that. Do you remember that? A. She asked me a question? Q. Correct. Does that ring a bell? A. Yes. Q. And the your hospitalization right before you were arrested was after your car accident, right? A. Yes. Q. And you had a number of pretty serious injuries after that car accident, right? A. Right. Q. And then just a little bit after you were hospitalized you were arrested, correct? 	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody? A. IDOC custody? Q. Correct. A. Or county? Q. No, when you got to Menard. A. I believe that was November 20, 2014. Q. 2015, you said? A. '14. Q. 2014. Okay. And you said today that you told someone during intake that you were not a boy, correct? A. Right. Q. And then when did you first start receiving hormones, if you remember?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 your incarceration. Do you remember that? A. Yes. Q. And she asked you if you had ever told the doctor about your knowledge that you were a woman or ever asked your doctor questions about that. Do you remember that? A. She asked me a question? Q. Correct. Does that ring a bell? A. Yes. Q. And the your hospitalization right before you were arrested was after your car accident, right? A. Yes. Q. And you had a number of pretty serious injuries after that car accident, right? A. Right. Q. And then just a little bit after you were hospitalized you were arrested, correct? A. Right. 	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 got to Menard. So remind me again when you first got into IDOC custody? A. Sorry. Can you repeat that? Q. No problem. Can you remind me again the date that you first entered IDOC custody? A. IDOC custody? Q. Correct. A. Or county? Q. No, when you got to Menard. A. I believe that was November 20, 2014. Q. 2015, you said? A. '14. Q. 2014. Okay. And you said today that you told someone during intake that you were not a boy, correct? A. Right. Q. And then when did you first start receiving hormones, if you remember? A. Toward the end of January or the

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SORA KUYKENDALL 8/31/2020

	Page 105		Page 107
1	A. 2015.	1	A. Either ignored or forwarded it to the
2	Q. Okay. And since you have been receiving	2	committee and then never hearing anything back.
3	hormones, you've been taking Premarin as your form	3	Q. And have you filed grievances requesting
4	of estrogen, correct?	4	transfer to a women's facility?
5	A. Right. I would be I would prefer to	5	A. I'm actually not sure if I have or not.
6	be taking estradiol.	6	Q. Okay. That's no problem.
7	Q. And why would you prefer estradiol?	7	But safe to say, you have filed a number
8	A. It's the recommended one and it's safer.	8	of grievances related to your treatment as a
9	Premarin is made from horse urine.	9	transgender woman over the past couple of years,
10	Q. And have you asked anyone at IDOC to be	10	right?
11	switched to estradiol?	11	A. Oh, yeah.
12	A. I have. I was told that my hormone	12	Q. And have any of have any of those
13	numbers were fine so they weren't going to do that,	13	grievances been granted? Have you ever gotten what
14	and the numbers were not fine.	14	you asked for in the grievance?
15	Q. And then you mentioned that a couple	15	A. I mean, I grieved the bra issue. I don't
16	weeks ago, you got lab results back, right?	16	know if I was given that because of the grievance,
17	A. I did.	17	though. Because, I mean, I grieved that, I'm pretty
18	Q. And I think you said today one of your	18	sure, multiple times and it took them forever to get
19	levels was at 32?	19	it to me.
20	A. That's more or less. I think it was 32.	20	Q. Other than your bras, have you ever
21	I'm not 100 percent sure if that was the exact	21	gotten anything that you requested in a grievance
22	number.	22	that's related to your gender dysphoria?
23	Q. Okay. Was that your estrogen or	23	A. When I was trying to get my
24	testosterone level?	24	spironolactone increased.
25	A. That was my estrogen level.	25	Q. Sora, just hold on one second.
	Page 106		Page 108
			l'age loo
1	Q. And then you spoke today a lot about	1	MS. BAILEY: Carla, I know you I don't
1 2	Q. And then you spoke today a lot about certain hygiene and clothing items, gender-affirming	1 2	-
			MS. BAILEY: Carla, I know you I don't
2	certain hygiene and clothing items, gender-affirming	2	MS. BAILEY: Carla, I know you I don't want to be rude. Maybe you could mute yourself.
2 3	certain hygiene and clothing items, gender-affirming items that you would like access to. So, for	2 3 4 5	MS. BAILEY: Carla, I know you I don't want to be rude. Maybe you could mute yourself. There's a lot of papers and wrestling from you.
2 3 4	certain hygiene and clothing items, gender-affirming items that you would like access to. So, for example, you mentioned women's underwear. Have you	2 3 4 5 6	MS. BAILEY: Carla, I know you I don't want to be rude. Maybe you could mute yourself. There's a lot of papers and wrestling from you. MS. TOLBERT: I don't think it's coming
2 3 4 5 6 7	certain hygiene and clothing items, gender-affirming items that you would like access to. So, for example, you mentioned women's underwear. Have you filed a grievance requesting access to women's underwear? A. I have put in clothing.	2 3 4 5 6 7	MS. BAILEY: Carla, I know you I don't want to be rude. Maybe you could mute yourself. There's a lot of papers and wrestling from you. MS. TOLBERT: I don't think it's coming from me, but okay. BY MS. BAILEY: Q. Go ahead, Sora.
2 3 4 5 6 7 8	certain hygiene and clothing items, gender-affirming items that you would like access to. So, for example, you mentioned women's underwear. Have you filed a grievance requesting access to women's underwear? A. I have put in clothing. Q. You said clothing, okay.	2 3 4 5 6 7 8	MS. BAILEY: Carla, I know you I don't want to be rude. Maybe you could mute yourself. There's a lot of papers and wrestling from you. MS. TOLBERT: I don't think it's coming from me, but okay. BY MS. BAILEY: Q. Go ahead, Sora. A. That was it.
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27 (Pages 105 to 108)

	Page 109		Page 111
1	Q. Why did you not want to go to the yard?	1 of No	wember or the beginning of December 2018, I
2	A. Because partly because of the incident		. I think it might have been December 3.
3	with where I was groped before. I didn't like		. And you haven't had any disciplinary
4	I still don't like getting in lines. And then there		ences since then, correct?
5	is also harassment that the sexual harassment.		. No.
6	Just all of the other all of the other stuff that		. And then we also spoke about, I think
7	goes on because I'm transgender.		vo incidents that happened with Officer
8	Q. How do you when you used to go to the	8 Hoffr	
9	yard, how did that make you feel?		. Uh-huh.
10	A. Could you go back? What do you mean?		. And I know this – I apologize. This is
11	Q. Sure. Well, I can say it this way: Did		ably a little bit uncomfortable. But I just
12	it make you feel anxious to be in the yard?	-	to be clear that the first incident, did he say
13	A. Oh, yeah. But I kind of we don't		u tits, tits, tits; is that right?
14	always have access to a phone, you know. So it's		. I don't know which one came first.
15	like something that I would blank out to put myself		. Okay.
16	through that.		. Especially during that time, there was
17	Q. Why did you feel like you had to put		o much going on with with Hood and I
18	yourself through that?	,	, the COs were just being really ridiculous then
19	A. So I could get on the phone. They come		nd that time.
20	around every once in a while, they are passed		. But at one point, those are the words
20	around. But in the past, that has been kind of hit		ne said to you, right?
22	or miss. Sometimes it would be kind of often and		. Right.
23	sometimes not really at all. So, you know, if I		. And then we spoke about another incident,
2.5	have a phone call I need to make, I have to go		just didn't catch this. What did he say to
25	out.		n the second incident?
	out.		
	D 110		D (10)
	Page 110		Page 112
1	Page 110 Q. When you went to yard, did you feel		Show me your boobs.
1 2			-
	Q. When you went to yard, did you feel		Show me your boobs.
2	Q. When you went to yard, did you feel unsafe?	2 Q. 3 feel?	Show me your boobs.
2 3	Q. When you went to yard, did you feelunsafe?A. There were times, yeah.	2 Q. 3 feel? 4 A .	Show me your boobs. And how did those incidents make you
2 3 4	 Q. When you went to yard, did you feel unsafe? A. There were times, yeah. Q. But you would do it anyway because up 	2 Q. 3 feel? 4 A. 5 who a	Show me your boobs. And how did those incidents make you I mean, I was upset because the people
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2 3 4 5 6	 Q. When you went to yard, did you feel unsafe? A. There were times, yeah. Q. But you would do it anyway because up wanted the chance to take a phone call and speak to someone on the phone; is that right? 	2 Q. 3 feel? 4 A. 5 who a 6 like th 7 Q. 8 that ye	Show me your boobs. And how did those incidents make you I mean, I was upset because the people re supposed to be keeping me safe were behaving at. It's dehumanizing.
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28 (Pages 109 to 112)

	Page 113		Page 115
1	Q. And did she seem concerned for your	1	visit and I was told that I had to get a strip
2	mental health?	2	search and I had to go on my visit and, if I
3	A. Yes.	3	refused, I would be taken to seg and get strip
4	Q. And then we also spoke today or you told	4	searched anyways. And I asked if I could go back to
5	us about how every correctional officer misgenders	5	my cell and just refuse my visit, but I was I was
6	you, correct?	6	told, no, I have to go or I will be taken to seg.
7	A. Right.	7	So I went on my visit and then, on the strip search
8	Q. How does that go ahead?	8	from returning from the visit, because it was before
9	A. Most of the medical staff does, too. I	9	and after, while I was while I was being strip
10	just want to be clear on that. Like, it's it's	10	searched, two people came in. And when I grieved
11	kind of everywhere and, you know, other prisoners	11	this issue and when I reported it to PREA, I don't
12	and	12	recall ever hearing back from PREA at all. And when
13	Q. So is it safe to say that the vast	13	I reported it, I was told by the counselor, you're
14	majority of people you interact with misgender	14	not going to like my answer to this. And then when
15	you?	15	I got the response, they were saying that there's a
16	A. Right.	16	curtain in the shakedown room. But the way it's set
17	Q. And how does that make you feel?	17	up is that curtain is between the cells and I was in
18	A. Like like how I feel doesn't matter.	18	the cell on this side and the door is here. So they
19	Like, I feel trapped about it. That I can't do	19	came in and they could see everything while I was
20	anything about it. That I can't get to a situation,	20	completely naked.
21	change my circumstances to where, like, I blend in	21	Q. When you say they, does that mean other
22	or that I can just avoid these people, because I	22	correctional officers?
23	can't. I can't escape this in here.	23	A. It was a correctional officer and a
24	Q. And you mentioned one incident today	24	prisoner.
25	where you were getting a breast exam and the curtain	25	Q. And were they all males?
	Page 114		Page 116
			r age no
1	was left open and other people?	1	A. Both were males.
1 2	was left open and other people? A. There was no curtain.	1 2	-
		1	A. Both were males.
2	A. There was no curtain.	2	A. Both were males.Q. And the officer that strip searched you,
2 3	A. There was no curtain.Q. There was no curtain. Sorry. No	2 3	 A. Both were males. Q. And the officer that strip searched you, was that a male officer, as well?
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2 3 4 5	 A. There was no curtain. Q. There was no curtain. Sorry. No curtains. And I think you mentioned that others walked by when you were getting your breast exam and 	2 3 4 5	 A. Both were males. Q. And the officer that strip searched you, was that a male officer, as well? A. Yes, they always they always strip me by they always have me stripped by a male. And
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29 (Pages 113 to 116)

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	Page 117		Page 119
1	MS. BAILEY: Okay. Do you want, like,	1	she
2	five or ten minutes, Sora? Is that okay?	2	Q. Okay. Thank you.
3	WITNESS: Yes.	3	Earlier, you told me you wanted laser
4	MS. BAILEY: And I'm almost done, so it	4	hair removal; is that correct?
5	won't be much longer, okay.	5	A. That's right.
6	MS. TOLBERT: I have a very short amount	6	Q. Okay. Have you had a decrease in your
7	of redirect, but I promise not much.	7	body hair since you've been on the estrogen?
8	So, like ten minutes?	8	A. I have not seen any decrease in my body
9	MS. BAILEY: Yes.	9	hair.
10	(Recess taken from 11:45 a.m. to 11:53 a.m.)	10	Q. Okay. Okay. Are you allowed to shave?
11	MS. BAILEY: Okay. We can go back on the	11	A. I am given I mean, I can with like
12	record.	12	a guy's shaver, but that doesn't that doesn't
13	BY MS. BAILEY:	13	remedy the situation because I still have, like,
14	Q. Okay. Sora, I just have one more	14	face stubble that comes in really quick. So I have
15	question for you. So you stated today that you, at	15	to pluck it with a pair of I use nail clippers
16	one point, did request a cellie, right?	16	and I pluck them out.
17	A. Yes.	17	Q. But you are given razors, correct?
18	Q. Okay. And why did you want to have a	18	A. We are given shavers, not razors.
19	cellie?	19	Q. Shavers, okay.
20	A. Because it's lonely being in a cell all	20	And can you get those shavers any time
21	by yourself. Like, I don't have anyone to talk to	21	you request them?
22	at all.	22	A. You can buy them out of the commissary.
23	MS. BAILEY: Okay. That's all from me.	23	Q. Okay. And do you have one that you have
24	FURTHER EXAMINATION	24	purchased?
25	BY MS. TOLBERT	25	A. I do.
	D (10		
	Page 118		Page 120
1	Page 118 A. Ms. Kuykendall, I have a few follow-ups	1	Page 120 Q. Okay. And do you use that on your body
1 2		1 2	-
	A. Ms. Kuykendall, I have a few follow-ups		Q. Okay. And do you use that on your body
2	A. Ms. Kuykendall, I have a few follow-ups and I hope not to take much more of your time.	2	Q. Okay. And do you use that on your body hair and your face or
2 3	A. Ms. Kuykendall, I have a few follow-ups and I hope not to take much more of your time. Thank you.	2 3	 Q. Okay. And do you use that on your body hair and your face or A. I pluck may hairs out of my face
2 3 4	A. Ms. Kuykendall, I have a few follow-ups and I hope not to take much more of your time. Thank you. Earlier, you were asked some more	2 3 4	 Q. Okay. And do you use that on your body hair and your face or A. I pluck may hairs out of my face Q. Okay.
2 3 4 5	A. Ms. Kuykendall, I have a few follow-ups and I hope not to take much more of your time. Thank you. Earlier, you were asked some more questions about your hormone therapy and you said	2 3 4 5	 Q. Okay. And do you use that on your body hair and your face or A. I pluck may hairs out of my face Q. Okay. A with nail clippers, since tweezers
2 3 4 5 6	A. Ms. Kuykendall, I have a few follow-ups and I hope not to take much more of your time. Thank you. Earlier, you were asked some more questions about your hormone therapy and you said you were taking Premarin, but you wanted estradiol;	2 3 4 5 6	 Q. Okay. And do you use that on your body hair and your face or A. I pluck may hairs out of my face Q. Okay. A with nail clippers, since tweezers aren't available. Q. Sure. Okay. A. But I use the shaver to shave my legs.
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30 (Pages 117 to 120)

	Page 123
1 that.	1 anybody else or how they feel.
2 Q. Okay. And at that point, you had been on	2 Q. No. My question was, have you spoken
3 the hormones since you thought January or February	3 with any of them about how they feel?
4 of '15, correct?	4 A. Oh, yeah.
5 A. That's right.	5 Q. Who have you talked to about who has
6 Q. So you got to Menard in November of '14?	6 lived at Logan?
7 A. Right.	7 A. Wait. At Logan?
8 Q. And by either January or February of '15,	8 Q. Or anywhere in the women's division.
9 you were prescribed hormones, correct?	9 My question was, have you spoken to any
10 A. Because I castrated myself.	10 transgender woman who has lived in the women's
11 Q. Okay. And then you later on were given	11 division.
12 the bra. Got it.	12 A. Okay. Now so I misheard that.
13 Tell me about the results	13 Q. Okay.
14 A. I developed breasts months before I	14 A. I have not heard or talked to any.
15 actually got the bra, though, and I was I told	15 Q. Okay. All right. That's all I need to
16 them that and that I needed a bra and I was still	16 know there.
17 ignored.	17 I did forget to ask you earlier: Tell me
18 Q. Okay. Tell me about the effects of your	18 how showering works for you. Or do you shower alone
19 self castration. Like, what's the what's the	19 or in medical; how does it work?
20 permanent effect?	A. So you can get a shower permit, but the
A. There is no permanent effect.	21 showers are on the gallery and there's a wall, but
22 Q. No permanent effect. Okay. You didn't	22 it only comes up to, like, waist level. So they can
23 lose any part of your genitals because of your	23 see everything above. There are no curtains. So I
attempt to do that, correct?	24 do not I do not shower. I shower in my cell with
25 A. Right.	a rag and I wipe myself down and I wash my hair in
 Dama 122	Dana 424
Page 122	Page 124
1 Q. Okay. All right.	1 my sink because I won't go to the showers with the
2 You've been well, since the time you	2 men and the shower on the gallery doesn't doesn't
3 have gotten to Menard, have you had any discussions	3 give you privacy at all.
4 with any of the wardens about your situation?	4 Q. Have you ever asked to shower in
5 A. I've written kites.	5 medical?
 5 A. I've written kites. 6 Q. Okay. Right. Do the wardens make rounds 	5 medical? 6 A. I can't I can't recall if I have.
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31 (Pages 121 to 124)

	Page 125		Page 127
1	Q. Okay. But he so he turned his back to	1	WITNESS: I'll waive it then.
2	you during the exam, right?	2	MS. BAILEY: Okay. We'll waive it.
3	A. Right.	3	MS. TOLBERT: Ms. Kuykendall, thank you
4	Q. Okay. So from your experience being in	4	very much. I know this was tough and I appreciate
5	medical, are there both male and female personnel,	5	your patience.
6	whether they be health care personnel or guards in	6	Etrans.
7	medical?	7	MS. BAILEY: And I think the same for us.
8	A. Could you rephrase that?	8	We would like a transcript and a mini, too, as well.
9	Q. Well, so of all of the people working in	9	No exhibits, so it makes it easy.
10	medical, whether it's doctors, nurses, technicians,	10	(Deposition concluded at 12:05 p.m.)
11	officers, are they both men and women?	11	
12	A. Yes.	12	
13	Q. Okay. And	13	
14	A. But officers don't work as medical	14	
15	staff.	15	
16	Q. No. No. No. But they are in medical	16	
17	either whether they are escorting a prisoner or	17	
18	there are some officers who are assigned to medical,	18	
19	correct?	19	
20	A. Yes.	20	
21	Q. Okay.	21	
22	A. I don't know if there how the	22	
23	assigning and stuff works.	23	
24	Q. I understand. But just in general, there	24	
25	are – there are both genders present in medical,	25	
			D 420
1	Page 126	1	Page 128
1 2	right?	1	Page 128 CERTIFICATE OF REPORTER
2	right? A. Right.	1 2 3	_
	right? A. Right. Q. Okay. Are you aware of whether male	2	CERTIFICATE OF REPORTER
2 3	right? A. Right. Q. Okay. Are you aware of whether male inmates are examined in that same room that you had	2 3	CERTIFICATE OF REPORTER
2 3 4	right? A. Right. Q. Okay. Are you aware of whether male inmates are examined in that same room that you had your breast exam?	2 3 4 5 6	CERTIFICATE OF REPORTER I, JOYCE D. LAWRENCE, the officer before whom the foregoing deposition was taken, do
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32 (Pages 125 to 128)

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SASHA REED 8/31/2020

Page 1	Page 3
1 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS 2 EAST ST. LOUIS DIVISION 3 JANIAH MONROE, MARILYN) MELENDEZ, EBONY STAMPS,) 5 LYDIA HELENA VISION,) SORA KUYKENDALL, and) 6 SASHA REED,) 7 Plaintiffs,) 8 vs.)NO. 18-156-NJR) 9 ROB JEFFREYS, MELVIN HINTON,) and STEVE MEEKS,) 10) 12	APPEARANCES: APPEARANCES: FOR THE PLAINTIFF SASHA REED: MS. SYDNEY SCHNEIDER Kirkland & Ellis, LLP SOUNORTH LaSalle Chicago, Illinois 60654 Sydney.schneider@kirkland.com FOR THE DEFENDANTS: MS. CARLA TOLBERT Assistant Attorney General 201 West Pointe Drive, Suite 7 Belleville, Illinois 62226 ALSO PRESENT: ALSO PRESENT: Joyce D. Lawrence, CSR, CCR, RPR CSR# 84-1716 CCR# 1329 Alaris Litigation Service 15 S. Old State Capitol Plaza Springfield, Illinois 62701 MS. CARLA TOLBERT Alaris Litigation Service 300 21
Page 2	Page 4
1 INDEX 2 WITNESS Page 3 SASHA REED 4 EXAMINATION BY Ms. Tolbert	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 RESERVED. 8 •••••••••• 9 ••••••••• 10 (Deposition commenced at 12:54 p.m.) 12 COURT REPORTER: Do both counsel agree 13 and stipulate that it is acceptable that I swear in 14 the witness remotely? 15 MS. TOLBERT: We do for the Defendants. 16 MS. SCHNEIDER: We do for the Plaintiff. 17 SASHA REED, 18 called as a witness, being first duly sworn, was 19 examined and testified as follows: 20 EXAMINATION 21 BY MS. TOLBERT 22 Q. Great. Hi, Ms. Reed. How are you? 23 A. I'm all right. 24 Q. All right. You'll pop up here. You pop 25 up when you start talking.

1 (Pages 1 to 4)

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	Page 41		Page 43
1	A. I saw mental health down there in	1	health professional, is it one-on-one or are you
2	Pontiac.	2	ever in any kind of group classes or group
3	Q. Okay. How long after you got to Pontiac	3	therapies?
4	was it before you saw mental health?	4	A. Just one-on-one.
5	A. For my transgender issues?	5	Q. Okay. All right. Who is your current
6	Q. Well, for anything. I mean, I'm sure the	6	mental health provider professional?
7	first time they saw you was maybe a general kind of	7	A. Her name is Traper.
8	appointment or did you were you initially seen	8	Q. Okay. And are you also seen by
9		9	Dr. Siddique?
10	for your transgender issues?	10	A. I haven't saw him for some months now.
-	A. Well, when I went to Pontiac, I left I		
11	left NRC on crisis watch to Pontiac crisis watch.	11	Q. Okay. You're on hormones now, correct?
12	Q. Okay.	12	A. Correct.
13	A. So I saw mental health when I got down	13	Q. Okay. Do you know what medication
14	there and I didn't see them again until I don't	14	what hormone medications that you are on?
15	remember the date.	15	A. Estradiol and spironolactone.
16	Q. How long were you on crisis watch after	16	Q. And who is prescribing those, if you
17	you got to Pontiac; do you remember?	17	know?
18	A. I don't remember.	18	A. Nurse Practitioner Ms. Zimmer.
19	Q. Okay. Have you been on crisis watch at	19	Q. Okay. And do you recall when you first
20	other times after Pontiac?	20	started taking the estradiol?
21	A. I left Pontiac and came to Menard. Last	21	A. 2017.
22	time I was here, I wasn't on crisis watch and, yeah,	22	Q. 2017. And the same date for the
23	at Lawrence.	23	spironolactone?
24	Q. Okay. That was when you tried to hurt	24	A. There was a little like, a week
25	yourself again?	25	apart.
	Dage 42		Page 44
	Page 42		Page 44
1	A. Yeah.	1	Q. Okay. But about still in 2017,
2	Q. Okay. All right.	2	right?
3	So how often are you seen by mental	3	A. Yes.
4	health now?	4	Q. Okay. Has Nurse Practitioner Zimmer
5	A. Every it's supposed to be once a	5	always been the person to prescribe those
6	month. Sometimes I can go a month or two without	6	medications?
7	seeing them.	7	A. Dr. Siddique was. He prescribed, when I
8	Q. Okay. Do they tell you why?	8	got down here, basically, like, refill my order.
9	A. No.	9	Then I stopped seeing him and I started seeing
10	Q. Okay.	10	Ms. Zimmer.
11	A. Even if I drop a request.	11	Q. Where were you housed when you first
12	Q. Yeah. And what kind of treatment or	12	started taking estradiol and the spironolactone?
13	therapy are the mental health professionals doing	13	A. Menard.
14	with you?	14	Q. The first time at Menard or the second
1	A. Nothing that I feel that's helping me.	15	time?
15			
15 16	Q. Okay. But what kind of I'm sorry. Go	16	A. The first time.
	Q. Okay. But what kind of I'm sorry. Go ahead.	16 17	
16 17	ahead.	17	Q. The first, okay.
16 17 18	ahead. A. When I go in there, we just talk about	17 18	Q. The first, okay. Looking at my dates here. Hang on.
16 17 18 19	 ahead. A. When I go in there, we just talk about she just asks me if I'm okay and I explain to her, 	17 18 19	Q. The first, okay. Looking at my dates here. Hang on. While you were at Pontiac, prior to your
16 17 18 19 20	ahead. A. When I go in there, we just talk about she just asks me if I'm okay and I explain to her, like, as far as, like, my transgender issues and,	17 18 19 20	Q. The first, okay. Looking at my dates here. Hang on. While you were at Pontiac, prior to your first time at Menard, had you discussed hormones
16 17 18 19 20 21	ahead. A. When I go in there, we just talk about she just asks me if I'm okay and I explain to her, like, as far as, like, my transgender issues and, like, how I'm feeling, like, stuff like that and	17 18 19 20 21	Q. The first, okay. Looking at my dates here. Hang on. While you were at Pontiac, prior to your first time at Menard, had you discussed hormones with any of the doctors or nurse practitioners at
16 17 18 19 20 21 22	ahead. A. When I go in there, we just talk about she just asks me if I'm okay and I explain to her, like, as far as, like, my transgender issues and, like, how I'm feeling, like, stuff like that and they write down a little treatment plan or what	17 18 19 20 21 22	Q. The first, okay. Looking at my dates here. Hang on. While you were at Pontiac, prior to your first time at Menard, had you discussed hormones with any of the doctors or nurse practitioners at Pontiac? I'm sorry at
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11 (Pages 41 to 44)

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Page 45	Page 47
1 A. I never discussed it with them until I	1 hasn't got approved yet this time around since I've
2 got to Menard.	2 been here.
3 Q. All right. Had you ever heard of a	3 Q. Got it. So you're you're waiting to
4 transgender woman taking hormones before that?	4 go to is it Logan?
5 A. Yes.	5 A. Well, they submitted me. They I don't
6 Q. Okay. All right. Have you have you	6 know. They submitted they recommended or
7 talked to any medical provider at any facility about	7 whatever. I don't know. I guess I got approved or
8 having surgery?	8 whatever. So I don't want to say that I got
9 A. Yes.	9 approved or anything but
10 Q. Okay. What kind of surgeries did you	10 Q. Got it. So you haven't been told if
11 talk about?	11 you're going to go soon?
12 A. I talked to Ms. Low about having bottom	12 A. No. They just said I was put in for
13 surgery. I filed grievances, which got denied.	13 it.
14 Q. Okay. And where was that? Was that at	14 Q. Okay. All right. So all right. Who
15 Menard or was that before?	15 told you that?
16 A. Menard and Lawrence.	16 A. Mental health and my attorney.
17 Q. And was that Menard the first time or	17 Q. Since you started taking hormones in
18 this time?	18 2017, what kind of physical changes have you had?
19 A. The first time.	19 A. My breasts, my hands are a little softer
20 Q. Have you talked to Dr. Siddique or	and I don't grow, like, hair as much as I used to.
anybody at Menard this time about having surgery?	And like, I my face is a little more feminine.
22 A. Yes.	22 Q. Okay. Okay. Do you still have to
23 Q. Okay. Who did you talk to?	23 shave?
A. My last mental health doctor,	A. Sometimes, yes.
25 Ms. Myers.	25 Q. Okay. Do you have access to a shaver or
Page 46	Page 48
I age 40	I age 40
1 Q. Courtney Myer?	1 the razors to shave?
1Q. Courtney Myer?2A. No. No, not her. It's another Myers.	1 the razors to shave? 2 A. No.
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1 Q. Courtney Myer? 2 A. No. No, not her. It's another Myers. 3 Q. Okay. 4 A. She doesn't work here anymore, though. 5 Q. Got it. 6 And what did – what did Ms. Myers say? 7 A. She told me that IDOC don't do those type 8 of surgeries. 9 Q. Are you aware of the Transgender Care 10 Review Committee? Have you ever heard that term? 11 A. Yes. 12 Q. Okay. Are you aware of whether any 13 requests for surgery from you has been addressed by 14 the committee? 15 A. No. 16 MS. SCHNEIDER: Objection. Foundation. 17 BY MS. TOLBERT: 18 Q. Are you aware, Ms. Reed? 19 A. No. 20 Q. Okay. Have you ever requested to go to 21 Logan or Lincoln, to the women's division?	 the razors to shave? A. No. Q. So how do you shave? A. Okay. I get what you're saying. Sorry. I have my I have my own personal. Q. You have an electric razor? A. Yes. My personal, yes. Q. Okay. And how good of a job does that do on your facial and body hair? A. Not so good. It breaks my skin out. I always have, like, little bumps and stuff like that. So it doesn't do a good job. Q. Okay. All right. How about, have you been given permission to wear a bra? A. Yes. Q. Okay. Did you have to get that get a slip from medical? A. A permit, yes. Q. And when did you get that? Q. Okay. The first time or the second
1 Q. Courtney Myer? 2 A. No. No, not her. It's another Myers. 3 Q. Okay. 4 A. She doesn't work here anymore, though. 5 Q. Got it. 6 And what did – what did Ms. Myers say? 7 A. She told me that IDOC don't do those type 8 of surgeries. 9 Q. Are you aware of the Transgender Care 10 Review Committee? Have you ever heard that term? 11 A. Yes. 12 Q. Okay. Are you aware of whether any 13 requests for surgery from you has been addressed by 14 the committee? 15 A. No. 16 MS. SCHNEIDER: Objection. Foundation. 17 BY MS. TOLBERT: 18 Q. Are you aware, Ms. Reed? 19 A. No. 20 Q. Okay. Have you ever requested to go to 21 Logan or Lincoln, to the women's division? 22 A. Yes.	 the razors to shave? A. No. Q. So how do you shave? A. Okay. I get what you're saying. Sorry. I have my I have my own personal. Q. You have an electric razor? A. Yes. My personal, yes. Q. Okay. And how good of a job does that do on your facial and body hair? A. Not so good. It breaks my skin out. I always have, like, little bumps and stuff like that. So it doesn't do a good job. Q. Okay. All right. How about, have you been given permission to wear a bra? A. Yes. Q. Okay. Did you have to get that get a slip from medical? A. A permit, yes. Q. And when did you get that? A. When I first got down here. Q. Okay. The first time or the second time?

12 (Pages 45 to 48)

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SASHA REED 8/31/2020

1 several years? 1 A. You buy your own shoes, 2 A. Yes. 2 C. Okay, All right. How many bras are you 3 Q. Okay, All right. How many bras are you 3 So what's your current housing unit? 4 A. Four. So what's your current housing unit? 7 Q. Four. How about other women's A. No. 9 A. Four. Q. Uh-hun. What gallery? 9 A. No. Q. Uh-hun. What gallery? 9 A. No. C. Okay. And the you have a cell 10 Q. Okay. Now, tell me what you're wearing. Independent the state state of that you buy in the commissary? 11 A. No. This is the the same uniform. Independent the male prisoners would use or would wear? A. No. 11 A. No. So the dot have in you wear the same uniform. Independent the same uniform. 12 Q. Kay. How about at Pontace? A. Yes. 13 A. Ides 10. A. Yes. 14 A like. 5 fo. C. Kay. How about at Pontace? 15 Q. Okay. How about at Pontace? A. Yes. 16 A. No. Page 50 17 A. Iarge. Page 50 </th <th></th> <th>Page 49</th> <th></th> <th>Page 51</th>		Page 49		Page 51
2 A. Yes. 2 C. Okay. All right. 3 G. Okay. All right. How many bras are you allowed to have in your possession at any one time? 3 So what's your current housing unit? 4 A. Istay in Nohth 2 cell house. 3 So what's your current housing unit? 5 time? 0. Un-huh. What gallery? 6 A. Istay in Nohth 2 cell house. 7 0. Four. 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 9 A. No. The is the out about other women's 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in your possession at any one time? 7 0. The second to have in the your possession at any one time? 7 0. The second to have and to have in your possession at any one time? 7 0. The second to have and the your possession at any one time? 7 0. The second to have and the your possession at any one tin your posses and posses you posses ane uniform top time you wate	-	-	_	-
3 O. Okay, All right. How many bras are you 3 So what's your current house. 4 allowed to have in your possession at any one 4 A. Istay in North 2 cell house. 5 A. Four. 6 A. Four. 7 O. Four. How about other women's 3 O. What's your current house. 9 A. No. 3 A. Noth's your current house. 9 A. No. C. Uh-huh. What's gallery. 9 A. No. 3 A. Noth's your current house. 9 A. No. A. Noth's your current house. 9 A. No. A. Noth's your current house. 9 A. No. A. Noth's your current house. 9 A. No. This is the work you're wearing. A. Noth's your current house. 11 A. No. Menard? A. No. This is the the state-issued 12 Menard? A. No. A. No. 13 A. No. This is the the state-issued Menard? 14 A. No. A. No. A. No. 15 G. Okay. And is that the same uniform. G. Okay. How about at Pontiac? 16 A. Like, S to. A. 169. A.		-		
4 allowed to have in your possession at any one time? 4 A I stay in North 2 cell house. 5 time? 0. Un-huh. What gallery? 6 6 A. Four. 7 0. Four. How about other women's 0. Un-huh. What gallery? 7 0. Four. How about other women's 0. Orkay. Now, tell me what you're wearing. 7 0. 7 gallery. And do you have a cell 10 0. Okay. Now, tell me what you're wearing. 10 mater? 11 1. No. This is the - the state-issued 10 mater? 12 that a top that you buy in the commissary? 10 0. Okay. And is that the same uniform top 14 o. Okay. And is that the same uniform. 16 A. No. 15 0. Okay. And is that the same uniform. 16 A. No. 16 A. Wes. 10 Okay. How about at Lawrence? 17 A. Yes. 0. Okay. And way one undersend the action the				
5 time? 5 G. Uh-hub. What gallery? 6 A. Four. 7 G. Four. How about other women's undergaments, are you allowed to have those? A. Noth 27 gallery. 7 G. 72 fm sory. 9 A. No. 9 G. 72 fm sory. 8 A. 7 gallery. 7 10 G. Okay. Now, tell me what you're wearing. 10 A. No. 7 G. 72 gallery. And do you have a cell 11 M. No. 10 A. No. No. Have you ever had a cell mate at 11 A. No. No. No. No. 12 M. A. No. No. No. No. 13 A. No. This is the – the state-issued 11 A. No. No. 14 Uniform. G. Okay. And is that the same uniform. 16 A. No. No. 14 M. Steed, how tall are you? A. No. No. No. No. 15 O. Okay. How about at Lawrence? A. No. No. No. 16 M. Steed, how tall are you? A. No. No. No. No. 16 A. Sother you have thow about at Lawrence? A. No. No. <th></th> <th></th> <th></th> <th></th>				
6 A. Four. 6 A. North 2-7 gallery. 7 Q. Four. How about other women's 6 A. North 2-7 gallery. 9 A. No. 7 Q. 77 Hm sorry. 9 A. No. 7 Q. 77 Jm sorry. 10 Q. Okay. Now, tell me what you're wearing. 10 A. No. This is the - the state-issued 11 thook alke a scrub top. But what kind of – is 11 A. No. 12 that a top that you buy in the commissary? 12 Q. No. Have you ever had a cell mate at 14 a. No. This is the - the state-issued 11 A. No. 15 Q. Okay. And is that the same uniform. 15 Q. Okay. How about at Lawrence? 16 A. Mos. Yes. 19 Q. Vady. How about at Lawrence? 17 A. Yes. 19 Q. Okay. How about at Lawrence? 18 A. 169. 20 A. Yep. 21 Q. And do you know approximately how much 24 Q. What size is your – your blue top. Do 25 Q. What size is your – your blue top. Do 25 Q. So the only time you had a celle at 11 A. Alarge. 21 A. Hada celli for to months, until I 2 A. Yeah. 2 A. Yeah. 3 A. Hada celli for the more may – and that's a me				
7 Q. Four. How about other women's undergaments, are you allowed to have those? 7 Q. 7? I'm sory; 8 undergaments, are you allowed to have those? 9 Q. 7 gallery; 10 Q. Okay, Now, tell me what you're wearing. 10 C. and the point of the state-issued 11 It looks like a scrub top. But what kind of – is 0 No. 13 A. No. This is the – the state-issued 10 14 unform. 20 No. Have you ever had a cell mate at 15 Q. Okay. And is that the same uniform top that the male prisoners would use or would wear? A. No. 16 How Skeed, how tall are you? 10 A. Web. 17 Q. At Like, 5'10. 20 A. Yep. 21 Q. And do you know approximately how much you weigh? 21 Q. Ud you have the same celle the entire time you wee there or did you have more than one? 23 A. flarge. 23 A. I had a cellie for two months, until I 24 Q. What size is your – your blue top. Do you know offhand? 25 Q. the same celle at 25 you know difthand? 2 A. I had a cellie or two months, until I 25 A. Like, S'0. Q. Okay. And – go ahead.				
8 undergarments, are you allowed to have those? 9 A. 7 gallery. 9 A. No. 0 C 7 gallery. And do you have a cell 10 O. Okay. Now, tell me what you're wearing. 10 11 It looks like a scrub top. But what kind of – is 10 12 that a top that you buy in the commissary? 12 13 A. No. This is the – the state-issued 11 A. No. Have you ever had a cell mate at 14 uniform. 12 O. Okay. And is that the same uniform top 15 O. Okay. And is that the same uniform top 15 O. Okay. How about at Lawrence? 16 that male prisoners would use or would wear? 16 A. No. 17 A. Yes. Everybody wear the same uniform. 17 O. Have about at Lawrence? 18 O. Got It. 18 A. Yep. 19 M. S. Reed, how tall are you? 19 O. You did at Pontiac? 21 O. And do you how approximately how much 21 O. Did you have the same one. 23 A. 169. 23 A. 169. 24 Q. What size is your – your blue top. Do 24 20 tott fesse, and that was the same one. <	-			
9 A. No. 9 Q. 7 gellery. And do you have a cell 10 Q. Okay, Now, tell me what you're wearing. 11 A. No. 11 thicks like a scrub top. But what kind of – is 11 A. No. 12 that a top that you buy in the commissary? 12 Q. No. Have you ever had a cell mate at 13 A. No. This is the – the state-issued 13 Memard? 14 unform. 14 A. No. 15 Q. Okay. And is that the same uniform top 15 Q. Now about at Lawrence? 16 that the male prisoners would user? 16 A. No. 17 A. Yes. Everybody wear the same uniform. 17 Q. How about at Pontlac? 19 M. Skeed, how tall are you? 19 Q. You did at Pontlac? 20 A. Like, 51 to. 10 Q. You did at Pontlac? 21 Q. And do you know approximately how much 20 A. Yep. 22 Q. What size is your your blue top. Do 24 got out of seg., and that was the same one. 25 you know offhand? 2 A. Yes. Q. And how did you get along with the 21 A. Alarge. 1 Partick was when you were in segregation, right? 2 A. Yes. 2 A. How about did fight or hurt				-
10 Q. Okay. Now, tell me what you're wearing. 10 mate? 11 It looks like a scrub top. But what kind of - is 11 A. No. 13 A. No. This is the - the state-issued 11 A. No. 14 uniform. Q. Okay. And is that the same uniform top 14 A. No. 15 G. Okay. And is that the same uniform top 16 A. No. 16 G. Okay. And is that the same uniform. 17 Q. How about at Lawrence? 17 A. Yes. Everybody wear the same uniform. 17 Q. How about at Pontiac? 20 A. Like, 5'10. 20 A. Yee. 21 Q. And do you know approximately how much 21 Q. Did you have the same cellie the entire 22 you weigh? A. 169. 22 A. 169. 22 Q. What size is your – your blue top. Do 24 Q. Okay. And - go ahead. 25 Q. So the only time you had a cellie at 23 A. Yeeh. 21 Page 50 Page 52 24 Q. Okay. And – go ahead. 6 Q. Okay. I mean, he didn't fight or hurt 25 A. Yees. 2 A. Yees. 2 A. Yee.				
11 It looks like a scrub top. But what kind of - is 11 A. No. 12 that a top that you buy in the commissary? 12 G. No. Have you ever had a cell mete at 13 A. No. This is the - the state-issued 13 Menard? 14 uniform. 15 G. Okay. And is that the same uniform top 16 that the male prisoners would use or would wear? A. No. 17 A. Yes. Everybody wear the same uniform. 18 A. Yes. 19 Ms. Reed, how tall are you? 20 A. Like, 5'10. 20 A. Yep. 21 Q. And do you know approximately how much 20 A. Yep. 21 Q. Did you have more than one? 23 A. 169. 22 A. Had a cellie for two months, until I 22 24 Q. What size is your - your blue top. Do 25 you know offmand? 26 Portice was when you were in segregation, right? 25 you know offmand? 21 Page 50 Page 52 1 A. A large. 1 Pontiac was when you were in segregation, right? 3 A. I dering eo, kay. 3 Q. And how did you get along with the 5				
12 that a top that you buy in the commissary? 12 Q. No. Have you ever had a cell mate at Menard? 13 A. No. This is the - the state-issued 13 Menard? 14 uniform. 14 A. No. 15 Q. Okay. And is that the same uniform top 15 Q. Okay. How about at Lawrence? 16 A. Yes. Everybody wear the same uniform. 16 A. No. 17 A. Yes. Everybody wear the same uniform. 16 A. No. 18 Q. Got it. Got it. 11 18 A. Yep. 19 Ms. Reed, how tail are you? 19 Q. You did at Pontiac? 20 A. Like, 5' 0. 20 A. Yep. 21 Q. And do you know approximately how much 21 Q. Did you have the same cellie the entire 23 A. 169. 22 Did you have the same cellie the entire 22 24 Q. What size is your – your blue top. Do 24 25 Pontiac was when you were in segregation, right? 2 A. It's a large, okay. 1 Pontiac was when you were in segregation, right? 2 Q. Kay. And – go ahead. 6 Q. Okay. I mean, he didn't fight or hurt				
13 A. No. This is the - the state-issued 13 Menard? 14 A. No. This is the - the state-issued 14 A. No. 15 G. Okay, And is that the same uniform top 14 A. No. 16 that the male prisoners would use or would wear? 16 A. No. 17 A. Yes. Everybody wear the same uniform. 17 G. Okay, And is that the same uniform. 18 G. Okay, And is that the same uniform. 19 G. Vau did at Pontiac? 19 Ms. Reed, how tall are you? 19 G. You did at Pontiac? 0. Okay uhave the same celle the entire 20 A. Like, 5'10. 20 A. Yep. 0. Did you have the same celle the entire 21 G. What size is your - your blue top. Do 23 A. I had a celle for two months, until I 24 G. What size is your - your blue top. Do 24 G. Kay, And – go ahead. 7 21 A. A large. 1 Pontiac was when you were in segregation, right? 2 A. Yeah. 6 O. Okay. And – go ahead. 7 3 And then how about pants, do they have 6 O. Okay. And idi you have problems with the 6 5 A. Yeas.		•		
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15 Q. Okay. And is that the same uniform top 15 Q. Okay. How about at Lawrence? 16 that the male prisoners would use or would wear? 16 A. No. 17 A. Yes. Everybody wear the same uniform. 17 Q. How about at Pontiac? 18 Q. Gott. Gott. 18 A. Yep. 19 Ms. Reed, how tall are you? 19 Q. You did at Pontiac? 20 A. Like, 5*10. 20 A. Yep. 21 Q. And do you know approximately how much 21 Q. Did you have the same cellie the entire 22 you weigh? 20 A. Yep. Q. Did you have the same cellie the entire 23 A. 169. 21 Q. What size is your - your blue top. Do 25 Q. So the only time you had a cellie at 24 Q. What size is your - your blue top. Do 25 Q. So the only time you had a cellie at 25 you know offhand? 25 Q. So the only time you had a cellie at 25 Q. It's a large, okay. 3 A. A lawag. 3 4 pants that fit you? 4 Cellie? A. Yes. 3 A. Gokay. And - go ahead. 6 O. Okay. All right	-			
16 that the male prisoners would use or would wear? 16 A. No. 17 A. Yes. Everybody wear the same uniform. 16 A. No. 19 Ms. Reed, how tall are you? 19 Q. You did at Pontiac? 20 A. Like, 5' 10. 20 A. Yep. 21 Q. And do you know approximately how much 20 A. Yep. 22 You weigh? 20 A. 169. 23 A. 169. 21 Q. What size is your – your blue top. Do 25 you know offhand? 25 Q. So the only time you had a cellie at Page 50 Page 50 Page 52 1 A. Alarge. 1 Pontiac was when you were in segregation, right? 2 Q. It's a large, okay. 3 Q. And how didy you get along with the 4 pants that fit you? A. Yes. Q. Okay. And – go ahead. Q. Okay. Imean, he didn't fight or hurt 7 A. 1just got a pair of pants that I feel 7 Q. Okay. And – go ahead. 8 A. No. 9 Q. So they did have smaller sizes? Q. Okay. In right. 8 A. N				
17 A. Yes, Everybody wear the same uniform. 17 C. How about at Pontiac? 18 Q. Got it. Got it. 18 A. Yep. 19 Ms. Reed, how tall are you? 19 Q. You did at Pontiac? 20 A. Like, 5' 10. 10 A. Yep. 21 Q. And do you know approximately how much 21 Q. Did you have the same cellie the entire 23 A. 169. 21 Q. What size is your – your blue top. Do 24 24 Q. What size is your – your blue top. Do 25 Q. So the only time you had a cellie at 25 you know offhand? 25 Q. So the only time you were in segregation, right? 2 A. A large. 1 Pontiac was when you were in segregation, right? 2 A. Yeah. 3 Q. And how did you get along with the 25 A. Yeah. 4 cellie? 3 And then how about pants, do they have 3 Q. And how did you get along with the 4 pants that If you? A. It was okay. 6 Q. Okay. And -go ahead. 7 A. Lijst got a pair of pants that I feel 7 you or say bad thims? 8 that fift	-	-		-
18 Q. Goti. Goti. 18 A. Yep. 19 Ms. Reed, how tail are you? 19 Q. You did at Pontiac? 20 A. Like, 5'10. 20 A. Yep. 21 Q. And do you know approximately how much 21 Q. Uhd at Pontiac? 22 you weigh? 21 Q. Uhd size is your – your blue top. Do 23 24 Q. What size is your – your blue top. Do 25 you know offhand? 25 25 you know offhand? 25 Page 50 Page 52 1 A. A large. 2 A. Yes. 3 2 Q. It's a large, okay. 2 A. Yes. 3 And then how about pants, do they have 4 pants that fly you? A Yes. 3 A. How did you get along with the 2 A. Yeah. 5 A. It was okay. 6 Q. Okay. And – go ahead. 6 Q. Cakay. I mean, he didn't fight or hurt you or say bad things? 3 A. Yes. 10 A. Yes. 10 A. Yes. 10 A. Yes. 11 Q. Before that, were you wearing larger 11 D. Before that, were you wearing larger 11		-		
19 Ms. Reed, how tall are you? 19 Q. You did at Pontiac? 20 A. Like, 5'10. 20 A. Yep. 21 Q. And do you know approximately how much you weigh? 20 A. Yep. 23 A. 169. 21 Q. Did you have the same cellie the entire 24 Q. What size is your your blue top. Do you know offhand? 23 A. I had a cellie for two months, until I got out of seg, and that was the same one. 25 you know offhand? 25 Q. So the only time you had a cellie at Page 50 Page 50 Page 52 1 A. A large. 1 2 Q. It's a large, okay. 2 A. Yes. 3 And then how about pants, do they have pants that fit gou? 3 A. A then how about pants, do they have pants that fit fou? 5 A. Yeah. 6 Q. Okay. I mean, he didn't fight or hurt you or say bad things? 8 that fit me for my and that's a medium. 9 Q. Okay. I mean, he didn't fight or hurt you or say bad things? 10 A. Yes. 10 A. Kes. 10 11 Q. Before that, were you wearing larger 10 A.				
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21 Q. And do you know approximately how much 21 Q. Did you have the same cellie the entire 22 you weigh? A. 169. 23 24 Q. What size is your – your blue top. Do 24 A. 1 had a cellie for two months, until 1 25 you know offhand? 25 A. 1 had a cellie for two months, until 1 25 you know offhand? 26 A. 1 had a cellie for two months, until 1 26 got out of seg, and that was the same one. Q. So the only time you had a cellie at 27 A. I arge. 27 A. 1 fage. 29 A. 1 drep. okay. 3 A. 1 had hen how about pants, do they have 4 4 pants that fit you? 3 A. 1 had how did you get along with the 5 A. Yeah. 6 Q. Okay. And – go ahead. 6 6 Q. Okay. And – go ahead. 7 A. No. 7 A. Yes. 9 Q. Okay. I men, he din't fight or hurt 9 Q. So they did have smaller sizes? 9 Q. Okay. I light. 10 A. Yes. 10 How, in general, are you treated by the 11 Q. Okay. And did you have problems with the <	-			
22 you weigh? 22 time you were there or did you have more than one? 23 A. 169. 23 A. 169. 24 Q. What size is your - your blue top. Do 24 got out of seg, and that was the same one. 25 you know offhand? 25 Q. So the only time you had a cellie at Page 50 Page 50 1 A. A large. 2 2 Q. It's a large, okay. 2 A. Yes. 3 And then how about pants, do they have 3 Q. And how did you get along with the 4 pants that fit you? 4 Cellie? 5 A. Yeah. 6 Q. Okay. And - go ahead. 6 7 A. I just got a pair of pants that I feel 7 you or say bad things? 8 that fit me for my – and that's a medium. 8 A. No. 9 Q. So they did have smaller sizes? 9 Q. Okay. All right. 10 A. Yes. 10 How, in general, are you treated by the 11 Q. Before that, were you wearing larger 10 A. Hes. 13 A. Yes. 10 A. Li	-			
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24 Q. What size is your – your blue top. Do 24 got out of seg, and that was the same one. 25 you know offhand? 25 got out of seg, and that was the same one. 25 Page 50 Page 52 1 A. A large. 1 2 Q. It's a large, okay. 2 A. Yes. 3 And then how about pants, do they have 3 Q. And how did you get along with the 4 pants that fit you? A. Yes. Q. Okay. And – go ahead. G. Okay. And – go ahead. 7 A. I just got a pair of pants that I feel 7 Vou or say bad things? A. No. 9 Q. So they did have smaller sizes? 9 Q. Okay. All right. How, in general, are you treated by the 11 Q. Before that, were you wearing larger 11 O. Okay. And did you have problems with the 4 Q. Okay. 15 fit on those? 12 Q. Okay. All right. And then do they have 13 16 A. Yes. 12 O. Okay. All right. And then do they have 14 A. Uke, you know, Menard is an old prison, whatever. It's not like other facilities where they 15 17 Q. Okay. All right. And then do they have 1				-
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23A. Yeah. You can buy your own shoes.23other inmates verbal or have you had any physical				-
24 Q. Yeah. Are you issued shoes at all or do 24 kind of assault happen?				
		-		
25you have to buy them?25A. Since I have been here, it has been	25	you have to buy them?	25	A. Since I have been here, it has been

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	Page 53		Page 55
1	verbal.	1	A. Not every staff member I encounter, but a
2	Q. Okay. How about before you got to Menard	2	majority of the staff members I encounter, they
3	this time?	3	always have something to say.
4	A. When I was at Lawrence.	4	Q. Okay. Can you name any staff members who
5	Q. What happened I'm sorry. Go ahead.	5	don't harass you?
6	A. I had two fights.	6	A. I know one officer I'm cool with. His
7	Q. Two fights?	7	name is his name is Help or something. I don't
8	A. Yes.	8	know how to pronounce his name.
9	Q. And why why were you fighting?	9	Q. That's okay.
10	A. Because one inmate attacked me for no	10	A. There's a few I'm cool with and there's
11	apparent reason.	11	others that pick with me.
12	Q. Okay.	12	Q. Okay. How about the – the senior
13	A. And the other fight I had was because I	13	officers sergeants, the lieutenants, the majors,
14	was going through the	14	do you have any encounters with them?
15	Q. Could you repeat that?	15	A. Not really, no.
16	A. I had one fight that was because someone	16	Q. Okay. Have you ever had any conversation
17	attacked me and I had stitches and stuff like that.	17	with any Menard well, any Menard warden since you
18	And another fight was because I was going through	18	have been there?
19	some little issues as far as my transgender issues	19	A. Yes.
20		20	
20	and stuff and I was stressed out and whatever.	20	Q. Okay. About issues you were having being a transgender woman?
21	Q. Okay. All right. And were you attacked	22	A. Yes.
22	by other offenders or how did those two things	22	
23	happen?	23	 Q. Okay. Who did you talk to? A. The head warden. I don't know his name.
	A. Yeah. I was attacked.	24	A. The head warden. I don't know his hame.
25	Q. Okay. Now, at Menard, now days, because	2.5	
	Page 54		Page 56
1	of the COVID, it's my understanding that you're not	1	Q. Frank Lawrence, maybe?
2	going to the chow hall; is that correct?	2	A. I don't know his name.
3	A. No. Just showers.	3	Q. Okay. And what did you tell him?
4	Q. Okay. So you're taking all of your meals	4	A. I asked him, I said, hey, do you know
5	in your cell, right?	5	when the female cosmetics is supposed to be coming
6	A. Correct. Yes.	6	on commissary or whatever and he told me he don't
7	Q. Okay. Who is delivering meals? Is it a	7	know when, just keep putting it on my commissary
8	porter or is it staff?	8	slip. If I get it, I get it. That's about it.
9	A. Sometimes it's the COs, sometimes it's	9	Q. Okay. But did you tell him or talk to
10	the workers.	10	any warden about problems with staff?
11	Q. Okay. And then you mentioned showers.	11	A. No.
12	How are you showering at Menard?	12	Q. Okay. So it's your understanding that
13	A. I shower by myself, but there's no	13	the female commissary items are coming to Menard,
14	privacy because open bars. People who are out on	14	right?
15	the hall passes, they come back looking and making	15	A. Right.
16	comments and stuff like that. So there's no privacy	16	MS. SCHNEIDER: Objection.
17	at all.	17	BY MS. TOLBERT:
18	Q. Okay. All right. How is your	18	Q. You can answer.
19	relationship with the correctional staff?	19	A. You said, do I think they're coming?
20	A. Not good. I mean, I just stay out of	20	Q. No. Do you know that they're coming?
21	their way because I deal with them harassing me and	21	A. They say they're coming, but there's
22	making sexual comments towards me. So I just try to	22	Q. You haven't been told when, right?
23	stay out of their way.	23	A. (Shakes head).
24	Q. And is that every staff member that you	24	Q. Okay. And do you know what kind of items
25	encounter?	25	are going to be available?

14 (Pages 53 to 56)

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		1	
	Page 57		Page 59
1	A. No.	1	yes.
2	Q. Okay.	2	Q. Okay. So you don't you said that's
3	A. Cosmetics.	3	not true?
4	Q. All right. So what kind of things do you	4	A. No, that's not true.
5	want to be able to purchase?	5	Q. Okay. So what happened?
6	A. Soap, shampoo, lotion, things like makeup	6	A. That didn't happen. I told I made
7	and, like, underwear and more bras and whatever	7	like I said, I made PREA complaints because I was
8	whatever, like, a female item that I need on a	8	being sexually harassed by officers and whatever
9	day-to-day basis.	9	they put on there is not what I said.
10	Q. Okay. Now, you get soap, though,	10	Q. Okay. Well, this one they talk about,
11	correct?	11	they reviewed camera footage of the incident and
12	A. Yes.	12	that's not what happened. But do you not believe
13	Q. Okay. So you just want a different kind	13	that?
14	of soap?	14	A. No, I don't believe anything that they
15	A. Female soap.	15	say in there.
16	Q. Okay. And you have shampoo, though,	16	Q. Okay. While you were at Lawrence, do you
17	right?	17	remember having any conversations with Assistant
18	A. Yep.	18	Warden Brookhart, Dr. Brookhart?
19	Q. Okay. But you want another kind of	19	A. I spoke to her a lot.
20	shampoo, right?	20	Q. Okay. What did you what kind of
21	A. Yeah. Female shampoo.	21	things did you talk to Warden Brookhart about?
22	Q. Okay. All right.	22	A. I talked to her about getting jobs, I
23	I was going through some of your records	23	talked to her about, like, selling, like, cosmetics
24	and I saw there were there were quite a few PREAs	24	in the commissary, and I don't remember everything I
25	that you have had over the last few years. Is	25	talked to her about, but I have spoke to her.
	Page 58		Page 60
1	-	1	-
1 2	that do you do you have any sense of how many	1	Q. Okay. And what kind of things did
2	that do you do you have any sense of how many PREA calls or PREA complaints you have made?	2	Q. Okay. And what kind of things did Dr. Brookhart tell you?
	that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just		Q. Okay. And what kind of things didDr. Brookhart tell you?A. I know, as far as, like, female
2 3	that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just remember, like, the most recent ones.	2 3 4	 Q. Okay. And what kind of things did Dr. Brookhart tell you? A. I know, as far as, like, female cosmetics, and, like, selling us underwear, and
2 3 4	 that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just remember, like, the most recent ones. Q. Okay. And what was that? 	2 3	 Q. Okay. And what kind of things did Dr. Brookhart tell you? A. I know, as far as, like, female cosmetics, and, like, selling us underwear, and stuff like that, and that wasn't happening. Like,
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2 3 4 5 6	 that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just remember, like, the most recent ones. Q. Okay. And what was that? A. The most recent ones was at Menard, I filed one on a CO because I was being sexually 	2 3 4 5 6	 Q. Okay. And what kind of things did Dr. Brookhart tell you? A. I know, as far as, like, female cosmetics, and, like, selling us underwear, and stuff like that, and that wasn't happening. Like, when I spoke to her about getting a job, whatever, she did make that happen. I spoke to her on several
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just remember, like, the most recent ones. Q. Okay. And what was that? A. The most recent ones was at Menard, I filed one on a CO because I was being sexually harassed and, supposedly, they said I admitted to saying that it didn't happen, which I never did, and they falsified it and said something I didn't say in it on top of that and wrote me a ticket. Q. Okay. There was one I wanted to ask you about, and it is from Lawrence, and it is about an incident on September 16, 2019. An offender or an Erwin Mitchell or Mitchell Erwin, I guess, is the person that you said was the perpetrator. Do you recall anything about a Mitchell? A. No. Q. Okay. So the reason I wanted to ask you about this one is, Mitchell Erwin is a correctional officer. You claimed that he assaulted you or used 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Okay. And what kind of things did Dr. Brookhart tell you? A. I know, as far as, like, female cosmetics, and, like, selling us underwear, and stuff like that, and that wasn't happening. Like, when I spoke to her about getting a job, whatever, she did make that happen. I spoke to her on several occasions about having cell mates, whatever. She said that will never happen. I don't remember everything, but G. So when she said when you asked her about cell mates, she said that will never happen, did she tell you why? A. Security reasons. Okay. A. For my safety, I guess. Okay. Do you think that's reasonable for your safety? A. No. Okay. So you want a cell mate? Yeah, I wouldn't mind having one.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 that do you do you have any sense of how many PREA calls or PREA complaints you have made? A. I don't remember all of them. I just remember, like, the most recent ones. Q. Okay. And what was that? A. The most recent ones was at Menard, I filed one on a CO because I was being sexually harassed and, supposedly, they said I admitted to saying that it didn't happen, which I never did, and they falsified it and said something I didn't say in it on top of that and wrote me a ticket. Q. Okay. There was one I wanted to ask you about, and it is from Lawrence, and it is about an incident on September 16, 2019. An offender or an Erwin Mitchell or Mitchell Erwin, I guess, is the person that you said was the perpetrator. Do you recall anything about a Mitchell? A. No. Q. Okay. So the reason I wanted to ask you about this one is, Mitchell Erwin is a correctional officer. You claimed that he assaulted you or used excessive force. And they said that there was 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Okay. And what kind of things did Dr. Brookhart tell you? A. I know, as far as, like, female cosmetics, and, like, selling us underwear, and stuff like that, and that wasn't happening. Like, when I spoke to her about getting a job, whatever, she did make that happen. I spoke to her on several occasions about having cell mates, whatever. She said that will never happen. I don't remember everything, but O. So when she said when you asked her about cell mates, she said that will never happen, did she tell you why? A. Security reasons. Okay. A. For my safety, I guess. Okay. Do you think that's reasonable for your safety? A. No. Okay. So you want a cell mate? Yeah, I wouldn't mind having one. Okay. All right.

15 (Pages 57 to 60)

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	Page 61		Page 63
1	Q. Porter. Laundry porter?	1	mid-March or so?
2	A. Uh-huh. Yes.	2	A. We haven't been to yard since June.
3	Q. Okay. Did Warden Brookhart tell you that	3	Q. Since June. Okay. All right.
4	she couldn't ensure your safety with a cell mate?	4	Before the lockdown started, were you
5	A. Not that yes, she did say that she	5	going to yard regularly?
6	don't want nothing to happen to me.	6	A. Some days I go and some days I don't
7	Q. Okay. Was she pretty good to you or did	7	go.
8	you have problems with her?	8	Q. Okay. But was that by your choice or
9	A. She was she was fair.	9	because, say, somebody threatened you?
10	Q. Okay. Did you see more of the warden up	10	A. Because yeah, because I had issues on
11	at Lawrence than you did at Menard?	11	the yard with other inmates making threats towards
12	A. Yes.	12	me.
13	Q. Okay. About half the population, though,	13	Q. Okay. What kind of things would you do
14	isn't it?	14	when you would go out to yard?
15	A. Yes.	15	A. I would go out to yard, play cards with a
16	Q. Okay. We have been going about an hour.	16	person that I'm cool with, and walk around. That's
17	Do you feel like you need a break?	17	about it. And try to use the telephone.
18	A. Yes.	18	Q. Okay. There's a telephone out in the
19	Q. Get a drink?	19	yard?
20	A. Yes.	20	A. Yeah, they got phones out there.
21	MS. TOLBERT: Is that okay with you	21	Q. Oh, okay. All right.
22	Sydney?	22	How many phones do you have access to
23	MS. SCHNEIDER: Yes.	23	since you're not going to yard?
24	MS. TOLBERT: Okay. Let's take 10.	24	A. We get the phone every four days.
25	(Recess taken from 1:56 p.m. to 2:02 p.m.)	25	Q. Okay. Do you have, like, a set schedule
	Page 62		Page 64
1	Page 62 BY MS. TOLBERT:	1	-
1 2	-	1	Page 64 or just every four days you go stand in line? A. Every four days, whenever the phone comes
	BY MS. TOLBERT:		or just every four days you go stand in line?
2	BY MS. TOLBERT: Q. So you were telling me about about how	2	or just every four days you go stand in line? A. Every four days, whenever the phone comes
2 3	BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden	2 3	or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it.
2 3 4	BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden Brookhart when we went on break. You told me a lot	2 3 4	 or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it. Q. Okay. All right. How long are your
2 3 4 5	BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden Brookhart when we went on break. You told me a lot about the the officers. Tell me how since you	2 3 4 5	 or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it. Q. Okay. All right. How long are your calls, like, limited in how long or how does that
2 3 4 5 6	BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden Brookhart when we went on break. You told me a lot about the the officers. Tell me how since you have been incarcerated, how the other offenders, the	2 3 4 5 6	 or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it. Q. Okay. All right. How long are your calls, like, limited in how long or how does that work? A. 20-minute calls. Q. Okay. All right.
2 3 4 5 6 7	BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden Brookhart when we went on break. You told me a lot about the the officers. Tell me how since you have been incarcerated, how the other offenders, the other inmates, treat you.	2 3 4 5 6 7	 or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it. Q. Okay. All right. How long are your calls, like, limited in how long or how does that work? A. 20-minute calls.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 BY MS. TOLBERT: Q. So you were telling me about about how things went at Lawrence and involvement with Warden Brookhart when we went on break. You told me a lot about the the officers. Tell me how since you have been incarcerated, how the other offenders, the other inmates, treat you. A. You have, like, some inmates that's cool and then you have some inmates that is, like, straight assholes and, like would, like especially with me being transgender, I have a lot of -1 bring a lot of attention to myself, not because I'm doing just because of being me and, you know, I have a lot of guys that talk down on me or, like, you know, disrespect me and stuff like that. Then I have some guys that's cool, that I can talk to and hang out with on the yard and stuff like that. So it depends. Q. Okay. So - I apologize. Can you say that last bit again? A. It depends on the environment. Q. Yeah. Now, are you going to yard now 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 or just every four days you go stand in line? A. Every four days, whenever the phone comes up to the gallery that I'm on, I get it. Q. Okay. All right. How long are your calls, like, limited in how long or how does that work? A. 20-minute calls. Q. Okay. All right. So you said there is one person that you're cool with that you play cards with? A. Yes. Q. What is that guy's name? A. His real name or his nickname? Q. Well, do you know his real name? A. His name is Anderson. Q. Okay. All right. And you don't have any no issues with him. He doesn't pick on you or bully you or harass you? A. No. Q. Okay. All right. Are there other inmates that you feel like are cool people on

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1	mate, but are you in a cell with people on either	1	A. Play video games and send emails out.
2	side of you or are you on an end cell?	2	Q. Okay. All right. I had no idea you
3	A. Yeah, two people on both sides.	3	could send emails.
4	Q. Okay. How are the people are the	4	A. Yep.
5	sides each side of you?	5	Q. Okay. So – and you do have some
6	A. One guy, I don't talk to really and the	6	interaction with one of the guys on the side of you,
7	other guy, he's real cool.	7	right?
8	Q. Okay. So you can have some social	8	A. Yes.
9	interaction, at least. You can talk to him?	9	Q. Okay. And is he cool with you?
10	A. Yes.	10	A. Yeah, he's cool.
11	Q. Okay. How long are you in your cell per	11	Q. Okay. No harassment from him?
12	day?	12	A. No.
13	A. All day.	13	Q. Is the other guy mean to you or he
14	Q. All day. But that's – that's the COVID,	14	just he's just not really socialize?
15	right? I mean, it's not seg, right?	15	A. No, he just doesn't really socialize.
16	A. Even if it even if it is not the	16	Q. Okay. All right.
17	COVID, you know, we are in our cell, like, 23 hours	17	Have those two guys on either side of you
18	a day.	18	been there for a fair amount of time?
19	Q. Okay. So what do you do?	19	A. Since I've been there.
20	A. Watch TV. I'm writing a book.	20	Q. Okay. So so the three of you in that
20	Q. Really.	20	row have been there the whole time?
22	A. I work on that. I read.	22	A. Yes.
23	Q. Okay.	23	
23	-	23	Q. Okay. All right. What about other lines
24	A. Play music on the tablet.	25	you might be in? Like, going to medical, have you been harassed in those lines?
2.5	Q. All right. Can you say that again? You	25	been harasseu in mose imes:
	D 00	1	
	Page 66		Page 68
1	Page 66 what?	1	-
1 2	-	1	Page 68 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out
	what?		A. Usually when I go to health care, to the
2	what? A. Tablet.	2	A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out
2 3	what? A. Tablet. Q. Okay. How did you get the tablet?	2 3	A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any
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2 3 4 5	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream 	2 3 4 5	A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff.
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2 3 4 5 6 7 8 9 10 11 12	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you 	2 3 4 5 6 7 8 9 10 11 12	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day.
2 3 4 5 6 7 8 9 10 11 12 13	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? 	2 3 4 5 6 7 8 9 10 11 12 13	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them?
2 3 4 5 6 7 8 9 10 11 12 13 14	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but 	2 3 4 5 6 7 8 9 10 11 12 13 14	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. A. And one of the nurses brings them? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they cool.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they they cool. Q. Okay. All right.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. A. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they cool. Q. Okay. All right. Have you been okay. So tell me about
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and stuff. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. A. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they cool. Q. Okay. All right. Have you been okay. So tell me about your disciplinary record at Menard. Have you been
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and stuff. Q. Okay. Are you getting money from the 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they - they cool. Q. Okay. All right. Have you been okay. So tell me about your disciplinary record at Menard. Have you been disciplined?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and stuff. Q. Okay. Are you getting money from the outside? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. Q. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they - they cool. Q. Okay. All right. Have you been okay. So tell me about your disciplinary record at Menard. Have you been disciplined? MS. SCHNEIDER: Objection. Form. Are
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 what? A. Tablet. A. Okay. How did you get the tablet? A. They sell them. A. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. A. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. C. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and stuff. Q. Okay. Are you getting money from the outside? A. Yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. a. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. b. Okay. So are you on medicines once a day or twice a day? A. Twice a day. b. And one of the nurses brings them? A. Yes. c. Okay. And how do the nurses treat you? A. They they they cool. c. Okay. All right. Have you been okay. So tell me about your disciplinary record at Menard. Have you been disciplined? MS. SCHNEIDER: Objection. Form. Are you talking about this time at Menard? Just so
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 what? A. Tablet. Q. Okay. How did you get the tablet? A. They sell them. Q. Really. A. You can watch movies. You can stream music, play games and send emails out to your family and stuff like that. Q. So there's Wi-Fi in your cellhouse? A. There's Wi-Fi in every prison. Q. Live and learn. Okay. So what kind of tablet were you able to buy? A. It's I don't know the brand, but it's they go through a company called GTL. Okay. A. And you buy it on commissary, buy a little link unit to stream music and movies and stuff. Q. Okay. Are you getting money from the outside? A. Yes. Q. Okay. All right. And you can stream 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 A. Usually when I go to health care, to the medical, whatever, the COs get me in and get me out and lock me back up. So I guess to prevent any issues or whatever with anybody. So I don't usually sit around and wait my turn and stuff. Q. Okay. Now, how do you get your medicines? Do you keep those in your cell or do you have to go to med line or how does that work? A. No more. They bring it to me. Q. Okay. So are you on medicines once a day or twice a day? A. Twice a day. A. And one of the nurses brings them? A. Yes. Q. Okay. And how do the nurses treat you? A. They they - they cool. Q. Okay. All right. Have you been - okay. So tell me about your disciplinary record at Menard. Have you been disciplined? MS. SCHNEIDER: Objection. Form. Are you talking about this time at Menard? Just so we're clear on the record, Carla.

17 (Pages 65 to 68)

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Page 69	Page 71
1 have any I haven't caught any tickets.	1 A. I have, but that's because I left from
2 BY MS. TOLBERT:	2 Lawrence. I went from seg to seg.
3 Q. Okay. How about at Lawrence?	3 Q. Okay. All right. And then you finished
4 A. I caught some tickets down there.	4 out that Lawrence seg from discipline and then you
5 Q. I mean, can you tell me what those were	5 got out?
6 for?	6 A. Yes.
7 A. Two fighting tickets, two, 107s, sexual	7 Q. Okay. Did you have any disciplinary
8 misconduct, and a few things, like, minor stuff,	8 tickets at your first Menard?
9 like unauthorized property OR misuse of property and	9 A. The first time around?
10 stuff like that.	10 Q. Uh-huh.
11 Q. Now, of the fights, one of them, you	11 A. Nope.
12 said, was the PREA that you disagreed with; is that	12 Q. Nope. And then how about
13 correct?	13A. I'm sorry. I'm sorry. I couldn't
14 A. Fights?	14 remember.
15 Q. Yeah. Didn't you weren't you telling	15 Q. Go ahead.
16 me about one of the fights was for that there was	16 A. I did have one disciplinary ticket the
17 subject of a PREA or did I misunderstand that?	17 first time I came around. It was when I first got
18 A. No, I said	18 down here.
19 Q. Okay.	19 Q. Okay. And did you get seg with that?
A. One was because a guy attacked me.	20 A. Yes.
21 Q. Okay.	21 Q. Okay. And then how about at Pontiac?
A. Another fight I got into because I	A. I don't remember.
23 initiated it.	23 Q. Okay. How about at NRC?
24 Q. Why did you initiate it?	24 A. Yes.
25A. Because all of the stuff that I was going	25 Q. Okay. And did you get seg with that?
Page 70	Page 72
1 through and I wanted to release some anger.	1 A. Yes.
2 Q. Okay. What about the sexual misconduct	2 Q. Okay. All right.
3 tickets? What happened there?	3 I'm going to ask you some names of some
4 A. Kissing in the day room, supposedly.	4 people. I want you to tell me if you know them,
5 Q. Supposedly, meaning it didn't happen?	5 okay.
6 A. Supposedly they got me on camera kissing	6 A. Okay.
7 in the day room. I never kissed in the day room.	7 Q. Marilyn Melendez?
8 Q. That was on two occasions?	8 A. They in IDOC?
9 A. Another 107 was because the CO said that	9 Q. Yeah.
10 I made sexual comments to him.	10 A. No.
11 Q. Did you?	11 Q. Why did you laugh?
12 A. No, I did not.	12 A. Because I just laugh because I'm
13 Q. Okay. You're grinning.	13 nervous.
14 A. They initiated it.	14 Q. Okay. That's all. That's all right.
15 Q. Okay. All right. All right.	15 Lydia Helena Vision?
16 What did you get with those disciplinary	16 A. No.
17 tickets? Did you get seg?	17 Q. No. Janiah Monroe?
18 A. The last one that I caught, yeah.	18A. Oh, yeah. Yes, I know who that is.
19Q. Did they give you 30 days each?	19Q. Do you know who she is or do you know
20 A. No. Six months.	20 her?
21 Q. Six months seg each or six months	A. I know who she is, yes. I know her.
22 total?	22 Q. That's because of this lawsuit, right?
A. Six months total.	23 A. No.
24 Q. Okay. Have you been in seg at all this	24 Q. How do you know her?
25 time at Menard?	25 A. In Pontiac seg together.

18 (Pages 69 to 72)

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	Page 73		Page 75
1	Q. You were in Pontiac seg with	1	A. We was cordial. We spoke. She's not a
2	Ms. Monroe?	2	really sociable person, so
3	A. Yes.	3	Q. But no bad blood or no fights or anything
4	Q. Okay. I'm going back to my list.	4	like that?
5	You were in Pontiac don't tell me. So	5	A. No.
6	2014, give or take?	6	Q. Okay. All right.
7	A. Yes.	7	How about Strawberry Hampton?
8	Q. Okay. And how well did you get to know	8	A. I have heard of her, but I don't know who
9	Ms. Monroe?	9	she is.
10	A. We spoke. Not too well. We wasn't	10	Q. And in what you know, what did you
11	around each other for a long time.	11	know about her or how did you come to hear about
12	Q. How long did you overlap in seg?	12	her?
13	A. How long did I overlap in seg?	13	A. Just through other people and I heard
14	Q. With Ms. Monroe.	14	that she was in Logan.
15	A. Probably, like, two months.	15	Q. Okay. How about Tay Tay Artalia Tate?
16	Q. Okay.	16	A. No.
17	A. That I was around her.	17	Q. Don't know that name?
18	Q. Were you cell mates?	18	A. Uh-huh.
19	A. No.	19	Q. Okay. Do you know any other transgender
20	Q. Okay. And have you had any contact with	20	women at Menard, other than Ms. Kuykendall?
21	Janiah Monroe since you left seg in Pontiac?	21	A. No.
22	A. No.	22	Q. No. How about at your previous
23	Q. Okay. But you're aware she is part of	23	facilities? At Lawrence?
24	this lawsuit?	24	A. Yeah, I knew a few transgenders down
25	A. Yes.	25	there.
	Daga 74		Daga 76
1	Page 74 Q. Okay.	1	Page 76 Q. Okay. And did you get to be friends with
1 2	-	1 2	-
	Q. Okay.	1	Q. Okay. And did you get to be friends with
2	Q. Okay.A. The name that you just named is the	2	Q. Okay. And did you get to be friends with them?
2 3	Q. Okay.A. The name that you just named is the people that's on the lawsuit?	2 3	Q. Okay. And did you get to be friends with them?A. Yeah, some of them.
2 3 4	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. 	2 3 4	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have
2 3 4 5	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. 	2 3 4 5	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln?
2 3 4 5 6	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? 	2 3 4 5 6	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of.
2 3 4 5 6 7	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. 	2 3 4 5 6 7	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in
2 3 4 5 6 7 8	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? 	2 3 4 5 6 7 8	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC?
2 3 4 5 6 7 8 9	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. 	2 3 4 5 6 7 8 9	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is.
2 3 4 5 6 7 8 9 10	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? 	2 3 4 5 6 7 8 9 10	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that?
2 3 4 5 6 7 8 9 10 11	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time 	2 3 4 5 6 7 8 9 10 11	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria.
2 3 4 5 6 7 8 9 10 11 12	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. 	2 3 4 5 6 7 8 9 10 11 12	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr.
2 3 4 5 6 7 8 9 10 11 12 13	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys 	2 3 4 5 6 7 8 9 10 11 12 13	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton?
2 3 4 5 6 7 8 9 10 11 12 13 14	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite 	2 3 4 5 6 7 8 9 10 11 12 13 14	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. I don't know him. I just just from seeing his name on there. Q. Okay. All right.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? A. No. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. I don't know him. I just just from seeing his name on there. Q. Okay. All right. Do you know Dr. Steve Meeks?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? A. No. Q. Okay. When you were with her or when you 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. All right. Do you know Dr. Steve Meeks? A. Just from seeing his name on the lawsuit
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? A. No. Q. Okay. When you were with her or when you knew her on your first time through Menard, did you 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 G. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Do you know if any of them are still in IDOC? A. I just know one is. O Kay. Who is that? A. Her name is Maria. O Kay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. All right. Do you know Dr. Steve Meeks? A. Just from seeing his name on the lawsuit paper.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? A. No. Q. Okay. When you were with her or when you knew her on your first time through Menard, did you speak or have any kind of contact with her then? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. I don't know him. I just just from seeing his name on there. Q. Okay. All right. Do you know Dr. Steve Meeks? A. Just from seeing his name on the lawsuit paper. Q. Okay. And do you know Rob Jeffreys?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. Okay. A. The name that you just named is the people that's on the lawsuit? Q. Yes. A. Oh, okay. I'm sorry. Q. They sound familiar, though, right? A. Yeah. Q. Okay. How about Sora Kuykendall? A. Yes, I know her. Q. That's because she's at Menard? A. Yeah. And I knew her since the last time I was down here. Q. Now, it's my understanding that you guys are on opposite wings of North 2, right? Opposite galleries? A. Yes. Q. Okay. Do you have any contact with Sora Kuykendall? A. No. Q. Okay. When you were with her or when you knew her on your first time through Menard, did you speak or have any kind of contact with her then? A. Yeah, we was together on the same 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Q. Okay. And did you get to be friends with them? A. Yeah, some of them. Q. Okay. Do you know if any of them have gone to Logan or to Lincoln? A. Not that I know of. Q. Do you know if any of them are still in IDOC? A. I just know one is. Q. Okay. Who is that? A. Her name is Maria. Q. Okay. All right. So do you know Dr. Melvin Hinton? A. No. That's on the lawsuit, right? Q. Yeah. A. Okay. All right. Do you know Dr. Steve Meeks? A. Just from seeing his name on the lawsuit paper. Q. Okay. And do you know Rob Jeffreys? A. Nope. Just from seeing his name on

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1	A. IDOC director.	1	A. It was the fight when I had got
2	Q. Okay. There you go.	2	attacked.
3	How did you come to get involved in this	3	Q. Which one I mean, you mentioned two
4	lawsuit?	4	fights. Which one was that that you say you got
5	A. Sora told me about it.	5	attacked?
6	Q. I'm sorry. Sora told you?	6	A. I don't remember when it happened, but I
7	A. Yeah. The last time I was down here, she	7	only had two fight tickets on my disciplinary record
8	told me about it and I wrote to them.	8	and
9	Q. Okay. How did you come to discuss the	9	Q. Okay.
10	lawsuit with Ms. Kuykendall?	10	A where that person was, that's the
11	A. Because I told her that I was I was	11	one.
12	transgender and I was trying to get on hormones	12	Q. And what happened with that lawsuit?
13	and but they have been prolonging the process and	13	A. It got dismissed because they said that I
14	she was like, hey, write this address and I	14	didn't exhaust my remedies or whatever, which I did.
15	forgot what she told me, but she gave me the	15	But
16	address.	16	Q. Okay. All right.
17	Q. Okay. Okay. So so you were at Menard	17	Do you know and it's okay if you
18	the first time what years? So do you remember?	18	don't. This is not a memory test. Do you know the
19	A. I came down here in '15, I think. 2015.	19	number of that lawsuit?
20	Q. Okay. And you were here for about a year	20	A. No.
21	and a half?	21	Q. Okay. That's okay. All right.
22	A. Yep, I think so.	22	So Ms. Reed, what are you looking for in
23	Q. Okay. Okay. And when did you first get	23	this lawsuit?
24	on hormones?	24	A. I'm looking for for a better, adequate
25	A. 2017.	25	medical treatment. Like, a transfer to Logan and
1	Q. Were you still at Menard when you first	1	for the officers to be more respectful to me and
2	had them prescribed?	2	just really just get the right treatment that I
3	A. Yes.	3	need for my gender dysphoria.
4	Q. Okay. So you talked to Ms. Kuykendall	4	Q. So you're on hormones, right?
5	sometime before you were prescribed hormones?	5	A. Yes.
6	A. Yes.	6	Q. And you have been for, I don't know,
7	Q. Okay. Have you filed any other lawsuits	7	somewhere around three years, give or take?
8	while you've been in IDOC custody?	8	A. Yes.
9	A. Yes.	9 10	Q. Okay. So what other treatment do you
10	Q. Okay. And when were those?	11	want for your gender dysphoria?
11	A. I forgot. It was when I was in Lawrence.		
11	-		A. I want my body surgery and I want, like,
12	'18, 2018.	12	social transition and I want a transfer to Logan.
12 13	'18, 2018. Q. Okay. And just one?	12 13	social transition and I want a transfer to Logan. Q. Okay. Anything else?
12 13 14	'18, 2018. Q. Okay. And just one? A. Yes.	12 13 14	social transition and I want a transfer to Logan.Q. Okay. Anything else?A. Breast implants.
12 13 14 15	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that 	12 13 14 15	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast
12 13 14 15 16	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? 	12 13 14 15 16	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a
12 13 14 15 16 17	 118, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. 	12 13 14 15 16 17	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra?
12 13 14 15 16 17 18	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at 	12 13 14 15 16 17 18	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes.
12 13 14 15 16 17 18 19	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? 	12 13 14 15 16 17 18 19	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants?
12 13 14 15 16 17 18 19 20	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? A. No. 	12 13 14 15 16 17 18 19 20	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants? A. Yes.
12 13 14 15 16 17 18 19 20 21	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? A. No. Q. Okay. And why were you filing suit 	12 13 14 15 16 17 18 19 20 21	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants? A. Yes. Q. Okay. And when you talk about social
12 13 14 15 16 17 18 19 20 21 22	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? A. No. Q. Okay. And why were you filing suit then? 	12 13 14 15 16 17 18 19 20 21 22	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants? A. Yes. Q. Okay. And when you talk about social transition, you're talking about commissary
12 13 14 15 16 17 18 19 20 21 22 23	 18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? A. No. Q. Okay. And why were you filing suit then? A. Failure to protect. 	12 13 14 15 16 17 18 19 20 21 22 23	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants? A. Yes. Q. Okay. And when you talk about social transition, you're talking about commissary things?
12 13 14 15 16 17 18 19 20 21 22	 '18, 2018. Q. Okay. And just one? A. Yes. Q. Okay. And who were you suing in that lawsuit? A. IDOC. Q. Okay. No individual people at Lawrence? A. No. Q. Okay. And why were you filing suit then? 	12 13 14 15 16 17 18 19 20 21 22	 social transition and I want a transfer to Logan. Q. Okay. Anything else? A. Breast implants. Q. Now, you said you had some breast development with the hormones and you are wearing a bra? A. Yes. Q. You still want implants? A. Yes. Q. Okay. And when you talk about social transition, you're talking about commissary

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1	groups every month, all of the transgenders, and we	1	October. I can't remember.
2	talked about, like, different little things and	2	Q. And just generally speaking, Sasha, since
3	stuff. And, like, right now, there is none of that	3	you have been at Menard this time around, do you
4	going on here.	4	feel safe there?
5	Q. Okay. Do you personally know any of the	5	A. No.
6	transgender women that are housed at Lawrence?	6	Q. Why not?
7	A. I did a few of them.	7	A. Because of the harassment, sexual
8	Q. I'm sorry. Go ahead.	8	harassment, and the threats that I get from inmates
9	A. I knew a few of them that was there when	9	and stuff.
10	I was there.	10	Q. Do inmates call you by female pronoun
11	Q. Okay. Do you know any of the transgender	11	she, her or male pronoun he, him?
12	women who are currently housed at Logan?	12	A. No. They majority of the inmates call
13	A. Janiah.	13	me use male pronouns.
14	Q. You know Janiah. Have you had any	14	Q. How does that make you feel?
15	contact with Janiah since she has been at Logan?	15	A. Don't feel makes me feel not a woman
16	A. No.	16	to say, yeah, him or he.
17	Q. Okay. Has anyone told you how she's	17	Q. What about the guards at Menard, Sasha,
18	doing?	18	do they call you by female or male pronouns?
19	A. I heard that from what I read in,	19	A. No.
20	like, transcripts or whatever, she's her story	20	Q. Do they call you by male pronouns, the
21	that she told, all of that court hearing or	21	guards?
22	whatever, that she she's okay and just that she	22	A. Yeah, they use male pronouns.
23	has issues, or whatever.	23	Q. How does that make you feel?
24	Q. So when you say transcripts, you mean of	24	A. Less of a woman. You may have, like,
25	the preliminary injunction hearing?	25	maybe, one or two officers that use female pronouns,
		<u> </u>	
	Dama (2)	1	
	Page 82		Page 84
1	A. Yeah.	1	but the majority of them use male pronouns.
2	A. Yeah. Q. Okay.	2	but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in
2 3	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read 	2 3	but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she?
2 3 4	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read everything. 	2 3 4	but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean
2 3 4 5	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read everything. Q. Sure. Sure. Okay. 	2 3 4 5	but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You
2 3 4 5 6	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read everything. Q. Sure. Sure. Okay. MS. TOLBERT: I think that's all I have 	2 3 4 5 6	but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You are in a male facility, you is not a woman.
2 3 4 5 6 7	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read everything. Q. Sure. Sure. Okay. MS. TOLBERT: I think that's all I have right now. I might have some redirect, but 	2 3 4 5 6 7	 but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You are in a male facility, you is not a woman. Q. What about the medical staff, do have
2 3 4 5 6 7 8	 A. Yeah. Q. Okay. A. I wasn't there to hear, so I read everything. Q. Sure. Sure. Okay. MS. TOLBERT: I think that's all I have right now. I might have some redirect, but MS. SCHNEIDER: Okay, Sasha, are you 	2 3 4 5 6 7 8	 but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You are in a male facility, you is not a woman. Q. What about the medical staff, do have you encountered nurses or doctors at Menard who have
2 3 4 5 6 7 8 9	 A. Yeah. G. Okay. A. I wasn't there to hear, so I read everything. G. Sure. Sure. Okay. MS. TOLBERT: I think that's all I have right now. I might have some redirect, but MS. SCHNEIDER: Okay, Sasha, are you doing okay or do you want another break. 	2 3 4 5 6 7 8 9	 but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You are in a male facility, you is not a woman. Q. What about the medical staff, do – have you encountered nurses or doctors at Menard who have called you by male pronouns?
2 3 4 5 6 7 8 9 10	 A. Yeah. G. Okay. A. I wasn't there to hear, so I read everything. G. Sure. Sure. Okay. MS. TOLBERT: I think that's all I have right now. I might have some redirect, but MS. SCHNEIDER: Okay, Sasha, are you doing okay or do you want another break. WITNESS: I'm cool. 	2 3 4 5 6 7 8 9 10	 but the majority of them use male pronouns. Q. When an officer uses a male pronoun, in the past, have you corrected he or she? A. Yes. I correct them. Like, you mean Mrs. Reed, and they'll tell me, no, Mr. Reed. You are in a male facility, you is not a woman. Q. What about the medical staff, do have you encountered nurses or doctors at Menard who have called you by male pronouns? A. Yes, I have.
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21 (Pages 81 to 84)

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	Page 85		Page 87
1	not doing it down here.	1	Q. Let's talk about you mentioned your
2	Q. Since Menard since you came to Menard,	2	showering and you say you shower by yourself; is
3	have you experienced depression or anxiety?	3	that right, Sasha?
4	A. Yes.	4	A. Yes.
5	Q. What do you attribute I'm sorry. What	5	Q. Is the shower private?
6	do you attribute that depression or anxiety to?	6	A. No.
7	A. Sorry. Can you say that again?	7	Q. Why why isn't it private?
8	Q. Why have you experienced depression or	8	A. It's an open bar cell.
9	anxiety?	9	Q. Just
10	A. Because I'm not receiving adequate	10	A. It's like a cell, but it's a shower
11	medical treatment.	11	there. So if you walk past, anybody can look in
12	Q. And when you say adequate medical	12	there.
13	treatment, treatment for what?	13	Q. Is there a shower curtain?
14	A. Like, for my, like, transfer hygiene	14	A. No. I requested a shower curtain in my
15	items and stuff like that.	15	grievances and stuff like that and they lied and
16	Q. Let's talk about hygiene items. What	16	said they were being utilized, which they're not.
17	hygiene items have you requested at Menard?	17	Q. So you filed a grievance asking for a
18	A. I requested soap, shampoo, lotion	18	shower curtain and they said you had access to a
19	deoderant, makeup.	19	shower curtain; is that right?
20	Q. And have you received any of those	20	A. Yes.
21	items?	21	Q. And to this day, do you have access to a
22	A. No.	22	shower curtain when you shower?
23	Q. Have you been told when those items will	23	A. No.
24	be available to you at Menard?	24	Q. How does it make you feel to not have a
25	A. No. They tell me that it's coming, but	25	private shower?
	Page 86		Page 88
1	it never comes. Just I just get the runaround	1	A. Very uncomfortable because everybody that
2	it never comes. Just I just get the runaround every time.	2	A. Very uncomfortable because everybody that walks past always look in there.
2 3	it never comes. Just I just get the runaround every time. Q. So when was the first time since your	2 3	 A. Very uncomfortable because everybody that walks past always look in there. Q. Sorry. I just have a few more questions.
2 3 4	it never comes. Just I just get the runaround every time. Q. So when was the first time since your time at Menard, taking a step back, since October	2 3 4	 A. Very uncomfortable because everybody that walks past always look in there. Q. Sorry. I just have a few more questions. Sasha, when was the last time, to your
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2 3 4 5 6	it never comes. Just I just get the runaround every time. Q. So when was the first time since your time at Menard, taking a step back, since October 2019, when was the first time that you requested gender affirming grooming items?	2 3 4 5 6	 A. Very uncomfortable because everybody that walks past always look in there. Q. Sorry. I just have a few more questions. Sasha, when was the last time, to your knowledge, that you got your hormone levels tested? A. Sometime this year.
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22 (Pages 85 to 88)

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SASHA REED 8/31/2020

	Page 89		Page 91
1	A. Like, two weeks ago.	1	Form.
2	Q. Do you get pat-down searches at Menard,	2	MS. TOLBERT: Well, he testified she
3	Sasha?	3	testified to it.
4	A. Yes.	4	BY MS. TOLBERT:
5	Q. And do male or female officers conduct	5	Q. Do you consider a transfer to be a
6	the pat-down searches?	6	medical treatment?
7	A. Male officers.	7	MS. SCHNEIDER: Same objection, but you
8	Q. How does that make you feel to have male	8	can answer.
9	officers conduct those searches?	9	MS. TOLBERT: Okay.
10	A. Really uncomfortable. When I asked them	10	WITNESS: No, that's not medical
11	to can I have a female officer pat me down or	11	treatment.
12	strip search me or whatever, or a nurse, they always	12	BY MS. TOLBERT:
13	tell me, no, I'm in a male facility, I don't need no	13	Q. And how about hygiene items?
14	female officer to pat me down.	14	A. No.
15	Q. When was the last time you were patted	15	MS. SCHNEIDER: Objection to foundation.
16	down by a male officer?	16	Form.
17	A. When I was in seg.	17	BY MS. TOLBERT:
18	Q. What about strip searches? Do you get	18	Q. Okay. And you mentioned you had
19	stripped searched by male officers?	19	complained of breast pain. When was that?
20	A. If they are necessary, yeah, they do	20	A. I complained of breast pain sometime last
21	it.	21	month.
22	Q. And how does that make you feel?	22	Q. Okay. I apologize. Who did you tell
23	A. Uncomfortable.	23	that to?
24	Q. All right. Have you requested hormone	24	A. The nurse and the nurse practitioner,
25	injections, Sasha?	25	Ms. Zimmer.
	Page 90		Page 92
	-		C C
1	A. Yes.	1	Q. Okay. And was did Ms. Zimmer put you
2	Q. And do you recall approximately when you		
3		2	in make a request for Wexford to send you for
4	made that request?	3	that or did Dr. Siddique or do you know?
4	A. I made it when I filed some grievances	3 4	that or did Dr. Siddique or do you know? A. Ms. Zimmer did.
5	A. I made it when I filed some grievances when I got down here and I also requested through	3 4 5	that or did Dr. Siddique or do you know?A. Ms. Zimmer did.Q. Okay. And Wexford denied you that,
5 6	A. I made it when I filed some grievances when I got down here and I also requested through mental health.	3 4 5 6	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct?
5 6 7	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these 	3 4 5 6 7	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes.
5 6 7 8	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? 	3 4 5 6 7 8	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in
5 6 7 8 9	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. 	3 4 5 6 7 8 9	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that?
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5 6 7 8 9 10 11	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. 	3 4 5 6 7 8 9 10 11	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer
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5 6 7 8 9 10 11 12 13	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? 	3 4 5 6 7 8 9 10 11 12 13	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that deniai? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? WITNESS: Yes. FURTHER EXAMINATION BY MS. TOLBERT Q. Okay. So your attorney asked you about medical treatment, things that you were dissatisfied 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that denial? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether she had resubmitted that request to Wexford? A. Well, I don't know. I was seen today by a before I came up here, I was seen by another nurse practitioner and they said that I forgot
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? WITNESS: Yes. FURTHER EXAMINATION BY MS. TOLBERT Q. Okay. So your attorney asked you about medical treatment, things that you were dissatisfied or what you mentioned you wanted transfer and 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that denial? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether she had resubmitted that request to Wexford? A. Well, I don't know. I was seen today by a before I came up here, I was seen by another nurse practitioner and they said that I forgot what he said, but there was some doctors going to
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? WITNESS: Yes. FURTHER EXAMINATION BY MS. TOLBERT Q. Okay. So your attorney asked you about medical treatment, things that you were dissatisfied or what you mentioned you wanted transfer and hygiene items. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that denial? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether she had resubmitted that request to Wexford? A. Well, I don't know. I was seen today by a before I came up here, I was seen by another nurse practitioner and they said that I forgot what he said, but there was some doctors going to look into the breast pain I'm having or whatever.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. O. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? WITNESS: Yes. FURTHER EXAMINATION BY MS. TOLBERT O. Okay. So your attorney asked you about medical treatment, things that you were dissatisfied or what you mentioned you wanted transfer and hygiene items. A. Yes. 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that denial? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether she had resubmitted that request to Wexford? A. Well, I don't know. I was seen today by a before I came up here, I was seen by another nurse practitioner and they said that I forgot what he said, but there was some doctors going to look into the breast pain I'm having or whatever. Q. Okay. All right. So you have discussed
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 A. I made it when I filed some grievances when I got down here and I also requested through mental health. Q. And what were the responses to these requests that you received? A. That IDOC don't do hormone injections. MS. SCHNEIDER: Okay. That's all the questions I have. Thank you, Sasha. MS. TOLBERT: I have just a just a very brief redirect. Are you doing okay, Ms. Reed? WITNESS: Yes. FURTHER EXAMINATION BY MS. TOLBERT Q. Okay. So your attorney asked you about medical treatment, things that you were dissatisfied or what you mentioned you wanted transfer and hygiene items. A. Yes. Q. Do you consider transfer to be medical 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 that or did Dr. Siddique or do you know? A. Ms. Zimmer did. Q. Okay. And Wexford denied you that, correct? A. Yes. Q. Okay. Are you aware of whether anyone in the IDOC denied you that? A. No. Wexford. Q. Got it. Have you spoken to Ms. Zimmer since that denial? A. No. Q. Okay. So well, I know the answer, but I need to ask it anyway. Are you aware of whether she had resubmitted that request to Wexford? A. Well, I don't know. I was seen today by a before I came up here, I was seen by another nurse practitioner and they said that I forgot what he said, but there was some doctors going to look into the breast pain I'm having or whatever. Q. Okay. All right. So you have discussed it with other medical providers since you have been

23 (Pages 89 to 92)

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SASHA REED 8/31/2020

Page 93		Page 95
1 Q. Okay. Thanks.	1 A. No.	
2 Do you have any medical education or	2 Q. Okay.	
3 training?	3 MS. TOLBERT: Read or waive	, counsel?
4 A. No.	4 MS. SCHNEIDER: I guess one	thing we
5 Q. Okay. You told your attorney that you	5 want sorry. No more questions.	3
6 had requested injectable hormones. Why is that?	6 MS. TOLBERT: No. Read or w	vaive? Read
7 A. Because the injections have a better	7 the transcript or waive?	
8 effect than the pill does.	8 MS. SCHNEIDER: Sorry. I cou	ldn't hear
9 Q. Okay. Go ahead.	9 you. I'll read it, yes.	
10 A. And you get the most use out of it than	10 MS. TOLBERT: No, your client	. Does your
11 you would with the pills.	11 client want to reserve his right or her	right to
12 Q. And how do you know that?	12 read the transcript before she signs of	or is she going
13 A. Because what I read and other	13 to waive her right to signature?	
14 transgenders that takes it and they said the same	14 MS. SCHNEIDER: What have t	he other
15 things.	15 plaintiffs been doing? I'll have her re	ad it just
16 Q. Okay. Do you know physical details about	16 because I want to make sure she ju	ust like I would
17 those other transgender women's medical history or	17 do any other clients. Just if we wante	ed an
18 medical care?	18 expedited transcript, but at this point	, I think
19 A. No.	19 I want Sasha to read it, make sure ev	erything is
20 Q. Okay. Has any medical provider ever told	20 accurate.	
21 you that injectable hormones were in any way more	21 MS. TOLBERT: Okay. Then sh	ne'll get I
22 effective than oral hormones?	22 guess, Joyce, you'll send her the tran	script and the
A. Just from what I read.	23 errata sheet?	
24 Q. Okay. Where did you read that?	24 MS. SCHNEIDER: Etran.	
A. In some I read it in some, like,	25 MS. TOLBERT: All right. That	is all we
Page 94		Page 96
1 medical books. And this I don't remember. I	1 have. Thank you very much for your t	ime. Ms. Reed.
2 read it.	2 Appreciate it.	
3 Q. Okay. Okay. But again, no medical	3 MS. SCHNEIDER: Thank you.	
4 provider has told you that, right?	4 (Deposition concluded at 2:42 p.m	1.)
5 A. No.	5	
6 Q. Okay. So is there anything about your	6	
7 incarceration in IDOC dealing with your transgender	7	
8 issues that I haven't asked you about?	8	
9 A. Yes. Anything other than my transgender	9	
10 issues?	10	
11 Q. No. Dealing with your transgender	11	
12 issues. Dealing with the subject of this lawsuit.	12	
13 Is there anything I haven't asked you that you think	13	
14 I need to know?	14	
15 A. That I'm not receiving my right hormones.	15	
16 I mean, I'm not receiving adequate treatment.	16	
17 Q. Okay. All right. And the treatment	17	
18 the things that you think you're not getting	18	
19 correctly are the things you discussed with your	19	
20 attorney, right?	20	
21 A. Yes. 22 Q. Okay. Anything	21 22	
 22 Q. Okay. Anything 23 A. The treatment that I that I am 	22	
23 A. The treatment that I that I am 24 receiving, that was horrible.	20	
	24	
25 Q. Okay. Anything else I need to know?	24 25	

24 (Pages 93 to 96)

SASHA REED 8/31/2020

	Page 97		Page 99
1	CERTIFICATE OF REPORTER	1	ERRATA SHEET
2			Witness Name: SASHA REED
3	I, JOYCE D. LAWRENCE, the officer before	2	Case Name: JANIAH MONROE, MARILYN MELENDEZ, EBONY
4	whom the foregoing deposition was taken, do	2	STAMPS, LYDIA HELENA VISION, SORA
5	hereby certify that the witness whose testimony	3	KUYKENDALL and SASHA REED v. ROB JEFFREYS, MELVIN HINTON and STEVE MEEKS
6	appears in the foregoing deposition was duly	4	Date Taken: AUGUST 31, 2020
7	sworn by me; that the testimony of said witness		
8	was taken by me in stenotype and thereafter	5	Page # Line #
9	reduced to typewriting under my direction; that	6	Should read:
10	said deposition is a true record of the	7	Reason for change:
11	testimony given by said witness; that I am	8	Page # Line #
12	neither counsel for, related to, nor employed by	10	Should read:
13	any of the parties to the action in which this	11	Reason for change:
14	deposition was taken; and, further, that I am	12	-
15	not a relative or employee of any counsel or	13	Page # Line #
16	attorney employed by the parties hereto, nor	14	Should read:
17	financially or otherwise interested in	15 16	Reason for change:
18	outcome of this action.	17	Page # Line #
19	Chines Bauereners Munit	18	Should read:
20	Joyce D. Lawrence	19	Reason for change:
21	Certified Shorthand Reporter	20	
22	Registered Professional Reporter	21	Page # Line #
23	State of Illinois CSR License #84-1716	22	Should read:
24	My commission expires:	23 24	Reason for change:
25	August 4, 2022	25	Witness Signature:
	Page 98		Page 100
1 2	ALARIS LITIGATION SERVICES	1	STATE OF)
3	September 14, 2020	2	
4	MS. SYDNEY SCHNEIDER	3	COUNTY OF)
5	Kirkland & Ellis, LLP	4	
6	300 North LaSalle Chicago, Illinois 60654	5	I, SASHA REED, do hereby certify:
Ö	Chicago, Illinois 60654	6	That I have read the foregoing deposition;
7	IN RE: JANIAH MONROE, MARILYN MELENDEZ, EBONY	7	That I have made such changes in form
8	STAMPS, LYDIA HELENA VISION, SORA KUYKENDALL and SASHA REED v. ROB JEFFREYS,	8	and/or substance to the within deposition as might
	MELVIN HINTON and STEVE MEEKS	9	be necessary to render the same true and correct;
9	Dear Ms. Schneider:	10	That having made such changes thereon, I
10		11	hereby subscribe my name to the deposition.
11	Please find enclosed your copies of the deposition of SASHA REED taken on August 31, 2020 in the	12 13	I declare under penalty of perjury that the foregoing is true and correct.
	above-referenced case. Also enclosed is the original	13	Executed this day of,
12	signature page and errata sheets.	14	20 , at
13	Please have the witness read your copy of the	16	20, ut
14	transcript, indicate any changes and/or corrections desired on the errata sheets, and sign the signature	17	
	page before a notary public.	18	
15 16	Please return the errata sheets and notarized	19	
17	signature page within 30 days to our office at 711 N	20	SASHA REED
18	11th Street, St. Louis, MO 63101 for filing.	21	
19 20	Sincerely,	22	
21	-	23	NOTARY PUBLIC
22 23	JOYCE D. LAWRENCE	24	My Commission Expires:
24		25	,
25	Enclosures	· ·	

25 (Pages 97 to 100)

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Exhibit 12

22

Offender Outpatient Progress Notes

Menard CC

Offender Information		pp	
REED	FADELL	1D#:	M38260
Last Name	First Name		

CENTER

Date / Time	Subjectiv	ve, Objective, Assessment	Plans
6/12/2020	RN/LPN/chlebotomist Note (C	Circle One)	
818	Lab Note :		
ţ –	Scheduled for	Combo 7-20	
	CMP/TESTOSTERONE LEVEL/E	ESTRADIOL LEVEL	
	Done Yes No	Signed Refusal : Yes No	
	Recall :	· · · · · · · · · · · · · · · · · · ·	
	Unable / Ate / Work /Move /	No Show / Security / Other	DD
6/11/2/2022 910	S. Flu for z	justions Ett transgent	Prenate Vita
	meeb. 1/m Requesting Pro	nonting nyection. motal Vitamino Jan granth. Also	I tak po dailyn Permit yan Blas + Ponities
	bemalapan numbers z Jo	tiest bros. Duras mas in I/m commission	Duil man
	SR 4 smorth		0
· · ·	Appearance, A. Transgender	Deman	
8	H. J. Consegender	Guestion	Mighing
			shouten

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002) (Replaces DC 7147)

Monroe et al. v. Rauner, et al. (18-156) Document No.: (Replaces DC 7147)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

		Menard Correctional Center			
		Offender Information:			
BACK PAIN		Reed Last Name		First Name	M38260
Date/Time	Sut	jective, Objective, Assessment			Plans
7/1120	RN NOTE	LPN/CMT NOTE		or fever.	ith hypotension and/or tachycardia
8050m		in anters		in continence. - Verify meds and aller	evere gait disturbance or change gies prior to treatment
		immediate o delayed?		Refer to MD if: - Abnormal vital signs	, temp greater than 100
- For how long? Cuple Welles - Location? Lower Back			- Loss of sensation or	numbness	
	- Location?			- Foot drop	
	- Pattern (radia	tion) what worsens / eliminate		- Difficulty ambulating	
	- Color of urine	aging rubed	Nepps :	- Dark or bloody urine	
	- Frequency?	\mathcal{O}			er 48 hour trial of Treatment
				Protocol	
	- Any pain on u	rination?		When no MD referral	
	-	k problems and/or surgery?		(18 tablets)	U.J.d. PRN with meals X 3 days
,	- Fever c	hills night sweats	dysuria	 Or Acetaminophen) 3 days (18 tablets) 	325 mg, 1 – 2 tablets t.i.d. PRN X
	 Increase in pa 	in with cough?		 Avoid sporting activit least two weeks 	ies until pain has been gone for at
	- Are you taking	any medications?		 Begin gentle strengthening exercises as early as possible and observe proper lifting techniques. (provide exercise packet) 	
	- Any trauma?			- Complete injury repo	
	- Any bowel or	bladder incontinence?		- Urinalysis dip, if urina	ary symptoms present
	O_{0}^{T}	78 R17 BH38	YZ1		OVER

Distribution: Offender's Medical Record

Primed on Recycled Paper Monroe et al. v. Rauner, et al. (18-156) Document No.: 361358

Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 3 of 91 Page ID #3424

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional Center				
BACK PAIN	(Cont.)	First Name MI MI ID#:			
Date/Time	Subjective, Objective, Assessment	Plans .			
	- Gait disturbance	Patient Teaching:			
	- Any change from sitting to standing $\mathcal{N}\mathcal{O}$	- If injury could have been prevented, instruct on safety measures			
	- Swelling	- Proper body mechanics			
	- Redness	 Avoid weight lifting, strenuous activity (Sports restriction) 			
	- Bruises	- Back exercises when indicated by MD			
	- Tenderness to touch	Recommend moist heat, e.g. warm shower when available.			
	- Range of motion	- Back exercises if indicated			
	- Distress or pain with movement	- Allow 48 hours of trial with simple analgesic			
	Scillaria	-Return to sick call if symptoms persist or worsen			
		- If obesity present – weight loss counseling			
		Follow up:			
		 If discomfort worsens or persists and prevents the patient from carrying out normal activities, return to sick call. 			
		Nurse Signature			
	A) Impaired Comfort	Payment youcher YES NO			

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DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper

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LLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Breast Lum	Keegl	Fadal M38260
1	Cmt	
Date/Time	WHU Subjective, Objective, Assessment	Plans
1-0		PT A
8050	Inoticed my broasts have been	Refer to Zimmer
Ū	- When did you first notice the lutters now "	- Mois (Heat (warm water) used during shower for discomfort
	- When did you first notice the lung to w "	 Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
-	- Any redness pain or discharge	or
	- Has the lump changed since discovery Yes No	- Ibuprofen 200 mg, 1-2 tablets t.i.d. x 3 days (18 tabs)
	- Any history of fibrocystic breast disease or cancer	
=	- Any breast surgeries Yes	Refer to MD
	- Completes Self breast exam Yes No	- All self reported breast lumps
	- How often? Nignesting Education	
	- History of mammogram	Patient Teaching
	- Last mammogram and results	- Take medications as instructed
	- Family history of breast cancer	- Instruction on Self breast exam
	- Last menstrual period?	- Requesting a breast exa
	0) Q68 P15 P2 BP 138 W181	- leguesting a breast examination por to show her how
and the	- General appearance of the breast	to do them & also to see is there approximatities
	- Breast change: Asymmetrical Symmetrica	OVE

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Monroe et al. v. Rauner, et al. (18-156) Document No.: 361360

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Breast Lump (C	Cont.)	Fradell	M38260	_
Date/Time	Subjective, Objective, Assessment		Plans]
	- Location of the lump along with description		95. 21	
	- Size		·-	
	- Consistency		terio - to the second sec	
	- Movable			<
	- Dimpling			
	- Tenderness			
	- Redness			
	- Discharge			
	- Scar			٦
	- Axillary Exam: Tenderness Swelling	Mass		1
				1
5				
	с.			
				-
		Nurse Signature	9	
	A) Alteration of breast tissue	Payment youcher	YES NO	-

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361361

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Headache Offender Information: Just Name Massault Massault Date/Time Subjective. Objective. Assessment Piet Name Piet Name Piet Name Date/Time Subjective. Objective. Assessment Piet Name Piet Name Piet Name Date/Time Subjective. Objective. Assessment Piet Fail Piet State Piet State Sy - Duration of headache Outpub days - Recent head injury - Staff neck. - Contused - Vis a abnormal Sy - Duration of headache Outpub days - Staff neck. - Contused - Vis a abnormal - Recent head injury M10 - Is this headache.orgenessively increasing in severity? - Nussea / Vomiting - Ducke Vomiting - Ducke Vomiting - Pain location? - Pain location? - Nussea / Vomiting - Ducke Vision - Photophobia - Is this he worst headache of your life? - Decearble type ain? - Headache continues despite Tx protocol - Thurder Clap" onset or comment of 'Worst headache - Reported Hx of similar pielodes Cas? No - AccEaminophen 325 rig. 1 - 2 tablets Lib. PRN X 3 days (18 tablets) - Hiv Infection & Canoff - Hourpart Tx is effective? - Tourgart Tablet Id. for 3 days (18 tablets) - Tourgar	Menard Correctional Center					
Date/Time Subjective. Objective. Assessment Plans RN NOTE LPMCMT NOTE P) Refer to MD If: S) - Duration of headache COULD down - Recent head injury MIP - Is the headache orgoressively increasing in sevenity? - Recent head injury What are your symptoms? - Stiff neck - Confused - What are your symptoms? - What are your symptoms? - Stiff neck - Pain location? - Discribe the pain? - Stiff neck - Is this a new type of headache? - Photophobia - Double Vision - Describe the pain? - Headache continues despite Tx protocol - Describe the pain? - How that are your life? - Unequal pupils - Beported level of pain 1 - 10? - HiV(+) or history of cancer - Is this the worst headache of your life? - Is this the worst headache of your life? - Unequal pupils - Hotopanetral: - Describe level of the following? - Metalathered - Unequal pupils - Reported Hx of similar episodes Yes? - Lablets Life PRN X - More cent transport or pupils - Recettaminophen 325 mg, 1 - 2 tablets Life PRN X - Marge cent transport or pupils - Recetaminophen 325 mg, 1 - 2 tablets Life PRN X	Headache	Real	fadell	iD#:		
RN NOTE LPPCMT NOTE P) Refer to MD if: S) - Duration of headache COUNL (LOW) - Recent head injury MIP - Is the headache concreasing in severity? - Stiff neck What are your symptoms? - Stiff neck - Confused - Pain location? - What are your symptoms? - Stiff neck - Pain location? - Describe inte pain? - Protophobia - Is this a new type of headache? - Protophobia - Double Vision - Describe level of plain 1-10? Z-3 - Houde Clap' onset or comment of "Worst headache of have ever had" - Describe level of plain 1-10? Z-3 - HIV(+) or history of cancer - Is this the worst headache of your life? - Unequal pupils - Reported Hx of similar episodes - So No - If yes, what Tx is effective? - Acetaminophen 325 mg, 1 - 2 tablets Life, PRN X - Reported Hx of similar episodes - So No - If yes, what Tx is effective? - More Clap' ong T1-2 tablets Life, PRN X - Any recent tricknow requery? - Acetaminophen 325 mg, 1 - 2 tablets Life, PRN X - Any recent tricknow requery? - Acetaminophen 325 mg, 1 - 2 tablets Life, PRN X - Any recent tricknow requery? - Coolocompresses may be helpfoil - Any recent tri		Last Name	First Name	M		
 s) - Duration of headache CUDU day Recent head injury Stiff neck Confused Stiff neck Confused Stiff neck Confused Severe pain Nut are your symptoms? Naw Severe pain Nut are your symptoms? Severe pain Severe pain Nut are your symptoms? Severe pain Severe pain Not are your symptoms? Severe pain Severe pain Not are your symptoms? Severe pain Severe pain Not are your symptoms? Severe pain Sever	Date/Time	Subjective, Objective, Assessment	γ	Plans		
 Is the headache progressively increasing in severity? Is the headache progressively increasing in severity? Ontused VS's abnormal VS's abn			P) Refer to MD if:			
 Is the headache progressively increasing in severity? Is the headache progressively increasing in severity? Ontused VS's abnormal VS's abn		s) - Duration of headache? COUDU days				
 Pain location? Here is a new type of headache? Is this a new type of headache? Photophobia Describe the pain? Photophobia Describe the pain? Photophobia Describe the pain? Photophobia Describe the pain? Photophobia P	1Mbo		- Confused			
 Pain location? TCM_VC Diziteness Is this a new type of headache? Photophobia Double Vision Headache continues despite Tx protocol Thunder Clap' onset or comment of "Worst headache i have ever had" Describe level of pain 1-10? 7-3 Is this the worst headache of your life? Reports of any of the following? NV Gregorite Tx protocol Thunder Clap's onset or comment of "Worst headache i have ever had" HIV(+) or history of cancer Is this the worst headache of your life? Unequal pupils Reports of any of the following? NV Gregorite Tx is effective? HIV infection of cancer Fit yes, what Tx is effective? HIV infection of cancer Fit yes, what Tx is effective? HIV infection of cancer Any recent transfer of jayur? Any recent transfer of altered layel of conscloutness, slurred Althory of altered layel of conscloutness, slurred Charles Althor	Down	- What are your symptoms?		· · · · · · · · · · · · · · · · · · ·		
 Is this a new type of headache? Duscribe the pain? Describe the pain? Describe level of pain 1-10? 7-3 Inder Clap* onset or comment of "Worst headache in have ever had" Describe level of pain 1-10? 7-3 Introder Clap* onset or comment of "Worst headache in have ever had" HIV (+) or history of cancer Unequal pupils Reports of any of the following? INV Introduction of the following? Intervention of the following? Intervention		- Pain location? temple	- Dizziness			
			- Double Vision	espite Tx protocol		
 Is this the worst headache of your life? Is this the worst headache of your life? Reports of any of the following? NV Idiplopia Iphotembla Reported Hx of similar episodes If yes, what Tx is effective? HV infection of Cancer Any recent truther or joint? Any recent truther or joint? Allergic to medication? Objerve for altered level of conscioutingss, slurred afford metal status Check pupils, hand grasps Check pupils, hand grasps Ability to touch chin to chest with mouth closed (test of stiff neck, nausea, vomiting) Ability to touch chin to chest with mouth closed Visual actify Wisual actify 		SNOUN	I have ever had"			
Image: Note of the second state of		- Is this the worst headache of your life?				
 If yes, what Tx is effective? If yes, the perfective? If y		N/V dizziness blumy vision	No MD Referral:			
 Any recent traume or joint? Allergic to medication? Allergic to medication? Allergic to medication? Allergic to medication? Construction of the second seco		- If yes, what Tx is effective?	3 days (18 tablets) or ibugroten-200 mg 1-	Z tabs t.i.d. for 3 days (18 tabs)		
 Allergic to medication? Allergic to medication? Allergic to medication? BHZ VIA Relative cause of headache Observe for altered level of consciousness, slurred AHD - Secture 10000 Check pupils, hand grasps Check pupils, hand grasps Check pupils, hand grasps Ability to touch chin to chest with mouth closed (test of stiff neck) HD Visual activy Visual activy Warder CHARCE 						
 Observe for altered level of consciousness, slurred A - Section and mental status speech and mental status appeared of the status of the stiff neck. The stiff neck of stif						
 slurred Aff 2 - Security speech and mental status Aff 2 Check pupils, hand grasps C		(ho to Plo Hoto Ma	- Relative cause of head	ache		
I control for the stiff neck, nausea, vomiting) Ability to touch chin to chest with mouth closed (test of stiff neck) Visual acuity Visual acuity Manen-MML 		slurred ALD - Deem Clim speech and mental status Ammed	- Medication as instructe	d >		
- Ability to touch chin to chest with mouth closed (test of stiff neck) - Visual activy CAMEN-CML - Ability to touch chin to chest with mouth closed Return to sick call if no improvement with treatment Nurse Signature			they intensify (i.e., deve			
Glapes-unc 1552		- Ability to touch chin to chest with mouth closed (test of stiff neck)	Return to sick call if no in	nprovement with treatment		
			Nurse Signature	-		
			Paymont vouchor	YES NO		

Distribution: Offender's Medical Record

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DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361362

				epartment of Corre Health Progress				
				Correctional C				
				Facility				
Session Date: <u>Ju</u>	une	<u>4, 2020</u> 1	ime	: <u>12:15 PM</u>	Se	ssion Duration:	15 minut	tes
Offender Name:	(Las	st, First) Reed, Fadell				ID Number: M3	8260	
		Part	: 0	ffender Infor	mation			
Level of Care:] G	eneral/Outpatient	ecial	/Residential Tre	atment U	nit 🗌 Crisis Pla	acement	Inpatient
MSR: 09/10/2021		Discha	ge:	3- LIFE		_		
Check all that ap	ply:	Designated SMI		esignated GBM		On Enforced Medic	ation	None
No face-to-face						¥		
_		rief Mental Status Evaluati avioral Health Technician	on se	ection, documen	t informa	tion in Pa r t III)		
		ief Mental Status Evaluatio	n se	ction, document	informat	ion in Part III)		
		Part II: Br	ief I	Mental Status	s Evalu	ation		
Level of Cooperation	on:	Cooperative		Guarded/Suspi	cious	Hostile	Ur	ncooperative
Orientation:		Ox3 (Time, place, person		OX situation	(ist:)] Disoriented
Affect:	\boxtimes	Unremarkable		Constricted	🗋 Blu	unt/Inexpressive	📋 Flat	Labile
Appearance:		Appropriately Groomed		Disheveled		Poor Hygiene		A State
Thought Process:		Clear/Coherent		Circumstantial		Tangential		erseveration
		Loose Association		Word Salad/Inc	coherent	Thought Bloc	king	
		Pa	rt-ll	I:-S.O.A.P. N	lote			
		fender self-report of prese sment, clinician assessme						
The offender met w juestions regarding able to get her appri- natead of the pill. S erms of getting the hat her overall mod the offender was a osture. Her though act. The offender has do the offender will be needed. This clinician referred	vith 1 g the rove She e app od w lert hts a occur e see ed th	this clinician in a secure ar e status of her request to b ed for women's underwear. said that she wants this be bearance she desires. She vas anxious due to waiting and oriented times four. S and speech were clear and mented diagnoses of gend en again in 30 days. The o ne offender to the nurse pr the offender's transfer req	d co e tra She caus said to he goa goa er dy ffenc	nfidential setting nsferred to Loga stated that she se she has read I that she is also ear the decision as calm and coc I directed. She c rsphoria and uns ler stated that sh oner in order to	i in the Na an or Dixo has been and seen wanting about he operative. lenied su specified on the knows	orth 2 Cell House. on. She said that of a requesting the ho first hand that it is to take prenatal vit r transfer. She had normal e icidal and/or homic depressive disorde how to contact me	The offer ne of the rmone in more eff amins. S ye contac idal idea er. ental heal	nder had nurses was jection shots fective in he reported ct and tion. LOC in th and crisis
	- 41				1.	Mat he man		
		Scarlett M. Meyer, MA, LC	PC	Signature:	scan	at m. Muyer	U, nu	
acility: Menard Cor	rool	tional Center			Title	: QMHP		

Distribution:	Offender Medical File
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Page 1 of 1

		12/02/20 Page 8 of 9	1 Paye ID #3429
	ILLINOIS DEPARTMENT OF COR	RECTIONS	10
	Refusal of Mental Health	Services	# 12
	Menard Correctional (Center	708
	Facility		·
2020	Offender Information	1	
Date: June 30 2020 Time: 12:00 Pam	Keed	First Name	<u>el(</u>
Time: (2,00 Rom	Last Name	N38260	
Refusal of Services			
	he refue the performance of a	onvice of any mental health	treatment for the
I, the above named, here following condition for wh	eby refuse the performance of s nich it was offered:		
Psychiatry appointment with	HDr. Potest Indrovil	121 Therepy	
	,		· · · · · · · · · · · · · · · · · · ·
I further understand that	this refusal shall only be effecti nd shall not be considered a bl	ve for the stated condition anket refusal for all mental	which services or health treatment or
services.	no shall not be considered a bi		
$\leq \cdot \cdot \leq$			
-) austre)		plained the risks to me, pos	ssible complications and
Name of Qualified Mental Health probable consequences of refusing			
			Corrections from all
I hereby release the Attending Ment liability for damages or any injuries i	al Health Professional, the Fac	ility, and the Department of y or arising out of this refu	sal whether foreseen or
	international and a second s		
unforeseen.			
unforeseen.			
unforeseen.	stand the above REFUSAL OF TR	EATMENT, that the explanation in the explanation is the explanation of	ons therein referred to were
unforeseen.	stand the above REFUSAL OF TR	EATMENT, that the explanation rere filled in and inapplicable presented in and inapplicable presented in a second structure of the second structure of	ons therein referred to were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements	stand the above REFUSAL OF TR	EATMENT, that the explanation rere filled in and inapplicable presented in and inapplicable presented in a second structure of the second structure of	ons therein referred to were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements	stand the above REFUSAL OF TR	EATMENT, that the explanation rere filled in and inapplicable p	ons therein referred to were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed.	stand the above REFUSAL OF TR	EATMENT, that the explanation vere filled in and inapplicable p	ons therein referred to were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed.	stand the above REFUSAL OF TR	EATMENT, that the explanation vere filled in and inapplicable p	ons therein referred to were baragraphs, if any, were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed. Fall, Reed Print Name of Patient	stand the above REFUSAL OF TR	See See	ons therein referred to were baragraphs, if any, were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed.	stand the above REFUSAL OF TR	See See	ons therein referred to were baragraphs, if any, were
unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed. FaleII, Reed Print Name of Patient	stand the above REFUSAL OF TR	See See	bons therein referred to were baragraphs, if any, were the r m ness
I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed.	stand the above REFUSAL OF TR	Print Name Wite	bons therein referred to were baragraphs, if any, were the r m ness
Unforeseen. I certify that I have read and fully unders made, and that all blanks or statements stricken before I signed.	stand the above REFUSAL OF TRI requiring insertion or completion w ment to yerd	Print Name Wite	bons therein referred to were baragraphs, if any, were the r m ness

Monroe et al. v. Rauner, et al. (18-156) Document No.: Printed on Recycled Paper

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Menard Correctional 711 Kaskaskia Street PO Box 711 Menard, IL 62259 UNIT:COMBO 7-20		ASTING: Y	Ho	NIVERSITY spital and Health oference Labo	h Sciences S		Room 17 Chicago Ph# (8)	th Wood St 0 (M/C 750 , Illinois 77)FOR-LA k Behm, M.)) 60612 BS	rector
PATIENT NAME		PATIENT ID	DOB		SEX	STATUS		DESTINAT	ION	
REED, FADELL M38260 PHYSICIAN		A208-38260		1/22/1992		Fina		1	D20	8
SIDDIQUI, MOHAMMAD		06/12/2020		DATE OF SE	2020 23		PRINTED O		7:05	PAGE
REQUISITION NO. PT. LAB NO.	LAB REF NO.			100/ 200/ 0			00/2//	1020	1.05	
A208.4922										
COMMENTS :						00450				
Diagnostic Procedure		In Range	Result	Out of Range	U	nits		Reference F	Range	
		1977						200 000		-
COMP METABOLIC PANEL BLOOD UREA NITROGEN		10				· · · · ·				
SODIUM		12				IG/DL		6-20		
POTASSIUM		136				MOL/I		135-14		
CHLORIDE		4.1				MOL/I		3.5-5.		
GLUCOSE		103				MOL/1		98-108		
CREATININE		75				IG/DL		65-110		
CALCIUM		1.08				G/DL		0.50-1		
TOTAL PROTEIN		9.3 7.4				IG/DL		8.6-10		
ALBUMIN						/DL		6.0-8.		
BILIRUBIN, TOTAL		4.1 0.3				M/DL		3.4-5.	0	
ALK PHOS		54				G/DL		0-1.2		
AST		18				I/L		40-125		
CO2 CONTENT		24						10-40		
ANION GAP		24				MOL/I MOL/I		24-32		
ALT		22				моц/1 /Ъ	1	3-11 7-50		
BUN/CREAT RATIO		62		11.1 L	ų	10		12-20		
ESTRADIOL		189		**·* D	Þ	G/ML		12-20		
and the second	(NOTE)				-	0,110				
	REFERENCE MALES (AD) FEMALES (2	JLT)	AL:			31 PG 25 PG				
		LLICULAR P				115 E				
	M	DCYCLE:			32-	517 E	G/ML			
	LU	TEAL PHASE	:			246 E				
	performed	on on DXI plat:		emented 6	/11/19.	Assa	y is			
TESTOSTERONE		proc.		162 L						
	Unit: ng/d (NOTE)				61					
	concentrat in all ind	lividuals.								
		ts le supportion INTERVAL: 5			ult Mal	e				
ontinued on the next j	age									
EED, FADELL M38260		06/17/2	2020 07:	:05	5.0.71	. REV		117/2	6	D208
						CHAR			K.	E
					ET E				SYN	VIL

		Reference Lab	LO of 91 Page ID #3431 840 South Wood Street, Room 170 (M/C 750) Chicago, Illinois 60612 Ph# (877)FOR-LABS Fredrick Behm, N.D., Director						
F	ASTING: Y	DOB	1						
PATIENT NAME PATI REED, FADELL M38260 A200			SEX M	STATU: Fin		DESTINATION D208			
	COLLECT DATE & TIME	01/22/1992 DATE OF S		Fall	PRINTED ON	-	D20	PAGE	26
	06/12/2020 07	:58 06/12/	2020 23	3:30	06/17/	2020	7:05		2
LAB REP NO.									
	Resul	t Out of Range		Units		Reference	Range		
500 Chipe	ta Way, SLC, UT	84108 800-52			cor				
	06/17/2020	07:05	DOC	TOR	M.M.	\$/17		D20	8
	Access correference intervals Directory (aruplab. Performed 500 Chiper www.arupla	LAB REF NO. Result In Range Access complete set of a reference intervals for this test Directory (aruplab.com). Performed by ARUP Labora 500 Chipeta Way, SLC,UT www.aruplab.com, Julio I 06/17/2020	Result Result In Range Out of Range Access complete set of age- and/or or reference intervals for this test in the ARUP Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC, UT 84108 800-52 www.aruplab.com, Julio Delgado, MD,	IAB REF ND. Im Range Out of Range Access complete set of age- and/or gender-reference intervals for this test in the ARUP Laboratories Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC, UT 84108 800-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. E 06/17/2020 07:05 M.D. JOC 017/2020 07:05	Date ser NO. Im Range Out of Range Units Access complete set of age- and/or gender-spec: reference intervals for this test in the ARUP Laboratory Directory (aruplab.com). Description Performed by ARUP Laboratories, 500 Chipeta Way, SLC, UT 84108 800-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. Direct 06/17/2020 07:05 M.D. REV. DATE DOCTOR	NAM REF NO. ImPland Out of Renge ImPland Out of Renge Intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, SOCIDEta Way, SLC, UT \$4108 800-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. Director	NAR HEF HO. Result In Result Out of Reage Units Reference Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC, UT 84108 800-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. Director 06/17/2020 07:05 M.D. REVIEW	No. Rest In Range Out of Range Units Reference Range Access complete set of age- and/or gender-specific reference Interval Reference Range Interval for this test in the ARUP Laboratory Test Directory Interval (aruplab.com). Performed by ARUP Laboratories, SOO Chipeta Way, SLC,UT 84108 800-522-2787 Www.aruplab.com, Julio Delgado, MD, Lab. Director 06/17/2020 07:05 M.D. REVIEW S/17 06/17/2020 07:05 M.D. REVIEW S/17 VULCHART LEVATHENT COPP:	No. No. In Repr Out of Repr Units Reference Range Access complete set of age- and/or gender-specific Intervals for this test in the ARUP Laboratory Test Directory Directory (aruplab.com). Performed by ARUP Laboratories, Software Software Software Software Director WWW.aruplab.com, Julio Delgado, MD, Lab. Director WWW.aruplab.com, Julio Delgado, MD, Lab. Director Director 06/17/2020 07:05 Director Director Director

ILLINOI	S DEPARTMENT OF CORRECTIONS
	MEDICAL PERMIT
MENARD	CORRECTIONAL CENTER
OFFENDER NAME: Led	2, Factell ID NUMBER: M.38240
HOUSING UNIT: NA]-	<u>,08</u>
🔀 New Order	□ Change
🗆 Renewal	□ Cancel
Lower Bunk	Slow Walk D Hearing Aid
□ low Gallery (A/B)	🗆 Double Cuff 🛛 🗆 Front Cuff
🗆 Medical Lay-In	🗆 Feed-In Cell 🗆 No Yard
□ Shower on Gallery	C-Pap Machine Heel Cup
Knee Sleeve/Brace Size	Scrotal Support Size: Size: S
Veck Collar Size:	□ Mouth guard/Cup □ No Work
Dither: 2 size las	ree Sports bree, + & Size Mal br
Start Date: 6/16/202	O Expiration Date: 6 16 2021
Authorized by:	
MDMM DL	maker Date: 6/16/2020
I understand that if this permit is alter also understand that it is my responsi authority when requested.	d; a disciplinary report will be written with termination of this permit. I blity to maintain this permit in good condition and to produce to proper
Offender Signature: K	
Distribution: White copy: Medical R	
 Cell House S D.O.N Secre 	

8

8



Psychiatric Progress Note

	Facility:	Menard Correctional Center	
Offender Name: Last, First THOMPSC	ON, DION	ID Number: <u>M18222</u>	Date: Jul 10, 2020
Start Time: 3:17:00 PM Allergies or Medication Sensi	 tivities? No [⊠ Yes If yes, then describe: Chlorprom	azine, Tubersol, fish
Scheduled Visit Type: Rou	tine Follow Up 🛛	Complex Follow Up Evaluation	
Level of Care: Outpatient	Resider	tial Treatment Unit	
Type of Visit: Telepsychiate	ry⊠ Onsite Eva	luation Other (identify):	
Has offender been on Crisis \	Vatch since last psy	vchiatric visit? Yes 🔲 No 🛛	
If yes, explain:		· · · · · · · · · · · · · · · · · · ·	
Source of Information: (Check all that apply)	_] Mental Health Staff 🔲 Medical Stafi ress Notes 🔲 Mental Health Evaluation	
	Crisis Record	s Dther (identify):	
	Previous Psych	siatric Progress Note	
		Subjective/Objective	
reported worsening of anxiety. effexor. Pt said he likes to conti depressed or mood symptoms	Pt will be dischargin inue Buspar and Traz . No psychosis were r out his family membe	He was last seen on 05/13/2020 at which tir g in 2 weeks. Said Effexor was helpful in the odone and in addition to that he was reques eported or noted. Pt denies feeling hopeles: ers and prior work history. He reports no cur	past for anxiety and he wishes to take sting to add Effexor. He denies feeling s, helpless or worthless. No issues with
	LIST CURR	ENT PSYCHOTROPIC MEDICATION	NS:
- Buspar 30 mg po qHS (exp - Trazodone 150 mg po qHS		020)	
Check if None			
Pertinent medical medications	s:		
Ibuprofen, Vit A and D			
Compliance: 🛛 Good [Poor (list details)		
Side effects: 🛛 None 🛛] Yes (list details)		
MAR reviewed: Yes 🖾	No 🗌		
Is offender currently prescribe	ed Involuntary Psych	notropic Medication(s)? Yes 🗌 I	No 🖾
Lab Results: Comment on a	abnormal results an	d include drug levels. None order	red 🛛

Printed on Recycled Paper Page 1 of 4 Monroe et al. v. Rauner, et al. (18-156) Document No.:

Psychiatric Progress Note

	Facility:	Menard Correctional Center	
Offender Name Last, First	: THOMPSON, DION	iD Number : <u>M18222</u>	Date: Jul 10, 2020
Medical/Ment	tal Health – Female Specific:	Not Applicable	
Is the offender cu	urrently pregnant? No 🔲 Ye	es 🔲 Expected due date:	
	R	Mental Status Examination	
Posture/Gait:	Appropriate 🔲 Inappropriat	te 🗌 Slumped 🔲 Tense 🔲	Atypical 🗍 Rigid 📋
Behavior:	Tensed muscles	Poor physical boundaries Closed body posture Psychomotor agitation	 Posturing aggressively Guarded/protective posturing
Eye contact: 🛛		voids eye contact Infocused	Looks down in his/her lap
Level of Appeara	nce: 🛛 Appropriately Groomed	Disheveled Poor Hygie	ene 🗌 Malodorous 🔲
Level of Consciou	usness: 🛛 Alert 🔲 Clouded	Lethargic Delirious	Somnolent
Level of Cooperat	tion: 🛛 Cooperative 🗌 Gu	arded/Suspicious 🔲 Hostile 🗌	Uncooperative
Orientation: 🛛	Ox4 (Time, place, person, reali	ty) 🔲 OX	(list:) Disoriented
Attention: 🛛 A	ppropriately focused 🔲 Select	tive attention/inattention	actible 🔲 Unaware 📃
. —	nremarkable		Pressured Image: Constraint of the second seco
	es: Circumstantial	Disorganized	ociation D Word Salad/Incoherent
	Unremarkable 🗌 Paranoid	Delusional Delusional Excessive r	eligiosity 🗋 Referential 📋
Explain:			
Perceptions: Explain:	Hallucination Aud	litory 🗌 Visual 🗌 Olfa	actory Somatic Illusions
-	elusions were noted or reported.		
Affect: 🔲 Unrem	narkable (Euthymic) Cons Chymic Euphoric Dyst	stricted 🔲 Expansive [hymic 🗌 Manic [Blunt/Inexpressive Flat
Mood:	Euthymic Dysthymic	🛛 Anxious 🗌 Fea	rful
Suicidal ideation:	🛛 None 🔲 Yes, details:		
Homicidal ideation	n: 🔀 None 🔲 Yes, details:		
Memory:	Short-term 🛛 Intact 🔲	Long-te	rm 🛛 Intact 🗋
Estimated Intellige	ence: 🗌 Above average	🛛 Average 🗌 Be	low average
N 882			

Distribution: Offender Medical File

Printed on Recycled Paper Page 2 of 4 Monroe et al. v. Rauner, et al. (18-156) Document No.: ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note

	Facility:	Mena	rd Correctional C	Center		
Offender Name: Last, First THC	MPSON, DION		ID Number: M1	8222	Date: Jul 10	0 <u>, 20</u> 20
Insight:	Adequate	Poor		1		
Judgment:	Adequate	Department Poor				
Motivation: 🗌 Go	ood 🛛 🖂 Ade	quate 📋 Poor	□			
Historian: 🔀 Reliab	le 🗌 Poor	Inconsistent	Unable to	assess at this time	2	
		Di	agnoses			
Psychiatric Diagnosis:	Unspecified Depres	sive Disorder				
Medical Diagnosis:	one					
Based upon today's ev Since last visit, offende		nptoms have: Imp	proved 🔲 Rem	ained same 🖂	Worsened	
Modified Global Ass	essment <u>60</u>		to <u>62</u>			
Based upon diagnos supportive services,			Yes 🗌 No 🛛	3		
		Narrati	ve Summary			
Pt presented for psychiat symptoms or psychosis. I not need anti-depressant meds other than Effexor. time Discussed continu Suicide/Homicide/Aggre denies SI/HI/aggressive lo capacity to understand th on-site staffs should he h	Pt likes to continue I ts at this time since I Pt was explained th ing the current med ssive risk assessmen deation (AI) or no se ne risk and benefits	Buspar and Trazodor he does not have de is provider will not c lication which he is a it: Based on this asse lf-injuring behaviors of giving and/or witl	ne. In addition to t pression. Discusse order Effexor as he agreeable to. Pt ve ssment of both ris (SIB) were report sholding informat	that he wishes to r ed SSRI for depress does not meet cr erbalized understa sk and protective f ed or noted. Pt is g tion regarding suit	restart Effexor. Exp sion but he does i iteria to treat with anding and agree factors, pt's risk is goal and future oi	plained pt he does not want any new n Effexor at this d with the plan. currently low. He riented. He has the
		Psych	iatric PLAN			
Psychotropic Medication:	Started (I	DOC 0541)	Discontinued	Changed		
Continue Current Mee	dication					
Medication specifics a	and rationale:					
- Buspar 30 mg po qHS (e - Trazodone 150 mg po q Reviewed medication cor Reviewed treatment plan	HS (expires on 09/2 npliance, risks/bene risks/benefits/alter	2/2020) fits and side effects. natives including no	treatment.	- A file Announcement		
Patient voices understand needed. Patient encourag	ding/agreement wit ged to work with MH	h plan of care. Patier IP in individual/grou	nt verbalizes unde Ip therapies as rec	erstanding how to commended/indic	reach mental hea ated.	alth for crisis if

Printed on Recycled Paper Page 3 of 4 Monroe et al. v. Rauner, et al. (18-156) Document No.:

Psychiatric Progress Note

		Facility:		Menard	Correctional C	Center		
Offender N a Last, First		IPSON, DION		ID	Number: <u>M1</u>	8222	C	Date: Jul 10, 2020
AIMS com	npleted toda	y (if necessary) (E	DOC 0336)	□ A	IMS to be dor	e by RN (if r	necessary	/)
Labs			CBC+P	lts	Thyroid Profile	e 🗌 Lithi	ium	Carbamazepine
		Lipid Profile	A1C	🗌 EKG	Other:		[_ Other:
	al circumfere	ence:					BP/	P
Fill in value	es and meas	urements on Metak	oolic Screeni	ing and Mo	nitoring form	(DOC 0532)		
Needs me	edical referr	al for:						
│ │	HP referral ((Complete DOC 0	387) for:					
Sleep	p hygiene r	🗌 Anger ma	nagement		Trauma histo	ry 🗆	Psychon	netric testing
	(2019)10 M	otropics due to	Hx of no	n-compliar		of hoarding m	edication	ns Abuse Potential
_		er I-doc protocol		in complian		or nouraing n	neareation	
		ven a copy of the		ic Modico	lon Informatic	n brachura		
offender.	rbally review	ved any medicatio	n changes,	side-effec	ts, risks and I	penefits of tre	eatment o	or refusing treatment with the
		c condition has be nax OP - 3 month					(s) at the	same dose for the past 60
The offen	ider has sigr	ned his/her Medica	ation Conse	ent Form.				
		te needed based o		-				0546)
Designation:			ed Psychol	tropic to be	e continued (c	linically nece	essary)	
The Same and	Цс	Other (identify):				100 A. 100 A.		
			Dispo	sition (Le	evel of Care)		
🛛 Outpatie	ent Level of	Care 🗌 Res	sidential Tre	eatment U	nit 🗌 In	patient	Crisi:	S
Next Appointn	nent: <u>4 we</u>	eks						
Evaluation co	ompleted b	y:						
Farz	ana Alam	far	zana A	am Digitally Date: 20	signed by farzana Alam 20.07, 10 23:28:51 -05'00			MD
Pri	nt Name			Signature				Title
07	7/10/20		3	3:39:00 PN	1			<u> </u>
	Date			End Time		_	J.d.	w D'at
Distribution: Offend	der Medical File			Printed on Re Page 4	of 4	2	of h	DOC 0502 (Rev. 1/2019)
		Mor	nroe et a	I. v. Rau	ner, et al. (18-156) D	Jocume	nt No.: 361371

Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 16 of 91 Page ID #3437 **Illinois Department of Corrections** MENTAL HEALTH SERVICES REFERRAL Menard Correctional Center Facility \mathbf{Y} MI \mathcal{G} Offender's Name: ID #: Why is the offender being referred to the Office of Mental Health Management? (Include a summary of the observed behavior and any other information that may be useful in assessing the offender's status.) 0 Print Referring Staff Name Date Referring Staff Signature Check if Referring Individual is Security Staff. Distribution: Office of Mental Health Management Printed on Recycled Paper DOC 0387 (Rev. 10/2016) Dont want pred Spoke with Dr Poteat IIM States their will try something different -See when scheduled. Offender Medical File Kec: 7/15/20 Sch W/BHT 7-30-20 DC

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: M38260 ID#: ML Plans Subjective, Objective, Assessment Date/Time 7/17/200 Chut note Sto: Schedulid for noc for worl pairo - 1m (R) 1 flut to hepse \mathcal{N} S.F.In for NSC. TG Un GAHT 2CO n mark in terdorness . Has Bro. Q.mr $\mathcal{H}\mathcal{H}$ N (Replaces DC 7147) Distribution: Offender's Medical Record Primed on Recycled Paper 361373

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Offender Outpatient Progress Notes

Menard Correctional	
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		Menard Correct	ional Center	
COLD (UPPER RESPIRATOR INFECTION {U Symptoms	Y	Offender Information:	Fadeu First Name	ID#:MB6200
Date/Time	S	ubjective, Objective, Assessment		Plans
13/20	RN NOTE	LPN/CMT NOTE	P) Refer to and call	MD:
930A	SR"	have symptoms been present? CU20UF I VOK'	- If temp is 101 degree	es F or above or
	- What symp RUNN	toms do you have? 1 NOSC / (OMJEHION sthma or COPD?	- If symptoms not reso	olved in 10 days
6	- History of As	sthma or COPD?	- Facial/ear pain	
			- Productive cough wi	th colored sputum
			- Red throat with exuc	late
	- Any allergie	A	MD for Urgent Consu	Iltation:
	°) ⁷ 974	+PGO R 20 BP 32/80WT eter Reading -)2 967-144	- Asthma complicating	a URI
	- Pulse Oxim	eter Reading - D2 A67-144	Wheezing or audible	abnormal lung sounds
	- Lung sound	HA	- Shortness of breath	
	- Sputum Sputum Col	or UCAR	- Uncertainty about pa	atient condition
	- Nasal exam	WNL	- If pulse ox < 92% or reading regardless i	a drop of 5% or more from prior f on O2 or not
	Throat exam		Norsing Intervention: verify medications a	nd allergies prior to treatment)
	- Red		- If significant congest	ion with runny nose:
	- Inflamed		CFM 4 mg, 1 tab t.i.c	I. PRN X 3 days (9 tabs)
	- Pustular			OVER

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

COLD (URI) Cont.	Offender Information: RCCA FU	First Name MI ID#113BQ40
Date/Time	Subjective, Objective, Assessment	Plans
1/31/20	- Difficulty swallowing	- For fever or aches offer:
930A	- Drooling	Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Dyspnea	Utbuprofen 200mg 1-2 tablet t.i.d. x 3 days (18 tabs)
	Check ear canals for redness A NCANAS	Guafenesin 200mg b.i.d for 7 days for cough (14 tabs) Leoldonyl 2 tabs q.i.d. pm for 3 days (24 tabs)
	Neck	Patient Teaching:
	- Enlarged lymph nodes	- Advise patient to get plenty of rest and increase fluid intake
	- Tender lymph nodes	Instruct patient on proper hand washing technique
	 Vital sign abnormalities (e.g. fever with tachycardia or increased respiratory rate) or abnormal pulse oximeter reading 	- Increase fluid intake
		- Medication Instruction
	VS Stable Clo congestion ERUnny	
	nose	Follow up:
		Return to sick call if symptoms worsen or persist
		Nursestindaute
	A) R/O Upper Respiratory Infection (URI)	Payment voucher YES NO

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Offender Outpatient Progress Notes

		Menard C	orrectional	Center		
		Offender Information:				
		Reed	Fadell	First Name	ID# :	M38260
Date/Time	S	L Subjective, Objective, Assessme	ent		Plans	
8/10/20 12:45pm		ugh Clerk Note:				
	S: p	2		P.) Give to x-ray to	schedule onsite ult	rasound.
	breast ultraso and has appro	resented to collegial on 8/6/20 bund. Dr. Ritz has reviewed th oved the request. on#752238884	for a onsite e collegial	E. Young Med Furlough Clerk	Z	
	A.) Collegia	il approval			0	
				1		
)						· **:
1	1					
)			
	-					
			14			

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Offender Outpatient Progress Notes

	Menard Correctional	Center
	Offender Information:	
	Reed Fade	ell M38260
	Last Name	First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
8/10/20 10:27am	Med Furlough Clerk Note:	
	S:	
)	O.) Pt was presented to collegial on 8/6//20 by Dr. Siddiqui for a mammogram. Wexford UM, Dr. Ritz, and Dr. Siddiqui have reviewed the collegial and has given the request an Alternative Treatment Plan made to obtain onsite Breast US instead. Check prolactin level onsite.	P.) Send an email to onsite scheduler to have offender be put on a MD/NP and discuss the alternative treatment plan.
	A.) Collegial Denial	E. Young Med Furlough Clerk
		\bigcirc
		-
1.00		

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard	Center
	Offender Information:	First Name MI 10#: M38260
Date/Time	Subjective, Objective, Assessment	Plans
811120	X-RAY NOTE	
8711120 SA	S/Q: Approval letter for onsite Ultrasound received. Request will be forwarded to Precise Specialties for scheduling and completion.	P: Forward to Precise Specialties for scheduling and completion.
	A: Ultrasound	Section CAR
)		
8 Parties and Parties an		
Distribution: Offender's	Medical Record	DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard	Center
_	Offender Information: Reed Last Name	First Name MI ID#:///38260
Date/Time	Subjective, Objective, Assessment	Pians
811120	X-RAY NOTE	
8A	S/O: Request sent to Precise Specialties for completion of ordered Ultrasound.	P: Request sent to Precise Specialties and will be scheduled when a date is given.
	A: Ultrasound	Sellmon 1011-
		:
3		
7		

Distribution: Offender's Medical Record

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Case 3:18-cv-00156-				Page 24 01 91	Page ID	/#3445
		is Department of Correc al Health Progress				
		ard Correctional Ce				
5	141010	Facility				
Session Date: July 20, 2	020 Ti	me: 5:15 PM	Ses	sion Duration: 0	min	
Offender Name: (Last, Fi				ID Number: M38	3260	
	Part I:	Offender Inform	nation			
Level of Care: X Gener	· — ·	cial/Residential Trea	itment Un	iit 🔄 Crisis Pla	cement [] Inpatient
Check all that apply:	Designated SMI	Designated GBMI		n Enforced Medica	ation [None
No face-to-face contac (If checked, skip Brief I	Mental Status Evaluatio	n section, document	informati	on in Part III)		
Completed by Behavior (If checked, skip Brief M		n section, document	informatio	on in Part III)		
		ef Mental Status				
Level of Cooperation:	Cooperative	Guarded/Suspic	cious	Hostile		operative
Orientation: Ox	3 (Time, place, person)	OX situation	(lis	st:)		Disoriented
Affect: Uni	remarkable	Constricted	🗌 Blu	nt/Inexpressive	Flat	Labile
Appearance: App	propriately Groomed	Disheveled		Poor Hygiene		
Thought Process: Cle	ar/Coherent	Circumstantial		Tangential	Pers	severation
	ose Association	Word Salad/Inc	oherent	Thought Block	king	
	Pa	rt III: S.O.A.P. N	ote			
S = subjective, offend	der self-report of preser			linician view of pre	esenting pro	oblem;
•	ent, clinician assessme	÷ ·	•			
The offender was not seen	due to a quarantine in	the North 2 Cell Hou	ise.			

Clinician Name (Print): Scarlett M. Meyer, MA, LCPC	Signature: Scarlitt M. Muyr, MA, LCPC
Facility: Menard Correctional Center	Title: QMHP
Page	

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	li	LINOIS DEPARTMENT OF CORRE	CTIONS	
Date: <u>July 30, 20</u> 20)	Psychiatric Progress N	ote	
	Facility	MENARD CORRECTION		_
Offender Name: Last, First <u>R</u>	eed, Fadell	ID Number: M	38260	Start Time: <u>/0 : 09 Am</u>
	on Sensitivities?	Yes If yes, then des		
Scheduled Visit Typ	e: Routine Follow Up	Complex Follow	Up Evaluation	
Level of Care: O	utpatient 🛒 Resid	ential Treatment Unit	Inpatient 🗌	Crisis
Type of Visit: Tele	psychiatry Onsite E	valuation 🛛 🛛 Other 🗌 (i	dentify):	
Has offender been o	n Crisis Watch since last p	sychiatric visit? Yes	No	
If yes, explain:			• 1	
Source of Information (Check all that ap	ply) Addical Pro	ogress Notes 🔲 Mental Hea	alth Evaluation dated	Mental Health Progress Notes
	1			
Trans	viously 2	female on took Zola	hormo	NED
I thi	NK I HE	ed to go	hack	on my Zolofs
	LIST COR	RENT PSYCHOTROPIC N	EDICATIONS:	
NO	N	10 10		
Check if None				
Pertinent medical me	dications:		-	10
Estra	adiol	MOM Singulair is	MOI pirouelac	tone
Compliance:	iood Poor (list details)	- reichota		
Side effects:	lone 🔲 Yes (list details)	La PHIC		
MAR reviewed: Ye	s 🔲 No 🗌	Nº Juers	1	
Is offender currently	prescribed Involuntary Psy	hotropic Medication(s)?	Yes 🗌 No 🗶	
Lab Results: Comr	ment on abnormal results a	and include drug levels.	None ordered	
L				

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Date: July 30, 2020	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	
Facility	MENARD CORRECTIONAL CEN	TER
Offender Name: Last, First <u>Reed, Fadell</u>	ID Number: <u>M38260</u>	Start Time:
Medical/Mental Health Female Sp	ecific: 🕺 Not Applicable	
Is the offender currently pregnant? No	Yes Expected due date:	
	Mental Status Examination	
Posture/Gait: Appropriate Inap	propriate 🔲 Slumped 🔲 Tense 🔲 A	Atypical 🔲 Rigid 🔄
Behavior: Unremarkable Tensed muscles Bychomotor retardation	 Poor physical boundaries Closed body posture Psychomotor agitation 	Posturing aggressively Guarded/protective posturing
Eye contact: Appropriate Timid	 Avoids eye contact Unfocused 	Looks down in his/her lap
Level of Appearance: Appropriately Gr	roomed 🔲 Disheveled 📋 Poor Hygie	ne 🔲 Malodorous 📋
Level of Consciousness: Alert Clo	ouded 📋 Lethargic 📋 Delirious	Somnolent
Level of Cooperation: Cooperative	Guarded/Suspicious Hostile	Uncooperative
Orientation: Ox4 (Time, place, perso	on, reality) 🔲 OX ((list:) Disoriented
Attention: Appropriately focused	Selective attention/inattention	actible 🔲 Unaware 📩
Speech: Unremarkable Slowe In tone: Unremarkable Impat Thought Processes: Circumstantial Clear/Coherent		Flatted tone
Thought content: Unremarkable		eligiosity Referential
Explain:		
Perceptions: Hallucination	Auditory Visual Olfa	actory Somatic Illusions
Explain:		
Affect: Unremarkable (Euthymic)	Constricted Expansive Dysthymic Manic	Blunt/Inexpressive Flat Inappropriate
Mood: 🗌 Euthymic 🗌 Dy	vsthymic 🔲 Anxious 🗌 Fea	arful 🔲
Suicidal ideation: 🔲 None 📋 Yes, detai	ls:	
Homicidal ideation: 🔲 None 🛄 Yes, deta	ails:	
Memory: Short-term Intact	Long-te	rm 📋 Intact 🔲

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	ILLINOIS DEPARTMENT OF CORRECTION	
Date: July 30, 2020	Psychiatric Progress Note	
Facility	MENARD CORRECTIONAL C	CENTER
Offender Name: Last, First Reed, Fadell	ID Number: M382	60 Start Time:
Insight: Adequate	Poor	201
Judgment: 📈 Adequate	Poor	
Motivation: Good A	dequate Poor 🗌	
Historian: 🥂 Reliable 🔲 Poor	Inconsistent Unable to ass	sess at this time
Psychiatric Diagnosis:	Diagnoses ansgender, a SSIPE P/6	su hormones
Based upon today's evaluation: Since last visit, offender's psychiatric s	ymptoms have: Improved 🔲 Remain	ned same Worsened
Modified Global Assessment	61 to 64	
Based upon diagnosis, Modified G supportive services, Offender is d		
	Narrative Summary	
28 40 tran;	on, requesting	female with
hx depression	on, requesting	14 be Hauspend
to female	prison	ADU
	Psychiatric PLAN	0011,
	d (DOC 0541) [] Discontinued 5 Mg po gh 5 x 7 40 50 Mg po g	days, then increase the x6 mo,
AIMS completed today (if necessary)	(DOC 0336) AIMS to be done I	by RN (if necessary)
Labs CMP BMP	□ CBC+Plts □ Thyroid Profile	Lithium Carbamazepine
Abdominal circumference:		BP/P
	Printed on Recycled Paper	

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Date: <u>July 30, 2</u>	020		EPARTMENT OF				
	Fa	acilityMEN		TIONAL CENTER	R		
Offender Name Last, First	: Reed, Fadell		ID Numb	ber: <u>M38260</u>	Sta	rt Time: 10:0	9 AU
Fill in values an	nd measurements	on Metabolic Screenin	ig and Monitori	ng form (DOC 0532	?)		Trap
Needs medica	al referral for:						
Needs MHP r	referral (Complet	te DOC 0387) for:					
☐ Sleep hy ☐ Other:	giene 🗌 A	Anger management	🔲 Traur	na history	Psychometi	ric testing	
Crush/float all	Psychotropics of	due to 🛛 Hx of non	-compliance	Hx of hoardin	g medications	Abuse Potential	
	Other	1 - F - Z					
Offender has	been given a co	py of the Psychotropi	c Medication Ir	nformation brochu	re.		
I have verball offender.	y reviewed any r	medication changes,	side-effects, ris	sks and benefits o	f treatment or re	efusing treatment with t	the
		on has been stable on - 3 months, RTU - 2 m			ion(s) at the sa	me dose for the past 60	p [
The offender	has signed his/h	ner Medication Conser	nt Form.				
	an update neede	ed based on change o	f diagnosis, dir	ection of treatmer	nt, etc. (DOC 05	546)	
Designation:	<u> </u>	Enforced Psychotr	opic to be cont	tinued (clinically n	ecessary)		
	🗌 Other (ide	entify):				AND DESCRIPTION OF THE OWNER	
		Dispos	sition (Level	of Care)			
Outpatient L	evel of Care	Residential Tre	atment Unit	Inpatient	Crisis		
Next Appointmen	t 30	day	-				
Evaluation comp	pleted by:	1					0
DR. THENA	•	Ala.	RAM	MIA	Devou	ATDICT	ſ
Print N		CXUU	1. <i>0.4011</i> Signature		PSYCHI		
110	alan	- 18		ch 1 i		NG	
130	<u>0 Z O Z C</u>	o = 10	501	qui			
Dat			End Time				



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DOC 0502 (Rev. 1/2019)

Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 29 of 91 Page ID #3450 ILLINOIS DEPARTMENT OF CORRECTIONS

Psychotropic Medication Consent

Offender Name:

Heed, Fa

ID Number: M

M 38260

I am providing consent to receive treatment with the following Psychotropic Medication(s):

Zoloft a	epressed mood
2	

2. What the medication(s) is/are intended to do for me;

3. Whether the medication requires periodic testing/procedures to ensure safety/efficacy;

4. The possible side effects of the recommended medication(s) including:

5. Other treatments and their effectiveness, availability and risks;

6. My right to refuse and what could happen if I refuse medication(s).

Based upon the discussion with my Physician and the written materials given to me regarding my medication(s), Lagree to take the medication(s) described above.

Based upon the discussion with my Physician and the written materials given to me regarding my medication(s), <u>I do not agree to take</u> the medication(s) described above. If my refusal to take medication(s) results in my being a danger to myself or others, I understand that I may be given medication(s) under emergency conditions. I also understand that an Enforced Medication order may be sought for giving me this/these medication(s). If there is Enforced Medication approved by a Treatment Review Committee (TRC), I understand that this/these medication(s) will be given against my consent.

have been given the opportunity to ask questions.

I understand that I can revoke this consent at any time.

Comments:

Individual Signature:

Date: 7/7

2020

0*20*

form.

sexual side effe

The patient has the capacity to make reasoned decision to consent for the medication(s) listed above.

Provider Signature:	Cheng Potrall	Date:	7/30/2
UNP			
Check if	individual gives consent to take medication	n(s), but refuses/is	unable to sign this

Witness Signature:

Date:

Witness signature required for verbal consent

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	Illinois Department of Corrections Mental Health Progress Note
	Menan Covectional taulity
	Facility
Session Date:	Time: Session Duration: /O
Offender Nam	e: (Last, First) Fadell, Rech, Fadell ID Number: 138240
	Part I: Offender Information
	General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpatient
Check all that	apply: Designated SMI Designated GBMI On Enforced Medication None
	ace contact occurred
	skip Brief Mental Status Evaluation section, document information in Part III)
	by Behavioral Health Technician skip Brief Mental Status Evaluation section, document information in Part III)
	Part II: Brief Mental Status Evaluation
Level of Cooper	ration: Cooperative Guarded/Suspicious Hostile Uncooperative
Orientation:	Ox3 (Time, place, person) OX (list:) Disoriented
Affect:	Vurremarkable Constricted Blunt/Inexpressive Flat Labil
Appearance:	Appropriately Groomed Disheveled Door Hygiene
Thought Proces	Ss:
	Part III: S.O.A.P. Note stive, offender self-report of presenting problem; O = objective, clinician view of presenting problem; = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan
S. Deffe Offende	also stated there was a request to
get fer	nale undernace - however there is an
T	request is in process. O: offender that this
Quich ell	lar and coherent speech patter, aleater 23 no drende
ploups	tes a internel should A' Anti soude P' Continue Carman
Clinician Name (i	Print): R. Brapen HOW Signature: R. Braper ACR
Facility:	nand Comedian Tacity Title: QM HP.
C	Page 1 of 2

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Case 3:18-cv-00156-		Filed 12/02/20 Page 3 ent of Corrections	1 of 91 Page ID #3452
		Progress Note	
Facility			
		Session Dura	tion:
Offender Name: (Last, First)	ID Numbe	r:
			0
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Clinician Name (Print):		_ Signature:	
		e 2 of 2	

Case 3:18-cv-00156-NJR	Documentersese	FATERICERFECTIONS Page	e 32 of 91 Page ID #3453
	Medical Se	rvices Refusal	1-
	Mo	nard	7.05
Employee		acility	10 -
⊠ Offender	Patient Information:	1	00052100
	heed	+ad000)	M302Les
Date: 7/18/20	Last Name	First Name	
Time: <u>745</u>			
Refusal of Services			
I refuse to authorize the performa	nce upon myself on		
		Name	of Patient
of the following treatment/medication	NSC ter Bac	<u>c nain</u>	sage instructions
	State nature and	extent of treatment or medication and do	sage instructions
Discharge Demand			
I further demand DISCHARGE of	myself or		
		Name of Patien	nt
from	against the	advice of Dr.	
fromName of Medical Facili	ly		Name of Doctor
Dr		has explained the risks to	me, possible complications and probable
Vame of Doc	;Of		
consequences of refusing treatmen	l/medication or demanding d	ischarge from this medical f	acility or both.
	M	lin a A	
I hereby release the Attending Phys	ician, the	nano	, the Facility, and
		Name of Medical Facility	
the Department of Corrections from	all liability for damages or an	ny injuries including to my he	ealth caused by or arising out of this
refusal whether foreseen or unfores	een.		
I certify that I have read and fully ur	derstand the above REFUS		CATION OR DISCHARGE DEMAND
FROM MEDICAL FACILITIES REL			
statements requiring insertion or co	mpletion were niled in and in	applicable paragraphs, it an	y, were stricken before i signed.
	Λ		
1 2 2001 //0	pol	When patient is a Mind	or or Incompetent to give consent:
paare ne			
Print Name of Patie	nt 1	Print Name	of Person Authorized to Consent
al appr			
N KEEL			
Signature of Patient		Signature of	Person Authorized to Consent
7, 18,	20		1
Date		/	Date
		-	
19		0-0	
11 CADelho DO	Crot	(IR)	7 18 20
Print Neme of Witness		Sonature of Witness	Date /
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Case 3:18-cv-00156-NJR	Document 238-12 Filed 12/02/20 Page 3 Illinois Department of Corrections	3 of 91 Page ID #3454
	Consent for Medical Treatment	
	Muncurd Corr. Center	
Date: 7 39 303 Time: 935 2 a.m.	Patient Information: Ree Fall Last Name First Name	ID#: M38262
I authorize the performance upon	Myself or Wishing of Patient Myself or Wishing of Patient State the nature and extent of treatment	of the following treatment:
to be performed by Dr as his or her assistants.	Mary Zimmer, A.P.N. Name of Physician	/homever he or she may designate
The nature and extent of the intende	ed treatment has been explained to me in detail, including	its risk, possible complications, and
probable consequences by Dr.	Mary Zimmer, A.P.N.	
	assurance has been made as to the results that may be o	btained.
	derstand the above Consent to Treatment, that the EXPL/	ANATIONS therein referred to were
Fadel Reed Print Name of Patient	Reed Signature of Patient	725202c
When patient is a Minor or incompeten	it to give consent:	
Print Name of Person Authorized to Consent	Signature of Person Authorized to Consent	/ _/ Date
	Bignally of Wilness) 1,29,207K
Distribution: Patient's Madical Based	\checkmark	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard	Center
	Offender Information: Reed Last Name	First Name MI ID#://138260
Date/Time	Subjective, Objective, Assessment	Plans
811120	X-RAY NOTE	
8A	S/O: Request sent to Precise Specialties for completion of ordered Ultrasound.	P: Request sent to Precise Specialties and will be scheduled when a date is given.
	A: Ultrasound	Sellmon 1011-
3		

Distribution: Offender's Medical Record

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Not

COLD (UPPER RESPIRATORY INFECTION (URI))	Center
INFECTION/IIPIN	
Symptoms	tadoo M3820
Date/Time Subject:	ID#:
Subjective Objective Asses	sment Plans
	P) Refer to and call MD.
80000 S) - How long have symptoms been pres	sent?
- Whatsymptoms do you have?	- If temp is 101 degrees F or above or
- History of Astrong or COPD2 (LO)	- If symptoms not resolved in 10 days
Astony of Astume or COPD?	- Facial/ear pain
KAO	
D ^o	 Productive cough with colored sputum
	- Red throat with exudate
- Any allergies	
/\0	MD for Urgent Consultation:
On PMB d oBP	
- Pulse Oximeter Reading -	are
- 49	 Wheezing or audible abnormal lung sounds
- Lung sound	- Shortness of breath
- Sputum	choress of breath
Sputum Coldert NAO	 Uncertainty about patient condition
- Nasal exam	
Throat exam	
	Nursing Intervent
- Red	(verify medications and allergies prior to treatment)
- Inflamed	 If significant congestion with runny nose:
	of M 4 mg, 1 tab t.i.d. PRN X 3 days (9 tabs)
- Pustular	(9 tabs)
	OVER

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	Offender Outpatient Prog Menard Correctional	
	Offender Information:	fadel MI ID#:
Cont.		Plans
-	Subjective, Objective, Assessment Difficulty:#vallowing Drooling Dyspriea Ocheck ear canals for edness Neck Enlarged lymph nodes Tender lymphhodes Vital sign abnormalities (e.g. fever with tachycardia increased respiratory rate) or abnormal pulse oxime reading	 For fever or aches offer: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRNIX 3 days (18 tablets) Ibuprofen 200mg 1-2 tablet t.i.d. x 3 days (18 tabs) Guafenesin 200mg b.i.d for 7 days for cough (14 tab Coldonyl 2 tabs q.i.d. pm for 3 days (24 tabs) Patient Teaching: Advise patient to get plenty of rest and increase fluid intake Instruct patient on proper hand washing technique & covering cough Increase fluid intake Medication Instruction
		Follow up: Return to sick call if symptoms worsen or persist
	A) R/O Upper Respiratory Infection (URI)	Nurse Signature Paymont voucher YES NO

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Case 3:1	ILLINOIS DEPARTMENT OF C	1 12/02/20 Page 37 of 91 Page ID #3458 CORRECTIONS Ogress Notes Center
	Offender Information:	
	REED Last Name	FADELL ID#: M38260
Date/Time	Subjective, Objective, Assessment	Plans
17.20	CMT Note	
10A	S/3 Received lab results	P-Placed on refuel board to be seen by MD Christe Raferre
	for HEP AG	board to be seen by MD
	A. HRCC	Christe Ral mor
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	an a	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center	
	Offender Information:		
t.	Last Name	First Name	ID#: <u>M38240</u>
Date/Time	Subjective, Objective, Assessment	P	lans
8.15.20	NP NoTE S: Scheduled	P: Reache	dull
ВАМ	for: Review ATP		interest
	O: (NOTE) ONLY COLL		
6	front peakths care		
	dit covid control.		
	~ 1/M not being		16
	taken to cell house		
	expermaly		
	A: NOT SEEN	monolo	unkover up
h			
F			

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard	CC	CENTER

Offender Information		
REED	FADELL	ID#: M38260
Last Name	First Name	

Date / Time	Subject	tive, Objective, Assessment	Plans
8/14/2020	RN/LPN/Phlebotomist Note	(Circle One)	
XB	Lab Note :		
	Scheduled for	NP-Zim	
	CMP/HEP PANEL/PROLACTI	N LEVEL/LPD/CBC	(
6			
	Done : Yes No	Signed Refusal : Yes No	
	Recall :		
	Unable / Ate / Work /Move	/ No Show / Security / Other	- xxx
			USIEI
	•		
			1
C.			
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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Breast Lump	Offender Information: Keld Last Name	First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
S/Pello	RN NOTE LPN/CMT NOTE SIX having Breast Discomfort s) When did you first notice the lump? NULUMP	PREAD TIMEL - Moist leat (warm water) used during shower for discomfort
	Any pain or discharge?	 Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Any redness?	or
	- Has the lump changed since discovery Yes No	- Ibuprofen 200 mg, 1-2 tablets t.i.d. x 3 days (18 tabs)
	- Any history of fibrocystic breast disease or cancer?	
	- Any breast surgeries Yes	Refer to MD:
	- Completes Self breast exam Yes No	- All self-reported breast lumps
	- How often?	
>	- History of mammogram?	Patient Teaching:
	- Last mammogram and results?	- Take medications as instructed
	- Family history of breast cancer?	- Instruction on Self breast exam
	- Last menstrual period?	
	O) Medual Republic WT - General appearance of the breast	
	- Breast change: Asymmetrical Symmetrical	OVER

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Breast Lump (Cont.)	erdel m382.co First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
	- Location of the lump along with description	
	- Size	
	- Consistency	
	- Movable	
	- Dimpling	
	- Tendemess	
	- Redness	
	- Discharge	
	- Scar	
	- Axillary Exam Tenderness Swelling Mass	
		Nurse Signature
	A) Alteration of Breast Tissue	Payment roucher YES NO

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Offender Outpatient Progress Notes

Menard Correctional Center

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d fadel	Name MI ID#: M38760
tive, Assessment	Plans
Withressond P)	Recall due to
O (SD) Me	Recall due do de cal augrantima.
dueto	
prontine.	
	almon Pales
	-
	tive, Assessment

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DOC 0084 (Eff. 9/2002 (Replaces DC 7147) 361398

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ILLINOIS DEPARTMENT OF CORRECTIONS

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Offender Outpatient Progress Notes

	Menard Correctional	Center
	Offender Information:	First Name MI ID#: M3826
Date/Time	Subjective, Objective, Assessment	Plans
8/24/20	NP NOTE S: Scheduled on	P: Submitted collegial
JR"	Call line for : breast	for US Breast per
	discomf.	ATP
2	O: (NOTE) " ONLY" cell grant	Prolactin - per ATP
	health care d/t covid	Reschedente
	control. offender is not	C
	being taken to cell house	
	medical exam room.	
	Chart review completed	
	for above schrowled season	2
7	or Concern soul addres	
	and/or orders written accor	
	(SEE PLAN)	
	A: offereder not seen force	to face
	by this writer to day -	mmarchanlan to

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

	Offender Information:		
	Reed	Fadell M	138260
· · · · · · · · · · · · · · · · · · ·	Last Name	First Name MI	
Date/Time	Subjective, Objective, Assessment	Plans	
	Med Furlough Clerk Note:		
8/25/20 2:25pm	S)	P) Submit collegial referral for ultrasour breast. This referral was already approved from	
	O) Received collegial referral for ultrasound of breast. This referral was already approved from an ATP.		
		E. Young Med Furlough Clerk	
	A) Collegial referral	F	
T			

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:		
Reed	Fadell	M38260
		ID#:
Last Name	First Name	M

Date/Time	Subjective, Objective, Assessment	Plans
8/38/20	NPNOTE 5: Scheduled	P. P. Jeschod
915 1 A	In ATP discussion	
	forforme 1/10 of ATP	
	0: C.O. said 1/11 on	
	a legal cold	
	Won't be here	2
		m moldenhaven AP
	NOTE 1/M LOT	
	brought to CL	1
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983	discons Auforness	
	z g ATP	
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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

		Menard Correct	ional	Center
		Offender heformation:		M38260
		Keld		Lodell
		Last Name	1	First Name MI
	Date/Time	Subjective, Objective, Assessment	U	Plans
	9-2-20 DAM	Crms noto		P) lefn
	<u> </u>	30: Monder stoped =	flisc	ent
		Sto: Monder Stopped = during Am hands and Sto	teal	
		she would like to be refe		
	ر	to NP Zinumen to decress	he	/
	<u> </u>	unert doses of hormonies	(-1100
		A:RX.		Ige
	9/8/20	Belat Breast Sow Com	plit	Ju / BluppRN
-				
	9/14/2020	NPCL!		S: Aduml
	Sont	SiFin labot men.	5.	destrodid to
	928	Prolectin 18.7. 7	-	4 min Am +
	23	ØUS results yet.		2min pm Dot
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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctio	onal Center	
	Offender Information:	fadell First Name MI ID#: M382600	3
Date/Time	Subjective, Objective, Assessment	Plans	
d/w/2020	MEDICAL RECORDS NOTE: S. MEDICAL RECORDS SENT PER REQUEST. O. RECEIVED SIGNED AUTHORIZATION. A. RECEIVED COPIES. P. FORWARDED VOUCHER TO TRUST.	- AS	/
	/		

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Non-Specific Discomfort	Offender Information:	Ladell MI 10#:
Date/Time	Subjective, Objective, Assessment	Plans
9/21/20	RN NOTE PN/CMT NOTE S) - Any Allergies?	P) MD Referral if:
SAM	- Location of pain / discomfort?	 Patient presents more than twice at NSC for c/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
0	- Have you had this part before and how was it treated?	- Patient has abnormal vital signs
	- Rate pain level scale of 0 1000	
	- Duration of pain?	No MD referral:
	" of 5 que 14 10 138 170	 Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort	 Ibuprofen 209mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching:
•	- Observations related to body part affected	Return to see provider if symptoms worsen or interfere with daily functioning
		Nurse Signature
	A) Non-Specific Discomfort	Payment oucher YES NO

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ALTERNATE TREATMENT PLAN

To:Site Medical Director and HSAFrom:Utilization ManagementDate/Time:08/07/2020 / 18:34:44

Inmate Name / HSN: FADELL REED / M38260 Date of Birth: 01/22/1992 Site: MENARD Service: 77067-SCR MAMMO BI INCL CAD

Based upon a review of the information provided, it is my medical opinion that: 1. The above requested service is not authorized at this time based on the following:

Comments: trangender patient on GAHT x 3-4 years. Reports sharp pain in bilateral breasts with occasional nipple discharge. Estradiol level 189. Testosterone 162 (L). 8-7-20 Request for Mammogram reviewed in collegial between Dr. Ritz and Dr. Siddiqui ATP made to obtain an onsite Breast US instead. Check prolactin level onsite.

From:

Dedicated Utilization Management Physician

2. ____ATP Revisited (Date)

a. ATP Information

Signature of Appellant

b. Appealed Decision: / /

From:

Dedicated Utilization Management Physician

 3. I want a second opinion of the Alternate Treatment Plan.

 Signature:
 Date/Time:

 4. I will re-consult upon completion of alternate medical plan, if indicated.

 Signature:
 Date/Time:

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Wexford Health Sources Phone: 877-939-2884 -or- 800-353-8384 Fax: 412-937-9151 www.wexfordhealth.com Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 50 of 91 Page ID #3471



NOTICE OF APPROVAL

To:Site Medical Director and HSAFrom:Utilization ManagementDate/Time:08/07/2020 / 14:03:30

Inmate Name / HSN: FADELL REED / M38260 Date of Birth: 01/22/1992 Site: MENARD Service: 76641-ULTRASOUND BREAST COMPLETE Authorization No: 752238884

Based upon a review of the information provided, Service is Approved.

Comments: 8-6-20 Onsite Breast US approved by Dr. Ritz in collegial with Dr. Siddiqui for a transgender patient on GAHT x 3-4 years. Reports sharp pain in bilateral breasts with occasional nipple discharge. Estradiol level 189. Testosterone 162 (L).

From:

Dedicated Utilization Management

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Wexford Health Sources Phone: 877-939-2884 -or- 800-353-8384 Fax: 412-937-9151 www.wexfordhealth.com Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 51 of 91 Page ID #3472

ILLINOIS DEPARTMENT OF CORRECTIONS Medical Special Service Referral Denial or Revision

Offender's Name:Reed, Fadell

ID#<u>M38260</u>

Referral Date: 7/29/20

Initial Proposed Course of Action: Your case was presented in collegial by Dr. Siddiqui on 8/6/20 for a mammogram.

Alternative Care Recommended: Dr.Ritz, Wexford UM, has reviewed the case and has given the request for an alternative treatment plan made to obtain an onsite Breast US instead. Check prolactin level onsite.

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 III. Adm. Code 504: Subpart F.

.Dr. M. Siddiqui Print Facility Medical Director's Name

Facility Medical Director's Signature

Distribution: Offender, Offender's Medical File, and Heath Care Unit Administrator

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DOC 0255 (Eff.4/2007)

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	Medical Special Services Refe	
	Menard CC	· ·
Offender's Name:	EED FADELL II	D# M 38260
Reason for Referral:	Consult Non-Formulary Me Evaluation Management	edications 🔲 Medical Equipment
Urgent: Ves		5
Referred to: Brea	st U.S. per ATP	collegial (1/20)
Rationale for Referral: <u>4</u>	s breast discomfort	/ (to m hormone
)		
MMc+D&JHAUI	ER <u>mm-Holunhou</u> Referring Practitioner's Signature	NN NP 8-24-20
<u> </u>	Report of Referral (Use Reverse Side	
Findings:		
	4 9	
Assessment:		
Recommendations/Plans: _		•
Recommendations/Plans: _		•
Recommendations/Plans: _		
	Practitioner's Signature	 Date
rint Practitioner's Name acility Medical Director Use Only	Practitioner's Signature	
rint Practitioner's Name acility Medical Director Use Only	Practitioner's Signature	
rint Practitioner's Name acility Medical Director Use Only have reviewed the recomm	Practitioner's Signature	

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		1	llinois D	epartment of Corr	rections			
				Health Progres		4-		
		M	mas	2 Con	echon	no tacel	in-	
		l		Facility				
Session Date:	<u></u>		Time	•	Se	ession Duration:	10	
Offender Name	e: (Last, Fir	st) Fedell,	Re	el, Fad	<u>ell</u>	ID Number:	11 38 Q	40
	2	Pai	rt I: C	ffender Info	rmation		9	
	Genera 9.10.2	N/Outpatient		l/Residential Tr		nit 🔲 Crisis Pla	acement	Inpatien
□ No face-to-fa (If checked, s	ace contact skip Brief M	Designated SMI occurred lental Status Evalu Il Health Technicia	ation s	Designated GBN		On Enforced Media	cation	None None
		ental Status Evalua	ation se	ection, documer Mental Statu				
Level of Coopera	ation:			Guarded/Sus				ooperative
Orientation:	X 0x3	(Time, place, pers	A TRACK DOWN	Chemistry and the second second second		ist:)	N (Children) and a state	Disoriented
Affect:	Unre	emarkable		Constricted	🗌 Blu	unt/Inexpressive	🔲 Flat	Labi
	CONTRACTOR OF CONTRACTOR	SUPPORT OF SHEER SHOP SHE	and the second s				-	And a State Page 1 and 1
Appearance:	Appr	opriately Groomed	1	Disheveled		Poor Hygiene)	
Appearance: Thought Process	s: 😰 Clea	2、10月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		Circumstantia		Poor Hygiene Tangential Thought Bloc	Per:	severation
Thought Process S = subject A =	s: Clea	r/Coherent e Association er self-report of pre at, clinician assessi	Part I esenting ment of	Circumstantia Word Salad/In II: S.O.A.P. problem; O = f offender; P = p	ncoherent Note objective, o plan, curre	Tangential Thought Bloc Clinician view of pr nt plan, link to trea	Per- king esenting pr tment plan	oblem;
Thought Process S = subject A = CL Offer Offer Offer fer fer	s: Clea Loos tive, offende assessmer assessmer assessmer assessmer assessmer assessmer assessmer assessmer assessmer	r/Coherent se Association er self-report of pre at, clinician assess <i>Janeo 1</i> 20 <i>Date</i> <i>Janeo 1</i>	Part II essenting ment of 8 a 1	Circumstantia Word Salad/In II: S.O.A.P. problem; O = f offender; P = p Iscuss Hame Hame	ncoherent Note objective, o plan, curren <i>(Mao</i>	Tangential Thought Bloc clinician view of pr nt plan, link to trea way for a A Alguna Where J	Persiking esenting protocology attment plan	oblem; crown,
S = subject A = CA Deffer Offendu Get fen under sta	s: Clea Loos tive, offende assessmer all assessmer all assessmer	r/Coherent se Association er self-report of pre it, clinician assess <i>Jantell</i> 7 20 <i>Dtatel</i> <i>Janell</i> <i>Linbell</i>	Part I esenting ment of 8 a	Circumstantia Word Salad/II II: S.O.A.P. problem; $O = p$ foffender; $P = p$ <i>(scuss)</i> <i>Herrice</i> <i>herrice</i> <i>by n</i>	ncoherent Note objective, o plan, curren <i>Mas</i> <i>Mas</i>	Tangential Thought Bloc Clinician view of pr nt plan, link to trea where the second there do	Personal Per	oblem; coln. 2
S = subject A = Cd. Offer Offendu Get fen under sta Comession	s: Clea Loos tive, offende assessmer <i>a Lk</i> (<i>a lk</i> (<i>b lk</i> (<i>lk</i> (<i>lk</i> (r/Coherent se Association er self-report of pre- nt, clinician assess Jantes 7 20 Dtate 20 Dt	Part II esenting ment of S S S S S S S S S S S S S S S S S S S	Circumstantia Word Salad/In II: S.O.A.P. problem; $O = f$ f offender; $P = f$ <i>f</i> offender; $P = f$ <i>f b</i> <i>f b</i>	ncoherent Note objective, o olan, curren <i>Mas</i> <i>Mas</i> <i>Mas</i> <i>Mas</i>	Tangential Thought Bloc clinician view of pr nt plan, link to trea <i>us field</i> <i>a Algue</i> <i>there s</i> <i>flemder 7</i> <i>Affender</i>	Persiking esenting protocology fill State fill State fi	oblem; ecoln. 2
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S = subject A = Cd. Offer Offendie Offendi	s: Clea Loos tive, offende assessmer all all all all all all all al	r/Coherent se Association er self-report of pre- nt, clinician assess Santa 10 20 Data 20 Data	Part II esenting ment of 8 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Circumstantia Word Salad/In II: S.O.A.P. problem; $O =$ f offender; $P = p$ <i>Iscuss</i> <i>thuc</i> <i>thuc</i> <i>c by</i> <i>rocess</i> . <i>ch potter</i> <i>A</i> . <i>An</i>	ncoherent Note objective, o objective, o	Tangential Thought Bloc clinician view of pr nt plan, link to trea <i>a field</i> <i>a request</i> <i>a request</i> <i></i>	Personal king essenting pro- timent plan TD Sar TD Sar A TD Sar A TD Sar A TD Sar A A A A A A A A A A A A A A A A A A A	oblem; ecoln. 2

Distribution: Offender Medical File

Monroe et al. v. Rauner, et al. (18-156) Document No.: Doc 36940905/2016)

	Mental Health Progress Note	
2 <u> 1999</u> - 1999 - 19	Facility	
ession Date:	Time:S	Session Duration:
Offender Name: (Last, First)		ID Number:

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	~	
i.		(
52 U		
Clinician Name (Print):	Signature:	

Monroe et al. v. Rauner, detral. (18-156) Document No.: 361410

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	Illinois Department of Corrections
	Mental Health Progress Note
	Menard Correctional Center
Section Data: Q //	Facility
Session Date: <u>8. /(J. 20</u> Offender Name: (Last, First)	Time: <u>9:40 a.m.</u> Session Duration: <u>8-10 Min.</u>
	Part I: Offender Information
Level of Care: General/Outpat	
MSR: 9/10/21	Discharge: 3- Jule
Check all that apply: Designa	ted SMI Designated GBMI On Enforced Medication None
No face-to-face contact occurred (If checked, skip Brief Mental Sta	
Completed by Behavioral Health	Technician
(It checked, skip Brief Mental Stat	us Evaluation section, document information in Part-III)
	Part II: Brief Mental Status Evaluation
	erative Guarded/Suspicious Hostile Uncooperative
	ace, person) OX (list:) Disoriented
Affect: Diremarkable	
Appearance: Appropriately (
Thought Process: Clear/Coheren	
Loose Associa	tion Word Salad/Incoherent Thought Blocking
S = subjective, offender self-repo A = assessment, clinician S = Mender 'S Seleng if the O: offencer Sep	Part III: S.O.A.P. Note ort of presenting problem; O = objective, clinician view of presenting problem; assessment of offender; P = plan, current plan, link to treatment plan My Statement Neguest was child be more to Fgallery ortuo that the pupersta
A: Anti April	V/she. Offender was stable during per
P: This QUHP.	notificio staff segarding the
Offender warting	a gallen, Change - The oppicesulon
linician Name (Print): R Blag	en LOW Signature: R. Phapes, daw
acility: Menard Correctional Center	Title:QUHP
ribution: Offender Medical File	Page 1 of 2

Monroe et al. (18-156) Document No. 0282 (R361416)

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Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 57 of 91 Page ID #3478

	М	inois Department of Correctio	ons	
		ental Health Progress No		
	Me	enard Correctional Cen	ter	<i>c</i>
0	01 (1 5)	Facility		
Session Date:		Time: <u>4.40</u>	Session Duration:	
Offender Nam		engreo Fid		M38260
		I: Offender Informa	ation	
Level of Care: MSR:	General/Outpatient S	pecial/Residential Treatm	ent Unit 🛛 Crisis P	acement 🔲 Inpatient
Check all that a	apply: Designated SMI	Designated GBMI	On Enforced Medi	cation I None
	ace contact occurred skip Brief Mental Status Evaluat	ion section document inf		
Completed by	/ Behavioral Health Technician			
(If checked, s	kip Brief Mental Status Evaluati			
	_/	ief Mental Status Ev	valuation	
Level of Coopera	ation: Cooperative	Guarded/Suspiciou	s 🔄 Hostile	Uncooperative
Orientation:	Ox3 (Time, place, person) 🗌 OX	(list:)	Disoriented
Affect:	Unremarkable	Constricted] Blunt/Inexpressive	Flat Labile
Appearance:	Appropriately Groomed	Disheveled	Poor Hygiene	•
Thought Process		Circumstantial	Tangential	Perseveration
	Loose Association	Word Salad/Incohe	rent 📋 Thought Bloc	king
A = a S: This QMHP me approximate time. Wu Pruse	ve, offender self-report of present assessment, clinician assessme et with offender in a confidential The offender was asked if he was a leave- Was stable depression one	nt of offender; P = plan, c setting in Mental Health (vas suicidal or homicidal a	tive, clinician view of pro current plan, link to trea Office (Infirmary) on the at this time. Offender st	tment plan above date at the ated $f(M)f($
are we	in the process.			
	nt): R. Draper, LCSW QIDP	Signature: L	Nra And 7	Carl
cility: Menard Co			Draper, Z	Cau

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Page 1 of 2 Monroe et al. yearRauneraget al. (18-156) Document No.boc 029614132016) Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 58 of 91 Page ID #3479

Illionie	Department	of	Corrections
Illinois	Department	UI.	COLLECTIONS

Mental Health Progress Note

	N	lenard Correctional Cent	er	-	
		Facility		4	
Session Date:	11.20	Time: <u>9:40AM</u>	_ Session Duration:	Approx Km.	'n
		, Fadel		<u>m38260</u>	
E: Coping	skieles	ano trio	zger)		

Clinician Name (Print): R. Dra	per, LCSW QIDP	Signature:				
Facility: Menard Correctional C	Center		Title: <u>QMHP</u>			
Distribution: Offender Medical File	P. Monroe et al. v. 🕅	ˈaɡe 2 of 2 ສັຫາອີກ, ອີໂັລໄ. (18	3-156) Documer	nt No.:	DOC 0282 (Rev. 05/2016) 361414	

		ILLINOIS DEPARTMENT OF CORRECTIONS EVALUATION OF SUICIDE POTENTIAL			
	rd cc		9.11	1. 202	-0
Facility (Date		
Offender Name:	Boad	1138246	1000	8a. 1	1997
<u> </u>	ast, First, MI	ID#	DOB		110
1.62 TT		Section I: Risk Factors			f arai
I. Have there bee	en reports that the offen	der may be at risk for suicide?		Yes 🗌	No 🔽
2. Has the offende	er experienced a signific	cant loss within the previous six months?		Yes 🗌	No 🖵
If yes, describe:		NA			
3. Is the offender	worried about any majo	r problems other than his or her legal situation	?	Yes 🗌	No 🖌
yes, describe:	NA				
		ct in the community, is he or she freedom, status or privilege?		Yes 🗌	No
5. Is this the offen	ders first involvement w	ith the legal system?		Yes	No 🕘
If yes, describe:	"Aggravatul a	usanet" We had an incid want to talk	leut - 10	lont read	ely
					No
. Does the offend		ally embarrassed or ashamed?		Yes	
	der appear to feel unusu			Yes	No 🗗
. Does the offend	der appear to feel unusu der express feelings of h	ally embarrassed or ashamed?			
. Does the offend	der appear to feel unusu der express feelings of h	ally embarrassed or ashamed? opelessness or helplessness?		Yes 📋	No 🗗
 Does the offend Does the offend If yes, describe: 	der appear to feel unusu der express feelings of h	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)?		Yes 📋	No 🗗
 Does the offend Does the offend If yes, describe: 	der appear to feel unusu der express feelings of h der show signs of depre	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)?		Yes [] Yes []	No 🗗
 Does the offend Does the offend If yes, describe: Does the offend If yes, describe: If yes, describe: 0. Is the offender a 	der appear to feel unusu der express feelings of h der show signs of depre	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)? a, afraid, or angry?		Yes [] Yes []	No 🗗
 Does the offend Does the offend If yes, describe: Does the offend If yes, describe: If yes, describe: 0. Is the offender a 	der appear to feel unusu der express feelings of h der show signs of depre W ler seem overly anxious acting or talking in a stra	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)? a, afraid, or angry?		Yes Yes Yes Yes Yes Yes Yes Yes	No 🗗 No 🗗 No 🚺
 Does the offend Does the offend If yes, describe: Does the offend If yes, describe: Is the offender at (e.g. cannot foc If yes, describe: 	der appear to feel unusu der express feelings of h der show signs of depre W ler seem overly anxious acting or talking in a stra	aally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)? , afraid, or angry? A mage manner hallucinating, etc.)?		Yes Yes Yes Yes Yes Yes Yes Yes	No 🗗 No 🗗 No 🚺
 Does the offend Does the offend If yes, describe: Does the offend If yes, describe: Is the offender a (e.g. cannot foc If yes, describe: Has the offende If yes, 	der appear to feel unusu der express feelings of h der show signs of depre W ler seem overly anxious ecting or talking in a stra us his or her attention, h	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)? , afraid, or angry? ange manner hallucinating, etc.)? e attempts?		Yes [] Yes [] Yes []	
 Does the offend Does the offend If yes, describe: Does the offend If yes, describe: Is the offender a (e.g. cannot foc If yes, describe: Has the offende If yes, How 	der appear to feel unusu der express feelings of h der show signs of depre W der seem overly anxious er seem overly anxious w acting or talking in a stra us his or her attention, w acting or talking in a stra us his or her attention, w acting or talking in a stra us his or her attention,	ally embarrassed or ashamed? hopelessness or helplessness? ssion (i.e. crying, emotional flatness, etc.)? ange manner hallucinating, etc.)? e attempts? been made previously?		Yes [] Yes [] Yes []	No 🖸 No 🚺 No 🚺

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ILLINOIS DEPARTMENT OF CORRECTIONS EVALUATION OF SUICIDE POTENTIAL

Memard			9.11	. 20	
Facility			Date	-	
Offender Name: <u>Reed</u> Last, First, MI	 ID #	260	Дап · с ров	20 19	92
12. Does the offender express thoug	hts of killing him or herself?			Yes 🗌	No 🖌
13. Does the offender have a plan for	or suicide?			Yes 🗌	No 🗗
If yes, describe:					
14. Does the offender have the mea	ns to carry out a suicide plan?			Yes 🗌	No
15. Does the offender have a family	member or significant other who h	as attempted or co	mpleted suicide?	Yes	No 🔽
 If yes, What is the persons 	s relationship to the offender?	NU			0
Identify the date an	d method of the attempted or com	oleted suicide:			
	NA				
Calculate the total number of yes/no	responses in each column:	Yes	No 14		
	Section II: Protection	ve Factors			40
 Does the offender have a spiritu 	al or cultural opposition to suicide?	5		Yes	No 🔽
 Does the offender display a positive Does the offender have an active includes family, spouse, friends 		f hope?		Yes V	No 🗌
4. Does the offender appear to hav	e good impulse control?			Yes	
5. Is the offender a caretaker or do	es he or she have a sense of resp	onsibility to family o	or children?	Yes	No 🗌
6. Is the offender able to identify m		. 1		Yes 🔽	No 🗌
7. Is the offender compliant with pa	ychotropic medications (self-repor	1)? Zoloft		Yes 🔽	No 🗌
8. Other? (identify):				Yes 🛄	No 🖵
Calculate the total number of yes/no	responses in each column:	Yes	No		
	Section III: Sur	nmary			Salar 1
TOTAL NUMBER OF RISK FAC	-	<u>>:</u>			
If the number of affirmative i	responses is greater than five, th referred for a mental hea		d be reviewed fo	r crisis wato	:h and
• TOTAL NUMBER OF PROTECT	IVE FACTORS (FROM SECTION	II):			
The number of affirmative pro	tective factors should be taken	into consideration	n when reviewin	g for crisis v	watch.

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ILLINOIS DEPARTMENT OF CORRECTIONS EVALUATION OF SUICIDE POTENTIAL

Menard		4.11	,20
Facility t		Date	
Offender Name: Reed	M 382	Up an	22 1982
Last, First, MI	ID #	DOB	
			3
ALL CRISIS TEAM MEMBERS (CTMs) SH SECTION I, SECTION II AND SECTION III WI	Section IV: Disposi IALL BE REQUIRED TO CONTACT A MENT TH THE OFFENDER. AFTER THE CTM RE RECORD THE MHPs ORDERS	TAL HEALTH PROFESSIONAL (MHP) CEIVES THE ORDERS FROM THE MH	AFTER COMPLETING P, HE OR SHE SHOU
risis Team Member (if applicable):	RAMARY	911.20	
Pr	int Name	Date/Time:	0
HP/Crisis Team Leader Contacted (if	applicable):		
	Print Name	Date/Time:	
ased on the evaluation, the MHP has Crisis Placement Indication (Check o			
Continuous Watch (CW)	Suicide Watch (10' SW)	Close Supervision (15'	CS)
Observation Status (30' OBS)	To Crisis Status Ordered		
Housing Recommendation (Check or	ne):		
] Place in Crisis Care area	🗌 Return t	o Restrictive Housing	
Return to General Population hous	•	o Reception Center housing	
] Return to Special/Residential Trea	atment Unit		
] Other (specify):			
Referrals:			
Referred to (specify):			
)			
	V: Evaluator and Follow-Up	Contact Information	
valuation completed by:			
] Crisis Team Member	ental Health Professional	Psychiatric Provider/M.D	
Other:			
	\bigcirc	<u>^</u>	
K. Brasan	Kitzanar	9.11.20	9.22
Print Name	Signature	Date	Time
ollow-up DTE: If evaluation was completed by IHP/Psychiatric Provider).	someone other than a MHP/Psychia	atric Provider, follow-up must be o	completed by
Print Name	Signature	Date	Time

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ILLINOIS DEPARTMENT OF CORRECTIONS **EVALUATION OF SUICIDE POTENTIAL**

Monard

Facility

Offender Name:

Last, First, MI

at the time

1128260 ID #

DOB

Date

assessment. Summary of follow-up and interventions/recommendations (if any):

U

Distribution: Offender Medical File

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

	Offender Information:	
	Reed Last Name	First Name MI ID#: M382.00
Date/Time	Subjective, Objective, Assessment	Plans
9/10/3030	S: Gender Dysphoria Disorder	Labs: Estradiol: Level 189 Last done(< 200)
1000	GDD Related Treatment in the Past?	CMP (if on spironolactone)
	GDD Related Surgeries in the Past?	K Level / CrLast done Other Lab: LevelLast done LevelLast done
et my	Other:	LevelLast done(consider: periodic lipids, CBC, prolactin level)
18.0	Family History:	Imaging: Mammogram:
91	Reproductive CancersEarly AtherosclerosisHTNDyslipidemiaDM2	Not needed Needed Done (mammogram screening can be considered in any Oct)
K	O: No change from previous unless noted Exam not done (not necessary at every clinic)	patient > 50 years of age who has had at least 5 years of hormone treatment)
132/261	Penis: Present Normal	
	Testist Present Normal Atrophied	Counseling: Not done (only needed prior to starting treatment and periodically there after)
	Breasts: Socrate Contractor 139120 No Finding Breast Bud Developed Breasts	Risk of treatment: Increased risk of: thromboembolic disease, gallstones, elevated liver enzymes, weight gain,
	Note: breast growth usually stops after about 2-3 years of treatment and increased medication will not result in more growth.	hypertriglyceridemia, cardiovascular disease (in the presence of risk factors) Potential increased risk of: HTN,
	Adams Apple Alterations: YES NO	hyperprolactimenia or prolactinoma, DM2 Reasons treatment may be stopped without patient consent include but are not limited to the following:
	Surgical alterations NO YES	Non-compliance with medication Non-compliance with lab Monitoring Non-compliance with the GDD clinic
	Female Fat Distribution: YES NO	Development of a contention that is a contraindication of treatment
	Reduced Body / Facial Hair: YES NO	Decompensation of a condition that is a contraindication to treatment.
	Other:	Patient teaching: Verbalized or otherwise indicated understanding YES NO

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information: 10# m38260 Plans Date/Time Subjective, Objective, Assessment VO Does the patient have: Orders: Hepatitis B Hepatitis C Cirrhosis HIV Relative Contraindications to treatment: Obesity HTN/CAD Dyslipidemia Diabetes Psychiatric Disorders (these need to be well controlled before beginning treatment) Absolute Contraindications to treatment: ---- Active or recent DVT/PE ---- Hypercoagulable state Breast or other estrogen dependent cancer End stage chronic liver disease Gallbladder disease requiring surgery Metabolic syndromy Refractory or focal migraine order Seizute Drug addiction Active smoker Untreated prolactinoma Medical Treatment: Wants medical treatment: CYES) NO Medical treatment approved by GDD Team: NO YES List GDD medications if already on medical treatment: rone kill 111 Next Clinic: Provider Signature:

Monroe et al. v. Rauner, et al. (18-156) Document No.: D

Printed on Recycled Paper

<u>Case 3:18-cv-00156</u>	-NJR Doci	ument 23	38-12 Fi	led :	L2/02/20	Page	e 65 of	f 91 Pa	ge ID #348	6
Menard Correctional C 711 Kaskaskia Street PO Box 711 Menard, IL 62259	enter			Hospi	VERSITY (tal and Health rence Labo	Sciences		Room 170 Chicago, Ph# (877	Wood Street, (M/C 750) Illinois 6061)FOR-LABS Behm, M.D., D	2
UNIT:NP ZIM		~								
REED, FADELL M38260		PATIENT I		DOB		SEX	STATUS		DESTINATION	
PHYSICIAN		A208-38	ATE & TIME	01/	22/1992	M	Fina		D2	
SIDDIQUI, MOHAMMAD			2020 08:4	13	08/14/2		2.22	PRINTED ON 08/17/2	2020 7:05	PAGE 1
REQUISITION NO. PT. LAB NO.	LAB REF NO.				00/14/2	020 2	5.25	00/1//2	1020 7:05	
A208.7737										
COMMENTS :									•	
Discretio Deservice		 .	Result							
Diagnostic Procedure		In Range	1		Out of Range		Units	F	Reference Range	
HCVAB, LPD, PROL COMP METABOLIC PANEL										
BLOOD UREA NITROGEN		12)				MC /DT		6.00	
SODIUM		135					MG/DI MMOL/		6-20 135-145	
POTASSIUM		3.9					MMOL/		3.5-5.2	
CHLORIDE		99					MMOL/		98-108	
GLUCOSE		70					MG/DI		65-110	
CREATININE		1.21	Ľ				MG/DI		0.50-1.50	
CALCIUM		10.0)				MG/DI		8.6-10.6	
TOTAL PROTEIN		7.9	9				G/DL		6.0-8.0	
ALBUMIN		4.4					GM/DI		3.4-5.0	
BILIRUBIN, TOTAL		0.4					MG/DI		0-1.2	
ALK PHOS AST		59					U/L		40-125	
CO2 CONTENT		19					U/L		10-40	
ANION GAP		25 11					MMOL/ MMOL/		24-32	
ALT		23					U/L		3-11 7-50	
BUN/CREAT RATIO		20			9.9 L		0/1		12-20	
HEP B CORE AB, TOTAL	1	EGATIVE	8						NEG	
	(NOTE) The test i Chemilumin Microparti	escent			Abbott A	rchite	ect			
HEP A IGG AB	Microparti	LCIE INU	-						NEG	
	(NOTE)								1120	
	The test i Chemilumin Microparti	nescent		/	Abbott A	rchite	ect			
HEP B SURFACE AB, QUA		67.6	/ -	•			mIU/m	Π.		
	(NOTE)	07.0	V							
	<8.0 mIU/n not to	1L:	Negativ	e				conside	red	
					have	e immu	nity	to HBV		
	infection.		Emilia	- 1	mb.	4		tur of	the	
	8.0-11.9 n individual		Fdurvoc	aı		uld be		tus of ther	une	
	assessed,	such as						lation,		
	follow-up									
Continued on the next p REED, FADELL M38260	page	08/	17/2020	07:0	4			•	1.0	D208
						CA		VIEW X	118	
							CTOR			
		-0					LLCHA	the second secon	1	
	Monro	e elat	Rauner	et a	al (18-15	SEI	PATIE	nt No	361421 ^{//P}	THIV

Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 66 of 91 Page ID #3487 **UNIVERSITY OF ILLINOIS** 840 South Wood Street, Menard Correctional Center Room 170 (M/C 750) Chicago, Illinois 60612 Ph# (877) FOR-LABS Hospital and Health Sciences System 711 Kaskaskia Street PO Box 711 Reference Laboratory Fredrick Behm, M.D., Director Menard, IL 62259 UNIT:NP ZIM PATIENT NAME DOB PATIENT ID SEX STATUS DESTINATION REED, FADELL M38260 A208-38260 01/22/1992 Μ Final D208 PHYSICIAN COLLECT DATE & TIME DATE OF SERVICE PRINTED ON PAGE SIDDIQUI, MOHAMMAD 08/14/2020 08:43 08/14/2020 23:23 08/17/2020 7:05 2 REQUISITION NO. PT. LAB NO. LAB REF NO. A208.7737 COMMENTS Result **Diagnostic Procedure** In Range Out of Range Units **Reference** Range ... HCVAB, LPD, PROL repeat testing. >=12.0 mIU/mL: Positive Individual is considered to have immunity to HBV infection. The test is performed using Abbott Architect Chemiluminescent Microparticle Immunoassay. HEP C ANTIBODY NEGATIVE NEG (NOTE) The test is performed using Abbott Architect Chemiluminescent Microparticle Immunoassay. LIPIDS CHOLESTEROL 217 H MG/DL <200 (NOTE) _ _ _ _ _ _ _ _ _ . _____ Cholesterol (mg/dl): <200 DESIRABLE 200-239 BORDERLINE HIGH >239 HIGH _____ -----TRIGLYCERIDE 72 MG/DL <150 (NOTE) Triglycerides (mg/dl): <150 NORMAL 150-199 BORDERLINE HIGH 200-499 HIGH >499 VERY HIGH ----------Triglyceride measurement must be performed on a specimen obtained from a fasting individual. HDL 57 MG/DL >40 (NOTE) ----------HDL <40 mg/dl is low and constitutes a coronary heart disease risk factor. HDL >59 mg/dl is a negative risk factor for Continued on the next page REED, FADELL M38260 08/17/2020 07:04 M.D. HEVIEW D208 UMPE _ DOCTOR PULL CHART SEE PATIENT CC/PL/HV FILE Monroe et al. v. Rauner, et al. (18-156) Document No.: 361422

Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 67 of 91 Page ID #3488 840 South Wood Street, **UNIVERSITY OF ILLINOIS** Menard Correctional Center Room 170 (M/C 750) Chicago, Illinois 60612 Ph# (877) FOR-LABS Hospital and Health Sciences System 711 Kaskaskia Street PO Box 711 **Reference Laboratory** Fredrick Behm, M.D., Director Menard, IL 62259 UNIT:NP ZIM PATIENT NAME PATIENT ID DOB STATUS SEX DESTINATION REED, FADELL M38260 A208-38260 01/22/1992 M Final D208 PHYSICIAN COLLECT DATE & TIME DATE OF SERVICE PRINTED ON PAGE SIDDIQUI, MOHAMMAD 08/14/2020 08:43 08/14/2020 23:23 08/17/2020 7:05 3 REQUISITION NO. PT. LAB NO. LAB REF NO. A208.7737 COMMENTS : Result **Diagnostic Procedure** In Range Out of Range Units **Reference Range** ... HCVAB, LPD, PROL coronary heart disease. LDL, CALCULATED 146 H MG/DL <130 (NOTE) LDL, Calculated(mg/dl): <100 OPTIMAL 100-129 NEAR OPTIMAL 130-159 BORDERLINE HIGH 160-189 HIGH >189 VERY HIGH LDL cannot be calculated when triglycerides are >400 mg/dL.The UIMCC Core Laboratory also offers direct measurement of LDL which may be ordered separately (LDL Cholesterol, Direct). _____ RISK CATEGORY LDL GOAL (mg/dl) CHD or CHD risk equivalent[1] <100 Multiple (2+) risk factors[2] <130 Zero to one risk factor <160 [1] CHD risk equivalents include diabetes, other forms of atherosclerotic disease and/or multiple risk factors that confer a 10-year risk for CHD >20%. [2] Major Risk Factors: +1 Cigarette smoking +1 Hypertension (BP > or =140/90 mmHg or on antihypertensive meds) +1Low HDL cholesterol (<40 mg/dL) Family history of premature CHD +1 Age: men 45 years and older +1women 55 years and older -1 High HDL cholesterol (60 mg/dl or greater) PROLACTIN 18.7 H NG/ML 2.6-13.1 BLOOD COUNT WBC 9.8 K/UL 3.9-12.0 RBC 5.24 M/UL 4.00-6.10 HGB 13.9 GM/DL 13.2-18.0 Continued on the next page REED, FADELL M38260 08/17/2020 07:04 D208 M.D. REVIEW R JARE -**JOCTOR** PULL CHART SEE PATIEN CC/PL: 361423 Monroe et al

et al. (18-156) Document No.:

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Menard Correctional Center 711 Kaskaskia Street PO Box 711

UNIVERSITY OF ILLINOIS Hospital and Health Sciences System

Reference Laboratory

840 South Wood Street, Room 170 (M/C 750) Chicago, Illinois 60612 Ph# (877)FOR-LABS Fredrick Behm, M.D., Director

Menard, IL 62259

UNIT: NP ZIM						
PATIENT NAME	PATIENT ID	DOB	SEX	STATUS	DESTINATION	
REED, FADELL M38260	A208-38260	01/22/1992	М	Final	D2	08
PHYSICIAN SIDDIQUI, MOHAMMAD	COLLECT DATE & TIME 08/14/2020 08:	DATE OF SE 43 08/14/2		PRINTED 0 3:23 08/17		PAGB 4
REQUISITION NO. PT. LAB NO. LAB REF NO. A208.7737						

COMMENTS :

	Res	sult		
Diagnostic Procedure	In Range	Out of Range	Units	Reference Range
HCVAB, LPD, PROL				
HCT	41.4		*	38.0-55.0
MCV		79.0 L	FL	80.0-99.0
MCH	26.5		PG	26.0-35.0
MCHC	33.6		GM/DL	32.0-37.0
RDW	13.7		*	11.6-15.0
PLT	427		K/UL	150-450
MPV	7.8		FL	6.5-11.0
DIFFERENTIAL				
METHOD	AUTOMATED DIFF			
* NEUTROPHIL	62.7		*	
% LYMPHOCYTE	28.3		8	
* MONOCYTE	8.0		*	
& EOSINOPHIL	0.1		¥	
& BASOPHIL	0.9		8	
NEUTROPHIL	6.2		K/UL	1.3-7.5
LYMPHOCYTE	2.8		K/UL	1.3-4.2
MONOCYTE	0.8		K/UL	0.2-1.0
EOSINOPHIL	0.0		K/UL	0.0-0.5
BASOPHIL	0.1		K/UL	0.0-0.15

End of Report

REED, FADELL M38260

08/17/2020 07:04

D208 V.D. REVIEW J.A.TE **)OCTOR** PULL CHART SEE PATIENT CC/PL/HA Monroe et al. v. Rauner, et al. (18-156) Document No. 361424

	JR Document 238-12	Filed 12/02/20	0 Page 69 (of 91 Page ID #3490
		l l	University of Illing	bis Hospital & Health Sciences Syste
📲 UI Health			840 Sc	Reference Laborate outh Wood Street Room 170 (M/C 75 Chicago, IL 606 Ph: 312.355.58
			Labor	atory Director: Frederick G. Behm, N
	Manand Ca	medianel Conton		
	711 Ka PO	rectional Center askaskia St Box 711 Illinois 62259		
PATIENT NAME Reed, Fadell M38260		<u>IRN</u> 00108561	<u>SEX</u> male	REQUISITION NO. RQ6413
<u>PHYSICIAN</u> SIDDIQUI, MOHAMMED	<u>OUTSIDE</u> A208-M38			PRINTED DATE 9/19/2020 6:01 AM
	Laboratory P	athology Repo	ort	
al Report				
See Values: PROLACTIN (H				
	,			
Authorizing Provider				
Mohammed Siddiqui				
and the second				
Prolactin (Final result)			Valor	Def Barres
Prolactin (Final result) Component			Value 13.9 (H)	Ref. Range
Prolactin (Final result) Component PROLACTIN	Source: Blood, Venous Spe	cimen: 20H-2630	13.9 (H)	2.6 - 13.1 NG/ML
Prolactin (Final result) Component	Source: Blood, Venous Spe /18/2020 0830 Received: 9/1	cimen: 20H-2630 19/2020 0047.Ve	13.9 (H) CH0026. Ordera	2.6 - 13.1 NG/ML by Unspecified. Authorized by
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9	/18/2020 0830 Received: 9/	cimen: 20H-2630 19/2020 0047.Ve	13.9 (H) CH0026. Ordera	2.6 - 13.1 NG/ML by Unspecified. Authorized by
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9 PATHOLOGY LABORATORY.	/18/2020 0830 Received: 9/	19/2020 0047.Ve	13.9 (H) CH0026. Ordera	2.6 - 13.1 NG/ML by Unspecified. Authorized by
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9 PATHOLOGY LABORATORY. V antibody/antigen screen witt Component Screening, HIV-1 Antibody	/18/2020 0830 Received: 9/	19/2020 0047.Ve	13.9 (H) CH0026. Order rified: 9/19/202	2.6 - 13.1 NG/ML ad by Unspecified. Authorized by 0 0145. Resulted by UI HEALTH
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Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9 PATHOLOGY LABORATORY. V antibody/antigen screen with Component Screening, HIV-1 Antibody Screening, HIV-1 Antigen	/18/2020 0830 Received: 9/	19/2020 0047.Ve Non-Re Non-Re	13.9 (H) CH0026. Order rified: 9/19/202 Value eactive eactive eactive	2.6 - 13.1 NG/ML ad by Unspecified. Authorized by 0 0145. Resulted by UI HEALTH Ref. Range Non-Reactive Non-Reactive
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Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9 PATHOLOGY LABORATORY. V antibody/antigen screen with Component Screening, HIV-1 Antibody Screening, HIV-1 Antibody Screening, HIV-2 Antibody Screening, 5th Generation HIV / Antibody Specimen Type: Blood Specimen Mohammed Siddiqui. Collected: 9	/18/2020 0830 Received: 9/ n reflex (Final result) Antigen- Source: Blood, Venous Spe	19/2020 0047.Ve Non-Re Non-Re Non-Re Non-Re	13.9 (H) CH0026. Order rified: 9/19/202 Value eactive eactive eactive eactive eactive eactive	2.6 - 13.1 NG/ML ad by Unspecified. Authorized by 0 0145. Resulted by UI HEALTH Ref. Range Non-Reactive Non-Reactive Non-Reactive Non-Reactive Non-Reactive
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Case 3:18-cv-00156-NJ	R Document 23	8-12 Filed 12/02	/20 Page 70	of 91 Page ID #3491
Health				nois Hospital & Health Sciences Syste Reference Laborato South Wood Street Room 170 (M/C 75 Chicago, IL 606 Ph: 312.355.580
			Labo	pratory Director: Frederick G. Behm, M
		nard Correctional Center 711 Kaskaskia St PO Box 711 Menard Illinois 62259	r	
PATIENT NAME Reed, Fadell M38260	<u>DOB</u> 1/22/1992	<u>MRN</u> 200108561	SEX male	REQUISITION NO. RQ6413
<u>PHYSICIAN</u> SIDDIQUI, MOHAMMED		J TSIDE MRN 08-M38260		PRINTED DATE 9/19/2020 6:01 AM
	Labora	tory Pathology Re	port	
gend				
H - High				

	Monroe et al. v. Rauner, e	et al. (18-156) Document No.:	361426
Patient: Reed, Fadell M38260	MRN: 200108561	SEE PATIENT	CCPager 206 2
		DOCTOR PULL CHART	
		M.D. REVIEW	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
	Offender information:	Jadel M38260 First Name MI
Date/Time	Subjective, Objective, Assessment	Plans
9-2-20 DAM	Ome noto	P) lefn
9	0: Monder stoped this	cmt
	10: Monder stopped this	
	she would like to be referred	
	ONE zimmen to dearen her	
C	unert doses of hormonies	(m)
1	N. RX .	Inger
9/8/20	Belat Breast Sow Complet	Ju Bhipp RN
9/14/2020	bpcl'	5: Alim
Sont	SiFin labot mends.	destrolid to
928	Prolectin 18.7. 7	4 min Am +
23	ØUS results yet.	2min pm Dot
12	D. No r. D'acute distro	Recherch Production
127/24	Slim W 10.	$m^{3}m^{3}m^{3}$
~1	4. Malactin	m.? min XPn
		\bigcirc

Distribution: Offender's Medical Record

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Monroe et al. v. Rauner, et al. (18-156) Document No.: 361427

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

	Offender Information:	fadell First Name	ID#:M38260
Date/Time	Subjective, Objective, Assessment	P	lans
	Subjective, Objective, Assessment MEDICAL RECORDS NOTE: S. MEDICAL RECORDS SENT PER REQUEST. O. RECEIVED SIGNED AUTHORIZATION. A. RECEIVED COPIES. P. FORWARDED VOUCHER TO TRUST.		

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center
Non-Specific Discomfort	Offender Information:	Lordell MI 10#:
Date/Time	Subjective, Objec tiv e, Assessment	Plans
9/21/20	RN NOTE PN/CMT NOTE S) - Any Allergies?	P) MD Referral if:
SAM	- Location of pain / discomfort?	 Patient presents more than twice at NSC for c/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you bed this pathbacte and how was it treated?	- Patient has abnormal vital signs
	- Rate pain level scale of 0 1000	
	- Duration of pain?	No MD referral:
	°) of 5 que 14 19138 1170	- Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort	 Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching:
~	- Observations related to body part affected	 Return to see provider if symptoms worsen or interfere with daily functioning
		Nurse Signature
	A) Non-Specific Discomfort	Paymont oucher YES NO

Distribution: Offender's Medical Record

Case	3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 74 of 91 Page ID #3495
	Offender Outpatient Progress Notes
	Menard Correctional Center
	Offender Information: Lest Name First Name MI
Date/Time	Subjective, Objective, Assessment Plans
962900	Chot Note Plalu
10om	Sto: Opender States ament
	nall primet for sports
	brus 15 too small. She states
	the large sports bra no longu
	fits. Affender 15 requesting
	2) XL sports pras. A new
1	Lunit needs written So they
1	In be adual the
8	H: Central Sugar
)istribution: Offender's Mi	edical Record

Printed an Recorded Paper

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center	
	Offender Information:	First Name	M38260
Date/Time	Subjective, Objective, Assessment		Plans
10/5/20	NPCL	P. Adum	
1000A	S.Fluxse for new	Permit a	mitter
	permits for sports bras. Ilm s/2 current sports bra is too tight Requests new. U:Absyl. Skin who. Sports bra tight A: Sports bra (TG)	tyl.	at biss

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Distribution: Offender's Medical Record

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

	Menard Correctional	Center	
	Offender Information:	Adell First Name	MB8260
Date/Time	Subjective, Objective, Assessment		Plans
06/12/20	Cmt note	P) cpm	
8A	Cmt note Stop leg. Blpv 124/76.		
	WH MT IBS		
)	A: BIDY	the	
		0	
Et.			
		Ŷ	

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361432

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Offender name: <u>Reed</u> Treatment Plan Date: <u>9, 11, 20</u> Treatment Type: Crisis Watch Er	rtal Health Maste Facility IDOC #:	Treatment Plan U	DOB: 1.22.92
Next Treatment Plan Due: Annually	(OP) Every 6 SEG) Weekly		Every 2 months (RTU) t Treatment Plan Due: 9, (1, 2)
Diagnosis Change?	Yes Yes below.		
Diagnosis added or deleted:			
Afication for change:			
i			
Medication(s):	Dose:	Frequency:	Indication:
Estdiao	8m5	BID	PO
Spar Testasterne Blocky	400m g	BID	PO
20 lost	asmg	daily	PO
Add Medication			
Response to medication and other of Good //	oncurrent treatment: (Comment on enforced me	ds, compliance issues, lab follow-ups, etc.)

./

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ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Master Treatment Plan Update

	Facility Menand
Offender nar	ne: Rold DOB: Jan Ad, 1992
Client long-	term goals: (use client direct quote)
1	Complexe my full Transition."
	Cosmetology, culinary Art
Short-term O	bjectives: (Must be specific, measurable, attainable within review period, realistic and time-bound)
Objective	Objective (Linked to documented functional impairment, symptoms & diagnosis):
number:	aggression prec.
	Clinical Interventions (Description, duration and staff responsible):
	MHP/QmH will continue to neet
Client initials:	with appender as schedules.
X	Involvement (Client agrees to participate by):
Real	Will not recieve any tickets for agression

Cas	se 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 79 of 91 Page ID #3500
	ILLINOIS DEPARTMENT OF CORRECTIONS
	Mental Health Master Treatment Plan Update
	Facility Menand
Offender name	
Short-term Ob	jectives: (Must be specific, measurable, attainable within review period, realistic and time-bound)
S. 2 A PARTICIPATION STRATE	
Objective	Objective (Linked to documented functional impairment, symptoms & diagnosis):
number:	
	all any will be able to have
	oppenden une
2	offender will be able to name 2 penefits to taking her mean.
2.	a penepers is is is
	Clinical Interventions (Description, duration and staff responsible):
	At PSych will Continue to prescribe, monitor and Educate on mas.
lient	Af psych wer inside o presenta,
initials:	in a plan an an a
	Monther and Educate Menter.
	Involvement (Client agrees to participate by):
	ind a local
Repl	Aftender well come to each
	I have been to port program
	Offender will come to each appointment report progress.

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ILLINOIS DEPARTMENT OF CORRECTIONS

Mental Health Master Treatment Plan Update

		Facility	Tenand		
Offender name:	piel.	IDOC #:	438240	DOB:	Jan. Daga
Short-term Obje	ctives: (Must be speci	ific, measurable, attai	nable within review	period, realistic and t	ime-bound)
Objective O number:	bjective (Linked to doc	umented functional im	pairment, symptoms &	diagnosis);	
	offen	ar viel	" Continue	ec to w	Aci i ma
3 L	Cooperat	Hern ng	te emp	Lette and	all fi the
	inical Interventions (De	scription, duration and	staff responsible):		
Client initials:	MHA meit wi	> Qmth th afend	o will be and pr	Continue vces her	· to · interaction
Inv	volvement (Client agree	es to participate by):			
FR	offender i to when	will M Scheduler	ut with	L Qm Hr	natte
Primary QMHP (Prir	it): R. Drap	Sign	ature: R. Dr	r per	Date: 9.11.20
Psychiatric Provider	(Print): XTheu	a Poteatuno Signa	ature: Allero,	Potertub	Date: 9/28/20
Title:	Prin	t & Sign:			Date:
fitle:	Prin	t & Sign:	······································		Date:
ïtle:	Print	t & Sign:			Date:
itle:		& Sign:			Date:
] I agree with this t	reatment plan	I do not agree with th	is treatment plan		
Client Signature:	X Peac	/	Date: X	1.11.20	

ase 3:18-cy-00156-NJR Document 238-12 Filed 12/02/20 Page 81 of 91 Page ID #3502 NZ **Illinois Department of Corrections** 7:0X MENTAL HEALTH SERVICES REFERRAL Menard Correctional Center Facility Offender's Name: ID #. Why is the offender being referred to the Office of Mental Health Management? (Include a summary of the observed behavior and any other information that may be useful in assessing the offender's status.) Print Referring Staff Name Dáte Referring Staff Signature Check if Referring Individual is Security Staff. Distribution: Office C* Mental Health Management Printed on Recycled Paper DOC 0387 (Rev. 10/2016) Offende Medical File want to oloft 29 comer. Scheduled 10/13/20 w/Dr. Poteat ED

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361437

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	ILLING	IS DEPARTMENT OF CORRE	CTIONS		
Date: October 13, 2020	P:	sychiatric Progress N	ote		
F	acility N	IENARD CORRECTIONA		-0	
Offender Name: Last, First Reed, Fadell		ID Number: M	38260	Start Time:_	9:45AM
Allergies or Medication Sensitiviti	^	Yes If yes, then des	cribe:		
Scheduled Visit Type: Routine	Follow Up	Complex Follow	Up Evaluation		
Level of Care: Outpatient	Residentia	al Treatment Unit 🔲	Inpatient	Crisis 🗌	
Type of Visit: Telepsychiatry	Onsite Evalua	ation 🛛 🛛 Other 🗌 (i	dentify):		
Has offender been on Crisis Wat	ch since last psych	niatric visit? Yes 🗌	No		
If yes, explain:			-		
				•	
Source of Information:	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mental Health Staff 🛛 ss Notes 🗌 Mental Hea	~		Progress Notes
	Crisis Records	Other (iden			
¢.	1	tric Progress Note			
Contraction of Contra	<u> </u>	ubjective/Objecti	ve		
S: I'm ali "Still can			and the court	free Co	MMI Da
		NT PSYCHOTROPIC N			
Zoloft:	SOMS F	oghs le	xp 2/3/20	21)	
Check if None					
Pertinent medical medications:	<u><u> </u></u>		1.) = V		
Estradiol	Fiberl	er Singe Prenata	I MHI, MV	penex	
	oor (list details) 🛛	air - misse	d ~ 13-1/	y dose	2
Side effects: 📈 None 🗌 Y	es (list details)				
MAR reviewed: Yes 焰 No			1.		
s offender currently prescribed li	nvoluntary Psychol	tropic Medication(s)?	Yes 🗌 No 🗖		
Lab Results: Comment on abn	ormal results and i	include drug levels.	None ordered		
9/18/2020	Prolacti	119.9			
	Antone	9			
Distribution: Offender Medical File	Antrody	Printed on Recycled Paper Page 1 of 4		Γ	OC 0502 (Rev. 1/2019)
	Mońroe e	t al. v.ˈRɐ̃ăünĕ̈r̈, et al.	(18-156) Docum	nent No.:	361438

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Date: October 13, 2020	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	1
Facility	MENARD CORRECTIONAL CEN	ITER
Offender Name: Last, First Reed, Fadell	ID Number: <u>M38260</u>	Start Time: 945 AM
Medical/Mental Health – Female Sp	ecific: Not Applicable	
is the offender currently pregnant? No [Yes Expected due date:	
	Mental Status Examination	
Posture/Gait: 👖 Appropriate 🔲 Inap	propriate 📋 Slumped 🔲 Tense 🔲	Atypical 🗌 Rigid 🔲
	 Poor physical boundaries Closed body posture Psychomotor agitation 	 Posturing aggressively Guarded/protective posturing
Eye contact: Appropriate	 Avoids eye contact Unfocused 	Looks down in his/her lap
Level of Appearance: Appropriately G	roomed 🗌 Disheveled 🔲 Poor Hygin	ene 🗍 Malodorous 📋
Level of Consciousness: Alert Clo	ouded 🗌 Lethargic 🔲 Delirious	□ Somnolent □
Level of Cooperation: Cooperative	🔲 Guarded/Suspicious 🗌 Hostile 🗌	Uncooperative
Orientation: 💋 Ox4 (Time, place, perso	on, reality) 🔲 OX	(list:) Disoriented
Attention: Appropriately focused] Selective attention/inattention	ractible 🗌 Unaware 🔲
Speech: Unremarkable 🗌 Slowe In tone: DUnremarkable 🔲 Impat		Pressured
Thought Processes: Circumstantial		sociation Word Salad/Incoherent
Thought content: 10 Unremarkable	Paranoid 🔲 Delusional 🗌 Excessive i	religiosity 🔲 Referential 📋
Explain: "I get frust	rated 4	
Perceptions: Hallucination	Auditory Visual Olf	actory 🗌 Somatic 🔲 Illusions
Explain: No obnorma	l perceptions	
Affect: Unremarkable (Euthymic)	Constricted Expansive Dysthymic Manic	Blunt/Inexpressive
Mood: 🗌 Euthymic 🔲 Dy	vsthymic 🔲 Anxious 🗌 Fea	arful Prostocted4
Suicidal ideation: 🖉 None 🔲 Yes, detail	ls:	
Homicidal ideation: None 🔲 Yes, deta	ails:	
Memory: Short-term Intact [Long-te	erm Mintact
Estimated Intelligence: Above ave	erage 🛛 🖓 Average 🗌 Be	elow average
Distribution: Offender Medical File	Page 2 of 4 roe et al. v. Rauner, et al. (18-15	6) Document No.: 361439

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ILLINOIS DEPARTMENT OF CORRECTIONS	
Date: October 13, 2020 Psychiatric Progress Note	
Facility MENARD CORRECTIONAL CENTER	
Offender Name: ID Number: M38260 Start Time: Last, First Reed, Fadell ID Number: M38260 Start Time:	4SAM
Insight: Adequate Poor	
Judgment: Adequate Poor	
Motivation: Good Adequate Poor	
Historian: Reliable Door Inconsistent Unable to assess at this time	
Diagnoses Transgender fe	male
Psychiatric Diagnosis: Depressive 1/0 (Unspec)	
Medical Diagnosis: +aking feminitely formales, Asthma	
Based upon today's evaluation: Since last visit, offender's psychiatric symptoms have: Improved Remained same Worsened Worsened	2
Modified Global Assessment 60 to 66	
Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes	
Narrative Summary	
Narrative Summary 28 40 transfemale With depressive do, curr Managed well with toloft 50 mg ghs, offender Managed well with toloft 50 mg ghs, offender has ongoing issues related to transgender sta has ongoing issues related to transgender sta	entry fes
follower chen Psychiatric PLAN	
Psychotropic Medication: Started (DOC 0541) Discontinued Changed	
Continue Current Medication $ZOOFF 50MS po ghts (exp 2/3/21)$ Medication specifics and rationale:	
AIMS completed today (if necessary) (DOC 0336)	
Labs CMP BMP CBC+Plts Thyroid Profile Lithium Carbamazepine	
VPA Lipid Profile A1C EKG Other:	
Abdominal circumference:	
Distribution: Offender Medical File Page 3 of 4 Monroe et al. v. Rauner, et al. (18-156) Document No.: 36144	

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Date: October 13, 2020	ILLINOIS DEPARTMENT OF CORRECTIONS Psychiatric Progress Note	
Facility _	MENARD CORRECTIONAL CENTER	र
Offender Name: Last, First Reed, Fadell	ID Number: M38260	Start Time: 9:45Am
Fill in values and measurements on Meta	abolic Screening and Monitoring form (DOC 0532)
Needs medical referral for:		
Needs MHP referral (Complete DOC	0387) for:	
🗌 Sleep hygiene 🛛 Anger m	anagement 🛛 Trauma history	Psychometric testing
Other:		
Crush/float all Psychotropics due to	Hx of non-compliance Hx of hoarding	g medications 🔄 Abuse Potential
Other		
Offender has been given a copy of th	e Psychotropic Medication Information brochu	re. Ab change
I have verbally reviewed any medicat offender.	ion changes, side-effects, risks and benefits of	f treatment or refusing treatment with the
days - may be seen max OP - 3 mont	been stable on the same psychotropic medicati ths, RTU - 2 months, Enforced - 1 month. ication Consent Form. No New Me	
· ·	d on change of diagnosis, direction of treatmen	
	rced Psychotropic to be continued (clinically ne	
Other (identify):		
	Disposition (Level of Care)	
Outpatient Level of Care	esidential Treatment Unit 🛛 Inpatient	
Next Appointment: 30 da	45	
Evaluation completed by:	1947	
DR. THENA POTEAT	HINING Pot on TMA	PSYCHIATRIST
Print Name	Signature	Title
10/13/20 21	9.51 AM	
Date	End Time	1
	10	e contra

	507
Case 3:18-cv-00156-NJR Document 238-12 Filed 12/02/20 Page 86 of 91 Page 10 #35	
Illinois Department of Corrections U'	
Menard C.C.	
Facility	
Session Date: 10, 13, 20 Time: 10:00 Session Duration: 3-5M/	
Session Date: 10, 13, 20 Time: 10:00 Session Duration: 3-5 M.M. Offender Name: (Last, First) Reed Fadell ID Number: 113 82(00	
Part I: Offender Information	
Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpati MSR: 91021 Discharge: 3-34	ent
Check all that apply: Designated SMI Designated GBMI On Enforced Medication	
No face-to-face contact occurred	
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)	
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)	
Part II: Brief Mental Status Evaluation	-
Level of Cooperation: Guarded/Suspicious Hostile Uncooperative	e l
Orientation: Ox3 (Time, place, person) OX (list:) Disoriented	d
Affect: Unremarkable Constricted Blunt/Inexpressive Flat Lab	vile
Appearance: Appropriately Groomed Disheveled Poor Hygiene	
Thought Process: Clear/Coherent Circumstantial Tangential Perseveration	
Loose Association Word Salad/Incoherent Thought Blocking	
Part III: S.O.A.P. Note S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan	
Vone date and approx. time offen or	
D: Offender was stable at the time	
of the assessment: motor activity was with-	-
preared to be fire, saport was good, attin	
inician Name (Print): R. Braper, dCm Signature: R. Braper, Sch]
acility: <u>Menand CC</u> Title: <u>OMHP</u>	
ribution: Offender Medical File Monroe et af. 90. 1 Rauner, et al. (18-156) Document No.: 361442 Privad on Recycled Paper	

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Illinois Department of Corrections Mental Health Progress Note Facility 10:15am Session Duration: Approx 3-5 Session Date: 10.13. 20 Time: ID Number: <u>11382(10</u> Offender Name: (Last, First) Keed TI Å Wa mala In UNCN

Clinician Name (Print): R. Black S	ignature: R. Brager
Facility: Menard CC	Title: ACF

Page 2 of 2 Monroe et al. v. Rauner, det al. (18-156) Document No.: 361443

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ILLINOIS DEPARTMENT OF CORRECTIONS Laboratory and Radiology Summary

Date: 918.20
Offender/Patient Name: Red Fadell
Offender ID Number: M38260
Housing Unit: $N2708$
The following checked results were found to be normal or stable by Dr. Siddigue, MD.
Laboratory completed:
Radiology completed: 0.8.20

Distribution:

Printed on Recycled Paper Monroe et al. v. Rauner, et al. (18-156) Document No.: 361444 OneRadiology Normal, IL 61761 Date: 09/06/2018

Patient: Reed, Fadeli ID#: M38260 D.O.B.: 01/22/92 Ordered by: Dr. Shah Lawrence Correctional Center

CHEST, TWO VIEWS 09/04/2018: LEFT RIBS COMPLETE 09/04/2018:

HISTORY: Pain.

FINDINGS: Evaluation of the left ribs with multiple views demonstrate no acute bony fracture.

Evaluation of the chest demonstrates a slight dextroconvex scoliosis of the thoracic spine.

The heart, hila, and mediastinal structures are normal. The pulmonary vasculature, bony thorax, and soft tissues are unremarkable. The trachea is midline.

Minimal atelectasis may be present at the lung bases.

Signed _ N. Yousuf, M.D.

NY: cah DIC: 09/06/2018

Films from Lawrence Correctional Center

M. 18

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Case 3:18-cv-00156-NJF	R Document 238-12	Filed 12/02/20	Page 90 of 91	Page ID #3511
		University	sity of Illinois Hospi	tal & Health Sciences System Reference Laboratory
			840 South Woo	d Street Room 170 (M/C 750)
UI Health	UIC			Chicago, IL 60612
				Ph: 312.355.5800
			Laboratory Dire	ector: Frederick G. Behm, MD
		ctional Center		
		kaskia St ox 711		
		nois 62259		
PATIENT NAME Reed, Fadell M38260	DOB MR 1/22/1992 200	<u>N</u> 108561 mal		QUISITION NO. 26413
PHYSICIAN		RN	PR	
SIDDIQUI, MOHAMMED	A208-M3820			9/2020 6:01 AM
	Laboratory Pa	thology Report		
Cal Report				
See Values: PROLACTIN (H)				
Authorizing Provider				
Mohammad Siddigui				
Mohammed Siddiqui				
Prolactin (Final result)		Vata		D.(D.
Prolactin (Final result) Component		Value		Ref. Range
Prolactin (Final result) Component PROLACTIN		13.9) (H)	2.6 - 13.1 NG/ML
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sou	rce: Blood, Venous Speci	13.9 men: 20H-263CH002	(H) 6. Ordered by Ur	2.6 - 13.1 NG/ML specified. Authorized by
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Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2	2020 0830 Received: 9/19	13.9 men: 20H-263CH002	(H) 6. Ordered by Ur	2.6 - 13.1 NG/ML specified. Authorized by
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY.	2020 0830 Received: 9/19	13.9 men: 20H-263CH002	6. Ordered by Un 9/19/2020 0145.	2.6 - 13.1 NG/ML specified. Authorized by
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Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY. V antibody/antigen screen with refined Component	2020 0830 Received: 9/19	13.9 men: 20H-263CH002 /2020 0047.Verified: /2020 0047.Verified:	9 (H) 6. Ordered by Ur 9/19/2020 0145.	2.6 - 13.1 NG/ML aspecified. Authorized by Resulted by UI HEALTH Ref. Range
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY. V antibody/antigen screen with ref Component Screening, HIV-1 Antibody	2020 0830 Received: 9/19	13.9 men: 20H-263CH002 /2020 0047.Verified: /2020 Non-Reactive	9 (H) 6. Ordered by Ur 9/19/2020 0145.	2.6 - 13.1 NG/ML aspecified. Authorized by Resulted by UI HEALTH Ref. Range Non-Reactive
Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sound Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY. V antibody/antigen screen with ref Component Screening, HIV-1 Antibody Screening, HIV-2 Antibody Screening, 5th Generation HIV Antig	2020 0830 Received: 9/19	13.9 men: 20H-263CH002 /2020 0047.Verified: /2020 Non-Reactive Non-Reactive	6. Ordered by Un 9/19/2020 0145.	2.6 - 13.1 NG/ML aspecified. Authorized by Resulted by UI HEALTH Ref. Range Non-Reactive Non-Reactive
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Prolactin (Final result) Component PROLACTIN Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY. V antibody/antigen screen with ref Component Screening, HIV-1 Antibody Screening, HIV-2 Antibody Screening, Sth Generation HIV Antig Antibody Specimen Type: Blood Specimen Sour Mohammed Siddiqui. Collected: 9/18/2 PATHOLOGY LABORATORY.	2020 0830 Received: 9/19 lex (Final result) jen- rce: Blood, Venous Specir 2020 0830 Received: 9/19 UI HEALTH PATHOL(BLDG 920 (CSB), Chi	13.9 men: 20H-263CH002 /2020 0047.Verified: /2020 0047.Verified: Non-Reactive Non-R	6. Ordered by Un 9/19/2020 0145.	2.6 - 13.1 NG/ML aspecified. Authorized by Resulted by UI HEALTH Ref. Range Non-Reactive Non-Reactive Non-Reactive Non-Reactive Specified. Authorized by Resulted by UI HEALTH

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361446

Case 3:18-cv-00156-NJ	R Document 238-1	L2 Filed 12/02/20	Page 91 of 91	Page ID #3512
UI Health	UIC	Unive		al & Health Sciences System Reference Laboratory Street Room 170 (M/C 750) Chicago, IL 60612 Ph: 312.355.5800
			Laboratory Dire	ctor: Frederick G. Behm, MD
	711 K PC	prrectional Center Kaskaskia St 9 Box 711 Illinois 62259		
PATIENT NAME Reed, Fadell M38260	<u>DOB</u> 1/22/1992			QUISITION NO. 06413
<u>Physician</u> Siddiqui, Mohammed	OUTSIDE A208-M3			INTED DATE 9/2020 6:01 AM
	Laboratory F	Pathology Report		
gend				
H - High				

M.D. REVIEW		
DUCTOR PULL CHART	G	
SEE PATIENIT		COPEget 2 of 2

Patient: Reed, Fadell M38260

MRN: 200108561

Monroe et al. v. Rauner, et al. (18-156) Document No.: 361447

Page 1	Page 3
1 IN THE UNITED STATES DISTRICT COURT	1 APPEARANCES:
FOR THE SOUTHERN DISTRICT OF ILLINOIS 2 EAST ST. LOUIS DIVISION	2
3	3 ACLU OF ILLINOIS
4 JANIAH MONROE, MARILYN)	4 MR. GHIRLANDI GUIDETTI (via videoconference)
MELENDEZ, LYDIA HELENA) 5 VISION, SORA KUYKENDALL, and)	5 150 North Michigan Avenue
SASHA REED,)	6 Suite 600
6)	7 Chicago, Illinois 60601
7 Plaintiffs,)	8 Phone: (312) 201-9740
) Case No.	9 E-mail: gguidetti@aclu-il.org
8 vs.) 18-156-NJR)	10 On behalf of the Plaintiffs; 11
9 ROB JEFFREYS, MELVIN HINTON,)	12
and STEVEN BOWMAN,)	13 ILLINOIS ATTORNEY GENERAL
Defendants.)	14 MS. LISA A. COOK (via videoconference)
11 12	15 500 South Second Street
13 The deposition via videoconference	16 Springfield, Illinois 62701
14 of ERIC PADILLA a.k.a LYDIA HELENA VISION, taken	17 Phone: (217) 782-4445
before Alyssa N. Kuipers, Certified ShorthandReporter and Registered Professional Reporter,	18 E-mail: lcook@atg.state.il.us
17 commencing at 9:00 a.m. on the 25th day of August,	19 On behalf of the Defendants.
18 2020 . 19	20
20	21
21 22	22 * * * * * *
22 23	23
24	24
Page 2	Page 4
1 INDEX	1 (Witness sworn.)
2 WITNESS: PAGE	2 WHEREUPON:
3 ERIC PADILLA a.k.a LYDIA HELENA VISION	3 ERIC PADILLA a.k.a LYDIA HELENA VISION,
4 Direct Examination by Ms. Cook 4	4 called as a witness herein, having been first duly
4Direct Examination by Ms. Cook	4 called as a witness herein, having been first duly5 sworn, was examined and testified via
4Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 6 videoconference as follows:
 4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 6 videoconference as follows: 7 DIRECT EXAMINATION
 4 Direct Examination by Ms. Cook	 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:
 4 Direct Examination by Ms. Cook	 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
 4 Direct Examination by Ms. Cook	 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
 4 Direct Examination by Ms. Cook	 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.
 4 Direct Examination by Ms. Cook	 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.
4Direct Examination by Ms. Cook	 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.
4 Direct Examination by Ms. Cook	 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?
4 Direct Examination by Ms. Cook	 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.
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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.
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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?
4 Direct Examination by Ms. Cook	 4 called as a witness herein, having been first duly 5 sworn, was examined and testified via 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

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LYDIA HELENA VISION 8/25/2020

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1 seeing or hearing me right now?	1 college. I guess I have an associate's degree
2 A. No.	2 and a paralegal certificate.
3 Q. If you ever do, will you please let	3 Q. And when was that?
4 me know?	4 A. The paralegal certificate in
5 A. Yes.	5 December '19.
6 Q. Have you had your deposition taken	6 Q. And when did you get your
7 before?	7 associate's?
8 A. No.	8 A. July of 2015.
9 Q. Okay. So what a deposition is, it's	9 Q. And did you have any particular
10 my chance, as the counsel for the defendants,	10 study for your associate's degree or was it
11 to ask you some questions about your background	11 just a general degree?
12 and your case under oath, okay?	12 A. Liberal studies.
13 A. Yes.	13 Q. Are you currently taking any college
14 Q. Okay. And did you have the chance	14 classes?
15 to speak with your attorney before the	15 A. No, I am not.
16 deposition today?	16 Q. Do you have any medical or mental
17 A. Yes.	17 health training?
18 Q. If you do not understand a question	18 A. No, I do not.
19 that I ask you, you may let me know that and I	19 Q. Other than this lawsuit, have you
20 will rephrase it, okay?	20 filed any other civil lawsuits in state or
21 A. Yes.	21 Federal Court?
22 Q. And you're doing a very good job,	22 A. No, I have not.
but all of your answers to my questions need to	23 Q. Can you tell me how many felonies
24 be yes or no. When you shorten that to uh-huh,	24 you've been convicted of?
Page 6	Page 8
1 we can't read that later in the transcript	1 A. No, I cannot.
2 because the words look the same, so just	2 Q. On the IDOC website, it lists two
3 continue with what you're doing, okay?	3 felony convictions. Does that sound right?
4 A. Yes.	4 A. I don't know. I can't review the
5 Q. And if you need a break at any time,	5 site.
6 please let me know. I don't expect that it	
	6 Q. Okay. What crime are you currently
7 will take too much of your time, but if you	7 incarcerated for?
8 need a break for whatever reason, you can let	7 incarcerated for?8 A. Attempted murder.
 need a break for whatever reason, you can let me know that, okay? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all,
 need a break for whatever reason, you can let me know that, okay? A. Yes. 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that?
 8 need a break for whatever reason, you can let 9 me know that, okay? 10 A. Yes. 11 Q. Did you read any documents to 12 prepare for your deposition today? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not.
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections?
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004.
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria?
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? A. I don't remember. 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria? 19 A. 2016.
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? A. I don't remember. Q. Do you think it would have been in 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria? 19 A. 2016. 20 Q. Since 2016, what facilities have you
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? A. I don't remember. Q. Do you think it would have been in the past year? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria? 19 A. 2016. 20 Q. Since 2016, what facilities have you 21 been housed in?
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? A. I don't remember. Do you think it would have been in the past year? A. Yes. 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria? 19 A. 2016. 20 Q. Since 2016, what facilities have you 21 been housed in? 22 A. Danville, Graham, and Centralia.
 need a break for whatever reason, you can let me know that, okay? A. Yes. Q. Did you read any documents to prepare for your deposition today? A. No. Q. Have you ever seen your IDOC medical or mental health records? A. Yes. Q. Okay. And when is the last time you reviewed those records? A. I don't remember. Q. Do you think it would have been in the past year? 	 7 incarcerated for? 8 A. Attempted murder. 9 Q. Do you have any convictions at all, 10 misdemeanors or felonies, for fraud or anything 11 like that? 12 A. No, I do not. 13 Q. And for your current crime when 14 were you first brought into the Illinois 15 Department of Corrections? 16 A. 2004. 17 Q. When were you diagnosed with gender 18 dysphoria? 19 A. 2016. 20 Q. Since 2016, what facilities have you 21 been housed in?

2 (Pages 5 to 8)

Page 9	Page 11
1 Q. At Centralia, do you have a single	1 A. Depression, anxiety, PTSD.
2 cell?	2 Q. Do you take any medication for any
3 A. Yes.	3 of those diagnoses?
4 Q. When is the last time you had a	4 A. No.
5 cellmate?	5 Q. When were you diagnosed with
6 A. 2018.	6 depression?
7 Q. Do you have - Are you on a	7 A. I don't recall.
8 single-cell status where you're not going to	8 Q. Was that in the past year or more
9 have a cellmate or is it just, to your	9 than a year ago?
10 knowledge, chance that you haven't had a	10 A. Both.
11 cellmate since 2018?	11 Q. So, to your knowledge, do you still
12 A. I've been to multiple joints of	12 suffer from depression?
13 prison sentencing, so I'm not sure currently.	13 A. Can you clarify to my "knowledge"?
14 Q. Aside from gender dysphoria, which	14 Q. Do you believe that you still suffer
15 I'll ask you more about, do you have any	15 from depression?
16 current mental health diagnoses?	16 A. Yes.
17 A. Can you clarify?	17 Q. And the same with anxiety. Do you
18 Q. Sure. Do you have any current	18 believe that you still suffer from anxiety?
19 mental health diagnoses, as diagnosed by the	19 A. Yes.
20 providers within IDOC?	20 Q. Do you believe that you still suffer
A. I'm not sure.	21 from PTSD?
22 Q. Is there any other mental health	22 A. No.
23 provider you've seen outside of the Department	23 Q. And why do you not believe you
24 of Corrections?	24 suffer from PTSD?
Page 10	Page 12
Page 10	Page 12 1 A. Because I believe the diagnosis was
1 A. No.	1 A. Because I believe the diagnosis was
 A. No. Q. Have you previously been diagnosed 	1A.Because I believe the diagnosis was2false.
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past 	 A. Because I believe the diagnosis was false. Q. What do you base that on?
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a 	1 A. Because I believe the diagnosis was 2 false. 3 Q. What do you base that on? 4 A. Having studied the characteristics
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? 	 A. Because I believe the diagnosis was false. Q. What do you base that on? A. Having studied the characteristics of PTSD and also discussing them with mental health providers, staff, whatever. Q. And when did you come to believe
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me 	 A. Because I believe the diagnosis was false. Q. What do you base that on? A. Having studied the characteristics of PTSD and also discussing them with mental health providers, staff, whatever. Q. And when did you come to believe that the PTSD diagnosis was false?
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. 	 A. Because I believe the diagnosis was false. Q. What do you base that on? A. Having studied the characteristics of PTSD and also discussing them with mental health providers, staff, whatever. Q. And when did you come to believe that the PTSD diagnosis was false? A. I never came to believe it was real.
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? 	 A. Because I believe the diagnosis was false. Q. What do you base that on? A. Having studied the characteristics of PTSD and also discussing them with mental health providers, staff, whatever. Q. And when did you come to believe that the PTSD diagnosis was false? A. I never came to believe it was real. Q. And so was one of the mental health
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. 	 A. Because I believe the diagnosis was false. Q. What do you base that on? A. Having studied the characteristics of PTSD and also discussing them with mental health providers, staff, whatever. Q. And when did you come to believe that the PTSD diagnosis was false? A. I never came to believe it was real. Q. And so was one of the mental health providers you discussed it with, was that
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? 	1 A. Because I believe the diagnosis was 2 false. 3 Q. What do you base that on? 4 A. Having studied the characteristics 5 of PTSD and also discussing them with mental 6 health providers, staff, whatever. 7 Q. And when did you come to believe 8 that the PTSD diagnosis was false? 9 A. I never came to believe it was real. 10 Q. And so was one of the mental health 11 providers you discussed it with, was that 12 Dr. Randi Ettner?
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. 	1A. Because I believe the diagnosis was2false.3Q. What do you base that on?4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q. And when did you come to believe8that the PTSD diagnosis was false?9A. I never came to believe it was real.10Q. And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have 	1A. Because I believe the diagnosis was2false.3Q. What do you base that on?4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q. And when did you come to believe8that the PTSD diagnosis was false?9A. I never came to believe it was real.10Q. And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.14Q. Were there other mental health
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have misunderstood. So no doctor has told you that 	1A. Because I believe the diagnosis was2false.3Q. What do you base that on?4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q. And when did you come to believe8that the PTSD diagnosis was false?9A. I never came to believe it was real.10Q. And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.14Q. Were there other mental health15providers who agreed that the PTSD diagnosis
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 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have misunderstood. So no doctor has told you that you had a post-traumatic disorder diagnosis? A. Correct. 	1A. Because I believe the diagnosis was2false.3Q. What do you base that on?4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q. And when did you come to believe8that the PTSD diagnosis was false?9A. I never came to believe it was real.10Q. And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.14Q. Were there other mental health15providers who agreed that the PTSD diagnosis16was wrong?17A. Yes.
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have misunderstood. So no doctor has told you that you had a post-traumatic disorder diagnosis? A. Correct. Q. And has any doctor or other mental 	1A. Because I believe the diagnosis was2false.3Q. What do you base that on?4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q. And when did you come to believe8that the PTSD diagnosis was false?9A. I never came to believe it was real.10Q. And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.14Q. Were there other mental health15providers who agreed that the PTSD diagnosis16was wrong?17A. Yes.18Q. And who were they?
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have misunderstood. So no doctor has told you that you had a post-traumatic disorder diagnosis? A. Correct. Q. And has any doctor or other mental health provider, whether a social worker or a 	1A.Because I believe the diagnosis was2false.3Q.What do you base that on?4A.Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q.And when did you come to believe8that the PTSD diagnosis was false?9A.I never came to believe it was real.10Q.And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A.14Q.15providers who agreed that the PTSD diagnosis16was wrong?17A.18Q.19A.19A.19A.10Mark and who were they?19A.
 A. No. Q. Have you previously been diagnosed with post-traumatic stress disorder? A. Can you clarify? Q. Sure. Well, I guess, in the past five years, has anybody told you that you had a diagnosis of post-traumatic stress disorder? A. I'm not sure if doctors told me that, if that's what you mean. Q. A medical doctor? A. I don't understand. Q. Okay. Which doctor told you that? A. None. Q. Okay. So I'm sorry. I may have misunderstood. So no doctor has told you that you had a post-traumatic disorder diagnosis? A. Correct. Q. And has any doctor or other mental health provider, whether a social worker or a psychiatrist, psychologist, in the Department 	1A.Because I believe the diagnosis was2false.3Q.What do you base that on?4A.Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7Q.And when did you come to believe8that the PTSD diagnosis was false?9A.I never came to believe it was real.10Q.And so was one of the mental health11providers you discussed it with, was that12Dr. Randi Ettner?13A.14Q.15providers who agreed that the PTSD diagnosis16was wrong?17A.18Q.19A. Mrs. Delgante (phonetic) in Graham,20others, but I don't remember their names.
1A. No.2Q. Have you previously been diagnosed3with post-traumatic stress disorder?4A. Can you clarify?5Q. Sure. Well, I guess, in the past6five years, has anybody told you that you had a7diagnosis of post-traumatic stress disorder?8A. I'm not sure if doctors told me9that, if that's what you mean.10Q. A medical doctor?11A. I don't understand.12Q. Okay. Which doctor told you that?13A. None.14Q. Okay. So I'm sorry. I may have15misunderstood. So no doctor has told you that16you had a post-traumatic disorder diagnosis?17A. Correct.18Q. And has any doctor or other mental19health provider, whether a social worker or a20psychiatrist, psychologist, in the Department21of Corrections told you any other diagnosis	1 A. Because I believe the diagnosis was 2 false. 3 Q. What do you base that on? 4 A. Having studied the characteristics 5 of PTSD and also discussing them with mental 6 health providers, staff, whatever. 7 Q. And when did you come to believe 8 that the PTSD diagnosis was false? 9 A. I never came to believe it was real. 10 Q. And so was one of the mental health 11 providers you discussed it with, was that 12 Dr. Randi Ettner? 13 A. Yes. 14 Q. Were there other mental health 15 providers who agreed that the PTSD diagnosis 16 was wrong? 17 A. Yes. 18 Q. And who were they? 19 A. Mrs. Delgante (phonetic) in Graham, 20 others, but I don't remember their names. 21 Q. Were they all within the IDOC
1A. No.2Q. Have you previously been diagnosed3with post-traumatic stress disorder?4A. Can you clarify?5Q. Sure. Well, I guess, in the past6five years, has anybody told you that you had a7diagnosis of post-traumatic stress disorder?8A. I'm not sure if doctors told me9that, if that's what you mean.10Q. A medical doctor?11A. I don't understand.12Q. Okay. Which doctor told you that?13A. None.14Q. Okay. So I'm sorry. I may have15misunderstood. So no doctor has told you that16you had a post-traumatic disorder diagnosis?17A. Correct.18Q. And has any doctor or other mental19health provider, whether a social worker or a20psychiatrist, psychologist, in the Department21of Corrections told you any other diagnosis22except for gender dysphoria?	1A. Because I believe the diagnosis was2false.3 Q. What do you base that on? 4A. Having studied the characteristics5of PTSD and also discussing them with mental6health providers, staff, whatever.7 Q. And when did you come to believe 8that the PTSD diagnosis was false?9A. I never came to believe it was real.10 Q. And so was one of the mental health 11providers you discussed it with, was that12Dr. Randi Ettner?13A. Yes.14 Q. Were there other mental health 15providers who agreed that the PTSD diagnosis16was wrong?17A. Yes.18 Q. And who were they? 19A. Mrs. Delgante (phonetic) in Graham,20others, but I don't remember their names.21 Q. Were they all within the IDOC 22system?
1A. No.2Q. Have you previously been diagnosed3with post-traumatic stress disorder?4A. Can you clarify?5Q. Sure. Well, I guess, in the past6five years, has anybody told you that you had a7diagnosis of post-traumatic stress disorder?8A. I'm not sure if doctors told me9that, if that's what you mean.10Q. A medical doctor?11A. I don't understand.12Q. Okay. Which doctor told you that?13A. None.14Q. Okay. So I'm sorry. I may have15misunderstood. So no doctor has told you that16you had a post-traumatic disorder diagnosis?17A. Correct.18Q. And has any doctor or other mental19health provider, whether a social worker or a20psychiatrist, psychologist, in the Department21of Corrections told you any other diagnosis	1 A. Because I believe the diagnosis was 2 false. 3 Q. What do you base that on? 4 A. Having studied the characteristics 5 of PTSD and also discussing them with mental 6 health providers, staff, whatever. 7 Q. And when did you come to believe 8 that the PTSD diagnosis was false? 9 A. I never came to believe it was real. 10 Q. And so was one of the mental health 11 providers you discussed it with, was that 12 Dr. Randi Ettner? 13 A. Yes. 14 Q. Were there other mental health 15 providers who agreed that the PTSD diagnosis 16 was wrong? 17 A. Yes. 18 Q. And who were they? 19 A. Mrs. Delgante (phonetic) in Graham, 20 others, but I don't remember their names. 21 Q. Were they all within the IDOC

3 (Pages 9 to 12)

	Page 13		Page 15
1	have you made attempts at self-harm?	1	Q. Was that at Western Illinois
2	A. No.	2	Correctional Center?
3	Q. So I have some of you know, the	3	A. If that is Mount Sterling prison.
4	complaint that was filed and a declaration that	4	Q. And so then did you see a different
5	was filed for you that indicate you began to,	5	medical provider in 2015?
6	you know, experience some gender dysphoria as a	6	A. Yes.
7	child; is that true?	7	Q. And who did you see next?
8	A. Yes.	8	A. I don't remember their name.
9	Q. When was that?	9	Q. Did the next mental health provider
10	A. When I was still in single digits.	10	respond to you in the same way?
11	l can't give you an exact date or year. I was	11	A. No.
12	young.	12	Q. What response did the next mental
13	Q. And your family was not supportive	13	health provider give you?
14	of that; is that correct?	14	A. They questioned me on the details,
15	A. That is correct.	15	yeah.
16	Q. So did you attempt to get any	16	Q. And so did the next mental health
17	treatment for gender dysphoria when you were	17	provider offer you any guidance?
18	younger?	18	A. No, they did not.
19	A. No.	19	Q. Were you still at Western Illinois
20	Q. And then when you entered the	20	Correctional Center when you saw the second
21	Department of Corrections in 2004, when is the	21	mental health provider?
22	first time you expressed some gender dysphoria	22	A. No.
23	symptoms?	23	Q. Where were you then?
24	A. Symptoms? Can you clarify?	24	A. Danville.
			Page 16
	Page 14		Page 16
1	Q. Yeah. I guess, I mean, they talk	1	Q. Was that provider named Nichols?
2	Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your	2	Q. Was that provider named Nichols?A. No.
2 3	Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You	2 3	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for
2 3 4	Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison?	2 3 4	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy?
2 3 4 5	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? 	2 3 4 5	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016.
2 3 4 5 6	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. 	2 3 4 5 6	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly.
2 3 4 5 6 7	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. 	2 3 4 5 6 7	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving
2 3 4 5 6 7 8	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise 	2 3 4 5 6 7 8	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy?
2 3 4 5 6 7 8 9	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? 	2 3 4 5 6 7 8 9	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December.
2 3 4 5 6 7 8 9 10	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. 	2 3 4 5 6 7 8 9 10	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on
2 3 4 5 6 7 8 9 10 11	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? 	2 3 4 5 6 7 8 9 10 11	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy?
2 3 4 5 6 7 8 9 10 11 12	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. 	2 3 4 5 6 7 8 9 10 11 12	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 	2 3 4 5 6 7 8 9 10 11 12 13	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the
2 3 4 5 6 7 8 9 10 11 12 13 14	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right 	2 3 4 5 6 7 8 9 10 11 12 13 14	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently. A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently. A. No. Q. Had you had complaints in the past
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did you get? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently. A. No. Q. Had you had complaints in the past about the hormonal therapy?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did you get? A. I was told to look into it after I 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently. A. No. Q. Had you had complaints in the past about the hormonal therapy? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did you get? A. I was told to look into it after I get out of prison. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently. A. No. Q. Had you had complaints in the past about the hormonal therapy? A. Yes. Q. And what were those?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did you get? A. I was told to look into it after I get out of prison. Q. And who told you that? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently. A. No. Q. Had you had complaints in the past about the hormonal therapy? A. Yes. Q. And what were those? A. When the doctor first prescribed me
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Yeah. I guess, I mean, they talk about incongruence, or not feeling like your identity matches your biological sex. You know, when did you raise that with the prison? A. When did I raise it with the staff? Q. Yeah. A. 2015. Q. Is there a reason you didn't raise it earlier? A. Yes. Q. And what was that? A. I was conditioned not to. Q. And when you finally raised it in 2015, was it something that was diagnosed right away or did it take some time? A. I don't understand. Q. So when you raised gender dysphoria in 2015 with prison staff, what reaction did you get? A. I was told to look into it after I get out of prison. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Was that provider named Nichols? A. No. Q. When did you start asking for hormonal therapy? A. Either in late 2015 or early 2016. I don't remember exactly. Q. And when did you start receiving hormonal therapy? A. Late 2018, maybe November, December. Q. And are you still currently on hormonal therapy? A. Yes. Q. Do you have any complaints about the hormones that you're taking? A. Currently? Q. Currently. A. No. Q. Had you had complaints in the past about the hormonal therapy? A. Yes. Q. And what were those?

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

5 (Pages 17 to 20)

Page 21	Page 23
1 trip to take a shower in a place where I had to	1 Q. Do you think that a transfer to a
2 file a PREA complaint in a different prison	2 female facility will alleviate some of your
3 doesn't real appeal to me.	3 concerns about threats?
4 Q. Okay. So at other facilities, were	4 A. Yes.
5 you given the option to shower in a more	5 Q. Where you are currently, do you have
6 private setting?	6 access to transgender groups?
7 A. Yes.	7 A. No.
8 Q. Like, so at Danville, where would	8 Q. Have you made a request with IDOC
9 you shower?	9 staff for gender-affirming surgery?
10 A. At Danville, I did walk across the	10 A. Yes.
11 camp to shower in the medical unit, which led	11 Q. And what surgery are you seeking?
12 to, in my opinion, being assaulted by a	12 A. An orchiectomy and electrolysis.
13 lieutenant while naked in the shower, so you	13 Q. And do you remember when you made
14 can see why I wouldn't want to do that anymore.	14 those requests?
15 Q. So is it that you're worried that if	15 A. 2016 maybe.
16 you went to a different location, you could be	16 Q. Do you remember when in 2016?
17 at risk of assault?	17 A. No. When I No, I don't remember.
18 A. I'm at risk of assault all the time.	18 Q. Have you requested surgery since
19 Q. And when you say that, do you mean	19 2016?
20 by other inmates or staff or both?	20 A. Yes.
21 A. Both.	21 Q. Do you remember when?
22 Q. Have you been having issues at	22 A. Can you clarify?
23 Centralia with other inmates?	23 Q. Well, how many times since 2016 have
A. Can you please clarify?	24 you renewed your request?
Page 22	Page 24
1 Q. Like threats from other inmates at	1 A. Dozens.
1Q. Like threats from other inmates at2Centralia?	 A. Dozens. Q. And how do you renew it? Do you
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes.	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances?
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes. 4 Q. What kind of threats?	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental
 Q. Like threats from other inmates at Centralia? A. Yes. Q. What kind of threats? A. I don't understand. 	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental health staff, to the medical staff, written
 Q. Like threats from other inmates at Centralia? A. Yes. Q. What kind of threats? A. I don't understand. Q. Are the threats related to your 	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental health staff, to the medical staff, written grievances.
 Q. Like threats from other inmates at Centralia? A. Yes. Q. What kind of threats? A. I don't understand. Q. Are the threats related to your transgender status? 	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental health staff, to the medical staff, written grievances. Q. And so when you bring it up to
1Q.Like threats from other inmates at2Centralia?3A.3A.4Q.5A.5A.6Q.6Q.7transgender status?8A.9	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental health staff, to the medical staff, written grievances. Q. And so when you bring it up to medical and mental health staff, do you do that
1Q.Like threats from other inmates at2Centralia?3A.4Q.4What kind of threats?5A.6Q.7transgender status?8A.9MR. GUIDETTI: Objection,	 A. Dozens. Q. And how do you renew it? Do you write letters, grievances? A. I've brought it up to the mental health staff, to the medical staff, written grievances. Q. And so when you bring it up to medical and mental health staff, do you do that verbally?
1Q.Like threats from other inmates at2Centralia?3A.4Q.4What kind of threats?5A.6Q.7transgender status?8A.9MR. GUIDETTI: Objection,10foundation.	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes. 4 Q. What kind of threats? 5 A. I don't understand. 6 Q. Are the threats related to your 7 transgender status? 8 A. Yes. 9 MR. GUIDETTI: Objection, 10 foundation. 11 BY MS. COOK:	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes. 4 Q. What kind of threats? 5 A. I don't understand. 6 Q. Are the threats related to your 7 transgender status? 8 A. Yes. 9 MR. GUIDETTI: Objection, 10 foundation. 11 BY MS. COOK: 12 Q. And have you been receiving threats	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes. 4 Q. What kind of threats? 5 A. I don't understand. 6 Q. Are the threats related to your 7 transgender status? 8 A. Yes. 9 MR. GUIDETTI: Objection, 10 foundation. 11 BY MS. COOK: 12 Q. And have you been receiving threats 13 from staff at Centralia Correctional Center?	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?
1 Q. Like threats from other inmates at 2 Centralia? 3 A. Yes. 4 Q. What kind of threats? 5 A. I don't understand. 6 Q. Are the threats related to your 7 transgender status? 8 A. Yes. 9 MR. GUIDETTI: Objection, 10 foundation. 11 BY MS. COOK: 12 Q. And have you been receiving threats 13 from staff at Centralia Correctional Center? 14 A. I'm not at liberty to discuss it.	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.
1 Q. Like threats from other inmates at2Centralia?3A. Yes.4 Q. What kind of threats?5A. I don't understand.6 Q. Are the threats related to your7transgender status?8A. Yes.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12 Q. And have you been receiving threats13from staff at Centralia Correctional Center?14A. I'm not at liberty to discuss it.15 Q. And you requested a transfer to a	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a
1Q.Like threats from other inmates at2Centralia?3A.4Q.4What kind of threats?5A.6Q.6Are the threats related to your7transgender status?8A.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12Q.13from staff at Centralia Correctional Center?14A.15Q.16female facility, correct?	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a16response on your request?
1 Q. Like threats from other inmates at2Centralia?3A. Yes.4 Q. What kind of threats?5A. I don't understand.6 Q. Are the threats related to your7transgender status?8A. Yes.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12 Q. And have you been receiving threats13from staff at Centralia Correctional Center?14A. I'm not at liberty to discuss it.15 Q. And you requested a transfer to a16female facility, correct?17A. Correct.	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a16response on your request?17A. No.
1Q.Like threats from other inmates at2Centralia?3A. Yes.4Q.4Mhat kind of threats?5A. I don't understand.6Q. Are the threats related to your7transgender status?8A. Yes.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12Q. And have you been receiving threats13from staff at Centralia Correctional Center?14A. I'm not at liberty to discuss it.15Q. And you requested a transfer to a16female facility, correct?17A. Correct.18Q. And have you been told anything	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a16response on your request?17A. No.18Q. And in the grievances you write, do
1Q.Like threats from other inmates at2Centralia?3A. Yes.4Q.4Mhat kind of threats?5A. I don't understand.6Q. Are the threats related to your7transgender status?8A. Yes.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12Q. And have you been receiving threats13from staff at Centralia Correctional Center?14A. I'm not at liberty to discuss it.15Q. And you requested a transfer to a16female facility, correct?17A. Correct.18Q. And have you been told anything19about that request?	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a16response on your request?17A. No.18Q. And in the grievances you write, do19you get a response to those?
1O.Like threats from other inmates at2Centralia?3A. Yes.4O.4O.5A.5A.6O.9Are the threats related to your7transgender status?8A. Yes.9MR. GUIDETTI: Objection,10foundation.11BY MS. COOK:12O.13from staff at Centralia Correctional Center?14A. I'm not at liberty to discuss it.15O.16female facility, correct?17A. Correct.18O.19about that request?20A. Yes.	1A. Dozens.2Q. And how do you renew it? Do you3write letters, grievances?4A. I've brought it up to the mental5health staff, to the medical staff, written6grievances.7Q. And so when you bring it up to8medical and mental health staff, do you do that9verbally?10A. I've done it verbally and in11writing.12Q. And has mental health staff given13you a response on your request?14A. No.15Q. Has medical staff given you a16response on your request?17A. No.18Q. And in the grievances you write, do19you get a response to those?20A. Sometimes, sometimes not.
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6 (Pages 21 to 24)

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

7 (Pages 25 to 28)

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

8 (Pages 29 to 32)

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

9 (Pages 33 to 36)

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LYDIA HELENA VISION 8/25/2020

	Page 37		Page 39
1	gender dysphoria?	1	not to; is that right?
2	A. Yes.	2	A. That's correct.
3	Q. Can you describe that for me,	3	Q. Can you tell me more what you mean
4	please?	4	by being conditioned not to?
5	A. Yes. I've read everything I can get	5	A. Yes. When I was young, people
6	my hands on related to the issue, everything,	6	noticed that I didn't skew towards masculinity,
7	biographies, medical books, articles, you name	7	so they forced it upon me and it lasted a very
8	it.	8	long time. And early in my prison sentence, I
9	Q. And you mentioned the WPATH	9	was still stuck in that mental and behavioral
10	standards of care. Have you read those?	10	mode and wouldn't have discussed gender
11	A. Yes.	11	dysphoria with anybody for anything.
12	Q. You said you've not had a cellmate	12	Q. You said you've requested hormones
13	since 2018; is that right?	13	for the first time in late 2015 or early 2016;
14	A. That is right.	14	is that right?
15	Q. When you did have a cellmate in	15	A. Yes. When I told the staff that I
16	2018, do you know their sex or their gender?	16	had gender dysphoria, I requested everything
17	A. Male.	17	right then. As soon as I got to Danville, I
18	Q. Have you ever had a female cellmate?	18	tried again, because in Mount Sterling, they
19	A. No. Wait, wait. I guess, in 2017,	19	told me wait until you know, they wouldn't
20	I had another transgender girl as a cellmate	20	even address the issue.
21	for a very short time when I was in Danville.	21	Q. And you didn't start getting the
22	Q. Do you remember her name?	22	hormones until late 2018; is that right?
23	A. I do not. I mean, a very short	23	A. Yes.
24	time, just a couple of days.	24	Q. Did they ever explain why it was
	Page 38		Page 40
1			
1	Q. When you were discussing PTSD with	1	taking so long?
2	Ms. Cook, you mentioned that you've studied the	1 2	taking so long? A. Because the transgender committee
2	Ms. Cook, you mentioned that you've studied the	2	A. Because the transgender committee
2 3	Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it	2 3	A. Because the transgender committee kept denying my case due to what this guy
2 3 4	Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it with the mental health staff; is that right?	2 3 4	A. Because the transgender committee kept denying my case due to what this guy Nichols was writing about me. That's why I was
2 3 4 5	Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it with the mental health staff; is that right? A. That is correct.	2 3 4 5	A. Because the transgender committee kept denying my case due to what this guy Nichols was writing about me. That's why I was told I was being denied because they
2 3 4 5 6	 Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it with the mental health staff; is that right? A. That is correct. Q. Can you explain how you studied 	2 3 4 5 6	A. Because the transgender committee kept denying my case due to what this guy Nichols was writing about me. That's why I was told I was being denied because they honestly, you know, I don't know why. They say
2 3 4 5 6 7	 Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it with the mental health staff; is that right? A. That is correct. Q. Can you explain how you studied PTSD? 	2 3 4 5 6 7	A. Because the transgender committee kept denying my case due to what this guy Nichols was writing about me. That's why I was told I was being denied because they honestly, you know, I don't know why. They say things here, and I cannot ascertain any truth
2 3 4 5 6 7 8	 Ms. Cook, you mentioned that you've studied the characteristics of PTSD and you discussed it with the mental health staff; is that right? A. That is correct. Q. Can you explain how you studied PTSD? A. In the library, they have older 	2 3 4 5 6 7 8	A. Because the transgender committee kept denying my case due to what this guy Nichols was writing about me. That's why I was told I was being denied because they honestly, you know, I don't know why. They say things here, and I cannot ascertain any truth to what's being told to me at any given time.
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10 (Pages 37 to 40)

Page 41	Page 43
1 A. Yes. Not in this prison, but in a	about threats. Are there any other reasons
2 different one. It's an even more hostile	2 that you want to be transferred to a female
3 environment for me to walk over to the health	3 facility?
4 care and shower there. Being looked at on the	4 A. Yes. As a woman, I shouldn't be
5 wing is less hostile than the potentials of	5 here, man. It's an oppressive environment for
6 that.	6 me constantly. You know Yeah.
7 When I was in Graham, they gave us a	7 Q. Ms. Cook asked if you've kept copies
8 permission slip, for lack of a better term, and	8 of your grievances. You said you kept what you
9 allowed us to shower during the times when most	9 could; is that right?
10 of the inmates were locked up for count. They	10 A. That's correct.
allowed us to come out and shower at those	11 Q. Can you explain what you mean by
12 times. Here, not so much.	12 that, by keeping what you can?
13 Q. You said at Danville that you would	13 A. Yes. In some of the prisons I've
14 walk to the medical unit and you were assaulted	14 been in, they shake down the cells and take
15 by a lieutenant there; is that right?	15 these from you so you cannot use them. You
16 A. That is correct.	16 know, that's the security staff doing that,
17 Q. Can you describe that incident?	17 retaliating against you, which is why I really
18 A. Yeah. So they harassed me when I	18 don't like discussing it.
19 was in the shower. Like I said, they created a	19 Q. Is it generally hard to keep legal
20 hostile environment, that is the staff there at	20 documents and records in prison?
21 Danville. And "Hurry up, hurry up. You've	A. Yes. In my experience, yes.
22 been in there already five minutes" when I	22 Q. You told Ms. Cook that there was not
23 hadn't, things of this nature, to the point	a definitive yes or no regarding your request
24 where they were playing this game. They joke	24 for surgery. What does that mean to you?
Page 42	Page 44
1 amongst themselves about it that, finally, one	1 A. What does it mean, is they is a
2 of the lieutenants got involved with the joking	2 tactic of the medical staff here. Rather than
3 until it wasn't joking and he's screaming	3 give you a denial so you can file grievances
4 orders at me, walks into the shower, looks me	4 and potentially lawsuits against them for
5 up and down, specifically up and down like you	5 denying you, they'll attempt to use a delay,
6 would somebody to I don't know and then	6 "we're working on it, we're getting soon
7 orders me out of the shower then.	7 we'll have it, just wait, wait, wait," as a way
8 Q. Ms. Cook asked you if you've	8 of, in effect, denying you.
9 requested a transfer to a female facility, and	9 Q. Was coming out as transgender, as a
10 you said it's been intimated to you that you	10 woman, a process or was it like an overnight
11 were approved in February but that it didn't	11 thing?
12 happen because of COVID; is that right?	12 A. I don't understand. How do you
13 A. Yeah.	13 mean? Coming out to who, to my own personal
14 Q. Have you seen any prisoners being	14 understanding or to the staff or to who?
15 transferred in or out of your current facility?	15 Q. Let's do both. Let's start with
16 A. Yes.	16 your own understanding and then with family and
17 Q. And how long has that been going on?	17 then with prison officials.
18 A. Three weeks.	18 A. My own understanding was a process.
19 Q. Three weeks?	19 I chose to better myself in any and every way I
20 A. Yeah. They had a shipment every	20 possibly could. In some of the self-study, I
21 week for the last three weeks, people coming	21 came to understand what was one of my personal
22 in.	 driving factors and it was the gender dysphoria. To staff, I came out to them pretty
23 Q. Ms. Cook asked if the transfer to a	
24 female facility would alleviate your concerns	24 directly. My family also, I came out to them

11 (Pages 41 to 44)

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	Page 45		Page 47
1	pretty directly.	1	Shah. He was bullying in nature, threatening
2	Q. Ms. Cook asked you about Black and	2	me, and said it was within his power to deny me
3	Pink. Can you tell me what Black and Pink is?	3	my hormones, said that people consider him
4	A. Yeah. It's a I guess it's more	4	generous because he allowed us to have them.
5	of a collective of LGBT prisoners and outside	5	Told me he was a Muslim for some reason.
6	allies that are there for support. The problem	6	Generally, was a pretty nasty character with
7	I have is she was asking me if I was a member,	7	regards to my hormones besides when he said
8	and I got the impression it was like a union I	8	"have a nice day" when I fucking excuse me
9	would have to join and sign papers for or	9	when I left.
10	something and it's not anything of that nature.	10	Q. How did you understand Dr. Shah's
11	Q. So you don't understand it to be a	11	statement to you?
12	membership organization?	12	A. He was attempting to be a bully to
13	A. More of a support organization, I	13	me. He was threatening me.
14	would guess. I didn't sign any papers saying I	14	Q. Threatening to take away your
15	was a member. I didn't take any oath of fealty	15	hormones?
16	to them. It's just something you can be a part	16	A. Yes. And just put himself in a
17	of or not.	17	position of threat over me. Why? I have no
18	Q. Ms. Cook asked if you've seen or met	18	idea. I'm already an inmate in prison. He
19	other transgender prisoners at Centralia, and	19	obviously has position over me.
20	you said you're not aware of any. How big is	20	Q. You said a number of times that you
21	Centralia, do you know?	21	couldn't answer some of Ms. Cook's questions,
22	A. Person-wise, I do not know how many	22	you said, because of the presence of security
23	people are here. Well, over 1,500.	23	staff. Other than the questions where you
24	Q. Is it possible there are other	24	specifically said that you can't discuss
	Page 46		Page 48
1	C C	1	-
1 2	Page 46 transgender prisoners there, but you just don't know about them?	1 2	Page 48 something, were you able to fully and truthfully answer all of the other questions?
	transgender prisoners there, but you just don't		something, were you able to fully and
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21 CSR No. 084-004857 23 Reason for change:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	UNITED STATES OF AMERICA) SOUTHERN DISTRICT OF ILLINOIS) EAST ST. LOUIS DIVISION) SS. STATE OF ILLINOIS) COUNTY OF COOK) I, Alyssa N. Kuipers, Certified Shorthand Reporter, Registered Professional Reporter, do hereby certify that ERIC PADILLA a.k.a LYDIA HELENA VISION was first duly sworn by me to testify to the whole truth and that the above deposition via videoconference was reported stenographically by me and reduced to typewriting under my personal direction. I further certify that the said deposition was taken at the time and place specified and that the taking of said deposition commenced on the 25th day of August, 2020, at 9:00 a.m. I further certify that I am not a relative or employee or attorney or counsel of any of the parties, nor a relative or employee of such attorney or counsel, nor financially interested directly or indirectly in this action. I witness my official signature on this 10th day of September, 2020.	1 ERRATA SHEET Witness Name: ERIC PADILLA a.k.a LYDIA HELENA VISION 2 Case Name: JANIAH MONROE, MARILYN MELENDEZ, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA 3 REED v. ROB JEFFREYS, MELVIN HINTON, and 3 STEVEN BOWMAN 4 Date Taken: AUGUST 25, 2020 5 Page # Line # 6 Should read:
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Page 50 Page 52 1 ALARIS LITIGATION SERVICES 1 STATE OF	23	CSK NO. U84-UU4857	-
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2 September 10, 2020 2 COUNTY OF) 3 MR. GHIRLANDI GUIDETTI 3 4 ACLU OF ILLINOIS 1, ERIC PADILLA a.k.a LYDIA HELENA VISION, do hereby 5 Chicago, Illinois 60601 1, ERIC PADILLA a.k.a LYDIA HELENA VISION, do hereby 6 IN RE: JANIAH MONROE, MARILYN MELENDEZ, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA 7 7 REED v. ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN 8 9 Dear Mr. Guidetti: 10 10 Please find enclosed your copies of the deposition of ERIC PADILLA a.k.a LYDIA HELENA VISION taken on August is the original signature page and errata sheets. 10 13 Please have the witness read your copy of the desired on the errata sheets, and sign the signature 15 14 transcript, indicate any changes and/or corrections desired on the errata sheets, and sign the signature 16 15 page before a notary public. 17		-	
3 MR. GHILANDI GUIDETTI 4 ACLU OF ILLINOIS 150 North Michigan Avenue, Suite 600 I, ERIC PADILLA a.k.a LYDIA HELENA VISION, do hereby 5 Chicago, Illinois 60601 6 IN RE: JANIAH MONROE, MARILYN MELENDEZ, LYDIA 7 REED v. ROB JEFFREYS, MELVIN HINTON, and 8 3 9 Dear Mr. Guidetti: 10 11 11 Please find enclosed your copies of the deposition of ERIC PADILLA a.k.a LYDIA HELENA VISION taken on August is the original signature page and errata sheets. 12 25, 2020 in the above-referenced case. Also enclosed is the original signature page and errata sheets. 13 Please have the witness read your copy of the transcript, indicate any changes and/or corrections desired on the errata sheets, and sign the signature 15 15 page before a notary public.		ALARIS LITIGATION SERVICES	1 STATE OF)
4 ACLU OF ILLINOIS 150 North Michigan Avenue, Suite 600 I, ERIC PADILLA a.k.a LYDIA HELENA VISION, do hereby 5 Chicago, Illinois 60601 5 certify: 6 IN RE: JANIAH MONROE, MARILYN MELENDEZ, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA 7 6 That I have read the foregoing deposition; 7 REED v. ROB JEFFREYS, MELVIN HINTON, and STEVEN BOWMAN 8 and/or substance to the within deposition as might 8 9 Dear Mr. Guidetti: 10 That having made such changes thereon, I 10 11 Please find enclosed your copies of the deposition of ERIC PADILLA a.k.a LYDIA HELENA VISION taken on August 12 13 12 25, 2020 in the above-referenced case. Also enclosed is the original signature page and errata sheets. 14 Executed this day of	3	September 10, 2020	2 COUNTY OF)
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19 Sincerely, 20 22		Sincerely,	
21 23 NOTARY PUBLIC	21	Alvess N. Kuipers	
22 Alyssa N. Kuipers My Commission Expires: 23 24		Alyssa N. Kulpers	
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F 2 3 JANI/ EBON 4 SOR 5 6 V. 7 JOHN and S 8 9 10 11 REM 12 13 witne 14 for pu 2020 15 Schus	Page 1 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS EAST ST. LOUIS DIVISION AH MONROE, MARILYN MELENDEZ,) W STAMPS, LYDIA HELENA VISION) A KUYKENDALL and SASHA REED,)) Plaintiffs,)) Case No.) 18-156-NJR N BALDWIN, MELVIN HINTON,) ITEVE MEEKS,)) Defendants.) MOTE DISCOVERY DEPOSITION OF DR. VIN TANGPRICHA Taken on behalf of Defendants The deposition of DR. VIN TANGPRICHA a ss called at the instance of the Defendants, irposes of DISCOVERY taken on October 5, , at 9:00 a.m., via Zoom, before Erikia ster, Illinois Certified Shorthand Reporter 84-004660, pursuant to notice.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 3 APPEARANCES MS. AMELIA H. BAILEY Kirland & Ellis, LLP 300 North LaSalle Chicago, IL 60654 Amelia.bailey@kirkland.com (312) 862-2765 On Behalf of the Plaintiffs, MS. CARLA TOLBERT Assistant Attorney General 201 West Point Drive, Suite 7 Swansea, IL 62226 (618) 236-8616 Ctolbert@atg.state.il.us On Behalf of the Defendants.
4 C 5 6	Page 2 INDEX OF EXAMINATION Page Questions by Ms. Tolbert	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	<text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text>

1 (Pages 1 to 4)

DR. VIN TANGPRICHA 10/5/2020

	Page 5		Page 7
1	remote video and we want to make sure that our	1	A. I would have to look back in my
2	court reporter takes everything down.	2	e-mails and everything. I don't know exactly the
3	l promise you at some point during	3	date, so, I mean, obviously before the first
4	this deposition, the court reporter will remind	4	case, but if you want the exact date, I would
	me not to speak too quickly. So if she reminds	5	have to go back and look.
	any of us those things, don't be offended. She	6	MS. TOLBERT: I understand. Just so
	just needs to get a clean transcript.	7	we're clear on what you're going to allow him to
8	If you need a break at any time, just	8	testify to, I am referring to the committee notes
9	let me know. We can take breaks at any time. I	9	to the 2010 version of the Federal Rules. I can
	just ask that you would answer any question that	10	talk to him about any compensation and then under
	is pending before we go on break. If you don't	11	Rule 26 (b)(4)(c)(2), discovery is permitted to
	understand a question that I ask, please tell me.	12	identify facts or data the parties' attorney
13	But if you answer the question, I'll assume that	13	provided to the expert and that the expert
	you understood it; is that fair enough?	14	considered in forming the opinions to be
15	A. That's fair.	15	expressed. Will you allow him to testify as to
16	Q. Okay. You are a retained expert in	16	what materials he received and if he used them to
17	this lawsuit, correct?	17	form his opinions?
18	A. That's correct.	18	MS. BAILEY: Yes. That's fine. I
19	Q. And it is my understanding that this	19	just want to get that on the record and remind
20	is the first time you've ever served as a	20	Vin, you know, not to discuss most of the
21	retained expert in litigation; is that still	21	contents of our conversation. But in terms of
22	true?	22	what we gave him to rely on, that's fine. I
23	A. That's still true.	23	understand that that's fair game.
24	Q. Have you ever testified in court in	24	MS. TOLBERT: The other caveat from
25	any capacity?	25	the committee notes from the 2010 version, and
		<u> </u>	
	Page 6		Page 8
1	Page 6 A. I've never testified in court.	1	Page 8 that's in subsection three, discovery regarding
2	A. I've never testified in court.Q. The same question, but I probably	2	that's in subsection three, discovery regarding attorney expert communications is permitted to
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	Page 9		Page 11
1	agreements that I sign approved so it had to be,	1	the hormone treatment, that's obviously safety
2	you know, a month maybe, two months. I don't	2	and what the hormones do, obviously, that
3	know exactly.	3	involves the mental health of the Plaintiffs, and
4	Q. Sure. And when you say approved,	4	that's the expert area that I've been asked to
5	that's by your employer?	5	look at.
6	A. Yes.	6	Q. Okay. Thank you. Did you have to
7	Q. Which is Emory University?	7	refer this case to your employer before you
8	A. Yes.	8	received the retention letter, or did they have
9	Q. Thanks. Do you recall who contacted	9	to approve the letter itself?
10	you first?	10	A. Can you rephrase? I'm not sure what
11	A. I don't recall. I mean if it's I	11	you mean.
12	don't see it in the agreement here, but I	12	Q. Sure. You said you had to get
13	don't know. I don't want to say on the record.	13	permission from your employer to take on this
14	I would have to take a look at my notes.	14	case, correct?
15	Q. No. Fair enough. Do you recall if	15	A. Any outside work from my employer has
16	that initial contact was by telephone or e-mail?	16	to be approved.
17	A. I don't recall that.	17	Q. Right. Did you request that approval
18	Q. Okay. Do you recall with that first	18	from your employer before you received the
19	contact what facts you were given about this	19	retention letter, or did you submit the retention
20	case?	20	letter for their review?
21	A. I didn't really receive much much	21	A. I'd have to go look back in my
22	in terms of facts. I was told that this was a	22	records. I'm not sure about that.
23	case that could use my expertise, and they wanted	23	Q. Okay. All right. Fair enough. Once
24	my expertise on the case.	24	you signed the retention letter, what records or
25	Q. Okay. And did you accept the case	25	documents did you receive?
	Page 10		Page 12
1	-	1	_
1 2	for review after that initial phone call, or did	1	A. I received all of the medical
2	for review after that initial phone call, or did you ask for information or records before you	2	A. I received all of the medical laboratory tests, medication lists, which include
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3 (Pages 9 to 12)

	Page 13		Page 15
1	sort of what was given to him and the facts that	1	Q. No. Sure. Fair enough. Was there
2	he's relied on in going into our conversations.	2	any difficulty getting the University to approve?
3	MS. TOLBERT: Sure. Well, what I'm	3	A. I don't recall. I mean, obviously it
4	trying to get at is what records he received and	4	was approved so I don't know what do you mean
5	did he request them or did you send them?	5	by difficulty?
6	MS. BAILEY: You can answer that	6	Q. You know, I don't know, Doctor.
7	then.	7	Sometimes employers can be cagy about taking on
8	A. As an endocrinologist hormone	8	additional work and just wondered if they were.
9	specialist, I wanted to see the hormone levels,	9	A. Well, I'm here today.
10	obviously, and any lab tests that would support	10	Q. You are, indeed. Thank you. All
11	safety and hormone medications and any notes	11	right. We talked earlier, you testified at a
12	regarding hormonal treatment.	12	court hearing on Plaintiffs' motion for
13	Q. Okay. Were there any records that	13	preliminary injunction, and your testimony was on
14	you requested that you did not receive?	14	August 8th, 2019, correct?
15	A. Can you can you restate the	15	A. Let me go look. Do you want me to
16	question again?	16	look up the date?
17	Q. For example, was there any category	17	Q. No. No. That's fair enough. But
18	of record or type of record that you asked for	18	you remember the hearing, right?
19	but you did not receive for review?	19	A. Yeah. I remember the hearing.
20	A. I'd have to look back. I don't want	20	Q. And I wasn't there, so I apologize.
21	to say obviously one way or the other. I	21	That was by video, correct?
22	definitely reviewed everything that I received.	22	A. What was by video?
23	I would have to look back if there's some request	23	Q. The hearing that we were speaking of.
24	of if I didn't receive something, but I	24	A. This is my first video in any kind of
25	reviewed everything that I received, but I would	25	capacity in this court case, so I don't know what
	Page 14		Page 16
1	have to go and see if I requested something.	1	you're talking about.
2	Q. Okay. Fair enough. Sure. And then	2	Q. When you testified at the hearing,
3	how long after you received those records did you	3	did you come to East St. Louis in person?
4	speak with any of Plaintiffs' counsel?		
		4	A. Yes, I did.
5	A. Again, I would have to look. I can't	5	
5 6	A. Again, I would have to look. I can't recall. I don't want to say on record how long		Q. Okay. And I apologize. I just
	0	5	
6	recall. I don't want to say on record how long	5 6	Q. Okay. And I apologize. I just wasn't at that hearing so I'm just making sure.
6 7	recall. I don't want to say on record how long that was.	5 6 7	Q. Okay. And I apologize. I just wasn't at that hearing so I'm just making sure. All right. Did you receive
6 7 8	recall. I don't want to say on record how long that was. Q. Did you have a primary person a	5 6 7 8	Q. Okay. And I apologize. I just wasn't at that hearing so I'm just making sure. All right. Did you receive additional records or documents before that
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	Page 17		Page 19
1	my retention letter.	1	what I meant by red flags, support of what I had
2	Q. The hearing on the preliminary	2	said in court.
3	injunction was in August of 2019, more than two	3	Q. Okay. Perfect. When you said your
4	years later. Between the time that you received	4	declaration, are you talking about your
5	the initial set of records and documents and the	5	declaration, the most recent one that is dated
6	hearing, did you receive additional documents?	6	or did you have another document?
7	A. I mean, there were I'd have to go	7	A. It was the one before I apologize.
8	back in my records. There were records sent to	8	I don't know the legal ease, but I submitted some
9	me at different times.	9	document before the first court hearing.
10	Q. Okay.	10	Q. Perfect. So
11	A. And so I'd have to see at some	11	A. And I think there's some there
12	point, obviously, there was a date where they	12	should be some there should be some I think
13	were the most current in time for that hearing.	13	it is in the declaration.
14	Q. Okay. Fair enough. Fair enough.	14	Q. Your declaration in this case is
15	And do you recall what additional records	15	dated August 30th, 2020.
16	specifically you received?	16	A. Uh-huh.
17	A. It's been a couple of years. I'd	17	Q. So have you
18	have to go back and look at my records.	18	MS. BAILEY: Carla, he submitted two
19	Q. Did you review every record and	19	declarations in this case.
20	document that you did receive?	20	Q. Sure. I'm just trying to separate
21	A. Yes, I did.	21	out what was in
22	Q. Okay. Prior to your testimony at the	22	A. You asked me about the previous
23	preliminary injunction hearing, had you spoken	23	the first in person case.
24	with any of the named plaintiffs in this case?	24	Q. That was what I was trying you
25	A. Prior to the court yes. By phone,	25	said it supported what was in your declaration.
	Page 18		Page 20
1	we did I did meet by phone the named	1	Page 20
2	we did I did meet by phone the named Plaintiffs to speak with them.	2	I was trying to A. Yes, the pre yes, I'm sorry.
2 3	we did I did meet by phone the named Plaintiffs to speak with them. Q. How many times?	2 3	I was trying to A. Yes, the pre yes, I'm sorry. Q. That's okay. One thing I didn't
2 3 4	we did I did meet by phone the named Plaintiffs to speak with them. Q. How many times? A. I only recall talking to them once	2 3 4	I was trying to A. Yes, the pre yes, I'm sorry. Q. That's okay. One thing I didn't mention earlier, and we've both done it, so it's
2 3 4 5	we did I did meet by phone the named Plaintiffs to speak with them. Q. How many times? A. I only recall talking to them once each.	2 3 4 5	I was trying to A. Yes, the pre yes, I'm sorry. Q. That's okay. One thing I didn't mention earlier, and we've both done it, so it's bad on me, too, is we need to be really careful
2 3 4 5 6	we did I did meet by phone the named Plaintiffs to speak with them. Q. How many times? A. I only recall talking to them once each. Q. Okay. And what was the purpose for	2 3 4 5 6	I was trying to A. Yes, the pre yes, I'm sorry. Q. That's okay. One thing I didn't mention earlier, and we've both done it, so it's bad on me, too, is we need to be really careful of not talking over each other because the court
2 3 4 5 6 7	 we did I did meet by phone the named Plaintiffs to speak with them. Q. How many times? A. I only recall talking to them once each. Q. Okay. And what was the purpose for speaking to them before the preliminary 	2 3 4 5 6 7	I was trying to A. Yes, the pre yes, I'm sorry. Q. That's okay. One thing I didn't mention earlier, and we've both done it, so it's bad on me, too, is we need to be really careful of not talking over each other because the court reporter is going to say something to us, I
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5 (Pages 17 to 20)

	Daga 21		Daga 32
	Page 21		Page 23
1	Q. Okay. Do you know as you sit here	1	Q. Okay. But can you give any kind of
2	today know what those documents and records were?	2	an estimate?
3	A. Again, very similar. They're hormone	3	A. I mean, this year, probably about
4	dosages, laboratory tests and any safety and	4	\$4,000.
5	efficacy notes around that.	5	Q. Okay. And do you have any sense of
6	Q. Okay. In addition to your own	6	how many hours you have you have devoted to
7	medical expertise, did you do any type of	7	working on this case?
8	research or investigation in preparation for your	8	A. Over since when?
9	declaration in this case? And I'm talking about	9	Q. If you could give me your total,
10	the August 30th declaration. Literature review,	10	that's great. If you can give me 2020, that's
11	speaking with colleagues, anything like that?	11	great.
12	A. I obviously did not speak with any	12	A. I mean, totally up to this time
13	colleagues. That's for sure. I mean, I don't	13	probably about 10 to 15 hours, in that range has
14	know what type of literature you're talking	14	been devoted to this case.
15	about.	15	Q. And that's for 2020, correct?
16	Q. Well, did you perform a PubMed	16	A. That's for 2020.
17	search? Did you go back in your specialty area	17	Q. Okay. Fair enough. I've looked at
18	research? Did you do any kind of literature	18	your CV and you're a pretty busy guy.
19	search looking for	19	A. Yeah.
20	A. I don't need to I write the you	20	Q. You're currently the president of
21	know, why would I do that? I write the	21	WPATH, right?
22	Q. Again, Doctor, that was my original	22	A. That's correct.
23	question. In additional to your own expertise,	23	Q. And when did you take over your term
24	did you? So the answer is no, right?	24	as president?
25	A. No, because I'm very, very familiar	25	A. In November of 2018.
1	Page 22	1	Page 24
1	with the standards out there because I'm a	1	Q. Okay. And what is the term? Is it
2	with the standards out there because I'm a coauthor on many of the documents.	2	Q. Okay. And what is the term? Is it two years?
2 3	with the standards out there because I'm a coauthor on many of the documents. Q. Then the answer to the question is	2 3	Q. Okay. And what is the term? Is it two years?A. Two-year term.
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6 (Pages 21 to 24)

Page 25	Page 27
1 I want to talk about your background and your	1 internal medicine?
2 medical practice. Is the CV that is included	2 A. Not right now. My hospital doesn't
3 with your declaration complete and up to date?	3 require it if you maintain your subspecialty
4 A. Yes, I think there's a date on there.	4 boards.
5 I believe September.	5 Q. Got it. Okay. So tell me about the
6 Q. September 1, 2020, but in hooking at	6 training for an endocrinology fellowship. Is it
7 the extent of your publication list, you know,	7 inpatient and outpatient care?
8 just to make sure that there hadn't been anything	8 A. Endocrinology fellowship?
9 added since the first of September.	9 Q. Correct.
10 A. The newest publication, I attached as	10 A. Endocrinology fellowship involves
11 an appendix. That's in press.	11 endocrine treatment of patients in all settings
12 Q. Okay. Fair enough. Fair enough.	12 inpatient/outpatient, yes.
13 And you're a board certified endocrinologist,	13 Q. And what types of diseases and
14 right?	14 conditions are treated by an endocrinologist?
15 A. That's correct.	15 A. Any disease that requires hormone
16 Q. What is training for endocrinology?	16 treatment.
17 Did you complete an internal medicine residency	Q. And you are speaking about hormones
18 first?	18 other than feminizing or masculinizing hormones
19 A. I'm sorry. I lost you. It froze.	19 in the transgender population, correct?
20 Q. That's okay. You're back now. What	A. I mean, there's kinds of hormones,
21 does endocrinology	21 insulin, thyroid hormone, that sort of thing.
22 (Technical difficulties.)	22 Q. So an endocrinologist treats
23 (Discussion held off of the record.)	23 diabetics, correct?
24 Q. Doctor, before our technical	A. Yeah, because I use insulin hormone,
25 difficulty, I started to ask you some questions	25 yes.
D 00	
Page 26	Page 28
Page 26 1 about your professional preparation. You are a	Page 28 1 Q. And thyroid conditions?
	1Q. And thyroid conditions?2A. Yes.
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	Page 29		Page 31
1	changes in recommendations for hormones for	1	mean.
2	transgender individuals since that time, correct?	2	Q. When you say a teacher, are you
3	A. What do you mean by lots of changes?	3	talking about classroom teaching or clinical in
4	Q. Well, medicine, science has undergone	4	the hospital or both?
5	significant changes since that period of time.	5	A. It could be everything. Any person
6	For example, what were the hormone	6	that needs education.
7	recommendations for transgender women during your	7	Q. Do you do lectures at the medical
8	training?	8	schools?
9	A. You would give Estradiol, and it was	9	A. Yes.
10	in my review paper. You give Estradiol.	10	Q. And do you conduct inpatient rounds
11	Q. And I understand, Doctor, some of	11	with trainees?
12	these answers are in your paper, but this is our	12	A. Yes.
13	only opportunity to question you on your	13	Q. And do you have trainees who work
14	opinions, to the extent that you're able, I would	14	with you in any type of an outpatient clinic?
15	appreciate	15	A. Yes.
16	A. I mean, in my first paper, it was	16	Q. Do you currently see patients for
17	very clear, you give Estradiol because it's the	17	example, do you have an active clinical practice?
18	hormone that can measured in blood. And I	18	A. Yes, of course.
19	discourage people from giving conjugated	19	Q. What percentage of your professional
20	estrogens. You could not measure it. And that's	20	time is spent in strictly teaching versus seeing
21	how I got you know that's been very consistent	21	patients?
22	in my entire career, and that has not changed	22	A. You know, it's hard to divide it all
23	since 1999 so I can say that.	23	out because I'm also the program director for the
24	Q. Do you have any education or training	24	fellowship training program and so that I'm in
25	in psychiatry?	25	charge of all the clinical training of our
	Page 30		Page 32
1	A. I mean, I did a rotation in medical	1	endocrine fellows. Fellows are future
2	school.	2	endocrinologists. And I see patients on my own,
3	Q. Okay. Post medical school, do you	3	and I supervise the fellows' patients. So if you
4	have any education or training in psychiatry?	4	were to ask are you asking the percent of
5	A. No.	5	time I am what is the exact question again?
6	Q. And the same question for psychology?	6	Q. So what percentage of your time is
7	A. Psychology, no, I mean, the only		
		1 7	spent in teaching activities versus seeing
8		7	spent in teaching activities versus seeing patients in clinic or in an inpatient setting?
8 9	I'm a practicing endocrinologist.	7 8 9	patients in clinic or in an inpatient setting?
9	I'm a practicing endocrinologist. Q. All right. So looking at your CV	8 9	patients in clinic or in an inpatient setting? A. It depends on the time of year. I
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9 10	l'm a practicing endocrinologist. Q. All right. So looking at your CV your current position primary appointment is Profession of Medicine Division of Endocrinology,	8 9 10	patients in clinic or in an inpatient setting?A. It depends on the time of year. Imean, in July, I was on endocrine consult service
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8 (Pages 29 to 32)

Page 33		Page 35
1 Q. So excluding patients you see in the	1	so if their thyroid isn't working or their
2 hospital, your consults there, how do patients	2	diabetes, and I will take care of those hormone
3 come to see you? Can they make an appointment to	3	conditions as well.
4 you directly or is it always in referral with a	4	Q. Okay. Perfect. Do you are you
5 consultation?	5	able to estimate what percentage of those
6 A. They can make an appointment directly	6	transgender patients you see are transgender
7 to see me or physicians can refer them, a variety	7	women?
8 of ways.	8	A. I would say probably 60 percent. I'm
9 Q. Okay. So even on an initial visit, a	9	just estimating. I mean, we could probably look
10 patient can self refer or can make their own	10	at the recent paper I published and it will have
11 appointment?	11	the exact breakdown for you.
12 A. That's correct.	12	Q. That's okay. 60 percent. All right.
13 Q. Do you also receive patients in	13	Are you aware of what other types of physicians
14 referral from other physicians?	14	or therapists your transgender patients are also
15 A. Yes. Physicians will refer patients	15	seeing?
16 that need consultation regarding hormone	16	A. Can you clarify?
17 treatment and I'll see them.	17	MS. BAILEY: Objection to foundation,
18 Q. Okay. And are those typically	18	butgdo ahead and answer.
19 primary care providers?	19	Q. To your knowledge, are your
A. It could be anyone, any physician,	20	transgender patients also seeing other types of
even physician extenders who feel their patient	21	physicians or therapists?
22 needs help who will refer their patients.	22	A. You know, they're seeing obviously
23 Q. When you say they refer to you for	23	primary care because everyone needs a primary
hormones, you are talking about hormones other	24	care. They're seeing a mental health
25 than feminizing or masculinizing hormones,	25	professional. I'm trying to think. We have a
Page 34		Page 36
1 correct?	1	whole bunch of services at Emory. Some are
2 A. As an endocrinologist, all hormones.	2	seeing reproductive endocrinology, not all. Some
3 I mean, I'm an expert in hormones.	3	are seeing voice, but there's I don't know
4 Q. Sure. But for the purpose of this	4	exactly. You'd have to have ask me exactly
5 deposition, I would like I want to try to	5	I'd have to look at the breakdown.
6 differentiate patients you get referred to for	6	Q. That's fair enough. In your
 transgender patients for hormones as opposed to other endocrine conditions. 	7	outpatient practice, is there a for lack of a
		better term, a transgender clinic that is a
 9 Do you get patients referred from 10 primary care providers for feminizing hormones? 	10	A. We are starting one. We have one now
11 A. Yes, I do.	11	virtually. We have a network of providers that
12 Q. Okay. What percentage of your	12	we use, so we have a number of mental health
13 current clinic population are transgender	13	people. We have obviously surgeons, just a whole
14 patients?	14	network of providers. We are not located in one
15 A. I would estimate probably 60 to 70	15	place, but we refer to each other virtually and
16 percent.	16	we have a website that lists all of our people.
17 Q. Okay. And how do the transgender	17	Q. And you said you're not all in one
18 patients that you see in your clinic get to you?	18	place. Are those people all in the Atlanta area?
19 A. Like I said before, they either make	19	A. They're in the Emory system. Sorry.
20 a self-appointment or get referred by a	20	I don't know if you know Emory. Emory is a very
21 physician.	21	big hospital system, and we may live in different
22 Q. Okay. Are you seeing them for any	22	buildings.
	23	Q. What is the website?
23 reason other than prescribing hormones?		
1 0	24	
1 3		A. Emoryhealthcare.org. I don't know the exact site.

9 (Pages 33 to 36)

	Page 37		Page 39
1	Q. No. I understand, but is there a	1	MS. BAILEY: Objection, foundation,
2	website specific to this transgender group?	2	but you can answer, Vin.
3	A. Yeah. If you go to	3	A. I mean, that's a difficult question
4	Emoryhealthcare.org, you should be able to find	4	because we I don't know the denominator again.
5	something.	5	We need to
6	Q. Okay. We will do that. All right.	6	Q. Well, again, with just based on sort
7	In your various positions, do you also have	7	of your overall knowledge and your president of
8	administrative responsibilities?	8	WPATH, you work with this transgender group at
9	A. As I mentioned, I'm the program	9	Emory, do you have an opinion or any knowledge
10	director of the endocrine fellowship training	10	based on your expertise and research as to what
11	program. That's my main position. I'm also	11	percentage of transgender patients are receiving
12	the the director of the transgender clinic,	12	hormones?
13	and I think those are the main positions I have	13	A. I would say the people who seek
14	at Emory Healthcare.	14	who want the number of transgender patients
15	Q. Okay. And do you have a sense of how	15	who want hormone therapy, nearly all of them get
16	much or what percentage of your time those	16	it. Nearly 100 percent. I don't want to say
17	administrative positions take up?	17	absolutes, but I would say a large vast majority
18	A. Well, for the program director of the	18	of transgender patients who are seeking hormone
19	endocrine fellowship training program, at least	19	therapy get hormone therapy because there are
20	25 percent. For the program for the	20	publicly available guidelines for physicians to
21	transgender program, that overlaps with my	21	do that.
22	clinical care, so that's my clinical care.	22	Q. So nearly all of transgender patients
23	Q. Okay. Thanks. So based on your	23	who are seeking hormones get them, right?
24	experiences with this group at Emory that you	24	A. There may be I mean, in my
25	work with, do you have a sense of what percentage	25	opinion, what I've seen I can't speculate
	Page 38		Page 40
1	of the transgender patients that are in the	1	outside the Emory system. In the Emory
2	Atlanta area are actually treated by an	2	Healthcare system, as far as I know, that people
3	endocrinologist?	3	that are seeking hormone therapy, provided their
4	A. I don't I can't speculate on that	4	medical contraindications, which are very few,
5	because I need to know the denominator, but we	5	people that are seeking hormone therapy usually
6	have a large number of transgender patients in	6	get on hormone therapy, you know, provided they
7	the Atlanta area. I can guarantee you that not	7	have the appropriate medical workup, they have
8	all of them are seen at Emory. They're all seen	8	the appropriate clearance for hormones and get on
9	all over the city.	9	hormone therapy without much delay.
10	Q. In your experience, are all	10	Q. What are the medical
11	transgender patients being treated by an	11	contraindications for receiving hormones in?
12	endocrinologist?	12	A. In my declaration, I listed out there
13	A. In my experience, no. We say that	13	are some contraindications like having a blood
14	physicians who have the experience with giving	14	clot. And so when I say contraindication, that
15	hormone therapy can provide hormone therapy. So	15	has to be taken care of first. That doesn't mean
16	it can be a physician who is knowledgeable about	16	that person can't ever go on hormones, but those
17	hormone therapy that can give hormone therapy and	17	people have to get their blood clot taken care of
18	hormones are not restricted to endocrinologists.	18	and then they go on hormone therapy. Or if they
19	Any physician is able to prescribe hormone	19	have an active hormone sensitive cancer,
20	therapy, provided they do it safely and know what	20	obviously, you don't want to give someone
21	regimes to use, and those are all public	21	hormones if there is a cancer that could get
22	knowledge.	22	worse by hormones. So they have to get the
23	Q. Sure. Are you aware of what	23	cancer taken care of, removed, treated and then
24	percentage of the transgender population are	24	get on hormone therapy.
25	receiving hormones?	25	Q. Okay. So there's relative
1		1	

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	Page 41		Page 43
1	contraindications, correct?	1	hormone therapy, at least continue the hormone
2	A. Relative, yes. Once the medical	2	therapy.
3	condition is taken care of, they can start on	3	Q. Okay. Is there any objective
4	hormone therapy.	4	criteria for determining in your opinion whether
5	Q. Are there any absolute	5	this primary care practitioner knows the risks?
6	contraindications to prescribing hormones?	6	A. Can you rephrase? I'm not quite
7	A. I mean they're very, very rare. The	7	clear what you're trying to ask here.
8	only one thing I can think of like in a trans man	8	Q. Well, you said that if the primary
9	who may be pregnant, you obviously don't want to	9	care practitioner knows the risks and benefits
10	give a trans man who is pregnant hormones. That	10	and can articulate them, then they can prescribe
11	would not be good for the fetus. But in terms of	11	or continue hormones; is that a fair statement?
12	absolutely, no, you can't go on hormones, I can't	12	A. I think for any patient when you're
13	think of a situation that you can't go on	13	starting a therapy, it's called an informed
14	hormones. You have to get the issue controlled	14	consent. You have to be able to tell your
15	and can start on hormones once everything is	15	patient what they're getting, what the pros and
16	safe.	16	cons are. I think that's for any medication, you
17	Q. Okay. So there are no chronic blood	17	give an antibiotic and there's a chance of X, Y,
18	clotting disorders that would rule someone out?	18	Z. You have to say, well, there's a chance of X,
19	A. If you have like I mentioned	19	Y, Z, but on the other hand, there's a chance to
20	before, let's say you have a blood clot. You	20	improve your infection. You can't just write it
21	undergo therapy to dissolve the blood clot. So	21	and not be able to understand what that is so I
22	you go on blood thinning hormones so you don't	22	think that's the minimal.
23	develop a blot clot later and you can go on	23	Q. Sure. And so my question is, is
24	hormone therapy, because that's taken care of it.	24	there an objective mechanism for determining
25	It is addressed.	25	whether that primary care practitioner knows the
	Page 42		Page 44
			-
1	Q. And you said earlier that primary	1	risks and benefits and can articulate them?
2	care practitioners can prescribe hormones,	2	risks and benefits and can articulate them? A. You mean like a test? Objective to
2 3	care practitioners can prescribe hormones, correct?	2 3	risks and benefits and can articulate them? A. You mean like a test? Objective to me means test. What do you mean by objective?
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	Page 45		Page 47
1	base or maybe the experience. I mean, I think if	1	went to this course and has seen this many
2	you give me some credentials, I could tell you.	2	people, so they could do it.
3	Give me some resume or something and maybe I can	3	Q. But you don't know that information
4	talk to them and tell you if they're able to do	4	for all primary care practitioners who are
5	it.	5	prescribing hormones to transgender patients,
6	Q. Are you able to do that for every	6	correct?
7	primary care practitioner in the Atlanta area who	7	A. Why would I want to know that? It is
8	is prescribing hormones?	8	not my
9	MS. BAILEY: Objection, foundation.	9	Q. Doctor, I'm the one asking the
10	Q. Doctor, you can answer.	10	questions, so the answer I just need an
11	So is it fair to say you really don't	11	answer.
12	know whether the level of education and training	12	MS. BAILEY: Carla, again, let Vin
13	of the primary care providers who are prescribing	13	finish his answer.
14	hormones to transgender individuals?	14	A. Again, I don't understand the
15	MS. BAILEY: Objection to form.	15	question. Why would I want to know that?
16	Misstates the testimony, but, Vin, you can	16	Q. The answer to a question is not a
17	answer.	17	question. Doctor, do you know the education and
18	A. I'm still confused what you're trying	18	training of all primary care practitioners who
19	to ask here. I don't know what I would say.	19	are providing hormones to transgender patients?
20	Q. Doctor, you tell me that primary care	20	MS. BAILEY: Objection, foundation.
21	practitioners with a certain requisite level of	21	You can answer.
22	training and knowledge can safely provide	22	Q. I'm asking if he knows. If the
23	hormones; is that correct?	23	answer is no, the answer is no, so that's why
24	A. Yes. If a primary care practitioner	24	A. You're talking about in the Emory
25	acquires the experience and knowledge on how to	25	- ,
	Dage 46	23	Healthcare system?
1	Page 46 prescribe hormone therapy, their medical license	1	Page 48
	-		· · · · · · · · · · · · · · · · · · ·
1	prescribe hormone therapy, their medical license	1	Page 48 Q. Emory Healthcare system, do you know
1 2	prescribe hormone therapy, their medical license does not forbid them from giving hormone therapy.	1 2	Page 48 Q. Emory Healthcare system, do you know the qualification, the education and training of
1 2 3	prescribe hormone therapy, their medical license does not forbid them from giving hormone therapy. Q. Okay. And the way you personally	1 2 3	Page 48 Q. Emory Healthcare system, do you know the qualification, the education and training of all primary care practitioners who are
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12 (Pages 45 to 48)

	Page 49 Page 51
1 MS. TOLBERT: It has not b	
2 answered.	2 therapy, that's correct.
3 MS. BAILEY: Answer to the	
4 your ability, Vin.	4 minimum level of education, training or CME that
5 A. Is the question do I know	
6 education and training of all the h	
7 primary care physicians in the Em	
8 system? Like I said before, the pri	
9 physicians who are needing assist	
10 patients to me, so I don't I'm just	
11 Q. I can see that. We'll mov	5
12 you feel that care not provided by	• •
13 endocrinologist is substandard?	13 minimum level of education or training that you
14 A. No. I mean there are phys	
15 if they go to certain courses can g	
16 prerequisite training to be comfor	
17 physicians can have years of expe	
18 or have a number of patients they	
 19 own and get the comfort and expension 20 Q. What are these courses t 	
 21 referring to? 22 A. Many societies offer differ 	21 level of education, training, number of hours,
23 courses that offer CME credit for h	
24 transgender hormone therapy.	
25 Q. What societies, Doctor?	
2.5 G. What societies, poetor:	25 A. Obviously, there is a minimum, yes.
	Page 50 Page 52
1 A. WPATH has sources. The Er	Indocrine 1 Q. And what would that be to you?
	Indocrine 1 Q. And what would that be to you?
2 Soceity has lectures and CME progra	
 Soceity has lectures and CME progra another American Association of Enc 	ims. There's 2 A. I can't answer. That's when you are
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3 another American Association of End	ams. There's2A. I can't answer. That's when you arelocrinologists3asking me specifics. I can't say, because thether local4CME, that's a totally different ball of wax.
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13 (Pages 49 to 52)

	Page 53		Page 55
1 certification that c	an be achieved for	1	MS. BAILEY: Objection, form, vague,
	jists who prescribe hormones to	2	but go ahead, Vin.
3 transgender patie	•	3	A. There are as I mentioned, there
4 A. There is.	511LS :	4	are courses that people can get a certificate of
	Y: Objection, form. Go	5	completion. We'd have to look at the content.
6 ahead.		6	-
	a is WDATH doos offer a		Not all of the courses are the same. I just
	e is. WPATH does offer a	7	don't know. You go to a weekend course. That's
	on course, but when you use	8	two hours and you get a certificate of
	tion, that can mean there's	9	completion. They might not equal a course that
	nything. That says you finish	10	is 20 hours, 30 hours. That's why I have a
11 the course.	line was about law. Do stor	11	difficult time answering that question.
	sking you about law, Doctor.	12	Q. You mentioned the WPATH course, which
	u are here. So there is a	13	is new, and then you said there are other
	mpletion of certain	14	courses. What to your knowledge are those other
15 educational requi		15	courses?
	Y: Objection, form. Vague.	16	A. There's I can mention the
17 Go ahead, Vin.		17	Endocrine Society has some courses offered
	ou complete a WPATH course	18	through their transgender special interest group.
-	fied, it just states that	19	It's a monthly or bimonthly webinar. There's
	all of the requirements for the	20	something called Endocrine University that I
21 certificate.		21	lecture at that has training for all fellows
	t is that certificate in?	22	for all fellows in the country that are
-	ender health, but as far as	23	graduating on transgender medicine. I mean in
	very few have been certified	24	those and there's ones and I just don't know.
25 because the cours	se has just launched. So that's	25	I'm not part of the other societies. There's
	Page 54		Page 56
1 why I hesitate to s	Page 54 ay that because it's not	1	Page 56 other ones, but it hard for me to go into much
-	ay that because it's not	1 2	-
2 really fully launche	-		other ones, but it hard for me to go into much
 really fully launche certification course 	ay that because it's not ed yet. I'm privy to the	2	other ones, but it hard for me to go into much detail in those other ones.
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 really fully launches certification course certified but not m all I can say about 	ay that because it's not ed yet. I'm privy to the e, but some people have been any. It's not like that's	2 3 4	other ones, but it hard for me to go into much detail in those other ones. Q. So it's not a standardized educational process for people for primary
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 2 really fully launched 3 certification course 4 certified but not m 5 all I can say about 6 Q. Are you a 7 certifications that 	ay that because it's not ed yet. I'm privy to the e, but some people have been lany. It's not like that's that. ware of any other	2 3 4 5 6	other ones, but it hard for me to go into much detail in those other ones. Q. So it's not a standardized educational process for people for primary care practitioners to learn how to prescribe hormones; is that true?
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14 (Pages 53 to 56)

	Page 57		Page 59
1	whether hormone treatment for transgender	1	your transgender patients are insured?
2	patients is covered by insurance?	2	A. I don't handle the finances. I'm a
3	A. Yes.	3	faculty member here so I see patients that are on
4	MS. BAILEY: Objection.	4	my schedule, and I take care of them. I don't
5	Q. I'm sorry. The answer is yes,	5	look at their insurance as the first thing I do.
6	Doctor?	6	Q. I completely understand that, but
7	A. I'm aware, yes, there's some	7	that is not my question. My question is do you
8	insurance plans that cover transgender hormone	8	know?
9	treatment, yes.	9	A. I don't know the answer. I don't
10	Q. And that's based on your practice and	10	know the exact answer to that because I don't
11	your patients?	11	know that.
12	A. Yes.	12	Q. Fair enough. Do you know if hormones
13	Q. Have you ever you personally ever	13	for transgender people would be covered by
14	had a patient's insurance company deny them	14	Medicaid?
15	hormones?	15	A. I take care of some I mean, again,
16	MS. BAILEY: Objection, form, but go	16	I don't look at the insurance card and I do take
17	ahead.	17	care of some you said Medicaid or Medicare?
18	A. When you use the word hormones,	18	Q. Medicaid.
19	that's very broad.	19	A. Medicaid, I'm not an insurance expert
20	Q. Doctor, I understand that as an	20	to be honest with you. I can't answer that,
21	endocrinologist that you prescribe a lot of	21	because I do take care of some Medicaid patients.
22	hormone medications, but I think we can all agree	22	They seem to get their hormones. You're asking
23	the reason that you are here today is to testify	23	the wrong I don't know anything about
24	about hormone treatment in transgender patients;	24	insurance stuff.
25	correct?	25	Q. So have you ever been asked to
	Page 58		Page 60
1	Page 58 A. That's correct, but the reason I	1	Page 60 complete a prior authorization for insurance
1 2	-	1 2	-
	A. That's correct, but the reason I paused a little bit, because there's many different hormones in transgender patients.		complete a prior authorization for insurance
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15 (Pages 57 to 60)

	Page 61		Page 63
1	risk with giving the conjugated estrogen I	1	as opposed to the cisgender population?
2	think I cited in my declaration in the British	2	A. In our study, we compared to
3	Medical Journal last year that even cisgender	3	cisgender populations, and it seemed like it was
4	women getting conjugated estrogens had increased	4	higher risk to the cisgender population over the
5	risk of complications.	5	same period. But like I said before, it's
6	Q. Okay. What are those complications	6	probably related to not having the hormone levels
7	that you're referring to?	7	monitored properly or in the right range. We
8	A. The blood clots.	8	don't have that information right now.
9	Q. Are there any other complications?	9	Q. So there are cis women who are
10	A. I don't want to speculate, but we	10	receiving conjugated estrogen, correct?
11	know that long term there is eventually increased	11	MS. BAILEY: Objection, form and
12	risk of stroke and heart attack in transgender	12	objection foundation, but go ahead, Vin.
13	women getting estrogen hormone therapy. And	13	Q. To your knowledge, yeah.
14	while it can't show the direct cause and effect	14	A. I don't prescribe it. I don't know.
15	for those, because those are long term events, we	15	Probably in the world, yes. Somewhere in the
16	believe it's because you can't monitor the blood	16	world, but I don't prescribe conjugated estrogens
17	level and people are getting levels that might be	17	to anyone.
18	too high and at risk for long term events. And	18	Q. At any time has conjugated estrogen
19	we know there is data to support there are long	19	been an accepted estrogen medication for
20	term increased risks like the blood clots, heart	20	transgender women?
21	attacks, strokes.	21	MS. BAILEY: Objection. Foundation,
22	Q. Now, stroke and heart attack would be	22	but you can answer based on your knowledge.
23	related to the blood clots, correct?	23	A. Accepted, I don't as I mentioned
24	A. It's a separate phenomenon. I guess	24	earlier in my review paper going back to I think
25	it could be related. Blood clots usually refer	25	it was 2001, I said it was not a good form of
	Paga 62		
	Page 62		Page 64
1	to deep venous thromboses or pulmonary embolism.	1	-
1 2	-	1 2	Page 64 estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no
	to deep venous thromboses or pulmonary embolism.		estrogen to give because you couldn't monitor the
2	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a	2	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no
2 3	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more	2 3	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years
2 3 4	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a	2 3 4	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was
2 3 4 5	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's	2 3 4 5	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered
2 3 4 5 6	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes.	2 3 4 5 6	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a
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2 3 4 5 6 7 8 9	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes. Q. Okay. Is there any increase or any higher risk of arthrosclerosis related to hormones?	2 3 4 5 6 7 8 9	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a first line treatment for transgender women. Q. Are the risks of heart attack, blood clots and strokes any higher in patients who are
2 3 4 5 6 7 8 9 10	to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes. Q. Okay. Is there any increase or any higher risk of arthrosclerosis related to hormones? A. Arthrosclerosis is a broad. Are you	2 3 4 5 6 7 8 9 10	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a first line treatment for transgender women. Q. Are the risks of heart attack, blood clots and strokes any higher in patients who are smokers?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes. G. Okay. Is there any increase or any higher risk of arthrosclerosis related to hormones? A. Arthrosclerosis is a broad. Are you saying A. As I mentioned before, we published a paper that is at least going out ten years we know that transgender women are at risk for those three things; heart attacks, blood clots, strokes. And as I mentioned earlier, it might be due to women getting the wrong estrogen, like conjugated estrogens, not able to monitor the blood levels, and we're doing research to really find that out. So I think the blood levels are very important to monitor to reduce the risk of 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a first line treatment for transgender women. Q. Are the risks of heart attack, blood clots and strokes any higher in patients who are smokers? MS. BAILEY: Objection to form, but go ahead, Vin. A. Can you just say it again? I just missed the first part of that question. Q. Are the risks of MI, blood clot and strokes higher in patients who are smokers? MS. BAILEY: Again, objection to form. A. I can answer? Q. Yes. A. Yeah. I mean, yeah, if you smoke, you're at increased risk for many different
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes. G. Okay. Is there any increase or any higher risk of arthrosclerosis related to <i>hormones?</i> A. Arthrosclerosis is a broad. Are you saying A. As I mentioned before, we published a paper that is at least going out ten years we know that transgender women are at risk for those three things; heart attacks, blood clots, strokes. And as I mentioned earlier, it might be due to women getting the wrong estrogen, like conjugated estrogens, not able to monitor the blood levels, and we're doing research to really find that out. So I think the blood levels are very important to monitor to reduce the risk of those complications. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a first line treatment for transgender women. Q. Are the risks of heart attack, blood clots and strokes any higher in patients who are smokers? MS. BAILEY: Objection to form, but go ahead, Vin. A. Can you just say it again? I just missed the first part of that question. Q. Are the risks of MI, blood clot and strokes higher in patients who are smokers? MS. BAILEY: Again, objection to form. A. I can answer? Q. Yes. A. Yeah. I mean, yeah, if you smoke, you're at increased risk for many different things, so those
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 to deep venous thromboses or pulmonary embolism. Heart attacks, you know, it's probably a different that's probably more arthrosclerosis. Stroke, it could be a thrombotic event. It would be bleeding. There's many different reasons for strokes. G. Okay. Is there any increase or any higher risk of arthrosclerosis related to hormones? A. Arthrosclerosis is a broad. Are you saying A. As I mentioned before, we published a paper that is at least going out ten years we know that transgender women are at risk for those three things; heart attacks, blood clots, strokes. And as I mentioned earlier, it might be due to women getting the wrong estrogen, like conjugated estrogens, not able to monitor the blood levels, and we're doing research to really find that out. So I think the blood levels are very important to monitor to reduce the risk of 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	estrogen to give because you couldn't monitor the level. And I'm trying to think, there is no guideline that has existed in the past 20 years that said that conjugated estrogen was the preferred estrogen or considered accepted it wasn't really not accepted as a first line treatment for transgender women. Q. Are the risks of heart attack, blood clots and strokes any higher in patients who are smokers? MS. BAILEY: Objection to form, but go ahead, Vin. A. Can you just say it again? I just missed the first part of that question. Q. Are the risks of MI, blood clot and strokes higher in patients who are smokers? MS. BAILEY: Again, objection to form. A. I can answer? Q. Yes. A. Yeah. I mean, yeah, if you smoke, you're at increased risk for many different

16 (Pages 61 to 64)

	Page 65		Page 67
1	risk smokers are than nonsmokers?	1	obviously, if you have a cancer that is known to
2	MS. BAILEY: Objection to form, but	2	be responsive to estrogen, you wouldn't want to
3	you can answer, Vin.	3	give someone that. But to answer your question,
4	A. I can't cite that. I know it is	4	there is as far as we know, the risks of
5	higher. I can't cite the exact number.	5	cancer are the same as cisgender women and so you
6	Q. Are there any other side effects	6	have to do the routine, you know, the mammograms
7	other than those three related to conjugated	7	and the screening for cancer just like any woman,
8	estrogens?	8	any woman getting estrogen.
9	MS. BAILEY: Objection to form, but	9	Q. When you talk about mammograms,
10	go ahead.	10	you're talking about breast cancer, correct?
11	A. Well, fertility is reduced and we	11	A. Yes, mammograms for screening of
12	tell people that before you go on hormones, you	12	breast cancer.
13	have to think about future fertility. I'm trying	13	Q. And you said that the risk of breast
14	to think. There is a tumor a pituitary tumor	14	cancer would be the same for transgender women as
15	where the estrogen can increase the growth of a	15	cisgender women, correct?
16	gland in the brain, and that can cause blindness,	16	A. Yeah. In our studies, we looked at
17	vision less, headaches and so that's another	17	the incidents of cancer, and it appeared to be
18	major side effect. You only asked me about	18	the same as cisgender women. So if you look at
19	hormones. That's why I'm very specific, but you	19	the national guidelines, they say screen
20	didn't talk about Spironolactone that usually	20	according to the guidelines for cisgender women.
21	goes along with gender affirming hormone therapy,	21	Q. Okay. Is there any higher risk of
22	and the side effect of that is high potassium and	22	breast cancer for patients received conjugated
23	worsening kidney function so those are also	23	estrogen verus Estradiol?
24	important things that should be mentioned.	24	A. I don't know if we have the data
25	Q. Sure. Well, I still have some	25	right now. Most of I think it's because the
	Page 66		Page 68
1	questions about hormone therapy, but I appreciate	1	cancers take much longer time to form. The blood
2	that information. So future fertility and	2	clots are just, you know, very quick and so we
3	pituitary tumors. Are there any other side	3	know that. I don't think we're ever going to get
4	effects to estrogens?	4	the long-term data for cancer because that's a
5	A. If you're not well, if you give	5	20-year sort of thing.
6	them too much, yeah. If you're giving them too	6	
			Q. Sure. Is there a higher risk of
7	much, as I mentioned, the blood clots, strokes,	7	Q. Sure. Is there a higher risk of blood clots with conjugated estrogen versus
7 8	much, as I mentioned, the blood clots, strokes, heart attacks, pituitary tumors. Sometimes if	1	-
8 9		7	blood clots with conjugated estrogen versus
8	heart attacks, pituitary tumors. Sometimes if	7 8	blood clots with conjugated estrogen versus Estradiol?
8 9 10 11	heart attacks, pituitary tumors. Sometimes if you're giving too little, you can have osteoporosis. As I mentioned in one of my declarations, if you're giving the hormones and	7 8 9 10 11	blood clots with conjugated estrogen versus Estradiol? A. Yes. As I mentioned in my
8 9 10 11 12	heart attacks, pituitary tumors. Sometimes if you're giving too little, you can have osteoporosis. As I mentioned in one of my declarations, if you're giving the hormones and it's inadequately dosed, you can develop bone	7 8 9 10 11 12	blood clots with conjugated estrogen versus Estradiol? A. Yes. As I mentioned in my declaration, there is a very good study published in the British Medical Journal that looked at cisgender women comparing Estradiol, conjugated
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	Page 69		Page 71
1	the need for transgender women to have	1	recommend?
2	mammography, the same as cisgender women,	2	A. There's all kinds of Estradiols.
3	correct?	3	There's Estradiols that are attached to esters
4	A. Yes.	4	like Estradiol Valerate, Estradiol Cypionate,
5	Q. Okay. And that's transgender women	5	just is just the plain, as I mentioned,
6	who are taking estrogen hormones, correct?	6	Estradiol, which is 17 beta Estradiol. That's
7	A. Well, I mean, the guidelines say all	7	the most common form.
8	transgender women should have the same screening	8	Q. And a few minutes ago you mentioned
9	as cisgender women. They don't specify only	9	that treatment with Spironolactone can cause
10	taking estrogen. It just says	10	elevated potassium and decreased renal function,
11	Q. Well, in your experience, would a	11	correct?
12	transgender woman have breast tissue growth if	12	A. Yes, because Spironolactone is not a
13	she was not taking estrogen?	13	hormone but it is a testosterone blocker that
14	A. There is some growth if you're taking	14	lowers testosterone, but it also functions as a
15	testosterone blockers because it's a balance	15	diuretic that spares potassium, and since it's a
16	between estrogen and testosterone, so you can	16	diuretic, it can make you lose water and get
17	have some breast growth without taking estrogen	17	dehydrated.
18	as well.	18	Q. And what type of monitoring is
19	Q. Are you so it is possible for a	19	necessary for a patient receiving Spironolactone?
20	transgender woman to develop breast cancer,	20	A. Obviously, you should measure the
21	correct?	21	potassium because as I mentioned, the potassium
22	A. Anyone with breasts can develop	22	can rise. And also the kidney function because
23	breast cancer.	23	it's a diuretic so you should check the kidney
24	Q. Are you aware in your experience or	24	function.
25	through your research what type of breast cancer	25	Q. Are there any patients that would not
	Page 70		Page 72
1	Page 70	1	Page 72
1	a transgender would develop?	1	be able to receive Spironolactone?
2	a transgender would develop? A. I'm not what do you mean by type?	2	be able to receive Spironolactone? MS. BAILEY: Object to form. But go
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 a transgender would develop? A. I'm not what do you mean by type? I'm not familiar. Q. Sure. There's ductal cancer, correct? A. That's I am not an oncologist so I can't speak to the different subtypes of breast cancer. Q. Okay. Fair enough. Fair enough. Do you have any other criticisms of conjugated estrogen that you haven't talked about either in your declaration or discussed here? A. I think it's covered pretty well in my declaration. Q. Okay. And when we're talking about conjugated estrogens, I know there's Premarin. Are there any other types of conjugated estrogens in your experience? A. There's something called Menest is also a conjugated estrogen. I'm sure there is a 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 be able to receive Spironolactone? MS. BAILEY: Object to form. But go ahead, Vin. A. Obviously, if you have issues with kidney already or if you have potassium issues already. Some people can get dehydrated with it and not be able to take it. I mean, those are the main things. It's related to its potential side effects. Q. In your practice, do you advise patients that they have to stay hydrated, for example, drink extra fluids or things like that? A. Yeah. I tell them about the medication, how it works and tell them, you know, you just need to drink some more water and watch the potassium containing foods because we know it increases. But I tell them we monitor their levels every three months until we get a good dose to make sure it's safe.
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DR. VIN TANGPRICHA 10/5/2020

	Page 73		Page 75
1	Q. Correct.	1	the treating physicians at IDOC facilities?
2	A. Yes.	2	MS. BAILEY: Objection, foundation.
3	Q. Okay. Are you aware of planned	3	A. I don't know who employs them.
4	changes to the structure of the transgender care	4	Q. Okay. All right. Are you aware of
5	review committee wherein hormones would not be	5	what training is provided to the onsite
6	recommended by the committee?	6	physicians regarding hormones for transgender
7	A. I need to get some more details about	7	offenders?
8	that, but I did hear I think that was I	8	A. The current training, I haven't been
9	have to go I know something like that	9	given that information to review so I would have
10	happened, but I don't know the I would have to	10	to look at that.
11	go look at it carefully.	11	Q. Okay. Are you aware of newly
12	Q. Okay. Do you happen to know the date	12	implemented training by Wexford Health Sources
13	when those changes are supposed to go into	13	who employs the onsite physicians?
14	effect?	14	MS. BAILEY: Objection, foundation,
15	MS. BAILEY: Objection, foundation	15	but you can answer.
16	but you can answer based on	16	A. I recall there is some attempt to do
17	Q. If you know that.	17	some training. I can't vouch right now because I
18	A. I'd have to go back. If you want the	18	don't know what the curriculum looks like and all
19	exact date, I'd have to go back. It's probably	19	the learning objectives. I'd have to look at the
20	in one of my declarations, it's in there.	20	slides and I just know that there is some new
21	Q. Okay. Do you consider that to be an	21	training that was being provided but in terms of
22	appropriate change to the structure of the	22	the quality, I can't comment on that.
23	committee?	23	Q. All right. You have not seen those
24	A. Can you rephrase what the change was	24	documents, correct?
25	again?	25	A. I haven't seen it to the level of
	Page 74		Page 76
1	Page 74 Q. So that the committee would not be	1	Page 76 detail that I could comfortably comment on.
1 2	-	1 2	-
	Q. So that the committee would not be		detail that I could comfortably comment on.
2	Q. So that the committee would not be making recommendations on whether or not a	2	detail that I could comfortably comment on. Q. Got it. What training do you think
2 3	Q. So that the committee would not be making recommendations on whether or not a transgender inmate would receive hormones?	2 3	detail that I could comfortably comment on. Q. Got it. What training do you think the onsite treating physicians should receive?
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	Page 77		Page 79
1	Q. The people who are writing the order	1	consent, monitor the levels, prescribe the right
2	for the hormones, the onsite physicians.	2	amount of hormones, yes, I would feel comfortable
3	A. I would have to before when it was	3	if that person could actually do that. My review
4	done through a committee, there was nonclinical	4	of the records to date show that those
5	people in there. Are you talking about after the	5	physicians I don't know who these people are,
6	new plan? Or I don't understand.	6	but these physicians are not able to do that.
7	Q. Doctor, is it your understanding that	7	They're not prescribing the correct hormones.
8	the committee ordered the hormones?	8	They're not monitoring the levels the right and
9	A. When you say ordered, I mean they're	9	safe way.
10	not the ones who sign and date the order. I	10	Q. What are the most recent medical
11	don't know. I mean	11	records of any of the named Plaintiffs that you
12	Q. Okay. If they're not the ones	12	reviewed?
13	signing the order, are you aware of the	13	A. I would have to refer to my most
14	capabilities, the qualifications of the people	14	recent declaration. It probably has a date on
15	who are signing the order?	15	there. Do you need the exact date?
16	A. I would have to review their specific	16	Q. Yeah. If you would just take a look
17	qualifications of who these people are.	17	at it so you can testify as to what records you
18	Q. Okay. But it is your understanding	18	most recently received.
19	that the committee is not actually writing the	19	MS. BAILEY: If it helps, Carla, Dr.
20	order for any particular transgender inmate to	20	Tangpricha has not reviewed closely the medical
21	get the hormones, correct?	21	records that you-all produced after he after
22	A. When you say order, that means	22	we disclosed his report. He reserves the right
23	something in the medical field. Order means	23	to file a supplement report based on the medical
24	you're writing a medical order and saying they're	24	records that were produced again after the expert
25	giving the go ahead. They're saying they're	25	disclosure, so if that helps with this line of
	Page 78		Page 80
1	voting on all these decisions, and without that	1	questioning, that's the case.
2	vote they're they can't get they can't even	2	Q. Okay. Doctor, just to close the loop
3	get an order, so they have to vote and get an	3	on this, if you could tell me as of the date of
4	order.	4	your report, what would be the most recent
5	Q. And I understand all that. Doctor,	5	records you had reviewed on the named Plaintiffs
6	I'm well aware of what an order is. You can use	6	in this case?
7	the analogy of a prescription. Is it your	7	A. I mean, I would be happy to review
8	understanding that the committee is not writing a	8	any additional records and add a supplement to my
9	prescription or entering an order for a	9	declaration. I just can't right now.
10	medication?	10	Q. Sure.
11	A. They are giving the approval for	11	A. I don't have the exact date.
12	someone to do that, so that's why I'm a little	12	Q. And I understand that. So the last
13	confused. They are giving the approval for a	13	thing you said is as you sit here today, you
14	person below them to do that, to give the	14	can't tell the last date or the most recent
15	prescription order. So they are in a way making	15	records that you received?
16	those medical decisions.	16	A. I could tell you that what I had
17	Q. Okay. And we covered that. Would	17	received was current to the time I submitted my
18 19	you think it appropriate for an onsite physician not the committee an onsite	18	declaration. So if there are any additional records, I would be happy to review them, and if
20	physician not the committee an onsite physician at a correctional center to order	19 20	
20	hormone medications for a transgender offender	20	it changes my opinion on my declaration I would be happy to submit a supplement.
21	without getting an endocrinology consult?	22	Q. Sure. I'm sure that your attorneys
22	A. If that physician had the appropriate	23	will forward that. So I appreciate that. So the
23	background knowledge, could speak in terms of the	23	information that you received was current as of
<u> </u>	sucharound knowledge, could speak in terms of the	1	-
25	pros and cons of hormones, can give the informed	25	October I apologize August 30th, 2020,

20 (Pages 77 to 80)

	Page 81		Page 83
1	correct?	1	document, and it takes time to update the
2	A. Is that the date of my declaration?	2	language but the Endocrine Society guidelines in
3	If that's the	3	2009 said not to use that term.
4	Q. Well, you know	4	Q. Is gender dysphoria still considered
5	A. I want to make sure.	5	to be a diagnosis?
6	Q. August 30th, 2020.	6	A. Gender dysphoria is a term to
7	A. Yes. Everything that I received was	7	describe someone who has this uneasy feeling
8	current to that date.	8	between their identified gender expression and
9	Q. Okay. Thank you very much. I	9	their assigned gender.
10	noticed in your testimony at the preliminary	10	Q. Is it a diagnosis, Doctor?
11	injunction hearing from August 8th, 2019, that	11	A. When you say when you say a
12	you were critical of a note written by a	12	diagnosis, you're calling it a disease. So it is
13	psychiatrist using the term "gender identity	13	a symptom for sure. It's definitely a symptoms.
14	disorder." Do you remember talking about that?	14	It's a term, like I said, to use to describe
15	A. Yes, I do.	15	someone's uneasiness between their gender
16	Q. Okay. And what were your criticisms	16	identity and their assigned gender.
17	of the term gender identity disorder?	17	Q. Okay. Is the DSM, whatever version
18	A. It's a term that was used in the	18	that you're on, is DSM a publication that you use
19	past, but no longer acceptable because it's not a	19	in your endocrinology practice?
20	term that reflects the modern terminology and	20	A. So, you know, DSM is once someone
21	that gender dysphoria is not a mental condition.	21	has made a determination that one is ready for
22	It's not a disorder. It's a medical treatment,	22	gender affirming hormone therapy, I mean I
23	and that's why I was critical of it.	23	provide the hormone care, so I mean I don't know
24	Q. Got it. It is my understanding that	24	what the question is you're trying to ask here.
25	the terminology the change in the terminology	25	l
	Page 82		Page 84
1	Page 82 was approved in December of 2012 and published in	1	Page 84 Q. Go ahead.
1 2	was approved in December of 2012 and published in	1 2	Q. Go ahead.
			-
2	was approved in December of 2012 and published in the DSM 5 in May of 2013. Do you have any reason	2	Q. Go ahead. A. I mean I don't know. Rephrase
2 3	was approved in December of 2012 and published in the DSM 5 in May of 2013. Do you have any reason to doubt that?	2 3	Q. Go ahead. A. Imean I don't know. Rephrase again. I don't know.
2 3 4	was approved in December of 2012 and published in the DSM 5 in May of 2013. Do you have any reason to doubt that? A. You're throwing out dates. I would	2 3 4	 Q. Go ahead. A. I mean I don't know. Rephrase again. I don't know. Q. Is the DSM, in this case we're on the
2 3 4 5	was approved in December of 2012 and published in the DSM 5 in May of 2013. Do you have any reason to doubt that? A. You're throwing out dates. I would have to go double check that, but it sounds about	2 3 4 5	 Q. Go ahead. A. I mean I don't know. Rephrase again. I don't know. Q. Is the DSM, in this case we're on the DSM 5, a publication or a source that you
2 3 4 5 6	was approved in December of 2012 and published in the DSM 5 in May of 2013. Do you have any reason to doubt that? A. You're throwing out dates. I would have to go double check that, but it sounds about right.	2 3 4 5 6	 Q. Go ahead. A. I mean I don't know. Rephrase again. I don't know. Q. Is the DSM, in this case we're on the DSM 5, a publication or a source that you routinely use in your endocrinology practice?
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21 (Pages 81 to 84)

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	Page 85		Page 87
1	A. In regards to any I mean, there	1	it again.
2	is I mean, there is a committee that	2	MS. BAILEY: You can answer again.
3	discusses care for I also take care of cystic	3	A. I think the same answer from before.
4	fibrosis. There is a committee that discusses	4	I would have to go look back. I asked for many
5	the care of cystic fibrosis, yes.	5	of the big picture pertinent things, and there
6	Q. Okay. And are those	6	was probably it was a while ago. I'd have to
7	multidisciplinary committees?	7	go look back if there was something that I didn't
8	A. Yes. There's some there are	8	get.
9	primarily like 80 percent physicians and there's	9	Q. Okay sure. I understand. Doctor,
10	maybe one nurse and then maybe and then a	10	are you aware of who Rob Jeffries is?
11	respiratory technologist, but mostly physicians	11	A. Rob Jeffries? Off the top of my
12	that are qualified to take care of cystic	12	head, I don't recall that. I mean, I don't
13	fibrosis.	13	recall the name.
14	Q. Does that committee that you're	14	Q. Okay. The same question, are you
15	referring to put out minutes of their meetings?	15	aware of who Melvin Hinton is?
16	A. I don't know the answer to that. I	16	A. Now, I'm remembering. These are the
17	would have to go double check.	17	people in the case. These are the people that
18	Q. Have you ever had the opportunity to	18	you represent, yes. I know these names.
19	take minutes and be the person who is responsible	19	Q. Okay. Who is Rob Jeffries?
20	for distributing minutes of various committee	20	A. Am employee, part of the do you
21	meetings?	21	mind if I take a break and let me look at my
22	A. When I was a secretary/treasurer at	22	notes real quick here?
23	WPATH, not this one, I took minutes.	23	Q. That's fine. Do you want to take
24	Q. And were the minutes that did you	24	five minutes?
25	distribute those minutes to the various committee	25	A. Yeah. That would be great.
	Page 86		Page 88
1	Page 86 members at some point after the meeting?	1	Page 88 Q. We'll take a five-minute break.
1 2	-	1 2	-
	members at some point after the meeting?		Q. We'll take a five-minute break.
2	members at some point after the meeting? A. When I was the secretary/treasurer at	2	Q. We'll take a five-minute break.A. Thank you.
2 3	 members at some point after the meeting? A. When I was the secretary/treasurer at WPATH? Q. Yeah. A. Yeah. Obviously, when you took the 	2 3 4 5	Q. We'll take a five-minute break.A. Thank you. (Recess taken).
2 3 4 5 6	 members at some point after the meeting? A. When I was the secretary/treasurer at WPATH? Q. Yeah. A. Yeah. Obviously, when you took the minutes, you would have to distribute them, 	2 3 4 5 6	 Q. We'll take a five-minute break. A. Thank you. (Recess taken). Q. Earlier, Doctor, I asked you, can you if you knew who Rob Jeffries was. A. I do remember now. I believe he's
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22 (Pages 85 to 88)

	Page 89		Page 91
1	Q. Okay. And are you aware of whether	1	side effects with Spironolactone, right?
2	or not Dr. Meeks is still part of the committee?	2	A. That's correct.
3	A. I would have to look at the records.	3	Q. If hormone levels are monitored
4	l don't know exactly.	4	properly, are the side effects of Spironolactone
5	Q. Fair enough. Fair enough. So did	5	manageable?
6	you review records where the name of the	6	A. No, because it's independent. It's
7	committee was the Gender Identity Committee?	7	another agent, and there should be another set of
8	A. In the past, I did, yes.	8	labs to be monitored, not just the hormone
9	Q. Okay. And based on your previous	9	levels.
10	testimony, you think that that's not an	10	Q. And what are those additional labs
11	appropriate title for the committee?	11	that are need to be monitored in order to manage
12	A. Can you say the name of the committee	12	any potential side effects of Spironolactone?
13	again? I missed it.	13	A. So as I mentioned, that you have to
14	Q. Gender Identity Disorder Committee.	14	measure the potassium because it can raise
15	A. Okay. No. Using current	15	potassium and the kidney function because
16	terminology, gender identity disorder, it should	16	Spironolactone is a diuretic.
17	be gender dysphoria committee. That would	17	Q. And if those additional things are
18	probably be a more modern term.	18	monitored, are the potential side effects of
19	Q. Okay. The committee now is known as	19	Spironolactone manageable?
20	the Transgender Care Review Committee. Do you	20	A. Yes. I mean, if they're monitored
21	consider that to be an appropriate title or	21	properly then you don't have risks stemming from
22	terminology?	22	those side effects. The high potassium can be
23	A. Transgender Care Review Committee?	23	life threatening because very high potassium can
24	I don't see in terms of the title, I think	24	cause your heart to go into arrhythmias and
25	that's fine.	25	obviously your kidney has to be monitored because
	Page 90		Page 92
1	O Okey Okey And subject to any	1	
2	Q. Okay. Okay. And subject to any additional records or documents that you might	1 2	if you get dehydrated your kidney could go into failure.
3	review, does your testimony at the preliminary	3	Q. And there are side effects with
4	injunction hearing and your reports and your	4	almost all medications, correct?
5	testimony today express all of your opinions in		annost an medications, correct:
	testimony today express an or your opinions in	5	A Ves There's no perfect medication
6	this case?	5	A. Yes. There's no perfect medication.
6 7	this case? A Yes All of the declarations I've	6	There's always something that you have to talk
7	A. Yes. All of the declarations I've	6 7	There's always something that you have to talk about.
	A. Yes. All of the declarations I've submitted plus the supplemental reports reflect	6	There's always something that you have to talk about. MS. BAILEY: That's all I have,
7 8	A. Yes. All of the declarations I've	6 7 8 9	There's always something that you have to talk about. MS. BAILEY: That's all I have, Carla.
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23 (Pages 89 to 92)

	Page 93		Page 95
1	CERTIFICATE OF REPORTER	1	ERRATA SHEET
2			Witness Name: DR. VIN TANGPRICHA
3	I, ERIKIA SCHUSTER, a Certified Shorthand	2	Case Name: JANIAH MONROE, MARILYN MELENDEZ, EBONY
4	Reporter (IL), Missouri Notary No. 09561566, do		STAMPS, LYDIA HELENA VISION SORA KUYKENDALL
5		3	and SASHA REED v. JOHN BALDWIN, MELVIN
6	hereby certify that the witness whose testimony		HINTON, and STEVE MEEKS
-	appears in the foregoing deposition was duly sworn by	4	Date Taken: OCTOBER 5, 2020
7	me, that the testimony of said witness was taken by	_	Dama #
8	me to the best of my ability and thereafter reduced	5	Page # Line # Should read:
9	to typewriting under by direction; that I am neither	7	Should read.
10	counsel for, related to, nor employed by any of the	8	
11	parties to the action in which this deposition was	9	Page # Line #
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	Page 94		Page 96
1	ALARIS LITIGATION SERVICES	1	STATE OF)
2	October 19, 2020	2	COUNTY OF)
3	MS. AMELIA H. BAILEY	3	
5	Kirland & Ellis, LLP	4	I, DR. VIN TANGPRICHA, do hereby certify:
4	300 North LaSalle	5	That I have read the foregoing deposition;
5	Chicago, IL 60654	6	That I have head the foregoing deposition, That I have made such changes in form
-	IN RE: JANIAH MONROE, MARILYN MELENDEZ, EBONY	7	and/or substance to the within deposition as might
6	STAMPS, LYDIA HELENA VISION SORA KUYKENDALL and SASHA REED v. JOHN BALDWIN, MELVIN	8	be necessary to render the same true and correct;
7	HINTON, and STEVE MEEKS	9	That having made such changes thereon, I
		10	hereby subscribe my name to the deposition.
8	Dear Ms. Bailey,	11	I declare under penalty of perjury that the
9	Please find enclosed your copies of the deposition of	12	foregoing is true and correct.
1.0	DR. VIN TANGPRICHA taken on October 5, 2020 in the	13	Executed this day of,
10	above-referenced case. Also enclosed is the original signature page and errata sheets.	14	20, at,
11		15	
12 13	Please have the witness read your copy of the transcript, indicate any changes and/or corrections	16	
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15	desired on the errata sheets, and sign the signature		
	page before a notary public.	18	
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24 (Pages 93 to 96)

Ŵ	Case 3:18-cv-00156-NJR			Exhibit 15 atch.illinoisstate.ed	^B <u>=</u> <u>u/project/20877)</u>
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	Spring Fund Drive: Co	ontribute Now (http:	s://hatch.illinoiss	tate.edu/project/2	20877)

Central Illinois Transgender Community Benefiting from Closer Hormone Therapy Access

By <u>TIM SHELLEY (/PEOPLE/TIM-SHELLEY)</u> • SEP 30, 2019

f <u>Share (http://facebook.com/sharer.php?</u>

u=http%3A%2F%2Ftinyurl.com%2Fy23fl22o&t=Central%20Illinois%20Transgender%20Community%20Benefiting%20from%20Clos



(https://mediad.publicbroadcasting.net/p/shared/npr/styles/x_large/nprshared/201910/766015165.jpg)

Originally published on October 1, 2019 8:54 am

It's often a battle for transgender people to get access to healthcare services. That's especially true in Central Illinois, where gender-affirming hormone therapy only recently became available.

Monroe, et al. v. Rauner, et al., (18-156) Document No. 320531

Dana Carber 18 the Pansgehder intake coordinator foil Planaed Parenthold of Itlinbiggh Pedra and Pekin. She began her own hormone therapy in Chicago, the nearest place that offered it at the time. But that option wasn't available to everyone.

In 2016, the Peoria Transgender Society reached out to various healthcare and mental health providers in the region to try to bring the services closer to home.

"We had a health forum, and we invited all these people to it. We had some mental health providers show up. The only medical provider that showed up was Planned Parenthood," said Garber.

Part of the struggle is finding someone willing and able to provide gender-affirming hormone therapy.

"Endocrinologists might work with people who have endocrine disorders and things like that, but not so much with transgender people. So, it's finding someone who's interested in helping our community. That's the difficult part."

Planned Parenthood has provided treatment for 1,200 patients since 2016. Garber says about twothirds of them are downstate.

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u=http%3A%2F%2Ftinyurl.com%2Fy23fl22o&t=Central%20Illinois%20Transgender%20Community%20Benefiting%20from%20Clos

Case 3:18-cv-00156-NJR Document 238-15 Filed 12/02/20 Page 3 of 4 Page ID #3560

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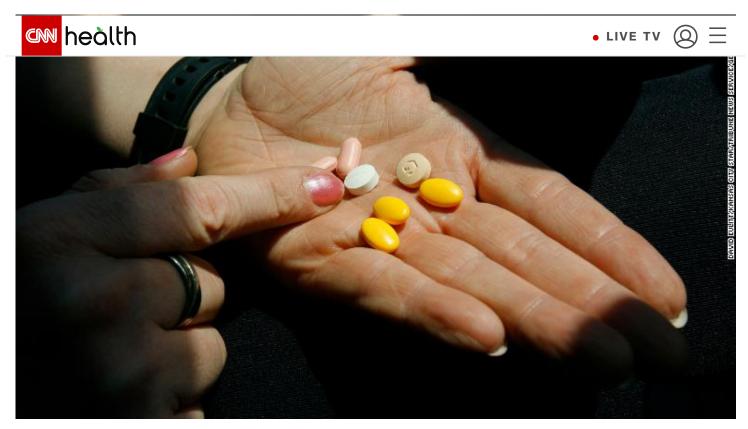
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Exhibit 16

Almost 1 in 10 transgender Americans use nonprescribed hormones because they're uninsured or insurance won't cover the cost

By Scottie Andrew and Giulia Heyward,

Updated 3:44 PM ET, Tue November 17, 2020



Around 75,000 transgender people who use gender-affirming hormones are using hormones their doctor didn't prescribe them, according to a new study.

(CNN) — For the transgender people who seek it, gender-affirming hormone therapy can be lifesaving. But if they're uninsured or their insurance won't cover it, some bypass the health care system entirely to get the care they need.

Around 75,000 transgender Americans are likely using hormones that weren't prescribed -- close to 1 in 10 of the estimated 1.4 million transgender adults in the US -- says a study published this month in the Annals of Family Medicine.

Beyond the health risks of using nonprescription hormones, the findings indicate extensive barriers to care transgender Americans face, lead author Dr. Daphna Stroumsa told CNN.

"Trans people face a multitude of cultural and structural hurdles in staying safe and healthy," said Stroumsa, a clinical lecturer in the University of Michigan's Department of Obstetrics and Gynecology who specializes in LGBTQ health care. "We need to streamline care. We don't need to put barriers between patients and providers."

Lack of insurance and denied claims lead people to seek unprescribed hormones

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Using data from the US Transgender Survey, a sample of almost 28,000 trans Americans from the National Center for Transgender Equality, the study focused on two groups: Uninsured trans people and trans people whose insurance company denied their claims for gender-affirming hormones. Both groups were more likely to seek out nonprescription hormones than insured transgender people, according to the study.

Trans Americans are more likely to be uninsured than the general population -- about 15.5% of respondents in the US Transgender Survey compared to 12.8% of US adults. And among uninsured respondents, around 21% said their insurance claims for gender-affirming care had been denied, according to the study.

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About 84% of respondents to the US Transgender Survey said

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Related Article: This year, at least six states are trying to restrict transgender kids from getting gender reassignment treatments

taking normones, more than 9% of them said they were using nonprescribed hormones.

On one hand, the fact that some trans people circumvent the healthcare system to access gender-affirming care shows their "resilience," Stroumsa said. But from a physician's perspective, that's a sign of failure, they said.

"This indicates that we have a problem in getting trans people lifesaving medication," they said.

Hormone therapy can be expensive out of pocket -- often around \$30 a month, according to a 2013 CNN piece, though that amount can vary. It can also be dangerous when not regulated by a physician, Stroumsa said. Some hormone therapies can increase risk of heart problems or stroke. And without a doctor to monitor the dosage and components of

the hormones they're receiving, trans patients may experience unforeseen health issues.

Insurance is one of several hurdles to health care

Mounting evidence shows that accessing gender-affirming health care can be lifesaving for trans people who seek it. UCLA's Williams Institute, a think tank that focuses on LGBTQ legal issues, reported that a lack of gender-affirming care likely contributed to high percentages of suicidal thoughts among transgender Americans.

And though it's illegal for most insurance companies to discriminate against trans Americans, 30 states permit health insurance plans to exclude some trans health services, NPR reported in 2019.

Stroumsa said insurance companies that cover such procedures often ask patients to provide proof that procedures or treatments are necessary. For example, a trans man's insurers may require him to provide two signed letters from mental health care providers when he seeks a genderaffirming hysterectomy, they said.

Insurance is just one hurdle trans people face in getting care. There's the discrimination they often face from physicians and health care providers who refuse them care or misstate their gender, and higher rates of homelessness and joblessness -all likely reasons why some trans people bypass the health care system altogether.

Related Article: At least 22 transgender people have been killed this year. But numbers don't tell the full story

"Health care systems and physicians and health care providers have so often failed trans people, either with direct

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discrimination or ignorance of trans people's health care

needs," Stroumsa said. "We need to fix that."

One of the ways physicians can start to mend those gaps, they said, is by including trans people in the agendasetting process and taking their needs into account when setting insurance policies. Some major medical associations, including the American Academy of Family Physicians, have announced their support for insurance coverage of gender-affirming care. More voices in support of gender-affirming health care coverage could remove at least one obstacle.

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Insurance Coverage and Use of Hormones Among Transgender Respondents to a National Survey

Daphna Stroumsa, MD, MPH^{1,2} Halley P. Crissman, MD, MPH¹ Vanessa K. Dalton, MD. MPH¹⁻³ Giselle Kolenic. MA¹ Caroline R. Richardson, MD^{2,4}

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Conflicts of interest: authors report none.

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ABSTRACT

PURPOSE We undertook a study to assess the associations between barriers to insurance coverage for gender-affirming hormones (either lack of insurance or claim denial) and patterns of hormone use among transgender adults.

METHODS We used data from the US Transgender Survey, a large national sample of 27,715 transgender adults, collected from August to September 2015. We calculated weighted proportions and performed multivariate logistic regression analyses.

RESULTS Of 12,037 transgender adults using hormones, 992 (9.17%) were using nonprescription hormones. Among insured respondents, 2,528 (20.81%) reported that their claims were denied. Use of nonprescription hormones was more common among respondents who were uninsured (odds ratio = 2.64; 95% CI, 1.88-3.71; P <.001) or whose claims were denied (odds ratio = 2.53; 95% CI, 1.61-3.97; P <.001). Uninsured respondents were also less likely to be using hormones (odds ratio = 0.37; 95% CI, 0.24-0.56; P < .001).

CONCLUSIONS Lack of insurance coverage for gender-affirming hormones is associated with lower overall odds of hormone use and higher odds of use of nonprescription hormones; such barriers may thus be linked to unmonitored and unsafe medication use, and increase the risks for adverse health outcomes. Ensuring access to hormones can decrease the economic burden transgender people face, and is an important part of harm-reduction strategies.

Ann Fam Med 2020;18:528-534. https://doi.org/10.1370/afm.2586.

INTRODUCTION

ver the last decade, transgender and nonbinary people have gained visibility, and considerable strides have been made toward addressing their health care disparities and needs.¹⁻⁵ Primary care physicians play an important role in the care of this population.^{6,7} In addition to their routine health care needs, many transgender people seek gender-affirming or transition-related care. This care may include hormones, surgical procedures, or both. Clear guidelines support the provision of gender-affirming hormones for transgender people who seek them,⁸⁻¹¹ and their provision is associated with improved mental health outcomes.^{12,13} Many of the major medical societies and associations in the United States, including the American Academy of Family Physicians,¹⁴ have issued statements in support of insurance coverage for gender-affirming care.

Despite this clear need, transgender people face a host of structural barriers to accessing care, ranging from high rates of homelessness attributable to rejection and discrimination, through lack of knowledgeable and affirming clinicians,¹⁵⁻¹⁷ to transphobia¹⁸ and direct discrimination in health care settings.¹⁹ In addition, many transgender people in the United States face barriers to insurance coverage for gender-affirming care.⁸ Transgender people often face employment discrimination leading to uninsurance.¹⁹ Those who are insured often encounter insurance policies with specific exclusions or barriers for coverage of gender-affirming therapy.^{4,20-22} The Patient Protection and Affordable Care Act increased coverage specifically

for transgender people by prohibiting exclusions based on preexisting conditions²³ and through the nondiscrimination clause in section 1557; however, these and other regulatory and legislative changes are in constant flux, vary by state and insurance carrier, and have not eliminated the gaps in insurance coverage for genderaffirming care. The barriers to insurance coverage combine with the other structural barriers to care to limit access to gender-affirming hormones.

These limitations may have broad implications for the health of transgender people. In the face of such barriers, 2 alternatives to the use of prescribed hormones exist. People who need hormones for gender affirmation may forgo the hormones, along with the opportunity for affirmation and improvement in their mental health and well-being. Alternatively, if unable to fill a prescription through regulated pathways, transgender people may opt to acquire their medications through other sources; this practice may expose the hormone user to a variety of risks, including toxicity from unregulated substances, incorrect use of medication, and loss of opportunity for medication monitoring and risk mitigation.

We undertook a study to assess the relationship between insurance coverage and patterns of hormone use among transgender individuals in the United States.

METHODS

Our study was approved by the institutional review board at the University of Michigan, which granted an exemption of informed consent. We used deidentified data from the US Transgender Survey, a large nonprobability sample of 27,715 transgender adults in the United States, collected online from August to September 2015.19 Respondents were aged 18 years or older, self-identified as transgender, and were recruited through a variety of venues to capture transgender respondents. Respondents were disproportionally young, White, highly educated and low income compared with the general US population. We applied survey weights based on age, race, and education from the Census Bureau's 2014 American Community Survey to help correct for this sampling bias, resulting in weights reflective of the US general population rather than the US transgender population. There is evidence to suggest that White respondents are likely overrepresented compared with the US transgender population under this weighting procedure, but bias based on age, educational attainment, or income is unclear. James et al¹⁹ provide a full description of the data collection methodology and further detail. Weighted proportions were obtained and assessments were made with weighted multivariable logistic regression analyses. We performed analyses using Stata version 15 (StataCorp LLC, Stata Statistical Software, Release 15).

Our primary outcome was use of hormones obtained from a source other than a licensed professional. The 129 respondents on active duty in military service were excluded from this question because their potential sources of care, as well as barriers to care, were unique. Another 758 respondents who identified as crossdressers were excluded from our analyses given substantial differences between this group and all other gender groups, as well as concern for inaccurate conflation. A total of 12,037 participants who were taking hormones were asked: "Where do you currently get your hormones?" Respondents who answered either "In addition to licensed professionals, I also get hormones from friends, online, or other nonlicensed sources" or "I only get hormones from friends, online, or other nonlicensed sources" were coded as using nonprescription hormones. As our outcome of interest was the use of any hormones from an unlicensed source, we combined these responses for analyses.

Our secondary outcome was defined as rate of hormone use—people who answered yes to the question, "Are you currently taking hormones for your gender identity or gender transition?"—among those who indicated that they had prior interest in taking hormones.

We identified 2 key predictors for this study: lack of insurance and insurance denial of hormone coverage. All participants were asked, "Are you currently covered by any health insurance or health coverage plan?" Respondents were coded as uninsured if they responded no. Those who reported that they were currently insured were asked whether they had been denied any, or specific, services by their insurance company over the last year. Respondents who marked yes to the statement, "My health insurance company denied me hormone therapy for transition" were coded as having coverage for hormones denied.

A number of demographic characteristics were available for use as controls in the multivariate models. Age was coded as a continuous variable. Education was categorized based on the US Census Bureau for the American Community Survey (less than high school; high school graduate, including general equivalency diploma; some college; and bachelor's degree or higher). Race/ethnicity categories were similar to those used by the US Census Bureau, with the addition of coding Middle Eastern/North African respondents as separate from White.14 Respondents were categorized as living at or near the poverty level if they had a personal income (or family income, for those sharing a household with family members) up to 124% of the federal poverty level for 2015. The survey used a 2-step approach to arrive at a measure

of gender identity by asking about gender identity and sex assigned at birth. We used 5 gender categories: trans man; trans woman; people assigned male at birth who identified as genderqueer or nonbinary; people assigned female at birth who identified as genderqueer or nonbinary; and crossdresser. Analysis was additionally performed by sex assigned at birth given prior evidence for differences by this variable.¹⁴

RESULTS

A total of 27,715 people responded to the survey, of whom 26,957 identified as a gender other than crossdresser. Table 1 shows summary statistics for respondent demographics, as well as hormone use and insurance coverage. All reported values are weighted. A total of 21,237 respondents (83.43%) were interested in using hormones and 12,037 respondents (55.04%) were using hormones, 992 (9.17%) of the hormone users were using nonprescription hormones.

Overall, 3,362 (15.51%) of respondents were uninsured, compared with 12.8% of US adults at the time of the survey.²⁴ Among insured respondents, 2,528 (20.81%) reported that their claims were denied. The proportion of respondents indicating that they had interest in using hormones for gender affirmation did not vary by insurance status (81.27% vs 83.83%; odds ratio [OR] = 1.19; 95% CI, 0.92-1.54; P = .19), but those who had insurance were more likely to be using hormones than those who lacked insurance (57.4% vs 41.5%; OR = 2.32; 95% CI, 1.57-3.45; P <.001).

When respondents were asked to evaluate the most pressing issues affecting transgender people in the United States, they deemed insurance coverage as one of the most important (selected by 44.11% of respondents). It ranked second only to violence against transgender people.

We conducted 4 weighted multivariate logistic regression analyses to assess the relationships between our 2 key predictors and 2 outcomes. Table 2 shows the associations between insurance status and use of nonprescription hormones and overall use of hormones. Table 3 shows the associations between insurance claim denial and use of nonprescription hormones and overall use of hormones.

Respondents who were uninsured were more likely to use nonprescription hormones than those who were insured (adjusted odds ratio [aOR] = 2.64; 95% CI, 1.88-3.71; P <.001). The odds of using nonprescription hormones were highest among respondents assigned male at birth (trans women and genderqueer or nonbinary individuals assigned male at birth combined compared with trans men, aOR = 3.95; 95% CI, 2.86-5.46; P <.001) and differed by race. Use of nonprescription hormones decreased with age (aOR = 0.986; 95% CI, 0.975-0.996; *P* = .008), but was not meaningfully associated with educational level or income. Among all who indicated prior interest in taking hormones, those who were uninsured were less likely to use hormones in general compared with insured counterparts (aOR = 0.37; 95% CI, 0.24-0.56; *P* <.001).

Among insured respondents, those who reported that their insurance denied coverage of gender-affirming hormones in the past year were more likely to use nonprescription hormones than peers whose insurance covered their hormones (aOR = 2.53; 95% Cl, 1.61-3.97; P < .001). The odds of using hormones in general among insured respondents interested in hormone use did not differ substantively between those who reported that their insurance denied coverage of gender-affirming hormones and those who had not been denied coverage (aOR = 0.89; 95% Cl, 0.57-1.39; P = .60).

Table 1. Characteristics of Respondents to the2015 US Transgender Survey (N = 26,957)

Age, mean (95% Cl), y Gender identity, No. (%) Trans woman Trans man Assigned female at birth, genderqueer/ nonbinary Assigned male at birth, genderqueer/	42.1 (41.5-42.8) 9,238 (56.09) 7,950 (23.38) 7,844 (14.03) 1,925 (6.51)
Trans woman Trans man Assigned female at birth, genderqueer/ nonbinary Assigned male at birth, genderqueer/	7,950 (23.38) 7,844 (14.03)
Trans man Assigned female at birth, genderqueer/ nonbinary Assigned male at birth, genderqueer/	7,950 (23.38) 7,844 (14.03)
Assigned female at birth, genderqueer/ nonbinary Assigned male at birth, genderqueer/	7,844 (14.03)
nonbinary Assigned male at birth, genderqueer/	. ,
	1,925 (6.51)
nonbinary	
Race, No. (%)	
White	21,980 (64.24)
Latinx/Hispanic	1,451 (15.17)
Black/African American	782 (14.80)
Asian/Native Hawaiian/Pacific Islander	767 (3.36)
Alaska Native/American Indian	314 (0.96)
Biracial/multiracial/not listed	1,533 (2.22)
Middle Eastern/North African	130 (0.23)
Education, No. (%)	
Less than high school	892 (13.85)
High school	3,384 (27.55)
Some college	12,544 (31.32)
Bachelor's degree or higher	10,137 (27.27)
At or near poverty level, No. (%)	8,563 (29.78)
Ever interested in hormones, No. (%)	21,237 (83.43)
Currently using hormones, ^a No. (%)	12,037 (55.04)
Uninsured, No. (%)	3,362 (15.51)
Insurance denied hormone claim, ^b No. (%)	2,528 (20.81)
Using nonprescription hormones, ^c No. (%)	992 (9.17)

Notes: Because of missing values, not all categories add up to 100%.

^a Of respondents who were not in active military service. This group was excluded here because of their particular pathways and barriers to accessing hormone.

^b Of insured respondents who requested coverage.

^c Of respondents taking hormones.

Table 2. Association Between Insurance Status and Gender-Affirming Hormone Use Among Respondents to the 2015 US Transgender Survey

	Use of Nonprescription Hormones, Among Those Using Hormones ^a (n = 12,037)		Use of Horm Among Those In (n = 21,23	terested
Characteristic	aOR (95% CI)	P Value	aOR (95% CI)	CI) P Value
Uninsured (compared with insured)	2.64 (1.88-3.71)	<.001	0.37 (0.24-0.56)	<.001
Age (for each additional year)	0.986 (0.975-0.996)	.008	0.969 (0.96-0.98)	<.001
Gender identity (compared with trans man)				
Trans woman	3.71 (2.30-5.00)	<.001	0.56 (0.40-0.77)	<.001
Assigned female at birth, genderqueer/nonbinary	2.41 (1.25-4.65)	.009	0.16 (0.10-0.23)	<.001
Assigned male at birth, genderqueer/nonbinary	6.02 (2.82-12.82)	<.001	0.19 (0.10-0.39)	<.001
Race (compared with White)				
Alaska Native/American Indian	0.49 (0.22-1.09)	.08	0.93 (0.35-2.44)	.88
Asian/Native Hawaiian/Pacific Islander	2.72 (0.94-7.89)	.06	1.30 (0.65-2.62)	.45
Biracial/multiracial/not listed	3.28 (1.92-5.61)	<.001	1.23 (0.76-1.98)	.39
Black/African American	0.92 (0.55-1.56)	.77	0.75 (0.40-1.38)	.35
Latinx/Hispanic	1.07 (0.60-1.89)	.82	1.01 (0.51-1.97)	.98
Middle Eastern/North African	3.68 (0.66-20.45)	.14	2.06 (0.50-8.39)	.31
Education (compared with less than high school)				
High school	1.38 (0.62-3.08)	.43	0.47 (0.19-1.17)	.10
Some college	1.32 (0.63-2.78)	.46	0.56 (0.24-1.27)	.16
Bachelor's degree or higher	1.13 (0.51-2.50)	.76	0.50 (0.22-1.15)	.10
At or near poverty level	0.80 (0.57-1.13)	.20	0.76 (0.51-1.14)	.19

aOR = adjusted odds ratio.

Note: Data analyzed using weighted multivariable logistic regression. For all analyses, crossdressers were excluded from the overall sample because of their unique characteristics.

^a Analysis excluded respondents currently in active military service, given their unique pathways to accessing gender-affirming hormones.

Both of our outcomes were associated with gender, age, and, in some of the models, race (Tables 2 and 3). Overall use of hormones was highest among trans men and lowest among respondents assigned female at birth who identified as genderqueer or nonbinary. Respondents assigned male at birth were more likely to be using nonprescription hormones. The odds of using hormones in general—and nonprescription hormones in particular—decreased with increasing age.

DISCUSSION

This study addresses gaps in our understanding of patterns of nonprescription hormone use, as well as the relationship between insurance barriers and hormone source. Overall, we found a high rate of nonprescription hormone use—9.17% of current hormone users, translating to approximately 75,000 people based on 2014 estimates of the US transgender population.²⁵ Although we have no data regarding the reasons for use of nonprescription hormones, this practice enables people to bypass the clinician, thus avoiding any potential discrimination, maltreatment, or exposure, as well as the cost associated with obtaining and filling the prescription.

In this study, we found a correlation between lack of insurance coverage and use of nonprescription hormones. Additionally, we found that uninsured transgender respondents were less likely to use hormones in general.

There was substantial variation in patterns of hormone use by gender and age. Trans men were more likely to be using hormones compared with trans women, regardless of insurance status. Genderqueer or nonbinary people were least likely to be taking hormones. Trans men were less likely than all other gender categories to be taking nonprescription hormones. Older age was correlated with a decrease in overall hormone use, as well as use of nonprescription hormones; cultural shifts, along with increasing health concerns, may be at play in explaining this trend. Both the age and gender differences in hormone use patterns have clinical implications for prescription and harmreduction strategies and underscore the importance of dedicated research attention to the needs of the various subgroups in the broader transgender population.



Table 3. Association Between Insurance Claim Denial and Gender-Affirming Hormone Use AmongInsured Respondents to the 2015 US Transgender Survey

Characteristic	Use of Nonprescription Hormones, Among Those Using Hormones ^a (n = 10,841)		Use of Hormones, Among Those Interested (n = 18,516)	
	aOR (95% CI)	P Value	aOR (95% CI)	P Value
Claim for hormones denied by insurance	2.53 (1.61-3.97)	<.001	0.89 (0.57-1.39)	.60
Age (for each additional year)	0.98 (0.96-0.99)	<.001	0.97 (0.95-0.99)	.02
Gender identity (compared with trans man)				
Trans woman	5.42 (3.56-8.25)	<.001	0.54 (0.34-0.86)	.009
Assigned female at birth, genderqueer/nonbinary	1.54 (0.83-2.86)	.17	0.13 (0.07-0.23)	<.001
Assigned male at birth, genderqueer/nonbinary	8.90 (3.22-24.62)	<.001	0.80 (0.25-2.30)	.70
Race (compared with White)				
Alaska Native/American Indian	0.55 (0.19-1.55)	.26	0.53 (0.15-1.80)	.30
Asian/Native Hawaiian/Pacific Islander	4.04 (0.95-17.29)	.06	1.05 (0.44-2.46)	.92
Biracial/multiracial/not listed	3.22 (1.76-5.90)	<.001	0.84 (0.42-1.69)	.62
Black/African American	1.33 (0.70-2.54)	.39	1.17 (0.60-2.27)	.65
Latinx/Hispanic	1.31 (0.63-2.73)	.47	1.05 (0.46-2.41)	.90
Middle Eastern/North African	6.49 (1.07-39.28)	.04		
Education (compared with less than high school)				
High school	1.24 (0.37-4.11)	.72	0.34 (0.11-1.11)	.07
Some college	1.09 (0.35-3.37)	.87	0.56 (0.19-1.63)	.29
Bachelor's degree or higher	0.94 (0.28-3.20)	.92	0.40 (0.13-1.19)	.10
At or near poverty	0.72 (0.30-1.21)	.22	0.79 (0.50-1.25)	.32

aOR = adjusted odds ratio.

Note: Data analyzed using weighted multivariable logistic regression. For all analyses, crossdressers were excluded from the overall sample because of their unique characteristics.

^a Analysis excluded respondents currently in active military service, given their unique pathways to accessing gender-affirming hormones.

Respondents from some, but not all, non-White racial/ethnic groups were more likely to use nonprescription hormones. Our study may have been underpowered to detect differences between distinct groups compared with White respondents. The positive findings could be explained, however, by historical and ongoing racism and bias, and decreased trust in the health care system, that along with reduced access to health care professionals, compound other barriers to care and encourage alternative resourcing of genderaffirming hormones.

Lack of access to insurance coverage for genderaffirming hormones has implications that extend beyond economic burdens and barriers to medical transitioning. Hormones accessed from an unlicensed source may be unmonitored for content and quality, and may differ in formulation and dose from those recommended. For example, transgender women who use estrogens prescribed to cisgender women may be at increased risk for thromboembolic complications when using ethinyl estradiol²⁶ instead of the recommended 17β -estradiol.¹⁰ Additionally, use of nonprescription hormones likely entails decreased monitoring of hormone levels and less opportunity for mitigating risks or other forms of harm reduction, preventive care, and health improvement.²⁷

Despite these risks, use of nonprescription hormones might also be interpreted as an expression of resilience and strength among transgender people. Faced with barriers to accessing needed care, some transgender people circumvent the barriers by finding alternative resources for acquiring their medications (which have been shown to improve mental health outcomes).^{8,9} Future qualitative research may shed light on the reasoning and mechanisms by which transgender people navigate accessing hormones. In understanding these processes, health care clinicians can develop mechanisms for harm reduction, including institutional-level programs to ensure access to medications. Primary care physicians are ideally positioned to spearhead such efforts. As they address the practiceand clinician-level barriers to caring for transgender people, clinicians also need to be aware of the substantial cost barrier for patients without insurance or those who might have their claims denied. Insurers and policy makers should aim to eliminate these coverage gaps

by restructuring reimbursement for gender-affirming hormones and revising exclusionary policies. Beyond the low cost²⁸ and considerable potential benefit of gender-affirming hormone coverage, there are strong ethical arguments to ensuring access to these medically necessary interventions, including the principles of beneficence, nonmaleficence, and justice.²⁹

Our study has a number of limitations. As this is a cross-sectional study, causality cannot be inferred. The survey was a nonprobability sample and is unlikely to be completely representative of the US transgender population. Although we used survey weights to reduce sampling bias, the weighting procedure is more reflective of the US general population than the US transgender population, where those identifying as transgender are more likely to be younger and people of color. Respondents may have underreported use of nonprescription hormones because of desirability bias. Additionally, differences between types of insurance and insurance policies between states were not assessed, thereby limiting our analyses. Another limitation was the questions as posed in the survey; we do not have further detail regarding such questions as the mechanism for claim denial and we cannot quantify the proportion of medication each respondent had obtained from an unlicensed source. We also lack information regarding the specifics of insurance plans; examining out-of-pocket costs may shed further light on interactions between costs and medication use patterns, especially with the rise of high-deductible plans; however, even with access to only more general categories, we believe our findings shed light on important patterns of hormone use in this population. More research is needed to identify and evaluate interventions that reduce the risks posed by these workarounds.

The findings of this study relate to ongoing policy debates, including the debates regarding the fate of the Patient Protection and Affordable Care Act and regulatory protections of gender identity or expression. In the meantime, it is clear that greater, not lesser, protections of transgender people and their access to care are needed.

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Key words: transgender; insurance; LGBT; gender-affirming hormones; risk reduction; vulnerable populations; health services

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EDITORIALS

In This Issue: Nothing Simple Kurt C. Stange

The Long Loneliness of Primary Carey Timothy P. Daaleman

Clinical Prediction Rules: Challenges, Barriers, and Promises Emma Wallace; Michael E. Johansen



Social Isolation and Patient Experience in Older Adults

Takuya Aoki; Yosuke Yamamoto; Tatsuyoshi Ikenoue; Yuka Urushibara-Miyachi; Morito Kise; Yasuki Fujinuma; Shunichi Fukuhara Social isolation is associated with a necative patient experience in older orimary care patients in Japan.

Social isolation is associated with a negative patient experience in older primary care patients in Jap

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	Page 1		Page 3
2 FOR THE SOUT 2 EAST ST. LO) STATES DISTRICT COURT HERN DISTRICT OF ILLINOIS OUIS DIVISION	1 2 3	APPEARANCES:
3 4 JANIAH MONROE, 1		4	FOR THE PLAINTIFFS:
MELENDEZ, EBONY		5	MS. CAROLYN M. WALD ACLU of Illinois
5 LYDIA HELENA VISI SORA KUYKENDAL		6	150 North Michigan Avenue, Suite 600
6 SASHA REED,)	7	Chicago, Illinois 60601 cwald@aclu-il.org
7 Plaintiffs,)	8	cwald@acid=ii.org
)	,	9 10	FOR THE DEFENDANTS: MS. LISA COOK
8 vs.) NO. 18-156-NJR		Assistant Attorney General
9 JOHN BALDWIN, M	ELVIN HINTON,)	11	500 South Second Street
and STEVE MEEKS, 10)	12	Springfield, Illinois 62701 lcook@atg.state.il.us
Defendants.)	13	
11 12)	14 15	ALSO PRESENT:
13 DISCOVERY DE	POSITION OF DR. RANDI ETTNER	16	Joyce D. Lawrence, CSR, CCR, RPR
14 15 TUESDAY, C	DCTOBER 13, 2020	17	CSR# 84-1716 CCR# 1329 Alaris Litigation Service
16 9:00 A.		1 /	15 South Old State Capitol Plaza
17 18 Via We	bex	18	Springfield, Illinois 62701
19		19 20	
20 21		21	
22		22 23	
23 24		24	
25		25	
	Page 2		Page 4
1 II	NDEX	1	IT IS HEREBY STIPULATED AND AGREED by and
2		2	between Counsel for the Plaintiffs and Counsel for
3 WITNESS	Page	3	the Defendants that this deposition may be taken in
4 DR. RANDI ETTNE 5 EXAMINATION	₌R BY Ms. Cook4	4	shorthand by JOYCE D. LAWRENCE, an Illinois Certified Shorthand Reporter, and afterwards
	BY Ms. Wald 70	6	transcribed into typewriting, and the signature of
7		7	the Witness is RESERVED.
8 (No exhibits mark	ed.)	8	
9		9	****
10		10	
11		11 12	(Deposition commenced at 9:02 a.m.)
12 13		12	DR. RANDI ETTNER, called as a witness, being first duly sworn, was
13		14	examined and testified as follows:
15		15	EXAMINATION
16		16	BY MS. COOK
17		17	Q. Okay. And Dr. Ettner, since this is
18		18	remote, I know you've done depositions before, but
19		19	if you have any problems hearing me, please let me
		20	know. And if you at any point need to take a break,
20		21	just let me know. I'll ask that you finish whatever
21		22	we're talking about at the time and then we can take
21 22		22	we're talking about at the time and then we can take
21 22 23		23	a break whenever you need one, okay?
21 22			

1 (Pages 1 to 4)

Page	5 Page 7
1 prepare for your deposition today?	1 Q. And do you still keep up with your
2 A. Yes.	2 licensing requirements?
3 Q. And what were those?	3 A. Yes.
4 A. I reviewed the declarations that I wrote,	4 Q. Do you have any medical training?
5 the mental health and medical records of the named	
6 and unnamed class members. I reviewed the	6 schooling?
7 deposition of Dr. Conway, the 30(b)(6) deposition,	7 Q. Yes. Like because you're not a
8 and I reviewed the supplemental deposition of Jania	h 8 you're not a are you a psychologist or a
9 Monroe.	9 psychiatrist?
10 Q. Okay. And about how long just to	10 A. I'm a clinical psychologist and a
11 prepare for today, how much time did you spend	11 forensic psychologist.
12 reviewing all of those documents?	12 Q. And for that, you do not go to medical
13 A. I reviewed those documents for	13 school; is that correct?
14 approximately two hours.	14 A. Yes.
15 Q. Okay. And so the most recent declaration	15 Q. Do you have the ability to prescribe
16 that you did was in August of this year; is that	16 medications?
17 correct?	17 A. No.
18 A. Yes.	18 Q. And there are some times instances in
19 Q. And about how much time did you spend	19 your declaration where you referred to medical needs
20 writing that declaration?	20 or medically there is one time you note something
A. I would say about four hours.	21 was not medically sound. And so what do you mean
22 Q. Okay. And a lot of my questions today	22 when you say that?
are going to center around your most recent	A. Are you referring to the area of gender
24 declaration. Do you have that with you somewhere	? 24 dysphoria?
A. I have it on my computer.	25 Q. Well, I think it this specific
Page	6 Page 8
1 Q. Okay. Okay. You've already testified	1 instance I'm referring to is on paragraph 141 of
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be4some questions that overlap with it, but I'm not	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that helps, too.
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be4some questions that overlap with it, but I'm not5going to go through all of that again, okay. So a	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that helps, too. Okay. Are you able to see my screen?
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be4some questions that overlap with it, but I'm not5going to go through all of that again, okay. So a6lot of your qualifications, your expertise, that was	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that helps, too. Okay. Are you able to see my screen? A. Yes.
1Q. Okay. Okay. You've already testified2for this lawsuit once last year. I'm going to try3not to overlap too much with that. There may be4some questions that overlap with it, but I'm not5going to go through all of that again, okay. So a6lot of your qualifications, your expertise, that was7discussed at length in your hearing testimony. I'm	 instance I'm referring to is on paragraph 141 of your declaration. Maybe it would help to look at that and I can pull it up on the screen, if that helps, too. Okay. Are you able to see my screen? A. Yes. Q. Okay. Sorry about that. I need to pull
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DR. RANDI ETTNER 10/13/2020

	Page 9		Page 11
1	those aren't based on your expertise; is that	1	MS. WALD: Object to form.
2	correct?	2	WITNESS: The standards of care list the
3	MS. WALD: Objection. Form.	3 treatn	nents for gender dysphoria, all of which are
4	WITNESS: Could you rephrase the		dered medical, including psychotherapy and
5	question, please?	5 social	world transition.
6	MS. COOK: Of course.	6 BY M	5. COOK:
7	BY MS. COOK:	7 Q	Okay. And so when you discuss whether
8	Q. So who in the standards of care puts		thing was medically sound in your declaration,
9	forth recommendations for medical treatment, things		of that could be based on is it mostly just
10	of that nature, whether something is medically		I on what the standards of care say?
11	sound? Who within the organization makes those	11 A .	It would be a departure from the
12	recommendations?	12 stand	ards of care and from the best practice for the
13	A. The authors of the standards of care, of	13 treatm	nent of gender dysphoria.
14	which I am one.	14 Q	Do you currently see patients?
15	Q. And so do you make recommendations in the	15 A .	Yes.
16	standards of care for medical care?	16 Q	And so do you have, like, a practice or
17	A. Gender dysphoria is a medical condition.	17 do yo	u see them through a clinic?
18	So all recommendations are for medical care.	18 A.	Currently, I see them through video or
19	Q. So for, like, medical interventions, are	19 telepł	none.
20	those something that a psychologist would normally	20 Q	I see. I see. Things have moved
21	make recommendations for?	21 remot	ely?
22	A. I'm sorry. Would you repeat that	22 A .	Yes.
23	question, please?	23 Q	I see. And about how many patients do
24	Q. For medical interventions, like things	24 you h	ave on your caseload right now?
25	that require a doctor's prescription or a referral,	25 A .	That varies considerably. I have some
	Page 10		Page 12
1	Page 10	1 natien	Page 12
1	are those normally the types of things that a		ts I see weekly, some I see biweekly and a few
2	are those normally the types of things that a psychologist would make a recommendation for?	2 who a	ts I see weekly, some I see biweekly and a few re having emergencies, where I'll see them,
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2 3	are those normally the types of things that a psychologist would make a recommendation for?	2 who and 3 actuall 4 Q.	ts I see weekly, some I see biweekly and a few re having emergencies, where I'll see them,
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3 (Pages 9 to 12)

	Page 13		Page 15
1	at Weiss Hospital?	1	BY MS. COOK:
2	A. Yes.	2	Q. And so is most of the forensic work you
3	Q. And so what kind of consulting do you do	3	do for litigation purposes?
4	with that team?	4	A. Well, by definition, it would be for some
5	A. I do presentations for the team. I	5	aspect of legal work. It might be just consulting
6	consult with the surgeon frequently about individual	6	or providing an opinion, but it might not
7	cases. I can evaluate people who are considering	7	necessarily involve litigation.
8	surgery at that facility. Often, I've seen people	8	Q. In the ones that do involve litigation of
9	post-operatively at the facility. Prior to COVID, I	9	some sort, is most of your work in civil cases or
10	might make rounds on people who have had surgery.	10	criminal cases?
11	I'm on the medical staff there.	11	A. Both.
12	Q. And so if somebody is considering	12	Q. In the criminal cases you're retained in,
13	surgery, do you write one of the recommendation	13	what percentage would you say you're retained for
14	letters, if you feel it's appropriate?	14	the criminal defendant?
15	A. Are you asking specifically in the case	15	A. I would say less than 10 percent. 8
16	of Weiss Memorial Hospital?	16	percent, possibly.
17	Q. Yes. I guess, what do you mean when you	17	Q. In the civil cases that you are retained
18	say you evaluate people for surgery?	18	in, what percentage would you say you're retained by
19	A. Well, throughout my career, I have met	19	a civil plaintiff?
20	with individuals who require surgery and will select	20	A. I would say that I'm retained by the
21	surgeons who are performing the surgery throughout	21	attorneys and not by the plaintiffs.
22	the world and I have often, in fact, many times,	22	Q. That's fair. So in those civil cases,
23	probably hundreds of times, done assessments and	23	how many are you retained by the plaintiffs'
24	written referral letters for those people.	24	attorneys?
25	Q. And about how much of your time is doing	25	A. Perhaps 70 percent.
	Page 14		Page 16
1	forensic work, like for this case?	1	Q. And so for civil cases, would the other
1 2	forensic work, like for this case? A. Are you asking specifically for this case	2	-
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2 3 4	forensic work, like for this case? A. Are you asking specifically for this case or in general? I'm sorry. I'm not clear about that.	2 3 4	 Q. And so for civil cases, would the other 30 percent how many civil cases have you been retained by defense counsel? What is the percentage of that?
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5 (Pages 17 to 20)

	Page 21		Page 23
1	MS. WALD: Objection. Form.	1 Q. Yes. Yes. The WPATH approv	ved courses,
2	BY MS. COOK:	2 are they through the organization or, I	
3	Q. And so, it's really up to the people who	3 outside provider?	Uncontrol and International
4	have an interest in it to seek out training,	4 A. They would be courses provide	ed by
5	mentorship, you know, extra steps to learn about	5 organizations that collaborate with WP	
6	gender dysphoria and its treatment. Would that be	6 instance, World Association of Sexolog	
7	fair to say?	7 one. SSSS, a society for the scientific	
8	MS. WALD: Objection. Form.	8 sexology, might offer courses. Those	
9	WITNESS: I would say it is similar to	 9 of organizations that might offer course 	
10	any other medical specialty. Advanced training,	10 they may be in areas that are more rela	
11	experience, mentorship are indeed required.	11 or some other area that impacts the we	201 A D D D
12	BY MS. COOK:	12 people who have nonconforming gend	
13	Q. And so even if somebody receives training	they would be approved by WPATH to	
14	through the Global Education Initiative, what other	14 this certification.	
15	steps would they need for certification after the	15 Q. Okay. And so just so I'm clear	50
16	training?	16 there's the certification that you can g	
17	A. What do you mean when you say training,	all of these steps. There is also a way	-
18	because there are, perhaps, nine steps to the WPATH	18 grandfather in for some people; is that	
19	process of certifying individuals?	19 A. Yes.	conect:
20	Q. Okay. And so you mentioned that Global	20 Q. Okay. And then aside from thi	
20	Education Initiative could be part of the path that	21 either grandfathering in or this certific	
22	leads to certification. Would that be, you know		
23		there any other way to get this speciatransgender care?	
23	where would that be within the nine steps?	1.5	2
24	A. All nine steps are part of the Global		
20	Education Initiative. The first step is the	discipline you're talking about. For sur	geons and
	Page 22		Page 24
1	Page 22 foundation's training, which is typically eight	1 endocrinologists and primary care phys	-
1 2		 endocrinologists and primary care phys trajectory might be different. 	-
	foundation's training, which is typically eight	· · · · · · · · · · · · · · · · · · ·	icians, the
2	foundation's training, which is typically eight hours. But then there are eight other components of	2 trajectory might be different.	icians, the
2 3	foundation's training, which is typically eight hours. But then there are eight other components of the training.	 trajectory might be different. Q. I see. So they may have separate 	icians, the
2 3 4	foundation's training, which is typically eight hours. But then there are eight other components of the training. Q. What are the eight other components?	 trajectory might be different. Q. I see. So they may have separate specializations or certifications that the 	ate ay need in
2 3 4 5	foundation's training, which is typically eight hours. But then there are eight other components of the training. Q. What are the eight other components? A. They are four hours of an advanced	 trajectory might be different. Q. I see. So they may have separa specializations or certifications that the their disciplines? 	ate ey need in
2 3 4 5 6	foundation's training, which is typically eight hours. But then there are eight other components of the training. Q. What are the eight other components? A. They are four hours of an advanced course coursework. I'm sorry. I misspoke.	 trajectory might be different. Q. I see. So they may have separa specializations or certifications that the their disciplines? A. And they may have they may 	ate ey need in need ' or board
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	Page 25		Page 27
1	A. No.	1	Q. Okay. Fair enough.
2	Q. Now, a lot of so the certification	2	Well so last year, I saw an article
3	also involves some sort of community work, usually	3	out of Peoria discussing how people downstate so
4	with someone else who has the expertise for gender	4	Peoria, Springfield areas really didn't have access
5	dysphoria; is that correct?	5	to treatment providers who are willing to prescribe
6	A. Well, community work could involve	6	hormones for their gender dysphoria. You know, and
7	doesn't necessarily have to involve mentorship. It	7	it's my understanding that most people have to go to
8	could just be documentation that someone has	8	Chicago in this area to see a treatment provider for
9	participated in community events and has an	9	their gender dysphoria. Is that something that you
10	understanding of the various expressions of gender	10	hear much through your work through WPATH?
11	identity. Might involve participating or being	11	A. Aside from my work through WPATH, I would
12	attending gender an informed consent clinic, for	12	say that, ten years ago, there were far fewer
13	instance, or some other outreach. Some knowledge of	13	providers in the United States and people would come
14	the actual events that occur within the population	14	from states as far away as Kentucky or farther for
15	that we serve.	15	competent care. Part of the reason that the Gender
16	Q. In your work with WPATH, have you noticed	16	Education Initiative was started was that we
17	a difference in the availability of competent	17	literally traveled to these areas and trained
18	providers in metropolitan versus rural areas?	18	people. So we went to rural areas in Missouri,
19	A. I'm sorry. Would you repeat that?	19	someplace in Canada I can't remember where
20	Q. Yes. So in your work with WPATH, have	20	exactly very remote areas to expand the
21	you noticed a difference in the in the competence	21	competencies of the people that were either starting
22	of the providers for gender dysphoria in	22	to learn about the field or wanted more in-depth
23	metropolitan versus rural areas?	23	information. And now that that information is being
24	A. No.	24	presented online, and will some of it will
25	Q. Are there, from what you've seen,	25	continue to be presented online, the hope is that
		ļ	
	Page 26		Page 28
	Page 26		Page 28
1	providers who have this specialty for gender	1	people will be trained and will be competent. We've
2	providers who have this specialty for gender dysphoria in more of the rural areas of of the	2	people will be trained and will be competent. We've gone to Brazil and areas where people had little or
2 3	providers who have this specialty for gender dysphoria in more of the rural areas of of the areas that you've seen?	2 3	people will be trained and will be competent. We've gone to Brazil and areas where people had little or no access to qualified professionals.
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	Page 29		Page 31
1	your WPATH work on the Committee for Incarcerated	1	capacity regarding prisons? Not all were employed
2	Persons. What is that committee?	2	by prisons.
3	A. When you say what is that committee, do	3	Q. Okay. Well, I guess, how many have,
4	you mean what is it who does it consist of, what	4	like, actually worked, you know, day-to-day inside
5	is its mission? I'm not sure what the question	5	an institution walls, a prison wall?
6	is.	6	MS. WALD: Objection. Form.
7	Q. Sure. It was a very broad question. I	7	WITNESS: I don't know that they've
8	kind of want to know, just generally, a little bit	8	worked day-to-day in a correctional facility. I
9	about it.	9	know one spends quite a bit of time in a
10	So how many people sit on it? You know,	10	correctional facility. But day-by-day, I can't
11	what is its purpose? How often does it meet? What	11	answer that question for someone else.
12	does it do? So I'll break all of that down.	12	BY MS. COOK:
13	So how many people are on the Committee	13	Q. And that's fair. But they all have had
14	for Incarcerated Persons?	14	some interaction with incarcerated persons?
15	A. I'm not certain at this time how many	15	A. Yes.
16	people are on the committee. We are in the process	16	Q. And so and are you one of those five,
17	of writing the Standards of Care 8, the newest	17	or are you talking about five people in addition to
18	iteration. So we have suspended many of our	18	you?
19	committees so that people can focus their energy on	19	A. I'm the co-chair.
20	the standards of care and all of the really major	20	Q. So you are counted as one of the five
21	work that's involved in producing the document.	21	people?
22	I can tell you who is on the	22	A. Yes.
23	Institutionalized Persons Standard of Care Committee	23	Q. Is there any additional training provided
24	in terms of writing the Standards of Care 8, if you	24	for individuals who work with incarcerated
25	are asking that.	25	individuals who have gender dysphoria?
	-		anonen nerenennen kannen annen in die Tarrenan in Ort-Antoniaan
	Page 30	1	Page 32
			Fage Sz
1	Q. Okay. Yeah, who is on that?	1	A. By any additional training, do you mean
1 2		1 2	
	Q. Okay. Yeah, who is on that?		A. By any additional training, do you mean
2	Q. Okay. Yeah, who is on that?A. And that consists, I believe, of five	2	A. By any additional training, do you mean by WPATH or in general?
2 3	Q. Okay. Yeah, who is on that?A. And that consists, I believe, of fiveWPATH members.	2 3	 A. By any additional training, do you mean by WPATH or in general? Q. By WPATH.
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8 (Pages 29 to 32)

	Page 33		Page 35
1	standards of care relating to incarcerated persons	1	to a facility consistent with their gender
2	doesn't really there's no difference in the	2	identity?
3	treatment for institutionalized persons and and	3	MS. WALD: Objection. Form.
4	those on the outside contained in the standards of	4	WITNESS: Well, to answer that question,
5	care; is this accurate?	5	I would have to have more information about the
6	A. I think the wording is that the treatment	6	individual and what the concerns are.
7	should mirror that which is available in the	7	BY MS. COOK:
8	community.	8	Q. Okay. Okay. So it wouldn't
9	Q. And it doesn't it doesn't have any	9	necessarily because I think that this could be
10	exceptions for security or anything like that; is	10	read to say, you know, yes, security concerns may be
11	that correct?	11	taken into account. However, that should not
12	A. No, that is not correct.	12	conflict with, you know, care, which could include
13	Q. Okay. So what what exceptions are in	13	social transition. And so I didn't know if the
14	the standards of care related to security?	14	standards of care you know, if there's any sort
15	A. There is a provision in there that, at	15	of other exceptions or information that should be
16	certain times, accommodations may be required.	16	taken into account under the standards of care.
17	Q. Accommodations for security reasons?	17	MS. WALD: Objection. Form.
18	A. I don't have that section in front of	18	WITNESS: Yeah. Could you repeat that,
19	me.	19	please?
20	Q. Okay. Is it in the standards related to	20	MS. COOK: Well, I'll ask it a different
21	incarcerated persons?	21	way. Hopefully, that will make more sense.
22	A. Yes.	22	BY MS. COOK:
23	Q. Okay. Give me one second.	23	Q. So it's not clear to me in reading this,
24	Okay. I'm going to just share this with	24	though, you know, what the standards of care if
25	you so we can look at it together. If you're having	25	you're following the standards of care and you're
	you so we can look at it together. If you're naving		you're fonownig the standards of care and you're
		1	
	Page 34		Page 36
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9 (Pages 33 to 36)

	Dama 27		De ma 20
	Page 37		Page 39
1	Q. I'm going to try one more time to ask	1	would estimate 3 to 5 percent of the population.
2	this question. Would it be inconsistent with the	2	Q. And to your knowledge if you don't
3	WPATH standards of care if housing assignments for	3	know this, it's fine is the percentage higher in
4	an individual with gender dysphoria are made based	4	an institutionalized setting than out in free
5	on security reasons, even if it's necessary for	5	society?
6	social transition?	6	A. I can't answer that question. I think
7	MS. WALD: Objection. Form.	7	that there is a disproportionate amount of people
8	WITNESS: I'm sorry. Could you try to	8	who are incarcerated in the United States who are
9	rephrase that again? It's still not clear to me.	9	gender nonconforming, but I don't know about the
10	BY MS. COOK:	10	rest of the world.
11	Q. Okay. So the standards of care do list	11	Q. I'm sorry to go back. In the breakout
12	some things, perhaps, where their institutional	12	sessions, the trainings that have been done focused
13	needs could, you know, change or be considered for	13	more on institutional settings, how long would that
14	gender dysphoria treatment. So you know, it	14	training last?
15	mentions specifically the type of hormones that may	15	A. Well, that wasn't a training. It was
16	be changed. A reasonable accommodation is the use	16	part of the either the advanced mental health or
17	of injectable hormones, if not medically	17	foundations, I don't recall which, where there were
18	contraindicated, in an environment where diversion	18	a large number of people in attendance who worked in
19	of oral preparations is highly likely. So it	19	correctional settings and wanted to network with one
20	specifically mentions that.	20	another and wanted to have some didactic information
21	What's not clear is when, perhaps, social	21	about that particular topic.
22	transition may be denied because of a security	22	Q. Okay. And so is that different than in
23	reason. And in those instances, would that be	23	your declaration? In paragraph 6, it says: I
24 25	inconsistent with the WPATH standards of care?	24 25	chaired the WPATH Committee for Incarcerated Persons
20	MS. WALD: Objection. Form.	25	and provide training to medical professionals on
	Page 38		Page 40
			5
1	WITNESS: I would say that denial of	1	health care for transgender inmates. Are those
1 2	WITNESS: I would say that denial of social role transition is placing a gender dysphoric	1	
			health care for transgender inmates. Are those
2	social role transition is placing a gender dysphoric	2	health care for transgender inmates. Are those different things, referring to the same breakout
2 3	social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question	2 3	health care for transgender inmates. Are those different things, referring to the same breakout sessions?
2 3 4	social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question about making an accommodation that the institution	2 3 4	health care for transgender inmates. Are those different things, referring to the same breakout sessions? A. Those are different things.
2 3 4 5	social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question about making an accommodation that the institution cannot make, then the standards would suggest that	2 3 4 5	 health care for transgender inmates. Are those different things, referring to the same breakout sessions? A. Those are different things. Q. Okay. What is involved in the
2 3 4 5 6	social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question about making an accommodation that the institution cannot make, then the standards would suggest that they seek outside consultation.	2 3 4 5 6	 health care for transgender inmates. Are those different things, referring to the same breakout sessions? A. Those are different things. Q. Okay. What is involved in the training?
2 3 4 5 6 7	social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question about making an accommodation that the institution cannot make, then the standards would suggest that they seek outside consultation. BY MS. COOK:	2 3 4 5 6 7	 health care for transgender inmates. Are those different things, referring to the same breakout sessions? A. Those are different things. Q. Okay. What is involved in the training? A. Well, the training is the entire
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 social role transition is placing a gender dysphoric prisoner at risk. And that if there is a question about making an accommodation that the institution cannot make, then the standards would suggest that they seek outside consultation. BY MS. COOK: Q. Okay. And what type of outside consultation should they seek? A. Someone who has expertise in the assessment and treatment of gender dysphoria and in the context of a correctional setting. Q. What in the free world, so in the normal outside of the institutional settings, what is, like, the normal rate of gender dysphoria? A. By rate, do you mean incidents or prevalence or Q. Yeah, prevalence. A. There have been various estimates, but I think of gender dysphoria or gender nonconformity? There is a difference. Q. I'm just asking about gender dysphoria. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 health care for transgender inmates. Are those different things, referring to the same breakout sessions? A. Those are different things. Q. Okay. What is involved in the training? A. Well, the training is the entire coursework that we offer and I have taught many different topics in both the foundation's course and the advanced courses over the past few years. Q. And those are specific to institutional settings? A. No. Q. What what specific training do you provide on health care for transgender inmates? A. Do I personally or does the course? I have if you're asking what I have personally presented on at the GEI courses, I can answer that question, but I'm not certain that that's the question you're asking. So perhaps you can rephrase it or clarify it for me. Q. Sure. And I'm just asking for

10 (Pages 37 to 40)

	Page 41		Page 43
1	A. I'm looking at the declaration, so I	1	A. By publicly, do you mean are they on
2	don't know what paragraph 6 is.	2	the are they on the web or something?
3	Q. Okay. I'm going to share this with you.	3	Q. Well, is it would there be a reason
4	Can you see paragraph 6?	4	you couldn't share one of the trainings, the slides,
5	A. Yes.	5	or the materials?
6	Q. Okay. And I'm asking about the last	6	A. Well, the ones that were done with my
7	sentence in paragraph 6, right at the top of page 3	7	colleague, yes, there would be. And the ones that
8	here.	8	I've given myself are proprietary and they change
9	A. Yes.	9	depending on the audience. So they are not always
10	Q. Okay. So I read that to mean when it	10	the same slides.
11	says I chaired the WPATH Committee for Incarcerated	11	Q. You know, are these hour-long discussions
12	Persons and provide training to medical	12	as part of a broader training or, when you do these
13	professionals on health care for transgender	13	specific ones on incarcerated persons, about how
14	inmates, I read that to mean that you personally	14	long do they last?
15	provide the training on health care for transgender	15	A. Well, Weiss Hospital has case conferences
16	inmates.	16	and those are an hour. I also presented that at a
17	A. I have provided some training to	17	meeting for the I believe it's called the Academy
18	professionals on health care for transgender	18	of Physicians and Lawyers it's people who have
19	inmates. For example, I was invited to the Erasmus	19	both a law degree and a medical degree in
20	Medical School in Rotterdam and I presented a course	20	Charleston, South Carolina. And that would have
21	on incarcerated persons and care in alignment with	21	probably been an hour presentation.
22	the Standards of Care 7.	22	Q. Okay. Have you heard any critiques that
23	Q. Okay. And have you provided us the same	23	there is little clinical experience to support
24	or similar training for transgender inmates in the	24	institutionalized person recommendations?
25	United States?	25	MS. WALD: Objection. Form.
	Page 42	1	
	Fage 42		Page 44
1	A. As I mentioned before, yes. On two	1	Page 44 WITNESS: I'm sorry. I don't understand
2		1	
	A. As I mentioned before, yes. On two		WITNESS: I'm sorry. I don't understand
2 3 4	A. As I mentioned before, yes. On two different occasions, we had sessions that dealt	2 3 4	WITNESS: I'm sorry. I don't understand the question. BY MS. COOK: Q. Sure. Have you heard of any critiques
2 3 4 5	A. As I mentioned before, yes. On two different occasions, we had sessions that dealt directly to medical and mental professionals on health care for transgender inmates. And in addition, I have done those presentations in various	2 3 4 5	WITNESS: I'm sorry. I don't understand the question. BY MS. COOK: Q. Sure. Have you heard of any critiques that there is little clinical experience to support
2 3 4 5 6	A. As I mentioned before, yes. On two different occasions, we had sessions that dealt directly to medical and mental professionals on health care for transgender inmates. And in addition, I have done those presentations in various other places apart from the WPATH GEI training.	2 3 4 5 6	WITNESS: I'm sorry. I don't understand the question. BY MS. COOK: Q. Sure. Have you heard of any critiques that there is little clinical experience to support WPATH's institutionalized person recommendations?
2 3 4 5 6 7	A. As I mentioned before, yes. On two different occasions, we had sessions that dealt directly to medical and mental professionals on health care for transgender inmates. And in addition, I have done those presentations in various	2 3 4 5 6 7	WITNESS: I'm sorry. I don't understand the question. BY MS. COOK: Q. Sure. Have you heard of any critiques that there is little clinical experience to support WPATH's institutionalized person recommendations? A. Critiques?
2 3 4 5 6 7 8	 A. As I mentioned before, yes. On two different occasions, we had sessions that dealt directly to medical and mental professionals on health care for transgender inmates. And in addition, I have done those presentations in various other places apart from the WPATH GEI training. Q. Okay. And so those trainings are in addition to the networking sessions? 	2 3 4 5 6 7 8	WITNESS: I'm sorry. I don't understand the question. BY MS. COOK: Q. Sure. Have you heard of any critiques that there is little clinical experience to support WPATH's institutionalized person recommendations? A. Critiques? Q. Yes. Have you heard any?
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11 (Pages 41 to 44)

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1 self-harm?	1 Q. Do you have any opinions as to Dr.
2 A. Are you talking about at the moment that	2 Anderson's work for the Department of Corrections?
3 I evaluated them? Because I think that may be a	3 MS. WALD: Objection. Form.
4 time-dependent question.	4 WITNESS: Would you repeat the question?
5 Q. Okay. Yeah. I think I think my	5 You broke up at the end. I'm sorry.
6 question is limited to when you evaluated them, when	6 BY MS. COOK:
7 you, you know, made an opinion or created a report	7 Q. Do you have any opinions as to Dr.
8 for the inmate.	8 Anderson's work for the Illinois Department of
9 MS. WALD: Objection. Form.	9 Corrections?
10 WITNESS: Yes, would you repeat that,	10 MS. WALD: Same objection.
11 please?	11 WITNESS: I don't have an opinion.
12 MS. COOK: Sure.	12 BY MS. COOK:
13 WITNESS: In its entirety.	13 Q. And the same with respect to Wendy Leach
14 BY MS. COOK:	14 of the Moss Group? And I don't know. Did you read
15 Q. I can either rephrase it or we can have	15 Ms. Leach's deposition?
16 the court reporter read it back. Would you rather I	16 A. I don't believe I did.
17 rephrase it?	17 Q. Okay. So is it fair to say you don't
18 A. That's fine. That would be fine.	18 have an opinion as to Ms. Leach's work?
19 Q. Okay. Okay. So, you know, in this	19 A. I don't have an opinion.
20 report, the declaration you did for the named	20 Q. In your expert report and based on what
21 plaintiffs here, you found you know, you found	21 you've seen in the materials, you know, you did
the majority of them all of them to be at a	22 discuss the two committee system that is anticipated
23 serious risk of self-harm in your declaration and I	23 in the Illinois Department of Corrections. What did
24 want to know, in your reports and opinions related	24 you understand the different committees to be?
25 to the other prisoners you've evaluated, what	25 A. What I understood was that one committee
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Page 46	Page 48
1 percentage have you not found to be at a serious	1 would deal with areas that they considered to be
percentage have you not found to be at a seriousrisk of self-harm?	 would deal with areas that they considered to be medical and one committee would deal with areas that
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12 (Pages 45 to 48)

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1	change to just, you know, take some of that	1	Q. Okay. So it is not just the aggression
2	decision-making away from the facilities and just	2	level. It's the determination of the aggression
3	leave it up to the individual prisoners will help	3	level plus all of the other factors that Mr.
4	with some of the gender dysphoria treatment?	4	Chappell outlined in his deposition?
5	A. If the question is do I believe that	5	MS. WALD: Objection. Form.
6	female accoutrements are a necessary part of the	6	WITNESS: I'm pardon me.
7	medical treatment for gender dysphoria and that	7	MS. WALD: I objected, but you can go
8	individuals should have the right to that treatment,	8	ahead.
9	then the answer is yes. However, if the question is	9	WITNESS: I'm not aware of any metric
10	is that medical, the answer is yes.	10	that measures aggression in an individual as a trait
11	Q. And so your as far as the logistical	11	versus state factor. So an individual may be
12	committee, which is going to be the administrative	12	aggressive on one occasion, but that might be an
13	committee within the Illinois Department of	13	exception and may not at all be indicative of a
14	Corrections, based on what you've said so if this	14	global aggressive individual.
15	administrative committee is going to oversee, you	15	BY MS. COOK:
16	know, transfers of transgender inmates, do you	16	Q. Do you think there may be instances where
17	believe that they will be making medical decisions	17	a person's aggressiveness could be used to determine
18	in doing that?	18	where they are housed, if they're seeking to be
19	A. Yes.	19	housed consistent with their gender identity?
20	MS. WALD: Objection. Form.	20	A. I think that would have to be determined
21	BY MS. COOK:	21	on an individual basis by someone who is qualified
22	Q. Okay. And it looked like one of the	22	to make those assessments and determinations.
23	things that you took issue with was using aggression	23	Q. Okay. And you also in your declaration
24	as a factor in deciding whether an inmate could be	24	discuss training, the training that's provided by
25	transferred consistent with his or her gender	25	IDOC. And so I first of all, I'll ask you some
	Page 50		Page 52
1	identity. Why is that?	1	questions about the training that you did review.
2	MS. WALD: Objection. Form.	2	And you noted that you reviewed Dr. Reister's
3	WITNESS: My opinion is that it isn't	3	training and then Wexford's specific training and
4	clear how aggression is being determined and what	4	found those to be inadequate, right?
5	specifically is meant by aggression, how transgender	5	MS. WALD: Objection. Form.
6	patients or prisoners differ in aggression from	6	
		I v	WITNESS: Training materials.
7	other prisoners, and the concern I have about the	7	WITNESS: Training materials. BY MS. COOK:
8	other prisoners, and the concern I have about the individual who would be making those decisions.		-
		7	BY MS. COOK:
8	individual who would be making those decisions.	7 8	BY MS. COOK: Q. I see, yes. Did you Dr. Reister made a training with a voice-over. Did you did you watch that
8 9	individual who would be making those decisions. BY MS. COOK:	7 8 9	BY MS. COOK: Q. I see, yes. Did you Dr. Reister made a training
8 9 10 11 12	individual who would be making those decisions. BY MS. COOK: Q. Okay. So so part of the issue that you take with it is you are not clear on how aggression is determined. Would your opinion change	7 8 9 10	BY MS. COOK: Q. I see, yes. Did you Dr. Reister made a training with a voice-over. Did you did you watch that PowerPoint training with a voice speaking in it or did you just look through the PowerPoint materials?
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13 (Pages 49 to 52)

1A. I'm aware that the first part of it, four hours, has occurred online.1for a minute there.2hours, has occurred online.2MS. COOK: Yes, you did.3Q. Okay. And so is this – it's through the dibal Education Initiative, but is it WPATH approved training or is it just affiliated with 63Do you all want to take another break or wait a bit' Is everybody doing all right?4Global Education Initiative, but is it WPATH approved training or is it just affiliated with 65MS. WALD: Dr. Ettner, do you need a break?7A. It's offered through WPATH by WPATH's trainers.7WITNESS: I don't.8trainers.8MS. WALD: Lisa, what time were you thinking – I'm not sure how much you have left or anything like that, but what are you thinking in terms of, like, a lunch break?10training will assist providers with proficiency? training or a first step?1011A. I think the four-hour training is a good introduction and overview to the field.1313good introduction and overview to the field.1314Q. But do you consider it orverall adequate training or a first step?1615training or a first step.1616A. I consider it a first step.1717MS. WALD: Objection. Form.1718You can go ahead, Dr. Ettner.1820BY MS. COOK:2021Q. Do you know of any other correctional systems in the United States that have brought the systems in the United States that have brought the systems in the United States that h
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25 that have brought experts in, Care, who are 25 you want.
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1 specialists and WPATH members of the 1 Q. I would appreciate that.
2 Institutionalized Care Committee into their 2 A. So at one time, I was aware that the 3 institutions to do training. 3 state of Texas was sending prisoners who needed
4 Q. Has the Global Education Initiative been 4 assessments specifically for surgery to the hospital 5 brought into other state prison systems? 5 in Galveston, Texas, where Dr. Walter Meyer and his
6 A. No. 6 team were providing those assessments. There are
7 Q. When the the examples that you gave 7 other examples where people would have different
8 that you know of providers, WPATH members, going 8 roles, depending on the need of the institution.
9 into correctional institutions and doing trainings, 9 Q. And did you see in the testimony you
10 are those part of WPATH or are they the providers, 10 reviewed any references to attempts to work out a
11 you know, going on their own time to do these 11 relationship with the University of Illinois Chicago
12 trainings? 12 Transgender Health Clinic?
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	Page 57		Page 59
1	do you think that your opinion as to the care	1	Q. And what were those?
2	provided within the department will change at all?	2	A. She had a deteriorated condition and an
3	A. I can't answer that. I would have to see	3	exacerbation of her gender dysphoria.
4	details of the plan. I would have to know who was	4	Q. When you spoke with Ms. Monroe this year,
5	implementing it, how it was being implemented, and	5	in August of 2020, had any of the negative changes
6	how the outcomes were being tracked.	6	you noticed been alleviated?
7	Q. Okay. So do you think and this is	7	A. No, I believe that when I spoke with her,
8	I know this is speculative and it's fine if you	8	she had attempted suicide prior to our not
9	can't answer. But do you think that, after, you	9	immediately prior. But in a period prior to when I
10	know, some of the projects are finalized, your	10	spoke to her, she had had a suicidal attempt.
11	opinion really could not change until you saw the	11	Q. And that was when you spoke with her, in
12	outcomes for the prisoners?	12	August of this year, she relayed that to you?
13	A. I can't make a determination of the	13	A. I also saw that in medical records.
14	adequacy of a plan unless I were to see the details	14	Q. Do you have an opinion as to why her
15	of the plan itself and how that plan was going to be	15	gender dysphoria has been exacerbated?
16	implemented and who was going to implement it.	16	A. Yes.
17	That's my opinion.	17	Q. What is that?
18	Q. Okay. Now, as far as the named	18	A. My opinion is two-fold. First, she
19	plaintiffs, you know, you've outlined that you met	19	requires surgery, which she has not received.
20	with them all in May of 2018 and you've spoken with	20	Secondly, she has experienced a destabilizing amount
21	them all again as recently as August of 2020; is	21	of segregation and discrimination, which she didn't
22	that correct?	22	anticipate when she was transferred to a female
23	A. Yes.	23	facility.
24	Q. Aside from the one in-person meeting,	24	Q. And was that based on your conversation
25	have you had any second in-person meetings with any	25	with her or her records or both?
		1	
	Page 58		Page 60
1	Page 58 of the named plaintiffs?	1	Page 60 A. My conversation with her, what I read in
1 2	NTRACE 10 601-502 PREMIE 146	1 2	
	of the named plaintiffs?		A. My conversation with her, what I read in
2	of the named plaintiffs? A. I saw three of the named plaintiffs at	2	A. My conversation with her, what I read in the medical records, what I saw when I visited her
2 3	of the named plaintiffs? A. I saw three of the named plaintiffs at the hearing and I had a subsequent meeting at Logan	2 3	A. My conversation with her, what I read in the medical records, what I saw when I visited her in the prison. I've had another I had also
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 of the named plaintiffs? A. I saw three of the named plaintiffs at the hearing and I had a subsequent meeting at Logan with one of the named plaintiffs. Q. And that was an in-person meeting? A. Correct. Q. Okay. And I assume that the prisoner at Logan Correctional Center who you met with was Ms. Janiah Monroe? A. Yes. Q. From the meeting that you had with her in May of 2018, until she was – and then when you met with her again at the female facility, did you notice any positive changes in Ms. Monroe from that transfer? A. Would you repeat that question, please? Q. Sure. From – you first met with Ms. Monroe at Dixon Correctional Center, which is a male facility. And then you met with her the second time in a female facility. During the second meeting, did you notice any positive changes in Ms. Monroe? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. My conversation with her, what I read in the medical records, what I saw when I visited her in the prison. I've had another I had also another one or two conversations with her since she was transferred and what I read in her supplemental declaration. Q. And do you read any of her disciplinary records? A. They're alluded to in the medical records. Q. Okay. But you don't you haven't seen the documentation of of, you know, who what discipline she is receiving, what time she is spending where, or the basis for the discipline? Are you seeing all of that? MS. WALD: Objection. Form. WITNESS: I don't know that I've seen all of that. BY MS. COOK: Q. And has Ms. Monroe spoken with you about her relationships with other inmates at the facility?

15 (Pages 57 to 60)

	Page 61		Page 63
1	contributing to her gender dysphoria?	1	BY MS. COOK:
2	A. My opinion really is that gender	2	Q. Oh, of course.
3	dysphoria is a serious medical condition. She has a	3	Now, some of the prisoners seem to have
4	very severe degree of that condition. Segregation,	4	issues aside from that contributes to gender
5	regardless of the disciplinary infringements, is	5	dysphoria with bad experiences with staff and other
6	eroding her coping strategies and her medical need	6	inmates. Do you see that, those bad experiences, as
7	for surgery has been denied or delayed and I think	7	something that exacerbates gender dysphoria or is
8	she is at a very high risk for a lethal suicide	8	separate?
9	attempt.	9	MS. WALD: Objection. Form.
10	Q. Well so it sounds like there are two	10	WITNESS: I would have to know about the
11	different things that you're that you're seeing,	11	individual and the incidences before I could answer
12	two different issues. And one is a medical need for	12	that question.
13	surgery and then the other is related to her housing	13	BY MS. COOK:
14	assignments. Is that is that true?	14	Q. Okay. With the named plaintiffs, is that
15	A. I see them both as being medically	15	something that they discussed with you or that you
16	necessary. The need to socially role transition	16	saw in assessing them or their records?
17	cannot occur when she's being isolated and treated	17	A. I also saw in the unnamed plaintiffs on
18	unlike the other female prisoners. And as we know	18	many occasions where people stated, and it was
19	from the standards of care, which you referenced	19	written in the records, they wanted to take hormones
20	earlier, where care should mirror what occurs in the	20	but didn't feel safe or they had been physically or
20	community, when people have a serious medical	21	sexually assaulted. But the word unsafe came up in
22	condition, a provider doesn't ask them or attempt to	22	numerous records and I think that that certainly
23	determine whether they've had disciplinary issues or	23	contributes to a person's overall mental health and
24	legal problems or what their level of aggression is.	24	well-being. For the named plaintiffs who have
25	We provide the necessary treatment. And I believe	25	transitioned, these circumstances, if they undermine
10	The provide the needsbary deathern. And i beneve	20	
	Page 62		Page 64
1	that she's not receiving the necessary treatment.	1	their medical treatment, would be very adverse.
2	WITNESS: Excuse me. Can we take a	2	Q. Have you interviewed any prisoners who
3	break? I need a snack.	3	were not named plaintiffs?
4	MS. COOK: Of course. We'll take a	4	A. Yes.
5	ten-minute break.	5	Q. Prisoners in IDOC?
6	WITNESS: Thank you.	6	A. A prisoner who is no longer in IDOC.
7	MS. COOK: No problem.	7	Q. Okay. And was that one of the formerly
8	(Recess taken from 11:14 a.m. to 11:26 a.m.)	8	named plaintiffs?
9	BY MS. COOK:	9	A. No.
10	Q. I was asking you about Ms. Monroe. I'm	10	Q. Okay. So they have been released since
11	going to move on to Ms. Vision.	11	you spoke with them?
12	So in your in the declaration that you	12	A. That's correct.
13	wrote, you noted that she had been denied transfer	13	Q. Was he or she in IDOC when this I
14	to a female facility. But were you aware she has	14	guess, do you know when he or she was released from
15	actually been approved for a transfer to a female	15	IDOC?
16	facility?	16	A. Recently.
17	A. No.	17	Q. Was the interview part of this case?
18	Q. Okay. That was some time ago. However,	18	A. No.
19	transfers have been stopped because of COVID. But	19	Q. Did you have any different opinion of the
20	she is expected to transfer at some point in the	20	treatment given to that prisoner than to the
21	near future. Would that change your opinion as to	21	prisoners who you have interviewed in this case?
22	the care that Ms. Vision is receiving?	22	A. No.
23	MS. WALD: Objection. Form.	23	Q. In your review of records and in the
24	WITNESS: I think Ms. Vision also	24	interviews you have done, have there been any
25	requires additional care.	25	instances where you agreed with the treatment that

16 (Pages 61 to 64)

	Page 65		Page 67
1	the prisoner had received?	1	worked with John Knight previously.
2	A. With the treatment the prisoner received,	2	Q. And have you worked with attorneys from
3	are you talking about a particular prisoner or could	3	the firm King and Spalding before?
4	you rephrase the question, please?	4	A. Not that I'm aware of. I don't know.
5	Q. Sure. In your review of of the	5	Q. That's fair. But you have worked with
6	records and the interviews you have done of IDOC	6	other attorneys from the ACLU before in cases?
7	inmates, were there any where you looked at them and	7	A. From the ACLU in states across the
8	thought, okay, this looks fine; I'll set this one	8	country.
9	aside?	9	Q. And how many cases have you worked with
10	MS. WALD: Objection. Form.	10	John Knight in?
11	WITNESS: I saw instances where people	11	A. I provided testimony in I think in two
12	who were receiving hormones appeared to be receiving	12	cases that come to mind, but there may have been
13	the correct vehicle and administration of those	13	another. I don't recall at the moment.
14	hormones and appeared to be stable.	14	Q. It looked like, at least with the ACLU,
15	BY MS. COOK:	15	you may have worked in more than a handful of cases.
16	Q. Do you know could you estimate about	16	Would that be accurate?
17	how many times that you had that thought, where they	17	A. In states across the country, yes.
18	appeared to be receiving receiving appropriate	18	Q. Do you give any sort of financial support
19	hormones and appeared to be stable?	19	to the ACLU for litigation?
20	A. I can't really estimate that.	20	A. No. But what do you mean by financial
21	Q. That's fair.	21	support?
22	You know so your declaration as to the	22	Q. I mean money.
23	punitive class members I mean, the other unnamed	23	A. No.
24	class members, I mean, it's kind of general. So	24	Q. Do you donate your time to the ACLU
25	when you were going through those records, did you	25	A. No.
	Dama CC	1	Dama (0
	Page 66		Page 68
1	pull specific instances out?	1	Q for these case?
2	pull specific instances out? A. Yes.	2	Q for these case? After the hearing in this case last year,
2 3	pull specific instances out? A. Yes. Q. Okay.	2 3	 Q for these case? After the hearing in this case last year, did you thank the attorneys for doing important
2 3 4	 pull specific instances out? A. Yes. Q. Okay. MS. WALD: Objection to form. 	2 3 4	 Q for these case? After the hearing in this case last year, did you thank the attorneys for doing important work?
2 3 4 5	 pull specific instances out? A. Yes. Q. Okay. MS. WALD: Objection to form. BY MS. COOK: 	2 3 4 5	 Q for these case? After the hearing in this case last year, did you thank the attorneys for doing important work? A. Did I?
2 3 4 5 6	 pull specific instances out? A. Yes. Q. Okay. MS. WALD: Objection to form. BY MS. COOK: Q. And so did you intend to put some of 	2 3 4 5 6	 Q for these case? After the hearing in this case last year, did you thank the attorneys for doing important work? A. Did I? MS. WALD: Objection. Form.
2 3 4 5 6 7	 pull specific instances out? A. Yes. Q. Okay. MS. WALD: Objection to form. BY MS. COOK: Q. And so did you intend to put some of those specific examples into your declaration? 	2 3 4 5 6 7	 Q for these case? After the hearing in this case last year, did you thank the attorneys for doing important work? A. Did I? MS. WALD: Objection. Form. BY MS. COOK:
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17 (Pages 65 to 68)

11 your other work? 11 need more information and then I could offer an opinion. 12 A. I'm not sure. Could you rephrase the question? 12 O. And similarly, Ms. Cook asked you if you had an opinion on Dr. Leach and her work with IDOC is that right? 14 O. Sure. Well, has the COVID pandemic affected at least your individual work beyond, you faffected at least your individual work beyond, you had an opinion on Dr. Leach and her work with IDOC is that right? 16 know, meeting with patients remotely? 16 A. Yes. 17 A. Yes. 17 O. And what did you mean by that answer? 18 O. And what did you mean by that answer? 18 A. Correct. 19 A. Well, I'm no longer able to meet with my colleagues there. I'm no longer able to travel to interview people directly. O. And what did you mean by that answer? 23 O. And has it affected any of the work that you do with WPATH, the pandemic? 24 D. And has it affected any of the work that year 24 you do with WPATH, the pandemic? 24 A. Well, it has in that we've gone to a 25 25 A. Well, it has now gone virtual, so I will MS. COOK: I didn't have anything else. MS. WALD: I have no further questions. 3 we were supposed to meet in Hong Kong for our my - my contact with colleagues. MS. WALD: I have n		Page 69		Page 71
3 Q. Some of your clinical work you've been 3 work with IDOC; is that right? 4 doing virtually? A. All of my clinical work I now do 5 5 A. All of my clinical work I now do 5 Q. And you previously answered no to that 6 virtually. 6 guestion? 7 7 Q. Okay. And is that just while the COVID 7 A. Correct. 8 pandemic is still ongoing? A. I don't have specific details about how 10 Q. Has the COVID pandemic affected any of 10 Dr. Anderson would employ her expertise and I would 11 your other work? 11 need more information and then I could offer an 12 A. I'm not sure. Could you rephrase the 13 Q. And similarly, Ms. Cook asked you if you 16 know, meeting with patients remotely? 16 A. Yes. 17 17 A. Yes. 17 Q. And in what ways? 18 A. Correct. 19 A. Well, I'm no longer able to meet with my 19 Q. And what did you mean by that answer? 12 collaborate with my colleagues there. I'm no longer 20 really information about the detalis of the - of 12 <th>1</th> <th>virtually; is that correct?</th> <th>1</th> <th>So Dr. Ettner, Ms. Cook previously asked</th>	1	virtually; is that correct?	1	So Dr. Ettner, Ms. Cook previously asked
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12 A. I'm not sure. Could you rephrase the 12 opinion. 13 question? 13 Q. And similarly, Ms. Cook asked you if you 14 Q. Sure. Well, has the COVID pandemic 14 had an opinion on Dr. Leach and her work with IDOC 16 know, meeting with patients remotely? 16 A. Yes. 17 A. Yes. 17 Q. And you previously answered no? 18 Q. And in what ways? 18 A. Correct. 19 A. Well, I'm no longer able to meet with my 19 Q. And what did you mean by that answer? 20 research partner in Europe or go to Europe to 20 A. I don't have enough – I don't have 21 collaborate with my colleagues there. I'm no longer 21 really information about the details of the – of 22 able to travel to interview people directly. 22 the work that they would do for the IDOC or other 23 Q. And has it affected any of the work that 23 o. And if you did receive additional 24 you do with WPATH, the pandemic? 24 O. And if you did receive additional 24 symposium and that has now gone virtual, so I will 4 MS. COOK: I didn't have anything else.	10	Q. Has the COVID pandemic affected any of	10	Dr. Anderson would employ her expertise and I would
13 question? 13 Q. And similarly, Ms. Cook asked you if you 14 Q. Sure, Well, has the COVID pandemic 14 15 affected at least your individual work beyond, you 14 16 know, meeting with patients remotely? 16 17 A. Yes. 17 18 Q. And in what ways? 18 19 A. Well, I'm no longer able to meet with my 19 20 research partner in Europe or go to Europe to 20 21 collaborate with my colleagues there. I'm no longer 20 23 Q. And has it affected any of the work that 21 you do with WPATH, the pandemic? 22 24 25 A. Well, it has in that we've gone to a 25 11 completely virtual mode of communication. And so 1 2 every two years, we've joined together and this year 2 3 we were supposed to meet in Hong Kong for our 3 4 symposium and that has now gone virtual, so I will 4 5 not see my colleagues in person and have an 5 6 opportunity to hear what they're doing and what 6	11	your other work?	11	need more information and then I could offer an
14 Q. Sure. Well, has the COVID pandemic 14 had an opinion on Dr. Leach and her work with IDOC 15 affected at least your individual work beyond, you 15 is that right? 16 know, meeting with patients remotely? 16 A. Yes. 17 A. Yes. 17 Q. And in what ways? 18 18 Q. And in what ways? 18 A. Correct. 20 research partner in Europe or go to Europe to 20 A. I don't have enough – I don't have 21 collaborate with my colleagues there. I'm no longer 21 really information about the details of the – of 22 able to travel to interview people directly. 22 A. Mell, it has in that welve gone to a 23 24 you do with WPATH, the pandemic? 24 24 information about that topic, you might be able to 25 A. Well, it has in that welve gone to a 1 offer an opinion? 2 2 every two years, welve joined together and this year 3 MS. WALD: I have no further questions. 3 we were supposed to meet in Hong Kong for our 3 MS. WALD: I have anything else. 4 symposium and that has now gone virtual, so I will 4	12	A. I'm not sure. Could you rephrase the	12	opinion.
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20research partner in Europe or go to Europe to20A. I don't have enough I don't have21collaborate with my colleagues there. I'm no longer21really information about the details of the of22able to travel to interview people directly.22the work that they would do for the IDOC or other23Q. And has it affected any of the work that2324you do with WPATH, the pandemic?2425A. Well, it has in that we've gone to a25Page 70Page 70Ms. Well, it has in that we've gone to a1completely virtual mode of communication. And so2A. Yes.3we were supposed to meet in Hong Kong for our34symposium and that has now gone virtual, so I will45not see my colleagues in person and have an56opportunity to hear what they're doing and what6MS. COOK: I'll take the original in7their centers are doing. So it has narrowed some of88my my contact with colleagues.990. Has the pandemic contributed to any910disruption in the work that you do?1011A. No. The work continues.11	18	Q. And in what ways?	18	A. Correct.
21 collaborate with my colleagues there. I'm no longer 21 really information about the details of the of 22 able to travel to interview people directly. 23 Q. And has it affected any of the work that 23 24 you do with WPATH, the pandemic? 24 24 Q. And if you did receive additional 25 A. Well, it has in that we've gone to a 25 information about that topic, you might be able to Page 70 Page 70 1 completely virtual mode of communication. And so 1 offer an opinion? 2 every two years, we've joined together and this year 2 A. Yes. 3 we were supposed to meet in Hong Kong for our 3 MS. WALD: I have no further questions. 4 symposium and that has now gone virtual, so I will 4 MS. COOK: I didn't have anything else. 5 not see my colleagues in person and have an 5 MS. WALD: Great. Short one today. 6 opportunity to hear what they're doing and what 6 MS. COOK: I'll take the original in 7 whatever the cheapest format is that you have vi email. 8 9 Q. Has the pandemic contributed to any 9	19	A. Well, I'm no longer able to meet with my	19	Q. And what did you mean by that answer?
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24 25you do with WPATH, the pandemic? A. Well, it has in that we've gone to a24 250. And if you did receive additional information about that topic, you might be able toPage 701completely virtual mode of communication. And so 2 every two years, we've joined together and this year 3 we were supposed to meet in Hong Kong for our 4 symposium and that has now gone virtual, so I will 5 not see my colleagues in person and have an 6 opportunity to hear what they're doing and what 7 their centers are doing. So it has narrowed some of 8 my - my contact with colleagues.1offer an opinion? 2 A. Yes.90. Has the pandemic contributed to any 10 Last the pandemic contributed to any 119MS. WALD: Yes, we'll do an electronic copy, please, and we will reserve and review for signature.12MS. COOK: Okay. Those are all the12MS. COOK: Thanks everyone.	22	able to travel to interview people directly.	22	the work that they would do for the IDOC or other
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3we were supposed to meet in Hong Kong for our symposium and that has now gone virtual, so I will3MS. WALD: I have no further questions.4symposium and that has now gone virtual, so I will4MS. COOK: I didn't have anything else.5not see my colleagues in person and have an opportunity to hear what they're doing and what5MS. WALD: Great. Short one today.6opportunity to hear what they're doing and what6MS. COOK: I'll take the original in7their centers are doing. So it has narrowed some of my my contact with colleagues.8email.9Q. Has the pandemic contributed to any9MS. WALD: Yes, we'll do an electronic10disruption in the work that you do?10copy, please, and we will reserve and review for11A. No. The work continues.11signature.12MS. COOK: Okay. Those are all the12MS. COOK: Thanks everyone.				3.**
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	11	A. No. The work continues.	11	signature.
13 questions had 13 MS WALD: Thank you Dr. Ettnor	12	MS. COOK: Okay. Those are all the	12	MS. COOK: Thanks everyone.
15 questions made. 15 water. maink you, DI. Ettilei.	13	questions I had.	13	MS. WALD: Thank you, Dr. Ettner.
14 Ms. Wald, I didn't know if you had any 14 WITNESS: Thank you.	14		14	
15 follow-up or cross. 15 (Deposition concluded at 11:56 a.m.)	15	follow-up or cross.	15	(Deposition concluded at 11:56 a.m.)
16 MS. WALD: I do. I'm going to have a 16	16	MS. WALD: I do. I'm going to have a	16	
17 couple follow-up questions. If we could just take a 17	17	couple follow-up questions. If we could just take a	17	
18 ten-minute break so I can take a peek at my notes 18	18	ten-minute break so I can take a peek at my notes	18	
19and make sure I'm not missing anything.19	19	and make sure I'm not missing anything.	19	
20 MS. COOK: Okay. Sure. 20	20	MS. COOK: Okay. Sure.	20	
21 MS. WALD: Great. 21	21	MS. WALD: Great.	21	
22 (Recess taken from 11:43 a.m. to 11:53 a.m.) 22	22	(Recess taken from 11:43 a.m. to 11:53 a.m.)	22	
23 EXAMINATION 23	23	EXAMINATION	23	
24 BY MS. WALD 24	24	BY MS. WALD	24	
25Q. So I just have a couple questions.25	25	Q. So I just have a couple questions.	25	

18 (Pages 69 to 72)

	Page 73		Page 75
1	CERTIFICATE OF REPORTER	1	ERRATA SHEET
2			Witness Name: DR. RANDI ETTNER
3	I, JOYCE D. LAWRENCE, the officer before	2	Case Name: JANIAH MONROE, MARILYN MELENDEZ, EBONY
4	whom the foregoing deposition was taken, do		STAMPS, LYDIA HELENA VISION, SORA
5	hereby certify that the witness whose testimony	3	KUYKENDALL and SASHA REED v. JOHN BALDWIN,
6	appears in the foregoing deposition was duly		MELVIN HINTON and STEVE MEEKS
7	sworn by me; that the testimony of said witness	4	Date Taken: OCTOBER 13, 2020
8	was taken by me in stenotype and thereafter	5	Page # Line #
9	reduced to typewriting under my direction; that	6	Should read:
10	said deposition is a true record of the	7	Reason for change:
11	testimony given by said witness; that I am	8	
12	neither counsel for, related to, nor employed by	9	Page # Line #
13	any of the parties to the action in which this	10	Should read:
14	deposition was taken; and, further, that I am	11	Reason for change:
15	not a relative or employee of any counsel or	12	
16	attorney employed by the parties hereto nor	13	Page # Line #
17	financially or otherwise interested in the	14	Should read:
18	outcome of this action.	15 16	Reason for change:
19	- Courses Faurences	17	Page # Line #
20	Joyce D. Lawrence	18	Should read:
1000000	Certified Shorthand Reporter	19	Reason for change:
21	Registered Professional Reporter	20	
	State of Illinois CSR License #84-1716	21	Page # Line #
22		22	Should read:
23		23	Reason for change:
24	My commission expires:	24	
25	August 4, 2022	25	Witness Signature:
	Page 74		Page 76
1	ALARIS LITIGATION SERVICES	1	STATE OF)
2		2	
3 4	October 23, 2020	3	COUNTY OF)
1000	MS. CAROLYN M. WALD	4	, second of
5	ACLU of Illinois	5	I, DR. RANDI ETTNER, do hereby certify:
6	150 North Michigan Avenue, Suite 600 Chicago, Illinois 60601	6	That I have read the foregoing deposition;
87312		7	
7	IN RE: JANIAH MONROE, MARILYN MELENDEZ, EBONY		That I have made such changes in form
8	STAMPS, LYDIA HELENA VISION, SORA KUYKENDALL and SASHA REED v. JOHN BALDWIN,	8	and/or substance to the within deposition as might
	MELVIN HINTON and STEVE MEEKS	9	be necessary to render the same true and correct;
9	Dear Ms. Wald:	10	That having made such changes thereon, I
10		11	hereby subscribe my name to the deposition.
2.1	Please find enclosed your copies of the deposition of	12	I declare under penalty of perjury that the
11	DR. RANDI ETTNER taken on October 13, 2020 in the above-referenced case. Also enclosed is the original	13	foregoing is true and correct.
12	signature page and errata sheets.	14	Executed this day of,
13	Please have the witness read your copy of the	15	20, at
1.0	transcript, indicate any changes and/or corrections	16	
14	desired on the errata sheets, and sign the signature	17	
15	page before a notary public.	18	
16	Please return the errata sheets and notarized	19	<u> </u>
17	signature page within 30 days to our office at 711 N 11th Street, St. Louis, MO 63101 for filing.	20	DR. RANDI ETTNER
18 19	nur Sueet, St. Louis, MO 63101 for filing.	21	
20	Sincerely,	22	·
21 22		23	NOTARY PUBLIC
23	JOYCE D. LAWRENCE	24	My Commission Expires:
24	Fachieren	25	1700 7.
25	Enclosures		

19 (Pages 73 to 76)

ERRATA

Page # 11 line # 5 should read: social role transition

Page # 19 line # 11 should read: Weiss should be voice

Page #22 line # 1 should read: foundation (not foundation's)

Page #22 line # 9 should read: **ten hours of mentorship** (not 2 years of membership).

Page # 28 line # 12: foundation (not foundation's)

Page # 51 line #14: should be globally

Page # 53 line # 25: the word "care" should be deleted

Page # 56 line # 14: the word "and" should be deleted

Page # 63 line # 11: should read incidents

	Page 73		Page 75
1	CERTIFICATE OF REPORTER	1	ERRATA SHEET
2			Witness Name: DR. RANDI ETTNER
3	I, JOYCE D. LAWRENCE, the officer before	2	Case Name: JANIAH MONROE, MARILYN MELENDEZ, EBONY
4	whom the foregoing deposition was taken, do		STAMPS, LYDIA HELENA VISION, SORA
5	hereby certify that the witness whose testimony	3	KUYKENDALL and SASHA REED v. JOHN BALDWIN,
6	appears in the foregoing deposition was duly		MELVIN HINTON and STEVE MEEKS
7	sworn by me; that the testimony of said witness	4	Date Taken: OCTOBER 13, 2020
8			
9	was taken by me in stenotype and thereafter	5	Page # Line #
	reduced to typewriting under my direction; that	6	Should read:
10	said deposition is a true record of the	7	Reason for change:
11	testimony given by said witness; that I am	8	
12	neither counsel for, related to, nor employed by	9	Page # Line #
13	any of the parties to the action in which this	10	Should read:
14	deposition was taken; and, further, that I am	11	Reason for change:
15	not a relative or employee of any counsel or	12	
16	attorney employed by the parties hereto por	13	Page # Line #
17	financially or otherwise interested in the Ministry	14	Should read:
18	outcome of this action.	15	Reason for change:
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24	My commission expires:	23	Reason for change:
25	August 4, 2022	25	Witness Signature:
	Page 74		Page 76
1	ALARIS LITIGATION SERVICES	1	STATE OF)
2	October 23, 2020	2	
4		3	COUNTY OF)
	MS. CAROLYN M. WALD	4	
5	ACLU of Illinois 150 North Michigan Avenue, Suite 600	5	I, DR. RANDI ETTNER, do hereby certify:
6	Chicago, Illinois 60601	6	That I have read the foregoing deposition;
		7	
7	IN RE: JANIAH MONROE, MARILYN MELENDEZ, EBONY		That I have made such changes in form
8	STAMPS, LYDIA HELENA VISION, SORA KUYKENDALL and SASHA REED V. JOHN BALDWIN.	8	and/or substance to the within deposition as might
225	MELVIN HINTON and STEVE MEEKS	9	be necessary to render the same true and correct;
.9		10	That having made such changes thereon, I
10	Dear Ms. Wald:	11	hereby subscribe my name to the deposition.
	Please find enclosed your copies of the deposition of	12	I declare under penalty of perjury that the
11	DR. RANDI ETTNER taken on October 13, 2020 in the	13	forecoing is two and correct
12	above-referenced case. Also enclosed is the original	14	Executed this 2 day of October
12	signature page and errata sheets.	15	20 20. at
13	Please have the witness read your copy of the		2000. at
	transcript, indicate any changes and/or corrections	16	
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15	page before a notary public.	18	Dr. Rendi Ethae
16	Please return the errata sheets and notarized	19	p. multing
17	signature page within 30 days to our office at 711 N	20	DR. RANDI ETTNER
18	11th Street, St. Louis, MO 63101 for filing.	21	
20	Sincerely,	22	
21		23	NOTARY PUBLIC
22	IOVEE D LAWRENCE		
23 24	JOYCE D. LAWRENCE	24	My Commission Expires:
25	Enclosures	25	



Exhibit 19 Excerpts of WPATH Standards of Care, Ver. 7

Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People

The World Professional Association for Transgender Health



Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People

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This is the seventh version of the *Standards of Care* since the original 1979 document. Previous revisions were in 1980, 1981, 1990, 1998, and 2001. Version seven was published in the International Journal of Transgenderism, 13(4), 165–232. doi:10.1080/15532739.
 2011.700873

The Standards of Care VERSION 7

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Purpose and Use of the Standards of Care

The World Professional Association for Transgender Health (WPATH)¹ is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transsexual and transgender health. The vision of WPATH is a world wherein transsexual, transgender, and gender-nonconforming people benefit from access to evidence-based health care, social services, justice, and equality.

One of the main functions of WPATH is to promote the highest standards of health care for individuals through the articulation of *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People.* The *SOC* are based on the best available science and expert professional consensus." Most of the research and experience in this field comes from a North American and Western European perspective; thus, adaptations of the *SOC* to other parts of the world are necessary. Suggestions for ways of thinking about cultural relativity and cultural competence are included in this version of the *SOC*.

The overall goal of the *SOC* is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender-nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments. While this is primarily a document for health professionals, the *SOC* may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population.

WPATH recognizes that health is dependent upon not only good clinical care but also social and political climates that provide and ensure social tolerance, equality, and the full rights of citizenship. Health is promoted through public policies and legal reforms that promote tolerance and equity

I Formerly the Harry Benjamin International Gender Dysphoria Association

II The *Standards of Care (SOC), Version 7,* represents a significant departure from previous versions. Changes in this version are based upon significant cultural shifts, advances in clinical knowledge, and appreciation of the many health care issues that can arise for transsexual, transgender, and gender-nonconforming people beyond hormone therapy and surgery (Coleman, 2009a, b, c, d).

for gender and sexual diversity and that eliminate prejudice, discrimination, and stigma. WPATH is committed to advocacy for these changes in public policies and legal reforms.

The Standards of Care Are Flexible Clinical Guidelines

The SOC are intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender-nonconforming people. While flexible, they offer standards for promoting optimal health care and guiding the treatment of people experiencing gender dysphoria—broadly defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b).

As in all previous versions of the *SOC*, the criteria put forth in this document for hormone therapy and surgical treatments for gender dysphoria are clinical guidelines; individual health professionals and programs may modify them. Clinical departures from the *SOC* may come about because of a patient's unique anatomic, social, or psychological situation; an experienced health professional's evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-reduction strategies. These departures should be recognized as such, explained to the patient, and documented through informed consent for quality patient care and legal protection. This documentation is also valuable for the accumulation of new data, which can be retrospectively examined to allow for health care—and the *SOC*—to evolve.

The SOC articulate standards of care but also acknowledge the role of making informed choices and the value of harm-reduction approaches. In addition, this version of the SOC recognizes and validates various expressions of gender that may not necessitate psychological, hormonal, or surgical treatments. Some patients who present for care will have made significant self-directed progress towards gender role changes, transition, or other resolutions regarding their gender identity or gender dysphoria. Other patients will require more intensive services. Health professionals can use the SOC to help patients consider the full range of health services open to them, in accordance with their clinical needs and goals for gender expression.

Global Applicability of the *Standards of Care*

While the SOC are intended for worldwide use, WPATH acknowledges that much of the recorded clinical experience and knowledge in this area of health care is derived from North American and Western European sources. From place to place, both across and within nations, there are differences in all of the following: social attitudes towards transsexual, transgender, and gender-nonconforming people; constructions of gender roles and identities; language used to describe different gender identities; epidemiology of gender dysphoria; access to and cost of treatment; therapies offered; number and type of professionals who provide care; and legal and policy issues related to this area of health care (Winter, 2009).

It is impossible for the *SOC* to reflect all of these differences. In applying these standards to other cultural contexts, health professionals must be sensitive to these differences and adapt the *SOC* according to local realities. For example, in a number of cultures, gender-nonconforming people are found in such numbers and living in such ways as to make them highly socially visible (Peletz, 2006). In settings such as these, it is common for people to initiate a change in their gender expression and physical characteristics while in their teens or even earlier. Many grow up and live in a social, cultural, and even linguistic context quite unlike that of Western cultures. Yet almost all experience prejudice (Peletz, 2006; Winter, 2009). In many cultures, social stigma towards gender nonconformity is widespread and gender roles are highly prescriptive (Winter et al., 2009). Gender-nonconforming people in these settings are forced to be hidden and, therefore, may lack opportunities for adequate health care (Winter, 2009).

The SOC are not intended to limit efforts to provide the best available care to all individuals. Health professionals throughout the world—even in areas with limited resources and training opportunities—can apply the many core principles that undergird the SOC. These principles include the following: Exhibit respect for patients with nonconforming gender identities (do not pathologize differences in gender identity or expression); provide care (or refer to knowledgeable colleagues) that affirms patients' gender identities and reduces the distress of gender dysphoria, when present; become knowledgeable about the health care needs of transsexual, transgender, and gender-nonconforming people, including the benefits and risks of treatment options for gender dysphoria; match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria; facilitate access to appropriate care; seek patients' informed consent before providing treatment; offer continuity of care; and be prepared to support and advocate for patients within their families and communities (schools, workplaces, and other settings).

Terminology is culture- and time-dependent and is rapidly evolving. It is important to use respectful language in different places and times, and among different people. As the *SOC* are translated into other languages, great care must be taken to ensure that the meanings of terms are accurately translated. Terminology in English may not be easily translated into other languages, and vice versa. Some languages do not have equivalent words to describe the various terms within this document; hence, translators should be cognizant of the underlying goals of treatment and articulate culturally applicable guidance for reaching those goals.

|||| The Difference Between Gender Nonconformity and Gender Dysphoria

Being Transsexual, Transgender, or Gender-Nonconforming Is a Matter of Diversity, Not Pathology

WPATH released a statement in May 2010 urging the de-psychopathologization of gender nonconformity worldwide (WPATH Board of Directors, 2010). This statement noted that "the expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative."

Unfortunately, there is stigma attached to gender nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in "minority stress" (I. H. Meyer, 2003). Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make transsexual, transgender, and gender-nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011). In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one's relationships with peers and family members, which in turn can lead to psychological distress. However, these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender-nonconforming.

Gender Nonconformity Is Not the Same as Gender Dysphoria

Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). *Gender dysphoria* refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b). Only *some* gender-nonconforming people experience gender dysphoria at *some* point in their lives.

Treatment is available to assist people with such distress to explore their gender identity and find a gender role that is comfortable for them (Bockting & Goldberg, 2006). Treatment is individualized: What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a change in gender expression or body modifications. Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity.

Gender dysphoria can in large part be alleviated through treatment (Murad et al., 2010). Hence, while transsexual, transgender, and gender-nonconforming people may experience gender dysphoria at some points in their lives, many individuals who receive treatment will find a gender role and expression that is comfortable for them, even if these differ from those associated with their sex assigned at birth, or from prevailing gender norms and expectations.

Diagnoses Related to Gender Dysphoria

Some people experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that might be classified as a mental disorder. Such a diagnosis is not a license for stigmatization or for the deprivation of civil and human rights. Existing classification systems such as the *Diagnostic Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association, 2000) and the *International Classification of Diseases (ICD)* (World Health Organization, 2007) define hundreds of mental disorders that vary in onset, duration, pathogenesis, functional disability, and treatability. All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is a description of something with which a person might struggle, not a description of the person or the person's identity.

Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments.

Research is leading to new diagnostic nomenclatures, and terms are changing in both the *DSM* (Cohen-Kettenis & Pfäfflin, 2010; Knudson, De Cuypere, & Bockting, 2010b; Meyer-Bahlburg, 2010; Zucker, 2010) and the *ICD*. For this reason, familiar terms are employed in the *SOC* and definitions are provided for terms that may be emerging. Health professionals should refer to the most current diagnostic criteria and appropriate codes to apply in their practice areas.

Epidemiologic Considerations

Formal epidemiologic studies on the incidence^{III} and prevalence^{IV} of transsexualism specifically or transgender and gender-nonconforming identities in general have not been conducted, and efforts to achieve realistic estimates are fraught with enormous difficulties (Institute of Medicine, 2011; Zucker & Lawrence, 2009). Even if epidemiologic studies established that a similar proportion of transsexual, transgender, or gender-nonconforming people existed all over the world, it is likely that cultural differences from one country to another would alter both the behavioral expressions of different gender identities and the extent to which gender dysphoria—distinct from one's gender identity—is actually occurring in a population. While in most countries, crossing normative gender boundaries generates moral censure rather than compassion, there are examples in certain cultures of gender-nonconforming behaviors (e.g., in spiritual leaders) that are less stigmatized and even revered (Besnier, 1994; Bolin, 1988; Chiñas, 1995; Coleman, Colgan, & Gooren, 1992; Costa & Matzner, 2007; Jackson & Sullivan, 1999; Nanda, 1998; Taywaditep, Coleman, & Dumronggittigule, 1997).

For various reasons, researchers who have studied incidence and prevalence have tended to focus on the most easily counted subgroup of gender-nonconforming individuals: transsexual individuals who experience gender dysphoria and who present for gender-transition-related care at specialist gender clinics (Zucker & Lawrence, 2009). Most studies have been conducted in European countries such as Sweden (Wålinder, 1968, 1971), the United Kingdom (Hoenig & Kenna, 1974),

III incidence—the number of new cases arising in a given period (e.g., a year)

IV prevalence—the number of individuals having a condition, divided by the number of people in the general population

the Netherlands (Bakker, Van Kesteren, Gooren, & Bezemer, 1993; Eklund, Gooren, & Bezemer, 1988; van Kesteren, Gooren, & Megens, 1996), Germany (Weitze & Osburg, 1996), and Belgium (De Cuypere et al., 2007). One was conducted in Singapore (Tsoi, 1988).

De Cuypere and colleagues (2007) reviewed such studies, as well as conducted their own. Together, those studies span 39 years. Leaving aside two outlier findings from Pauly in 1965 and Tsoi in 1988, ten studies involving eight countries remain. The prevalence figures reported in these ten studies range from 1:11,900 to 1:45,000 for male-to-female individuals (MtF) and 1:30,400 to 1:200,000 for female-to-male (FtM) individuals. Some scholars have suggested that the prevalence is much higher, depending on the methodology used in the research (e.g., Olyslager & Conway, 2007).

Direct comparisons across studies are impossible, as each differed in their data collection methods and in their criteria for documenting a person as transsexual (e.g., whether or not a person had undergone genital reconstruction, versus had initiated hormone therapy, versus had come to the clinic seeking medically supervised transition services). The trend appears to be towards higher prevalence rates in the more recent studies, possibly indicating increasing numbers of people seeking clinical care. Support for this interpretation comes from research by Reed and colleagues (2009), who reported a doubling of the numbers of people accessing care at gender clinics in the United Kingdom every five or six years. Similarly, Zucker and colleagues (2008) reported a four- to five-fold increase in child and adolescent referrals to their Toronto, Canada clinic over a 30-year period.

The numbers yielded by studies such as these can be considered minimum estimates at best. The published figures are mostly derived from clinics where patients met criteria for severe gender dysphoria and had access to health care at those clinics. These estimates do not take into account that treatments offered in a particular clinic setting might not be perceived as affordable, useful, or acceptable by all self-identified gender dysphoric individuals in a given area. By counting only those people who present at clinics for a specific type of treatment, an unspecified number of gender dysphoric individuals are overlooked.

Other clinical observations (not yet firmly supported by systematic study) support the likelihood of a higher prevalence of gender dysphoria: (i) Previously unrecognized gender dysphoria is occasionally diagnosed when patients are seen with anxiety, depression, conduct disorder, substance abuse, dissociative identity disorders, borderline personality disorder, sexual disorders, and disorders of sex development (Cole, O'Boyle, Emory, & Meyer III, 1997). (ii) Some crossdressers, drag queens/ kings or female/male impersonators, and gay and lesbian individuals may be experiencing gender dysphoria (Bullough & Bullough, 1993). (iii) The intensity of some people's gender dysphoria fluctuates below and above a clinical threshold (Docter, 1988). (iv) Gender nonconformity among FtM individuals tends to be relatively invisible in many cultures, particularly to Western health

professionals and researchers who have conducted most of the studies on which the current estimates of prevalence and incidence are based (Winter, 2009).

Overall, the existing data should be considered a starting point, and health care would benefit from more rigorous epidemiologic study in different locations worldwide.

Overview of Therapeutic Approaches for Gender Dysphoria

Advancements in the Knowledge and Treatment of Gender Dysphoria

In the second half of the 20th century, awareness of the phenomenon of gender dysphoria increased when health professionals began to provide assistance to alleviate gender dysphoria by supporting changes in primary and secondary sex characteristics through hormone therapy and surgery, along with a change in gender role. Although Harry Benjamin already acknowledged a spectrum of gender nonconformity (Benjamin, 1966), the initial clinical approach largely focused on identifying who was an appropriate candidate for sex reassignment to facilitate a physical change from male to female or female to male as completely as possible (e.g., Green & Fleming, 1990; Hastings, 1974). This approach was extensively evaluated and proved to be highly effective. Satisfaction rates across studies ranged from 87% of MtF patients to 97% of FtM patients (Green & Fleming, 1990), and regrets were extremely rare (1–1.5% of MtF patients and <1% of FtM patients; Pfäfflin, 1993). Indeed, hormone therapy and surgery have been found to be medically necessary to alleviate gender dysphoria in many people (American Medical Association, 2008; Anton, 2009; World Professional Association for Transgender Health, 2008).

As the field matured, health professionals recognized that while many individuals need both hormone therapy and surgery to alleviate their gender dysphoria, others need only one of these treatment options and some need neither (Bockting & Goldberg, 2006; Bockting, 2008; Lev, 2004). Often with the help of psychotherapy, some individuals integrate their trans- or cross-gender feelings into the gender role they were assigned at birth and do not feel the need to feminize or masculinize their body. For others, changes in gender role and expression are sufficient to alleviate

gender dysphoria. Some patients may need hormones, a possible change in gender role, but not surgery; others may need a change in gender role along with surgery, but not hormones. In other words, treatment for gender dysphoria has become more individualized.

As a generation of transsexual, transgender, and gender-nonconforming individuals has come of age—many of whom have benefitted from different therapeutic approaches—they have become more visible as a community and demonstrated considerable diversity in their gender identities, roles, and expressions. Some individuals describe themselves not as gender-nonconforming but as unambiguously cross-sexed (i.e., as a member of the other sex; Bockting, 2008). Other individuals affirm their unique gender identity and no longer consider themselves to be either male or female (Bornstein, 1994; Kimberly, 1997; Stone, 1991; Warren, 1993). Instead, they may describe their gender identity in specific terms such as transgender, bigender, or genderqueer, affirming their unique experiences that may transcend a male/female binary understanding of gender (Bockting, 2008; Ekins & King, 2006; Nestle, Wilchins, & Howell, 2002). They may not experience their process of identity affirmation as a "transition," because they never fully embraced the gender role they were assigned at birth or because they actualize their gender identity, role, and expression in a way that does not involve a change from one gender role to another. For example, some youth identifying as genderqueer have always experienced their gender identity and role as such (genderqueer). Greater public visibility and awareness of gender diversity (Feinberg, 1996) has further expanded options for people with gender dysphoria to actualize an identity and find a gender role and expression that are comfortable for them.

Health professionals can assist gender dysphoric individuals with affirming their gender identity, exploring different options for expression of that identity, and making decisions about medical treatment options for alleviating gender dysphoria.

Options for Psychological and Medical Treatment of Gender Dysphoria

For individuals seeking care for gender dysphoria, a variety of therapeutic options can be considered. The number and type of interventions applied and the order in which these take place may differ from person to person (e.g., Bockting, Knudson, & Goldberg, 2006; Bolin, 1994; Rachlin, 1999; Rachlin, Green, & Lombardi, 2008; Rachlin, Hansbury, & Pardo, 2010). Treatment options include the following:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity);
- Hormone therapy to feminize or masculinize the body;

- Surgery to change primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring);
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.

Options for Social Support and Changes in Gender Expression

In addition (or as an alternative) to the psychological- and medical-treatment options described above, other options can be considered to help alleviate gender dysphoria, for example:

- In-person and online peer support resources, groups, or community organizations that provide avenues for social support and advocacy;
- In-person and online support resources for families and friends;
- Voice and communication therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender identity;
- Hair removal through electrolysis, laser treatment, or waxing;
- Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks;
- Changes in name and gender marker on identity documents.

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Assessment and Treatment of Children and Adolescents With Gender Dysphoria

There are a number of differences in the phenomenology, developmental course, and treatment approaches for gender dysphoria in children, adolescents, and adults. In children and adolescents, a rapid and dramatic developmental process (physical, psychological, and sexual) is involved and

both physically and emotionally painful, but lack of treatment can seriously aggravate the situation. Gynecologists treating the genital complaints of FtM patients should be aware of the sensitivity that patients with a male gender identity and masculine gender expression might have around having genitals typically associated with the female sex.

XIV

Applicability of the *Standards of Care* to People Living in Institutional Environments

The SOC in their entirety apply to all transsexual, transgender, and gender-nonconforming people, irrespective of their housing situation. People should not be discriminated against in their access to appropriate health care based on where they live, including institutional environments such as prisons or long-/intermediate-term health care facilities (Brown, 2009). Health care for transsexual, transgender, and gender-nonconforming people living in an institutional environment should mirror that which would be available to them if they were living in a non-institutional setting within the same community.

All elements of assessment and treatment as described in the SOC can be provided to people living in institutions (Brown, 2009). Access to these medically necessary treatments should not be denied on the basis of institutionalization or housing arrangements. If the in-house expertise of health professionals in the direct or indirect employ of the institution does not exist to assess and/or treat people with gender dysphoria, it is appropriate to obtain outside consultation from professionals who are knowledgeable about this specialized area of health care.

People with gender dysphoria in institutions may also have coexisting mental health conditions (Cole et al., 1997). These conditions should be evaluated and treated appropriately.

People who enter an institution on an appropriate regimen of hormone therapy should be continued on the same, or similar, therapies and monitored according to the SOC. A "freeze frame" approach is not considered appropriate care in most situations (*Kosilek v. Massachusetts Department of Corrections/Maloney*, C.A. No. 92–12820-MLW, 2002). People with gender dysphoria who are deemed appropriate for hormone therapy (following the SOC) should be started on such therapy. The consequences of abrupt withdrawal of hormones or lack of initiation of hormone therapy when medically necessary include a high likelihood of negative outcomes such as surgical self-treatment by autocastration, depressed mood, dysphoria, and/or suicidality (Brown, 2010). The Standards of Care

Reasonable accommodations to the institutional environment can be made in the delivery of care consistent with the SOC, if such accommodations do not jeopardize the delivery of medically necessary care to people with gender dysphoria. An example of a reasonable accommodation is the use of injectable hormones, if not medically contraindicated, in an environment where diversion of oral preparations is highly likely (Brown, 2009). Denial of needed changes in gender role or access to treatments, including sex reassignment surgery, on the basis of residence in an institution are not reasonable accommodations under the SOC (Brown, 2010).

Housing and shower/bathroom facilities for transsexual, transgender, and gender-nonconforming people living in institutions should take into account their gender identity and role, physical status, dignity, and personal safety. Placement in a single-sex housing unit, ward, or pod on the sole basis of the appearance of the external genitalia may not be appropriate and may place the individual at risk for victimization (Brown, 2009).

Institutions where transsexual, transgender, and gender-nonconforming people reside and receive health care should monitor for a tolerant and positive climate to ensure that residents are not under attack by staff or other residents.

Applicability of the *Standards of Care* to People With Disorders of Sex Development

Terminology

The term *disorder of sex development* (DSD) refers to a somatic condition of atypical development of the reproductive tract (Hughes, Houk, Ahmed, Lee, & LWPES/ESPE Consensus Group, 2006). DSDs include the condition that used to be called *intersexuality*. Although the terminology was changed to DSD during an international consensus conference in 2005 (Hughes et al., 2006), disagreement about language use remains. Some people object strongly to the "disorder" label, preferring instead to view these congenital conditions as a matter of diversity (Diamond, 2009) and to continue using the terms *intersex* or *intersexuality*. In the *SOC*, WPATH uses the term DSD in an objective and value-free manner, with the goal of ensuring that health professionals recognize this medical term and use it to access relevant literature as the field progresses. WPATH remains Similar improvements were found in a Swedish study in which "almost all patients were satisfied with sex reassignment at 5 years, and 86% were assessed by clinicians at follow-up as stable or improved in global functioning" (Johansson, Sundborn, Höjerback, & Bodlund, 2010). Weaknesses of these earlier studies are their retrospective design and use of different criteria to evaluate outcomes.

A prospective study conducted in the Netherlands evaluated 325 consecutive adult and adolescent subjects seeking sex reassignment (Smith, Van Goozen, Kuiper, & Cohen-Kettenis, 2005). Patients who underwent sex reassignment therapy (both hormonal and surgical intervention) showed improvements in their mean gender dysphoria scores, measured by the Utrecht Gender Dysphoria Scale. Scores for body dissatisfaction and psychological function also improved in most categories. Fewer than 2% of patients expressed regret after therapy. This is the largest prospective study to affirm the results from retrospective studies that a combination of hormone therapy and surgery improves gender dysphoria and other areas of psychosocial functioning. There is a need for further research on the effects of hormone therapy without surgery, and without the goal of maximum physical feminization or masculinization.

Overall, studies have been reporting a steady improvement in outcomes as the field becomes more advanced. Outcome research has mainly focused on the outcome of sex reassignment surgery. In current practice there is a range of identity, role, and physical adaptations that could use additional follow-up or outcome research (Institute of Medicine, 2011).

APPENDIX E DEVELOPMENT PROCESS FOR THE STANDARDS OF CARE, VERSION 7

The process of developing *Standards of Care, Version 7* began when an initial *SOC* "work group" was established in 2006. Members were invited to examine specific sections of *SOC, Version 6*. For each section, they were asked to review the relevant literature, identify where research was lacking and needed, and recommend potential revisions to the *SOC* as warranted by new evidence. Invited papers were submitted by the following authors: Aaron Devor, Walter Bockting, George Brown, Michael Brownstein, Peggy Cohen-Kettenis, Griet DeCuypere, Petra DeSutter, Jamie Feldman, Lin Fraser, Arlene Istar Lev, Stephen Levine, Walter Meyer, Heino Meyer-Bahlburg, Stan Monstrey, Loren Schechter, Mick van Trotsenburg, Sam Winter, and Ken Zucker. Some of these authors chose to add co-authors to assist them in their task.

Initial drafts of these papers were due June 1, 2007. Most were completed by September 2007, with the rest completed by the end of 2007. These manuscripts were then submitted to the *International*

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Journal of Transgenderism (IJT). Each underwent the regular *IJT* peer review process. The final papers were published in Volume 11 (1–4) in 2009, making them available for discussion and debate.

After these articles were published, an SOC Revision Committee was established by the WPATH Board of Directors in 2010. The Revision Committee was first charged with debating and discussing the *IJT* background papers through a Google website. A subgroup of the Revision Committee was appointed by the Board of Directors to serve as the Writing Group. This group was charged with preparing the first draft of *SOC*, *Version 7* and continuing to work on revisions for consideration by the broader Revision Committee. The Board also appointed an International Advisory Group of transsexual, transgender, and gender-nonconforming individuals to give input on the revision.

A technical writer was hired to (1) review all of the recommendations for revision—both the original recommendations as outlined in the *IJT* articles and additional recommendations that emanated from the online discussion—and (2) create a survey to solicit further input on these potential revisions. From the survey results, the Writing Group was able to discern where these experts stood in terms of areas of agreement and areas in need of more discussion and debate. The technical writer then (3) created a very rough first draft of *SOC*, *Version 7* for the Writing Group to consider and build on.

The Writing Group met on March 4 and 5, 2011 in a face-to-face expert consultation meeting. They reviewed all recommended changes and debated and came to consensus on various controversial areas. Decisions were made based on the best available science and expert consensus. These decisions were incorporated into the draft, and additional sections were written by the Writing Group with the assistance of the technical writer.

The draft that emerged from the consultation meeting was then circulated among the Writing Group and finalized with the help of the technical writer. Once this initial draft was finalized, it was circulated among the broader *SOC* Revision Committee and the International Advisory Group. Discussion was opened up on the Google website and a conference call was held to resolve issues. Feedback from these groups was considered by the Writing Group, who then made further revisions. Two additional drafts were created and posted on the Google website for consideration by the broader *SOC* Revision Committee and the International Advisory Group. Upon completion of these three iterations of review and revision, the final document was presented to the WPATH Board of Directors for approval. The Board of Directors approved this version on September 14, 2011.

Funding

The *Standards of Care* revision process was made possible through a generous grant from the Tawani Foundation and a gift from an anonymous donor. These funds supported the following:

- 1. Costs of a professional technical writer;
- 2. Process of soliciting international input on proposed changes from gender identity professionals and the transgender community;
- 3. Working meeting of the Writing Group;
- 4. Process of gathering additional feedback and arriving at final expert consensus from the professional and transgender communities, the *Standards of Care, Version 7,* Revision Committee, and WPATH Board of Directors;
- 5. Costs of printing and distributing *Standards of Care, Version 7,* and posting a free downloadable copy on the WPATH website;
- 6. Plenary session to launch the *Standards of Care, Version 7*, at the 2011 WPATH Biennial Symposium in Atlanta, Georgia, USA.

Members of the Standards of Care Revision Committee[†]

Eli Coleman, PhD (USA)* - Committee chair Richard Adler, PhD (USA) Walter Bockting, PhD (USA)* Marsha Botzer, MA (USA)* George Brown, MD (USA) Peggy Cohen-Kettenis, PhD (Netherlands)* Griet DeCuypere, MD (Belgium)* Aaron Devor, PhD (Canada) Randall Ehrbar, PsyD (USA) Randi Ettner, PhD (USA) Evan Eyler, MD (USA) Jamie Feldman, MD, PhD (USA)* Lin Fraser, EdD (USA)* Rob Garofalo, MD, MPH (USA) Jamison Green, PhD, MFA (USA)* Dan Karasic, MD (USA) Gail Knudson, MD (Canada)*

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[†] All members of the *Standards of Care, Version 7 Revision Committee* donated their time to work on this revision.

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WPATH's Global Education Initiative (GEI)

WPATH offers our Global Education Initiative (GEI) Certified Training Courses: Best Practices in Transgender Medical and Mental Health Care first and foremost to increase access to knowledgable healthcare providers for the transgender community by training those providers globally in the context and priniciples of the WPATH Standards of Care, and their implementation into clinical practice. GEI Certified Training Courses are offered in an interdisciplinary, interactive, live format, providing ample opportunity for networking and building referral systems. These courses serve as the Core Curriculum for WPATH Members pursuing WPATH GEI SOC7 Certification, but are open to all healthcare professionals across all specialties, regardless of WPATH Membership Status.

GEI Core Curriculum Course Descriptions

GEI Timeline

What is WPATH Certification all about?

The WPATH Certification Program is an **optional benefit to our members** that signifies a provider is a WPATH member in good standing who has completed an additional rigorous educational curriculum specific to the most current Standards of Care. The certification indicates that the provider has a working understanding of the multidisciplinary care team and the translation of the Standards into practice. The extensive 50 -hour core competencies-based training program includes course work, mentorship and a minimum membership requirement before passing a certification exam. WPATH certification rewards

Case 3:18-cv-00156-NJR Document 238-20 Filed 12/02/20 Page 2 of 4 Page ID #3614 those members who are committing to stay on top of both the current evidence and consensus in the field through continuing education.

GEI Certification FAQ

The Path to Certification

The first step in starting your path to certification, is becoming a WPATH member, and completing and uploading your Letter of Intent (link below).

In order to become certified an applicant must:

- 1. Be a member of WPATH in good standing for 2 years at the time of final exam
- 2. Be licensed and board certified (if applicable) in your specialty or the global equivalent
- 3. Complete a minimum of 50 hours of credit as indicated below, in the WPATH Core Curriculum:
 - Completion of the WPATH Foundations Course (15)
 - Completion of the following WPATH Advanced Coursework:
 - Completion of WPATH Advanced Mental Health or WPATH Advanced Medical Course (8)
 - Completion of one of the WPATH Advanced Workshops (i.e., Child & Adolescent, Ethics, Planning & Documenting for Medical Transition). Offerings will vary (4)
 - 10 hours of accredited elective coursework outside of the WPATH Core Curriculum (this can include both WPATH GEI certified courses, and other accredited professional courses in the field), showing a mapping back to the core competencies (Caregiver – Care Receiver Relationship, Content Knowledge, Interdisciplinary Practice, and Professional Responsibility)
 - 10 hours of mentorship with a WPATH GEI SOC7 Certified Mentor*. Mentors are WPATH GEI SOC7 Certified Members, please see the MENTOR DIRECTORY below for current mentors
 - 5 additional hours listening to voices of the transgender and gender non-binary communities, examples include: attend town halls at WPATH conferences, attend community-focused sessions at WPATH conferences, attend community-led conferences/workshops, attend local community events, listen to/watch community-led and community-focused online content (online listening and virtual conferences can fulfill this requirement)
- 4. Provide evidence of knowledge, skill, and accomplishments in transgender health i.e. CV, publications, case studies, experience, learning initiatives
- 5. Agree to adhere to the WPATH SOC 7 or latest published revision
- 6. Agree to comply with the WPATH approved transgender and gender non-binary health related continuing (CE) requirements of 20 hours every two-years to maintain certification
- 7. Successfully pass the certification exam, which is given online, free of charge, in an openbook, multiple choice format.

*Please Note: You MUST be a WPATH Member in order to begin your WPATH GEI SOC7 Mentoring hours, with a WPATH GEI SOC7 Certfied Mentor, please see link below for current mentors in the MENTOR

Case 3:18-cv-00156-NJR Document 238-20 Filed 12/02/20 Page 3 of 4 Page ID #3615 DIRECTORY, if you don't see a name listed, they are not certified WPATH mentors, and your mentoring hours WILL NOT count towards your certification.

If you have any questions about these requirements, please contact <u>wpath@wpath.org</u>.

CLICK HERE TO COMPLETE THE GEI LETTER OF INTENT

Mentor Directory

Apply to be a WPATH GEI SOC7 Certified Mentor

WPATH GRANDPARENTING

We are happy to recognize our members who have contributed to both the field as a whole and to WPATH specifically through the implementation of an accelerated path to certification. Qualified members in good standing may opt out of course requirements by choosing to demonstrate proficiency through documentation and completion of a certification exam as outlined below.

Individuals petitioning to be grandparented must:

To become grandparented an applicant must:

- 1. Meet all the criteria for certification with the exception of attending courses for which they can demonstrate proficiency.
- 2. Be licensed and board certified (if applicable) in your specialty or the global equivalent.
- 3. Agree to adhere to the WPATH SOC 7 or latest published revision.
- 4. Agree to comply with the WPATH approved related continuing (CE) requirements of 20 hours every two-years to maintain certification.
- 5. Successfully pass the certification exam.
- 6. Must have ten years' experience in their field of expertise.
- 7. Show experience in each of the relevant certification domains. This can be done through the submission of a CV, and a supplemental information form describing training and experience, workshops attended, supervision experience, participation in consultation groups, etc.
- 8. Be a Full Member of WPATH in good standing for a minimum of 5 years

CLICK HERE TO DOWNLOAD THE GRANDPARENTING INTENT FORM

Four Core Competencies

A Vision of Core Competencies

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World Professional Association for Transgender Health

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ORIGINAL PAPER

Male Prison Inmates With Gender Dysphoria: When Is Sex Reassignment Surgery Appropriate?

Cynthia S. Osborne¹ · Anne A. Lawrence^{2,3}

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Abstract Gender dysphoria (GD), a feeling of persistent discomfort with one's biologic sex or assigned gender, is estimated to be more prevalent in male prison inmates than in nonincarcerated males; there may be 3000-4000 male inmates with GD in prisons in the United States. An increasing number of U.S. prison systems now offer gender dysphoric inmates diagnostic evaluation, psychotherapy, cross-sex hormone therapy, and opportunities, albeit limited, to enact their preferred gender role. Sex reassignment surgery (SRS), however, has not been offered to inmates except in response to litigation. In the first case of its kind, the California Department of Corrections and Rehabilitation recently agreed to provide SRS to an inmate and developed policy guidelines for its future provision. In other recent cases, U.S. courts have ruled that male inmates with GD are entitled to SRS when it is medically necessary. Although these decisions may facilitate the provision of SRS to inmates in the future, many U.S. prison systems will probably remain reluctant to offer SRS unless legally compelled to do so. In this review, we address the medical necessity of SRS for male inmates with GD. We also discuss eligibility criteria and the practical considerations involved in providing SRS to inmates. We conclude by offering recommendations for physicians, mental health professionals, and prison administrators, designed to facilitate provision of SRS to inmates with GD in a manner that provides humane treatment, maximizes the likelihood of successful

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outcomes, minimizes risk of regret, and generates data that can help inform future decisions.

Keywords Gender dysphoria · Transsexualism · Medical necessity · Sex reassignment surgery · Standards of care

Introduction

Gender dysphoria (GD) is a psychiatric disorder in which affected persons experience severe, persistent discomfort with their biologic sex or assigned gender (American Psychiatric Association [APA], 2013). GD was previously called gender identity disorder (GID; APA, 2000).

The most extreme form of GD is transsexualism (Blanchard, 1993), which is characterized by the intense desire to live as a member of the other sex and (usually) to undergo hormonal and surgical treatment to make one's primary and secondary sex characteristics resemble those of the other sex (World Health Organization, 1992). The term transgender defines a broader category of persons who experience cross-gender identification or display significant gender-variant behaviors but who may or may not meet diagnostic criteria for GD or transsexualism (Lawrence & Zucker, 2014). Cross-sex hormone treatment and sex reassignment surgery (SRS) are widely accepted treatments for GD or transsexualism in community-dwelling patients.

In Western countries, the estimated prevalence of male-tofemale (MtF) transsexualism in community-dwelling adults is about 1 in 10,000 to 1 in 12,000 (e.g., Arcelus et al., 2015; De Cuypere et al., 2007; Judge, O'Donovan, Callaghan, Gaoatswe, & O'Shea, 2014). Among male prison inmates in the United States, the prevalence appears to be significantly higher (Glezer, McNeil, & Binder, 2013). In a study conducted in the California prison system, Sexton, Jenness, and Sumner (2010) interviewed



332 male inmates with transgender identification, out of a reported total male inmate population of 146,360; this represented a prevalence of about 1 in 440, albeit some of the inmates may not have met full diagnostic criteria for GD. More recently, Mintz (2015) reported that 385 California inmates, presumably both males and females, were receiving cross-sex hormone therapy, a strong indicator of GD. In 2013, the most recent year for which figures are available, there were 135,981 inmates, 95 % of whom were male, in state and federal prisons in California (Carson, 2014); this suggests a prevalence of cross-sex hormone therapy in California inmates of about 1 in 350. The first author, who has served as a consultant to the prison system of a large midwestern state, calculated a prevalence of transgender identification of about 1 in 500 in male inmates, based solely on the transgender inmates she had personally evaluated. Given that over 1.4 million male inmates were confined in U.S. state and federal prisons in 2013 (Carson, 2014), there could easily be 3000-4000 males with GD in U.S. prisons.

Following diagnostic evaluation, the recommended elements of treatment for GD include psychotherapy, cross-sex hormone therapy, adopting the desired gender role in everyday life, and SRS to make the individual's primary and secondary sex characteristics resemble those of the desired sex (Byne et al., 2012; Coleman et al., 2011). For males, SRS typically consists of orchiectomy, penectomy, and vaginoplasty. Not all persons with GD seek all of these treatments, but some persons with GD may need them all, including SRS, if their GD is to be effectively treated (Coleman et al., 2011).

Prison systems in the United States increasingly recognize the diagnosis of GD, provide psychological evaluation for it, and offer psychotherapy to inmates who have been diagnosed with GD. Many now offer feminizing hormone therapy to male inmates with GD, and some allow them to wear women's clothing and hairstyles and use women's cosmetics (Brown, 2014; Brown & McDuffie, 2009; Glezer et al., 2013; Sumner & Jenness, 2014). But providing SRS for male inmates with GD has been more controversial. We are aware of only one instance in which a U.S. prison system has agreed to provide SRS for an inmate (see Quine v. Beard, 2015). Nevertheless, the California Department of Corrections and Rehabilitation (CDCR) subsequently issued formal Guidelines for Review of Requests for Sex Reassignment Surgery (California Correctional Health Care Services [CCHCS], 2015), suggesting that it is prepared to provide SRS to some inmates with GD. Further, despite public and political objections to using taxpayer dollars to fund SRS for inmates, U.S. courts are now consistently ruling that prison polices that de facto prohibit SRS are unconstitutional. Accordingly, prison authorities have been forced to consider whether provision of SRS is medically necessary for some inmates with GD, which inmates should be eligible for it, and what the probable outcomes of providing SRS would be, including implications for prison assignment and security.

These questions and the conflicting opinions they evoke were recently brought into focus by four legal decisions. Two were in the case of Kosilek v. Spencer (2014a, 2014b). In January 2014, a three-judge panel of the U.S. Court of Appeals for the First Circuit ruled 2-1 (Kosilek v. Spencer, 2014a) that the Massachusetts Department of Correction (MDOC) was obliged to provide SRS for inmate Michelle (formerly Robert) Kosilek, a biologic male with a long history of GD who was serving a life sentence without possibility of parole for the strangulation murder of his wife. In December 2014, the entire Court of Appeals for the First Circuit ruled 3-2 (Kosilek v. Spencer, 2014b) to reverse that decision, effectively denying SRS to Kosilek. The U.S. Supreme Court subsequently declined to hear an appeal. A third decision was in the case of Norsworthy v. Beard (2015): In April 2015, the U.S. District Court for the Northern District of California ruled that the CDCR was obliged to provide SRS for inmate Michelle (formerly Jeffrey) Norsworthy, another biologic male with a long, well-documented history of GD who had been serving a sentence of 17 years-to-life for murder since 1987. This decision was rendered moot in August 2015 when Norsworthy was paroled ("Transgender California inmate," 2015). Also in August 2015, in a settlement agreement (Quine v. Beard, 2015), the CDCR agreed to provide SRS to inmate Shiloh (formerly Rodney James) Quine, a biologic male who is serving a life sentence for murder, kidnapping, and robbery (St. John, 2015), and to transfer Quine to a women's prison after SRS. If this agreement is carried out, it will represent the first instance we know of in which a U.S. prison system has actually provided SRS to an inmate.

In this article, we address the medical necessity of offering SRS to male inmates with GD within U.S. prisons, eligibility criteria for SRS, and related practical considerations. Our analysis reflects our experience in evaluating and treating community patients with GD, a review of the relevant literature, and the experience of the first author in evaluating more than 65 incarcerated or civilly committed males with known or suspected GD in three U.S. states.

Standards of Care

To meaningfully discuss the question of SRS for inmates, it is essential to examine the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (SOC; Coleman et al., 2011), the most recent guidelines promulgated by the World Professional Association for Transgender Health (WPATH), and how these guidelines apply to correctional populations. The SOC have been widely adopted by physicians and mental health professionals who treat community-dwelling persons with GD, and they have been regarded as authoritative by U.S. courts in cases involving prisoners with GD (e.g., *Kosilek v. Spencer*, 2012, 2014a, 2014b; *Norsworthy v. Beard*, 2015). But the SOC are not without controversy. Although they were formulated by experienced clinicians and scholars, most SOC recommendations are based on low-quality evidence, such as case series and expert opinion (Byne et al., 2012; De Cuypere & Vercruysse, 2009). The SOC also do not represent the experiences and practices of all GD experts, and some provisions of the SOC seem to reflect political considerations rather than scientific evidence or clinical experience (Zucker, Lawrence, & Kreukels, 2016; see also Levine & Solomon, 2009).

Moreover, the SOC were not developed based on extensive clinical experience with incarcerated persons, many of whom have histories, characteristics, and vulnerabilities that differ substantially from community-dwelling persons with GD. The earliest version of the SOC was published in 1979 by WPATH's predecessor, the Harry Benjamin International Gender Dysphoria Association (HBIGDA; Walker et al., 1990); subsequent versions were published in 1980, 1981, 1990, 1998, 2001, and 2011 (Coleman et al., 2011; HBIGDA, 1998, 2001; Walker et al., 1990). But the SOC only began to explicitly address the treatment of prisoners in the 1998 version, nearly 20 years after the original publication, and this was only to recommend that persons who had been treated with cross-sex hormones before incarceration continue to receive them in prison. In the 2001 version, this recommendation was expanded to include other treatments begun before incarceration (e.g., psychotherapy); housing considerations for prisoners were also briefly addressed.

The situation changed dramatically in the 2011 version of the SOC, which explicitly asserted that all provisions of the SOC were applicable to all persons in prisons and other institutions:

The SOC in their entirety apply to all transsexual, transgender, and gender nonconforming people, irrespective of their housing situation...All elements of assessment and treatment as described in the SOC can be provided to people living in institutions...Reasonable accommodations to the institutional environment can be made in the delivery of care consistent with the SOC, if such accommodations do not jeopardize the delivery of medically necessary care to people with gender dysphoria...Denial of needed changes in gender role or access to treatments, including sex reassignment surgery, on the basis of residence in an institution are not reasonable accommodations under the SOC. (Coleman et al., 2011, pp. 206–207)

We have no disagreement with the aspirations set forth in this statement: We accept the ethical principle that living in prison or another institution does not, in and of itself, justify withholding medically necessary treatments that are available to community-dwelling persons. We also concur that, despite the complexities involved, prisons must make reasonable efforts to provide medically necessary treatments, including SRS, to inmates, and we would further emphasize that U.S. courts have consistently so ruled. Nevertheless, the unqualified statement that "all elements of assessment and treatment as described in the SOC can be provided to people living in institutions" (Coleman et al., 2011, p. 206) does not reflect extensive clinical experience. Indeed, it is fair to say that this assertion, while admirable in principle, re-

mains to be demonstrated in practice in correctional environments. Its confident simplicity may not adequately take account of the clinical and contextual complexities that inmates with GD present.

Many inmates who seek treatment for GD in prison never sought treatment in the community. Many have lived troubled, chaotic lives characterized by early family and economic instability, substance abuse and other psychiatric problems, failed school and employment experiences, and early involvement in crime. Inmates who seek treatment for GD typically display little resemblance to the patients who present for treatment in the community, and prison life bears little resemblance to life in the community. The SOC were not developed with the complexities, vulnerabilities, and life circumstances of incarcerated persons in mind.

Is Sex Reassignment Surgery Medically Necessary for Some Inmates With Gender Dysphoria?

The medical necessity of SRS is a fundamental issue, because U.S. courts have consistently ruled that failure to provide inmates with necessary medical treatment, deliberate indifference to their medical needs, and disregard for the suffering resulting from unmet medical needs constitute violations of the Eighth Amendment's prohibition of cruel and unusual punishment (Glezer et al., 2013). We concur with the SOC's contention that SRS can be medically necessary for some, though not all, persons with GD, including some prison inmates.

In explicating our position, we emphasize four points. First, a determination of medical necessity reflects the exercise of professional judgment, but professionals sometimes disagree about the medical necessity of certain treatments—particularly SRS as a treatment for GD. Second, SRS is a safe, effective, and widely accepted treatment for GD; disputing the medical necessity of SRS based on assertions to the contrary is unsupportable. Third, SRS can be judged medically necessary for some persons with GD, especially males, when their GD reflects intense distress about the incongruence between their external genitalia and their gender identity; this incongruence can only be corrected through genital surgery. Finally, other grounds for asserting the medical necessity of SRS, such as treating suicidality or depression, are more problematic.

Determining Medical Necessity

In the United States, the term "medical necessity" is most commonly encountered in the context of the obligations of third-party payers (e.g., private health insurance companies, Medicare, and Medicaid) to cover the costs of medical treatment. The definition of medical necessity has effectively become standardized in the United States in recent years; here is one common definition: "Medically Necessary" or "Medical Necessity" shall mean health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are

- (a) in accordance with generally accepted standards of medical practice;
- (b) clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease; and
- (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment. (Kaminski, 2007, p. 3)

Thus, a recommended treatment is considered medically necessary if a qualified professional, exercising prudent clinical judgment, determines that it is necessary. But professionals sometimes disagree about the medical necessity of certain treatments, and this has been particularly true of SRS as a treatment for GD. Disagreements about the medical necessity of SRS have historically involved most of the fundamental issues mentioned previously: Whether a recommendation of SRS is consistent with the exercise of prudent clinical judgment; whether such a recommendation is consistent with accepted standards of practice; whether SRS constitutes an effective treatment for GD, or at least some types of GD; and whether alternatives to SRS would be as likely to produce equivalent therapeutic results. Accumulated evidence has demonstrated that for all but the last of these issues, objections to the medical necessity of SRS are difficult to sustain, and arguments based on them have increasingly been rejected in U.S. court cases. At present, most challenges to the medical necessity of SRS seem to rely on opinions by some professionals that alternatives to SRS can provide equally effective, or at least adequately effective, treatment for GD.

Safety, Efficacy, and Acceptance of Sex Reassignment Surgery

Efforts to contest the medical necessity of SRS on the grounds that it is unsafe, ineffective, or inconsistent with accepted standards of practice are unsupportable. SRS has been an accepted treatment for GD in every version of the SOC from their initial publication in 1979 (Coleman et al., 2011; HBIGDA, 1998, 2001; Walker et al., 1990). SRS, in conjunction with cross-sex hormone therapy, has repeatedly been demonstrated to be associated with substantial reduction in GD symptoms, high levels of patient satisfaction, few significant complications, and minimal instances of regret (Dhejne, Öberg, Arver, & Landén, 2014; Gijs & Brewaeys, 2007; Heylens, Verroken, De Cock, T'Sjoen, & De Cuypere, 2014; Kuiper & Cohen-Kettenis, 1988; Lawrence, 2003; Mate-Kole, Freschi, & Robin, 1990; Monstrey, Vercruysse, & De Cuypere, 2009; Murad et al., 2010; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005).

The Departmental Appeals Board of the United States Department of Health and Human Services (DHHS) reached these same conclusions when it determined that transsexual surgery was eligible for coverage under the Medicare program (DHHS Departmental Appeals Board, 2014), reversing the conclusions of a 1981 report that had questioned the safety and efficacy of SRS. Based on expert medical testimony and a review of the published literature, the Appeals Board stated that "We have no difficulty concluding that the new evidence, which includes medical studies published in the more than 32 years since issuance of the 1981 report... demonstrates that transsexual surgery is safe and effective and not experimental" (DHHS Departmental Appeals Board, 2014, p. 8).

We would caution, however, that these favorable conclusions are derived from experience with community-dwelling patients. Although it is reasonable to assume that they would also apply to prison inmates, empirical evidence to support this assumption is lacking. SRS remains untested in incarcerated persons, who often differ in significant ways from community patients.

Sex Reassignment Surgery for Dysphoria Related to Genital Anatomy

GD typically reflects intense distress about both one's anatomic sex characteristics and assigned gender role, but sometimes distress about anatomic sex is particularly intense. This is recognized in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM; APA, 2013), which states that the diagnostic criteria for GD can be fulfilled solely on the basis of distress related to "a strong desire to be rid of one's primary and/or secondary sex characteristics" and "a strong desire for the primary and/or secondary sex characteristics of the other gender" (p. 452). The four previous editions of the DSM also emphasized the importance of distress related to anatomic sex characteristics, especially the external genitalia, in the earlier diagnoses of GID (APA, 1994, 2000) and transsexualism (APA, 1980, 1987). For clarity, we refer to GD that reflects intense distress about one's genital anatomy as genital anatomic GD. Genital anatomic GD, like other GD symptoms, can vary in intensity over time and can sometimes remit, temporarily or permanently. But when genital anatomic GD has been unremitting and intense over a long time period, treatment becomes necessary.

The phenomenon of severe, persistent genital anatomic GD thus explains why SRS can sometimes be medically necessary for gender dysphoric males. Only SRS can eliminate what many of these individuals find particularly distressing: their male external genitalia, which act as powerful and incontrovertible indicators of maleness. SRS constitutes a specific and singularly effective treatment for unremitting genital anatomic GD, one that offers what no alternative treatment can provide. For males in whom this type of GD is intense and persistent, including some inmates, SRS can sometimes be medically necessary, and no alternative treatments are likely to be equally or adequately effective.

Much of the resistance to offering SRS to inmates with genital anatomic GD appears to reflect doubts about the legitimacy of the GD diagnosis itself or whether the distress that these inmates report is genuine. Such skepticism is not surprising: The phenomenon of genital anatomic GD is so inconsistent with ordinary experience that it is almost impossible to adequately comprehend. Consequently, there is a tendency to minimize the distress that inmates with genital anatomic GD report or to attribute their complaints to hysteria, psychosis, malingering, or exaggeration, especially given that these phenomena are prevalent in correctional environments. It is particularly hard to comprehend reports of genital anatomic GD by males whose appearance and behavior are not recognizably feminine, because their feelings of "wrong embodiment" (Prosser, 1998) appear so inconsistent with their physical and behavioral presentations. Such inconsistency does not, however, make their distress any less real. Only the repeated experience of hearing persons with genital anatomic GD describe their anguish is likely to help others understand the psychological reality of this condition and the medical necessity of SRS as a treatment for it.

Medical Necessity of Sex Reassignment Surgery to Treat Associated Psychiatric Conditions

SRS is demonstrably effective in treating GD, especially genital anatomic GD, in community populations (Heylens, Verroken, et al., 2014) and plausibly also in prison populations. But health professionals and attorneys commonly argue that the reason SRS is medically necessary for inmates is to prevent or treat other psychiatric conditions, such as depression or suicidality, which are assumed to be consequences of GD. Such arguments make intuitive sense, but they are problematic for several reasons.

Unfortunately, SRS is not very effective in treating associated psychiatric conditions. Community-dwelling persons with GD display an elevated prevalence of comorbid mental health problems, including mood disorders, anxiety disorders, and suicidality (Guzmán-Parra et al., 2015; Heylens, Elaut, et al., 2014), and these comorbid conditions do not significantly improve after SRS (Dhejne et al., 2011; see also Asscheman et al., 2011). Comorbid psychiatric conditions usually do improve, at least initially, after cross-sex hormone therapy. But while subsequent SRS usually ameliorates GD and increases overall life satisfaction, it appears to confer little or no additional improvement in other psychiatric symptoms (Heylens, Verroken, et al., 2014; see also Gómez-Gil et al., 2012; Udeze, Abdelmawla, Khoosal, & Terry, 2008).

The tendency to couch arguments for the medical necessity of SRS in terms of treating depression and suicidality is understandable: These conditions are familiar, and there is little disagreement that they deserve to be treated. In contrast, GD, especially genital anatomic GD, is unfamiliar, the distress it causes is often assumed to be feigned or exaggerated, and many citizens and lawmakers believe that inmates with GD simply do not deserve SRS (Leonard, 2014). But the argument that SRS is medically necessary primarily to treat or prevent depression or suicidality is not supported by empirical evidence, and it is also problematic for other reasons.

Such an argument invites the counterargument that inmates' complaints of depression or suicidal threats or gestures can simply be manipulative and that prison authorities cannot acquiesce to them without inviting further manipulation. For example, the decision in Kosilek v. Spencer (2014a) contains this summary of the MDOC's position: "providing Kosilek with [sex reassignment] surgery in response to her threats of suicide would be contrary to well-established correctional practices. Inmates should not be permitted to manipulate the system utilizing a 'do it or else' theory" (p. 48; some internal quotation marks omitted). Moreover, arguing that SRS is medically necessary to prevent suicide could establish an unhelpful precedent, with suicidal threats or gestures becoming de facto prerequisites for SRS. We were encouraged to note that both expert consultants in Quine v. Beard (2015) considered relief of GD to be the primary basis for recommending SRS for Quine, with reduced risk of suicidality a secondary consideration.

Eligibility Requirements for Sex Reassignment Surgery

According to the SOC, persons for whom SRS has been determined to be medically necessary must still satisfy certain eligibility requirements before SRS can be performed. These can be either the usual or "standard" eligibility requirements or requirements that have been modified pursuant the provisions of the SOC that permit flexibility when indicated. The six standard eligibility requirements for SRS are:

- (1) Persistent, well-documented gender dysphoria;
- (2) Capacity to make a fully informed decision and to consent for treatment;

- (3) Age of majority in a given country;
- (4)If significant medical or mental health concerns are present, they must be well controlled;
- (5) 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual);
- (6) 12 continuous months of living in a gender role that is congruent with the patient's identity. (Coleman et al., 2011, p. 202)

For most male inmates, fulfillment of all of these standard eligibility requirements should be a precondition for SRS. We believe that many inmates can satisfy all of these requirements without undue difficulty, although their ability to fulfill the requirement of living for 12 months in a gender role congruent with their gender identity remains contentious. For a few inmates, we believe that the 12-month living requirement could legitimately be relaxed or waived. For all inmates, however, we believe it would be prudent to initially impose some additional eligibility requirements, given the current lack of experience in providing SRS to prisoners.

Of the six standard eligibility requirements, two-age of majority and 12 months of continuous cross-sex hormone therapy, the latter with some exceptions permitted-are neither complicated nor controversial. Hormone therapy is recognized to be an effective treatment for GD and one that typically would already have been provided to inmates who were being considered for SRS. The other standard eligibility requirements involve more complicated considerations as they relate to prison populations.

Persistent, Well-Documented Gender Dysphoria

Evaluating the genuineness, severity, and persistence of GD in inmates can be challenging, especially in persons who have significant comorbid mental health problems. Moreover, the phenomena to which inmates' complaints of GD are often attributed-psychosis, hysteria, malingering, and manipulative exaggeration-plausibly do account for some of these complaints. Deciding the genuineness, severity, and persistence of GD is ultimately an individual professional judgment, one that should be rendered by practitioners who are experienced in assessing both GD and comorbid psychopathology in correctional populations.

The importance of conducting a thorough evaluation of GD symptoms and comorbid conditions in inmates seeking SRS cannot be overstated. But assessment is not a quick or simple process in either community or correctional settings. In the community, mental health professionals who make primary recommendations for SRS typically see their patients on multiple occasions over several months or years in a process that often involves dozens of hours of face-to-face contact (Lawrence, 2003). In inmates seeking SRS, evaluation of GD symptoms and comorbid conditions is ordinarily conducted by outside consultants, because prison-based mental health providers rarely have the necessary expertise and experience. In the first author's experience, evaluations for SRS in correctional settings tend to be comparatively brief. Consultants often base their conclusions primarily on self-reported symptoms of GD elicited in a single interview and seldom engage in longitudinal assessment, even though inmates typically present greater diagnostic complexity than their community counterparts.

When conducting an initial evaluation for either hormone therapy or SRS, the first author spends an average of 6 hr faceto-face with an inmate, often with follow-up telephone interviews if additional information is required. If there are inadequate grounds for making a confident diagnosis of GD, she will defer diagnosis and recommend a year or more of psychotherapeutic treatment, followed by re-evaluation if the inmate's symptoms and requests for treatment persist. The evaluation process also includes a review of records, sometimes involving thousands of pages of clinical, institutional, and legal files. The author commonly recommends formal psychological testing, and she consults extensively with clinical providers and prison staff who are familiar with the inmate's day-to-day functioning. Whenever possible, she also consults with family members and other external informants to verify the inmate's selfreported history.

Although thoroughly documenting the severity and persistence of GD in inmates is a time-consuming and often difficult process, some features of inmates' medical and psychiatric histories can contribute to greater diagnostic confidence. Foremost among these would be documented evidence (not just self-report) of GD symptoms prior to entering prison, especially if there is also evidence of previous medically supervised hormone therapy; such evidence, however, is rarely available. Other features that can contribute to diagnostic confidence include a documented history of intense and unremitting GD symptoms in prison, an absence of significant comorbid psychopathology that could complicate differential diagnosis (e.g., schizophrenia or bipolar disorder), and evidence of a positive response to cross-sex hormone therapy and whatever elements of identity-congruent living (e.g., clothing, makeup, hairstyle) have been permitted.

Capacity to Give Informed Consent

Providing meaningful informed consent can be difficult for an incarcerated person. Inmates have limited access to current information and lack opportunities to learn about SRS from persons who have undergone it themselves. A few learn about GD, transsexualism, and SRS for the first time in prison; some are highly impressionable and are easily influenced by other inmates. Many have a simplistic or inaccurate understanding of the typical results of SRS, are unaware of potential comArch Sex Behav (2016) 45:1649-1663

plications, and do not understand what will be required of them in terms of postoperative care and medical follow-up. Due to intellectual limitations, emotional immaturity, or severe personality disorders, some inmates have unrealistic expectations concerning life in a female gender role, either in prison or following release.

Providing informed consent for SRS does not require that candidates anticipate and consider every possible consequence of the sex reassignment process. For male inmates, however, one foreseeable consequence that deserves careful consideration is the likelihood of being assigned to a women's prison following SRS. Most inmates with GD would probably welcome this, but some might not, and a few might even decide to forgo SRS if this were a predictable consequence. A change in prison assignment after SRS could also adversely affect relationships with family members and friends. Assignment to a women's prison provides unequivocal evidence of having undergone sex reassignment. If family members and friends had not previously been aware of an inmate's desire for sex reassignment-and inmates sometimes attempt to conceal this-then assignment to a women's prison would make the inmate's circumstances obvious. While many inmates who have been incarcerated for years have lost all connections to family and community, some still have fragile threads of connection to a parent, a sibling, or a child. Disclosure could strain these tenuous but significant connections to the outside world, making inmates more vulnerable to feelings of isolation and hopelessness. The first author has observed that many inmates with GD can effectively face the challenge of disclosure to family members and friends and sometimes discover unexpected understanding and support for their desire to live as women. In other cases, however, they experience rejection. This variability in response is not unlike what nonincarcerated persons with GD encounter, but the risk of irreparable isolation is greater for inmates. On a purely practical level, transfer to a women's prison could also make visitation more challenging: Because there are comparatively few women's prisons, most inmates would probably be reassigned to a location more distant from their community of origin after SRS.

Satisfactory Control of Comorbid Mental Health Problems

Eligibility for SRS is conditional on satisfactory control of comorbid mental health conditions for three principal reasons: to guarantee that candidates have met the minimal prerequisites for providing meaningful informed consent (i.e., that their reality testing is unimpaired), to establish that they have the capacity to cooperate in preoperative and postoperative care, and to ensure that they possess sufficient mental and emotional stability to cope with the changed life circumstances they will face after SRS, which will usually include transfer to the unfamiliar environment of a women's prison. All of these rationales are explicitly set forth or strongly implied by language in the SOC (Coleman et al., 2011, pp. 202–203, 205). Fulfillment of this standard eligibility requirement implies satisfactory management of psychoses, significant mood and anxiety disorders, dissociative disorders, and severe personality disorders.

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Antisocial personality disorder (ASPD) and its most extreme manifestation, psychopathy (Hare & Neumann, 2008), deserve specific consideration. These conditions are prevalent among inmates and constitute enduring aspects of personality that are difficult or impossible to modify and challenging to manage. Some clinicians would argue that these conditions are so resistant to treatment that they can never be considered "well controlled." It is also important to consider whether symptoms that appear to be adequately controlled in the structured environment of prison will remain so when inmates are released into the community, where sustained functional stability depends on internalized skills rather than external control. Inmates with psychopathy often engage in repeated patterns of aggression and conflict with staff and peers; they are difficult to manage and are frequently placed in disciplinary segregation for rule violations. They are commonly defiant, provocative, and litigious. Accordingly, we consider severe psychopathy a contraindication to SRS.

However, some inmates with ASPD and relatively mild psychopathy arguably can give valid informed consent and cooperate in their own care when it is in their interest to do so. A sustained history of compliance with recommended psychiatric and psychological treatment, cooperation with clinicians and prison officials, and a satisfactory disciplinary record should serve as reasonable indicators that their comorbid personality disorder does not dominate their affective, behavioral, or interpersonal functioning or impair their ability to cooperate in their own care.

As noted previously, inmates with GD not uncommonly experience depressive symptoms or suicidal ideation when treatment for GD is unavailable or when expression of their gender identity is constrained. Deciding whether these symptoms imply that comorbid mental health problems are not satisfactorily controlled is always an individual professional judgment. Eligibility for SRS does not require that comorbid mental health symptoms be completely absent, only that they do not interfere with the ability to provide informed consent, to cooperate in preoperative and postoperative care, and to face with some likelihood of success the changed life circumstances that will result from SRS. Some persons with GD who think about suicide or who are despondent about their inability to obtain treatment or express their gender identity can do all of these things.

Twelve Months of Living in a Gender Role Congruent With One's Gender Identity

This is the most misunderstood and contentious of the standard eligibility requirements for SRS. Requirements of this type were first adopted over 40 years ago at the Stanford University Gender Reorientation Program. The Stanford clinicians recognized that providing SRS was controversial, and they "were avowedly seeking candidates who would have the best chances for success so that the overall program could or would be continued" (Fisk, 1974, p. 7). They might have preferred to offer SRS only to persons who could be diagnosed as "true transsexuals"—a diagnostic category no longer considered meaningful—but this proved impossible, because candidates for SRS often misrepresented or distorted their histories, confounding accurate diagnosis. Consequently, the Stanford clinicians chose to deemphasize diagnosis per se as an eligibility criterion and instead focused on whether prospective candidates could successfully live full-time in the gender role of the other sex for an extended period—typically 1 to 3 years. Laub and Fisk (1974) argued that:

Indeed, for prognosis, it is probable that the diagnostic category is of much less importance than the patient's preoperative performance in a one- to 3[sic]-year therapeutic trial of living in the gender role of his choice—with demonstrable economic, social, psychological, and sexual success during that period. (pp. 401–402)

Five years later, in 1979, successfully living full-time "in the social role of the genetically other sex" (Walker et al., 1990, p. 5) for 12 months became a standard eligibility requirement for SRS in the first version of the SOC. A similar requirement has been included in all subsequent versions, including the present one. Although formal descriptions of this requirement have become increasingly ambiguous over the years, language explaining the rationale and suggested parameters of this requirement actually became more detailed in the most recent version of the SOC, implying that the requirement is not considered a mere formality.

The fifth version of the SOC (HBIGDA, 1998) introduced the term *real-life experience* to describe this 12-month period of living in the desired gender role; the term also appeared in the sixth version (HBIGDA, 2001), but not in the seventh and most recent version (Coleman et al., 2011). Nevertheless, the term continues to be widely used. The current version of the SOC merely states that candidates for SRS are required to live for 12 months "in a gender role that is congruent with the patient's identity" (p. 202). This formulation "would seem to be almost entirely open to individual interpretation" (Lawrence, 2014, p. 702) but is usually interpreted to mean living in a gender role typical of the other biologic sex.

We contend that some male inmates with GD can and do live in a gender role typical of the other biologic sex within men's prisons and therefore can technically fulfill this standard eligibility requirement. Inmates with GD often display remarkable tenacity and resourcefulness in their attempts to live in something resembling female-typical gender roles in men's prisons. They adopt female-typical names, vocal mannerisms, and ways of moving; they wear female-typical garments when these are obtainable and improvise them when they are not; they modify their bodies by shaping their eyebrows and shaving their faces and bodies; and they avail themselves of permanent epilation and feminizing hormone therapy when these treatments are made available. Moreover, inmates with GD often band together in informal groups for social and emotional support, thereby receiving validation of their cross-gender identities. Within the relative safety of these groups, they can practice behaving in a more overtly feminine manner, thereby enacting the gender role that is congruent with their gender identity. Their efforts to live in something resembling a female-typical gender role often equal or exceed those of males with GD who are not in prison.

However, we question whether this standard eligibility requirement has much practical or prognostic relevance for inmates. Whether or not one believes that fulfilling this requirement contributes to greater postoperative satisfaction or avoidance of regret in community-dwelling patients-and the evidence is slim to nonexistent (Bockting, 2008; Levine, 2009)-it at least provides community patients an opportunity to experience what their lives after SRS might be like before undergoing irreversible surgery. This would not be the case for inmates with GD who attempt to live in female-typical gender roles within men's prisons. If they were to undergo SRS, they would almost certainly be assigned thereafter to women's prisons, where their lives would immediately become dramatically different. Living in a female-typical role in a men's prison could not effectively prepare them for this. There is no way for inmates to know, first hand and in advance, what life in a women's prison would be like. Inmates who would eventually be released from prison similarly would have no way of knowing what life as a woman outside of a correctional environment would be like. Recognizing these facts, some prison officials have argued that inmates with GD cannot have a meaningful experience in a gender role typical of the other sex in men's prisons and therefore cannot fulfill this standard eligibility requirement (e.g., Kosilek v. Spencer, 2014a, pp. 31–32; Kosilek v. Spencer, 2014b, pp. 24–25, 27; Norsworthy v. Beard, 2015, p. 15). Other commentators (e.g., Alexander & Meshelemiah, 2010) have expressed similar opinions. In our view, their position reflects a misinterpretation of this standard eligibility requirement of the SOC; but the concerns they raise nevertheless deserve to be taken seriously.

Because inmates who undergo SRS will almost always be assigned to a women's prison thereafter, the immediate social consequences of SRS will be far greater for inmates than for their community counterparts. The first author has observed that most candidates she has evaluated for SRS appear to have realistic expectations concerning postoperative life in a women's prison, albeit acknowledging some anxiety and recognizing that they will face interpersonal challenges. But if an inmate were to regret assignment to a women's prison after SRS, returning to life in a men's prison would probably be difficult or impossible; the risk of psychological deterioration in such circumstances makes it essential to proceed cautiously.

The future availability of SRS for other inmates could be imperiled if early recipients were to experience regret or psyArch Sex Behav (2016) 45:1649-1663

chological decompensation; therefore, it is crucial to avoid catastrophic outcomes, particularly early on. Accordingly, we believe it would be advisable for prison officials to initially impose additional eligibility requirements for SRS, at least until some clinical experience and outcome data have been acquired.

Standard Eligibility Requirements for Sex Reassignment Surgery Can Be Modified

The SOC explicitly allow the standard eligibility requirements for SRS to be modified when indicated:

The criteria put forth in this document for...surgical treatments for gender dysphoria are clinical guidelines; individual health professionals and programs may modify them. Clinical departures from the SOC may come about because of a patient's unique anatomic, social, or psychological situation; an experienced health professional's evolving method of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm reduction strategies. (Coleman et al., 2011, p. 166)

This means that additional or more stringent eligibility requirements for SRS can be imposed in certain circumstances. Some community clinics impose more stringent requirements, such as a longer period of cross-living or hormonal treatment or required participation in individual or group psychotherapy. More stringent eligibility requirements would also be allowable in correctional settings. Because clinical experience with SRS in correctional settings is currently nonexistent, we believe that initially imposing additional eligibility requirements would be advisable. These should include:

- (1) prominent genital anatomic GD;
- (2) a long period of expected incarceration after SRS;
- (3) a satisfactory disciplinary record and demonstrated capacity to cooperate with providers and comply with recommended treatment;
- (4) a period of psychotherapy, if recommended by the responsible practitioner; and
- (5) willingness to be assigned to a women's prison after SRS.

Most of these additional requirements have parallels in the criteria for recommending SRS set forth explicitly or implicitly in the CCHCS guidelines:

No available, additional treatments other than SRS...are likely to alleviate the distress...At least two (2) years remaining before his/her anticipated parole or release date ...Expected to successfully...adjust medically and psychologically to confinement postoperatively with inmates of his/her postoperative gender...The patient is cooperative and adherent with prescribed therapies and follows provider's orders. (CCHCS, 2015, pp. 3, 7) There are two principal reasons that we recommend initially offering SRS only to inmates for whom a long period of incarceration is expected. First, although SRS is an effective treatment for GD, it is associated with a greatly increased postoperative risk of completed suicide and comorbid psychiatric conditions requiring hospitalization (Dhejne et al., 2011). Inmates who remain in prison for a long period after undergoing SRS would have guaranteed access to psychiatric services to address these potential problems, something that might not be true after release. Second, as we will discuss later, for inmates who undergo SRS and are subsequently released, there is a risk of remission of their feminine gender identification, possibly accompanied by regret about having undergone SRS. A lengthy period of time in which to consolidate one's new gender identity and gender role in prison could plausibly mitigate these risks.

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Although a satisfactory disciplinary record was not explicitly included in the CCHCS guidelines as a decision criterion, we consider this to be an important indicator of willingness to cooperate with treatment. Consequently, we believe it should be an additional eligibility requirement for SRS, at least initially. We would emphasize, however, that imposing these or other additional eligibility requirements for SRS cannot merely be a pretext for making SRS de facto unavailable to inmates.

The standard eligibility requirements for SRS can also be relaxed or waived. Consider, for example, an inmate with prominent genital anatomic GD, incarcerated for a long term or for life, who had some experience living in a female-typical gender role prior to entering prison, whose response to hormonal treatment has been positive, but who has had limited opportunities to engage in female-typical gender role behavior while in prison. This is precisely the kind of unique situation that could justify relaxing or waiving the standard requirement of living for 12 months in a gender role congruent with one's gender identity. The first author has observed that some inmates clearly meet all the standard eligibility requirements for SRS other than having unambiguously fulfilled the 12-month cross-living requirement. In such circumstances, for appropriately selected inmates, the potential benefit of a flexible approach to this requirement-relief of genital anatomic GD-would almost certainly outweigh any possible risk of regret.

Consequences of Offering Sex Reassignment Surgery to Inmates

Although it is legally and ethically obligatory to make SRS available to inmates for whom it is medically necessary, it is also important to anticipate and address the practical consequences of doing so. These include the need to develop policies for prison assignment after SRS, anticipate possible safety and security concerns, and consider post-release issues. Some of these matters loom large in the minds of prison officials, but we contend that none of them constitute insurmountable barriers to offering SRS to carefully selected inmates.

Prison Assignment After Sex Reassignment Surgery

Routine assignment to a women's prison after SRS would be the simplest, most rational, and most therapeutically beneficial policy. Not surprisingly, it is the policy that the CDCR guidelines implicitly adopted, stating that one criterion for recommending SRS would be whether "the patient can be expected to successfully and safely transfer and adjust medically and psychologically to confinement postoperatively with inmates of his/her postoperative gender" (CCHCS, 2015, p. 3). Routine reassignment to a women's prison would maintain consistency with current policies in nearly all U.S. correctional systems, in which assignment is based on external genital anatomy (Sumner & Jenness, 2014). It would also be consistent with how the few MtF transsexuals who have undergone SRS before entering prison have been assigned (e.g., "Prison near Purdy," 2003). From a therapeutic perspective, assigning inmates to a women's prison after SRS could be expected to ameliorate GD symptoms associated with inmates' limited ability to live and be treated as women while residing in male-only facilities.

Paradoxically, a policy of routine assignment to a women's prison after SRS might deter some inmates from seeking SRS. In the California prison system, 82 % of male transgender inmates report that they are exclusively sexually attracted to men (Jenness, 2010), and these inmates often derive significant satisfaction from the social, romantic, and sexual attentions of masculine male inmates. In summarizing interviews with several hundred male transgender inmates in the California prison system, some of whom might not meet full diagnostic criteria for GD, Jenness and Fenstermaker (2014) observed:

Throughout the interviews, transgender prisoners expressed appreciation for caring interactions with real men that served to recognize them as women. These simple, but much desired, interactions include being walked across the yard, given cuts in the chow line, and having an umbrella held over your head in the rain. (pp. 24–25)

Knowing that they would forfeit these rewarding interactions with men if they were reassigned to a women's prison might cause some inmates to forgo SRS. Moreover, a few male transgender inmates appear to dislike the company of women and would prefer not to be housed with them:

When a transgender prisoner...was asked whether she would prefer to be housed in a men's prison or a women's prison, she immediately replied, "Men's." She added, "That's a hard one. I don't want to be with women because they are vicious. They are worse than men. Their hormones are going all the time. Imagine being around 60 women and two are on their period at the same time! God. Imagine how bad that would be?". (Jenness & Fenstermaker, 2014, pp. 16–17)

Inmates might be forced to choose between SRS, with its potential to reduce their genital anatomic GD, and the opportunity to enact a feminine gender role in relation to men, with its potential to ameliorate the social or interpersonal components of their GD. Notwithstanding these considerations, the first author has observed that all seven inmates she has evaluated for SRS over the past 18 months, whether sexually attracted to men or to women, have indicated that they would welcome the opportunity to live among women, and in many cases to be free of the sexual tension they experience in relation to male inmates.

Some male prisoners for whom SRS is medically necessary have a history of violent behavior toward women. Kosilek, the plaintiff who sued the MDOC to obtain SRS, had been convicted of murdering a woman (*Kosilek v. Spencer*, 2014a). Norsworthy, the plaintiff who sued the CDCR to obtain SRS, had a history of domestic violence against women (*Norsworthy v. Beard*, 2015). Prison officials have sometimes interpreted such histories as effectively precluding assignment to a women's prison after SRS. In the Norsworthy case, CDCR official Kelly Harrington opined that:

Norsworthy would be "at significant risk of being assaulted or victimized by female offenders" in a women's facility because of her history of domestic violence against her girlfriend before her arrest...Harrington is also concerned that "Norsworthy might herself victimize female inmates." (*Norsworthy v. Beard*, 2015, p. 17)

However, in what is perhaps the only known case in which a MtF transsexual who had undergone SRS was sent to a women's prison after committing a violent crime against a female victim, the offender—"Jo" Shandley, convicted of murdering her sister—was housed uneventfully in the Washington Correctional Center for Women ("Prison near Purdy," 2003; see also *Kosilek v. Spencer*, 2012, p. 108; *Kosilek v. Spencer*, 2014a, p. 49).

Moreover, natal women who have been convicted of violent crimes against other women, including victims they knew personally, are assigned to women's prisons as a matter of course. The most recent information from the U.S. Department of Justice (Greenfield & Snell, 1999) revealed that over three-quarters of violent crimes committed by female offenders involved female-on-female violence and that in about 8 % of these cases the victims were intimates or relatives of the perpetrator. Consequently, women's prisons can be assumed to have experience dealing with violent offenders whose victims have been other women. Judge Jon Tigar made this point when he wrote in *Norsworthy v. Beard* (2015):

Any suggestion that housing a female inmate with a history of violence against women would be a novel security challenge is hard to square with the fact that CDCR already houses Arch Sex Behav (2016) 45:1649-1663

many women with a history of violence, including violence against their female partners. (p. 27)

The other options for prison assignment after SRS-assignment to a special facility for transgender inmates, administrative segregation, or continued assignment to a men's prison-are more problematic. Assignment to a special unit for transgender inmates could sometimes be a reasonable option, but such facilities are not available in most states, and transfer to a unit for transgender prisoners in another state, pursuant to the Interstate Compact on Adult Offender Supervision (Interstate Commission for Adult Offender Supervision, 2014), could not be guaranteed. Moreover, some inmates would probably reject and challenge being housed in units for transgender inmates, believing such an arrangement to be discriminatory and stigmatizing. Prolonged administrative segregation would be inhumane and probably would not stand up to legal challenge (Fleischaker, 2014). Continued assignment to a men's prison after SRS would be inconsistent with current genital-based assignment policies and would probably increase an already elevated risk of sexual victimization. In addition, all of these alternative assignment options would forgo the potential therapeutic benefits of placement in a women's prison, in which inmates with GD could more freely and fully enact their desired gender role.

Security Considerations Related to Sex Reassignment Surgery

We mention security considerations for reasons of completeness, not because we think they pose serious impediments to providing SRS. We have already addressed the most significant security issues related to housing inmates in women's prisons following SRS. Prison officials have sometimes expressed concern about the risk of escape attempts if inmates were transported to a distant location to undergo SRS and then transported back to prison. We consider these objections pretextual rather than substantive. In the Kosilek case, the MDOC initially raised this issue, but MDOC Commissioner Harold Clarke subsequently minimized these concerns in his testimony:

Clarke too initially opined that Kosilek posed an unacceptable risk of flight if transported out of Massachusetts in part because he had fled the state after killing his wife... However, Clarke ultimately testified that he could say "[w]ith some degree of certainty" that the DOC would "take all the precautions necessary to secure that transport, secure the place where it's going to take place, and care for [Kosilek] in terms of providing appropriate custody prior to returning [Kosilek] back to the state." (Kosilek v. Spencer, 2012, p. 104)

Post-Release Considerations Following Sex Reassignment Surgery

Practitioners who recommend SRS for inmates who will eventually be released from prison should think carefully about how SRS might affect these inmates' lives after release. In particular, they should consider the risk of post-release regret about having undergone SRS. Clinicians have repeatedly observed that changes in life circumstances can affect the severity of GD symptoms and the intensity of the desire for sex reassignment and SRS (Levine, 1993; Lothstein, 1979; Marks, Green, & Mataix-Cols, 2000; Roback, Fellemann, & Abramowitz, 1984). Males with only minimal or moderate GD symptoms before entering prison sometimes experience an increase in the severity of their GD symptoms after incarceration, accompanied by the onset or intensification of cross-gender identification and the desire to undergo sex reassignment and SRS. This phenomenon raises the concern that, if these inmates were to undergo SRS and were subsequently released from prison, their feminine gender identification might diminish or remit entirely and their desire to live as women might decline or disappear. Practitioners must be mindful of the possibility that inmates who avidly sought and eventually underwent SRS in prison might regret having done so after being released.

Why is the prison environment sometimes associated with an increase in the severity of GD and an intensification of the desire for sex reassignment? Several factors plausibly contribute. Before entering prison, many inmates with incipient GD lived unstable or chaotic lives, characterized by familial and interpersonal instability, childhood abuse or neglect, out-of-home placements, poverty, school failure, substance abuse, untreated mental illness, and early and chronic criminality. In prison, some of these problems may resolve or remit, allowing inmates enough stability to seriously confront their GD for the first time. Other inmates may have had little or no information about the meaning of their GD symptoms or about their options for living in a gender role more congruent with their gender identity; some may have lacked language to describe their feelings, learning terms such as transgender for the first time in prison. Transgender subcultures within prisons provide information, descriptive language, and role models for inmates who are beginning to think about these issues. Although the natural history of GD in males often involves intensification of symptoms over time, social forces in the outside world can hold GD symptoms in check and deter individuals from pursuing sex reassignment. These restraining forces can include the desire to preserve relationships with spouses, children, and friends (Blanchard, 1994) and to maintain employment, legal or otherwise. When incarceration removes these social constraints, GD can intensify. The prison environment also offers inmates opportunities to enact femaletypical social and sexual behaviors in relation to masculine men; these interactions can strengthen or consolidate cross-gender identification in males with GD and can be associated with intensification of GD symptoms. Conversely, GD can sometimes intensify in prison as a result of constraints on feminine selfexpression: Inmates who had cross-dressed, engaged in prostitution, or entertained as drag queens may only experience clinically significant GD once those activities have become impossible in the context of incarceration.

After release from prison, however, inmates' circumstances may revert to the status quo ante. Their lives can once again become chaotic in the face of joblessness, homelessness, substance abuse, or untreated mental illness. Opportunities for cross-gender expression that were unavailable during incarceration may again become available to them. Social forces that once constrained cross-gender expression may again exert their influence. In males with GD who are sexually attracted to women, the opportunity to engage in new romantic relationships with women is sometimes associated with remission of GD symptoms and loss of the desire to live as a woman (Lawrence, 2013; Marks et al., 2000; Shore, 1984; Steiner, 1985); release from prison would allow such opportunities. For inmates who had undergone SRS before being released, these forces could potentially be associated with partial or complete remission of their feminine gender identification and desire to live as women; some of these individuals might come to regret SRS. We believe it is plausible that having a longer period of time to consolidate one's feminine gender identity and gender role after SRS might make these outcomes, especially postoperative regret, less likely. Consequently, until more inmates have undergone SRS and more outcome data for this population have been accumulated, we believe it would be prudent to offer SRS only to those inmates for whom a long period of incarceration is anticipated (cf. Colopy, 2012, p. 267).

Regret following SRS is a rare but recognized phenomenon in nonincarcerated MtF transsexuals. A large longitudinal study in Sweden found that 2.2 % of MtF transsexuals regretted having undergone sex reassignment and SRS, as evidenced by application to return to male legal gender status (Dhejne et al., 2014). Factors associated with an increased risk of regret following SRS include poor family support, late-onset GD, inadequate differential diagnosis, and dissatisfaction with the physical and functional outcomes of surgery. Some of these factors, especially poor family support, could potentially increase the risk of postrelease regret in inmates who underwent SRS while in prison.

It is important to acknowledge, however, that if an inmate were to undergo SRS in prison and subsequently revert to living in a male gender role after release, this would not necessarily indicate that the inmate regretted SRS, that GD had been incorrectly diagnosed, or that SRS had not been medically indicated or had been provided in error. Some persons who undergo SRS outside of correctional environments report that this treatment successfully ameliorated their GD symptoms but nevertheless revert to living in their original gender role, usually for complex social reasons. Kuiper and Cohen-Kettenis (1998) described three such MtF patients and observed that:

[Some] individuals do not live any longer in the previously desired sex, but do not express any regret. Some may even state that they are happy about their decision, and still consider themselves transsexuals, but choose to live in the original gender role again for social reasons. (p. 2)

This is consistent with the perspective that the fundamental therapeutic value of SRS lies in its ability to alleviate genital anatomic GD and that SRS can provide this therapeutic benefit even when individuals decide to revert to their original gender role after surgery.

Recommendations for Providing Sex Reassignment Surgery to Male Inmates With Gender Dysphoria

We hope that prison systems will begin providing SRS for carefully selected inmates not because they are legally compelled to do so but because they recognize that SRS is an effective and ethically obligatory treatment for the particular form of suffering that some inmates with GD experience. We recognize that to do so, prison systems will have to address policy, security, and operational complexities as well as legislative, judicial, and public relations challenges. But the status quo of waiting for legal mandates not only leaves inmates with unmet treatment needs but is also prohibitively expensive. Based on our clinical experience and review of the relevant literature, we offer the following recommendations:

- (1) Prison officials and physicians and mental health practitioners who evaluate and treat inmates should recognize that SRS can be medically necessary for some male inmates with GD. Prison systems should begin offering SRS to inmates for whom it is medically necessary, even when not faced with the threat of legal compulsion.
- (2) The eligibility requirements for SRS for male inmates with GD should include the first five standard eligibility requirements set forth in the SOC (Coleman et al., 2011).
- (3) The SOC standard eligibility requirement of 12 continuous months of living in a gender role congruent with the patient's gender identity should either have been
 - (a) satisfied in the judgment of the responsible practitioner or
 - (b) explicitly waived by the responsible practitioner, as permitted by the SOC.
- (4) Until greater experience is accumulated, practitioners should initially impose some additional eligibility requirements, as permitted by the SOC, in order to maximize the likelihood of successful outcomes and minimize the likelihood of regrets. These should include

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- (a) prominent genital anatomic GD;
- (b) a long period of expected incarceration after SRS;
- (c) a satisfactory disciplinary record and demonstrated capacity to cooperate with providers and comply with recommended treatment;
- (d) a period of psychotherapy, if recommended by the responsible practitioner; and
- (e) willingness to be assigned to a women's prison after SRS.
- (5) Inmates should routinely be assigned to a women's prison after SRS, although assignment to a specialized unit for transgender inmates might be acceptable in some cases.
- (6) Consistent with inmate confidentiality, practitioners and the prison systems that employ them should collect, analyze, and publish the outcome data, for their own use and for the use of other prison systems.
- (7) The additional eligibility requirements suggested above should be modified as indicated, based on accumulated experience and the outcome data.

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