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

\_\_\_\_\_)  
JANIAH MONROE, MARILYN )  
MELENDEZ, LYDIA HELÉNA VISION, )  
SORA KUYKENDALL, AND SASHA )  
REED, )  
 )  
Plaintiff(s), )  
 )  
vs. )  
 )  
JOHN BALDWIN, STEVE MEEKS, AND )  
MELVIN HINTON, )  
 )  
Defendant(s). )  
\_\_\_\_\_)

Case 18-156-NJR-MAB

PRELIMINARY INJUNCTION HEARING  
DAY 1 OF 2

BE IT REMEMBERED AND CERTIFIED that heretofore on 7/31/2019,  
the same being one of the regular judicial days in and for the  
United States District Court for the Southern District of  
Illinois, **Honorable Nancy J. Rosenstengel**, United States  
District Judge, presiding, the following proceedings were  
recorded by mechanical stenography; transcript produced by  
computer.

**REPORTED BY: Molly N. Clayton, RPR, FCRR**, Official Reporter  
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**APPEARANCES:**

**FOR PLAINTIFF(s) :**

**Brent P. Ray, Samantha G. Rose, Sydney L. Schneider, Austin B. Stephenson, and Jordan M. Heinz** of Kirkland & Ellis LLP - Chicago, 300 N. LaSalle Street, Chicago, IL 60654; **and John A. Knight and Ghirlandi Guidetti** of Roger Baldwin Foundation of ACLU, Inc., ACLU of Illinois, 150 N. Michigan Avenue, Suite 600, Chicago, IL 60601.

**FOR DEFENDANT(s) :**

**Lisa A. Cook and Chris Higgerson** of Office of the Attorney General-Springfield, 500 South Second Street, Springfield, IL 62701

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INDEX OF WITNESS EXAMINATION

	<u>DX</u>	<u>CX</u>	<u>R-DX</u>	<u>R-CX</u>
<i>Austin, Glen</i>	413			
<i>Ettner, Randi</i> .....	229	284	320	
<i>Melendez, Marilyn</i> .....	13	40		
<i>Melendez, Marilyn</i>		85		
<i>Monroe, Janiah</i> .....	184	217		
<i>Puga, William</i> .....	326	359	411	
<i>Reed, Sasha</i> .....	53	75		
<i>Reister, Shane</i>	412			
<i>Tangpricha, Vin</i> .....	88	145	181	182

INDEX OF EXHIBITS

<u>EXHIBIT</u>	<u>DESCRIPTION</u>	<u>Id'D</u>	<u>Rcv'd</u>
<i>Plaintiffs' 1</i>			32
<i>Plaintiffs' 2</i>			70
<i>Plaintiffs' 3</i>			115
<i>Plaintiffs' 4</i>			117
<i>Plaintiffs' 5</i>			131
<i>Defendants' 5 and 6</i>			411
<i>Plaintiffs' 6</i>			134
<i>Plaintiffs' 7</i>			137
<i>Defendants' 7</i>			413
<i>Plaintiffs' 8</i>			138
<i>Plaintiffs' 9</i>			216
<i>Plaintiffs' 10</i>			255
<i>Plaintiffs' 11, 12 and 13</i>			258
<i>Plaintiffs' 14</i>			263
<i>Plaintiffs' 15</i>			266
<i>Plaintiffs' 16</i>			267
<i>Plaintiffs' 17</i>			270
<i>Plaintiffs' 18</i>			271
<i>Plaintiffs' 19</i>			277

MISCELLANEOUS

	<u>PAGE</u>
<i>Opening Statement - Plaintiff(s)</i>	6
<i>Opening Statement - Defendant(s)</i>	9

1                    *COURTROOM DEPUTY:* The United States District Court  
2 for the Southern District of Illinois is now in session,  
3 Chief Judge Nancy Rosenstengel presiding. Please be seated.

4                    The matter of *Monroe, et al. versus Baldwin, et al.*,  
5 Case No. 18-cv-156, is called for a preliminary injunction  
6 hearing.

7                    Would the parties please identify themselves for the  
8 record.

9                    *MR. RAY:* Your Honor, Brent Ray of King & Spalding for  
10 the plaintiffs. I'd like to also introduce other members of  
11 the Kirkland & Ellis team. To my left Sam Rose; to her left is  
12 Sydney Schneider; and then in the front row Mr. Austin  
13 Stephenson; and to the back right, Mr. Jordan Heinz; and our  
14 summer associate, Mr. John Fisher.

15                    *THE COURT:* All right. Thank you.

16                    *MR. KNIGHT:* And, your Honor, John Knight, also for  
17 the plaintiffs, from the Roger Baldwin Foundation of ACLU, with  
18 my co-counsel Ghirlandi Guidetti.

19                    *THE COURT:* Okay. Good morning.

20                    *MR. KNIGHT:* Good morning.

21                    *THE COURT:* All right.

22                    *MS. COOK:* And, your Honor, for the defendants  
23 Lisa Cook and Chris Higginson.

24                    *THE COURT:* All right. Good morning, Counsel.

25                    *MS. COOK:* Good morning.

1           *THE COURT:* We are getting a little bit of feedback.  
2 If anybody has a cell phone on, if you can turn that off  
3 because it interferes with the sound system.

4           Okay. So I have read all of the papers. And I note  
5 just in general that the plaintiffs' complaint that was filed  
6 on January 31 of 2018 is a putative class action against  
7 defendants for providing inadequate medical treatment for  
8 gender dysphoria, in violation of the Eighth Amendment, and it  
9 challenges the policies, procedures, and practices of the IDOC  
10 that allegedly deny prisoners evaluation and medically  
11 necessary treatment for gender dysphoria.

12           Now, the plaintiffs seek to certify a class  
13 constituting all prisoners in the custody of IDOC who have  
14 requested from IDOC evaluation or treatment for gender  
15 dysphoria, whether or not they use that specific term.

16           Now, the plaintiffs seek declaratory injunctive relief  
17 only, and what is before us today is the plaintiffs' motion for  
18 preliminary injunction. So I'd like to just start with a brief  
19 sort of opening statement, whoever wants to do that on behalf  
20 of the plaintiffs, as to what relief you are seeking and what  
21 you intend to show today through witnesses, and then the same  
22 for defense.

23           So is that you, Mr. Ray?

24           *MR. RAY:* Yes, your Honor.

25           *THE COURT:* All right.

1           MR. RAY: If I could get up Laptop No. 3. Thank you.  
2           Your Honor, we are here today seeking injunctive  
3 relief narrowly tailored to address the urgent medical needs of  
4 transgender individuals. These individuals are prisoners in  
5 the Illinois Department of Corrections or IDOC, and they rely  
6 wholly upon IDOC to provide the medically necessary care that  
7 they need.

8           This is not merely a case about what the prisoners  
9 need; it's a case about what IDOC is constitutionally mandated  
10 to provide them. And the hallmark of what they are required  
11 under law to receive is adequate care. And judged on this  
12 standard, IDOC's policies and actions fail.

13           The problem starts with IDOC's special committee on  
14 transgender medical care. This committee is unlike anything  
15 else at IDOC. It is comprised of five individuals, and not a  
16 single one is an expert in providing care to transgender  
17 patients. Yet that is precisely what they are entrusted to do.  
18 They are the final word on critical medical decisions, such as  
19 hormone therapy, gender-affirming surgery and social  
20 transition. Yet their experience with these issues, even taken  
21 collectively, is either alarmingly low or simply nonexistent.

22           Disturbingly, this committee makes medical decisions  
23 without, one, ever seeing the prisoner; or, two, having their  
24 complete medical record on hand. So even when a medical staff  
25 at a prison recommends that a patient should receive hormone

1 therapy, an undisputed medically necessary treatment for those  
2 suffering from gender dysphoria, the committee may simply  
3 decline to institute the therapy altogether without giving a  
4 reason. And even when they don't have consensus, they leave it  
5 up to a vote; majority rules for medical decisions. It's  
6 crazy. And the result is that medically necessary care is  
7 either delayed or denied entirely, and even when it is  
8 instituted, it comes after undue delay. And then even once it  
9 does get instituted and gets on track, it's not effectively  
10 monitored.

11           Unfortunately, this reckless method of providing  
12 medical care by IDOC has real consequences. Simply put, lives  
13 are at risk. Transgender prisoners attempt self-castration,  
14 waiting and waiting for hormone therapy to begin, and they  
15 resort to self-harm when IDOC tells them they will never have  
16 their request for gender-affirming surgery approved. They are  
17 misgendered by prison staff, including the doctors they rely  
18 upon, and even simple things like gender-affirming clothes or  
19 personal items, which are important to help those suffering  
20 from gender dysphoria to socially transition are routinely  
21 denied without explanation.

22           Now, what's worse is that IDOC is actually cognizant  
23 of the authoritative standards that should be governing what  
24 they do. And these are promulgated by the World Professional  
25 Association for Transgender Health, or WPATH. You are going to

1 hear about this more today and tomorrow.

2 Now, IDOC witnesses and the committee members insist  
3 that they comply with these standards, but this is false. And  
4 you are going to hear from two experts today and tomorrow.  
5 Dr. Tangpricha and Dr. Ettner, sitting in the front row over  
6 here, who are experts in this field, and they're going to tell  
7 you that time and time again, IDOC's policies and actions fail  
8 this standard of care.

9 Tragically for some, it is too late. A few years ago,  
10 a transgender inmate killed herself. She requested to be  
11 diagnosed or evaluated for gender dysphoria and waited over a  
12 year and still nothing, and she hung herself in her cell. And  
13 in the notes from the committee in the aftermath of this tragic  
14 event, they admit that the delay in even considering her  
15 diagnosis or treatment or evaluation may have been the reason  
16 she killed herself.

17 And yet, even after this terrible event, the systemic  
18 delays in providing critical medical care persists. For other  
19 inmates, class of this litigation, there is still hope, but  
20 they require court intervention to get IDOC to approve the  
21 right care and see that it's done right. And they don't need  
22 that intervention in the future or down the line. They need it  
23 now. How much more suffering must be tolerated? How many more  
24 self-castration attempts? How much more self-harm? How many  
25 deaths?



1           Now, defendants complain that the requested relief is  
2 broad, overreaching, out of line with what our complaints are,  
3 but this is incorrect. And as you can see up on the screen, we  
4 have underlined the relief that we've requested in our  
5 preliminary injunction.

6           But when you get down to the basics, we are really  
7 just asking for three things. That is, one, stop the bad  
8 policies that exist that result in inadequate care being given;  
9 two, replace these policies with good ones that meet WPATH's  
10 standard of care; and, three, make sure it happens. Provide a  
11 monitor, an expert, to see that it sticks. All three of these  
12 buckets, if you will, are narrowly tailored to provide adequate  
13 care to the prisoners in IDOC's care who need it most.

14           Thank you.

15           *THE COURT:* All right. Thank you. Ms. Cook or  
16 Mr. Higginson?

17           *MS. COOK:* Yes, your Honor. I'll go ahead.

18           Now, I know the Court has read the parties' briefs, so  
19 I will be brief. I think that one of the points that the  
20 parties here agree on is that constitutionally, all prisoners,  
21 including the plaintiffs, are entitled to adequate care, and  
22 that's what they're entitled to. But where we diverge is what  
23 type of care -- what does that mean? Are they entitled to the  
24 gold standard of care? Are they entitled to the care that they  
25 really want, but maybe it's not medically necessary? And so

1 that's why -- in our brief we really argue and will present to  
2 you that this is not really a -- the solution is not an  
3 injunction against the entire Department of Corrections.

4 The plaintiffs -- you know, one of the requests for  
5 relief they have is to stop mechanically assigning inmates to  
6 prison based on their biological sex. But it's clear that  
7 there's no departmental policy to do that. I mean, that's the  
8 default. That's the way we classify people every day. They  
9 have male institutions and female institutions. So they have  
10 to pick a place for them, and the default is usually based on  
11 their biological sex.

12 But at the end of the day, if it's determined that  
13 somebody needs to be moved, people have been moved. There is  
14 no policy prohibiting that. And the same with gender-affirming  
15 surgery. There is no policy prohibiting that. Same with  
16 hormones. There is no policy to delay or to deprive somebody  
17 of hormones. It's really left to the medical providers at the  
18 facility to bring these to the attention of the gender care  
19 committee. So it is not as if there are policies that prohibit  
20 any of the relief these particular plaintiffs seek, but they're  
21 based on medical decisions within the department.

22 And it's also important to keep in mind here that even  
23 taking the entire putative class, it's about 105 or so inmates  
24 within the Department of Corrections who identify with gender  
25 dysphoria or are listed on their transgender charts. And so

1 with a prison population of nearly 40,000 people, they can't  
2 have -- you know, they can't have transgender specialists at  
3 every facility. The focus has to be on meeting the needs of  
4 the entire population and not just this small percentage having  
5 specialized care. That's not to say that it -- nobody is  
6 arguing that the plaintiffs are not entitled to adequate care,  
7 but it's just that we have to look at what they're seeking in  
8 the context of the entire Department of Corrections, which is  
9 what an injunction would affect.

10           And I know that we argued this in our brief as well.  
11 I mean, just transferring somebody based on their request to go  
12 to a facility that aligns with their gender identity, that's  
13 not a good -- that's not a good solution to this problem.  
14 There are female inmates at female institutions that -- they  
15 also -- their needs also need to be taken into account.

16           So while we agree that all inmates are entitled to  
17 adequate care, including the plaintiffs, this just isn't a case  
18 where a statewide injunction would be applicable.

19           The department makes individualized assessments, and  
20 that's what they should be allowed to do. The medical  
21 providers in the transgender care committee, they do things as  
22 a group and they do try to reach consensus. And that's because  
23 they, as well as even the experts in the field still seem to be  
24 trying to keep up with the evolving nature of the care provided  
25 to gender nonconforming or transgender people.

1           They don't use the committee as a way to deprive  
2 somebody of what they're seeking or to deny it completely, but  
3 it's just a way to try to keep up, to have a discussion about  
4 it, and to be able to provide guidance and assistance to the  
5 facility, physicians and mental health providers who work with  
6 the inmates every day.

7           So again, after you hear all the evidence and based on  
8 the arguments of the parties, we would ask that the Court deny  
9 the plaintiffs' request for preliminary injunction.

10           *THE COURT:* All right. Thank you Ms. Cook.

11           So who is the plaintiffs' first witness?

12           *MR. RAY:* Your Honor, we call Ms. Marilyn Melendez; to  
13 take her testimony, Ms. Sam Rose.

14           *THE COURT:* All right. So Ms. Melendez, if you will  
15 come up to the witness stand, please.

16           *COURTROOM DEPUTY:* Ms. Rose, if you could come up with  
17 the podium.

18           *COURT REPORTER:* Please turn on your microphone.

19           *MS. ROSE:* Oh, yeah. Thanks.

20           *THE COURT:* Deana, if you would please administer the  
21 oath to Ms. Melendez.

22                               *(Witness sworn)*

23           *THE WITNESS:* Yes.

24           *COURTROOM DEPUTY:* Please state your name for the  
25 record.

1                   THE WITNESS: Marilyn Melendez.

2                   THE COURT: You may proceed.

3                                   DIRECT EXAMINATION

4    Q.    (BY MS. ROSE:) Good morning, Ms. Melendez.

5    A.    Good morning.

6    Q.    Could you please state your name for the record.

7    A.    Marilyn Melendez.

8    Q.    Is that your legal name?

9    A.    No.

10   Q.    Could you please explain why you use this name instead of  
11   your legal name?

12   A.    That's the name my mother chose for me when she found out I  
13   was transgender.

14   Q.    When you say you are transgender, how do you identify?

15   A.    As female; as woman.

16   Q.    Where do you currently live, Ms. Melendez?

17   A.    Pontiac Correctional Center.

18   Q.    Have you been diagnosed with gender dysphoria?

19   A.    Yes.

20   Q.    What year were you diagnosed with gender dysphoria?

21   A.    2015.

22   Q.    Okay. Ms. Melendez, I'd like to talk to you a little bit  
23   about your personal history leading up to your diagnosis of  
24   gender dysphoria.

25            When you were born, were you assigned male or female at

1 birth?

2 **A.** Male.

3 **Q.** And at some point did you begin to understand that you were  
4 a girl?

5 **A.** Yes.

6 **Q.** How did you come to understand that you felt like a girl?

7 **A.** At first to me, I didn't assume that I was a boy or male  
8 until my mother, family and friends started treating me and  
9 looking me and acting different towards me. I couldn't allowed  
10 to go to the girls' sleepover or slumber party because the  
11 parents said that boys do boy things. I'd get that a lot, even  
12 at school, when I'd wear different clothing or act different.  
13 So my mother started explaining to me that regardless of how I  
14 am and feel, people will perceive me as different. And she  
15 told me that even though I am a girl, I was born male, and they  
16 see me as a boy. That's when I felt different.

17 **Q.** And how did that feel?

18 **A.** As a kid it didn't really affect me as much because my  
19 mother and some of my family still saw me as how I was. People  
20 just don't understand people sometimes.

21 **Q.** And did your feelings like you were a girl persist --

22 **A.** Yes.

23 **Q.** -- over time?

24 And did they persist to a point where your mother sought  
25 treatment?

1 A. Yes.

2 Q. What was that treatment?

3 A. She got me hormones, testosterone blockers and estrogen.

4 Q. And did these hormones affect your body?

5 A. Yes.

6 Q. Could you describe that for us?

7 A. I had some breast development. You know, to me, they  
8 helped me feel how I was. I never looked any different during  
9 the puberty, so I can't say that I looked different from how I  
10 looked until male puberty. But on them, they help me feel good  
11 because my mother told me that this would help me continue to  
12 be a girl, stay how I'm supposed to be, and not be like the  
13 boys. So I wanted that, and that's how she helped me get.

14 Q. And around what age was that?

15 A. Eight, nine.

16 Q. So did that treatment stop at some point?

17 A. Yes.

18 Q. Why did that treatment stop?

19 A. My mother could no longer afford the medication.

20 Q. And what happened next?

21 A. At first I thought she -- like maybe she couldn't afford it  
22 that month, that day, maybe that year, and that she would get  
23 it again. And a year passed and didn't get it no more. And  
24 she told me she might not be able to afford them for a while.  
25 And she sat me down for a talk, explaining to me that I'm going

1 to start going through male puberty, and she explained some of  
2 the effects and what might happen to me.

3 At first, I just thought that maybe, you know, she's just  
4 letting me know ahead of time and that she'll get the  
5 medication. And then -- and I started getting taller,  
6 shoulders broadening, getting more muscular, my voice getting  
7 deeper, my face changing, getting erections. It was -- it  
8 wasn't a good moment for me. I felt like a monster. People  
9 made fun of me.

10 Q. What happened next?

11 A. I got into a lot of fights, started doing drugs, and I got  
12 incarcerated.

13 Q. Okay. So you are currently incarcerated at IDOC. When  
14 were you first incarcerated in the Illinois Department of  
15 Corrections?

16 A. In 2012.

17 Q. And where was this?

18 A. Stateville, receiving and reception.

19 Q. And at Stateville receiving in 2012 did you tell someone at  
20 the Illinois Department of Corrections that you identified as  
21 transgender?

22 A. Yes.

23 Q. And did anybody evaluate you for gender dysphoria?

24 A. No.

25 Q. How long were you at Stateville?



1 A. Two weeks, and then --

2 Q. What --

3 A. I'm sorry.

4 Q. What happened next?

5 A. From there they sent me to Menard Correctional Center.

6 Q. And at Menard, did you identify to somebody at IDOC

7 Correctional that you were transgender?

8 A. Yes.

9 Q. Who did you tell?

10 A. Upon getting off the bus, we were going to the chaplain.

11 Mental health was there, along with medical doctors asking what

12 medications we took and doing the screening process of our

13 sexuality, do we feel comfortable having cellies. And I

14 brought up the issue that I'm transgender. I asked them at

15 Stateville, they said to come down here and we'll contact you.

16 They said: When you go to your cell, write the counselor.

17 Q. Did you write the counselor?

18 A. Yes. The counselor came and told me to write mental

19 health.

20 Q. Did you write mental health?

21 A. Yes.

22 Q. And while you were at Menard, were you evaluated for gender

23 dysphoria?

24 A. No.

25 Q. Did you ask to be provided hormone therapy?

1     **A.**  Yes.

2     **Q.**  Were you provided hormone therapy?

3     **A.**  No.

4     **Q.**  How long were you at Menard?

5     **A.**  For two years.

6     **Q.**  After two years at Menard, what happened next?

7     **A.**  I was transferred to Pontiac for seg-to-seg transfer, did a  
8     year in Pontiac.

9     **Q.**  At Pontiac, did you tell officials that you identified as  
10    transgender?

11    **A.**  Yes.  I told mental health to diagnose me with -- they said  
12    that they believed that I was playing, because people play  
13    crazy, apparently, for attention, but to give them a month to  
14    do the proper paperwork.

15    **Q.**  And were you diagnosed with gender dysphoria?

16    **A.**  No.  I was told that he believes that I am a cross dresser  
17    and that I'm doing it for attention.

18    **Q.**  Okay.  And how long were you at Menard?

19    **A.**  I was at Pontiac for a year.

20    **Q.**  Pontiac.  Pardon me.  And after a year at Pontiac, what  
21    happened?

22    **A.**  I was released from seg.  I did a month on seg kickout and  
23    shift to Stateville in 2015.

24    **Q.**  When you arrived at Stateville in 2015, did you tell  
25    somebody at the Illinois Department of Corrections that you

1 identified as transgender?

2 **A.** Yes.

3 **Q.** Were you evaluated for treatment for gender dysphoria?

4 **A.** Not right away, no.

5 **Q.** But were you eventually evaluated?

6 **A.** Yes.

7 **Q.** And that was the first time you were evaluated?

8 **A.** Yes, correct.

9 **Q.** So just for the record, your first request -- or you first  
10 identified as transgender when you arrived at the Illinois  
11 Department of Corrections in 2012, and the first time you were  
12 evaluated was in 2015 at Stateville?

13 **A.** Yes, correct.

14 **Q.** Okay. So you were evaluated at Stateville in 2015. Was  
15 that early 2015?

16 **A.** Yes.

17 **Q.** Okay. So in early 2015, when you are finally evaluated,  
18 were you diagnosed with gender dysphoria?

19 **A.** Originally no. They said that -- mental health  
20 professional Bill, with specialized transgender, said that I  
21 needed further counseling, further interviewing before she  
22 could do her assessment if I really am really transgender or if  
23 I am faking it for attention or if I'm -- the seg that made me  
24 weak-minded to be lost in self-gratification.

25 **Q.** And eventually were you diagnosed?

1     **A.**  Yes.

2     **Q.**  When was this?

3     **A.**  That was also early, I believe, in March.

4     **Q.**  That's March of 2015?

5     **A.**  Mmm hmm.

6     **Q.**  So how did you feel between when you first identified  
7     yourself as transgender to Illinois Department of Corrections  
8     in 2012 until when you were evaluated and finally diagnosed in  
9     2015?

10    **A.**  It was a low moment because, you know, being in prison  
11    having -- a lot of times not easy.  But it is worse when you  
12    have a medical need that has to be met and they don't want to  
13    meet it.  And they basically throw in their card, but they  
14    ignore it.  You do a hunger strike.  They don't document it, so  
15    they don't have to do anything about it.  Or you do do it and  
16    they tell you they'll give you something to get off hunger  
17    strike, then they don't.  You go on suicide watch, they tell --  
18    then they give it you and they don't.  You try to kill  
19    yourself.  They save you and still don't do anything about it.  
20    It's horrible.

21            People don't understand that nobody chooses to be  
22    transgender.  We don't wake up one day and say, Hey I want to  
23    be a man or woman.  Nobody chooses that.  Nobody does.  Nobody  
24    has to be forced to go through what we go through in or out the  
25    world.  Who wants to go through surgeries and risk

1 complications? Nobody does.

2 **Q.** Thank you for sharing that, Ms. Melendez. I know this is  
3 difficult.

4 I'd now like to switch and move to talk a little bit about  
5 hormone therapy. As you explained in early 2015, you were  
6 diagnosed with gender dysphoria. At that time, were you  
7 prescribed hormone therapy?

8 **A.** At first, no. Later on I was.

9 **Q.** So you said you were not prescribed hormone therapy at  
10 first. Had you asked somebody for hormone therapy?

11 **A.** Yes.

12 **Q.** Who did you ask?

13 **A.** Mental health said they had to go through the Gender  
14 Identity Disorder Committee.

15 **Q.** And so did you have to wait?

16 **A.** Yes.

17 **Q.** And what happened next?

18 **A.** They denied me. And when I asked her why, the same thing  
19 where they feel that I need further counseling. They feel that  
20 too many people are saying that they are just transgender to  
21 get attention, to get seg cooks for various reasons, that  
22 people will come here and are really cross dressers or  
23 something else and pretend to be something for attention, and  
24 that they think that I'm playing since I have no previous IDOC  
25 records of gender dysphoria.

1           And she told me don't worry, to not bug up, to not kill  
2 myself, that it's not the end of the world, that life  
3 continues.

4   **Q.** And how did it feel to have to wait during this time?

5   **A.** I personally felt that they were just pulling my strings  
6 again, because I was already at a point where I was ready to  
7 kill myself. I gave up hope. And then you tell me I've got a  
8 little bit of hope, I have a chance. And then you -- it's like  
9 I feel like you are playing with me. I feel like you're giving  
10 me false hope. It takes a lot to come back from getting to the  
11 point where you don't care and you want to kill yourself to get  
12 any misery over with. These people play with people's  
13 emotions. They play with people's lives and they don't care.

14   **Q.** Did you file any grievances requesting hormone therapy?

15   **A.** Yes, I did.

16   **Q.** Do you remember when you filed the grievances?

17   **A.** In the year 2015 at Stateville.

18   **Q.** And so you eventually -- did you eventually receive hormone  
19 therapy?

20   **A.** Yes.

21   **Q.** When did you begin to receive hormone therapy?

22   **A.** I believe that was late July/August.

23   **Q.** Okay. So you requested hormone therapy --

24                    *THE COURT:* 2015?

25   **A.** Yes, ma'am.

1                    *THE COURT:* Okay.

2     **Q.** (*BY MS. ROSE:*) So you requested hormone therapy and you  
3 eventually received hormone therapy in 2015. So has the  
4 Illinois Department of Corrections addressed your needs for  
5 hormone therapy?

6     **A.** No.

7     **Q.** Why not?

8     **A.** They started me on the lowest dosage possible for a 90-day  
9 period to see if my body would have any  
10 complications/reactions. And from there, they were supposed to  
11 do a blood test. This was what I was told by the doctor, that  
12 the blood test would then tell him if there's any  
13 complications/allergic reactions, and that he will double the  
14 dosage. And then after that, another 90 days, he would measure  
15 my blood again and put me on appropriate dosage that go with  
16 height, weight, year, body level and all that.

17     **Q.** Okay. So you mentioned your dosage there. But could you  
18 explain why you feel like the hormone dosage was not meeting  
19 your needs?

20     **A.** At that time I was still growing excess face and body hair.  
21 I was still having frequent erections, skin still oily, no  
22 development of any breast tissue whatsoever, and I just could  
23 tell the medication wasn't working for me.

24     **Q.** And how did it feel?

25     **A.** That they basically gave me something to basically make me

1 leave the issue alone or shut up.

2 **Q.** Did you raise this issue with anybody at the Illinois  
3 Department of Corrections?

4 **A.** Yes. A month later, I was transferred to Pontiac  
5 Correctional Center, and I went and saw the medical director  
6 Tilden. He saw me -- upon entering, they supposed to see you.  
7 I told him about the medication, if it could be increased or  
8 have tests done. He said that he'll look into it, but as of  
9 right now, that I seem to be doing fine. I asked him, well,  
10 how does he know that. He says, Well, you look okay.

11 I asked him if he could at least check for any -- you know,  
12 examination you are supposed to do as a doctor, is there any  
13 swelling in my legs, because like I personally don't know  
14 exactly how to do everything correct. All I know is what I  
15 read on paper. He said that he doesn't really know anything  
16 about transgender health.

17 **Q.** Did you file any grievances?

18 **A.** Yes.

19 **Q.** And what did you request in those grievances?

20 **A.** To have my hormones increased, to have blood drawn. I  
21 filed one for -- to have -- to be given a broad gender for my  
22 clothing.

23 **Q.** Okay. Did the Illinois Department of Corrections  
24 eventually raise your dosage?

25 **A.** Yes.



1 Q. Did they do this more than once?

2 A. Yes.

3 Q. And was this sufficient to meet your need for hormone  
4 therapy?

5 A. No.

6 Q. Could you explain why not?

7 A. I'm still having frequent erections. My testicles haven't  
8 shrunk. I'm still growing excess hair, and I can just tell  
9 it's not working.

10 Q. Ms. Melendez, how long have you been on hormone therapy?

11 A. Four years; since 2015.

12 Q. If you feel your need for hormone therapy continues to be  
13 left unmet, how would that make you feel?

14 A. Extremely upset.

15 Q. How would that make you feel about your future?

16 A. Not good. I mean, you're giving me a medication to take  
17 care or treat something or, as you say, cure something, and the  
18 medication is not doing that.

19 If a person has a back problem and you give them a pain  
20 medication, if the pain medication is too low, you increase it  
21 until it's numb or they're able to get around and move around  
22 and walk and go on with their lives. I tell you the same  
23 thing, that it's too low and you say that I seem to be doing  
24 okay, just because of how I look. What does my appearance have  
25 to do with blood tests? What does my appearance have to do

1 with my mental state?

2 Q. Thank you, Ms. Melendez. I'd now like to switch gears and  
3 talk about gender-affirming surgery. Have you requested  
4 gender-affirming surgery?

5 A. Yes.

6 Q. What have you requested?

7 A. I've requested to have the surgery. I've requested to be  
8 evaluated for the surgery. I was told that IDOC does not have  
9 any policy to give people or pay for sexual reassignment  
10 surgery and gender surgery. I asked them why. They said that  
11 is something they do not do.

12 Q. When you say "them," who did you ask?

13 A. I asked the medical director at Stateville and I asked the  
14 medical director at Pontiac.

15 Q. And when you say "gender-affirming surgery," what type of  
16 surgery are you referring to?

17 A. The removal of or penile inversion of my genitals.

18 Q. So you requested surgery more than once. The response was  
19 that the Illinois Department of Corrections does not provide  
20 this surgery. Did you file a grievance?

21 A. Yes.

22 Q. Did you receive a response?

23 A. Yes.

24 Q. Do you remember what the response was?

25 A. I'm not entirely sure, but basically it was something along

1 the lines where I can't get the surgery.

2 **Q.** Okay. So since your diagnosis of gender dysphoria in 2015,  
3 have you been evaluated for gender-affirming surgery?

4 **A.** No.

5 **Q.** How does that make you feel?

6 **A.** Not good. It feels like they tell me something to give you  
7 false hope, to make you feel good, to make you feel like  
8 something eventually is going to be done soon. And you tell me  
9 I can't have the surgery. And I asked him, Okay, well, let's  
10 in the future -- maybe things change. Maybe they get a policy  
11 and I can. Can you at least evaluate me? What harm does it do  
12 to evaluate me? None whatsoever. And they won't even do that.

13 Sometimes I feel like I'm going to have to live the rest of  
14 my life, continue just to be a male -- as a male, called a man.

15 **Q.** Ms. Melendez, could you describe what it's like on a daily  
16 basis living without the surgery?

17 **A.** Very upsetting, depressing and -- basically I still don't  
18 see a future because it's really hard having something you are  
19 not supposed to have. It's hard having something that brings  
20 you disgust and discomfort. And every day when I use the  
21 restroom I have to touch it. Every day when I wash up I have  
22 to touch it. When they do shakedowns, they ask me to lift my  
23 penis and my nut sack. It's humiliating. I feel like a freak  
24 sometimes. I don't want to be a freak. I don't want to be  
25 made fun of for being who I am. I don't like having something

1 that I'm not supposed to have.

2 And it's worse when the people who you go to, who are  
3 supposed to be professionals, mental health or doctors who are  
4 supposed to specialize to help you with your issue, make a joke  
5 out of it and don't know what they're doing. On paper they  
6 will still call me man. They'll still call me him, he. I tell  
7 them that I'm not that. But then they claim to say that they  
8 specialize in gender dysphoria and they don't do anything about  
9 it.

10 **Q.** Thank you for sharing, Ms. Melendez. So you requested  
11 genital surgery. Did you request any other gender-affirming  
12 surgeries or procedures?

13 **A.** Yes.

14 **Q.** What did you request?

15 **A.** Hair removal surgery, liposuction, breast augmentation, a  
16 few facial ones, shaving of the brow, chin, thyroid cartilage  
17 shaving for the Adam's apple.

18 **Q.** I'd like to ask you about your request for hair removal.  
19 Why do you need hair removal?

20 **A.** Ever since I had the male puberty, it just grows. And even  
21 with the hormones they're giving me now, it just continues to  
22 grow. And it's -- I understand like even women grow hair on  
23 their face, but it's different between real light hair and they  
24 growing thick and dark, and I have to shave it.

25 **Q.** Have you asked the Illinois Department of Corrections for

1 hair removal?

2 **A.** Yes.

3 **Q.** Who did you ask?

4 **A.** I asked mental health. They said that since it is labeled  
5 as a surgery to ask health care.

6 **Q.** Did you ask health care?

7 **A.** Yes.

8 **Q.** Did you receive a response?

9 **A.** They said that since it's labeled under gender dysphoria to  
10 ask mental health.

11 **Q.** So you asked mental health, they told you to go to medical.  
12 You asked medical, they told you to go to mental health.

13 **A.** Yes.

14 **Q.** Did you file a grievance?

15 **A.** Yes.

16 **Q.** Did you receive a response?

17 **A.** Yes.

18 **Q.** And what was that response?

19 **A.** That the hair removal wasn't necessary due to the fact that  
20 they pass out Magic Shave or I can buy a razor on commissary.

21 **Q.** I'd now like to turn to gender-affirming clothing. Have  
22 you filed any requests for gender-affirming clothing?

23 **A.** Yes.

24 **Q.** What did you request?

25 **A.** I first went through mental health. They said that since

1 it's clothing and stuff, I have to get it approved from the  
2 warden to go through commissary. I wrote commissary. I had a  
3 catalog that they order clothes and other stuff from, and I  
4 wrote a list of clothing, hygiene, that stuff we could get. I  
5 sent it to them. They said that they're not approved to order;  
6 it has to go through the warden. I wrote the warden about the  
7 issue about the list, expressed to him that commissary said it  
8 has to go through them. They said that it's tricky because  
9 weapon task force has to look through everything and see if  
10 we're allowed to have it. And then nothing was done about it.  
11 I asked again. They continued to not say nothing about it and  
12 I wrote a grievance.

13 **Q.** Now, in early 2015 when you were diagnosed with gender  
14 dysphoria, did you have access to a bra?

15 **A.** No.

16 **Q.** Did you request a bra?

17 **A.** Yes.

18 **Q.** Who did you ask?

19 **A.** The medical director, Obaisi.

20 **Q.** And when did you first request a bra?

21 **A.** While they were still interviewing me for the gender  
22 dysphoria.

23 **Q.** Do you remember what year?

24 **A.** 2015.

25 **Q.** 2015. And did you receive a bra in 2015?

1     **A.** No.

2     **Q.** Did you file a grievance?

3     **A.** At Stateville I wasn't -- wasn't needed to file a grievance  
4 because basically said that when he prescribed me the hormones,  
5 that in a week or so that they were going to measure me to give  
6 me a bra, but I was transferred to Pontiac.

7     **Q.** Did you file a grievance at Pontiac?

8     **A.** Yes, because I asked them for basically a bra and they said  
9 that they don't issue them.

10    **Q.** Okay.

11                 **MS. ROSE:** Your Honor, I'm handing to the courtroom  
12 deputy what is being marked as Plaintiffs' Exhibit 1, and I  
13 will also be handing a copy to Ms. Melendez and opposing  
14 counsel.

15                 Permission to approach?

16                 **THE COURT:** You may.

17                 Deana is going to get a sticker so we can mark this.

18    **Q. (BY MS. ROSE:)** Ms. Melendez, I've placed documents in  
19 front of you, as well as your Honor. Could you please take a  
20 minute to flip through these documents and look up when you are  
21 done so I know you are finished.

22                 Ms. Melendez, do you recognize these documents?

23    **A.** Yes.

24    **Q.** What are these documents?

25    **A.** The grievances I filed and responses from counselor,

1 grievance officer in Springfield.

2 **Q.** So you recognize these documents as the grievances you  
3 filed and the responses you received from the Illinois  
4 Department of Corrections?

5 **A.** Mmm hmm.

6 *COURT REPORTER:* I'm sorry. Was that "yes"?

7 **A.** Yes.

8 *MS. ROSE:* Your Honor, I proffer Plaintiff's Exhibit 1  
9 for admission into evidence.

10 *THE COURT:* Any objection?

11 *MS. COOK:* No, your Honor.

12 *THE COURT:* Okay. 1 will be admitted.

13 *(Plaintiffs' Exhibit 1 received in evidence)*

14 **Q.** Okay. So you filed a grievance requesting a bra. When did  
15 you receive a bra for the first time?

16 **A.** In 2017.

17 **Q.** So you first requested a bra in 2015 and you received a bra  
18 for the first time in 2017?

19 **A.** Yes, that's correct.

20 **Q.** How did it feel to have to wait during that period of time?

21 **A.** It was -- I'm not going to lie. I was extremely mad,  
22 because if a guy has a bad back you give him a back brace. If  
23 he has a hernia, you give him a hernia belt. If he has a bad  
24 wrist, ankle or knee, you give him a brace. If he is missing  
25 teeth, you give him dentures or partials. Anything somebody



1 needs that replace you give to them. I'm requesting something  
2 for support to relieve back strain, anxiety, depression, to  
3 have C/Os and staff and inmates stop making fun of me when I go  
4 to yard.

5 I have officers telling me I have to wear two, three shirts  
6 just to go to yard when it is 100 degrees outside. Sometimes  
7 they won't let me go to yard, saying I have to put another  
8 shirt on, go back inside. It was upsetting. I do what they  
9 tell me to do. I still go inside. I don't do it, I can't go  
10 outside. Then when I go outside, if I try to run or work out,  
11 I've got people pointing, laughing, ogling and making fun of  
12 me.

13 **Q.** So you eventually received a bra.

14 **A.** That is correct.

15 **Q.** Does that satisfy your need for gender-affirming clothing?

16 **A.** No.

17 **Q.** Why not?

18 **A.** Because they only gave me one item of clothing. They  
19 didn't give me anything else.

20 **Q.** What else do you need?

21 **A.** Gender-affirming clothes, shoes, undergarments, hygiene  
22 items, proper brushes. I mean, anything a female or woman is  
23 entitled to in a male prison. I'm not asking for something  
24 that IDOC doesn't already give any other woman or female.

25 **Q.** And how does it feel to live on a daily basis without these

1 items?

2 **A.** It's angering and depressing because one of the side  
3 effects of spironolactone, it gives you severely dry skin. You  
4 go to medical and tell 'em all the lotions they sells aren't  
5 working on commissary. Okay, well, what's making you have dry  
6 skin? The spironolactone. They say that they don't know that.  
7 So they give me a cream for diabetics to use. Then they  
8 stopped -- then they discontinued it.

9 I have -- there's been -- I had to go a year with combing  
10 my hair with nothing but my fingers and a spork because all  
11 they sold was a palm brush and I couldn't brush my hair or comb  
12 my hair or unknot my hair. I'm forced to use men's soap, Old  
13 Spice, Irish Spring, Dove for Men, this for men, aftershave for  
14 men, Magic Shave for men. But I'm not a man.

15 **Q.** Did you file a grievance requesting these items?

16 **A.** Yes.

17 **Q.** Did you receive a response?

18 **A.** Yes.

19 **Q.** What was that response?

20 **A.** That -- regarding the razor, that they pass out Magic Shave  
21 or I'm able to purchase a razor on commissary. For the comb  
22 and brushes, they put a military brush on there, which people  
23 use for the waves. It doesn't do anything for my hair.  
24 Regardless of how hard I push it against my scalp and try to  
25 brush it out, it doesn't do anything. I told them about it.

1 They sold combs for one month and then weapon taskforce took  
2 the combs off because, apparently, you can break them and make  
3 a plastic shank or something out of it.

4 Q. Now, I'd like to just go back to gender-affirming clothing.

5 A. Mmm hmm.

6 Q. How does this impact -- does this have an impact on your  
7 ability to socially transition?

8 A. Yes.

9 Q. Could you explain?

10 A. With the hormones they tell us we have to do the real life  
11 transition, social transition. Regardless of how hard I try to  
12 do it at my best, it's kind of back settling when you tell  
13 me -- constantly call me a man, constantly call me a dude, use  
14 male pronunciation, give me men's shoes, men clothes. You put  
15 me in another cell with a man. You put me in yard with men. I  
16 have to go in the shower where other men have been at. If I  
17 get strip searched, other men can see me. If I get strip  
18 searched and I ask for a female officer, they say I have a  
19 penis and so I get a male officer.

20 Okay. I know I'm a woman, but sometimes it's hard when I'm  
21 constantly being told something else. And it gets on my nerves  
22 and it's extremely upsetting.

23 Q. Just so the record is clear, you requested women's clothing  
24 or gender-affirming clothing?

25 A. Yes.

1 Q. And who did you ask?

2 A. The warden, commissary, mental health and health care.

3 Q. And did you receive a response?

4 A. Yes.

5 Q. And what was that response?

6 A. The warden said they would look into it. I'm still  
7 waiting.

8 Q. How does that make you feel?

9 A. Like I'm being toyed with and that it's not a serious  
10 issue.

11 Q. Okay. You mentioned earlier that you have been  
12 incarcerated at three facilities: Menard, Stateville and  
13 Pontiac.

14 A. Correct.

15 Q. Are these all male prisons?

16 A. Yes.

17 Q. And over the four years since your diagnosis, have you ever  
18 been asked whether you wanted to be transferred to a female  
19 facility?

20 A. Not once. They have not asked me.

21 Q. And if you thought that you would be treated like all the  
22 other women in a female facility, would you want to be  
23 transferred to a female facility?

24 A. Yes. If I'm not isolated, discriminated upon or looked on  
25 as some type of freak like I am in a male prison, yes.

1 Q. Okay. Now, while you have been incarcerated, have you ever  
2 been mistreated by IDOC staff?

3 A. Yes.

4 Q. Could you describe some of that mistreatment?

5 A. When we go to yard they do what they call a pat-down, where  
6 basically they pat you to see if you have anything you're not  
7 supposed to have. Some officers will ask me what is that that  
8 I have in my bra. And I'll tell them that I have a bra because  
9 I have breasts. So then they say, Well, how do we know you're  
10 not hiding anything in there. Some of them will squeeze them.  
11 Some of them say, Well, this is a bag of hooch, a bag of water.  
12 Some of them will either smack me on the ass and call me a fat  
13 bitch or sissy, fag. If they know Spanish, they'll say vato  
14 and other stuff like that. If they do shakedowns, where Orange  
15 Crush, or needed to get strip searched, I'll ask for female  
16 staff. They won't bring female staff. They'll ask me to lift  
17 my stuff. They'll put me in the shower. They'll talk to other  
18 officers that are standing next to them. They're both looking  
19 at me saying these type of things and laughing, saying, Oh,  
20 look. It thinks it's a girl. It's disrespectful.

21 Q. And you mentioned mistreatment. Have the Illinois  
22 Department of Corrections staff ever misgendered you?

23 A. Yes.

24 Q. And when we say "misgendered," does that mean that they  
25 refer to you by the wrong pronouns?

1     **A.** Yes, that's correct.

2     **Q.** What pronouns are those?

3     **A.** Him, dude, it, he-she. They'll call me a man, a boy, a  
4 young man.

5     **Q.** Does this happen regularly?

6     **A.** Yes.

7     **Q.** And how does it make you feel?

8     **A.** Belittled, disrespected. It sometimes make me feel like  
9 regardless of how hard I try to not let things get to me,  
10 things get to you. I've told them several times, If you have a  
11 issue with calling me a woman, lady, miss, her, girl, anything  
12 like that, just call me by my last name, just say Melendez.  
13 I'm not asking for much. I'm just asking don't mislabel me,  
14 don't misgender me, don't make fun of me. I'm not asking for  
15 much. Or you can say, Melendez said this. Instead, no, you  
16 want to say he said this. Sometimes they'll even go and say  
17 Diego Rico instead of my last name, just to go the extra level  
18 of getting on somebody's nerves or disrespecting somebody.

19     **Q.** Have you ever thought about harming yourself or attempting  
20 to harm yourself while in the custody of the Illinois  
21 Department of Corrections?

22     **A.** Yes.

23     **Q.** Have you thought about or attempted to harm yourself in the  
24 last year?

25     **A.** Yes.

1 Q. Why?

2 A. I try to think about the future sometimes and it doesn't  
3 look good. I sometimes feel that I'm being played with and  
4 being told something and nothing is happening about it. And  
5 sometimes I just get to the point where you know what, if  
6 they're going to toy with me, make it seem like my life is a  
7 joke, I'll take myself out of the equation and I'll just get my  
8 life over with. It just feels easier sometimes not to be in  
9 that and put up with what I'm being put through. It just feels  
10 easier to just get it out the way.

11 Q. And if your current treatment persists, how will you feel  
12 about your future if nothing changes?

13 A. If nothing changes, I'm going to be honest with you.  
14 Either I'm going to end up killing myself or I'll put myself in  
15 a position so somebody kills me.

16 MS. ROSE: Your Honor, no further questions at this  
17 time.

18 Thank you, Ms. Melendez, for sharing your story.  
19 Appreciate it.

20 THE COURT: All right. Cross examination. And just  
21 so -- I think Deana gave you the heads-up that we have a video  
22 witness at 11, so we'll take a break about 10 minutes before  
23 that to get that set up.

24 MS. COOK: Okay.

25 Do you need a minute, Ms. Melendez?

1                   THE WITNESS: I'm fine.

2                                   **CROSS EXAMINATION**

3   **Q. (BY MS. COOK:)** I want to go all the way back to the  
4 beginning of your testimony. When you were a child and your  
5 mother gave you hormones, did you go see a medical provider for  
6 a prescription?

7   **A.** Yes.

8   **Q.** And how often would you see that medical provider as a  
9 child?

10 **A.** Mmm, I can't really say like I remember exactly like if it  
11 was three times a year or anything like that.

12 **Q.** And so for about how long -- how many years do you think  
13 you saw that provider?

14 **A.** It's -- it changed from that first doctor to another  
15 doctor. And sometimes I wouldn't even go see the doctor. My  
16 mother couldn't make the appointment, she couldn't come from  
17 work. It was tricky sometimes.

18 **Q.** And aside for the prescription for hormones and seeing a  
19 doctor maybe three times a year or so, did you receive any  
20 other sort of treatment for gender dysphoria at that time?

21 **A.** No.

22 **Q.** And I'm sorry. So about how long did that last, the  
23 hormone and the treatment as a child?

24 **A.** From the ages of eight to nine until I was 13.

25 **Q.** And when you first went into custody of the state, you went



1 to the Department of Juvenile Justice; is that correct?

2 **A.** Yes.

3 **Q.** And did you let them know about your gender dysphoria?

4 **A.** Yes.

5 **Q.** And so when you came to the Department of Corrections then,  
6 in about 2012 --

7 **A.** Mmm hmm.

8 **Q.** -- you told them then --

9 **A.** Yes.

10 **Q.** -- about --

11 **A.** About my gender dysphoria, yes.

12 **Q.** Okay. Have you seen your medical or mental health records  
13 from about 2012 through 2015?

14 **A.** No. I've asked to see them. They said that I had to go  
15 through a grievance process or pay for this and stuff like  
16 that. They still wouldn't give them to me. The only time I  
17 was able to see some of them were medical records that my  
18 attorney showed me.

19 **Q.** Okay. And so if it's noted in your records in 2015 that  
20 you just started to raise gender dysphoria issues, you disagree  
21 with that, correct?

22 **A.** Entirely.

23 **Q.** But you don't know if it's contained in your records that  
24 you suffered from gender dysphoria during that time period,  
25 2012 through 2015?

1     **A.** Well, before '15 they refused to diagnose me. So they  
2     wouldn't have me having gender dysphoria.

3     **Q.** And so you mentioned some of the grievances that you filed  
4     beginning in about 2015. Did you file any written grievances  
5     before those about gender issues?

6     **A.** Yes.

7     **Q.** Do you have copies of those?

8     **A.** No.

9     **Q.** What happened to them?

10    **A.** Menard, they would do shakedowns. Some C/Os would harass  
11    me; go in my cell, throw away family photos, mail, legal  
12    materials. They've thrown away legal materials even in the  
13    criminal court I have. That's just something that they always  
14    did in Menard. Some grievances would -- you'd file them, you  
15    think they get processed, you never hear back from them.

16    **Q.** Okay. Well, I'd like to ask you because -- so have you  
17    ever -- did you send any of those to the Administrative Review  
18    Board?

19    **A.** At that time I did -- I thought -- I had to follow the  
20    proper procedure.

21    **Q.** So did you send any of those to the Administrative Review  
22    Board?

23    **A.** Before 2015, no.

24    **Q.** And the Administrative Review Board is where you appeal  
25    grievances, correct?

1     **A.**  Yes.

2     **Q.**  And that's -- you know, some people call it sending it to  
3     Springfield, but that's where you send it to the attention of  
4     the entire DOC administration, correct?

5     **A.**  Correct.

6     **Q.**  And so you didn't send any of those grievances prior to  
7     2015 to the Administrative Review Board?

8     **A.**  Correct.

9     **Q.**  And so you first requested a bra in about 2015; is that  
10    correct?

11    **A.**  Yes, ma'am.

12    **Q.**  But you weren't receiving hormones at that time; is that  
13    correct?

14    **A.**  In 2015, yes, I was.

15    **Q.**  Did you have breast tissue at that time?

16    **A.**  The day I got approved hormones?

17    **Q.**  When you asked for a bra.

18    **A.**  When I asked for it, they recommended that they were just  
19    going to give me one.  They said that if you're gender  
20    dysphoria that they issue a bra.  Dr. Obaisi brought it up.  I  
21    was going to, but when he brought it up, there's no need for me  
22    to bring an issue you say you're going to take care of.

23    **Q.**  Yes, but I'm asking was the bra at that point in time, when  
24    you first requested it, was it because you had breast tissue or  
25    was it more for cosmetic reasons?

1     **A.** It was more of a mental and emotional reason as well. But  
2 no, I didn't have breast tissue at the time.

3     **Q.** And you've mentioned that when you asked for surgery that  
4 you were told that that wasn't something that the department  
5 would do?

6     **A.** Correct.

7     **Q.** And how often did you ask for surgery and receive that  
8 response?

9     **A.** In 2015 I asked. Well, basically said that he can't  
10 approve me for something that isn't part of their policy. When  
11 I went to Pontiac Correctional Center, Tilden said that is  
12 something they do not do, and as far as he knows, it has not  
13 ever been done. I asked to be diagnosed. At least in the  
14 future, if the possibility presents itself I'm already  
15 evaluated. He says they can't do that.

16    **Q.** Have you seen the departmental policy about  
17 gender-affirming surgery?

18    **A.** The law library refused to give it to us.

19    **Q.** So no, you have not seen it?

20    **A.** No.

21    **Q.** So all you know about the DOC policy is what somebody else  
22 has told you, correct?

23    **A.** All I know is what these staff and professionals are  
24 telling me.

25    **Q.** Is Dr. Tilden your current doctor?

1     **A.**  Yes.

2     **Q.**  Is he the only physician at Pontiac Correctional Center?

3     **A.**  No.

4     **Q.**  How many physicians are there?

5     **A.**  When he was sick, I saw Ms. Hanson.  And those are the only  
6     people that have seen me.  When Tilden is not here, Hanson will  
7     see me.

8     **Q.**  And you have mentioned that your hormone level -- your  
9     hormone levels have been increased, your medication.  Was that  
10    Dr. Tilden?

11    **A.**  Yes.

12    **Q.**  Both times?

13    **A.**  Yes.

14    **Q.**  Did he just increase those on his own without discussing it  
15    with you, or did you have a discussion with your doctor about  
16    increasing the hormones?

17    **A.**  I've had a lot of talks with him.  I've written several  
18    times.  I've asked the warden, I've asked mental health and  
19    I've written grievances.  The only reason it was done is  
20    because Emily Ruskins, who was a warden, who is actually  
21    someone understanding and actually cares, had a talk with  
22    Tilden and says, Look if you can increase it, increase it.

23                **MS. COOK:**  I'm going to object to hearsay first.

24    **Q. (BY MS. COOK:)**  Can you explain, were you there for this  
25    conversation?

1 A. This is what Tilden's telling me. He said he had a  
2 conversation with Emily Ruskins, who's a warden, and that she  
3 told him if he is able to increase it to increase it, which he  
4 did.

5 Q. Have you seen Dr. Tilden for your other needs? So when you  
6 ask for a bra, who do you ask? Who do you get that from?

7 A. That time Tilden got sick, so I was going through Hanson.

8 Q. And have they continued to give you new bras and do  
9 fittings for new bras?

10 A. First time they did a fitting they gave me two bras, said  
11 that when one messes up to give it to them and they'll bring me  
12 a new one, which took six months. And by that time, the other  
13 one was messed up. They were state bras that came undone.  
14 They'd rip easily. So I suggested when I wrote the grievance  
15 to put bras on commissary so I could buy them. Then they  
16 stopped issuing bras. Now they're saying only one time upon  
17 entry. They will give you however many they give you, and if  
18 they mess up you won't get anymore. You have to purchase them.

19 Q. Was the fitting that you received in 2019?

20 A. I received a fitting for the bra they gave me the first  
21 time in 2017.

22 Q. Have you received a fitting in 2019?

23 A. They redid one, yes.

24 Q. And so the bras you have been receiving are the ones that  
25 the state has issued to you, correct?

1 A. They gave me a few of them, but I went to commissary and  
2 bought ones that actually give support.

3 Q. Is there very much variety of clothing at a maximum  
4 security facility?

5 A. What do you mean by "variety"?

6 Q. Well, at Pontiac Correctional Center, what kind of clothing  
7 are you able to wear there, you and every inmate?

8 A. They have blue pants with a light blue shirt that we wear  
9 when we leave the cell, either to go to commissary or passes.  
10 If we are in the cell or going to yard, we are allowed to wear  
11 sweatpants in the cell. We can get thermal shirts, tank tops,  
12 boxers, briefs, socks, ankle socks, shoes, caps, gloves.

13 Q. Can you buy any type of -- any type or color of clothing  
14 that you wish?

15 A. No. They have to be -- sweatpants or sweatsuits or gray.  
16 Thermals come either white or beige. Shirts and tank tops come  
17 white. Shorts come gray.

18 Q. As for some of the other items that you've requested, so  
19 you discussed, you know, different soap, hygiene items. Does  
20 the fact that it's called a men's item bother you?

21 A. That does, too, but also the fact that Irish Spring causes  
22 my skin to turn red and get bumps.

23 Q. But Irish Spring is not necessarily made -- it's not geared  
24 towards men specifically; is that correct?

25 A. Well, I've never seen Irish -- women use Irish Spring.

1 Q. What else about using men's soap or aftershave specifically  
2 bothers you?

3 A. Well, the aftershave, you know, I don't use it. They have  
4 Magic Shave, which is basically a cream that you put that  
5 removes hair. In seg they don't give us razors. They don't  
6 even give us a razor. You have to get approved to get a razor.  
7 So only thing I can use in seg is Magic Shave. Me, along with  
8 other transgenders, due to the hormones, have -- our skin  
9 becomes softer, more sensitive, less oily. If I use it for the  
10 four minutes recommended, the next day my skin peels and I  
11 start getting blisters on the area that I use it. Whether I'm  
12 allergic to it or it's just the reaction it has to me, I can't  
13 use. So in seg, I basically grow hair every where and they  
14 don't do anything about it. The razor you have to purchase.  
15 They don't pass out razors.

16 Q. And are you able to purchase those?

17 A. Yeah. And as of right now, I have been out of seg for over  
18 a month and they still haven't given me my razor.

19 Q. So just recently you purchased a razor and you have been  
20 waiting a month to receive it?

21 A. No, I've had it for a while. It's just when you go to seg,  
22 they don't give them to you in seg.

23 Q. Are you waiting for any of your other property?

24 A. Yeah. Television, Walkman, cassette tapes, CL-20  
25 headphones. I'm on audio-visual restriction. A razor is not



1 audio or visual. I can't watch it or listen to it. There's  
2 other people who have audio-visual restriction that are men and  
3 they have their razor. But the two transgenders don't have  
4 their razor.

5 Q. Are there people who are not transgender inmates at Pontiac  
6 Correctional Center who have long hair?

7 A. A few, yes.

8 Q. Do you know how they are able to comb or brush their hair?

9 A. Either they have a comb from when they sold them or they  
10 work in general stores where donations are brought and they're  
11 able to steal them and sell them on the gallery.

12 Q. Is there any other lotion available to you?

13 A. No. The only lotions available are lotions, which make my  
14 skin become extremely red. And my skin is so dry, it doesn't  
15 do anything. I went through health care to get a diabetic  
16 cream, which the only thing they give me that helps. And they  
17 discontinued it. I've put in three sick calls and they don't  
18 want to give it to me anymore because apparently I'm not  
19 diabetic.

20 Q. Have you asked for any other moisturizer for your skin?

21 A. Yes. They have a lotion, which is the generic version of  
22 Lubriderm, which is for sensitive, dry skin, that -- for  
23 nondiabetics. I requested it. They said that I'm too young to  
24 have diabetic symptom skin.

25 Q. So just so I understand, is it just that you have specific

1 issues with some of the hygiene items or you want different  
2 hygiene items that you feel are geared more towards a female?

3 **A.** It's the issue that I'm having with them, but also that --  
4 okay. In a women's prison, all I'm asking is you give me what  
5 they have.

6 **Q.** Do you know what they have at the women's prison?

7 **A.** I know they have a lotion that works. I know they have at  
8 least combs or brushes to unknot, comb their hair.

9 **Q.** So I'm just -- is there a particular reason or just that  
10 you want everything that the women get at the female prisons?

11 **A.** I'm a woman, so why can't I get what other women get? Why  
12 am I being given men's clothing, men products?

13 **Q.** Okay. And I'll move on. Do you -- at the prison you're  
14 at, do you shower alone?

15 **A.** Yes.

16 **Q.** Are there -- where do you shower at Pontiac?

17 **A.** On the gallery, where -- there's 52 cells. Two cells,  
18 which -- two on one side -- on one side of the gallery, two on  
19 the other one. So 1 to 27 has two showers. 28 to 52 has two  
20 showers. And the showers is a shower, shower and outside is a  
21 cell. So a guy can easily put his mirror over and look at me  
22 while I'm in the shower naked. Officers, the guys can walk by  
23 if they come back from yard or passes, they can look at me.  
24 Two of the showers are actually in front of a tower where an  
25 officer in the tower can look in and see me.

1 Q. In the shower cells, the doors shut, correct?

2 A. Yes.

3 Q. And they're mostly solid in the middle with windows above  
4 and below where the feet are; is that correct?

5 A. They're bars.

6 Q. Are they completely open, showing your -- the midsection of  
7 your body?

8 A. Imagine a cell door with bars, like a regular cell. Just  
9 put a stainless steel shower there. And if you walk by, you  
10 can see me completely naked washing up.

11 Q. Where you're housed, is that a place where inmates are  
12 allowed to walk freely?

13 A. Not walk freely like they can go in and out their cell.  
14 But there is multiple movement, as in law library, art class,  
15 substance abuse, gym, yard, people going in and out from work,  
16 inmates working the galleries. So people can come out their  
17 cell a lot and to use the kiosk. They request to use the kiosk  
18 on 5 Gallery and they will go on the gallery and they can walk  
19 back and forth.

20 Q. Do you have a set time that you shower?

21 A. I try to do it before lunch or, if I don't go to yard,  
22 during yard, where a majority of people go outside and there  
23 isn't that many people walking around.

24 Q. You also mentioned that you can be strip searched where  
25 other men can see you. In what instances does that happen?

1 **A.** If we're coming back from law library and rather intel or  
2 the officers suspect for some reason that we have something we  
3 are not supposed to have, sometimes they've taken us in the  
4 walkway, which is by the commissary -- it's like a little  
5 alley -- and they'll strip search people outside in the alley  
6 by a camera. Three officers will strip search three guys at a  
7 time, while the other two officers watch other people.

8 So I'll be standing here and where the judge is is another  
9 guy and he's naked. The other guy is naked and here I am  
10 naked, and here they are looking at me and the C/O is laughing  
11 at me.

12 **Q.** But that's -- so that's not the normal scenario for a strip  
13 search; is that right?

14 **A.** It's not normal, but it's normal the way they always do and  
15 they make it.

16 **Q.** So typically the officers are supposed to take you to a  
17 room and strip search you in private, correct?

18 **A.** They're supposed to, yes.

19 **Q.** Are there times --

20 *THE COURT:* Why don't we -- I hate to interrupt,  
21 Ms. Cook, but why don't we take about a 10-minute break and --  
22 we don't have a jury, so we're just going to take witnesses out  
23 of order as we need to to accommodate the video conferencing.

24 So Ms. Melendez, you can go back to your seat. We're  
25 going to have a video at 11, and then I'll have you come back

1 up.

2 We will resume at 11:00.

3 (Recess)

4 THE COURT: We have the videotape connection and this  
5 is Sasha Reed.

6 COURTROOM DEPUTY: Ms. Reed, if you would please raise  
7 your right hand.

8 (Witness sworn)

9 THE WITNESS: Yes.

10 COURTROOM DEPUTY: Thank you. Would you please state  
11 your name for the record.

12 THE WITNESS: Sasha Reed.

13 THE COURT: And I will just note for the record,  
14 counsel is there present with Ms. Reed at Lawrence Correctional  
15 Center.

16 What is your name?

17 MS. MURPHY: Rachel Murphy.

18 THE COURT: All right. You may proceed.

19 **DIRECT EXAMINATION**

20 Q. (BY MS. SCHNEIDER:) Good morning, Ms. Reed. Please let me  
21 know if at any point you can't hear or see me. Okay?

22 A. Okay.

23 Q. Could you state your name for the record again?

24 A. Sasha Reed.

25 Q. Is Sasha Reed your legal name?

1     **A.** No.

2     **Q.** Can you explain to us why you use the name Sasha instead of  
3 your legal name?

4     **A.** That's the name that I prefer to go by as a woman.

5     **Q.** What pronouns do you use, Sasha?

6     **A.** She.

7     **Q.** When you were born, were you assigned female?

8     **A.** No.

9     **Q.** Do you identify as transgender?

10    **A.** Yes.

11    **Q.** Where do you currently live, Sasha?

12    **A.** Lawrence Correctional Center.

13    **Q.** I want to talk a little bit about your life prior to your  
14 incarceration. Can you tell us a little bit about what your  
15 childhood was like?

16    **A.** Um, I grew up -- I was taken away from my family, my mom,  
17 when I was three years old due to a fire that was set inside  
18 the house. And I was placed in my auntie's care. And while I  
19 was in her care, I was being abused physically and sexually.  
20 And I also displayed like bad behavior in her home.

21    **Q.** Thanks for sharing that, Sasha. I know it was difficult.

22           I want to talk a little bit about your gender identity when  
23 you were a child. When did you first understand that you are  
24 female?

25    **A.** When I was eight years old.

1 Q. When you were eight and you first began to understand that  
2 you are a woman or a girl at that time, did you express your  
3 female identity?

4 A. No.

5 Q. Why not?

6 A. Because I was afraid of what other people may think and I  
7 was always told that that's not the right way to live and  
8 there's only one way that you can live.

9 Q. Were your caretakers in the group homes and in DCFS  
10 supportive of your female gender identity?

11 A. No, they wasn't.

12 Q. When did you first express your female identity?

13 A. When I was 17 years old.

14 Q. And how did you first express your female identity when you  
15 were 17 years old?

16 A. I wore female clothing in the privacy of the home.

17 Q. Did you ever wear female clothing in public?

18 A. Yeah, only one time. I walked to the store that was right  
19 on the side of the house that we lived next to.

20 Q. How did it make you feel that one time when you were able  
21 to express your female identity in public?

22 A. It made me feel good.

23 Q. So thinking about this time in your childhood and teenage  
24 years before you were incarcerated, can you describe what it  
25 felt like to be seen as a male when you knew you were a woman?

1     **A.** It felt horrible, because everybody treated me as male and  
2 always told me I was a male. And I knew deep down inside that  
3 I was a woman, and it was stressful and I was depressed.

4     **Q.** And since you have learned more about this issue, are you  
5 aware of a term to describe the distress you feel and felt at  
6 that time about your gender identity?

7     **A.** Yes. Gender dysphoria.

8     **Q.** Prior to your incarceration, did you seek any medical  
9 treatment related to the discomfort you felt about your gender  
10 identity?

11    **A.** No, because at that time I never knew that hormone  
12 treatment or any type of treatment for gender dysphoria ever  
13 existed.

14    **Q.** Did you ever speak to any adults at that time about hormone  
15 therapy or other treatments for gender dysphoria?

16    **A.** I spoke to some of my therapists while I was at group homes  
17 and stuff about it.

18    **Q.** And what did they say?

19    **A.** They wasn't supportive of me at all.

20    **Q.** Now I want to talk about what your life has been like since  
21 you have been in the custody of the Illinois Department of  
22 Corrections. How long have you been incarcerated with IDOC?

23    **A.** Since 2013.

24    **Q.** And when you entered IDOC custody in 2013, did you identify  
25 yourself as transgender to IDOC officials?



1     **A.**  Yes.

2     **Q.**  Do you recall who you first told that you were transgender  
3     in IDOC custody?

4     **A.**  I told the officer that I was transgender and I wanted to  
5     speak to mental health.

6     **Q.**  And when you first entered IDOC, what facility were you at?

7     **A.**  Intake and RC.

8     **Q.**  Is intake and RC, was that at Stateville Correctional  
9     Center?

10    **A.**  Yes, Stateville Correctional Center.

11    **Q.**  So when you entered intake at Stateville, you told the  
12    correctional officer that you were transgender?

13    **A.**  Correct.

14    **Q.**  What happened after you told this correctional officer that  
15    you were transgender and you asked to speak to a mental health  
16    professional?

17    **A.**  I was told that she was going to inform mental health and I  
18    would be speaking with someone.

19    **Q.**  Did you ever speak with anyone at mental health at  
20    Stateville about your gender identity?

21    **A.**  No.

22    **Q.**  Did you ever meet with anyone on the Transgender Committee  
23    at Stateville about your gender identity?

24    **A.**  No.

25    **Q.**  Did you receive any treatment at all related to your gender

1 identity or your transgender status while you were at  
2 Stateville?

3 **A.** No.

4 **Q.** How long were you at Stateville?

5 **A.** Two and a half weeks.

6 **Q.** What was your state of mind like during these two and a  
7 half weeks?

8 **A.** During that time it was -- I was kind of depressed and  
9 anxious and dealing with a lot of anxiety because -- and I felt  
10 suicidal also because when I told them that I was transgender,  
11 they would not listen to me and I acted out due to them not  
12 listening to me --

13 **Q.** Did you try --

14 **A.** -- and also tried --

15 **Q.** I'm sorry, Sasha. Continue.

16 **A.** And I tried to commit suicide because of that.

17 **Q.** And just so we're clear, when you say you tried to commit  
18 suicide because of that, why did you try to harm yourself at  
19 Stateville?

20 **A.** Because they was ignoring me.

21 **Q.** And when you say they were ignoring you, you mean they were  
22 ignoring your request for medical treatment for your gender  
23 dysphoria?

24 **A.** Correct.

25 **Q.** Where did you go after Stateville?

1     **A.** I went to Pontiac Correctional Center.

2     **Q.** How long were you incarcerated at Pontiac?

3     **A.** A year and a half.

4     **Q.** Did you tell anyone at Pontiac that you were transgender?

5     **A.** Yes, I did.

6     **Q.** And who did you tell, if you can recall?

7     **A.** I told a nurse.

8     **Q.** What happened after you told the nurse at Pontiac that you  
9     were transgender?

10    **A.** She told me that she was going to talk to someone from  
11    mental health.

12    **Q.** Did you ever speak with anyone from mental health at  
13    Pontiac about your gender identity?

14    **A.** No.

15    **Q.** Did you ever meet with anyone at the -- from the  
16    Transgender Committee at Pontiac to discuss the distress you  
17    felt related to your gender identity?

18    **A.** No.

19    **Q.** Did you receive any treatment for the distress you felt  
20    related to your gender identity while you were at Pontiac?

21    **A.** No.

22    **Q.** Where did you go after Pontiac?

23    **A.** Menard Correctional Center.

24    **Q.** And when you got to Menard, during intake did you tell IDOC  
25    staff or medical staff that you were transgender?

1 A. Not until 2015.

2 Q. So in 2015 at Menard, you told staff that you were  
3 transgender?

4 A. Yes.

5 Q. Do you know if you were evaluated for gender dysphoria  
6 while you were at Menard?

7 A. Yes.

8 Q. Do you recall approximately when you were evaluated?

9 A. November of 2015.

10 Q. And were you diagnosed with gender dysphoria, to your  
11 knowledge?

12 A. Yes.

13 Q. Do you recall around the approximate time you were  
14 diagnosed with gender dysphoria?

15 A. The same, November of 2015.

16 Q. So I just want to take a step back because we went through  
17 a little bit of your timeline when you first got into the IDOC  
18 care. So you entered Stateville in July 2013 and it took  
19 approximately two years or a little less than two years from  
20 the time you entered Stateville until you were diagnosed with  
21 gender dysphoria; is that correct?

22 A. Correct.

23 Q. How did this -- how did you feel during these two years  
24 when you were telling IDOC officials that you were transgender  
25 and you weren't receiving any treatment?

1     **A.** I felt depressed and stressed out every day because I was  
2     being ignored.

3     **Q.** So I want to talk a little bit about hormone therapy,  
4     Ms. Reed. Are you currently receiving hormone therapy to treat  
5     your gender dysphoria?

6     **A.** Yes.

7     **Q.** When did you first receive hormone therapy at IDOC?

8     **A.** March of 2017.

9     **Q.** So I want to talk about between the time you were evaluated  
10    and diagnosed with gender dysphoria in November 2015 to the  
11    time you started receiving hormones in March 2017. After you  
12    were diagnosed with gender dysphoria in November 2015, did you  
13    request to begin hormone therapy at that time?

14    **A.** Yes.

15    **Q.** How do you know that hormone therapy was an option to treat  
16    your gender dysphoria?

17    **A.** Because other transgenders told me that this -- I can start  
18    taking hormones to begin my transition.

19    **Q.** And when you say "other transgenders," are you referring to  
20    other transgender prisoners in IDOC?

21    **A.** Yes.

22    **Q.** When you made the request for hormone therapy in 2015, what  
23    happened?

24    **A.** I did a survey. I had to do a survey and we had 30 days to  
25    turn it into the Transgender Committee. And after we turned it

1 in, we was told we was going to be scheduled for a call.

2 Q. Did you fill out this survey?

3 A. Yes.

4 Q. And within the 30 days after you filled out the survey, did  
5 you meet with anyone from the Transgender Committee about  
6 placing you on hormone therapy?

7 A. Yes.

8 Q. Do you recall approximately when you met with the  
9 Transgender Committee?

10 A. Like a month or two later after we turned in the survey.

11 Q. And at that time, were you started on hormones?

12 A. No.

13 Q. Were you told why you weren't being placed on hormones  
14 after you had filled out the questionnaire?

15 A. Yes. I was misdiagnosed with schizophrenia and I was told  
16 that I had to go six weeks off the medication to see how I act  
17 before I could begin hormones.

18 Q. And when you say you were misdiagnosed with schizophrenia,  
19 was -- did that diagnosis or that misdiagnosis occur in IDOC  
20 custody?

21 A. Correct.

22 Q. So you were told you needed to go off this medication that  
23 had been prescribed for the alleged schizophrenia before you  
24 could start hormone therapy?

25 A. Right.

1 Q. Did you go off that medication for six weeks, per IDOC's  
2 instructions?

3 A. Yes.

4 Q. After that six weeks, were you given hormones?

5 A. No.

6 Q. Did anyone at IDOC explain why you had to continue to wait  
7 for your hormone therapy even after you had gone off your  
8 medication?

9 A. Because the Transgender Committee kept counseling meetings  
10 and delaying the process.

11 Q. So how were you feeling at this time when months and months  
12 had gone by and you still weren't given hormones?

13 A. I was really depressed, suicidal and anxiety. I was  
14 anxiety.

15 Q. So why were you feeling this depression and anxiety around  
16 this time?

17 A. Because I wasn't able to start my hormones.

18 Q. Did you report these feelings of depression, anxiety, and  
19 thoughts of self-harm to anyone at IDOC during this time?

20 A. Yes. Every two weeks when I have my mental health  
21 sessions, I expressed how I felt to my mental health doctor.

22 Q. And what did your doctor respond when you expressed these  
23 feelings?

24 A. She told me I know how you feel, we working on it, I can't  
25 do anything about it until they schedule you for a call.

1 Q. You testified earlier that you were eventually provided  
2 with hormone therapy in March 2017, correct?

3 A. Correct.

4 Q. Do you recall what hormones you were initially prescribed?

5 A. Estradiol at 1 milligram and spiro lactone 100 milligrams.

6 Q. And you're are currently on hormones today, correct?

7 A. Correct.

8 Q. In addition to hormone therapy, Ms. Reed, is there anything  
9 else that you've requested from IDOC to help you transition to  
10 living as a female?

11 A. I requested grooming items, clothing, a transfer to a  
12 women's facility and I also requested surgery.

13 Q. Okay. Let's take those in turns.

14 When you said "grooming items," what do you mean by  
15 "grooming items"?

16 A. Female soap, deodorant, shampoo, body wash.

17 Q. Why do you want these female grooming items?

18 A. Because I need those things as a woman on a daily basis to  
19 take care of my hygiene and stuff.

20 Q. How does it feel to use men's grooming items when you  
21 identify as a woman?

22 A. It don't feel good at all and -- don't feel good.

23 Q. When did you first request female grooming items?

24 A. 2016.

25 Q. Did you file a grievance for these items at that time?



1     **A.**  Yes.

2     **Q.**  Do you recall what the response to your grievance was?

3     **A.**  It was denied.

4     **Q.**  Were you told why it was denied, if you can recall?

5     **A.**  Um, because it's administration decision.

6     **Q.**  Did anyone from the Transgender Committee ever contact you  
7     about your request for female grooming items?

8     **A.**  No.

9     **Q.**  Aside from this first request in December 2016, did you  
10    make any additional requests for female grooming products?

11    **A.**  The following year, 2017.

12    **Q.**  And did you file another grievance in 2017 for female  
13    grooming products?

14    **A.**  Yes.

15    **Q.**  What was the response to this grievance?

16    **A.**  It was denied.

17    **Q.**  Aside from these two grievances, did you raise your need  
18    for female grooming items with anyone else at IDOC?

19    **A.**  Yes.  I spoke to mental health and the warden about it and  
20    they told me no, this is a man facility and they don't provide  
21    that.

22    **Q.**  And you said you spoke with the warden about it.  Can you  
23    provide a little bit of background on that conversation?

24    **A.**  I had a interview with the warden down here at Lawrence and  
25    I request to her that I would like female hygiene items, and

1 she just flat out told me no, this is a man facility, we don't  
2 do that.

3 Q. How did that make you feel when you were told that they  
4 don't do that?

5 A. Made me kind of upset, because I need those things.

6 Q. Why do you need those things?

7 A. Because I'm a woman.

8 Q. You also testified that you requested a bra in order to  
9 help you live as a woman; is that correct?

10 A. Yes.

11 Q. Do you recall when you first requested a bra?

12 A. 2016.

13 Q. And can you explain why you made this request?

14 A. Because I'm a woman and I need a bra because I will be  
15 developing breasts and stuff.

16 Q. And did you want a bra even before you started developing  
17 breast tissue?

18 A. Yes.

19 Q. Why?

20 A. Because it makes me feel more comfortable with myself.

21 Q. Did you file a grievance for a bra?

22 A. Yes.

23 Q. Did you file that grievance in 2016, you said?

24 A. Yeah, 2016 and also 2017.

25 Q. So let's talk about that first grievance. Do you recall

1 what the response to your 2016 grievance was?

2 **A.** It was denied.

3 **Q.** And at this time, after you made that request in 2016, did  
4 anyone from the Transgender Committee meet with you to discuss  
5 your request for a bra?

6 **A.** No.

7 **Q.** And then I think you said you made an additional request  
8 for a bra in 2017; is that correct?

9 **A.** Yes.

10 **Q.** Did you file a grievance at that time?

11 **A.** Yes.

12 **Q.** Do you recall what the response to that second grievance  
13 was?

14 **A.** It was denied.

15 **Q.** Do you recall -- do you recall the reason that IDOC  
16 provided for denying the grievance?

17 **A.** It was an administration decision and it wasn't medically  
18 necessary at the time.

19 **Q.** Do you agree with IDOC that your need for a bra wasn't  
20 medically necessary at that time?

21 **A.** No.

22 **Q.** Did you eventually receive a bra, Sasha?

23 **A.** Yes.

24 **Q.** When did you receive your bra?

25 **A.** 2017.

1 Q. So you received a bra almost a year since you filed your  
2 initial grievance requesting one; is that fair?

3 A. Yes.

4 Q. How did you feel during this year when you were waiting for  
5 a bra?

6 A. I felt depressed every day.

7 Q. You also testified that you have asked for a  
8 gender-affirming surgery in order to help you live as a woman.  
9 Is that true, Sasha?

10 A. Yes.

11 Q. What type of surgery do you want?

12 A. Bottom surgery, the --

13 Q. And what do you mean when you say "bottom surgery"?

14 A. Um (speaking to attorney).  
15 Reassignment surgery.

16 Q. Why do you want surgery? Why is it important to you?

17 A. Because I'm a woman and I don't feel comfortable with  
18 having male parts.

19 Q. When did you first request surgery?

20 A. 2016.

21 Q. Do you recall if you filed a grievance at that time?

22 A. Yes.

23 Q. What was the response to your 2016 grievance requesting  
24 surgery?

25 A. It was denied.

1 Q. Following the denial of this first grievance in 2016, did  
2 you file additional grievances requesting surgery?

3 A. Yes. And 2017.

4 Q. And do you recall what the response to these other  
5 grievances were?

6 A. It was denied.

7 Q. How did it make you feel when you kept requesting surgery  
8 and you were told that you weren't going to be provided with  
9 it?

10 A. It made me feel suicidal, like cutting my private off and  
11 stuff because they wouldn't listen to me.

12 Q. I'm sorry, Sasha. Did you speak with your mental health  
13 professional at this time about your need for surgery?

14 A. Yes.

15 Q. And what was his or her response when you talked about your  
16 need for surgery?

17 A. She responded and said that IDOC doesn't -- is not doing  
18 any surgeries at this time.

19 Q. Do you know if you have ever been even evaluated for  
20 surgery?

21 A. No.

22 Q. Without access to this surgery, how do you feel about your  
23 future?

24 A. Not really hopeful.

25 Q. So Ms. Reed, we went through some of the grievances you

1 filed for sex reassignment surgery, gender-affirming grooming  
2 items and a bra, correct?

3 **A.** Yes.

4 **Q.** So my colleague, Ms. Murphy, who is sitting next to you,  
5 she is handing you what will be marked Plaintiffs' Exhibit 2.

6 *MS. SCHNEIDER:* And I'm also handing a copy to your  
7 Honor and to defense counsel.

8 **Q. (BY MS. SCHNEIDER:)** Ms. Reed, will you take a moment to  
9 review these documents and just look up when you have finished  
10 reviewing, okay?

11 **A.** All right.

12 **Q.** Do you recognize these documents, Ms. Reed?

13 **A.** Yes.

14 **Q.** What are they?

15 **A.** Grievances I filed and also responses from the grievance  
16 office.

17 *MS. SCHNEIDER:* Your Honor, I move Plaintiffs'  
18 Exhibit 2 into evidence.

19 *THE COURT:* Any objection?

20 *MS. COOK:* No objection.

21 *THE COURT:* 2 will be admitted.

22 *(Plaintiffs' Exhibit 2 received in evidence)*

23 **Q. (BY MS. SCHNEIDER:)** Okay, Sasha. I want to talk a little  
24 bit about your current housing situation. You testified that  
25 you are currently incarcerated at Lawrence Correctional Center;

1 is that correct?

2 **A.** Correct.

3 **Q.** Is Lawrence a male prison?

4 **A.** Yes, it is.

5 **Q.** Speaking generally, what is it like for you living in a  
6 male prison?

7 **A.** I don't belong here. I don't fit in with everybody  
8 because -- I shouldn't be here because I'm a woman and I don't  
9 feel safe being in a male facility.

10 **Q.** Since you have been incarcerated at Lawrence, have you  
11 experienced verbal harassment from IDOC staff?

12 **A.** Yes.

13 **Q.** Can you describe for us what that harassment is?

14 **A.** I'm verbally harassed almost every day. Just officers be  
15 telling me I'm not a girl, I'm a boy. And some officers call  
16 me a fag. Stuff like that, you know.

17 **Q.** How does it make you feel on a daily basis when you hear  
18 this kind of talk from officers?

19 **A.** It makes me feel upset a lot of times, like -- I don't  
20 know. It bothers me to hear those things every day.

21 **Q.** Have you ever filed a complaint about this harassment?

22 **A.** Yes. I filed PREA complaints about it.

23 **Q.** Do you recall approximately when you filed these PREA  
24 complaints?

25 **A.** I filed one just recently. I don't know the date.

1 Q. And did you receive a response?

2 A. Not yet, no.

3 Q. Since you have been at Lawrence, have IDOC staff or any  
4 medical professionals you've met ever misgendered you by  
5 referring to you by the wrong pronoun?

6 A. Yes.

7 Q. What do they say?

8 A. He or his or he has to go here.

9 Q. Do you experience verbal or physical harassment from other  
10 inmates at Lawrence?

11 A. Yes. Every day. I be harassed verbally every day by  
12 inmates. Guys just call me by my name or I -- I get sexually  
13 harassed every day. Guys want me to do stuff for them or want  
14 me to show them my breasts or some guys try to tap me on my  
15 butt.

16 Q. Do you feel --

17 A. And that's every --

18 Q. Do you feel safe?

19 A. -- every day.

20 No.

21 Q. And you're testifying by video today, Sasha. Was it your  
22 choice not to come to court today live to testify?

23 A. Correct.

24 Q. Why didn't you want to come to court?

25 A. Because I was afraid when I come back that I was going to



1 be placed in another unsafe environment that I would have to  
2 wiggle my way up out of.

3 **Q.** And are you -- had you been in previous cellblocks at  
4 Lawrence where you felt more unsafe than you currently do?

5 **A.** Yes.

6 **Q.** Are you searched by male officers, Sasha?

7 **A.** Yes.

8 **Q.** Let's take a step back. And can you kind of describe for  
9 us, are there different kinds of searches that you have to  
10 undergo as a prisoner at Lawrence?

11 **A.** Yes. You have strip searches. If you want a visit, you  
12 get strip searched or if you go on crisis watch, suicide watch,  
13 you get strip searched. Or if you go to seg, you get strip  
14 searched or if they shake you down, sometimes you got to get  
15 strip searched.

16 **Q.** What happens during a strip search?

17 **A.** You have to take off all your clothing. You have to put  
18 your hands behind your ears. You have to open your mouth. You  
19 have to lift your genitals up. You have to bend over  
20 backwards. Yeah, those things.

21 **Q.** How does it feel to be strip searched by male officers?

22 **A.** Super uncomfortable.

23 **Q.** Have you ever felt harassed or violated during a strip  
24 search?

25 **A.** Yes.

1 Q. Can you explain a little -- and I know it's sensitive --  
2 what that felt like?

3 A. I had to get strip searched -- I think last year I had a  
4 visit from a family member and a C/O kept his eyes towards my  
5 breasts for a long period of time. Then he was telling me to  
6 do other things, like lift my genitals up and stuff like that,  
7 and I felt super uncomfortable and I made a PREA complaint  
8 about it and nothing was done.

9 Q. Would it make you feel safer to be searched by female  
10 officers?

11 A. Yes.

12 Q. Have you ever requested to be searched by female officers?

13 A. Yes.

14 Q. And do you know what the response to that request was?

15 A. This is a male facility. There's no policy that say that  
16 and we not doing it.

17 Q. Do you want to be moved to a female prison, Sasha?

18 A. Yes.

19 Q. Why?

20 A. Because I'm a woman and I would feel more comfortable --

21 Q. When you --

22 A. -- with myself.

23 Q. When you first told IDOC personnel that you are a woman,  
24 did anyone at IDOC, to your knowledge, evaluate you for a  
25 transfer to a female prison?

1     **A.** No.

2     **Q.** To date, has anyone at IDOC ever asked you if you wanted to  
3 move to a female prison?

4     **A.** No.

5     **Q.** How does it make you feel to think about having to continue  
6 to live in a male prison for the rest of your sentence?

7     **A.** Doesn't feel good. I be depressed and stuff and...

8     **Q.** Do you think you would feel safer at a women's prison?

9     **A.** Yes, I'd feel safer.

10    **Q.** Sasha, is there anything else that you would like the Court  
11 to know today about your experience as a transgender woman with  
12 gender dysphoria living in IDOC's care?

13    **A.** I just wish that I can get better treatment and I just want  
14 the Court to know that IDOC ignores all my requests that I make  
15 for surgery, transfer, hygiene items, things that's related to  
16 my hormones, or I also always let them know that I be in unsafe  
17 environments and they don't do anything about it. And it's  
18 hard in here, living as a woman in a male facility.

19    **Q.** Thank you, Sasha. We appreciate you coming to be videoed  
20 today to testify.

21            **MS. SCHNEIDER:** No further questions, your Honor.

22            **THE COURT:** All right. Cross examination.

23            **MS. COOK:** Yes, your Honor.

24                            **CROSS EXAMINATION**

25    **Q. (BY MS. COOK:)** Hello, Ms. Reed. My name is Lisa Cook.

1           So when you went into the Stateville receiving center, you  
2 actually talked to mental health staff in July of 2013,  
3 correct?

4     **A.** Not that I recall.

5     **Q.** You don't recall seeing mental health staff on your intake  
6 to Department of Corrections?

7     **A.** Oh, yes, yes. I talked to -- yeah.

8     **Q.** And in July of 2013 when you came into the Department of  
9 Corrections, you told mental health staff that voices in your  
10 head told you to cut yourself; is that correct?

11    **A.** Yes.

12    **Q.** And so on July 16, 2013, you were actually found by staff  
13 in your cell with a sheet around your neck, but giving the  
14 thumbs up sign; is that correct?

15    **A.** Yes.

16    **Q.** And it was noted by staff then that you were trying to  
17 manipulate which cellmate you would have?

18    **A.** No, that's not correct.

19    **Q.** You disagree with that or that's not what the note says?

20    **A.** I disagree with that.

21    **Q.** And you were found to be malingering, correct?

22    **A.** I don't understand what that means.

23            **MS. SCHNEIDER:** Your Honor, I'm going to object. I  
24 don't know if Ms. Cook is reading from a document. She hasn't  
25 laid foundation that Ms. Reed has even seen the notes from

1 which Ms. Cook is reading from.

2           *THE COURT:* All right. Well, that will be sustained.  
3 If you can lay a foundation as to what it is you're referring  
4 to, and I think she doesn't -- you might want to explain  
5 "malingering."

6           *MS. COOK:* That's fair, your Honor.

7 *Q. (BY MS. COOK:)* So Ms. Reed, have you seen your mental  
8 health and medical records from 2013?

9 *A.* Not -- no. Not recently, no.

10 *Q.* Have you ever seen them?

11 *A.* Yes, I saw 'em.

12 *Q.* And were there parts in there, I'm taking it, that you  
13 disagreed with?

14 *A.* Yes.

15 *Q.* Have you ever heard the term malingering?

16 *A.* No.

17 *Q.* Do you remember seeing that in your records?

18 *A.* No.

19 *Q.* Do you know -- do you know that malingering means that --  
20 you know, just put simply, that you're making something up?  
21 Have you ever heard that before?

22 *A.* No.

23 *Q.* So did mental health staff ever ask you if you were making  
24 up symptoms?

25 *A.* No.

1           MS. COOK: Give me one moment, your Honor.

2   **Q.** (BY MS. COOK:) Ms. Reed, do you disagree with your records  
3 that say that you were found with a blanket around your neck  
4 giving a thumbs up sign?

5           MS. SCHNEIDER: Objection, foundation.

6           THE COURT: Overruled.

7           COURT REPORTER: I didn't get the answer.

8           THE COURT: We couldn't hear you. So do you disagree  
9 with that statement, Ms. Reed?

10   **A.** Yes. I tried to commit suicide when I was in NRC. And it  
11 was not with a sheet, because on crisis watch you cannot have a  
12 sheet. So I don't agree with that, what they said.

13   **Q.** But you testified before that during that time you were  
14 distressed because your gender dysphoria wasn't being treated;  
15 is that what --

16   **A.** Correct.

17   **Q.** And -- but it seems like there were other mental health  
18 issues that you have, correct?

19   **A.** No.

20   **Q.** Do the voices in your head that tell you -- that told you  
21 to cut yourself, did that -- has that been linked to gender  
22 dysphoria?

23           MS. SCHNEIDER: Objection.

24   **A.** No, that's separate from my gender dysphoria.

25   **Q.** So you do suffer from other symptoms that cause depression

1 and self-harm aside from gender dysphoria, correct?

2 **A.** Yes.

3 **Q.** And so you were in custody of the Department of Corrections  
4 for about three years before you filed a grievance about the  
5 treatment that you wanted; is that correct?

6 **A.** Yes.

7 **Q.** Other than Sasha, have you gone by any other preferred  
8 names?

9 **A.** No. Sasha and Hazel at one point in time.

10 **Q.** And do -- your records also mention an Arilla [ph]. Was  
11 that a name that you went by?

12 **A.** Not -- no. I never went by that before.

13 **Q.** Are you satisfied with the level -- I'm going to strike  
14 that.

15 Are you satisfied with the hormones that you are currently  
16 receiving?

17 **A.** No.

18 **Q.** What symptoms do you have related to the hormones that you  
19 do not like?

20 **A.** I had symptoms at one point where I was having problems in  
21 my arm and my leg due to my hormones, but I don't have any  
22 symptoms other than...

23 **Q.** Are you currently suffering any adverse symptoms related to  
24 your hormones?

25 **A.** I don't understand that question.

1 Q. That's fine. I'll rephrase it. I'm sorry.

2 You said at one point you were suffering in the arm and the  
3 leg. Has that ended?

4 A. Yes. That was due -- because my hormone levels wasn't  
5 being monitored correctly and my hormone level got out of  
6 control.

7 Q. And currently you're not suffering any bad reactions from  
8 the hormones; is that correct?

9 A. No.

10 Q. No, you are not suffering bad symptoms?

11 A. No.

12 Q. When you received the hormones, did somebody counsel you on  
13 or explain to you any potential reactions or negative outcomes  
14 related to hormone therapy?

15 A. No.

16 Q. Had you heard of any bad reactions or negative outcomes  
17 related to hormone therapy?

18 A. Yes, things that I read and other inmate transgender people  
19 tell me.

20 Q. So do you feel you were able to make an informed decision  
21 related to the hormones that you requested?

22 A. Yes.

23 Q. And as far as the surgery that you've requested, have you  
24 researched any potential side effects or negative outcomes  
25 related to surgery?



1 A. No.

2 Q. Has anybody explained to you the negative outcomes,  
3 potential negative outcomes related to surgery?

4 A. Yes.

5 Q. Who?

6 A. Other inmates. Transgender inmates. Other transgender  
7 inmates.

8 Q. Has any medical or mental health professional counseled you  
9 or explained to you any negative potential outcomes?

10 A. No.

11 Q. You mentioned that a mental health professional told you  
12 that there were no surgeries in the Department of Corrections,  
13 gender reaffirming surgery. Have you actually seen the surgery  
14 policy?

15 A. No.

16 Q. And you've requested the female grooming items and clothing  
17 that you discussed. Is there a problem that the male products  
18 cause you?

19 A. Yes, it cause me -- it makes me be depressed and doesn't  
20 make me -- I don't feel comfortable using that stuff.

21 Q. And that's based on the label that it's geared towards  
22 males, correct?

23 A. No, it's not based on the label.

24 Q. Then what is it based on?

25 A. Because it's a male product and it's not -- it's not

1 woman-related hygiene stuff at all.

2 Q. What makes it male as opposed to female?

3 A. Because it's a male product.

4 Q. Because it's called a male product?

5 A. It's male hygiene, yeah.

6 Q. So because it's actually named for men or a male thing,  
7 that's the problem with it?

8 A. It's a male product. It's male hygiene.

9 Q. And in the Department of Corrections you've been designated  
10 as a vulnerable inmate, correct?

11 A. Yes.

12 Q. And so they take extra precautions for your safety; is that  
13 accurate?

14 A. No, no.

15 Q. What does "vulnerable" mean to you?

16 A. I don't know. They never explained it to me. But from my  
17 understanding, what "vulnerable" mean is somebody that's --  
18 can -- that can -- is easy to get assaulted or -- yeah.

19 Q. But you do have a vulnerable designation; is that correct?

20 A. Yes.

21 Q. And there are restrictions on things such as -- like job  
22 assignments or housing related to that designation; is that  
23 right?

24 A. As far as jobs, yes. And housing, yes.

25 Q. And you're able to shower separately and in a private

1 place, correct?

2 **A.** Yes.

3 **Q.** And you take medication for -- aside from hormones, you  
4 take medication for depression; is that correct?

5 **A.** No.

6 **Q.** Do you currently take any other medications?

7 **A.** No. Just my hormone medications.

8 **Q.** Have you been prescribed other medication?

9 **A.** No, not since I've been here.

10 **Q.** So when you say "here," do you mean Lawrence Correctional  
11 Center?

12 **A.** Correct.

13 **Q.** Are you able to -- you're able to see mental health  
14 professionals at Lawrence Correctional Center, correct?

15 **A.** Correct.

16 **Q.** And you are able to attend group therapy if you wish?

17 **A.** Yes.

18 **Q.** And you do attend therapy?

19 **A.** Yes.

20 **Q.** So do you currently still suffer from depression?

21 **A.** Yes.

22 **Q.** Have you raised that with your mental health professionals?

23 **A.** No. I mean, I be depressed because the treatment --  
24 because of the treatment and stuff that I'm not receiving.

25 But...

1 Q. So when you say "depressed" in that context because of the  
2 treatment, do you just mean upset?

3 A. Yeah, upset and -- yeah.

4 Q. Does the feeling that you have about your treatment right  
5 now make you feel suicidal?

6 A. At times it does because I'm not getting the right  
7 treatment.

8 Q. But that's not something that you're addressing with your  
9 mental health professionals?

10 A. I have in the past.

11 Q. But is there no need to address that currently?

12 A. Um, I don't understand.

13 Q. Well, I'm just trying to understand -- you've testified  
14 that you are depressed every day and that --

15 A. Right.

16 Q. Correct? And that related to your treatment you have been  
17 depressed and suicidal in the past. So I just want to know, do  
18 you still have those same feelings as you sit here today?

19 A. Yes.

20 Q. But they're not severe enough to bring up to mental health  
21 staff?

22 A. Yes.

23 Q. Yes, they are severe enough to bring up to mental health  
24 staff?

25 A. Yeah, I bring it up to them, but they don't listen to me.

1 Q. And those feelings that you have, are they different or the  
2 same as what you felt in 2013 when you came into DOC custody?

3 A. The same.

4 MS. COOK: Those are all the questions I have.

5 THE COURT: All right. Any redirect?

6 MS. SCHNEIDER: Your Honor, could I confer with my  
7 co-counsel for a brief minute?

8 THE COURT: You may.

9 MS. SCHNEIDER: Your Honor, I have no further  
10 questions.

11 THE COURT: All right. Thank you, Ms. Reed. Then  
12 that concludes your testimony.

13 Let's take about a 20-minute break and then we will  
14 resume with Ms. Melendez's testimony. So we will resume at  
15 12:20.

16 (Recess)

17 THE COURT: So we can resume with your cross  
18 examination, and Ms. Melendez, I will remind you that you are  
19 still under oath.

20 **CONT'D CROSS EXAMINATION**

21 Q. (BY MS. COOK:) Ms. Melendez, you were sentenced to the  
22 Department of Corrections with your legal name, correct?

23 A. That's correct.

24 Q. And that's what's included on all your state records,  
25 correct?

1 A. Correct.

2 Q. And on your inmate ID card?

3 A. Correct.

4 Q. So it's not as if when somebody is calling you by your  
5 name, that's the name that is presented on your -- with your  
6 legal name, that's the name that's presented on your records,  
7 correct?

8 A. Correct.

9 Q. And have you asked for a transfer to a female prison?

10 A. Yes.

11 Q. When?

12 A. I asked for one in Stateville.

13 Q. When was that?

14 A. 2015.

15 Q. Have you asked since?

16 A. I stopped due to me hearing a lot of bad stuff about how  
17 basically anyone who has gone there is being segregated, being  
18 mistreated. I've heard a bunch of negative stuff, so I feel  
19 like well, if I'm going to go down there it's going to be the  
20 same thing and I'm segregated. I feel it would be worse than  
21 my situation now. At least the few people I do know I can  
22 communicate with versus not being able to talk or see anybody.

23 Q. So had you stopped asking in 2015 or was that more recent?

24 A. I stopped asking in '17.

25 Q. And so that means you haven't asked since 2017 to be

1 transferred to a female institution?

2 **A.** That is correct.

3 *MS. COOK:* Okay. Those were all the questions I had.

4 *THE COURT:* All right. Any redirect?

5 *MS. ROSE:* Your Honor, no redirect. Thank you.

6 *THE COURT:* Okay. Then you may step down.

7 Call your next witness.

8 *MR. RAY:* Your Honor, we are going to put on one of  
9 our experts, Dr. Vin Tangpricha, the reason being he has a  
10 flight to catch this evening and we want to make sure his  
11 testimony got in today. And then, depending on the schedule of  
12 the Court, how late you wish to go today, we'd like to call  
13 Janiah as well, if possible, or at least start her testimony.  
14 But we're going to go a bit out of order and put on one of our  
15 experts next.

16 *THE COURT:* Okay.

17 *MR. RAY:* And Mr. Stephenson will be taking that  
18 testimony.

19 *THE COURT:* Okay, great. Mr. Stephenson.

20 All right. Is it Doctor? Doctor, if you would come  
21 up to the witness stand, please.

22 And Deana, if you would, please administer the oath.

23 *(Witness sworn)*

24 *THE WITNESS:* Yes.

25 *COURTROOM DEPUTY:* Thank you. Would you please state

1 your name for the record and spell your first and last name.

2 **A.** Vin Tangpricha. First name V-I-N. Last name

3 T-A-N-G-P-R-I-C-H-A.

4 *MR. STEPHENSON:* Your Honor, I'm just getting -- I'm  
5 going to have a slide. I'm just making sure it is going to  
6 work.

7 *THE COURT:* Okay.

8 **DIRECT EXAMINATION**

9 **Q.** (*BY MR. STEPHENSON:*) Good afternoon, Dr. Tangpricha.

10 **A.** Good afternoon.

11 **Q.** Could you please introduce yourself to the Court.

12 **A.** My name is Vin Tangpricha.

13 **Q.** What is your job, Dr. Tangpricha?

14 **A.** I'm an academic endocrinologist at Emory University.

15 **Q.** What does an endocrinologist do?

16 **A.** Endocrinologists treat people with hormones. They are  
17 physicians.

18 **Q.** And do you have a particular area of practice as an  
19 endocrinologist?

20 **A.** Yes. I take care of people with calcium disorders,  
21 Vitamin D and transgender.

22 **Q.** What degrees do you hold?

23 **A.** I have an M.D. from Tufts University and a Ph.D. from  
24 Boston University.

25 **Q.** What year did you receive your M.D. from Tufts?



1     **A.** 1996.

2     **Q.** And what year did you receive your Ph.D. from  
3 Boston University?

4     **A.** 2004.

5     **Q.** What was your area of study for that Ph.D.?

6     **A.** My Ph.D. was in molecular medicine.

7     **Q.** And are you board-certified in any particular area of  
8 medicine?

9     **A.** Yes, I'm board-certified in endocrinology.

10    **Q.** What does that mean to be board-certified in endocrinology?

11    **A.** That means you have to complete three years of internal  
12 medicine training, followed by two years of an endocrinology  
13 fellowship, and you have to sit for a board exam and you have  
14 to renew that every 10 years.

15    **Q.** So since receiving your medical degree from Tufts in 1996,  
16 how many years have you maintained a clinical practice treating  
17 patients?

18    **A.** Over 20 years.

19    **Q.** And I think you mentioned, but do you treat transgender  
20 patients as part of your practice?

21    **A.** Yes, I do.

22    **Q.** And in what context or settings do you treat these  
23 patients?

24    **A.** I treat patients at three major hospitals in Atlanta: one,  
25 Emory University Hospital, Emory University Midtown Hospital

1 and the Atlanta VA hospital.

2 **Q.** So in your capacity as a clinician at Emory and at the VA  
3 hospital, if you had to ballpark it, about how many transgender  
4 patients have you treated in the past 10 years?

5 **A.** I know at the two Emory hospitals more than 260, and at the  
6 VA more than a hundred.

7 **Q.** What do you treat these transgender patients for?

8 **A.** Gender dysphoria.

9 **Q.** Now, in addition to your clinical work, do you hold any  
10 teaching positions?

11 **A.** That's correct. I'm the fellowship program director, which  
12 means I teach all the doctors who want to become  
13 endocrinologists at Emory.

14 **Q.** At Emory University?

15 **A.** Yes.

16 **Q.** And so in addition to that, have you written any articles  
17 in your capacity as an endocrinologist about transgender health  
18 issues?

19 **A.** Yes, I have.

20 **Q.** And do any of those articles relate to medical treatment  
21 for gender dysphoria?

22 **A.** Yes.

23 **Q.** Are any of these articles that you've published  
24 peer-reviewed?

25 **A.** All of them are.

1 Q. About how many, if you had to ballpark the number of  
2 articles you've published, would you say you have published?

3 A. All my publications, over 250. The ones on transgender,  
4 about 30.

5 Q. And have you written, in addition to these articles, any  
6 standards of care or guidelines relating to medical treatment  
7 for transgender people?

8 A. Yes. I've written the WPATH standards of care, was a  
9 co-author on that guideline, and I was on the endocrine study  
10 hormone treatment for transgender and gender nonconforming  
11 persons, the first version and the update in 2017.

12 Q. And could you explain just in a little more detail what are  
13 the Endocrine Society guidelines?

14 A. These are the internationally recognized baseline  
15 guidelines for adequate treatment for people with gender  
16 dysphoria.

17 Q. Would you say that these are an authoritative reference  
18 regarding treatment of gender dysphoria?

19 A. Yes.

20 Q. Why would you say that?

21 A. It's co-sponsored by many societies. It's sponsored by  
22 WPATH, the European endocrine society, the American Association  
23 of Clinical Endocrinologists, the Pediatric Endocrine Society,  
24 and I think there's two other societies that sponsor these  
25 guidelines.

1 Q. So aside from your roles as a medical doctor treating  
2 patients at VA and Emory and your academic work, do you hold  
3 any other titles or sit on any other boards of medical  
4 organizations?

5 A. Yes. I'm currently the president of WPATH and I am on the  
6 board of directors for the American Association for Clinical  
7 Endocrinologists and I also chair their national education  
8 committee.

9 Q. Did you prepare a declaration as part of this case?

10 A. Yes, I did.

11 Q. What was the declaration about?

12 A. It was about the hormone treatment of transgender inmates  
13 in the state of Illinois.

14 Q. What material did you review when you were preparing that  
15 declaration?

16 A. I reviewed the medical records, the medication lists, the  
17 laboratory values.

18 Q. Did you review any standards of care as well?

19 A. Yes. I reviewed the WPATH standards of care, the Endocrine  
20 Society standards of care and -- yes.

21 Q. Did you review any research articles?

22 A. Yes. I mean, the ones I wrote.

23 Q. Did you have any contact with the named plaintiffs in this  
24 case in advance of submitting your declaration?

25 A. Yes. I spoke to all of them on the telephone.

1 Q. So did you rely on some of those materials we just  
2 discussed when you reached the conclusions in your declaration?

3 A. Yes, I did.

4 Q. And are these materials that we just discussed the type of  
5 materials that experts in your medical field would normally  
6 rely on in reaching opinions on issues similar to the ones in  
7 this case?

8 A. Yes. These are the guidelines. These are the standards.

9 Q. And the records as well, right?

10 A. Yeah, because when you are looking at whether or not  
11 someone is being treated adequately, you want to know the  
12 medications and the hormone levels.

13 MR. STEPHENSON: Your Honor, at this time I'd like to  
14 tender Dr. Tangpricha as an expert in the area of transgender  
15 health and treatment of gender dysphoria.

16 THE COURT: Any objection?

17 MR. HIGGERSON: No objection.

18 THE COURT: All right. He will be accepted as such.

19 MR. STEPHENSON: Thank you, your Honor.

20 Q. (BY MR. STEPHENSON:) Dr. Tangpricha, are you being paid  
21 for the work you're doing on this case as an expert?

22 A. Yes.

23 Q. And how much are you being paid?

24 A. \$400 an hour.

25 Q. Have you ever been retained as an expert before in any

1 legal matter?

2 **A.** No. First time.

3 **Q.** So you have never testified at a trial or hearing like this  
4 before?

5 **A.** No.

6 **Q.** And you have never even testified in, say, a deposition  
7 before?

8 **A.** No.

9 **Q.** Now, did you help us prepare some slides in anticipation of  
10 your testimony today that relate to your expert opinions?

11 **A.** Yes, I did.

12 **Q.** And these are slides that you prepared, correct?

13 **A.** Yes.

14 **Q.** Do they accurately reflect what your testimony will be  
15 today?

16 **A.** Yes.

17 *COURT REPORTER:* Mr. Stephenson, if you could just  
18 breathe a couple of times while you are questioning, it would  
19 help me out.

20 *MR. STEPHENSON:* Thank you.

21 *COURT REPORTER:* Thank you.

22 **Q. (BY MR. STEPHENSON:)** Would these slides that you prepared  
23 aid in explaining some of your opinions for the Court today?

24 **A.** Yes, they would.

25 *MR. STEPHENSON:* Your Honor, may I approach the

1 witness?

2 *THE COURT:* You may.

3 **Q. (BY MR. STEPHENSON:)** Are these the slides that you  
4 prepared, Dr. Tangpricha?

5 **A.** Yes, they are.

6 *MR. STEPHENSON:* Request to publish these slides as  
7 part of the expert testimony, your Honor.

8 *THE COURT:* All right. You may. And he has a screen  
9 there that they should be on, too.

10 **Q. (BY MR. STEPHENSON:)** So Dr. Tangpricha, you said you  
11 treated gender dysphoria, and I'd like to talk a little bit  
12 about the background of gender dysphoria.

13 Could you tell me at a high level what is gender dysphoria?

14 **A.** Gender dysphoria is the very strong feeling that your  
15 gender identity does not match the sex that's recorded for you  
16 at birth.

17 **Q.** And does that involve some clinically significant distress  
18 in these patients?

19 **A.** Yes, it does. If you don't address your gender dysphoria,  
20 you're at risk for anxiety, depression, self-harm and suicide.

21 **Q.** Is gender dysphoria a serious medical condition?

22 **A.** Yes, it is.

23 **Q.** So this is a serious medical condition affecting  
24 transgender people. Is being transgender a choice  
25 Dr. Tangpricha?

1 **A.** No, it's not a choice. People develop this at a very young  
2 age and it's not until children are able to articulate their  
3 feelings that they start to have -- start to get treatment. So  
4 most people present very early on. It's not a choice.

5 **Q.** Is that generally the expert consensus on that question?

6 **A.** That's correct.

7 **Q.** Are there formal medical diagnostic criteria for diagnosing  
8 gender dysphoria?

9 **A.** Yes, there are.

10 **Q.** What authority?

11 **A.** I've listed it here. It's the -- DSM-5 is most recent  
12 update.

13 **Q.** Please describe to me in a little more detail. I know you  
14 mentioned some symptoms before, but if you could describe in a  
15 little more detail how gender dysphoria manifests itself in a  
16 patient.

17 **A.** Well, you have to have this gender dysphoria that lasts  
18 more than six months in duration and you have to have a very  
19 strong feeling to be the other gender, be treated like the  
20 other gender, have body parts as the other gender, and you no  
21 longer want to be your assigned gender. And it's not a choice.  
22 It is a very strong, innate sensation inside.

23 **Q.** So I think you mentioned that there's some symptoms that  
24 accompany gender dysphoria, including anxiety, depression.

25 **A.** Yes. If you have this feeling when you are growing up, and



1 even in adulthood when it's not treated, you just don't like  
2 your body. You have depression. You have anxiety. Some  
3 people have very -- if it is untreated, you have risk of  
4 hurting yourself.

5 **Q.** And risk of hurting yourself, could you expound on that a  
6 little more? These symptoms -- what kind of serious adverse  
7 outcomes can happen as a result of the symptoms of gender  
8 dysphoria?

9 **A.** You could cut yourself. You could castrate yourself. You  
10 could kill yourself. And that's been well-documented in the  
11 medical literature, that transgender people have higher rates  
12 of those feelings if they're not treated.

13 **Q.** Why might a gender dysphoric patient specifically engage in  
14 an attempt at castrating themselves?

15 **A.** Well, they're trying to align their body to their gender  
16 identity.

17 **Q.** So we talked a little bit about the diagnostic criteria and  
18 symptoms. Let's turn to treatment.

19 **A.** Yes.

20 **Q.** Are there medically accepted standards of care for  
21 treatment of gender dysphoria?

22 **A.** There are, and I've listed two societies here.

23 **Q.** So let's start with the one on the left on the screen,  
24 WPATH.

25 **A.** Mmm hmm.

1 Q. What is WPATH?

2 A. WPATH stands for the World Professional Association for  
3 Transgender Health. It's the largest professional society for  
4 people that care for transgender people.

5 Q. And do the WPATH standards that you are describing  
6 currently contain detailed guidelines regarding provision of  
7 hormone treatment to gender dysphoric patients?

8 A. Yes, among other provisions.

9 Q. Let's turn to the Endocrine Society guidelines. What are  
10 the Endocrine Society guidelines in a little more detail?

11 A. So the Endocrine Society is a large society focused on  
12 endocrine and hormones, and it's one of the largest  
13 international professional societies. And the guidelines just  
14 focus primarily on hormone therapy.

15 Q. So do these set the floor for adequate treatment of gender  
16 dysphoria?

17 A. Yes, the floor for standards of care for treatment of  
18 transgender people.

19 Q. Could you explain why you say that?

20 A. Because these are the -- they set the hormone levels that  
21 will relieve gender dysphoria so...

22 Q. So if treatment isn't within the guidelines, the Endocrine  
23 Society guidelines for hormone therapy, fair to say that a  
24 patient isn't getting adequate treatment for their gender  
25 dysphoria, right?

1 **A.** If you don't follow the Endocrine Society guidelines,  
2 you're getting less than adequate or subpar treatment.

3 **Q.** So have the Endocrine Society guidelines changed  
4 substantially over time?

5 **A.** Not really. The last update in 2017 included children.  
6 But primarily for adults from 2008 to 2017, the hormonal  
7 regimens have been pretty stable.

8 **Q.** So you mentioned a version most recently published in 2017.

9 **A.** That's correct.

10 **Q.** When was the version before that published?

11 **A.** 2009 was the first time.

12 **Q.** So prior to 2009, were the standards, at least in the  
13 community treating gender dysphoric patients, were they  
14 materially different before those 2009 guidelines came out?

15 **A.** Actually, not so much. I wrote a paper in 2011 that  
16 outlined the hormonal treatment of people who had transgender,  
17 and that's why they asked me to write the -- help with the  
18 guidelines. And if you look at the tables, they're about the  
19 same.

20 **Q.** And when you say they are about the same when you look at  
21 the tables, what are you referring to?

22 **A.** The hormone regimens are pretty similar, as well as the  
23 target ranges.

24 **Q.** So do the WPATH standards of care have anything to say  
25 about the Endocrine Society guidelines?

1     **A.** They endorse them.

2     **Q.** So could you describe in a little more detail how hormone  
3 treatment -- or excuse me -- hormone therapy works to treat  
4 gender dysphoria?

5     **A.** So the hormones that we give and -- manipulate the body's  
6 blood concentrations to better align the person's body features  
7 with the person's gender identity.

8     **Q.** So these hormones work to feminize or masculinize certain  
9 traits in the body, right?

10    **A.** That's correct.

11    **Q.** And then what happens with hormone therapy with regard to  
12 the symptoms that we were discussing of gender dysphoria?

13    **A.** If you get the hormone levels in the correct range, the  
14 gender dysphoria is relieved.

15    **Q.** So is hormone therapy for treatment of gender dysphoria  
16 safe?

17    **A.** It's safe if it's monitored properly. And that's very  
18 clearly outlined in the Endocrine Society guidelines.

19    **Q.** The criteria for monitoring properly are outlined within  
20 those same guidelines we have been discussing?

21    **A.** Yes. There's tables of what to do, how to measure levels.

22    **Q.** Just to be clear, when I refer to guidelines, will you  
23 understand that I'm referring specifically to the Endocrine  
24 Society guidelines?

25    **A.** Okay.

1 Q. And if I ever refer to standards of care, can we agree that  
2 I am referring to the WPATH standards of care?

3 A. Yes.

4 Q. Are there criteria that a gender dysphoric patient should  
5 meet under the WPATH standards of care before hormone therapy  
6 is initiated?

7 A. Well, they first should have the diagnosis of gender  
8 dysphoria. Once that's established, they -- unless there is  
9 any medical contraindication, they go right on treatment.

10 Q. And in your clinical experience treating patients and also  
11 based on the literature you have reviewed and written, have  
12 most patients who are seeking treatment of gender dysphoria  
13 already been experiencing symptoms for some amount of time when  
14 they come to see you?

15 A. Yes, for many years.

16 Q. And why is that?

17 A. Many people present in childhood. And again, they're not  
18 able to come out to their family members because they fear  
19 they're going to be rejected or they can't articulate what the  
20 feeling is. And then many people come out in their teens or  
21 college years. But the earliest time is probably in the  
22 late -- I mean, the -- 12, 13 is when people really start to  
23 want to get on hormones.

24 Q. So you talked a little bit about monitoring, but let's talk  
25 more about that. So after a person initiates hormone therapy

1 for treatment of gender dysphoria, what happens next under the  
2 guidelines?

3 **A.** Well, it's -- the Endocrine Society guideline is very  
4 clear. So once the diagnosis is made, they should start on  
5 hormones and they show you baseline lab tests to check the  
6 hormone levels and the safety of the hormone treatment. And  
7 then every two to three months in the first year, the levels  
8 should be checked, and then based on the hormone levels, the  
9 dose should be adjusted. And that's done for the first year,  
10 you're able to get the target hormone levels. And then only  
11 after that, after the hormone level is in the right range, then  
12 you check once or twice a year.

13 **Q.** So can just any health care profession administer hormone  
14 therapy?

15 **A.** No.

16 **Q.** What are the minimum qualifications then?

17 **A.** Well, endocrinologists can, obviously, because they have  
18 had advanced training. But typically an M.D. can administer  
19 hormones if they've had enough training or had enough  
20 experience with hormone therapy.

21 **Q.** So what if someone doesn't have any experience  
22 administering hormone therapy or treating transgender patients,  
23 but someone is coming to see them for treatment of gender  
24 dysphoria? What should that person do?

25 **A.** Well, if they can't educate themselves and go to courses

1 and get certified in hormone treatment, they should refer to  
2 someone who knows about this.

3 **Q.** Do some people who seek treatment from you for gender  
4 dysphoria, have they been on hormones in the past, maybe  
5 without a prescription?

6 **A.** We have had some people who are taking hormones because  
7 they bought it themselves or got it from friends.

8 **Q.** And in those situations, what do you do? How do you treat  
9 them?

10 **A.** Well, you have to bridge them. It's in the WPATH  
11 guidelines that if you have someone already on hormones you  
12 should at least give them at least a six-month supply of  
13 hormones until you can fully evaluate them and then continue on  
14 hormones if it's appropriate.

15 **Q.** Why is that important, though? I think you said the word  
16 "bridge," right?

17 **A.** Yes.

18 **Q.** So why is bridging important?

19 **A.** Because if you stop the hormones immediately, they're going  
20 to come into crisis and have serious medical or mental risks.

21 **Q.** So I want to dig in in a little more detail about the  
22 specific hormone therapy called for under the Endocrine Society  
23 guidelines. Could you describe for me what are the  
24 prescriptions under the guidelines for transgender females?

25 **A.** So for transgender females, there's two main agents. We

1 have to give estradiol. That's the preferred medication, and  
2 that's usually a starting dose of 2 milligrams and that's  
3 titrated up to 4 or 6 milligrams. Four is usually the  
4 generally accepted level that's going to get a good level. And  
5 in the United States you use spironolactone as their  
6 testosterone-blocking agent. Other countries use other  
7 medications.

8 And the main thing, really, is targeting the levels in the  
9 blood. And so you have to essentially make the blood look as  
10 the affirmed gender person's blood. So if you are going to  
11 female, you want the blood to be female. So the testosterone  
12 has to be low, less than 50, and the estradiol has to be 100 to  
13 200. If you're not in these range -- your blood doesn't look  
14 female, you're not going to get the feminizing effect.

15 **Q.** And so just to be clear, if a transgender female is being  
16 monitored and lab results come back that don't meet the  
17 testosterone at 50 ng/dL -- well, let's back up.

18 What is 50 ng/dL?

19 **A.** Those are just units of the concentration. So the 50 ng is  
20 nanograms deciliter and pg per mL is picograms per deciliter.

21 **Q.** And so these are references to once the prescriptions have  
22 been taken, the levels of these elements in a patient's  
23 bloodstream, right?

24 **A.** That's correct. Those are the -- that's the target --  
25 minimally accepted blood concentrations of what it looks like



1 to be female on one side and the other side is the male levels.

2 **Q.** And so if someone receiving hormone therapy, a transgender  
3 female, has lab results that are, say, outside of those levels  
4 for testosterone and estradiol, are they receiving adequate  
5 treatment for their gender dysphoria?

6 **A.** No, because they are not getting target treatments.  
7 They're not getting the right treatment. It's not adequate.

8 **Q.** And I want to go back to something you said with regard to  
9 the first line on the left, still under the guidelines for  
10 transgender females. You said that there's a range here, 2 to  
11 6 milligrams per day; is that right?

12 **A.** That's correct.

13 **Q.** And then you said something about 4 milligrams per day  
14 being an appropriate dose, I think, over the long term. Could  
15 you explain a little more what you mean by that?

16 **A.** From studies that have been published, especially from  
17 Europe and the United States, 4 milligrams is typically the  
18 dose that results in these target concentrations that we have  
19 listed here.

20 **Q.** So over the long term for most transgender females you  
21 treat, will 2 milligrams a day of estradiol be sufficient to  
22 adequately treat their gender dysphoria?

23 **A.** No, because that's a postmenopausal dose. It's not a young  
24 woman's dose. And most people present much earlier, so they  
25 need a younger person's dose.

1 Q. Is estradiol an expensive drug?

2 A. No, it's cheap.

3 Q. And it's generic, I assume?

4 A. It's generic.

5 Q. So what about spironolactone? Why is that an important  
6 drug to prescribe? What does that do?

7 A. Well, if you only give estrogen, you're not going to really  
8 affect the testosterone. So you need another drug that's going  
9 to lower the testosterone. And spironolactone is what we call  
10 an antiandrogen. It lowers testosterone levels.

11 Q. And so absent any contraindications in a patient, is there  
12 any reason you would not prescribe for a transgender female  
13 spironolactone, along with estradiol?

14 A. If there's no contraindications, spironolactone is the main  
15 drug choice in the United States.

16 Q. So so far we have been talking about transgender females.  
17 What does the treatment look like for transgender males?

18 A. For transgender males, they receive testosterone. And  
19 basically they -- there is no pill, so you receive it by  
20 injection. And again, you're looking for blood concentrations  
21 that mirror the blood concentrations of a male.

22 Q. And then what should the physiological range be for -- once  
23 they start taking those medications, what should the  
24 testosterone levels be?

25 A. Should be in the male range, a cisgender male range. A

1 cisgender person is the person's not transgender, and that's  
2 400 to 700 nanograms per deciliter.

3 **Q.** So so far we've been talking about monitoring hormone  
4 levels in these patients once they start hormone, right?

5 **A.** Yes.

6 **Q.** Are there nonhormonal values that are important to measure  
7 for gender dysphoric patients on hormone therapy?

8 **A.** Yes.

9 **Q.** Let's start with transgender females.

10 **A.** For transgender females, as I mentioned, spironolactone is  
11 the most commonly used testosterone-lowering medication. And  
12 it happens that it's also a diuretic, and so it's important --  
13 and it is a diuretic that causes elevations in potassium. So  
14 it's very important to measure potassium on a regular basis, as  
15 well as kidney function, because you could either have too high  
16 potassium, which could cause heart arrhythmias and death and  
17 you can have kidney failure.

18 **Q.** And what about creatinine? Is it important to monitor for  
19 that?

20 **A.** Yeah. That's a marker for kidney function. And so if it's  
21 a diuretic, you can get dehydrated and you can have kidney  
22 failure or damage.

23 **Q.** And is it also important to monitor these patients for  
24 their prolactin levels?

25 **A.** Yes, because in the Endocrine Society guidelines it's a --

1 it's something that we have to do because the prolactin levels  
2 can rise with estradiol treatments. And that's because  
3 estrogen treatment enlarges the pituitary gland, which can  
4 eventually cause blindness if it gets too big.

5 **Q.** So we mentioned monitoring and that the guidelines require  
6 monitoring of these various values, right?

7 **A.** Yes.

8 **Q.** Specifically how often should you monitor in patients on  
9 hormone therapy in the first year?

10 **A.** Every two to three months in the first year to establish  
11 that you are getting blood levels in the affirmed gender  
12 concentrations.

13 **Q.** And is it also so that you can monitor these nonhormonal  
14 values we just talked about?

15 **A.** Yes. It's not only for efficacy. It's for safety. Well,  
16 I did mention it was safe, but you do have to monitor to make  
17 sure you're not having any adverse events.

18 **Q.** All drugs have potential for adverse effects, right?

19 **A.** Yes.

20 **Q.** So after the first year, how often should you monitor after  
21 that, these patients on hormone therapy?

22 **A.** Well, once you establish that you have the right blood  
23 concentrations -- some people might need further than a year  
24 monitoring, but only when you have adequate blood  
25 concentrations. You should at least monitor once or twice a

1 year to make sure you're still in the right range for the  
2 hormones and also make sure you're not having adverse events.

3 **Q.** And is that clearly stated, these guidelines for monitoring  
4 within the Endocrine Society guidelines?

5 **A.** Yes, they are.

6 **Q.** Are there some transgender females who may be receiving  
7 hormone therapy but still have symptoms of gender dysphoria?

8 **A.** Yes, because they're not in the target female range.

9 **Q.** Let's assume that they are in the target female range.

10 Would there be some patients who might still have symptoms of  
11 gender dysphoria?

12 **A.** Yes. That's assuming also that the estrogen and  
13 testosterone in the target range, they may still have gender  
14 dysphoria because their body still doesn't match their gender  
15 identity. And the hormones can do some things, but the  
16 genitals for most people are not going to shrink or make them  
17 go away.

18 **Q.** So in those people, is gender-affirming surgery sometimes  
19 medically necessary to treat their gender dysphoria?

20 **A.** Yes.

21 **Q.** So we've talked a little bit about estradiol as a form of  
22 estrogen, right?

23 **A.** Yes.

24 **Q.** Are there other forms of estrogen besides estradiol?

25 **A.** There are other forms of estradiol, but they are not

1 recommended by the Endocrine Society guidelines. One of them  
2 is conjugated estrogens.

3 Q. And what are some trade names for conjugated estrogens?

4 A. Premarin, Menest. Those are some common ones.

5 Q. Why are these not recommended under the Endocrine Society  
6 guidelines, these conjugated estrogens?

7 A. First of all, it's not the natural estrogen the body makes.  
8 The body makes estradiol. And so the conjugated estrogens come  
9 from pregnant horse urine, where they extract this urine, get  
10 the estrogen compounds and then make into a pill. And the main  
11 reason why it's not used is it's very difficult to monitor the  
12 levels. When you measure the blood concentration, they don't  
13 reflect the true concentration.

14 Q. So for people on a conjugated estrogen, if you are looking  
15 at their lab work, are any of the values there reliable?

16 A. No, because it's not -- you're not measuring -- there are  
17 so many compounds in the pill. It's horse estrogen.

18 Q. So I want to turn now to something called the Gender  
19 Identity Disorder Committee at IDOC.

20 A. Yes.

21 Q. So are you aware of something called the Transgender  
22 Committee or the GID committee within IDOC?

23 A. Yes. I saw it in the medical records.

24 Q. Did you see it anywhere else?

25 A. I saw it in the statements by Dr. Puga and Reister.

1 Q. And by "statements," are you referring to their deposition  
2 testimony?

3 A. Yes.

4 Q. Did you also review deposition testimony relating to --  
5 from Dr. Meeks?

6 A. Yes, I did.

7 Q. And did you also see references to the GID committee in  
8 that deposition?

9 A. Yes, I did.

10 Q. So can we just agree that when I say "the committee," I'm  
11 referring to this GID committee at IDOC?

12 A. Okay. Yep.

13 Q. So what's the purpose of this committee, based on your  
14 understanding of the documents and the deposition transcripts?

15 A. From what I can understand, this committee meets to discuss  
16 transgender inmates and make decisions on medical care.

17 Q. So again, based on your review of these records and on the  
18 deposition transcripts of Drs. Puga, Reister and Meeks, are the  
19 voting members on this committee qualified to be making  
20 decisions regarding hormone therapy?

21 A. No.

22 Q. And why do you say that?

23 A. Well, they -- none of them is endocrinologists. The two  
24 physicians, even in their deposition statement, said they had  
25 no idea on how to prescribe hormone therapy.

1 Q. And did Dr. Meeks admit to not being an expert in his  
2 deposition testimony?

3 A. Yes.

4 Q. Is it your understanding that there are also nonvoting  
5 members who attend these committee meetings?

6 A. Yes, there's some administrators and some other people that  
7 aren't M.D.s.

8 Q. Is every voting member on this committee, based on your  
9 knowledge of the records and the deposition transcripts, even a  
10 health care professional?

11 A. I saw that there -- some people who are -- I don't know  
12 what they're -- they're like administrators for the prison.

13 Q. So some people on this committee who make votes relating to  
14 medical care don't even have a medical background; is that  
15 right?

16 A. That's correct.

17 Q. So you said that this committee makes some decisions  
18 regarding health for transgender people. Could you describe --  
19 could you give me some concrete examples of what kind of  
20 decisions they'll make regarding transgender patients?

21 A. They will have the new inmate come into the prison. They  
22 will review whatever records are available and they will make a  
23 decision, yes or no, that the person goes on hormones or  
24 doesn't.

25 Q. Do they make decisions for transgender inmates aside from



1 hormones?

2 **A.** They do other things like where they could -- what clothes  
3 they can wear, what undergarments they can wear, where they can  
4 shower, where they can go.

5 **Q.** So I'd like to look at an example of a GID committee record  
6 that you reviewed so we can see an example of what you are  
7 talking about here.

8 *MR. STEPHENSON:* Your Honor, may I approach the  
9 witness?

10 *THE COURT:* You may.

11 *MR. STEPHENSON:* And, your Honor, I'm handing the  
12 witness what will be marked Plaintiffs' Exhibit -- I think we  
13 are at --

14 *THE COURT:* Three.

15 *MR. STEPHENSON:* Three.

16 **Q.** (*BY MR. STEPHENSON:*) Do you recognize this record,  
17 Dr. Tangpricha?

18 **A.** Yes.

19 **Q.** Is this a record that you reviewed in preparing your expert  
20 declaration?

21 **A.** Yes.

22 **Q.** What is this record?

23 **A.** This is a record of an inmate who's requesting an increase  
24 in hormone therapy.

25 *MR. STEPHENSON:* Your Honor, I'd move exhibit

1 Plaintiffs' Exhibit 3 into evidence.

2 *THE COURT:* Any objection?

3 *MR. HIGGERSON:* Yes, your Honor. I believe the reason  
4 this is redacted is because it's not one of the five named  
5 plaintiffs. So we would object to the relevance for that.  
6 There is no showing that this particular individual is still in  
7 the Department of Corrections, and this happened three years  
8 ago.

9 We are here for injunctive relief, which means the  
10 question is how are people being treated now. I don't believe  
11 this is relevant to the injunctive relief.

12 *THE COURT:* What's the purpose for this document?

13 *MR. STEPHENSON:* Your Honor, this relates to the  
14 putative class members. This is a putative class action. This  
15 is a record of one of those putative class members. It was  
16 produced to us and identified as relating to a putative class  
17 member by IDOC. In addition to discussing a putative class  
18 member, Dr. Tangpricha is going to be testifying extensively  
19 about the purpose of this committee at IDOC, what it does, and  
20 reviewing these sort of records is a necessary foundation for  
21 his conclusions on that committee.

22 *THE COURT:* All right. Well, the objection is noted  
23 but overruled. That's what I took this to be, a background or  
24 a basis for explaining the committee and the work. And whether  
25 this is one of the class members or not, I think looking at

1 some of these records would be helpful.

2 So the objection is overruled.

3 MR. STEPHENSON: Thank you, your Honor.

4 THE COURT: Admitted.

5 *(Plaintiffs' Exhibit 3 received in evidence)*

6 Q. **(BY MR. STEPHENSON:)** So Dr. Tangpricha, I think you were  
7 just talking about how this was a GID committee note relating  
8 to a putative class member, right?

9 A. That's correct.

10 Q. So what's the date of this record?

11 A. This is December 18, 2015.

12 THE COURT: Wait. Okay.

13 Q. **(BY MR. STEPHENSON:)** Could you just give me the Bates  
14 number at the bottom?

15 A. Oh, sorry. The date is February 19, 2016. It was -- the  
16 previous note was 2015.

17 Q. And so could you just -- so that the record is clear, could  
18 you give me what the Bates number is on the bottom right of  
19 this note?

20 A. The number on the bottom is 004709.

21 Q. Thank you. So what does this record discuss regarding the  
22 transgender inmate?

23 A. The inmate is requesting an increase in estrogen dose and  
24 requesting a bra.

25 Q. And is this a patient who is on hormone therapy?

1 A. Yes. They're currently on hormone therapy.

2 Q. And you said she was requesting an increase. What is she  
3 requesting an increase of?

4 A. Estrogen.

5 Q. So what does the committee conclude with regard to these  
6 requests from this patient?

7 A. They denied the request for the estrogen and the bra.

8 Q. What reason do they give for denying the request for the  
9 hormone increase?

10 A. There's no good medical reason. There's not even an  
11 attempt to draw a blood test to show the levels. So from my  
12 standpoint, I don't see the medical reason for denying the  
13 request.

14 Q. So based on your review of this record, would the committee  
15 have any basis, medical basis whatsoever, to deny a hormone  
16 increase?

17 A. No.

18 Q. I'd like to give you another similar record.

19 COURT REPORTER: And remember to breathe.

20 Q. (BY MR. STEPHENSON:) And Dr. Tangpricha, I'm handing you  
21 what's going to be marked Plaintiffs' Exhibit 4.

22 A. Yes.

23 Q. Is this an exhibit that you recognize -- or excuse me -- a  
24 document that you recognize?

25 A. Yes, I do.

1 Q. Did you review it in advance of this hearing, in  
2 preparation for this hearing?

3 A. Yes.

4 Q. And what is this document at a high level?

5 A. Again, this is the committee note reviewing the request of  
6 an inmate to increase their estrogen level.

7 MR. STEPHENSON: And, your Honor, I'd move Plaintiffs'  
8 Exhibit 3 in -- or excuse me -- Plaintiffs' Exhibit 4 into  
9 evidence.

10 THE COURT: Any objection?

11 MR. HIGGERSON: Just the same objection about it not  
12 being a class -- or one of the named defendants, but otherwise,  
13 no.

14 THE COURT: All right. Well, subject to that  
15 objection that I previously overruled, it will be admitted.

16 *(Plaintiffs' Exhibit 4 received in evidence)*

17 Q. **(BY MR. STEPHENSON:)** Do you recognize this record as  
18 relating to a putative class member, Dr. Tangpricha?

19 A. Yes, I do.

20 Q. What is the committee considering in this committee  
21 document?

22 A. So this inmate is currently on hormones at a very low dose,  
23 as I mentioned, the starting dose of 2 milligrams estradiol,  
24 and they're requesting an increase in the estradiol dose. And  
25 then looks like the request was denied.

1 Q. And why did the committee deny the request for an estradiol  
2 increase?

3 A. It said the inmate was not stable.

4 Q. Now, if you look at the first page, do you see a current  
5 mental health history note section?

6 A. Yes.

7 Q. And what's the Bates number on that first page, just so the  
8 record is clear?

9 A. The Bates number is 260127.

10 Q. So what does it state under current mental health history  
11 on that page?

12 A. Do you want me to read it?

13 Q. Please do.

14 A. It says [as read] Currently stable. Attending all  
15 programming. Working full-time in inmate commissary.

16 Q. So what do you make of the committee's rationale for  
17 denying or delaying the request for a hormone increase?

18 A. I don't see a medical rationale to deny the request.

19 Q. So in your review of committee records similar to this one,  
20 did you notice any other examples of the committee managing  
21 hormone prescriptions in any other way?

22 A. Most of them were just denying requests. They wouldn't  
23 even consider them. They wouldn't draw levels to document that  
24 the hormone levels were sufficient, and most of them just  
25 denied.

1 Q. And this committee record that we were just discussing,  
2 Exhibit 4, what's the date of that record?

3 A. This is April 2nd 2019.

4 Q. And is that among the most recent GID committee records  
5 made available to you in this case?

6 A. Yes.

7 Q. So you were saying most of the time that you just witnessed  
8 that the committee would deny hormone treatment; is that right?

9 A. That's correct.

10 Q. Did they ever make any other decisions with regard to  
11 management of a hormone prescription that had already been  
12 authorized for a patient?

13 A. Sometimes they would -- after some lengthy delay, would  
14 start some hormones, but you see many notes of discussion about  
15 that.

16 Q. Did you ever see any patients -- putative class members who  
17 requested hormone injections instead of hormones by oral route?

18 A. Yes.

19 Q. Why might a patient be requesting a hormone injection  
20 instead of hormones through oral route?

21 A. Well, in some cases, the oral route doesn't provide  
22 sufficient levels, as I mentioned earlier in the Endocrine  
23 Society guidelines. And so those patients, for some reason,  
24 are not absorbing the pills, and so the only other treatment is  
25 a shot.

1 Q. So are you saying that injections are medically necessary  
2 in some instances for these patients?

3 A. Yes.

4 Q. And in the committee records you saw where patients were  
5 requesting injections, what would the committee say in those  
6 instances?

7 A. They would just say the pills were just as good as the  
8 shots, but they would never document that the blood levels were  
9 sufficient.

10 Q. So did you see any reasoned basis for the decisions denying  
11 injections in those notes?

12 A. No.

13 Q. So we've talked about the GID committee and some of the  
14 putative class members. Let's turn now to the treatment of the  
15 named plaintiffs in this matter.

16 So you stated previously, I believe, that you reviewed  
17 certain records in preparing your expert declaration, right?

18 A. Yes, all the named plaintiffs.

19 Q. What records relating to those named plaintiffs did you  
20 review?

21 A. I reviewed their medical history, their medication lists  
22 and their blood tests.

23 Q. So let's talk about some of your observations relating to  
24 Ms. Janiah Monroe. Did you review her records as well?

25 A. Yes, I did.



1 Q. Okay. So did she experience a delay after requesting  
2 hormone treatment before receiving it?

3 A. Yes, a very lengthy delay.

4 Q. And what was her prescription like once IDOC finally  
5 authorized hormones?

6 A. She was started on estradiol 2 milligrams a day and  
7 spironolactone 150 milligrams daily.

8 Q. So once IDOC initiated hormone therapy, what did monitoring  
9 for Ms. Monroe look like?

10 A. They didn't follow the Endocrine Society guidelines. They  
11 hardly measured the blood tests in the first year, which is  
12 clearly stated in the guidelines. And, in fact, over the  
13 six-year period, they only measured it four times, and they  
14 were all low.

15 Q. And remind me again why it's important to measure and how  
16 often you should measure in the first year.

17 A. In the first year you should measure every two to three  
18 months for the first year to make sure you're in the correct  
19 range for a female. And of the times they were measured, they  
20 were all low in Ms. Monroe's case.

21 Q. So there are four examples, I believe, here, one being  
22 June 3rd 2016, right?

23 A. That is correct.

24 Q. And can you remind us what the therapeutic range is that a  
25 transgender female should be at under the Endocrine Society

1 guidelines for estradiol?

2 **A.** It should be at least 100 to 200 milligrams -- 100 to  
3 200 picograms per mL.

4 **Q.** So was October 20, 2017, the last example that you saw of  
5 Ms. Monroe receiving monitoring for her lab work for hormones?

6 **A.** Yes.

7 **Q.** Was she below at that point too?

8 **A.** Yes.

9 *THE COURT:* Can I just ask a clarification?

10 I think you said 2 milligrams. That slide says 3.

11 Did she start out at 2 and go to 3?

12 **A.** From my memory, I believe she started on 3.

13 *THE COURT:* Okay.

14 **Q.** *(BY MR. STEPHENSON:)* Maybe I misspoke.

15 So was she on 3 milligrams the entire time that you saw her  
16 records for the records that were available for you in this  
17 case?

18 **A.** I don't recall, but the last time I saw was 3 milligrams  
19 with this blood testing.

20 **Q.** So is 3 milligrams sufficient to treat most transgender  
21 females of Ms. Monroe's age over the long term?

22 **A.** It would be if the blood levels were in the right range.  
23 But in this case, they are not in the right range.

24 **Q.** So although testing was infrequent, these four tests were  
25 consecutive that you reviewed; is that right?

1 A. Yes.

2 Q. And each one was below the therapeutic levels, right?

3 A. That's correct.

4 Q. And did you ever see evidence of IDOC increasing  
5 Ms. Monroe's estradiol dose in response to these labs?

6 A. No, there's no response. And that was most surprising.  
7 Why are they checking levels? I mean, they should be  
8 responding and increasing the dose if they're not in range.

9 Q. Okay. So let's talk about another named plaintiff. You  
10 also reviewed records relating to Ms. Melendez, right?

11 A. That's correct.

12 Q. So did Ms. Melendez experience a delay after requesting  
13 treatment for gender dysphoria, but before receiving hormone  
14 therapy?

15 A. Yes, she did.

16 Q. When she did start receiving hormone therapy, what was her  
17 dosage like?

18 A. She was started on Menest and Premarin. As I mentioned, it  
19 is not recommended to start on this horse estrogen because you  
20 can't monitor it. So she was on -- I don't even know if it  
21 makes -- how to make of the dose. It's 1.5 to 5 milligrams a  
22 day, something we don't use.

23 Q. Were her hormone levels, despite the prescription,  
24 monitored in accordance with the guidelines?

25 A. She hardly was checked. And the one test I could see was

1 still below the range. But again, I can't even interpret what  
2 that means.

3 Q. And you can't interpret what that means because she is on  
4 Menest or Premarin; is that right?

5 A. That's correct. This is horse estrogen.

6 Q. To your knowledge, as of the most recent records you  
7 reviewed in this case, is Ms. Melendez still taking Menest or  
8 Premarin?

9 A. As far as I know.

10 Q. Let's talk about another named plaintiff that you reviewed  
11 records for, Ms. Kuykendall.

12 A. Yes.

13 Q. Do you recall reviewing Ms. Kuykendall's records?

14 A. Yes, I did.

15 Q. So what was Ms. Kuykendall's hormone prescription like  
16 under IDOC care?

17 A. Again, they're using the horse estrogen, and an estrogen  
18 that's not recommended.

19 Q. So what did her monitoring look like after IDOC started her  
20 on Premarin?

21 A. They did not follow the Endocrine Society guidelines, so  
22 the care was not adequate. And there was no testing for the  
23 first two years, putting her at risk. And when she did have a  
24 level, it was 112 picograms per mL, but again, I don't know  
25 what that means because you can't measure horse estrogen levels

1 very well and know what they mean.

2 Q. What do you make of that two-year gap between starting her  
3 on hormone therapy and starting to monitor her blood?

4 A. It's very seriously dangerous to be doing that. I would  
5 never do that in someone.

6 Q. Why not?

7 A. Because you're putting them at risk. You could have levels  
8 that are too high causing risks or levels that are inadequate,  
9 not addressing the gender dysphoria and they can continue to  
10 have risk for self-harm, depression, suicide.

11 Q. So let's talk about Ms. Reed, another named plaintiff. Did  
12 you review all of Ms. Reed's medical records as well?

13 A. Yes, I did.

14 Q. Did Ms. Reed experience a delay after her diagnosis of  
15 gender dysphoria, but before initiation of hormone therapy?

16 A. Yes, a very long delay.

17 Q. Was the delay made by the -- was it a decision made by the  
18 committee?

19 A. Yes, the committee -- as she had testified this morning, it  
20 was made by the committee, and I think it was like a two-year  
21 delay.

22 Q. Just to be clear, you're basing your testimony today not on  
23 what you heard her say, but on the records you reviewed?

24 A. From what I reviewed in the records.

25 Q. Did you see that the delay -- or excuse me -- did you see

1 that the committee notes relating to the delay in initiating  
2 hormone therapy for Ms. Reed were in any way medically  
3 justified?

4 **A.** No.

5 **Q.** So once Ms. Reed was started on hormone therapy, what did  
6 her initial therapy look like?

7 **A.** She started on the starting dose at 2 milligrams a day.  
8 That was increased, only after 15 months, to 3 milligrams a  
9 day.

10 **Q.** And what about spironolactone?

11 **A.** She was started on 200 milligrams a day and that was  
12 increased, only after 15 months, to 300 milligrams a day.

13 **Q.** So what did monitoring look like for Ms. Reed after IDOC  
14 initiated hormone therapy?

15 **A.** They didn't follow the Endocrine Society guidelines. They  
16 didn't get the blood testing every two to three months. And  
17 when they did first check it, the levels were out of range. So  
18 they were not in the minimally accepted range for transgender  
19 people.

20 **Q.** So what was her estradiol in July of 2017, according to  
21 IDOC labs?

22 **A.** Very low, at 45 picograms per mL, so grossly under what  
23 they should be.

24 **Q.** What was her testosterone?

25 **A.** 400 nanograms per mL, and that's still in the male range,

1 and it's too high for a female.

2 Q. How long in response to those labs did it take IDOC to  
3 increase Ms. Reed's estradiol and spironolactone prescriptions?

4 A. It took over a year, 15 months, to respond to these labs,  
5 and then her levels still are out of range.

6 Q. Now, you heard Ms. Reed testify a little bit this morning,  
7 right?

8 A. Yes.

9 Q. Did you hear her testify about her feelings of depression?

10 A. Yes.

11 Q. Could you talk a little bit more about depression and  
12 whether it's a symptom of gender dysphoria?

13 A. Yeah. I wasn't surprised. I mean, I knew her levels, and  
14 it's not a surprise that she was feeling depressed, wanting to  
15 hurt herself, hopelessness or -- the levels of the hormones are  
16 not in the range, so she is not getting full treatment for her  
17 gender dysphoria.

18 Q. So let's discuss one more named plaintiff. Have you  
19 refused the records of Ms. Lydia Helena Vision?

20 A. Yes.

21 Q. And did Ms. Vision experience a delay between the time of  
22 her gender dysphoria diagnosis and initiation of hormone  
23 treatment?

24 A. Yes, a very long delay. Two years.

25 Q. And again, was that delay related to a committee decision

1 that you saw?

2 **A.** Yeah, it was a committee decision not to start the  
3 hormones.

4 **Q.** Did you see any recent decision or acceptable medical  
5 rationale for denying her hormones for more than two years  
6 after her diagnosis of gender dysphoria?

7 **A.** No, I didn't see any medical reason why she had to wait so  
8 long.

9 **Q.** Is it your understanding that she is now receiving  
10 hormones?

11 **A.** Yes.

12 **Q.** So we've talked a little bit about all the named plaintiffs  
13 in this matter and their hormone treatment. What are your  
14 general conclusions about the care that IDOC provided to these  
15 named plaintiffs?

16 **A.** So I made this slide covering three major points. In all  
17 these named plaintiffs, the prescriptions, the doses of the  
18 hormones and the monitoring were way under the adequate level  
19 of care. Many cases the standard of care would put these  
20 plaintiffs at risk for harm without monitoring and treatment of  
21 their gender dysphoria. And so in many of the named  
22 plaintiffs, they were not having their gender dysphoria  
23 addressed and they still had symptoms from their gender  
24 dysphoria, which would increase their risk of self-harm and  
25 suicide.



1           And so for -- and No. 2, so again, as I mentioned, the  
2 gender dysphoria continues and they need to get the levels into  
3 the correct range, and that's causing risk.

4           And No. 3, many times the committee really had no reason to  
5 justify delays. There is no one on the committee who even has  
6 experience prescribing hormones, even knows what the risks of  
7 giving hormones are or even knows the risks of withholding  
8 hormones. There are no committee members who have treated a  
9 sufficient number of transgender people at all, and so I don't  
10 know why they're tasked with making this serious medical  
11 decision.

12 **Q.** So we talked about your conclusions relating to the named  
13 plaintiffs.

14 **A.** Yes.

15 **Q.** I believe you testified you have also reviewed records  
16 relating to putative class members in this matter, correct?

17 **A.** Yes.

18 **Q.** What did you review relating to those putative class  
19 members?

20 **A.** I reviewed their medical records, their medication lists  
21 and their blood tests.

22 **Q.** And you reviewed all those pertinent records relating to  
23 those as patients?

24 **A.** Yes.

25 **Q.** And what's your understanding of when I say "putative class

1 member" what I'm talking about?

2 **A.** This represents the group of transgender inmates in the  
3 state of Illinois.

4 **Q.** And you understand that this lawsuit is being brought on  
5 behalf of them, as well as the named plaintiffs?

6 **A.** Yes, I do.

7 **Q.** So I'd like to discuss an example of a putative class  
8 member now.

9 *MR. STEPHENSON:* May I approach, your Honor?

10 *THE COURT:* You may.

11 **Q.** (**BY MR. STEPHENSON:**) So Dr. Tangpricha, I'm handing you  
12 what's being marked Plaintiffs' Exhibit 5.

13 **A.** Mmm hmm.

14 **Q.** Do you recognize this record?

15 **A.** Yes, I do.

16 **Q.** Is this something you reviewed in preparing your expert  
17 declaration in this matter?

18 **A.** Yes.

19 **Q.** And what is this record at a high level?

20 **A.** This is a mental health note for an inmate who comes to a  
21 health care appointment trying to get on hormones.

22 **Q.** Is it your understanding that this record relates to a  
23 putative class member in this matter?

24 **A.** Yes.

25 *MR. STEPHENSON:* Your Honor, I'd move Plaintiffs'

1 Exhibit 4 into evidence.

2 THE COURT: Five?

3 MR. STEPHENSON: Five. Excuse me.

4 MR. HIGGERSON: Same objection, your Honor. This  
5 isn't one of the named plaintiffs.

6 THE COURT: All right. The objection is overruled.  
7 Five will be admitted.

8 *(Plaintiffs' Exhibit 5 received in evidence)*

9 Q. **(BY MR. STEPHENSON:)** So Dr. Tangpricha, could you tell me  
10 a little bit more about what this medical record documents?

11 A. So inmates coming to the health clinic. It's a scheduled  
12 visit, and they're very upset how long the process is to get on  
13 hormones, and the hormones are being denied.

14 Q. And what's the date of this record?

15 A. This is August 27, 2014.

16 Q. So I believe you said that the note documents the patient  
17 requesting hormone therapy?

18 A. That's correct.

19 Q. Do you see a diagnosis of gender dysphoria reflected in  
20 this record?

21 A. Yes. So the inmate has the diagnosis of gender dysphoria,  
22 according to the health care unit professional in this note,  
23 but they're denying the hormone therapy and I don't see a  
24 medical reason. The only excuse that's given is they need to  
25 live a real-life experience.

1 Q. So is living a real-life experience a medically acceptable  
2 rationale for denying or delaying treatment after a gender  
3 dysphoria diagnosis has been made?

4 A. No. I mean, it's unethical. You can't have a real-life  
5 experience. I mean, you can't do it. Especially in prison,  
6 you can't do a real-life experience.

7 Q. When you say you can't do it, do you mean without hormone  
8 treatment?

9 A. Without hormone treatment you can't -- in or without --  
10 without hormone treatment, how can you present as your affirmed  
11 gender? I mean, you need the hormones to move your body  
12 towards your affirmed gender.

13 Q. And this is not, just to be clear, an accepted reason for  
14 delaying hormone treatment under the guidelines specifically  
15 either?

16 A. No. None of the guidelines require real-life experience,  
17 whatever that means.

18 Q. Have you seen this phrase "real-life experience" appear  
19 anywhere else in your review of the records in this case?

20 A. Yes. There are a couple of committee notes that refer to  
21 this real-life experience.

22 Q. Do you also see it occasionally in the medical records of  
23 the putative class members?

24 A. Yes.

25 Q. Do you understand that Ms. Melendez, who has delayed -- her

1 hormone therapy was delayed because of a real-life experience  
2 requirement?

3 **A.** Yes.

4 **Q.** So I moved ahead a slide, Dr. Tangpricha, relating to this  
5 class member. Did you review records relating to all these  
6 points regarding this class member, who I'm referring to as  
7 putative class member A?

8 **A.** Yes.

9 **Q.** So do you know if this particular transgender female was  
10 ultimately prescribed hormones?

11 **A.** Yes. Eventually this inmate was given conjugated estrogen,  
12 but there was a lot of delay for this requirement of a  
13 real-life experience.

14 **Q.** I'd like to look at one more record here.

15 *MR. STEPHENSON:* Your Honor, may I approach?

16 *THE COURT:* Mmm hmm. You don't have to ask  
17 permission.

18 *MR. STEPHENSON:* Okay. Thanks.

19 Thank you.

20 **Q.** *(BY MR. STEPHENSON:)* And Dr. Tangpricha, I'm handing you  
21 what's being marked as Plaintiffs' Exhibit 6.

22 **A.** Okay.

23 **Q.** Do you recognize this record?

24 **A.** Yes.

25 **Q.** Do you recognize this as a record relating to the same

1 putative class member, putative class member A?

2 **A.** Yes.

3 **Q.** Is this is a record that you reviewed in preparing your  
4 expert declaration?

5 **A.** Yes.

6 **Q.** What is this record at a high level?

7 **A.** These are lab tests of this putative class member's blood  
8 concentrations of the estradiol and -- yeah, estradiol,  
9 testosterone.

10 *MR. STEPHENSON:* Your Honor, I'd move for Plaintiffs'  
11 Exhibit 6 to be into evidence.

12 *MR. HIGGERSON:* Same objection, your Honor.

13 *THE COURT:* All right. Objection is overruled. Six  
14 will be admitted.

15 *(Plaintiffs' Exhibit 6 received in evidence)*

16 **Q.** *(BY MR. STEPHENSON:)* So what do these labs tell you about  
17 putative class member A, Dr. Tangpricha?

18 **A.** The estradiol level still is way under the Endocrine  
19 Society guidelines' target for estradiol concentrations for  
20 transgender females. But what's also most concerning is the  
21 testosterone still remains very high. In fact, the  
22 testosterone is still in the male range, and that's too high  
23 for a transgender female.

24 **Q.** And so what are the date of these labs, just to be clear?

25 **A.** This is July 13, 2017.

1 Q. So how long after this patient started hormone therapy were  
2 these labs taken?

3 A. This was -- they were starting hormones in 2014, so three  
4 years after, which was substandard.

5 Q. Now, you mentioned that the levels were inadequate for  
6 these July labs, correct?

7 A. That is correct.

8 Q. But are the levels even reliable?

9 A. No, because they're on a conjugated estrogen, so I have --  
10 I mean, it says low, but I have no idea what, I mean, the level  
11 is for horse estrogen in blood. So there's no way to interpret  
12 that. They actually could be very high or, most likely, too  
13 low.

14 Q. Does that put this patient's health at risk?

15 A. Yes, it does.

16 Q. So for those three years in between the beginning of the  
17 prescription of hormone therapy for putative class member A and  
18 the first time these labs were taken in July 2017, did you  
19 witness any increase in her dosage?

20 A. No. There was no attempt to change the dose.

21 Q. And is it your understanding that the patient, after these  
22 labs were taken, did, in fact, request an increase in her  
23 dosage?

24 A. Yes. Following that year, she asked for an increased dose  
25 and it was refused, despite the -- I mean, if you can't

1 interpret the estrogen level -- the testosterone was way high  
2 and nothing was done for that.

3 **Q.** Did you see any reasoned basis on October 24, 2017, for  
4 refusing to increase the hormone levels for this putative class  
5 member?

6 **A.** No. There's no medical reason why. It is clearly outlined  
7 in the labs that the levels are out of range.

8 **Q.** I'd like to talk about one more putative class member, a  
9 different putative class member.

10 Dr. Tangpricha, I'm handing you what's been marked  
11 Plaintiffs' Exhibit 7.

12 **A.** Yes.

13 **Q.** Do you recognize this document?

14 **A.** Yes.

15 **Q.** Is it one that you reviewed in preparing your expert  
16 declaration?

17 **A.** Yes.

18 **Q.** And at a high level, what is this document?

19 **A.** This is a medication list for inmate.

20 *MR. STEPHENSON:* Your Honor, I'd like to move  
21 Plaintiffs' Exhibit 7 into evidence.

22 *MR. HIGGERSON:* Also object because it is not a named  
23 plaintiff.

24 *THE COURT:* All right. That objection is overruled.  
25 Seven will be admitted.



1                   (Plaintiffs' Exhibit 7 received in evidence)

2   **Q. (BY MR. STEPHENSON:)** So does this medical record now  
3 relate to a different putative class member than the one we  
4 were discussing previously, Dr. Tangpricha?

5   **A.** Yes, it does.

6   **Q.** So I'm going to refer to this putative class member as  
7 putative class member B, okay?

8   **A.** Okay?

9   **Q.** What does this record tell you about this putative class  
10 member B?

11 **A.** This medication list shows that they're getting shots of  
12 estrogen every two weeks.

13 **Q.** So this is a patient that's currently on hormone therapy;  
14 is that right?

15 **A.** Yes, as the date that's listed here.

16 **Q.** And what is the date that's listed there?

17 **A.** It's March 17, 2011.

18 **Q.** And did you review other records relating to this putative  
19 class member?

20 **A.** Yes, I did.

21 **Q.** I'd like to look at one last record relating to her.

22 **A.** Thank you.

23 **Q.** So Dr. Tangpricha, I'm handing you what's been marked  
24 Plaintiffs' Exhibit 8.

25 **A.** Okay.

1 Q. Is this another record that you reviewed in preparing your  
2 expert declaration?

3 A. Yes.

4 Q. And what does this record relate to?

5 A. This is a mental health clinic note.

6 MR. STEPHENSON: Your Honor, I'd move Plaintiffs'  
7 Exhibit 8 into evidence.

8 MR. HIGGERSON: Same objection.

9 THE COURT: The objection is overruled. Eight will be  
10 admitted.

11 *(Plaintiffs' Exhibit 8 received in evidence)*

12 Q. **(BY MR. STEPHENSON:)** So Dr. Tangpricha, does this record  
13 relate to putative class member B?

14 A. Yes.

15 Q. And what's the date of this record?

16 A. This is September 21st 2016.

17 Q. What is this record labeled? What type of record is it?

18 A. It's a mental health diagnostic and treatment note.

19 Q. So this is a record made roughly five years after the  
20 hormone prescription record we just looked at for putative  
21 class member B, correct?

22 A. Yes. The prescription -- the estrogen treatment was in  
23 March 2011.

24 Q. And who made this record?

25 A. It looks like a staff psychiatrist.

1 Q. An IDOC staff psychiatrist?

2 A. Yes.

3 Q. So can you read the first sentence, just the first sentence  
4 under subjective data on this note?

5 A. The first sentence says [as read] This is a man with gender  
6 identity disorder.

7 Q. What is gender identity disorder?

8 A. It's a very old term, an actually offensive term, to  
9 describe people with transgender.

10 Q. Why is it offensive?

11 A. Because you're calling it a disorder.

12 Q. So what does this record indicate about this gender  
13 dysphoric patient?

14 A. I mean, the psychiatrist is speaking to this inmate and it  
15 is rather offensive because they're still using the male  
16 pronouns, they're calling the patient's gender identity as a  
17 delusion, even though they've been diagnosed with gender  
18 dysphoria. So I find that potentially very harmful to the  
19 inmate. And not affirming the gender by using the wrong  
20 pronouns is going to cause more harm. So I feel very sorry  
21 about this inmate because the psychiatrist is actually trying  
22 to harm -- it looks like they may be harming the person by  
23 using the wrong pronouns and calling everything a delusion.

24 Q. So to get a better sense of what you are saying here, could  
25 you read what the psychiatrist concludes in the assessment

1 section of this record? Starting with Patient is alert, do you  
2 see where I am?

3 **A.** Yes.

4 **Q.** Could you read that out loud, please.

5 **A.** Still using male pronoun, says [as read] He is cooperative  
6 in a very limited sense, his judgment and inside rapport, but  
7 he knows he's still a male. He tries to show that he is  
8 female. He is in some kind of a delusion that he is female,  
9 and once his voice starts getting a high pitch, he will start  
10 talking.

11 **Q.** So did you see anything about this putative class member  
12 records that might explain why, after being on estradiol for  
13 five years, the patient still had certain masculine  
14 characteristics like a deep voice?

15 **A.** I mean, as I recall, the testosterone levels are still in  
16 the male range, which would explain why this inmate's still  
17 having male features.

18 **Q.** So when was this patient first prescribed spironolactone?

19 **A.** In 2016.

20 **Q.** So how many years did this patient go without being  
21 prescribed spironolactone?

22 **A.** The med list shows that she was on estradiol in March 2011.  
23 There is no spironolactone on there, and there's no  
24 documentation of spironolactone until June 2016. So during  
25 this whole time, the testosterone is running high. And if you

1 don't get the testosterone down, then estrogen won't have much  
2 of an effect. You still have a lot of male pattern, male blood  
3 levels of testosterone. So it completely cancels out the  
4 estrogen.

5 **Q.** Did you see any evidence in your review of this putative  
6 class member B's records that they ever once had their labs  
7 monitored for hormone levels?

8 **A.** No.

9 **Q.** What conclusion do you have about the fact that the  
10 psychiatrist referred to putative class member B's gender  
11 dysphoria diagnosis as a delusion?

12 **A.** It really took me back, because like the psychiatrist said  
13 this person has gender dysphoria. So they've made the  
14 diagnosis, right, and then they come back and then sort of  
15 tried to, in a way, harm or -- harm the patient in calling it a  
16 delusion, which is -- I mean, it's very upsetting, I think.  
17 They should be -- once they've made the diagnosis, they should  
18 be reaffirming the person, using the right name, pronouns and  
19 trying to help the person.

20 **Q.** In your opinion, is this psychiatrist qualified to be  
21 treating transgender patients?

22 **A.** No.

23 **Q.** So we've talked about two different putative class member  
24 medical records and we've reviewed some various committee notes  
25 relating to putative class members. But did you review other

1 records relating to other putative class members as well?

2 **A.** Besides the medications, lab tests, committee notes --

3 **Q.** I just mean in general. Have you reviewed records of other  
4 putative class members --

5 **A.** Yeah, of all the putative class members. I did review all  
6 the labs of all those.

7 **Q.** So did you have the occasion to form some opinions about  
8 the quality of their care while at IDOC?

9 **A.** Yes.

10 **Q.** So what are some of your opinions about the care received  
11 by these putative class members?

12 **A.** They're pretty much parallel. The plaintiffs, they were  
13 not using the correct hormone medication. They're not using  
14 the right dosages that are minimally accepted for adequate  
15 care. And when they do use the right hormone, they -- the  
16 levels are not in the right range that's considered treatment  
17 of gender dysphoria, and they don't follow the standard  
18 monitoring guidelines, which not only assesses the blood tests  
19 for efficacy of the hormones, but for safety.

20 And so sometimes people had -- when they did check them, I  
21 saw some high potassium levels, and I mentioned that can cause  
22 arrhythmia and death. There was one person I saw high  
23 prolactin level, and that's the enlargement of the pituitary  
24 gland, which can cause blindness. And creatinine levels, a  
25 couple were elevated on their creatinine, which is a kidney

1 function, and that can cause kidney damage.

2 So 90 percent didn't have monitoring. That falls way below  
3 the standards. And the few that did have monitoring had  
4 potential risks that weren't monitored. So I think the class  
5 members are at risk.

6 Q. I just want to be clear about one thing you just said  
7 there --

8 A. Yeah.

9 Q. -- about 90 percent.

10 You said 90 percent didn't have monitoring that showed they  
11 were within the therapeutic levels, or are you referring to  
12 something else?

13 A. 90 percent did not have the monitoring that fell within the  
14 accepted target range for the Endocrine Society guidelines.

15 Q. Did you also witness a lot of putative class member records  
16 showing that they were being prescribed conjugated estrogens?

17 A. Yes. At least -- close to 10 were getting an appropriate  
18 form of estrogen.

19 Q. Did you also see examples of records where the estradiol  
20 was insufficient to treat gender dysphoria?

21 A. I think the large majority, 90-plus percent. It's very  
22 rare that I saw a blood level where both the estrogen and  
23 testosterone were in the target range.

24 Q. And in terms of frequency of monitoring, did you also  
25 see -- comment to these putative class members that some

1 weren't even being monitored at all?

2 **A.** It was -- well, I mean, it was very surprising that some  
3 members didn't have any lab tests. I want to say close to a  
4 quarter to half didn't have any monitoring at all.

5 **Q.** And so were some of your observations that you're talking  
6 about right now deficiencies that you're seeing in the putative  
7 class member's medical care, were those consistent with the  
8 same deficiencies that you talked about with regard to the  
9 named plaintiffs?

10 **A.** Yes, they were.

11 **Q.** So what effect did these deficiencies have on the health of  
12 the putative class members?

13 **A.** So not properly providing adequate, safe care puts their  
14 mental and physical health at risk. The mental health is put  
15 at risk because they're not adequately addressing the gender  
16 dysphoria, which is a serious medical issue, and they can have  
17 more depression, anxiety, suicide. And not monitoring for  
18 safety puts that at risk because there are some side effects of  
19 the hormones and the other agents like spironolactone and lower  
20 testosterone. So many people are going many years without  
21 knowing they're at risk and may actually have something happen.  
22 So I'm very concerned about what's happening.

23 **Q.** In your opinion, did the named plaintiffs -- they saw those  
24 same risks that you just discussed?

25 **A.** Yes.



1           MR. STEPHENSON: I have no further questions, your  
2 Honor.

3           THE COURT: All right. Cross examination.

4                                   **CROSS EXAMINATION**

5   **Q. (BY MR. HIGGERSON:)** Doctor, at one time conjugated  
6 hormones were part of the recommended treatment for gender  
7 dysphoria, weren't they?

8   **A.** Over 10 years ago. It's never -- in the updated guidelines  
9 in 2017 and the first version of the Endocrine Society  
10 guidelines in 2008, I believe, it was not recommended to use  
11 those. Even my review in 2001, I had already hinted that they  
12 shouldn't be used.

13 **Q.** Okay. Is not recommended the strongest prohibition you can  
14 put on a treatment within guidelines?

15 **A.** Can you -- what do you mean by that?

16 **Q.** Is there something -- is there another level besides not  
17 recommended? Can you say absolutely this cannot be given  
18 for --

19 **A.** Well, we completely took it out of our table in the  
20 Endocrine Society guidelines. So we took it out. It's not  
21 even listed as an option in the Endocrine Society guidelines in  
22 2017, and we just had to put in our text saying this is why  
23 it's out. It's not listed as a treatment that anyone should  
24 use. And then I'm sure some people are wondering why it is not  
25 there, and we said you can't monitor levels and it can cause

1 risks. And, in fact, there was a study showing that it causes  
2 more blood clots because you can't monitor the levels.

3 **Q.** But is there a classification you can put on something that  
4 says it absolutely cannot for something, that it cannot be used  
5 as a treatment?

6 **A.** You can always use something as a treatment, but there's  
7 going to be risks. Look, every medication that's available is  
8 associated with risks, and we know that's associated with more  
9 risks.

10 **Q.** Is there -- I mean, outside of what you have testified for  
11 the Department of Corrections today, is there anybody else who  
12 still uses conjugated hormones for treatment of gender  
13 dysphoria?

14 **A.** I don't know anyone who does that. I haven't prescribed it  
15 for many years.

16 **Q.** Okay. How much have you done a review of who is using  
17 which types of hormones?

18 **A.** Excuse me?

19 **Q.** You said you don't know of anybody who is using the  
20 conjugated hormones. How much have you reviewed what is being  
21 used by the community?

22 **A.** I mean, I don't know how I would review. I mean, I go to  
23 give lectures around the country and I tell people not to use  
24 it. So I can't break HIPAA and start reviewing people's  
25 records to see if they're on it or not.

1 Q. Do you know who in the Department of Corrections actually  
2 administers -- prescribes and administers hormones to patients?

3 A. It's -- my guess, it's the medical physicians.

4 Q. Is it your understanding that it's the members of the  
5 Transgender Treatment Committee?

6 A. Well, the members of the Transgender Committee decide if  
7 the medical physicians can give the hormones. But without the  
8 green light, they can't do it.

9 Q. Okay. But once the green light is given, does the  
10 committee have anything to do with the actual administering of  
11 the hormones?

12 A. Oh, they don't tell them what -- I mean, they tell them  
13 what doses to give sometimes. Maybe not all the time, but they  
14 will say this person can go up, this one can go down. But  
15 they're not in the everyday situation, but they do make  
16 overarching recommendations to the local doc, to my  
17 understanding.

18 Q. So there's a medical doctor at the facility, at any  
19 individual prison, who actually is -- who is responsible for  
20 administering the hormones; is that right?

21 A. Can you define "administering"? What does that mean, like  
22 actually giving it to them or what does that mean?

23 Q. Well, seeing that they receive them and then doing the  
24 testing afterwards to see what the levels are. Is that  
25 correct, that that would be a local physician rather than

1 anybody --

2 **A.** From what I understand, the committee tells the local doc  
3 what standards to follow, how to test, what medications to  
4 give, and they -- the local doc sort of just does what the  
5 committee tells them to do. They don't have any expertise.

6 **Q.** You have seen recommendations from the committee telling  
7 them how often to test?

8 **A.** Not to that level, but I've seen committee notes where  
9 they've had committees and they said follow the WPATH  
10 guidelines or follow this, but they fall short. They don't do  
11 it.

12 **Q.** So the committee says to follow the WPATH guidelines and  
13 it's the local physician who falls short; is that right?

14 **A.** I don't know who falls short. Someone is falling short and  
15 not doing the care.

16 **Q.** Do you think you have an understanding of who is  
17 responsible for which part of this process between the  
18 committee and the local physicians?

19 **A.** I just know that the committee, the Transgender Committee,  
20 makes some decisions that they shouldn't be making. I mean, if  
21 they're making decisions to start hormones, they better know  
22 what the risks and benefits are. And also if they're making  
23 decisions to delay hormones, they better know what the risks  
24 and benefits are. And from the roster of the committee, I  
25 don't see anyone really qualified to make those decisions.

1 Q. Okay. I don't think you really answered the question.

2 A. Okay.

3 Q. Do you understand the distinction between the  
4 responsibilities of the committee and the local physician, once  
5 the green light is given, who is responsible for which part of  
6 that, of taking it from there and making sure that the hormones  
7 are administered and the testing is done?

8 A. I mean, I believe that the -- from my understanding, the  
9 committee makes the initial decision. Hormones are not --  
10 sometimes it comes back to the committee if there are questions  
11 on what -- if they should increase dose or not. That's my  
12 understanding of the committee.

13 Q. Okay. So when you say somebody fell short, it sounds like  
14 you're describing the process at the facility; the actual  
15 treating physician is falling short.

16 A. I mean, the -- I'm sure they have probably some blame too,  
17 but I can't really answer that question.

18 Q. Okay. When the green light is given to begin hormone  
19 therapy and the testing isn't done according to the WPATH  
20 guidelines, have you seen anything where the committee is  
21 involved in that process? Have you seen anything that  
22 indicates they're involved in that process?

23 A. In the process of.

24 Q. Of testing for the hormone levels and the other levels that  
25 need to be tested.

1 **A.** They say to start the hormones and they deny hormones  
2 sometimes, and they -- I don't recall specific -- I don't  
3 recall any discussion of lab tests that they should be  
4 discussing.

5 *THE COURT:* So if I can interrupt to ask a question.

6 *MR. HIGGERSON:* Sure.

7 *THE COURT:* So what you're saying is if the committee  
8 gives the green light for hormone therapy and then the doctor  
9 prescribes it, did you see anything that the committee like  
10 stays in touch with the process or they're done at that point,  
11 as far as you can tell?

12 **A.** What I could tell is sometimes it comes back, but not  
13 always. So once -- the majority of time they would make the  
14 decision to start or stop. And every so often something would  
15 come back to be discussed at the committee if there was an  
16 issue about the dosing or something, but not all the time.

17 *THE COURT:* Okay.

18 **Q. (BY MR. HIGGERSON:)** Do you know what would cause the issue  
19 of a patient's treatment to come back to the committee?

20 **A.** Well, if there was a request to like change the different  
21 preparation of the hormone, if the person was not having  
22 adequate treatment of their gender dysphoria, the committee  
23 might chime in on when someone should go on shots or something  
24 like that. Or if they are having an issue and the committee --  
25 they were having some questions about dosing, sometimes -- not

1 all, but sometimes there would be questions coming back to the  
2 committee.

3 **Q.** But these questions only come back to the committee if  
4 somebody at the facility level brings it back to the committee,  
5 correct?

6 **A.** Yeah, because I don't think they're reviewing all -- they  
7 wouldn't interview all -- manage all hundred-something inmates.

8 **Q.** All five of the named plaintiffs right now are receiving  
9 hormone therapy, correct?

10 **A.** Yes.

11 **Q.** Are there risks associated with -- not the conjugated  
12 hormones, but the hormones that you do recommend, are there  
13 risks associated with receiving those hormones?

14 **A.** There are risks if you don't give enough and there's risks  
15 if you give too much.

16 **Q.** Those are the only risks?

17 **A.** We're talking about just the estrogen?

18 **Q.** Well, we can start with the estrogen.

19 **A.** Yeah. I mean, if you give too much of the estrogen, there  
20 could be risks. And if you give too little, there are risks  
21 because you're not treating. And the only way to know if  
22 you're giving too much or too little is measuring a blood test.

23 **Q.** Same for the testosterone blocker? Is that --

24 **A.** I mean, how are you going to guess someone's testosterone  
25 level? I mean, you give someone a medication and you measure a

1 level. I mean, you can't know what their level is without  
2 measuring the blood.

3 Q. Yeah. I wasn't asking if you needed to measure. I was  
4 saying is there any risk associated with it --

5 A. Oh, yeah.

6 Q. -- other than if you have it too high or too low --

7 A. Yeah.

8 Q. -- even if it is set right, is there a risk?

9 A. Yeah. There are risks because as I mentioned, the  
10 spironolactone is a diuretic. So it can cause dehydration,  
11 cause kidney damage, and you can have elevations to your  
12 potassium. But you can't see that on the person. You need to  
13 measure a blood test and you need -- and that's the only way  
14 you're going to know if someone is at risk, is measuring a  
15 blood test.

16 Q. Does this hormone therapy affect anything else, such as  
17 whether or not somebody is diabetic?

18 A. No.

19 Q. Does everybody who is transgender experience gender  
20 dysphoria?

21 A. Yes, they do, unless you treat it very early on, like in  
22 childhood. But for most people who are transgender, they are  
23 going to have gender dysphoria because their body is not going  
24 to match their gender identity.

25 Q. If they receive treatment, is it possible that they



1 remain -- they are still always going to be transgender, but  
2 are they transgender, then, without the gender dysphoria?

3 **A.** Can you define "treatment"? Is that surgery too?

4 **Q.** Well, is there a level of treatment -- I mean, I'm just  
5 asking generally can you, through treatment, achieve if  
6 somebody is still transgender, but without gender dysphoria?

7 **A.** If you treat them medically, give them the right hormones,  
8 they have all the surgeries that they require, maybe in that  
9 instance they would no longer have gender dysphoria. But most  
10 people never get to that point. They are mostly on hormones  
11 only, and there's still this underlying gender dysphoria  
12 because their body is still not matching their gender identity.

13 **Q.** If the treatment involved surgery, is it possible to be  
14 transgender without gender dysphoria?

15 **A.** What kind of surgery?

16 **Q.** Gender -- the current term, gender confirmation, gender  
17 affirmation surgery.

18 **A.** You mean top surgery or --

19 **Q.** Is there any surgery you can do that leads somebody to be  
20 transgender without having gender dysphoria?

21 **A.** They are going to have -- the surgery will alleviate gender  
22 dysphoria. And so many times it's medically necessary to have  
23 it done to relieve the gender dysphoria. I don't know if that  
24 answers your question.

25 **Q.** Does it eliminate gender dysphoria or does somebody always

1 live with gender dysphoria if they're transgender?

2 **A.** You're always going to have some low-level gender  
3 dysphoria, but it definitely treats it.

4 **Q.** It reduces it, but doesn't eliminate it; is that correct?

5 **A.** It depends on the certain person, because if you start at a  
6 very young age, you could catch it at an early time. They get  
7 the medications, the surgery at the right time and never have  
8 to experience a gender dysphoria. So that has to be a  
9 person-by-person question.

10 **Q.** Okay. I'd say it's probably fair to say that the  
11 Department of Corrections never has the option of catching  
12 anybody at a young enough age that they're responsible for that  
13 because you don't enter DOC until you're an adult, correct?

14 **A.** Well, the problem is untreated gender dysphoria is going to  
15 cause issues, anxiety, depression. And leaving untreated,  
16 ignoring it, not addressing it is going to cause harm.

17 **Q.** Right. But if the Department of Corrections doesn't  
18 receive anybody until they're an adult, it doesn't sound like  
19 there's anything they can do that will completely eliminate  
20 gender dysphoria; is that correct?

21 *MR. STEPHENSON:* Objection, your Honor, outside the  
22 scope and calls for speculation.

23 *THE COURT:* Overruled.

24 **A.** You could -- you definitely treat it and there is  
25 definitely data for treatment to improve gender dysphoria and

1 reduces risks of self-harm and reduce depression and improve  
2 quality of life. And that's pretty established in the  
3 literature.

4 Q. You're not a psychiatrist, are you?

5 A. No.

6 Q. Okay. Are you able to provide the full range of treatment  
7 for a transgender patient or do you only do the hormone  
8 therapy?

9 A. I do the hormone therapy, but I am able to diagnosis gender  
10 dysphoria, and so I can diagnose it in my patients.

11 Q. You can't provide group therapy, can you?

12 A. I don't do that. I mean, I don't do that in my  
13 professional practice.

14 Q. Are you qualified to?

15 A. Define "group therapy."

16 Q. Group therapy for transgender inmates -- or not inmates --  
17 transgender patients --

18 A. No.

19 Q. -- where they --

20 A. I've gone to groups of transgender people in the community  
21 and talked to them about hormones and discussed all the  
22 different options, if that's what you call group therapy.

23 Q. Is there a board certification for treating transgender  
24 patients?

25 A. Um, there is a -- there will be coming up in a few months

1 from WPATH.

2 Q. From WPATH?

3 A. Yes.

4 Q. But is there board certification from states?

5 A. There's no board certification.

6 Q. Is it possible to treat gender dysphoria with the other  
7 types of treatment exclusive of hormone therapy? Can you treat  
8 somebody with just individual therapy, group therapy? Is that  
9 possible?

10 A. No, you can't treat someone's gender -- I mean, are you  
11 saying -- what do you mean by "treat"? Treat in what way?

12 Q. Can you effectively treat somebody who has gender dysphoria  
13 without the hormone therapy?

14 A. Hormone therapy is a necessary component of treating the  
15 gender dysphoria.

16 Q. Okay. There are patients who decline hormone therapy,  
17 aren't there?

18 A. Which patients are you talking about?

19 Q. Are you aware of any patient anywhere who has ever declined  
20 hormone therapy?

21 MR. STEPHENSON: Objection, your Honor, calls for  
22 speculation.

23 THE COURT: Well, to a certain extent, but I'm just  
24 curious if you know of anyone.

25 A. No. I mean, people who have gender dysphoria, they want

1 the hormones to align their body to their gender identity. I  
2 mean -- and if they don't -- you know, but that just makes  
3 sense to me.

4 **Q.** Okay. But are you speaking generally or are you speaking  
5 absolutely that there's nobody who has ever turned down hormone  
6 therapy?

7 **A.** I can only --

8 **Q.** In your experience. I'm not asking you to guess to people  
9 you haven't been exposed to.

10 **A.** I've never encountered that. You know, someone who has  
11 gender dysphoria doesn't want hormones? They want to align  
12 their body with their gender identity. Who would not want to  
13 be on hormones?

14 *THE COURT:* Let me ask you this: In the records you  
15 reviewed from the Department of Corrections, did you see any  
16 inmate refusing hormone therapy?

17 **A.** I didn't see any -- I don't recall anyone refusing, you  
18 know, that were diagnosed with gender dysphoria.

19 *THE COURT:* Okay.

20 **Q. (BY MR. HIGGERSON:)** I believe you said that the standard  
21 is to -- once formal therapy has begun, is to test after six  
22 months and see if -- or I'm sorry. You were talking about  
23 somebody who had been on hormone therapy outside of the  
24 department and it maybe unprescribed hormone therapy. The  
25 proper treatment is to bridge, test after six months and see if

1 continuing hormone therapy is appropriate; is that correct?

2 **A.** That's incorrect. If the person who is receiving -- the  
3 person who is transgender doesn't feel comfortable with  
4 prescribing the hormones, they should provide the hormones for  
5 six months until they can get them to someone who knows how to  
6 prescribe hormone therapy. If the provider that is seeing the  
7 person for the first time who is taking hormones from the  
8 street or from other sources and they feel comfortable with  
9 diagnosing gender dysphoria, they can continue hormones right  
10 away. But for someone who doesn't know what they're doing,  
11 they should at least provide six months and then get them to  
12 someone who knows what they're doing.

13 **Q.** Are there times when people are taking unprescribed  
14 hormones and that they shouldn't have been?

15 **A.** What do you mean by "shouldn't have been"?

16 **Q.** They wouldn't have been prescribed had they sought medical  
17 attention, they just were seeking them through an unofficial  
18 means.

19 **A.** I mean, most people take the hormones to alleviate their gender  
20 dysphoria, so I can't think of another reason why someone would  
21 want to take the hormones. I mean, if they don't -- I can't  
22 think -- why would someone want to take hormones and they don't  
23 have gender dysphoria? I can't -- there is no other reason why  
24 someone would do that.

25 **Q.** Do patients ever get things wrong when they try to

1 self-diagnose?

2 **A.** I've never ever seen someone who was taking hormones of the  
3 other gender and say, Oops, I didn't know this was female --  
4 you know, the wrong hormone. That's absurd to be doing that.

5 **Q.** I'm not asking if they were taking the wrong medication.  
6 I'm asking if they misdiagnosed themselves as to the underlying  
7 problem.

8 **A.** Patients don't diagnose themselves. Physicians do that.

9 **Q.** If somebody sought hormones from somebody other than a  
10 physician, they are the ones who have diagnosed themselves,  
11 correct?

12 **A.** The other person gave them hormones?

13 **Q.** Well, we are talking about unofficial means of obtaining  
14 hormones, not prescribed.

15 **A.** So if the person knows they're getting hormones of the  
16 other gender, the only reason they want to get the hormones of  
17 the other gender because they feel the other gender. So that's  
18 the only reason they want to get the hormones of the other  
19 gender.

20 **Q.** Okay. I think you discussed that one of the reasons why  
21 people would seek surgery is because just the hormone therapy  
22 alone doesn't shrink their genitals to the point where they  
23 appear to be female or they feel female; is that correct?

24 **A.** So many people who have gender dysphoria, as I mentioned,  
25 their gender identity doesn't match their body. So they seek

1 surgery to align their body to their gender identity.

2 **Q.** After receiving the correct dosage of hormones so that they  
3 achieve within the target range of estrogen and testosterone,  
4 does a transgender individual, do they still have functioning  
5 male organs if they started male and are transitioning to  
6 female?

7 **A.** Well, what do you mean by "functioning"?

8 **Q.** Can they still achieve erections?

9 **A.** I would say -- I don't have -- I haven't done research in  
10 there, but from my experience in my 300-something transgender  
11 patients, no, because their testosterone -- if it's being  
12 treated properly, their testosterone should be zero. And so I  
13 would say the erections are gone.

14 **Q.** But testosterone under the guidelines has to be less than  
15 50, correct?

16 **A.** Yeah.

17 **Q.** Okay. But you just said if it's zero --

18 **A.** Well, most of the time -- you know, if you use the right  
19 drugs, they are going to be definitely less than 50. But many  
20 times after many years, they go very low. But the  
21 guidelines -- as you said, the minimum guidelines, the minimum  
22 is 50, and I didn't even see that, really, in this -- those  
23 cases.

24 **Q.** Is there something in that -- between 50 and zero where a  
25 patient will still achieve erections?



1     **A.** So you're saying if they are 50 they have erections, zero  
2     no erections? What do you mean?

3     **Q.** Well, that's what I'm asking you. Do all erections cease  
4     as soon as somebody drops below 50 for testosterone?

5     **A.** It really depends on the timing, when they -- how long have  
6     they been on hormones, when they were initiated hormones. And  
7     so that's something -- you know, erections are just part -- one  
8     part. It's partly hormonal. There's other factors that go  
9     into erections. It's not just hormones.

10    **Q.** And what are those other factors?

11    **A.** I mean, if you -- I mean, if you are aroused, you are going  
12    to have erections if your hormone levels are high.

13    **Q.** What is high for a hormone level? What do you mean? How  
14    high does it have to be for that to happen?

15    **A.** If it's in the male range, maybe. I don't know the exact  
16    number. We don't treat -- erections, there's no target --  
17    there's no guideline for level of hormone for erection. I  
18    don't know that.

19    **Q.** It sounds like it's not terribly important in your  
20    practice, but would you agree that that's important to know in  
21    the Department of Corrections when you are assigning people to  
22    male or female facilities?

23    **A.** Why would that matter?

24    **Q.** Should a sexually potent male, somebody with sexually  
25    potent male organs, be in a female facility?

1     **A.** So, I mean, if there -- that's sort of a structural thing.  
2     The facility should put safeguards in place so that things like  
3     that don't happen. I mean, that's not hormonal.

4     **Q.** I'm sorry. Safeguard so what doesn't happen?

5     **A.** Are you talking about sexual intercourse and that sort of  
6     thing?

7     **Q.** That's one concern.

8     **A.** Yeah.

9     **Q.** What safeguards should they put in place so that doesn't  
10    happen?

11    **A.** What does it -- I mean, there's -- I don't think inmates  
12    are allowed to have sex, male/female, right? I mean, so there  
13    should be general safeguards to prevent that for all.

14    **Q.** Is it fair to say you haven't done any particular study or  
15    paid any particular attention to when somebody stops achieving  
16    any erections at all while receiving hormone therapy?

17    **A.** Usually what happens is the patient will complain that they  
18    still have erections, and we will check levels and make sure  
19    the testosterone are in the right range and adjust as  
20    necessary. And if you call that a study or not, I mean, that's  
21    just patient care.

22    **Q.** You were asked some questions about the committee, the  
23    transgender care committee for the Department of Corrections,  
24    and the fact that they vote on treatment.

25    **A.** Mmm hmm.

1 Q. You said you saw that in Dr. Puga's testimony; is that  
2 right?

3 A. Yes.

4 Q. Did you see he also said that the nonmedical members of the  
5 committee don't have the same say for clinical decisions as the  
6 medical members?

7 A. From my understanding, there are five voting members, and  
8 only two of them are physicians. The other three are not  
9 physicians.

10 Q. One is a psychologist, correct?

11 A. Yes, and that's not a physician.

12 Q. Right. But it is a professional mental health  
13 professional?

14 A. They're not allowed to prescribe hormones. It's definitely  
15 out of their scope.

16 Q. Did you see something that specifically said the  
17 psychologist votes on hormones?

18 A. Dr. Reister is a psychologist, so he -- that's right. He  
19 doesn't vote, but Puga votes, as well as Meeks. I think those  
20 are two voting members. But they said in their statements that  
21 they have no experience in hormones.

22 Q. Okay. Is it your understanding that the nonmedical members  
23 vote on whether or not somebody receives hormones?

24 A. The other three out of the five, my understanding, are not  
25 medical. They're not physicians.

1 Q. Right. Is it your understanding they have the same say as  
2 the medical members of the committee regarding medical  
3 treatment?

4 A. When you say "same say," do you mean vote, equal --

5 Q. An equal vote.

6 A. Well, I mean, if they have five people voting and they  
7 vote, then they have equal say, right?

8 Q. Did you see in Dr. Puga's testimony where he said that's  
9 not the case?

10 A. I don't recall. I'd have to review that again.

11 Q. This is on Page 125 of Dr. Puga's testimony given on  
12 April 19th of this year. Do you know if you reviewed that?

13 A. Yes.

14 Q. He was asked -- and I'm only reading part of the  
15 question --

16 [as read] Do all members of the committee have equal  
17 say on all issues that come before it? And his answer in part  
18 was, So do they have an equal vote? It hasn't come to that as  
19 far as having that kind of a scenario, but -- but I would say  
20 that if it's a clinical thing there, it's going to be more  
21 weighted towards the clinical people.

22 Did you see that in his testimony?

23 A. I saw that, but you -- that is a lot of hand waving there.  
24 I mean, he seems to indicate to have the clinical vote and it  
25 hasn't come to that, so he hasn't really tested it. From my

1 interpretation for now, yes, they have the equal vote until it  
2 comes to that.

3 **Q.** So when he said, It's going to be more weighted towards the  
4 clinical people, you understood that to mean they have an equal  
5 vote?

6 **A.** I don't understand what they mean by "weighted." I mean, I  
7 guess -- I don't know what that means.

8 **Q.** Do you still have the exhibits or were you only looking at  
9 them on the screen? I'm looking at Plaintiffs' Exhibit 3 that  
10 was just handed to you earlier. Do you have that?

11 **A.** Do you have the number? What's the number.

12 **Q.** It's Exhibit 3 and it's one of the Gender Dysphoria  
13 Disorder Committee updates dated 2/19 of '16. It's a single  
14 page.

15 **A.** Mine are not numbered -- oh, here it is.

16 *THE COURT:* Single Page 004709.

17 **A.** Okay.

18 **Q.** *(BY MR. HIGGERSON:)* I believe when you were reviewing this  
19 earlier you testified that the requested increase in estrogen  
20 was denied; is that correct?

21 **A.** That's correct.

22 **Q.** It actually says it will be addressed upon transfer to  
23 Menard, correct?

24 **A.** Yeah. It was denied at that location, which seems to be in  
25 Lawrence.

1 Q. Okay. It says, The inmate is going to be transferred to  
2 Menard in approximately one week, correct?

3 A. Well, I didn't know about the one week. I mean, it didn't  
4 say he was going to be transferred in one week. I was asked if  
5 it was denied here in Lawrence and it was denied.

6 Q. Okay. I'm looking at the last line of the first paragraph.

7 A. But where does it say one week?

8 Q. The very last words in that first paragraph.

9 A. Okay. Let me see.

10 Okay.

11 Q. So we are dealing with an inmate who is about to be  
12 transferred between facilities, correct?

13 A. Let's see. They say -- I just looked at the  
14 recommendations page, so they -- that's what it says,  
15 approximately one week, but I didn't -- there is no  
16 indication -- I couldn't tell. That was -- so that -- I  
17 didn't -- that's what it says in the information section, but I  
18 didn't -- I was focusing on the recommendations section.

19 Q. Okay. is there anything in this exhibit that would support  
20 increasing the estrogen?

21 A. Let's see here. So the inmate is making a request to  
22 increase the estrogen and what they should be doing is checking  
23 a level to ensure that they are on the right dose. So  
24 there's -- there's no information here to deny the request.

25 Q. Right. There's not enough information here to decide one

1 way or the other, correct?

2 **A.** I don't see -- they should be checking a level. There is  
3 no -- they sort of not -- they brush off the request. There's  
4 no attempt to -- they're just ignoring the request essentially.

5 **Q.** Well, the level being checked should be done by a facility  
6 physician, correct?

7 **A.** I mean, I don't know how it works in the prison there, but  
8 they should be checking the level at the time of the request  
9 and to see if their levels should be adequate or not.

10 **Q.** Right. This is the transgender care committee, correct?

11 **A.** Yes.

12 **Q.** They're not supposed to roll somebody's sleeve up and take  
13 a blood test, correct?

14 **A.** They make recommendations.

15 **Q.** Right. And their recommendation is, address this when you  
16 get to your new facility. Correct?

17 **A.** Well, they could have said, you know, inmate requesting  
18 increase in estradiol, in estradiol concentration. We should  
19 obtain estradiol concentration to e\insure\ensure that inmate  
20 is safe for transfer. If in the right range, continue current  
21 dose.

22 But they don't say that. I mean, that's what the standard  
23 would be.

24 **Q.** Okay. So it's not that they denied it or that they denied  
25 it improperly, it's that you don't like the way they told the

1 next facility to handle it, correct?

2 **A.** They just ignored it. They didn't address it.

3 **Q.** How is saying will be addressed upon transfer ignoring it?  
4 They didn't table the issue. They said go to the next step.

5 **A.** Well, I mean, they could, I guess -- see, I just don't know  
6 the timing. I mean, it says in approximately one week. I  
7 mean, there's no reason to wait that long. You could measure  
8 it and get the level back, but if it's -- I mean, that's all I  
9 can say.

10 *THE COURT:* We've been going almost two hours now.  
11 Let's take a short break, about 10 minutes.

12 *(Recess)*

13 *THE COURT:* Be seated everyone. Mr. Higgerson, you  
14 may resume your cross examination.

15 **Q. (BY MR. HIGGERSON:)** Doctor, I wanted to ask you a couple  
16 questions about in the slides, you made some observations about  
17 the named plaintiffs in this case. I don't know if you have  
18 access to the slides that are in front of you without them on  
19 the screen.

20 **A.** It is not on my screen.

21 **Q.** Do you have this package (indicating)?

22 **A.** Yeah.

23 **Q.** And I'm looking at Page 5, which is for Ms. Monroe.

24 The levels that were tested that you referred to where they  
25 were tested four times, that's the estrogen levels, correct?



1     **A.** Estradiol level.

2     **Q.** Is it normal for them -- if the dosage remains the same, is  
3     it normal for those levels to go up and down?

4     **A.** Well, you take the -- it depends -- I mean, there is a tiny  
5     bit of variation if it's a daily pill, so if you're getting  
6     your pill in the morning and you get your blood drawn in the  
7     afternoon, there might be some minor variation, but the  
8     consistent theme is that the levels are low. It's anywhere  
9     between 95 -- 66 at some point, but mostly around 80 to 90.

10    **Q.** But going from 66 to 95 doesn't seem to be just a little  
11    bit of variation because of the pill. It seems -- if you got  
12    the same dosage, that seems like a pretty big variation; am I  
13    right?

14    **A.** I would have to review the records surrounding the blood  
15    test where there is a 66. I don't know if there were a couple  
16    days of missed dosages. I would have to go see what explained  
17    the variation. But even on good days, the levels are low.

18    **Q.** All right. Except for the 66, they're a little bit low,  
19    correct, not -- I mean, they're just a bit below 100.

20    **A.** I mean, the target, as I said, is 100 to 200 -- you know,  
21    it should be at a minimum 100. But most people are in that  
22    range, and that's not even in that range.

23    **Q.** And then looking at the eighth page of that for Ms. Reed,  
24    you said that in July of 2017 the estradiol was at 45, correct?

25    **A.** Estradiol 45.

1 Q. And the testosterone was at 400; is that correct?

2 A. Yep, 400.

3 Q. And then 15 months later, there was a test. Is that what

4 this means?

5 A. It was 15 months later that they even adjusted the dose.

6 Q. Okay. And then the next test, the testosterone had gone

7 down to 234; is that right?

8 A. Yeah. The testosterone is still out of range.

9 Q. Okay.

10 A. It should be under 50.

11 Q. What's the dosage? This should be affected by the

12 spironolactone, correct?

13 A. The spironolactone, so the dose -- it took 15 months to

14 adjust the dose to 300, from 200 to 300, and the level of

15 testosterone is still high.

16 Q. Right. The 300 is the high end of the recommended range,

17 though, right?

18 A. No. You can go up to 400.

19 Q. The guideline below says 100 to 300, correct?

20 A. Um, that is the -- that is the -- the range that -- for

21 most transgender females, but if you are not in the blood level

22 of concentration, you should continue to up titrate.

23 Q. When was the test taken that had the 234 level?

24 A. That was taken 15 -- it was sometime in end of 2018 or so.

25 Q. Well, the 15 months would have been the end of 2018, right?

1 A. Yeah, 15 months after July, yep.

2 Q. But the 15 months is when they changed the dosage from 200  
3 to 300, correct?

4 A. So the -- yeah. After 15 months of being -- after --  
5 15 months after being on the 200 it was changed to 300.

6 Q. Right. So when was the test taken, the blood level shown  
7 with the 234?

8 A. I would have to look at the laboratory tests, but that  
9 is -- that should be on the 300 milligrams a day of the  
10 spironolactone.

11 Q. So the 300 was diagnosed or it was up to 300 at the end of  
12 2018, and then --

13 A. Yeah. Yeah, 300. So the dose of spironolactone is  
14 300 milligrams per day and the dose -- the testosterone level  
15 is still high.

16 Q. But that test would have been sometime in 2019 then, that  
17 resulted in the 234?

18 A. I would have to go look at the -- I mean, it's end of 2018,  
19 early '19, something like that.

20 Q. But from 400 to 234 is a fairly significant drop, isn't it?

21 A. It's not in the range. You need to target into the range.  
22 And as I mentioned, this is the minimum standard. There are  
23 other hormonal treatments that we could talk about to -- but  
24 those are way more costly. But they need to bring the level  
25 down.

1 Q. It's on its way down, right, from 400 to 234?

2 A. It is still in the male range. I mean, a male range is --  
3 I mean, you have got to get into the female range, and it's  
4 still close to the male range. So you're going to have ongoing  
5 male issues if you don't get into the female -- female range  
6 under 50.

7 Q. Right. But this is in 2019, so this is an ongoing process,  
8 correct?

9 A. Say that again.

10 Q. As far as we know, this 234 you don't know the exact date  
11 of it, but it was after -- late in 2018 is when the dosage  
12 changed, so probably 2019 is when the 234 level was tested,  
13 correct?

14 A. Based on the -- this is -- from my recollection, this is on  
15 the estradiol 3 milligrams a day and spironolactone 300  
16 milligrams a day. And the testosterone is still out of range.

17 Q. Right. But this 234 is a reading most likely in 2019,  
18 correct?

19 A. I'd have to go look -- it's somewhere between 2018 and  
20 2019, but the point is the dose that Ms. Reed is on is not in  
21 range.

22 Q. When you talk about the later -- the last number there, you  
23 don't say what the estradiol is, do you, on this slide?

24 A. Because I probably don't have it. I didn't see an  
25 estradiol level. I don't see estradiol level measurement.

1 Q. You don't see it on the slide, but there was, obviously,  
2 blood work done because you got the 234 on testosterone.

3 A. Many times they measured -- sometimes they measured  
4 testosterone. Sometimes they measured estrogen. Sometimes  
5 they measured neither. So, I mean, I asked for the records. I  
6 said, These are the complete records? And yeah, these are  
7 everything, and I was just shocked how often things were not  
8 measured. So I conclude that if it's not there, it's not  
9 measured.

10 Q. Looking at Exhibit 5, which is in relation to, I believe,  
11 patient A or inmate A, this is a mental health progress note  
12 from a clinician, correct? Can you tell?

13 A. Which one are you --

14 Q. I'm on Exhibit 5, which is a mental health progress note  
15 from August 27th of '14.

16 A. Okay. Yes.

17 Q. Okay. And the note indicates that the person who wrote  
18 this note and somebody else discussed the three months of  
19 real-life experience with the patient; is that correct? That's  
20 in the middle of that --

21 A. Yeah, the patient is upset. They want to go on hormones.  
22 It's taking a long time. And the writer is saying they've got  
23 to -- they would start the hormone process after the  
24 three-month real-life experience.

25 Q. Okay. It refers to this writer. And is that, as far as

1 you know, inmate? Is that --

2 **A.** Yeah, this writer.

3 **Q.** Have you seen any indication that this information was  
4 forwarded on to the transfer -- the transgender care committee?

5 **A.** Not from this document. What it says is they would make  
6 them go through a real-life experience, which is no longer  
7 required, before they would even consider hormones.

8 **Q.** But this is just between the person at the facility and the  
9 patient, correct?

10 **A.** Yeah. This is the inmate and the provider, health  
11 provider.

12 **Q.** You say no longer provided. Was there a time that  
13 real-life experience was part of the recommended treatment?

14 **A.** The real-life experience is not currently recommended. And  
15 it's been over 10, 15 years that's even a term used, and mainly  
16 because no one knows what that means. It doesn't have any  
17 clinical definition of real-life experience. What does that  
18 mean?

19 **Q.** But was it part of the recommended treatment at one time?

20 **A.** There is never in Endocrine Society guidelines -- the  
21 initial and the revision was never in the Endocrine Society  
22 guidelines.

23 **Q.** Okay. Well, you said it's no longer. Was it a practice at  
24 one point separate from the guidelines that treating --

25 **A.** It was never in the guidelines. Never in the Endocrine

1 Society guidelines.

2 Q. Right. As far as you know, was there ever a practice among  
3 people -- among physicians treating transgender patients to  
4 require a real-life experience before they went on hormones?

5 A. Um, the problem is what is a real-life experience. So, I  
6 mean, it's -- it's hard for people -- the reason people don't  
7 use that term is no one can define it.

8 Q. Was there a time people did use it?

9 A. More than 15 years ago -- 10, 15 years ago, people used the  
10 term.

11 Q. Looking at Exhibits 7 and 8, do these refer to the same --  
12 this is now inmate B or patient B, correct?

13 A. Which one?

14 Q. 7 and 8.

15 A. Mine are not numbered. You have to give me the dates.

16 THE COURT: It's the medication and the --

17 A. Oh, okay. Thank you.

18 THE COURT: -- patient.

19 Q. (BY MR. HIGGERSON:) And then the mental health diagnostic  
20 from 9/9 of '16?

21 A. Yeah.

22 Q. You said that the term "gender identity disorder" is  
23 offensive, correct?

24 A. Yes, it's offensive.

25 Q. Was that at one time the official designation of the

1 condition?

2 **A.** On previous DSMs.

3 **Q.** When you looked at this particular entry, did you look at  
4 other medical records related to this same patient?

5 **A.** I looked -- I mean, I looked at the labs. I looked at -- I  
6 mean, what are you looking for in specific?

7 *MR. HIGGERSON:* Your Honor, right now we have a  
8 record -- an electronic record we can show him. We will enter  
9 it later, but it's going to also require redaction consistent  
10 with this form.

11 *THE COURT:* Okay.

12 *THE CLERK:* What are you plugged into?

13 *MS. COOK:* The HDMI, HDMI 3, or Laptop 3.

14 **Q.** *(BY MR. HIGGERSON:)* Do you recognize this as the same  
15 patient who is the subject of Exhibit 8?

16 **A.** Yes.

17 **Q.** And do you see the -- first off, do you recognize what this  
18 document is?

19 **A.** It's the medical services refusal form.

20 **Q.** Did you review this as part of your reviewing this  
21 patient's medical records?

22 **A.** Yes. I reviewed all the medical records.

23 **Q.** Do you see the part marked "Refusal of Services"?

24 **A.** Yep.

25 **Q.** What services does it say he is -- she is -- excuse me.



1    **A.** It says -- it doesn't -- there is a blank on name of  
2    patient and it is supposed to be filled out. It says [as read]  
3    I refuse to authorize by myself or blank, name of patient,  
4    following treatment. PM meds. I don't know why PM. Estradiol  
5    1 milligram PO.

6            It should be a twice-a-day drug, and I don't know if they  
7    are just refusing the afternoon one.

8    **Q.** This patient's refusing the hormone therapy, correct?

9    **A.** That one time, that one dose PM.

10   **Q.** Okay. Did you indicate earlier you had never seen -- you  
11   were never aware of anybody who had refused hormone therapy?

12   **A.** That's a one-time refusal at 4:00 p.m. Most people are on  
13   a standing hormone. If you are not feeling good that one time,  
14   you can -- you know, you're not -- if you have a stomachache,  
15   you are going to refuse one dose.

16   **Q.** There's another page on the screen now.

17   **A.** Mmm hmm.

18   **Q.** Do you recognize this as being from that same patient?

19   **A.** Yes.

20   **Q.** I'm sorry. I think I asked if you recognize this as being  
21   from the same patient.

22   **A.** Yes.

23   **Q.** And is this also a medical services refusal form?

24   **A.** Yes.

25   **Q.** And is there a box marked Refusal of Services?

1 A. Yes.

2 Q. And what service is being refused on this?

3 A. It's refusing a one-time dose of estradiol.

4 Q. So we're not just at one time now, are we? We're at two  
5 times.

6 A. What was the date of the first refusal?

7 MS. COOK: I went back.

8 A. Yeah. So a month apart.

9 Q. The first one is dated June 30th of '16, correct?

10 A. Yes.

11 Q. And then the second one is July 1st of '16?

12 A. Okay. Yes.

13 Q. Okay.

14 MR. HIGGERSON: Do we have another?

15 MS. COOK: (Indicating affirmatively.)

16 Q. (BY MR. HIGGERSON:) And looking at a third page on the  
17 screen -- this one is dated July 4th of '16 -- do you recognize  
18 this as another medical services refusal?

19 A. Yes.

20 Q. By that same patient we have been discussing as patient B?

21 A. Yes.

22 Q. And what's being refused here?

23 A. A one-time dose of estradiol.

24 Q. Okay. And we have a fourth page on from the same patient.  
25 This one is dated July 7th of '16. And do you recognize this

1 as another medical services refusal?

2 **A.** Yes.

3 **Q.** And what is being refused?

4 **A.** 1 milligram of estradiol.

5 **Q.** We can keep going through these, but would you agree that  
6 this is more than a one-time denial of estradiol by this  
7 patient?

8 **A.** Yeah. There's a few denials there.

9 **Q.** All right. I'm sorry. I think you testified that there  
10 were 10 on conjugated hormones in the Department of  
11 Corrections. I didn't understand if you were at that time  
12 referring to 10 percent or 10 patients.

13 **A.** Around 10 patients.

14 **Q.** So everybody else who is receiving hormones is receiving  
15 the nonconjugated, but what you would say is the recommended  
16 hormone therapy, correct?

17 **A.** They're receiving estradiol, but not, from what I could  
18 tell, at a sufficient high enough dose.

19 **Q.** But would you interpret this as -- that there's not a  
20 department-wide policy regarding that the conjugated hormone is  
21 the one to be prescribed?

22 **A.** I didn't -- there is -- I didn't see a policy that said  
23 that one way or the other.

24 **Q.** Okay. It would be a decision by the individual physician  
25 who is doing the prescription, correct?

1           MR. STEPHENSON: Objection, calls for speculation and  
2 beyond the scope.

3           THE COURT: Overruled.

4           A. I don't know who decides that. I guess the physician.  
5 Whoever is writing the script is making the decision.

6           Q. (BY MR. HIGGERSON:) When you were reviewing the records,  
7 did you look at who was writing the script?

8           A. Most of the time they're in these medical lists, records.

9           Q. Ones that are --

10          A. Yeah.

11          Q. -- per facility, wherever the inmate is located?

12          A. Yeah. They're getting -- there's a list of all the meds  
13 they're on, including hormones.

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

15          THE COURT: Any redirect?

16          MR. STEPHENSON: Can I have literally just 30 seconds  
17 to confer?

18          THE COURT: You may.

19                 And before you go, I just want to ask the doctor one  
20 question and you can both follow up if you want.

21                 I think I know the answer to this, but just for my own  
22 clarity: A lot of the inmates seem to have mental health  
23 issues and may be taking medication for that. Is there  
24 anything contraindicated with respect to the overlap between  
25 hormone replacement therapy and other medications?

1 **A.** No. As you noted, many transgender people may have  
2 coexisting mental health concerns, so they should receive both  
3 because, you know, you're treating one aspect of mental health  
4 and then you're also treating the gender dysphoria. So they're  
5 sort of co-treated.

6 *THE COURT:* Okay.

7 *MR. STEPHENSON:* Very brief redirect, your Honor.

8 *THE COURT:* Okay.

9 *MR. STEPHENSON:* Can I get the slides from HDMI 3  
10 published?

11 **REDIRECT EXAMINATION**

12 **Q.** (*BY MR. STEPHENSON:*) Dr. Tangpricha --

13 **A.** Yes.

14 **Q.** -- you were just speaking with defendants' counsel  
15 regarding putative class member B and some apparent dates that  
16 she may have refused estradiol in late June/early July,  
17 correct?

18 **A.** That's correct.

19 **Q.** Now, you reviewed records from this patient from 2011 all  
20 the way through 2017, about? Is that roughly correct?

21 **A.** Mmm hmm.

22 **Q.** And during that time you witnessed the same care that we  
23 discussed previously being provided or lack of care, correct?

24 **A.** Yes.

25 **Q.** Now, I believe you testified before, and you can correct me

1 if I am wrong, the vast majority of putative class member  
2 records you reviewed did not have testosterone and estradiol at  
3 the minimum required levels under the Endocrine Society  
4 guidelines, correct?

5 **A.** That's correct. In the vast majority that -- of the  
6 laboratory tests of the hormones, the testosterone was not in  
7 the range and the estradiol was not in the range.

8 **Q.** And so do transgender females receiving adequate treatment  
9 with spironolactone and with testosterone at therapeutic levels  
10 typically get erections?

11 **A.** Typically no.

12 *MR. STEPHENSON:* I have no further questions, your  
13 Honor.

14 *THE COURT:* Any followup on my question or --

15 *MR. HIGGERSON:* Yes.

16 *THE COURT:* Okay.

17 *MR. HIGGERSON:* In followup to yours.

18 **REXCROSS EXAMINATION**

19 **Q. (BY MR. HIGGERSON:)** You just testified that there is not a  
20 contraindication for being treated for gender dysphoria and  
21 other mental health at the same time you can receive the  
22 hormone treatment. Is there ever a case, though, where the  
23 other mental health condition separate from gender dysphoria  
24 affects the patient's ability to give informed consent?

25 **A.** The majority of people that have gender dysphoria are very

1 clear what their source of stress is. So they are able to  
2 consent for the hormone treatment.

3 **Q.** Okay. But aren't there patients who have mental health  
4 issues completely separate from gender dysphoria?

5 **A.** That's very rare. I mean, I've not seen that ever in my  
6 career maybe just once, maybe, if someone had a very severe  
7 other coexisting condition. But the vast majority, 95, maybe  
8 even 99 percent of my patients I've seen, come in and are able  
9 to articulate their gender dysphoria and go on treatment, and  
10 there is no mental health concern that I have to address first.

11 **Q.** You heard one of the plaintiffs today testify that she has  
12 experienced hearing voices in addition to gender dysphoria,  
13 correct?

14 **A.** Yes. That was earlier today.

15 **Q.** Okay.

16 *MR. STEPHENSON:* Objection, mischaracterizes the  
17 testimony.

18 *THE COURT:* Well, if it was earlier today I think he  
19 can recall it.

20 **A.** I mean, that was -- yeah, I heard that earlier today. I'm  
21 trying to recall if that was from counsel or a witness said  
22 that, and -- I don't recall -- I have to go look -- I don't  
23 know if the witness said that or if that was asked of the  
24 witness. I don't remember that part.

25 *MR. HIGGERSON:* Thank you. That's all I have.





1 of Corrections?

2 **A.** Since -- the Illinois Department of Corrections or just the  
3 Department of Corrections?

4 **Q.** The Illinois Department of Corrections.

5 **A.** Since 2008.

6 **Q.** And I'll refer intermittently to IDOC or the Department of  
7 Corrections or just the department, and I'm generally referring  
8 to the Illinois Department of Corrections.

9 **A.** Okay.

10 **Q.** Tell me a little about yourself, where you grew up before  
11 you were incarcerated.

12 **A.** I grew up in Chicago and New York back and forth, staying  
13 with family members. My father is a pastor. His name,  
14 Reverend Patterson. And my mom is an evangelist. And I have a  
15 very big Christian religious family.

16 And myself personally when I was growing up, at a young  
17 age, on my third birthday, I remember telling my parents that I  
18 wanted to be their daughter for my birthday because my father  
19 asked me what was my wish. And I didn't want to tell him  
20 because I was still believing that if you tell somebody your  
21 wish it wouldn't come true. So he was like, Well, you got to  
22 tell me so I can help it come true, and I told him that I  
23 wished to be their daughter because I noticed a difference  
24 between sons and daughters. And I didn't want to be their son,  
25 I wanted to be their daughter. I didn't know the difference

1 between boys and girls at that time, but I just knew difference  
2 between sons and daughters. And my father slapped me and told  
3 me he would kill me if I grew up to be a fag.

4 So in my mind, I knew then I didn't want to be a fag, which  
5 I later learned to be in his eyes was a homosexual. So growing  
6 up -- my father was very straight. Whenever I did anything the  
7 least bit feminine, he would beat me or whoop me, try to beat  
8 it out of me.

9 **Q.** Ms. Monroe, are you female?

10 **A.** Yes.

11 **Q.** Based on your testimony just now, it sounds like you were  
12 not assigned female at birth; is that right?

13 **A.** No.

14 **Q.** So do you identify as transgender?

15 **A.** I identify as transgender strictly for purposes -- for  
16 other people to understand exactly what type of woman I am.  
17 But in my eyes, I'm a woman.

18 **Q.** And you spoke a little to, you know, wanting to be your  
19 parents' daughter. What else did you do at a young age to  
20 express your female identity?

21 **A.** Well, I used to play with my female cousins, play pitty-pat  
22 and do hair. Like I did my own hair. I know how to braid and  
23 I used to braid their hair. We used to play each other hair.  
24 I used to jump rope double Dutch, hula hoop. You know, all the  
25 little games, you know. And I never used to play with my

1 brothers, you know, so they used to pick on me and call me a  
2 sissy and say I was a weirdo because I always wanted to hang  
3 with the girls.

4 But my grandma, she noticed that I was different, so  
5 whenever I was at her house and the boys always sleep  
6 downstairs in the basement, and you could hear them down there  
7 acting a fool, having fun and everything. But she always made  
8 me sleep in her room on the bed. I could never go downstairs  
9 with them because she knew how I was or whatever.

10 Q. How would you dress, Ms. Monroe, during this time?

11 A. How was I dressed?

12 Q. How would you dress?

13 A. I was wearing female clothes, but I also wore male clothes  
14 too when I was -- mostly around my father. Or sometimes I wore  
15 a mixture when I can get away with it. Like he don't know if  
16 my jeans are male jeans or female jeans. You know what I'm  
17 saying?

18 Q. Mmm hmm.

19 A. Or he -- they didn't really know if my pajamas -- because I  
20 always wore female pajamas, because I liked the Tweety Bird.  
21 So I had Tweety Bird pajamas. And I used to wear the Dickie  
22 tank tops, the female tank tops with the Dickie logo right here  
23 (indicating), and those my pajamas. And what I could get away  
24 with, that's how I would dress. But when I wasn't around my  
25 family -- because like they used to start kicking me out and

1 stuff. So I would go and I'd dress up fully and get my hair  
2 done in feminine styles and I would be up north hanging with my  
3 friends.

4 Q. What do you mean by "up north"?

5 A. Up north on the north side of Chicago. That's where I  
6 learnt the term "transsexual," up north.

7 Q. And, you know, thinking about the same time before you came  
8 into the custody of the Department of Corrections, was there  
9 anything else that you did to help you live as a woman?

10 A. Yeah. I began taking hormones when I was about 11. And I  
11 used to get them from my friends illegally, Premarin pills.  
12 And when I couldn't get those -- it was the main thing when you  
13 was growing up and you couldn't afford estrogen pills or you  
14 can't get on them, because a lot of the girls that I hung with  
15 were street kids, because I used to get kicked out sometimes.  
16 And we all know each other, so we'll look out for each other.  
17 And we also used to take birth control pills.

18 Q. Mmm hmm.

19 A. You know, so we'd take birth control pills like estrogen  
20 because it has similar side effects.

21 Q. And still thinking about this time before you were in the  
22 custody of the Department of Corrections, how did it feel to be  
23 seen as male, to be perceived as male, when you understood  
24 yourself to be female?

25 A. Horrible. Because when you are transgender and you have a

1 feminine disposition and the world don't see you as a woman.  
2 They see you as a fag, as a homosexual, and nobody wants to be  
3 labeled as a fag. Nobody wants to be labeled as homosexual in  
4 the streets because that's like the worst thing to anybody.  
5 You know what I'm saying? So it made me feel to the point  
6 where I began to, like, hate myself, my body, the way I sound,  
7 the way I look. It was never enough for me, and it gave me a  
8 lot of anxiety and shame.

9 **Q.** And how did you respond or deal with that anxiety and shame  
10 and self-hatred?

11 **A.** Well, I attempted to kill myself when I was in the world.  
12 Actually, my dad had this old .22 revolver. It's the only one  
13 I ever seen like it. It was a nine-shot revolver. I never  
14 seen any other revolvers that took nine bullets. It was very  
15 old. And I learned that if you pull the trigger real fast, the  
16 hammer won't catch and it won't shoot. So I sat there in the  
17 basement and I told myself, I'm going to pull this trigger all  
18 nine times, and if I die, I'm meant to die; if I live, I'm not.  
19 I'm meant to live. You know what I'm saying?

20 Now, my cousins and them, they was in the basement with me,  
21 but they didn't really talk to me. So I made it all the way to  
22 six shots before they even noticed what I was doing. And one  
23 of my cousins grabbed the gun from me, and he was like, What  
24 are you doing? And I'm like, Nothing, I'm just playing around,  
25 you know. And he was like, It's not even loaded. So I'm like,

1 It is loaded. But he had started to pull the trigger back in  
2 the basement. And there was a girl sitting on our pool table,  
3 and it was -- the barrel was pointed at her leg. So I snatched  
4 it down to try to stop it before he shot her in the leg and it  
5 hit the corner of the metal plate on the pool table and it  
6 ricocheted into his leg.

7 Q. And to be clear, all of this was related to the  
8 self-hatred --

9 A. Yeah.

10 Q. -- that you felt because --

11 A. There was no value -- your life only has value when it's  
12 your life, you know? When you could wake up and say, I'm  
13 wearing this because I want to wear this, I have this job  
14 because I chose to work here, you know? But when you are not  
15 able to live and be the person you are, then you're just  
16 existing. I got tired of just existing. Even today I'm tired  
17 of just existing. It's like I'm going through the motions and  
18 played dress up in the body of a stranger.

19 Q. Do you know if there is a medical term for this distress  
20 that you're describing?

21 A. Gender dysphoria.

22 Q. And when did you learn that term?

23 A. Originally I learnt the term "GID." I never agree with  
24 that term because I felt it was another way for society to say  
25 that I had a mental disorder. And I've done a lot of research.

1 Like I'm an activist for trans rights. I've read a lot of  
2 medical books and study stuff and legal work and everything.  
3 And from my perspective, I look at it like I didn't have a  
4 disorder because I -- I looked up when -- when a baby is  
5 formed, when you are in the womb, before it's determined  
6 whether or not you're a boy or a girl, your brain is formed.  
7 Right?

8 **Q.** It sounds like you have a pretty good sense of gender  
9 identity. I just want to get for the record when you first  
10 understood this term of gender dysphoria.

11 **A.** I first understood the term gender dysphoria about 2012,  
12 2010, I think.

13 **Q.** And was that while you were in the custody of the --

14 **A.** Yes.

15 **Q.** -- Department of Corrections?

16 **A.** Yes.

17 **Q.** So I do want to turn our attention now to the time that  
18 you've been incarcerated. You said that you have been in IDOC  
19 custody since 2008. Where were you first processed and  
20 incarcerated?

21 **A.** Stateville NRC.

22 **Q.** And during the time that you were at Stateville, including  
23 the northern reception center, did you request medical  
24 treatment to affirm you as a woman?

25 **A.** Yes.

1 Q. What specifically did you request?

2 A. I asked for gender reassignment surgery, hormone therapy  
3 and electrolysis.

4 Q. And how did you make those requests?

5 A. I made them verbally when I first came in through  
6 reception. I talked to mental health. I talked to medical.  
7 And they're listed somewhere in my files because I had my files  
8 before and they actually put me down -- they said hormones,  
9 transgender homosexual.

10 Q. So this was at intake as soon as you got to NRC?

11 A. Yes.

12 Q. And you stated that before being incarcerated, you know,  
13 that you were experiencing some suicidal thoughts?

14 A. Yes.

15 Q. Is that something that you disclosed during your intake at  
16 NRC?

17 A. Yes.

18 Q. And what medical evaluation or treatment for gender  
19 dysphoria did you receive at NRC or Stateville?

20 A. None. In fact, when I got locked up in 2008, IDOC, mental  
21 health told me that IDOC did not provide hormone therapy to  
22 people unless they were legally on it before incarceration. So  
23 I was not eligible for treatment and I would never get  
24 treatment.

25 Q. And who was it that told you that?



1     **A.** Mental health.

2     **Q.** Okay. So still thinking about the time when you're in IDOC  
3 custody, not necessarily just at NRC or Stateville, but  
4 throughout your incarceration before you received any  
5 treatment, what was that like for you, being denied the medical  
6 care that you requested?

7     **A.** Excruciatingly painful. I began to loathe myself. I've  
8 done everything. I've hung myself. I've attempted castration  
9 six times. I've chewed through my arteries on both my arms. I  
10 chewed out my vein. I carved a swastika in my wrist for  
11 self-hate, for how much I hate this body and hate myself in the  
12 process.

13    **Q.** You stated that you were processed at Stateville.

14    **A.** Yes.

15    **Q.** Is that a men's facility?

16    **A.** Yes.

17    **Q.** And you are currently incarcerated at Logan. Is that a  
18 men's facility?

19    **A.** No, it's a female facility.

20    **Q.** And were you transferred directly from Stateville to Logan?

21    **A.** No.

22    **Q.** What facility -- how many facilities were you in between  
23 Stateville and Logan?

24    **A.** From Stateville NRC I went to Lawrence Correctional Center.  
25 From Lawrence Correctional Center I went to Dixon Correctional

1 Center. Then from Dixon Correctional I went to Stateville NRC  
2 on a court writ. And from Stateville NRC I went behind the  
3 wall to actual Stateville itself. And then from Stateville I  
4 went back to Dixon in 2009, and I was transferred seg-to-seg  
5 from Dixon because I was told that they were allowing people to  
6 get hormones in Pontiac. So I told them I wanted to transfer  
7 to Pontiac, a seg-to-seg transfer. It was a lie, but they  
8 transferred me.

9 Q. So I've got NRC, Lawrence, Dixon, NRC, Stateville, Dixon,  
10 Pontiac. Is that right?

11 A. Sounds about right.

12 Q. All men's facilities except for Logan?

13 A. Yes.

14 Q. And is my math right, that's approximately a decade of  
15 incarceration in men's facilities?

16 A. I left the men's facility -- it's a little over a decade,  
17 yeah.

18 Q. Okay. When did you first ask to be transferred to a  
19 women's facility?

20 A. I believe that was around 2010, 2011.

21 Q. And you have been in custody since 2008. Is there a reason  
22 you didn't make that request earlier?

23 A. Yes.

24 Q. What's that reason?

25 A. Because I believe that if they wouldn't allow me to have

1 gender reassignment surgery that they weren't going allow me to  
2 go there until I had it, because when I asked them for a gender  
3 reassignment surgery they wouldn't give it to me. They said  
4 that they didn't have a policy in place to provide it. But  
5 then, when I started doing grievances and everything and looked  
6 it up, they actually have a policy that says only under like  
7 extreme circumstances or something like that.

8 **Q.** You're referring to IDOC's policy with respect to surgery?

9 **A.** Yes.

10 **Q.** And why is it that you wanted to be transferred to a  
11 women's facility?

12 **A.** Because I have been assaulted multiple times by male  
13 inmates and mishandled by guards. I was getting attacked by  
14 guards, verbally and physically to the point where I had to  
15 begin to fight the police, physically fight the police and  
16 verbally get into altercations just to keep myself safe.

17 **Q.** When you say "police," you mean --

18 **A.** C/Os, correctional officers.

19 **Q.** And what's your sense of -- did something happen that  
20 finally got you transferred?

21 **A.** Yes.

22 **Q.** What's that?

23 **A.** In 2016 I was transferred to Dixon Correctional Center, and  
24 in December of 2016 I was sexually assaulted by a male C/O.

25 **Q.** And what did you do as a result of that?

1     **A.** I attempted to kill myself.

2     **Q.** And was there anything else that you did?

3     **A.** I filed grievances. I filed a lawsuit.

4     **Q.** There's a pending lawsuit relating to --

5     **A.** Yes.

6     **Q.** So again, still thinking about the, you know, decade during  
7     which you were incarcerated in men's facilities, can you  
8     describe what it's like for you as a woman to have been in  
9     those men's facilities?

10    **A.** Terrifying. Like -- okay. It's like when I was on my way  
11    to get transferred, when I was leaving the county, the first  
12    thing that the officers told me when I was leaving the county  
13    was they're going to love you when you get down there. They're  
14    going to love you. And then they asked me did I know what a  
15    shower party was. I didn't know what a shower party was, but  
16    eventually I found out because I was raped by other inmates in  
17    the shower while they watched out for the police. And I wasn't  
18    even able to report it because if I would have reported it at  
19    that time I would have been retaliated against.

20    **Q.** So I'm hearing descriptions of multiple sexual assaults; is  
21    that right?

22    **A.** Yes.

23    **Q.** Were you generally addressed as a female in men's prisons?

24    **A.** Never.

25    **Q.** And were you allowed to wear women's clothing in men's

1 prisons?

2 **A.** Only in 2016. They allowed me to wear a bra in 2016. They  
3 started giving me access to a bra.

4 **Q.** And were you searched by male or female guards?

5 **A.** Men.

6 **Q.** And how did guards generally treat you? Were they  
7 respectful of you?

8 **A.** Well, it's a person-by-person basis. Not all officers were  
9 jerks. But majority of 'em were verbally abusive. Some were  
10 physically abusive. And some of them would even -- like if I  
11 get into it with one officer 'cause like -- let's say a officer  
12 will call me a fag or a homosexual. And I've got to the point  
13 where I've learned that the officers and inmates in the men's  
14 prisons, they respect you more if you fight. They respect you  
15 more if you be aggressive with them. So I've learned how to  
16 become more aggressive, and so I go back and forth with the  
17 officer. And some officers, they use inmates to retaliate  
18 against inmates. So they will put me in a cell with an inmate  
19 that they know is a rapist or physically violent for him to  
20 assault me. And then when I call or ask for help, they'll  
21 laugh like it's funny and the inmate is not even punished.

22 **Q.** Were you punished as a result of your attempts to defend  
23 yourself?

24 **A.** Yes.

25 **Q.** And how would you describe the those punishments?

1 **A.** I felt that they were severe because I've been assaulted so  
2 many times and nothing happens. But the moment I start  
3 standing up for myself, they paint me as the worst person. I  
4 don't set out to be a jerk or whatever to nobody. I'm actually  
5 a nice person. But everybody has their limits. I've been  
6 locked up since I was 16 years old. I've been having to fight  
7 my whole incarceration because I'm in a place where I'm  
8 considered vulnerable. I'm not physically imposing. I'm tall  
9 and skinny. And they look at me as fresh meat. You know? So  
10 they think they can say anything they want to me or do anything  
11 they want to me. And the only way I can protect myself is to  
12 make an example out of this person when he tries to harm me or  
13 make an example out of this officer when he says this to me.  
14 That's all I can do. That's the only thing I've learned how to  
15 do, because grievances are a joke.

16 **Q.** They --

17 **A.** All your grievances, they get denied. You say this officer  
18 harassed you. I file these grievances. They laugh at them.  
19 They don't even respond to them most of the times.

20 **Q.** And approximately how many disciplinary tickets have you  
21 received as a result of your defending yourself?

22 **A.** Last time I checked I had like 11 pages of disciplinary  
23 tickets.

24 **Q.** So I want to turn your attention to the medical treatment  
25 you're currently receiving. So do you know if you have been

1 diagnosed with gender dysphoria now?

2 **A.** Yes.

3 **Q.** And do you know when that happened?

4 **A.** Are you talking about recent?

5 **Q.** Approximately when you were first diagnosed with gender  
6 dysphoria at IDOC.

7 **A.** I think they officially recognized me in 2012, I believe.

8 **Q.** And again, I think you testified earlier you have been in  
9 custody since 2008.

10 **A.** Yes.

11 **Q.** So if math serves me right, that's -- how long was it from  
12 the time where you first requested treatment to when you were  
13 diagnosed with gender dysphoria?

14 **A.** Four years.

15 **Q.** Thank you. And what treatment are you currently receiving  
16 for your gender dysphoria?

17 **A.** I receive estrogen shots and I receive spironolactone twice  
18 a day.

19 **Q.** And from the time that you were diagnosed with gender  
20 dysphoria in February of 2012 until you began receiving  
21 hormones, approximately how long did that take?

22 **A.** Can you repeat the question?

23 **Q.** You testified that you were diagnosed with gender dysphoria  
24 in February of 2012. Do you know how long it took until you  
25 actually started getting hormones?

1 A. I don't remember getting hormones until approximately  
2 April 2012, I believe. It could have been May.

3 Q. And how did it make you feel before you were receiving that  
4 medical care?

5 A. How did it make me feel when I was scheduled to get it or  
6 before I was even considered?

7 Q. While you were being denied hormone therapy.

8 A. Oh, man. I got to the point eventually because I have been  
9 filing grievances after grievance, and they were just denying  
10 me and denying me. And they didn't have no reason to deny me.  
11 They just kept denying me. And they would tell me the same  
12 thing, that they were not going to give it to me because I  
13 wasn't on it before legally. And then they told me at one  
14 point that they wasn't going to give me hormones because they  
15 were scared that that would open up the door for everybody else  
16 to get hormones after me.

17 So I got to the point where I'm like you know what, I would  
18 rather die without them than live with them. So I actually sat  
19 down on the toilet and I took a staple and a plastic spork and  
20 I cut through my scrotum and actually pulled one of my  
21 testicles out and they had to put it back in.

22 And then a little after that, I cut -- I basically sawed --  
23 'cause I was on watch after that. And the vent have like a  
24 grate over it, a serrated grate. And I worked it back and  
25 forth and broke a edge off of it and I sat up and sawed my



1 penis in like half. So I got a cut going all the way around.

2 **Q.** This is the second time in your testimony you've referenced  
3 genital mutilation, what I'll refer to as that. How many times  
4 during your incarceration have you attempted to cut or remove  
5 your genitals?

6 **A.** A lot. I've lost track. Like even now, I got a cut that's  
7 recent that nobody know about because I still cut on it and  
8 hope it gets infected. So I have a --

9 **Q.** Why do you hope it gets infected?

10 **A.** So they will have to remove it, so they will be forced to  
11 do something, because last time I checked, I think the policy  
12 was like 040-3104 or something like that when I filed my  
13 grievance on it. It said something like under extreme  
14 circumstances or special circumstances they will do gender  
15 reassignment surgery. I don't know what's more extreme than  
16 the fact that I'm willing to die if I don't get the surgery or  
17 I'm going to die if I cut my stuff off because I'm not going to  
18 ask for help. I already told them -- I don't call the police  
19 when I attempt to castrate myself. Other people call the  
20 police, other inmates, because they know I tend to get quiet.  
21 And when I'm quiet -- because I talk a lot. And when I'm  
22 quiet, they figure I'm harming himself and they will send  
23 somebody to check on me. And that's what happened.

24 So I told them -- and this is still a plan that I have --  
25 if I figure out that they're never going to give me surgery,

1 I'm going to castrate myself and mutilate my genitals and I'm  
2 going to lay down in the bed like I'm going to sleep. And by  
3 the time they figure out I'm bleeding out, I'll be dead.

4 **Q.** So you mentioned that this self-harm was something that you  
5 did prior to receiving hormone therapy.

6 **A.** Yes.

7 **Q.** You are now receiving hormone therapy; is that right?

8 **A.** Yes.

9 **Q.** Is the hormone therapy not helping with your gender  
10 dysphoria?

11 **A.** It helps in a certain sense, but not all the way, because  
12 it's like -- it's like putting a Band-Aid on a wound that needs  
13 stitches. I'm still bleeding. I'm still bleeding. All you  
14 did was make it so you can't see my cut, but I'm still  
15 bleeding.

16 **Q.** And is it your sense that you are receiving an adequate  
17 dosage of hormone therapy?

18 **A.** No.

19 **Q.** What do you base that on?

20 **A.** My levels have been repeatedly up and down, up and down, to  
21 the point that officials ask me, Are you taking your  
22 medication? Are you taking your medication? I think you're  
23 not taking your medication. And I say, Yeah, I'm taking my  
24 medication. It got to that point recently again, because I've  
25 been on the shots. I've been on the shots. I've started off

1 on the shots. Then I went to Premarin pills. Then they put me  
2 on estradiol. Then they put me back on Premarin. Then I got  
3 back on the shots. Then they put me on estradiol. I was on  
4 estradiol for a long period of time. And when I got to  
5 Stateville, they put me on 3 milligrams, I think, of estradiol.  
6 They upped it. She upped it. She was the first one to up it  
7 in years. I don't remember her name.

8 Q. We will get to your dosage. But most recently you were  
9 changed to the shot; is that right?

10 A. That's what I was getting to.

11 Q. Yeah. Can you explain why you were changed to the shot?

12 A. I was placed on the shots now because, like I told you,  
13 they always say, You're not taking your pills. You know? So I  
14 say -- you know what, I've been wanting to get on the shots  
15 anyway. So I say, Just so y'all can't say I'm not taking my  
16 shots, my pills, put me on the shots.

17 Q. And this was at what facility?

18 A. Logan.

19 Q. And approximately when?

20 A. I don't remember exactly.

21 Q. Relatively recently? Two years ago? Five years ago?

22 A. No. This was this year.

23 Q. This year. Okay. So you mentioned that you are now  
24 receiving hormone therapy. You are in a women's facility. You  
25 have access to what female items as a result of being in a

1 female facility?

2 **A.** Bras panties, makeup, real brushes, combs. They got  
3 cosmetology down there. They got beauty shops down there. You  
4 know?

5 **Q.** How do those items compare to what was available to you in  
6 men's prisons?

7 **A.** Compared to what they get in men's prisons -- they don't  
8 get nothing in men's prison except a bra. Like that's it. You  
9 get a bra, here you go, get out our face.

10 **Q.** And you testified earlier that during your time in male  
11 facilities, you were searched by male officers. Are you now --  
12 are you still searched by male officers?

13 **A.** No.

14 **Q.** Who searches you now?

15 **A.** The females.

16 **Q.** And how has that helped with your gender dysphoria?

17 **A.** It helps a lot because the male guards tend to be very  
18 disrespectful when it comes to strip searches. They make  
19 inappropriate comments about your body. They comment like --  
20 like me, I'm small stature, so I have smaller breasts or  
21 whatever. And they'll say, Oh, you will never be a woman with  
22 tits that small. Or when they do a pat-down and search me,  
23 instead of doing a pat-down like they supposed to, they will  
24 rub me down, like this (indicating), inappropriately in the  
25 front and the back, and it's just very uncomfortable.

1 Q. So I had one other question about hormones. The dosages  
2 you're currently on, what are those?

3 A. I take 5 milligrams on the shot and I take 100 milligrams  
4 of spironolactone twice a day.

5 Q. The shot is estradiol?

6 A. I have no idea what the shot is.

7 Q. So those values -- I think you were here when  
8 Dr. Tangpricha testified. Those dosages are a little bit  
9 higher than what he testified you were receiving?

10 A. Yes.

11 Q. Were your dosages recently increased?

12 A. Yes.

13 Q. And was that when you were transferred to Logan?

14 A. Yes.

15 Q. Have you been told anything about the dosage that you are  
16 currently on?

17 A. They told me that my dosages were high, so they wasn't  
18 going to up them anymore because my dosages was as high as they  
19 were allowed to be. They told me especially the  
20 spironolactone, they said that was the maximum dosage.

21 Q. You have testified about your experience as a woman in  
22 men's facilities. You're now a woman in a women's facility.  
23 Can you tell us what that's been like for you?

24 A. Well, when I first got to Logan, it was good. I blended  
25 in. Nobody knew who I was for the most part, except the

1 warden, and it was nice. You know? Because there's other  
2 inmates down there that look way more masculine than me, sound  
3 more masculine. It's women down there that have full-blown  
4 beards. And so I just blended in. And then they found out  
5 that I was Janiah, that I was trans.

6 **Q.** Who is "they"?

7 **A.** Everybody. It spread like wildfire. And Warden Austin  
8 said that he wasn't going to move me out of the X house off of  
9 D wing. And let me explain something to you. On grounds, the  
10 cell doors do not lock. When you are in your cell, you can  
11 open that door whenever you want to. And you can come out,  
12 kick it in the hallway or whatever, go to other people's cells.  
13 But when you are in X house on D wing, you only come out for  
14 morning -- a hour in the morning and a hour at night. Nobody  
15 wants to be over there. So the girls saw -- they got this big  
16 thing where they file PREAs for any reason.

17 **Q.** Sorry. Just back up because I want to make sure this is  
18 clear. When you were transferred to Logan, you were being held  
19 on this more restrictive wing?

20 **A.** Yes.

21 **Q.** And you asked to be moved?

22 **A.** Yes, I asked to be moved. He wouldn't move me.

23 **Q.** Okay. And then people found out you're transgender.

24 **A.** Mmm hmm.

25 **Q.** And then what happened?

1 **A.** They saw that -- I kept getting denied to move because he  
2 was saying that I'm not moving you, I don't feel comfortable  
3 putting you out there and everything. So they start filing  
4 PREAs because if I can't get moved off D wing -- they got to  
5 separate the people when they file a PREA. So it was a  
6 guaranteed way to get moved out the X house, a guaranteed way  
7 to get moved off D wing to go to grounds. Girls come in on the  
8 noon. They filed a PREA on me.

9 **Q.** In terms of the way you were treated by corrections  
10 officers after people started to find out you were transgender,  
11 how did that change?

12 **A.** Okay. There's this officer named Barnett. Nobody really  
13 likes Barnett. I don't think he likes himself. But the girls  
14 told me when I first got -- I guess they was making a joke,  
15 like tricking me or whatever. They told me he had a fake leg.  
16 So I'm like he don't walk like he got a fake leg. So I asked  
17 him, I'm like, Do you have a fake leg? He said, You want me to  
18 kick you with it and find out? I'm like, Don't ever threaten  
19 me or try to kick me, because you want to kick me you going to  
20 need some help. And he told me he don't need no help for a  
21 little sissy like me; he could just kill me right here on the  
22 walk and get away with it.

23 **Q.** So this officer referred to you as a sissy. Were there  
24 other instances of officers misgendering you or referring to  
25 you in disrespectful ways?

1     **A.**  Yes.

2     **Q.**  And in general, how would you react when officers would be  
3     disrespectful of you?

4     **A.**  At first I was in a new prison.  I'm like I fought to get  
5     here, this is where I want to be, so I'm just going to take it.  
6     But then I started to realize the more I took it, the more they  
7     gave.  So I'm like you know what, I got to treat them the same  
8     way I treated them when I was in the men's prison; I got to be  
9     more assertive and more firm and more aggressive.  So I began  
10    to let them know when they called me it, him, Mister.

11           Like Chaplain Davis, I got into it with him because he  
12    told -- he said -- I asked him can I speak to him.  I wanted to  
13    join the choir.  He said Mr. Patterson, you got to send me a  
14    request.  I said I'm not a mister.  Just call me Patterson.  He  
15    said, You're a man.  I'm going to call you Mr. Patterson.  I  
16    said, No, I'm not.  If I was man, I wouldn't be in a female  
17    facility.  And he said, Well, I'm going to call you Andre,  
18    because my first name is Andre.  I said, No, you are going to  
19    call me Patterson or Ms. Monroe.  You decide which one, but  
20    you're not calling me no Mister or no male name, nothing.  And  
21    he continued to call me Mr. Patterson.  So I said, You know  
22    what, whenever you call me Mr. Patterson, I'm going to call you  
23    Little Mama.  So he said, Leave, Mr. Patterson.  I said,  
24    Whatever you say, Little Mama, I'm gone.  Bye.

25    **Q.**  Were you disciplined as a result of that?



1 A. Not that time, no.

2 Q. You described that when you were in men's facilities and  
3 you would stand up for yourself that you were often  
4 disciplined. Has that been the case at Logan?

5 A. Oh, yes. Let me see. I came to seg. I just heard  
6 14 tickets for intimidation, threats, insolence.

7 Q. How many of those tickets were as a result of you defending  
8 yourself from mistreatment?

9 A. All of them. I'm not going to sit out to pick a fight with  
10 the C/Os. If I'm starting something, I'm going to lose.

11 Q. What is your current thinking about this approach to the  
12 way you're currently handling when you are mistreated?

13 A. I talked to Warden Austin and I talked to Warden Calhoun.  
14 And Warden Calhoun is a nice lady. So she said she's trying to  
15 work with me and help me. So I say, You know what, I will work  
16 on calming down and watching what I say if you can discipline  
17 your officers when they disrespect me, because the reason why I  
18 stand up for myself and discipline them -- because when I file  
19 my grievances, they say stuff that don't make sense. I say  
20 this officer on the above day and approximate time said this to  
21 me. And they say, Oh, you didn't give enough information,  
22 grievance denied.

23 How did I not give enough information? I told you what he  
24 said and where he said it at, and I have a notebook full of  
25 witnesses and I gave them the witnesses' names in my grievances

1 with their ID numbers. And I had the notebook as evidence and  
2 I showed it to the warden and the counselors. But they still  
3 said I didn't give enough information. What more you want me  
4 to give? His social? I don't nothing else I could say.

5 **Q.** So you mentioned Warden Calhoun. What is your relationship  
6 with Warden Calhoun like?

7 **A.** Warden Calhoun, she's -- I can say out of everybody, she  
8 actually tries to help me and she actually tries to help the  
9 other girls too.

10 **Q.** So you have come to an agreement with Warden Calhoun about  
11 how you will interact with officers?

12 **A.** Yes.

13 **Q.** Okay. Have you formed any friendships or other  
14 relationships during your time at Logan?

15 **A.** Yeah. I have a lot of friends amongst the girls down  
16 there. Most notably, when I came through intake or whatever, I  
17 was friends with this girl named Amanda Scott. And we became  
18 real close and we started to like each other and we got in a  
19 relationship. Warden Austin saw that we was too close and he  
20 had her moved off D wing and put on grounds. But she had got a  
21 job doing landscaping, so we always see each other when I come  
22 on a walk for a pass or go to chow or anything. She can get  
23 kites to me or we could hug or whatever. You know?

24 So this went on from April until June 17th of 2019. And on  
25 June 17, 2019, they moved me to grounds. And I saw her when I

1 was coming out and she started to run over there to me and give  
2 me a hug because she was happy I was getting moved to grounds.  
3 And I told her naw, just fall back because I'm going to 10. I  
4 was going on the exact same side that she was. I told her I'll  
5 see you on the housing unit. So when she got off work, she  
6 came over there, looked for my cell, came to me, gave me a hug,  
7 gave me a kiss, and then I told her she needs to go change some  
8 clothes. Them clothes was dirty. She worked with mud and  
9 stuff. So she changed her clothes and everything.

10 And while she was in the shower, me and some of my  
11 friends -- like it's this person named Sansay [ph] down there.  
12 They know how to sing real good. All of us was dancing and  
13 singing in the hallway and acting on. And when she got out of  
14 the shower she came and grabbed me and pulled me to my cell.  
15 And when I got in the cell, we started kissing and we had sex.

16 Q. And I understand there was a PREA allegation as a result of  
17 this.

18 A. Yeah, Mmm hmm.

19 Q. Can you talk about that?

20 A. Later that day, I -- I became friends with this girl while  
21 I was in X house named Londi [ph]. And Amanda didn't like the  
22 girl because the girl came on to her and she ain't want me  
23 talking to her. But I was friends with the girl already, and  
24 I'm a loyal person. I'm not going to just cut you off. I'm  
25 like, If y'all don't like each other, y'all don't got to talk.

1 You know what I'm saying? But I'm still going to talk to her.

2 So their answer for everything down there in Logan is if we  
3 break up, I'm going to file a PREA on you. If I want to get  
4 moved by my girlfriend, I'm going to file a PREA on you. If I  
5 don't like you, I'm going to file a PREA on you. If I'm bored,  
6 I just might file a PREA on you. They file PREAs for any  
7 reason down there.

8 **Q.** That's essentially what happened?

9 **A.** She filed a PREA on me, which was found to be a lie and  
10 they shipped her to Decatur and it was found to be consensual.

11 **Q.** Meaning the sexual relationship that you had with this  
12 prisoner was --

13 **A.** Mmm hmm, because I gave them all her kites where she said  
14 she was obsessed to me and she loved me and all this stuff.  
15 They got her kites.

16 **Q.** Are you aware of other women at this facility who have  
17 consensual sexual relationships?

18 **A.** If you put these officers on the stand they could tell you.  
19 They have sex like it's going out of style.

20 **Q.** Okay. So I'm going to move on and talk about another form  
21 of medical care you said you requested, which is surgery. What  
22 kind of surgery have you requested? What surgery would you  
23 like?

24 **A.** I don't believe in calling it gender reassignment surgery  
25 because my gender is already appropriately assigned. I am a

1 woman. But I believe it is gender confirmation surgery, is  
2 what I call it. And I want -- for me to have gender  
3 confirmation surgery, I would need to have breast implants and  
4 vaginal and clitoroplasty.

5 **Q.** Why do you need that surgery? Why is that important to  
6 you?

7 **A.** So my mind and my body can be one.

8 **Q.** And when is the last time that a prison official discussed  
9 with you the possibility of having surgery?

10 **A.** Well, a Dr. Post from mental health, she deals with all the  
11 trans inmates. She came to me recently while I was in seg and  
12 she told me that they were considering the GID Committee, as  
13 they still call theirself -- the first time I heard transgender  
14 care committee was in here -- was that they was considering  
15 giving -- I don't know what it's called, the surgery for the  
16 trans men to get their breasts removed. And I told her that if  
17 they did that, according to equal protection, they have to give  
18 us the equal treatment for trans women, which would be giving  
19 us breast implants. And she said she was going to discuss it  
20 with the board and put it before them. And last time I spoke  
21 to her before I came down, she said she sent out a e-mail, but  
22 she didn't have a response yet.

23 **Q.** When you said "the board," do you mean the GID Committee?

24 **A.** Yeah, GID Committee.

25 **Q.** To your knowledge, have you ever been formally evaluated

1 for surgery?

2 **A.** No.

3 **Q.** So is that conversation that you described with Dr. Post  
4 the extent of --

5 **A.** That's the closest I've ever come to any type of  
6 surgery-based conversation.

7 **Q.** And --

8 **A.** In fact, Dr. Garlick told me he guarantees that I never get  
9 surgery and that I'm not even considered for surgery.

10 **Q.** Who is Dr. Garlick?

11 **A.** He was the head of mental health when I was in Pontiac.

12 **Q.** And approximately when did he tell you that?

13 **A.** I don't remember. It was a couple years ago.

14 **Q.** Okay. Approximately how many times have you requested  
15 surgery?

16 **A.** I've lost track.

17 **Q.** Have you done it formally by filing grievances?

18 **A.** Yes.

19 **Q.** If you had to guess, do you know how many grievances about  
20 surgery you have filed?

21 **A.** Probably like 10.

22 **Q.** In your opinion, have you done everything that you could  
23 possibly do to make it clear to IDOC that you need surgery?

24 **A.** Yes.

25 **Q.** So I'm handing you what will be marked as Plaintiffs'

1 Exhibit 9.

2 **A.** What is this?

3 **Q.** And if you could just take as long as you need to flip  
4 through that, make sure you have looked at each page, and let  
5 me know when you are done with that.

6 *THE COURT:* Does she just need a break?

7 *IDOC SECURITY:* She just needs to use the washroom.

8 *THE COURT:* Okay.

9 (Plaintiff Melendez was taken from the courtroom.)

10 **Q.** Ms. Monroe, were you able to look through each page in that  
11 stack of documents?

12 **A.** Yes.

13 **Q.** And do you recognize the documents?

14 **A.** Yes, I do.

15 **Q.** And what are the documents?

16 **A.** Grievances and responses from the grievance officers, the  
17 ARB and a letter I wrote to the ARB director.

18 **Q.** And are these true and accurate copies of those documents,  
19 to the best of your knowledge?

20 **A.** Yes.

21 *MR. GUIDETTI:* Your Honor, we'd offer Plaintiffs'  
22 Exhibit 9 into evidence.

23 *THE COURT:* Any objection to 9?

24 *MR. HIGGERSON:* No objection.

25 *THE COURT:* Okay. Nine will be admitted.

1                   (Plaintiffs' Exhibit 9 received in evidence)

2   **Q. (BY MR. GUIDETTI:)** So I think my last question for you,  
3 Ms. Monroe, is just whether there's anything else you would  
4 like the Court to know about your experience in the Department  
5 of Corrections and the medical treatment that you need.

6   **A.** Yes. I've been incarcerated since August '16. In that  
7 time, everybody that's encounter me, come into contact with me,  
8 has dealt with me under the pretense that I'm a homosexual or  
9 I'm a man, being I'm something that I'm not. They treating me  
10 every which way but right.

11           The whole time I've been incarcerated I've asked for  
12 nothing but equal treatment. I want to be treated like a human  
13 being. I ask for adequate medical care. That's denied. I  
14 asked them to respect me and not call me all my names and not  
15 put their hands on me. That's denied. And it's to the point  
16 where I've been fighting every day. For 14 years I've been  
17 locked up, and it's been a fight. For everything I got coming,  
18 I've been fighting every day. They got it in black and white.  
19 Well, they said the reason they didn't want to give me my  
20 hormones was not because of any medical basis, but because they  
21 said, in their own words, they was worried that others will  
22 follow my lead. They have it in black and white where I  
23 requested gender reassignment surgery.

24           Adequate medical care means I'm supposed to be afforded  
25 care tailored to my specific medical needs. But they have it



1 in black and white where Dr. Garlick says that he can guarantee  
2 that I do not get gender reassignment surgery or that I'm not  
3 considered for gender reassignment surgery.

4 How can you not even consider me for something that I need  
5 to survive? I'm sitting here chewing through my arms because I  
6 want to die. I'm sitting there attempting castration and  
7 mutilating my genitals every day, every day with the hopes that  
8 they get infected. Even when I'm not telling people or I'm not  
9 on crisis, I'm not fixing to tell you, Oh, I cut myself today.  
10 I'm not asking for medical attention. I'm doing this at the  
11 stakes that you will be forced to give me what I need.

12 I'm getting to the point where I'm tired of fighting.  
13 Fourteen years. That's almost -- that's almost half my life.  
14 I just turned 30 on the 23rd. I'm tired of fighting.

15 Q. Thank you.

16 *(Ms. Melendez returned to courtroom)*

17 MR. GUIDETTI: I have no further questions for now.

18 THE COURT: All right. Cross examination.

19 **CROSS EXAMINATION**

20 Q. **(BY MR. HIGGERSON:)** You are currently housed at a female  
21 institution, correct?

22 A. Yes.

23 Q. And what you are wearing today is a -- I'm not sure exactly  
24 what color -- would you call that khaki jumpsuit? Is that  
25 correct?

1     **A.** I don't know.

2     **Q.** Did you ever travel to the courthouse when you were in a  
3     male facility?

4     **A.** Yes.

5     **Q.** What did you wear when you went to the courthouse?

6     **A.** It varied. It depends on the institution. It depends on  
7     whether you're in seg or not.

8     **Q.** Did you wear jumpsuits ever?

9     **A.** Sometimes. I did 10 years in solitary confinement. So  
10    most of the time I went to court I was in the same jumpsuit.

11    **Q.** And you are wearing a white T-shirt, correct?

12    **A.** Yes.

13    **Q.** And then white tennis shoes, correct?

14    **A.** Yes. But for the record, these are the tennis shoes that I  
15    bought in the men's prison. They don't sell these in women's  
16    prison.

17    **Q.** They do sell tennis shoes at the women's prison, though?

18    **A.** They sell shoes. They're better, but they're not these.

19    **Q.** They're better how?

20    **A.** They look better.

21    **Q.** Okay. You talked about the name you use is not your legal  
22    name. You actually are going by a different first and last  
23    name, correct?

24    **A.** Yes.

25    **Q.** What does changing your last name have to do with your

1 gender identity?

2 **A.** Because I want nothing of this Andre Patterson person that  
3 everybody mistake me as to be attached to me. I no way, shape,  
4 form relate to that person. I am not Andre Patterson;  
5 therefore, I will not have that name tied to me, deciding who I  
6 am as a person. When I stand up and I'm able to live my life  
7 as a woman, you are going to recognize me as a whole woman,  
8 brand-new Janiah Monroe.

9 **Q.** There's nothing particularly male about a last name,  
10 correct?

11 **A.** I don't know. Some male names sound -- some last names  
12 sound cute. Some sound ugly. So I don't know.

13 **Q.** There are certainly women named Patterson, aren't there?

14 **A.** Yeah. It's Irish. I didn't say it was an ugly last name.  
15 I just said it's attached to me when I was assigned male at  
16 birth, so I don't want it anymore.

17 **Q.** You said that when you were housed in male facilities you  
18 were terrified; is that correct?

19 **A.** Yes.

20 **Q.** And that's because the other inmates there were often  
21 larger than you; is that right?

22 **A.** Yes.

23 **Q.** Stronger than you?

24 **A.** Mmm hmm. I see where you're going.

25 **Q.** And they were men and you saw yourself as a woman, correct?

1     **A.** Mmm hmm. But the difference was they were rapists and  
2     killers and gang-bangers. They gang-raped me.  
3     **Q.** You're a convicted felon also, aren't you?  
4     **A.** Yes. But most of my crimes -- really, all of my crimes in  
5     some way, shape or form have been to protect myself.  
6     **Q.** You said that at first when you arrived at Logan, the other  
7     inmates did not know that you were a transgender individual; is  
8     that correct?  
9     **A.** Yes, that's correct.  
10    **Q.** Do you know how they found out?  
11    **A.** Yes.  
12    **Q.** How was that?  
13    **A.** Another inmate named Strawberry told them.  
14    **Q.** Strawberry Hampton?  
15    **A.** Yes.  
16    **Q.** She's also a transgender inmate?  
17    **A.** Yes.  
18    **Q.** You said that other inmates at Logan filed PREA complaints  
19    against you, correct?  
20    **A.** Yes.  
21    **Q.** Did you file PREA complaints against other inmates?  
22    **A.** Yes.  
23    **Q.** How many? Do you know?  
24    **A.** I don't know.  
25    **Q.** What were those for?

1 A. They would grab me and touch me inappropriately or say  
2 inappropriate things.

3 Q. These were female inmates who did this?

4 A. Yes. And I filed on a couple officers too.

5 Q. Okay. You described a situation where you were accused of  
6 sexual assault at Logan, correct?

7 A. Yes.

8 Q. And there was a full investigation by the department?

9 A. Mmm hmm.

10 Q. I'm sorry. Yes?

11 A. Yes.

12 Q. And you were honest with them about what happened, correct?

13 A. Yes.

14 Q. And you told them that it was a consensual relationship?

15 A. Yes.

16 Q. And that's what they ultimately found, right, is that you  
17 had a consensual relationship?

18 A. Yes.

19 Q. You were still disciplined, correct?

20 A. Yes.

21 Q. Because inmates aren't allowed to have sex together?

22 A. Mmm hmm.

23 Q. Is that yes?

24 A. Yes, yes.

25 Q. Didn't you also tell them during the course of that

1 investigation that the sex that you were engaged in involved  
2 your penis?

3 **A.** No. I don't even talk about that thing. I act like it  
4 don't exist. I told them there is more than one way to have  
5 sex without a penis. That's what I told them. I told them to  
6 use their imagination.

7 **Q.** Is your penis fully functioning at this time?

8 **A.** No.

9 **Q.** Was it at any time when you were in Logan?

10 **A.** No.

11 **Q.** You are receiving hormone therapy at this time, right?

12 **A.** Yes.

13 **Q.** And you've been given -- you were allowed to wear a bra  
14 even when you were in a male facility, correct?

15 **A.** Yes.

16 **Q.** And you still have that ability?

17 **A.** Yes.

18 *MR. HIGGERSON:* That is all the questions I have.

19 *THE COURT:* All right. Any redirect?

20 *MR. GUIDETTI:* No, your Honor. Thank you.

21 *THE COURT:* All right. You may step down.

22 Do you have any more witnesses for us today?

23 *MR. KNIGHT:* Your Honor, we have Dr. Ettner in the  
24 hall. I think she is going to be a longer witness and honestly  
25 would be -- for us, it would be better if we could call her

1 tomorrow morning. I don't know if that's a possibility.

2 We only have one witness left, and then I believe the  
3 state has one witness.

4 *THE COURT:* Oh, you just have one witness? Because we  
5 have to finish tomorrow because I have got a full day Friday.  
6 So you think we can get everything in tomorrow?

7 *MR. KNIGHT:* Yes. I think there should not be any  
8 problem at all with being able to finish. I don't think  
9 Dr. Puga will be that long. Do you?

10 *MR. HIGGERSON:* No. I would think Dr. Puga -- I mean,  
11 I don't know how long cross examination will be, but I would  
12 certainly think he is less than a half a day.

13 *THE COURT:* And he will be here in person?

14 *MR. HIGGERSON:* Yes.

15 *THE COURT:* Okay. Well, I won't be sad if we stop at  
16 4:00. So if everybody is in agreement we can get done  
17 tomorrow, that's fine with me.

18 *MR. KNIGHT:* We would appreciate it, your Honor.

19 *THE COURT:* Okay. Do we have anybody by video  
20 tomorrow then?

21 *(Indicating negatively).*

22 *THE COURT:* Do you wish for Ms. Monroe and Melendez to  
23 return tomorrow?

24 *MR. KNIGHT:* May we have moment to speak --

25 *THE COURT:* You may.

1 MR. KNIGHT: Your Honor, our clients would like to  
2 observe if that's possible tomorrow.

3 THE COURT: Okay. I think we just have to do the  
4 paperwork.

5 Do you have it there, Deana.

6 COURTROOM DEPUTY: Just give me a few moments.

7 THE COURT: Okay. So I will sign that for them to be  
8 brought back tomorrow.

9 We are starting at 9:30, so I will have them back at  
10 9. I do have another matter at 9:00 that won't take very long.

11 Deana, maybe we can do that down the hall.

12 COURTROOM DEPUTY: We could.

13 THE COURT: Okay. So I've signed that paperwork.  
14 Everyone be here and ready to go at 9:30. Court's in recess.  
15 Have a nice evening.

16 *(Court adjourned for the day; to resume 8/1/19)*

17 -oOo-

18 REPORTER'S CERTIFICATE

19 I, Molly N. Clayton, RPR, FCRR, Official Court Reporter  
20 for the U.S. District Court, Southern District of Illinois, do  
21 hereby certify that I reported with mechanical stenography the  
22 proceedings contained in pages 1 - 224; and that the same is a  
23 full, true, correct and complete transcript from the record of  
24 proceedings in the above-entitled matter.

25 DATED this 8th day of August, 2019.

*s/Molly Clayton, RPR, FCRR*

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