EXHIBIT 6

IN THE UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF ILLINOIS

JANIAH MONROE, MARILYN MELENDEZ, EBONY STAMPS, LYDIA HELENA VISION, SORA KUYKENDALL, and SASHA REED,	)	
Plaintiffs,	)	Case No.
vs.	)	18-CV-156-DRH-DGW
BRUCE RAUNER, JOHN BALDWIN, STEVE MEEKS, and MELVIN HINTON,	)	
Defendants.	)	

Videotaped Deposition of WILLIAM F. PUGA, M.D.

Chicago, Illinois

Friday, April 19, 2019 - 1:41 p.m.

Reported by:

ELIA E. CARRIÓN, CSR, RPR, CRR, CRC

Job No. 25002

of operations, is she?
THE WITNESS: I'm sorry. Did I say "operations"? I'm sorry.
A. Chief of programs.
THE WITNESS: Sorry. Thank you.
Q. (By Mr. Knight) Did you start at the Department of Corrections in 2016?
A. No.
Q. When did you start?
A. March 1, 2018.
Q. That's the wrong person. Ah. So I believe it was Dr. Meeks who started in 2016.
Okay. March 2018, it was when you started?
A. Yes.
Q. Okay. Okay. And then in terms of committee members, Mr. Stephens and now I guess it's Gina Wehmhoff, they're -- they're -- she is -- Gina is now the transfer coordinator and Doug was the transfer coordinator?
A. I -- I believe so.
Q. Now, do -- do either of them have medical training?
A. I don't think so. I -- I'm not -- I'm

not certain. I -- I -- my -- my interaction with them is -- is -- is primarily -- is -- is periodic and -- and I don't know that they have medical training.
Q. They're -- they're not a part of -- as far as you know, they're not a part of the medical staff?
A. Right.
Q. And the same question with respect to the chief of operations: That was Sandy Funk, but is now somebody else, I believe?
A. Chief Eilers. Uh-huh.
Q. Chief Eilers?
A. Yes.
Q. So neither of them has medical training, do they?
A. I believe that's correct, yes.
Q. Have you had any treatment regarding treatment of persons with gender dysphoria?
A. I'm sorry. Can you repeat the question?
Q. Have you had any training with respect to treatment of persons with gender dysphoria?
A. I would say yes.
Q. What training have you had?

A. I've -- I've gone to continuing medical education. I have done a lot of literature review. I've done a -- a lot of self-learning, as well as in my private practice, I've -- I've had patients with gender dysphoria. I've had -- when I worked at the hospital, I -- I worked with people with gender dysphoria.
So I have experience and -- and -- and -- and learning and some -- and much of what happens after you leave formal training is -- is that you learn on your own and you learn -- you -- you gather resources and -- and -- and -- and I have other people such as Dr. Reister who has a lot of experience who I've used in consultation and -- and also further learning.
Q. You mentioned a continuing medical education?
A. Yes.
Q. When was that?
A. That has been more so since I -- I got into this -- in -- into this role, but at the NCCHC, the national commission for healthcare and corrections, I just attended something last week and I attended something last fall.

Q. So there -- you went to a conference, is that what you're talking about?
A. Yes.
Q. At the -- the NCCHC conference?
A. Right.
Q. And you've -- and you've mentioned two different ones?
A. Right.
Q. And at each of those, there was a session about medical care for tran -- for gender dysphoria, is that what you're saying?
A. Gender dysphoria treatment in corrections, yes.
Q. When were those trainings?
A. Exactly when -- last week was -- was one. And I believe it might have been in, you know, August of last year. I'd have to review that.
Q. Where were -- where was the one last week?
A. In Nashville.
Q. How long was the training?
A. That particular -- it was a lecture. I don't remember if it was an hour and a half or two hours. It was at least an hour and a half.

Q. And who conducted the training -- or the lecture?
A. A psychologist. I -- I -- I don't recall his name offhand. I'd have to look -- look that up.
Q. And the one in August, where was that?
A. That was in Minneapolis.
Q. And how long was the session that addressed transgender healthcare?
A. It -- it was probably about an hour and a half, I believe.
Q. And do you know who provided that training -- or that lecture?
A. A psychologist out of California. I don't -- I don't recall his name. There's -- different than the one I heard speak last week.
Q. You mentioned -- so was the -- the session last week provided by Jennifer Sexton and Theresa --
A. No.
Q. -- Wickham?
A. No. It -- I believe it was a male.
Q. Male.
Okay. You mentioned seeing patients in private practice. When were you in private

practice?
A. I continue to have a small private practice, but since 1990.
Q. How many transgender patients have you seen?
A. Just in private practice or hospital also?
Q. Yes. I'm talking about private practice right now.
A. I have one active patient. A wife of a transgender patient, and parents of a transgender patient.
Q. Currently, have you had any other patients other than the one you mentioned that you have now?
A. In -- in a hospital setting, I've had --
Q. Okay. I'm talking about private practice right now. We'll talk about the hospital next.
A. Yes. One other.
Q. So two while in private practice?
A. Yes, I believe so.
Q. And are you overseeing -- I -- do you prescribe hormone therapy?
A. No.

Q. Do you -- and then -- let's see. In -- in the hospital setting, when -- when were you working at a hospital?
A. Until -- from 1990 till 20 -- 2017.
Q. Was that a full-time position?
A. For the 16 years prior to -- yeah, from 20 -- from the year 2000 to 2016, 2017, yes. So...
Q. Okay. And then prior to the 2001 to 2016, it was part-time?
A. Yes. It was along with my private practice, so it was -- I wasn't an employed physician. I was an employed physician at a hospital from about year 2000 to 2017.
Q. And over the time that you worked in the hospital, how many transgender pat -- patients did you treat?
A. There were only about three.
Q. And were you treating them for gender dysphoria or for other issues?
A. Other issues.
Q. In your career, is there any other time that you have treated transgender -- or patients with gender dysphoria for gender dysphoria?
A. I have consulted with a school regarding

transgender care and -- of -- of a student. I think one, two, three -- probably three, three students.
Q. And what kind of consultation were you providing?
A. Psychiatric consultation to the -- to the administration, District 155 in Crystal Lake.
Q. And just to clarify, when you mentioned having a transgender patient -- having two transgender patients in your private practice, were you treating them for gender dysphoria?
A. They -- they see therapists -- they've seen -- they had seen therapists. My role was more limited, as far as dealing with their mood disorders. And part of what I do in -- in -- when I -- in con -- when I see them as patients is that I -- I -- I -- I do a lot of supportive psychotherapy, but mostly my role was medication management of their psychiatric illness.
In the school context, it was -- it was trying to help the staff understand the -- the dynamics of -- of -- of -- of the individual and how to support them, how to help them in -- in -- acclimating to their -- to their environments.
Q. So the school context was to help

acclimating the student as a -- as someone with gender dysphoria to the school climate?
A. Yes. Helping them -- helping the staff to understand the dynamics, helping them to understand the -- you know, their -- their -- their potential roles and how to be supportive and how to -- how to -- how to -- how to make that a smooth transition in dealing with the psychosocial aspects.
Q. Have you -- we talked about two conferences that you attended and went to sessions. Have you attended any other training or -- about treatment of gender dysphoria?
A. Not specifically that I -- that I -- that I can recall. You know, I -- I -- the transgender issues have been more -- more of a focus in -- in our society lately, and so though I may have had, you know -- I -- and I don't recall where my prior training is.
Certainly when I encounter a situation that I'm not familiar with, no matter what it is in my professional life, I will research it, study it, review the literature, take a look at and learn as much as I can about it because I want to -- I want to -- I want to do the best I can with a particular

patient. So, you know, that's -- that's part of what we do in medicine.
Q. Do you see yourself as an expert in the treatment of gender dysphoria?
A. I -- I think I have developed an expertise that -- that if I compared myself to other people in -- in -- in my field, I think I probably -- I would -- I would say I probably have more experience and -- and more working knowledge than the -- than the average person -- the average psychiatrist.
Q. And is that because of your experience on the transgender committee?
A. Partially, yes.
Q. Anything else?
A. As -- as -- as you can see, I've -- I've had experiences in -- in -- in multiple different aspects of the -- of -- of gender dysphoria, whether it means supporting a spouse, supporting family, supporting the individual, supporting them academically or at the academic setting, working, you know, with severe mental illness in -- in that population.
So, you know, I -- I've had a lot of

experience. This is -- this is not something that is very common in the world, and -- and I've -- and I've had relatively, you know, a fair amount of experience with this -- with this population.
Q. Okay. The -- so there's -- is there anything else that you believe makes you an expert in this field, other than the things we've already talked about?
A. No. I -- I think I have a good working knowledge, and I'm -- and I'm still learning and I'm still growing in -- in -- in all areas, and -- including this one.
Q. Are you a WPATH member?
A. No.
Q. Have you ever been to a WPATH conference?
A. No. I plan to go in September.
Q. Have you ever -- are -- are you aware of some of the experts in the field, Dr. Ettner, for example?
A. No. I can't say that I -- I've read -- I -- I don't know who the authors were of things I've read, and I -- I -- I can't say I can -- I can name experts. I'm sorry.
Q. Are there anyone -- is there anyone you

can identify as an expert in the field; that is, in terms of people who do research or people who see transgender people on a -- on a regular basis?
A. I consider Dr. Reister an expert, and I -- I -- I -- he has -- he has probably more experience than anybody I know of.
Q. Is he more of an expert in the field than you are?
A. Yes, I would say so.
Q. Outside of Dr. Reister, is there anyone else you would identify as an expert in the field?
A. Not that I know of.
Q. And in your position, you oversee all of the Department of Corrections' psychiatrists?
A. Yes. Psychiatry is under my -- is -- is -- is under my care, yes. We have a vendor, Wexford, that employs and -- and supervises the -- the psychiatrists, but -- but they, as State of Illinois, they -- they answer to -- to us and so -- too psychiatry answers to me.
Q. And those are the psychiatrists at the various facilities?
A. Yes.
Q. And you oversee the -- the paperwork, the

A. That's correct.
Q. The committee will make that decision?
A. Right.
Q. And similarly, that would be true for Exhibit 12, the people listed on that list are not making the final decision?
A. Right.
Q. I believe you said, then, that the committee -- the five members of the committee will make decisions by vote?
A. Yes.
Q. So they'll be recommendations from the different facilities and then the committee will discuss and there's a -- there's a telephone conference, is that -- I think you said?
A. Yes.
Q. There's a telephone conference. And there will be people -- the mental health staff professionals from the facility will be on the phone?
A. Yes.
Q. And -- and they'll be making recommendations for the treatment they think should be provided? Is that the way that works?

A. Yes. Well, whenever -- whenever a transgendered individual arrives at their parent facility, within 30 days they will be brought up to the committee. And so during -- prior to that, the -- the primary therapist, who will be one of the people on the transgender health staff, will -- will see them and complete our -- our form DOC 0400, which will provide details of -- of the offender. More or less a snapshot of them. Mental healthwise, healthwise, sexual history, and -- and any requests or any concerns. And then -- and then that -- that is sent to the committee ahead of time.

Their -- their MAR, so medical administration record, is also sent. And I have -- and -- and -- and so that -- that's presented. And so they present concerns or -- or if there's no concerns, they will present the -- the -- the case, quote/unquote.

And from there, we'll -- we'll hear about it, we'll hear -- we'll identify any concerns, any problems, what have you, any -- we will give some direction. You know, if there's a request for hormones, if there's a request for anything in particular, you know, we'll take a look at that.

And we'll take a look at anything that seems problematic, and -- and then we will make a decision.

Now, just because the five of us are, quote/unquote, voting members, you know, we -- it doesn't mean that -- that -- that -- that -- that -- that we -- we will ignore input. We take other people's input and -- and in order to -- in order to make the decision.

Q. Okay. So you take into account the input of the facility staff who are on the phone, you might take into account the input of one of the psychological administrators; is that right?
A. Yes.
Q. And -- but then you'll ultimately make the decision?
A. Right.
Q. Are there any other kinds of medical conditions where the decision is made by a committee?
A. Informally, yes.
Q. What do you mean -- and -- and what decisions are made by a committee?
A. Sometimes if it's complicated medical

condition, medical/psychiatric, or, you know, we've had issues of dementia, we've had issues of other things that kind of impact that we're looking at, you know, we -- we -- we -- we convene as a -- as a -- as a committee, so to speak, of administrators, and we take a look at what -- what would be important in the -- in the treatment of that particular individual.

So there are times when, you know, complicated medical or psychiatric conditions have come up that we -- that we -- that we form a -- a small committee and make -- and make decisions.

Q. And there's a formal committee or --
A. No. Informal.
Q. Okay.
A. It's an informal.
Q. So I'm asking: This is a formal committee?
A. Yes.
Q. Is there any other any medical decision that is made by a formal committee?
A. That I know of, no.
Q. And the -- the -- what you're talking about in terms of complicated mental health cases,

back. We want to do what's most appropriate for our patients.

Q. Would the -- does -- would it be appropriate for the committee to deny initiation of hormone therapy for a patient to -- to undergo counseling?

A. We -- we never deny counseling. We always encourage it.

Q. No. My question is: Would you -- would the committee deny a request to start hormone therapy because someone has not completed counseling?

A. In -- in the scenario where there's ambivalence and -- and -- and there's -- or a person doesn't -- isn't secure in their gender identity -- still have issues of that that -- that isn't very clear, I think the -- the committee sometimes will say, you know what, make sure they're ready for this. Make sure that they are committed, and it's -- it's not an ambivalent decision. Make sure that it's -- you know, that -- that -- that you -- you know, that they make progress to the point where they're -- they're making a good, informed consent rather than an am -- ambivalent one or -- you know,

this medical treatment is serious, and -- and we need to make sure that they're -- that it's appropriate.

Q. Would it be appropriate for the committee to deny a prisoner hormone therapy because the prisoner's obese?

A. If it's -- if -- if it's medically potentially complicating, then that's -- that's the decision of the medical provider.

Q. Is it -- is it something that the committee does, denies hormone therapy to a prisoner because they're obese?

A. If the committee sees medical problems that -- that would be a potential harm to the patient, then -- then the -- the committee may say, you know, that's dangerous, that's not appropriate.

Q. Would it be appropriate for the committee to deny a prisoner hormone therapy because they are HIV positive?

A. No. Unless, you know, they felt it would interfere with their -- with their medical treatment and -- and -- and you would have to weigh the risks versus the benefits.

Q. Would it be appropriate for the committee

to deny a prisoner hormone therapy because the prisoner delayed identifying themselves as transgender?

A. Transgender is usually something that starts very early in life and if clinically it doesn't seem like this is a transgender situation and -- I -- I -- I could see the committee questioning whether that's an accurate diagnosis. And if they came out -- they -- they'd say they're transgender at 35, but they didn't have a history of it early on in childhood, that's not consistent with what transgender is usually like.

I could see the committee say, you know, make sure you closely look at this and review this with them and make sure this is an accurate diagnosis, and -- and it's that he's coming out now at 35 versus, you know -- but it's always been there, it's been -- it's consistent with what happens in transgender and it isn't a different type of issue of transvestism or who -- or -- or what have you. So you'd want to make a -- a good decision.

Q. So you can imagine that if someone said -- identified as transgender when they were

older, then the committee might deny them hormone therapy?

A. The committee may ask for more information and clarification and -- and -- and look at that more closely, because that's not consistent with what happens in -- in the transgender population.

Hormone treatment can, you know, certainly have a -- a lot of potential side effects, and, you know, can do some very permanent -- have very permanent effects on a person, and -- and it shouldn't be taken lightly.

MR. KNIGHT: Could we take a few-minute break?

MR. HIGGERSON: Yeah.

THE VIDEOGRAPHER: It is 4:58 P.M. We go off the record.

(A recess was had from 4:58 p.m. to 5:07 p.m.)

THE VIDEOGRAPHER: It is the beginning of Tape No. 3 of the testimony of Dr. Puga. It is 5:07 P.M., and we're back on the record.

Q. (By Mr. Knight) Dr. Puga, is a request for permanent hair removal something that comes before the committee?

A. Yes.
Q. And is that something that the committee approves?
A. It hasn't yet.
Q. Is it currently not available at the Department of Corrections?
A. Correct.
Q. And turning to the -- our last topic area, this is No. 9: Any oversight, such as quality assurance reviews performed by the transgender committee or anyone else at IDOC regarding the medical treatment of gender dysphoria, whether those staff work for IDOC or for the -- for Wexford.
Do you -- do you see which one I'm looking at?
A. Yes, No. 9.
Q. I see you looking at it.
A. Yes.
Q. Okay. Is there any quality assurance review performed by the committee regarding this -- the medical treatment of gender dysphoria?
A. Not to date. That's something that's in the works.
Q. And -- and where is it in the works?

A. There -- I have had some communication with our CQI director about this a couple months back and -- and I've just developed a few bullet points that -- that's -- it's -- it's on my to-do list.
Q. Okay. So you've had a conversation. Anything beyond that?
A. No, not at this point. It's early in its -- in its stages.
Q. Okay. So it sounds like the kind of thing that's not going to happen any time soon?
A. Depends on how you describe that. Probably within -- within a few months, yes.
Q. Okay. And -- but that's going to depend on other people other than yourself?
A. Yes.
Q. And is this something that you've done, or is this something the committee is -- has talked about, having quality -- or having quality assurance reviews of transgender medical care?
A. That's something that I've -- I've done. The CQI committee in our department is relatively new. So we're -- we're -- we're beginning to formulate the details on -- on -- on -- on what we

look at and how often we look at it, and so this is part of it.
Q. The CQI committee, what is the CQI committee?
A. Continuous quality improvement.
Q. And you're on that committee?
A. No.
Q. Okay. But it -- so it's something that you brought to the attention of the CQI committee?
A. Yes.
Q. And who did you bring it to it -- whose attention did you bring it to?
A. Dr. Sim.
Q. Okay. And again, the -- you did that yourself as opposed to the committee doing that?
A. Yes.
Q. Has the committee been consulted about whether that's something that should happen?
A. No.
Q. Okay.
MR. KNIGHT: I have nothing further.
MR. HIGGERSON: Okay. I just have one thing I want to clarify.
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EXAMINATION
BY MR. HIGGERSON:
Q. You testified earlier that when there's a disagreement among the committee that it might go to a majority vote. Do all members of the committee have equal say on all issues that come before it?
A. The only time we haven't had a consensus -- well, I'm sorry. We -- we generally have had a consensus.
Now, does everyone have an equal vote? It hasn't come to that, but I think with clinical decisions, I don't think we're going to take the -- the transfer coordinator input and -- and -- and the chief of operations, you know, may not weigh in as heavily with clinical and -- and they -- they -- they really know their roles, and so they're able to say -- you know, defer it to -- to those of us who -- you know, who -- who -- who know the clinical and -- and are responsible for the clinical.
So do they have an equal vote? It hasn't come to that, as far as having that kind of a scenario, but -- but I would say that if it's a clinical thing, there -- you know, we -- it's going to be more weighted toward the clinical people --