

# **EXHIBIT 8**

1 IN THE UNITED STATES DISTRICT COURT FOR THE  
 2 SOUTHERN DISTRICT OF ILLINOIS  
 DEON HAMPTON, )  
 3 (MI 15934), )  
 )  
 4 Plaintiff, )  
 )  
 5 -VS- ) No. 18-CV-550  
 )  
 6 ILLINOIS DEPARTMENT )  
 OF CORRECTIONS )  
 7 DIRECTOR JOHN )  
 BALDWIN, et al., )  
 8 )  
 Defendants. )  
 9  
 10 THE DEPOSITION of DR. MELVIN HINTON, a  
 11 witness, called by the plaintiff for  
 12 examination pursuant to notice, and pursuant  
 13 to the provisions of the Code of Civil  
 14 Procedure, and the Rules of the Supreme Court  
 15 thereof pertaining to the taking of  
 16 depositions for the purpose of discovery,  
 17 taken before me, Cindy M. Scribner, CSR-RPR,  
 18 License #084-004465, a Notary Public in and  
 19 for the County of Peoria and State of  
 20 Illinois, at Pontiac Correctional Center, in  
 21 the City of Pontiac, and State of Illinois, on  
 22 the 25th day of April, A.D., 2018, at the hour  
 23 of 9:00 a.m.

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 6 I N D E X  
 7 Examination by:  
 8 Mr. Mills Page 5, 162  
 9 Ms. McClimans Page 159  
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1 \* EXHIBITS \*  
 2 EXHIBIT # PAGE #  
 3 1 9  
 4 2 22  
 5 3 24  
 6 4 34  
 7 5 38  
 8 6 54  
 9 7 72  
 10 8 115  
 11 9 129  
 12 10 132  
 13 11 135  
 14 12 152  
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 16  
 17 (Exhibits 1-12 were marked for  
 18 identification purposes and are attached to  
 19 the transcript.)  
 20  
 21  
 22  
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1 A. Depends on -- well, I would imagine  
 2 it depends on where they send the grievance.  
 3 You know, obviously there's an institutional  
 4 grievance process and then I would imagine  
 5 things are routed from there. But, again, I  
 6 don't think there's a wrong way. So if you  
 7 send a grievance to whatever office, if they  
 8 look at it and go, okay, well, clearly there's  
 9 an issue here for the transgender committee,  
 10 I'm sure they would route it to someone on the  
 11 transgender committee.

12 Q. And the transgender committee is  
 13 not institution based. That is, this is not a  
 14 decision made by Pontiac, this is a decision  
 15 made by the committee as a whole which is a  
 16 statewide entity, right?

17 A. The transgender committee members,  
 18 the core members, aren't facility based. The  
 19 facility does have input because they're  
 20 providing the presentation. And so the  
 21 committee routinely consults with them and  
 22 says, you know, what are your recommendations  
 23 and all that's kind of considered.

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1 Q. The committee itself is a statewide  
 2 committee?

3 A. Correct.

4 Q. There's not like a Pontiac and  
 5 Logan committee?

6 A. There's a committee, correct. And  
 7 then the treating clinicians at the facility.

8 Q. Have input into it?

9 A. Correct.

10 Q. You mentioned safety as being one  
 11 of the issues. What sort of evidence are you  
 12 looking at to figure out whether they're safe  
 13 -- I assume you're looking both are they safe  
 14 where they are and what would be the safety  
 15 concerns where they're transferred to a  
 16 different facility?

17 A. Correct. Yes, speaking very  
 18 globally all -- for any placement within the  
 19 Department of Corrections there's going to be  
 20 some consideration of safety, you know, are  
 21 you vulnerable, are you predatory, are you  
 22 both, are you high risk area, low risk area,  
 23 all those things would be considered.

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1 Q. What do you look at -- what does  
 2 the committee look at in order to make those  
 3 determinations?

4 A. Any number of things, build,  
 5 stature, committing offenses, current  
 6 behavior, disciplinary, everything.

7 Q. And those are then presented by the  
 8 institution where the person is housed or via  
 9 documents?

10 A. Yeah. So certainly, again,  
 11 opinions or documentation provided by the  
 12 committee to -- or provided by the facility to  
 13 the committee. Again, the ability to look up  
 14 things, obviously, again, you've got chief of  
 15 operations, the transfer coordinator, myself,  
 16 the medical director and other folks on the,  
 17 you know -- kind of a part of the process. So  
 18 all those things, we can get information from  
 19 any number of sources.

20 Q. Chief of operations has access,  
 21 obviously, to disciplinary history and  
 22 incident reports and all that kind of stuff?

23 A. Yes.

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1 Q. And you have access to the mental  
 2 health -- complete mental health file if you  
 3 need it?

4 A. Correct.

5 Q. And do you routinely confer with  
 6 the mental health treaters at the facility, or  
 7 are they making presentations to you?

8 A. They're making a presentation.

9 Q. So that all would be part of the  
 10 group that makes the presentation?

11 A. Yes.

12 Q. So does everybody meet at once and  
 13 they sort of come in and say here I am and all  
 14 that kind of stuff?

15 A. Usually you do it via  
 16 teleconference. So, yeah, so each facility  
 17 will have a designated kind of time, a number  
 18 of people to present, and then present to the  
 19 committee.

20 Q. So in general as the committee got  
 21 the actual medical records and mental health  
 22 records and disciplinary reports or they're  
 23 relying on a summary that's provided by the

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1 institution?

2 A. They're relying on that summary

3 that's presented by the institution generally.

4 Q. What role does the trans person

5 have in that process?

6 A. So clearly the patient is working

7 with their primary clinician, they're relying

8 information back and forth through their, you

9 know, meeting process whether it's individual

10 or group or whatever the case may be.

11 Typically their concerns relate to their

12 primary MHP or also could be a nurse or

13 physician. And that person usually then

14 conveys to the committee. There's a -- in the

15 worksheets and whatnot there's a set of

16 questions that are asked that are specific to

17 the person. So what does the person, you

18 know, think or feel or, you know, what's their

19 desire or anything like that. So that's how

20 the committee gets that information.

21 Q. So who's responsible for sort of

22 filling out that sheet as to what the person

23 desires?

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1 A. That facility.

2 Q. You don't know who at the facility?

3 A. Usually it's a treating MHP. But,

4 again, it could be the nurse as well.

5 Q. So somebody should sit down with

6 the --

7 A. Person.

8 Q. -- the patient and say, here's my

9 list of questions, let's go over them?

10 A. What's your goals, yeah, things

11 like that.

12 Q. But the committee as a whole

13 doesn't meet with this person, it's just

14 somebody from the facility?

15 A. Correct.

16 Q. What's the -- I take it the

17 physical, you talked about various physical

18 aspects as being relevant, so could you at

19 least talk more about that?

20 A. Physical aspects in term of?

21 Q. You talked about the surgeries, you

22 talked about functionality of whether they're

23 still potent, tell us more about that.

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1 A. So, again, there is a kind of

2 medical screening kind of section as it

3 relates to anybody who is being presented,

4 have there been any surgical modifications,

5 any desire for surgical modifications, things

6 of that nature. So those questions are asked

7 and, obviously, used in whatever decision,

8 recommendations the committee ultimately

9 makes.

10 Q. To be clear, the committee doesn't

11 just do a placement, correct?

12 A. Correct. Doesn't just deal with

13 placement.

14 Q. What other things does it do?

15 A. Again, medication management or the

16 initiation or follow-up of medication

17 management.

18 Q. For example, should this person be

19 on hormones?

20 A. Correct, should they start

21 hormones. If there's a question from the

22 treating physician about, you know, should I

23 increase, should we decrease, should something

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1 change, that type of thing, we certainly can

2 be in that kind of consultative role. Well,

3 the medical director would be in that

4 consultative role. Same type of questions for

5 the mental health professionals. Again, any

6 accommodations that may be needed at the

7 facility. If you require a sports bra, for

8 example, some other type of, you know,

9 clothing that may not be typical for that

10 particular institution, the committee then

11 could do that. The kind of mental health

12 treatment in terms of real life experience in

13 placement, how are you dealing with being a

14 transgender person in the Department of

15 Corrections. No different than kind of that

16 real life experience piece lived out in the

17 world. So making sure that we have processes

18 in place for the clinicians to not only, A, be

19 supervised and trained on that, but also then

20 have a place for questions for consultation as

21 well.

22 Q. Is sexual orientation considered at

23 all?

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