EXHIBIT 1

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 DR. SHANE REISTER

Chicago, Illinois

Friday, April 19, 2019 - 9:01 a.m.

Reported by:

ELIA E. CARRIÓN, CSR, RPR, CRR, CRC

Job No. 25002

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1 many hours involved for each of those hours.
2 Q. But you're generally responsible for all
3 mental health needs of the people --
4 A. Yes. It is --
5 Q. -- in the southern prison --
6 A. Yes.
7 MR. HIGGERSON: And again, let him finish.
8 THE WITNESS: Oh, I'm sorry.
9 Q. (By Mr. Knight) Okay. Okay. And the --
10 you mentioned the transgender committee meetings.
11 Are you actually a member of that committee?
12 A. Yes.
13 Q. Because the notes reflect you as a
14 participant as opposed to a member.
15 A. I --
16 Q. That is, the committee records show that
17 you're -- you're a participant, not a member.
18 A. The primary people are -- it's going to
19 be the chief of medical, the chief of psychiatry,
20 and the chief of mental health. I'm not a chief, so
21 I wouldn't be listed as a primary group member. But
22 there's also the transfer coordinator's office,
23 various operational people, all of the individuals
24 on the site. There's gotta be a representative from

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1 medical, a representative from mental health, a
2 representative from the administrative team.
3 And we all work as a multidisciplinary
4 team and as a multidisciplinary staffing. And
5 every one of them I'm invited to, and they would
6 like me to be on them. And I've been doing that for
7 over six years.
8 Q. Okay. Well, so you're saying there are
9 key members. You're not one of those, but you're
10 there --
11 A. An ongoing --
12 Q. -- and they want you to be there on an --
13 A. Yes.
14 Q. -- ongoing basis?
15 A. Uh-huh.
16 Q. Are you always there?
17 A. I'm not always there.
18 Q. And is the -- the transgender committee
19 familiar with the WPATH standards?
20 A. Yes.
21 Q. And how do you say that? Why do you say
22 that?
23 A. Because I wrote the standards into the
24 SOP, in the standard operating procedure manual that

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1 we utilize for the mental health. It's -- it's
2 written in there.
3 We also discuss it, and I provide
4 consultation and -- you know, now the committee
5 members are -- are familiar. But, you know, the
6 criteria -- for example, I -- I remind people about
7 the criteria that you would use.
8 Q. When you say you remind people, you
9 remind people on the committee about the WPATH
10 standards?
11 A. Yes. Because we have changes in
12 operational people, that sort of thing. We want
13 the -- everybody to be well-educated. So
14 occasionally, people will ask questions and I can
15 answer those.
16 Q. And so does the committees follow the
17 standards of care?
18 A. Yes.
19 Q. And I -- you're -- right, the -- we're
20 talking about -- just to be clear, we're talking
21 about the WPATH Standards of Care; is that --
22 A. The WPATH Standards of Care.
23 Q. Okay. And you -- you, I assume, are
24 familiar with the fact that there are three

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1 different kinds of medical treatments that are
2 provided to treat gender dysphoria; is that right?
3 A. Uh-huh. You can have a therapeutic
4 approach. You can use a medical approach. We use a
5 systems approach as well. That fits into dealing
6 with the stigma management. So we're dealing on
7 multiple level -- on multiple levels with the care.
8 Q. So specifically, though, when it comes to
9 medical treatment for gender dysphoria --
10 A. Uh-huh.
11 Q. -- there are three forms?
12 A. Uh-huh.
13 Q. Would you agree? Social -- social
14 transition?
15 A. Uh-huh.
16 Q. Hormone therapy?
17 A. Uh-huh.
18 Q. And surgical treatment?
19 A. Yes.
20 Q. And those are set out in the standards of
21 care as --
22 A. That --
23 Q. -- as a part of the treatment for the
24 condition; is that right?

1 Q. -- gender dysphoria?
2 A. Yes. If they're treating for gender
3 dysphoria, they are master's or doctorate level
4 clinicians.
5 Q. And have these individuals received
6 continuing education in assessing and treating
7 gender dysphoria?
8 A. Well, in terms of continuing education
9 credits, I do not know specifically what these
10 individuals have been doing. I don't monitor their
11 continuing ed. I provide them trainings and we do
12 case consultations as well.
13 Q. Okay. Well, that's one of the minimum
14 standards, is this continuing education.
15 A. Uh-huh.
16 Q. You understand that?
17 A. Yes. The department is -- actually has
18 the ability to provide continuing education credits.
19 We're authorized to provide those.
20 Q. Okay. But my question is: Do you know
21 whether those MHPs who are treating prisoners have
22 had continuing education?
23 A. They should be --
24 Q. In the assessment --

1 A. -- getting continuing education.
2 Q. They -- they should be, but you're not
3 sure?
4 A. I have not surveyed and collected the
5 specific data.
6 MR. KNIGHT: Okay. Why don't we mark this.
7 (WHEREUPON, discussion was had off
8 the record.)
9 (WHEREUPON, a certain document was
10 marked Reister Exhibit 1, for
11 identification, as of
12 April 19, 2019.)
13 Q. (By Mr. Knight) If you could just take a
14 look, Dr. Reister -- first of all, would you
15 identify for the record, what are these?
16 A. These are the WPATH Standards of Care for
17 Health of Transsexual, Transgender, and Gender
18 Nonconforming People.
19 Q. And this is what we were talking about
20 before that the department governs --
21 A. Uh-huh.
22 Q. -- its care on?
23 A. Yes.
24 Q. Okay.

1 A. And this is a primary source that I use
2 for trainings as well as for AD development.
3 Q. Okay. And taking a look at -- and -- and
4 maybe you're familiar with this, but just --
5 A. Uh-huh.
6 Q. -- if you would just take a look at
7 page 25. I take it you would agree and understand
8 that the standards of care clarify -- and again,
9 this would be on page 25 --
10 A. Uh-huh.
11 Q. -- in that last paragraph -- that for --
12 that it's important for mental health professionals
13 to recognize that decisions about hormones are first
14 and foremost the client's decision?
15 A. Yes.
16 Q. And is that true at the Department of
17 Corrections, in your mind?
18 A. Yes.
19 Q. And -- and yet there's this review
20 process through the committee about whether one can
21 get hormones?
22 A. The review -- the review process --
23 how -- how should I put this? The review process
24 helps ensure access to care and the quality of care

1 across the state. So we have an oversight quality
2 to it; and that way, we can ensure that offenders --
3 offenders' mental health providers and the team are
4 required to be prepped within 30 days of arrival at
5 any parent institution to address the security,
6 medical, and mental health needs.
7 This way, the committee is able to ensure
8 consistency of care, access to care. It provides an
9 opportunity to ensure that offenders aren't having
10 unnecessary lapses within 24 hours. You know, we
11 want to ensure that there's proper bridging. So we
12 make sure that we contact the medical director on
13 receiving centers to ensure that we have continuity
14 of care.
15 And the committee also is there to ensure
16 that we prepare individuals who do not have --
17 either they were on black market hormones or perhaps
18 they're just an identity clarification.
19 The individual I worked with at -- at
20 Dixon went from identifying as a gender male and
21 being in the closet. And I worked with her on
22 identity formation and working through the process
23 of living as a woman. And today, she gets hormone
24 treatment.

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1 A. Yes.
2 Q. Okay.
3 A. Yeah. There's -- specifically on
4 page 67 --
5 Q. Right.
6 A. -- is living in institutions.
7 Q. Right. And so you said -- in your
8 testimony earlier, you suggested there was something
9 different about the institutional environment in
10 terms of how the standards of care would apply. And
11 I just -- so that seems a little inconsistent with
12 what the standards actually say.
13 A. I'm not quite sure what I said. It --
14 Q. Well, I guess --
15 A. Yeah.
16 Q. And why don't we just -- as opposed to
17 going back to what you said before --
18 A. Yeah.
19 Q. -- your -- when you say that the
20 department of correction applies the standards of
21 care, you mean in their whole to the prison
22 environment? So in other words, you're not treating
23 the institutional environment as the care is going
24 to be different because it's the institutional

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1 environment; is that right?
2 A. Yes. We want to treat gender dysphoria
3 in a way that is in a consistent manner with WPATH,
4 and so that's how I wrote the mental health
5 treatment.
6 Q. Right. And are there -- other than the
7 WPATH Standards of Care, are there any other
8 standards that -- that the Department of Corrections
9 applies to its care of transgender individuals?
10 A. Well, the mental health standards, I
11 think, are important to make sure that they're
12 getting appropriate care, sensitivity, cultural
13 awareness.
14 Q. And I'm sorry. Which mental health
15 standards are you talking about?
16 A. Social workers have standards.
17 Counsel --
18 Q. Did --
19 A. -- counselor associations have standards.
20 There's standards in the APA, the American
21 Psychological Association, American Psychiatric
22 Association. So each -- each specialty has ethical
23 standards, but they basically have similar themes
24 about quality of care and competency and in terms of

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1 doing no harm, those kinds of ethical standards.
2 Q. So is the Department of Corrections'
3 intent to follow all applicable standards and the --
4 the latest standards --
5 A. Uh-huh.
6 Q. -- in providing care for transgender
7 individuals?
8 A. Yeah.
9 Q. And by med -- I mean medical standards.
10 Let me be clear: Is it the department's intent to
11 follow all prevailing applicable mental health
12 standards to trans -- to the medical -- medical
13 treatment of transgender individuals?
14 A. In terms of how I'm writing the mental
15 health standards and the standard operating
16 procedure manual, the intent is to follow the
17 standards.
18 Q. And --
19 A. So the mental health care which falls
20 under my jurisdiction is designed to do that.
21 Q. Okay. And one of those standards would
22 be the WPATH Standards of Care?
23 A. Yes.
24 Q. Are there any other specific standards

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1 that are specific to the treatment of gender
2 dysphoria that the committee applies other than the
3 standards -- the WPATH Standards of Care?
4 A. The WPATH standard is what we utilize.
5 Q. Okay. And looking again at Exhibit 2 --
6 A. Uh-huh.
7 Q. -- did the committee follow the standards
8 of care when it reviewed and made the decision about
9 treatment for -- for this inmate?
10 A. Yes. Because an individual did not have
11 sufficient stability in terms of the coping skills,
12 and so they were gonna work on the PTSD symptoms to
13 get those better under control so the coping was
14 sufficient to be able to transition.
15 Q. And so it's your -- your belief that that
16 would be consistent with the standards of care?
17 A. Yes.
18 MR. KNIGHT: I'd like to mark this as Reister
19 exhibit -- actually, I realize that since we have
20 two deponents, should we -- does it make sense to
21 call this 30(b)(6) exhibits or --
22 MR. HIGGERSON: I think you could show
23 Dr. Puga -- Puga Reister 1 and still call it that.
24 MR. KNIGHT: Yeah. Okay.

1 Q. -- to respond to these questions in the
2 deposition?
3 A. Oh, to -- no. No, not to respond to the
4 questions. These are -- are things that -- I
5 reviewed the questions beforehand and gave some
6 thought to it, and you saw my notes and different
7 things.
8 Q. Are there ways in which the Department of
9 Corrections is not following the standards of care?
10 A. I think one of the challenges with the
11 department is some of the things that individuals
12 would do out in the community are not accessible
13 in -- in, you know, the department due to like
14 property restrictions, movement restrictions, things
15 like that. You know --
16 Q. So I -- I --
17 A. -- for like -- for example --
18 Q. I -- I'm sorry.
19 A. Oh.
20 Q. I am -- I -- actually, it would be
21 helpful if you would answer my question. And then
22 you can explain, but I'm just --
23 A. Oh.
24 Q. -- I'm really just asking: Does the

1 Department of Corrections follow this -- are there
2 ways in which the Department of Corrections does not
3 follow the standards of care?
4 A. The Department of Correction is
5 consistent with the standards of care for how the
6 department operates in terms of what is accessible
7 within the department.
8 Q. So I -- I still don't know. Does -- does
9 it follow them or does it not?
10 A. I would argue yes.
11 Q. Okay. And -- and you don't think there
12 are any ways in which they are failing to live up to
13 the standards?
14 MR. HIGGERSON: You're asking him as the
15 department's representative?
16 MR. KNIGHT: I am.
17 MR. HIGGERSON: And not his personal opinion on
18 that; right?
19 MR. KNIGHT: Yes. Correct.
20 MR. HIGGERSON: Yeah.
21 A. From the department's perspective, it is
22 consistent with the standards.
23 Q. (By Mr. Knight) And from your personal
24 perspective?

1 MR. HIGGERSON: I'm going to object to that.
2 He's not here as a -- as an individual witness.
3 He's here as the department's representative.
4 MR. KNIGHT: Okay. Well, of course we can
5 depose him individually and -- if that's what you'd
6 like, so...
7 MR. HIGGERSON: If you want his individual
8 opinions, yes, we'll have to do a separate
9 deposition.
10 MR. KNIGHT: Well, I -- I mean, if -- is
11 there -- is there not any reason why he can't
12 go ahead and answer these questions in his
13 individual capacity so long as we make that clear?
14 MR. HIGGERSON: Yeah. The reason is we're just
15 here to present him as a 30(b)(6) witness. He
16 hasn't been prepared as an individual witness. He's
17 been prepared to answer those topics for the
18 department.
19 MR. KNIGHT: So you're not going to let him
20 answer with respect to his individual opinions?
21 MR. HIGGERSON: We're not.
22 MR. KNIGHT: You're instructing him not to
23 answer the question?
24 MR. HIGGERSON: Yes.

1 Q. (By Mr. Knight) Does -- does your
2 personal opinion differ in any way from the
3 institutional opinion?
4 MR. HIGGERSON: Objection. That's the --
5 Q. (By Mr. Knight) From the Department of
6 Corrections' opinion?
7 MR. HIGGERSON: That's the same question. He's
8 not going to answer that either.
9 MR. KNIGHT: And you're instructing him not to
10 answer?
11 MR. HIGGERSON: I am.
12 Q. (By Mr. Knight) Is there -- so in terms
13 of the committee process, is there ever dissent on
14 the committee, that someone doesn't agree with the
15 ultimate decision that the committee takes?
16 A. The committee has various opinions, and
17 it has to arrive at a final decision.
18 Q. Okay. But my question was: Is there
19 ever dissent from the final decision of the
20 committee?
21 A. There have been differing opinions, and
22 then the committee will make a final decision.
23 Q. And who, if -- if one person on the
24 committee -- or disagrees with what the committee is

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1 They're -- because keep in mind, our offenders at
2 Dixon Correctional Center, if they're in STC, the
3 special treatment unit, or in the psychiatric unit,
4 they might be destabilized enough to not have
5 capacity due to their mental health.
6 Q. Okay.
7 A. But an example would be psychoticism
8 where they're just aren't having reality contact.
9 Q. Right.
10 A. And so you would need to stabilize their
11 medications before you could give hormones. But
12 somebody with a psychotic disorder can receive
13 hormone treatment, but they have to be stabilized
14 enough to do informed consent.
15 Q. And the -- when you talk about reasonably
16 well-controlled --
17 A. Uh-huh.
18 Q. -- I -- I'm not -- what -- what does that
19 mean? And I -- and when you say "reasonably
20 well-controlled," you're talking about what?
21 A. We're talking about symptoms, social
22 functioning.
23 Q. Symptoms. So if someone is deeply
24 depressed, then you would not start them on hormone

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1 therapy?
2 A. It depends. We have some people who are
3 deeply depressed directly related to the gender
4 dysphoria, and we -- we have started hormones even
5 though they were still symptomatic. But if somebody
6 was on a crisis watch recently, we might want them
7 to stabilize a little bit longer before we initiate
8 hormones.
9 Q. Are -- isn't it true that someone with
10 untreated gender dysphoria could be on crisis watch?
11 A. And that's why it's a case-by-case basis.
12 That's why we do it by committee and we don't just
13 set rules out there. Because then we would discuss
14 in the committee what the nature of the crisis watch
15 was.
16 Q. So if someone were in crisis or
17 depressed --
18 A. Uh-huh.
19 Q. -- because of their untreated gender
20 dysphoria, then it would be proper to go ahead and
21 start --
22 A. Oh, yes.
23 Q. -- hormone therapy?
24 A. Yes. And we have actually started

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1 hormones on people that were not completely
2 stabilized because they needed it in -- in order to
3 deal with the depression 'cause it was related to
4 the gender dysphoria.
5 And those are the kinds of discussions
6 that we have when we talk about, you know, putting
7 in different ideas in there.
8 Q. Is -- so I'd like to turn to talking
9 about the committee's knowledge --
10 A. Uh-huh.
11 Q. -- regarding the risks associated with
12 failing to provide med -- adequate medical
13 treatment.
14 A. Yes.
15 Q. Is the -- is the committee -- the -- the
16 committee is -- I'm sorry.
17 Is the committee aware of the heightened
18 risk of suicidality among transgender individuals?
19 A. Yes.
20 Q. And is it aware of the heightened risk
21 among people with -- transgender people with gender
22 dysphoria?
23 A. Yes.
24 Q. And can suicidality be a symptom of

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1 untreated or poorly treated gender dysphoria?
2 A. Yes.
3 Q. And how long has the committee been aware
4 of these heightened risks of suicidality?
5 A. Well, I would assume for -- I -- I
6 couldn't give you a date, but it's -- I've been
7 aware of it since I've been on the committee.
8 I mean, it's one of those reasons why we are
9 prescribing when individuals aren't completely --
10 they may still be symptomatic, because of the risk
11 of suicide.
12 Q. So I guess my question is really: Do --
13 is it your understanding -- and you're speaking for
14 the committee -- or the department, I guess?
15 A. Uh-huh.
16 Q. -- that the department and certainly the
17 committee would be -- would have been aware of those
18 heightened risks as long as you've been on the
19 committee?
20 A. Yes.
21 Q. Okay. Is the committee made aware of
22 specific individuals who have engaged in self-harm
23 who would -- because of gender dysphoria?
24 A. When they present a case, they talk about

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1 write-up for an update for Offender Reed. I'm
2 assuming that's the name.
3 Q. Okay. Why don't we just -- and why don't
4 we identify this as Bates No. 1330 to 1348. Okay.
5 And then looking at page 1338, looking at
6 the bottom again --
7 A. Yes.
8 Q. -- who is Tiffany Hill?
9 A. Tiffany Hill is a former mental health
10 provider in the Menard mental health team. She's no
11 longer in the mental health department.
12 Q. Did she have a graduate degree, by the
13 way?
14 A. Yes. She had a --
15 Q. And --
16 A. -- master's degree.
17 Q. And so this is an email to the --
18 Dr. Dempsey?
19 A. Uh-huh.
20 Q. And Dr. Dempsey was the previous chief of
21 psychiatry?
22 A. That is correct.
23 Q. And -- well, you know, how does this
24 specific email relate to the committee meeting?

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1 A. Can I have a minute to read it?
2 Q. Sure.
3 A. Okay. Okay.
4 Okay. And what was your question again?
5 Q. How does this email to Dr. Dempsey relate
6 to -- to the committee? I mean, is this --
7 First of all, I want to ask a different
8 question: Is this information that's -- that was
9 provided to the committee?
10 A. I would assume so. Because Dr. Dempsey,
11 at the time, was heavily involved in the committee.
12 So I'm assuming that it is.
13 Q. Okay.
14 A. I can't be certain --
15 Q. Okay.
16 A. -- because it doesn't say specifically
17 anywhere that it's related directly to the
18 committee.
19 Q. Okay. Well, you would agree, though, on
20 page 1338, that --
21 A. Uh-huh.
22 Q. -- there are references to the inmate or
23 offender being suicidal?
24 A. Yes.

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1 Q. And those came to the attention of the
2 committee, at least would because they're part of
3 this --
4 A. Yeah.
5 Q. -- committee meeting notes?
6 A. Yes.
7 Q. And I believe it -- at the bottom of the
8 page, it talks about three separate crisis watches?
9 A. Yes.
10 MR. KNIGHT: Okay. Let's identify this as
11 Reister Exhibit 5.
12 (WHEREUPON, a certain document was
13 marked Reister Exhibit 5, for
14 identification, as of
15 April 19, 2019.)
16 THE WITNESS: Thank you.
17 Q. (By Mr. Knight) Okay. So -- and this is
18 also a committee update; is that right?
19 A. Yes.
20 Q. And this would be for Ms. Monroe?
21 A. Yes.
22 Q. And this -- the first page is dated
23 November 2016?
24 A. Uh-huh.

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1 Q. So that was an update. And then the
2 second page looks like it's June 17, 2016?
3 A. Uh-huh.
4 Q. And then back in February 19, 2016 --
5 A. Uh-huh.
6 Q. -- you'll see that there are references
7 to self-harm. So, for example, she says -- or the
8 notes say if -- that offender made statements such
9 as I'd rather die than live -- live with a penis.
10 I'm -- and then it -- a note from, it looks like a
11 licensed clinical social worker? Is that -- that's
12 a reference to the medical records?
13 A. Yes.
14 Q. And -- and is this -- I believe you said
15 this is prepared by the facility medical staff? Or
16 there's information from the facility medical staff
17 that goes into the report?
18 A. Well, generally what would happen is
19 Ms. Thomas would submit the basic information about
20 the case to the committee, and then Dr. Shicker
21 would've taken that information to help generate
22 this report, combining the information submitted
23 with why it was discussed in the TCRC meeting.
24 Q. Okay. But you -- you -- and you would --

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1 you understand from this that the committee was made
2 aware of Ms. Monroe's cutting of her genitals?
3 A. Yes. I believe it's in here. Yes.
4 Q. And her plan to cut them off?
5 A. Yes.
6 Q. And it goes on to say -- and that she no
7 longer wants to live?
8 A. Uh-huh. Yes.
9 Q. Okay. So the committee then obviously
10 in -- as of that date, February 2016, was made aware
11 that Ms. Monroe was suicidal and engaging in
12 self-harm and intending to engage in self-harm?
13 A. Yes.
14 Q. Okay. So I'd like to turn to your -- the
15 committee's response to the topic of training on the
16 treatment of gender dysphoria or regarding
17 transgender individuals provided to Department of
18 Corrections staff, whether those staff work for the
19 Department of Corrections or for Wexford.
20 Now, there can be transgender inmates in
21 all of the facilities; is that right?
22 A. That is correct.
23 Q. And that could be true for the boot camp
24 as well?

1 A. Yes. We had somebody successfully
2 complete the boot camp who was transgender, a
3 transgender woman.
4 Q. So have the mental health professionals
5 at the facilities been trained to treat transgender
6 individuals?
7 A. I offer trainings on a regular basis.
8 The last set of trainings that I did were four-hour
9 trainings. It's the current Part 1.
10 Q. So I'm -- I'm sorry. My question was:
11 Have you provided it?
12 A. Yes.
13 Q. Okay. And when did -- when -- in what
14 form do you provide that?
15 A. We will gather together in different
16 regions. The last time I did it, I did it in the --
17 I believe it was Dixon Correctional Center. So we
18 will get mental health providers, we'll shoot out an
19 email that we're having it on a certain date, and
20 then those who need the training will come to the
21 facility, and then we will discuss.
22 So it'll be, you know, talking about
23 cases, talking about how to assess, talking about
24 how to work and how to prepare somebody and ready

1 them for receiving hormones, how to deal with gender
2 identity confusion, that sort of thing.
3 Q. Is this -- and is this training offered
4 both to Wexford staff and to Department of
5 Corrections staff?
6 A. Both staff are offered that they can come
7 to the trainings, yes.
8 Q. Okay. And it -- it is -- it sounds like
9 it's voluntary. They're offered the training; is
10 that right?
11 A. Yes. The Wexford staff are not my direct
12 staff, so they don't fall under my line. So I can
13 strongly recommend for them to come; and at the end
14 of the day, they are Wexford Health Sources
15 employees.
16 Q. So but you can't --
17 A. Yeah.
18 Q. -- require them to be there?
19 A. No. But they generally will -- they
20 generally request to come. So I don't usually hear
21 of problems with individuals wanting to get trained.
22 Q. Has every mental health --
23 And -- and when did this training start?
24 A. Ooh, I'll be honest, I don't have the

1 dates. I've done this training last year in the
2 three regions and I believe the -- maybe the year
3 before or the year before that. And I have requests
4 to do it again, the Part 1, up north.
5 We have a turnover of staff, so sometimes
6 I will need to periodically do it. So I'll probably
7 get that one done relatively soon so that they're
8 ready for Part 2 when they go to the north of
9 Part 2.
10 Q. So I'm a little unclear. It started --
11 so we're in 2019. You're saying you did training in
12 2018?
13 A. Yeah. The -- I believe -- yes, 2018.
14 And then I don't recall when I did the other -- the
15 other trainings. So a lot of the training has been
16 through the transgender care case conference that
17 happens once a month.
18 Q. Okay. But in terms of this training
19 we're talking about --
20 A. This is --
21 Q. -- it may have started in 2018; you're
22 not sure?
23 A. Oh, no, no. We did it in 2018.
24 Q. Right.

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1 outward LGBT movement, I will go into more details
2 about what that event was, like that was the
3 Stonewall uprising.
4 And I'll describe what actually happened
5 when that occurred. And it basically started off
6 some very visible LGBT rights movement. And so I'll
7 go into more details about these more general topics
8 for Part 1.
9 Q. All right.
10 (WHEREUPON, discussion was had off
11 the record.)
12 Q. (By Mr. Knight) And so if you just take
13 a look at Slide No. 3 --
14 A. Yes.
15 Q. -- this is -- this is, I assume, a
16 PowerPoint?
17 A. Yes.
18 Q. And so I believe you said this -- you
19 haven't started -- this is just developed, you're
20 not -- you haven't actually done this training?
21 A. This was presented to the -- one very
22 similar to this was presented to the wardens, to all
23 the wardens at their latest wardens' meeting. I
24 forgot the date of when that was, but that was only

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1 like a month or two ago.
2 I took their feedback and their
3 questions. And they asked to make sure that the --
4 basically, to word things that were a little
5 scientific and to provide some context that might be
6 a little easier for people to learn. So I updated
7 some of the slides, trying to simplify the concepts
8 and using, like, analogies and things like that so
9 that it was a little more accessible. Because the
10 scientific terms alone, they didn't feel was
11 accessible enough.
12 And so I updated. These are the slides
13 that were updated from the feedback I received from
14 the wardens. And I also added at the very end of
15 these slides commonly asked questions. Because they
16 asked for commonly asked questions, like a -- a Q
17 and A, question-and-answer section.
18 Q. Okay.
19 A. So I added those commonly asked
20 questions.
21 Q. Okay. And then looking at page 3,
22 there's a reference to internationally recognized
23 standards of care. Is that the WPATH Standards of
24 Care?

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1 A. Yeah, that's the WPATH standards.
2 Q. And on page -- let's see. I guess it's
3 Slide 49? And this talks about language.
4 A. Yes.
5 Q. And -- and so this would be -- this would
6 be a reference to things like misgendering?
7 A. Yes.
8 Q. And using terminology -- certain kinds of
9 offensive terminology for transgender individuals is
10 what --
11 A. Yes.
12 Q. So do you talk to them about what things
13 should not be -- what kinds of specific things
14 should not be said to prisoners?
15 A. Yes. Let me -- let me look at the slide.
16 'Cause there's a specific slide that I talk about
17 basically things that we have to make sure we
18 address. There's a slide that specifically states
19 that. I've just got to find it.
20 Q. Well, No. 50, if you'll look at that
21 one --
22 A. Yeah. It's --
23 Q. -- so No. 50 --
24 A. Yes, I'm --

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1 Q. -- this talks about how misgendering is
2 psychologically harmful, stressful, and interferes
3 with treatment?
4 A. Yes.
5 Q. Okay. And that's something that you have
6 talked -- have said to the wardens? Was this a part
7 of what you showed the wardens?
8 A. Yes.
9 Q. But it's -- it's something you intend
10 to -- to say to all staff?
11 A. Yeah. The only changes that we are gonna
12 do if -- and we may launch it just as-is if we can't
13 get it done before -- we already basically are
14 setting the dates for the -- the training. I'm --
15 I'm going to try to go through -- 'cause there's a
16 typo in here. I wrote couch instead of coach on
17 some -- one of the slides.
18 And then we're going to clean up. And
19 basically, like on this slide where it has a period
20 after pronoun and after woman, after he-she, I'm
21 going to eliminate the punctuation on that.
22 So there are some grammatical punctuation
23 things that we're going to try to get done, as long
24 as it doesn't mess up the audio. There was some

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1 concern in the training department that we may be
2 better off just launching it with the grammatical
3 problems if it messes up the audio.
4 'Cause this autoplays. Once you hit
5 the -- once you press forward to the second slide,
6 it autoplays. If you mess with the slides, it out
7 of syncs everything and you have to start over.
8 So they're concerned it may change it.
9 So it may go exactly as-is. But if we change it --
10 so long as there's no complaints. But the
11 department is planning on launching it with just
12 a -- slight grammar punctuation changes. And it's
13 going to all the staff, regardless of your position,
14 whether you're an office assistant, a correctional
15 officer, everybody.
16 Q. And what about the Wexford staff?
17 A. And Wexford staff are required to go to
18 this training. And this is a requirement.
19 Q. How -- how -- how is it that they are
20 required to go to it?
21 A. They have to -- they are required to go
22 to certain of our cycled trainings. And this is
23 embedded into the one that all staff must go to.
24 And so, therefore, they have to go to this training.

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1 Q. Okay. And then Slide 53 talks about
2 gender dysphoria being triggered. Do you -- are you
3 there?
4 A. Yes.
5 Q. It talks about gender dysphoria being
6 triggered if the desired physical interventions by
7 means of hormones and/or surgery are not available.
8 A. Yes.
9 Q. And so that would be, for example, the
10 need for surgery but not -- that not being
11 available?
12 A. Yes.
13 Q. Okay. And it also talks about culturally
14 prescribed attire and cosmetics that -- that need --
15 or the access to that may cause negative emotional
16 status [verbatim]?
17 A. This is a problem which individuals do
18 communicate to the mental health department.
19 Q. So that -- that, for -- that would be
20 social transition --
21 A. Related.
22 Q. -- related? For example, access to
23 clothing consistent with gender identity?
24 A. Yes.

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1 Q. Okay. And then in Slide 54, there's a --
2 a -- a reference to the fact that the degree of
3 confirmation impacts psychological well-being. And
4 then it references medical interventions and social
5 environment.
6 A. Yes.
7 Q. And so that would be the -- the -- that
8 your -- your -- this slide is indicating or teaching
9 that the inability to -- to have medical -- medical
10 interventions would have a harmful impact on
11 psychological well-being?
12 A. Yes.
13 Q. And the same would be true of social
14 environment issues?
15 A. Yes.
16 Q. Is that -- and those social environments
17 are the --
18 A. Uh-huh.
19 Q. -- that's a reference to -- to the social
20 transition that we talked about?
21 A. Yes.
22 Q. Okay. And then looking at Slide 58, this
23 talks about the increased risk of suicide among
24 transgender -- transgender individuals?

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1 A. Yes.
2 Q. And the studies that support that?
3 A. Yes.
4 Q. Looking at Slide 67 -- oh, I -- so I
5 guess there's a reference to the various things that
6 the Department of Corrections provides and -- okay.
7 All right.
8 Well, I don't know if you're familiar
9 with this slide. Apparently what's on the slide
10 that was given to us has different information than
11 what shows up on the printout. So in the -- in the
12 information there, it looks like it says IDOT
13 provides nationally recognized medical interventions
14 to address --
15 A. Uh-huh.
16 Q. -- gender dysphoria. So do you see what
17 I'm saying?
18 A. Yeah, it --
19 Q. Or it -- or I'm sorry. It's not there?
20 A. Yeah, the script is missing on --
21 Q. Okay. But -- but that's what you
22 recognize -- you know that that's what it -- in
23 fact, it indicates?
24 A. Yeah. It would be written on there

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1 'cause I read it when I was -- I read it verbatim
2 when I was doing the slides. So what's written
3 there is probably what's missing off of here.
4 Q. Okay. Okay. Well, in terms of medical
5 interventions, what is it that the Department of
6 Corrections provides?
7 A. We provide hormone treatment for gender
8 dysphoria. And then we haven't yet to, but we have
9 not ruled out, if gender dysphoria symptoms are not
10 abated, use of other procedures as well, such as
11 surgeries.
12 Q. Okay. But you -- you haven't provided
13 surgery at this point?
14 A. Not at this point, but it is -- not that
15 it is not available.
16 Q. Looking at Slide 74, so this references
17 searches, but it doesn't reference the -- the gender
18 of the person who should be conducting this search.
19 A. The department --
20 Q. Is that -- is that right, what I -- what
21 I just said?
22 A. Yes. It doesn't specifically state the
23 gender. What this is talking about is PREA
24 standards where you have to have a single person

1 doing the search.
2 Q. Well, the PREA standards also talk about
3 cross-gender searches, don't they?
4 A. I don't know the quote of where that
5 would be, but -- so --
6 Q. So the -- so the -- this doesn't
7 address --
8 A. It doesn't address.
9 Q. -- it doesn't address the gender of the
10 searching. It doesn't prohibit transgender women
11 being searched by men?
12 A. It does not specifically address that
13 issue.
14 Q. And does the committee address that?
15 A. That is addressed from a site level. It
16 is done by the gender that would normally do it,
17 given the circumstance of the facility. Both men
18 and women are authorized to do searches in both the
19 male and female division, and the -- each site has a
20 standard that they generally will use. And that's
21 decided at the site level. Offenders are allowed to
22 file a grievance form for review -- for
23 administrative review if there's a concern.
24 Q. About the gender of the -- of the

1 individual conducting searches?
2 A. Correct.
3 Q. So you're saying that in male facilities,
4 men would be conducting the searches?
5 A. Yes. In general, it would unless there
6 was a specific change that would be based on a -- an
7 offender grievance or an emergent situation where
8 they would need multiple genders doing the searches.
9 Q. And -- and what do you mean by "multiple
10 genders doing the searches"?
11 A. If there was an emergency and we had to
12 quickly evacuate, for example, we -- we reserve the
13 right to be able to have either gender do searches
14 so as long as they're following professionalism.
15 And everybody's been trained on professionalism --
16 Q. Okay. But how --
17 A. -- who would be doing that.
18 Q. Right. But outside of that emergency --
19 A. Uh-huh.
20 Q. -- you're saying that a woman who's
21 transgender in a male facility will be searched by
22 men?
23 A. Yes.
24 Q. And is that -- that's not something the

1 committee addresses? Is that what you're saying?
2 A. That's not something that we would
3 address.
4 Q. Isn't that a part of social transition?
5 A. That is determined -- has been determined
6 that this is a security matter that's being driven
7 by meeting of PREA standards, in terms of searches.
8 Q. Looking at Slide 94, so the question
9 asks: Aren't offender --
10 (Court reporter clarification.)
11 Q. (By Mr. Knight) The question asks:
12 Aren't offender who say for the first time they are
13 transgender just faking to get something?
14 A. Uh-huh. Yes.
15 Q. And is that an issue that happens at the
16 facilities, that facility staff think that someone's
17 faking?
18 A. I haven't heard official kinds of
19 comments like that. What I will generally hear when
20 people know that I, you know, work with this kind of
21 training and what have you is they ask questions
22 about whether or not individuals are just faking.
23 Some of them will ask, well, do they just
24 want to go over to the female division, they're not

1 really transgender, they're cisgender; but,
2 you know, they just want to be with women? Those --
3 those are the kind of questions that I have to
4 dispel, on occasion.
5 Q. So the -- so the -- the thing they're
6 faking to get would be to go to the female facility?
7 A. Yes. Or special treatment, where they're
8 going to be seeing a therapist. There's any number
9 of things that the staff are assuming that they're
10 wanting, right?
11 Q. And -- and you tell them that that's, in
12 fact, not a --
13 A. It's not.
14 Q. -- correct way to review -- you -- in
15 other words, you tell them that's not correct?
16 A. I tell them that's not correct.
17 Q. Okay. And on Slide 99, there's a
18 reference to not everyone needing therapy groups.
19 Do you see that?
20 A. Yes.
21 Q. And so that is -- is that -- is that an
22 issue that has come up?
23 A. Yes. There is an offender at one of my
24 facilities in my region, and she was talking to the

1 therapist. She says, I don't want to be in these
2 groups, I'm fine; I just want to do my time, kind of
3 keep a low profile, and then go home. I don't have
4 a long sentence. I don't want to get involved in
5 those sorts of things.
6 'Cause the therapist was really concerned
7 about, well, don't all offenders have to go to this
8 group? And I was explaining that this is voluntary.
9 We can talk about the advantages and disadvantages,
10 but if this is not particularly something that this
11 person finds useful, then that's okay too.
12 I had a similar conversation with a
13 transgender man that's in the male division. And he
14 also communicated a lack of interest, at least at
15 that time. But I reminded -- but every offender is
16 reminded that it's not a one-shot deal. If you
17 change your mind, it's available.
18 Q. And but -- and that -- these participant
19 and therapy groups is not a condition or should not
20 be a condition on someone being able to get care
21 such as hormone therapy; is that right?
22 A. That's exactly what I'm trying to
23 communicate, that you don't have to do the therapy
24 to get the hormone treatment. If you want to do the

1 therapy, it's available. If you need treatment,
2 some individuals have some mental illnesses that
3 need be treated, then again, we'll strongly
4 encourage. But -- but there are many individuals
5 that we have that don't need the therapy component.
6 Q. In looking at Slide 102, these -- these
7 are sites that are provided for the facility staff?
8 For the medical staff? For the facility staff in
9 general?
10 A. Everybody gets access. This is a
11 training for all staff. So these are additional
12 information. Quite honestly, it's probably going to
13 be the -- the mental health and the medical staff, I
14 would anticipate, would be the most interested. But
15 it provides some resources for people who want to
16 learn more, so that's why these are provided.
17 Q. And -- and you're -- they're provided
18 because you believe they're helpful and
19 authoritative?
20 A. Yes. I think these are helpful sites and
21 authoritative. And they provide different angles on
22 different topics that were discussed in here if
23 people want to get further information about why
24 we're suggesting these are really important topics.

1 Q. Okay. And the -- so there was a point
2 where you were not doing training. Are you saying
3 you are doing training now?
4 A. Yes. We're doing training now. I have a
5 significant amount of time that -- that I am allowed
6 to go and spend and travel and -- and do this across
7 the state.
8 Q. And does -- is there training at
9 facilities on transgender health every year?
10 A. This is newly launched.
11 Q. Right, I guess --
12 A. This training will be annual because it's
13 a part of that annual cycled training. So they're
14 going to just take this and put it right, you know,
15 wherever something else was. And they'll make the
16 time frames.
17 Q. Right.
18 A. Maybe they'll extend it longer.
19 Q. And is the --
20 A. This is being added on the mental health
21 day.
22 Q. In the past, was training with respect to
23 transgender health something that happened every
24 year?

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1 A. No. This is new.
2 Q. Okay. And did it happen -- how -- how
3 oft -- you know, let's -- how often did it happen?
4 I mean, once every five years? Once every -- I
5 mean, you've only mentioned two different years
6 where you've provided -- you've provided training
7 prior to this year at this point.
8 A. Yeah, I don't want to -- I'm trying to be
9 conservative so I don't overstate what I'm doing.
10 Q. Okay.
11 A. Dealing with an LGBT community is part of
12 other trainings but not enough to address the issues
13 for the -- the treatment. It doesn't have the --
14 the level of detail. It's -- it's kind of like --
15 like a slide or two. Don't quote me on that exact
16 number, but it wasn't sufficient, in my opinion, to
17 really help people with proper management and
18 rehabilitation and helping launch the transgender
19 offender successfully into the community and for
20 good reentry. So that's why I went into more
21 detail, and it's -- an hour and 45 minutes was
22 needed.
23 MR. KNIGHT: Okay. I would -- I'd -- I'd like
24 to take a break at some point. Are -- are we at a

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1 place where we could take a break?
2 MR. HIGGERSON: I believe so. I mean --
3 MR. KNIGHT: I mean, it's -- you know.
4 MR. HIGGERSON: It's your questions. I don't
5 know.
6 MR. KNIGHT: No, no. I -- I'm just asking.
7 MR. HIGGERSON: Yeah.
8 MR. KNIGHT: Because it would be convenient to
9 take a -- a break for lunch now and then complete
10 with Dr. Reister after lunch, and then turn to
11 Dr. Puga.
12 MR. HIGGERSON: That's fine. How long are you
13 going to be? Do you know how long Puga is going to
14 be compared to this? Or -- I'm just...
15 MR. KNIGHT: I'm guessing a similar length,
16 maybe longer. I don't know.
17 MR. HIGGERSON: Okay.
18 MR. KNIGHT: I mean, he's -- he is -- there are
19 a number of specifics to his -- the topic areas he's
20 addressing in terms of the directives, et cetera.
21 So I think it may take even longer, frankly.
22 MR. HIGGERSON: Okay.
23 MR. KNIGHT: Okay.
24 THE VIDEOGRAPHER: So you still want me to go

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1 off?
2 MR. KNIGHT: I actually would like to -- so
3 let -- can we just go ahead and take a break? And
4 should we take -- how long, an hour or 45 minutes
5 or --
6 MR. HIGGERSON: Let's take less, if that's okay
7 with you.
8 THE COURT REPORTER: Should we go off the
9 record?
10 MR. KNIGHT: Sure. Let's go off the record.
11 THE VIDEOGRAPHER: It's 12:18 P.M. We go off
12 the record.
13 (A recess was had from 12:18 p.m. to
14 12:56 p.m.)
15 THE VIDEOGRAPHER: It is the beginning of Tape
16 No. 3 of the testimony of Dr. Reister. It is
17 12:56 P.M. We are back on the record.
18 Q. (By Mr. Knight) Okay. Dr. Reister,
19 you're still under oath.
20 THE COURT REPORTER: Reister.
21 A. Yes.
22 MR. KNIGHT: Reister. Thank you for correcting
23 me.
24 I would like to mark this as Reister Exhibit 7.

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1 (WHEREUPON, a certain document was
2 marked Reister Exhibit 7, for
3 identification, as of
4 April 19, 2019.)
5 Q. (By Mr. Knight) Okay. Dr. Reister,
6 could you identify exhibit -- Reister Exhibit 7?
7 A. These are my notes that I wrote when I
8 was preparing and I was trying to think about what I
9 do --
10 Q. Uh-huh.
11 A. -- in terms of the department and the
12 transgender community as a whole. And so these are
13 kind of like the various things I spend time
14 addressing. And I just wanted to make sure that I
15 had in my mind things that sometimes are forgotten,
16 I guess is a good way. So these are like the things
17 you might forget kind of list that I had.
18 So like, for example -- do you want me to
19 describe what the notes are?
20 Q. I -- I --
21 A. Or do you --
22 Q. Let me ask some specific questions about
23 them.
24 A. Okay.

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1 Q. -- how many conversations have you had
2 with her?
3 A. We had a conversation earlier in the
4 year, and then we got together and I exchanged some
5 information. I sent slides over to her, and then I
6 went and I visited those two sites all in one day.
7 And...
8 Q. So that sounds like a conversation and
9 a -- one meeting?
10 A. Yes. We're just forging this
11 relationship with them.
12 Q. Okay. And this is a relationship for
13 purposes of creating -- or helping offenders when
14 they leave, when they are released; is that right?
15 A. It's two -- it's twofold. It's to
16 help -- actually threefold if you think about it.
17 It's to help with reentry. It's also to help if one
18 of their clients become incarcerated, as well as to
19 get some outside opinions on our trainings and to
20 help -- again, I'm trying to forge so that we can
21 have like some speakers come in and different things
22 like that. I'm trying to build that network.
23 Q. Have you -- and then you mentioned
24 somebody in St. Louis?

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1 A. Yes. I was talking with Dr. Prelutsky in
2 St. Louis about challenges in terms of if we have a
3 client from Southern Illinois. And basically, he
4 was educating me that part of the problem with the
5 healthcare is making sure that there's some funding;
6 that there has to be insurance or Medicare or, in
7 the St. Louis area, there could be problems with
8 getting services like at his place. He's a major
9 LGBT provider in St. Louis.
10 So that basically told me that we're
11 going to have to find another provider in there.
12 'Cause a lot of our individuals don't come out with
13 that. So we either need to figure out a way to get
14 Medicare, Medicaid activated or we need to find a
15 different provider than like a big name in -- in
16 St. Louis. So --
17 Q. Okay. So --
18 A. -- it's problem solving, is what I'm
19 trying to do.
20 Q. Okay. So these are -- this is, again, a
21 conversation about -- or at least that conversation
22 is about what would happen -- what will happen for
23 people when they're released?
24 A. Yes, that --

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1 Q. What kind of medical treatment -- or
2 where will they get medical treatment when they're
3 released?
4 A. Yes.
5 Q. Okay. Have you -- has the department --
6 and have you hired these people or just spoken to
7 them?
8 A. I'm consulting with them, yes.
9 Q. And you're paying them --
10 A. No. We're -- we're --
11 Q. You're just speaking to them, and they're
12 agreeing to speak with you --
13 A. Yes.
14 Q. -- for free?
15 A. Yeah. And they're consulting and -- and,
16 you know, Caitlin's looking over the -- the slides
17 for free. That's --
18 Q. Okay.
19 A. Yeah.
20 Q. And my -- I guess my question is: Have
21 you -- has the department or the committee hired an
22 outside expert to help it provide better medical
23 care?
24 A. Not to my knowledge, although I'm not

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1 sure what -- if the health services has done
2 something I'm not aware of, but I'm not aware of any
3 outside.
4 Q. Okay. So they're -- so you're not aware
5 of any outside experts being hired to review the
6 treatment plan, for example, or -- or the -- for a
7 particular individual with gender dysphoria?
8 A. No, I'm not aware of that.
9 Q. Okay. So as far as you know, that has
10 not happened?
11 A. As far as I know.
12 MR. KNIGHT: Okay. Can I just have a minute?
13 MR. HIGGERSON: Uh-huh.
14 Q. (By Mr. Knight) All right. So you --
15 Dr. Reister, you understand this is a specialized
16 area of care, the --
17 A. Yes.
18 Q. -- care for transgender individuals?
19 A. Uh-huh.
20 Q. Yes?
21 A. Yes.
22 Q. Okay. And -- and I guess the -- you --
23 you understand there were some -- there are a number
24 of experts out there in terms of providing the care?

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1 A. Yes.
2 Q. Dr. Ettner, for example, is --
3 A. Yes.
4 Q. -- an expert in that area?
5 A. She is a top person, and I use a lot of
6 her information from her resources that she
7 provides. And I also have seen her speak.
8 Q. Have you had a situation with a
9 transgender inmate in which you felt like we could
10 really benefit from outside consultation with an
11 out -- with an expert on the outside?
12 A. If there is an issue that we were to need
13 to do that, I have ways of consulting through the
14 LISTSERV. We haven't had to do that yet, and
15 there's two of us that potentially have access.
16 There's two of us that are WPATH members, so...
17 Q. Who -- who else other than you is a
18 WPATH --
19 A. Kellie Gage just became a -- a WPATH
20 member. She's over at Robinson Correctional Center.
21 Q. Okay. But you -- you're saying while
22 you have access to that, it's not something that
23 you've done at this point?
24 A. No. I tried reaching out and sending an

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1 email for assistance, but I didn't get a response
2 from WPATH.
3 Q. And what was that case about?
4 A. It was recently -- I was just trying to
5 reach out to them to see if they might be willing to
6 provide some assistance with the programming and the
7 stuff that we're trying to do as a result of the --
8 these two court cases.
9 Q. And --
10 A. Which is why I went to Howard Brown.
11 MR. KNIGHT: All right. Okay. Can we just
12 have five minutes --
13 MR. HIGGERSON: Yep.
14 MR. KNIGHT: -- and then...
15 THE VIDEOGRAPHER: It is 1:19 P.M. We go off
16 the record.
17 (A recess was had from 1:19 p.m. to
18 1:22 p.m.)
19 THE VIDEOGRAPHER: It is 1:22 P.M. We are back
20 on the record.
21 Q. (By Mr. Knight) Okay. Dr. Reister, in
22 Exhibit 7 -- I'm not sure you actually have to see
23 it, you may remember -- but there's a reference to
24 phone consults as needed.

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1 A. Uh-huh.
2 Q. Is this this monthly availability -- you
3 make yourself available to the mental health
4 professionals to speak about transgender healthcare
5 issues?
6 A. They also call in between. Yeah, so
7 that -- that there is a transgender care case
8 conference where we talk about cases and we share
9 information and what have you. And then there's
10 also if they want to call me up, I'm also available
11 'cause I have a State cell. So as long as I have a
12 cell signal, if they need to, they can give me a
13 call.
14 Often, they'll just shoot me an email,
15 hey, can we talk? And then we --
16 Q. Okay.
17 A. -- we'll do a phone consult.
18 Q. The -- this transgender care committee
19 conference -- I'm sorry -- transgender care --
20 A. Case conference.
21 Q. -- case conference is voluntary?
22 A. It's voluntary.
23 Q. Okay. And the -- these -- making
24 yourself available for calls is, of course,

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1 voluntary. If they -- if they want to reach out to
2 you, they can?
3 A. Yes.
4 Q. And how many of those do you get a month,
5 approximately?
6 A. I don't -- I'm not sure how many.
7 Maybe -- it depends on what's going on. Maybe one.
8 Q. Okay.
9 A. Yeah. One, two. It depends on -- it --
10 it varies.
11 Q. Are there any kind of minutes or notes
12 kept of these care conference meetings?
13 A. We've been -- that's something that we've
14 been doing more recently. My office assistant has
15 minutes available. That's Stacey Agans.
16 Q. And --
17 (Court reporter clarification.)
18 THE WITNESS: Agans, A-G-A-N-S.
19 Q. (By Mr. Knight) Okay. And how long did
20 that -- how long have you done that?
21 A. Oh, goodness. It's more recently. I --
22 we've been really upping and modifying what we do
23 recently, after the Hampton case. So it's more
24 recent. It was --