

# **EXHIBIT 10**

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**From:** Dempsey, Michael C.  
**Sent:** Thursday, March 24, 2016 10:34 AM  
**To:** Coe, John B.; Hardy, Marcus; Duncan, Stephen B.; Goins, Russell L.; Smith, Jessie; Gomez, David J.; Wortley, Glenda; Atchison, Mike; Shicker, Louis; Hinton, Melvin; Reister, Shane; Cunningham, Lorie A.; Burke, Margaret; Fairless, Luke  
**Cc:** Wilson, Angel  
**Subject:** RE: [REDACTED] GID Updates 3-16.docx  
**Attachments:** Depression Transgender-1.doc; img-324095435-0001.pdf

I have just completed the latest confirmed Transgender Count for IDOC:

**90 Confirmed Transgender Inmates** based upon Transgender Care Committee Review

7 Inmates that still need to be reviewed by the Committee. So, by next month the number may exceed 100 Transgendered offenders within IDOC.

I'm including a couple of articles on Transgender individuals. The articles are very interesting since they address mental health within the population. This may help inform our decision about Offender [REDACTED]

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**From:** Dempsey, Michael C.  
**Sent:** Tuesday, March 22, 2016 4:43 PM  
**To:** Hardy, Marcus; Duncan, Stephen B.; Goins, Russell L.; Smith, Jessie; Gomez, David J.; Fairless, Luke; Funk, Sandra; Wortley, Glenda; Atchison, Mike  
**Cc:** Shicker, Louis; Hinton, Melvin; Reister, Shane; Cunningham, Lorie A.; Burke, Margaret  
**Subject:** [REDACTED] GID Updates 3-16.docx

Please review the Transgender Care Committee's Update on Offender [REDACTED] with these questions in mind:

1. By remaining in an all male institution, what will be the risk to safety and security of this offender and others?
2. By remaining in an all male institution should this offender be held accountable for other's behavior that result in offenses?
3. If this offender were housed in an all female institution, would she have been charged with the same offenses (that resulted in Segregation) for the same behaviors in a male facility?
4. How would this offender risk the safety and security of others if housed in an all female institution?
5. Based upon offender's conviction, are you concerned about the vulnerability of offenders in an all female facility?

Feel free to comment and share with the others included in this email.

M. Dempsey, MD

## FELLOWS CORNER

## Suicide Risk in Transgender Inmates

Dalia N. Balsamo, MD



Last November, Vikki Thompson, a transgender woman, was found dead in a British male prison after threatening sui-

cide<sup>1</sup>. She had warned she would kill herself if she were placed in a male prison. Earlier in December, another transgender woman committed suicide (also in a British male prison) due to her high level of distress<sup>2</sup>.

These unfortunate incidents prompted the Ministry of Justice (MoJ) to issue a statement calling to review and revise their current guidelines (Prison Service Instruction 7/2011) pertaining to transgender inmates. The review is expected to conclude early this year<sup>3</sup>. The current MoJ guidelines for transgender prisoners were issued in 2011 and set to expire in March 2015. They recommend that transgender prisoners be considered at-risk for suicide and self-harm and further recommend that proper procedures be utilized to prevent suicide if needed<sup>4</sup>.

In the United States, the situation of transgender inmates is not much different. Transgender inmates have historically been at a higher risk for discrimination in the prison system. Their rate of incarceration is higher than the general population, and the rate becomes even higher for transgender people of color<sup>5</sup>. According to the National Transgender Discrimination Survey, transgender people are at a higher risk of committing suicide compared to the general population<sup>6</sup>. Prison environments tend to be unsafe and invalidating places for gender nonconforming people. Recently, Ashley Diamond, a transgender woman who was incarcerated due to a non-violent crime, filed a complaint under §1983 against the Georgia Department of Corrections. As an inmate, she was denied hormone treatments, was sexually assaulted by male inmates on multi-

ple occasions, and was placed into solitary confinement on two occasions (once for reportedly “pretending to be a woman”) <sup>7</sup>. Notable in her history were her multiple suicidal and self-castration attempts while under the custody of the Georgia Department of Corrections.

Unfortunately, there have been several other cases of transgender inmates attempting suicide and self-castration while incarcerated<sup>8, 9</sup>. Most of these self-harming behaviors seem to originate in the context of being denied medical treatment for their gender dysphoria<sup>10</sup>. The World Professional Association for Transgender Health (WPATH) mentions in their Standard of Care how either abruptly withdrawing hormones or not initiating hormonal therapy can lead to worsening dysphoria, depression, and/or suicidality. It also cautions against a “freeze frame” approach (which only allows for the continuation of already existing therapy, but does not authorize any initiation or expansion of treatment) <sup>11</sup>. This past October (2015), California became the first state to pay for an inmate’s sex reassignment surgery <sup>12</sup>.

In addition to lack of access to hormone therapy and sex reassignment surgery, transgender prisoners face the issue of unsafe housing conditions. They are at higher risk of being victims of violence and sexual assault, and experts have attributed this to the current policies surrounding their housing assignments <sup>13</sup>. Currently, the majority of jails and prisons in the United States assign people based on their external genitalia, not their identified gender. In addition, transgender inmates are at higher risk of being put in solitary confinement, which is also referred to as administrative segregation. In many instances, this assignment is not meant to be punitive, but done out of administrative convenience. While some may argue that this may “protect” transgender people against potential physical and sexual abuse, it

usually causes emotional distress and has debilitating psychological effects on the individual <sup>14</sup>.

In conclusion, transgender inmates face unique challenges and adversities. A major step in preventing future episodes of suicide and self-harm is to create an environment that recognizes and validates their needs while ensuring their safety. ☯

## References:

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5. Tobin HJ, Freedman-Gurspan R, Mottet L. “A Blueprint for Equality: Federal Agenda for Transgender People.” (June 2015). *National Center for Transgender Equality*. [http://www.transequality.org/sites/default/files/docs/resources/NCTE\\_Blueprint\\_June2015\\_0.pdf](http://www.transequality.org/sites/default/files/docs/resources/NCTE_Blueprint_June2015_0.pdf). Retrieved on 1/16/2016.
6. Grant, Jamie M. et al. “Injustice at Every Turn: A Report of the National Transgender Discrimination Study.” Available at [http://www.endtransdiscrimination.org/PDFs/NTDS\\_Report.pdf](http://www.endtransdiscrimination.org/PDFs/NTDS_Report.pdf).
7. *Diamond v. Owens*, 2015 U.S. Dist. LEXIS 122189.
8. *Kosilek v. Spencer*, 740 F.3d 733.
9. *Konitzer v. Frank*, 711 F. Supp. 2d 874.
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11. World Professional Association for Transgender Health. “Standards of Care for the Health of Transsexual, Transgender, and

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