EXHIBIT 2

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 knowledge, but certainly not -- not the knowledge that we have today about it.
Q. Did you treat transgender patients in the fellowship?
A. Not that I recall.
Q. You mentioned a -- you mentioned doing a speaking engagement about it. But I -- I guess specifically, did you treat transgender individuals at that point?
A. No.
Q. Okay.
A. It was all based on research and learning and more theoretical than -- than -- than by ex -- from experience.
Q. Okay. And so are you a member of the transgender committee?
A. Yes, I am.
Q. And are you a member or a participant? 'Cause I've seen both of those terminologies -- terms -- terms used.
A. I -- I started out as a participant and then I was asked to be the chair. The medical director, Dr. Meeks, appointed me as the chairman of the committee.

Q. When did that happen?
A. I believe -- somewhere around, I believe, either July or August of last year.
Q. So July, August of 2018 --
A. Yes.
Q. -- you became the chair?
A. Yes.
Q. And prior to that, it had been Dr. Meeks?
A. Yes.
Q. Who is the medical director?
A. Correct.
Q. Dr. Meeks is still on the committee?
A. Yes.
Q. And so was Dr. Hinton?
A. Yes.
Q. And what -- what is the difference between a member and an attendee?
A. The -- the members of the committee are -- are -- vote and -- and -- and are able to make decisions for the -- for the department.
The attendees can provide information, can provide a rebuttal, can present concerns, and they will present information and -- and then we discuss it as -- as a committee and -- and we'll

make decisions for the department.
Q. And so you're saying you -- you then -- so the -- the members would include the agency medical director, Dr. Meeks; you, Dr. Puga --
A. As a chief of psychiatry. And then the chief of -- of operations.
Q. So that -- so it would also include the chief of operations, Sandy Funk?
A. She recently retired, yes.
Q. When did Sandy Funk retire?
A. I believe the beginning of this month or the end of this last month, end of March.
Q. And who has replaced -- I'm sorry. Does Sandy identify as female or --
A. Yes.
Q. -- male? Okay.
Who replaced her?
A. Chief Eilers, E-I-L-E-R-S.
Q. Okay. And -- and then the committee would also include?
A. Transfer coordinator.
Q. The transfer coordinator. Is that Doug Stephens?
A. Yes, it was. I believe Ms. Wortley, I

don't remember her first name -- W-O-R-T-L-E-Y, I believe is current -- currently sits on the committee. Yeah, I'm -- I'm not sure if that's by designation, if she was assigned to that, or -- but she usually sits on the committee. And also Dr. Hinton, chief of mental health and addictions.
Q. Okay. So -- so you've listed off five committee members?
A. Yes.
Q. Including you?
A. Yes.
Q. Okay.
A. Now, aside from us, we ask the regionals to participate. And our -- our three regionals -- regional psychologists include Dr. Reister, Dr. Fairless, Dr. Horn.
Q. You asked those three regional administrators to participate?
A. Right.
Q. Okay. And Dr. Reister is the southern region; is that right?
A. That's right.
Q. And doc -- and Dr. Fairless is?
A. Central region.

Q. Central. And doctor -- I'm --
A. Horn.
Q. I'm sorry. Are these all psy -- PhD psychologists?
A. Yes.
Q. Okay. So Dr. Fairless is central and Dr. Horn is northern?
A. Yes.
Q. And so you've got attendees. If you're making a decision, though, that will be a vote among the five committee members?
A. Right.
MR. KNIGHT: I'd like to mark this as Puga Exhibit 11. Okay.
(WHEREUPON, a certain document was marked Puga Exhibit 11, for identification, as of April 19, 2019.)
Q. (By Mr. Knight) Okay. Dr. Puga, would you -- can you identify Puga Exhibit 11?
A. Yes.
Q. What is it?
A. This is -- per facility, these are the people that are in -- charged with the treatment for

the transgender population.
Q. So are these -- what is -- are they physicians? Are they mental health professionals? What -- what are their positions?
A. These are mental health professionals.
Q. And are these all master's level?
A. At least, yes.
Q. Okay.
A. Some -- some are doctoral levels.
Q. Are all these people still working for the Department of Corrections -- or working in the Department of Corrections?
A. Yes. I don't know if this is updated; but, yes, from -- they're all in -- in the department from -- I -- I -- I don't know all of them personally. And I -- I -- I can't tell you if this is the latest updated version.
Q. Are these people who also may attend the committee meetings?
A. Yes.
Q. And do they do that by phone?
A. Yes. And the -- the committee meetings are -- have -- have many people that are involved. And typically, for example, you know, we'll have

our -- our monthly meeting. The -- the -- the five members are -- are there, are present. Every -- every time I've been on -- on a call, Dr. Reister's been on it, and most of the time -- the vast majority of the time, the other two regionals are on.
Every facility has representatives, including the therapists that are listed here. The assistant warden of programs, sometimes the warden. The medical -- someone from the medical department and their facility, whether that's the HCUA, the healthcare unit administrator, or the -- the physician. And those are -- those are the people that are -- that -- that will be part of the presentation.
So most -- many of these people, when they're presenting, will stay for the whole duration of the -- of the committee time, which is typically two, two and a half hours. And -- and most of -- most people will be participating. Not all of them have -- you know, and -- and anybody can -- can -- can give input and give help to the understanding of the situation, but -- but it is a -- the committee is -- is -- is -- it's a large committee that --

that -- that is very well attended.
MR. KNIGHT: I'd like to mark this as Puga Exhibit 12.
(WHEREUPON, a certain document was marked Puga Exhibit 12, for identification, as of April 19, 2019.)
Q. (By Mr. Knight) Dr. Puga, Exhibit 12, have you seen this?
A. Yes.
Q. And can you identify Exhibit 12?
A. Yes. This is a listing per facility of the -- the medical administration, the administra -- warden administration, as well as medical administration.
Q. And are these the additional people who might be at meetings?
A. Yes.
Q. Is there anyone else, other than the people listed on Exhibit 11 and Exhibit 12, who is present at meetings?
A. From time to time, there will be a -- you know, we've had nurse -- a nurse practitioner in place of the -- the medical director, you know,

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

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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

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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

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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

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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,

continuous quality improvement, and -- and -- program that -- that reviews that. We have a federal monitor that has been at our R&C centers and they reviewed that recently. They have not found it to be problematic.

Q. What -- what -- what kind of federal monitor is there?

A. It's a -- from our Rasho settlement, we have a federal monitor that's -- that -- that's been working with the department.

Q. Does the -- that -- the -- that Rasho monitor is -- is -- you're -- you're saying that the 24-hour review is supposed to happen for all prisoners, not just those with gender dysphoria?

A. That's correct.

Q. And you're saying the Rasho monitors reviewed that?

A. Yes.

Q. And is that reported to the committee?

A. That's reported to the department. I've read -- I've read that, I've spoken with them about that, and --

Q. Right. I'm asking about the committee, though. Does the committee -- does the committee

get reports to ensure that these exams are happening within 24 hours?

A. No. That's not the scope of the committee, but -- but no, they don't -- the individuals on the committee, I think all -- all of us do get that feedback, but -- but not as a committee itself.

Q. And on page 2, there's the provision F1 that says -- I'm sorry -- F2, it says that the department shall not perform or allow the performance of any surgery for the specific purpose of gender change, except in extraordinary circumstances. Do you see where I'm reading?

A. Yes.

Q. And that would be determined by the -- the director, Director Baldwin?

A. Yes.

Q. And are there any other medical treatments -- and -- and so this is talking about surgery to treat gender dysphoria?

A. Correct.

Q. Are there any other -- are you aware of any other forms of surgery where -- that require the review of Director Baldwin?

A. I -- I'm not sure.

Q. Okay. You're not aware of any?

A. I'm not aware.

Q. Are you aware of why this is such a high standard and requires this level of review?

A. Am I aware of why? No.

Q. Can you think of any other treatment that -- or medical procedure that -- where this standard must be met, the extraordinary circumstances standard?

A. You'd have to ask Dr. Meeks. I'm not -- I'm not sure.

Q. You can't think of any?

A. You know, I'd -- I'd -- I'd just be speculating.

Q. Okay. And -- and there's never been approval of surgical treatment for gender dysphoria, has there, by the committee?

A. That I know of, there has not been.

Q. And then No. 3 says: Hormone therapy will require higher approval of the agency medical director. You see where I'm reading?

A. Yes.

Q. Is -- are there other kinds of treatments

that require approval of the medical director?

A. I -- I can't speak for the medical director. I'm not sure.

Q. Well, I mean, you provide other kinds of care and you prescribe anti -- I should say not you personally, but the -- the psychiatrists that work for you -- prescribe antipsychotics or antidepressants or other kinds of -- of medical treatments; right?

A. Uh-huh, yes. And we do have some control over that. We have a formulary and -- and there are reasons why some things are restricted. They're not -- we don't say necessarily no to -- to -- to anything in particular, but there are -- are -- are some treatments that are -- that are problematic in our department. So I took off the formulary a medication that was being very highly abused, for example, and -- and trafficked -- trafficked, and I made it a little less easy to access because we have other options. And so --

Q. They are -- and I'm sorry.

Let's say we're talking about a medication that's on the formulary, are there any medications that the psychiatrists who work for you

are required to get agen -- the agency medical director sign-off on before they can be prescribed?
A. Not if they're on the formulary.
Q. And what if they're not on the -- what if they're off the formulary, does that require --
A. There's a procedure.
Q. -- agency medical review, or does it require Wexford review?
A. It requires Wexford review, but then I can appeal -- they can appeal to me.
Q. Okay. So -- so that doesn't go to the agency medical director either if it's off formulary?
A. Right.
Q. Okay. That would go to Wexford for approval?
A. Right.
Q. Okay. Okay. And then the -- at the bottom of the page, there's a provision which talks about establishing the committee and that it -- it sets out a purpose. So its purpose of reviewing placements, security concerns, overall health-related treatment plans, and oversee gender-related accommodation needs of these

offenders.
So is that your understanding of the purpose of the committee, is that what -- what's written there?
A. Yes. Uh-huh.
Q. And then this sets out the members of the committee. It actually identifies four people. You're saying that even though this identifies four people, you're now a fifth member of the committee?
A. Right. My position didn't exist when this was written.
Q. And up until the time that you became the head of the committee, Dr. Meeks was the head of the committee?
A. Yes.
Q. What are gender-related accommodation needs?
A. There are times when we may have to look at providing a -- a -- for example, for the male to female sports bras. There are times when -- when they will need shower accommodations and shower separately or shower somewhere else. There are times when -- there'll -- there'll be requests for certain -- certain things, and so we -- we -- we

will -- we will look at all those things that we -- sometimes an accommodation has been switching to another facility.
Q. What do you mean by "switching to another facility"?
A. We've had -- we've had several transgender patients who would do better having more services, for example, available. Some of the facilities don't have much, as far as how many transgender patients there are or the -- the -- the availability of groups, and so we've -- we've -- we've transferred, you know -- from -- better access to treatment. We've had a couple of transgender individuals that we've moved to a female facility.
Q. Okay. And those two, though, were done because of court actions requesting transfer; right?
A. We did it because we -- we thought it was appropriate as --
Q. Well, there -- there were court actions requesting transfer in both of those cases, though, weren't there?
A. Yes.
Q. Okay. And then on page 3, there's a reference to the chief administrative officer, under

requirements. Is that Director Baldwin?
A. No. That's the warden at the facility.
Q. And do you know -- are you aware of whether the wardens at the facilities have maintained a written procedure for -- that's -- as set forth here?
A. I don't know specifically. I know that there -- I've seen notes kind of highlighting these and -- and -- and the -- the medical doctor filling them out.
Q. The committee doesn't do anything to ensure that those happen --
A. The --
Q. -- that those procedures are put in place?
A. The DOC 0400 is fairly comprehensive and it does have a medical piece there and the medical provider is -- is at the committee meeting and so we -- you know, we have been -- you know, we have access to them and their information, and -- and...
Q. Okay. But my question was: Do you, the committee -- does the committee do anything to ensure that those -- that policy is in place at the facilities?

Dr. Hinton was at least the editor. I don't know if he had input from Dr. Reister.

Q. Is this -- what -- what is the purpose of this document?

A. To standardize care, mental health throughout the department, to serve as a guide for questions of how the department would like -- would like mental health to proceed.

Q. Are the facilities expected to follow the -- the -- the standard operating procedure?

A. The mental health providers are, yes.

Q. The mental health providers at the facilities are expected to follow this SOP?

A. Yes.

Q. The -- is the committee familiar with the importance of using pronouns consistent with a patient's gender identity?

A. Yes.

Q. And -- and you try to -- to do so --

A. Yes.

Q. -- the committee does? Is that right?

A. Yes.

Q. And you expect the facilities to have to do that?

A. Yes.

Q. Would you consider that to be a -- a part of the -- the adequacy of the medical care; in other words, adequate medical care for a transgender individual would involve using proper hormones?

A. Proper hormones?

Q. I'm sorry. Proper pronouns. The correct pronouns?

A. We think that's respectful, and it's a -- it's a -- it's -- it's to show that you respect the person and -- and -- and approach their care in a dignified manner. So we -- we certainly expect that.

Q. Is it a part of the treatment for gender dysphoria.

A. If they -- if they request it. Not everyone wants that. But if they -- if -- we will do that, but with their permission.

Q. Right. Assuming that it is -- the patient has sought to live consistent with their gender identity and requests that pronouns and names be used that are consistent with their gender identity, would you understand or agree that's a part of the treatment for the condition?

A. Yes.

Q. What about name usage? Isn't having -- being able to use a name that's consistent with someone's gender identity important treatment for some individuals with gender dysphoria?

A. Yes.

Q. Does the -- does the committee review that and advise facilities to -- to use the names that are -- that -- that, for example, are chosen by an individual to be consistent with their gender identity?

A. Yes. We certainly encourage that. And some -- I tell you, sometimes at our com -- at our committee someone has accidentally or -- or misspoken and -- and used the wrong pronoun and -- and they get corrected, and -- you know, and -- and so we -- and if that continues in that presentation, we, you know, stop and we -- we reiterate the importance of it. That has happened on one of the committee -- one -- at one committee meeting.

Q. There is in this document information about transfers. And this is for the transgender medical care. Do you know why that's there?

A. Where is -- where is that exactly?

Q. Page 57. At the bottom, the continuity of care for transgender patients.

A. The -- we want to make sure that -- that the care remains consistent and -- and -- and the transgendered patient doesn't have -- their needs aren't overlooked. And although you can have a committee that will meet and make some decisions for -- for support of care, that's at that facility and that's understood at that facility.

But we want to make sure if they go to another facility, that they -- that they -- that they can be consistent with it, that they recognize, you know, what has been helpful, what -- what -- what they need to continue to do. And so we want to reinforce -- reinforce the fact that their treatment will continue at the next -- the next receiving facility.

Q. Do anything -- do anything -- does the committee do anything to make sure that that happens?

A. That it gets --

Q. That the care is continued -- is -- is continued at the new facility?

A. Yeah. Well, we review -- you know,

think we are meeting their needs, yes.
Q. Can you -- but the committee intends to make its decisions consistent with WPATH Standards of Care?
A. Consistent with -- with good treatment of -- of the individual, which as we -- as we look at it, it's consistent with WPATH standards, yes.
Q. Well, other than the WPATH Standards of Care, are there any other standards that the committee is make -- guiding or using to guide its decisions?
A. I -- I have -- I've reviewed literature and I have -- I have used -- used literature to try to help formulate some of how we -- how we do things. I have reviewed other state's policies, and so I -- as I mentioned, we are continuing to make progress and continuing to -- to adapt in the best way that we -- best way to -- to treat our -- our -- our -- this population.
Q. Okay. So you mentioned two other things in addition to the WPATH Standards of Care.
A. Uh-huh.
Q. And -- and are those things that you follow instead of the WPATH standards?

A. So as I came into this committee, there were already some -- some set ways that we've been doing things. And as I look at the WPATH standards, I -- I -- I find that my predecessors that set this up, including Dr. Reister, I think were -- were -- seem to -- to follow the WPATH standards. And it seems -- it seems appropriate.
There are some other things that I'd like to continue to do and continue to -- to modify in -- in making things better. As my role as an administrator, my -- my role is to continue to -- to look at things, to continue to make progress, to continue to improve, and -- and continue to -- to -- to strive for, you know, doing the best quality work we can do.
So I continue to strive for that, and I will continue to -- to -- to keep a pulse on the literature and on -- on the trends and -- and this is an evolving process. And so what we have today may not be what we have in a year or two years, and it's certainly not something that -- it certainly is different than a year ago when I started.
Q. Okay. Well, I'm asking about currently, not about whether these things will change in the

future, just to be clear.
A. Uh-huh. Uh-huh.
Q. And so currently, you'd mentioned the WPATH standards as governing the committee, that they -- that they were already governing the committee; is that right?
A. It -- it appears so, yes.
Q. And at least that's your understanding?
A. Yes.
Q. That -- that the committee was intending to follow the standards of care?
A. It appears to me that -- that that's the case. And in my conversations with Dr. Reister, who has been probably most influential in setting this, you know, he -- he -- he has used that as a guide to -- to -- to help develop what we have today.
Q. And you mentioned reviewing literature. What other literature have you reviewed?
A. I reviewed hormone treatments in -- in -- in -- in transgender. I've reviewed surgical procedures in transgender. I -- I've reviewed the correctional literature in -- in -- in transgender. I reviewed some of the legal experiences of other states.

Q. What hormone therapy literature have you reviewed?
A. That was early on in -- in -- in my work with the committee. I looked at the potential side effects. I looked at medications that are -- that are typically used. I looked at contraindications for medications. I looked at dosing that -- that was appropriate. You know, both -- you know, transition from male to female and female to male. I reviewed experiences, as far as potential consequences, side effects of -- of -- of surgery -- surgical procedures and -- and --
Q. I'm just asking about what's the specific literature that you reviewed?
A. Oh, I did a Google search in medical -- medical literature. I -- I -- there's a chapter in -- in -- in the Oxford Textbook of Correctional Psychiatry. I know that one for certain. The others have been journal articles and -- and other articles. I -- I have -- I might be able to produce a pile of it that I have in my office, but I -- I don't know if I've kept all of them.
Q. And you mentioned other states' policies. What states' policies did you review?

A. I've seen and I've reviewed California's policy, and I -- I -- I -- I don't remember if the other one was Ohio. Those are a little more readily available. I think it might have been Ohio.
Q. And are you saying the committee decisions are influenced by those other state policies?
A. No. No, not necessarily. I --
Q. Or I should say, are they guided by those other state policies?
A. No. They're -- they're used as a -- a reference point. I think some -- some of what they have available has been very helpful, as far as helpful models, because they've been further along in this process than Illinois has. And --
Q. So have -- you mentioned that you reviewed it. Are you saying all of the committee members have reviewed these -- this literature and these other state policies that you're talking about?
A. I -- I don't know who in the committee has. I --
Q. You're -- you're not aware that they have reviewed it?

A. I sent out some of that to Dr. Meeks, Dr. Hinton, I believe Dr. Reister. I -- I've sent some of that to them. And so, you know, I -- I -- so I -- I don't know what other committee members have -- have reviewed.
Q. Okay. Well, you know, my questions are about what the committee guides its decisions based on. And if the other committee members haven't seen those or you don't know if they've seen them, it's a little hard for me to understand how they could make decisions based on those.
A. Uh-huh. Uh-huh.
Well, on the committee there's always Dr. Reister, myself, who -- who are able to -- to cite those -- the literature and cite the -- you know, to -- to bring that -- bring that to the committee. I -- you know, that we -- I think it's incumbent on both of us -- both of us feel a sense of responsibility for this committee to -- to -- to know as much as we can and -- and -- and be as up to date as we can with this. So both of us are committed to that and -- and so we provide that kind of structure.
Q. How does the committee decide whether to

start a prisoner with gender dysphoria on hormone therapy?
A. We -- we look at a number of things. You know, first of all, is it -- is it the correct diagnosis? Is it -- is the -- is the person psychologically ready for -- for that? Do they understand the potential benefits and consequences? Is -- are their -- is their understanding realistic? Is there anything that would prevent them from -- from going on, whether it means medical conditions?
It -- as far as the psychological readiness for it, are they ready to have this kind of transition occur, which encompasses a whole lot of other details. And -- and if there aren't -- are they psychologically -- or psychiatrically -- I'm sorry -- are they -- are they at a -- at a place that hormones would be -- would be okay to introduce? And so there are a number of questions that we have to -- have to have answered before we say, yes, it sounds like it makes sense.
Q. So you listed out a whole bunch of things. Are you saying that these criteria come from the WPATH standards?
A. Some.

Q. And what -- and what doesn't come from the WPATH standards?
A. You know, I think if you read the WPATH standards, I -- actually, I think all of those are going to be highlighted as far as relative psyc -- psychiatric stability, you know, the -- the ruling out, for example, thromboembolism history, psychologically readiness, the actual diagnosis that fits. You know, all those -- all those are -- I think are -- are consistent with WPATH. I don't -- yeah, I'd have to review what other -- what other things I've told you, but I think -- I think all of that is consistent with WPATH.
Q. And so the -- the committee hasn't actually met with the prisoner; right? No one in the committee has met with the -- with the prisoner; is that right?
A. The -- the five of us, no. The -- the people that would have met with them is going to be their -- the MHP, the mental health professional, the -- the medical doctor, and probably the warden, and probably -- you know, the team that's presenting. I -- I would -- I would think that just about everyone on -- on that team has met the -- met

the individual.
Q. Right. But the committee has not? That's all I'm asking.
A. Correct.
Q. And -- and you're, then, saying, for example, that to start someone on hormones, if a -- if the facility says this individual is ready to start hormones, you're gonna assess these various things and then decide whether they can start it, even if the -- if the facility is recommending? Is that the way it works?
A. Correct.
Q. And when you make that assessment and make that decision, you -- do you see their medical records for the prisoner?
A. Their -- their medical -- sometimes. Sometimes we'll ask them to -- to review the chart and -- and they usually -- when they present, they'll have the chart there. So someone will, you know, go take a look at their labs or take a look at the physical exam or take a look at what have you. We have access to that at that time if we have questions about that.
Q. But you don't always have the

medical records as a committee when you make a decision?
A. We have the medical administration records. So the -- what we call the MARs. And so it'll tell you what medications they're taking, whether they're complaint with it, and -- and -- so the record of medications will have that.
Q. Right. But you don't have the entire medical records for that prisoner?
A. Right. We have the summary of the medical in the 0400.
Q. And that's a summary in this form that is provided to you by the facility?
A. Yes. Uh-huh. And then we have access to, like I said, the medical personnel who can -- who can give us more information.
And -- and there are times that we've said, you know, get us more information or get a blood level, get whatever, come back to this committee, and report back in 30 days, in 60 days, 90 days, what have you.
Q. And in terms of the -- the committee's decision about the type or dosage of hormone therapy, you -- you said earlier that that would

only come to you if the facility medical staff want advice?
A. Right.
Q. And how do you make a decision, then, as a committee about the type or dosage of hormone therapy?
A. Well, at that point, you know, we serve as more or less a second opinion to the doctor. Just to give you an example, one time recently there was a transgender female who was requesting injectable estrogen as opposed to oral estrogen because she didn't feel that the oral estrogen was helping.
Well, literature indicates that injectable and oral seem to be -- you know, this doesn't seem to be a benefit to doing that necessarily. However, we requested the hormone levels. And so they provided us the -- the hormone levels and -- the -- the results of the hormone testing, the -- and the amount of medication and what was recommended -- and there, again, that's Dr. Meeks's realm -- to -- to increase the dosing of medications, recheck levels, and then report to us to see how -- how -- how she would do.

And so, in essence, that served as a second opinion and gave us some oversight into treatment. We're -- we're able to hear her concerns of, you know, inadequate med -- medication res -- response, and so we were gonna do that and have her -- have the doctor report back in -- I don't remember if it was 30 or 60 days -- with another blood level and -- and we were going to review response and make sure she was getting adequate treatment.
Q. And the committee, when it's assessing the hormone level, is it following the standards of the Endocrine Society?
A. I -- I believe so.
Q. Are you familiar with those standards?
A. I -- I -- I have a copy of it in my -- you know, I -- I have a reference that I take a look at. Like I said, I'm not -- I'm -- I'm psychiatric and obviously that's medical, but it's -- I -- I don't know that in specific. I do have -- I do have reference -- a reference to that that I have during the committee that I look at but...
Q. Right. I'm -- I'm just asking about the -- I understand that you're -- you're -- you're

not prescribing hormone therapy. But I'm asking -- again, you're -- you're answering questions on behalf of the committee and the Department of Corrections and --

A. Yes.

Q. -- so my questions are: What does the committee decide or govern its decisions about hormone levels by?

A. Uh-huh. Uh-huh.

Q. And -- and my question is: Are they the Endocrine Society standards?

A. Uh-huh. I believe they are, yes. I -- yes. That's -- that's -- that's one of the things I've reviewed, and I actually have in my -- my -- my folder of things that I look at when I -- they have access to during the committee.

Q. And as to the -- the questions about type and frequency of blood testing, again, that's one of those areas where you said that might come to your attention from a physician sometimes?

A. Yes.

Q. It comes to the committee?

A. Sometimes we -- we request it, sometimes we'll -- we'll -- we will look at it, sometimes

they'll provide it in their presentation, but...

Q. And again, my question is about how often this prisoner's blood level should be tested?

A. Uh-huh.

Q. That would be something that would come to the committee at some point; right?

A. At -- prior -- at -- at this point, we've left a lot of this to the discretion of the treating physician -- treating physician. And -- and it -- it -- it may not be that way in the future, but at this point, you know, we've left it to the discretion of the treating --

Q. But if --

A. -- doctor.

Q. Okay. But if the treating doctor has questions about how often should I conduct testing for this prisoner, the committee would be the resource that the -- those physicians would come to?

A. Correct.

Q. And would those decisions also be guided by the Endocrine Society standards?

A. We would look at the -- those standards, yes. Uh-huh.

Q. How does the committee make decisions

about whether a prisoner should be provided social transition? So this is D.

A. The committee expects it.

Q. The committee expects what?

A. Assistance in social transition. So --

Q. And assistance from the facility in social transition?

A. Yes. As far as therapy, as far as whether it means individual or group. Now, there will be -- periodically, there'll be people who -- who refuse it and who don't feel they need and who don't want to have access to it, but -- but that's something that it's not a matter of whether they need social transition support, it's a matter of we feel that it's important for them to have it. And we're going to encourage it. They can refuse, but -- but -- but -- but for the most part, we're going to encourage it.

Q. Right. And so you're saying that the social transition that the committee would consider is whether someone should be in group therapy?

A. That's part of it.

Q. And what about access to clothing consistent with -- for -- feminine clothing for a

woman who is transgender?

A. Uh-huh. That's a -- the therap -- that's the therapist's and -- and patient decision. And if they request it, you know, we -- like I said, we -- we -- we've talked about allowing the -- the -- the facility to make that decision, but we generally rubber-stamp it and -- and -- with the caveat, like I said, if there's any danger associated with it, then that's -- that's -- then it can be limited, but -- but aside from that, we're gonna -- we're gonna allow it.

Q. Right. But I think you talked about bras only. You haven't -- you didn't reference things like underwear, for example, feminine underwear, feminine grooming items. Is that something that the committee approves for prisoners who are transgender? That's part of social transition, you understand?

A. Yeah, yeah. Yes, we have. Yeah, I -- I -- I don't remember.

Q. The committee has approved feminine underwear for a transgender woman?

A. I don't remember that coming up. I -- I don't remember that coming up.

Q. But that's the kind of thing that would come to the attention of the committee?
A. It could, yes. Uh-huh.
Q. And you don't remember what -- what the committee has done about that?
A. Right. I don't remember that being brought up in my -- my time in the committee.
Q. And when you make a decision about social transition, would that be guided by the WPATH standards?
A. I'd have to take a look at -- at -- at -- at the specific question because, you know, we're -- we're -- we're in a -- in a correctional setting which -- which sometimes has -- has its own nuances that we certainly don't want to compromise security and -- and -- and some things may not be appropriate in -- in -- in -- in -- in Department of Corrections versus in the -- in the free world.
Q. Well, assuming for the particular prisoner who is seeking clothing, for example, that there's no concern about security for that particular prisoner -- prisoner, if -- in that instance, is the committee guiding its decision based on the WPATH standards?

A. I believe so.
Q. Has the committee -- can you think of a time when the committee has ever approved any kind of clothing -- feminine clothing for a transgender female in a male facility other than a bra?
A. I don't remember that coming up. In -- in -- in my time on the committee, I don't remember that coming up.
Q. And on the last category, whether prisoner should be provided surgical treatment, that's come before the committee; right?
A. Yes.
Q. And that's never been approved, has it?
A. At -- at this point, no.
Q. What's -- what -- why is that? What's the criteria that the committee is applying to that decision?
A. Well, there were a couple who had requested castration, but their release date was coming up very soon and -- and that -- that -- it wouldn't allow us to -- you know, we couldn't provide good quality of care and -- and couldn't guarantee aftercare and couldn't -- you know, it was -- it -- it would have been -- you know, there

are complications that can occur, there are adjustments that occur. And -- and because they were leaving relatively soon, it didn't -- it didn't make sense clinically.
Q. Right. I'm not asking about specific instances. I'm just asking -- well, I guess maybe this is the way to answer, but what is the criteria that the committee applies to the decision of that surgery?
A. That has to be an individual -- on an individual basis.
Q. And is that guided by the WPATH standards?
A. To -- to some degree. To some degree it is because certainly there are some reasons that the WPATH gives that would not be a good -- a good -- an appropriate thing to do.
Q. I don't -- I don't understand. What do you mean by that?
A. If someone has active psychosis, for example, and can't give proper informed consent because of -- because of their -- their active psychosis, for example.
Q. Well, I think the WPATH standards address

that, don't they?
A. Yes.
Q. So -- so not providing surgery to someone who is actively psychotic, it's consistent with the WPATH standards?
A. Right, right.
Q. So is there anything other than the WPATH standards that guides the committee's decision?
A. Certainly we have to take a look at it on an individual basis of -- of -- of, you know -- you know, I don't -- I don't -- you know, the -- the department doesn't say absolutely no, it's not going to approve, but I think it has to be reviewed on an individual basis.
Q. Right. That's consistent with the WPATH Standard, isn't it, individualized assessment and treatment?
A. Yes.
Q. Have you ever engaged an -- an outside specialist to advise the committee?
A. No.
Q. So that -- that would be true with respect to surgery, too, you've not asked that

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someone be evaluated for surgery by a specialist outside the system?
A. Correct.
Q. I'd like to look -- I'd like you to look back at Exhibit No. 13, page 4, Section 3, at the top of the page. The facility medical director shall inform the offender of the department's policy regarding gender assignment surgery.
You see what I'm reading?
A. Yes.
Q. So facility and med -- medical directors are required to tell offenders who are transgender about this extraordinary -- this -- this -- the standard for being able to have surgery; is that right?
A. According to this, yes.
Q. Would you agree that that would discourage prisoners from seeking surgery to treat their gender dysphoria?
A. I don't know that -- I -- I don't know that -- I don't know if that would or not.
Q. The committee meets once a month; right?
A. At least once a month, yes.
Q. Are there times when it's met more than

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once?
A. Yes.
Q. When is that?
A. When considering -- when -- we've had consideration of other -- of -- of -- other circumstances.
Q. And there are committee records for every time the committee meets; is that right?
A. Yes.
Q. And there are months when the committee does not meet; is that right?
A. We have set a -- a first Monday -- or first Tuesday of the month standing time. And from -- from the time I've been there, it has been scheduled irregular times, but I believe it's been on a monthly basis.
Q. Well, I believe there was no committee meeting in December of 2018.
A. I don't know. I'd -- I'd have to take a look --
Q. Here --
A. -- but I don't think we've --
Q. Okay.
A. I don't think we've skipped, but I'm

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not -- I mean...
Q. Who decides which prisoners' cases are presented? Do you decide that now?
A. No. You know, there, again, by -- by AD, whenever there's a new person who's identified, whether that means have -- has been in the facility for a while or enters through an R&C or transfers from one facility to the next, or whenever one of the treating MHPs, his request -- or the individual has a request to -- to bring something to the committee, so -- or whenever there's a concern from an MHP. So there's some -- there's some things that absolutely it gets presented and some as needed and will be -- will be open for presentation.
Q. And how long is the discussion of each prisoner?
A. Well, because we have so many to discuss, we -- we schedule them every six minutes. Now, it -- it -- these committee mi -- committee meetings go long oftentimes and there have been times we've had half hour or more or sometimes we've had to say, you know, this is something we have to take -- you know, we'll have to -- we'll have to spend a little more time with it elsewhere. So -- but --

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Q. But sometimes they only last six minutes?
A. Yeah, yeah. If it's relatively easy, brief, what have you, yes.
Q. What happens if the members of the committee don't agree on what kind of treatment should be provided?
A. We'll have to make some sort of decision. And, you know, we, as the committee members, we'll -- we'll -- we'll -- we'll make that decision and -- and -- and we -- we may ask to reconvene again at the next meeting and re-present them at the next meeting.
Q. Okay. But I mean, ultimately, I guess there are five people on the committee, so the majority prevails? Is that the way it works?
A. Yes. Yeah. And then the --
Q. 'Cause each -- I'm sorry?
A. And the MHPs, you know, take direction from -- from Dr. Hinton and me --
Q. Right.
A. -- as far as treatment.
Q. Right. And then does the committee -- is there a -- is -- the committee is the final word, though; right?

A. Yes.
Q. There's no -- there's no appeal of the committee decision, is there?
A. I guess it could be appealed to the director. And -- but -- it's not stated anywhere, but it -- but it could always be -- I think it could always be appealed to the director, I would imagine.
Q. Director Baldwin?
A. Yes, I would imagine.
Q. Okay. Has that ever happened?
A. Not that I know of. I -- I'm -- I'm relatively new at the committee, so not that I've seen.
Q. So if a prisoner is concerned about their care and believes their care is inadequate, they can't request a meeting, can they?
A. Sure.
Q. They -- they can call up the committee and say -- or some -- contact the committee directly and say, we'd like -- I'd like you to meet about my case?
A. Sure. We would -- we would do that.
Q. Has that ever happened?
A. Has that ever happened? You know,

with -- there have been some concerns that -- yeah, we had a couple of concerns that came up recently that, you know, I -- I had Dr. Reister see them, and -- and then we had a phone call with Dr. Reister, the treating MHP, the mental health authority there, and myself, and so --
Q. The prisoner contacted the committee members directly?
A. No. Through their therapist, they -- they -- they sent a message that they had some concerns, that we needed to follow up.
Q. So their process would be if a prisoner is conc -- believes their care is inadequate, they would contact the mental health professional who would then contact the committee. Is that the way it works?
A. Right, right. Because they are -- they are their advocate, and so -- they -- they play the role of their advocate.
Q. And the committee records themselves -- I believe you've called this a Form 400?
A. 0400, yes.
Q. 0400?
A. Yes.

Q. Is -- so the committee notes would be the recommendations added to that Form 0400?
A. Correct.
Q. Are there any other records that are kept by the committee, other than that -- those committee notes?
A. There are times when we've -- you know, when -- when -- when we've had meetings where we have -- we have recorded them and documented them.
Q. You have recorded meetings and documented them? Is that what you said?
A. There -- there was one in particular, yes. Uh-huh.
Q. And what happened to those -- to that recording or that -- that -- this is a recording?
A. It was transcribed.
Q. There was a transcription of a recording of that meeting; is that right?
A. Right. Yes.
Q. And that -- and what happened to that? And what --
A. We -- we -- we saved it, and, you know, we made this -- it was a -- it was a -- a meeting we made decisions on and -- and we wanted to save it

and -- in case we needed it and we --
Q. So that's a part of the committee records, this transcription?
A. Yes.
Q. And when did that happen, that you transcribed a committee meeting?
A. It might have been January.
Q. January of this year?
A. Yes. It might have been.
Q. What was the reason for transcribing -- or taping and transcribing a committee meeting?
A. We were making a decision in moving an offender, changing the offender placement.
Q. And was this -- what kind of change in placement was this?
A. From a male family to a female facility.
Q. So was this the Hampton matter?
A. Yes.
Q. Have there been any other committee meetings that have been recorded in this way?
A. No.
Q. So it's not a normal thing?
A. No. But it's available. If it -- if it -- if it feels like it's important for us to do,

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 --