

EXHIBIT 4

1 IN THE UNITED STATES DISTRICT COURT
 2 FOR THE SOUTHERN DISTRICT OF ILLINOIS
 3
 4 DEON HAMPTON (MI5934),)
 5 Plaintiff,)
 6 vs.) No. 18 CV 550
 7 ILLINOIS DEPARTMENT OF)
 8 CORRECTIONS DIRECTOR JOHN)
 9 BALDWIN, et al.,)
 10 Defendants.)
 11
 12 The deposition of DR. STEVEN MEEKS, called
 13 for examination pursuant to Notice and the Rules of
 14 Civil Procedure for the United States District
 15 Courts pertaining to the taking of depositions,
 16 taken before Tabitha Watson, an Illinois Shorthand
 17 Reporter, at 100 West Randolph Street, 4th Floor,
 18 Chicago, Illinois on the 10th day of May, 2018, at
 19 the hour of 9:27 a.m.
 20
 21
 22
 23 Reported by: Tabitha Watson, CSR, RPR
 24 License No.: 084-004824

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I N D E X

2	WITNESS	EXAMINATION
3	DR. STEVEN MEEKS	
4	By Ms. Bedi.	4
5	By Ms. McClimans.	154
6	By Ms. Bedi.	167
7	By Ms. McClimans.	168
8	By Ms. Bedi.	168
9		
10		
11		
12		
13	E X H I B I T S	
14	NUMBER	MARKED FOR ID
15	MEEKS Deposition	
16	Exhibit No. 1.....	47
17	Exhibit No. 2.....	90
18	Exhibit No. 3.....	99
19	Exhibit No. 4.....	143
20		
21		
22		
23		
24		

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1 (Witness sworn.)
 2 DR. STEVEN MEEKS,
 3 called as a witness herein, was examined and
 4 testified as follows:
 5 EXAMINATION
 6 BY MS. BEDI:
 7 Q. Good morning, Dr. Meeks.
 8 A. Good morning.
 9 Q. I'm Sheila Bedi and I'll be taking your
 10 deposition today.
 11 A. Okay.
 12 Q. Now, you've given a deposition before, is
 13 that right?
 14 A. I have.
 15 Q. So you understand the ground rules?
 16 A. I do.
 17 Q. You are under oath today, you understand
 18 that, is that right?
 19 A. Yes, I do.
 20 Q. You know that we're making a record. I'm
 21 going to be asking you questions, you'll be giving
 22 me answers, the court reporter will be taking down
 23 our exchange.
 24 A. Yes.

4



1 recommendations made that were communicated back to
 2 us that caused us to make any changes.

3 Q. Does the committee do anything to make
 4 sure that its recommendations are implemented?

5 A. Well, the committee, again, makes those
 6 recommendations to the local behavioral health and
 7 medical authorities. And it's our assumption that
 8 those recommendations would be carried out
 9 certainly if we haven't heard anything to the
 10 contrary.

11 Q. So you would assume that once the
 12 committee makes a recommendation, if you don't hear
 13 anything, that recommendation is going to be
 14 implemented?

15 A. I would assume so. It's safe to say.

16 Q. But there's no formal process of going
 17 back and auditing what the facility has done after
 18 it received recommendations from the gender
 19 committee, is that correct?

20 A. There is no formal process that I know of
 21 and, again, I guess I question whether it's
 22 necessary given that we make the recommendations.
 23 If there are issues on the other end, we should
 24 hear back.

21

1 Q. Who would be responsible for communicating
 2 back to the committee if there were issues
 3 implementing the committee's recommendations?

4 A. I don't know of any policies that dictate
 5 who exactly would be accountable, but I imagine
 6 that those folks that are closely involved with her
 7 care, mental health professional for instance, at
 8 the facility.

9 Q. Have you ever facilitated a gender
 10 committee where a trans woman was recommended to be
 11 housed in a women's prison?

12 A. I believe that this was discussed at some
 13 point, but I can't recall specifically.

14 Q. So you can't recall any instances where
 15 the committee made a recommendation to move a trans
 16 woman from the men's division to the women's
 17 division?

18 A. Yes, we have discussed that at some point
 19 I believe.

20 Q. Have you ever made the recommendation to
 21 move a trans woman from the men's division to the
 22 women's division?

23 A. I have not.

24 Q. Has the committee ever made that

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1 recommendation?

2 A. I don't believe the committee has ever
 3 made that recommendation.

4 Q. So as far as you are aware, currently
 5 there are no trans women who are in the women's
 6 division, is that right?

7 A. As far as I'm aware of.

8 Q. As the facilitator of the gender
 9 committee, a trans woman could only get moved from
 10 the men's division to the women's division through
 11 your committee, is that correct?

12 A. They would have to go through that
 13 process.

14 Q. The process that you facilitate?

15 A. Right.

16 Q. Is that right?

17 A. Correct.

18 Q. Do you track any data on the placement or
 19 housing of trans women?

20 A. I do not.

21 Q. If you wanted to look at data on the
 22 placement and housing of trans women, where would
 23 you go?

24 A. I'm not certain if Offender 360 contains

23

1 that information, so I'm not exactly sure where I
 2 would go other than, you know, polling the
 3 individual facilities and getting that data.

4 Q. What is Offender 360?

5 A. A database that IDOC uses to track certain
 6 information for offenders. I'm not intimately
 7 familiar with it.

8 Q. During the committee meetings, what
 9 documents -- are any documents reviewed?

10 A. We review the -- I don't know exactly what
 11 it's called, but it's basically an evaluation tool
 12 that we use to collect information on the patient
 13 for new evaluations. Then there's an update form
 14 that's a shorter form that we use.

15 Q. Who completes those forms?

16 A. It's usually completed by the mental
 17 health professional at the facilities.

18 Q. But during the committee meetings, you've
 19 got the forms that somebody -- where somebody has
 20 input information about the individual, but you
 21 don't have actual medical records, is that correct?

22 A. I do not have actual medical records
 23 during the meeting. No.

24 Q. And you don't provide medical records to

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1 any of the other committee members, is that right?
 2 A. I do not.
 3 Q. You don't have mental health records
 4 during the committee meetings, is that right?
 5 A. I do not.
 6 Q. And mental health records are not provided
 7 to any of the committee members, is that correct?
 8 A. Not to my knowledge.
 9 Q. If I use the term PREA, do you know what
 10 that means?
 11 A. It's the Prison Rape Elimination Act I
 12 think is the acronym.
 13 Q. If I use the term PREA complaint, do you
 14 know what I'm talking about?
 15 A. Yes. Someone who has made an allegation
 16 that there was a PREA activity violation. I don't
 17 know what the correct terms is.
 18 Q. So just so you and I are speaking the same
 19 language, if I use the term PREA complaint, would
 20 you agree that a fair definition would be a
 21 complaint alleging some type of sexual misconduct?
 22 A. Yes.
 23 Q. Does the committee consider PREA
 24 complaints when making decisions about the

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1 placement of trans people?
 2 A. What I can tell you is that that would
 3 likely come up in the discussion, particularly as
 4 it pertains to whether they are designated as
 5 vulnerable or predator status. So it's possible.
 6 Q. Are PREA complaints regularly pulled and
 7 evaluated prior to gender committee meetings?
 8 A. I cannot recall physically evaluating any
 9 PREA complaints in my time as the facilitator.
 10 Q. So presumably, you also did not provide or
 11 do not provide any PREA complaints to committee
 12 members during the deliberations of a particular
 13 individual?
 14 A. I have not.
 15 Q. Could you do that if you wanted to?
 16 A. Could I personally?
 17 Q. Yes.
 18 A. Not likely.
 19 Q. So as the committee facilitator, you would
 20 not have access to PREA complaints relevant to the
 21 individuals that you're considering?
 22 A. I have not had access thus far.
 23 Q. Why haven't you had access?
 24 A. I haven't asked for access.

26

1 Q. Why haven't you asked for access?
 2 A. Because I have not on any occasion that I
 3 can think of had reason to ask for a specific
 4 complaint.
 5 Q. How would you get a reason to ask for a
 6 specific complaint?
 7 A. Well, I guess where I'm going is I don't
 8 think it's necessary for me to actually review the
 9 written complaint if that information could be
 10 communicated in the course of the meeting.
 11 Q. Do you during the course of your
 12 facilitating these meetings ask anyone whether
 13 there have been substantiated PREA complaints
 14 relating to a particular individual?
 15 A. I have not.
 16 Q. That information is not communicated
 17 during the gender committee meetings, is that
 18 right?
 19 A. I have not asked specifically for any PREA
 20 complaints. But, again, as I stated before, in the
 21 course of discussion about whether somebody should
 22 be designated vulnerable versus predator, that
 23 information would or could likely come up.
 24 Q. A person could have substantiated PREA

27

1 complaints and not be designated vulnerable, is
 2 that right?
 3 A. I would assume so. I think that's correct
 4 or fair to say.
 5 Q. And the vulnerable predator designation is
 6 something that often happens during intake, is that
 7 right?
 8 A. I really can't speak to that. I can only
 9 speak to it as it relates to the transgender
 10 committee where we discuss it there.
 11 Q. Who is responsible for reporting on the
 12 decision to label somebody either vulnerable or
 13 predator?
 14 A. Well, that information would be discussed
 15 in the committee and that designation would be
 16 determined by the committee. That designation
 17 would then be communicated back to the facility I
 18 imagine.
 19 Q. And there are a lot of people who are not
 20 designated either vulnerable or predator, is that
 21 right?
 22 A. I would say that's fair to say.
 23 Q. So outside of the designation of whether
 24 an individual is vulnerable or a predator, as the

28



1 Q. Who else is responsible for ensuring the
 2 safe housing of people with gender identity issues?
 3 A. Again, I think that the security and
 4 operations are also responsible for the safety
 5 and the security of the patients and the offenders.
 6 Q. That would be Ms. Funk?
 7 A. I would say Ms. Funk is the head of the
 8 operations.
 9 Q. Under the terms of this policy, the
 10 committee has the authority to recommend that a
 11 trans woman who is currently housed in the men's
 12 division should be moved to the women's division,
 13 is that right?
 14 A. I don't think it specifically says that.
 15 Q. Well, I didn't ask you what it said. My
 16 question is under the policy, speaking generally,
 17 the committee has the authority to recommend a
 18 transfer of a trans woman from the men's division
 19 to the women's division, is that right?
 20 A. The committee I would say has the
 21 authority to consider the question and certainly to
 22 make a recommendation.
 23 Q. There's nothing in this policy that limits
 24 the committee's authority to make such a

1 recommendation, is that right?
 2 A. Nothing that limits the committee's
 3 authority to make a recommendation regarding
 4 housing or accommodations. I would say that's a
 5 fair statement.
 6 Q. Page 2 of the -- before we go to the
 7 policy, would you agree with me that housing
 8 assignments should not be made solely based on
 9 genitalia?
 10 A. Would I agree that housing assignments
 11 should be made...
 12 Q. Should not be made solely based on
 13 genitalia.
 14 A. I don't think they are.
 15 Q. And they shouldn't be, is that right?
 16 A. I think it should be a consideration, a
 17 factor in that decision.
 18 Q. But it shouldn't be the sole factor, is
 19 that right?
 20 A. I don't think it would be ever. I think
 21 there are multiple considerations.
 22 Q. So I think we agree that genitalia should
 23 not be the sole factor in deciding where an
 24 individual should be housed?

1 A. It's a pretty significant factor.
 2 Q. Genitalia is a significant factor, but not
 3 the sole factor?
 4 A. I would say it's a significant factor.
 5 Q. What are some of the other factors other
 6 than genitalia that should go into a determination
 7 about where an individual should be housed?
 8 A. Well, the safety and security of that
 9 individual. The safety and security of the other
 10 people around that individual.
 11 Q. Anything else?
 12 A. That's all I think I can comment on right
 13 now.
 14 Q. If we look at -- on the second page under
 15 the gender identity disorder committee -- and we've
 16 been talking about the committee and the gender
 17 committee and I think at some points in the record,
 18 I may have said the trans committee, but what we're
 19 talking about when we use all of those phrases is
 20 this gender committee that is described in this
 21 policy, is that right?
 22 A. Correct.
 23 Q. Okay. I just want to make sure we're
 24 clear. I see multiple terms in the IDOC documents.

1 What is the term that you use?
 2 A. You know what? I'm going to be completely
 3 honest. Not being an expert, I don't know what the
 4 latest up to date term is. I use the term
 5 transgender. The diagnosis, gender dysphoria.
 6 Q. For the committee itself, how do you refer
 7 to the committee?
 8 A. As the transgender committee.
 9 Q. The transgender committee. Okay. And it
 10 wasn't a test on your language. I just want to
 11 make sure we're talking about the same thing.
 12 A. We are.
 13 Q. I think I myself have called it multiple
 14 things.
 15 So under the description of the gender
 16 committee, it talks about the fact that the agency
 17 medical director, that's you, is that right?
 18 A. Correct.
 19 Q. Must establish and head a committee for
 20 the purpose of reviewing placement, security
 21 concerns, and overall health related plans of
 22 people with gender disorders, is that right?
 23 A. That's correct.
 24 Q. So the committee clearly has jurisdiction



1 women?
2 A. Have I ever taken care of any trans women?
3 Q. Yes.
4 A. I'm an emergency medicine physician that
5 worked in inner city Chicago for many years, so yes.
6 Q. Did you oversee the treatment -- the
7 hormone treatment for trans women?
8 A. I did not oversee the hormone treatment.
9 Q. So you treated trans women for emergency
10 room injuries, chronic illness?
11 A. People come to the emergency room for
12 primary care too unfortunately.
13 Q. Did you ever prescribe any of your
14 patients hormones?
15 A. I have not.
16 Q. So you would not consider yourself an
17 expert in the treatment of trans people?
18 A. No. I would not say I'm an expert.
19 Q. Would it surprise you to learn that it
20 is -- I mean, well -- strike that.
21 The issues with noncompliance are based on
22 a review you did of her medical records, you can't
23 remember what medication she was on, you can't
24 remember when you did the review, and you can't

129

1 remember how many instances of noncompliance there
2 were?
3 A. I can't remember.
4 Q. If your memory is wrong about that and if
5 Ms. Hampton was, in fact, compliant with her
6 medication, would that change your opinion about
7 whether transfer to Logan would be appropriate?
8 A. No. Because even if she had been
9 compliant in the past, there's always the
10 possibility that she may become noncompliant for
11 whatever reason.
12 Q. So it sounds like -- that would be true of
13 any trans woman, right?
14 A. True of anybody. Certainly.
15 Q. So it sounds like as long as somebody
16 has -- is preop, has some version of male
17 genitalia, you're not going to recommend they get
18 moved to Logan because somebody could always be
19 noncompliant with their medication --
20 MS. MCCLIMANS: Objecti on.
21 BY MS. BEDI:
22 Q. -- is that right?
23 MS. MCCLIMANS: Just show my objecti on. Form
24 of the questi on. That was not hi s testi mony.

130

1 THE WITNESS: Can you ask the questi on agai n,
2 pl ease?
3 MS. BEDI: Can you read that?
4 (Record read as requested.)
5 THE WITNESS: I don't think it's fair for you
6 to say that. I think primarily because that -- the
7 compl iance is only one factor, there woul d likely
8 be other factors that I woul d look at in terms of
9 making that deci sion, but it is a factor.
10 BY MS. BEDI:
11 Q. Well, compl iance is one factor. Safety of
12 the individual, the trans woman, is another factor,
13 whether or not the individual can be safely housed
14 in the men's division, is that right?
15 A. Mm-hmm.
16 Q. And then the third factor is the
17 management and discipl i ne of other people in the
18 women's prison, is that the third factor?
19 A. That is a factor.
20 Q. Has somebody said to you on the management
21 security side or the operations side that if
22 Ms. Hampton were to be moved to Logan that there
23 woul d be a discipl i ne or security issue?
24 A. I can't recal l anybody sayi ng that

131

1 speci fi cally to me. No.
2 Q. If that was something that was discussed
3 during the committee, you woul d expect it to be
4 reflected in the report, is that right?
5 A. I woul d hope and expect it to be
6 reflected. Yes.
7 Q. All right. So you woul d rely on Ms. Funk
8 to make deci sions about safety, security,
9 operations, is that right?
10 A. I woul d certai nly strongl y consi der her
11 input.
12 Q. You're not a corrections professi onal, is
13 that right?
14 A. No. No.
15 Q. Do you weigh in on faci lity management
16 related issues in the committee?
17 A. Faci lity management issues?
18 Q. Do you weigh in on security concerns
19 during the committee eval uations?
20 A. I general ly defer to the opi ni on of our
21 securi ty person and certai nly if there are
22 indi vi duals at the faci lity that, you know, have
23 securi ty related knowl edge, I woul d al so depend on
24 them

132

