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1                    *COURTROOM DEPUTY:* The matter of *Hampton versus*  
2 *Baldwin*, Case No. 18-CV-550, is called for an evidentiary  
3 hearing.

4                    Would the parties please identify themselves for the  
5 record?

6                    *MS. BEDI:* Good morning, your Honor, Sheila Bedi for  
7 the plaintiff.

8                    *THE COURT:* Good morning, Ms. Bedi.

9                    *MS. del VALLE:* Good morning. Vanessa del Valle for  
10 the plaintiff.

11                   *THE COURT:* Good morning.

12                   *MS. MAZUR:* Elizabeth Mazur for the plaintiff.

13                   *MS. ELDER:* Good morning. Allison Elder, law student  
14 for the plaintiff.

15                   *THE COURT:* All right. Good morning, everyone.

16                   *MR. HIGGERSON:* Chris Higgerson for the defendants.

17                   *MS. McCLIMANS:* Kay McClimans for the defendants.

18                   *THE COURT:* Good morning, Counsel.

19                   Okay. So, of course, I'm familiar with the issues  
20 presented by the motion. I think we should just go ahead and  
21 start with testimony. I understand that the plaintiff will be  
22 the first witness; is that correct, Ms. Bedi?

23                   *MS. BEDI:* That's correct, your Honor.

24                   *THE COURT:* All right.

25                   *MS. BEDI:* We'd like to call Deon Hampton.



1 A. Since March 16th.

2 Q. And what name do you use for yourself?

3 A. "Strawberry."

4 Q. Why do you call yourself Strawberry?

5 A. Because I'm a woman.

6 Q. And how long have you been considering yourself a woman.

7 A. Since -- I was born this way, but I realized it at the age  
8 of five.

9 Q. And since you were five years old, was there ever a time  
10 when you were not living as a woman?

11 A. No.

12 Q. Are you currently taking any medications?

13 A. Hormones and they place me on this psych medication called  
14 bedfi [ph], but I don't take it.

15 Q. Do you know the name of the hormone medications you're  
16 taking?

17 A. Estradiol and spiro lactone.

18 Q. And why are you taking those medications?

19 A. Because it helps me transform into a woman, make me grow  
20 breasts, shrink the male anatomy, and stop me from producing  
21 and getting erections.

22 Q. How long have you been taking these medications?

23 A. Since 2016, or August 27, I believe.

24 Q. Since you have been taking this medication, have you  
25 noticed any changes in your body?

1 **A.** Yes. Everything changed, from my muscles to -- everything  
2 is just small, I'm soft. My male anatomy, it shrank, it don't  
3 get an erection. I can't produce or nothing. I got breasts  
4 fully developed. Basically, it feminized my looks and  
5 everything.

6 **Q.** And have these medications affected your physical strength?

7 **A.** Yes.

8 **Q.** In what way?

9 **A.** Well, like, I can't lift heavy stuff. I'm easy to get  
10 bruised, meaning that like if I touch some things, it kind of  
11 weighs on me, and my hands get to shaking. I can't defend  
12 myself in a male facility with a bunch of strong men that's  
13 full of testosterone. So...

14 **Q.** Since you started taking this medication in 2016, has your  
15 physical strength diminished?

16 **A.** All the way, yes.

17 **Q.** During the past year, how many prisons have you been placed  
18 in?

19 **A.** Pinckneyville, Menard, Lawrence, and Dixon.

20 **Q.** So that's four prisons; is that correct?

21 **A.** Yes, ma'am.

22 **Q.** And these are all male prisons; is that right?

23 **A.** Yes, ma'am.

24 **Q.** Speaking very generally, what is it like for you living in  
25 a male prison?

1 **A.** It is hell.

2 Sorry, your Honor. It's hell. I go through hell on a  
3 daily basis. I'm being called fags, it, thing, he-she, sir.  
4 I'm attacked. I get blamed for defending myself. Basically,  
5 I'm not allowed to dress or wear tight fitted clothes. I'm not  
6 able to do certain hairstyles. I'm not able to have female  
7 hygiene products. Basically, I get treated like trash.

8 **Q.** During the past year, have you ever tried to hurt yourself?

9 **A.** Yes, ma'am.

10 **Q.** And why did you try to hurt yourself?

11 **A.** Um, I've just been so emotionally unstable and detached due  
12 to all the abuse and me being placed in segregation from being  
13 victimized, and I'm constantly being assaulted by IDOC staff  
14 and inmates. So I get to a point where I want to self-harm and  
15 try to hang myself.

16 **Q.** How many times have you tried to hurt yourself in this past  
17 year?

18 **A.** Well, a lot. I can't give a number because I don't want to  
19 say something and lie, a lot.

20 **Q.** Ms. Hampton, do you want to be moved to a women's prison?

21 **A.** Yes, ma'am.

22 **Q.** Why?

23 **A.** Because the first thing is, I am a woman. I identify as a  
24 woman. I'm very loving and caring, I'm understanding. If I'm  
25 in the male facility, I can't go to a man and be like, Oh, I

1 love my husband, or I'm having mood swings, or anything like  
2 that because they don't understand that type of stuff. They  
3 more like, Oh, I want to fuck you. I want to get you in the  
4 bed. But if I'm around other females, it would be, like, Oh,  
5 girl, yeah, we understand.

6 It's a relatable thing. I don't have the support of other  
7 women because I'm around aggressive men all day.

8 **Q.** Do you have concerns for your safety if you remain in a  
9 men's facility?

10 **A.** Yes, I do.

11 **Q.** And what are those concerns?

12 **A.** That I will continue to be sexually assaulted. I will be  
13 continually be placed in segregation due to me being a woman,  
14 and it will cause me to self-harm and continue to try to commit  
15 suicide.

16 **Q.** Are you currently in segregation?

17 **A.** Yes, ma'am.

18 **Q.** How long have you been in segregation?

19 **A.** Oh, well, I started in 2016 of December, all the way to  
20 2017, to April 9th. From April 9th. I came back May 24th of  
21 2017, all the way to 2018 and May 25th. From June 26th of  
22 2018, all the way to now, and I don't supposed to get out of  
23 seg until December 26th, at the ending of the year. So it will  
24 be almost two years and some months I have done altogether.

25 **Q.** Can you describe for the Court what it's like for you to be

1 held in segregation?

2 **A.** Oh, that's very -- like, for me, it's an emotional thing  
3 for me because I'm locked in a cell by myself. I don't have a  
4 TV, I don't have a Walkman, I can't talk to people. I have  
5 multiple anxieties, attacks, panic attacks. It works on my  
6 depression. It makes me self-harm. It makes me really want to  
7 just kill myself because the pain is so severe because I have  
8 to sit in a cell and just read and act all the abuse, all the  
9 assault. And I'm not a bad person, so me going through this,  
10 it caused me damage to my health. It make me lose weight, it  
11 cause me -- just it's unspeakable. I feel like I'm not human.  
12 Like, nobody should be treated like this. Like, I feel like a  
13 dog caged in.

14 **Q.** Okay. Ms. Hampton, I now want to go back and talk some  
15 about your experience at the Pinckneyville Correctional Center  
16 facility.

17 **A.** Yes, ma'am.

18 **Q.** While you were in Pinckneyville, did you ever experience  
19 any verbal harassment from the correctional officers that  
20 worked there?

21 **A.** Yes.

22 **Q.** Can you describe that verbal harassment?

23 **A.** I was called on a daily "dick sucker," "dick eating," "man  
24 eater," "cranberry bitch," "fag," "he-she," "it," "thing."

25 **Q.** And how frequently did you experience this harassment?

1     **A.** On a daily basis.

2     **Q.** Okay. While you were at Pinckneyville, did you ever  
3 experience any sexual assault while you were inside your cell?

4     **A.** Yes, and also outside my cell. The first incident, when I  
5 first got to Pinckneyville, I was placed in receiving, and I  
6 was going to recreation at the gym room, and a -- at the time  
7 he was a sergeant. He walked up on me and pulled my shorts  
8 down, asking me did I have a dick or a pussy.

9             And I called PREA, and there was a camera right there, but  
10 the IDOC said my PREA was unsubstantiated. That's when it all  
11 first began. After that, I was placed in segregation because  
12 some inmates was fighting. I moved up in line so I wouldn't  
13 get hit. They gave me an unauthorized movement, a month  
14 segregation. And during that month, I was, like, constantly  
15 being harassed in my cell, like the officers asking me do I  
16 have a pussy. They was, like, trying to look at me naked.  
17 They was coming to my door being very mannish, and I was  
18 reporting it, and when I was reporting it, nothing was being  
19 done.

20             So I got out of seg from November of 2016 to December 9th,  
21 and I was placed back in segregation due to me going to  
22 commissary trying to get a razor, and the commissary lady  
23 called me a nigger bitch, a fag, and an it. And when I got to  
24 complaining, they attack me aggressively, and I'm like, I don't  
25 know what y'all doing this for. I was placed in segregation,

1 given four months' seg, six months across the board because  
2 they said my razor was contraband but it was -- I'm allowed to  
3 have a razor. So they said it was contraband and by being  
4 there I was forced to have sex with my celly by staff, the  
5 officers was grabbing my breast and my ass. They was forcing  
6 me on multiple occasions to indulge in sexual acts with my  
7 celly that's now my lover. So my celly is now my lover, the  
8 person they had me indulging in sexual acts with.

9 **Q.** How frequently would the officers force you to engage in  
10 sexual acts with your cell mate?

11 **A.** Daily. And it wasn't until February of 2017 when we became  
12 emotionally involved with each other. But from December to  
13 February, we was forced every day, and after February we was  
14 still forced all the way until May 24th.

15 **Q.** And what kinds of things would the officers force you to  
16 do?

17 **A.** Well, first, they started off by just watching me and my  
18 celly. They would have us, like -- they say a girl-on-girl  
19 show. Like, they have us touch each other, rub on each other.  
20 They would watch my celly penetrate me and me give my celly  
21 oral. And then they will be grabbing on their self, talking  
22 about, "Oh, yeah, suck that dick, girl," and things of that  
23 nature. And while this was going on, we really couldn't say  
24 nothing because these officers that was making us do this stuff  
25 was the same officers that was committing murders to other

1 inmates. And they was beating my celly, and they was harassing  
2 me multiplie [ph], so we were scared. So if we said anything,  
3 it could have got worser for us. I might not even be here.  
4 They probably would have killed me and my celly.

5 Q. Ms. Hampton, did these officers ever take you and your  
6 celly outside of your cell and ask you to do these things?

7 A. Yes. I believe it was March 4th of 2017. We was in  
8 segregation cell, I think, 2021. I'm not for sure the cell.  
9 But it was a Saturday night. The lieutenant, the major, and  
10 the sergeant, and the officer they're, like, We're not going to  
11 beat your celly no more, we're not going to ask you to do  
12 nothing else if you do us this last favor.

13 And I'm, like, What is that?

14 They're, like, We just want you to have phone sex with the  
15 lieutenant and do a little show for us.

16 And I'm, like, Look, I don't want to do it no more, so this  
17 is it.

18 So they brought us out of our cell at like 9:30 at night,  
19 and we was forced to twerk. I was forced to give my celly oral  
20 in front of them while they look and say nasty comments. I was  
21 forced to have phone sex with the lieutenant. And once we was  
22 done, we was placed back in the cell with a bag of chips and a  
23 pop. And they said if we say anything, they was going to beat  
24 our ass and make our body disappear.

25 Q. Ms. Hampton, how did these incidents make you feel?

1     **A.**  Girl, like it always made me feel like I was a sex slave,  
2     like I have no rights, I have no protection, because I didn't  
3     have no protection.  I've been going through since in IDOC.  It  
4     messes with my mental state, and it causes me great depression  
5     and other things.

6     **Q.**  Did you ever report this abuse?

7     **A.**  Yes.

8     **Q.**  And who did you report this abuse to?

9     **A.**  Mental health, Ms. Mason.

10            Like, I was -- we was getting tired of the abuse, but we  
11     couldn't have physical evidence.  So we began to tell mental  
12     health, Ms. Mason, three days after the phone tape because we  
13     felt like we needed to do something.  These people are animals.  
14     They're criminals with badges and they're dangerous.

15     **Q.**  Do you remember when you first reported this abuse to  
16     Ms. Mason?

17     **A.**  I think the incident happened March 4th, and I think they  
18     do rounds like on the Wednesday.  So, um, this was probably  
19     like the 7 or the 8, I'm not for sure.

20     **Q.**  Okay.  All right.  So I'd like to go to Tab 1 in the binder  
21     that's before you?

22     **A.**  Do I -- okay.

23     **Q.**  Yep.

24            **MS. BEDI:**  And, your Honor, you've got the binder as  
25     well.  And these are -- this is a medical record for

1 Ms. Hampton that is dated May 25, 2017. As it states, it is an  
2 evaluation of suicide potential. The defendants produced this  
3 document. They've stipulated to its authenticity. I'd like to  
4 have this document moved into evidence. I'd like to mark it  
5 and have it moved into evidence.

6 *THE COURT:* So this is one in the tab. Are you going  
7 by these exhibit numbers, then? This will be Exhibit 1?

8 *MS. BEDI:* This would be Exhibit 1.

9 *THE COURT:* Okay.

10 Mr. Higerson.

11 *MR. HIGGERSON:* We do agree to the authenticity. I'm  
12 not sure of the relevance of any of this about Pinckneyville  
13 because the question right now is whether or not she is  
14 properly placed at Dixon Correctional Center.

15 *THE COURT:* Well, I assume this is just to kind of  
16 explain the path that got her to Dixon.

17 *MS. BEDI:* That's right, your Honor. As the plaintiff  
18 testified, she's been in four prisons in the last year. She  
19 hasn't been kept safe in any of them. We've got to create that  
20 record because the Illinois Department of Corrections has made  
21 clear their intent is to keep her in a men's prison, and they  
22 can't do so and keep her safe. So that's why we've got to get  
23 this in the record.

24 *THE COURT:* Okay. Exhibit 1 will be admitted.

25 *MS. BEDI:* Thank you, your Honor. May we publish?

1           THE COURT: You may.

2           THE COURT: Admitted.

3                    (*Exhibit Plf's 1 received in evidence*)

4   **Q. (BY MS. BEDI:)** So, Ms. Hampton, in Exhibit 1, you see your  
5 name is on this exhibit; is that right?

6   **A.** Yes.

7   **Q.** Okay. And the document states [as read]: Plaintiff  
8 reports being sexually harassed by correctional officer, states  
9 that the officer -- I believe that says "said" -- he wished he  
10 could have caught them in, quote, fucking states. That the  
11 major made sexual comments to both he and his cellmate.  
12 Plaintiff states that he told the C/O that he was going to call  
13 PREA if the harassment didn't stop.

14       A few sentences down [as read]: It discussed at length the  
15 situation that occurred which has led him to being physically  
16 assaulted by staff.

17       Does that accurately depict what you told the mental health  
18 professional about what you lived through?

19   **A.** Yes. Actually, right after the assault happened, Ms. Mason  
20 did this report because the lieutenant of IA, Frank, he  
21 wouldn't take any pictures of my marks, 'cause, actually, if I  
22 can show the judge, they broke my --

23   **Q.** No.

24   **A.** They broke my tooth, they cut off my skin, and I have like  
25 permanent marks on my breast.

1 Q. Ms. Hampton, let's stay focused on this exhibit.

2 A. Okay.

3 Q. And so does this exhibit accurately reflect --

4 A. Yes.

5 Q. -- what you told --

6 A. Yes.

7 Q. And after you reported this abuse, did the Illinois  
8 Department of Corrections take any action to protect you from  
9 further abuse?

10 A. No. Actually, they allowed the officers to continuously  
11 beat me, starve me, and write me tickets.

12 Q. Okay. Let's move to Tab 2 of your binder, and look at the  
13 second page of that exhibit, please.

14 A. Yes.

15 Q. And, Ms. Hampton, is this your writing?

16 If you can just turn your binder to Tab 2.

17 A. It's, um -- Tab 2 is, um, is a grievance.

18 Q. Look at the second page. Do you see your writing on that  
19 grievance?

20 A. Yes, yes.

21 Q. And is that your writing?

22 A. Yes.

23 Q. Is this a grievance that you filed?

24 A. Yes, ma'am.

25 MS. BEDI: Your Honor, I'd like to mark this as

1 Exhibit 2 and move it into evidence.

2 *THE COURT:* So just the handwritten.

3 *MS. BEDI:* I'm sorry. The entire exhibit.

4 *THE COURT:* Okay.

5 Okay. Any objection?

6 *MR. HIGGERSON:* No objection, your Honor. Our  
7 position is all of these medical records would be the same,  
8 your Honor.

9 *THE COURT:* All right, 2 will be admitted.

10 *(Exhibit Plf's 2 received in evidence)*

11 *MS. BEDI:* Thank you. Thank you, your Honor. And may  
12 we publish?

13 *THE COURT:* You may.

14 *MS. BEDI:* Okay. And let's start with the first page  
15 of that exhibit, which is Bates 386.

16 **Q. (BY MS. BEDI:)** Ms. Hampton, did you receive this return of  
17 a grievance from the Illinois Department of Corrections?

18 **A.** Yes.

19 **Q.** Yes.

20 And this grievance states at the top, where it says it was  
21 received [as read]: The offender claims staff made  
22 inappropriate sexual comments and assaulted him in May 2018.

23 Do you see that?

24 **A.** Yes.

25 **Q.** And is that an accurate characterization of this grievance

1 that you filed?

2 **A.** Um, yes. I spoke about the sexual assault and the beatings  
3 and the retaliation.

4 **Q.** What did you hope would happen as a result of filing this  
5 grievance?

6 **A.** I wanted the officers arrested. I wanted to be removed  
7 from a male prison to a woman prison.

8 **Q.** And if you see at the bottom of the grievance, under  
9 "Other," it states the response from the IDOC [as read]:  
10 Offender needs to use the correct form to file a grievance and  
11 follow the -- there's no word there -- furthermore, if you feel  
12 your safety and security are threatened, please contact  
13 internal affairs.

14 And you received this from the Illinois Department of  
15 Corrections; is that right?

16 **A.** Yes.

17 **Q.** And when you read that this was their response to your  
18 grievance about being sexually abused, what was your response?

19 **A.** First of all, I cried. I broke down and cried. I tried to  
20 self-harm myself. Mental health talked me out of it. I was  
21 emotionally depressed. I just felt hopeless. I felt like I  
22 had no help at all. I felt like I was going to be killed.

23 **Q.** Other than send this grievance back to you with this  
24 statement that you needed to use the correct form, are you  
25 aware of any other actions the Illinois Department of

1 Corrections took in response to this grievance?

2 **A.** No. They didn't take none at all.

3 **Q.** After you reported the sexual abuse that you lived through  
4 in Pinckneyville, how did your life change?

5 **A.** Oh. I was beaten daily. I was written tickets every day  
6 by the same officers that sexually assaulted me and beated me.  
7 I was starved for weeks and days. I was 197 pounds. I went  
8 from 197 pounds to a buck 25 over the time period of being at  
9 Pinckneyville to Menard.

10 I wasn't allowed to shower. I wasn't given any type of  
11 help, period, at all. I was tortured and retaliated against  
12 every day, and the warden told me verbatim, "We are a family,  
13 and I will not let you come between me and my officers. You  
14 are going to do what you are going to do. We're going to do  
15 what we're going to do.

16 **Q.** Ms. Hampton, eventually you were transferred out of  
17 Pinckneyville; is that right?

18 **A.** Yes, ma'am.

19 **Q.** And where were you transferred to?

20 **A.** To a Level 1 supermax male facility.

21 **Q.** And that was Menard Correctional Facility; is that right?

22 **A.** Yes, ma'am.

23 **Q.** How did the officers at Menard speak to you?

24 **A.** Well, it got very worser there because I was being chained  
25 up beating, I was being called fags, it, things. Actually, you

1 have heard multiple phone calls I had with you where you hear  
2 them in the background calling me fags and doing -- you know,  
3 being inappropriate.

4 **Q.** Okay.

5 **A.** I was beaten. I was forced to have sexual acts in my cell.

6 **Q.** Ms. Hampton, let's focus on the language that the  
7 officers --

8 **A.** I was just the same as Pinckneyville: fag, it, thing.  
9 Basically, all the joints is the same.

10 **Q.** How frequently did officers speak with you using those  
11 terms?

12 **A.** Like every breath I take. Like, if I be, like, "Excuse me,  
13 Officer," they be, like, "Shut the fuck up fag," or they be,  
14 like, "Shut up, it," or "Shut up, thing." Or they said  
15 geechee. I don't really know what "geechee" mean, but they say  
16 geechee a lot. And they call us "it" and "things" and "son"  
17 and "him" because they know it offends me when they don't call  
18 me "her" or "Ms."

19 **Q.** And how does that make you feel when you're called the  
20 wrong pronoun?

21 **A.** It make me angry. It makes me feel very disrespected, and  
22 it makes me feel ashamed and humiliated.

23 **Q.** While you were at Menard, did any of the officers there  
24 physically abuse you?

25 **A.** Yes.

1 Q. Can you please describe for the Court what happened?

2 A. One day -- I mean, the first day they abused me was the day  
3 I was transferred to Menard, where the officer grabbed me by my  
4 collar like this, twist it, drug me out of the seg building and  
5 threw me on the ground. And when I asked him what was that  
6 for, he told me to get my faggot ass up, took me on the bus,  
7 him and the other officers got to jumping on me. And he said,  
8 "This is what happen when you fuck with my officers."

9 So when I was placed in Menard, I reported it to the mental  
10 health lady, and she told me, oh, I get used to it. While  
11 being in Menard, I was placed in a cell that has shit all over  
12 the walls, like shit everywhere. I had, basically, a piece of  
13 bed like this (indicating) that's dirty. It wasn't a bed, it  
14 was like --

15 Q. Ms. Hampton, while you were at Menard, did you ever file  
16 any grievances --

17 A. Every day.

18 Q. -- about the way the officers treated you?

19 A. Yes, every day.

20 Q. Let's go to Tab 3 of your binder. And if you could, look  
21 at the second page of that exhibit, which is Bates 372?

22 A. Yes.

23 Q. 372, 373 to 374 -- I'm sorry, to 375.

24 Is that all your writing?

25 A. Yes, ma'am.

1 Q. And is this a grievance you filed about the treatment you  
2 received at Menard?

3 A. Yes, ma'am.

4 Q. And if you look at the first page of the exhibit, which is  
5 Bates 41, is this the document that you received from the IDOC  
6 in response to your grievance?

7 A. Yes, ma'am.

8 MS. BEDI: Yes, your Honor I'd like to mark this as  
9 Exhibit 3 and enter it into evidence.

10 THE COURT: All right, 3 will be admitted.

11 COURTROOM DEPUTY: In its entirety?

12 THE COURT: The entire thing.

13 MS. BEDI: The entirety, yes.

14 THE COURT: Yes.

15 (*Exhibit Plf's 3 received in evidence*)

16 MS. BEDI: And your Honor, if I may, may I publish?

17 THE COURT: You may.

18 MS. BEDI: Could we publish Bates No. 374.

19 Q. (**BY MS. BEDI:**) And, Ms. Hampton, this is part of the  
20 grievance that was just admitted. Do you see the -- and it  
21 states [as read]: My name is Deon Hampton. I'm a transgender  
22 woman. I have been gay bashed, physically assaulted by staff,  
23 and I have been threatened and I fear for my life and safety.

24 And this is part of the grievance that you wrote in  
25 response to the treatment you received at Menard; is that

1 correct?

2 **A.** Yes, ma'am.

3 **Q.** And then let's go to the first page of that exhibit, which  
4 is Bates 41.

5 And it's -- it states here, under "Other," that the  
6 grievance has two distinct forms of handwriting, indicating  
7 that offender wrote half of the -- another offender wrote half  
8 of the narrative for Offender Hampton. If offender needs  
9 assistance, he is supposed to contact staff.

10 Do you remember receiving this, this document from the  
11 IDOC?

12 **A.** Yes, ma'am.

13 **Q.** And how did you feel when they responded to your grievance  
14 in this way?

15 **A.** The same way I felt about the Pinckneyville.

16 **Q.** Other than responding by telling you that they wouldn't  
17 accept your grievance because it was in two different forms of  
18 handwriting, are you aware of any other action the Illinois --

19 **A.** No, none was taken.

20 **Q.** Let me finish my question.

21 **A.** I'm sorry.

22 **Q.** We have got to make our record here, okay?

23 Are you aware of any other actions that the IDOC took to  
24 protect you from further abuse at Menard?

25 **A.** No. The same officers worked around me and gay bashed me

1 every day until I left.

2 Q. While you were at Menard, did officers sexually abuse you?

3 A. Yes. Well, they didn't, like, touch me. I was in my cell.  
4 I was forced to stick deodorant bottles up my ass. I was  
5 forced to play with myself. I was forced to dance daily. And  
6 they would sit outside my cell for like 10, 15 minutes, even  
7 sometimes 20 to 30 minutes. And it would be groups of male  
8 C/Os. And I was very threatened and I was very scared. And I  
9 felt like if I would have told them no, they would have tried  
10 to probably kill me, got rid of my body, I don't know. But I  
11 was very threatened and felt that I had no choice but to do it.

12 Q. Okay. At some point, Ms. Hampton, were you transferred out  
13 of Menard?

14 A. Yes.

15 Q. Do you know why you were transferred?

16 A. Um, well, from my understanding, once I brought up the  
17 video issue, the states attorney lady said there wasn't none,  
18 it was taken into a settlement.

19 Q. Is it your understanding that you were transferred out of  
20 Menard as a result of a settlement --

21 A. Yes.

22 Q. -- in another related piece of litigation?

23 A. Yes. Not because of what they did, it was just the fact  
24 that they was caught.

25 Q. After -- where were you transferred to from Menard?

1     **A.** Lawrence Correctional Center.

2     **Q.** And while you were at the Lawrence Correctional Center, how  
3 did correctional officers speak to you?

4     **A.** Well, the first day I was there, this lieutenant by the  
5 name of Buchanan [ph] came to my cell, and he was very mean.  
6 He called me a "fag," a "it," a "thing," and he told me that  
7 I'm a man in a male facility. He's not going to call me no  
8 woman, and he said no judge or media or lawyer can make him  
9 call me a "her" or a "she."

10    **Q.** While you were at the Lawrence Correctional Center, did you  
11 experience sexual abuse at the hands of other people who were  
12 locked up there?

13    **A.** Yes.

14    **Q.** Can you describe the first instance of sexual abuse for the  
15 Court.

16    **A.** Well, when I first got to go in the yard, I was going in  
17 the cage where I would be next to -- like, the cage would be,  
18 like, right here, like, me and the judge. And this inmate  
19 would continuously pull out his penis, jack off, and telling me  
20 how bad he want to fuck me, how bad he going to go to shove his  
21 dick down my throat. And I would continuously complain to  
22 staff about it. And they're like, oh, you like dick. Oh, you  
23 know, they just blew me off. So eventually I got tired of the  
24 degrading and the disrespectful acts he was doing, and I called  
25 PREA.

1 Q. And when you called PREA, was that your first time  
2 reporting this abuse?

3 A. No. I reported it multiple times to officers and the  
4 lieutenant that brought us to yard, but they just disregarded  
5 me.

6 MS. BEDI: Your Honor, I'd like to play this call from  
7 Ms. Hampton right now and enter it into evidence.

8 THE COURT: Okay.

9 COURT REPORTER: May I have the exhibit number,  
10 please?

11 THE COURT: Yeah. Is this marked as an exhibit?

12 MS. BEDI: This would be marked as Exhibit 4.

13 THE COURT: Okay.

14 COURT REPORTER: Play it in its entirety?

15 MS. BEDI: I'd like to play it in its entirety.

16 (Exhibit 4 played.)

17 Q. (BY MS. BEDI:) Ms. Hampton, was that your voice?

18 A. Yes.

19 Q. Was that a full recording of the PREA call that you made?

20 A. Yes.

21 MS. BEDI: Your Honor, I'd like to move Exhibit 4 into  
22 evidence.

23 THE COURT: Okay. Any objection?

24 MR. HIGGERSON: No objection.

25 THE COURT: 4 will be admitted.

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*(Exhibit Plf's 4 received in evidence)*

**Q. (BY MS. BEDI:)** Ms. Hampton, why did you make that call that we just listened to.

**A.** Because I was being degraded every day since I been there, and then I had to deal with the staff gay bashing me. And due to all the abuse that happened at the other facility, it don't give an inmate a right or a officer a right to try to take something or disrespect me if it's not consensual.

**Q.** And was there an investigation -- to your knowledge, was there an investigation as a result of that call?

**A.** Yes.

**Q.** And do you know the results of that investigation?

**A.** It was substantiated.

**Q.** Let's turn to Tab 5 in your binder. And this is Bates No. 271. And I'd like to mark this as Exhibit 5.

Ms. Hampton, did you receive this memo from the Illinois Department of Corrections?

**A.** Yes, ma'am.

*MS. BEDI:* Your Honor, I'd like to move this into evidence.

*THE COURT:* So...

*MS. BEDI:* Yeah. And this is just Bates No. 271, not the entire Tab 5.

*THE COURT:* Okay, 5 will be admitted.

*(Exhibit Plf's 5 received in evidence)*

1 Q. (BY MS. BEDI:) And, Ms. Hampton, this is the memorandum  
2 that you received from the Illinois Department of Corrections  
3 in January of this year informing you that your complaint,  
4 based on the call we just listened to, was substantiated; is  
5 that right?

6 A. Yes, ma'am.

7 Q. Did anybody meet with you to ask you or to explain to you  
8 what this meant?

9 A. No.

10 Q. Did anybody from the Illinois Department of Corrections  
11 tell you that there were going to be any additional protections  
12 provided to you as a result of this complaint being  
13 substantiated?

14 A. No.

15 Q. To your knowledge, after this complaint was substantiated,  
16 were there any efforts made in the facility to protect you from  
17 further abuse?

18 A. No. Because he came right next door to me, threatened to  
19 rape me, saying that they wasn't going to punish him. He said  
20 that the adjustment committee said they don't like me, I should  
21 like dick, why would I call PREA. He was threatening me again.  
22 Once I called PREA again, they moved him away from me.

23 Q. So after you filed this complaint, did you file an  
24 additional PREA complaint?

25 A. Yes. Because he came right next to me saying he was going

1 to rape me, and, when he catch me, he going to shove a dick  
2 down my throat. And I haven't even got a response to that  
3 PREA.

4 Q. And when we say "PREA," we are talking about the Prison  
5 Rape Elimination Act; is that right?

6 A. Yes. Yes, ma'am.

7 Q. P-R-E-A.

8 A. Yes.

9 Q. And you did file a PREA complaint?

10 A. Yes.

11 Q. All right. And let's go to look at Tab 6 of your binder.  
12 Is this -- are you there?

13 A. Yes.

14 Q. Is that memo that you received in response to the complaint  
15 that you just described?

16 A. Oh, yes, ma'am.

17 Q. That is Bates 569.

18 MS. BEDI: Your Honor, we would like to mark this as  
19 Exhibit 6 and move it into evidence.

20 THE COURT: So, again, just the first page?

21 MS. BEDI: Just the first page.

22 THE COURT: All right, 6 will be admitted.

23 *(Exhibit Plf's 6 received in evidence)*

24 Q. **(BY MS. BEDI:)** And, Ms. Hampton, this memo to you says  
25 that your complaint, the one that you just described to the

1 Court, was substantiated; is that right?

2 **A.** Yes, ma'am.

3 **Q.** And after this complaint was substantiated, did anybody  
4 meet with you and explain to you what this meant?

5 **A.** No.

6 **Q.** Did anybody talk to you about providing you any additional  
7 protections at Lawrence to protect you from further instances  
8 of sexual assault or harassment?

9 **A.** No.

10 **Q.** Okay. While you were at the Lawrence Correctional Center,  
11 did you experience any sexual misconduct at the hands of staff?

12 **A.** Yes. I was having sex with the lieutenant and the IA  
13 correctional officer Mr. Simpson, from internal affairs, and  
14 Lieutenant Ray. It started like a few days after I got there.  
15 The lieutenant, he was like, oh -- it's just he would touch my  
16 private parts in the front to try to see if I can get an  
17 erection. He would have me jack him off with my feet. He  
18 would finger me, and we have kissed a few times. I wrote a  
19 grievance about it. I also was having intercourse with the IA  
20 officer Mr. Simpson, where he would penetrate me with his  
21 finger and eat me out until I come in his mouth. And we would  
22 spoon each other, he would suck on my breast, and we would  
23 kiss. And they had my mom's number and my mom's address, and  
24 they told me if I was to say anything, they know how to reach  
25 my family. So I waited until I got to Dixon to file a PREA

1 report and wrote a grievance straight to the director.

2 Q. Ms. Hampton, when did the incidence that you just described  
3 occur?

4 A. It happened daily for at least the first month and the  
5 week -- the first month and a week when I been in there.

6 Q. And when did you report these incidents?

7 A. I just recently reported it like a few months ago because I  
8 just felt like I'm not going to be scared. And I made my mom  
9 aware because when my mom came and visited me at Lawrence, I  
10 told her that I was having sex with the IA, and she told me  
11 that I need to stop and she told me that he's crazy.

12 Q. How did those incidents that you just described make you  
13 feel?

14 A. Well, I couldn't say no because if I would have said no, I  
15 would have felt like he would have did to me what they did to  
16 me at Pinckneyville and Menard.

17 Q. Okay. So if you could, turn to Tab 4, please. And this is  
18 Bates 906. And in the first page of this exhibit, is this a  
19 letter you received from Dave White of the Administrative  
20 Review Board and John Baldwin regarding the grievance you filed  
21 in the matter you just described?

22 A. Um, actually, um, I'm not -- hold on. Let me -- I haven't  
23 got this. But this the first time I seen it.

24 Q. Well, let's look at the second page of the exhibit. And is  
25 this your handwriting?

1     **A.** Yes.

2     **Q.** And is this the grievance you filed about the sexual  
3 misconduct that occurred at the Lawrence Correctional Center?

4     **A.** Yes.

5             **MS. BEDI:** Your Honor, I would like to mark this  
6 entire exhibit as Exhibit 7 and move it into evidence.

7             **THE COURT:** Okay. So I think I'm getting confused.  
8 This is in Tab 4.

9             **MS. BEDI:** This is in Tab 4.

10            **THE COURT:** So the entire thing you want to call  
11 Exhibit 7.

12            **MS. BEDI:** Yes. Yes.

13            **THE COURT:** Okay. It will be admitted.

14                    *(Exhibit Plf's 7 received in evidence)*

15     **Q. (BY MS. BEDI:)** So, Ms. Hampton, is this the first time you  
16 are seeing the first page of this exhibit, which is this letter  
17 addressed to you?

18     **A.** Yes. But I'm looking for the rest of my grievances for  
19 the -- it was --

20     **Q.** Well, Ms. Hampton, what we've done through this exhibit is  
21 show that the IDOC received your grievance --

22     **A.** Okay.

23     **Q.** -- about what happened at Lawrence.

24             And to your knowledge, other than providing this letter,  
25 did the department take any other action after receiving this?

1 **A.** No. No. They actually told me is [sic] why did I wait so  
2 long to say something. And when I explained to them that these  
3 people have my family personal information and I was out of  
4 fear for my mom's safety and my baby brothers/sisters, they  
5 just looked at me and laughed.

6 **Q.** At the Lawrence Correctional Center, did you suffer any  
7 abuse, physical abuse at the hands of officers?

8 **A.** Oh, yes. This one officer, he had on a hat that come down  
9 to right here (indicating), he had on some black glasses, some  
10 black gloves with like a black sweater with no name tag. And  
11 he came to my door and he asked me, "You want to go to yard,  
12 fag?"

13 I'm, like, "Don't talk to me like that; yes."

14 He was, like, "well, Shut the fuck up and cuff up."

15 I came to the door, I cuffed up, and I put my hand through.  
16 I was taken out the cell with like three other inmates. I was  
17 the first in line. So due to me being first -- from the other  
18 incident from the inmate, I be in recreation in this seg cage  
19 on this side, because all the other ones is together.

20 So as I was walking to this cage, the officer didn't say  
21 nothing. He got to yanking on my cuffs, and I stopped and I  
22 asked him what was going on. And that's when he rammed my face  
23 into the gate and began to attack me while I screamed for the  
24 lieutenant to help. I never hit this man. I never had no  
25 other conversation with him. He was very aggressive and he was

1 very mean to me and he attacked me like the damn animal, and he  
2 need to be arrested.

3 **Q.** Ms. Hampton, are you aware of whether IDOC officials took  
4 any pictures of you after this incident?

5 **A.** Um, well, they didn't want to take no pictures. The nurse  
6 made them take the pictures because the nurse told them that  
7 they was going to report the assault because they had to keep  
8 me overnight in the crisis cell with a camera on me to make  
9 sure I was protected.

10 *MS. BEDI:* Your Honor, I'd like to show the witness  
11 some pictures, if I may.

12 *THE COURT:* Okay. That would be fine.

13 **Q. (BY MS. BEDI:)** Ms. Hampton, is that you?

14 **A.** Yes.

15 **Q.** And is this the picture that was taken after the incident  
16 that you just described?

17 **A.** Yes. I don't want to look at that girl.

18 *MS. BEDI:* Your Honor, I'd like to mark this as  
19 Exhibit 8 and move it into evidence.

20 *THE COURT:* Okay, 8 will be admitted.

21 *(Exhibit Plf's 8 received in evidence)*

22 **Q. (BY MS. BEDI:)** Does the picture we just showed you, does  
23 that show the injuries that you sustained as a result of that  
24 incident?

25 **A.** Yes. And it is emotional because I still have to deal with

1 it every day, and I still have the trauma behind it.

2 Q. Ms. Hampton, did you inflict those injuries on yourself.

3 A. How can I do that when I'm cuffed up? Like, I'm in a cage  
4 right in front of a camera, so how can I hurt -- why would I --  
5 first of all, I'm a beautiful black Nubian queen. I have no  
6 reason to harm myself. I love myself way too much to just mess  
7 my face up. My face is my looks. Any woman enjoy their looks.

8 Q. Ms. Hampton, did you kick the officer that was involved in  
9 this incident?

10 A. No, ma'am.

11 Q. Okay.

12 A. I never done nothing to this man. I don't even know him.  
13 But he was transferred the next day to another facility.

14 Q. Ms. Hampton, you were eventually transferred from the  
15 Lawrence Correctional Center; is that right?

16 A. Yes.

17 Q. And where were you transferred to?

18 A. Dixon Correctional.

19 Q. And since you have been -- and Dixon is where you are  
20 housed; is that right?

21 A. Yes, ma'am.

22 Q. And since you've been housed at Dixon, how have the  
23 officers spoken to you?

24 A. Girl, they is terrible. They call me -- well, it ain't  
25 even no actions to how they speak. They just reckless. They

1 call me everything besides the name of God. They call me fag,  
2 it, thing, he-she. They tell me I will never going to a woman  
3 facility. They say that they don't need surgery. They bleed.  
4 They tell me I'm not a woman. They call me a fag, they call me  
5 a sir, him. And as you can read through all the reports they  
6 ever wrote on me, it's that they call me a he or him when I  
7 specifically asked them to call me a she.

8 Q. And since you have been at Dixon, have any other people who  
9 are locked up there with you sexually assaulted you?

10 A. Yes. When I first got to Dixon, this old white man, he --  
11 I used to have an Afro before. I used to have my hair in an  
12 Afro, like kind of pushed back.

13 And he would be, like, "I love black girls with Afros that  
14 can shoot daggers out."

15 He would touch my breast. He would touch my ass. He would  
16 reveal his penis. When I asked him to stop, he wouldn't stop.  
17 So for likes a few weeks I would tell the staff. They done  
18 nothing about it, so eventually I smacked the shit out of him  
19 and I called PREA.

20 Q. And when you fought -- when you called PREA, was there an  
21 investigation?

22 A. Yes.

23 Q. And do you know the results of that investigation?

24 A. It was substantiated.

25 Q. All right. Let's go to Tab 8 of your binder, and let's

1 focus on the first few pages of this tab, Bates 658 through  
2 661.

3 Ms. Hampton, is this an investigative report that the PREA  
4 investigators completed as a result of the complaint that you  
5 just described?

6 **A.** Yes.

7 *MS. BEDI:* Your Honor, I'd like to mark this as  
8 Exhibit 8 and move it into evidence -- I'm sorry. I'd like to  
9 mark it as Exhibit 9 and move it into evidence.

10 *THE COURT:* Okay. All right, 9 will be admitted.

11 *(Exhibit Plf's 9 received in evidence)*

12 **Q. (BY MS. BEDI:)** And if we can look at the last page that we  
13 just discussed, on Bates 660, the conclusion? And it states  
14 here [as read]: In conclusion, based on a total review of all  
15 available facts, the allegation that offender redacted was  
16 grabbing and touching offender Deon Hampton in the breast and  
17 buttock area was substantiated.

18 And did anybody explain to you what that meant?

19 **A.** I'm trying to find the page.

20 **Q.** You can just look at the screen. You can just look at the  
21 screen.

22 **A.** I got it. I got it.

23 I didn't never see nothing like this. I only got the paper  
24 saying it was substantiated.

25 **Q.** Did anybody explain to you what that meant?

1     **A.** No.

2     **Q.** Did -- to your knowledge, did anybody at Dixon take any  
3     action to protect you from further instances of sexual abuse?

4     **A.** No. Actually, the guy got out May 3rd. He wasn't supposed  
5     to get out until May 3rd. They gave him a ticket for sexual  
6     misconduct. They heard his ticket and the adjustment committee  
7     told him, oh, it is a fag, and they gave him 30 days --

8     **Q.** Ms. Hampton, my question was: To your knowledge, did  
9     anybody at the Dixon Correctional Center --

10    **A.** No.

11    **Q.** -- take any action --

12    **A.** No, not at all.

13    **Q.** Let me finish my question.

14           Did they take any action to protect you from further  
15    actions of sexual abuse?

16    **A.** No.

17    **Q.** Since you have been at Dixon, were there other instances of  
18    sexual abuse or harassment from other prisoners?

19    **A.** It is. It was an inmate by the name of "Atlanta" that go  
20    by Clemes [ph]. He kissed me twice, he grabbed my behind, he  
21    asked to suck on my breast. He was pushing and trying to force  
22    me to give him oral sex. He would tell me that -- his exact  
23    action was this: Don't make me fuck up your pretty little  
24    face, bitch (indicating). And then he told me on multiple  
25    other occasions he was going to cut my face up. And then he

1 told me, "You have a beautiful face. Don't make me fuck it  
2 up."

3 And he would continuously try to come in the shower on me  
4 when I'm in the shower. I would have to end my shower early  
5 and run in my cell to lock in, or I would have to go around  
6 other inmates to try to have them protect me because this man  
7 was attacking me viciously, trying to rape me, and I filed  
8 PREA.

9 **Q.** Ms. Hampton, did you ever report this abuse to any mental  
10 health professionals?

11 **A.** I reported it to everyone. I reported it to IA, the  
12 warden. I reported it to the lieutenant. I reported it to the  
13 sergeant. And I reported it to the hotline, PREA hotline.

14 **Q.** All right. If you could, please turn to page -- to Tab 9  
15 of your binder. And this is a June 5, 2018 mental health  
16 progress note that was authored by licensed social worker  
17 Weingard [*sic*].

18 **A.** Weigand.

19 **Q.** Weigand. I'm sorry. Weigand.

20 **MS. BEDI:** And, your Honor, I'd like to mark this as  
21 Exhibit 10 and move it into evidence.

22 **THE COURT:** All right, 10 will be admitted.

23 (*Exhibit Plf's 10 received in evidence*)

24 **Q. (BY MS. BEDI:)** And this document states that [as read]:  
25 IM, inmate, reported being pressured to perform oral sex on

1 another inmate in her housing unit. Ms. Hampton stated that  
2 she has been pressured since moving into the unit and has not  
3 said anything before now because she did not create a problem.

4 **A.** Yes.

5 **Q.** Does that accurately reflect what you told your mental  
6 health professional?

7 **A.** Yes. Because I didn't want to go back to seg for being  
8 revictimized like I did -- like me being victimized, I have to  
9 be punished and be placed in seg. So I was trying to talk to  
10 the lieutenants and the IA to try to move this person away from  
11 me.

12 **Q.** Are you aware of any actions the Illinois Department of  
13 Corrections took to protect you from further abuse after  
14 receiving this report?

15 **A.** Oh, no, they retaliated even more. And they shipped him to  
16 Robinson Correctional Center, a minimum.

17 **Q.** Since you have been at Dixon, have you filed any grievances  
18 related to staff harassment?

19 **A.** I filed multiple.

20 **Q.** All right. Let's look at Tab 10. Is this your writing?

21 **A.** Yes.

22 **Q.** And this is a June 23, 2018 grievance; is that right?

23 **A.** Yes.

24 *MS. BEDI:* Your Honor, I'd like to mark this as  
25 Exhibit 11 and move it into evidence.

1                   THE COURT: All right, 11 will be admitted.

2                   (Exhibit Plf's 11 received in evidence)

3   **Q. (BY MS. BEDI:)** And this grievance states that [as read]:  
4   Quote, I am writing this grievance due to the extreme  
5   harassment and continued discrimination I'm experiencing from  
6   many employees at Dixon. The scope hasn't been limited to only  
7   correctional officers, but nurses, sergeant, and lieutenant.  
8   I'm constantly being targeted due to my expression of my  
9   gender.

10                  And you remember filing this grievance?

11   **A.** Yes, ma'am.

12   **Q.** And the response below states that you were -- that [as  
13   read]: The IDOC is unable to substantiate the grievance claim.  
14   Offender does not provide specific -- does not provide specific  
15   IDOC staff towards alleged harassments and/or retaliation  
16   claims for staff responsiveness. Offender cannot dictate  
17   discipline towards IDOC staff member. Any discipline will be  
18   decided by administrative decision.

19                  When you received this response to your grievance, how did  
20   that make you feel?

21   **A.** Like any other time. It made me cry. I felt hopeless, I  
22   felt defenseless, and I felt like the people that's supposed to  
23   be protecting me are the ones hurting me.

24   **Q.** Did any IDOC staff member make any effort to meet with you  
25   and to identify the staff who have been harassing you?

1     **A.** No.

2     **Q.** Since you were at Dixon, did you file any grievance related  
3 to the sexual abuse you have endured at the time hands of other  
4 people who were locked up with you?

5     **A.** Yes.

6     **Q.** Let's turn to Tab 11. Ms. Hampton, is this your  
7 handwriting?

8     **A.** Yes.

9     **Q.** And is this the grievance you filed about the sexual abuse  
10 you have encountered at the hands of other prisoners?

11    **A.** Yes.

12                 **MS. BEDI:** Your Honor, I'd like to mark this as  
13 Exhibit 12 and move it into evidence.

14                 **THE COURT:** All right, 12 will be admitted.

15                         *(Exhibit Plf's 12 received in evidence)*

16    **Q. (BY MS. BEDI:)** And the last sentence on this form reads  
17 [as read]: Grievance is moot. Offender's grievance addressed  
18 by internal affairs. Both investigated. Offender was seen by  
19 medical staff and mental health staff.

20                 What was your response? How did you feel after receiving  
21 this response?

22    **A.** I was angry as hell. I was waiting to get to court today  
23 so I can expose IDOC for the corruption they been doing to me  
24 because they been trying to silence me and punish me for being  
25 victimized. And then I also wanted to expose them for this man

1 trying to rape me. They shipped him to a minimum where he is  
2 free.

3 **Q.** And, Ms. Hampton, in this grievance you asked the IDOC to  
4 move you to a female facility; is that right?

5 **A.** Yes. Because IDOC can't protect me. Like, they just  
6 shipping me from man to man facility. It is going to be the  
7 same outcome, it's going to be the same situation, so I prefer  
8 to be in a woman prison where I would be safe, where I would be  
9 able to identify as a woman. I can look as a woman. I can get  
10 all the canteen and all the rights as a woman. I can't get  
11 that in a male facility.

12 **Q.** Other than sending this grievance back to you and telling  
13 you that it is moot, are you aware of any other action the  
14 Illinois Department of Corrections took in response to this  
15 grievance?

16 **A.** They done nothing. I even sent it to the director.

17 **Q.** Okay. All right. If we could -- and did you -- if we  
18 could look at Page 12 of your binder, please. Ms. Hampton, did  
19 you ever file a grievance requesting to be shipped to Logan?

20 **A.** Yes.

21 **Q.** All right. And the document behind Tab 12, is that that  
22 grievance?

23 **A.** Yes.

24 **Q.** And it's dated March 23, 2018; is that right?

25 **A.** It say the 24th on this one. Hold on.

1 Q. There's two dates on it. At the top, it says June 24,  
2 2018, and then by your signature it says June 23rd.

3 A. Yes.

4 Q. Okay. And this is the grievance you filed seeking your  
5 transfer to Logan.

6 A. Yes, ma'am.

7 MS. BEDI: Your Honor, I'd like to mark as Exhibit 13  
8 and move it into evidence.

9 THE COURT: All right, 13 will be admitted.

10 (Exhibit Plf's 13 received in evidence)

11 Q. (BY MS. BEDI:) And the counselor's response to this  
12 grievance states that your grievance was denied. Transfers are  
13 an administrative decision, not a matter of offender  
14 preference. Offender must utilize the correct medium and  
15 address transfer concerns to the assignment housing unit.

16 Other than receiving this response from the Illinois  
17 Department of Corrections, did anybody else come and talk to  
18 you about this grievance?

19 A. No.

20 Q. All right. Have you met with anybody about this grievance  
21 and about your request to be moved to the Logan Correctional  
22 Center?

23 A. No. Actually, the lawyers for the state that's here today  
24 with the mental health, they had a phone call like last week,  
25 and they brought the issue up, and they say I'm not going to

1 Logan because I've got male anatomy, so they said I would not  
2 be allowed to go to Logan.

3 Q. Ms. Hampton, did anybody meet with you --

4 A. No.

5 Q. -- specifically to talk about this?

6 A. No, no.

7 Q. Are you aware of what the gender committee is of the  
8 Illinois Department of Corrections?

9 A. I'm familiar with it now.

10 Q. Okay. And what's your understanding of what the gender  
11 committee?

12 A. It's they job to assess me, to do medical assessments on me  
13 to see do I qualify to go to Logan.

14 Q. Has any member of the gender committee ever met with you  
15 and asked you why you want to be transferred to Logan?

16 A. No.

17 Q. Has any member of the gender committee asked you to provide  
18 any information about your own perceptions of your safety in a  
19 men's facility?

20 A. No.

21 Q. Has any member of the gender committee ever asked you about  
22 how the hormones you take have affected your body?

23 A. No. I haven't talked to no one, period, from the gender  
24 committee.

25 Q. Have you received any requests in any form from the gender

1 committee about your desire to be transferred to Logan?

2 **A.** No. From what I've been told from the doctor, when I go  
3 see the doctor about my hormone levels, they say the gender  
4 committee don't care. They say I'm not going. That's they --

5 **Q.** Well, Ms. Hampton, I want to focus on whether or not the  
6 gender committee has ever asked you to provide any --

7 **A.** No. They never talked to me. No. It -- they look --

8 *THE COURT:* Hold on, Ms. Hampton. One at a time. The  
9 court reporter can't take down two people at a time, so let her  
10 finish her question.

11 *THE WITNESS:* I'm sorry.

12 *THE COURT:* That's all right.

13 **Q.** (*BY MS. BEDI:*) So my question, Ms. Hampton, is: Has  
14 anybody on the gender committee ever asked you to provide it  
15 with any information about your desire to be transferred to  
16 Logan?

17 **A.** No.

18 **Q.** Has anybody on the gender committee ever asked you to  
19 provide any information about your safety and security in any  
20 of the men's prisons you have been placed in?

21 **A.** No.

22 **Q.** Ms. Hampton, at one point in time, you were housed at the  
23 Hill Correctional Center; is that right?

24 **A.** Yes.

25 **Q.** And you received a disciplinary ticket while you were

1 there.

2 **A.** Yes.

3 **Q.** Can you describe to the Court what happened before you  
4 received that disciplinary ticket?

5 **A.** I was in my cell. I believe I was, you know, cleaning my  
6 woman parts, like douching and stuff. I was ass naked. Out of  
7 no where, my door flung open. I'm in a cell by myself. So my  
8 door flung open. It's a 6-foot-5, like 200-pound guy run in my  
9 cell attacking me. And I got off the toilet, and I began to  
10 fight back. And once the fight was over with, I was taken to  
11 seg and given an assault ticket, even though they have this man  
12 on camera running in my cell, attacking me. And they made me  
13 out to be the bad person the -- they treated me like shit. It  
14 was like -- I just was speechless.

15 **Q.** Ms. Hampton, when that prisoner entered into your cell, did  
16 he bite you?

17 **A.** Yes. He bit me, hit me, everything.

18 **Q.** And did you respond physically only after he bit you?

19 **A.** Well, before he bit me, he was punching me, because I was  
20 on the toilet. So when he was punching me, I had to get off  
21 the toilet to try to get him off of me. So we began fighting  
22 and we fell on the floor and he twist my ankle, so my ankle was  
23 fractured and --

24 **Q.** Okay.

25 **A.** -- he bit me.

1 Q. All right. And in July of 2017, you received a  
2 disciplinary infraction for sexual misconduct. Do you recall  
3 that?

4 A. Yes.

5 Q. Can you describe what happened?

6 A. Well, I never did nothing on July 2017. I was separated  
7 from my husband, that's my soon-to-be husband. We was already  
8 separated, so I don't see how they can write a ticket about  
9 that. But I told IA that they was forcing us to have sex, and  
10 we became in a relationship. So the IDOC tried to make it  
11 into -- they tried to, like, say fuck the assault, we focused  
12 on this. So they was trying to throw the assault and the  
13 beatings and rape into this. And I told them, why y'all not  
14 reporting this? And then they just gave us a 107 saying we  
15 hugged and kissed instead of writing down what I told them the  
16 IDOC staff made us do.

17 Q. So, Ms. Hampton, is it your understanding that you received  
18 that disciplinary in July 2017 because you admitted to IA that  
19 you kissed your cell mate?

20 A. Yeah. And I told them more than that.

21 Q. And, Ms. Hampton, was there any kind of aggression involved  
22 in that disciplinary ticket?

23 A. They gave me two months seg and a lot of restriction.

24 Q. Did they allege that you were aggressive toward your cell  
25 mate?

1     **A.** No.

2     **Q.** Okay. You also received a disciplinary ticket for fighting  
3     in June of 2018. Do you recall that disciplinary ticket?

4     **A.** June 26th? The 26th of June?

5     **Q.** Yes.

6     **A.** Yes.

7     **Q.** Can you describe what happened with that ticket?

8     **A.** Well, this inmate, he have -- well, first of all, he  
9     touched my ass and tried to offer me a chili and a chicken, and  
10    I told him I don't get down like that, I'm married. He walked  
11    off and he was very upset. He called me -- he said fuck me.  
12    He went and he began spreading rumors saying that I was selling  
13    myself, and when I confronted him and I asked him, why are you,  
14    you know, messing with me, why are you spreading these rumors,  
15    I'm trying to stay out of trouble, and you are mad because I  
16    won't have sex with you, I'm like, that's rape in an instance.  
17    And he said, Bitch, fuck you.

18            So I went in my room. I was getting ready to call PREA,  
19    but, like, me calling PREA, nothing is going to be done. So he  
20    came in my door, told me to come down the hall, and he wanted  
21    to talk to me. So when he got away from his friends, he tried  
22    to be like a sweet talk sugar daddy, like, oh, baby girl, I'm  
23    sorry. And when he was reaching to grab my ass, I smacked his  
24    hand away, and I'm like, keep your damn hand off of me. And  
25    other inmates was coming, and he punched me in my face. So

1 when he punched me in my face, I falled [ph] back. And that  
2 was that.

3 And then the next day, I was taken to Building 49, in the  
4 administration building, and the IA asked me, Let me see your  
5 hand, and I did this (indicating). And they said, Let's see  
6 your face. And that's it. And they told me go sit downstairs.

7 Q. So, Ms. Hampton, you received that ticket in June of this  
8 year for defending yourself; is that right?

9 A. Yes.

10 Q. And did you also receive a disciplinary ticket in July of  
11 this year for an incident that happened on the yard?

12 A. Yes. I take full responsibility for my actions on the  
13 yard. And I know to the judge and to, like, the other people,  
14 it might be like kind of crazy because I'm saying all this  
15 stuff happening, and then when this happened.

16 Well, I'm human and I don't get to interact with inmates on  
17 a daily basis, I'm isolated. So what happened on the yard, I  
18 have no reason to make an excuse, and I accept full  
19 responsibility for my behavior. I was out of character, and it  
20 never should have happened.

21 Q. Can you just describe briefly what the IDOC alleged you did  
22 on the yard?

23 A. They said that I was dancing, twerking in a sexual way.  
24 They said I allowed the inmates to touch my breasts and ass,  
25 and then they said I began to grind on one inmate. And they

1 recorded me for like a whole week. And they didn't stop the  
2 incident, they didn't interfere, they allowed this to go on,  
3 and a week later, they wrote us a ticket for a 107, all of us.

4 **Q.** Okay, thank you.

5 And if we could turn to Tab 14 in your binder, please. And  
6 if you could look on the second page of this tab, Bates 938.  
7 938, 939, is that your handwriting, Ms. Hampton?

8 **A.** Yes.

9 **Q.** And is this the grievance that you filed as a result of the  
10 disciplinary you received, the self-defense disciplinary you  
11 received in June of this year?

12 **A.** Yes. They wrote me an assault.

13 **Q.** Give me one second.

14 **A.** I'm sorry.

15 *MS. BEDI:* Your Honor, I'd like to mark this as  
16 Exhibit 13.

17 *MS. del VALLE:* 14.

18 *MS. BEDI:* I'm sorry. I'd like to mark this as  
19 Exhibit 14 and move this into evidence.

20 *THE COURT:* Okay, 14 will be admitted.

21 *(Exhibit Plf's 14 received in evidence)*

22 **Q. (BY MS. BEDI:)** Ms. Hampton, are you aware of what, if  
23 anything, happened as a result of this grievance?

24 **A.** Nothing. I didn't get no action at all. They told me that  
25 my claim is moot, and, actually, the grievance I wrote, they

1 tried to turn my grievance into a PREA grievance when I  
2 specifically explained to them from what happened on the 25th  
3 all the way to the 26th.

4 **Q.** So are you aware of any action the IDOC took as a result of  
5 that grievance?

6 **A.** They took no action at all.

7 **Q.** Ms. Hampton, have you ever been sexually attracted to  
8 women.

9 **A.** Hell, no. That's a joke.

10 **Q.** If you were to be transferred to the Logan Correctional  
11 Center, how would you behave towards the women there?

12 **A.** Well, I'm a woman so I would fit in perfectly fine. Like,  
13 I like music, I like boys -- well, men. I'm very feminine.  
14 I'm very girly. I don't hurt people. I don't harm people.  
15 I'm a lover, I'm not a fighter. I only protects myself. And  
16 IDOC have done nothing besides try to paint me to be this  
17 villainess bad person when every incident I have been the one  
18 being assaulted. I'm the one that has been attacked and I have  
19 to protect myself or I would be dead right now. I wouldn't be  
20 here telling my story on what these criminal have done to me.  
21 I have no reason to harm no woman or no men at all. I'm not a  
22 violent person.

23 **Q.** Ms. Hampton, would you ever stop taking your hormones?

24 **A.** No, never.

25 **Q.** Why not?

1 **A.** Because it helps me look good. It give me titties, it give  
2 me ass and hips, hair and nails. I love it.

3 **Q.** Ms. Hampton, you previously testified that you attempted to  
4 harm yourself during this past year.

5 **A.** Yes.

6 **Q.** And does your placement in segregation bring about these  
7 thoughts of self-harm?

8 **A.** Yes. Due to all the abuse I have accumulated through IDOC,  
9 all the retaliation, all the assaults, all the false  
10 disciplinary -- the majority of the false disciplinary tickets,  
11 because I was only guilty of probably like two -- all the other  
12 tickets that I was given, it caused me to want to kill myself  
13 because I can't see my mom, I can't see my family, I can't  
14 call. I'm restricted from everything. I'm not allowed to  
15 interact with people. They have done everything they can to  
16 hurt me mentally, physically, and emotionally. So I feel  
17 hopeless and it caused to self-harm and want to commit suicide.

18 **Q.** Ms. Hampton, how do you spend your day in segregation?

19 **A.** Crying, hitting my head on the wall, screaming out the door  
20 trying to talk to people.

21 **Q.** When are you scheduled to be released from segregation,  
22 based on your knowledge?

23 **A.** December 26 of 2018.

24 **Q.** And if you are held in segregation until December 2018,  
25 what do you think will happen to you?

1 **A.** Well, before this situation, I had a breakdown in group  
2 where I was going to get like 100 of self-medication, and I was  
3 going to take it to try to kill myself. Because I feel like if  
4 I can't get help from the Court or from the people that's  
5 supposed to be protecting me then -- it messes with my mental.  
6 One minute I want to kill myself, the next minute I just want  
7 to fighting to expose them. But it's very hurtful keeping me  
8 in seg. No human being should be left in seg that long.

9 **Q.** Okay.

10 *MS. BEDI:* All right. Okay. Your Honor, no further  
11 questions for the witness.

12 *THE COURT:* All right.

13 Molly, are you doing okay? Do you want a break?

14 Yeah. Why don't we take about a five-minute break,  
15 and then we will resume with cross examination.

16 *MS. BEDI:* Thank you, your Honor.

17 *(Recess)*

18 *THE COURT:* All right. Ms. Hampton, please come back  
19 to the stand.

20 And just while we are getting ready -- go ahead and be  
21 seated everyone.

22 Ms. Bedi, I'm going to need you to prepare an exhibit  
23 list referencing -- because if we had stayed with the tabs --  
24 but I'm afraid we are getting confusing because you didn't  
25 totally stay with the tabs. So with what -- you know, how you

1 numbered them with an identification of what it is with respect  
2 to the tab and the Bates label.

3 *MS. BEDI:* Absolutely. Yes, your Honor.

4 *THE COURT:* Okay. If you would get that for Deana,  
5 just so that the record is clear.

6 Okay. Who will be doing cross examination?  
7 Mr. Higgeson?

8 *MR. HIGGERSON:* Yes.

9 *THE COURT:* All right. And, Ms. Hampton, you are  
10 still, of course, under oath.

11 *THE WITNESS:* All right. Thank you.

12 **CROSS EXAMINATION**

13 **Q. (BY MR. HIGGERSON:)** Ms. Hampton, you discussed a PREA  
14 complaint you made at Lawrence Correctional Center involving an  
15 inmate who was several cells away; is that correct?

16 **A.** Yes.

17 **Q.** That was the first time you had a PREA complaint  
18 substantiated, correct?

19 **A.** Well, from all the abuse and assaults, I believe so.

20 **Q.** You discussed some time out on the yard, I think it was in  
21 June, where you said you were accused of twerking and grinding  
22 and some things like that; is that correct?

23 **A.** Yes.

24 **Q.** And you said you take responsibility for what you did,  
25 correct?

1 A. Yes.

2 Q. Okay. Were all the things you were accused of correct?

3 A. Yes.

4 Q. Did you lose any good conduct credits as part of that  
5 discipline?

6 A. I was given two months' segregation. I was given six  
7 months' visit restriction, two months' C grade, two months'  
8 commissary denial.

9 Q. But it didn't change your sentence, correct?

10 A. No. But the other tickets have.

11 Q. Okay. Which tickets have affected your good time?

12 A. All the tickets from Pinckneyville and all the tickets from  
13 Lawrence. The ones when I was sexually assaulted and I  
14 specifically gave the administration all the names, they  
15 allowed the officers that did all the stuff to me to work  
16 around me daily. So every day you would see their name on the  
17 ticket. And they was assaulting me and they were, like,  
18 writing me up for intimidation and threats. They give me three  
19 months' segregation, three months across the board. They would  
20 give me a lot of restrictions for, like, no reason. And they  
21 was aware of these the same officers that assaulted me.

22 Q. Okay. So that would include the time at Lawrence when you  
23 were excused of kicking the officer, correct?

24 A. I didn't even know the officer, so I never kicked him. So  
25 that's like a false accusation because I never kicked him at

1 all.

2 Q. Did you get a ticket for kicking the officer?

3 A. Yes, sir.

4 Q. Did you lose good time?

5 A. Yes.

6 Q. You said that because of the hormones that you take, you  
7 are unable to achieve an erection; is that correct?

8 A. Yes, sir.

9 Q. Okay. How long has that been true?

10 A. Um, well, I don't touch myself, so I don't know. I just  
11 wake up -- like, normally, before I got up on hormones, you  
12 wake up with an erection. I don't have no type of -- in  
13 morning, nothing, it's just there. And it's straight, so it's  
14 like this much (indicating).

15 Q. Okay. How long has that been true?

16 A. I'm kind of lost when you say how long that been true.  
17 Like, can you be more specific, please?

18 Q. Right.

19 When you said you don't get erections anymore, have you had  
20 an erection at Dixon Correctional Center?

21 A. No.

22 Q. Did you have one at Lawrence Correctional Center?

23 A. No.

24 Q. At Menard Correctional Center?

25 A. No.

1 Q. Okay. And at Pinckneyville?

2 A. No.

3 Q. You described that you had sexual relations with two  
4 officers, Ray and Simpson?

5 A. Yes.

6 Q. And you said that went on for a month and a week?

7 A. Yes. You can also -- like, there's cameras in the  
8 building. So, like, when I would be in the office with  
9 Lieutenant Ray, I would be in his lieutenant office, all the  
10 staff would leave out.

11 Actually, you can ask him. He has played with my front  
12 part to try to see did it get erected.

13 Q. Okay. You said this happened daily?

14 A. For like the first month and a half, I would go into the IA  
15 office and have sexual acts with him, and then I would have  
16 sexual acts with the lieutenant.

17 Q. Okay. So every one of those days, you had sex with both of  
18 those men?

19 A. It wasn't like -- they never penetrated me with their  
20 penis. So I'm not saying they penetrated me with their penis  
21 because I would be lying. The lieutenant -- the only thing he  
22 did was finger me. He made me give him a foot message with my  
23 feet -- with his penis. He would smell my gaff. I wear a gaff  
24 that I call as a thong because it keeps the front part tucked.  
25 He would like -- oh, I'm so embarrassed. He would smell it.

1           And then the IA officer, Simpson, what he would do is -- I  
2 would come in, I would sit down, and I would have on like a  
3 tank top with no bra, or I would have on like a jumpsuit with  
4 like a string going over my nipples. And he would like come in  
5 and suck on this breast first, then suck on this one. We'd  
6 tongue kiss. He would bend me over and finger me and eat me  
7 out until I come, and then he'll spit it in my mouth, and I  
8 spit it back in his, and he swallowed it. And then I would,  
9 like, stroke him through the penis, but he never let me see his  
10 penis.

11 **Q.** Okay. You said these things happened daily for that month  
12 and a half?

13 **A.** Yes.

14 **Q.** Okay.

15 **A.** And you can also look at the camera footage. I put it in  
16 my grievance and my PREA report because I was taken out of my  
17 cell from like nighttime for, like, two or three hours and came  
18 back to my cell.

19 **Q.** Okay. Does "daily" mean every one of those days for six  
20 weeks?

21 **A.** Yes. Only -- well, I'm kind of lost because I was in there  
22 every day. So every time I was inside the IA office the whole  
23 month and a week, yes. So if you can get the video footage, it  
24 will show me going to go in there basically every day.

25 **Q.** Okay. Those same two officers, Ray and Simpson?

1 A. Well, Ray was in the morning, Simpson was at night.

2 Q. Okay.

3 A. But Officer Ray, he stopped. He got kind of nervous, and  
4 that's when he told me he was going to beat my ass if I said  
5 anything. And he also told me he got my mom's address and  
6 number, and then he showed it to me. So that's why I didn't  
7 report at that time.

8 Q. Okay. So you were going into the office twice a day?

9 A. No. It's an IA office and then there's the lieutenant --  
10 it's two different separate office.

11 Q. Okay. So you would go to one office in the morning and the  
12 other one --

13 A. Yes. It will just be like the lieutenant -- like he got  
14 something to tell me. So he would be like it's confidential.  
15 He would have the staff to step out, and it would just be me  
16 and him. So, like, the staff would leave from the whole area.  
17 They would go down to, like, the receiving other door area or  
18 they go in the pod. And the whole situation is, my chair is  
19 like big like this so it will be facing the door -- well, not  
20 the door, but like it can face towards the door so they can't  
21 see nothing. And he would be right here, and I would be like  
22 jacking him off with my feet, or he would make me bring out my  
23 thong, and he would smell my thong. But when people, like, get  
24 to coming, like, a lot, he will get me up -- he'll cuff me up  
25 and he'll, like -- come here to me and finger me. And then he

1 will walk me out after he pulled my thermals up or my jeans,  
2 whichever one I had on. And that was it.

3 **Q.** You said Ray stopped before that month and a half; is that  
4 right?

5 **A.** Yes. Because I don't want to lie because so much was  
6 happened. So he probably stopped at, like, two weeks or three  
7 weeks. I'm not sure. So everything was just happening. So I  
8 don't want to lie because I ain't trying to go to jail. But it  
9 happened multiple occasions.

10 **Q.** Okay. Was it daily for those two to three weeks with Ray?

11 **A.** Yes.

12 **Q.** Okay. So every day for two or three weeks?

13 **A.** Yes. I would come out of my cell and talk to him every  
14 day.

15 **Q.** Okay. And then with Simpson, it was every day for six  
16 weeks?

17 **A.** Yes. I believe when somebody dropped a kite to, I think  
18 internal affairs, telling them that I was staying out of my  
19 room late, and they sent me coming back with, like, alter [ph]  
20 clothes on, he became, like, nervous because his wife's there.  
21 I fount out his wife's named Ms. Simpson. She is a nurse. So  
22 now I have to look at his wife every day when she give me my  
23 hormones and, like, wonder, like, what if she thought -- what  
24 if she knew -- what would she think if she knew her husband was  
25 having relations with me?

1 Q. Do you say there were other officers also involved?

2 A. No.

3 Q. Okay. Most of the problems -- from listening to your  
4 testimony, it sounds like most of the problems you have had  
5 have been more with staff than with other inmates; is that  
6 correct?

7 A. Yes.

8 Q. Okay. And you have asked to be transferred to Logan  
9 Correctional Center?

10 A. Yes.

11 Q. Okay. Are you aware that there's correctional staff that  
12 run Logan Correctional Center too?

13 A. Yes. But also you left out that I have multiple issues  
14 with inmates. If I'm placed in a male facility, you know what  
15 happens to me every day? My ass being grabbed, my breasts  
16 being grabbed, I'm being placed in segregation. Guess what?  
17 You move me to Logan, I don't have to worry about nobody  
18 touching me because we all women. You got dikes there, but I'm  
19 not a dike. I'm strictly dickly. I suck dick. I'm all the  
20 way there. So my situation is, if I'm around other women, I  
21 don't have to worry about the abuse. If the staff gay bash me  
22 or anything, I just write them up and write a grievance. But  
23 if I constantly report the abuse that inmates are doing to me  
24 and staff, it's not going to -- nothing is going to change. So  
25 I feel like leaving me in a male facility is going to be

1 trouble.

2 **Q.** Right. But my question was: You understand there is  
3 correctional staff that operates Logan just as they operate the  
4 other facilities you've been in?

5 **A.** It's not just the staff. It is the inmates too. Have you  
6 seen the PREAs I've made?

7 **Q.** Okay. Yes or no, you understand that Logan is operated by  
8 correctional staff?

9 **A.** I would like to be placed in Logan, if that's what you are  
10 trying to say.

11 **Q.** No. I wasn't trying to say anything. I was trying to ask  
12 you a question.

13 **A.** Yes.

14 **Q.** And that staff is male and female at Logan, correct?

15 **A.** Yes.

16 **Q.** Okay. You said that when you are in segregation, you  
17 sometimes hit your head on the wall; is that correct?

18 **A.** Yes.

19 Like, I sit, like, in my bed, because my bed is on my wall,  
20 and I just hit the back of my head. Not like ramming it, I  
21 just hit it because I be, like, having panic attacks. Like,  
22 for instance, like, I can be asleep and I will have a dream  
23 about being assaulted in Pinckneyville, Lawrence, or whatever,  
24 and I will wake up out of my sleep sweaty and screaming, and  
25 people would ask me, "Strawberry, is you okay?"

1           And I would be crying in the middle of the night. And I  
2 would sit in my bed to try to calm me down, and I would shake  
3 myself and just rock back and forth, and my head would be like  
4 this (indicating).

5     **Q.** Okay. Are you hitting your head because you are in  
6 segregation or because you are remembering the things that  
7 happened at other facilities?

8     **A.** Both. Because me being in segregation is causing me to  
9 have them panic attacks, it's worser in my depression, and  
10 they're giving me -- like, you know. It's just like if you  
11 lock an animal in a cage and you let them loose, they run --  
12 they happy, they just run around. But when you keep a person  
13 locked in, I feel like I'm not human. I feel like I -- I feel  
14 like a animal, like a exotic animal, just people come past me  
15 and look in my cell. I can't do nothing. I can't interact  
16 with my family. I can't interact with people besides if I go  
17 to group or if I'm on the yard for the few -- like hour --  
18 30 minutes to 2 hours. But other than that, I have no type of  
19 interaction with nobody. I don't have cellies, nothing.

20           So you -- and multiple -- actually, my mental health  
21 Ms. Weigand, I thought that she was -- y'all was on a call with  
22 them last week or a week ago when she told the Springfield  
23 doctors that they need to release me because my mental health  
24 state is deteriorating. And she say she would testify to that  
25 in court because she feel like y'all taking my privileges and

1 giving me this excessive seg time, she said it's not right and  
2 it's not fair. So she have been fighting to get me released.  
3 But Dr. Hooker [ph] and Dr. Hinton told her they don't  
4 negotiate with psych patients.

5 Q. Okay. She told you that she thought you should be released  
6 from segregation?

7 A. Yes. She told me that due to what she has observed,  
8 because she worked with me every day, and my mental health was  
9 ruint and they said that it's not good for me to be in  
10 segregation. They said that it have deteriorated me a lot.

11 Q. Okay. How long have you been able to have these contacts  
12 with mental health staff?

13 A. Well, I see Ms. Weigand once a week on a Wednesday or a  
14 Thursday, so one time a week for an hour. And then I got  
15 long-term segregation group from 3:00 to 3:45 Monday. Then on  
16 Tuesday, I got it from 1:30 to 3:30 -- I mean 3:45; then  
17 Tuesday from 3:00 to 3:45; Wednesday, 3:00 to 3:45; Thursday,  
18 1:30 to 3:45; and Friday -- basically, 45 minutes three days  
19 straight and two, two and a half hours, two in the week.

20 Q. Okay. Where do these mental health sessions take place?

21 A. Well, I wouldn't call it a mental health room because they  
22 don't even have a proper mental health group setting. We --  
23 um, when I first got to Dixon, I was in Cell 50. They took me  
24 out of Cell 50, they took the bed out, and they put in six  
25 little roundless stalls, and we are chained up in there, and we

1 talk about mental health issues and stuff like that. But, um,  
2 I constantly, like, let my group facilitator know that I really  
3 need to have me removed from segregation because it is messing  
4 with my mental state and it's causing me a lot of -- like, it's  
5 worser on me. And they, like, well, take medication. And I'm  
6 like, y'all giving me medication is not going to do nothing  
7 besides medicate me and having me sedated. And I'm, like, once  
8 I get through taking it and it wears out my system, I'm going  
9 to go back to them same panic attacks, them same anxieties  
10 attacks. So if you want to help me, release me from  
11 segregation so I can interact and get the full activities like  
12 everybody else. Give me my visits back. Give me my good time  
13 back. I supposed to go home this year, August 3rd, but due to  
14 IDOC taking my time, I probably don't go home till 2020.  
15 Because I was supposed to go the PRB board today for them to  
16 take six months from me from Dixon Correctional Center.

17 So how do you feel -- or can I say this to everybody in  
18 this courtroom? How would you feel if you are being raped or  
19 being beating, being placed in segregation, not able to see  
20 your family, not able to interact with people, you being called  
21 fags and you just have no help, how would you feel? How would  
22 you feel if someone did that to your child or your mother or  
23 anyone, period?

24 It's not right. What have been done to me is not only  
25 civil, it's criminal activity. They're rapists, they're

1 pedophiles, and they're criminals. And justice need to be  
2 prevailed for this. Because what happened to me, I don't want  
3 it to happen to no one else.

4 **Q.** Okay. My question was all of this -- these mental health  
5 sessions take place in a room other than your cell, correct?

6 **A.** Yes.

7 **Q.** Okay.

8 *THE COURT:* Can you -- she referenced something about  
9 six little stalls. Can you explain what that is?

10 **A.** Oh, it's very small. It's like a little -- oh.

11 *THE COURT:* Is that in a cell?

12 **A.** Yes, it's inside of a cell. So it's in a cell, so it's not  
13 a group. The room is not a group. They don't have no group  
14 settings there at all. So that's where I brung up to mental  
15 health, I'm, like, y'all have me in a cell where it used to be  
16 a toilet and it's still stuff in there. They don't have a --  
17 Dixon don't have proper mental treatment in Dixon. They don't  
18 have the group setting in GP. So they had to take my bed, rip  
19 it out, rip out the toilet out the wall, and put six little --  
20 this chair right here is way bigger than the stall actually.  
21 You rip this off and you rip, like, half of the bottom off,  
22 that's what you got, and you are chained up like this. And if  
23 you look at my wrist, I got, like, marks on my wrists from  
24 being chained up all day for, like, 45 minutes. So it is not  
25 even a group room.

1 Q. (BY MR. HIGGERSON:) You are talking about a room where you  
2 have what's classified as group therapy, correct?

3 A. It's supposed to be -- as to my group. But they said it is  
4 not as to mine, they said it is for people with long-term  
5 segregation. So if I had to, like, really say the size of the  
6 group, you know, this board pan out here that they had me in?  
7 It's like half of that.

8 Q. Okay. But this is so that the mental health professional  
9 can talk to more than one inmate at a time, correct?

10 A. Only five people allowed in there.

11 Q. Okay. And it's a segregation group, so everybody in there  
12 is restrained separately. Isn't that what you mean by separate  
13 stalls?

14 A. Well, you have -- at this moment, you have 42 inmates with  
15 long-term segregation, and none of them is allowed group  
16 besides -- none of them can get group because it's only certain  
17 groups that they're allowed to go to. So no one is getting  
18 their groups.

19 Q. Okay. When you are talking about the six stalls, is it  
20 more than one inmate talking to the mental health professional  
21 at the same time?

22 A. Yes. Yes. But it is in a room. It's a room. It's a cell  
23 room. Like, I can stand in my -- like, if my door -- like,  
24 it's a cell, 35. I can stand at the door and I can listen to  
25 the whole -- I'm not in 35. I can stand in cell -- I mean I

1 can be in 35 cell, and I can listen to everything in that room  
2 because that's a cell. That's not a group room. A group room  
3 would be like the other facilities where it's big and spacious  
4 and it's accommodating. But it's in a cell. The group is in a  
5 cell. They just ripped the bed out and took the toilet out and  
6 made it into a group room.

7 **Q.** Okay. When you are talking about listening from your cell,  
8 that's when you are not in the group, correct?

9 **A.** No. No. I'm just talking about that's how people -- like  
10 people can interfere in the little group setting because it is  
11 a room, so everything echo.

12 **Q.** But there are times you are taken to that room.

13 **A.** Yes.

14 **Q.** And there are other inmates in there also?

15 **A.** Yes.

16 **Q.** And you are all talking to the same mental health  
17 professional.

18 **A.** Yes. I go to group with -- it's four of us altogether in  
19 there.

20 **Q.** Okay. And when you talk about stalls, it's so that  
21 everybody remains restrained because everybody in there is a  
22 segregation inmate, correct?

23 **A.** Yes.

24 **Q.** You mentioned that you were expecting to go to the PRB and  
25 face more loss of good time. You said six more months of good

1 time?

2 **A.** Yes. Actually, I've got the paper right there in my file,  
3 if I can get the paper out my file right there.

4 **Q.** Do you know what that is in relation to, what incident?

5 **A.** Yes.

6 **Q.** And what is that?

7 **A.** From the June 26, 2018 incident.

8 **Q.** Okay. Is that the time on the yard when you were doing the  
9 twerking?

10 **A.** No, sir.

11 **Q.** Okay. Which incident are you talking about?

12 **A.** Well, the incident at Robinson where I had a fight with  
13 him, and IA didn't do no investigation. They called me to  
14 Building 49 administration, and it was typed very kind of,  
15 like, weird. Because when you go to this building, you have  
16 inmates everywhere. Like, they signing release forms, they  
17 signing all type of stuff. And they have to evacuate. They  
18 took all the inmates out the building. And the C/Os are called  
19 PREA own, the lieutenants and sergeant, they was all inside the  
20 Building 49. So when I come in there, I'm, like, what the hell  
21 is going on? And I was taken up to IA, and they asked to see  
22 my hands like this (indicating) and my face. And they say go  
23 back downstairs. I'm sitting in a chair just like this  
24 (indicating). And I'm, like, what's going on? And they, like,  
25 oh, you be okay.

1           And then the IA, Manzano, come down, and this is his exact  
2 words verbatim. And he had a table and he looked at me like  
3 this (indicating). He say, "Either you can claim me as an  
4 enemy or you can claim an inmate as an enemy, but I'm going to  
5 do everything I can to get you removed out of this facility.  
6 I'm tired of you making work for us. I'm tired of you calling  
7 PREA and filing complaints."

8           And my words back to him was, "I'm not going to give you no  
9 reason to."

10          And he pulled out a ticket and he said, "Take her to seg.  
11 She is being placed in segregation for an inmate assault."

12          And one of the officers asked him, "Is it an investigation  
13 or a disciplinary?"

14          And he said it was a disciplinary, and he had the ticket  
15 written already. So I began to panic and I began to cry and I  
16 asked for PREA, I asked for warden, and I asked for mental  
17 health. And I was sitting -- I never got out of my chair. I  
18 never threatened no one. And I'm sitting here, I cover my face  
19 because I know they are going to mace me because I'm refusing.  
20 And like I told them, I did refuse because I wasn't fittin' to  
21 be locked in segregation for an inmate assault. They didn't  
22 even do an investigation. It was a fight. But they wrote me  
23 up as an assault like they do all the other tickets.

24          So as I'm sitting here crying, hyperventilating, they maced  
25 me five times sitting there. I'm like this (indicating), and I

1 made them aware that I got asthma. So that's why, like, I've  
2 been coughing a lot, because it kind of messed up my  
3 respiratory -- my breathing system a little. But they maced me  
4 five times while I was sitting down, and I'm like this  
5 (indicating). And when they go to grab my arm, I yanked it  
6 back to my face. And that's when they slammed me on my front  
7 part of my body and my face, and they cuffed me and they maced  
8 me again all in my face, from my face to my anus, where the  
9 inside of my anal was bleeding with blisters, and it was hard  
10 for me to use the bathroom because my skin was, like, melted  
11 off. And they gave me no medical treatment or nothing.

12 And then they turnt around and gave me a staff assault, two  
13 staff assaults saying that I punched the lieutenant in the  
14 mouth and the IA when I never done none of that.

15 **Q.** You said you were refusing. That's how you knew they were  
16 going to spray you. What were you refusing to do?

17 **A.** I was refusing to go to segregation. I was sitting down,  
18 and I told them I'm not cuffing up until they give me a PREA,  
19 mental health, and the warden. I was in the building with the  
20 warden. So I wasn't -- nobody right there. The only people  
21 that was right here was all the people I called PREA on, the  
22 people I have issues with. So it was, like, kind of obvious  
23 that this was their get-back at me for writing them up and  
24 reporting them. Because I would go complain to the warden, I  
25 would go complain to IA, mental health, everyone. Staff gay

1 bashing me, they harassing me. They need to do something.

2 Q. Why did you want to call PREA at that time?

3 A. Because I felt like I was being retaliated against because  
4 of the inmate Atlanta, because of the harassment and the  
5 retaliation got worse when they shipped him to Robinson when I  
6 wrote the grievance explaining to the administration that, you  
7 know, y'all shipped this man to a minimum security after he not  
8 only tried to rape me, he have tried to rape other females in  
9 that facility, and the mental health was aware of it. You give  
10 this man no seg time. You let this man go to a minimum, where  
11 I just been sent to a damn max after I been raped and beaten.  
12 Do you know how that makes me feel? Would you understand that?  
13 Like, it's emotional for me.

14 Q. Do you know what facility he was at before he went to  
15 Dixon?

16 A. Well, that has -- I'm talking about why he was in Dixon.

17 Q. I understand. My question was: Do you know what facility  
18 he was at before he went to Dixon?

19 A. No. But all I know, they shipped him to Robinson, a  
20 minimum, which that should have never happened.

21 Q. Dixon has several levels of security at the same facility,  
22 doesn't it?

23 A. Yes.

24 Q. Okay. So inmates go to Dixon, they receive treatment, then  
25 they go back to the type of facility --

1 **A.** No. No, no, no. No, that's not how it is. You got GP,  
2 you got STC, you got DPU, and you got the minimum. And the  
3 minimum, you are on the other side of the gate. He wasn't on  
4 the other side of the gate, sir. He was in my building with me  
5 as a worker. And this guy, he's a confidential informant for  
6 IDOC meaning that he goes to IA, give IA information.

7 And what IA do in return is, if he want to be in the cell  
8 with me or if he want to be in the cell with somebody, he'll  
9 be, like, "Put me in the cell with this person," or "Let me  
10 work over here," or they would just like -- they would  
11 accommodate him to make his living easy. So whatever he want,  
12 he get from the administration.

13 **Q.** And it was IA who explained this to you, that this is how  
14 it works?

15 **A.** Oh, no. I've been in IDOC for a very long time. And he  
16 admitted it out of his mouth that he worked for IA. Because  
17 when I got there, um, he came on to me. And, actually, the guy  
18 was nice at first, and then it was, like, right after he tried  
19 to assault my celly and my celly wasn't going for that, he kept  
20 coming on to me.

21 And I'm asked him, I'm like, "You came from STC. Why you  
22 over here?"

23 And he, like, "Oh, um, they just moved me over here."

24 And he was telling me that another person had some  
25 relations. They was fighting, beefing, or whatever. And I'm

1 like, "Shit, I'm married, I got a husband, so I'm good."

2 And he, like, "Oh, I'm a very nice person. I'm not  
3 violent."

4 He tried to get me with the transgender act, but come to  
5 find out, he is not a transgender. He's a creep and a rapist,  
6 and he not only tried to rape me, he tried to rape the majority  
7 of the whole transgender facility.

8 Q. Okay. Once you reported that you had a problem with him,  
9 you said he was sent to another facility, correct?

10 A. No.

11 Q. He wasn't sent to another facility?

12 A. No. He was placed in investigation and then shipped to  
13 Robinson 21 days later.

14 Q. That's a different facility, correct?

15 A. A minimum.

16 Q. Okay. So you were kept separate from him after that?

17 A. Yes.

18 Q. Okay. Was there another inmate at Dixon --

19 A. But he was never punished.

20 Q. Was there another inmate at Dixon that you also complained  
21 that you had a problem with?

22 A. Yes.

23 Q. And was that person removed from the facility?

24 A. No.

25 Q. Were they removed from contact with you?



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REPORTER'S CERTIFICATE

I, Molly N. Clayton, RPR, FCRR, Official Court Reporter for the U.S. District Court, Southern District of Illinois, do hereby certify that I reported with mechanical stenography the proceedings contained in pages 1 - 77; and that the same is a full, true, correct and complete transcript from the record of proceedings in the above-entitled matter.

DATED this 21st day of September, 2018.

*s/Molly Clayton, RPR, FCRR*

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IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF ILLINOIS

DON HAMPTON, )  
 )  
Plaintiff, )  
 )  
v. ) No. 3:18-cv-00550-NJR-RJD  
 ) East St. Louis, Illinois  
JOHN BALDWIN, et al., )  
 )  
Defendants. )

TRANSCRIPT OF PROCEEDINGS  
**EVIDENTIARY HEARING - DAY 1 - P.M. SESSION**  
BEFORE THE HONORABLE NANCY J. ROSENSTENGEL  
UNITED STATES DISTRICT JUDGE

SEPTEMBER 12, 2018

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I N D E X

**WITNESSES CALLED ON BEHALF OF THE PLAINTIFF:**

	<u>DX</u>	<u>CX</u>	<u>RDX</u>
DAN PACHOLKE	81	132	155
BRANDON LUKE JAMES (KIERRA)	159		
SCOTT RANFT	183		

E X H I B I T S

<u>Exhibit No.</u>	<u>Description</u>	<u>ID'd</u>	<u>ADMT'd</u>
Plf's 15	Pacholke CV	82	82
Plf's 16	Pacholke Report	86	87
Plf's 17	IDOC 04.03.104	90	91
Plf's 18	GID Committee Reports	93	94
Plf's 19	Substantiated PREAs	98	98
Plf's 20	Disciplinary Tracking	127	127
Plf's 21	7/16/18 GID email	129	129

1 (Following a recess, proceedings continue in open  
2 court at 11:31 a.m.)

3 THE COURT: Ms. del Valle, you may call your next  
4 witness.

5 MS. BEDI: Plaintiff calls Dan Pacholke.

6 THE COURT: All right. Deana, if you would please  
7 administer the oath.

8 (Plaintiff witness, Dan Pacholke, sworn).

9 THE CLERK: Would you please state your name and  
10 spell your last name for the record?

11 MR. PACHOLKE: My name is Dan Pacholke. My last name  
12 is spelled P-A-C-H-O-L-K-E.

13

14 DIRECT EXAMINATION

15 BY MS. DEL VALLE:

16 Q. Good morning, Mr. Pacholke. Do you have your CV in front  
17 of you?

18 A. I do.

19 Q. Okay. And is it four pages?

20 MS. DEL VALLE: And, Your Honor and Defense Counsel,  
21 it's tabbed 16 in the binder.

22 THE COURT: Okay. Thank you.

23 Q. (By Ms. del Valle) Mr. Pacholke, is this your current  
24 resume?

25 A. Yes, it is.

1 Q. Does this document accurately describe your experience and  
2 qualifications?

3 A. Yes.

4 MS. DEL VALLE: Your Honor, I would like to mark this  
5 as Exhibit 15 and move it into evidence.

6 THE COURT: All right. 15 will be admitted.

7 Q. (By Ms. Del Valle) Mr. Pacholke, could you please describe  
8 your current occupation?

9 A. I'm an independent consultant that works in the field of  
10 corrections.

11 Q. And how long have you worked in the field of corrections?

12 A. Probably just shy of 36 years.

13 Q. And prior to your work as a full-time consultant where  
14 were you employed?

15 A. I was employed at the New York University, Marron  
16 Institute of Urban Management.

17 Q. And what were you doing at the New York University?

18 A. Primarily we were working on innovation in the field of  
19 corrections, so it could be jails, parole and probation, and  
20 prisons. So, we work with just a variety of jurisdictions  
21 around the country on innovative practices.

22 Q. And through your work and NYU did you work on issues  
23 related to placement and housing in corrections?

24 A. I did.

25 Q. What kind of work did you do related to placement and

1 housing?

2 A. Well, a lot of it had to do with, you know, efforts to  
3 reduce violence within systems or within, you know, given  
4 prisons, so, you know, there's ways to array the population in  
5 more compatible units or compatible groups that will bring  
6 down violence overall. So, some it just had to do with  
7 advising and consulting people on violence reduction, and  
8 through that you would usually end up making recommendations  
9 concerning how the population is configured in different  
10 prisons, but in the system overall.

11 Q. So, through that work, then, did you do work-related to  
12 the topic of safety in corrections?

13 A. Yes.

14 Q. Now, prior to working at NYU where did you work?

15 A. Well, I was briefly with the Pepperdine University, as  
16 well, so the program at Pepperdine really shifted to NYU, so I  
17 consider that the same type of work. It was Government  
18 innervation.

19 Prior to that, in 2016, I was the head of corrections  
20 for the Washington State Department of Corrections.

21 Q. Okay. How long did you work for the Washington State  
22 Department of Corrections?

23 A. 33 years, four months.

24 Q. And did you hold various positions within the Department  
25 of Corrections?

1 A. I did. I started as a correctional officer, I retired as  
2 the head of the agency, I was Deputy Secretary of Operations,  
3 I was the head of the prison system, Deputy Director in  
4 Prisons, I was a Warden at three different prisons, at one  
5 point head of Staff Training, head of Emergency Operations,  
6 Officer, Sergeant, Lieutenant, Captain, so just a wide range  
7 of positions.

8 Q. You said your last position was Secretary of Prisons?

9 A. Correct.

10 Q. And is that basically the top director of the prison  
11 system in Washington State?

12 A. It's the top director of the correctional system, so I  
13 was, you know, a member of the Governor's cabinet and oversaw  
14 both community supervision, work releases, the prison system,  
15 so the system in total.

16 Q. Now, in your work at the Washington State Department of  
17 Corrections did you have any responsibilities related to the  
18 Prison Rape Elimination Act, known as PREA?

19 A. I did. When I was Director of Prisons, I was the  
20 executive sponsor, I was the lead of overseeing the  
21 implementation of the PREA standards, you know, once again in  
22 prisons, in work release, in community supervision, just the  
23 policies, staff training, just the overall implementation  
24 strategy.

25 Q. And around what year was that?

1 A. Probably 2011, '12, '13, you know, kind of that span. It  
2 took several years.

3 Q. Now, in your various positions in the corrections field  
4 have you had to draw conclusions about prison operations based  
5 on your reviews of relevant files?

6 A. Yes.

7 Q. Can you briefly describe your methodology for reaching  
8 these conclusions?

9 A. Well, I mean, some of it, of course, is just reviewing  
10 the, you know, applicable documents that you are presented  
11 with, having some understanding of best practice nationwide,  
12 having an understanding of whether it's ACA standards, related  
13 PREA standards. It could be training programs offered through  
14 the National Institute of Corrections, you know, maybe perhaps  
15 even legal case law within the system. But you would  
16 integrate those documents with your own experience and your  
17 own understanding of broader standards that have an impact on  
18 that issue.

19 Q. Okay. And in drawing those conclusions did you rely on  
20 documents like disciplinary reports?

21 A. Yes.

22 Q. Did you rely on documents like prisoner's medical records?

23 A. Yes.

24 Q. Did you rely on institutional level policies?

25 A. Yes.

1 Q. And did you rely on national best practices?

2 A. Yes.

3 Q. Now, did you draw conclusions about the Illinois  
4 Department of Corrections and specifically Dixon Correctional  
5 Center's practices in this case?

6 A. Yes.

7 Q. And in drawing those conclusions did you use the  
8 methodology that you just described?

9 A. Yes.

10 Q. Okay.

11 MS. DEL VALLE: Your Honor, at this point I would  
12 like to tender Mr. Pacholke as an expert in the field of  
13 security corrections.

14 THE COURT: Any objections?

15 MR. HIGGERSON: No.

16 THE COURT: You may proceed.

17 MS. DEL VALLE: Your Honor, if you could turn to tab  
18 17 in your binder.

19 Q. (By Ms. Del Valle) Mr. Pacholke, do you have the expert  
20 report that you authored related to Ms. Hampton in front of  
21 you?

22 A. I do.

23 Q. And you authored this -- When did you author this report?

24 A. December 6, 2017.

25 MS. DEL VALLE: Your Honor, I would like to mark this

1 as Exhibit 16 and move it into evidence.

2 THE COURT: All right. 16 will be admitted.

3 Q. (By Ms. Del Valle) Now, in this expert report did you  
4 develop opinions related to the IDOC's placement of Ms.  
5 Hampton?

6 A. I did.

7 Q. And did you develop opinions related to the IDOC's  
8 disciplinary process as it relates to Ms. Hampton?

9 A. I did.

10 Q. Now, you wrote this report in December 2017. In arriving  
11 at your opinions in this report did you review Ms. Hampton's  
12 disciplinary records?

13 A. I did.

14 Q. Did you review some of her mental health records?

15 A. Yes.

16 Q. Did you review the Gender Identity Disorder Committee  
17 reports?

18 A. Yes.

19 Q. And did you review department policies?

20 A. Yes.

21 Q. And did you consult national standards?

22 A. Yes.

23 Q. Before writing this report did you do anything else -- Did  
24 you do anything else before arriving at your opinions in this  
25 report?

1 A. I talked to two staff that I believe have an expertise on  
2 the management of the transgender population and also on  
3 implementation of PREA standards. So, I talked to two  
4 additional people that I see as having expertise in this  
5 particular area.

6 Q. Okay. Now, since you wrote this report in December 2017,  
7 have you reviewed any more of Ms. Hampton's records?

8 A. Yes, I have.

9 Q. What have you reviewed?

10 A. Cumulative Counseling Reports; I have reviewed additional  
11 disciplinary reports, you know, including the findings that  
12 were drawn in those cases. I have reviewed additional  
13 grievances, you know, mental health reports concerning  
14 Ms. Hampton; PREA investigations; you know, segregation  
15 documents; just a wide range of documents.

16 Q. So, have you reviewed what is Ms. Hampton's entire  
17 disciplinary file up to the point of -- that was produced by  
18 IDOC?

19 A. Yes.

20 Q. And have you reviewed videos?

21 A. Yes; yes.

22 Q. Okay. Now, did your review of Ms. Hampton's updated  
23 records change the opinions you put forward in your report in  
24 any way?

25 A. It only strengthened the initial conclusions that I drew

1 in the first report.

2 Q. Okay. Now, can you briefly describe your current opinions  
3 related to the placement of Ms. Hampton in the men's prison?

4 A. It's just inappropriate. I mean, when I look at  
5 Ms. Hampton and I consider the PREA standards that -- I mean,  
6 what we have here is an individual who at the age of five  
7 started identifying as a female to her own family. By the age  
8 of nine she was outwardly identifying as a woman to -- a  
9 child, a girl to the community. You know, as a juvenile, you  
10 know, she was raped in a juvenile facility by a correctional  
11 officer and, you know, certainly suffers trauma from that, and  
12 the officer was convicted of those charges.

13 By the time she gets into the Illinois Department of  
14 Corrections she is diagnosed with gender dysphoria. She is  
15 given feminising hormones, she is issued feminising clothing,  
16 a sports bra, she is given accommodations for showers. And,  
17 so, really, in my mind while IDOC has done everything they  
18 possibly can to acknowledge both in a clinical fashion and an  
19 operational sense that she is a woman, at the same time they  
20 have done everything in their power almost exhaustively in  
21 order to place her anywhere but within a female facility. So,  
22 to a certain degree it almost feels like IDOC exhibits that  
23 she needs to earn her way into the proper gender placement  
24 rather than acknowledging this on all their own internal  
25 documents and their own internal diagnosis that the best

1 placement for her and the placement that she has requested is  
2 to be within a woman's facility. It's kind of paradoxical in  
3 some ways. They do everything to support the fact that she's  
4 a woman, then they work exhaustively in order to keep her from  
5 a woman's facility.

6 Q. Now, you are familiar with the PREA standards, correct?

7 A. I am.

8 Q. Do the PREA standards allow for inmates to be housed  
9 exclusively on external genital anatomy?

10 A. They do not.

11 Q. And do the PREA standards require some consideration of  
12 the individual's sense of her own safety when determining  
13 placement?

14 A. They do.

15 Q. Now, in arriving at your conclusions you examined IDOC  
16 policy, correct?

17 A. I did.

18 Q. If you -- Do you have in front of you IDOC Administrative  
19 Directive 04.03.104 tabbed 18 in the binder?

20 A. Yes, I do.

21 Q. And is this the administrative directive that you  
22 reviewed?

23 A. Yes, it is.

24 Q. Okay.

25 MS. DEL VALLE: Your Honor, I would like to mark this

1 as Exhibit 17 and move it into evidence.

2 THE COURT: Is 17 the right number? I thought we had  
3 a 17.

4 THE CLERK: 17 is right.

5 THE COURT: 17 is the Administrative Directive.

6 MS. DEL VALLE: Okay.

7 THE COURT: 04.03.104?

8 MS. DEL VALLE: Correct.

9 THE COURT: Okay. That will be admitted.

10 Q. (By Ms. Del Valle) Mr. Pacholke, does IDOC's policy as  
11 laid out in this administrative directive on issues related to  
12 offenders with gender identity disorders and housing those  
13 offenders, does this policy comport with national best  
14 practices?

15 A. Here's what the policy does and doesn't do:

16 If you look under policy statement -- So this would  
17 be I-B, the second bullet, where it indicates that *will*  
18 *extensively evaluate offender's perception standard to ensure*  
19 *appropriate facility placement.* So, it does have a policy  
20 statement that indicates they will evaluate placement, proper  
21 placement for people. As you read your policy in total, what  
22 it lacks is any definition of what that placement may be or  
23 any definition around how that will occur or who will make the  
24 recommendation or how the placement will occur. So, once  
25 again, to me, I mean, I really think of it as almost a

1 checklist in some ways. And when you think of Hampton, I  
2 mean, you know, diagnosed with gender dysphoria, feminising  
3 hormones, sports bra, accommodation on showers, past history  
4 of sexual abuse in a juvenile facility that certainly has  
5 resulted in some sort of trauma, been housed in a segregation  
6 unit repetitively for over a year, two past attempts of  
7 suicide, I mean, to me these are the kinds of like  
8 bullet-point criteria that you would have in a policy that  
9 would indicate that there should be some due diligence around  
10 strong consideration for placement within a woman's facility.  
11 From what I can tell in reviewing all the documents, it really  
12 wasn't until probably less than a month ago that IDOC even  
13 gave it any consideration in writing to move her to a woman's  
14 facility.

15           So, what it lacks is any objective criteria around  
16 how you would be placed or under what criteria you would be  
17 placed in a woman's facility.

18 Q. Now, based on your review of IDOC policies what is the  
19 Gender Identity Disorder Committee? It's gone by various  
20 names throughout the various years, but we will use the GID  
21 Committee for shorthand.

22 A. I think the Gender Identity Committee is really intended  
23 as a way to assist in the overall case management of  
24 transgender people, that somehow this committee is going to  
25 review the case in total, they are going to make some sort of

1 recommendations around appropriate placements, you know,  
2 medical intervention, mental health, you know, her routines,  
3 but really serves overall as a case management arm.

4 Q. Now, if you can turn to tab 19 in your binder. Now, Mr.  
5 Pacholke, do you have in front of you three Gender Identity  
6 Committee meeting reports from March 17, 2017, that's Bates  
7 607, and then from January 26, 2018, that's Bates 225 to 229?

8 A. Give me one second or two. So can you start with the  
9 first number you gave me again?

10 Q. Sure. Bates 607, March 17, 2017, GID Committee report.

11 A. Can you give me that Bates number at the bottom again?

12 Q. Sure. 607.

13 A. 607, yes, I do.

14 Q. Okay. And do you have Bates 225 through 229? That's the  
15 January 26, 2018 report.

16 A. 225 and which one?

17 Q. 225 through 229.

18 A. I do.

19 Q. The last one doesn't have a Bates number, but it's the  
20 April 10, 2018 report.

21 A. I do.

22 Q. Okay. And are these three of the GID Committee reports  
23 that you reviewed?

24 A. Yes, they are.

25 MS. DEL VALLE: Your Honor, I would like to mark

1 these as Exhibit 18 and move them into evidence.

2 THE COURT: Any objection?

3 MS. HIGGERSON: No objection.

4 THE COURT: All right. 18 will be admitted.

5 Q. (By Ms. Del Valle) Mr. Pacholke, I want to focus on the  
6 first GID Committee report you have in front of you from March  
7 17, 2017. That's Bates 607.

8 A. Okay.

9 Q. Can you describe what this document is?

10 A. This is Illinois Department of Corrections Gender  
11 Dysphoria Disorder Committee Update from Pinckneyville  
12 Corrections Center on Deon Hampton. It provides -- It talks  
13 about the date of review, provides some basic information,  
14 some recommendations, and is signed off by a variety of  
15 committee members. And, some of the committee members didn't  
16 sign off of it, but it provides some background information,  
17 provides some recommendations.

18 Q. In your opinion does the process memorialized on this  
19 paper comport with nationally-accepted standards?

20 A. Well, I mean, what it doesn't do is it -- And certainly  
21 the forms change as we go along here. What it doesn't do is  
22 it doesn't provide a lot of other information; you know, as an  
23 example, the amount of time that she spent in segregation and  
24 any negative impacts it might have on her mental health  
25 condition. It doesn't take into consideration any

1 disciplinary history and recommendations that mental health  
2 may have around that, it doesn't take into consideration  
3 transfer or placement or, you know, are we achieving a  
4 stabilizing influence by her current placement. So, this one  
5 to me really lacks any real detail. And I don't believe it  
6 comports to what would be considered comprehensive or meet a  
7 national standard. This form is very brief and very cursory.

8 Q. Does this form say anything about her past history of  
9 sexual assault?

10 A. It does not.

11 Q. Does this form mention anything about Ms. Hampton's own  
12 views about her own personal safety?

13 A. It does not.

14 Q. Does it mention any of her PREA complaints?

15 A. It does not.

16 Q. Now, let's go to the next report from January 26, 2018.

17 Can you describe this document and explain how it  
18 differs from the one we just reviewed?

19 A. Well, I mean, this one, once again, is Illinois Department  
20 of Corrections Transgender Care Review Committee  
21 Recommendations from Lawrence Correctional Center. It has,  
22 you know, Section 1 which talks about, you know, the offender  
23 involved being Deon Hampton. It gives a little background on  
24 gender identity in the sense of natural birth and then how she  
25 views herself today. It talks a little bit about genitalia,

1 it gives some background on gender identity history to  
2 include, you know, the age in which she started identifying as  
3 a female, some background on hormone therapy, reassignment,  
4 surgical procedures, sexual preference and potency, mental  
5 health, substance abuse history, medical history, predatory or  
6 vulnerable status, and committee recommendations. So, it's a  
7 much more elaborated form than the one we just reviewed.

8 Q. In your opinion does this form comport with nationally-  
9 accepted standards?

10 A. I mean, once again, what it doesn't do is it doesn't take  
11 into consideration appropriate placement or it doesn't take  
12 the characteristics or the findings of the report and add them  
13 up in total in order to give you a better sense of what would  
14 we do for ongoing case management. So, although it's much  
15 more extensive almost in a diagnostic sense, it doesn't really  
16 say *here's what we should do with her*.

17 I will give you an example. It's just like on the  
18 Predator Vulnerable Status in Section 9 is they decide not to  
19 consider her vulnerable or a predator, but it indicates in the  
20 narrative, "Mental health and DOC are currently working  
21 together for careful placement of patient which supersedes  
22 need for vulnerable status." So, in some ways the narrative  
23 indicates she's vulnerable in her current situation, but they  
24 are reluctant to check the box that says *vulnerable* and they  
25 make no attempt to say, you know, "Here would be a placement

1 that would enhance Ms. Hampton's safety." So, they kind of  
2 say it and they kind of don't, and I think that one just  
3 stands out to me. But, overall it doesn't really draw any  
4 conclusions around her own safety, the operation of the  
5 facility, nor really make any strong recommendations. It's  
6 more of a checklist of *have we done this or this or this*, and  
7 when you run into an area like vulnerable or predatory they  
8 stay mute, they stay silent.

9 Q. Does the report say anything about her past history of  
10 sexual assaults?

11 A. It does not.

12 Q. Does it mention any of her PREA complaints?

13 A. It does not.

14 Q. Okay. Let's go to the last report, April 10, 2018.

15 Can you describe this document?

16 A. It's a Illinois Department of Corrections Gender Identity  
17 Committee Recommendation from Dixon Correctional Center. Once  
18 again, the form is slightly different. It has some background  
19 on GID history, mental health history, medical history. It  
20 indicates committee recommendations on areas like housing,  
21 showers, hormone therapy, and that's about it.

22 Q. Does this report mention anything about Ms. Hampton's  
23 views about her own personal safety?

24 A. It does not.

25 Q. Does this report say anything about her past history of

1 sexual assault?

2 A. It does not.

3 Q. Does it mention any of her PREA complaints?

4 A. It does not. And, actually, on this particular form, too,  
5 there's many sections of it that are left blank and not even  
6 completed.

7 Q. Now, would you agree that this document indicates that the  
8 committee did not consider whether it would be appropriate to  
9 transfer Ms. Hampton to Logan?

10 A. Well, under the placement with recommendation for housing,  
11 it's left blank. So, they made no recommendation, and there's  
12 certainly no indication that they considered.

13 Q. Do you think that the committee -- Based on this document,  
14 do you think that the committee did a meaningful review of  
15 Ms. Hampton?

16 A. No.

17 Q. Now, Mr. Pacholke, did you review the three substantiated  
18 PREA complaints from Lawrence -- two from Lawrence and one  
19 from Dixon?

20 A. I did.

21 MS. DEL VALLE: Your Honor, these are in tabs 8, tab  
22 5, and tab 6. I would like to mark all of the three reports  
23 as one group exhibit, as Exhibit 19, and move it into  
24 evidence.

25 THE COURT: Okay. So this is Exhibit 19?

1 MS. Del VALLE: Correct.

2 Q. (By Ms. Del Valle) Now, Mr. Pacholke, do you have in front  
3 of you the PREA investigation, Bates -- the PREA investigation  
4 from Dixon, Bates 658 through 688?

5 A. I do.

6 Q. Okay. Can you briefly describe what's in these documents?  
7 Or let me scratch that. Can you briefly describe what  
8 Ms. Hampton's PREA complaint was here?

9 A. Well, I mean, this is the RPEA investigation dated May 8,  
10 2018, for Jacob Blackburn from Internal Affairs, and it's on a  
11 PREA allegation at Dixon Correctional Center, the GP  
12 segregation yard on Offender Deon Hampton. So, what Hampton  
13 stated in her interview, for about a week and a half -- the  
14 offender's name has been blacked out -- would grab her  
15 buttocks and breasts out in the segregation yard and had done  
16 this repeatedly for over a week and a half or so. This  
17 allegation was investigated by Internal Affairs, and under the  
18 conclusion the PREA claim was substantiated. So, they found  
19 merit to her claim that, in fact, she was being sexually  
20 assaulted on that yard.

21 Q. What's the significance of a substantiated PREA complaint?

22 A. It's a high threshold. I mean, I think PREA violations,  
23 especially when they are inmate against inmate, are really  
24 difficult to substantiate. I don't think it's easy to do. As  
25 a matter of fact, a relatively small percentage of inmate-on-

1 inmate PREA claims are ever substantiated. So, it's a high  
2 threshold and it's probably indicative that there's, you know,  
3 harassing behavior going on.

4 Q. Now, based on the documentation what actions did IDOC take  
5 after they substantiated Ms. Hampton's PREA complaint?

6 A. Well, oddly enough, the perpetrator of this violation, the  
7 one that sexually assaulted Ms. Hampton, was released from  
8 segregation on May 3, for time served, and Ms. Hampton was  
9 retained in segregation. So, essentially they released the  
10 predator from segregation and maintained the victim in  
11 segregation.

12 Q. What's the significance to you of the fact that the  
13 perpetrator was released from segregation, but Ms. Hampton was  
14 kept in segregation?

15 A. Well, on one hand if you are Ms. Hampton or if you are  
16 another inmate or even a staff member that witnessed this, it  
17 really challenges the legitimacy of the system. Here you have  
18 a substantial claim of sexual assault, your Internal Affairs  
19 went through and validated. Essentially that should result in  
20 another rule violation and you decide that the perpetrator  
21 will be let go and the victim will be maintained in a much  
22 more coercive and less desirable housing unit, being  
23 segregation, solitary confinement, however you want to refer  
24 to it. I'm certain in the eyes of Deon Hampton that she's  
25 just thinking to herself, "I'm getting punished for being

1 sexually assaulted."

2 THE COURT: That broke up there. What did you say?

3 A. I think it delegitimizes the system of discipline.

4 Q. What should IDOC have done after substantiating this PREA  
5 complaint?

6 A. Well, I mean, to me it would make perfect sense that you  
7 would maintain the perpetrator, you know, either on  
8 administrative segregation status or prehearing confinement  
9 pending on the outcome of the hearing. For documented sexual  
10 assault they should probably go through and update his PREA  
11 file to reflect that he involves himself in predatory behavior  
12 and he should have went through the disciplinary process.

13 Ms. Hampton should have been removed from the  
14 immediate environment, certainly from around this particular  
15 offender that's been sexually assaulting her and transferred  
16 to an environment that would enhance her safety.

17 Q. All right. Should the Gender Identity Disorder Committee  
18 have received this PREA investigation?

19 A. Yes.

20 Q. Did you see any evidence in the record that the Gender  
21 Identity Disorder Committee considered this PREA  
22 investigation?

23 A. I did not. I did not.

24 Q. Why should this PREA investigation have gone to the Gender  
25 Identity Committee?

1 A. Because if they are working on case management activities  
2 around transgender offenders who we know are subject to sexual  
3 assault within the community or even at a higher rate within  
4 prison who we know have one of the highest rates of suicide in  
5 the nation, that if you are dealing with comprehensive case  
6 management you would want to know about abuses occurring to  
7 this person and what safeguards are we taking in order to  
8 ensure it doesn't happen again.

9 Q. Now, I want you to turn to the next PREA investigation  
10 which is 270 through 316. That's tab 5.

11 A. Yes.

12 Q. This is the PREA for the January 23, 2018 incidents.

13 Can you describe what Ms. Hampton's PREA complaint  
14 was here?

15 A. She's describing that an inmate, while she's in  
16 segregation, in the segregation yard, had exposed his penis to  
17 her while in the segregation yard on at least two occurrences,  
18 excuse me, January 20 and January 22. She also stated that he  
19 had offered to pay -- pay her to have sex with him and then  
20 threatened to rape her. At one point he exposed his penis,  
21 started stroking it, and indicated that he would use that in  
22 order to do forcible rape on her and other sexual assaults.

23 Q. And what was the outcome of the IDOC investigation into  
24 this PREA?

25 A. It was deemed substantiated.

1 Q. And based on the documents what actions did IDOC do after  
2 they substantiated this PREA complaint?

3 A. They did issue a misconduct report. But, once again, it  
4 doesn't look like there was any real measures taken in order  
5 to ensure the safety as Ms. Hampton or anything in order to  
6 strengthen her placement for her own personal safety. So, it  
7 looks like they issued an infraction to her.

8 Q. What should IDOC have done after they substantiated this  
9 PREA?

10 A. Well, once again, I mean, to me this would be the type of  
11 document that would go to the gender committee, the  
12 transgender committee, and that they would consider this in  
13 overall case management, that they would remove Ms. Hampton  
14 from that immediate vicinity, that they would somehow take the  
15 perpetrator and make sure he's not around Ms. Hampton from  
16 that point forward, so there would be some placement issues in  
17 order to keep the two of them apart. There would be some  
18 broader consideration now not only on this one substantiated  
19 PREA claim, but on the two in total, and they would start  
20 considering what do we do in order to keep her in a safe  
21 environment, how do we, you know, increase her access to  
22 perhaps mental health treatment or mental health counseling  
23 now that we know she suffered the trauma of a couple of these  
24 events and plus her conscious history of trauma. But, they  
25 would look at some ways in order to provide safety and provide

1 a better environment for Ms. Hampton.

2 Q. Let's go to the third PREA investigation, which is about a  
3 month later on February 21, 2018. Again, in Lawrence. It's  
4 Bates 567 to 597 and that's in tab 6.

5 A. Yes.

6 Q. Mr. Pacholke, is it your understanding that this PREA was  
7 also involving the same offender from the one in January?

8 A. Yes.

9 Q. Can you describe what Ms. Hampton's PREA complaint was in  
10 this PREA?

11 A. Ms. Hampton -- This was on 2/21/18. Ms. Hampton made an  
12 allegation stating that an inmate had made threatening remarks  
13 to her while in segregation via shower, that his ticket had  
14 been dropped and that he was being transferred; also stated  
15 that he also made threats of raping her again and if he could  
16 expose himself to Hampton he would again, and once again the  
17 report itself indicates this is the same offender from the  
18 incident the PREA, substantiated PREA investigation that  
19 occurred on 1/23/18 for exposing his penis, and the findings  
20 were substantiated by the investigator.

21 Q. Should this offender have been housed in the same  
22 segregation wing as Ms. Hampton?

23 A. No, no. No, I mean, they should not have. This is --  
24 Once again, it's a place safety issue, it's a mental health  
25 issue especially for a victim of a sexual assault. I don't

1 know if it's true or not, but, I mean, this is where he  
2 alleges that the violation report -- although the PREA  
3 investigation was substantiated, that the violation was  
4 dropped, he was being transferred out, and for whatever reason  
5 was placed in an area adjacent to Ms. Hampton where he could  
6 actually threaten her some more and indicate that he had  
7 gotten away with it. It's either exceptionally sloppy  
8 management work or it's intentional, I'm not sure which.

9 Q. Now, do you place any significance on the fact that  
10 Ms. Hampton has three substantiated PREA complaints at two  
11 different men's prisons within four months?

12 A. I'm sorry, I lost my video there for a second.

13 It's substantial in several different ways. I mean,  
14 the first one is when we were at court probably a year ago we  
15 recommended that she be placed at a women's facility for all  
16 the reasons that IDOC has documented, and I went over those a  
17 couple of times, whether it's the gender designation dysphoria  
18 or the feminising hormones or background or the past history  
19 of trauma, it really feels as if that IDOC wants Ms. Hampton  
20 to earn her way into the appropriate gender-assigned committee  
21 and will work exhaustively in order to ensure that she doesn't  
22 get there, and they will maintain her in segregation  
23 repetitively, irrespective the mental health recommendations,  
24 and they will transfer her to and from different male  
25 facilities in order to continue down this path, irrespective

1 of the harassment, sexual assault, or substantiated PREA  
2 claims. To me it just shows an intention that you have to  
3 earn your way into the right gender assignment.

4 Q. Now, what effect do these substantiated PREA complaints  
5 have on your conclusion regarding Ms. Hampton's placement in  
6 the men's prison?

7 A. I mean, once again, to me it just reinforces the fact that  
8 the placement was wrong. You know, the recommendation that we  
9 had in December of 2017, it made, you know, multiple moves to  
10 different male facilities. Each one of those at this point I  
11 would consider a failure. This last PREA investigation is  
12 just a prime example. I mean, not only do you put her in the  
13 wrong facility in the sense of putting her back in a male  
14 facility, but you co-locate her to someone that you have  
15 already substantiated sexual assaulted her, I mean, without  
16 any regard for her mental health, without any understanding of  
17 the past two suicide attempts, without any understanding of  
18 the trauma that this will do to the victim.

19 Q. Now, did you review videos of Ms. Hampton depicting her on  
20 the yard?

21 A. I did.

22 Q. Okay. And is it your understanding that these videos were  
23 around July 30, 2018?

24 A. Yes.

25 Q. Okay. Can you describe what you saw in those videos?

1 A. Well, I mean, what you will see in the video is, you know,  
2 four to five people on a segregation yard, so it's to the yard  
3 and a cohort. Ms. Hampton to a certain degree, you know,  
4 shows feminising characteristics in her dress, you know, in  
5 the way that she wears shorts, in the way that she puts on and  
6 wears T-shirts, in the way that she moves through the yard.  
7 There's a certain degree of, I guess, flirty behavior or, you  
8 know, more overbehavior. Certainly there's a lot of attention  
9 from the men that are on that yard as far as paying attention  
10 to her. What it reminds me of in some ways, in my own  
11 experience, to give you a little story here is back in the  
12 '90s, in Washington State there was a period of time in which  
13 we had co-correctional facilities. So, we had men and women  
14 in the same prisons, although there was physical separation.  
15 They could not necessarily be right next to each other, but  
16 they were in the same prisons at the same time. There's a  
17 certain degree of the population, a certain subset of that  
18 women population that will be flirty, that will be somewhat  
19 suggestive, that will be somewhat cute in the way they portray  
20 themselves. They will try and modify, you know, the state-  
21 issued clothing in order to fit what in their minds is more  
22 gender appropriate.

23 So, when you watch that video, in my estimation, and  
24 certainly the people in the courtroom can see it today, what  
25 you see is a woman on a male yard. That to me is what you see

1 there.

2 Q. Now, how long were the videos that you watched?

3 A. One of the videos that I watched was 53 minutes.

4 Q. Okay. Now, what's your opinion regarding the conduct of  
5 the officers filming Ms. Hampton in that 53-minute video?

6 A. Well, if you watch that video -- And, like I say, you will  
7 see flirty and kind of overbehavior that starts out, you know,  
8 pretty friendly. You will see some flashing, you will see  
9 some really suggestive dancing, you will see some hugging, you  
10 will see some, to a certain degree -- there may be a kiss on  
11 the cheek or something in that regard, and you will see some  
12 touching, okay? But, really, when you sit back and you watch  
13 that video, that 53-minute video, what you really get a sense  
14 is that the Department of Corrections is compiling this  
15 videotape in order to build a case that Ms. Hampton is  
16 misbehaving, she is completing multiple rule violations, and  
17 they are documenting it in order to issue violation reports.  
18 What you don't see is the first point in time when she tries  
19 to modifies her clothes and has shorts on or when she, you  
20 know, starts dancing inappropriately or she starts to a  
21 certain degree being flirty. What you don't see is a response  
22 and intervention. What you don't see on behalf of the  
23 Department of Corrections is any acknowledgment that this is  
24 inappropriate and unsafe in that environment. So, it really  
25 does seem like what they are trying to do is just build a case

1 in order to give more rule violations in order to maintain her  
2 in segregation for a longer period of time.

3 Q. Is it your understanding that Ms. Hampton was then  
4 punished for her actions depicted on the video?

5 A. Yes.

6 Q. What should IDOC have done after that incident on the  
7 yard?

8 A. Well, I mean, first off, to me they should have  
9 intervened, you know, much quicker and got her off the yard,  
10 you know, for her own safety. Second of that is to me that  
11 would have been a very appropriate piece of evidence for the  
12 Gender Identity Committee. And I think if they would have  
13 looked at it, what they would have seen is a woman on a male  
14 yard and the inappropriateness of just keeping her in a male  
15 high-security unit, and they would have looked for some sort  
16 of placement options that would have increased place safety  
17 for her and everybody else.

18 Q. If you were running the IDOC where would you have  
19 Ms. Hampton housed?

20 A. In a woman's facility.

21 Q. What level of security?

22 A. You know, I would probably look somewhere around medium  
23 security with a mental health, either inpatient or outpatient  
24 component to the unit, you know, if it's available. I mean,  
25 typically women's facilities do have more mental health

1 coverage, because, you know, the vast majority of women in  
2 prison, you know, suffer from some form of trauma. So, I am  
3 assuming the same holds true in the Illinois Department of  
4 Corrections. But, I'm looking for something below a high  
5 facility, like a medium where the perimeter security is about  
6 the same as a high security, but has some sort of enhanced  
7 mental health treatment.

8 Q. When you were running the Washington State Prisons did you  
9 ever house transwomen in women's facilities?

10 A. You know, when I was in charge of the implementation and  
11 we were going through and writing policies, doing the staff  
12 training and briefing the staff and doing some cultural  
13 assessments inside our prisons, a case never came forward that  
14 -- where we had a recommendation or we even had a person that  
15 we believed should be placed. So, in my time whenever I was  
16 there, I don't believe we did.

17 Q. Today are there transwomen in women's facilities in  
18 Washington State?

19 A. Yes, there are. I mean, when I talked to some of the  
20 experts when I was writing the December report, there are  
21 transmen in male facilities in Washington and there are  
22 transwomen in women's facilities in Washington.

23 Q. Mr. Pacholke, you reviewed Ms. Hampton's entire  
24 disciplinary file, correct?

25 A. I did.

1 Q. Now, in your review of Ms. Hampton's disciplinary file did  
2 you make any conclusions about the disciplinary process as it  
3 has been imposed on Ms. Hampton?

4 A. Well, in a really -- in a really broad sense the --  
5 there's a lot of low-level violations, you know, inside  
6 Ms. Hampton's disciplinary file, and then there are some high-  
7 level violations, but there's infraction reports in there for  
8 walking up to a control room and referring -- and saying to  
9 the officer, "Hey, girl." There are violations in there for  
10 the destruction of state property, but when you read them  
11 carefully it really is about like modifying state jeans.  
12 There's other violations in there for destruction of state  
13 property, which is really making thong underwear. There's  
14 additional violations in there for thong underwear where  
15 someone observed her walking and, you know, pulled her over  
16 and whatever and searched her and saw her have thong  
17 underwear. There are some stuff around there for three-way  
18 phone calls. But, a lot of it is fairly low-level violations  
19 that would, you know, support her own view of her gender  
20 identity.

21 Q. I want to draw your attention to a few disciplinary  
22 records, so Bates 540 to 553, and this is in tab 7 of your  
23 binder. This is the disciplinary ticket for the incident with  
24 Officer Burley on February 18, 2018.

25 A. Yes.

1 Q. Do you have that ticket in front of you?

2 A. I do.

3 Q. Can you briefly describe what happened on that day?

4 A. Officer Burley was escorting Ms. Hampton to the  
5 segregation yard in mechanical restraints, Hampton began to  
6 pull away from the officer, basically stating to him he wanted  
7 -- Deon was stating to the officer that she wanted to go to  
8 her special cage. And I'm assuming that refers to recreation  
9 yard. The officer attempted to regain control of Hampton,  
10 explained to him where he was going. That resulted in, you  
11 know, physical confrontation in the sense of the officer  
12 trying to forcibly move Deon Hampton in the direction he  
13 wanted her to go. And the infraction report indicates that  
14 Ms. Hampton mule-kicked him or kicked him in the leg, so  
15 Hampton would be in front in restraints of her escort and  
16 kicked backwards striking the officer.

17 Q. Do you give any significance to the fact that according to  
18 this ticket the whole incident started as a result of  
19 Ms. Hampton wanting to go into her special cage?

20 A. I do. I do give significance to that.

21 Q. And why is that?

22 A. Well, I mean, some of it, once again, is, you know, if you  
23 have read the PREA investigations and you have seen  
24 substantiated PREA claims and the type of assault or behavior  
25 or verbal threats that Ms. Hampton has been exposed to, that

1 perhaps all she was doing was saying, "This yard is safer for  
2 me" or "This yard is better for me," and trying to get in a  
3 position where she's not being harassed when she's on the  
4 yard. I mean, that's one possible conclusion to draw.  
5 Whether or not the officers at the officer level are aware or  
6 whether or not there's been any accommodation to say, "Hey,  
7 you know, Ms. Hampton should be in yard alone, Ms. Hampton  
8 should be in yard, you know, X distance away from other  
9 offenders, I mean what considerations have been given." Now,  
10 I mean, I think all those considerations are important and I  
11 think they should be completed. Certainly striking the  
12 officer was inappropriate.

13 Q. Now, would you -- in deciding disciplinary here would you  
14 taken into consideration her substantiated PREA from a few  
15 weeks before?

16 A. Yes, I would.

17 Q. Why is that?

18 A. Because, I mean, to me it just demonstrates, you know,  
19 having her in a recreation setting on a maximum security male  
20 yard when she portrays herself so strongly as a female is she  
21 knows -- I mean, I think I know from watching that videotape  
22 there's going to be verbal harassment, that there's going to  
23 be physical harassment, there's going to be taunting to a  
24 certain degree that's going to occur. And, like I said, I  
25 mean, you know, even if you are Ms. Hampton you know to a

1 certain degree staff are going to let it go on and they are  
2 going to videotape you.

3           So, it just once again strikes to not necessarily a  
4 case management approach in the sense of trying to make what's  
5 the best decision for Hampton's safety and the overall  
6 operation of this institution. It's more or less a decision  
7 based on Hampton is going to do what we tell her to do.

8 Q. Now, would you take into consideration the length of time  
9 she had spent in segregation up until that point when  
10 determining the appropriate discipline here?

11 A. Yes.

12 Q. Why is that?

13 A. Well, there's been multiple times where the mental health  
14 reviews of violations, Ms. Hampton's violation behavior have  
15 indicated over and over again at least six times that I think  
16 I referenced in 2016 where they said that, you know, long-term  
17 segregation is not recommended because of its negative impacts  
18 on a seriously mentally ill population. Now, people have said  
19 that repetitively to these mental health reviews. No one sits  
20 back and stops and thinks for a minute, "We have kept her in  
21 here for over a year solid. Is it merely the placement and  
22 the continued placement in long-term maximum security that  
23 results in these negative outbursts?" From a case management  
24 standpoint it's like there's no creativity to it in the sense  
25 of looking at cause and effect. It really looks more like eye

1 for an eye; you know, "We said you are going to do 30 days,  
2 you are going to do 30 days." On the next one, "We say you  
3 are going to do 60 days, you are going to do 60 days. I don't  
4 care if it's 90 in total." On the next one, "We say you are  
5 going to do three months. By God, you are going to do three  
6 months." It doesn't really matter what the impacts are on her  
7 for the mental health standpoint, it doesn't matter the  
8 environmental factors she's exposed to. It really feels like  
9 a disciplinary system that is more geared for around an eye  
10 for an eye than case management safety for the operation of  
11 the institution.

12 Q. Now, would this incident with Officer Burley have caused  
13 you, if you are running IDOC, to reevaluate Ms. Hampton's  
14 placement?

15 A. Yes.

16 Q. Why is that?

17 A. Well, I mean, once again, I mean, this is kind of what,  
18 you know, you see missing from the transgender committee  
19 overall. I have certainly seen it -- I have not seen it  
20 reflected in any other documents -- is, you know, here you  
21 have a transgender woman that has three substantiated PREA  
22 violations that both physical and mental abuse, you know,  
23 feminising hormones, given them feminising clothing, you know,  
24 asked to be showered alone, but yet the institution still  
25 makes mistakes and puts, you know, Ms. Hampton right next to

1 someone that had previously, you know, physically assaulted  
2 her. It's like no one has looked at the case in total. It's  
3 like no one has considered all the elements to include, like I  
4 said, 2018 there must be six recommendations from mental  
5 health staff that says long-term segregation for SM population  
6 is not recommended.

7           So, they haven't really attempted, nor have they even  
8 considered that placement might drive the behavior. You know,  
9 by merely having her in these maximum-security male  
10 environments and her seeing delegitimizing activity by placing  
11 her next to the predator that just assaulted her, it's that in  
12 her own mind she kind of feels like she's left on her own and  
13 no one really cares what happens to her and can that lead to  
14 misbehavior, can the trauma that she suffers lead to  
15 misbehavior. You know, no one has considered an alternative  
16 that would safely integrate her in general population, that  
17 would allow her to be around support groups or treatment or  
18 around a population that comports with her own views and  
19 beliefs, nor have they considered that having her off that  
20 male maximum security yard might be better for that  
21 population, too, and make that facility run smoother. So, to  
22 me the focus is on punishing her and not necessarily trying to  
23 solve the issue. So, they are not looking at the case in  
24 total.

25 Q. Now, assuming what Officer Burley alleged happened is true

1 and that Ms. Hampton did kick him, does Ms. Hampton's actions  
2 here give you any concern as it relates to placement of her in  
3 a woman's facility?

4 A. The action itself of kicking Burley is serious. No one  
5 should be allowed to assault a correctional officer, period.  
6 So, I do think it's a serious activity. Does that sway me or  
7 would that sway my opinion about safely placing her in a  
8 women's facility? No. I think you could safely manage her in  
9 a women's facility.

10 Q. Do her actions in any way indicate that she would be a  
11 security threat to other women in a women's facility?

12 A. You know, I have spent time in women's facilities both  
13 within Washington State when I was prison director -- I  
14 managed some of them and I have certainly seen them out of  
15 state and reviewed them out of state, as well, and there are  
16 some tough women in prison. I mean, there are some strong  
17 women in prison, there are some assaulted women in prison,  
18 there are women that get in fights in prisons. So, to a  
19 certain degree I would say no, that you will see -- if, in  
20 fact, you know, you tour a women's prison, you will see, you  
21 know, women with physical prowess around them that are  
22 physically strong and intimidating, you will see women that  
23 have been in fights and assaults. So, you know, my question  
24 would be if you have a woman at Logan that assaults somebody  
25 or even if it's a serious assault, do you send them to Menard?

1 I mean, is that the discipline that if you can't survive in a  
2 women's facility we are going to put you in an environment  
3 that we know is abusive? I mean, is that the right response  
4 to that or do you manage the discipline within the system of  
5 Logan? Do you look for some sort of sanctioning routine? You  
6 know, does it require mental treatment or counseling or  
7 whatever the case may be in order to manage that population  
8 within that facility. So, I don't see Deon Hampton as being  
9 an intimidator or predator within that facility.

10 Q. I want to direct your attention to the ticket, which is  
11 Bates 858 to 863, and this should be in tab 20.

12 Now, this is the ticket dated June 26, 2018. Do you  
13 have that in front of you?

14 A. I do.

15 Q. Okay. Now, can you briefly describe what happened in this  
16 ticket?

17 A. You know, an investigation was completed, you know, based  
18 on confidential sources that Hampton was having an argument in  
19 North Hall housing unit 42. That confidential source observed  
20 Hampton throw an open-handed slap at another offender striking  
21 him on the left side of the face and throwing four or five  
22 punches at this offender. They were observed going to ground  
23 where Hampton was observed as the aggressor, and then at one  
24 point Hampton got behind this other offender and began to  
25 choke him.

1 Q. Now, do you place any significance to the fact that  
2 Ms. Hampton wanted this inmate to say *I'm sorry* and that after  
3 he did she walked away?

4 A. I mean, the significance to that is what we don't know or  
5 what wasn't given a lot of credibility is what did this inmate  
6 say or do. I mean, what was the behavior that resulted in her  
7 lashing out at him? Once again, that doesn't justify the  
8 behavior. I mean, you know, fighting with another offender is  
9 inappropriate irregardless of what occurred, but it certainly  
10 looks as if the inmate did something to her that provoked the  
11 attack.

12 Q. Now, if you turn to page Bates 862, I want to read into  
13 the record what is said on that page. Bates 862.

14 A. Yes.

15 Q. So, on this page this is the Mental Health Disciplinary  
16 Review. It says, "It is this MHP's opinion that consideration  
17 for segregation placement of this offender is appropriate  
18 based on the offender's mental health symptoms and needs;  
19 however, it should be noted that lengthy segregation time for  
20 the SMI population is not recommended."

21 If you received this report from a mental health  
22 professional what would you have done?

23 A. Well, I mean, the irony of this is that those two  
24 sentences are basically in conflict of each other. You have  
25 the opening sentence that says that the placement in seg is

1 appropriate based on the mental health symptoms, and then of  
2 course you have the notation, "However, it should be noted  
3 that lengthy segregation time is not recommended for SMI  
4 population."

5           What it doesn't note, nor does it speak to, is the  
6 overall cumulative time that she's already spent in  
7 segregation, which would be considered, I think, long-term by  
8 anybody's estimation. So, that would be my question, how long  
9 has she been in seg.

10 Q. Now, when deciding discipline for Ms. Hampton in this  
11 instance would you take into consideration the amount of time  
12 she has spent in segregation?

13 A. Yes.

14 Q. Now, assuming what is described in this ticket is true,  
15 does Ms. Hampton's actions give you any concern as it relates  
16 to placement of her in a woman's facility?

17 A. No, it doesn't.

18 Q. Okay. Now, I want you to turn to Bates 885 to 892, and  
19 that is the June 26, 2018, ticket for assault and disobeying a  
20 direct order.

21 A. 885, is that what you said?

22 Q. Yes, 885. This is the June 26, 2018 ticket Ms. Hampton  
23 received for refusing to cuff up and was pepper-sprayed. Do  
24 you have that in front of you?

25 A. Yes, I recall the incident, but I don't know that I have

1 the ticket.

2 THE COURT: It should be just a few -- I don't know  
3 how the exhibits occur, but just a few pages past the one we  
4 were just looking at.

5 Q. Yeah, it should be right after the one we just went over.

6 If you can't find it, what do you recall --

7 A. I do. I do.

8 Q. What do you recall -- Can you describe what is described  
9 in this ticket?

10 A. So, Internal Affairs was conducting an interview with  
11 Hampton pertaining to an assault ticket he was going to  
12 receive for assaulting another inmate. During the course of  
13 the interview it was determined that Hampton assaulted the  
14 offender, along with the inmate, when Officer McGee escorted  
15 Inmate Hampton from the Internal Affairs office to building  
16 49. Major Provost was contacted for segregation and placement  
17 when the assault had took place. Hampton indicated that he  
18 was going to file a PREA complaint, he wasn't going to  
19 segregation, he wanted to go back to housing unit 42, and that  
20 they would have to get a tac team in order to cuff him up and  
21 remove him.

22 The lieutenant proceeded to spray bursts of pepper  
23 spray to the facial area of Hampton in order to get him to  
24 comply with the order to cuff up and move to segregation, gave  
25 him several more orders to place his hands behind his back; he

1 refused. At one point Hampton began to throw closed-fist  
2 punches it looks like at one of his staff members and the  
3 lieutenant, jumped up on chairs striking him with closed-fist  
4 punches. So, refusing to go to segregation, ended up getting  
5 pepper-sprayed, and then ended up assaulting staff.

6 Q. Now, assuming what is described in this ticket is true,  
7 does Ms. Hampton's actions here give you any concern as to her  
8 placement into a woman's facility?

9 A. Once again, I mean, you know, there's no way to condone,  
10 you know, assault against staff, and there's certainly no way  
11 to condone it and this is a serious misconduct report I think  
12 in any correctional system anywhere you go.

13 And when you look at it only on the surface, what you  
14 would do is, you know, you would consider the fact that, you  
15 know, Ms. Hampton needs to go to segregation in order for this  
16 misconduct. Once again, though, when you back up and look at  
17 her placement in total -- I'm sorry. I'm sorry about that.

18 But, I mean, when you look at the violation on its  
19 own, it stands alone. You know, it's a serious violation, you  
20 know, it's something that should be punished, but you do have  
21 to look at the context around Ms. Hampton's overall experience  
22 within the system.

23 What I go back to over and over again is you  
24 shouldn't have to earn your way into the right gender  
25 assignment facility. I think the intention of PREA is to make

1 sure that you are placed in the right gender assignment  
2 facility, something that comports to, you know, some of your  
3 own views and needs. You know, the mechanics of the female  
4 facility are different than a male, you know, the staff  
5 training of a female facility are different than the male.  
6 The behaviors that women demonstrate in a correctional  
7 facility are very different than a male. So, I don't believe  
8 you should have to earn your way into the right gender  
9 facility. Should she be held accountable for this behavior?

10 Yes.

11 Q. Now, for the other disciplinary tickets that Ms. Hampton  
12 received at Lawrence did you see any sort of pattern there  
13 with those tickets?

14 A. I mean, once again, I think I stated this earlier, but  
15 they are lower-level violations around the destruction of  
16 property, around, you know, modifying jeans to make them feel  
17 -- fit tighter, to being in the possession of or wearing, you  
18 know, thong underwear, that what the violations to me in total  
19 indicate is that she sees herself as a woman and she's  
20 modifying clothing in order to make them more appropriate for  
21 her viewpoint. You know, is it appropriate for her to modify  
22 state-issued clothing? No. But, once again, to me it kind of  
23 reinforces that the placement is just incorrect, she should be  
24 in a women's facility.

25 Q. So, do any of these violations, then -- Do you believe

1 that they are due to her placement in a men's prison?  
2 A. I do. I mean, I do. I think some of it is just the  
3 totality of the impacts of, you know, past history of sexual  
4 assault by, you know, a staff member in a juvenile facility,  
5 about substantiated harassment and sexual assault within male  
6 prisoners around. On the one hand just the confliction of  
7 being diagnosed with gender dysphoria, being given feminising  
8 hormones, being given a sports bra, given special  
9 accommodations for shower, I mean, they do everything they can  
10 to support the fact she has lots of feminising characteristics  
11 and identifies as a transgender woman, but, you know, they  
12 will put her in direct vicinity of someone that's already  
13 sexually assaulted her, they will put her on videotape for 53  
14 minutes in order to record her behavior in order to give her  
15 additional rule violations, in order to substantiate and say  
16 that you don't belong in a women's facility.

17 So, I think for someone, even the most rational  
18 person, this would be hard to, you know, understand. I think  
19 for someone with, you know, a serious mental health diagnosis,  
20 a seriously mentally-ill diagnosis that's on other  
21 medications, that none of it seems rational and I think it  
22 results in a lot of frustration on her part. Somebody acting  
23 out is probably due to that frustration and the inability of  
24 being in general population, inability to go to groups or the  
25 inability just to be in a setting that comports with her own

1 identity. And certainly female facilities are very different  
2 than male facilities. So, I think the placement does drive  
3 some of this misconduct. Certainly the long-term segregation  
4 drives some of the misconduct.

5 Q. Now, based on your review of Ms. Hampton's entire  
6 disciplinary records are there any security reasons to keep  
7 Ms. Hampton in a men's prison?

8 A. No.

9 Q. Now, if you were running IDOC would you continue to house  
10 Ms. Hampton in segregation?

11 A. No.

12 Q. Why not?

13 A. Well, once again, I mean, I think it's an orientation  
14 around what segregation is used for. I mean, in my estimation  
15 Illinois Department of Corrections is one of those systems  
16 that really views punitive segregation, you know, kind of in  
17 the sense of an eye for an eye, you know, *you did this, we are*  
18 *going to give you 30 days, 60 days, 90 days; you do something*  
19 *else, that's going to stretch to six months; you do something*  
20 *else, it's going to stretch to nine months or 12 months, is*  
21 that they really view it in kind of a punitive, consecutive  
22 kind of sentencing fashion.

23 For me, okay, in my experience in Washington State,  
24 we really viewed segregation as more of a triage in the sense  
25 that you get someone in there, you try and stabilize them, you

1 try and afford them the rights that either counseling or some  
2 sort of programmatic intervention so that you could stabilize  
3 them and get them back in a general population with the  
4 ultimate goal of having them stay in general population so  
5 they can attend, you know, any target intervention that  
6 reduces their criminal orientation, in a sense reduce  
7 recidivism. I mean, we took it so seriously in this state we  
8 even collected statistics on people that recidivated, that  
9 were in segregation and were released and came back, because  
10 we wanted to treat that population in a way that they stayed  
11 out there longer, largely because statistically if you release  
12 someone from segregation directly to the community their  
13 recidivism rate is about twice as high as anybody else.

14 So, my background and my orientation really is it  
15 really is a triage point; you stabilize, you provide some  
16 intervention, you get them back in general population. It  
17 really feels as if IDOC has a punitive orientation with a  
18 consecutive sentencing mindset that is more an eye for an eye  
19 irregardless of its impact on that person, on that offender or  
20 on the overall operation of the facility in total. I disagree  
21 with that approach, I don't think it comports to national  
22 standards.

23 Q. Now, I want to direct your attention to Bates 1033 to  
24 1037, and this is tab 36 of the binder.

25 A. Which documents are these?

1 Q. This is the disciplinary committee profiles for women  
2 offenders at Logan, the aggregate data.

3 A. I'm sorry. I know I have it. I just -- I'm sorry. I  
4 just reviewed it yesterday, but I don't know where I placed  
5 it. It might almost be faster for me to print another copy,  
6 but if you wanted to I certainly have reviewed the document.  
7 I can speak to it if that's --

8 Q. Okay. We will talk you through it.

9 A. Okay.

10 Q. So, you did review this document?

11 A. Yes.

12 Q. Okay.

13 MS. DEL VALLE: Your Honor, I would like to mark this  
14 as Exhibit 20 and move it into evidence.

15 THE COURT: Okay. So, this is in tab 36. We are  
16 going to mark it as Exhibit 20?

17 MS. DEL VALLE: Correct.

18 THE COURT: Any objection?

19 MS. HIGGERSON: No objection.

20 THE COURT: All right. 20 will be admitted.

21 Q. (By Ms. Del Valle) Now, Mr. Pacholke, can you briefly  
22 describe what was in this document?

23 A. It was just an aggregate role of a report that shows the  
24 type of violations that occur at Logan Correction Center for  
25 women.

1 Q. Okay. And I know you don't have it in front of you, but  
2 did this data say that 132 women at Logan were punished for  
3 assaulting an offender? Do you remember?

4 A. It was somewhere in that. It was somewhere like 267 that  
5 had fights.

6 Q. Yes, 296.

7 A. 296, yeah. So, I know it was a hundred and something in  
8 the assault area and over 260 in fighting.

9 Q. And then there were 692 that were punished for insolence.  
10 Do you remember that?

11 A. Yes.

12 Q. Now, does this data make it clear that there are women at  
13 Logan who engage in fights?

14 A. Well, yeah, of course, and -- of course it does.

15 Q. And does this data make it clear that there are women at  
16 Logan that break the rules?

17 A. Yes.

18 Q. So, does this data make it clear that women at Logan are  
19 engaging in similar behavior to what IDOC is trying to use to  
20 justify Ms. Hampton's exclusion from Logan?

21 A. Yes.

22 Q. Okay. Go to what is tab 37 in the binder. Mr. Pacholke,  
23 these are the GID Committee notes from June -- sorry, from  
24 July 16, 2018, which are in e-mail form. Do you have those  
25 notes in front of you?

1 A. I do. I do. This is July 23, 2018?

2 Q. Correct. That's the date that's the date of the e-mail?

3 A. Yes.

4 Q. But it's the GID Committee note from July 16, 2018,  
5 correct?

6 A. Correct, 3:30 p.m.

7 Q. And have you reviewed these notes?

8 A. I have.

9 MS. DEL VALLE: Your Honor, I would like to mark this  
10 as Exhibit 21 and move it into evidence.

11 THE COURT: All right. Any objection?

12 MR. HIGGERSON: No objection.

13 THE COURT: 21 will be admitted.

14 Q. (By Ms. Del Valle) Now, Mr. Pacholke, can you briefly  
15 describe what's in these notes?

16 A. Well, there's a variety of people, you know, that sat down  
17 with the chief attorney, and they were discussing Deon Hampton  
18 going to a women's facility and they talk about a wide range  
19 of issues, everything from facility to capability of getting  
20 an erection to questions about mental health impacts and  
21 behavioral health and, you know, medications. So, just a wide  
22 range of issues around -- that they saw significant and they  
23 saw important in making a determination about Hampton's  
24 request to go to a women's prison.

25 Q. Would you agree in these notes the GID Committee is

1 focused on the safety and security of the women at Logan and  
2 if they transferred Ms. Hampton?

3 A. Yes. As importantly, I mean, to me -- And I don't mean to  
4 jump ahead, but you can certainly see this on the second page,  
5 it's down towards the end, it says -- it indicates in here, it  
6 has -- this is a quote -- "Has Deon Hampton been told  
7 previously that her behavior requires stability in order to  
8 transfer"?

9           So, once again, I mean, to me that is like a  
10 statement that they want her to earn her way to the correct  
11 gender placement. But, it does focus on the safety of Logan.

12 Q. And are the GID's security concerns valid based on your  
13 review of Ms. Hampton's records?

14 A. No. No. And, once again, I mean, which has been  
15 consistent with all the documents I have reviewed, is that  
16 they seem to pick and choose what they analyze and what they  
17 talk about and they don't necessarily look at the case in  
18 total like from a case-management standpoint.

19           What I don't hear them talk about in here is the  
20 three documented PREA complaints or the verbal and physical  
21 abuse that's happened within IDOC male prisons. What I don't  
22 see is an acknowledgment, although I'm assuming they know it,  
23 that they have diagnosed her with gender dysphoria and that  
24 they prescribed feminising hormones. What I don't see them  
25 indicating here is that she's assigned, you know, a sports

1 bra, that she's given shower accommodations, that she has a  
2 past history of being raped in a correctional facility by a  
3 staff member, that she's been, you know, maintained in  
4 segregation for almost a year with repetitively mental health  
5 reviews indicating it's not productive for a person with  
6 mental health reviews to maintain long-term segregation. What  
7 I don't see in here is a notation that she's had two past  
8 suicide attempts and that transgender population probably has  
9 the highest suicide rate in the country.

10 So, although they do talk about Ms. Hampton and her  
11 request to go to a women's facility, it seems like they pick  
12 and choose what is important to them rather than look at it  
13 comprehensively from a more broad case management viewpoint.

14 Q. I want to direct your attention to the second-to-last  
15 bullet point on the first page where it says, "If put in a  
16 female facility she could be too aggressively strong to  
17 encounter with females in case of an altercation."

18 Do you see that there?

19 A. I do.

20 Q. Now, if a woman prisoner is particularly strong, should  
21 that mean that she should get transferred out of the women's  
22 division?

23 A. Of course not.

24 MS. DEL VALLE: One moment, Your Honor.

25 I have no further questions.

1 THE COURT: All right. Cross-examination?

2

3

CROSS EXAMINATION

4 BY MR. HIGGERSON:

5

6

7

8

Q. Mr. Pacholke, you said that during your time in the Washington Department of Corrections that you never had the opportunity to consider the placement of a transgender inmate, is that correct?

9

10

11

12

13

A. In the time I was Director of Prisons and implementing PREA, a case did not come to my attention. Prior to, you know, me being in that position and prior to the Washington Department State of Corrections, I'm not sure whether or not there were transwomen placed in a women's facility.

14

15

16

Q. Okay. During your time with the Washington Department of Corrections did you ever participate in a decision on where to place a transgender inmate?

17

18

19

Q. Do you know if there were transgender inmates in the Washington Department of Corrections while you were there?

20

21

22

23

A. I do not. I'm sure there were, but I don't know.

Q. Do I take it from that that there was no equivalent to the Illinois Department of Corrections Gender Identity Committee that would consider those issues in Washington?

24

25

A. Well, once again we are talking about work that I was doing in 2011 and '12, and I think the existence of those

1 committees was fairly uncommon nationwide. So, no, there  
2 wasn't one there at the time and I don't know that there was  
3 any nationwide, you know, prior to the implementation of PREA.

4 Q. How many years were you a warden?

5 A. In total about five.

6 Q. And it was never brought to your attention during that  
7 time that you had transgender inmates in your facility?

8 A. No.

9 Q. You talked about your current employment as looking for  
10 innovations within the correctional field. Have you worked  
11 with the Illinois Department of Corrections as part of that?

12 A. When I was with -- I'm currently an independent  
13 consultant. I mean, I have done that for almost a year now.  
14 Prior to that when I was with NYU I did do some work with the  
15 Illinois Department of Corrections.

16 Q. What work was that?

17 A. We had two projects. I was the Co-Director of Segregation  
18 Solution, which really looks at safe alternatives to  
19 segregation. So, we started doing some preliminary work  
20 around segregation issues in the Illinois Department of  
21 Corrections. Second to that -- and this project is still up  
22 and running -- was working with parole, prison staff, and  
23 probation on a Graduated Reintegration called GRI.

24 Q. Can you repeat that? The Court Reporter didn't get it.

25 A. The second initiative was a Graduated Reintegration

1 Initiative, so a GRI. Basically a reentry program.

2 Q. Okay. You said that's still ongoing?

3 A. Yes. I'm not involved. The project is still ongoing.

4 Q. During the time that you were involved in either of those  
5 projects did you visit the Illinois Department of Corrections?

6 A. I did.

7 Q. Which facilities?

8 A. Stateville, Pontiac, Pinckneyville, Hill Correctional  
9 Center, and there was one small minimum facility, I can't  
10 remember the name of it. So, a handful of facilities.

11 Q. Were any of them women's facilities?

12 A. No.

13 Q. You've mentioned PREA several times. Does PREA require  
14 that transgender inmates who are female be placed in female  
15 institutions?

16 A. No.

17 Q. Okay. It acknowledges that some may be properly placed in  
18 male institutions, is that right?

19 A. Well, I think it would be silent to that. It would  
20 indicate -- It would set in place a set of standards around  
21 how you would deem it appropriate or how you would, you know,  
22 work through the process in order to determine where to  
23 permanently place them in the correct gender facility that  
24 they comport with.

25 Q. Okay. So, it leaves to the judgment of the administrators

1 of any given Department of Corrections whether a transgender  
2 inmate should be placed in a male or female facility, correct?

3 A. I think it does defer to their judgment. That's partially  
4 why I was mentioning earlier around the one policy that what  
5 it does is lack of objective criteria. So, without objective  
6 criteria you are right, it is just judgment, it is just to a  
7 certain degree without any framework or without any rumble  
8 strips around it.

9 Q. When you are talking about the lack of objective criteria,  
10 you are talking about in the Illinois Rule?

11 A. Correct.

12 Q. Okay. Does the -- Does PREA give specific objective  
13 criteria that have to be considered?

14 A. I think it would -- I think it would, you know, weigh very  
15 strongly that, you know, if you are taking, you know, a  
16 federal statute or federal law and you are driving down a  
17 policy or you are even driving down administrative code that  
18 typically you get greater levels of granular detail as you  
19 move from the law down to institutional policy. And when you  
20 look at issues like in Ms. Hampton's case around the diagnosis  
21 of gender dysphoria, the feminising hormones, the  
22 accommodations around a bra, the accommodation around shower  
23 routine, past history of sexual assault, it's hard for me to  
24 imagine anybody meeting the criteria more than Deon Hampton.

25 Q. Okay. Is it objective criteria that you can absolutely

1 look at, though, and say, yes, this box is checked or, no,  
2 this box is not checked?

3 A. I think you have to take the law, as is in the case with  
4 many laws, you have to put more operational detail around  
5 those in a policy format.

6 Q. Okay. The Illinois policy for transgender inmates does  
7 not bar the placement of transgender females in female  
8 facilities, does it?

9 A. It does not.

10 Q. Are you aware if any transgender female inmates have been  
11 placed in female facilities?

12 A. I don't know that I understand your question.

13 THE COURT: Are you talking about in Illinois?

14 Q. In Illinois. I'm sorry. Are you aware of Illinois having  
15 placed transgender female inmates in female facilities?

16 A. I think I reviewed a document that referred to one, but  
17 other than that one, yeah, I don't really know.

18 Q. Okay. Have you reviewed any records related to that  
19 placement?

20 A. Well, like I said, I mean, I think I read that in a  
21 document, so that would, you know, at least reinforce you  
22 state the fact you are trying to get to here. I'm aware of  
23 one transgender female inmate that's placed inside a female  
24 facility.

25 Q. What I was trying to get to with my last question was have

1 you reviewed records related to that specific placement?

2 A. I have not.

3 Q. You don't have any mental health training yourself, do  
4 you?

5 A. No.

6 Q. Were there times when you were determining placement of  
7 inmates in Washington -- this doesn't have to be transgender  
8 inmates -- but where you would rely on input from mental  
9 health professionals?

10 A. Of course.

11 Q. And who made the ultimate decision on where somebody would  
12 be placed; mental health professionals or the administration?

13 A. Well, it really depends on the context, to a certain  
14 degree. So, like with maximum security offenders, we ran a  
15 joint centralized committee where there was some shared  
16 responsibility between operations staff and mental health  
17 staff. So, it's a committee of four or five people on some of  
18 the more high-risk cases where maximum security placement  
19 removal in particular. On more routine placements it would be  
20 done more by operations staff. However, on placement, mental  
21 health facilities is almost exclusively mental health staff  
22 that made those determinations.

23 Q. Were there any circumstances when you were working in  
24 Washington where the operations staff overruled the  
25 recommendation of mental health staff?

1 A. Yes.

2 Q. What considerations would lead to that?

3 A. Well, you would have to put a case in front of me so I  
4 could look at the case more in total. I mean, did it occur,  
5 yes.

6 Q. You discussed the PREA report, which is at tab 8, Bates  
7 stamped 658. I don't know if you still have that.

8 A. I'm sure I do.

9 Q. Well, it's the report from Dixon Correctional Center, May  
10 8 of 2018, and it's the allegation of the inmate grabbing  
11 Ms. Hampton.

12 A. So, this is Bates number 858?

13 Q. Yeah. 658, I'm sorry.

14 A. 658, yes, I have it in front of me.

15 Q. You said it's very difficult to substantiate a PREA  
16 complaint, is that correct?

17 A. I think it's challenging to substantiate PREA allegations,  
18 and I think statistically there are many more allegations than  
19 there are substantiated claims.

20 Q. But the department did substantiate this, correct?

21 A. They did.

22 Q. That would indicate they were taking Ms. Hampton's  
23 complaints seriously, wouldn't it?

24 A. That would certainly indicate for this complaint that they  
25 found substantiated evidence that the violation occurred.

1 Q. They didn't disregard the complaint, did they?

2 A. No, they substantiated it.

3 Q. Okay. And have you seen any evidence of anything -- in  
4 anything you have reviewed that Ms. Hampton had any further  
5 contact with this particular inmate?

6 A. I don't believe so.

7 Q. You did criticize -- And I am looking at page 660 of that  
8 same exhibit right now.

9 You criticized the fact that the offender who was  
10 accused of misbehaving was released from segregation because  
11 Ms. Hampton was in segregation, correct?

12 A. Yes, I was critical of it, yes.

13 Q. Okay. Do you know why Ms. Hampton was being placed in  
14 segregation at that time?

15 A. Please restate that.

16 Q. Do you know why Ms. Hampton was being placed in  
17 segregation on May 3 of 2018?

18 A. No.

19 Q. So, you don't know whether or not -- how significant the  
20 issue was that led to that segregation placement, do you?

21 A. Well, here's what I know, is that the perpetrator that  
22 they substantiated the PREA violation against they let out of  
23 segregation. That's what they did, is they released this  
24 person to general population.

25 Q. But you don't know why Ms. Hampton was going to

1 segregation at this time?

2 A. I think we are talking about two different issues. If in  
3 fact you have these two offenders around each other and  
4 substantiated that this person completes a PREA violation to  
5 include physical assault against Ms. Hampton and you release  
6 that person from segregation, it talks a little bit about your  
7 orientation around that type of misconduct. That was my  
8 point. Why Ms. Hampton was in segregation -- My assumption  
9 was she was in segregation and had been in segregation for  
10 some period of time when that violation occurred.

11 Q. Well, but Ms. Hampton and the other inmate -- There's no  
12 indication that they were both in segregation at the time he  
13 was first placed in seg, is there? It talks about releasing  
14 him 21 days after he was there because she's in segregation.

15 A. You certainly know more details around the specifics on  
16 this individual than I did. I just, once again, was asked the  
17 question about do I see irony about releasing that person from  
18 segregation when a PREA violation was substantiated against  
19 them. I see conflict in that. I see a conflict in the sense  
20 that if you read the investigation, it's pretty clear. We  
21 found it substantiated, we released the perpetrator, we  
22 released a predator from segregation. That's what the  
23 investigation says, that's what I read. I am not making any  
24 other valued judgments about what happened before that. I  
25 don't know that I understand completely what happened before

1 that. I know what the PREA investigation states.

2 Q. Okay. Once this allegation was substantiated it would be  
3 better to keep those two inmates separate, wouldn't it,  
4 Ms. Hampton and the person she accused?

5 A. That's certainly consistent with what I testified to, yes.

6 Q. It would be appropriate to take him out of the unit she  
7 was in if she was going to segregation on May 3, correct?

8 A. It would be appropriate to keep them separated, yes.

9 Q. You talked about another substantiated PREA report which  
10 is at tab 5, and it's Bates number 271 is the first page, and  
11 this was out of Lawrence Correctional Center.

12 A. Are you talk about 70, Bates number 270?

13 Q. No, it starts with 271.

14 THE COURT: Well, 271, and the next page is 270.

15 Q. Sorry, 270 is after 271.

16 A. Yes, I do have the PREA investigation in front of me.

17 Q. What was substantiated here was that the inmate made  
18 threatening statements to Ms. Hampton and exposed himself to  
19 Ms. Hampton, correct?

20 A. Correct.

21 Q. And, again, the department substantiated this, correct,  
22 even though it's a difficult thing to do?

23 A. Yes.

24 Q. And they disciplined that other inmate, correct?

25 A. Yes.

1 Q. Have you seen any evidence that that inmate was ever able  
2 to harm Ms. Hampton?

3 A. If I'm not mistaken, this is the same offender that was  
4 involved in the third PREA investigation that was  
5 substantiated that starts with 0567, so to the degree in which  
6 this offender is now placed around Ms. Hampton again and is  
7 giving another threat to Ms. Hampton I would say, yeah, he did  
8 harm her again.

9 Q. He didn't make physical contact with her, did he?

10 A. There's a substantiated PREA investigation that said he  
11 harassed her again. I can read the details of that one, if  
12 that's helpful.

13 Q. I don't need you to read the details. My question was was  
14 he ever able to physically attack her?

15 A. The answer to your question is no.

16 Q. And, again, that's a third substantiated complaint which  
17 again demonstrates that her complaints are being taken  
18 seriously, doesn't it?

19 A. Yes and no. Yes and no. It's, like I said, I mean,  
20 there's a relationship between the substantiated PREA claim 2  
21 and 3, and although in the third one starting with Bates  
22 number 00567 he did not physically touch her, I don't believe,  
23 he did make threats of raping her. It's the same offender  
24 that was involved. He was placed again in a situation where  
25 he could get to Deon Hampton. He wasn't separated, he wasn't

1 placed in a different area. So, yes, the claim was  
2 substantiated. Do they take it serious? To some degree they  
3 take it serious, but they also put the victim in the same  
4 proximity as a predator that had already offended against her.

5 Q. And the other inmate -- Sorry.

6 A. Sorry; no.

7 Q. That inmate was sent to Pontiac Correctional Center after  
8 that, wasn't he?

9 A. I'm not sure of where he was sent to.

10 Q. Doesn't the report indicate that? I'm looking --

11 A. It might.

12 Q. Let's look at tab 6, page 567.

13 Do you see at the end of the large paragraph that it  
14 references the inmate being transferred to Pontiac  
15 Correctional Center?

16 A. Yes, I do.

17 Q. Okay. Are you aware of what the difference between  
18 Pontiac and Lawrence Correctional Center is as far as security  
19 levels?

20 A. I am.

21 Q. Okay. And what is the difference?

22 A. Pontiac is maximum security prison.

23 Q. What's Lawrence?

24 A. I believe Lawrence is a medium or a medium and a high  
25 medium.

1 Q. So, that inmate was transferred out to a higher security  
2 facility, which is essentially a disciplinary transfer,  
3 correct?

4 A. Correct.

5 Q. And he was removed from where he would have any contact  
6 with Ms. Hampton?

7 A. Correct.

8 Q. You also discussed the incident where there was a 53-  
9 minute video made of Ms. Hampton out on the yard, is that  
10 correct?

11 A. Yes.

12 Q. And you were critical of the fact that they allowed the  
13 behavior to go on without going in and intervening, correct?

14 A. Correct.

15 Q. Were there ever times when investigations were conducted  
16 under your authority when you were the warden of a  
17 correctional center?

18 A. Of course.

19 Q. Okay. Did the investigators jump in immediately upon  
20 knowing that something was -- some misconduct was going on, or  
21 did they watch it play out and get a full record?

22 A. I mean, what we are talking about here is that, you know,  
23 you have a woman on a male yard and you are seeing those types  
24 of behavior. Would it be appropriate in my estimation to  
25 allow that to go on? No.

1 Q. Okay. Didn't answer the question.

2 My question was do investigators allow misconduct to  
3 continue so they could get a full record or do they go in the  
4 minute they first see something wrong?

5 A. I have never allowed an investigator nor have I sanctioned  
6 an investigator to allow misconduct to occur when they know  
7 it's occurring.

8 Q. Did they record phone calls when you were a warden?

9 A. Of course.

10 Q. Were those ever monitored by Internal Affairs?

11 A. Of course.

12 Q. If they found out that an inmate was conducting improper  
13 business on the phone, did they go in and stop the first time  
14 something was said or did they record the entire phone call?

15 A. Well, they would download the entire phone call. We  
16 really didn't do realtime monitor. The ability to monitor  
17 realtime phone calls, you are lucky if you are doing one  
18 percent of phone calls in any prison system. The ability to  
19 monitor phone calls is extremely low. In this particular case  
20 it looks like they were live monitoring that video.

21 Q. And was Ms. Hampton ever injured during that video?

22 A. No. Was Ms. Hampton touched? Yes.

23 Q. Was it an instance of her being touched more or touching  
24 somebody else more?

25 A. I don't know that. I can't give a judgment to which way

1 that went.

2 Q. She did, in fact, initiate some of the contact, though,  
3 didn't she?

4 A. Correct.

5 Q. You talked about a low level of discipline and  
6 specifically about modification -- modifying clothing.

7 Modifying clothing is generally, within the Department of  
8 Corrections, not allowed, correct?

9 A. Correct.

10 Q. And that's true at a men's or women's facility?

11 A. Correct.

12 Q. And I think you said that, you know, you understood that  
13 she was changing and modifying her clothing because she wanted  
14 to be more feminine. Are you aware of what the female inmates  
15 wear at Logan?

16 A. I'm sure they are issued state-issued clothing.

17 Q. Did you see in the video from Dixon, the 53-minute video,  
18 there was a time when Ms. Hampton's clothes were modified so  
19 they looked like very short tight shorts?

20 A. I did.

21 Q. Do you think that any of the inmates at Logan are allowed  
22 to wear that?

23 A. No.

24 Q. Looking at tab 7, that's a disciplinary report from  
25 Lawrence Correctional Center and it's the time that

1 Ms. Hampton was accused of kicking Officer Burley.

2 A. Yes.

3 Q. Part of that same exhibit is page 552.

4 A. Yes.

5 Q. That's a Mental Health Disciplinary Review, correct?

6 A. Correct.

7 Q. Are you aware of when those are conducted in the Illinois  
8 Department of Corrections?

9 A. I believe they are conducted when they believe that a  
10 disciplinary hearing is being conducted on a seriously  
11 mentally ill offender.

12 Q. Do you know the purpose of the report or the review?

13 A. I think it's to take into consideration the mental health  
14 condition of the offender before discipline is issued,  
15 specifically solitary confinement or a placement in a max  
16 custody facility or segregation.

17 Q. On page 552, the mental health summary says, "In this  
18 mental health professional's opinion, Offender's mental health  
19 did not contribute to the behavior outlined in the  
20 corresponding disciplinary ticket," is that correct?

21 A. That is correct.

22 Q. So, this is a disciplinary infraction completely separate  
23 from any kind of mental health condition, correct, according  
24 to the mental health professional?

25 A. I think -- I don't know that I can fully understand what

1 you just said, but clearly the mental health provider is  
2 quoted as saying in their opinion the offender's mental health  
3 did not contribute to the behavior outlined in that  
4 compilation.

5 Q. And you would have no mental health expertise that would  
6 allow you to second-guess that, do you?

7 A. No. What I would offer to you, though, is in the year  
8 2018, there's been five or six occurrences where when these  
9 reviews are being conducted they are stating that long-term  
10 placement in segregation is not productive for an SMI  
11 offender. So, although you are isolating this one and I  
12 understand what it says and I understand what the mental  
13 health provider is indicating, I could also show you five more  
14 in the calendar year 2018 where they said long-term  
15 segregation is not recommended.

16 Q. Right. We will talk about those in a second.

17 A. That's where my -- That's where my opinion would come in.  
18 I can't second-guess this provider on this one isolated  
19 opinion. But, if I was reviewing this in my official role  
20 within the Department of Corrections, I would also have to  
21 take into consideration there's been a handful of times when  
22 other mental health providers have said this is not -- you  
23 know, long-term segregation is not productive.

24 Q. Looking at the next page, which is 553, that's the second  
25 part of the mental health review.

1 A. Uh-huh.

2 Q. The mental health professional makes a recommendation as  
3 to what segregation term would be appropriate, correct? It's  
4 a quarter way down the page.

5 A. Correct.

6 Q. Right. And the recommendation is 45 days, correct?

7 A. Correct.

8 Q. Going back to the beginning of the exhibit, the second  
9 page, which is Bates-stamped 541 --

10 A. I don't know what page you are looking at.

11 Q. Okay. It's the second page of this exhibit, Bates stamp  
12 541 at the bottom.

13 A. Oh, okay. Yes.

14 Q. This shows the results of the disciplinary process,  
15 correct?

16 A. It does.

17 Q. And the final imposition is one month of segregation,  
18 correct?

19 A. Along with other stipulations on C grade and loss of  
20 privileges, loss of visitation.

21 Q. Right. One month of segregation?

22 A. Correct.

23 Q. That's less than what the mental health professional said  
24 could be the term given to Ms. Hampton, correct?

25 A. Correct.

1 Q. And looking at what's been tabbed in tab 20, beginning  
2 with Bates stamp 33, as I understood it one of your criticisms  
3 was that they are not taking the segregation as a whole, they  
4 are only looking at it piece by piece and not considering that  
5 somebody that has several tickets could be in seg for a more  
6 extended term, is that correct?

7 A. Yes.

8 Q. Looking at what's been Bates-stamped as 862 within that  
9 same exhibit, this is another mental health review, correct?

10 A. Yes.

11 Q. And on the second page, 863, it again has a recommendation  
12 for how much segregation would be appropriate, correct?

13 A. Yes.

14 Q. And that says zero to six weeks?

15 A. Yes.

16 Q. And then further down the page it indicates that the  
17 mental health professional who conducted this review was Randy  
18 Block, correct?

19 A. Yes.

20 Q. And then turning within the same exhibit to page 946,  
21 that's another mental health review, is that correct?

22 A. Yes.

23 Q. Okay. And this is another one that on its second page  
24 allows for zero to 90 days of seg time?

25 A. Yes.

1 Q. And that's conducted by N. Frederick, correct?

2 A. Yes.

3 Q. Okay.

4 A. I mean, however, on both of these two that you have  
5 recommended, that you referenced here, the last two documents  
6 that you recommended, if you go to page one, on both of these  
7 last two it does indicate, "However, it should be noted that  
8 lengthy segregation time for SMI population is not  
9 recommended," on both of these last two forms.

10 Q. Right. Looking at page -- within the same exhibit, page  
11 887 --

12 A. I'm sorry. 887?

13 Q. Yes. And I know the pages within the exhibit, I don't  
14 think, are in order.

15 THE COURT: Mental Health Disciplinary Review, dated  
16 June 27.

17 A. Yes; yes. Yes, okay. I have it now. 887.

18 Q. This is an additional mental health review, correct?

19 A. It is.

20 Q. It also includes the language that you talked about  
21 lengthy segregation time for SMI population is not being  
22 recommended, correct?

23 A. Correct.

24 Q. And then on the second page, 888, the recommended time is  
25 zero to eight months, correct?

1 A. Correct.

2 Q. And the inmate who performed this review is Randy Block  
3 again, correct?

4 A. Correct.

5 Q. So, the mental health staff is aware that there's more  
6 than one disciplinary segregation term at issue, correct?

7 A. I believe so; I hope so.

8 Q. Well, we have seen one person perform two of these  
9 reviews, correct?

10 A. We have. But what I don't see is an indicator -- I mean,  
11 like on this form what I don't see is how long has the person  
12 generally been in seg before this review is conducted. So, I  
13 don't see any notation that, you know, *how long has the person*  
14 *-- well, they have been in six months, now they have this rule*  
15 *violation, what's your recommendation?*

16 Q. Right, but the mental health person who knows there's more  
17 than one seg term at issue is still saying that segregation  
18 term is appropriate, correct?

19 A. The person that made this recommendation has done multiple  
20 recommendations, yes.

21 Q. And is still saying that seg placement is appropriate,  
22 correct?

23 A. They are certainly indicating that seg placement is  
24 appropriate.

25 Q. You stated in your expert report -- And I'm on page five

1 of that report.

2 A. Okay.

3 Q. You said at the very top that Ms. Hampton is an average  
4 size transgender woman. I just want to clarify, are you  
5 talking about average size for a transgender woman or average  
6 size for a woman once she's -- once she is presenting as a  
7 woman?

8 A. What I was trying to note here is that she is an average  
9 size -- she is an average-size person, meaning that she's  
10 neither physically large or physically small.

11 Q. Do you know whether men of the same size are generally  
12 stronger than women of the same size?

13 A. Well, certainly the assumption would be that men of the  
14 same size would be stronger than women of the same size.  
15 However, in Ms. Hampton's case, the expert report that I read  
16 indicated that biologically is more akin to a woman, that her  
17 testosterone levels are so low they are almost nonexistent.  
18 So, from a biological standpoint Ms. Hampton is more akin to a  
19 woman than a man.

20 Q. And that's while she's taking hormones, correct?

21 A. Correct.

22 Q. On page six of your report you state that in the first  
23 full paragraph that she should be placed in a women's prison  
24 because she would be less likely to be ridiculed, is that  
25 correct?

1 A. That's certainly one of the things that I have said in  
2 that paragraph.

3 Q. Okay. You have never been to Logan Correctional Center,  
4 though, correct?

5 A. I have not.

6 Q. So, how would you know how likely the inmates or staff at  
7 that facility are to ridicule Ms. Hampton?

8 A. Well, what I do know is what it's like to place a woman  
9 inside a male facility only because of my experience when we  
10 ran co-correctional facilities in here, a woman is going to  
11 stand out in a male facility. Men in general are more prone  
12 to make verbal comments. So, I guess that's an experiential  
13 standpoint that being in a women's facility she's going to  
14 blend in more.

15 Q. Men are more likely to make verbal comments than women  
16 are?

17 A. I think when you place both genders together in one  
18 prison, my experience has been you are going to get more  
19 hooting and hollering out of men, more comments out of men  
20 than you are women.

21 Q. That's what we are talking about here. You are talking  
22 about a transgender inmate within a male facility versus a  
23 transgender inmate within a female facility. You are not  
24 talking about a different -- a separate gender in each  
25 facility, right?

1 A. I guess what I'm trying to explain to you is that based on  
2 this statement is that I believe she would be less ridiculed  
3 in a women's facility than she will in a male. What I liken  
4 that to is when we had men and women to in the same facility,  
5 what happened is there are some more verbal comments that men  
6 will display towards women, especially in prison, when they  
7 are isolated from them and get exposed to them. There are  
8 going to be more comments, men are going to do more than  
9 women.

10 Q. Have you ever observed a transgender female placed in a  
11 female facility?

12 A. I have not.

13 Q. So you wouldn't know what the reaction is there, would  
14 you?

15 A. Well, I certainly have experience with men and women being  
16 located in the same facility and that's certainly, I guess,  
17 the discussion here is whether or not it's appropriate to  
18 place Ms. Hampton in a women's facility.

19 Q. That is all the questions I have.

20 THE COURT: All right. Any redirect?

21 MS. DEL VALLE: Yes, briefly, Your Honor.

22

23 REDIRECT EXAMINATION

24 BY MS. DEL VALLE:

25 Q. Mr. Pacholke, can I direct you back to your report on page

1 four?

2 A. Yes.

3 Q. Are these some of the PREA standards that you were  
4 referring to earlier in your testimony?

5 A. Yes.

6 Q. And do these PREA standards outline the objective  
7 standards that you were speaking of?

8 A. Yes, I think they can be further operationalized in the  
9 sense of using very specific examples; but, yes, these are  
10 some of the PREA standards.

11 Q. And what are some of the objective standards that PREA  
12 indicate that should be considered when determining placement?

13 A. A mental, physical or health facility, the age of the  
14 inmate, the physical build of the inmate, whether the inmate  
15 has been previously incarcerated, whether the inmate's  
16 criminal history is exclusively nonviolent, whether inmate has  
17 prior criminal convictions for sex crimes against an adult or  
18 child, whether the inmate is or is perceived to be gay,  
19 lesbian, bisexual, transgender, intersex, or gender  
20 nonconforming, whether or not the inmate has previously  
21 experienced sexual victimization, inmate's own perception of  
22 vulnerability and whether the inmate is retained solely for  
23 civil immigration purposes.

24 Q. Now, based on your review of IDOC's policy, did that  
25 policy include any of these objective standards?

1 A. No.

2 Q. Now, you were asked some questions about the two  
3 substantiated PREA complaints from Lawrence. Do you remember  
4 those questions on cross?

5 A. I do.

6 Q. Now, is an offender who exposes himself to Ms. Hampton and  
7 threatening Ms. Hampton, should that be considered harmful?

8 A. Yes.

9 Q. And that's why he was disciplined, correct, because he was  
10 harming Ms. Hampton?

11 A. Correct.

12 Q. Now, aside from the discipline that that offender  
13 received, was there anything else that was done? Did IDOC do  
14 anything else to protect Ms. Hampton?

15 A. Not that I can tell.

16 Q. Were there any operational changes as a result of the  
17 substantiated PREAs?

18 A. Not that I'm aware of.

19 Q. Now, you were asked some questions about the video that  
20 you watched of Ms. Hampton on the yard. Do you remember  
21 those?

22 A. I do.

23 Q. Now, based on your review of all the records and your  
24 review of the video, were you under the impression that the  
25 officers who were filming Ms. Hampton were initially filming

1 her as part of an investigation?

2 A. I was not.

3 Q. And did the video and officers comments within the video  
4 give you any impression that they were conducting some type of  
5 investigation that required live monitoring?

6 A. No.

7 Q. Now, even if Ms. Hampton initiated contact with some of  
8 the other men on the yard, does that absolve IDOC from its  
9 obligation to protect her?

10 A. No.

11 Q. I have nothing further.

12 THE COURT: All right. Thank you, Mr. Pacholke.

13 So, Deana, that will end the video.

14 Deana has moved our next video witness to 2:00, so we  
15 will break until 2:00 and then resume with Mr. James via  
16 video.

17 (Following a recess, proceedings continue in open  
18 court.)

19 THE COURT: All right. Call your next witness.

20 MS. ELDER: Can everybody here me if I stand here?

21 (Plaintiff witness, Brandon James, sworn.)

22 THE CLERK: Please state your name for the record.

23 MR. JAMES: My Government name or the name that my  
24 family calls me?

25 MS. ELDER: Your Government name, Ms. James.

1 MR. JAMES: All right. Brandon Luke James.

2

3 DIRECT EXAMINATION

4 BY MS. ELDER:

5 Q. Ms. James, what is your preferred first name?

6 A. Kierra Lacey James. Kierra.

7 Q. And how do you spell Kierra?

8 A. K-I-E-R-R-A.

9 Q. And, Ms. James, what is your gender identity?

10 A. Female.

11 Q. Okay. And are you classified as transgender within IDOC?

12 A. Yes.

13 Q. Ms. James, where are you currently housed?

14 A. Dixon Correctional Center, housing unit 42, cell 41.

15 Q. Okay. And when did you arrive at Dixon?

16 A. May 12 of 2017.

17 Q. Do you know Strawberry?

18 A. Yes.

19 Q. And when did you first meet Strawberry?

20 A. Around January of 2006.

21 Q. Where was that?

22 A. Kewanee, IYC Kewanee, the juvenile.

23 Q. Sorry. Go ahead and finish your answer.

24 A. Yeah, the juvenile prison for -- Back then it was a  
25 juvenile facility.

1 Q. Okay, thank you. And at that time was Strawberry  
2 transgender?

3 A. Yes.

4 Q. Did she identify as a woman?

5 A. Yes.

6 Q. And when was the second time you saw Strawberry?

7 A. In Pinckneyville in 2016, right around September -- Yeah,  
8 right around like September/October of 2016.

9 Q. Okay. And how long were you housed in Pinckneyville?

10 A. From September 23 until May 12 of 2017. I mean, from  
11 September 23 of 2016 to May 12 of 2017.

12 Q. Okay. So, you were housed at Pinckneyville with  
13 Strawberry from approximately September/October of 2016, until  
14 you were transferred in May of 2017?

15 A. Yes, ma'am.

16 Q. And where were you housed in Pinckneyville?

17 A. Initially I was housed in 6-A for several months, because  
18 they had a policy, an unwritten of not allowing transgender  
19 inmates into general population housing units. They tried to  
20 keep us on the intake unit. And then after that I was finally  
21 allowed to go to a population unit, to 2-C, for about a month  
22 and a half, and then they moved me to the segregation housing  
23 unit which is pretty much where they put people who are in seg  
24 or people who have just gotten out of segregation to keep them  
25 pretty much away from the rest of the population because they

1 get in a lot of trouble. They put me over there on 5-D, cell  
2 25, and then I ended up being placed on 6-B, which is pretty  
3 much a unit where there's only a few cells, and it's the most  
4 isolated environment that they could possibly put someone  
5 who's in population. There were only like nine or ten people  
6 on the unit with me, and only one of them was I even allowed  
7 any other contact with, and that was a transgender inmate. We  
8 only got two hours of recreation per week, and we were celled  
9 alone and on a wing essentially by ourselves.

10 Q. So, am I understanding correctly, are you stating that you  
11 were in general population only for a month and a half in  
12 Pinckneyville?

13 A. Oh, no, I was in -- Yeah, no, I was in general population  
14 for about a year --

15 Q. Okay.

16 A. -- and two or three months. About a year and two or three  
17 months, and then they segregated me from the rest of the  
18 facility. While I was still in general population I wasn't on  
19 segregation status, I wasn't on room restriction or anything  
20 like that. They segregated me because I was transgender and  
21 put over there with another transgender inmate who had  
22 transferred from Logan to Pinckneyville.

23 Q. Okay. And do you know where Strawberry was housed in  
24 Pinckneyville?

25 A. At that time she was in 5 house. She was in segregation

1 when I was moved, but mostly she was on 5-D in segregation.

2 Q. Were you ever housed in the same unit as Strawberry at  
3 Pinckneyville?

4 A. Yes, I was on 5-D with her for about a month.

5 Q. Okay. And did you ever witness any incidents involving  
6 Strawberry at Pinckneyville?

7 A. Yes.

8 Q. Can you describe those incidents?

9 A. So, you know, Pinckneyville is an environment where it's  
10 extremely discriminative and there's a lot of sexual  
11 harassment. The officers are very, very vulgar and they say  
12 very sexually explicit things to people that are transgender  
13 down there. That was an everyday thing. Some type of  
14 derogatory comment was made every single day. But  
15 specifically, on, I think it was, December 2 of 2016, she was  
16 going into commissary, I was on my way out of commissary, in  
17 the line going back to the unit, and when she walked into the  
18 commissary, the commissary lady, she saw Strawberry and  
19 screamed, "Everybody get the fuck out of commissary now. None  
20 of you are shopping." And then so everyone is like, "Why?  
21 What happened?" And they are like, "That fucking faggot" --  
22 She was like, "That fucking faggot won't shut up." And  
23 Strawberry wasn't talking, nobody was talking, everyone was  
24 quiet, and so everyone came out of the commissary, and then  
25 she said, I think, that Strawberry threatened her, but

1 Strawberry was already outside of the commissary. So, they  
2 tried to take Strawberry to seg. She refused. She was like,  
3 "No, I didn't do anything wrong, not going to seg, I didn't do  
4 anything wrong." And the entire commissary line that walked  
5 in was telling the officer she didn't do anything wrong, that  
6 the commissary lady was lying on her. And, so, the entire  
7 commissary line pretty much refused to go back, and they had  
8 to call the warden and everybody over there. But they cuffed  
9 Strawberry up and they pretty much drug her to seg, but they  
10 drug her to the corner over by the chow hall, and then they  
11 stopped and they had us -- our line that was ready to go back  
12 from commissary, they had us walk into the unit, and then they  
13 take her into 5 House so they could put her in seg.

14 Q. Okay. And you also mentioned that officers made vulgar or  
15 derogatory comments. What were those comments?

16 A. "I bet you can suck a good dick. You will never be a  
17 woman, you are a man. You have got a dick between your legs,"  
18 you know, that type of just horrible things like that.

19 Q. And did you hear officers make those comments to  
20 Strawberry?

21 A. Yes, they made it to anybody who was transgender down  
22 there.

23 Q. And they made those comments to you, as well?

24 A. Absolutely, almost every single day.

25 Q. What was the culture like for trans individuals at

1 Pinckneyville?

2 A. Basically a culture of fear. You were always afraid you  
3 were going to get sent to segregation at any given time.  
4 Anyone who's transgender or identifies as being gay or  
5 bisexual, sometime within a one-year period they have spent  
6 time in segregation, because basically Pinckneyville looks for  
7 ways to harass us. It was the worst place I have ever been  
8 to. I have been to quite a few prisons, maximum security  
9 prisons, and Pinckneyville was by far the most scary place. I  
10 was scared to walk to the chow hall, I was scared to go to  
11 yard, scared to go to gym, and I wasn't allowed to do  
12 anything, wasn't allowed to get a job, wasn't allowed to get  
13 into school to further my education so I could rehabilitate  
14 myself, I wasn't allowed to go in to participate in chaplain  
15 services, like Bible studies and that type of thing. Like  
16 they pretty much did everything they could to segregate us and  
17 keep us in our cells as much as possible.

18 Q. Ms. James, were you ever sexually abused or harassed by  
19 staff at Pinckneyville?

20 A. Yes, I was sexually harassed almost every day.

21 Q. And can you describe in general terms what officers did to  
22 you?

23 A. I had an officer that used to come up to my cell and he --  
24 when he would give -- be ready to give me my medication he  
25 would grab his penis and say, "You like this, don't you?" Or,

1 "No, you like black ones, huh?" His name started with an H.  
2 I can't remember fully his last name off the top of my head.  
3 It's just you kind of try to blur that type of thing out.  
4 But, I have been strip-searched and had the officers call  
5 numerous other officers over just so that they could see me  
6 get strip-searched. "I didn't know she -- her boobs looked  
7 like that," or, "I didn't know her penis looked like that,"  
8 and say that type of stuff, you know what I mean? And it was  
9 just like all the time, all the time.

10 Q. And did you report any abuse by officers?

11 A. No, it's the scariest thing to do, you know what I mean?  
12 Because if you report one officer for what they are doing,  
13 then another officer goes ahead and retaliates against you for  
14 what you reported. It's the scariest thing in the world, and  
15 they act like it don't happen, but it happens.

16 Q. And, Ms. James, were you sexually abused or harassed by  
17 other prisoners at Pinckneyville?

18 A. Yes, I was sexually abused by an inmate in Pinckneyville.  
19 I was raped in September of 2016.

20 Q. Did you report that incident?

21 A. I did, in January of 2017.

22 Q. What happened when you reported it?

23 A. Absolutely nothing. They treated me like I was lying,  
24 they treated me like I was a criminal. They treated me like I  
25 had to be falsifying what I was saying about the guy, and

1 truth of the matter is the reason why I even reported it is  
2 because he had gotten out of segregation for something  
3 unrelated and came over to my housing unit on my wing and I  
4 had to see the man who raped me every single day whenever I  
5 went anywhere. I had to look at the man who sexually abused  
6 me, sexually assaulted me every single day, and it hurt and I  
7 didn't know how to deal with it, so I talked about it at the  
8 transgender group that we had. And they made a PREA  
9 complaint, they took the guy to segregation that night. But,  
10 when Internal Affairs came to talk to me, the initial Internal  
11 Affairs officer told me flat out when he got to see how I was  
12 reacting, how -- he got to hear everything that I was saying,  
13 he got to -- he said, "I am trained to know when people are  
14 lying." He said, "You are telling the truth." But then when  
15 the first shift, which is the regular Internal Affairs  
16 officers, when they started investigating it, you know, I  
17 ended up on suicide watch that day. The very next day the IA  
18 Officer Lind came to my door and said, "I know you are fucking  
19 lying. I'm going to get you. I'm going to fucking smoke you.  
20 I'm going to prove it." It just made me feel like why do I  
21 have to be lying about being sexually abused? You can't just  
22 take it for what it is? And he didn't want to investigate the  
23 claim. Nothing was really done, they unsubstantiated it, they  
24 let the guy out of seg, and nothing happened.

25 Q. And, Ms. James, you just stated that after you spoke at

1 transgender group there was a PREA complaint that was filed.  
2 Before that complaint was filed did you know about PREA?  
3 A. I had heard of PREA, but I didn't really know what it was.  
4 I didn't understand what it was. They didn't have anything  
5 posted in the living unit about PREA, they didn't have a phone  
6 number put up like they do now. None of that type of stuff  
7 was up. I was aware of what PREA was, but I was not aware of  
8 anything else. Like we knew what Prison Rape Elimination Act  
9 was, but we didn't know how to utilize it. We didn't know how  
10 to utilize the hotline or anything like that. They didn't put  
11 that stuff up until right around the beginning of 2017, when a  
12 PREA auditor came through in 2017, around April or March of  
13 2017 is when they actually spray-painted the phone number  
14 around. And before that there was nothing around, you had no  
15 idea what PREA was.  
16 Q. Ms. James, you said you arrived at Dixon in May of 2017.  
17 Were you transferred from --  
18 A. No, 2015. Oh, Dixon, I'm sorry. I thought you said  
19 Pinckneyville.  
20 Q. No, that's okay. Let me repeat that for the record.  
21 So, you arrived at Dixon in May of 2017. Were you  
22 transferred from Pinckneyville to Dixon at that time?  
23 A. Yes, ma'am.  
24 Q. Okay. And have you ever been housed together with  
25 Strawberry at Dixon?

1 A. Yes, we were cellies for about a month.

2 Q. And when was that?

3 A. From like May 26, or May 25 or 24th, something like that,

4 until June 26 or 27, somewhere around there.

5 Q. Okay. And where were you housed together?

6 A. Housing unit 42, cell 42.

7 Q. Was that in general population?

8 A. Yes, ma'am.

9 Q. How was it being housed with Strawberry?

10 A. Extremely stressful. Every single day it was something.

11 I have really never seen so -- such a -- I have never

12 experienced such a chaotic environment where every other day

13 there was a ticket being wrote, our cell was being shook down,

14 people would come in and there were PREA calls being made on

15 officers and inmates, and it was just -- it was extremely

16 stressful for me.

17 Q. And when you say your cell was shook down, what do you

18 mean?

19 A. Okay. Well, like the officers would -- There were never

20 any formal shakedowns, but she would go out to the yard and

21 they would bring her back in from the yard, tell her to take

22 her shorts off, check and see if they are altered, go through

23 her property box to see if any clothes are in there that are

24 altered, and they did that about once every two or three days.

25 Q. And what --

1 A. They took -- They took our blues one time. Took our blue  
2 pants and just completely took both of our pants, literally  
3 just took them, didn't even give us any replacements.

4 Q. What's your understanding of why they took your pants?

5 A. They said they were altered, but down here at Dixon  
6 Correctional Center there's a sewing shop, so when pants are  
7 damaged or are torn you send them to the sewing shop and they  
8 are repaired, and when they are sent back, they are not in  
9 their original form. And they tried to say that we had  
10 altered them, but they had literally like two days before just  
11 been at the sewing shop.

12 Q. And what other types of altered clothing were they looking  
13 for, if there were others?

14 A. So, being transgender, we wear what are called gaffs. We  
15 wear something that keeps our male genitalia from moving  
16 around, touching the rest of our body, being in contact with  
17 anything, that way we don't have to feel it, see it, nobody  
18 else can see it. We can't -- It's just gone away and tucked  
19 away, you know, so it's just a form of -- I don't know how to  
20 explain it. It's just a way to conceal that part of your  
21 anatomy.

22 Q. And where are the correctional officers in the unit in  
23 relation to your cell?

24 A. You said what? I didn't understand.

25 Q. That was not a clear question. I'm sorry. Let me

1 rephrase that.

2 Are there correctional officers in unit 42, like  
3 during the day, monitoring prisoners?

4 A. Oh, yes. Oh, yes, there are.

5 Q. And where are they in unit 42?

6 A. Generally they are in what's called *the bubble* or *the*  
7 *control pod*.

8 Q. And where is the bubble in relation to your cell, the cell  
9 that you shared with Strawberry?

10 A. Directly in front of it so that they could just look  
11 straight into the cell at any time they wanted.

12 Q. And would correctional officers look into your cell?

13 A. All day long from the second the door opened at 8:00,  
14 until the second the door closed at 2:40, we had some officer  
15 staring at our door. The second the door opened at 4:30,  
16 until that door closed again at 9:30, there was an officer  
17 sitting there staring at our cell nonstop.

18 Q. Would they do that to other prisoners in unit 42, stare at  
19 their cells?

20 A. Absolutely not. Absolutely not. People walk past with --

21 Q. Sorry, you may finish.

22 A. People walk past with giant bags of commissary, walking  
23 from one side of the building to the complete other side of  
24 the building, and they don't say anything. But, the second  
25 somebody gets too close to our door they tell them they have

1 to get away from our door.

2 Q. Do you know the names of any of the officers that stared  
3 into your cell?

4 A. Officer Blackburn. Specifically she was the main one.

5 Q. Okay. And did you ever hear staff misgender Strawberry at  
6 Dixon?

7 A. That's one of the tools that they pretty much used against  
8 us. They tried -- They purposely call us hes and hims, say we  
9 are men and we are guys, "Act like a man, you are in a male  
10 prison." That's one of their tools against us, and then if we  
11 react to it and say something rude or disrespectful to them in  
12 the way that they are disrespecting us, now we are getting  
13 wrote a ticket and we're getting potentially being put in  
14 segregation, but we are only responding to the ignorance and  
15 the disrespect that is being put towards us.

16 THE COURT: What was the word that you used? Have  
17 you ever heard --

18 MS. ELDER: Misgender.

19 THE COURT: Okay.

20 Q. (By Ms. Elder) Do you know a prisoner named Armond  
21 Clemons?

22 A. Yes.

23 Q. And was Clemons at Dixon with you and Strawberry?

24 A. Yes.

25 Q. Where was Clemons housed in relation to you and Strawberry

1 in June of 2018?

2 A. He was housed in the dayroom cell around the corner.

3 Q. And can you describe the layout of unit 42?

4 A. Okay. So, when you walk into the door, immediately as  
5 soon as you walk into the door, straight ahead is cell 30,  
6 which is where Armond Clemons is, right in front of the  
7 bubble, and then if you look down to your left there's a wing  
8 that goes down this way, but it's not set up like where the  
9 wing is straightforward. It's horizontal. So, when you look  
10 down the cells are against the wall, so that it's not just  
11 looking straight down a hallway; you're looking -- you can see  
12 two cells were specifically looking down our hallway. You can  
13 see a total of five cells directly from the bubble. You can  
14 see 56, 57, 58 cell, you can see 41 cell and 42 cell.

15 Q. Okay. And is there a day room in unit 42?

16 A. Yes. And inside of the day room there's 30 cell and 33  
17 cell that are functioning, and it's right in front of the  
18 housing unit's control pod, the bubble, as well.

19 Q. Can the people in the different wings of unit 42 interact  
20 with each other?

21 A. Yes.

22 Q. Did they see each other?

23 A. Yes. You can cross directly from one side of the unit to  
24 the other. It's not a lockdown facility.

25 Q. And can everyone access the day room?

1 A. Yes.

2 Q. Did you ever witness Clemons do anything inappropriate to  
3 Strawberry?

4 A. Yeah, he -- So, there was a moment -- there was a time  
5 when Strawberry was trying to get into the shower, and he came  
6 over to the shower and groped her breasts and said, "When are  
7 you going to let me fuck you," and I also walked up on -- I  
8 was going to get ice, which is around the corner. 30 cell is  
9 right where you had to go around the corner to go get ice at,  
10 and he called her to his door and was masturbating to her,  
11 saying, "I bet you want to suck this big dick. I bet you want  
12 to do it, huh?"

13 Q. And regarding the first incident you just spoke of, how is  
14 it that Clemons and Strawberry were at the shower at the same  
15 time?

16 A. Well, the showers, the way they are set up is there's two  
17 showers on the wing, there's a dayroom shower, but she was  
18 getting into the shower on the wing closest to our cell, and  
19 when she's trying to get in there's a little wall that sticks  
20 about two and a half feet to about two feet out from the  
21 shower, so somebody can stand next to that wall and they won't  
22 be able to see that person right there. But, Strawberry --  
23 But, and that's where Armond Clemons was. Armond Clemons  
24 walked over to that section of the wall while Strawberry was  
25 trying to get into the shower and groped her breast.

1 Q. And how could you see that?

2 A. I was standing in the doorway of my cell and I could see  
3 directly straight to the shower, because it's about maybe ten  
4 feet away from my cell.

5 Q. How can you see when you are in your cell? Is it open  
6 bars, open door? How can you see?

7 A. Well, the door is open. It's dayroom time, so my door was  
8 open.

9 Q. Okay.

10 A. But, even if my door was closed you could still see out  
11 the window directly into the shower.

12 Q. And before Strawberry came on your unit did you have any  
13 reason to think that Clemons would sexually harass her?

14 A. Absolutely. He is the most predatory individual I have  
15 ever met in all my years in IDOC. He attempted to sexually  
16 abuse me and numerous other inmates, as well. He was a very  
17 despicable individual.

18 Q. Did he ever talk to you about Strawberry?

19 A. Yes, before she even got out of seg he came up to me and  
20 was like, "Hey, will you give your celly" -- what's called a  
21 kite in jail. It's a letter. It's a handwritten letter, it's  
22 a note. And I told him, "No, I'm having no part in that."  
23 And he said, "Why?" I'm like, "Because of the type of person  
24 you are. You are a despicable person." And so before she  
25 even got out of seg his intent was already improper.

1 Q. And do you know whether Strawberry ever reported Mr.  
2 Clemons to correctional staff?  
3 A. Yes; numerous times.  
4 Q. Did they do anything the first time she reported it?  
5 A. No, they -- Armond Clemons is a very notorious snitch. He  
6 is well-known to be a snitch. He's self-admitted. He's a  
7 self-admitted snitch. He's somebody who openly admits that he  
8 has testified on behalf of IDOC, lying for officers and lying  
9 on inmates, and he readily tells people this. And so pretty  
10 much they were trying to cover up for him.  
11 Q. Did IDOC officers ever do anything about Clemons?  
12 A. Well, yes, they did. The second time she made a report  
13 they actually took him to segregation.  
14 Q. And, in total how long was Clemons on the unit with you  
15 and Strawberry?  
16 A. Maybe about two to three weeks.  
17 Q. Ms. James, you stated earlier you are a transgender woman,  
18 you are a woman.  
19 A. Yes.  
20 Q. How long have you been living as a woman?  
21 A. Since I was 14.  
22 Q. And do you take hormones?  
23 A. Yes.  
24 Q. How long have you taken hormones?  
25 A. This time for almost five years.

1 Q. Okay. And when you say *this time*, you were on hormones  
2 previously?

3 A. Prior to my incarceration when I was 16, I was taking  
4 hormones. But when I got locked up at 16, IDOC would not  
5 allow me to take hormones. I did not get back on hormones  
6 until 2013.

7 Q. Okay. And when did you first enter IDOC custody?

8 A. Well, I was a juvenile transfer from the juvenile system  
9 into the adult system, so do you want to know when I entered  
10 the juvenile -- the Department of Juvenile Justice or the  
11 Illinois Department of Corrections? Because they are two  
12 different --

13 Q. When were you transferred from the juvenile department to  
14 the Illinois Department of Corrections?

15 A. June 23rd of 2008.

16 Q. Did IDOC identify you as trans when you first entered  
17 their custody?

18 A. Yes.

19 Q. Have you ever been housed in a women's facility in IDOC?

20 A. No.

21 Q. Has anyone within IDOC ever asked you if you would rather  
22 be in a woman's facility?

23 A. Yes, now they do ask on our transgender intake forms.

24 Q. Who gives you the transgender intake form?

25 A. Some mental health person. They come and they ask you a

1 whole bunch of questions, and that is -- I believe, if I  
2 remember correctly, that is one of the questions.

3 Q. And, filling out that form would you rather be in a  
4 woman's facility?

5 A. Absolutely. I'd actually feel safe. I don't feel safe  
6 any second of any day around a whole bunch of men. I cannot  
7 defend myself, I cannot protect myself. I'm always fearful  
8 that I will be raped. Every time I walk in my cell I look  
9 both ways before I even shut the door or open the door fully.  
10 I always make sure somebody is around when I am getting in the  
11 shower. I always feel, because I'm transgender, one of these  
12 guys, because I say something to them, they might snap off and  
13 assault me or attack me. I'm always in constant fear. I  
14 hardly ever go to the chow hall. My mom has to send me money  
15 that she can use in better places so that I can feel safe,  
16 because I don't like being around 150, 200 men inside of any  
17 type of setting. I rarely ever go to yard, I rarely ever go  
18 to gym, because I never feel safe.

19 Q. Aside from Dixon and Pinckneyville what other prisons have  
20 you been in in IDOC?

21 A. Menard Correctional Center, Stateville Correctional  
22 Center, Pontiac Correctional Center, and Logan Correctional  
23 Center.

24 Q. When you were in Logan was it a women's facility?

25 A. No, it was a male facility.

1 Q. And based on your experience how would you describe what  
2 it's like to be transgender in men's prison in IDOC?

3 A. It's hell, it's torture. If it's not an officer harassing  
4 you because you are transgender, it's an inmate harassing you  
5 because you are transgender. You are always worried if your  
6 celly gets moved or goes to seg or anything because they might  
7 try to put someone in the cell with you who tells you that you  
8 can't live in that cell and if you stay they are going to beat  
9 you up. You are always worried about being sexually abused.  
10 It's nonstop sexual harassment. I'm an attractive transwoman,  
11 and everywhere I go I have people staring, I have people  
12 pulling their penis out, I have people saying all types of  
13 vulgar comments. I have people who if -- I just tapped a guy  
14 on his arm in commissary about a month ago and told him -- you  
15 told him to give you barbecue beef and he didn't give you  
16 barbecue beef in your bin, and he said, "If you ever touch me  
17 again I'm going to hit you in your fucking mouth." It's that  
18 type of environment. You are trying to be a good person. You  
19 are scared to even be a good person here.

20 Q. And have you ever requested transfer to a women's prison?

21 A. No, I never felt like it's realistic. IDOC does not do  
22 the right thing about anything. Rightfully I should be housed  
23 with other women. I'm not a danger to other women, I have not  
24 -- I have no sexual case, I have never had any type of sexual  
25 misconducts in the Illinois Department of Corrections, I have

1 no domestic batteries or anything that could make IDOC feel  
2 like I would be a danger to being transferred to a female  
3 institution. I am sterile, I cannot have children, so I  
4 cannot procreate. There would be absolutely zero danger for  
5 IDOC to send me to a female institution. But, IDOC is so  
6 unrealistic with how they treat certain people, they try to  
7 lump everybody into one category and treat them all in this  
8 manner, and so I never felt like it was a realistic request.

9 Q. You mentioned that you're sterile. Are you castrated, Ms.  
10 James?

11 A. No, I'm not castrated, but I have been on hormones for so  
12 many years I'm impotent. I'm impotent, I'm unable to have  
13 children, I'm unable to even get an erection.

14 Q. Have you ever requested castration?

15 A. Yes.

16 Q. When did you make that request?

17 A. I have made numerous requests for castration. The initial  
18 request I just made was this year, March of this year, March  
19 of 2018. I was also recently resubmitted, re-recommended by  
20 Dixon Correctional Center. Dixon actually recommended I be  
21 castrated to what's called the Gender Dysphoria Committee, and  
22 they have yet to render a decision about it. And that was in  
23 August when they -- like August 7th or -- the first week of  
24 August when the committee met, and my request, the  
25 recommendation from Dixon that I be castrated was presented to

1 the Gender Dysphoria Committee, and they still have yet to  
2 make a decision.

3 Q. Who did you make your initial request to?

4 A. Well, it's -- there's a committee. My initial request was  
5 made to the head of psychology here at Dixon Correctional  
6 Center, which was Dr. Chess (ph), and also the head of the  
7 transgender community here, which is Ms. Weigand.

8 Q. Did you speak to the Gender Identity Committee at that  
9 time?

10 A. Oh, no, they don't let you talk to them at all. They  
11 don't let you speak, period. They don't see you, they -- They  
12 talk about you without you there. So, they can't ask you any  
13 questions, you can't give them a statement. There's nothing.

14 Q. So, how does the committee end up with the castration  
15 request?

16 A. So, in order for them to even bring forth the request, the  
17 head of psychologists here, Dr. Chess (ph), and the head of  
18 the transgender committee here, which is Ms. Weigand, have to  
19 make a recommendation. They have to say, "Yes, we feel at  
20 this time it is appropriate for, you know, her to continue her  
21 transition and that castration at this time is recommended."  
22 And so they bring that to the committee and the committee is  
23 supposed to make a decision on it. But the committee has not  
24 made a decision on it. The doctor in charge, I guess his name  
25 is Dr. Puga, he said he's never received a request of this

1 nature and he doesn't know how to deal with it and he would  
2 address it in a few weeks. And it's been now going on over a  
3 month and they still have not rendered a decision. So,  
4 basically what they are doing is they are just never going to  
5 make a decision on it. That way they don't have to deal with  
6 it.

7 Q. And you mentioned an August meeting. Did you participate  
8 in that meeting?

9 A. No, they don't allow you to see the Gender Dysphoria  
10 Committee at all whatsoever. They don't let you talk to them,  
11 they don't let you see them, they don't let you ask any  
12 questions, be asked any questions, answer any questions. They  
13 meet outside your presence and then you maybe find out two,  
14 three weeks later what happened.

15 Q. Ms. James, why do you want to be castrated?

16 A. I mean, I can't deal with this part of my gender and my  
17 anatomy anymore. Like it hurts when I use the bathroom. I  
18 have not looked down in the shower in so many years, I can't  
19 even think of how many years it's been since the last time I  
20 have looked down at my genitalia. I hate touching the area, I  
21 hate feeling the area, I hate to walk. I can't exercise. I  
22 can't do anything that I want to do because I feel that area  
23 move around, I feel that area pressed against my body, against  
24 my leg. It is the most -- It's like having a tumor that flops  
25 around all the time and you want it gone, and they are like,

1 "Well, no, you keep your tumor."

2 Q. And do you think that you need to be castrated to be  
3 transferred to a women's prison?

4 A. Absolutely. The only other inmate that I have ever known  
5 of that was transferred to a female institution is a girl  
6 named Annila Mahalbasic. Her Government name was Ferid  
7 Mahalbasic, F-E-R-I-D, M-A-H-A-L-B-A-S-I-C. Her ID number is  
8 Y54605. Prior to her transfer from Lawrence Correctional  
9 Center to Logan Correctional Center her ID number was M54605.  
10 She is the only girl I know of that was transferred from a  
11 male facility to a female facility. And, prior to her  
12 transfer Lawrence Correctional Center had her castrated before  
13 she was allowed to be transferred to Logan.

14 Q. Thank you.

15 MS. ELDER: Your Honor, no other questions.

16 THE COURT: All right. Cross-examination? Any  
17 questions?

18 MR. HIGGERSON: We don't have any questions.

19 THE COURT: All right. Thank you, Ms. James. That  
20 concludes your testimony.

21 MS. JAMES: Thank you. You have a good day.

22 THE COURT: Thanks. You, too.

23 THE CLERK: Could I ask if Scott Ranft is in the  
24 room.

25 THE COURT: All right. Mr. Ranft.

1 MR. RANFT: Yes.

2 THE COURT: Can you hear us okay?

3 (Brief interruption in proceedings.)

4 THE COURT: Can you hear us now, Mr. Ranft?

5 MR. RANFT: Yes.

6 THE COURT: Deana, if you would please administer the  
7 oath.

8 (Plaintiff witness, Scott Ranft, sworn).

9 THE CLERK: Please state your name and spell your  
10 last name for the record.

11 MR. RANFT: Okay. My name is Scott Michael Ranft.  
12 My last name is R-A-N-F-T.

13 THE COURT: All right. You may proceed.

14

15 DIRECT EXAMINATION

16 BY MS. ELDER:

17 Q. Where are you currently housed?

18 A. In cellhouse unit 42, cell 55.

19 Q. And at what prison?

20 A. Dixon Correctional Center.

21 Q. When did you arrive at Dixon?

22 A. September 2016.

23 Q. And do you know Strawberry?

24 A. Yes.

25 Q. When did you first meet Strawberry?

1 A. While I was working as a porter in segregation.

2 Q. And when was that?

3 A. Around -- I believe around March of 2018.

4 Q. Okay. And what is a porter?

5 A. A porter -- Well, my detail says that I'm seg help,

6 sanitarian. So, I clean, I mop, and I do whatever the guards

7 tell me to do as far as help is concerned.

8 Q. As a porter do you see and interact with prisoners in seg?

9 A. Yes.

10 Q. And how long have you been in unit 42 at Dixon?

11 A. Since December of 2017.

12 Q. Is that in general population?

13 A. Yes.

14 Q. And was Strawberry ever housed in unit 42 with you?

15 A. Yes.

16 Q. And when was that?

17 A. She got out in May. I think May 26, 2018.

18 Q. And when you say *got out*, do you mean got out of seg?

19 A. Yes, was released from seg.

20 Q. And for how long was Strawberry in unit 42 with you?

21 A. Until she went back to seg, around June 26, 2018.

22 Q. Within housing unit 42, where were you housed in relation

23 to Strawberry?

24 A. Almost across, because I'm in cell 55, and it's just right

25 around the corner, and her cell was cell 42. So, it was

1 approximately adjacent to that cell.

2 Q. And from your cell could you see into Strawberry's cell?

3 A. Yes.

4 Q. How could you see into her cell? Were there bars or a  
5 door?

6 A. No, it was a door, but sometimes it could be -- you know,  
7 it could be open or it would be open during dayroom time and,  
8 you know, you could see in there.

9 Q. And did you ever hear correctional officers verbally  
10 harass Strawberry?

11 A. Yes; heard it in the dayroom.

12 Q. In the dayroom. Can you describe what you heard?

13 A. Specifically I heard Ms. Blackburn. She was the control  
14 officer in the bubble. Strawberry came in one time and gave  
15 her a compliment about her hair, and then she became angry and  
16 called Strawberry a faggot and then said something like, "I  
17 don't need surgery to be a woman."

18 Q. And how could you see and hear that?

19 A. I was sitting at the table. They have got a table right  
20 in front of the bubble, and the chuckhole was open and you  
21 could hear everything that was being said.

22 Q. You hear other officers call Strawberry names?

23 A. No, I did not hear that.

24 Q. Okay.

25 A. Well, I would say this: While I was in seg, you know,

1 they would make little derogatory comments, you know, like,  
2 you know, "Hey, we got one here," or, you know, just, you  
3 know, making jokes, trying to be funny.

4 Q. And did you ever see correctional officers do anything  
5 else to harass Strawberry?

6 A. Yeah, shakedowns all the time.

7 Q. What do you mean when you say *shakedown*?

8 A. They would come in the cell and just ask for stuff, for  
9 like -- They would come in here and tear the place up, like  
10 thinking they were searching for contraband or something along  
11 those lines.

12 Q. How could you see that?

13 A. From my cell, my cell is almost directly across from that  
14 cell, and so whenever it would be a lieutenant and two other  
15 officers there, and any time they show up, you know, you know  
16 there's a problem.

17 Q. You said *contraband*. Do you know what type of contraband  
18 they were looking for?

19 A. Yeah, altered clothing.

20 Q. Have you witnessed other prisoners alter their clothes?

21 A. Yeah, that happens all the time.

22 Q. Are other --

23 A. I mean, altered is -- Yeah, altered is defined as not in  
24 its original state. So, I mean, if you want to get somebody,  
25 you could get anybody.

1 Q. So, was it your perception that Strawberry was targeted  
2 for these shakedowns?  
3 A. Yeah; absolutely.  
4 Q. Do you know a prisoner named Armond Clemons?  
5 A. Yes.  
6 Q. Was Clemons housed on the same unit as you and Strawberry?  
7 A. Yeah, cell 30.  
8 Q. And when was he housed there?  
9 A. I'm going to say from around March till a few weeks after  
10 Strawberry arrived there.  
11 Q. Did you ever see Clemons interact with Strawberry?  
12 A. Yes.  
13 Q. How did Clemons act towards Strawberry?  
14 A. Very sexual manner, constantly asking for sex and, yeah,  
15 just harassing, you know.  
16 Q. Would he approach her physically?  
17 A. Yeah, and try to grab -- try to grab, you know, breasts or  
18 buttocks.  
19 Q. And about when did Clemons start acting this way towards  
20 Strawberry?  
21 A. Right away, as soon as Strawberry came out of the unit.  
22 Q. And where did you witness Clemons and Strawberry interact?  
23 A. Shortly before Clemons went to the seg under the PREA  
24 investigation, I witnessed Clemons at Strawberry's door asking  
25 for sex, trying to -- saying, "When are you going to let me

1 fuck you," and, you know, Strawberry was -- you know, cussed  
2 Clemons out.

3 Q. And where were you when you witnessed those interactions?

4 A. I was in my cell, 55, witnessing that.

5 Q. Were there officers in the bubble at the time of those  
6 interactions?

7 A. Yeah.

8 Q. Can the officers in the bubble see Strawberry's cell?

9 A. Yes.

10 Q. Was there a point where Clemons stopped harassing  
11 Strawberry?

12 A. No, I was -- I mean, it had to take Clemons going to seg.

13 Q. What is your understanding of why Clemons went to seg?

14 A. Strawberry called PREA or filed a PREA claim or something  
15 along those lines.

16 Q. And did you see Clemons in seg while you were working as a  
17 porter?

18 A. Yes.

19 Q. Is Clemons still in seg at Dixon?

20 A. No.

21 Q. Did you know where Clemons went after Dixon?

22 A. From what Clemons told me, Clemons said he was going to  
23 Robinson, which is a minimum security facility.

24 Q. And how was Clemons saying that to you? What was his  
25 demeanor? Strike that. Let me rephrase.

1                   What was his demeanor when he said that to you?

2   A.   You know, with a smile on his face, because, you know, you  
3   are going to a better place. That's a place I would want to  
4   go to. Yeah, so to me it looked more like a reward than  
5   punishment.

6   Q.   Do you know a prisoner named Tyrone Robinson?

7   A.   Yes, they call him *Snake*.

8   Q.   And was Robinson also housed in unit 42 with you and  
9   Strawberry?

10  A.   Yes.

11  Q.   When was he housed there?

12  A.   I'm not sure exactly when, but I would say around the same  
13  time I was there, so December of 2017.

14  Q.   And how long was he housed there, if you know?

15  A.   He just went to seg recently, so he had -- he went to seg  
16  I would say a month ago.

17  Q.   So, was he in unit 42 with you and Strawberry the entire  
18  time?

19  A.   Yes.

20  Q.   Strawberry was in unit 42?

21  A.   Yes.

22  Q.   Did you ever see Strawberry interact with Mr. Robinson?

23  A.   Yes.

24  Q.   Can you describe those interactions?

25  A.   Well, there was one moment where he was at Strawberry's

1 cell door and the door was not open all the way, but it was  
2 about halfway open, and he came in there and he wanted a kiss  
3 and he tried to grab her butt, and then Strawberry turned  
4 around and said, "I don't get down like that, I got a  
5 husband," and they argued back and forth, and then he left  
6 pretty angry and upset. That was his demeanor. That's what I  
7 seen.

8 Q. Are you aware that Strawberry and Robinson got into a  
9 fight?

10 A. Yes.

11 Q. Did you witness the fight between Strawberry and Robinson?

12 A. No.

13 Q. Is Strawberry still in unit 42?

14 A. No.

15 Q. Do you know where Strawberry was housed after unit 42?

16 A. Yeah, she went straight to seg.

17 Q. And what is your understanding of why Strawberry went to  
18 seg?

19 A. Okay, my understanding is that Strawberry went to seg  
20 because she was calling PREA on the staff. That's the main  
21 reason why she went to seg.

22 Q. And how do you know that?

23 A. Because I was on the yard one time getting -- It was the  
24 very next day. So, Strawberry went to seg on the 26th of  
25 June. So, on the 27th, I was on the yard and then Robinson

1 was on the yard talking to an inmate, and I went to go get  
2 water and I heard Robinson say they weren't even worried about  
3 that fight, it was like she was doing too much, calling PREA  
4 on the staff and all that. Those are the words that came out  
5 of his mouth.

6 Q. Finally, Mr. Ranft, you have testified today that you  
7 worked in segregation as a porter. Do you still have that  
8 job?

9 A. No, I do not. I'm unofficially fired.

10 Q. What do you mean by *unofficially fired*?

11 A. Well, I was wrote a ticket last week for socializing with  
12 the inmates, which is -- It's a common thing, it's a pretty  
13 minor offense, but, you know, that's how they got rid of me.

14 Q. What -- Do you believe that was the real reason for you  
15 being fired?

16 A. No.

17 Q. What do you believe -- You may answer.

18 A. Because I'm a witness -- I'm a witness in this lawsuit  
19 against Dixon Correctional Center. The fact of the matter is  
20 that before I became a witness they had no problems out of me  
21 before that. And I have been working as a porter in seg since  
22 December of 2017, and up until after I became a witness,  
23 that's when they started making comments to me and threatening  
24 my job. And it eventually happened, they fired me last week.

25 Q. Thank you, Mr. Ranft.

1 MS. ELDER: Your Honor, no further questions.

2 THE COURT: All right. Any cross-examination?

3 MS. McCLIMANS: None.

4 THE COURT: No questions. Okay. Thank you, Mr.  
5 Ranft. That concludes your testimony.

6 All right. Do you have any other witnesses for us  
7 today?

8 MS. BEDI: We don't, Your Honor.

9 THE COURT: Tomorrow we are scheduled to begin at 9  
10 a.m. with Dr. Brown, is that correct?

11 MS. BEDI: That's correct.

12 THE COURT: All of these other witnesses, are we  
13 going to go back to back?

14 MS. BEDI: That was our plan.

15 THE COURT: Okay. Do you agree, Mr. Higgeson?

16 MR. HIGGESON: Yes, Your Honor.

17 THE COURT: Okay. Anything else we can take up at  
18 this time?

19 MS. BEDI: Your Honor, would you like to hear any  
20 closing arguments on Friday?

21 THE COURT: Yes, I would like to have a summary of  
22 your positions based on the testimony. Like I said, I know  
23 your positions going into it, but now in light of the  
24 testimony I would like to have just brief closing arguments  
25 once we finish. I would like you to review exhibits with

1 Deana today before we leave. Just like in a trial, I like to  
2 do that at the end of every day.

3 One thing I did want to raise briefly.

4 I know there's a pending motion regarding exhaustion,  
5 and originally I think that was going to be taken up before  
6 this hearing, and then this got continued and I guess another  
7 complaint was filed, and that's all been -- I guess it's still  
8 being briefed and, of course, that's being handled by Judge  
9 Daly. One of the problems with our -- the way we do things  
10 is, you know, sometimes two different things are going on at  
11 one time.

12 I guess I think I know what Mr. Higginson would say  
13 the impact of that is. What's your position on us proceeding  
14 with this preliminary injunction hearing while the issue of  
15 exhaustion is pending, Ms. Bedi?

16 MS. BEDI: Well, Your Honor, I think I would like to  
17 give it a little more thought before we give an official  
18 response. Off the top of my head, and we have admitted into  
19 evidence numerous grievances that have gone through the  
20 process, so I think that -- and, again, preliminarily I think  
21 that we could argue that we have met our burden just through  
22 the evidence that was put in here today. I want to reserve  
23 the right to perhaps supplement, but --

24 THE COURT: I guess that's kind of my related  
25 question, then. If we are kind of taking up both now in a

1 way, then, I mean, I could just tell Judge Daly that she  
2 doesn't need to hold another hearing. I mean, I just don't  
3 want there to be overlap in work.

4           Mr. Higgeson, I know -- I don't normally hold Pavey  
5 hearings, but I know it's raised and that the -- I know that  
6 the inmate has to exhaust remedies, but we are here on the  
7 preliminary injunction, and the Department of Corrections is  
8 clearly taking the position that they are not going -- even in  
9 this hearing that they are not going to transfer Ms. Hampton.  
10 So, I guess maybe sometimes I'm too practical. What's the  
11 point of going on, then, with a separate path of a Pavey  
12 hearing when no matter what -- how many grievances she files  
13 it's pretty clear that she's not going to get the relief that  
14 she wants?

15           MR. HIGGERSON: Well, I don't know that it's  
16 absolutely clear she won't get the relief that she wants  
17 because she has to go through the process and find out. And  
18 that's what the case law says is it's not unavailable just  
19 because you don't get a result you don't like. If the process  
20 is there, you have to complete it before you come to court,  
21 and that question has to be resolved before anything else is  
22 done.

23           MS. DEL VALLE: Your Honor, may I respond? We  
24 actually had a motion on this when they first filed their  
25 Motion for Exhaustion, and it's our argument that she has

1 fully exhausted the process under the emergency grievance. At  
2 that hearing we were planning on calling the warden of Dixon,  
3 John Varga, and also the director, Director Baldwin, to  
4 explain the emergency grievance process and admit all of her  
5 emergency grievances, which there are a lot more than we are  
6 just submitting in this preliminary injunction hearing.  
7 There's a number of them and we were going to admit all of  
8 those and explain how she satisfied all the requirements under  
9 the emergency grievance process and has fully exhausted all of  
10 her claims.

11 THE COURT: And, so what happened was then the  
12 complaint was amended to add new Defendants and that's when  
13 they started over?

14 MS. McCLIMANS: The complaint was amended and it also  
15 has allegations against several individuals at Dixon, and  
16 there's clearly no exhaustion as to those individuals.

17 MS. DEL VALLE: We also have a number which we will  
18 do in response to their brief which is due at the end of this  
19 month, I believe. We will submit all of those emergency  
20 grievances that she filed at Dixon and went through the  
21 process for the emergency grievance process. And we had --  
22 And, Director Baldwin was personally involved in response to  
23 some of her grievances and that's why we were planning on  
24 calling him to testify at a hearing on exhaustion.

25 THE COURT: So, if that -- then if that's still

1 ongoing, then, I mean, that has to be resolved before I make  
2 any ruling on this motion one way or the other, then.

3 Mr. Higgeson, you agree, I assume?

4 MR. HIGGERSON: That's what Pavey says, is nothing  
5 else is supposed to proceed until exhaustion is resolved.

6 MS. DEL VALLE: Your Honor, we also believe that you  
7 could make a ruling on exhaustion given the grievances we have  
8 submitted in the record and given the fact they are emergency  
9 grievances and a lot of the underlying facts we would believe  
10 that Defendants are going to argue that they actually weren't  
11 emergencies and so she shouldn't have followed that process  
12 and that's a factual determination that overlaps the previous  
13 hearings. So, if you make a factual determination that she  
14 was in crisis, which necessitated the emergency grievances,  
15 that's an issue that overlaps for both hearings. We actually,  
16 in our first response, the motion, requested that the hearings  
17 be combined, essentially.

18 MR. HIGGERSON: We think they could have been  
19 combined. I don't think they could be combined halfway  
20 through when our witnesses aren't the right ones to address  
21 that. We haven't in any way set ourselves up to talk about  
22 exhaustion in this proceeding. Again, that's not what we have  
23 prepared for.

24 MS. DEL VALLE: We could be prepared to argue that.  
25 We would just have to call the warden and Director Baldwin,

1 but we would be prepared to argue that she properly filed her  
2 emergency grievances both at Lawrence and at Dixon.

3 THE COURT: Who else would you want to call, Mr.  
4 Higginson, that you weren't planning to call?

5 MR. HIGGINSON: We have listed somebody from the  
6 Administrative Review Board. I don't know, did we list  
7 somebody from Dixon in the grievance process?

8 MS. McCLIMANS: I can't recall.

9 THE COURT: Well, take a look at that. I don't mean  
10 to catch anybody off guard. You can take a look at that. My  
11 thought is maybe either if we could get those other witnesses  
12 here, say, on Friday, or pick another day where we kind of  
13 continue this hearing and address that. And, you know, I  
14 fault myself for not raising this with you before, but it just  
15 seems that knowing that that issue is still hanging out there,  
16 I mean, why have Judge Daly have another hearing? We are all  
17 here. I'm not saying it has to be. If we can't have  
18 witnesses here, say, Friday afternoon, maybe we can find  
19 another date next week and just continue it and wrap that  
20 issue in with all of this. I will let you think about it  
21 overnight and we will discuss it again in the morning.

22 MR. HIGGINSON: And just to add to that, too, they  
23 said they want to call Director Baldwin. We are going to  
24 object whenever that request is made. Director Baldwin is  
25 not, you know, the person who handles grievances. When they

1 come to his office somebody else looks at them. Generally the  
2 Director's not supposed to be called as a witness in  
3 proceedings unless it is something he's directly involved in,  
4 otherwise he would be at every Pavey hearing.

5 MS. DEL VALLE: Your Honor, Director Baldwin is  
6 obviously a Defendant in this case. He personally sent  
7 Counsel an e-mail, so he is directly involved.

8 THE COURT: I will have to look at that. And then  
9 you are saying all of those emergency grievances are part of  
10 the reason, correct?

11 MS. DEL VALLE: Some of them we have entered into the  
12 record today, but there are a lot more of them that haven't  
13 been entered into the record.

14 THE COURT: From your previous briefing they are not  
15 in the record?

16 MS. DEL VALLE: Correct, from the previous briefing.  
17 That was specifically to Lawrence. Then the Defendants filed  
18 a new brief which included Dixon, too.

19 THE COURT: All right. Well, get all of those  
20 together, and I will be thinking about it and we will talk  
21 about it again tomorrow.

22 Okay. So, go over exhibits with Deana, what's been  
23 admitted. I will need the final witness list, and everybody  
24 be here and ready to go by 9 a.m.

25 Ms. Bedi, what time would you like your client to be

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here tomorrow?

MS. BEDI: 8:30.

THE COURT: Okay.

(Court in recess.)

\* \* \* \* \*

I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

/S/ Stephanie K. Rennegarbe  
Certified Shorthand Reporter

09/20/2018

1                   IN THE DISTRICT OF THE UNITED STATES OF AMERICA  
2                   FOR THE SOUTHERN DISTRICT OF ILLINOIS

3                   \_\_\_\_\_) )  
4                   DEON HAMPTON #M15934, ) )  
5    Plaintiff(s), ) )  
6    vs. )   Case 18-CV-550-NJR  
7                   IDOC DIRECTOR JOHN BALDWIN, et ) )  
8                   al., ) )  
9    Defendant(s). ) )  
10                   \_\_\_\_\_) )

11   **EVIDENTIARY HEARING DAY 2 OF 3**  
12   (a.m. session)

13                   BE IT REMEMBERED AND CERTIFIED that heretofore on **09/13/2018**,  
14                   the same being one of the regular judicial days in and for the  
15                   United States District Court for the Southern District of  
16                   Illinois, **Honorable Nancy J. Rosenstengel**, United States  
17                   District Judge, presiding, the following proceedings were  
18                   recorded by mechanical stenography; transcript produced by  
19                   computer.

20   **APPEARANCES:**

21                   **FOR PLAINTIFF:** **Vanessa del Valle, Sheila A Bedi and**  
22                   **Allison Elder** (law student with 711 license) of Roderick and  
23                   Solange MacArthur Justice Center, Northwestern Univ. Sch. of  
24                   Law, 375 E. Chicago Avenue, Chicago, IL 60611; and  
25                   **Elizabeth Mazur of** Uptown People's Law Center, 4413 N.  
  Sheridan Road, Chicago, IL 60640

**FOR DEFENDANT(S):** **Chris Higgerson, Christine McClimans** of  
Office of the Attorney General-Springfield, 500 South Second  
Street, Springfield, IL 62701.

**REPORTED BY:** **Molly N. Clayton, RPR, FCRR**, Official Reporter  
for United States District Court, SDIL, 750 Missouri Ave., East  
St. Louis, Illinois 62201, (618)482-9226,  
*molly\_clayton@ilsd.uscourts.gov*

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1            *COURTROOM DEPUTY:* The matter of *Deon Hampton versus*  
2 *Baldwin*, Case No. 18-CV-550, is called for day two of an  
3 evidentiary hearing.

4            Would the parties please identify themselves for the  
5 record?

6            *MS. BEDI:* Good morning, your Honor, Sheila Bedi for  
7 the plaintiff.

8            *THE COURT:* Good morning.

9            *MS. del VALLE:* Good morning. Vanessa del Valle for  
10 the plaintiff.

11           *MS. MAZUR:* Elizabeth Mazur for the plaintiff.

12           *MS. ELDER:* Allison Elder, law student for the  
13 plaintiff.

14           *THE COURT:* All right. Good morning, counsel and  
15 Ms. Hampton.

16           *MR. HIGGERSON:* Chris Higgerson for the defendants,  
17 and Kay McClimans just stepped out of the hall. She will be  
18 back in a second.

19           *THE COURT:* Okay.

20           All right. So we are ready with Dr. Brown by video.  
21 You may proceed.

22           What's happening to the video?

23           Deana, if you would please --

24           Dr. Brown, can you hear us?

25           Dr. Brown, can you hear us?



1 Exhibit 21 and move it into evidence.

2 THE COURT: Deana tells me we had 21 already.

3 MS. BEDI: I apologize. 22.

4 THE COURT: 22. Okay. 22 will be -- no objection, I  
5 assume.

6 MR. HIGGERSON: No objection.

7 THE COURT: All right. 22 will be admitted.

8 (Exhibit Plf's 22 received in evidence)

9 MS. BEDI: Thank you.

10 Q. (BY MS. BEDI:) Dr. Brown, what is your highest level of  
11 educational attainment?

12 A. Um, I completed a medical doctorate and a four-year  
13 residency in psychiatry, so 12 years post-high school  
14 education.

15 Q. And what is your current position?

16 A. I'm the associate chairman for veterans affairs and  
17 professor of psychiatry at East Tennessee State University and  
18 I also hold a teaching and research appointment at the Mountain  
19 Home veterans affairs medical center.

20 Q. In that capacity do you have any responsibility for  
21 providing care and treatment to transgendered people?

22 A. Yes. I'm a consultant nationally for the VA on transgender  
23 health care issues, and I provide telephone consults for people  
24 across the country, and I also provide on-site clinical  
25 consultation for my university and for the VA.

1 Q. Do you have any experience consulting on the care of  
2 transgender people who live in correctional settings?

3 A. Yes, I have.

4 Q. Can you describe that experience, please?

5 A. I worked briefly for maximum security prisons in the state  
6 of Ohio and took care of one transgender inmate directly there,  
7 and over the last 20 years, I've consulted on transgender  
8 inmates in a variety of states around the country.

9 Q. Do you have experience treating people who live with  
10 different forms of mental illness?

11 A. Yes. I have approximately 35 years of clinical experience  
12 with a variety of mental health conditions, predominantly  
13 patients with serious mental illnesses, like bipolar disorder,  
14 schizophrenia, posttraumatic stress disorder, major depressive  
15 disorder, personality disorders. Those would be the bulk of  
16 the patients that clinical psychiatrists such as myself see.

17 Q. And do you have experience treating people who have  
18 survived different forms of trauma?

19 A. Yes, definitely. As a psychiatrist who has worked directly  
20 in the Department of Defense during war time, and then also for  
21 the Department of Veterans Affairs as a full-time psychiatrist,  
22 the number of patients I've seen with war time-related trauma,  
23 as well as preenlistment trauma usually in the form of sexual  
24 and physical abuse, the number is -- I couldn't even venture to  
25 guess -- many hundreds and hundreds of patients at this point.

1 Q. Okay. If we could, let's look at Page 12 of your CV. And  
2 it's my understanding that starting on Page 12, going through  
3 Page 20 -- I believe it is Page 22 -- yep, through Page 22 --  
4 that this is a list of your publications; is that correct?

5 A. Hang on a second. Okay. Page number again? I'm sorry.

6 Q. Starting on Page 12 to Page 22, I believe that that is a  
7 full list of your publications; is that correct?

8 A. You will have to bear with me. It is a little slow doing  
9 this on the laptop.

10 Starting on Page 12, that's correct.

11 Q. And have you published in peer-reviewed journals on topics  
12 generally related to mental illness?

13 A. Yes. I think I have listed over 150 publications. The  
14 vast major of those are in peer-reviewed publications on a  
15 variety of topics related to mental illness, including results  
16 of research on bipolar disorder that I've personally conducted  
17 and studies on schizophrenia and, of course, a large number of  
18 papers related to transgender health.

19 Q. And do you also lecture on these topics?

20 A. Yes. In fact, I just got back from Florida last night  
21 ahead of the storm where I was giving lectures on schizophrenia  
22 and bipolar disorder to clinicians in Florida, and the prior  
23 week I was in Nashville lecturing on similar mental health  
24 conditions. So, yes, I've presented my original work and also  
25 other lectures in nine countries around the world, and in

1 one-third of the medical schools in the United States, I've  
2 presented grand rounds to the psychiatry departments.

3 **Q.** And in your work, have you developed conclusions related to  
4 people's medical and mental health status and their needs based  
5 on a record review and interviews with those individuals?

6 **A.** Yes. That's the primary way psychiatrists, in general,  
7 including myself, work. You do interviews with patients, you  
8 review the records, and often in a team construct  
9 multidisciplinary team, if it is an inpatient unit, and you  
10 particularly discuss with other professionals and come to  
11 conclusions both diagnostically and therapeutically.

12 **Q.** And did you develop conclusions related to Ms. "Strawberry"  
13 Hampton?

14 **A.** Yes, I did.

15 **Q.** And did you use this same methodology that you just  
16 described?

17 **A.** Yes, I did.

18 *MS. BEDI:* Your Honor, at this time I'd like to  
19 proffer Dr. Brown as an expert in the medical and mental health  
20 care of the treatment of trans people, as well as an expert in  
21 treating people who live with mental illness.

22 *THE COURT:* Any objection?

23 *MR. HIGGERSON:* No objection.

24 *THE COURT:* All right.

25 **Q.** *(BY MS. BEDI:)* Okay. Dr. Brown, I'd now like to go to

1 your December 1, 2017 declaration, and that is at Tab 22 of the  
2 binder.

3 **A.** Okay.

4 **Q.** And does your December 1st -- excuse me -- 2017 declaration  
5 contain opinions you developed in relation to Ms. Hampton's  
6 care and her prognosis?

7 **A.** Yes, based on the information available to me at that time.

8 *MS. BEDI:* Your Honor, I'd like to mark this  
9 declaration as Exhibit 23 and move it into evidence.

10 *THE COURT:* Any objection?

11 *MR. HIGGERSON:* No objection.

12 *THE COURT:* All right. 23 will be admitted.

13 *(Exhibit Plf's 23 received in evidence)*

14 **Q.** *(BY MS. BEDI:)* Dr. Brown, can you please briefly describe  
15 the conclusions you developed in relation to Ms. Hampton?

16 **A.** Yes.

17 They're listed in summary format on Page 8 of my  
18 declaration, which essentially states that there is no medical  
19 justification for housing Ms. Hampton at a men's prison. She's  
20 chemically castrate, which is most likely irreversible with  
21 continued treatment. At that time, certainly, I don't believe  
22 she was receiving services necessary to support her transition,  
23 which would be considered inadequate care with respect of the  
24 diagnosis of gender dysphoria.

25 **Q.** And if we could look now at your March 8, 2018 declaration

1 that's in Tab 23 of the binder.

2 **A.** One moment.

3 Okay.

4 **Q.** And does this document contain the opinions you developed  
5 in relation to Ms. Hampton's care and treatment in the Dixon  
6 Correctional Center?

7 **A.** Yes, it does.

8 **Q.** I'm sorry. I'm sorry. Prior to her transfer to Dixon.

9 **A.** Yes, prior to transfer to Dixon and available -- with the  
10 available information at the time.

11 *MS. BEDI:* Your Honor, I'd like to mark this as  
12 Exhibit 24 and move it into evidence?

13 *MR. HIGGERSON:* No objection.

14 *THE COURT:* All right. 24 will be admitted.

15 *(Exhibit Plf's 24 received in evidence)*

16 **Q. (BY MS. BEDI:)** And, Dr. Brown, can you please briefly  
17 describe the conclusions contained in your March 8 declaration.

18 **A.** Okay. In here March 8th. Okay, hang on.

19 Okay. Yes. As stated, again, towards the end of that  
20 document, there were issues regarding segregation, and it was  
21 my belief that continued placement in segregation was  
22 exacerbating Ms. Hampton's symptoms and placing her at risk of  
23 a number of negative health outcomes that could be lifelong and  
24 significantly consequential, including suicidal attempts or  
25 death by suicide and also the possibility of auto-castration

1 and subsequent death by exsanguination, which is bleeding to  
2 death.

3 **Q.** Since you completed this March 8th declaration, have you  
4 reviewed any additional records in relation to Ms. Hampton?

5 **A.** Yes. I've received additional mental health records,  
6 including as recently as last night where I received 99 pages  
7 of additional medical records. I've looked at grievances,  
8 responses to grievances, videotaped evidence of Ms. Hampton and  
9 other inmates outside in the yard, and some videos that were  
10 taken apparently inside one or more of the units of the  
11 facility.

12 **Q.** Has your review of that additional evidence at all affected  
13 the conclusions that you developed in relation to Ms. Hampton  
14 and that you set forth in the two declarations that we just  
15 discussed?

16 **A.** Yes. The additional evidence has been, unfortunately,  
17 confirmatory of some of the predictions that I had made  
18 earlier, particularly regarding her deterioration in  
19 functioning, which I think is quite apparent in the newer  
20 documentation and in the videotape documentation. So it's  
21 confirmed my opinions and previous conclusions.

22 **Q.** Dr. Brown, in reviewing all of this information, did you  
23 develop a conclusion about the appropriateness of Ms. Hampton's  
24 continued placement in a men's prison?

25 **A.** Um, yes. I can see, based on all available evidence before

1 me, that there is no medical justification whatsoever to  
2 continue to place this transgender woman in a men's prison for  
3 a variety of reasons related to her mental health and physical  
4 safety.

5 **Q.** We previously established that you are familiar with the  
6 diagnosis of gender dysphoria. Can you please describe what  
7 that diagnosis means in a lay person's term for the Court?

8 **A.** Sure. A diagnosis of gender dysphoria, which was  
9 previously known as gender identity disorder is essentially the  
10 same diagnoses that have just changed over time in the  
11 nomenclature of psychiatry. It essentially is a significant  
12 mismatch between a person's experienced gender identity and  
13 their sex of assignment at birth such that they frequently want  
14 to change their body to match their internal experiences of  
15 their gender identity and be rid of the primary and secondary  
16 sexual characteristics associated with their birth sex. And  
17 this has to cause enough distress or impairment that it reaches  
18 the level of a clinical diagnosis in psychiatry.

19 **Q.** Can you define the word "trans woman"?

20 **A.** A trans woman is not a diagnostic term. It's a descriptive  
21 term of someone who was assigned male sex at birth but  
22 experiences their life and their gender identity as female. So  
23 some people say trans woman and some people say transgender  
24 woman. So those terms have tended to be used interchangeably.

25 **Q.** And have you included, to a high degree of medical

1 certainty, that Ms. Hampton lives with gender dysphoria?

2 **A.** Absolutely.

3 **Q.** And upon what do you base this conclusion?

4 **A.** I base it on the hundreds and hundreds of pages of records  
5 that -- and prisons are quite good because you have  
6 longitudinal observational data to show the persistence and  
7 consistency of the presentation of a person with gender  
8 dysphoria in terms of their gender identity, much better  
9 records than you would have on the outside, for example.

10 I base it on two separate interviews that I've had with  
11 her. I base it on the video evidence that has been sent to me,  
12 and also looking at -- I don't know how many -- other  
13 evaluations by doctoral-level clinicians throughout the  
14 records since 2012, all of which are consistent with that same  
15 conclusion.

16 **Q.** In your December 1, 2017 declaration, you note that when  
17 Ms. Hampton first entered IDOC custody, she reported to medical  
18 professionals that she was not transgender. Did you consider  
19 this fact in arriving at your conclusion that Ms. Hampton lives  
20 with gender dysphoria?

21 **A.** Right. So for people who have a fairly well consolidated  
22 cross-gender or transgender identity -- in this case, a female  
23 identity -- many of those people would not self-identify as  
24 transgender. They would just say, "I'm a woman," and they  
25 don't consider themselves to be transgender, although to those

1 of us who are cisgender, meaning having a gender identity that  
2 is consistent with our birth sex, we would describe them as  
3 transgender or trans women, but they themselves would say, "I'm  
4 not trans anything, I'm just a woman."

5 **Q.** So the fact that at one point Ms. Hampton said that she  
6 wasn't transgender, did that make you doubt the diagnosis of  
7 gender dysphoria?

8 **A.** Not at all. It actually shows that her gender identity is  
9 more consolidated than many people who have gender dysphoria  
10 that are much earlier in their understanding of their gender  
11 identity.

12 **Q.** And when you say consolidated, what do you mean?

13 **A.** Well, when -- in the developmental process of people  
14 understanding their gender identity, which for the vast  
15 majority of people obviously is something you don't tend to  
16 think very much about because everything is consistent and  
17 aligned, but for people who have this mismatch -- and we're  
18 talking around probably a half percent of the population --  
19 it's not so clear and immediately apparent that, oh, I have  
20 these feelings because I'm a transgender person. So it is not  
21 always obvious to them. It takes some time before they realize  
22 that their lived experiences that of a transgender person as  
23 opposed to other things that it might be when they're  
24 teenagers, and over time it consolidates and they realize what  
25 is going on. They don't keep questioning it. They just

1 understand it now, that this is who I am, and now I have to do  
2 something to deal with it.

3 **Q.** Are you familiar with the term "misgendered"?

4 **A.** Yes, I am.

5 **Q.** Could you please describe what that term means?

6 **A.** So misgendering somebody, when in normal conversation or  
7 interacting with a person, you will use pronouns that are  
8 usually assumed. So if you see someone who presents and has  
9 the gender presentation of a man, you will use male pronouns;  
10 likewise, if you see a female in our society, you will use  
11 female pronouns almost always without asking them what their  
12 preferred pronouns are. It is just normal course of  
13 conversation.

14 So for people who are transgender and presenting as trans  
15 woman, as for this case, using male pronouns for that person  
16 who is obviously presenting as a woman and insists that she's a  
17 woman and has breasts and wears bras, to use male pronouns in  
18 that situation would be misgendering that person.

19 Now, having said that, occasional mistakes do happen. We  
20 all make mistakes. I make mistakes even though I've been doing  
21 this for 35 years occasionally, and those are benign errors  
22 that are understood by most patients and readily corrected.  
23 But the malignant form of misgendering is when people  
24 continually do it over and over and over again in spite of the  
25 fact that they know that that is incorrect, and it is done

1 often in a hostile way towards the other person.

2 In fact, we even have disciplinary things on the books in  
3 the VA for people who engage in misgendering behavior towards  
4 our transgender veterans.

5 **Q.** And what is the effect of the malignant misgendering that  
6 you just described on people who are trans?

7 **A.** It is very degrading, it's humiliating, it is invalidating.  
8 I think we can all imagine as if we are cisgender people that  
9 if we are continually called by the wrong pronouns that you are  
10 not going to make it through a day without being upset about  
11 that. And for this to happen in an ongoing way is pretty  
12 mentally devastating to these folks.

13 **Q.** In your review of Ms. Hampton's file did you note any  
14 evidence of misgendering?

15 **A.** Hundreds of times, including in the most recent records  
16 that I reviewed late last night.

17 **Q.** And in what context do you see this evidence of  
18 misgendering?

19 **A.** Virtually everywhere. And of most concern to me is seeing  
20 it in the clinician notes, where the clinicians really should  
21 not be engaging in misgendering in an ongoing way after an  
22 inmate has been there for months or years in a system. I  
23 almost expect to see it from correctional officers in the  
24 prisons, many prisons I've been to, although not universally  
25 so. But it's everywhere. It's in the grievances, it's in the

1 responses to grievances, it's in the clinical records, it's in  
2 the notes from nurses. It's ubiquitous.

3 **Q.** And why is the misgendering contained in the mental health  
4 records of particular concern to you?

5 **A.** Well, that's the biggest problem. So if you're going to be  
6 of any help to a transgender person -- and I'm talking about on  
7 any level, whether you are treating a depression or whether  
8 you're dealing with adjustment issues, not just dealing with  
9 their gender identity problems or gender dysphoria as a  
10 diagnosis. If you can't get the pronouns right, how can that  
11 patient develop a meaningful relationship with you that says,  
12 okay, you get me. You understand that I'm a woman. So once we  
13 are past that hurdle, now I can interact with you in a  
14 meaningful therapeutic way. If you can't even get the pronouns  
15 right, you can't really go very far in a therapeutic setting in  
16 helping a person.

17 **Q.** I would now like to switch gears and talk about some of  
18 Ms. Hampton's disciplinary violations. And I would like to  
19 focus on a June 25, 2018 violation that she received for, among  
20 other violations, damage or misuse of property. This is in  
21 Tab 24 of the binders and it's Bates 864, Bates 864 to 867.

22 **A.** Okay, I have Bates 864 in front of me now.

23 **Q.** And is this one of the documents that you reviewed in  
24 coming to your conclusions related to Ms. Hampton?

25 **A.** Yes, it is.

1 MS. BEDI: Your Honor, I would like to mark this as  
2 Exhibit 25 and move it into evidence.

3 THE COURT: Any objection?

4 MR. HIGGERSON: No objection.

5 THE COURT: 25 will be admitted.

6 *(Exhibit Plf's 25 received in evidence)*

7 Q. **(BY MS. BEDI:)** And, Dr. Brown, this is a disciplinary  
8 where Ms. Hampton was disciplined for being in possession of a  
9 thong. And does this disciplinary violation have any  
10 significance to you?

11 A. Right. And the use of the word "thong," I would just state  
12 that that's a descriptor that you could use other descriptors  
13 for that modification or that clothing, which I did see a  
14 picture of. So the characterization as a thong is -- that's  
15 one legitimate way to characterize it, but it also could be  
16 characterized as something else.

17 Q. Is the other characterization a gaff, G-A-F-F?

18 A. Yes. Yes.

19 Q. And what is a gaff?

20 A. So a gaff is what trans women will use to try to tuck or  
21 compress their unwanted male genitals up against their body so  
22 that they are not moving around and causing them more dysphoria  
23 and also to create a smoother appearance while wearing clothes  
24 so that they don't look like a man with man's genitals while  
25 they are wearing clothes.

1 Q. And is -- wearing gaffs, is that common behavior amongst  
2 trans women?

3 A. It is extremely common behavior for those who have not had  
4 any type of genital reconstructive or sexual assignment  
5 surgery.

6 Q. What does the fact that the Illinois Department of  
7 Corrections is punishing Ms. Hampton for this behavior tell you  
8 about the IDOC's ability to meet her needs?

9 A. Well, it's -- it's -- it's unfortunate in that this is a  
10 person who's obviously acknowledged as gender dysphoria as a  
11 mental diagnosis, is receiving cross sex hormones for well over  
12 two years, has breasts, but is not allowed to have female  
13 underwear. And it doesn't at all the surprise me that a trans  
14 woman in this situation -- and I've seen this in other prisons  
15 as well -- that they will do whatever is necessary to develop  
16 their own female underwear or a gaff-like equivalent because it  
17 is not being provided in spite of multiple requests of the  
18 system. So the system views it as contraband or destruction of  
19 government property, when, in fact, this is a modification  
20 that's done on the basis of having this mental diagnosis.

21 Q. And here on Bates 864, Ms. Hampton is quoted as saying [as  
22 read]: I will not change my clothes, and I won't stop making  
23 thongs.

24 Do you see that?

25 A. Yes.

1 Q. What does that statement tell you about Ms. Hampton's state  
2 of mind?

3 A. That she is saying, I have severe gender dysphoria, and I'm  
4 not going to stop doing what's necessary to reduce my gender  
5 dysphoria, which includes having a gaff or female underwear.  
6 And the analogy that I would make is people with lung disease  
7 often can't sleep lying down. You know, they start to gasp for  
8 air or they are uncomfortable lying down, so they will sit up  
9 so that they can breathe better.

10 So if an officer says, you know, "Joe, you need to lie  
11 down," well, Joe, who has lung disease, is not going to lie  
12 down. He's going to keep getting up and he's going to breathe  
13 better. So no matter how many times he gets a ticket for  
14 sitting up, Joe is going to keep sitting up. So the same thing  
15 is going to happen in this situation.

16 Q. So, Dr. Brown, let's go now to Bates 866.

17 A. Yes, ma'am.

18 Q. And this is the mental health disciplinary review for the  
19 infraction we just discussed; is that right?

20 A. Yes.

21 Q. And here the mental health professional has stated that [as  
22 read]: The offender's mental illness did not contribute to the  
23 underlying behavior of the offense for which the disciplinary  
24 was issued.

25 Do you see that?

1     **A.** I do.

2     **Q.** Do you agree with this statement?

3     **A.** I categorically disagree with the statement. I think it is  
4 exactly the opposite.

5     **Q.** And why? Why do you categorically disagree?

6     **A.** Because patients without gender dysphoria don't modify  
7 their underwear in a repeated way such as this inmate with  
8 gender dysphoria does. So in the absence of gender dysphoria,  
9 people don't do this to their underwear.

10    **Q.** What does this mental health opinion say about this  
11 individual's ability to treat and care for Ms. Hampton?

12    **A.** You know, and this is not an isolated example, there are  
13 others that we could look at in the record as well. But it  
14 suggests that there just really isn't any understanding of what  
15 this diagnosis is and what the typical person with this  
16 diagnoses, as exemplified by Ms. Hampton, experiences with this  
17 diagnosis. This is just missing the mark altogether.

18    **Q.** I'd now like to go to Tab 25 of the binders, and,  
19 Dr. Brown, that is Bates 870 through -- well, let's start with  
20 870. And it is a June 23, 2018 ticket for damage or misuse of  
21 property?

22    **A.** Yes.

23    **Q.** Do you have that in front of you?

24    **A.** Yes.

25    **Q.** And is this one of the disciplinary tickets that you

1 reviewed in arriving to your conclusions about Ms. Hampton?

2 **A.** Yes.

3 *MS. BEDI:* Your Honor, I'd like to mark this as  
4 Exhibit 26 and move it into evidence.

5 *THE COURT:* Any objection?

6 *MR. HIGGERSON:* No objection.

7 *THE COURT:* 26 will be admitted.

8 *(Exhibit Plf's 26 received in evidence)*

9 **Q.** *(BY MS. BEDI:)* So, Dr. Brown, a few days before the  
10 incident we just discussed, Ms. Hampton was once again  
11 disciplined for wearing and making what the IDOC calls thongs,  
12 but what you just explained are gaffs; is that right?

13 **A.** Correct.

14 **Q.** And I assume that this disciplinary has the same  
15 significance as the previous disciplinary that you explained to  
16 the Court; is that right?

17 **A.** Yes. It is just more of the same.

18 **Q.** Okay. And if we look -- excuse me -- on Bates 874 --

19 **A.** Okay.

20 **Q.** -- we again have the mental health disciplinary review  
21 where it states it is of the groups of mental health providers'  
22 opinions the offender's mental illness did not contribute to  
23 the behavior of the offense for which the disciplinary was  
24 issued. And we've got the same issue there again -- is that  
25 right? -- with the mental health professional not understanding

1 Ms. Hampton's diagnosis?

2 **A.** Excuse me. I had the paper blow off my desk. Hold on a  
3 second.

4 Yes. The difference between this one and the other one,  
5 though, is the other one appears to have been written and  
6 opined by a single person, based on what is documented, but  
7 this one actually says it is a group's opinion. So we have a  
8 whole group of health care providers who don't get it in terms  
9 of this diagnosis and what it means to this individual.

10 **Q.** And if we look back on Page 870, Bates 870. And are you  
11 there, Dr. Brown?

12 **A.** Not quite.

13 **Q.** All right.

14 **A.** There are a lot of papers here. Okay. 870.

15 **Q.** And the basis for a decision of the adjustment committee,  
16 it states [as read]: The offender Hampton stated that he will  
17 continue to alter, quote, whatever you give me.

18 Now, this statement is an example of misgendering; is that  
19 right?

20 **A.** Absolutely.

21 **Q.** And what else does this say about Ms. Hampton's state of  
22 mind?

23 **A.** That she has inadequately treated gender dysphoria and is  
24 attempting to treat herself.

25 **Q.** All right. I would now like to move to Bates 814, which is

1 in Tab 26 of the binder.

2 MS. BEDI: Your Honor, may I have just one moment?

3 THE COURT: You may.

4 Q. (BY MS. BEDI:) So in Tab 26, we have got Bates 814, which  
5 is a April 10, 2018 progress note. And then the other  
6 document, Dr. Brown, that we would like to look at at this time  
7 is Bates 1127. That's one of the documents that was produced  
8 last night, and that is the August -- let me see the date --  
9 that's the August 23, 2018 lab report.

10 Do you have both of those documents in front of you?

11 A. Yes.

12 Q. And are both of these documents records that you reviewed  
13 in coming to your conclusion related to Ms. Hampton?

14 A. Yes. They are laboratory blood draws of Inmate Hampton.

15 MS. BEDI: Your Honor, I would like to mark these as  
16 Exhibit 27 and move them into evidence.

17 THE COURT: Any objection?

18 MR. HIGGERSON: No objection.

19 THE COURT: Okay. 27 will be admitted. That's  
20 the two pages, Bates 1127 and 814?

21 MS. BEDI: That's correct, your Honor.

22 THE COURT: Okay.

23 (Exhibit Plf's 27 received in evidence)

24 Q. (BY MS. BEDI:) All right. So, Dr. Brown, let's start with  
25 the April 10, 2018 progress notes. And if we could look under

1 "labs," could you explain the significance of the numbers that  
2 are included in the lab report?

3 **A.** Yes, I can.

4 Because I also prescribe hormones and have prescribed  
5 cross-sex hormones throughout my career over the last three  
6 decades. I can certainly describe what I am seeing in these  
7 laboratory assessments.

8 They actually have, actually, a very nice box here for  
9 monitoring cross-sex hormones. And what they're listing is an  
10 estradiol level of 421, and they actually have the number to  
11 the right of that, it says less than 200, which is what it  
12 should be. So their paperwork is telling whatever clinician is  
13 writing this laboratory work in that that number should be less  
14 than 200, and that is the standard of care, actually, for  
15 estradiol treatment less than 200. And here you can see it is  
16 more than double.

17 Testosterone level is less than 3. And I would actually  
18 quibble with their range of less than 100. It really should be  
19 less than 50. But, nonetheless, less than 3 is the limits of  
20 what a lab can measure. So essentially zero, 1, 2, or 3 are  
21 all the same. So less than 3 is the same as zero in terms of  
22 testosterone.

23 And the potassium they're drawing because of the Aldactone,  
24 which is a medication that is a testosterone blocking agent.  
25 It has a side effect of potential changing your potassium level

1 in a dangerous direction, so you must monitor the potassium  
2 level going forward, which they have done here.

3 **Q.** And what kind of -- if a patient has these types of blood  
4 levels, what type of physical changes might you expect to see  
5 in that individual?

6 **A.** Well, first of all, if they've been on this for some period  
7 of time -- which we know is the case, since it's been since  
8 July of '16, a number of things -- you have essentially a  
9 person with no testosterone evidence. So that's going to cause  
10 significant demasculinization. And that would include things  
11 like significant shrinkage of the penis; significant shrinkage  
12 of the testicles; drying up of the semen; infertility; a  
13 significant decrease in upper body strength, so arms,  
14 shoulders, in particular -- which is one of the reasons why  
15 people on cross-sex hormones can play tennis in the women's  
16 categories, even if they're birth-sex males and they're treated  
17 with cross-sex hormones.

18 Then with the estrogens, the estrogens at levels at half  
19 this level that the patient is getting would develop  
20 feminization, on top of demasculinization, so two separate  
21 effects. And that's where you end up with breast development,  
22 changes in fat distribution to a more stereotypical female  
23 pattern, which involves more fat in the hips and less fat in  
24 the upper part of the body, changes in the complexion of the  
25 skin, oiliness of the skin, the amount of the hair and the

1 texture of the hair that does remain. I think those -- yeah.  
2 Those would be the primary things and then physical things.  
3 And then in addition to that, there are the significant  
4 psychological changes because the brain has receptors in the  
5 brain for sex steroid hormones, estrogens, and testosterone.  
6 So there would be psychological changes that would be noted  
7 with levels like this as well in terms of treatment of gender  
8 dysphoria.

9 **Q.** Dr. Brown, are you familiar with the term "chemical  
10 castration"?

11 **A.** I am.

12 **Q.** What does that term mean?

13 **A.** So chemical castration is in lieu of a surgical procedure  
14 that removes the testicles. It is a medication or a medical  
15 way to reduce the testosterone level to zero. So this is done  
16 in a number of conditions. The most common situation it's done  
17 is in treating men with prostate cancer where the prostate  
18 cancer is essentially fueled by testosterone. So the  
19 requirement is to get testosterone down to zero, like in this  
20 case.

21 Another situation where you are trying to reach a level of  
22 chemical castration is in gender dysphoria, although getting it  
23 to this low a level isn't always necessary for a treatment of  
24 gender dysphoria. This level is as low as you possibly can  
25 get.

1 Q. Does this level indicate that Ms. Hampton is chemically  
2 castrated?

3 A. Absolutely.

4 Q. Given the lab work that you just described to the Court, do  
5 you have a high degree of medical certainty that Ms. Hampton  
6 cannot impregnate another woman?

7 A. It would be exceedingly, exceedingly unlikely to be able to  
8 even get an erection, let alone to have semen production and  
9 fertile -- and fertility, meaning an adequate number of mobile  
10 sperm to cause impregnation would be exceedingly, exceedingly  
11 unlikely.

12 Q. Is chemical castration reversible?

13 A. Some aspects may be reversible. So, for example, if  
14 someone were to discontinue cross-sex hormone treatment, both  
15 estrogens and the testosterone blockers, over the course of  
16 weeks to months, there could be reversals in some of the  
17 effects that I just described to you. There's much debate  
18 about what percentage of people given a year or more off of  
19 long-term cross-sex hormones could potentially recover  
20 fertility. But there is some debate in that, so we will tell  
21 patients that if you're going to be on long-term cross-sex  
22 hormone treatment, you should consider yourself to be infertile  
23 going forward because there are no guarantees that if you want  
24 to change this a year or two down the road that you will ever  
25 be able to develop any fertility back again.

1 Q. And has Ms. Hampton been engaged in long-term hormone  
2 treatment?

3 A. Yes, and actually she is being overdosed.

4 Q. Let's look at Bates 1127, and these are the April 23, 2018  
5 lab results that you received last night.

6 A. Yes.

7 Q. And here it indicates that her estradiol level is slightly  
8 higher than it was in April; is that right?

9 A. Which --

10 Q. Slightly lower, I apologize.

11 A. Slightly lower. Yes, 374.

12 Q. Yeah. And does that have any clinical significance?

13 A. Yes. In that my understanding is -- and I know that I'm  
14 not in possession of all the medical records because I don't  
15 have the medication administration sheets or MARS, M-A-R-S, all  
16 caps. That the dose of estrogen, not the testosterone blockers  
17 were reduced sometime in April, according to a note, probably  
18 due to the fact that she was being overdosed on estrogen for  
19 quite some time. And then this laboratory is, I believe,  
20 looking at the effects of reducing the dose from 6 milligrams  
21 to 4 milligrams, as best as I can determine, but I really would  
22 need the MARS to ascertain that for a fact.

23 So what this lab is saying is that the level of estrogen is  
24 lower but still substantially higher than the standard of care,  
25 certainly, that I would treat with patients, because you

1 develop the potential for more and significant side effects,  
2 not more effects from higher doses than 200 in the bloodstream.  
3 But it also shows you that there's been no change in the level  
4 of complete chemical castration in this individual for many,  
5 many months. Every lab going back has chemically castrate  
6 testosterone level.

7 **Q.** So the August lab results demonstrate that Ms. Hampton is  
8 still chemically castrate; is that right?

9 **A.** Yes, in a long-term way.

10 **Q.** Now, generally speaking, in the event that an individual  
11 who has been taking hormone treatment stops taking their  
12 hormones, how long -- would it be possible for the results to  
13 reverse, the results that you just described?

14 **A.** Actually, we have unfortunate examples of this in other  
15 prisons where individuals who have been on long-term hormone  
16 replacement therapy have been abruptly discontinued due to  
17 changes in statute or changes in administration in a prison,  
18 which you can imagine have all led to litigation.

19 So we actually have laboratory experiments, if you will, of  
20 what happens when you take people off of hormones such as this.  
21 The first changes that you see are mental health changes,  
22 psychiatric changes, because these are very potent drugs  
23 psychiatrically in terms of managing the depression,  
24 irritability, anxiety associated with gender dysphoria.

25 The first things to return are gender dysphoria symptoms,

1 often more severe than they were before, or at least  
2 experienced as more severe, leading to acute suicidality. I've  
3 seen people develop auto castration wishes and actually follow  
4 through on auto castration in prisons where they weren't  
5 accessing the cross-sex hormones. So that's the first thing  
6 that changes.

7 Then slowly, over weeks to months, there are reversals in  
8 things like the shrinkage of the male genitals as potentially  
9 reversible, although I would argue probably not completely, the  
10 possibility of a return of erections under appropriate  
11 conditions that could happen weeks or months down the road.  
12 But none of these physical changes that I discussed in detail  
13 earlier in my testimony would change quickly in hours or days  
14 or anything even close to that. It takes a long time for these  
15 things to reverse physically. But it is the mental health  
16 changes that are the most concerning because they come on  
17 fairly quickly.

18 **Q.** Based on your review of Ms. Hampton's medical records, is  
19 there any evidence that indicates that she would voluntarily  
20 stop taking her hormone treatments?

21 **A.** Not only is there no evidence that she would voluntarily  
22 stop it, the evidence is the contrary. She's been to -- what  
23 I've read hundreds and hundreds of pages of records, since  
24 starting on hormones, she's been 100 percent compliant with  
25 taking her cross-sex hormones. In fact, even though she is

1 being overdosed on the hormones, is requesting higher doses of  
2 estrogens, which is a very common thing for trans women to do  
3 because they think -- as a group they think, well, if some  
4 estrogen is good, more estrogen must be better. And since  
5 they're still having feelings of gender dysphoria, since this  
6 is not -- gender dysphoria is not a diagnosis that's treated  
7 simply with cross-sex hormones, no more than diabetes is a  
8 diagnosis that's simply treated with insulin. They think that  
9 the continuing additional feelings of gender dysphoria I have  
10 could be benefited from more estrogen. So her routine request  
11 is to get access to more treatment not less treatment, and  
12 there is zero evidence that she wants to be off of estrogens.  
13 She is very dedicated and committed to her transition.

14 **Q.** What options does the Illinois Department of Corrections  
15 have in order to monitor Ms. Hampton's compliance with her  
16 hormone treatment?

17 **A.** Oh, there's a number of options that all fall within the  
18 WPATH standards of care.

19 First of all, I wouldn't -- I personally wouldn't do --  
20 keep on-person-hormone administration program probably for any  
21 inmates, just as a general matter of diversion. Not because I  
22 think the inmates necessarily are going to do anything with the  
23 drugs that they're not supposed to do, but other people may  
24 want to steal those drugs or use those drugs. So I noted in  
25 the records that there are at times keep-on-person

1 administration, not all the time but sometimes. I wouldn't do  
2 that. I would have them administered by nursing staff all the  
3 time so I know exactly what is happening.

4 **Q.** Dr. Brown, can you explain -- can you explain what "keep on  
5 person" means?

6 **A.** Oh, I'm sorry. "KOP" in the records is keep-on-person.  
7 That's a medication that the medical staff at a given facility  
8 or a prison has decided is safe enough for that individual to  
9 have access to that medication in their cell as opposed to  
10 having to go to a med window to get it administered.

11 **Q.** So one option for IDOC to use to monitor compliance is to  
12 ensure that a nurse administers the medication as opposed to  
13 providing the medication to Ms. Hampton and having her take it  
14 herself; is that right?

15 **A.** That's correct. That's one option.

16 **Q.** Are there other options?

17 **A.** Yes. Another option that's frequently used in prisons and  
18 is, again, consistent with the WPATH standards of care is to  
19 use injectable forms of estrogen as opposed to oral forms of  
20 estrogen. So if you really want to make sure that somebody is  
21 getting their estrogen, if you give them injections that last  
22 weeks at a time, it's not possible to not take that medication  
23 once it's been administered by shot. And that's often done in  
24 prison settings, and it is a legitimate way of approaching this  
25 as well.

1 Q. And, Dr. Brown, what are the WPATH standards of care?

2 A. Okay. WPATH stands for "World Professional Association for  
3 Transgender Health." And it's an international organization  
4 that has published internationally used standards of care for  
5 the diagnosis, management, and treatment of transgender,  
6 transsexual, and gender nonconforming people since 1979.

7 We're on our seventh version of the standards of care,  
8 which is the current version being used, and there's sections  
9 in last three versions -- five, six, and seven -- that speak  
10 specifically to working with incarcerated individuals who have  
11 gender dysphoria.

12 Q. And did the methods that you just described -- the methods  
13 that you just described of monitoring Ms. Hampton's compliance  
14 with her hormone treatment would comply with those standards?

15 A. Yes, they would. And, also, the -- I would add that  
16 getting the blood levels is also a very good way of monitoring  
17 compliance, because if you get levels as you have seen here in  
18 testosterone is less than 3 and estrogen is over 200, it's  
19 telling you pretty clearly that that individual is compliant  
20 with their medication.

21 Q. In arriving at your conclusions related to Ms. Hampton, did  
22 you review a deposition of Dr. Steven Meeks?

23 A. Yes, I did.

24 Q. And is it your understanding that Dr. Meeks is the chief of  
25 health services at the Illinois Department Of Corrections?

1 **A.** Yes.

2 **Q.** All right. I'm going to read you now an excerpt of  
3 Dr. Meeks' deposition and then ask you to respond to it. And  
4 I'm on Page 69 of Dr. Meeks' deposition, and I'm going to be  
5 reading Lines 16 through 24.

6 And during that deposition, Dr. Meeks was asked:

7 *"Q. It's my understanding that the committee, meaning  
8 the gender identity committee, needs to have information  
9 about an individual's sexual potency. Is that right?"*

10 Dr. Meeks answered:

11 *"A. It is certainly something we would consider."*

12 *"Q. How can a doctor get that information?"*

13 *"A. There are a couple of ways. You can certainly look  
14 at the hormone levels, particularly, I guess, estradiol  
15 and testosterone. But, again, much like the response to  
16 hormones being effected by genetic and physiologic  
17 factors, you know certain hormone levels might not  
18 directly correlate to a physiologic response."*

19 Do you agree with Dr. Meeks' testimony there?

20 **A.** Well, yes and no. I mean, if the numbers are more  
21 equivocal. For example, if somebody has a testosterone level  
22 of 250 with -- in a male, a birth-sex male normal range is  
23 between 300 and 1,080, and somebody had a testosterone level of  
24 250 or 275, that may or may not tell you something about  
25 whether that person has erectile difficulty or not, which is

1 why we have all of these T centers all over the country now,  
2 where people are going in and men are going to go in and  
3 getting their blood levels checked. So people on the lower end  
4 of that normal spectrum may or may not have erectile  
5 difficulty. So I agree with him to the extent that you are  
6 talking about people who are cisgender men with low-end normal  
7 testosterone, but I don't agree with him with respect to  
8 somebody who is chemically castrate.

9 **Q.** And so you don't agree with him to the extent that  
10 Dr. Meeks would say that Ms. Hampton's levels would not allow a  
11 physician to make conclusions about physiological results?

12 **A.** I disagree with it as applied to these lab values in this  
13 individual.

14 **Q.** Okay. I'm going to read you some other deposition  
15 testimony. I'm on Page 71 of Dr. Meeks' deposition, starting  
16 on Line 5:

17 *"Q. Is there other information that you would need as a  
18 medical doctor to understand someone's sexual potency?"*

19 *"A. Well, certainly in the case of a male to female  
20 transgender, there's other objective information you  
21 could look at like a sperm count, for instance."*

22 Do you agree with that testimony?

23 **A.** I actually was shocked to see that testimony because that  
24 is -- that makes absolutely no sense physiologically, that is  
25 completely not true.

1 Q. And why isn't that true?

2 A. Because there is -- first of all, how would you get a sperm  
3 count from somebody who is chemically castrate? The only way  
4 you could do that probably is through electroejaculation, which  
5 is what you use in a veterinary setting. The sperm count has  
6 no relevance to potency. There are plenty of very  
7 well-functioning men walking around who are unable to have  
8 children because of low sperm count so -- and hence the booming  
9 industry for in vitro fertilization, et cetera. So there is no  
10 connection between sperm count and potency, and I can't even  
11 imagine someone suggesting that sperm count be a way to make  
12 that determination.

13 Q. All right.

14 So -- and I'm going to read you one last excerpt from  
15 Dr. Meeks' deposition. I'm on Page 143, starting on Line 4:

16 *"Q. Because of your concern that someone who is*  
17 *chemically castrate could stop taking hormones and*  
18 *regain sexual function, it sounds like there are no*  
19 *circumstances under which you would feel comfortable*  
20 *recommending that someone who has testicles be moved to*  
21 *Logan?*

22 *"A. I don't want to generalize, but in this case, I*  
23 *would not be comfortable."*

24 What is your reaction to that testimony?

25 A. Well, I mean, that testimony taken in the context of the

1 rest of the testimony, it just suggests to me that as long as  
2 somebody has testicles -- and I believe this was stated in one  
3 of the other depositions -- that as long as somebody has  
4 testicles, they're just basically not going to go, which in a  
5 prison setting, once that becomes known, then surgical  
6 self-treatment -- which I have written about and published  
7 on -- or auto castration will become much more likely as an  
8 unintended consequence. Because if the medical people are  
9 saying, well, if I have testicles, I can never go to female  
10 prison, well, a quick, easy answer to that is to complete auto  
11 castration.

12 **Q.** So Dr. Meeks also testifies that because Ms. Hampton has  
13 been noncompliant with some of her mental health meds, he's got  
14 concerns that she might be noncompliant at some point with her  
15 hormones. How do you react to that assertion?

16 **A.** Compliance is a complicated subject and is not an all or  
17 nothing phenomenon. Clearly, we have years of records to show  
18 100 percent compliance with cross-sex hormones and, in fact,  
19 efforts to take more hormones than are actually being offered.  
20 So there's zero evidence in the past or currently up through  
21 the records I received as of late last night that Ms. Hampton  
22 was, is, or would be noncompliant with cross-sex hormones.  
23 There's been no ambivalence in her transgender identity, and  
24 other clinicians actually have noted that as well.

25 So compliance with cross-sex hormones is an entirely

1 separate issue from compliance with treatment for bipolar  
2 disorder, for example. So with respect to compliance with  
3 cross-sex hormones, 100 percent; with respect to compliance  
4 with suggested treatments such as they were for bipolar  
5 disorder, not so much.

6 And she gives clear and cogent and understandable reasons  
7 for her noncompliance with the medications for bipolar  
8 disorder.

9 Q. Okay. And we'll talk those through a little bit later in  
10 your testimony.

11 I'd like to now turn to the gender identity disorder  
12 committee recommendations. Are you familiar with those  
13 recommendations, generally speaking?

14 A. What limited recommendations there are, yes.

15 Q. Okay. And are you familiar generally with the gender  
16 identity committee?

17 A. Right. I've seen it referred to by a variety of names:  
18 gender dysphoria disorder committee, gender identity disorder  
19 committee, transgender committee. So I will assume, as did  
20 people who gave depositions, that all of those terms will be  
21 used interchangeably here.

22 Q. What is your understanding of the committee's function?

23 A. My understanding of the committee's function is that it --  
24 is that it operationalizes the standard operating procedure for  
25 the Idaho [sic] Department of Corrections in a centralized way,

1 and that individual cases must be presented, I believe, a  
2 minimum of every six months to this committee or sooner, if  
3 needed, and that the committee is supposed to be making  
4 recommendations regarding a variety of things related to the  
5 management of transgender inmates; for example, housing issues,  
6 treatment issues, showering issues, cell mate/roommate issues,  
7 and those sorts of things in an ongoing way.

8 **Q.** I'd like to turn to the committee's April 10, 2008 report  
9 from the Dixon Correctional Center, and this was previously  
10 admitted as Exhibit 18. And it was one of the reports in that  
11 group exhibit that is not Bates-numbered, but it is labeled  
12 "Dixon Correctional Center."

13 *THE COURT:* Is it -- what tab number is it?

14 *MS. BEDI:* It is Tab 19.

15 *THE COURT:* Okay.

16 **Q. (BY MS. BEDI:)** Do you have that document in front of you,  
17 Dr. Brown.

18 **A.** Yes, I do.

19 **Q.** And did you review this report?

20 **A.** Yes. It's mostly blank, but I have reviewed it.

21 **Q.** All right. Let's go to Section 2 of the report, and  
22 this -- this is labeled "GID history." What is your  
23 understanding of what that phrase means?

24 **A.** So "GID" is the previous diagnostic terminology for gender  
25 dysphoria, and it would be mean gender identity disorder, and

1 that's the term we used prior to 2012.

2 **Q.** And under "GID history," under "hormone therapy," the  
3 report reflects [as read]: Testosterone, 3. Wants an increase  
4 in hormone dosage.

5 Does that have any significance to you, any clinical  
6 significance to you?

7 **A.** Again, just that this is a chemically castrate person, but  
8 you really need to consider not the testosterone and isolation  
9 because the testosterone -- being chemically castrate doesn't  
10 feminize very much, so it should be considered in the context  
11 of the estrogen level as well.

12 **Q.** And what about the fact that it states -- that the report  
13 states "wants an increase in hormone dosage"? Does that have  
14 any significance?

15 **A.** That Ms. Hampton wants a higher dose than she is already  
16 on, even though she is on too high a dose at that time, but is,  
17 I think, seeking -- is seeking treatment for a gender dysphoria  
18 that she believes will occur with higher doses of hormones,  
19 which is, by the way, not likely.

20 **Q.** Okay. And on this form there are no notations under  
21 "sexual potency" or "sexual preference"; is that right?

22 **A.** Just blank.

23 **Q.** So it appears that those two factors were not considered by  
24 the committee at this time; is that right?

25 **A.** I -- I -- I don't -- well, they're blank. That's all I can

1 say.

2 **Q.** Under "mental health history," it's noted that mental  
3 health will follow up on weight issues, and Ms. Hampton wants a  
4 transfer to Logan. Do those two facts have any significance  
5 for you?

6 **A.** Yes, only because I was in possession of the medical  
7 records that antedated this report, and I'm aware that she has  
8 lost as much as 75 pounds in prolonged segregation not due to  
9 any efforts to lose weight. So they apparently were concerned  
10 regarding weight and actually ordered weekly weights for a  
11 three-month period of time. And then they just note that it's  
12 the inmate's preference to transfer to Logan, but without any  
13 apparent discussion regarding that, but just a writing down a  
14 fact.

15 **Q.** From a mental health perspective, what is the significance  
16 of weight loss?

17 **A.** Weight loss is a nonspecific symptom. It's often  
18 associated with depression or decompensation or a variety of  
19 mental illnesses. It is like having a bad headache. I can't  
20 pin it down. But, again, since I have possession of the rest  
21 of the records, it is inconsistent with a decompensation in  
22 mental stability that you see in people in prolonged  
23 segregations.

24 **Q.** So under the committee recommendation, the committee made  
25 no recommendations as to housing or showering; is that right?

1     **A.** They're blank.

2     **Q.** And then did recommend continued hormone therapy?

3     **A.** Correct.

4     **Q.** And on the next page of the exhibit, under "Other," it  
5 states [as read]: Adjusting to Dixon Correctional Center,  
6 attends group five days a week, wants an increase in hormone  
7 dosage, monitoring weight, wants transfer to Logan CC,  
8 following estradiol testosterone levels.

9             How did you interpret this notation under "Other"?

10    **A.** It's -- they're just very unusual reports because it  
11 doesn't talk about the group discussed or the committee  
12 discussed or the committee decided. So it's just under the  
13 bullet point "other." It's this -- it's a mixture of things  
14 that look like maybe suggestions but comments. It's -- it  
15 doesn't make any sense in terms of a logical flow of minutes of  
16 any meeting that I've ever administered or led. And then below  
17 it, it says rationale for recommendation, so I can only assume  
18 that what is above that or precedes that is recommendations.  
19 But, in fact, they're not.

20             So it is a very confusing, incomplete, sparse form that's  
21 difficult to interpret for me.

22    **Q.** In arriving at your conclusions related to Ms. Hampton, did  
23 you review the deposition of Shane Reister?

24    **A.** I had one other thought before I move off this document.

25    **Q.** Sure.

1 **A.** That under the rationale for recommendations, it has  
2 estradiol testosterone levels are adequate, and as we saw  
3 earlier, that's definitely not true because her estradiol level  
4 was double, double what it should be clinically; and to  
5 describe that as adequate is just a false statement or a  
6 clueless statement, one or the other.

7 **Q.** I'm going to stay on this document, Dr. Meeks [sic], and  
8 read you an excerpt from Shane Reister's deposition where he  
9 was questioned about this document. And this is on Page 133 of  
10 Mr. Reister's dep and starting at Line 3.

11 Mr. Reister was asked:

12 **Q.** *Is there anything in this document -- meaning the*  
13 *report we're discussing right now -- that says the*  
14 *committee or decided?*

15 **A.** *It's indicated in this section.*

16 **Q.** *Tell me what section.*

17 **A.** *Adjusting to Dixon is where our discussion is*  
18 *indicated, and by default if we are determining that she*  
19 *is adjusting to Dixon and that she needs to remain*  
20 *there, by default we are not transferring her to Logan,*  
21 *which is where she wants to go.*

22 **Q.** *All right. So the fact that she is adjusting to*  
23 *Dixon in your mind is the same as saying she wouldn't be*  
24 *better off somewhere else?*

25 **A.** *Yes.*

1           *"Q. We're determining -- and, again, whether it's*  
2           *documented or not, this is my attendance at the meeting,*  
3           *it was that she was adjusting well, she's engaged in*  
4           *treatment at Dixon, and at this time remaining there at*  
5           *Dixon to continue the treatment and to complete, that is*  
6           *the recommendation. Now, whether it's documented in a*  
7           *way that's clear to other people, I can't speak to*  
8           *that."*

9           What's your reaction to that deposition testimony?

10          **A.** Well, I certainly agree with the last part of what you  
11          read, that it's not clear to other people. It's definitely not  
12          clear to me as a psychiatrist. And it seems to me that there  
13          is a bit of circular reasoning and circular rationale that we  
14          will not consider a transfer because we think that she is  
15          adjusting well to this environment, when the records clearly  
16          state otherwise.

17                 So -- and the fact that this lengthy discussion apparently  
18          occurred, but none of it is documented, I don't know, I mean,  
19          I'm a professor of psychiatry, and I teach very clearly that if  
20          you don't write it down, it didn't happen. So I'm not saying  
21          it didn't happen, but the records are what they are. And  
22          there's nothing about that in the record.

23          **Q.** Do you agree with Mr. Reister that Ms. Hampton has adjusted  
24          well to Dixon?

25          **A.** No, I don't. I think there was a brief period right after

1 transfer that I would call a halo period where people move to  
2 another environment and people are getting to know each other,  
3 where for a couple of weeks there, it seemed like maybe it was  
4 going to go well. In fact, right around the time when a prior  
5 hearing such as this was canceled was the time frame that I'm  
6 talking about. But that didn't last at all. And, you know,  
7 clearly, the record shows deterioration after that.

8 **Q.** Okay. I'm going to read you some more testimony from  
9 Mr. Reister, and I'm on Page 154 of his deposition, starting at  
10 Line 1.

11 *"Q. And are you aware that Sandra Funk has stated that*  
12 *other mental health concerns -- that other than the*  
13 *mental health concerns, she knows of no security reason*  
14 *why she -- meaning Ms. Hampton -- would not be*  
15 *transferred from Dixon to Logan.*

16 *Do you agree with that statement of Ms. Funk's?*

17 **A.** *My only concern is her aggression level and her*  
18 *mental health treatment needs. And if and when she*  
19 *transfers over to Logan, I want this to be a positive*  
20 *experience. I don't want this to be an experience that*  
21 *she has major difficulties and major social problems.*  
22 *You know, I don't want this to be a negative experience*  
23 *where other offenders at Logan are targeting her because*  
24 *they are feeling afraid of her, and there are a lot of*  
25 *allegations and a lot of potential negative social*

1           *consequences that can happen in the female division."*

2           Do you agree -- what's your reaction to that deposition  
3 testimony?

4   **A.** Well, there's a lot there. I mean, so he's saying some  
5 things that are specific to Ms. Hampton and her treatment and  
6 then is also expressing security concerns regarding inmates at  
7 Logan all mixed into the same answer. So how do you want me to  
8 parse this out?

9   **Q.** Well, why don't we start with his statement about  
10 Ms. Hampton's aggression levels? What is your reaction to  
11 Mr. Reister raising those concerns?

12   **A.** I think it's a legitimate concern to raise with anyone  
13 regarding safety, security, aggression, and then looking at the  
14 entirety of the record and the context of any aggression that  
15 may have occurred over the last six years in the case of  
16 Ms. Hampton. And I'm not going to put myself out as a security  
17 expert at all. I'm not a security expert. I'm a psychiatrist  
18 who has dealt with a lot of violent patients, active duty  
19 Marines who are violent straight from the battlefield, etc. So  
20 I have considerable experience dealing with aggressive  
21 patients, but I'm not going to put myself out as a security  
22 expert.

23           But looking at the behaviors that I think are being called  
24 aggression, there wasn't anything there that I saw to be  
25 unmanageable or that shouldn't be manageable in any facility,

1 whether it be Logan, whether it be the Pinckney [sic], Hill,  
2 anywhere that these are -- there was not much really there in  
3 terms of aggression that certainly couldn't be handled in any  
4 other facility.

5 Q. Did you see any indication that Ms. Hampton at any time  
6 manifested clinically significant aggression?

7 A. I would not say so. And there's certainly no evidence of  
8 treatment or addressing aggression as a focus of treatment in  
9 any of the many treatment plans, the groups, any of the gender  
10 identity committee meetings. I don't see anything related to  
11 aggression as a focus of treatment at all.

12 Q. Okay. I'd like now to move to Tab 37 of the binder, and  
13 this was previously admitted as Exhibit 21. And, Dr. Brown,  
14 this is the September 11, 2018 e-mail that was forwarded to  
15 you. They are notes from Lisa Moss.

16 A. Okay.

17 Q. You've got that document in front of you?

18 A. I can.

19 Q. Okay.

20 A. Bear with me. Okay. I don't have it in front of me. I  
21 can recall it. I know it is not very long. So if there is  
22 something specific in that brief e-mail that you want me to  
23 address, you can read it to me.

24 Q. Sure. Well, I want to focus your attention on one of the  
25 bullets that's on the second page of the e-mail. And it states

1 that -- I want to make sure -- that her -- Ms. Hampton's  
2 behavior requires stability in order to transfer, meaning her  
3 behavior requires stability in order to transfer to Logan. And  
4 I'm wondering if you could respond to that statement?

5 **A.** Right. I remember reviewing that yesterday when I got it.  
6 So, first of all, the word "stability" is kind of like the  
7 weather. What is the operational definition of the word  
8 "stability"? All right. Stability means the following things:  
9 One, two, three, four, five. There's no evidence of what the  
10 word "stability" means.

11 The second issue is: Is it true -- and I don't know the  
12 answer to this. Is it true that whatever the definition of  
13 stability is, is required for inmates to be transferred from  
14 one facility to another just in general, or is this a specific  
15 thing that the gender identity committee is developing specific  
16 to transgender inmates or maybe even specific to this inmate?

17 And I don't know the answers to that. But when I read  
18 that, that's a reaction that I have.

19 The third reaction I have to it is, given that she has  
20 bipolar disorder, in addition to gender dysphoria -- previously  
21 gender identity disorder -- and if they're looking for  
22 stability in that diagnosis, but she has got reasons for not  
23 taking her medications that are due to being in a men's prison  
24 and the fearfulness related to that -- and you said that we'll  
25 talk about that later -- then it is a catch-22 situation. So

1 if you can't get stable, you can't get transferred, but you  
2 can't get stable, so, therefore, you won't get transferred.

3 **Q.** Can somebody with Ms. Hampton's diagnosis of bipolar get  
4 stable if they don't feel safe, if they feel like they are  
5 constantly at risk of being attacked?

6 **A.** Right. So in the records, there are at least two or more  
7 annotations to different clinicians, including Dr. Doyle, the  
8 psychiatrist that's most recently seen her; that the reason she  
9 is not taking medications for bipolar disorder is that she's  
10 fearful that she will be suffering from potential side effects  
11 of those medications, and she certainly has had enough  
12 experience in her life with psychotropic medications to know  
13 that that does happen that if she is impaired by the use of  
14 these medications that she will further victimized.

15 And I think that's a very legitimate concern. Because our  
16 medications, like Klonopin, for example, a medication that has  
17 been used in her case and other medications do cause sedation  
18 and impairment as side effects, unfortunately, that make it  
19 more likely that someone can be victimized. And that's what  
20 she is telling them, why she is not taking the medications for  
21 bipolar disorder.

22 That's a very different reason that I hear from many  
23 patients that I've treated -- hundreds and hundreds of  
24 patients -- with bipolar disorder will say, "Well, I don't want  
25 to take the medication because I feel better when I don't take

1 the medication" or "I just don't want to take it" or "I don't  
2 need it" or they give you a variety of clinical -- clinically  
3 different reasons than "If I take this medication, I'm going to  
4 increase my likelihood of being victimized in this men's  
5 prison."

6 **Q.** All right. I'd now like to turn to Tab 27 in the binders.  
7 And, Dr. Brown, this is a June 27, 2018 incident report. It is  
8 Bates 843.

9 **A.** Okay, I have it.

10 **Q.** All right. And did you review this incident report in  
11 arriving at your conclusions related to Ms. Hampton?

12 **A.** Yes.

13 *MS. BEDI:* Your Honor, I'd like to mark this as  
14 Exhibit 26 and move it into evidence.

15 *COURTROOM DEPUTY:* 28.

16 *MS. BEDI:* I'm sorry. I'd like to mark it as  
17 Exhibit 28 and move it into evidence.

18 *THE COURT:* 28. Okay. Any objection to this?

19 *MR. HIGGERS:* No objection.

20 *THE COURT:* All right. 28 will be admitted.

21 *(Exhibit Plf's 28 received in evidence)*

22 **Q. (BY MS. BEDI:)** And, Dr. Brown, this is an incident report  
23 where Ms. Hampton was found with a jumpsuit tied around her  
24 neck; is that right?

25 **A.** That's correct.

1 Q. What does this incident say -- and this is at the Dixon  
2 Correctional Center; is that right?

3 A. Yes, in segregation.

4 Q. What does this incident tell you about Ms. Hampton's  
5 adjustment to Dixon?

6 A. Well, clearly, not adjusting well if you are attempting to  
7 hang yourself, and, by the way, jumping from the second bunk  
8 with a jumpsuit around your neck would, in fact, kill you if  
9 you follow through with that. So at a minimum this is a  
10 suicide gesture, at most it's a suicide attempt. It is hard to  
11 tell from documentation from a non-clinician. But at a  
12 minimum, it is a suicide gesture, which would certainly suggest  
13 anything but a good adjustment -- a good adjustment to  
14 segregation at Dixon.

15 Q. All right. Let's now turn to Tab 28 in the binder, and  
16 this is Bates No. 850. This is a June 27, 2018 incident  
17 report.

18 A. Got it.

19 Q. Got it. And this is an incident report where a  
20 correctional officer wrote that Hampton was assessed and  
21 claimed that he was suicidal. And he was placed -- and he was  
22 placed on a 10-minute watch. Do you see that?

23 A. Let's see.

24 Q. And I'm sorry. Not a correctional officer. This was  
25 written by a mental health professional.

1 A. This is the one where Hampton was sprayed with OC, and then  
2 Hampton was assessed by?

3 Q. No. This is Bates No. 850. Oh, yes. Yes, I'm sorry. It  
4 does say Hampton was sprayed with OC. That's right, I  
5 apologize.

6 A. And Hampton claimed he was suicidal. Yeah. And this is  
7 reportedly from a mental health clinician.

8 Q. So what does this tell you about Ms. Hampton's state of  
9 mind?

10 A. Well, you know, obviously, if somebody has just at least  
11 made a suicide gesture, possibly an attempt, and then also gets  
12 sprayed with pepper spray, OC, clearly, this is a person who is  
13 not adjusting well to the environment on 26th of June and is  
14 also placed on 10-minute suicide watch.

15 Q. And can you react to the fact that the mental health  
16 professional here who wrote the incident report misgendered  
17 Ms. Hampton?

18 A. Well, it is just it is virtually in every record. It's  
19 just consistent with the rest of the mental health clinicians  
20 and the officers. There's misgendering throughout the entire  
21 chart.

22 Q. So, Dr. Brown, the defendants have offered two primary  
23 justifications for their decision to house Ms. Hampton in the  
24 men's division as opposed to the women's division. First, they  
25 argue that her mental health needs are being met very well at

1 Dixon, and, second, they argue that her aggression level  
2 precludes transfer.

3 Do you have an opinion about these justifications?

4 **A.** Okay. So the first justification is that her mental health  
5 needs -- and when we say "mental health needs," I assume we are  
6 talking about the diagnoses that they, themselves, have made --  
7 which, by the way, are inconsistent and numerous.

8 So the one that -- the consistent diagnosis throughout all  
9 the evaluators is gender dysphoria, so we can take that first.  
10 So to say that she was getting adequate treatment for gender  
11 dysphoria at Dixon is absolutely incorrect. That's not true at  
12 all, particularly in segregation, doesn't even have access to  
13 transgender support group.

14 But even if you do have access to a transgender support  
15 group and you are a trans woman in a men's prison, what are you  
16 really doing in that support group?

17 Well, you are talking about how bad it is to be a woman in  
18 a man's prison, and as one of the clinicians says, the  
19 treatment plan is think about the positives. And I'm thinking,  
20 well, if I'm a trans woman in a men's prison, I'm going to be  
21 pretty hard pressed to find very many positives here. But  
22 that's actually one of the treatment plans that's listed time  
23 and again in recent records.

24 So not able to socially transition, not able to access even  
25 the very basics like female canteen items, legitimate female

1 underwear just like other women in the Illinois Department of  
2 Corrections, no more no less. Not allowed to do any of that.  
3 So can't get what would be considered adequate -- and I'm not  
4 asking for optimal or stating that there is optimal treatment,  
5 just adequate treatment for gender dysphoria is not being  
6 provided.

7 So then if we look at other mental health diagnoses -- and  
8 there are a number of them listed. So they have even  
9 intermittent explosive disorder listed as a diagnosis, and  
10 there is zero evidence, according to the criteria for  
11 intermittent explosive disorder, that this individual meets  
12 this diagnosis. And it's inconsistently stated throughout, so  
13 I won't even consider that.

14 But bipolar disorder is listed consistently throughout the  
15 record. And, clearly, she's not getting treatment for bipolar  
16 disorder, which is not limited strictly to medications.

17 You know, again, like diabetes, diabetes is treated with a  
18 variety of things, not just insulin or blood sugar-lowering  
19 medications, but it also involves psychosocial supports. It  
20 involves at times special garments of diabetes, for foot care  
21 and lower leg support, et cetera.

22 So she is not actually getting adequate treatment for  
23 either of these two primary conditions.

24 **Q.** All right.

25 **A.** Now, I could also talk about post-traumatic stress

1 disorder, which is listed consistently or reasonably  
2 consistently as another diagnosis.

3 Q. Dr. Brown, we are going to go through the records that were  
4 produced last night, and we can talk through these diagnoses  
5 and the care that Ms. Hampton is receiving.

6 MS. BEDI: But before I do so, your Honor, I would  
7 like to move Bates 850 into evidence. That was in Tab 28.

8 THE COURT: Okay. That's the incident report from  
9 June 26?

10 MS. BEDI: That's correct. I'd like to mark that as  
11 Exhibit 29 and move it into evidence.

12 THE COURT: Any objection?

13 MR. HIGGERSON: No objection.

14 THE COURT: All right. 29 will be admitted.

15 *(Exhibit Plf's 29 received in evidence)*

16 THE COURT: Ms. Bedi, how much more do you have on  
17 direct? Do you need to go through those records?

18 MS. BEDI: I am going to go through these records, so  
19 maybe 45 minutes.

20 THE COURT: Okay. Our court reporter needs a break,  
21 so let's take just a short 10-minute break --

22 MS. BEDI: Okay.

23 THE COURT: -- if the doctor can just hang on.

24 Okay. Court's in recess.

25 *(Recess)*

1           *THE COURT:* Thank you, Doctor, for bearing with us.

2           You may proceed, Ms. Bedi.

3           *MS. BEDI:* Thank you, your Honor.

4           I'd like now to go to documents that are under Tab 38  
5 for your Honor.

6   **Q. (BY MS. BEDI:)** And, Dr. Brown, these are the documents  
7 that were -- the records that were produced last night. Do you  
8 have those in front of you?

9   **A.** Yes.

10   **Q.** Okay. And so these are mental health records that the  
11 defendants produced to us last night. We've got a copy for  
12 your Honor of the -- we don't have -- and I've got a copy. We  
13 don't have a copy for the defendants, but I believe they have  
14 their own copy at their table?

15           *MR. HIGGERSON:* We're fine. Thank you.

16           *THE COURT:* So these are the ones that you are adding  
17 to 38?

18           *MS. BEDI:* That's right, beginning on Bates 1063.

19           *THE COURT:* Okay. Got it.

20           *MS. BEDI:* So, your Honor, I'd like to mark these and  
21 mark these as Exhibit 30 and move them into evidence.

22           *THE COURT:* Now, is it just these new ones or the ones  
23 that are at Tab 38 as well?

24           *MS. BEDI:* Just the new ones.

25           *THE COURT:* Just the new ones, okay. And this is

1 Exhibit 30.

2 MS. BEDI: That's right, your Honor.

3 THE COURT: Okay. I assume no objection,  
4 Mr. Higgeson.

5 MR. HIGGERSON: No objection.

6 THE COURT: All right. So 30 will be admitted.

7 (*Exhibit Plf's 30 received in evidence*)

8 MS. BEDI: Thank you, your Honor.

9 Q. (**BY MS. BEDI:**) All right. Dr. Brown, I'd like to start  
10 with Bates 1063, and that is a July 3, 2018 outpatient progress  
11 note.

12 A. Okay.

13 Q. And on this progress note, it notes that Ms. Hampton  
14 reported to the medical professional that she had relations  
15 with two lieutenants at Lawrence. Do you see that?

16 A. I do.

17 Q. What effect would you have expect this to have on  
18 Ms. Hampton's mental health?

19 A. Assuming that this is correct, it would be pretty  
20 devastatingly traumatic, particularly with someone with a  
21 history of physical and sexual abuse as a child and adolescent.

22 Q. All right. Let's now go to Bates 1069. This is a June 6,  
23 2018 evaluation of suicide potential.

24 A. Hang on. It takes me a while to scroll on these since I  
25 got them last night. They're not in printed form. Okay.

1 Q. And this document -- the middle of this document, it notes  
2 that [as read]: Inmate was crying the entire time we talked.  
3 Inmate said, "I want to die."

4 Do you see that there?

5 A. Yes, I do.

6 Q. And then on the next page, under "Summary," and that's on  
7 Bates 1070, there's a total number of risk factors, and it  
8 states number 11. Do you see that?

9 A. Yes.

10 Q. Could you explain the significance of that number 11 on  
11 this document?

12 A. Right. So this Department of Corrections uses a form where  
13 they do an assessment of both protective and risk factors for  
14 suicidality as a numerical tool to place people in low,  
15 moderate, or high risk categories. There are many such tools.  
16 This is just one. And a number of risk factors -- it is pretty  
17 straightforward. The higher the number of risk factors, the  
18 lower number of the protective factors, the higher the  
19 assessment of the potential for suicidality is. So 11 on their  
20 scale is actually quite a high number.

21 Q. All right. And higher up on that page, there's a No. 13  
22 [as read]: Does the offender have a plan for suicide? If yes,  
23 describe.

24 In quotes, hang myself.

25 Do you see that?

1     **A.**  Yes.

2     **Q.**  What's the significance of that, of the plan for suicide?

3     **A.**  Well, it's a plan that is one of the most commonly used  
4     methods of completing suicide in prisons and jails.

5     **Q.**  And the fact that there is a plan that was articulated to  
6     the mental health professional, is that significant?

7     **A.**  Yes.  That, in and of itself, is significant because many  
8     people would say, "Well, I just have ideas about it, but I  
9     really haven't formulated a plan," which would lower their  
10    risk, assuming they are telling you the truth.  But  
11    articulating a plan puts people at a much higher risk,  
12    especially if that plan is feasible, and in prisons and jails  
13    hanging yourself is a very feasible plan.  Under most  
14    circumstances, if you have any clothing whatsoever, you can  
15    generally figure out a way to hang yourself.

16    **Q.**  Okay.  Let's now go to Bates 1075.  And this is a June 28,  
17    2018 mental health progress note.

18    **A.**  Okay.

19    **Q.**  And here it notes [as read]:  Inmate feels helpless and at  
20    a loss.  And the plan was encourage inmate to focus on positive  
21    and what is in everyone's control.

22            Could you react to this progress note, please?

23    **A.**  This is basically an intermittently suicidal person who is  
24    really quite desperate, and it has been demonstrated in records  
25    contemporaneous to this note, and now is stating helpless and

1 at a loss. And one of the things that I worry about clinically  
2 with people who are suicidal and desperate is, is the concept  
3 of hopelessness and helplessness. And once people start to  
4 feel hopeless and helpless, that is a very strong indicator  
5 that they are more likely to act on self-harm impulses like  
6 auto castration, for example, in this population, as well as  
7 suicidality. And, unfortunately, the plan here is simply to  
8 focus on the positives, which is, I don't know, putting a  
9 Band-Aid on a, you know, cancer that's breaking through the  
10 skin. It's not particularly a helpful plan.

11 **Q.** Does the plan for Ms. Hampton to focus on the positives  
12 meet any standard of care that you are aware of?

13 **A.** Not really, not for these diagnoses.

14 **Q.** Let's move now to Bates 1087 through 1104, and these are  
15 psychiatric progress notes dated July 9, 2018.

16 **A.** Okay.

17 **Q.** All right. And here under "History of Present Illness,"  
18 Ms. Hampton -- it's recorded that Ms. Hampton reports, "I am  
19 angry and depressed as I am in seg."

20 What's the significance of that statement?

21 **A.** Well, you know, it's pretty consistently been the case that  
22 when she has been in segregation, she is doing much less well,  
23 and this is just another annotation regarding that.

24 **Q.** If we could move to Bates 1090.

25 **A.** Okay.

1 Q. And here we've got an aggressive behavior assessment,  
2 No. 9. Do you see that?

3 A. Yes.

4 Q. And it's blank; is that correct?

5 A. Well, the version I have says [as read]: Are you currently  
6 experiencing aggressive or homicidal thoughts, and the box is  
7 checked "no."

8 Q. Correct. I apologize.

9 That box is checked "no." The other boxes where it asks  
10 for past aggressive behaviors, that's blank. Any illegal or  
11 disciplinary consequences of past aggression, that's blank.  
12 Any neurological or neuro-cognitive disorders or symptoms,  
13 that's left blank.

14 Is that correct?

15 A. That's all correct.

16 Q. And if you expected this clinician to make any clinically  
17 significant findings in relation to Ms. Hampton's aggression,  
18 would you expect that they would be reflected here?

19 A. Yes. That's one of the most important things you assess on  
20 inmates, and the assessment was made with a checked box saying  
21 "no."

22 Q. Let's look at the next page of this assessment, and that is  
23 1091. And in the middle of the page [as read]: Based upon  
24 today's evaluation since last visit offender's psychiatric  
25 symptoms have worsened.

1           And the box is checked for worsened. Do you see that?

2   **A.** Yes, I do.

3   **Q.** What does that mean?

4   **A.** Well, this individual has seen Ms. Hampton previously. So  
5 in that box, generally speaking, with forms like this in  
6 psychiatry, your options are improved, remain the same, or  
7 worsened compared with the last time I saw the person or the  
8 last time patient was assessed. And this is an assessment that  
9 the patient is worse than the last time being seen.

10 **Q.** So and that's clinically significant; is that right?

11 **A.** Yes.

12 **Q.** And does that suggest that Ms. Hampton is decompensating,  
13 that things are getting worse for her?

14 **A.** Right. And it talks specifically about worsening with  
15 respect to anxiety, depression, nightmares, flashbacks,  
16 symptoms of gender dysphoria, so, yes.

17 **Q.** Okay. Let's move on to Bates 1093. And this is a July 20,  
18 2018 psychiatric diagnostic evaluation?

19 **A.** Yes.

20 **Q.** And under "History of present illness," the clinician  
21 reports [as read]: In prison she reports being verbally  
22 demeaned, "it," "he-she" and the -- it says "life," but I  
23 assume it means like. Furthermore, she reports that she has  
24 been the subject of physical attacks in prison allegedly from  
25 inmates and guards. She reports at one facility the guards

1 forced her and another transgendered person to have sex in  
2 front of them. She says inmates here constantly expose  
3 themselves to her, with guards nearby doing nothing. This is  
4 under litigation. Another feature of conversation was to  
5 recount her court history and in any PTSD is likely.

6 Do you see that?

7 **A.** Yes, I do.

8 **Q.** How is this statement significant to treating Ms. Hampton's  
9 mental health needs?

10 **A.** Okay. So this is a psychiatrist that from a review of the  
11 records is the first time seeing Ms. Hampton and is recounting  
12 the history as reported to him. And at the end of this  
13 recounting, I assume there is a word missing that says in  
14 any -- I would think the word "event" is missing. But in any  
15 event, PTSD is likely, which other people have noted regarding  
16 her past. So this new assessor, Dr. Doyle I believe his name  
17 is, is saying, in any event, PTSD is likely.

18 **Q.** Would you agree that Ms. Hampton's mental health records  
19 consistently make reference to her reports of being assaulted  
20 and being harassed while she is in custody?

21 **A.** Yes. Throughout all -- I believe five facilities we're up  
22 to now -- I believe that through all five facilities there are  
23 records that are consistent in this regard; different people  
24 involved, but a similar pattern with respect to both male  
25 inmates and with respect to male corrections officers.

1 Q. And from a mental health perspective, do these reports have  
2 any clinical significance?

3 A. Well, certainly, if these things are true or even some of  
4 them are true, I mean, it's devastating -- devastating to  
5 people's mental health, particularly when they're vulnerable  
6 with bipolar disorder and gender dysphoria. To have gone  
7 through even a fraction of the things that have been reported  
8 would be -- will have real significant deleterious potentially  
9 lifelong effects.

10 Q. Okay. If we could move to Page 1098. And here there  
11 are --

12 A. Okay.

13 Q. There are some check boxes in the section of the document  
14 labeled "Mania" and labeled "PTSD." Could you please explain  
15 to the Court how to interpret this document?

16 A. Yes. So, again, this is probably a document that's  
17 specific to the system. It's just a way to facilitate  
18 documenting psychiatric signs and symptoms when a psychiatrist  
19 sees a patient. So under the heading "Mania," typically  
20 features of mania are listed with the option to check whether  
21 they're present or not present.

22 And of the six items for mania, four out of those six items  
23 are checked in the affirmatives, and those being increase in  
24 irritability, increase in distractibility, decreased need for  
25 sleep, and racing thoughts, all consistent with diagnosis of

1 bipolar mania.

2       Then under the "PTSD" list, five of the six potential  
3 symptoms are checked in the affirmative. Those would be  
4 flashbacks; nightmares; intrusive thoughts; jumpy and easily  
5 startled is one symptom; and on guard all the time, basically  
6 meaning "hypervigilance" is the term we use in VA. Five out of  
7 the six are checked in the affirmative, consistent with the  
8 diagnosis of PTSD.

9 **Q.** Let's now move to Bates 1100.

10       And here could you explain to the Court the significance of  
11 the observations reported in this document, and particularly  
12 under behavior of the psychomotor agitation?

13 **A.** I just want to make sure I'm in the same place that you  
14 are. Could you direct me to which document and where?

15 **Q.** Sure. So this is Bates 1100.

16 **A.** Okay.

17 **Q.** It is -- and under No. 15, mental status examination, under  
18 behavior, the clinician has an X in psychomotor agitation?

19 **A.** Oh, yes. Okay. I'm with you now. Yes. So psychomotor  
20 agitation is where an individual is both mentally and  
21 physically agitated. So it's not just -- like if somebody was  
22 sitting at the table and they're bouncing their leg but they  
23 are otherwise carrying on a normal conversation, you could say  
24 they had motor agitation, but they wouldn't have psychomotor  
25 agitation. It is a combination of mentally being agitated as

1 well as physically being agitated, combined together.

2 **Q.** And under "thought process," the clinician has marked  
3 tangential and circumstantial. Do you see that?

4 **A.** Yes. So disorder thought processes are consistent with  
5 people who have significant mental illnesses, so, again,  
6 bipolar disorder, schizophrenia and the like. And when their  
7 thought processes are disordered, they can't stay on a topic or  
8 they start talking about something, and then it just leads to  
9 another thing, to another thing, to another thing, and it just  
10 goes off on a tangent, hence the word "tangential."

11 "Circumstantial" is when they start on a topic that you may  
12 have wanted to discuss with them, as the therapists say, and  
13 then they all the way around the world and eventually might be  
14 able to come back to what it is that you started talking about  
15 maybe eventually. So it's people who need to be redirected a  
16 lot, people that aren't able to focus on the task at hand and  
17 that are mentally just not able to engage in a therapeutic way,  
18 for example.

19 **Q.** And are those observations consistent with Ms. Hampton's  
20 diagnosis of bipolar disorder?

21 **A.** Yes. That's all consistent with bipolar disorder.

22 **Q.** Is it also -- are those observations also consistent with  
23 PTSD?

24 **A.** Um, yes. I've seen patients with PTSD have psychomotor  
25 agitation, although generally they're not tangential or

1 circumstantial, and we didn't talk about the checkmark for  
2 speech being rapid. That's much more consistent with bipolar  
3 disorder, and irritability could be with PTSD or bipolar. But  
4 I think the totality of what I'm seeing here and the pattern of  
5 the boxes is most consistent with bipolar disorder.

6 **Q.** Okay. Let's move now to the next page, 1101. And other --  
7 under "other observations," about a quarter way down the page,  
8 the clinician writes [as read]: Inmate kept returning to her  
9 legal issues. She expected us to be able to help her be  
10 transferred out of segregation and into the women's facility.

11 Do you see that?

12 **A.** Yes.

13 **Q.** And what's the clinical significance of this, of that  
14 statement?

15 **A.** The only thing that I can make from that is that the inmate  
16 patient in this situation, with respect to interactions with  
17 the health care provider, she's seeking assistance from the  
18 health care provider to advocate on her behalf and get her out  
19 of segregation and into the facility that she thinks is  
20 appropriate for her status as a woman.

21 **Q.** And under No. 17 on this same page, "narrative summary and  
22 diagnostic impressions" [as read]: She will not take  
23 medication for her self-acknowledged bipolar disorder saying  
24 she cannot feel sedated and feel safe.

25 What's your interpretation of that language?

1 **A.** As I mentioned earlier, it is a pretty legitimate concern,  
2 particularly with drugs like Klonopin and some other drugs that  
3 we've used. It can occur with lithium. It's a realistic  
4 concern that if you are sedated and you are in an environment  
5 where you have been continuously harassed verbally and  
6 otherwise and physically and could be sexually assaulted at any  
7 minute, you would want to stay on top of your game, if you  
8 will, and not be sedated.

9 **Q.** All right. Let's now move to Bates 1111. This is an  
10 August 7, 2018 mental health progress note.

11 **A.** Okay. So 1111, you said, right?

12 **Q.** That's correct.

13 **A.** Okay. Give me a minute. That's a long scroll. Okay.

14 **Q.** All right. So here in the -- under Part 3, Ms. Hampton is  
15 reported as saying [as read]: If they do not let me out of seg  
16 in the next two weeks, they are going to find me in the ICU  
17 with my throat cut. I will slit my throat.

18 Do you see that statement?

19 **A.** I do.

20 **Q.** Could you explain to the Court what that says about  
21 Ms. Hampton's mental health status?

22 **A.** That she's not at all stable with respect to segregation,  
23 in particular, is really kind of reaching the end of her rope,  
24 if you will -- probably poor choice of words in this context,  
25 but nonetheless legitimate -- and is just telling them in

1 advance that: I've had enough. I can't handle this prolonged  
2 segregation, and bad things are going to happen.

3 Q. Let's move to Bates 1114. And this is an August 8, 2018  
4 mental health progress note.

5 A. Okay.

6 Q. And here under Part 3, the clinician writes [as read]:  
7 although Ms. Hampton expressed in words that she is, quote,  
8 severely depressed, Ms. Hampton's presentation was not  
9 congruent with that statement. Ms. Hampton would start singing  
10 and dancing in her seat.

11 Do you see that?

12 A. Yes.

13 Q. What does that statement indicate about this mental health  
14 professional's understanding of Ms. Hampton's conditions?

15 A. Okay. So under "0" -- on a note like this, 0 means  
16 objective. So that's what the person is seeing, and they're  
17 writing down what they see, and that's not the interpretive  
18 part. So what this person is describing is somebody --  
19 consistent with prior notes -- is exhibiting manic or hypomanic  
20 behavior in the context of the group. And also it says under  
21 "0" requires numerous redirectives, meaning that this person's  
22 thought process is -- they're not allowing that person to  
23 focus, and they can't actually focus on the task at hand in the  
24 group, even though this group was specific to trauma  
25 management, which was the purported reason for keeping this

1 individual in Dixon, according to Dr. Reister, is to do all  
2 this intensive trauma work. But here's an individual who is  
3 completely incapable of engaging in psychotherapy, let alone  
4 intensive trauma work, and that's what this note is describing  
5 quite nicely.

6 **Q.** Can somebody be depressed and also dance in their chair?

7 **A.** Yes, it's called mixed features. So people can report  
8 being depressed but then behave in a different way where  
9 their -- so their inner experience isn't necessarily consistent  
10 with their outward presentation, and that's, again, consistent  
11 with mixed features in a patient with bipolar disorder usually  
12 manic.

13 **Q.** The fact that this clinician states that Ms. Hampton's  
14 report of feeling depressed is incongruent with her behavior,  
15 what does that suggest about this clinician's understanding of  
16 Ms. Hampton's condition?

17 **A.** Well, I think there's not a recognition that these things  
18 can co-exist and that there is a condition of mixed mania.  
19 There is no recognition of that, and the plan certainly doesn't  
20 suggest that this person's active mental illness is being taken  
21 into account and the appropriateness of them being in a group  
22 where they are supposed to be engaged in a meaningful  
23 psychotherapeutic way on issues related to trauma. It is  
24 really completely inappropriate.

25 **Q.** I'd now like to move to Bates 1120, and this is an

1 August 25, 2018 psychiatric progress note.

2 **A.** Okay.

3 **Q.** And I'd like to go to the -- to 1125 of that document.

4 **A.** Bates 1125?

5 **Q.** Yes.

6 **A.** Okay.

7 **Q.** And under "Narrative Summary and Diagnostic Impressions,"  
8 the last sentence states [as read]: She is not --

9 I'm sorry. It states [as read]: 27-year-old transgender  
10 woman with DO bipolar DO GDD and borderline personality  
11 disorder, mixed cluster B, who needs medication but refuses.  
12 She is not enforceable at this point. We discussed this at  
13 length.

14 What's your interpretation of that narrative summary and  
15 impression?

16 **A.** All right. So you want me to translate this?

17 **Q.** If you can.

18 **A.** Okay. So what it's -- literally what it is saying is a  
19 27-year-old transgender woman with a diagnosis of bipolar  
20 disorder, GDD -- which is not terminology we currently use, it  
21 probably means gender dysphoria disorder, which actually was  
22 never a diagnosis, but in any event, that's related to gender  
23 dysphoria -- and borderline personality disorder, mixed  
24 cluster B -- which is just a way of describing the types of  
25 personality characteristics that were actually checked off in

1 boxes in this person's prior note -- who needs medication but  
2 refuses.

3 She is not enforceable at this point, meaning that  
4 according to the laws in the state of Illinois -- because it is  
5 a state-by-state determination -- that forcing about  
6 medications against this patient's will -- in other words,  
7 depriving them of their civil rights to forcibly medicate --  
8 according to this person's assessment at this point in time  
9 cannot be done, and that apparently that was discussed with the  
10 inmate.

11 **Q.** And on that same section, it says [as read]: Based on  
12 today's evaluation since the last visit, offender's psychiatric  
13 systems have -- and the check box is "remained the same."

14 Do you see that?

15 **A.** Right.

16 **Q.** So that indicates that Ms. Hampton hasn't improved since  
17 the July psychiatric report that we previously reviewed?

18 **A.** Right. So this person's assessment in July is that this  
19 was basically an untreated bipolar patient who had gender  
20 dysphoria and PTSD and a month later is still psychiatrically  
21 impaired, still has the same diagnosis, and is relatively  
22 untreated.

23 **Q.** Dr. Brown, in your opinion, do the records reflect that  
24 Ms. Hampton has adjusted well to the Dixon Correctional Center?

25 **A.** Clearly the reverse.

1 Q. Based on your review of these records, these records that  
2 you just reviewed last night, is there any medical  
3 justification for continuing to house Ms. Hampton in a men's  
4 prison?

5 A. No. That was my opinion in December, that was my opinion  
6 in March, and the records that I reviewed late last night are  
7 just further evidence that there's no medical justification  
8 whatsoever and that continued placement here for this  
9 individual places her at risk both mentally and physically.

10 Q. Dr. Brown, what is your opinion about the effects of  
11 continued segregation on Ms. Hampton's long-term prognosis?

12 A. Well, I think the record does reflect that there's been  
13 psychiatric deterioration, particularly with bipolar disorder,  
14 possibly with her PTSD, and that continued long-term  
15 segregation such as she has experienced is likely to lead to  
16 very negative outcomes in the future. There's already been a  
17 number of suicide attempts. It's very possible to kill one's  
18 self in a jail or prison that can't be watched all the time.  
19 And as good as corrections systems are at preventing suicides,  
20 they do happen in a not uncommon basis when one looks at the  
21 national data.

22 So my concerns are for further psychiatric deterioration in  
23 all three of her primary diagnoses that we've discussed. I  
24 would be very concerned about hopelessness setting in, which  
25 will really be the linchpin that will be broken, that will lead

1 to the likelihood of completing suicide. And without being  
2 able to provide -- be provided with adequate care for gender  
3 dysphoria the likelihood of auto castration or surgical  
4 self-treatment down the road, particularly with comments like,  
5 well, if you have testicles, you can't go to a women's prison,  
6 that ups the ante considerably for the likelihood that auto  
7 castration and possibly death by exsanguination or bleeding out  
8 could occur in the future.

9 *MS. BEDI:* Thank you, Dr. Brown.

10 I have nothing further, your Honor.

11 *THE COURT:* All right. Thank you, Ms. Bedi.

12 Cross examination.

13 **CROSS EXAMINATION**

14 *Q. (BY MR. HIGGERSON:)* Dr. Brown, have you spoken to  
15 Ms. Hampton since she's been at Dixon Correctional Center?

16 *A.* Well, let's see, I've had two interviews with her. I don't  
17 believe the second one was -- I think the second one was just  
18 prior to transfer.

19 *Q.* Okay. In your declaration, which I believe is serving as  
20 your expert report here, you talk about that you think she  
21 should be placed in a female facility; is that correct?

22 *A.* That is correct.

23 *Q.* And your main concern, as you've listed it, with the male  
24 facility is the way the staff treats her, correct?

25 *A.* Could you refer me to that? I don't want to be misquoted.

1 Q. That's not an exact quote, but it's what I'm taking from  
2 Page 7 of your original declaration?

3 A. Again, navigating around will take me a moment here. If  
4 you have a specific quote that would make it quicker, just let  
5 me know.

6 Q. Go ahead and find the...

7 A. Let's see. And you said.

8 *(Technical difficulty)*

9 Q. **(BY MR. HIGGERSON:)** I'm sorry. We didn't hear that  
10 because of the -- there was a problem with the sound.

11 A. Are you referring to the March declaration or December?

12 Q. December was your first declaration, right?

13 A. Yes.

14 Q. That's the one I'm referring to.

15 A. Okay.

16 MS. BEDI: Your Honor, I'd like to object to the  
17 question because I believe it mischaracterizes the declaration  
18 and it's confusing. Dr. Brown really talks about Ms. Hampton  
19 reports to him about what she experienced. He doesn't make any  
20 findings about what staff may or may not have done.

21 THE COURT: Okay. Well, I was trying to look through  
22 to see. Is there a particular paragraph here that you are  
23 referring to, Mr. Higgeson?

24 MR. HIGGERSON: Yes. I'm on Page 7, Paragraph 14.

25 THE WITNESS: Okay. I'm now with you on that document

1 on Paragraph 14.

2 **Q. (BY MR. HIGGERSON:)** Okay. What you summarize from your  
3 discussions with her is that the greater concern is staff  
4 rather than danger from other inmates, correct?

5 **A.** At that time that was what was reported to me.

6 **Q.** Okay. Is there something different about Dixon that you  
7 think changes that balance between whether she is concerned  
8 about staff or inmates?

9 **A.** I think that she has listed in quite a number of documents  
10 where she has concerns about other inmates in advance of  
11 this --

12 *(Technical difficulty)*

13 **Q. (BY MR. HIGGERSON:)** Doctor, I don't know if you are  
14 speaking to close to the microphone, but we are getting a lot  
15 of distortion.

16 **A.** Is this any better?

17 **THE COURT:** No. Hang on for just a second. Our I.T.  
18 expert is on his way.

19 *(An off-the-record discussion was had)*

20 **THE WITNESS:** I can try turning this down. Did that  
21 make any difference?

22 **THE COURT:** Yeah. That was -- that's a lot better.  
23 Okay. So the question was to summarize from your  
24 discussions -- would you summarize from your discussions from  
25 her that her greater concern is staff rather than danger from

1 other inmates?

2 **A.** Right. So in that Paragraph 14, which is a specific  
3 discussion about while in segregation at Pinckneyville  
4 facility, she reported the long list of abuses -- physical,  
5 sexual, and verbal -- that she reported suffered at the hands  
6 of officers, and had some occasionally verbal abuse from other  
7 inmates. But at that time the inmates were not the primary  
8 concern reported to me while she was in Pinckneyville.

9 **Q. (BY MR. HIGGERSON:)** And you haven't spoken to Ms. Hampton  
10 since she's been at Dixon, correct?

11 **A.** And if I can finish my other comment; that the point was  
12 that she had been being separated in Pinckneyville and Menard  
13 from other male inmates. So that was one of the reasons that  
14 she also stated. Since she is not being around other inmates  
15 very much, it is difficult for them to harass or abuse her  
16 because she wasn't being around them in the segregation  
17 environment that she was in. So that rounds out the rest of my  
18 answer.

19 **Q.** Okay. So is it your testimony when she's in segregation,  
20 there is no concern about harassment from other inmates?

21 **A.** I'm not saying that because when you are in segregation,  
22 you are also allowed to go out into the yard.

23 **Q.** Okay. I don't understand how that is consistent with what  
24 you said in your report about not being concerned about  
25 harassment from male inmates while in segregation at

1 Pinckneyville.

2 **A.** I'm reporting what she said and that her amount of contact  
3 of being around other male inmates was greatly limited in those  
4 two facilities.

5 **Q.** And do you have any understanding of the difference between  
6 the segregation conditions at Pinckneyville and at Dixon?

7 **A.** I have not been to either facility, so I can't speak to  
8 that directly, no.

9 **Q.** Okay. Have you ever been to Logan Correctional Center?

10 **A.** I have not.

11 **Q.** Okay. I assume you have never met any of the staff at  
12 Dixon or Logan.

13 **A.** That's correct.

14 **Q.** You were discussing some of the discipline that has been  
15 imposed at Dixon Correctional Center, and is it -- my  
16 understanding of your testimony correct that in each instance  
17 there was a mental health professional who reviewed the  
18 situation to determine if segregation placement was correct --  
19 appropriate?

20 **A.** It appears to me in reading the records that when this  
21 inmate is found guilty of an infraction on a DOR or ticket that  
22 an assessment is by mental health professionals regarding  
23 punishment, in particular segregation, is solicited and that an  
24 opinion is recorded in that regard.

25 **Q.** And have you seen anything where the administration of

1 Dixon has acted differently than what is recommended from the  
2 mental health professional?

3 **A.** Well, the mental health professionals are not necessarily  
4 recommending anything. They are stating whether there's a  
5 contraindication to what might be done. So, for example, if  
6 segregation is one of the potential penalties, they are  
7 rendering an opinion regarding whether there is a mental health  
8 contributor or mental health contravening factor with respect  
9 to segregation as a penalty. So they're not making a  
10 recommendation.

11 **Q.** I know it is going to take you a minute to get to the right  
12 page, but do you have Bates No. 864 available?

13 *THE COURT:* What is that, Mr. Higgeson?

14 *MR. HIGGERSON:* It is Exhibit 25.

15 **A.** I have it right in front of me.

16 *THE COURT:* Tab what?

17 *MS. BEDI:* 24.

18 *THE COURT:* 24.

19 **Q.** (**BY MR. HIGGERSON:**) And the mental health review starts a  
20 couple of pages later on 866, correct?

21 **A.** Yes.

22 **Q.** And the second page of that mental health review, which is  
23 on Page 867 -- are you looking at that page?

24 **A.** I am, sir.

25 **Q.** And it specifically has a section for recommendations,

1 correct?

2 **A.** It does and they're all blank.

3 **Q.** Actually, proposed segregation term, it says zero to two  
4 months, correct?

5 **A.** Right. But none of the boxes are checked.

6 **Q.** Right but the proposed segregation term, the recommended  
7 segregation term is not blank, is it?

8 **A.** That's correct.

9 **Q.** So the mental health professional is making a  
10 recommendation as to what segregation term would be  
11 appropriate, correct?

12 **A.** It depends on how you interpret zero. A recommendation for  
13 zero segregation is different from a recommendation for two  
14 months' segregation. So I'm not really clear what a  
15 recommendation means when it has a range of zero to two.

16 **Q.** Wouldn't it mean that a segregation term between no time  
17 and two months would be an appropriate range?

18 **A.** It could mean that.

19 **Q.** What else could it mean?

20 **A.** It could mean that they recommend no segregation, and  
21 they're not delineating why in all of these other blank areas.

22 **Q.** If they were recommending no segregation, wouldn't it say  
23 zero?

24 **A.** I can't really interpret how they would do that because the  
25 form is basically devoid of any rationale or reasoning. It is

1 all blank below that.

2 Q. Right. I'm not asking you for the rationale. I'm asking  
3 you for what range they are recommending. They obviously are  
4 saying that two months is within the acceptable range, correct?

5 A. Apparently, yes.

6 Q. Okay. Are you aware of any instances of the administration  
7 at Dixon not acting consistently with the recommendations of  
8 the mental health professionals regarding discipline?

9 A. No. They're staying well within the ranges recommended.

10 Q. All right. Are you aware that this process of having the  
11 mental health professional review segregation terms arises  
12 found a class action which the plaintiff is a party to?

13 A. No, I'm not aware of that.

14 Q. Okay. So I assume you're not aware that this process was  
15 approved by a monitor who is a psychiatrist, are you?

16 A. I am unaware of this process.

17 Q. Okay.

18 A. I am aware that in other prisons the mental health  
19 professionals are also solicited for their views regarding  
20 segregation and whether segregation would be harmful to an  
21 inmate's mental health as part of their punishment for an  
22 infraction.

23 Q. I'm not sure I understood the point you were making. Isn't  
24 that what we are talking about?

25 A. Yes. You are trying to make this specific to Illinois, and

1 I'm saying that I have experienced in many other prison  
2 settings where this same type of feedback process is utilized.

3 Q. Okay. And administrators rely on the opinions of mental  
4 health professionals to determine whether or not segregation is  
5 appropriate, correct?

6 A. Using the word "rely on" may be an overstatement.

7 Q. The discipline you talked about, there were a couple that  
8 specifically were for making thongs, correct?

9 A. Yes, for altering government-issued clothing.

10 Q. Right. You said you watched the video of Ms. Hampton out  
11 on the yard. Did you see instances of her also altering  
12 clothing at that time?

13 A. Yes. The video that I watched was 53 minutes in duration,  
14 and it was a handheld video, meaning that a person was actually  
15 moving the camera. It wasn't a static video that was set up on  
16 a pole, for example. And I saw significant modifications to  
17 her clothing in the yard.

18 Q. And it wasn't just a matter of modifying underwear so it  
19 would work as a gaff, would it?

20 A. That's correct. There were other modifications to the  
21 clothing to make them appear more female.

22 Q. Okay. Are you aware of what clothing is issued to female  
23 inmates at Logan Correctional Center?

24 A. I have seen the formulary -- the commissary, I'm sorry --  
25 but I have not seen the actual clothing.

1 Q. And what difference is there between that commissary that  
2 you are discussing for Logan and for Dixon?

3 A. The commissary list that I saw had items that are  
4 designated as specific to female inmates and not accessible to  
5 male inmates.

6 Q. Okay. Are you aware if any of those items have been made  
7 available to Ms. Hampton?

8 A. I saw some annotations and late entries in the notes that  
9 possibly she may have, but I'm not sure, other than bras.

10 Q. Okay. Are you aware of whether or not Ms. Hampton has ever  
11 requested female underwear be issued to her at Dixon  
12 Correctional Center?

13 A. It is certain in my understanding that she has.

14 Q. What's that understanding based on?

15 A. I specifically asked her that question in my interviews  
16 with her.

17 Q. I thought you didn't talk to her after she was at Dixon.

18 A. Oh, I'm sorry, that's correct. I didn't ask her with  
19 respect to Dixon, I asked her with respect to prior facilities.

20 Q. Okay. You discussed whether or not her current  
21 condition -- that's what you have described as chemical  
22 castration -- is reversible or not, and you spoke in terms of  
23 whether or not she would be able to impregnate somebody, but  
24 there is also a possibility, though, that she would not remain  
25 impotent; is that correct? -- if she were to discontinue the

1 hormone treatment?

2 **A.** Well, first of all, I don't know what her erectile  
3 capabilities were prior to cross-sex hormone treatment, but  
4 let's just assume that she had the capabilities for erections  
5 in the context of her exclusive interest in male patterns.  
6 Let's assume that's the case. So if she were to go off of both  
7 hormones --

8 **Q.** Mmm hmm.

9 **A.** -- both hormone treatments, the testosterone blockers as  
10 well as the estrogens, it is certainly theoretically possible  
11 that weeks to months down the road, she could achieve erections  
12 most likely in the context of being around a male potential  
13 partner.

14 **Q.** Are you aware of how frequently patients who discontinue  
15 hormone therapy regain the ability to have an erection?

16 **A.** Well, most of the patients don't discontinue cross-sex  
17 hormone treatment, so there is a very small number of those  
18 people, unless it is enforced upon them by a system or by some  
19 loss of medication access. But in terms of research evidence  
20 that answers your question, I don't have data for it, but it  
21 does occur.

22 **Q.** Okay. Do you have any data on how quickly it happens? I  
23 know you said you thought it could be weeks to months, but is  
24 there any data as far as what's the quickest it's ever  
25 happened?

1 **A.** No. There's no data on the quickest it's ever happened,  
2 but I'm unaware of any cases where it's happened prior to weeks  
3 to months, and I've been doing this work for over 30 years.

4 **Q.** I think you testified as to whether or not while in  
5 segregation Ms. Hampton has access to transgender therapy.  
6 Were you referring only to group therapy, or are you also  
7 talking about whether or not she has individualized therapy for  
8 that?

9 **A.** It's my understanding that she has a therapist while she is  
10 in GP segregation who meets with her. Mrs. Weigand, I believe,  
11 currently is the individual, and that there is also a  
12 transgender group that she does not have access to while in  
13 segregation. So those are two separate offerings.

14 **Q.** Okay. So she is receiving therapy, it is just not group  
15 therapy, correct?

16 **A.** And I can't speak to whether she is receiving therapy as to  
17 gender dysphoria. I can just speak to that she is getting  
18 individual contact with a therapist.

19 **Q.** You discussed a diagnosis that she has been diagnosed  
20 with, intermittent explosive disorder, and said she did not  
21 meet the criteria. What are the criteria for a diagnosis of  
22 intermittent explosive disorder?

23 **A.** Well, we certainly could look it up in DSM-5 because they  
24 are quite lengthy. But I can tell you that it requires a  
25 minimum number of episodes, at least one explosive episode per

1 week for a minimum of four months. So that's -- what is  
2 that? -- 16 consecutive weeks of a basically out of control  
3 experience that is out of proportion to anything that's going  
4 on in that person's environment. And this is another situation  
5 where access to prison records makes our ability to rule out  
6 diagnoses like this. It is much better than if we have someone  
7 on the outside because we can go through these records, as I  
8 have in great detail, and you are unable to find any ability to  
9 make this diagnosis in the records.

10 **Q.** You discussed some of the suicidal -- either speaking of  
11 concerns about suicidal thoughts or actually having something  
12 tied around her neck. Have you ever encountered patients who  
13 used discussions of suicide to manipulate a situation?

14 **A.** Certainly, that's a possibility.

15 **Q.** If somebody, in speaking to their therapist about these  
16 suicidal thoughts, also mentioned something that they're trying  
17 to achieve -- in this case, a transfer -- would that affect  
18 your evaluation of whether or not manipulation was a  
19 possibility?

20 **A.** Well, you know, all of my career I've worked with veterans  
21 who are, in many cases, trying to get access to secondary gain  
22 like your money and my money as taxpayers for things that may  
23 or may not have happened during their service careers. And I'm  
24 a veteran myself, so I know this all quite well. So my whole  
25 career is dealing with people who have secondary gain issues

1 like with prisoners, so I consider that in all of my  
2 assessments, not just with respect to inmates.

3 Q. And how can you determine if somebody is being  
4 manipulative?

5 A. Well, I would argue that no one can do it 100 percent of  
6 the time including myself. But you look at the totality of the  
7 information available to you, you look at what people have  
8 actually done to themselves, you look at their level of  
9 desperateness, you look at the mental status examinations that  
10 people other than me have made with regard to the severity of  
11 their disorder, and you take all of that into account with your  
12 determination.

13 Q. Does it help to have --

14 A. The other point that I would make -- the other point that I  
15 would make in response directly to your question is, if you  
16 have somebody who makes a suicide gesture that may be  
17 interpreted as manipulative today, that doesn't carry over to  
18 the next time. So one of the biggest mistakes that systems  
19 make is saying, well, this time it was manipulative, so we are  
20 going to assume that all of them are manipulative, and then you  
21 have a dead inmate on your hands.

22 Q. Right. And the response to that is when somebody has a  
23 suicidal ideation or enactment, they usually go in crisis care,  
24 right?

25 A. If they tell you about them. The people who are successful

1 at killing themselves don't tell you.

2 Q. Okay. But in this situation, we are talking about somebody  
3 who is reporting these thoughts, correct?

4 A. Sometimes. We only know the ones that are reported. We  
5 don't know the ones that aren't reported.

6 Q. That's true of everybody, correct?

7 A. Right. Which is why people successfully kill themselves in  
8 jails and prisons.

9 MR. HIGGERSON: Your Honor, that's all the questions I  
10 have.

11 THE COURT: All right. Thank you, Mr. Higgeson.  
12 Do you have any redirect?

13 MS. BEDI: I do, your Honor, briefly.

14 **REDIRECT EXAMINATION**

15 Q. (BY MS. BEDI:) Dr. Brown, just a few follow-up questions.  
16 If the Illinois Department of Corrections is truly concerned  
17 that Ms. Hampton will be noncompliant with her hormone  
18 medications, again, what could it do to prevent that from  
19 happening?

20 A. They could do nurse monitoring of each and every dose, they  
21 could switch to an injectable form of the estrogens in  
22 particular and do that, of course, as a nurse monitored  
23 treatment. And they could do, if they wanted to, more frequent  
24 laboratory assessments than is currently being done. But,  
25 again, there's no evidence that there's been any noncompliance,

1 but all of those things could be done.

2 **Q.** For so long as Ms. Hampton takes her hormones, will she  
3 remain chemically castrate.

4 **A.** Yes.

5 **Q.** Are you familiar, general speaking, with the suicide rate  
6 among the transgender population?

7 **A.** Yes. Actually, I've published on this quite extensively,  
8 and the rate of suicidal ideation and completed suicides is,  
9 depending on whether you look at my studies that are the  
10 largest studies ever done in the United States or other  
11 studies, they range anywhere between 10 and 20 times higher  
12 than matched controls in the population. So it's one of the  
13 most at-risk populations there is in the free world outside of  
14 a prison setting without the same kinds of stressors that  
15 people are faced with in a segregation environment, for  
16 example.

17 **Q.** And generally speaking, are you familiar with the research  
18 about the rates of suicide inside segregation in a correctional  
19 setting?

20 **A.** It depends on how locked down the person is and whether  
21 they have access to clothing, clothing being one of the key  
22 ways that people kill themselves in jails and prisons -- are  
23 sheets, clothing, and the like. But it's definitely elevated.

24 **Q.** And given that Ms. Hampton is a trans woman who is  
25 currently in segregation, would you agree that her risk of

1 suicide is many, many times higher than that of somebody in the  
2 general population?

3 **A.** Well, yes, also combined with the fact that she has bipolar  
4 disorder, which itself has a 15 percent lifetime rate of  
5 suicidality in the free world. So you have actually three  
6 major significant risk factors that greatly elevate her risk  
7 just statistically.

8 *MS. BEDI:* Nothing further, your Honor.

9 *THE COURT:* All right. Thank you.

10 Thank you, Dr. Brown. That will conclude your  
11 testimony.

12 *THE WITNESS:* Thank you, your Honor, and I appreciate  
13 the opportunity to be able to do this with video.

14 *THE COURT:* Well, it worked fine. So have a great  
15 day.

16 *THE WITNESS:* Thank you, your Honor.

17 *THE COURT:* Okay. So we are more than a little off  
18 schedule. We're supposed to have Dr. Meeks next; is that  
19 correct?

20 *MS. BEDI:* That's correct, your Honor.

21 *THE COURT:* Is he ready, available?

22 *MS. McCLIMANS:* He should be available, and he is only  
23 available until about 12:50.

24 *THE COURT:* Okay. How long do you think his testimony  
25 will take?



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REPORTER'S CERTIFICATE

I, Molly N. Clayton, RPR, FCRR, Official Court Reporter for the U.S. District Court, Southern District of Illinois, do hereby certify that I reported with mechanical stenography the proceedings contained in pages 200 - 292; and that the same is a full, true, correct and complete transcript from the record of proceedings in the above-entitled matter.

DATED this 21st day of September, 2018.

s/Molly Clayton, RPR, FCRR

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IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF ILLINOIS

DON HAMPTON, )  
 )  
Plaintiff, )  
 )  
v. ) No. 3:18-cv-00550-NJR-RJD  
 ) East St. Louis, Illinois  
JOHN BALDWIN, et al., )  
 )  
Defendants. )

TRANSCRIPT OF PROCEEDINGS  
**EVIDENTIARY HEARING - DAY 2 - P.M. SESSION**  
BEFORE THE HONORABLE NANCY J. ROSENSTENGEL  
UNITED STATES DISTRICT JUDGE

SEPTEMBER 13, 2018

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I N D E X

	<u>DX</u>	<u>CX</u>	<u>CX</u>	<u>RDX</u>	<u>RCX</u>
<b>WITNESSES ON BEHALF OF PLAINTIFF:</b>					
STEVE MEEKS, M.D.	296				
SANDRA FUNK	330	350		353	
<b>WITNESSES ON BEHALF OF DEFENDANT:</b>					
LARRY JUSTIN WILKS	361	361	383	385	388
BRANDI HENDRIX	391	401			

E X H I B I T S

<u>Exhibit No.</u>	<u>Description</u>	<u>ID'd</u>	<u>ADMT'd</u>
Plf's 31	Mental Health Records	318	318
Plf's 32	Lawrence Grievances	412	412
Plf's 33	Dixon Grievance	412	412
Deft's 100	8/28/18 Incident Report	398	398

1 (Following a recess, proceedings continue in open  
2 court.)

3 THE COURT: We have Dr. Meeks on video. Dr. Meeks,  
4 can you hear me okay?

5 DR. MEEKS: Good morning, I can.

6 THE COURT: Okay. Deana, if you would please  
7 administer the oath.

8 (Plaintiff witness, Dr. Steven Meeks, sworn).

9 THE CLERK: Please state your name for the record.

10 DR. MEEKS: My name is Steve Lamar Meeks.

11

12

DIRECT EXAMINATION

13 BY MS. BEDI:

14 Q. Good afternoon, Dr. Meeks.

15 A. Good afternoon.

16 Q. Where are you employed?

17 A. I'm employed with the Illinois Department of Corrections  
18 as the Agency Medical Director.

19 Q. And are you a physician by training?

20 A. I am.

21 Q. Are you familiar with the Gender Identity Committee?

22 A. I am familiar.

23 Q. What is your role with that committee?

24 A. My role is officially as the chairperson of that  
25 committee.

1 Q. And the Gender Identity Committee, that is the committee  
2 for ensuring that transpeople are housed appropriately within  
3 the Department of Corrections, is that true?

4 A. That is one of the functions of the committee.

5 Q. And the only way for a transperson to -- for a transwoman  
6 to get moved from the men's division to the women's division  
7 is through your committee, is that correct?

8 A. That would be part of the process.

9 Q. A transwoman cannot get moved from the men's division to  
10 the women's division without going through your committee,  
11 correct?

12 A. They would have to pass through our committee's approval.

13 Q. Okay. Since you have chaired this committee you have  
14 never recommended that a transwoman be moved from the men's  
15 division to the woman's division, is that correct?

16 A. I have not.

17 Q. And you personally, you yourself, have never made such a  
18 recommendation?

19 A. I have not made such a recommendation as of yet.

20 Q. You are no expert in providing care to transpeople,  
21 correct?

22 A. I would not consider myself an expert in this area.

23 Q. You have never provided care where you have overseen the  
24 administration of hormones to any transperson?

25 A. Other than my function through this committee, I have not.

1 Q. Through this committee are you providing medical care to  
2 people?

3 A. No. But in overseeing the medical care of the individuals  
4 in IDOC, yes. But, not providing direct medical care.

5 Q. So, you yourself have never overseen the administration of  
6 hormones to a transperson, is that right?

7 A. No, I do not provide direct medical care; that's correct.

8 Q. All right. You are aware that transpeople are often  
9 provided hormones as part of their care, is that correct?

10 A. I am aware of that.

11 Q. You don't know how these hormones would affect an  
12 individual's reproductive system, is that correct?

13 A. I would have some basic knowledge just by virtue of being  
14 a physician. But, would I say that I have expertise in that  
15 area? No.

16 Q. In order for you to interpret medical records related to  
17 the administration of hormones and what they might mean for an  
18 individual's reproductive system, you would have to consult  
19 some outside expert in the administration of these hormones,  
20 is that correct?

21 A. I'm sorry. Can you repeat the question, please? I want  
22 to make sure I understood everything you said.

23 Q. Sure. My question is that in order for you to interpret  
24 lab results related to hormone levels in an individual and the  
25 way those lab results might reflect reproductive function, you

1 would need to consult some outside expert. You yourself  
2 wouldn't feel comfortable drawing conclusions based on those  
3 lab results, is that right?

4 A. I would likely consult an outside expert; that's correct.

5 Q. Have you consulted an outside expert in any of the  
6 decisions that the committee has made in decisions related to  
7 the housing of transpeople in the IDOC?

8 A. I have not at this point.

9 Q. Do you know what the Prison Rape Elimination Act is?

10 A. I know it peripherally. I don't know the specific details  
11 outlined in the Prison Rape Elimination Act.

12 Q. You are not familiar with any of the regulations  
13 implementing the Prison Rape Elimination Act, are you?

14 A. Not specifically, no.

15 Q. Dr. Meeks, do you have documents in front of you?

16 A. I do.

17 Q. Okay. I'd like to move to what was previously marked as  
18 Plaintiff's Exhibit 18. This is tab 19 of the binder.

19 A. I'm sorry.

20 Q. And I'll direct you, Dr. Meeks. I just want to make sure  
21 everyone here is on the same page. This is Bates number 607.  
22 It is the March 17th, 2017, Gender Dysphoria Committee Update.

23 A. I'm sorry, my Bates numbers are not here on these  
24 exhibits.

25 Q. It's the March 17, 2017 report. It's a one-page report

1 from Pinckneyville Correctional Center.

2 A. From Pinckneyville. I don't have one in front of me from  
3 Pinckneyville, I'm sorry.

4 Q. Okay. I'm going to just read the document to you. It's  
5 short.

6 A. Okay.

7 Q. Okay. So, your name is on this as the agency medical  
8 representative, and this is an update and it states, "Inmate  
9 is currently in restrictive housing for the next three months.  
10 She showers separately and in private from other offenders.  
11 She is currently receiving feminising hormones and is  
12 satisfied with the effects. Since inmate has been in  
13 segregation she has not had individual or group therapy  
14 specifically for transgender identity support, but has been  
15 attending the mental health group offered to inmate residing  
16 in restrictive housing. The use of a sports bra was allowed  
17 by Corrections and Offender has access."

18 Do you remember that committee update?

19 A. I have a vague recollection of that committee update. I  
20 can't remember specifics about the meeting, if that's what you  
21 are asking.

22 Q. Do you know why the committee met in March of 2017 to  
23 consider Ms. Hampton?

24 A. I can't remember specifically. I would assume that it was  
25 an update given the fact that she had been in the system for

1 some time.

2 Q. Do you agree that gender dysphoria is a legitimate  
3 diagnosis?

4 A. Yes.

5 Q. You believe it's a real diagnosis that requires medical  
6 treatment?

7 A. Yes.

8 Q. And as medical director for the IDOC you wouldn't allow  
9 somebody to receive treatment for gender dysphoria unless they  
10 actually had that diagnosis, is that right?

11 A. I would say that's correct.

12 Q. And would you agree that psychosocial supports are  
13 required treatment for somebody who's got gender dysphoria?

14 A. I would say that's part of the treatment, certainly.

15 Q. Psychosocial supports are medically necessary for someone  
16 who lives with gender dysphoria, would you agree?

17 A. I would agree that it's necessary in terms of treating the  
18 whole condition of the person. There are various elements  
19 that go into treating the disease, --

20 Q. Sure.

21 A. -- including medications.

22 Q. Sure. So, psychosocial supports are one part of treating  
23 it, hormones might be another, is that right?

24 A. Yes.

25 Q. So, this March 17, 2017 report states that, "While

1 Ms. Hampton was in segregation she was not receiving  
2 psychosocial supports for gender dysphoria." Do you remember  
3 signing off on that report?

4 A. If my signature is there, I would assume that I did.

5 Q. Why would you sign off on a report stating that  
6 Ms. Hampton is not receiving medically-necessary treatment for  
7 a diagnosis that she's received?

8 A. Because I'm signing off on the minutes of the discussion  
9 of the report, so I would sign off on it as having been part  
10 of that meeting and conducting the meeting.

11 Q. But in signing off on this report aren't you approving  
12 Ms. Hampton to continue not receiving treatment, psychosocial  
13 support for her gender dysphoria?

14 A. What I am signing off on is the minutes of the meeting.

15 Q. While Ms. Hampton is in segregation should she be  
16 receiving psychosocial supports specific for gender dysphoria?

17 A. In an ideal care situation she certainly should be  
18 receiving that psychosocial support.

19 Q. So, to the extent that Ms. Hampton is not receiving  
20 psychosocial support for her gender dysphoria while she's in  
21 segregation, you would agree that her treatment violates  
22 professional standards?

23 A. Well, I would agree that she's not getting ideal  
24 treatment, certainly.

25 Q. And when you say *ideal treatment*, what we are really

1 talking about are professionally-accepted standards. We are  
2 not talking about something that would be an impossible  
3 standard to achieve, is that right?

4 A. I would agree.

5 Q. Okay. Based on what I read to you related to the March  
6 17, 2017 report, would you agree that during this meeting, the  
7 committee did not consider any information from Ms. Hampton  
8 about where she would like to be placed?

9 A. I would have to really have a good look at the notes to  
10 really fully comment on what was and what wasn't considered.  
11 I'm sorry that I don't have that in front of me.

12 THE COURT: Deana, let's see if we can make that  
13 happen. Hold on, Doctor.

14 A. Sure.

15 (Brief interruption in proceedings).

16 Q. Mr. Meeks -- Dr. Meeks, excuse me. We might come back to  
17 this exhibit.

18 Do you have in front of you the January 26, 2018  
19 Gender Committee Report?

20 A. January 26, 2018, where was that?

21 Q. That was from Lawrence Correctional Center.

22 A. January 2018?

23 Q. Yes.

24 A. Okay. I do have a report from Lawrence.

25 Q. You do?

1 A. I do.

2 Q. Okay.

3 A. It's a Transgender Care Review Committee Recommendation.

4 Q. That's correct. That's Bates 225 to 229.

5 A. Yeah, they are not Bates-stamped. I'm sorry.

6 Q. All right. I'm to be reading --

7 A. Oh, you know what? They are. They are at the bottom.

8 I'm sorry, I didn't realize that.

9 Q. That's great, Dr. Meeks. I'm going to be continually

10 reading out the Bates numbers so folks in the courtroom can

11 reference and follow along. I understand that you may have

12 different versions of those documents, okay?

13 A. Okay.

14 Q. All right. Let's look at the last page of this report,

15 which is Bates 229. Your name is on there, is that right?

16 A. It is.

17 Q. You participated in this committee review, is that

18 correct?

19 A. I would say that's correct.

20 Q. And you chaired the committee at this time?

21 A. I believe that I was chair of the committee at this time.

22 Q. All right. And what is the difference between a gender

23 committee report and a gender committee update?

24 A. As I understand it, a Transgender Care Review Committee,

25 the full form here is usually done when a transgender

1 individual gets to a parent facility. At that point there is  
2 basically a full evaluation of the individual using this form  
3 to make decisions about hormones and housing, etcetera.

4 The update is usually done subsequent to that initial  
5 sort of comprehensive evaluation, and that's usually done if  
6 there are specific requests related to that transgender  
7 individual's care; for instance, if there's an issue with the  
8 medication that they are taking or something like that.

9 Q. And here on the first page of the report under Gender  
10 Identity History there's a box where it's written, "Patient  
11 reports that she has felt upset by IDOC's acceptance of her  
12 sense of gender." Do you see that?

13 A. What I see is, "Patient reports that she identifies not as  
14 transgender, but as a woman."

15 Q. Look at the boxes under Section 3 where it says, "Please  
16 explain."

17 A. Yes, I see that.

18 Q. "Patient reports that she has felt upset by IDOC's  
19 acceptance of her sense of gender." Do you see that?

20 A. Yes, I do.

21 Q. Now, that statement, that makes no sense to you, is that  
22 correct?

23 A. Well, it doesn't make sense to me in the sense that we  
24 accept that she's a transgendered individual, that diagnosis  
25 has been made, she's being treated as a transgender

1 individual. So, I guess I don't understand how that's being  
2 interpreted as not accepting her sense of gender.

3 Q. And, Dr. Meeks, you believe that because in your view IDOC  
4 has evaluated Ms. Hampton, IDOC has diagnosed her and has  
5 treated her consistent with her diagnosis, and as a result of  
6 that you believe that Ms. Hampton should feel that IDOC  
7 accepts her sense of gender, is that correct?

8 A. I mean, in my mind the evidence does support that we  
9 accept her sense of gender.

10 Q. During this committee meeting did you request any  
11 additional information from anyone to understand further why  
12 Ms. Hampton might feel that the IDOC does not accept her sense  
13 of gender?

14 A. I don't recall doing that.

15 Q. Does this committee report indicate that you did at any  
16 time request that additional information?

17 A. I don't see anything documented that supports we requested  
18 additional information other than what was presented at the  
19 committee meeting.

20 Q. If you had requested additional information it would have  
21 been documented in this report, is that correct?

22 A. I would hope so and expect it to be.

23 Q. Let's look at the second page of the report, 226, under  
24 Section 6.

25 A. Yes.

1 Q. Are you with me?

2 A. I am.

3 Q. Okay. "Has the offender retained their ability to  
4 reproduce?" The box is checked "no." Do you see that?

5 A. I do.

6 Q. What's the significance of that?

7 A. Well, the significance of that, I would assume, has to do  
8 with whether they are able to produce. If they are a  
9 transgender individual who is on hormone therapy, that might  
10 impact that ability.

11 Q. And you had no reason at the time this committee met to  
12 doubt the accuracy of the indication here that Ms. Hampton has  
13 not retained her ability to reproduce, is that right?

14 A. I do not have any reason; that's correct.

15 Q. In the same section it states, "Is the offender able to  
16 have a penile erection," and the box is checked "No." Do you  
17 see that?

18 A. I do.

19 Q. And you have no reason to doubt that that is also true, is  
20 that correct?

21 A. I don't have any reason to doubt that.

22 Q. And you didn't request any additional information about  
23 Ms. Hampton's medical history or records at this point to  
24 relate it to these points, is that right?

25 A. It doesn't appear that I did, no; that's correct.

1 Q. If you had requested additional information it would have  
2 been reflected in this report, is that correct?

3 A. I would expect that to be reflected.

4 Q. Let's look under Mental Health History.

5 What is the significance of Ms. Hampton's mental  
6 health history to the committee's determination?

7 A. Well, I think that we want to consider that in terms of  
8 her overall treatment.

9 Q. During the time this committee met was there any  
10 consideration of any of the Prison Rape Elimination Act  
11 Ms. Hampton had filed?

12 A. I don't see any documentation here at quick glance that  
13 indicates that a PREA-related complaint was discussed.

14 Q. And if those complaints had been discussed you would have  
15 expected that to have been included here on this form, is that  
16 right?

17 A. I would hope and expect it to be included, correct.

18 Q. If the committee considered any information related to  
19 Ms. Hampton's disciplinary history would you have expected  
20 that to have been included on this form?

21 A. I would hope and expect it to be included; correct.

22 Q. And it's not included here, is it?

23 A. Well, it does say that Mental Health and DOC are working  
24 together for careful placement of the patient.

25 Q. How is that relevant to her disciplinary history?

1 A. It's not; that's correct.

2 Q. So, there's nothing in here that indicates that the  
3 committee at any time considered her disciplinary history  
4 during this meeting?

5 A. There's nothing documented here.

6 Q. All right. Is there anything documented here indicating  
7 that the committee considered at this point housing or  
8 transferring Ms. Hampton to the women's division?

9 A. Well, what it says, again, is that I said, "Mental Health  
10 and DOC are working together for careful placement of the  
11 patient," which in my mind indicates that we did discuss  
12 housing.

13 Q. Is there anything in here that states the committee  
14 considered transferring Ms. Hampton from the men's division to  
15 the women's division?

16 A. It doesn't say that specifically, but it indicates that we  
17 talked about placement, which is housing.

18 Q. Placement is in housing. My question is a different one,  
19 though.

20 A. Okay.

21 Q. Does this document indicate that the committee had a  
22 conversation and considered whether to transfer Ms. Hampton  
23 from the men's division to the women's division?

24 A. It doesn't say that specifically.

25 Q. All right. If that conversation had occurred would it

1 have been reflected in this document?

2 A. I would hope and expect that it would, but, again, in  
3 documenting that we discussed placement it could very well  
4 have been and likely was.

5 Q. I'm sorry?

6 A. And likely was, if we talked about placement in the  
7 meeting at all, and there's an indication that we did discuss  
8 placement.

9 Q. But it doesn't say in here specifically that when  
10 discussing placement you considered and rejected the  
11 possibility of transferring Ms. Hampton from the men's  
12 division to the women's division?

13 A. It doesn't say that; that's correct.

14 Q. Okay. All right. Do you have in front of you the April  
15 10, 2018 GID report?

16 A. April 10, 2018. What facility is that? I'm sorry.

17 Q. That's Dixon. And that is the next report in the same  
18 tab. It's not Bates-numbered.

19 A. Okay. All right. So, I do have a report from Dixon.  
20 There's no date on here, so I'm not exactly sure if it's the  
21 one you are referring to.

22 Q. So, if you look on the second page of the report under GID  
23 Committee it says, "Date of meeting, April 10, 2018."

24 A. I see that, thank you.

25 Q. All right. And you chaired the committee that's reflected

1 in this report, is that correct?

2 A. It looks like I did.

3 Q. Okay. And here on this form there's a -- under Section 5  
4 there are committee recommendations. This is on the first  
5 page of the form.

6 A. Yes.

7 Q. And it says, "Recommendations for housing," and there's  
8 nothing written there; "Showering," nothing written there,  
9 "Hormone therapy" states, "Yes." Do you see that?

10 A. I do.

11 Q. So, does that mean that the committee made no  
12 recommendations with regard to Ms. Hampton's housing?

13 A. It appears that no recommendation was documented.

14 Q. And does that also mean that this committee made no  
15 recommendations with regard to showering?

16 A. There's nothing documented; correct.

17 Q. With regard to showering, what kinds of recommendations  
18 might the committee make, generally speaking?

19 A. Generally speaking, I think most of these recommendations  
20 revolve around whether the individual should shower separately  
21 from the other individuals in the facility.

22 Q. And you would agree that the fact that this committee  
23 report does not make provisions for Ms. Hampton to shower  
24 separately from other people in the prison that that's a  
25 mistake, right?

1 A. Well, it was a mistake not to have it documented. I think  
2 that that discussion was had and that she was likely showering  
3 separately from other individuals at Dixon.

4 Q. You think? That's what you think?

5 A. I'm -- I'm almost certain.

6 Q. How are you almost certain?

7 A. Well, because as I remember historically, she has showered  
8 separately. So --

9 Q. And how do you have that historical memory of Ms. Hampton  
10 showering separately?

11 A. It's a general recollection. I can't point to any  
12 specific date or any specific thing that I have read, but  
13 that's my recollection.

14 Q. Have you requested any information from any individuals at  
15 any time to confirm that Ms. Hampton is indeed showering  
16 separately from other people who are locked up at Dixon?

17 A. I didn't recall requesting any specific information, no.

18 Q. Have you received any documentation indicating that  
19 Ms. Hampton is showering separately from other people at  
20 Dixon?

21 A. I don't have that in front of me on this record. I could  
22 certainly go back through previous records and see if it's  
23 documented at some point, but I don't have any.

24 Q. Sorry, I didn't mean to interrupt.

25 My question is have you requested any such

1 documentation indicating that Ms. Hampton is showering  
2 separately?

3 A. No, I have not.

4 Q. You don't know if any such documentation exists, is that  
5 right?

6 A. I don't know for certain, that's correct.

7 Q. Okay. At the top of this same page it states here  
8 "Testosterone, 3." Do you see that?

9 A. I do.

10 Q. Do you know what that means?

11 A. That is a lab result I assume from a draw of her  
12 testosterone levels.

13 Q. What's the significance of a testosterone level of 3?

14 A. Well, I think that it would help determine whether the  
15 medical therapy that you have the patient on is having an  
16 impact.

17 Q. As you sit here today, do you know what the testosterone  
18 level of 3 says about the therapy that Ms. Hampton's received?

19 A. Well, I would have to look at the reference ranges from  
20 the particular lab that it came from to be able to give some  
21 interpretation. Without having that, I can't say for certain  
22 what that means.

23 Q. As you sit here today, you don't know what a testosterone  
24 range of 3 means, is that right?

25 A. It looks like it would be a low level; a very low level.

1 But, again, not having the specific ranges of the lab that ran  
2 the test, I can't comment with a hundred percent certainty.  
3 But it certainly does appear to be a low level.

4 Q. And is there any significance to a transwoman having a low  
5 level of testosterone?

6 A. Well, ideally I think one of the goals of therapy is to  
7 decrease that testosterone level.

8 Q. The goal of the therapy is to increase the testosterone  
9 level?

10 A. No, to decrease.

11 Q. And why is that one of the goals?

12 A. Well, because if you are converting from a male to a  
13 female you would ideally want less of that testosterone  
14 influence on your body physiologically.

15 Q. And how is any of this of the testosterone level relevant  
16 to the work of the gender committee when it comes to  
17 placement?

18 A. Well, when it comes to placement, ideally you certainly  
19 don't want to place a transgender in a female facility if they  
20 have reproductive capabilities. I think that's part of the  
21 consideration.

22 Q. So, let's look at the second page of the report. I'm  
23 sorry, the last page of the report under "Other".

24 A. Yes.

25 Q. And it states, "Adjusting to Dixon Correctional Center,

1 attends group five days a week, wants increase in hormone  
2 dosage, monitoring weight once transferred to Logan  
3 Correctional Center following estradiol testosterone levels."

4 Do you see that?

5 A. Yes.

6 Q. So, at this point did the committee make a decision to  
7 keep Ms. Hampton in Dixon because it believed that she was  
8 adjusting well to Dixon Correctional Center?

9 A. I don't think that was the only reason. I'm sure it was  
10 part of the consideration, but I don't think in isolation that  
11 was the reason for keeping her there.

12 Q. Would you agree that at this meeting the committee made a  
13 decision to keep Ms. Hampton at Dixon?

14 A. Well, it certainly did not make a decision to move her.

15 Q. And in not making a decision to move Ms. Hampton it made  
16 the decision to keep her at Dixon, correct?

17 A. Yes, I would agree.

18 Q. And one of the reasons is because the committee made the  
19 decision that she was adjusting well to Dixon, is that  
20 correct?

21 A. I'm sure that was part of the consideration.

22 Q. All right. What were the other reasons why the committee  
23 decided to keep Ms. Hampton at the Dixon Correctional Center?

24 A. Well, I think that one of the major issues, as I recall,  
25 is Ms. Hampton's mental health status. She seemed to be

1 adjusting well at Dixon, and I believe, as I recall, there was  
2 a question as to whether she was healthy enough from a mental  
3 health standpoint to make that kind of a transfer.

4 Q. So, the committee made the decision that in order for  
5 Ms. Hampton to be transferred from the men's division to the  
6 women's division she needed to be healthy from a mental health  
7 perspective, is that correct?

8 A. As well, yes.

9 Q. And at this point, based on what's included in this  
10 report, there's no indication that the committee had  
11 considered any information related to Ms. Hampton's  
12 disciplinary history, is that correct?

13 A. I don't see anything documented; that's correct.

14 Q. And if there was consideration of Ms. Hampton's  
15 disciplinary history, you would expect to see it recorded in  
16 this form, is that right?

17 A. I would hope and expect to see it recorded, yes.

18 Q. Dr. Meeks, so long as Ms. Hampton is preop, so long as she  
19 has testicles, you are not comfortable recommending that she  
20 be transferred to the women's division, because you are  
21 concerned about what you call the concern of virilization, is  
22 that correct?

23 A. You know, quite honestly, I cannot say that that is a  
24 hundred percent correct. There are a lot of factors to  
25 consider in terms of making that decision. Historically --

1 and I have learned this -- IDOC has transferred transgender  
2 individuals from the male to the female prison. So, having  
3 testicles in and of itself would not be a reason to keep her  
4 in the women's division. It's a more wholistic decision than  
5 that. It has to do with, also, as I said earlier, her mental  
6 health status and whether she would function well at the  
7 women's facility.

8 Q. Dr. Meeks, do you recall giving your deposition on May 10,  
9 2018?

10 A. I do.

11 Q. And you were under oath when you gave that deposition, is  
12 that correct?

13 A. I was.

14 Q. You testified truthfully, is that correct?

15 A. I did.

16 Q. Okay. I'm going to now read from page 143 of your  
17 deposition, starting at line --

18 A. Okay.

19 Q. -- starting at line four.

20 *Question: So because of the concern, your concern*  
21 *that someone who is chemically castrated could stop taking*  
22 *hormones and gain sexual function, it sounds like there are no*  
23 *circumstances you would be feel comfortable saying someone who*  
24 *has testicles being moved to Logan.*

25 *Answer: I don't want to generalize, but in this case*

1 *I wouldn't be comfortable.*

2           Were you asked those questions and did you give that  
3 answer?

4 A. What I said -- Yes, I did give that answer.

5 Q. Okay. Thank you.

6 A. What I said was that specific case.

7 Q. Understood. Thank you. I'd now like to turn to tab 30 of  
8 our binder. This is Bates number 811.

9 A. I'm sorry, can you describe what you are looking at?

10 Q. Sure. A Mental Health Progress Note from the Dixon  
11 Correctional Center. It's a progress note authored by Ms.  
12 Weigand.

13 A. Yes, I see that.

14 Q. Okay.

15           MS. BEDI: Your Honor, may I just have a moment?

16           THE COURT: You may.

17           MS. BEDI: Your Honor, I would like to mark this  
18 exhibit, this Mental Health Progress Note, as Exhibit No. 31  
19 and move it into evidence.

20           THE COURT: So, just this one page, Bates 811?

21           MS. BEDI: That's correct, Your Honor.

22           THE COURT: Okay. Any objection?

23           MS. McCLIMANS: No, Your Honor.

24           THE COURT: 811 will be admitted.

25 Q. (By Ms. Bedi) Dr. Meeks, this Mental Health Progress Note

1 reflects that there was a Gender Dysphoria Committee meeting  
2 via conference call on June 12, 2018. Do you see that?

3 A. I don't see all that documented.

4 Q. Look under Part 3, the S.O.A.P. note, the first sentence.

5 A. Is it a handwritten note?

6 Q. No. No, it's not a handwritten note. Are you looking at  
7 a June 12, 2018, Mental Health Progress Note?

8 A. There is no date on this, unfortunately.

9 Q. Okay. I think you don't have the right document in front  
10 of you. This is a report that was completed by Ms. Weigand.

11 A. Yeah, I see --

12 Q. Sorry, go ahead.

13 A. I'm sorry, no. I see her signature on this work sheet,  
14 Update Work Sheet.

15 THE CLERK: We can try it again if you want.

16 Q. So, we are going to try to show it to you.

17 THE COURT: It's Bates number 811 on the bottom  
18 right.

19 A. Yeah, there are no Bates numbers on this. I'm sorry, Your  
20 Honor.

21 THE COURT: On the top it says Mental Health Progress  
22 Note, Dixon Correctional Center.

23 A. No, I have a Gender Identity Disorder --

24 THE CLERK: He should be able to see it now.

25 THE COURT: Can you see it now on the screen?

1 A. No, unfortunately I can't. It's too light.

2 THE COURT: Can you zoom in on it?

3 (Brief interruption in proceedings).

4 A. I can't see anything up there. I can see the shadow of  
5 your hand, but that's it.

6 Q. I'm going to just read this. I know we are running short  
7 on time. I'm going to read this document to you.

8 A. Okay.

9 Q. It states that, "Ms. Hampton was presented to the Gender  
10 Dysphoria Committee via conference call. An update was given  
11 on Ms. Hampton and her current status at Dixon Correctional  
12 Center." Did you participate in that conference call?

13 A. And the date was what? I'm sorry.

14 Q. Date was June 12, 2018.

15 A. I would assume that I did.

16 Q. Do you have any independent recollection of participating  
17 in that call?

18 A. I'm sorry, I don't have any independent recollection at  
19 this point.

20 Q. Did you have any recollection of signing off on a  
21 committee update reflecting what happened during that call?

22 A. You know, unfortunately I sign so many things I don't have  
23 an independent recollection of signing that document.

24 Q. I'm going to represent to you that the lawyers  
25 representing the Department of Corrections did not produce to

1 us a report or an update reflecting the outcome of that call.

2 Should a report have been produced?

3 A. Ideally, yes.

4 Q. Is it the practice of the committee to report, produce --  
5 to produce reports or updates after every meeting?

6 A. We should be doing that; that is correct.

7 Q. Is it appropriate for the meetings to be documented only  
8 in Mental Health Progress Notes?

9 A. There should be minutes from the meetings.

10 Q. And should the minutes from those meetings reflect all of  
11 the individuals who participated?

12 A. Ideally, yes.

13 Q. And should the meetings also reflect the outcome of the  
14 meeting and any decisions that were made?

15 A. Yes.

16 Q. So, do you have in front of you an e-mail that reflects a  
17 July 16, 2018 meeting?

18 A. I do.

19 Q. So, that was Plaintiff's Exhibit 21. That's in tab 37.

20 This is an e-mail that was sent by Lisa Moss, is that  
21 correct?

22 A. Yes.

23 Q. Who is Lisa Moss?

24 A. Lisa Moss is my assistant.

25 Q. Did Ms. Moss send this e-mail at your direction?

1 A. Lisa Moss did send this e-mail at my direction, yes.

2 Q. Did you write this e-mail?

3 A. No, I did not.

4 Q. Ms. Moss wrote this e-mail?

5 A. She did.

6 Q. And does this e-mail contain notes of a gender committee  
7 meeting?

8 A. It does.

9 Q. Was there any report created as a result of this meeting?

10 A. Well, these are the minutes of the meeting, so this is the  
11 report, per se.

12 Q. The e-mail that you have in front of you, and that is  
13 Exhibit 21, that is the only report of this meeting that  
14 occurred on July 16th, 2018, is that correct?

15 A. As I understand, that is correct.

16 Q. Okay. What was the purpose of this meeting?

17 A. Well, it looks like we had a discussion about Ms. Hampton  
18 going to -- being transferred to a women's prison.

19 Q. The first bullet states, "Chief Attorney Camile Lindsay  
20 asked the committee about Deon Hampton going to the women's  
21 prison." Do you see that?

22 A. I do.

23 Q. Who is Camile Lindsay?

24 A. Camile Lindsay is the Chief of Legal for IDOC.

25 Q. So, was this committee meeting called by Ms. Lindsay?

1 A. I don't think it was called by Ms. Lindsay. We would  
2 convene the meetings. I would actually call the meeting, I  
3 guess, but she participated in this one, certainly.

4 Q. And does Ms. Lindsay regularly participate in the gender  
5 committee meetings?

6 A. Not regularly.

7 Q. How often does Ms. Lindsay participate in the gender  
8 committee meetings?

9 A. I can't recall exactly, but it's not a regular occurrence.

10 Q. It's not a regular occurrence. Can you recall any other  
11 instances other than this meeting reflected here where Ms.  
12 Lindsay participated in the gender committee meeting?

13 A. I don't have any independent recollection of that, no.

14 Q. What did the committee decide here?

15 A. What we decided was that we would reconvene in November to  
16 reconsider. It looks like we also discussed the fact that she  
17 had been refusing her medications and wanted to take some  
18 effort to correct that and make sure that from a mental health  
19 standpoint she was as stable as she could possibly be.

20 Q. Okay. Let's take those one by one.

21 Did the committee decide on July 16, 2018, to  
22 continue housing Ms. Hampton at the Dixon Correctional Center?

23 A. Yes.

24 Q. Did the committee decide then not to transfer Ms. Hampton  
25 to the Logan Correctional Center?

1 A. Yes.

2 Q. Did the committee discuss whether Logan would be an  
3 appropriate placement for Ms. Hampton?

4 A. Yes.

5 Q. Why did the committee make the decision not to transfer  
6 Ms. Hampton to Logan?

7 A. Well, I think that, as I recall from this meeting, one of  
8 the major factors was the fact that there was an assault on  
9 staff and I believe another offender in the facility at Dixon,  
10 and there was some concern, as I recall, that she wasn't  
11 psychologically stable enough at that point to consider making  
12 a decision to transfer her out.

13 Q. So, if there hadn't been the alleged assault would  
14 Ms. Hampton have been transferred to the Logan Correctional  
15 Center?

16 A. I think that there would have been a better chance of her  
17 being transferred, certainly.

18 Q. If Ms. Hampton had been, to use your language, deemed  
19 mentally stable would she have been transferred to Logan  
20 Correctional Center?

21 A. I think that that there would have been a much better  
22 chance of her being transferred had that been the case.

23 Q. Can you say she would have been transferred if she had  
24 been deemed mentally stable and there hadn't been an assault?

25 A. No, I cannot. You are asking me to make that assumption

1 in isolation. You have to take that into consideration of the  
2 entire picture. So, in isolation I can't say that that would  
3 have been the impacting factor, but it was a major factor as I  
4 remember in this situation here.

5 MS. BEDI: May I have one moment, Your Honor?

6 (Brief interruption in proceedings).

7 Q. (By Ms. Bedi) So, Dr. Meeks, are all women housed at the  
8 Logan Correctional Center, to use your language, mentally  
9 stable?

10 A. I would say no.

11 Q. And if a woman presents as mentally instable is that a  
12 reason for transferring her out of Logan?

13 A. No.

14 Q. Why is the requirement that Ms. Hampton must be mentally  
15 stable before she could be transferred imposed upon her?

16 A. Well, I don't know if mentally stable is the right choice  
17 of words, but what I can tell you that impacted this decision  
18 here was the fact that she had what appeared to be an  
19 altercation or a fight with another staff member and with  
20 another offender and with a staff member. I think that moving  
21 anyone from any facility to another at a point when they are  
22 having those kinds of issues is problematic.

23 Q. Let's talk about the assault and the altercation for a  
24 moment.

25 What information did you rely upon in identifying

1 that there were issues in that assault and altercation that  
2 would preclude Ms. Hampton's transfer to Logan?

3 A. I think it was a report from the mental health  
4 professionals at the facility, and I can't remember the  
5 specific details of the altercation, what exactly happened,  
6 but I do know that that was a factor in making that decision.

7 Q. Was it a verbal report?

8 A. I can't remember specifically, I'm sorry. I believe there  
9 was --

10 Q. Sorry. Please go ahead.

11 A. I believe it was verbal, but I can't remember  
12 specifically. I'm sorry.

13 Q. Do you recall reviewing any documentation related to  
14 either of those incidents?

15 A. I don't recall reviewing any specific documentation.

16 Q. Did you do anything other than receive a report from the  
17 mental health professional to verify the veracity of the  
18 report?

19 A. I did not.

20 Q. Do you know if the mental health professional did anything  
21 to verify the veracity of the reports?

22 A. I don't know.

23 Q. So, Dr. Meeks, if during this meeting you had access to  
24 all of the information that you had about Ms. Hampton, but  
25 there were no reports of a disciplinary nature and there were

1 no reports questioning her mental instability, would you have  
2 recommended that Ms. Hampton be transferred to the Logan  
3 Correctional Center?

4 A. Again, I think what you are asking me to do is take an  
5 isolated factor and go back in time, say if that was different  
6 would that change everything. I can't say that with  
7 certainty, but I think, as I said to you before, that it would  
8 have likely made it more likely that the transfer could have  
9 been effected. I think that her mental health is a  
10 consideration, and there's some pause from that standpoint at  
11 least at that meeting.

12 Q. Is one of the responsibilities of the committee to ensure  
13 that people who are trans are placed in an environment that  
14 can keep them safe?

15 A. Yes.

16 Q. Did the committee consider any of the complaints  
17 Ms. Hampton had filed about her personal safety?

18 A. I'm sure they were likely discussed. I don't have any  
19 documentation that supports what specific complaints of hers  
20 were brought up.

21 Q. There's nothing in this e-mail that indicates that a  
22 bullet-point of discussion was related to Ms. Hampton's  
23 safety, is that correct?

24 A. I don't see the word *safety* used; that's correct.

25 Q. If there was a consideration of her safety it would have

1 been documented in these notes, is that correct?

2 A. I would hope and expect it to be.

3 Q. You have no recollection of considering any information  
4 about Ms. Hampton's safety, is that right?

5 A. No specific independent recollection.

6 Q. But you do recall receiving information about  
7 Ms. Hampton's disciplinary, is that right?

8 A. Well, it's documented here that she had an altercation, I  
9 believe. Yeah, *altercation in units*.

10 MS. BEDI: Your Honor, if I may have one more moment.

11 THE COURT: You may.

12 (Brief interruption in proceedings).

13 Q. (By Ms. Bedi) Dr. Meeks, one of the reasons why you have  
14 not recommended that Ms. Hampton be transferred to Logan is  
15 because you're concerned about how that would appear in the  
16 Court of public opinion, is that right?

17 A. You know what? I think quite honestly I misspoke. One  
18 thing that I have certainly learned in this job, in this  
19 agency, is that no matter what you do there's always an  
20 opinion and it's not always going to be positive. So, quite  
21 honestly, that's really not a factor.

22 Q. All right. Well, I have to do this, Dr. Meeks.

23 A. Go right ahead.

24 Q. You recall giving your deposition?

25 A. Sure, I do.

1 Q. And you were under oath?

2 A. I was.

3 Q. You testified truthfully?

4 A. I did.

5 Q. All right. I'm going to go to page 136 of your  
6 deposition, line 15.

7 *Question: What is the impact on the agency that you*  
8 *are concerned about?*

9 *Answer: I just don't know. We have got lots of*  
10 *issues to consider. We have, you know, court of public*  
11 *opinion, we have the political issue that could arise out of*  
12 *it, because certainly I think not everyone is going to agree*  
13 *even if we decide it's the right thing for her, it's the right*  
14 *thing.*

15 Were you asked that question and did you give that  
16 answer?

17 A. I was and I did, and what I can say to you today is that  
18 that is really not a major factor in determining whether  
19 Ms. Hampton is transferred to a women's prison or not.

20 MS. BEDI: I have got nothing further, Your Honor.

21 THE COURT: All right. Thank you, Ms. Bedi.

22 Do you have any questions at this time, Ms.

23 McClimans?

24 MS. McCLIMANS: No, Your Honor.

25 THE COURT: All right, Doctor. That concludes your

1 testimony, then.

2 A. Thank you, very much.

3 THE COURT: We will take a short break, get Ms. Funk  
4 on. She's somewhere else. We will get that hooked up, and  
5 let's resume at 1:15.

6 COURT SECURITY OFFICER: All rise.

7 (Following a recess, proceedings continue in open  
8 court.)

9 THE COURT: Be seated everyone. We have Ms. Funk on  
10 the video.

11 Ms. Funk, can you hear me?

12 MS. FUNK: I can. Can you hear me?

13 THE COURT: Yes. Okay. Deana, if you would please  
14 administer the oath.

15 (Plaintiff witness, Sandra Funk, sworn).

16 THE CLERK: Would you please state your name for the  
17 record?

18 MS. FUNK: Sandra Funk.

19 MS. MAZUR: May I proceed?

20 THE COURT: You may.

21

22 DIRECT EXAMINATION

23 BY MS. MAZUR:

24 Q. Good afternoon Ms. Funk. Are you currently employed?

25 A. Yes, ma'am.

1 Q. What's your current employment?

2 A. I am employed with the Illinois Department of Corrections  
3 as the Chief of Operations.

4 Q. Briefly what does the Chief of Operations do?

5 A. Chief of Operations is responsible for the safety and  
6 security, as well as usually the daily operations of the  
7 facilities.

8 Q. And that's all the facilities across the department?

9 A. Yes, ma'am, except for the female division.

10 Q. Oh, you're not -- you have no authority over the female  
11 division?

12 A. I do not.

13 Q. Okay. And is that a recent development?

14 A. Yes. As of -- They passed -- That was a law that was  
15 passed earlier this year.

16 Q. Okay. I'm going to ask you some questions -- Well, first  
17 of all, you are a member of a committee that's been referred  
18 to in this hearing as the Gender Identity Committee, is that  
19 correct?

20 A. Yes, ma'am.

21 Q. I'm going to ask you some questions about that committee,  
22 but just to get a little more clarification on the women's  
23 prison, I think you were maybe potentially beginning to  
24 describe it. But, is it accurate that there was a law  
25 recently passed that required the Director of the Department

1 of Corrections to appoint a head of the women's division?

2 A. Correct.

3 Q. And has the Department done that?

4 A. Yes.

5 Q. And who is that, by the way?

6 A. Chief Carolyn Gurski.

7 Q. Okay. And prior to that law going into effect, did you as

8 the Chief of Operations have any authority over the women's

9 division or women's prisons in IDOC?

10 A. I don't think I ever have as the Chief of Operations.

11 Q. Okay. And have you in some other capacity?

12 A. Very briefly while I was the deputy director, before that

13 law even passed, they switched the guidance under Chief

14 Gurski. So, Operations was taken out of the mix over a year

15 ago.

16 Q. Okay. And are you familiar generally with the law that

17 led to the appointment of the head of a women's division?

18 A. Not very familiar at all, no.

19 Q. Okay. To your knowledge did the Illinois Department of

20 Corrections have any -- participate at all in drafting or

21 supporting that legislation?

22 A. I'm not familiar with that.

23 Q. Okay. And the new law is in effect currently, correct?

24 A. Yes.

25 Q. And under the new law the Department basically has to take

1 steps to ensure that staff's interactions with prisoners in  
2 the women's division are gender responsive and trauma  
3 informed, correct?

4 A. I believe that's correct.

5 Q. Okay. And under the law there's actually a definition of  
6 what gender responsive policies means, correct?

7 A. I don't know.

8 Q. Okay.

9 A. I haven't seen the law.

10 Q. Okay. You're not familiar with the definition of gender  
11 responsive that's set forth in the law that would apply in the  
12 women's division?

13 A. I'm not familiar with the law. I have a basic  
14 understanding of gender responsive.

15 Q. Okay. Can you describe just generally what your  
16 understanding of that term is?

17 A. It's just -- I'm sorry. Could you repeat that question?

18 Q. Sure. What does the term *gender responsive* mean to you?  
19 I understand you are not familiar with how it's defined in the  
20 law, but what's your understanding of what that term means in  
21 the prison setting?

22 A. Just being responsive to the needs of that gender based on  
23 their gender-related needs, trauma that they may have been  
24 through.

25 Q. Okay. I guess that's another question I was going to ask.

1 Are you aware with how the term *trauma informed* is defined  
2 under this new Illinois law?

3 A. No.

4 Q. And do you have an understanding of the term *trauma*  
5 *informed* as it relates to people who work in a correctional  
6 setting?

7 A. People who work in a correctional setting?

8 Q. Correct.

9 A. I'm not -- I'm not sure I understand the question. Can  
10 you repeat it?

11 Q. Okay. Are you familiar with the term *trauma informed*?

12 A. Yes.

13 Q. What does it mean to you?

14 A. Trauma informed -- Basically that you understand that  
15 someone may act as they do based on traumas that they have had  
16 within their life.

17 Q. Okay. And under the new law is IDOC implementing  
18 practices to ensure that staff interactions with prisoners in  
19 the women's division are gender responsive and trauma  
20 informed?

21 A. I know Chief Gurski works on a lot of new practices. I  
22 can't say exactly what they are working on in the women's  
23 division.

24 Q. Okay. Well, do you have any reason to doubt that the  
25 Department is complying with the requirements and the new law

1 about the women's division?

2 A. I do not.

3 Q. Okay. There is currently a women's division that houses  
4 women prisoners who were born with vaginas, correct?

5 A. There is.

6 Q. And if Ms. Hampton had been born with a vagina that's  
7 where she would be housed, correct?

8 A. Correct.

9 Q. And you would agree that there are women with vaginas who  
10 are currently housed in the women's division who are strong,  
11 correct?

12 A. Yes.

13 Q. And there's no objective measure that the Illinois  
14 Department of Corrections uses to determine strength of  
15 inmates who are housed within the department, correct?

16 A. Correct.

17 Q. And there may be some women who are housed in the women's  
18 division who are actually exceptionally strong, correct?

19 A. Perhaps.

20 Q. Like if a woman born with a vagina who's a professional  
21 boxer winds up in prison, she would be in the women's  
22 division, correct?

23 A. Yes.

24 Q. And there's also some women in the women's division who  
25 are born with vaginas but display aggressive or assaultive

1 behavior in IDOC, correct?

2 A. Yes.

3 Q. And there is a disciplinary system within the women's  
4 division for dealing with issues that come up with women  
5 prisoners who display aggressive or assaultive behavior,  
6 correct?

7 A. Correct.

8 Q. And there are also women born with vaginas who are housed  
9 within the women's division who break rules at IDOC, correct?

10 A. Yes.

11 Q. And there are also women who are born with vaginas who  
12 maybe mouth off to staff but are still housed within the  
13 women's division at IDOC, correct?

14 A. Correct.

15 Q. So, there are women prisoners housed in the women's  
16 division who engage in the similar types of behaviors that  
17 Ms. Hampton has been accused of engaging in during her time in  
18 IDOC, correct?

19 A. Yes.

20 Q. Okay. Thank you. Going back to the Gender Identity  
21 Committee, can you describe just generally what is that?

22 A. It's a committee formed to review offenders who are  
23 diagnosed with Gender Identity Disorder --

24 Q. Okay.

25 A. -- to review them for various needs they may have.

1 Q. Okay. And how long have you been a member of that  
2 committee?

3 A. I would say from the inception.

4 Q. And how long is that?

5 A. I don't remember the exact date that it was received or  
6 started.

7 Q. Okay. And there's actually an administrative directive  
8 that applies to kind of the functioning of that committee,  
9 correct?

10 A. Yes.

11 Q. And one of the things that the committee sometimes has to  
12 consider is whether a transgender prisoner is appropriately  
13 housed, correct?

14 A. Yes.

15 Q. And specifically the committee may consider if there's a  
16 transwoman prisoner who is seeking a transfer to a prison in  
17 the women's division, correct?

18 A. Yes.

19 Q. And we have heard a little bit of testimony today that  
20 actually in the past the committee has recommended for a  
21 transwoman to be transferred to a prison with a women's  
22 division, correct?

23 A. I'm sorry, could you repeat that?

24 Q. Sure. The committee has actually in the past recommended  
25 that such a transfer happen of a transwoman to a prison in the

1 women's division?

2 A. Yes, ma'am.

3 Q. Okay. The administrative directive that kind of applies  
4 to the Gender Identity Committee, it doesn't set forth any  
5 objective criteria of what the committee is supposed to  
6 consider when they make housing decisions, correct?

7 A. No.

8 Q. Would you agree it would be helpful to have a list of  
9 objective measures for the committee to consider?

10 A. I can't say if it would help. I guess it doesn't hurt.

11 Q. Okay. And your position on the gender committee  
12 specifically is you are supposed to -- you are there to speak  
13 for security issues in the department, correct?

14 A. Correct.

15 Q. Is there anybody on the committee from the women's  
16 division?

17 A. Not from the women's division, but I believe Mental Health  
18 and Medical, those -- they are -- they also deal with the  
19 women's division.

20 Q. Okay. So, the person who -- this newly-appointed director  
21 of the women's division does not actually sit on the GID?

22 A. Correct.

23 Q. Has the committee ever consulted that person?

24 A. I don't recall that we have.

25 Q. Now, from a security perspective if a prisoner is -- a

1 transwoman prisoner is requesting a transfer to a prison in  
2 the women's division, would you agree that the primary thing  
3 you are looking at from security perspective is sexual  
4 potency?

5 A. That would be primary, I would suppose, yes.

6 Q. Okay. And by *sexual potency* I mean if the prisoner were  
7 able to bear children, correct? Like that's what you --  
8 that's your understanding of that term?

9 A. No, not just bear children.

10 Q. What does that term mean to you?

11 A. Are they able to become erect.

12 Q. Okay. And you're aware that Ms. Hampton is chemically  
13 castrated, correct?

14 A. Yes.

15 Q. She's medically unable to obtain an erection, correct?

16 A. While on medication?

17 Q. Well, currently she's medically unable to obtain an  
18 erection, correct?

19 A. Because she's taking medication, correct.

20 Q. And there's no dispute about that, correct?

21 A. As long as she's taking medication and the levels are  
22 where they are supposed to be, that would be correct.

23 Q. Okay. And another thing that you would consider on the  
24 Gender Identity Committee with respect to transferring a  
25 transwoman to a prison in the women's division is the

1 prisoner's sexual preference, correct?

2 A. Correct.

3 Q. Because there may be some issues if you transfer a person  
4 who was attracted to -- who is sexually attracted to women to  
5 a women's prison, correct?

6 A. Correct.

7 Q. And, but you are aware there's no indication that  
8 Ms. Hampton is sexually attracted to women, correct?

9 A. I am not aware of that. I believe that that's a sexual  
10 preference. It doesn't mean that they wouldn't ever possibly  
11 try that.

12 Q. Well, are you -- is there anything that would make you  
13 think that Ms. Hampton would possibly try that?

14 A. I don't know that.

15 Q. Okay. And from a security perspective, another thing you  
16 would want to consider when you are making housing decisions  
17 about a transprisoner is whether that person is characterized  
18 as a predator versus a vulnerable prisoner, correct?

19 A. Yes.

20 Q. And would you agree that someone who's previously been  
21 raped in prison and who's had multiple substantiated PREA  
22 complaints would be considered vulnerable?

23 A. Yes, and that would be while they are in that type of  
24 environment.

25 Q. If I could turn your attention -- You have some documents

1 in front of you, correct?

2 A. Yes.

3 Q. And in there do you see notes from an April 10, 2018  
4 meeting of the Gender Identity Committee?

5 A. Is it marked by exhibit?

6 Q. I'm not sure -- I sent those exhibits through Counsel, so  
7 I'm not sure how they are marked for you, but we have it as  
8 Exhibit 19. It's our Exhibit 19. 18, sorry.

9 A. Okay. We may have to look at the title. I don't have an  
10 18, I don't think.

11 Q. Okay. Well, in the stack of exhibits there do you have  
12 the notes from the April 10, 2018 committee meeting?

13 A. I'm sorry. I'm searching for the dates on some of these.  
14 Oh, I'm sorry. April 10, 2018. I have it, yes.

15 Q. Okay. And you're familiar with this document, correct?

16 A. Yes.

17 Q. You have seen it and testified about it before?

18 A. Yes, I have seen it. Yes.

19 Q. Okay. And you were -- You participated in an April 10,  
20 2018 Gender Identity Committee meeting about Ms. Hampton,  
21 correct?

22 A. I believe so.

23 Q. All right. Do you have any recollection of that meeting  
24 as you sit here?

25 A. Not specifically, no.

1 Q. Well, the notes from that meeting indicate that  
2 Ms. Hampton -- indicate that Ms. Hampton wanted to be  
3 transferred to Logan, correct?

4 A. I see that, yes.

5 Q. So, it was on the committee's radar as of April 10, 2018,  
6 that Ms. Hampton was seeking a transfer to Logan, correct?

7 A. Correct.

8 Q. And there was no discussion at that meeting on April 10,  
9 2018, about Ms. Hampton having any aggression or disciplinary  
10 issues that would preclude a transfer, correct?

11 A. I'd have to look at this. I don't remember it  
12 specifically, but I don't see that that was discussed.

13 Q. Okay. So, there's no indication that the committee is  
14 talking about Ms. Hampton's alleged aggression or disciplinary  
15 issues in April of 2018, correct?

16 A. I do not see that; correct.

17 Q. Okay. The committee met again in July of 2018, on July  
18 16th, correct?

19 A. July 16. And should I have notes? Is that what you are  
20 referring to?

21 Q. Yeah, I believe in that stack you should have notes from a  
22 July 16, 2018 meeting.

23 A. Okay. This looks like an e-mail, correct?

24 Q. Correct, okay. And have you seen this document before?

25 A. I have not. It says I was on the distribution, but I did

1 not remember looking at it and I haven't had a chance to  
2 really look at it closely before this.

3 Q. Okay. Well, I'm going to ask you some questions about  
4 this meeting, and if at any point you want to take some time  
5 and look over that document more closely, just let me know.

6 A. Okay.

7 Q. But one question I have before turning to the substance of  
8 that meeting is did the Gender Identity Committee meet at any  
9 point relative to Ms. Hampton between April 10, 2018 and July  
10 16, 2018?

11 A. I do not remember if they did.

12 Q. Would you agree that if the committee had met relative to  
13 Ms. Hampton there would be some kind of report or document  
14 generated relative to that meeting?

15 A. I would agree, yes.

16 Q. In your experience, when the committee meets to discuss a  
17 prisoner they generate some kind of document, some summary of  
18 notes, correct?

19 A. They do. I haven't always gotten those notes --

20 Q. Okay.

21 A. -- until more recently, but, yes, they do.

22 Q. Okay. And some -- Do you have any knowledge of how those  
23 notes are maintained?

24 A. I do not.

25 Q. Okay. Well, if we weren't provided any notes from any

1 meeting between April 10, 2018 and July 16, 2018, would you  
2 assume that no meeting occurred?

3 A. I would assume that, yes.

4 Q. Okay. So, now turning to the July 16, 2018 meeting, as  
5 you sit here today do you have an independent recollection of  
6 that meeting?

7 A. Yes.

8 Q. Okay. And there's some reference in those notes about the  
9 legal counsel for the department participating in that  
10 meeting, correct?

11 A. It said that she asked the committee about -- Yes, it says  
12 so.

13 Q. Okay. So, she -- Well, the meeting took place over the  
14 phone, correct?

15 A. Yes.

16 Q. And in the e-mail that you are looking at there is kind of  
17 like a list of people copied on that e-mail. Were all of the  
18 people copied on that e-mail present at the -- or did they  
19 participate in the GID Committee meeting that day?

20 A. I do not remember specifically who participated.

21 Q. Okay.

22 A. I remember Dr. Hinton and Dr. Puga. I'm not really sure  
23 who else may have.

24 Q. Okay. How often did -- Oh, Camile Lindsay. That's the  
25 name of the Department's attorney we are talking about who

1 participated in this meeting, correct?

2 A. Correct.

3 Q. And how often did Ms. Lindsay participate in GID meeting  
4 meetings?

5 A. I don't remember her participating previously.

6 Q. This is the first time when IDOC's lawyer participated in  
7 a GID Committee meeting?

8 A. To the best of my recollection this is the first time,  
9 yes.

10 Q. At this point on July 16, 2018, was the committee aware  
11 that Ms. Hampton was going to be seeking relief in a court to  
12 get a transfer to Logan?

13 A. Was it -- Did you say -- I'm sorry. Repeat that.

14 Q. Sure. As of July 16, 2018, was the committee aware that  
15 Ms. Hampton was going to be seeking relief in court to get a  
16 transfer to Logan?

17 A. I can't say if I remember that at that date or not. I  
18 don't remember when we knew that she was seeking it.

19 Q. Okay. There's some indication in the record that Ms.  
20 Lindsay relayed to the committee something that she had heard,  
21 it looks like, from one of Ms. Hampton's attorneys, is that  
22 correct?

23 A. Maybe. I don't really remember the whole conversation.

24 Q. Okay. What, if anything, do you recall about what Ms.  
25 Lindsay said during that July 16th committee meeting?

1 A. I really don't recall. I think she just asked that we  
2 review her for placement. I can't really remember what  
3 exactly was said.

4 Q. Okay. Did she pose any questions to the committee?

5 A. I don't remember that.

6 Q. Okay. If Ms. Lindsay was aware on July 16, 2018 that  
7 Ms. Hampton was going to be seeking relief in this court, can  
8 you think of any reason why she wouldn't have told the  
9 committee about that?

10 A. No, I can't think of any reason why she would not have  
11 told us.

12 Q. So, during that meeting when the committee met and talked  
13 about Ms. Hampton, you were generally aware that the  
14 proceedings of that meeting would be the subject of a court  
15 proceeding like this, correct?

16 A. They always could be, yes.

17 Q. Okay. And whereas in the April 10, 2018 meeting notes,  
18 there's no indication that there was discussion about  
19 Ms. Hampton's aggression or disciplinary issues. That doesn't  
20 appear for the first time in the notes from this meeting,  
21 correct?

22 A. If I can read the minutes.

23 Q. Sure, take your time.

24 A. It does refer to altercation in units, yes.

25 Q. Okay. What was the outcome of this meeting?

1 A. It looks like they did discuss it and it said to review in  
2 three to four months and consider any impact on Logan  
3 Correctional Center, and then a meeting would be scheduled in  
4 November.

5 Q. So, a decision was made during the July 16th committee  
6 meeting not to transfer Ms. Hampton to Logan at that time,  
7 correct?

8 A. Correct.

9 Q. And is there any reason that you are aware of that there  
10 isn't sort of a formal report from this meeting on a  
11 preprinted form like what we see from the April 10, 2018  
12 meeting?

13 A. I don't know why it wasn't.

14 Q. Okay. Did you participate in any way in drafting the  
15 substance of this e-mail?

16 A. No.

17 Q. Do you know who did?

18 A. I do not know.

19 Q. Do you know whether an attorney for IDOC participated in  
20 drafting the substance of this e-mail?

21 A. I do not, no.

22 Q. Now, during this meeting there was no discussion about  
23 Ms. Hampton's sense of her own personal safety in a men's  
24 prison, correct?

25 A. I do not see that it was discussed.

1 Q. Okay. Likewise, there's no discussion about Ms. Hampton's  
2 fear of experiencing sexual assault in prison, correct?

3 A. Correct.

4 Q. There's also no discussion about Ms. Hampton having  
5 multiple substantiated PREA complaints, correct?

6 A. Correct.

7 Q. Rather, the committee only discussed reasons to  
8 potentially deny Ms. Hampton's transfer to Logan, correct?

9 A. Did you say we only discussed reasons to deny it?

10 Q. Sure.

11 A. I don't think that's correct.

12 Q. Okay. What were some reasons that were discussed to grant  
13 the transfer -- grant Ms. Hampton a transfer?

14 A. I was referring to that we discussed her mental health and  
15 behavioral aspects.

16 Q. Okay. And did you talk about why -- about Ms. Hampton's  
17 mental health needs that would weigh in favor of transferring  
18 her to Logan?

19 A. Yes, we discussed her mental health needs as far as  
20 transfer to Logan.

21 Q. Okay. But you didn't discuss any of the reasons to  
22 transfer her to Logan with respect to her mental health,  
23 correct? Just the reasons to not transfer her to Logan?

24 A. Well, overall we were discussing her mental health and how  
25 it affects her behaviors in the settings where she's at and

1 how it might transpire at a female facility, yes.

2 Q. Okay. And did you discuss any reasons that would be in  
3 her -- in the interest of her mental health to transfer her to  
4 Logan?

5 A. No.

6 Q. Now, under the Department's own policy it's not  
7 appropriate to make decisions of housing based solely on a  
8 prisoner's genitalia, correct?

9 A. Correct.

10 Q. And currently all prisoners in IDOC are housed based on  
11 the genitalia they were born with, correct?

12 A. Currently, I can't think of any that have crossed gender  
13 facilities.

14 Q. Okay. Just to make it clear, there's no transwomen in  
15 women's prisons, correct?

16 A. There is not right now; correct.

17 Q. And there's no transmen in men's prisons, correct?

18 A. Not that I'm aware of.

19 Q. Would you agree that Ms. Hampton is a woman?

20 A. I agree she is a transgender woman, yes.

21 Q. If Ms. Hampton was born with a vagina she would be housed  
22 in a women's prison, correct?

23 A. Correct.

24 MS. MAZUR: If I could have one moment.

25 THE COURT: You may.

1 (Brief interruption in proceedings).

2 Q. (By Ms. Mazur) Sorry, just a few more questions.

3 Has the committee had any meetings relative to  
4 Ms. Hampton since July 16, 2018?

5 A. Has the committee had any meetings? Not that I recall,  
6 no.

7 Q. Okay. Have there -- Have you been part of any meeting --  
8 Well, strike that.

9 Would you agree that with respect to the GID  
10 Committee meetings, the issue of discipline appears only after  
11 litigation? You know, the idea that we may be in this  
12 courtroom seeking Court order for Ms. Hampton to be  
13 transferred, discipline only appears in the committee meeting  
14 notes after litigation becomes imminent?

15 A. That may be when it appeared in the notes, correct.

16 Q. Okay. Thank you. Nothing further.

17 THE COURT: All right. Do you have some questions?

18 MR. HIGGERSON: Just a few.

19 THE COURT: Okay.

20

21 CROSS EXAMINATION

22 BY MR. HIGGERSON:

23 Q. Good afternoon, Chief. Just a few quick questions. And,  
24 first, what security classification is Menard?

25 A. Maximum security.

1 Q. Is that different than a supermax?

2 A. Yes, we don't have a supermax.

3 Q. You made reference to the committee recommending several  
4 transgender women in the past be placed in female facilities.  
5 Have there actually been transgender women placed in female  
6 facilities in the past?

7 A. Yes, there has.

8 Q. Do you know how recently?

9 A. I believe the last one was last year, 2017. I'm not sure  
10 when she paroled or went out.

11 Q. You agreed with Counsel's question regarding whether or  
12 not Ms. Hampton or whether an inmate who had a sexual assault  
13 in the past and substantiated PREA complaints should be  
14 vulnerable.

15 Have you actually done analysis of whether or not  
16 Ms. Hampton should be vulnerable, classified as vulnerable?

17 A. I have not. I don't do that.

18 Q. Okay. Are you familiar with the process?

19 A. Not really. In my instance it would just be referred to  
20 the proper mental health medical staff, whoever is the liaison  
21 for that for the department.

22 Q. Okay. Would that person be expected to do a comprehensive  
23 review of a record before determining somebody's vulnerable?

24 A. I believe they would.

25 Q. You were also asked whether the absence of minutes

1 indicated that a meeting didn't exist or didn't take place.  
2 Is it possible that meetings have taken place where minutes  
3 were not prepared?

4 A. It's possible. I think the medical unit has primarily  
5 been the note-keepers for this as it falls under the medical  
6 director, so I can't say what -- because I haven't always  
7 received notes myself from the meetings that we have had.

8 Q. So, there have been meetings where you didn't receive  
9 minutes afterwards?

10 A. Yes, more in the distance past. I'm getting them a little  
11 more frequently now.

12 Q. And you were asked whether a reference to Ms. Hampton's  
13 discipline first appeared after she filed a lawsuit.

14 Has consideration of her disciplinary record been a  
15 consistent factor in the examination of her placement?

16 A. I would say that it's always -- we have known when -- When  
17 we review offenders we know if they are in segregation status,  
18 and she frequently is in segregation for maladaptive  
19 behaviors.

20 Q. So, without specifically looking at disciplinary tickets,  
21 you are aware of the status of the inmate?

22 A. Yes.

23 Q. Thank you. That's all I have.

24 THE COURT: Any redirect?

25 MS. MAZUR: Just a few questions.

1  
2 REDIRECT EXAMINATION

3 BY MS. MAZUR:

4 Q. Ms. Funk, would you agree that it's important to keep a  
5 record of Gender Identity Committee meeting proceedings?

6 A. I would agree.

7 Q. And that's because when you are reviewing -- There's a lot  
8 of prisoners that the committee reviews, correct?

9 A. Yes.

10 Q. And you can't keep them all straight in your head,  
11 correct?

12 A. Correct.

13 Q. And so if an issue comes up with a prisoner you would want  
14 to look back at other notes from prior committee meetings,  
15 correct?

16 A. Correct.

17 Q. You would want to know what the committee already knows  
18 about a person so that they can make a decision about what's  
19 appropriate going forward, correct?

20 A. Correct.

21 Q. You were asked some questions about whether you make an  
22 assessment about vulnerability, is that correct?

23 A. Yes.

24 Q. You recall those questions, correct?

25 A. Yes.

1 Q. You are there on the committee to represent security,  
2 correct?

3 A. Correct.

4 Q. And so you're not saying that you don't have any opinions  
5 about a prisoner's vulnerability that you can bring to that  
6 committee, correct?

7 A. I may have opinions, yes.

8 Q. Okay. With respect -- You were asked some questions about  
9 Ms. Hampton's placement in segregation, correct?

10 A. Yes.

11 Q. And I believe you testified that that is sort of something  
12 that you have been generally aware that Ms. Hampton has been  
13 in segregation at times, although you may not have looked at  
14 actually any particular disciplinary records, correct?

15 A. Correct.

16 Q. And would you agree that transpeople can be in segregation  
17 for all kinds of reasons?

18 A. Yes.

19 Q. And in order to actually determine a security risk that is  
20 presented by the fact that someone is in segregation, you  
21 would actually need to see their individual disciplinary  
22 records, correct?

23 A. To know why they are in segregation I would have to see  
24 the ticket history or why they are in segregation.

25 Q. Because you don't know why they are in segregation without

1 looking at that, correct?

2 A. Not unless it's told to us by the facility when we are  
3 having that committee meeting.

4 Q. Okay. Thank you. Nothing further.

5 THE COURT: Ms. Funk, let me ask you a question and  
6 Counsel can follow up on it.

7 I'm curious, this e-mail we talked about regarding  
8 the July 16th meeting and it just has the bullet points. It  
9 probably doesn't matter, I'm just curious, why is it in that  
10 fashion instead of like formal committee minutes? It's kind  
11 of like free thoughts with bullet points of what was  
12 discussed. Is that common that that's what's done after a  
13 meeting?

14 A. Your Honor, no, and I'm sorry I can't really answer that  
15 question. I'm not sure why it was done in that manner. Ms.  
16 Moss actually, I think, works for the medical -- our Office of  
17 Health Services.

18 THE COURT: Yeah, Dr. Meeks said that she's his  
19 assistant.

20 A. Okay. So, I really am not clear as to why it's in that  
21 manner.

22 THE COURT: Okay. Do you want to follow up on that?

23 MS. MAZUR: No follow-up.

24 THE COURT: Mr. Higginson?

25 MR. HIGGINSON: No, thank you.

1 THE COURT: Thank you, Ms. Funk. That concludes your  
2 testimony.

3 MS. FUNK: Thank you.

4 THE COURT: All right. Who's next? Jamie Weigand?

5 THE CLERK: Jared is on his way.

6 THE COURT: Okay. Do you need a few minutes to get  
7 that set up?

8 MS. MAZUR: There's one additional witness that  
9 Plaintiff may call in this hearing, but we have an agreement  
10 that that person may be called out of order tomorrow because  
11 of availability reasons. And, so, at this point I think the  
12 Defendants are ready to begin calling their witnesses. There  
13 is a witness who they want to call that we have an objection  
14 to, and I think we actually may make an oral motion to bar  
15 this witness, and I can speak to that now.

16 THE COURT: Okay. Go ahead. Who is it?

17 MS. MAZUR: Jamie Weigand. She's a mental health  
18 provider for Ms. Hampton. And the reason we object to her  
19 testimony is that we don't have any of her records for the  
20 last three months. As Your Honor may recall, we had a motion  
21 to do some discovery on this. We asked for all of  
22 Ms. Hampton's updated treatment records, and the Court granted  
23 that motion and set a date by which they should begin  
24 producing documents and they did start producing documents on  
25 a rolling basis starting that date, and Counsel indicated to

1 us that they had requested all of the records and we have no  
2 reason to doubt that's true and, you know, those records  
3 continued to trickle in until last night. I think you heard  
4 some references to that from Dr. Brown. What we don't have  
5 still are Ms. Weigand's records.

6 So, we don't know what she's going to testify about,  
7 we don't have a way to cross-examine her. Dr. Brown got to  
8 testify without the benefit of her records and, you know, I --  
9 we don't understand why we don't have them and we don't see  
10 how this witness can testify when we don't have her records.

11 THE COURT: All right. Who wants to respond?

12 MS. McCLIMANS: I can respond. Jamie Weigand is a  
13 mental health professional. She's not a Defendant in this  
14 case. She is a Wexford employee. As I understand the way  
15 that she takes her record notations is through electronic  
16 means. Those electronic records were not yet downloaded to  
17 the master file, so I did obtain all the records that I could  
18 obtain from IDOC, and those records were not with them yet.

19 But, all I wanted to do was ask her about the types  
20 of treatment she gives, the types of treatment that are  
21 afforded to Ms. Hampton during segregation. I wasn't going to  
22 ask any specifics about what the treatment is going to be  
23 right now or go through any records, because I don't have them  
24 either.

25 MS. MAZUR: We had discussed possibly doing some type

1 of -- We had discussed possibly doing some kind of stipulation  
2 to the types of treatment or possible designations of her  
3 deposition testimony. We just don't want to be blind-sided by  
4 not knowing what this witness is going to say on the stand. I  
5 don't know if there's any way to kick that down the road.  
6 There's some other witnesses I think we were going to call or  
7 Defendants we were going to call this afternoon.

8 MS. McCLIMANS: Just briefly, we did produce  
9 everything that the Defendants had in their control, meaning  
10 also Dixon Correctional Center, what the litigation  
11 coordinator had in her control. With regard to her prior  
12 deposition, we did produce excerpts of that in our response to  
13 their Motion for Preliminary Injunction. We don't mind  
14 actually stipulating to most of that.

15 THE COURT: Why don't we take a short break, you guys  
16 talk. It sounds like you could probably reach an agreement on  
17 this. And if we delay her and go on, you have two other  
18 witnesses from Dixon that the Defendants would want to call?

19 MS. McCLIMANS: Yes, and they should be fairly brief,  
20 as well.

21 THE COURT: Okay. And still Shane Reister from  
22 Pinckneyville?

23 MS. McCLIMANS: Dr. Reister and Dr. Hinton could go  
24 in the morning, if that's what we want to do.

25 THE COURT: So, let's take about ten minutes, talk

1 and see what you can agree to on -- Is it Weigand?

2 MS. McCLIMANS: Weigand. W-E, I believe --

3 THE COURT: That bothers me, the German in me. It  
4 should be *Weigand* if it's W-E-I, but okay. And Reister is  
5 R-E-I --

6 MS. McCLIMANS: I believe *Reister* is *Reister*.

7 THE COURT: *Reister*. Okay. We will take about ten  
8 minutes and resume with either Nurse Weigand or one of the  
9 other witnesses.

10 COURT SECURITY OFFICER: All rise.

11 (Following a recess, proceedings continue in open  
12 court.)

13 THE COURT: Be seated everyone. Now, Deana tells me  
14 you have reached a stipulation with regard to Ms. Weigand's  
15 testimony and it won't be necessary to call her, is that  
16 correct?

17 MS. McCLIMANS: That's correct, Your Honor.

18 MS. MAZUR: Should we do the stipulation later or --

19 THE COURT: Sure, if you have it, let's just read it  
20 into the record now.

21 And is this Ms. Weigand here now?

22 MS. MAZUR: Yes, I think they are calling her off.

23 THE COURT: Ms. Weigand, maybe you will find this  
24 good news. The parties have reached a stipulation concerning  
25 your testimony, so it's not going to be necessary for you to

1 testify today. So, you will be excused.

2 MS. WEIGAND: Okay. Thank you.

3 THE COURT: Why don't you read in what you stipulated  
4 to.

5 MS. MAZUR: Judge, basically we have agreed that both  
6 sides in their briefs on this motion cited portions of Ms.  
7 Weigand's deposition which was taken on May 1, 2018, and we  
8 agree that the cited portions of the deposition can be  
9 admitted as substantive evidence in this hearing.

10 THE COURT: Okay. Do you agree, Ms. McClimans?

11 MS. McCLIMANS: Yes, ma'am.

12 THE COURT: Okay. Well, that saves time, makes it  
13 much easier.

14 So, now we have Justin Wilks.

15 The Defendant is calling Mr. Wilks?

16 MS. McCLIMANS: Yes, Your Honor.

17 THE COURT: Okay. All right. Mr. Wilks, can you  
18 hear me?

19 MR. WILKS: Yes, ma'am.

20 THE COURT: Okay. Deana, if you would please  
21 administer the oath.

22 THE CLERK: Please raise your right hand.

23 (Defense witness, Larry Justin Wilks, sworn.)

24 THE CLERK: Please state your name and spell your  
25 last name for the record.

1 MR. WILKS: Larry Justin Wilks, W-I-L-K-S.

2 THE COURT: All right. You may proceed.

3

4

DIRECT EXAMINATION

5 BY MS. McCLIMANS:

6 Q. Good afternoon, Mr. Wilks.

7 A. Good afternoon.

8 Q. Can you tell us what your current occupation is?

9 A. I'm the Assistant Warden of Operations at Dixon  
10 Correctional Center.

11 Q. How long have you been there?

12 A. Since April of 2017.

13 Q. As an assistant warden what are your job duties?

14 A. I oversee the security department and staffing issues, the  
15 maintenance department, and the dietary department.

16 Q. Are you familiar with whether or not there is a  
17 transgender population at Dixon Correctional Center?

18 A. Yes, ma'am.

19 Q. Are you able to tell us how many individuals are in the  
20 transgender population?

21 A. The last report I saw, there were 13 confirmed  
22 transgender persons at Dixon.

23 Q. What type of report would you have that information in?

24 A. I don't think it's a IDOC official report, it's just  
25 documentation that field service rep sends out.

1 Q. And what type of field service?

2 A. It's clinical -- I'm sorry, the Clinical Services  
3 Supervisor.

4 Q. Okay. So, would that person be affiliated with the  
5 healthcare unit?

6 A. No, affiliated with our -- They oversee the counseling,  
7 field services, which reviews offenders for their MSR,  
8 releasing offenders to the community, parole, stuff like that.

9 Q. Okay. And of these 13 transgenders, are those transgender  
10 women?

11 A. Yes.

12 Q. Okay. And of those three transgender women -- I'm sorry.  
13 Of those 13 transgender women, can you tell us how many of  
14 those women are placed in general population?

15 A. Ten of them currently are in general population.

16 Q. And, so are the remainder in segregation?

17 A. Yes, they are in segregation setting.

18 Q. Of the 13 transgender women, do any of them have jobs in  
19 the prison?

20 A. Yes, I think about half of them are currently assigned  
21 either in jobs or in school.

22 Q. Do you know of any complaints from those transgender women  
23 regarding safety or harassment by individuals?

24 A. I do know that one of the offenders did file a complaint  
25 in 2016, and also one in 2017, of harassment, and one of the

1 complaints was a policy on searching transgender offender.

2 Q. All right. And the remaining 12, do you know of any  
3 complaints regarding harassment or any type of issues with the  
4 opposite -- well, with the remaining population that have been  
5 filed within the past year?

6 A. I'm not aware of any.

7 Q. Are you aware of any complaints of harassment by staff to  
8 any of these transgender women within the past year other than  
9 the complaint that you just told us about, the strip search?

10 A. No.

11 Q. Okay. Now, the individuals that are placed in the general  
12 population, are those individuals placed in one area or  
13 throughout on different wings?

14 A. Yeah, throughout the facility in different housing units  
15 and different wings.

16 Q. All right. Do you know -- And I just want to be sure I  
17 covered this. Do you know whether or not any of these  
18 individuals, other than the one, has filed any PREA  
19 complaints?

20 A. I'm not aware of that.

21 Q. Okay. You told us that you have -- you oversee security  
22 and staffing issues.

23 With regard to security, are PREA complaints taken  
24 seriously at Dixon Correctional Center?

25 A. Yes.

1 Q. And when a PREA complaint is made, what happens?

2 A. The two people, the victim and the perpetrator, are  
3 separated. If it were an inmate offender as the victim and an  
4 offender as the perpetrator, they get separated to different  
5 housing units. If it's an employee as the perpetrator, that  
6 employee gets moved to a different job assignment until the  
7 PREA process runs its course. Then the victim is offered  
8 healthcare services and mental health services and an  
9 investigation is launched into the claims and it's all handled  
10 by the PREA compliance manager.

11 Q. Okay. Are you familiar with Deon Hampton?

12 A. Yes.

13 Q. And what type of involvement or -- What type of  
14 involvement have you had with Ms. Hampton?

15 A. I would see Offender Hampton multiple times a week,  
16 typically when Mr. Hampton would be walking from his housing  
17 unit to our administration building, which he walks past my  
18 building to get to the administration building. If I was  
19 outside we would have conversation, if he was in the  
20 administration building we would have conversation. That's  
21 how I am aware of him.

22 Q. Has Ms. Hampton ever expressed any discomfort or negative  
23 feelings about being housed in Dixon Correctional Center to  
24 you?

25 A. Initially when he first got here he was in segregation,

1 then when his seg time was cut and he was put in general  
2 population he expressed several times how much he liked it  
3 here, that he had dropped his pursuing trying to get to Logan  
4 Correctional Center because he liked it at Dixon. Then  
5 towards, I don't know, a month or so prior to the incident  
6 that happened in the administration building he did have some  
7 complaints that an officer had made a comment to him that  
8 worked in the control room and a PREA was started. The PREA  
9 protocol was started based on that.

10 Q. Do you know when that was?

11 A. I don't recall when that was.

12 Q. And you just referenced an incident at the administration  
13 building. Can you tell us what you are talking about?

14 A. Yeah, Offender Hampton had been involved in an alleged  
15 altercation in the housing unit that he lived in where another  
16 offender claims Offender Hampton assaulted him. An  
17 investigation was started. Our investigations unit is in the  
18 administration building, so Offender Hampton was called to the  
19 administration building to be interviewed for this, at which  
20 time enough evidence was gathered by an investigations unit to  
21 believe he had committed the offense that was being alleged,  
22 so they were going to place him in segregation status. And  
23 Offender Hampton refused to be restrained, to be taken to  
24 segregation, and then assaulted two of the staff members that  
25 were trying to restrain him, and then he was taken to

1 segregation.

2 Q. And did you have to review those reports and sign off on  
3 them or did you actually witness the incident?

4 A. No, I reviewed the incident reports that were submitted.  
5 I didn't review any investigative reports of the incident that  
6 happened that day.

7 Q. All right. So, as I understand it, when a PREA complaint  
8 is made the two individuals are separated. Is that in all  
9 instances?

10 A. Yes.

11 Q. Okay. And are you familiar with the PREA reports that  
12 have been made by Ms. Hampton while she has been at Dixon  
13 Correctional Center?

14 A. I'm aware that there were some filed. I'm not in the  
15 chain of command for PREA, I don't get those reports, and I  
16 don't see the final results of the protocol.

17 Q. Okay. Are you able to tell us whether or not the  
18 individual involved with the PREA report other than  
19 Ms. Hampton was actually transferred away from the facility or  
20 the housing unit where Ms. Hampton resided?

21 A. I can't speak to that.

22 Q. Okay. That's fine. Can you tell us whether or not if  
23 Ms. Hampton would be placed back in general population when  
24 segregation -- when her segregation time is ended if she is  
25 afforded a safe environment at Dixon Correctional Center?

1 A. Yes, ma'am.

2 Q. And explain how that would be a safe environment for us,  
3 if you could.

4 A. Well, all offenders are -- The situation that they are in  
5 is reviewed. So, if there are special circumstances around  
6 the specific offender, then we make sure they get housed in  
7 areas where, if they are vulnerable, we don't place them  
8 around predators. If they are predators we don't place them  
9 around vulnerables. If they have PREA complaints against  
10 offenders we don't place them in the same housing unit. If  
11 they have enemies, we don't place them in the same facility of  
12 known declared enemies. Those are our policies and procedures  
13 we follow to make sure that all offenders are kept safe.

14 Q. If an inmate feels vulnerable around a certain predator or  
15 believes they are around a certain predator, how do they go  
16 about making staff aware of that?

17 A. They can let any staff know. We would contact Mental  
18 Health to do a review, Clinical Services Department. There's  
19 a form that there's vulnerable -- I can't remember the name of  
20 it or the number of it, but there's a vulnerability form  
21 checklist that gets reviewed with the offender, and they would  
22 -- the assignment office would then be told to have the  
23 offender placed in a certain area of the facility away from  
24 the predator.

25 Q. Okay. Have you ever witnessed any of the staff at Dixon

1 Correctional Center do any type of, quote, gay-bashing of  
2 Ms. Hampton?

3 A. I have not seen that.

4 Q. Has Ms. Hampton ever directly complained to you about the  
5 pronouns that she is called or others, quote, gay-bashing her?

6 A. Just the one time that I referenced earlier where Offender  
7 Hampton did mention that the officer in the control room, in  
8 the housing unit that he was assigned to, did make a comment,  
9 and I did ask the shift supervisor to move that officer.

10 Q. So, it sounds like when she has an issue the issues are  
11 addressed rapidly.

12 A. At least the issues that she's brought to my attention.

13 Q. Okay. And I believe I have asked this. I just want to  
14 cover it one more time.

15 Of the other 12 or 13 transgenders, are you including  
16 Ms. Hampton in that 13 number?

17 A. I don't think so. I think that there are 13 outside of  
18 Offender Hampton.

19 Q. All right. I asked whether or not you know of any other  
20 complaints of harassment. I just want to make sure, do you  
21 know of any complaints of sexual abuse by any of the other  
22 transgender women in the facility?

23 A. I'm not aware of that.

24 Q. If there are such complaints would you be made aware of  
25 that?

1 A. If there was a sexual abuse allegation, yes, I would know.

2 Q. All right. Thank you.

3 THE COURT: Cross-examination?

4 MS. DEL VALLE: Just one moment, Your Honor.

5

6

CROSS EXAMINATION

7 BY MS. DEL VALLE:

8 Q. Mr. Wilks, do you consider Ms. Hampton to be a man?

9 A. Yes.

10 Q. Now, you are aware that Ms. Hampton filed a PREA complaint  
11 on April 13, 2018, correct?

12 A. Yes.

13 Q. Okay. And in that PREA complaint Ms. Hampton reported  
14 that for about a week and a half another prisoner grabbed her  
15 butt and breasts on the segregation yard, correct?

16 A. Yes.

17 Q. And you would agree that those were serious allegations,  
18 correct?

19 A. Correct.

20 Q. And after an investigation IDOC found that those  
21 allegations were substantiated, correct?

22 A. Yes.

23 Q. What did Dixon staff do after those allegations were  
24 substantiated?

25 A. As far as?

1 Q. How did they handle -- What did they do to protect  
2 Ms. Hampton after those allegations were substantiated?

3 A. I'm not prepared to discuss what they did after the fact.

4 Q. Are you aware that the offender who was found guilty of  
5 sexually assaulting Ms. Hampton was actually released from  
6 segregation while Ms. Hampton remained in segregation?

7 A. I'm not aware of that.

8 Q. Would it be appropriate after a substantiated PREA to keep  
9 the victim of that substantiated PREA complaint in segregation  
10 while keeping the perpetrator -- while removing the  
11 perpetrator from segregation?

12 A. If the PREA was separate from the reason that Offender  
13 Hampton was in segregation, if he still had time to serve in  
14 segregation he wouldn't be released from segregation just  
15 because he was the victim. And I can't speak to the  
16 perpetrator and when he was released from segregation.

17 Q. But you would agree that it would be important to punish  
18 the perpetrator for his actions against Ms. Hampton, correct?

19 A. Correct.

20 Q. Do you know what other actions were taken to protect -- to  
21 ensure that Ms. Hampton would be protected from that  
22 perpetrator?

23 A. I don't know.

24 Q. Now, you testified that you're not aware of any other  
25 officers gay-bashing Ms. Hampton or bullying or harassing

1 Ms. Hampton, correct?

2 A. Correct.

3 MS. DEL VALLE: I want to turn everyone's attention  
4 to Bates 914 to 915.

5 THE COURT: What is it in the tab?

6 MS. ELDER: Tab 10, Your Honor.

7 THE COURT: Tab 10.

8 Q. (By Ms. del Valle) Are you aware that on January 23rd,  
9 2018, Ms. Hampton filed a grievance regarding the harassment  
10 she was experiencing at Dixon Correctional Center?

11 A. No, I'm not.

12 Q. As assistant warden would you generally become aware if  
13 offenders file grievances?

14 A. No.

15 Q. So, your testimony is not that Ms. Hampton has not  
16 complained about the harassment and verbal discrimination at  
17 Dixon; it's just that you don't -- you aren't aware of it?

18 A. Correct. I spoke to him the one time that he told me that  
19 he was being harassed. I don't know of any others.

20 Q. Are you aware that Ms. Hampton has filed multiple  
21 grievances at Dixon regarding the verbal harassment she's  
22 experienced from officers at Dixon?

23 A. No.

24 Q. Do you know if any measures were taken after Ms. Hampton  
25 filed those grievances against officers who were verbally

1 harassing her at Dixon?

2 A. No.

3 Q. Now, you testified about a ticket that Ms. Hampton  
4 received for getting into a physical altercation with another  
5 inmate. Do you remember that?

6 A. Yes.

7 Q. Are you aware of the circumstances surrounding that  
8 ticket?

9 A. No, just what I heard from the investigations unit.

10 Q. Were you aware that the offender who Ms. Hampton got into  
11 a physical altercation with was sexually harassing her prior  
12 to that fight?

13 A. No, I'm not aware of that.

14 Q. No one in the facility ever told you that Ms. Hampton had  
15 -- that this other offender was sexually harassing  
16 Ms. Hampton?

17 A. No.

18 Q. Should that have been taken into consideration when  
19 determining discipline for Ms. Hampton that this other  
20 offender had been sexually harassing her?

21 A. All I know is that there was a physical altercation. I  
22 wasn't given any details as to what caused it; just that there  
23 was one and that's why Offender Hampton was in the  
24 administration building the day of the incident involving  
25 staff.

1 Q. Are you aware that Ms. Hampton filed a grievance about  
2 that offender who was sexually harassing her?

3 A. No, I'm not aware of that.

4 Q. Do you know if any actions were taken by staff at Dixon to  
5 protect Ms. Hampton from that inmate that was sexually  
6 harassing her?

7 A. No, I'm not aware of any.

8 Q. Are you aware that Ms. Hampton has filed other grievances  
9 about being sexually harassed by two other offenders at Dixon?

10 A. No, I'm not aware.

11 Q. So, you are not aware of any actions that were taken to  
12 address Ms. Hampton's grievances?

13 A. No, I am not.

14 Q. Have you ever had a conversation with Ms. Hampton  
15 regarding her use of thongs?

16 A. Yes.

17 Q. And what was that conversation?

18 A. That -- He complained to me one time when I saw him in the  
19 administration building that he had been told by staff members  
20 to stop wearing -- He actually had a different terminology for  
21 it than a thong. I can't remember what it was. But, that  
22 staff had either written him a ticket or had been giving him a  
23 hard time for wearing it. And I told him that he wasn't  
24 allowed to alter state-issued clothing, and I think I remember  
25 him saying that it wasn't state-issued, that it was stuff that

1 he bought. And that was the extent of the conversation.

2 Q. Do you remember telling Ms. Hampton that she needed to get  
3 approval from the Gender Identity Committee to wear thongs or  
4 gaffs, another name for them?

5 A. No, I didn't know that was even a possibility. I didn't  
6 say that.

7 Q. So, you did not tell her that she needed to get approval  
8 from the GID Committee and that you were going to go talk to  
9 the GID Committee to see if she could get approval?

10 A. No.

11 Q. You never said that?

12 A. I didn't know that was a possibility. No, I did not.

13 Q. Now, I believe you testified that Ms. Hampton was doing  
14 well at Dixon, correct?

15 A. Correct.

16 Q. Are you aware that Ms. Hampton has attempted to suicide  
17 twice at Dixon?

18 A. No.

19 Q. I want to direct your attention to tab 32 of the binder,  
20 Bates 769 to 784.

21 A. I don't have any paperwork.

22 Q. I'm sorry. That was for everyone here in the courtroom.

23 A. Okay. Okay.

24 MS. DEL VALLE: What exhibit was that?

25 Just a moment, Your Honor.

1 MR. HIGGERSON: What tab number are we looking at?

2 MS. ELDER: I don't believe that's the tab number.

3 (Brief interruption in proceedings).

4 Q. (By Ms. del Valle) Now, you would agree with me that  
5 someone who was attempting suicide in custody is not adjusting  
6 well to Dixon, correct?

7 A. Correct.

8 Q. I'm going to read for you a portion of Ms. Hampton's  
9 grievance that she filed regarding the verbal harassment and  
10 discrimination she has experienced at Dixon, and this is Bates  
11 914 to 915.

12 So, she says on 915, "I wanted to be respected as a  
13 woman. I have been told by employees that they don't care if  
14 I get raped. I want to wear clothing that are in a feminine  
15 style. Every time I turn around I see some C/O staring at me  
16 at every moment of every day and watched by C/Os to the point  
17 it has become harassment."

18 Do you find these allegations to be serious?

19 A. I would say the allegations are serious.

20 Q. So, you agree that these allegations should be  
21 investigated by the grievance officer, correct?

22 A. Correct.

23 Q. Now, in response to Ms. Hampton's allegations to this  
24 grievance, the grievance officer indicates that he is unable  
25 to substantiate the grievance claim because Ms. Hampton does

1 not provide specific names of IDOC staff members.

2           Would you agree that that was an appropriate response  
3 to this grievance that had contained serious allegations?

4 A. I would say it's appropriate in the fact that we have over  
5 500 security staff and almost 800 staff at the facility, so I  
6 think it would be hard to know who it was if you can't -- or  
7 if you can't give names or dates, times when it happened, I  
8 would say it would be hard to identify the staff.

9 Q. Should the grievance officer have followed up with  
10 Ms. Hampton and asked Ms. Hampton to identify those officers  
11 that were harassing her?

12 A. I don't know what the grievance investigation process is,  
13 so I don't know what follow-up they are required to do.

14 Q. You would agree that it would be reasonable if an inmate  
15 is alleging that officers are harassing and verbally  
16 discriminating against her and did not provide names, you  
17 would agree that a follow-up with that offender would be  
18 appropriate?

19 A. I can't speak to the process, so I don't know what is or  
20 isn't appropriate.

21 Q. Do you know how many -- how many staff are working in the  
22 unit that Strawberry is living in?

23 A. While in segregation there are three staff assigned on day  
24 shift and 3 to 11, and then two staff on night shift. Those  
25 shifts the days off rotates, so at any given time in a week's

1 time you might have 20 different security staff working in the  
2 building.

3 Q. So, 20 staff is actually not a great number, then, to go  
4 through and figure out who -- for the grievance officer to  
5 figure out who is verbally harassing Ms. Hampton?

6 A. I don't know how to answer that.

7 Q. You would agree that if Ms. Hampton filed multiple  
8 grievances about verbal harassment that the grievance officer  
9 should have taken those claims seriously?

10 A. I think all grievances are taken seriously, regardless of  
11 how many there were.

12 Q. But, denying a grievance because someone didn't specify  
13 the specific name of an officer in a grievance would not be an  
14 appropriate response to someone who's grieving very serious  
15 allegations, correct?

16 A. I would say it could be an appropriate response if we  
17 don't know who the staff members he's alleging did this are.

18 Q. But there are ways to figure it out, aren't there?

19 A. I guess there could be ways. I just don't know what the  
20 time frame is that he's alleging this happened. There are any  
21 number of staff that he could have been referring to, if he  
22 was referring to security staff or -- I don't know how to  
23 answer that.

24 Q. Grievances are dated, aren't they?

25 A. The grievance is dated and -- but I think it would take in

1 the body of the grievance to specify a date or a range of  
2 dates with the complaints being made.

3 Q. And it is possible for a follow-up to be done, correct,  
4 with Ms. Hampton?

5 A. Yes, it's possible.

6 MS. DEL VALLE: One moment, Your Honor.

7 (Brief interruption in proceedings).

8 Q. (By Ms. del Valle) I'm going to read to you another  
9 grievance that Ms. Hampton filed regarding verbal harassment  
10 on June 24, 2018.

11 MS. McCLIMANS: Can you tell us what you are looking  
12 at?

13 MS. DEL VALLE: This is Bates 920, Exhibit 13. Tab  
14 12.

15 MR. HIGGERSON: Tab 12?

16 MS. DEL VALLE: Yeah.

17 Q. (By Ms. Del Valle) "In violation of the Eighth Amendment  
18 and Fourteenth Amendment, the following staff proceeded to do  
19 the following." And then there's a redaction.

20 "Unknown staff in Building 42 114 Healthcare Yard  
21 constantly call me gay-bashing words, such as bitch, slut,  
22 go/she, he/she, sir, mister. There are procedures in place  
23 for staff to be trained in how to deal with transgender  
24 prisoners.

25 Obviously staff are not being properly trained in

1 this area here at Dixon CC. I cannot name all the staff at  
2 this time, but I will be able to point them out when it comes  
3 to the discovery phase of the eventual lawsuit. Staff are  
4 constantly telling me I cannot wear tight clothes. I identify  
5 as a woman and this is a male prison, yet staff females here  
6 at Dixon wear tight pants, which is discriminatory. I have  
7 constantly talked to the Warden, Mental Health, and Internal  
8 Affairs about these issues and nothing is ever done. I have  
9 taken every step I could to resolve these issues with nothing  
10 being done but to write a grievance. I think Dixon CC cannot  
11 protect me, because they are the ones causing me the abuse and  
12 constant verbal harassment. I feel the only place I would be  
13 safe is a female prison so I won't be discriminated against."

14 If you received this grievance how would you respond?

15 A. I don't know the full grievance process, so I don't know  
16 how to respond to that.

17 Q. You would agree that the allegations Ms. Hampton is making  
18 here are serious?

19 A. Yes.

20 Q. And in this grievance Ms. Hampton does indicate the  
21 building she's in and the unit she's in and, therefore, staff  
22 could be easily identified, correct?

23 A. Correct.

24 Q. Now, as assistant warden what would you do to guarantee  
25 that Ms. Hampton wasn't being -- if these allegations are

1 true -- to figure out first if these allegations are true,  
2 what would you do?

3 A. To find out if they are true?

4 Q. To investigate.

5 A. Yeah, so we would initiate the PREA protocol by removing  
6 all staff members that work in the area that Offender Hampton  
7 lives in so that there's separation of the alleged victim and  
8 perpetrator. Offender Hampton would be offered the  
9 opportunity to talk to healthcare staff and mental health  
10 staff and an investigation would be initiated into the  
11 allegations.

12 Q. Okay. So, none of what you just described was done here.  
13 Do you know why?

14 A. I don't know why.

15 Q. So, a PREA investigation should have been initiated after  
16 Ms. Hampton's grievances regarding the verbal harassment she's  
17 experienced?

18 A. If he claims that he was sexually assaulted or sexually  
19 harassed, the PREA protocol should have been followed.

20 Q. And none was initiated here, correct?

21 A. I don't know. I don't see grievances, so I don't know if  
22 one was or wasn't initiated.

23 Q. I'm going to read to you another document. So, this is  
24 Bates 808. It's entered as Exhibit 13. Exhibit 10, tab 9.

25 Now, this is a report written by the Mental Health

1 Counselor, Ms. Weigand, and it is -- she is recording what  
2 Ms. Hampton has told her.

3 "Inmate Hampton was seen for a follow-up to a PREA  
4 allegation. Inmate" --

5 THE COURT: Slow down for Stephanie.

6 Q. "Inmate Hampton reported being pressured to perform oral  
7 sex on another inmate in her housing unit. Ms. Hampton stated  
8 that she has been pressured since moving into the unit on May  
9 25, 2018, and has not said anything before now because she did  
10 not want to, quote, create problems. Ms. Hampton stated that  
11 she was threatened by this inmate again today and that -- and  
12 that, quote, was the last straw for her, end quote, so she  
13 called the PREA hotline."

14 Would you agree that these are very serious  
15 allegations --

16 A. Yes.

17 Q. -- and that a PREA investigation should have been  
18 initiated?

19 A. Yes.

20 Q. And are you aware that no PREA investigation was initiated  
21 as a result of these allegations?

22 A. No, I'm not aware.

23 Q. Now, Mr. Wilks, you continue to refer to Ms. Hampton using  
24 the male pronouns in your testimony today, --

25 A. Yes.

1 Q. -- correct? And you testified that you believe that  
2 Ms. Hampton is a man, correct?

3 A. Correct.

4 Q. Okay. Are you aware that using male pronouns to identify  
5 a transwoman is what's called misgendering?

6 A. No, I am not aware of that.

7 Q. So, you are not aware of the concept of misgendering?

8 A. No.

9 Q. And you are not aware -- Are you aware of how misgendering  
10 affects a trans individual's mental health?

11 A. No.

12 Q. And do other staff at Dixon also refer to Ms. Hampton  
13 using the male pronouns like you do?

14 A. I'm guessing they do.

15 Q. And that's because Ms. Hampton's in a men's facility,  
16 correct?

17 A. Correct.

18 Q. So, you testified earlier that there were only two  
19 complaints from a transwoman at Dixon. Do you remember that  
20 testimony?

21 A. Yes.

22 Q. But you don't actually know how many complaints were filed  
23 by transwomen at Dixon, correct?

24 A. Right, I was only speaking to grievances; grievance  
25 complaints about the sexual harassment or sexual abuse.

1 Q. So, grievance complaints. But you weren't aware of the  
2 grievances that Ms. Hampton filed that we just went over,  
3 correct?

4 A. Correct.

5 Q. So, there could be a lot of grievances filed by the other  
6 transwomen at Dixon that you are also not aware of?

7 A. There could be.

8 Q. So, your estimation that there are only two grievance  
9 complaints filed by transwomen is just that, it's a guess?

10 A. The grievance officer told me that there were two  
11 grievances filed from the transgender offenders here in line  
12 with the sexual harassment, sexual-abuse type grievances.

13 Q. Did the grievance officer tell you how many grievances  
14 Ms. Hampton had filed?

15 A. No.

16 MS. DEL VALLE: Your Honor, I have no further  
17 questions.

18 THE COURT: All right. I have just a few questions I  
19 want to ask, and then you can follow up.

20

21 CROSS EXAMINATION

22 BY THE COURT:

23 Q. Mr. Wilks, what are your responsibilities as the Assistant  
24 Warden of Operations at Dixon? What are your duties?

25 A. So, on a daily basis I oversee the security operation of

1 the facility. So, security staff, operations that affect  
2 security and safety of the facility. I oversee the  
3 maintenance of the facility grounds to make sure buildings are  
4 safe, and water supply and heat and air and all of that is  
5 running okay, and I oversee the dietary department and the  
6 daily operations of it.

7 Q. So, you said that you don't know what the grievance  
8 investigation process is. Who's in charge of that?

9 A. Well, there's a grievance officer that -- here. I don't  
10 know how it is at other facilities. Here in the Clinical  
11 Services Department there's a grievance officer. The  
12 grievance officer receives grievances, does some level of  
13 investigation, and then submits his findings to the warden of  
14 the facility. And I'm not in that process.

15 Q. So, it goes directly to the warden. Are there other  
16 assistant wardens there other than --

17 A. There's an assistant warden -- I'm sorry.

18 Q. Go ahead.

19 A. There's an Assistant Warden of Programs.

20 Q. Okay. Have you had any training as part of your  
21 employment on gender dysphoria?

22 A. I have not.

23 Q. Any training on handling transgender inmates?

24 A. Yeah, I have had training on the proper searching of  
25 offenders, transgender offenders, but that's it.

1 Q. And what about PREA standards or PREA protocols or  
2 anything dealing with PREA in general? Have you had any  
3 training on that?

4 A. Yes.

5 Q. And what did that entail?

6 A. In my job prior to this I was in investigations and I had  
7 to go through the PREA protocol training, just learning what  
8 PREA is and the protocols that we have to follow per the PREA  
9 act.

10 Q. Okay. All right.

11 THE COURT: Mr. Higgeson, do you have any redirect  
12 -- I'm sorry, Ms. McClimans -- follow-up on my questions?

13 MS. McCLIMANS: I just have a couple.

14

15 REDIRECT EXAMINATION

16 BY MS. McCLIMANS:

17 Q. Mr. Wilks, when you testified that Ms. Hampton was  
18 generally doing well, that was when she was in general  
19 population, is that correct?

20 A. Correct.

21 Q. Okay. Was -- Did she tell you that she didn't have any  
22 problems, or how was that, do you recall?

23 A. Yeah, she actually told me that she liked it at Dixon  
24 Correctional Center and had withdrawn her request to go to  
25 Logan Correctional Center, the women's prison, because she was

1 being treated well at Dixon.

2 Q. Okay. And I believe you said that was in May, but is that  
3 correct? I just wanted to make sure.

4 A. I don't remember when that conversation happened.  
5 Sometime after he got out of segregation.

6 Q. Okay. And with regard to the training on transgender and  
7 how those transgender inmates are to be treated, is that  
8 something that is continually evolving, or do you know?

9 A. I would imagine. I don't know how the transgender  
10 training works.

11 Q. Okay. Now, the correctional officers, they do wear name  
12 tags, don't they?

13 A. Yes.

14 Q. Okay. So, if someone wanted to identify them in a  
15 grievance they would just be able to look at the name tag,  
16 wouldn't they?

17 A. Yes.

18 Q. Okay. Now, you were asked some questions about a PREA  
19 allegation, and they were referring to a note from Jamie  
20 Weigand dated 6/5 of 2018. And the first sentence under the S  
21 says that Hampton was seen for a follow-up to a PREA  
22 allegation.

23 So, would it be fair to say that Ms. Weigand was  
24 actually talking to her about the PREA allegation?

25 A. Yes, that would be part of the PREA protocol, to have

1 Mental Health speak with the offender.

2 Q. All right. And it goes on to say in the plan that the  
3 inmate was informed of the PREA protocol and was informed that  
4 she should be sent back to her housing unit, and Ms. Hampton  
5 then told her she had no other concerns.

6 So, is that something that was done in accordance  
7 with the PREA protocol, having Ms. Hampton sent back to her  
8 unit after a discussion with the mental health professional  
9 about the PREA allegation?

10 A. Yeah, so we do everything we can to not displace the  
11 alleged victim of the PREA and we move the alleged  
12 perpetrator. So, it would be common for the offender to go  
13 back to the housing unit that they were in they made the  
14 claim.

15 Q. And the claims are primarily made by the inmates through  
16 use of the telephone, is that right?

17 A. The complaints can be made through a PREA hotline or they  
18 can be made to staff. If a staff member receives -- If an  
19 offender comes up to any staff member, security or otherwise,  
20 and says -- and claims there was a PREA, then it's that  
21 person's responsibility to notify somebody.

22 Q. Okay. And this actually indicates that she called the  
23 PREA hotline, so the PREA hotline should have a recording of  
24 that if that occurred, correct?

25 A. Correct; correct.

1 Q. Thank you.

2 THE COURT: Are you finished, Ms. McClimans?

3 MS. McCLIMANS: Yes.

4 THE COURT: Did you have follow-up?

5 MS. DEL VALLE: Yes, just briefly.

6

7

RECROSS EXAMINATION

8 BY MS. DEL VALLE:

9 Q. Now, according to the PREA protocol, when a facility is  
10 investigating a PREA the inmate just doesn't talk to Mental  
11 Health, correct?

12 A. I'm sorry. Can you repeat that?

13 Q. Sure. As part of PREA protocol for a PREA investigation,  
14 the inmate doesn't just talk to Mental Health, correct?

15 A. Yes.

16 Q. An inmate is supposed to talk to someone, for instance,  
17 from Internal Affairs who's conducting the investigation,  
18 correct?

19 A. Correct.

20 Q. And if an investigation is indeed conducted there would be  
21 a report, correct?

22 A. Correct.

23 Q. So, if there was no report, that goes to say that there  
24 was no investigation conducted, correct?

25 A. Well, I understood her letter to say that she was there to

1 talk to them about a PREA claim.

2 Q. Sure. But if Internal Affairs didn't generate a PREA  
3 investigation report, it's safe to say that there wasn't  
4 actually a PREA investigation, correct?

5 A. I think that there doesn't necessarily have to be a report  
6 that follows in an investigative part. They can submit  
7 something to the PREA compliance manager saying that it was  
8 looked into.

9 Q. What's that something that they would submit?

10 A. Well, a memo -- I'm just thinking of other ways that they  
11 could still have looked into it without generating a report.

12 Q. Well, there would still be some form of a document  
13 generated, correct?

14 A. Correct, there would be some form of document; yes.

15 Q. So, if someone has two suicide attempts, multiple  
16 grievances begging for an end to harassment, one substantiated  
17 PREA, do you believe that those are signs of someone who is  
18 adjusting well?

19 A. I can't speak to somebody's adjustment. To me there's a  
20 lot --

21 Q. Go ahead. I'm sorry.

22 A. Go ahead. I'm sorry. I was just saying there could be  
23 lots of reasons why somebody might try to commit suicide that  
24 has nothing to do with their adjustment at Dixon Correctional  
25 Center. Something could have happened at home, something

1 could have happened elsewhere that would cause somebody to try  
2 to commit suicide.

3 Q. You would agree that someone who has attempted suicide is  
4 in some type of mental health crisis, correct?

5 A. Correct.

6 Q. And you would agree that someone who has a substantiated  
7 PREA in Dixon isn't doing well at Dixon, correct?

8 A. I think if they are separated from the person that they  
9 claimed it against that they could, therefore, then again feel  
10 safe.

11 Q. If someone has filed a PREA complaint and that PREA  
12 actually wasn't investigated, that person wouldn't be doing  
13 well, correct, if they are still around the perpetrator?

14 A. Yeah, if they are still around the perpetrator, I would  
15 say they would have reason to not feel safe.

16 Q. That's it.

17 THE COURT: All right. Anything else?

18 MS. McCLIMANS: Nothing, Your Honor.

19 THE COURT: Okay. Thank you, Mr. Wilks. That  
20 concludes your testimony.

21 MR. WILKS: Thank you.

22 THE COURT: Do we have Brandi Hendrix, then, ready to  
23 go?

24 All right. Ms. Hendrix, can you hear us okay?

25 MS. HENDRIX: Yes, hello.

1 THE COURT: All right. Deana, if you would please  
2 administer the oath.

3 THE CLERK: Please raise your right hand.

4 (Defense witness, Brandi Hendrix, sworn.)

5 THE CLERK: Would you please state your name and  
6 spell your first and last name for the record?

7 MS. HENDRIX: Brandi Lynn Hendrix. B-R-A-N-D-I,  
8 Hendrix, H-E-N-D-R-I-X.

9

10 DIRECT EXAMINATION

11 BY MS. MCCLIMANS:

12 Q. Good afternoon, Ms. Hendrix. How are you currently  
13 employed?

14 A. I am currently a Correctional Officer II.

15 Q. At Dixon Correctional Center?

16 A. Correct; yes.

17 Q. And where do you currently work within the correctional  
18 center? What floor?

19 A. Where is my office located? My office is located in  
20 Building 49, the administration building.

21 Q. What are your job duties currently?

22 A. I have housing unit assignments. I am currently assigned  
23 to Housing Unit 61. I am the orientation counselor, and I do  
24 Track Module 5 on Fridays.

25 Q. Okay. Did you have a position within the facility where

1 you would have to help facilitate phone calls for individuals?

2 A. At any time counselors can be called upon to assist with  
3 facilitating a legal call if the assigned counselor is  
4 unavailable or if we are assigned to the housing unit where  
5 that is our responsibility, yes.

6 Q. And were you recently in segregation waiting to facilitate  
7 a scheduled legal call between Offender Roger Johnson and the  
8 attorneys for Ms. Hampton?

9 A. Yes, I was.

10 Q. And can you tell us what Mr. Johnson said to you when he  
11 came out of the legal call?

12 MS. Del VALLE: Objection, hearsay.

13 A. I brought my --

14 THE COURT: Hang on. Hang on.

15 MS. McCLIMANS: It's not being offered for the truth  
16 of the matter, it's being offered for credibility sake.

17 THE COURT: All right. Well, I will take that under  
18 advisement. Let's go ahead and hear it.

19 A. You would like me to -- I'm sorry. You would like me to  
20 state what Offender Johnson stated after the legal call?

21 Q. (By Ms. McClimans) You can go ahead. Did he say anything  
22 to you before the legal call?

23 A. Yes, before he went into the legal call he stated that the  
24 legal call he was waiting for was from Deon Hampton's  
25 attorneys, and he went on to say in quotes, "Hampton told me

1 he needs me, and he asked me to say that I witnessed things  
2 that I didn't never see."

3 Offender Johnson stated that he only had about 60  
4 days left to serve and he said, in quotes again, Let me get  
5 something straight. I'm not going to court to lie and get  
6 myself in trouble for nobody, end quotes.

7 MS. DEL VALLE: Objection, hearsay. Roger Johnson is  
8 not part of this case, he's not called as a witness. We have  
9 no ability to talk to him on this.

10 THE COURT: Well, that's true.

11 MS. McCLIMANS: That's the extent of it.

12 MS. DEL VALLE: It's clearly being offered for the  
13 truth of the matter asserted.

14 THE COURT: Yeah, well, I think it is. I will just  
15 take that under advisement.

16 Is that the end of it?

17 MS. McCLIMANS: That is the end of it.

18 Q. (By Ms. McClimans) There weren't any other conversations  
19 with Mr. Johnson after that?

20 A. Yes, after he completed his legal call he told me in  
21 quotes, I told those lawyers I wanted to get something  
22 straight. I will tell you the truth, but I'm not lying for  
23 Strawberry or nobody, end quotes.

24 Q. And that was it?

25 A. Yes.

1 Q. Okay. Did you --

2 A. No, I'm sorry. I'm sorry. I did leave something out.

3 MS. DEL VALLE: Again, Your Honor, we just object to  
4 hearsay. Roger Johnson is not a witness in this case. This  
5 is clearly being --

6 THE CLERK: We got disconnected.

7 THE COURT: Well, so it is an out-of-court statement.  
8 I think you are offering it for the truth of what's asserted  
9 in the statement. You are offering it to show that he was  
10 asked to lie. He's not here, they can't cross-examine it.  
11 How is this not hearsay?

12 MS. MCCLIMANS: It was something that she witnessed  
13 that's not -- It's not going to whether or not the allegations  
14 of Ms. Hampton are true, it's just what happened. She's  
15 asking someone to lie for her.

16 MS. DEL VALLE: I don't know what exceptions to the  
17 hearsay rule that is.

18 THE COURT: I don't know, either. I haven't pointed  
19 to that. It seems to me like it's clearly hearsay because we  
20 can't cross-examine Mr. Johnson on this.

21 MS. McCLIMANS: That is true. However, Mr. Johnson,  
22 I believe, was a witness that was dropped.

23 MS. DEL VALLE: We ultimately are not calling him as  
24 a witness. He's not here to testify.

25 THE COURT: All right. Well, let's try to get the

1 call reconnected and let's move on to another issue. Is this  
2 the only purpose for which you are calling this witness?

3 MS. McCLIMANS: One second, please.

4 We are going to go on. As far as that issue, we are  
5 done with that issue.

6 (Brief interruption in proceedings).

7 Q. (By Ms. McClimans) Sorry. Can you hear us?

8 A. Yes, I can now.

9 Q. Okay. Now, were you assigned to the segregation unit  
10 through the month of August?

11 A. I don't know the exact dates, but throughout August I was  
12 assigned to the segregation unit for some of the time, yes.

13 Q. And you were a correctional counselor then. Were you  
14 assigned to Ms. Hampton?

15 A. I was assigned to the housing unit, so therefore we cover  
16 every offender in the unit, yes.

17 Q. Did you have any chances to meet with Ms. Hampton within  
18 the past month?

19 A. Yes.

20 Q. And can you just briefly explain when that would have  
21 been?

22 A. You want the specific dates?

23 Q. If you know. If you recall the specific date, yes.

24 A. August 13, August 20.

25 MS. DEL VALLE: Objection.

1 THE COURT: What's the objection?

2 MS. DEL VALLE: She's looking at a document that  
3 hasn't been referenced.

4 Q. Can you tell us what you are looking at?

5 A. Certainly. I have brought with me the printed-out  
6 Cumulative Counseling Summary, the CHAMP entries we enter as  
7 counselors in Clinical Services.

8 THE COURT: Do you have those?

9 MS. McCLIMANS: We do not. Were those specifically  
10 requested?

11 MS. DEL VALLE: Those were produced.

12 THE COURT: Okay. Is that what you were reading from  
13 earlier, as well?

14 A. Earlier I was reading from an e-mail, but it was a copy of  
15 the CHAMP entry that had been e-mailed, yes.

16 THE COURT: Okay. All right. Go ahead.

17 Q. All right. Can you tell us -- tell me again the date of  
18 that Cumulative Counseling Summary that you were referring to  
19 that indicated when you last met with her?

20 A. You just want the last date? The last date would have  
21 been August 31st, 2018.

22 MS. DEL VALLE: Your Honor, I would object. That  
23 date was not produced.

24 MS. McCLIMANS: And we do not have those, either.

25 THE COURT: Well, that's a problem if they were

1 requested.

2 Q. (By Ms. McClimans) All right. Do you have any  
3 recollection of anything that's not in your notes regarding a  
4 meeting with Ms. Hampton?

5 A. There were several separate meetings. I had written  
6 Offender Hampton a ticket on one occasion. I don't know if  
7 that's the incident that you are referring to.

8 Q. And you do have that ticket in front of you? And that  
9 ticket has been produced, hasn't it? Do you have the ticket  
10 in front of you?

11 A. Yes.

12 Q. Okay.

13 A. Yes, I do.

14 Q. Can you tell us the date of that ticket?

15 A. The date of the ticket was August 28th, 2018.

16 Q. And can you explain for us why a ticket was written?

17 A. Would it be all right if I recited to you the ticket?

18 Q. Sure. Everyone should have that. Do you know what  
19 exhibit it is?

20 MS. DEL VALLE: We haven't entered it as an exhibit.

21 MS. MCCLIMANS: You sent it to her, though, right?

22 MS. DEL VALLE: Yes.

23 MS. MCCLIMANS: Okay. You are probably going to  
24 enter it as an exhibit?

25 MS. Del VALLE: We weren't going to.

1 MS. MCCLIMANS: Yeah, we will go ahead and offer it  
2 as Defendant's Exhibit --

3 THE CLERK: No, we are going to call it -- Let's just  
4 start -- We don't renumber them. So, if we are at 31 now,  
5 let's start at -- How many more exhibits do you have?

6 MS. ELDER: I'm not sure, I'm sorry.

7 THE CLERK: Let's just call it 100.

8 Q. (By Ms. McClimans) We will refer to it as Defendant's  
9 Exhibit 100.

10 Is there a Bates stamp number at the bottom of the  
11 page? It says IDOC.

12 A. Yes, you are actually looking at the incident report that  
13 went along with that ticket. The IDOC number is 000951.

14 Q. All right. Did you write that incident report?

15 A. I did.

16 Q. All right.

17 MS. MCCLIMANS: We would like to move for admission  
18 of that report.

19 THE COURT: Okay. Is that in my binder?

20 MS. Del VALLE: It is in here, Your Honor. It's in  
21 tab 20. It's the very last page of tab 20.

22 THE COURT: Got it. Okay. 100 will be admitted.

23 MS. MCCLIMANS: I don't believe that's the right one.  
24 Oh, okay. We found it.

25 Q. (By Ms. McClimans) All right, Ms. Hendrix. Sorry about

1 that.

2 Can you tell us the date of the incident?

3 A. August 28th, 2018.

4 Q. And it appears the time is 10:30.

5 A. Correct.

6 Q. And tell us about the statement of facts. Would you go  
7 through that, please?

8 A. Yes. "On the above date I was in GP segregation to  
9 facilitate an incoming legal call for Offender Hampton, Deon,  
10 M15934, which was scheduled to begin at 10 a.m. At 10:30 a.m.  
11 I advised Offender Hampton that the allowed 30-minute time  
12 limit had been reached. Offender Hampton then finished up the  
13 call and began angrily shouting at me in quotes, Girl, don't  
14 you fucking talk to me, I'm not a child, I don't fucking need  
15 you telling me when my call is over. Don't you fucking talk  
16 to me again, end quotes.

17 I retrieved the cordless phone from Offender Hampton  
18 and advised Hampton when facilitating a legal call it is my  
19 job to monitor the time. He was directed multiple times to  
20 stop speaking to me disrespectfully. Offender Hampton  
21 continued to shout at me stating in quotes, I don't know who  
22 you think you are, Girl, but don't you fucking talk to me or I  
23 will see you in court, end quotes. I then proceeded to return  
24 the telephone to the charger and exited the building, end of  
25 report."

1 Q. And then did you also write a ticket because of this  
2 incident?

3 A. Yes, I did.

4 Q. And do you have that ticket in front of you, as well?

5 A. Yes, I do.

6 MS. DEL VALLE: Your Honor, objection, because this  
7 ticket -- the ticket was not produced to us. The incident  
8 report was, but not the ticket.

9 THE COURT: All right.

10 MS. MCCLIMANS: We will just go back to the incident  
11 report.

12 THE COURT: That's what I thought. Okay. So, that's  
13 Exhibit 100 now.

14 MS. MCCLIMANS: Correct.

15 THE COURT: Okay.

16 Q. (By Ms. McClimans) Ms. Hendrix, do you have to keep time  
17 when any inmate is using the phone?

18 A. Yes, legal calls are allowed for 30 minutes from the  
19 scheduled start time.

20 Q. Is that a rule that you enforce with everyone?

21 A. Yes.

22 Q. Okay. So, you wouldn't have been writing up an incident  
23 report just because this was Ms. Hampton, would you have been?

24 A. Absolutely not.

25 Q. Okay. Have you had any other incidents recently with

1 Ms. Hampton?

2 A. Yes, there was another incident, I believe it was on  
3 August 31st, the last time that I saw Offender Hampton.

4 Q. And why was it the last time you saw Offender Hampton?

5 A. Because he made a PREA claim against me.

6 Q. Do you know why that was or what the allegations are?

7 A. I don't know exactly what he stated. Throughout the  
8 investigation I believe that -- it's my belief that he lied  
9 and said that I made derogatory remarks to him, which I did  
10 not.

11 Q. All right. What were the consequences, if any, of that  
12 PREA allegation to you?

13 A. The PREA investigation is currently still open; therefore,  
14 I have been reassigned from my housing unit and another  
15 counselor has had to take on that duty for the time being.

16 Q. Okay. Have you ever been named in a PREA allegation  
17 before?

18 A. Never.

19 Q. Thank you. That's all I have.

20 THE COURT: Cross-examination?

21

22 CROSS EXAMINATION

23 BY MS. DEL VALLE:

24 Q. Now, Ms. Hendrix, you used the male pronoun when referring  
25 to Ms. Hampton, correct?

1 A. Correct.

2 Q. As you are doing consistently in your testimony today, you  
3 called Ms. Hampton *he*, correct?

4 A. Correct.

5 Q. Is that because you consider Ms. Hampton to be a man?

6 A. Correct.

7 Q. Now, have you ever had any training about dealing with  
8 transgender inmates?

9 A. I don't believe we have had specific training.

10 Q. Have you had any training --

11 A. On that issue.

12 Q. I'm sorry.

13 A. I don't believe we have had specific training on only that  
14 issue.

15 Q. Have you had any training related to PREA?

16 A. Yes.

17 Q. Was training about how to deal and interact with trans  
18 inmates included in your PREA training?

19 A. I don't remember that specifically.

20 Q. Did your training teach you that misgendering inmates is  
21 appropriate?

22 A. Well, I didn't state that I had training on specifically  
23 dealing with transgender inmates, so I can't speak to a  
24 training on it.

25 Q. But you believe misgendering inmates is appropriate as you

1 again consistently refer to Ms. Hampton as *he*, correct?

2 A. I think you're stating that. I'm not stating that. I've  
3 not had training on misgendering inmates.

4 Q. Do you know about the concept of misgendering?

5 A. I do not.

6 Q. Do you know that -- So, you don't know that misgendering  
7 means that when you refer to an individual in an opposite  
8 pronoun, gender pronoun that that individual identifies with?

9 A. No.

10 Q. You have had, again, just to be clear, no training on the  
11 concept of misgendering?

12 A. Not that I recollect.

13 Q. Okay. And other staff at Dixon refer to Ms. Hampton using  
14 the male pronouns, correct?

15 A. It's safe to assume that staff do since it's a male  
16 facility. I can't speak to how they refer definitely.

17 Q. You have heard other staff refer to Ms. Hampton as *he*,  
18 correct?

19 A. Some, yes.

20 Q. Now, you began handling Ms. Hampton's legal calls sometime  
21 around like early August, correct?

22 A. That's probably correct.

23 Q. Now, before that point did you have any interaction with  
24 Ms. Hampton?

25 A. I may have assisted with facilitating a legal call prior

1 to being assigned to the unit. I don't specifically remember  
2 that.

3 Q. Okay. Have you ever called Ms. Hampton a derogatory name?

4 A. Never.

5 Q. So, you have never called her a fag?

6 A. I have never called anybody a fag in my life.

7 Q. Have you ever swore at Ms. Hampton?

8 A. Never.

9 Q. Have you ever raised your voice at Ms. Hampton?

10 A. If at a time where a voice needs to be raised in order to,  
11 you know -- We are in a role where at times we have to use an  
12 authoritative voice, so that may have happened, yes. Perhaps  
13 when I was redirecting Offender Hampton to stop speaking to me  
14 in a disrespectful manner I imagine my voice was raised over  
15 his, yes.

16 Q. Now, I want to go back to this incident report that you  
17 were referring to, Bates 951. Can you put that in front of  
18 you?

19 A. I have that, yes.

20 Q. Okay. So, in this incident report you reported that on  
21 August 28, after Ms. Hampton finished a legal call, she began  
22 angrily shouting at you, correct?

23 A. Yes.

24 Q. Now, what did you say to Ms. Hampton before she began  
25 shouting at you?

1 A. As stated in the incident report, I indicated to Offender  
2 Hampton that the time limit had been reached and the telephone  
3 call was -- the time was up.

4 Q. Isn't it true that you raised your voice at her?

5 A. There would have been no reason for me to raise my voice,  
6 no.

7 Q. So, you didn't yell at her to, quote, get off the phone --  
8 get the fuck off the phone, end quote?

9 A. Absolutely not.

10 Q. So, your testimony is that you did absolutely nothing to  
11 provoke Ms. Hampton's comments towards you?

12 A. That is 100 percent correct.

13 Q. You simply told her nicely to get off the phone?

14 A. Yes.

15 Q. And she lashed at you for no reason?

16 A. Yes.

17 Q. That's your testimony?

18 A. Yes, it is.

19 Q. Now, you expect inmates to be respectful towards you,  
20 correct?

21 A. Yes.

22 Q. And in turn as a correctional officer you are also  
23 supposed to be respectful when you interact with prisoners,  
24 correct?

25 A. I'm a Correctional Counselor II.

1 Q. As a correctional counselor you expect -- you are also  
2 supposed to be respectful when interacting with prisoners,  
3 correct?

4 A. Yes.

5 Q. And you don't think that calling Ms. Hampton with -- by  
6 the incorrect pronoun is disrespectful, correct?

7 A. I mean no disrespect when referring to Offender Hampton as  
8 a male. We are in a male facility.

9 Q. Thank you. That's all I have.

10 THE COURT: All right. Anything else?

11 MS. McCLIMANS: No, Your Honor.

12 THE COURT: Thank you, Ms. Hendrix. That concludes  
13 your testimony.

14 MS. HENDRIX: Thank you.

15 THE COURT: Okay. So, do we want to proceed with  
16 Shane Reister?

17 MS. McCLIMANS: We don't know if he will still be  
18 available or not. I guess we can try.

19 THE COURT: How long do you think this will take?

20 MS. McCLIMANS: No more than an hour.

21 THE COURT: For your part?

22 MS. McCLIMANS: Yes. I don't think our part would  
23 take an hour.

24 THE COURT: Okay. Any feel who's going to cross-  
25 examine him?

1 MS. MAZUR: I will, and it depends what the witness  
2 says.

3 MS. McCLIMANS: It's my understanding he's available  
4 tomorrow and the video is also available tomorrow morning, as  
5 well.

6 THE COURT: What about Dr. Hinton? Is he or she  
7 available in the morning?

8 MS. McCLIMANS: Yes.

9 THE COURT: Okay. Why don't you confirm if Mr.  
10 Reister is available in the morning.

11 MS. McCLIMANS: Okay.

12 THE COURT: We could start at 9:00 and follow with  
13 Dr. Hinton. That might be better. But, just confirm he is  
14 before we let him go for the day.

15 MS. McCLIMANS: Okay.

16 THE COURT: We will take a short break.

17 COURT SECURITY OFFICER: All rise.

18 (Following a recess, proceedings continue in open  
19 court).

20 THE COURT: Be seated, everyone. We have  
21 arrangements for Shane Reister tomorrow morning?

22 MS. McCLIMANS: At 9:00 from Pinckneyville.

23 THE COURT: And then Dr. Hinton at 9:30 from  
24 Stateville?

25 MS. McCLIMANS: Correct.

1 THE COURT: And then, as I said, I would like for  
2 each side to be prepared to give a brief summary, closing  
3 argument, if you will. So, I will sign this for Ms. Hampton  
4 to be back at 8:30 tomorrow morning.

5 Anything else we need to take up at this time,  
6 Counsel?

7 MS. DEL VALLE: Your Honor, we would like to talk  
8 more about the exhaustion issue.

9 THE COURT: Okay.

10 MS. DEL VALLE: So, we have gone through the  
11 grievances and we are prepared to enter them with the Court if  
12 the Court finds it appropriate.

13 Our position is in terms of the preliminary  
14 injunction we do not need to exhaust all individual claims  
15 against all Defendants. It's important that we exhausted her  
16 claims, the claims that Ms. Hampton sought injunctive relief  
17 on, so the claims related to transfer to a women's facility  
18 and placement in segregation, and Ms. Hampton has more than  
19 exhausted both of those claims. First, as it relates to her  
20 claim against transfer, that's not even something she grieved  
21 in the first place.

22 COURT REPORTER: I'm sorry. Would you mind scooting  
23 up?

24 MS. DEL VALLE: So, per the Illinois regulations  
25 504.810B, she doesn't even need to grieve her placement at a

1 women's facility. That's something that's completely outside  
2 the grievance process. But, regardless, she has grieved  
3 multiple times her grievance -- grieving her placement in the  
4 men's facility and her segregation placement going back even  
5 to Menard. But, specifically also in Lawrence and Dixon, she  
6 has filed a number of emergency grievances. She has received  
7 responses both from the Warden and Director Baldwin from -- of  
8 those emergency grievances, and under the -- per the Seventh  
9 Circuit ruling in *Fletcher v. Menard*, she has completed -- she  
10 has completely exhausted her options, especially in the case  
11 where *Fletcher* discusses how if an inmate is in imminent  
12 danger, doesn't have to wait the whole long process for the  
13 grievance process to complete, the inmate can wait -- And  
14 *Fletcher* has to be longer than two days. We waited at least  
15 three weeks before filing the complaints after she -- after  
16 filing some of the grievances.

17           And, so, we believe that if her grievances are  
18 entered into the record in this PI hearing, there's not really  
19 a factual dispute as to whether she filed those grievances.  
20 We have the grievance, we have the checkbox *nonemergency* and  
21 signed by the Warden. So, if those are entered into evidence  
22 we could waive -- we waive our right to call the Warden and  
23 call Director Baldwin, if those are entered, and at that point  
24 then the factual determinations overlap for exhaustion and PI,  
25 because then it's just going to be the determination of

1 whether Ms. Hampton was in crisis and thus properly filed  
2 emergency grievances, which is a similar issue to the PI  
3 hearing that she's facing irreparable harm. We believe that  
4 you can decide the exhaustion issue along with the issues in  
5 the PI with this hearing and that no more witnesses need to be  
6 called. We just would like to enter Ms. Hampton's grievances  
7 into the record.

8 THE COURT: Now, the grievances that you have -- I  
9 have some grievances that were attached, I think, to your  
10 motion. Are those what you have there, or is that something  
11 in addition?

12 MS. DEL VALLE: Yes, we would like to enter all the  
13 grievances that were attached to our response to their Motion  
14 for Summary Judgment, and then in addition one Dixon grievance  
15 that we filed on behalf of Ms. Hampton that exhausted all of  
16 her claims as they relate to Dixon. But, again, we are here  
17 focusing on the injunctive claims and she has exhausted the  
18 injunctive claims.

19 THE COURT: Right, so then to the extent that Judge  
20 Daly intends to hold a hearing, that would go to whether she's  
21 exhausted every other Defendant on the other claims?

22 MS. DEL VALLE: Yes.

23 THE COURT: All right. Who wants to respond?

24 MR. HIGGERSON: Your Honor, first off, we still  
25 object to holding the exhaustion hearing at this point. We

1 are halfway through this hearing, and that's when it was -- we  
2 were told that that's what we would be doing. We haven't  
3 lined up our evidence or our witnesses on this. And I do not  
4 agree there doesn't have to be exhaustion on a transfer.

5           They don't have to exhaust transfer if all they are  
6 doing is requesting a transfer. But if they are claiming the  
7 lack of a transfer presents a risk of harm to them or is  
8 violating a constitutional right, that has to be grieved. And  
9 you can't get an injunction just to be transferred. There's  
10 no constitutional right to be at any specific prison. What  
11 there is a constitutional right to is not to be placed in a  
12 position where you are in danger. That's the Eighth Amendment  
13 violation, and so that does have to be grieved. And the only  
14 injunction -- Injunctive relief is only available if there's a  
15 constitutional violation.

16           THE COURT: Okay. Well, I will take a look at those  
17 grievances. Let's mark those as an exhibit and move them into  
18 evidence. I mean, it makes sense to me that -- My law clerk  
19 and I were talking about it this morning. If you are seeking  
20 preliminary injunctive relief for, you know, there's a  
21 multitude of harm she could have, I mean the exhaustion  
22 process takes months, so it doesn't make sense that you would  
23 have to complete that as to every Defendant on every claim  
24 before you can reach the issue. But, I will take a look at  
25 those exhibits and the motion and then take it all together

1 and then leave the other motions in front of Judge Daly.

2 MS. DEL VALLE: We have the exhibits here if you  
3 would like us to mark them.

4 THE CLERK: I show 32.

5 MS. DEL VALLE: 32, and also the Dixon ones, 33. Is  
6 that what number we are on?

7 The Lawrence ones first. These were the ones filed  
8 with the Court. And then the Dixon grievance is the one we  
9 sent to everyone. You have a copy.

10 MS. McCLIMANS: Okay. You are saying Exhibit 32 and  
11 33?

12 MS. DEL VALLE: Yes, Exhibit 33 will be the Lawrence  
13 grievances -- Exhibit 32 will be the Lawrence grievances, and  
14 33 will be the most recent Dixon grievance.

15 THE COURT: Okay. Those will be admitted.

16 All right. Anything else we need to take up at this  
17 time?

18 MS. DEL VALLE: No, that's it, Your Honor.

19 THE COURT: Mr. Higginson?

20 MR. HIGGINSON: Nothing else.

21 THE COURT: Okay. Well, everybody be here ready to  
22 go by 9:00 a.m. And before you leave, go over with Deana the  
23 exhibits that were admitted today and make sure we are all on  
24 the same page. And I will see you all in the morning.

25 COURT SECURITY OFFICER: All rise.

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(Court in recess.)

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\* \* \* \* \*

I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

/S/ Stephanie K. Rennegarbe  
Certified Shorthand Reporter

09/20/2018

1                   IN THE DISTRICT OF THE UNITED STATES OF AMERICA  
2                   FOR THE SOUTHERN DISTRICT OF ILLINOIS

3                   \_\_\_\_\_) )  
4                   DEON HAMPTON #M15934, ) )  
5                   ) )  
6                   Plaintiff(s), ) )  
7                   ) )  
8                   vs. ) Case 18-CV-550-NJR )  
9                   ) )  
10                  IDOC DIRECTOR JOHN BALDWIN, et ) )  
11                  al., ) )  
12                  ) )  
13                  Defendant(s). ) )  
14                  \_\_\_\_\_) )

15                                   **EVIDENTIARY HEARING**  
16                                   (Day 3 of 3, all sessions)

17                   BE IT REMEMBERED AND CERTIFIED that heretofore on **09/14/2018**,  
18                   the same being one of the regular judicial days in and for the  
19                   United States District Court for the Southern District of  
20                   Illinois, **Honorable Nancy J. Rosenstengel**, United States  
21                   District Judge, presiding, the following proceedings were  
22                   recorded by mechanical stenography; transcript produced by  
23                   computer.

24                                   **APPEARANCES:**

25                   **FOR PLAINTIFF:** **Vanessa del Valle, Sheila A Bedi and**  
                 **Allison Elder** (law student with 711 license) of Roderick and  
                 Solange MacArthur Justice Center, Northwestern Univ. Sch. of  
                 Law, 375 E. Chicago Avenue, Chicago, IL 60611; and  
                 **Elizabeth Mazur of** Uptown People's Law Center, 4413 N.  
                 Sheridan Road, Chicago, IL 60640

**FOR DEFENDANT(S):** **Chris Higgerson, Christine McClimans** of  
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**REPORTED BY:** **Molly N. Clayton, RPR, FCRR**, Official Reporter  
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1                    *COURTROOM DEPUTY:* The matter of *Hampton versus*  
2 *Baldwin*, Case No. 18-CV-550, is called for day three of the  
3 evidentiary hearing.

4                    Will the parties please identify themselves for the  
5 record?

6                    *MS. BEDI:* Good morning, your Honor, Sheila Bedi for  
7 the plaintiff.

8                    *MS. del VALLE:* Good morning. Vanessa del Valle for  
9 the plaintiff.

10                   *MS. MAZUR:* Elizabeth Mazur for the plaintiff.

11                   *MS. ELDER:* Allison Elder, law student for the  
12 plaintiff.

13                   All right. Good morning, everyone.

14                   *MR. HIGGERSON:* Chris Higgerson for the defendants.

15                   *MS. McCLIMANS:* Kay McClimans for the defendants.

16                   *THE COURT:* Great. Good morning, counsel.

17                   So our next witness, I guess, went to print some  
18 things off and isn't quite back yet. Is there anything we need  
19 to take up before the witness resumes?

20                   *MS. BEDI:* Maybe just to clarify some things going  
21 forward. Dr. Reister is going to testify next, and we've  
22 reached a stipulation with respect to Dr. Hinton. In fact,  
23 maybe we could read it in now. Is that okay?

24                   *THE COURT:* Okay. That's great.

25                   *MS. BEDI:* Do you want to --



1 and was part of the settlement in that case, and which was  
2 approved by the monitor, who is the psychiatrist, and the  
3 federal judge.

4 *THE COURT:* Okay. Whose case was that, what judge's  
5 case?

6 *MR. HIGGERSON:* It is with Judge Mihm.

7 *THE COURT:* Okay, gotcha. All right.

8 *MS. BEDI:* And I guess while we're still waiting,  
9 maybe I could mention the judicially noticed documents that  
10 plaintiff is seeking to have the Court take judicial notice of.

11 In response to Assistant Warden Wilks' testimony  
12 about, like, the lack of complaints, about from transgender  
13 prisoners regarding their treatment, I think he testified about  
14 a general lack of complaints and also about the sort of  
15 relative rate of complaints from Ms. Hampton relative to other  
16 transgender prisoners at Dixon. And in response to that, we  
17 have three court filings to ask the Court to take judicial  
18 notice of. We have copies. Maybe I'll describe them first.

19 The first is a bill of indictment from the circuit  
20 court in Lee County, Illinois, from October 2017, in which a  
21 Dixon correctional officer was charged criminally for sexually  
22 assaulting a transgender prisoner at Dixon.

23 The second document is a pro se complaint filed in the  
24 Northern District of Illinois from that trans prisoner relating  
25 to the incident.

1           And the third is a class action complaint that was  
2 filed in the Southern District of Illinois on behalf of a  
3 number of transgender prisoners in Illinois Department of  
4 Corrections, one of whom was the victim in the sexual assault  
5 just referenced, complaining generally about their treatment as  
6 trans people in the Illinois Department of Corrections. And  
7 we're not offering these for the truth of the matter assert  
8 but, rather, to counter the notion about, sort of, the lack of  
9 complaints.

10           *MR. HIGGERSON:* And I guess I maybe only saw two of  
11 those. But the indictment in Lee County is an indictment  
12 against a single correctional officer. It only identifies the  
13 inmate by initials. And unless I've missed something in  
14 reading it, I don't think it actually says that it is a  
15 transgender inmate.

16           *MS. MAZUR:* The indictment does not say it's a  
17 transgender inmate, but it refers to that inmate as A.P. My  
18 office represents A.P., and that person is disclosed as Andre  
19 Cashmere Patterson in the civil complaint. Also Jania Monroe  
20 *[ph]*, who is referenced in the class action complaint. So it  
21 is all tied up that it is a trans person.

22           *MR. HIGGERSON:* But, again, we had testimony yesterday  
23 that the assistant warden wasn't aware of these type of cases.  
24 I assume this is somewhat offered as impeachment of that.  
25 There is no indication that he would have either known of this,

1 or if he saw it and known that it was something involving a  
2 transgender inmate.

3           The Northern District case involving Plaintiff Monroe,  
4 there's been no service in that case. There were three  
5 defendants named: The warden of Dixon, the director of the  
6 Department of Corrections, and the officer who is accused of  
7 having done something wrong. The warden and the director were  
8 dismissed at the merit review, and there's just been recent  
9 alias summons service on the individual officer. And there is  
10 no indication that that's been received by anybody or anybody  
11 at Dixon is aware of this, so I don't think that these serve  
12 the purpose that they were intended to, and we would object to  
13 that.

14           *MS. MAZUR:* I guess if I could just respond to that  
15 briefly. As I understood Wilks' testimony, I mean, he did  
16 eventually admit that he wouldn't know about a lot of things,  
17 but I think to some extent what he was offered for and what he  
18 attempted to do in the beginning of the testimony was to speak  
19 in general about a lack of complaints. I think there was an  
20 implication that trans prisoners are happy at Dixon and  
21 everyone is fine, except for "Strawberry," who is complaining  
22 aberrationally. And to the extent he was offered for that  
23 testimony or that was a message received about his testimony,  
24 these dispute that, undermine that notion.

25           *THE COURT:* Okay. Well, I can certainly take judicial

1 notice of the filings. And I understand, then, your argument  
2 as to, I guess, the relevance that they would play as far as  
3 that testimony. So...

4 *MS. MAZUR:* And in terms of making them part of the  
5 record, should we just label them as exhibits?

6 *THE COURT:* Yeah. I think that will be fine.

7 *MS. MAZUR:* Okay.

8 *THE COURT:* And just make sure you give Deana the  
9 numbers --

10 *MS. MAZUR:* Okay. Thank you.

11 *THE COURT:* -- so we can keep track of them.

12 Okay. So what do we think is going on with our  
13 witness?

14 *COURTROOM DEPUTY:* Unmute and see if anyone is in the  
15 room.

16 *(Recess)*

17 *COURTROOM DEPUTY:* Good morning. May I ask if anyone  
18 is on the line in Pinckneyville in the room?

19 *THE WITNESS:* We are. But we are trying to get the  
20 exhibits printed off, and there is a technical problems with  
21 getting those to print. So we are working with that.

22 *THE COURT:* Is there anyone who can bring the  
23 documents to you so we can get started?

24 *THE WITNESS:* The problem is getting the Excel file to  
25 print. We are not able to get the columns to print.

1 MS. McCLIMANS: We can disregard that exhibit.

2 THE COURT: Do you have the others?

3 THE WITNESS: Yeah. I can get those printed off. So  
4 it will be a couple minutes.

5 Yeah. Just eliminate that one. Okay.

6 MS. MAZUR: Sorry. I was overinclusive of what we  
7 sent.

8 COURTROOM DEPUTY: That's all right.

9 (Recess)

10 THE COURT: Deana, would you please administer the  
11 oath.

12 (Witness sworn)

13 THE WITNESS: Yes, I do.

14 COURTROOM DEPUTY: Thank you. Would you please state  
15 your name and spell your first and last names for the record.

16 THE WITNESS: My name is Shane Reister. First name,  
17 S-H-A-N-E; last name, R-E-I-S-T-E-R.

18 **DIRECT EXAMINATION**

19 Q. (BY MS. McCLIMANS:) Good morning, Dr. Reister.

20 A. Good morning.

21 Q. Before we get started, were you able to print anything? Do  
22 you have the April 12, 2018 record in front of you?

23 A. There are some things coming off the printer --

24 Q. Okay.

25 A. -- so they have not arrived yet.

1 Q. Okay. Where are you currently employed?

2 A. I'm employed with the Illinois Department of Corrections.  
3 I'm the southern regional, so I cover 11 prisons and 2 boot  
4 camps in Southern Illinois.

5 Q. When you say "southern regional," the southern regional  
6 what?

7 A. I am the southern regional psychologist administrator for  
8 the Illinois Department of Corrections.

9 Q. All right. What is your actual profession?

10 A. I am a licensed professional clinical psychologist.

11 Q. All right. What is your educational background, just  
12 briefly?

13 A. I graduated from the Illinois School of Professional  
14 Psychology at Argosy University in 2003 with a doctorate in  
15 clinical psychology. Before that, I was at the University of  
16 Wisconsin-Milwaukee, and at that institution I received a  
17 psychology major.

18 Q. All right. What are your duties as the southern regional  
19 director of psychology?

20 A. I oversee the mental health programming at all the  
21 institutions in my region. I will take a look at quality  
22 control, and I will do psychological consults. I will do  
23 analysis of mental health service delivery, and I will work  
24 with the teams for training and consultations and working on  
25 quality improvement, are the primary duties. I also do some

1 other trainings related to transgender or mental health care  
2 throughout the state of Illinois, and I was the one that  
3 developed the four-hour training on transgender mental health  
4 care, among other duties.

5 **Q.** Let's go through the trainings you do throughout the state  
6 of Illinois. What types of trainings do you offer?

7 **A.** I have a four-hour training on transgender mental health in  
8 corrections. And I also do monthly transgender case  
9 conferences where I provide supervision, and it allows sites  
10 that have transgender offenders and any sites that want to  
11 prepare if they do get a transgender offender with how to work  
12 with that particular population. And that includes both  
13 working with their gender identity clarification, as well as  
14 support for those that have consolidated gender identities, and  
15 how any mental health illnesses that may present or other  
16 criminogenic behavior, how those might interact with their  
17 functioning both within IDOC as well as preparing them for a  
18 successful reentry into the community after they complete their  
19 time in IDOC.

20 **Q.** Okay. Is that training primarily offered to the mental  
21 health staff or to who?

22 **A.** That training is offered to the mental health staff. I  
23 have not yet developed, but we are in the early stages of  
24 planning for other staff as well. Other staff do get annual  
25 training on a variety of issues, including culture and

1 multiculturalism. And all staff have received a two-day  
2 training in general and mental health, and it provides  
3 comprehensive understanding and an overview for all the staff  
4 on mental health care and issues that might impact behavior.

5 **Q.** So in order to offer the training in the transgender mental  
6 health area in corrections, what experience or training have  
7 you had in transgender mental health?

8 **A.** I was actually had two externships and one internship at  
9 LGBT speciality site in Chicago. It's the office of Greg Sarlo  
10 & Associates. And after that, I also was involved in  
11 transgender care working with the treatment detention facility.  
12 And then I've also had a case load also at Dixon Correctional  
13 Center before I moved into this position.

14 I've had 10 years working in the department. And I've also  
15 served on a transgender care review committee for about six  
16 years on that. I also have gone to the World Professional  
17 Association of Transgender Health's world education and  
18 initiative conference to gain further education in the area,  
19 and I am a World Professional Association of Transgender Health  
20 member as well.

21 **Q.** All right. So briefly tell me what you did when you were  
22 employed at Dixon Correctional Center.

23 **A.** When I was at Dixon, I was a staff psychologist. I was  
24 working at the mental health hub of Illinois, and we were  
25 dealing with people that were in a residential treatment unit

1 level of care. So we are talking about individuals who were  
2 having serious mental illnesses and needed a variety of  
3 different skills to manage those illnesses. And those  
4 individuals were of a diverse background of gender, as well as  
5 race and other cultural variance, and it was a very diverse  
6 population.

7 Q. What years were those that you spent at Dixon?

8 A. Oh, let me calculate it out. I believe it was 2008. I was  
9 there for five years, and I've been here for five years as  
10 well. So that calculates out I've been in the department for  
11 10 years.

12 Q. All right. So about 2008 to 2013, would that -- does that  
13 sound right?

14 A. Yeah. About 2008 to 2013.

15 Q. Okay. When you worked at Dixon, did you specifically work  
16 with transgender inmates?

17 A. Yes. I actually worked with an offender, and we started  
18 off working with identity development, identity clarification,  
19 working towards identity consolidation. And this offender has  
20 since been able to meet the criteria of real life experience  
21 and has gone on to complete initiating into hormone treatment.  
22 So they went from the very beginning through the process of  
23 getting hormone treatment in order to confirm her gender  
24 identity.

25 Q. Okay. You told us that you are also involved with the

1 transgender care committee. Was that previously the GID  
2 committee?

3 **A.** That was previously the GID committee.

4 **Q.** Okay. Can you tell us how that transformed into the  
5 transgender care committee?

6 **A.** One of the things that I wanted to do when I was working  
7 with the department and with this population was trying to get  
8 the terminology to line up with the state of the art in the  
9 field. And we have moved from gender identity disorder in the  
10 previous version of the Diagnostic and Statistical Manual of  
11 Mental Disorders. And we have moved away from viewing the  
12 individual in a pathological term. So we are being more  
13 careful about the language we use so that we can make sure that  
14 we identify that it's the adaption to a world where there is  
15 prejudice that is -- and having a gender identity that's out of  
16 sync with one's internal sense of self. So we are trying to  
17 move away from in our terminology anything that could be  
18 construed as pathologizing the person.

19 **Q.** What is the purpose of the transgender care committee?

20 **A.** The transgender care review committee provides oversight to  
21 ensure that the mental health security and medical needs of  
22 offenders are met, specifically regarding transgender care.

23 So we'll take a look at security plans, treatment plans,  
24 and medical plans. We have people from each of those  
25 backgrounds on the committee. And then we collaboratively take

1 a look at what the sites are proposing as a care plan.

2 **Q.** You indicated people from each background are on the  
3 committee. Can you tell me again which individuals would be on  
4 the committee, not by name but by background?

5 **A.** Well, we have mental health providers. So you have  
6 psychologists on the committee. You have medical doctors on  
7 the committee. You have representatives from administration  
8 and security. We have representatives from the transfer  
9 coordinator's office. So, basically, you are having  
10 individuals from each of those three areas -- operations,  
11 medical, and mental health -- all involved in the care and  
12 security of the offenders.

13 **Q.** And how long have you served on the committee?

14 **A.** Approximately six years. I started on that committee while  
15 I was at Dixon.

16 **Q.** And how is it that an individual comes to be in front of  
17 the transgender care committee?

18 **A.** Well, individuals who identify as transgender will be  
19 assessed by mental health and coordinated with security and  
20 medical to identify what their care needs are. And then what  
21 will happen when they are received at the parent institution  
22 is, within 30 days we will complete an assessment and then  
23 prepare to present to the transgender care review committee  
24 what the site's plans are for care.

25 **Q.** Is the individual then followed in a certain amount of time

1 or every however many days?

2 **A.** Well, on a mental health caseload, people are followed  
3 every 30 days until identified as stable, and then they will be  
4 extended out to longer period of times.

5 Now, individuals with special needs can also be seen more  
6 frequently, and that's determined by the clinician's assessment  
7 of need. So there are individuals that are seen more often.  
8 If they're in a segregation environment, they're seen more  
9 frequently. There are seg rounds at least once a week to  
10 provide the needs. And if they are in seg for extended periods  
11 of time, then they would be involved in seg programming if they  
12 have a mental illness and -- such as a bipolar disorder, major  
13 depression, or other mental illnesses. Those individuals that  
14 are in segregation for 60 days or more, they will get  
15 additional programming every week.

16 **Q.** So as I understand it, the transgender care committee would  
17 initially review the individual after a request from the mental  
18 health care provider?

19 **A.** Well, medical can bring -- anyone from any department can  
20 bring to the attention of the team that this individual is  
21 identifying as transgender. So anybody can do that, whether  
22 it's medical, security, or whether it's mental health. So each  
23 of those work in a multidisciplinary manner in order to ensure  
24 that everybody is preparing for that committee.

25 **Q.** All right. And then the committee meets? How does the

1 committee meet logically?

2 **A.** The committee meets via teleconference. Administrators of  
3 mental health and medical from a site will be at one location  
4 and -- in general -- and then the various members will also  
5 call in via the teleconference.

6 **Q.** And then the individual is actually discussed, and then how  
7 does the committee arrive at a decision?

8 **A.** We arrive at a decision via discussions among everybody  
9 that is present about -- and provide information and sometimes  
10 we'll do follow-up questions if there's a need for clarity.  
11 And we will arrive just through a common discussion of  
12 decisions. And sometimes we'll request additional information,  
13 and various parties will have to go back and do some more work  
14 with the individuals. And we will rereview those decision.

15 **Q.** And then is the -- does the transgender care committee then  
16 follow the transgender individual within a certain amount of  
17 time or when another committee member brings something up?

18 **A.** Well, sometimes the committee will recommend a follow-up  
19 time, and that's depending on the individual and what their  
20 care needs are. For example, if the committee would like the  
21 mental health providers to initiate the real life experience so  
22 that they can prepare for hormone treatment, for example, then  
23 they may want the individual to do that for a period of time,  
24 depending on where the individual is in their own identity  
25 formation.

1 Other individuals may not have those needs. They may come  
2 into the system with a very consolidated identity. Some  
3 individuals may come in already on hormones, things like that,  
4 which may not necessitate a close follow-up.

5 So it is really a case-by-case basis how often we follow  
6 up. If an offender requests a particular service and would  
7 like to be re-presented, the offenders also may initiate a  
8 review and a follow-up as well.

9 **Q.** Okay. So I just want to be clear. So if an offender  
10 requests to be on hormone treatment, would a transgender care  
11 committee be held?

12 **A.** Yes. A transgender -- what would happen is when an  
13 offender requests that, they will work with the mental health  
14 and the medical team at the site -- right? -- because they are  
15 going to need a medical evaluation to take a look at the  
16 medical appropriateness and the medical stability to initiate  
17 those hormones. And then they'll take a look at the mental  
18 health needs as well because we have to ensure that the  
19 individual has a capacity for an informed consent. We have to  
20 ensure that they are psychologically stable, relatively stable  
21 enough to begin the treatments.

22 So those are issues that an individual will need to assess,  
23 and we also need to assess the third prong, which is a  
24 consistent identity, a consolidated sense of identity. So the  
25 mental health providers will deal with those three prongs.

1 They will also deal with the social support as well.

2 Q. And then --

3 A. And then once they have that information, they will present  
4 the case to the transgender care review committee.

5 Q. And then would it be up to the transgender care committee  
6 to give the authority for the individual to go ahead and go on  
7 hormone treatment?

8 A. Yes, that's correct.

9 Q. All right. And if the individual then wants to increase  
10 hormones, would they have to go in for another transgender care  
11 review committee again?

12 A. They would first work with their medical provider, who can  
13 make proper medical decisions. Now, of course, the committee  
14 does have medical providers on the committee, and they are  
15 available for consultation if the medical doctor has a question  
16 about that. You know, so they could potentially request to do  
17 a consult and get a second opinion if they would like, but it's  
18 not necessary.

19 Q. Okay. I'm just trying to find out other reasons why the  
20 transgender care review committee would meet with regard to one  
21 individual. If an individual such as Ms. Hampton requested a  
22 transfer to a women's prison, would that go in front of the  
23 transgender care review committee?

24 A. Yes. She can request to go before the transgender care  
25 review committee.

1 Q. And then that need for, or that request for, a transfer,  
2 would that then be evaluated by all the different individuals  
3 on the committee?

4 A. Yeah. The committee will -- the site will present to the  
5 committee, and the committee will make some decisions or  
6 request additional information be gathered and re-presented.

7 Q. Okay. And if the request is denied on one occasion, can it  
8 be revisited.

9 A. Yeah. There's no limit on how many times it can be  
10 revisited.

11 Q. All right. Now, how many transgender females are there  
12 currently within IDOC, do you know?

13 A. I don't have an estimate. I do know that at one point we  
14 did take a look at, and it was ranging around 50 to 80  
15 individuals coming in and out of the system, but I honestly  
16 don't know exactly what it is currently.

17 Q. Okay. And you don't actually treat transgender  
18 individuals, do you?

19 A. No. Right now, I'm in a role that is as administrator,  
20 which is consultive and I do trainings.

21 Q. Okay. Did you have an occasion, though, to actually meet  
22 with Offender Hampton?

23 A. I did. As a regional administrator, if there is a site  
24 that has a particularly challenging offender, I might come in  
25 and do a consult, and if additional information is needed,

1 there are times where I may actually meet with the offender,  
2 him or herself. And in this case, I did need additional  
3 information. I wanted to assess the individual myself. So,  
4 yes, I have had the occasion to meet with Inmate Hampton.

5 **Q.** Do you know when that was?

6 **A.** Oh, I do not have the exact date in front of me, but it was  
7 this year. It was earlier this year.

8 **Q.** I'll go ahead and put up your record, unless you have any  
9 of the records in front of you. Do you have a psychiatric  
10 diagnostic evaluation dated April 12, 2018, in front of you?

11 **A.** No, I'm afraid I do not have that.

12 *MS. MAZUR:* What Bates number?

13 *MS. McCLIMANS:* I believe it is 975.

14 *THE COURT:* Do you have -- has this been marked as an  
15 exhibit?

16 *MS. McCLIMANS:* We will go ahead and mark it as an  
17 exhibit.

18 Have you marked it?

19 *MS. MAZUR:* Can I -- could I see what you are talking  
20 about?

21 *(Conferring)*

22 **Q. (BY MS. McCLIMANS:)** It's Bates 481. Do you have that in  
23 front of you when you saw her on March 12th.

24 **A.** I do not have it. As you'll recall earlier, I did not have  
25 the opportunity to print all the documents. I do -- I did

1 receive it, but that was one of the documents that did not  
2 printed yet.

3 MS. McCLIMANS: Okay. We will go ahead and have it  
4 marked and then have it in front of you.

5 MS. MAZUR: For the Court, it is at Tab 33.

6 THE COURT: Thank you.

7 Okay. So what exhibit number is this then, 101?

8 COURTROOM DEPUTY: Oh, I'm sorry. 101.

9 THE COURT: Okay. So this is Exhibit --

10 COURTROOM DEPUTY: 101.

11 THE COURT: -- 101 -- that will have 33 Bates-stamped  
12 481 and 482, is that it? Two pages, Ms. McClimens?

13 MS. McCLIMANS: Yes, ma'am.

14 THE COURT: Admitted.

15 *(Exhibit Dft's 101 received in evidence)*

16 THE COURT: Okay.

17 COURT REPORTER: Ms. McClimens, I will not be able to  
18 hear you if you are not at a microphone and neither will the  
19 witness.

20 MS. McCLIMANS: I will put this up and then move back.

21 **Q. (BY MS. McCLIMANS:)** Dr. Reister, can you see the note that  
22 we've put up in front of you?

23 **A.** If it could be a tad closer to the camera, I would be able  
24 to read it.

25 Oh, that's much better. Yes, I can read it now.

1 Q. All right. Now, before we get started with that, you told  
2 us that you've referenced the words or you used the words  
3 "particularly challenging."

4 A. Mmm hmm.

5 Q. Did you believe that Ms. Hampton was particularly  
6 challenging when you decided to meet with her on March 12,  
7 2018?

8 A. Yes. I mean, we've had -- this individual has been an  
9 aggression risk at Pinckneyville Correctional Center, which is  
10 at -- in part of my region -- was transferred to Menard  
11 Correctional Center and also had difficulties adapting to that  
12 site, and then at Lawrence Correctional Center, where she was  
13 where I met with her on the date that's noted on the exhibit.

14 The staff there were trying to work with this offender  
15 because she had a number of complaints about her needs being  
16 met. And that's why I actually met there, because she had, as  
17 I wrote in there, a mental health grievance concerns.

18 Q. All right. And it appears that you met with her for two  
19 hours; is that right?

20 A. Yes.

21 Q. Okay. Can you go through the record and tell us what the  
22 session was arranged to address?

23 A. Well, she was concerned about her quality of mental health  
24 care. And so what I was taking a look at was, is that level of  
25 care sufficient to meet her needs? When I hear that an

1 offender has some concerns, sometimes it's about a need to work  
2 with the provider. Sometimes it may be a skill issue. And  
3 sometimes it may be a level of care issue. And sometimes it  
4 could just be a matter of some very specific work with the  
5 offender of how to make better use of the treatment. And  
6 sometimes it's diagnostic clarification. And there are other  
7 reasons I might do that. In this particular case, I was trying  
8 to clarify what were the nature of her concerns.

9 **Q.** And were you able to do that?

10 **A.** Yeah, I was able do that. In the process of doing it, as I  
11 recall, I ended up clarifying a diagnosis and redirecting the  
12 nature of the care in terms of identifying some very clear  
13 bipolar symptoms, as well as some dissociative problems when  
14 trauma triggers occur. And these are complications that were  
15 subtle, but I was able to work with her to reengage in a  
16 session. But this session took a very long time because of her  
17 fragile progressing issues, in other words, her way of  
18 processing information did require additional work to be able  
19 to gather the information that I needed.

20 **Q.** Dr. Reister, what were the clear bipolar symptoms?

21 **A.** Well, as I noted in there, there were flights of ideas. So  
22 in other words her ideas would jump from thing to thing to  
23 thing, and there was pressured speech, which is basically there  
24 was a strong energy behind her speech, a rapid speed, and in  
25 addition, there was difficulty with interruption to be able to

1 have that back and forth dialogue. Her mood was very labile.  
2 Her motions would vary greatly. And she also had symptoms of  
3 insomnia, which is not uncommon of a manic phase. Difficulties  
4 with sleeping is not uncommon for the mood disorder when it's  
5 present.

6 Q. And what were you able to determine from this session?

7 A. Well, one of the things I determined from the sessions was  
8 that we needed to really target the manic symptoms, that there  
9 was more going on than just gender-related and adaption to the  
10 environment concerns, that the mental health symptoms, and  
11 particularly the manic symptoms made it difficult for her to  
12 adapt to her environment.

13 Q. Are the mental health symptoms the same as you identified  
14 as the bipolar symptoms?

15 A. Yeah. The bipolar symptoms in the manic phase, rather than  
16 in the depressive phase. The manic phase are what I described  
17 earlier.

18 Q. The flight of ideas and the pressured speech, et cetera?

19 A. Yes.

20 Q. Okay.

21 A. And the labile mood.

22 Q. All right. Do you remember anything beyond what you have  
23 noted there about your session with Ms. Hampton?

24 A. Well, one of the things I noted was just in terms of her  
25 ability to trust. And that's not uncommon with somebody who

1 has the trauma background that she has. That trust building  
2 and rapport building required some care and some time in order  
3 for me to engage her in that diagnostic assessment. So we have  
4 an individual that has some significant treatment needs, and it  
5 can be a challenge for a mental health provider to engage due  
6 to trust and her needs and her reactivity to various triggers.  
7 And I had only one sample of behavior. There could be other  
8 unidentified triggers that also can create very similar  
9 challenges with processing.

10 **Q.** And throughout the meeting, did you feel that you were able  
11 to gain a trust with her?

12 **A.** Yeah. I do feel that we were able to establish rapport.  
13 And the fact that she was able to work with me after that  
14 triggering demonstrated that she was willing and interested in  
15 working and engaging, so she did appear to work well.

16 **Q.** What did you believe were the best choices for her in the  
17 future as far as --

18 **A.** Well, one of the things I wanted -- oh, I'm sorry.

19 **Q.** -- I'm sorry -- as far as where she should be housed?

20 **A.** Well, what I made was recommendations for a transfer to  
21 Dixon Correctional Center. That site is a mental health hub,  
22 and the staff there, both on security and mental healthwise,  
23 are very familiar with working with people with vary intense  
24 display of symptoms, in particular mania. These strong  
25 symptoms are very common at Dixon, as they do stabilization.

1 And some individuals at Dixon also have patterns where they  
2 will stabilize and then exhibit symptoms again, and I know that  
3 the staff there are very adept at working with this population.

4 **Q.** And you were aware when you actually met with her back on  
5 March 12th of 2018 that she had requested at one point in time  
6 to go to Logan Correctional Center. Were you not aware?

7 **A.** I was aware of that.

8 **Q.** Okay. Do you have a reason on March 12th -- do you  
9 remember back then as to why you didn't send her to Logan or  
10 why you didn't recommend that?

11 **A.** One of the reasons why I wanted her to go to Dixon is they  
12 have a very large transgender population and a very functional  
13 transgender support group at that facility. And I think that  
14 given some of her problems and her difficulties sometimes with  
15 trust, I thought in that -- when I made that recommendation and  
16 I continue to think this -- that she would benefit greatly from  
17 a very active transgender care and support group. I think it  
18 would allow her to be able to explore alternative ways.

19 She does have a history of violence towards peers and  
20 staff, and I think it would help her in a setting where she can  
21 do identification with the other offenders more easily and also  
22 establish trust more easily, to be able to explore alternative  
23 ways of interacting with people and to work on those  
24 interpersonal skills so that she can be more adaptive. Because  
25 in the long-term, I'm wanting to prepare her for going --

1 re-entering back into the community, and these are skills that  
2 I need her to be able to work with intensely. And I think it  
3 would be easier in a group, given her trust, to have other  
4 transgender people that are also learning to adapt and improve  
5 their skills and address criminogenic thinking and other things  
6 to be successful on reentry.

7 Q. And I believe when she met with you, she was in  
8 segregation. Do you recall that?

9 A. Yes. She was in segregation from what I recall.

10 Q. And when she went to Dixon, she was a seg-to-seg transfer,  
11 correct?

12 A. Yes, that's my understanding.

13 Q. Okay. So do you recall what type of treatment she would  
14 have been afforded in segregation at Dixon?

15 A. Well, in segregation in Dixon, given her long-term  
16 segregation, she would have been provided more intensive  
17 treatment. So she is going to be seen every week, and she's  
18 going to receive several hours of treatment every week to  
19 address a variety of issues that would lead her into  
20 segregation. And in her case, she has a lot of aggression and  
21 violence history, so that's going to definitely be an important  
22 focus, but just in personal skills and adaptive functioning and  
23 control of mental illness. All of these things are dealt with  
24 because we have master's level clinicians and doctorate level  
25 clinicians at that site, either direct care or through

1 supervision, to work with the whole person.

2 Q. So would she be able to receive transgender group therapy  
3 while she's in segregation at Dixon?

4 A. I'll be honest, I cannot recall whether or not they had a  
5 special arrangement for her to be able to enter that group in  
6 segregation. I can't recall off the top of my head. That  
7 would require a special recommendation for planning that.

8 Q. All right. Now, she would be able to receive it when she's  
9 out of segregation though, correct?

10 A. Yes, definitely. That was one of the reasons, advantages  
11 for going to Dixon.

12 Q. All right. And when she is not -- if she is not receiving  
13 transgender group therapy, she is able to meet with the mental  
14 health professional and discuss transgender issues, correct?

15 A. Yes.

16 Q. And you said several hours of treatment per week and that  
17 she would be seen every week. Do you have the breakdown?

18 A. Um, I don't have a listing of how many hours was provided  
19 at Dixon.

20 Q. Would it be the more than five --

21 A. It would be approximately -- it would be approximately  
22 eight hours.

23 Q. Was that per week then?

24 A. Per week.

25 Q. Okay.

1 **A.** Yeah. But I don't monitor that because that's in the  
2 northern region, so I can't really speak to whether those hours  
3 occurred or not.

4 **Q.** All right. I am going to put up Page 2 of the sheet. I  
5 just want to make sure we cover everything. Can you see that  
6 okay?

7 **A.** Yeah. I think I can see it sufficiently, yes.

8 **Q.** Okay. We've discussed that she would be seen weekly for  
9 segregation group programming. Is that what you discussed?

10 **A.** Yes, that's what I discussed.

11 **Q.** Okay. Now, it says group, so I just want to make sure I  
12 understand that. Was it -- is there actually group in  
13 segregation but not transgender group?

14 **A.** Well, my understanding -- and, again, this is by  
15 departmental -- it varies. Sometimes it can be individual. I  
16 recommended the most common form of therapy in segregation,  
17 which is group, and also given her interpersonal skill  
18 deficits, group would be ideal to have. But it's also possible  
19 for a mental health provider to do individual in addition to  
20 that.

21 **Q.** All right. And it indicates "RTU" for intensive treatment.  
22 What does "RTU" stand for?

23 **A.** Residential treatment unit.

24 So what we do is, if an individual has a lot of symptoms,  
25 we would do a referral for a residential treatment unit level

1 of care. And then Dixon Correctional Center will make a  
2 determination about the proper placement. Dixon actually has  
3 three separate areas. They have a general population area,  
4 they have a medium security RTU unit, and they have a maximum  
5 security RTU unit there. And so they will take a look at the  
6 symptoms and the fit between the offender and the population  
7 there, and they will determine the best placement.

8 **Q.** All right. With regard to "impulse control" and "judgment  
9 poor," can you explain those, if you recall?

10 **A.** Yes. I mean, the reason why I -- why I mention that in the  
11 progress note is due to her aggression and violence history,  
12 she has difficulties with assaultive behavior with peers and  
13 staff. And that behavior is impulsive in nature. And what I  
14 mean is, like when I'm meeting with her in that therapy room,  
15 she's not an individual that professes a desire to harm other  
16 people, but she has a reactivity to people that at times she  
17 can become aggressive.

18 **Q.** All right. And go ahead and go on to the assessment. Have  
19 we covered that? I know you indicated that she was diagnosed  
20 with bipolar. You haven't talked about the anxious diagnosis  
21 yet.

22 **A.** Yeah. The anxious distress component, it was a concern of  
23 mine. She has a lot of anxiety symptoms. She presents as very  
24 keyed up inside, very tense. And what concerns me about when  
25 you see that anxious distress component is the prognosis is not

1 as good as somebody without anxious distress. They may be  
2 having difficulties with improvements, they may be at higher  
3 risk of suicide, and other decompensations. So by putting a  
4 specifier of anxious distress, I'm highlighting that this is  
5 somebody that is -- has some prognostic indicators of her  
6 being -- having challenging issues that she is dealing with,  
7 challenging mental health issues related to the bipolar  
8 disorder.

9 Q. You also indicate that her prognosis is moderate to poor,  
10 given her difficulties?

11 A. Yes.

12 Q. Can you explain that for us?

13 A. Well, the reason her prognosis is listed in that manner is  
14 due to the anxious distress component, as well as some of the  
15 antisocial behaviors that we see, such as the physical  
16 aggression behavior. So when you combine these challenging  
17 behaviors with some of her impulsivity, at the time her mood  
18 did not appear to be well managed and well relegated. That  
19 made a more cautious prognosis for her.

20 Q. So eventually she was transferred to Dixon, correct?

21 A. Yes.

22 Q. And were you involved in any of the transgender care review  
23 committee phone calls or meetings after the transfer?

24 A. Um, the exact dates, I do not recall. I have one here, if  
25 I can look at it and see if I was at that particular one. Yes.

1 I have one that I was present for in the exhibit. Let me look  
2 at the date on it. I have one on May 20th -- no, no. That's  
3 out of date. I don't recall exactly, but I have been on many  
4 calls regarding her.

5 Q. Okay. Do you recall, then, if you have been on any recent  
6 calls regarding Ms. Hampton?

7 A. Um, I believe I have been. I can't pinpoint it, but I  
8 believe I have been.

9 Q. Okay. Do you remember the discussion of whether or not she  
10 was able to be transferred to Logan, whether or not that was  
11 brought up recently.

12 MS. MAZUR: Objection, foundation.

13 A. Yes. We -- I know that we have --

14 THE COURT: Hold on. Hold on. Dr. Reister, hang on  
15 one second. We have an objection.

16 What is the objection?

17 MS. MAZUR: We don't have any records indicating that  
18 Mr. Reister was part of any recent discussions. The most  
19 recent records we have of him participating in a GID committee  
20 meeting was from April 2018.

21 MS. McCLIMANS: April would be after March.

22 MS. MAZUR: Sure. But you asked recently. So is he  
23 testifying about the April committee meeting?

24 MS. McCLIMANS: That's the only one I'm aware of.

25 MS. del VALLE: He said many phone calls.

1 MS. MAZUR: And I think he said recent so...

2 THE COURT: Okay. Well, why don't you clarify if  
3 there have been other meetings and if there are documents from  
4 them?

5 Q. (BY MS. McCLIMANS:) Dr. Reister, do you know of any other  
6 meetings that you may have been a part of other than the  
7 April meeting of 2018, and if you were a part of it, would your  
8 name be on the document?

9 A. My name should be on the document of the meetings I've been  
10 at. I can't be at every single transgender care review  
11 committee, so I would have to see whether my name is on that  
12 document to know specifically which ones I attended.

13 Q. Okay.

14 When you last met with Ms. Hampton -- I'll go back to the  
15 meeting. When you last met with Ms. Hampton back in March of  
16 2018, were there any other reasons other than what you've  
17 already told us as to why you did not want her to go to Logan  
18 or were not actually comfortable with her going to Logan at  
19 that time?

20 A. Well, I would make -- any recommendations that I would have  
21 regarding her placement, I wouldn't do outside of the  
22 transgender care review committee because at that meeting  
23 there's a dialogue process that occurs through the different  
24 disciplines that is helpful for making all the determinations.  
25 I was aware that she does want to go to Logan to the female

1 division, that is something that I was aware of. Um, but I'm  
2 also taking a look at what her care needs is from a mental  
3 health perspective, and that is what guided my recommendation  
4 for Dixon.

5 **Q.** All right. Did the concern of the offenders at Logan enter  
6 in to your concern about her care needs as well?

7 **A.** Well, whenever we are talking about any transfer, we are  
8 taking a look at not only the individual person's needs, but  
9 the receiving institution's needs as well. I mean, we are  
10 dealing with many, many individuals. And we are trying to have  
11 populations that are the best and safest for everybody  
12 involved. That's why we have different security levels, that's  
13 why we make determinations of placement.

14 *MS. McCLIMANS:* Okay. I have no further questions at  
15 this time.

16 *THE COURT:* All right. Cross examination.

17 **CROSS EXAMINATION**

18 **Q.** *(BY MS. MAZUR:)* Good morning, Dr. Reister.

19 **A.** Good morning.

20 **Q.** So just to clarify, the last GID committee meeting relevant  
21 to Ms. Hampton that you participated in was on -- in  
22 April 2018, correct?

23 **A.** If the document says I was there, then I was there.

24 **Q.** If we have -- have you ever been to a GID committee meeting  
25 that -- well, where an attorney for the Illinois Department of

1 Corrections was present or participated?

2 **A.** Oh, I can't recall any. But I can't be 100 percent certain  
3 that my memory is accurate.

4 **Q.** Okay. So if we have notes from a July 16, 2018 meeting and  
5 your name is nowhere on those documents, would you assume that  
6 you were not present at that meeting?

7 **A.** My name should be present if I was present, and my name  
8 should be on that document if I was present.

9 **Q.** Okay. And if your name is not on the document, you would  
10 assume you weren't there, correct, or you didn't participate?

11 **A.** Yes, that's a good assumption.

12 **Q.** Okay. And just so -- to clarify, you are currently the  
13 psychology administrator for the southern region of IDOC,  
14 correct?

15 **A.** That is correct.

16 **Q.** And Dixon is not in the southern region of IDOC, correct?

17 **A.** Dixon is not in the southern region.

18 **Q.** Okay. And so you are not currently doing any work with  
19 people at Dixon, correct? -- with prisoners at Dixon?

20 **A.** No I currently do not do work with prisoners at Dixon, with  
21 offenders there. That was five years ago.

22 **Q.** Okay. And is Logan -- do you have any jurisdiction over  
23 Logan?

24 **A.** No. Logan is in the central region.

25 **Q.** Okay. You are familiar with the concept of misgendering,

1 correct?

2 **A.** Yes.

3 **Q.** And that's when someone refers to a transgender person by  
4 the opposite pronoun of what -- of their chosen pronoun,  
5 correct?

6 **A.** Yes.

7 **Q.** And so in Ms. Hampton's case, when a corrections officer  
8 calls her "he" or "Mr. Hampton," that's misgendering, correct?

9 **A.** Yes, that would be misgendering, as long as that  
10 individual -- and what we generally would recommend is if the  
11 individual wants to be referred to as "she," that that would be  
12 something that we would work on them having the skills of  
13 explaining that and expressing that to people.

14 **Q.** Okay. And if a person like Ms. Hampton is misgendered,  
15 even if the person knows that they prefer to be referred to as  
16 "she," would you agree that that could be very upsetting to a  
17 person like Ms. Hampton?

18 **A.** Misgendering can be very upsetting to individuals,  
19 particularly Ms. Hampton, given her reactivity and sensitivity  
20 to cultural prejudice.

21 **Q.** And could it cause psychological harm to a person like  
22 Ms. Hampton?

23 **A.** Well, I think what it would do is have the individual --  
24 for her, in particular, her reactivity to her environment is  
25 very high, so that can bring out symptoms of being upset.

1 Q. Okay. And what about if a person in authority, like a  
2 warden or an assistant warden at Dixon, misgenders Ms. Hampton,  
3 is that something that could also be very upsetting for her?

4 A. She would probably become upset, but I can't predict for  
5 sure that she would do that. But she is very reactive.

6 Q. What about if a prison administrator, like an assistant  
7 warden at Dixon, said that they consider Ms. Hampton a man, is  
8 that something that would cause psychological distress to a  
9 person like Ms. Hampton?

10 A. If she heard that, that would be something that would cause  
11 distress.

12 Q. And would it surprise you to learn that an assistant warden  
13 here at Dixon testified in court here today [sic] that he  
14 considered Ms. Hampton to be a man?

15 A. I don't know if that would surprise me. I haven't, you  
16 know...

17 Q. Are you --

18 A. It would definitely be something that she would react to if  
19 she was present in court.

20 Q. And would it -- would it surprise you to learn that a  
21 corrections counselor -- not a mental health provider, but a  
22 counselor testified in court here today -- yesterday that that  
23 counselor considers Ms. Hampton to be a man?

24 A. Well, that would also be upsetting, based on what I know of  
25 Ms. Hampton. I would assume that that would be upsetting to

1 her.

2 Q. Do you agree that it could deepen some concerns she has  
3 about her own safety at Dixon?

4 A. I think that managing -- that the stress involved of  
5 managing societal misunderstanding in cases where there is  
6 prejudice involved, that learning to manage that requires some  
7 skills, and those are skills that we deal with in the  
8 transgender care groups and the transgender support groups.  
9 And knowing whether or not she has those skills, I would need  
10 more updated information to be able to manage that. But  
11 potentially that could be a very stressful encounter?

12 Q. And just to clarify, you don't have any updated information  
13 about Ms. Hampton's mental health treatment after March or  
14 April 2018, correct?

15 A. No. I actually -- the, um, Ms. Weigand at the Dixon  
16 Correctional Center --

17 Q. I'm going to stop you right there. I just -- I don't want  
18 to -- well, have you -- let me -- have you reviewed any medical  
19 records of Ms. Hampton's --

20 A. No, I've not had -- yes. I have not had an opportunity to  
21 review medical records.

22 Q. Okay. The -- would you agree that being transgender,  
23 that's not a disease, correct?

24 A. Oh, no, that's not a disease.

25 Q. And would it concern you if a physician who had

1 responsibility for making decisions about Ms. Hampton's care in  
2 the Illinois Department of Corrections considered being  
3 transgender a disease?

4 **A.** Um, that would be a concern because it is the gender  
5 dysphoria that is the concern that we have. It's not somebody  
6 as transgender --

7 **Q.** Have you ever heard --

8 **A.** -- themselves that was the problem.

9 **Q.** Have you ever heard Dr. Hinton refer to being transgender  
10 as a disease?

11 **A.** I have not.

12 **Q.** I'm sorry. I'm sorry. Dr. Meeks. I had my names  
13 confused. Have you ever heard Dr. Meeks refer to being  
14 transgender as a disease?

15 **A.** I don't recall him referring to it as a disease.

16 **Q.** Okay. You don't recall that ever coming up in any of your  
17 GID committee meetings?

18 **A.** I don't recall it coming up.

19 **Q.** And would it surprise you to learn that yesterday in court  
20 Dr. Meeks referred to Ms. Hampton's being transgender as a  
21 disease?

22 **A.** I think that Ms. Hampton would have strong reactions to  
23 herself as a transgender person being referred to as a disease.

24 **Q.** Well, setting aside Ms. Hampton's reaction, would it  
25 surprise you to learn that Dr. Meeks said that?

1     **A.** Um, it would surprise me.

2     **Q.** Okay. Do you know what a "gaff" is?

3     **A.** Yeah. It is a global assessment of function.

4     **Q.** Oh, no. I'm sorry, I'm sorry. Never mind -- strike that.  
5     A different gaff I was asking about. But we'll strike that.

6             Do you know of another gaff?

7     **A.** Are you referring to a social gaffe?

8     **Q.** No, not that one either. All right. We will move on.

9             Are you familiar with the term "gender responsive"?

10    **A.** In terms of what reference?

11    **Q.** Like in a clinical setting, what does it mean to be gender  
12    responsive?

13    **A.** Well, you want to be sensitive to a person's gender. You  
14    want to be -- you want to be consistent and you want to be  
15    confirming of and helping and creating a supportive emotional  
16    environment for an individual and their gender. So it is a  
17    treatment responsivity. It impacts rapport building.

18    **Q.** And would you agree that misgendering Ms. Hampton is not  
19    being gender responsive?

20    **A.** Misgendering is a -- definitely something that would be  
21    problematic and would be challenging. And those are the kinds  
22    of things that -- that we deal with in consultation -- in  
23    consultation with individuals.

24    **Q.** And have you seen any of Ms. Hampton's mental health  
25    records where a mental health provider is misgendering her in

1 those records?

2 **A.** Oh, I don't recall any. But it's been a while since I  
3 reviewed the chart.

4 **Q.** Okay. And I think it's safe to say, but would you agree  
5 that calling Ms. Hampton a "he-she," "it," or a "fag," that  
6 would also not be gender responsive?

7 **A.** No. Using those kinds of epitaphs would be definitely not  
8 gender responsive.

9 **Q.** All right. And are you aware of legal requirements that  
10 exist in Illinois for Illinois to make prisons in its women's  
11 division actually into gender-responsive institutions?

12 **A.** Um, I believe we're trying to do that throughout the prison  
13 system. We are trying in the system to be very responsive to  
14 multicultural needs.

15 **Q.** Are you aware, though, that in the state there is a legal  
16 mandate that it happen in women's prisons but not in men's  
17 prisons?

18 **A.** I would not be familiar with the actual law establishing  
19 this, but I do know that it's a departmental policy that we are  
20 working on establishing multicultural attention.

21 **Q.** Okay. All right. You are a member of the GID committee --  
22 and I know it goes by a different name, but just since we have  
23 been calling it a GID committee throughout this hearing, I'll  
24 use that language here, if that's okay?

25 **A.** That's fine.

1 Q. And as you testified on direct that the GID committee would  
2 be the body in charge of considering whether to transfer  
3 Ms. Hampton to a women's prison, correct?

4 A. Yes.

5 Q. At any time during your tenure on the committee, did you  
6 ever hear Dr. Meeks express an opinion that as long as a  
7 transgender prisoner like Ms. Hampton has testicles that he  
8 would never be comfortable recommending transferring that  
9 person?

10 A. Um, I don't recall that. You would have to ask him  
11 specifically on his beliefs in that --

12 Q. Okay. You've never -- you have never heard him say  
13 anything like that?

14 A. I don't recall him saying that that was a requirement. We  
15 do a case-by-case basis --

16 Q. Okay.

17 A. -- for any designations.

18 Q. And even -- you would agree that it would be inappropriate  
19 for the committee to make placement decisions based solely on a  
20 prisoner's genitalia, correct?

21 A. I think that we would have to take in the whole person,  
22 that you would not want to take just one factor into  
23 consideration.

24 Q. And at any point during your tenure on the GID committee  
25 meeting, did you hear Dr. Meeks express a concern about the

1 court of public opinion as it relates to transferring  
2 transwomen to women's prisons?

3 **A.** I don't recall the public opinion. We focus on the  
4 clinical and security needs of individuals.

5 **Q.** Okay. And so you have never heard public opinion or  
6 worried about public opinion coming up at GID committee  
7 meetings?

8 **A.** Um, I don't recall any discussion of that. I think we have  
9 a media department that would deal with public opinion.

10 **Q.** Would you agree that public opinion is something the GID  
11 committee really shouldn't be concerning itself with?

12 **A.** No. We're concerning ourselves with security, safety,  
13 medical, mental health needs.

14 **Q.** Okay. You made some reference to considering the whole  
15 person, correct?

16 **A.** Yes.

17 **Q.** And in your role on the gender identity committee, you want  
18 to have as much information as you can about a prisoner's  
19 experience in the Illinois Department of Corrections system,  
20 correct?

21 **A.** Yes. Because their psychology, their mental health is  
22 impacted by their environment, by their medical state, by their  
23 mental health stability, it's the whole person. Also, this --  
24 their community, their family, all of that. It's the whole  
25 person.

1 Q. And, in fact, before you met with Ms. Hampton, you made a  
2 point of reviewing her entire medical chart, correct?

3 A. Yes.

4 Q. Okay. When -- are you familiar -- are you aware that a  
5 psychiatrist named Dr. George Brown has done an evaluation of  
6 Ms. Hampton?

7 A. Um, I don't recall reviewing, um, this individual's work.

8 Q. Okay. If there was a person who was a psychiatrist with 30  
9 years of experience, including experience working with trans  
10 populations, who had recently done an evaluation of Ms. Hampton  
11 and had come to opinions about what is an appropriate placement  
12 for her in Illinois Department of Corrections, is that  
13 something you would be interested to find out about?

14 A. It would be an additional piece of information.

15 Q. Okay. Is it -- but is it something you would want to know?

16 A. Um, if that information is available, it would be helpful,  
17 but...

18 Q. But you have never seen anything like that? Is it fair to  
19 say?

20 A. I don't recall reading anything like that. If I did I just  
21 don't recall.

22 Q. All right.

23 A. I review a lot of files. I can't remember everything that  
24 I'm reviewing.

25 Q. Okay. Well, if there was a psychiatrist who had done an

1 evaluation and reached an opinion that Ms. Hampton ought to be  
2 transferred to a women's prison, do you think that's something  
3 you would remember?

4 **A.** I don't know. I don't recall reading that.

5 **Q.** You have testified today about some opinions that you  
6 formed in the spring of 2018, correct?

7 **A.** Yes.

8 **Q.** And that was informed, in large part, by a two-hour meeting  
9 that you had with Ms. Hampton in March of 2018, correct?

10 **A.** Yes.

11 **Q.** And you've not had any further personal interaction with  
12 Ms. Hampton since then, correct?

13 **A.** No.

14 **Q.** And in the past, in the spring of 2018, when you met with  
15 Ms. Hampton, she was actually at Lawrence, correct?

16 **A.** Correct.

17 **Q.** And since that time, she's moved on to Dixon and had a  
18 whole set of experiences at Dixon, correct?

19 **A.** Yes.

20 **Q.** And you understand that the proceedings we're here  
21 concerned about today are about what's happening to Ms. Hampton  
22 right now, correct?

23 **A.** Um, yes.

24 **Q.** And would you admit you don't have the full picture of  
25 what's happening to her right now?

1     **A.** Yeah. I don't have access to the medical records, which is  
2     very helpful with understanding that full picture.

3     **Q.** And so if you don't have access to the medical record, you  
4     are not aware of psychiatric notes from July 2018 that indicate  
5     that Ms. Hampton has worsened? Is that fair to say?

6     **A.** Yeah, that's fair to say.

7     **Q.** Okay. And you are also not aware of mental health records  
8     showing that last month in group Ms. Hampton said, "If they  
9     don't let me out of seg, they are going to find me in the ICU  
10    with my throat cut. I'll slit my throat." You are not aware  
11    of that, correct?

12    **A.** No. I don't recall that.

13    **Q.** And you also haven't seen mental health records showing  
14    last month that in one of the seg groups, Ms. Hampton was  
15    asking questions about how she could self-harm with pills. You  
16    are not aware of that?

17    **A.** No.

18    **Q.** All right. Would you -- you would agree that as a  
19    transgender person and a person with bipolar disorder and a  
20    person in seg, Ms. Hampton is in a relatively comparatively  
21    high risk -- faces a comparatively high risk of suicide. Would  
22    you agree with that?

23    **A.** Yeah. I'm concerned about her risk of suicide due to the  
24    anxious distress component and some of the --

25    **Q.** Okay. And being a transgender person also is -- kind of

1 exposes a person to an increased suicide risk, correct?

2 **A.** Yes.

3 **Q.** As does being bipolar; is that correct?

4 **A.** Yeah, particularly if they are unstable.

5 **Q.** Okay. And as does being in segregation, correct?

6 **A.** Yes.

7 **Q.** And you previously testified that your opinions that you  
8 formed in the spring of the 2018 were motivated by your desire  
9 to get Ms. Hampton ready to go home from prison, correct?

10 **A.** Yes. I want her to be successful upon reentry.

11 **Q.** Okay. Would you also agree that it is important for  
12 Ms. Hampton to stay alive long enough to see the outside of  
13 prison?

14 **A.** That would be very important.

15 **Q.** It is not going to prepare her to reenter if she's dead.

16 **A.** Yes.

17 **Q.** I'm going to turn -- I'm going to ask you some questions a  
18 little more about this March 12, 2018 meeting. When you met  
19 with Ms. Hampton on March 12, 2018, it was apparent to you that  
20 she needed to work through some trauma issues, correct?

21 **A.** That is correct.

22 **Q.** And one of the things you talked to her about was her  
23 childhood history of trauma?

24 **A.** Yes.

25 **Q.** And she talked about a time when she was in the Department

1 of Juvenile Justice, and she was sexually abused by staff; is  
2 that right?

3 **A.** Yes.

4 **Q.** And there were some things about her history of trauma that  
5 were so severe you couldn't even get into them with her,  
6 correct?

7 **A.** Yes. I had to back off from it because she was emotionally  
8 shutting down.

9 **Q.** Okay. And, in fact, she was exhibiting some signs of  
10 disassociation, correct?

11 **A.** Correct.

12 **Q.** What were the observations -- I can't find exactly where it  
13 is in your notes, but maybe you can direct me to it -- that  
14 Ms. Hampton's childhood victimization triggered power of  
15 assertion tactic? Is that something you observed?

16 **A.** Yes. I mean, her self-protection appears to me in this  
17 sample of behavior that she -- when she feels threatened that  
18 she will resort to those tactics to gain a sense of control  
19 over her environment and a sense of protection.

20 **Q.** Okay. And you were concerned about her becoming overly  
21 defensive toward authority figures, correct?

22 **A.** Yes.

23 **Q.** In fact, you thought that that may be an issue she was  
24 having with you, but over time she opened up more, and that  
25 wasn't something you personally experienced with her, correct?

1 A. Yes. That was something I was able to work through with  
2 her, and she was open to the clinical interventions to move  
3 past that initial defensiveness.

4 Q. And her openness to that was probably motivated, at least  
5 in part, by the fact that you are a gender-responsive person,  
6 correct?

7 A. Yes.

8 Q. She probably sensed from you that you understood her gender  
9 identity.

10 A. Yes. I would assume that that was part of the reason why  
11 she trusted me.

12 Q. Okay. And if she doesn't feel -- if Ms. Hampton doesn't  
13 feel threatened, she's not going to resort to defensive  
14 tactics, is she?

15 A. I wouldn't anticipate that.

16 Q. Okay. You also observed Ms. Hampton having a heightened  
17 emotional response in reaction to her trauma history; is that  
18 correct?

19 A. Yes.

20 Q. And would you agree that for a person like Ms. Hampton, who  
21 had an unsafe past dating back to childhood, it is important  
22 for her to have a subjective feeling of safety?

23 A. Yes. That is something that is really important. It's an  
24 important clinical issue.

25 Q. And that's important so that the person can work through

1 trauma, correct?

2 **A.** Yes.

3 **Q.** And a sense of personal safety is also important because a  
4 person like Ms. Hampton may use some defensive behaviors or  
5 maladaptive tactics to create a sense of safety for themselves;  
6 is that correct?

7 **A.** Yes.

8 **Q.** And, in fact, you observed in your time with Ms. Hampton  
9 that one of the tactics she uses in order to create a sense of  
10 safety for herself is to engage in some strongly assertive  
11 behavior; is that correct?

12 **A.** Yes.

13 **Q.** And there is no question in your mind that trauma was a  
14 major issue for Ms. Hampton, correct?

15 **A.** That's correct.

16 **Q.** And that working through trauma -- you would agree that it  
17 has to be done carefully, correct?

18 **A.** Yes.

19 **Q.** You don't want to push someone to work through it too  
20 quickly.

21 **A.** Yes.

22 **Q.** Because that could trigger disassociation or other strong  
23 reactions.

24 **A.** Yes.

25 **Q.** And if you don't do it right, you might actually do more

1 harm than good; is that correct?

2 **A.** Yes.

3 **Q.** Are you familiar with the term "trauma informed"?

4 **A.** Yes.

5 **Q.** What does it mean to you?

6 **A.** Well, you need to be mindful of trauma histories in all of  
7 your interactions with patients and clients. You know,  
8 individuals may not feel safe enough at first to even  
9 communicate their trauma histories. And so you need to be  
10 mindful of signs of trauma, you need to pay attention to things  
11 like I did with her reaction when the subjects are being  
12 discussed so that you can navigate that and create a sense of  
13 safety to be able to even identify trauma issues, and then to  
14 be mindful of how you process information with a client so that  
15 you can be productive and to do no harm.

16 **Q.** And is it possible to train clinicians on being trauma  
17 informed?

18 **A.** Yes.

19 **Q.** And is it possible to train corrections counselors to be  
20 trauma informed?

21 **A.** You could train people in general on being trauma informed  
22 and being trauma sensitive, yes.

23 **Q.** Would you agree that it would benefit Ms. Hampton to be in  
24 an environment where all corrections staff have training on  
25 being trauma informed?

1   **A.** Yes. And that's one of the reasons why we initiated that  
2 two-day training that the national alliance of mentally ill  
3 people -- we worked with them to develop a training that  
4 included pieces that included trauma. So, yeah, it was  
5 important enough that we gave that training to every staff in  
6 the department.

7   **Q.** And so it is your understanding that Assistant Warden Wilks  
8 has been trained on trauma.

9   **A.** I do not have access to the assistant warden's training  
10 file, so I wouldn't know that.

11   **Q.** Okay. Circle back to a couple other things you said to  
12 Ms. McClimans. Oh, you talked about transgender support groups  
13 at Dixon, correct?

14   **A.** Yes.

15   **Q.** And you talked about work you have done in the past with  
16 transgender prisoners at Dixon, correct?

17   **A.** Yes, mmm hmm.

18   **Q.** Did you ever work with someone named Jania Cashmere *[sic]*  
19 Monroe at Dixon?

20   **A.** Say that again.

21   **Q.** Did you ever work with someone named Jania Cashmere *[sic]*  
22 Monroe at Dixon?

23   **A.** I can't remember every client I have worked with. I don't  
24 recall that individual.

25   **Q.** Okay. Do you --

1     **A.** If you can give me a little bit more, it would maybe jog my  
2 memory, but I don't recall.

3     **Q.** Do you have any knowledge about Ms. Monroe having been  
4 assaulted by a corrections officer at Dixon?

5     **A.** I'm not aware of sexual assaults by that -- toward that  
6 offender, no.

7     **Q.** There was some testimony earlier during this hearing about  
8 the concept of requiring a transgender person in prison to earn  
9 their way into the proper -- into the appropriate gender  
10 assignment. Do you feel that it's appropriate to require a  
11 transgender person to earn their way into an appropriate gender  
12 assignment?

13     **A.** I don't believe earning their way is a terminology that  
14 would be appropriate for this. Individuals are basically  
15 demonstrating their readiness for initiating hormone treatment  
16 in the department. So we use things like their real life  
17 experience to be able to identify their readiness to it. We,  
18 of course, need them to be stable mental healthwise. We need  
19 them to have the capacity for informed consent to make a  
20 decision. We need to see them have a demonstrated consistency  
21 of identity of being transgender, and then we can initiate  
22 those processes. It's not an earning, it is really more of  
23 assessing their skills. And then afterwards we provide support  
24 for individuals even after they begin hormone treatment to help  
25 them adapt to the environment. I think that's a better way to

1 characterize our process. "Earning," that terminology carries  
2 some connotations that I don't think are appropriate.

3 **Q.** Okay. You were asked some questions about the reasons  
4 behind your March 12, 2018 meeting with Ms. Hampton, and I  
5 believe you said that going into that meeting, you understood  
6 Ms. Hampton to be particularly challenging for the department,  
7 correct?

8 **A.** Yes.

9 **Q.** And was she challenging because of legal actions she was  
10 taking against the department?

11 **A.** No. She was challenging due to some of the security  
12 behaviors, the aggressiveness, as well as her mental health  
13 symptoms and the fact that when I reviewed the chart, there  
14 were many different diagnoses.

15 Now, it's been so long I don't remember what all those  
16 were, but I needed to do diagnostic clarification because when  
17 I get different clinicians giving different diagnoses, then we  
18 need to -- it speaks to the fact we need to clarify the  
19 diagnosis because there are a variety of symptoms that can fit  
20 into multiple categories.

21 And so what I was doing was consolidating the behavior,  
22 observing the individual, talking about their issues to be able  
23 to arrive at how do these symptoms and behaviors fit into a  
24 coherent diagnosis. And because sometimes different behaviors  
25 can fit into parts of other diagnoses. And so I was trying to

1 pull that information together because people were having  
2 challenges with getting diagnostic clarification.

3 Q. Okay. So no one talked to you about litigation at all  
4 prior to your March 12, 2018 meeting with Ms. Hampton?

5 A. I was actually aware of litigation because I was -- I  
6 believe -- and I don't remember the date, but I was in  
7 litigation with this particular offender in -- it was earlier  
8 in the year, I can't remember exactly which day -- regarding  
9 Menard Correctional Center and her time there.

10 Q. Okay.

11 A. So I was aware that she had a history of legal concerns.

12 Q. Okay. Would -- you said that before your March 12th  
13 meeting with Ms. Hampton, you were aware of some aggression  
14 risk or staff assaults; is that correct? That's what you  
15 testified to?

16 A. It was either a peer assault or a staff assault. She's had  
17 both, and I can't remember which one came first. So I'll be  
18 honest, it would be better for you to review what the -- the  
19 disciplinary to know the order.

20 Q. Well, you didn't actually review her disciplinary records  
21 prior to meeting with her, correct?

22 A. No. That was through consultation with the teams.

23 Q. It was just --

24 A. Yes. That was a consultation process to gather that  
25 information.

1 Q. That was just something you learned through the committee,  
2 correct?

3 A. I'll be honest. I've known this for so long, I don't  
4 remember the original origin of that information, but I've  
5 known this for a while, for quite a while.

6 Q. So you testified to Ms. Hampton presenting an aggression  
7 risk to the department, but you don't even know, as you sit  
8 here today, what that's based on?

9 A. Say that again.

10 Q. You have testified in court here today that Ms. Hampton has  
11 presented an aggression risk to the department, but as you sit  
12 here today, you don't even know what that's based on?

13 A. Um, I can't recall what that's based on. At the time when  
14 I was informed, I would have known, but I can't recall this at  
15 this point in time. It was months ago and the details are lost  
16 to my memory.

17 Q. So you've testified about some of the mental health issues  
18 that Ms. Hampton has been having and that you observed in the  
19 March 12, 2018 meeting, correct?

20 A. Yes.

21 Q. And one of those issues is mania, correct?

22 A. Yes.

23 Q. And disassociation -- problems with disassociation,  
24 correct?

25 A. Yes.

1 Q. And in having responses to certain triggers; is that  
2 correct?

3 A. Yes.

4 Q. And you don't have any reason to believe that people at  
5 Logan do not also get treatment for all of those issues,  
6 correct?

7 A. Yeah. I would -- yes. I would assume that they are also  
8 getting treatment for those things.

9 Q. And there's probably plenty of women at Logan who  
10 experience all of those same issues, correct?

11 A. Yes, I would assume so.

12 Q. And you have no reason to think that Logan is unable to  
13 handle that, correct?

14 A. Those particular mental illness-related issues and trauma  
15 issues should be something that their clinicians can handle.

16 Q. Okay. You have used the word "violence" a few times in  
17 this hearing. Are you aware that no one else in this hearing  
18 at all prior to you has characterized Ms. Hampton as violent?

19 A. I have only spoken with you today, so I don't know what the  
20 other testimony is.

21 Q. Okay. Would you agree that there are probably people who  
22 have engaged in violence in women's prisons?

23 A. I would assume so.

24 Q. There's probably some very violent people in women's  
25 prisons, correct?



1 Q. (BY MS. McCLIMANS:) Dr. Reister, I just wanted to clarify  
2 a couple of things. The GID committee, what does that stand  
3 for?

4 A. Gender identity disorder.

5 Q. And that committee became the transgender care committee,  
6 right?

7 A. Yeah, the transgender care review committee.

8 Q. And gender identity disorder, was that actually a diagnosis  
9 in the DSM-3 or DSM-4?

10 A. It was a diagnosis in DSM-4.

11 Q. Okay.

12 A. But we operate under DSM-5 now.

13 Q. Okay. So you actually took the diagnosis part away from  
14 the name, and it's the transgender care committee, right?

15 A. Yes. Because we are looking at the needs of the person.  
16 We are not looking at diagnosis, and particularly not an  
17 outdated diagnosis.

18 MS. McCLIMANS: All right. Thank you.

19 THE COURT: All right. Thank you, Dr. Reister. That  
20 concludes your testimony.

21 Okay. Now, do we have any other witnesses?

22 MS. BEDI: Not for the plaintiff, your Honor.

23 MS. McCLIMANS: Not for the defense either.

24 THE COURT: Okay. Well, why don't we take about a  
25 15-minute break, and then I'll come back and you can give a

1 brief closing agreement.

2 *MS. BEDI:* Thank you, your Honor.

3 *(Recess)*

4 *THE COURT:* Be seated. So who will deliver the  
5 closing argument? Ms. Bedi?

6 *MS. BEDI:* I will, your Honor.

7 *THE COURT:* Okay.

8 *COURTROOM DEPUTY:* And you can turn that around if you  
9 are more comfortable.

10 *MS. BEDI:* May I proceed, your Honor?

11 *THE COURT:* You may.

12 *MS. BEDI:* Ms. Hampton is a woman. She may have been  
13 born with male genitalia, and as we heard from two IDOC  
14 officials, they might consider her a man, but she is a woman.  
15 And despite the fact that Ms. Hampton is a woman, the IDOC  
16 insists on housing her in men's prisons, and during the past  
17 year has transferred her from prison to prison to prison, and  
18 in each prison the results have been the same. She's endured  
19 sexual abuse at the hands of officers, sexual abuse at the  
20 hands of prisoners because officers have failed to protect her,  
21 constant daily harassment and abuse.

22 Ms. Hampton describes her time in the Illinois  
23 Department of Corrections men's division as hell. And it is a  
24 hell that will continue because the IDOC insists on  
25 discriminating against her and refusing to protect her against

1 the harm she faces because of who she is. The risk that she  
2 will be sexually assaulted again and the risk that she will  
3 endure the daily harassment is pervasive and it is inevitable  
4 so long as she remains in men's division.

5 Now, in *Johnson v. California*, the U.S. Supreme Court  
6 stated, and I quote [as read]: The compliance with the  
7 Fourteenth Amendment's ban on discrimination is not only  
8 consistent with proper prison administration, but it also  
9 bolsters the legitimacy of the entire criminal justice system.

10 Now, *Johnson* was a case about race discrimination in  
11 the prison context, and in that case, the Court stated that  
12 prison officials could not validate race discrimination by  
13 asserting a penological justification. The IDOC has targeted  
14 Ms. Hampton for discrimination because it considers her a  
15 transwoman, but the logic of the *Johnson* case applies to  
16 Ms. Hampton nonetheless.

17 Ms. Hampton may live behind bars, but her right to  
18 live free of discrimination based on being a transgender woman,  
19 it remains intact. The record is clear. It is completely  
20 undisputed that the defendants have consistently violated this  
21 right, and they will continue to do so unless this Court  
22 directs them to do otherwise.

23 Now, there are two types of discrimination that  
24 Ms. Hampton is alleging. First is related to her placement in  
25 the men's prison. The second is related to the ongoing verbal

1 harassment that she endures.

2 Now as to the first, the IDOC has discriminated  
3 against her by placing her in the men's prison in violation of  
4 the Equal Protection Clause. If she was a cis woman, meaning  
5 if she was born with a vagina, she'd obviously be in a women's  
6 prison. If she was a cis woman, she would be in Logan prison.  
7 If she were a strong cis woman, she would be in Logan. If she  
8 were a violent cis woman, she would be in Logan. If she were  
9 mentally unstable and a woman -- and a cis woman, she would be  
10 in Logan. If she were a cis woman who had sex with other  
11 women, she would be in Logan. And this is proven by the data  
12 that's contained in Exhibit 20.

13 That data demonstrates that there are disciplinary  
14 violations for women in Logan, many of them far more serious  
15 than anything Ms. Hampton has been accused of. It is also  
16 affirmed by the testimony of Mr. Reister, who acknowledged that  
17 there are women in Logan who are aggressive, who are violent,  
18 and who live with very serious mental health issues, and he has  
19 no question about the ability of the clinicians in Logan to  
20 care for this woman.

21 So the record could not be more clear. The IDOC does  
22 not transfer cis women who are strong, who are violent, or who  
23 are in mental health crisis to the men's division. The mere  
24 suggestion that that would happen resulted in scoffs from  
25 Dr. Meeks and from Sandra Frank, who are members of the

1 committee responsible for overseeing the transfer and the care  
2 of transgender people.

3           So how could the IDOC justify treating Ms. Hampton so  
4 differently from cis women. One of the really important things  
5 in this record is that for a very long time the IDOC provided  
6 no justification at all for this discrimination. In the  
7 record, at Exhibit 18, is the March 17, 2017 report of the  
8 gender committee. And this is the committee that was chaired  
9 by Dr. Meeks and attended by Sandra Funk. According to their  
10 testimony and to the document, at that point the committee did  
11 not consider Ms. Hampton's disciplinary history, her mental  
12 health records, her medical records. They never asked  
13 Ms. Hampton about her own safety. They just made the decision  
14 to house her in the men's division despite the fact of her  
15 chemical castration, despite the fact of her feminization.

16           Also in the record is the April 10, 2018 GID report.  
17 And in that report, the committee acknowledges that Ms. Hampton  
18 does not have the ability to reproduce, that she can't get an  
19 erections, and that she wants to be transferred to Logan, and  
20 that she is upset by the IDOC's acceptance of her gender. But  
21 in that report, there was no real consideration of transferring  
22 her to Logan. That's in large part because of the refusal of  
23 the IDOC to recognize her as a woman. That April report  
24 happened after her transfer to her current placement, and it  
25 really functions to do nothing but allow the IDOC to maintain

1 the status quo and to check the boxes to say that it completed  
2 this review.

3 Now, that's the gender committee that Mr. Reister  
4 participated in. Now, he participated in that committee after  
5 he met with her once. And in that report, it's important for  
6 the Court to note there's nothing in there about Ms. Hampton's  
7 aggression levels. Mr. Reister said that he was very concerned  
8 about those aggression levels. They were not in that report.  
9 And Dr. Meeks said if the committee considered an issue, it  
10 would have been documented. It would have been documented in  
11 the report. But it's not in there.

12 Now, the reason why the committee in April and every  
13 time it's met has failed to transfer Ms. Hampton to the women's  
14 division is likely, in large part, because of the testimony of  
15 Dr. Meeks. Dr. Meeks, who is the chair of the committee -- and  
16 he admitted during his testimony he knows nothing about  
17 treating trans people, he knows nothing about the ways in which  
18 hormones affect trans people and their bodies.

19 He's acknowledged his ignorance on these critically  
20 important issues. He's done nothing to try to address his  
21 ignorance. He just goes on making what could be, what likely  
22 will be life and death decisions for Ms. Hampton relying  
23 basically on just one fact, and that is her genitalia. He  
24 admitted this in his deposition, and he made it clear that on  
25 his watch, no trans people have been transferred from division

1 to division and that he would not be comfortable transferring  
2 Ms. Hampton because of her genitalia.

3           It was only in July 2018 in a document that was  
4 produced apparently at the request of the IDOC chief legal  
5 counsel and in anticipation of litigation did the committee  
6 really begin to consider transferring Ms. Hampton to Logan.  
7 And that's at Exhibit 37. And it's clear from looking at that  
8 document that those notes didn't really consider Ms. Hampton's  
9 request to go to Logan. Instead, what those notes did was  
10 basically function as a list for all the reasons why  
11 Ms. Hampton could not go to Logan.

12           It's here for the very first time the concern over  
13 Ms. Hampton's mental health and her aggression finally  
14 surfaced. There was no consideration of how a transfer to  
15 Logan might benefit Ms. Hampton. There was no evaluation of  
16 the clinical offerings provided at Logan, no discussion of how  
17 Ms. Hampton's aggression profile might match up with the  
18 profile of those people who are incarcerated at Logan. It was  
19 just a list of all the reasons to deny her transfer.

20           There was also nothing in that document about the  
21 sexual abuse Ms. Hampton has suffered. There was nothing in  
22 there that the committee considered about the substantiated  
23 PREA complaints, nothing in there about her grievances, and the  
24 committee failed to consider those critically important items  
25 despite the requirements of the Prison Rape Elimination Act,

1 which required them to look at things like the individual  
2 safety and their sense of their own safety in their current  
3 placement.

4           So at this point, as I mentioned, here's where the  
5 committee finally begins to express this concern about  
6 Ms. Hampton's mental health and her aggression levels, and this  
7 is the only place in the gender identity committee where this  
8 surfaces. And it is clear here that it is a charade and it's  
9 pretext for discrimination. And when I say it, what I'm  
10 talking about is the assertion that Ms. Hampton is too violent  
11 and too mentally ill to be transferred to Logan. That's  
12 pretext.

13           Now, Sandra Funk made it very clear in her own  
14 testimony that there are women at Logan who have engaged in the  
15 precise type of behaviors and have the same kind of mental  
16 health issues that Ms. Hampton has. We just heard Mr. Reister  
17 affirm those facts. Those women -- those women who have those  
18 issues, they're not forced to live in the men's division, and  
19 neither should Ms. Hampton. But she is forced to live in the  
20 men's prison because the IDOC is making a decision about her  
21 placement strictly because of her genitals. She is forced to  
22 live in a men's prison because of the assumptions and sex  
23 stereotypes the IDOC is using when it is making placement  
24 decisions about Ms. Hampton.

25           The Seventh Circuit has made it very clear that

1 transwomen are protected from this precise type of  
2 discrimination, and that's the *Whitaker v. Kenosha* case. And  
3 in that case, the Seventh Circuit approved a preliminary  
4 injunction that was won by a transgender student who sought to  
5 use the bathroom according to his gender identity. And the  
6 Seventh Circuit there reiterated the instruction that all  
7 people who are similarly situated need to be treated alike, and  
8 that that prohibition on discrimination applies with full force  
9 to trans people.

10           And in a case like this where a transgender woman is  
11 treated differently from a cis woman, the state has to show  
12 that the discriminatory means employed are substantially  
13 related to the achievements of these objectives. And according  
14 to *Whitaker*, the state's justifications for discrimination  
15 can't be hypotheticals, can't be speculation, can't be  
16 conjecture, and cannot be based on overbroad generalization or  
17 sex stereotypes. The justifications for discrimination must be  
18 genuine.

19           Here, the state's objections to placing Ms. Hampton in  
20 a women's prison are based on nothing more than speculation and  
21 conjecture. The defendants can point to nothing specific in  
22 her file or her background that justifies continuing to  
23 discriminate against her in this manner. And the testimony of  
24 the plaintiff's experts really drive this point home.

25           We heard from Mr. Dan Pacholke, and he is a security

1 expert who testified based on his review of the records, his  
2 viewing of video, and his review included Ms. Hampton's  
3 disciplinary and mental health records; that there's no  
4 penological justification for continuing to house Ms. Hampton  
5 in the men's prison and that the IDOC's commitment to doing so  
6 violates professionally accepted standards. And that includes  
7 the requirements of the Prison Rape Elimination Act. According  
8 to his testimony, the IDOC's cursory and slapdash process for  
9 evaluating Ms. Hampton's placement violates the requirements  
10 and is insufficient, and it just can't justify this continuing  
11 discrimination.

12           Mr. Pacholke made it clear that if he were running the  
13 Illinois Department of Corrections, Ms. Hampton would be in a  
14 women's prison, and that the IDOC's refusal to make this move  
15 is indefensible from a security perspective. And to put it  
16 plainly in Mr. Pacholke's terms, the IDOC is requiring  
17 Ms. Hampton to earn her way into a gender appropriate  
18 placement, and that's completely inappropriate, both from a  
19 security perspective and also from a legal perspective. There  
20 is no mental stability requirement placed on cis women to  
21 ensure that they are mentally stable that they will be placed  
22 in an appropriate prison.

23           And now as explained by Mr. Pacholke and as admitted  
24 by Ms. Hampton herself, she's engaged in some disciplinary  
25 violations. There are disciplinary violations in her record,

1 and there is no question about that. Many of those violations  
2 results from her defending herself from -- against other  
3 inmates who have assaulted her. And other disciplinary  
4 results -- result from nonviolent, nonaggressive behavior  
5 that's largely related to her inappropriate placement; for  
6 example, making and wearing women's underwear, dancing  
7 suggestively.

8 This is behavior Ms. Hampton admits that she shouldn't  
9 have engaged in. But none of this behavior suggests that  
10 Ms. Hampton poses any kind of risk to the women at Logan. The  
11 fact that she has got a disciplinary record does not mean that  
12 she would pose a risk to the women at Logan. The defendants  
13 can't make that connection. There is nothing in the record  
14 that would allow them to do so.

15 We also heard from Dr. George Brown, and he is a  
16 psychologist who specializes in the treatment of transgender  
17 people, and he made five points that exposed the defendants'  
18 pretext. The first is that Ms. Hampton is chemically castrate  
19 as a result of her hormone treatment, and that's an important  
20 point that none of the IDOC medical staff were able to -- they  
21 acknowledge that existence, but they weren't able to interpret  
22 Ms. Hampton's medical records to affirm that point.

23 The IDOC has a number of options to ensure that  
24 Ms. Hampton remains compliant with her hormone medication. So  
25 to the extent that the IDOC is asserting that one of the

1 reasons they can't transfer Ms. Hampton is because she is only  
2 chemically castrate for as long as she is on her hormone  
3 medications, Dr. Brown made it very clear there are a number of  
4 very minor steps the IDOC could take to ensure compliance,  
5 including simply ensuring a nurse administers her medication,  
6 and that they continue doing the blood lab draws that they have  
7 been doing to monitor her hormone levels.

8           The third point that Dr. Brown made, based on his  
9 comprehensive review of Ms. Hampton's mental health records, is  
10 that no clinician has ever treated Ms. Hampton for clinically  
11 significant aggression. She's never been treated for  
12 aggression by the Illinois Department of Corrections' mental  
13 health staff. So now to rely on this sort of manufactured  
14 clinically significant aggression to deny her an appropriate  
15 placement, it just doesn't hold water. It makes it clear that  
16 that assertion is really pretext that was drummed up, in large  
17 part, because of this litigation.

18           The fourth point is that Ms. Hampton has decompensated  
19 since she has been in Logan [*sic*] and since she's been in  
20 segregation. Her medical records make this very clear, that  
21 her decompensation can be traced throughout her medical  
22 records. So to the extent that there is an argument that Dixon  
23 is an appropriate placement for her, that she is getting her  
24 needs met, that is undermined by what the records say about her  
25 suicide attempts and about her reports of the harassment and

1 the substantiated PREA complaint that occurred there.

2 And the fifth that Dr. Brown made is that to the  
3 extent the IDOC requires Ms. Hampton to get stable prior to  
4 being transferred, it's placing her in an impossible catch-22.  
5 Now, Mr. Reister really made this point as well and that is, in  
6 order for Ms. Hampton to get stable, in order for her to be  
7 open to clinical interventions, she has got to feel safe.  
8 She's got to be able to feel safe in order to get appropriate  
9 medical mental health care. She will never feel safe in a  
10 men's prison because of all the victimization that she suffered  
11 there and because of the victimization that is likely to happen  
12 and because of the IDOC's refusal to protect her from further  
13 victimization. So that catch-22 that the defendants are  
14 putting her in is just further evidence of this discrimination.

15 Now, here the Court must subject the defendants'  
16 actions to heightened scrutiny, and that's per the Seventh  
17 Circuit's decision in *Whitaker*. Trans people are treated as a  
18 quasi-suspect class, and the defendants must prove, as I  
19 mentioned before, that the discrimination Ms. Hampton endures  
20 is substantially related to an important government interest.

21 Now, this is a different test than one that applies to  
22 many prison cases where the *Turner v. Safley* standard applies.  
23 And that's because of the importance in protecting people from  
24 the kind of discrimination that Ms. Hampton lives with on a  
25 daily basis. The deference that so often dooms prisoners in

1 their litigation, it's not applicable here. There needs to be  
2 a real inquiry into the legitimacy of the interests that the  
3 state's going to assert for continuing to discriminate against  
4 Ms. Hampton. And the records and the testimony made clear  
5 there is no legitimate security concern the state can argue to  
6 continue excluding Ms. Hampton from the Logan Correctional  
7 Center or the women's division.

8 Now, in addition to the discrimination claim  
9 Ms. Hampton has based on her placement, she also has a  
10 discrimination claim based on the constant harassment and  
11 verbal abuse that she endures on a daily basis. Some of the  
12 abuse that she lives with a Dixon consists of officers calling  
13 her names, threats of a sexual nature, the use of slurs. She  
14 hears this from correctional officers every single day, often  
15 multiple times a day, and this is abuse that has been  
16 consistent in every single facility that she has been in, in  
17 the Department of Corrections.

18 It was corroborated by the two witnesses who testified  
19 from the Department of Corrections, who are also locked up  
20 there. One of them -- one of the witnesses testified about how  
21 she herself also experiences this same type of harassment.  
22 Ms. Hampton's mental health records evidence that she's  
23 reported this harassment repeatedly to her clinicians. They  
24 document her consistent reports of this over the years. It's  
25 also proven by the multiple grievances that she's filed where

1 she has talked about the discrimination, she's talked about the  
2 slurs, she's talked about the verbal harassment. She has  
3 quoted officers using just horrific offensive language, some of  
4 them every time they speak to her.

5 We saw some evidence of this abuse during the  
6 testimony of Warden Wilks and Brandy Hendricks, both of who  
7 referred to Ms. Hampton as a man and refused to refer to her  
8 with her preferred pronoun. Dr. Reister affirmed during his  
9 testimony that this kind of misgendering is devastating to  
10 Ms. Hampton, and that it contributes to her anxiety and causes  
11 her great distress.

12 Warden Wilks, Brandy Hendricks stated that they are  
13 going to continue to call her a man because, after all, she is  
14 in a men's prison. So in order to prevail on this equal  
15 protection claim, Ms. Hampton has to prove that, one, that the  
16 harassment is intentional, and it is based on sex; and, two,  
17 that it is sufficiently severe or pervasive. The record is  
18 really clear that the ongoing nature of this harassment of  
19 Ms. Hampton easily meets the standard here.

20 So Ms. Hampton also has a protection from harm claim  
21 sounding in the Eighth Amendment, and that claim is based on  
22 the fact the defendants have been deliberately indifferent to  
23 the substantial risk of harm Ms. Hampton faces as a woman  
24 housed in a men's prison.

25 Now, the facts here are demonstrated by the three

1 substantiated PREA complaints. Ms. Hampton survived sexual  
2 assault in form of groping, threats of rape, a man exposing  
3 himself to her. And these are three complaints that happened  
4 in the period of one year. Also in the record are a number of  
5 additional complaints about men who are locked up with her  
6 asking -- forcing her to perform oral sex, constantly  
7 propositioning her for sex, saying all kinds of inappropriate,  
8 really sexually aggressive comments to her. And some of those  
9 complaints IDOC received, didn't even investigate, didn't  
10 investigate for reasons like she filed them on the wrong  
11 grievance form.

12           The complaints that IDOC investigated and  
13 substantiated, the fact that they did an investigation  
14 substantiated those complaints, that helps show that this abuse  
15 Ms. Hampton lives with happens.

16           After IDOC investigated these complaints, they did  
17 nothing to change their operations. They did nothing. They  
18 took no action to protect her from further abuse. They  
19 basically said, yes, this abuse happens; yes, you are  
20 constantly targeted; but, we are not going to change anything  
21 in the way we do business to stop you from enduring this abuse.  
22 They changed nothing about the systems that Ms. Hampton has to  
23 engage with on a daily basis to ensure that she is protected  
24 from further abuse.

25           Ms. Hampton's experience with this abuse was echoed by

1 the testimony of Ms. James. She is a transwoman who has been  
2 locked up in the IDOC for 10 years. She's been housed in six  
3 different prisons. She is a rape survivor herself. And she  
4 affirmed that the IDOC consistently fails to respond to  
5 transwomen who request protection. There's nothing in the  
6 record that contradicts Ms. Hampton's reports of the constant  
7 abuse and the risk of sexual violence that she faces on a daily  
8 basis.

9 Now, we heard testimony from the warden, who is  
10 responsible for ensuring the safety of transwomen, and the head  
11 of the committee, who is responsible for ensuring the  
12 appropriate placement of transwomen, that they are unfamiliar  
13 with the requirements of the Prison Rape Elimination Act.

14 Now, on the one hand, this is a stunning admission  
15 because the Prison Rape Elimination Act is the one law that  
16 exists and sets forth the professionally accepted standards for  
17 protecting transwomen from abuse. The people who are  
18 responsible for protecting Ms. Hampton must and should be  
19 familiar with that law, but they are not. And that admission  
20 really indicates the systemic failures in the IDOC to protect  
21 Ms. Hampton. So on the one hand, it is a stunning admission.  
22 On the other hand, it is no surprise that the IDOC officials  
23 who testified are unfamiliar with the law, given their abysmal  
24 failure to protect Ms. Hampton from abuse.

25 So, finally, I will move to Ms. Hampton's segregation

1 claim. And by continuing to hold Ms. Hampton in segregation,  
2 the defendants demonstrate deliberate indifference to the  
3 substantial risk of harm posed by her continued placement in  
4 segregation. Dr. Brown made clear, through his analysis of her  
5 recent mental health records, that she has decompensated in  
6 segregation and that her risk of suicide is extraordinarily  
7 high.

8 Now, he bolstered this testimony through his  
9 explanation of the data about the high risk of suicide for  
10 people who are trans, the high risk of suicide for people who  
11 are in segregation, and the high risk of suicide for people who  
12 are bipolar. Those are significant risk factors that  
13 Ms. Hampton lives with every single day. All those risk  
14 factors were affirmed by the testimony of Mr. Reister. He  
15 himself admitted he is very concerned about Ms. Hampton's risk  
16 of suicide. For these reasons, she must be removed from  
17 segregation.

18 So as I've just described, Ms. Hampton is  
19 substantially likely to prevail on the merits of her  
20 preliminary injunction. She easily meets the other  
21 requirements for a PI. The irreparable harm that Ms. Hampton  
22 has endured is undeniable, the anguish, the terror, the  
23 humiliation, the physical and sexual assaults, the risk of  
24 suicide. And in the absence of a court order, this harm is  
25 going to continue. An order from this Court will also further

1 the public interest.

2 We are merely requiring that the IDOC comply with the  
3 law and house Ms. Hampton in an environment that is free from  
4 abuse and discrimination, and an order from this Court is the  
5 only thing that will protect Ms. Hampton. She's got no other  
6 option and no other remedy. The order that we request here  
7 from the Court is narrowly tailored. The IDOC has transferred  
8 Ms. Hampton to four different prisons this year, and each one  
9 had the exact same results. The only thing the IDOC hasn't  
10 done is transferred her to the women's division.

11 Now, if Ms. Hampton is transferred to the women's  
12 division, and if somehow despite all the evidence to the  
13 contrary, all the evidence suggesting that this won't happen,  
14 but if somehow some of the IDOC's parade of horrors happens,  
15 and there is some legitimate nondiscriminatory reason to  
16 transfer Ms. Hampton back, they will be able to do that. We  
17 are not requesting some sort of permanent order that would tie  
18 the IDOC and prohibit it from ever moving Ms. Hampton again.  
19 What we are saying right now is, given the evidence of sexual  
20 abuse, given Ms. Hampton's decompensation, given the  
21 victimization that she has endured, she needs to be moved to  
22 the women's division. And this order is necessary. It's  
23 absolutely necessary.

24 You know, Dr. Meeks tried to clean up his deposition  
25 testimony yesterday, but he really did in his deposition tell

1 on himself and tell on the IDOC when he said that one of the  
2 reasons why Ms. Hampton's transfer is not going to happen is  
3 because of the ways in which the IDOC is concerned about the  
4 court of public opinion. The IDOC is not concerned about the  
5 substantiated PREA complaints, they're not concerned about  
6 Ms. Hampton's -- the threats of violence. They're not  
7 concerned about the assaults that she has lived through.  
8 They're not concerned about the grievances that they have  
9 received and have refused to investigate. What they're  
10 concerned about is the court of public opinion.

11 Ms. Hampton's life is on the line here, and there's no  
12 evidence in the record to dispute that fact. Her ability to  
13 live free from constant sexual abuse is on the line, and the  
14 highest ranking IDOC official who testified here said his  
15 concern -- or one of his concerns was the court of public  
16 opinion.

17 The IDOC is not going to do the right thing by  
18 Ms. Hampton without an order from the Court. They've had years  
19 to do the right thing. They've had years to protect her.  
20 They've had years to ensure that she is in an environment that  
21 is appropriate for her needs, and they have refused to move  
22 her. The IDOC has made it clear that without an order from  
23 this Court, Ms. Hampton will continue to languish in men's  
24 prison with additional assaults and decompensation inevitable.

25 That's all I have, your Honor, and I'm happy to answer

1 any questions.

2           THE COURT: All right. No. I don't have any at this  
3 time. Thank you.

4           MS. BEDI: Thank you.

5           THE COURT: Mr. Higgeson.

6           MR. HIGGERSON: Your Honor, injunctive relief is a  
7 very narrow form of relief in federal court starting with  
8 *Ex parte Young*, the courts have made very clear that there has  
9 to be an ongoing violation of federal law in order for a court  
10 to enter injunctive relief. This is also repeated in the  
11 Prison Litigation Reform Act, which limits injunctive relief to  
12 being narrowly drawn no further than necessary to correct  
13 federal right and least intrusive means necessary to correct  
14 the violation of that right.

15           And this is relevant here, in particular, because  
16 there is no right to placement in a particular prison. The  
17 Supreme Court, in *Meachum v. Fano*, said there is no right to be  
18 placed in a particular prison. Once you are into the system,  
19 any facility within the system you can appropriately be placed  
20 at. There has to be something beyond just the desire to be at  
21 a specific prison. There has to be a violation in the current  
22 placement, which makes relevant here Dixon Correctional Center  
23 and whether or not the conditions under which Ms. Hampton is  
24 housed violate her federal rights.

25           The plaintiffs have thrown out several different ways

1 in which they believe her rights are being violated by  
2 placement at Dixon. First, they say it violates equal  
3 protection, and the most equal protection claim would be that  
4 transgender woman are treated different than birth women, that,  
5 you know, if the department doesn't allow any transgender women  
6 to be in female facilities, that's discrimination just based on  
7 the transgender status, but the evidence is that that's not the  
8 case. There have been transgender women placed in female  
9 facilities.

10 So the variation on this, then, is the argument that  
11 any birth woman who had the same record as the plaintiff, the  
12 same level of aggression, the same mental health concerns would  
13 still be placed at a female facility, and they would be  
14 addressed there, rather than being in a male facility. If that  
15 was the case, if that was the law, then everybody, every inmate  
16 who identifies themselves as transgender female would have to  
17 be placed in a female institution because they would be treated  
18 the same as somebody who is a birth female. No matter what  
19 their other conditions are, they would have to be placed in  
20 that female facility, and that is contrary to federal law. The  
21 Prison Rape Elimination Act specifically says there should be a  
22 decision on a case-by-case basis on whether or not a  
23 transgender female or transgender inmate -- it could be the  
24 other direction -- should be placed in a male or a female  
25 facility. It is not an equal protection violation to do that

1 case-by-case consideration. Not being treated the same as a  
2 birth female with the exact same circumstances is consistent  
3 with federal law.

4 The federal law doesn't say that they make that  
5 determination for birth females. It specifically addresses  
6 transgender women. And it doesn't just address the needs of  
7 that particular inmate, it says -- and I'm quoting from 28 CFR  
8 115.42 [as read]: In deciding whether to assign a transgender  
9 or intersex inmate to a facility for male or female inmates and  
10 in making other housing and programming assignments, the agency  
11 shall consider on a case-by-case basis whether a placement  
12 would ensure the inmate's health and safety and whether the  
13 placement would present management or security problems.

14 So it's not just the concerns of Ms. Hampton that are  
15 at issue, it's the concerns of the department and the other  
16 inmates who are within the department.

17 Now, Ms. Bedi just made the point that, you know, if  
18 they put her at Logan and something terrible happens, they can  
19 take her out. Well, that's not the position that the  
20 department has to approach this type of analysis from. They  
21 have to head off problems whenever possible. They can't say  
22 we'll try putting her at Logan and, you know, hope nothing  
23 happens. If it does, we will fix it then. They have to  
24 represent the concerns of all 40,000-plus inmates who are in  
25 the Department of Corrections.

1           And also I would disagree some with the interpretation  
2 of *Johnson v. California*. I think Ms. Bedi said something  
3 along the lines of it doesn't allow security to be a  
4 consideration when making a -- what would otherwise be  
5 considered a discriminatory policy. *Johnson* says you can't  
6 just approach it from a blanket approach. It had to do with  
7 housing black inmates and white inmates in the same cell. They  
8 said you can't say, well, we assume black people will get along  
9 better with black people, and white inmates with white inmates  
10 would get along better. That's too broad, it's too big of an  
11 assumption. But it did allow for more specific circumstances,  
12 such as if you had gang unrest between a black gang and a white  
13 gang, you could make separations based on that more specific  
14 concern. So there is allowance under federal law for security  
15 concerns, administration concerns to be part of this  
16 consideration.

17           The equal protection argument presented in the  
18 plaintiff's motion goes on to say that her equal protection  
19 rights have been violated because she has been subject to  
20 constant sexual harassment, and the case law they cite are  
21 employment cases, not prison cases. And there are cases that  
22 say regarding prisoners that verbal abuse standing alone is not  
23 a violation of federal law. That's *DeWalt v. Carter*. It says  
24 that just merely saying something, including sexually explicit  
25 language, is not a violation.

1           Now, there is a later case that expounds on that *Beal*  
2 *v. Foster* that says, well, use of language could be a violation  
3 depending on the circumstances. And the specific examples they  
4 provide are if you knew somebody was just starting to take an  
5 experimental medication and was worried about it and you went  
6 to them and said, oh, now they just found out this medication  
7 has these terrible side effects, you are really going to, you  
8 know, start suffering some health effects. Because you know of  
9 that specific vulnerability and are making those comments, it  
10 could be a violation, although at that point you are more in  
11 the range of an Eighth Amendment violation.

12           The other example they gave was if you went and  
13 specifically lied to an inmate and told them that their family  
14 members had been killed in an accident that that could -- that  
15 verbal abuse alone could arise to the level of a violation.  
16 But the verbal abuse that's alleged here, there's no evidence  
17 that any of the people who used this verbal abuse -- and at  
18 Dixon Correctional Center, we don't have -- I think we have one  
19 specific name of somebody who is alleged to have engaged in  
20 verbal abuse.

21           There's no evidence that these officers have an  
22 appreciation that this is anything more than general  
23 name-calling that they would do with anybody else, not  
24 something that's -- it's not a good thing to do, but there's no  
25 evidence of understanding on anybody's part that this

1 represents a significant risk of harm to somebody in  
2 Ms. Hampton's circumstances.

3 There is also no evidence that there would be any  
4 difference in the staff at Logan and the staff at Dixon. In  
5 fact, the evidence --

6 *THE COURT:* Well, that -- you know, that sounds like  
7 your argument is, all of our officers are rude and  
8 inconsiderate, and so it doesn't matter. I mean, that's kind  
9 of where I've sensed the IDOC's position a couple of times. It  
10 doesn't matter because they're all going to be obnoxious.

11 *MR. HIGGERSON:* Well, for one thing it goes -- and I  
12 was going to address remedy later. But that goes to  
13 specifically what the violation is. If there's a problem with  
14 insensitivity and rude language and the effect it has on people  
15 who have mental health concerns, the result -- the remedy isn't  
16 necessarily a transfer, the remedy could be sensitivity  
17 training. There's evidence that that is just starting in the  
18 female facilities, and Dr. Reister said they're starting it  
19 agency-wide. The remedy could be to focus that on -- make sure  
20 there is a focus on transgender concerns within that  
21 sensitivity training. But if the situation exists all across  
22 the agency, a transfer will not address this concern.

23 There's also no evidence that female inmates are any  
24 more accepting of a transgender individual than male inmates.  
25 We haven't heard anything from people at Logan Correctional

1 Center about this.

2 In addition to the equal protection concerns,  
3 plaintiffs have alleged there has been a failure to protect the  
4 plaintiff from the dangers of the prisons she has been in.  
5 However, the only staff member who was named -- which was a  
6 female staff member who worked in the housing unit where the  
7 plaintiff was -- we heard yesterday from Ms. Hendricks that  
8 staff member was moved away from plaintiff once that became  
9 known. There has been no other specific allegations about  
10 staff. It's always there's lots of people who are doing this.  
11 Well, they can't move lots of people away. They have to know  
12 specifically what situation to address.

13 As far as inmates who have presented a specific threat  
14 to the plaintiff, there was one at Lawrence and that is -- this  
15 is background information because the relevant question here is  
16 what is going on at Dixon. But the inmate at Lawrence was  
17 transferred to Pontiac. He was moved out of that facility and  
18 away from the plaintiff.

19 At Dixon, one inmate who created a problem, and this  
20 is the one who groped her, she testified, has been moved out to  
21 another facility. He was transferred out of Dixon and away  
22 from her.

23 Now, they raise some concerns about the fact that they  
24 thought he got transferred to a minimum security facility, but  
25 that's completely separate from the question of were they

1 protecting her. By moving the inmate who was a danger to her  
2 out, they are taking effort, taking steps to protect her.

3 And it's unclear exactly which inmate sometimes we're  
4 talking about but -- between the two -- because the names are  
5 redacted from the reports. And I think there's some confusion  
6 in that one inmate was sent to Robinson and the other one is  
7 named Robinson, according to her testimony.

8 When the plaintiff was placed in segregation and that  
9 inmate was in segregation, he was taken out of seg so that they  
10 would not be in the same place. She wasn't put in seg to  
11 punish her for making a report, she was put in seg for some of  
12 these other incidents we heard about. But when she was going  
13 to be in the same area as this person, they were separated. So  
14 the department has taken steps to protect the plaintiff from  
15 physical attack, and from the verbal abuse that she alleged  
16 against the one officer she named. That person was moved away.

17 Segregation is actually the weakest argument they've  
18 brought here because they're claiming that the department is  
19 deliberately indifferent to the mental health concerns of her  
20 being in segregation. There is a class action suit  
21 specifically addressing this concern. And there's a solution  
22 that's been agreed to in that class action suit. That's *Rasho*  
23 *v. Westefer [sic]* that we mentioned before. The class which  
24 includes the plaintiff through their counsel have agreed to a  
25 process of mental health review where when an inmate who is

1 seriously mentally ill is going to -- or is facing discipline  
2 that includes segregation, the mental health staff will review  
3 that placement and determine whether or not (1) the inmate's  
4 mental health condition caused the disciplinary infraction; and  
5 (2) whether or not placement in segregation would present a  
6 risk of harm to that inmate. That process was done every time  
7 that discipline was faced. Every example we've seen, that  
8 mental health review form is in there, there is a  
9 recommendation from a mental health professional, and the  
10 administration followed that recommendation. In fact, in one  
11 specific one we looked at, they gave less than what the mental  
12 health professional said would be acceptable.

13 Now, plaintiff's expert questioned some of those  
14 decision, but a disagreement between mental health or medical  
15 people is not a violation. The fact that somebody else looks  
16 at it and would have reached a different decision is not a  
17 violation. In particular, the defendants that we represent,  
18 the department, they are not medical professionals, they are  
19 not mental health professionals.

20 So when the warden gets a recommendation from a mental  
21 health professional and says this person can be in segregation  
22 for up to two months without a risk to their mental health,  
23 one, he is not deliberately indifferent by relying on that, and  
24 he's entitled to rely on the mental health people who are  
25 giving him that advice, even if that mental health person is

1 wrong, even if there's somebody else who disagrees with that.  
2 It's not a violation for the administration at Dixon to act on  
3 that advice.

4           And, again, I've already touched somewhat on the  
5 remedy but the -- if there's going to be an injunction entered,  
6 it has to be narrowly tailored. It has to respect the  
7 department's discretion on how to run its own facilities. This  
8 was particularly addressed in *Westefer v. Neal*. It was a case  
9 that came here in the Southern District involving Tamms.  
10 Judge Murphy entered an order requiring some very specific  
11 relief on how due process would be offered to inmates who were  
12 transfer to the supermax. The Seventh Circuit said you can't  
13 give that specific a remedy because those things are not  
14 constitutional requirements. One was that the warden of Tamms  
15 review the recommendation. And they said if this was the  
16 constitutional requirement, every prison in the country would  
17 have to have the warden of Tamms review this paperwork. That's  
18 not the constitutional requirement. And they said the proper  
19 way for the court to handle that is to identify a  
20 constitutional violation, to ask the defendants to propose a  
21 solution that would address that, give the plaintiffs an  
22 opportunity to object, and then either approve or make the  
23 defendants come up with another plan.

24           It's not to order, in this case, a transfer. The  
25 plaintiff has asked for very specific relief, a transfer to

1 Logan and release from segregation. Again, going to go back to  
2 the original case law, she is not entitled to a transfer. What  
3 she is entitled to is a solution that addresses any specific  
4 concerns. If it's, you know, misgendering, people referring to  
5 her by the wrong name, the solution could be teach the staff  
6 not to do that. It doesn't have to be send her to Logan.

7 So if there's the determination that an injunction  
8 should issue, we would ask that you follow the procedures laid  
9 out in *Westefer* and allow the department to address -- to  
10 propose the solution to that.

11 Thank you.

12 *THE COURT:* All right. Thank you.

13 Would you like a brief rebuttal?

14 *MS. BEDI:* I would, your Honor, just a few short  
15 points.

16 First, as to the appropriateness of an injunction  
17 here, Ms. Hampton does not need to wait until there is another  
18 substantiated PREA complaint, until she has been sexually  
19 assaulted again to come to this Court and ask -- and ask for an  
20 injunction. The record -- the evidence in the record is  
21 indisputable. There is a substantially high likelihood that  
22 Ms. Hampton is going to suffer irreparable harm unless this  
23 Court issues some sort of an injunction.

24 Point No. 2, as to the verbal discrimination, we are  
25 not just talking about the misgendering here. That's a part of

1 it, but we are also talking about the fact that correctional  
2 officers repeatedly refer to Ms. Hampton with terms like "fag."  
3 I mean they're -- and the record is just replete with really  
4 obnoxious, offensive slur driven language, so the verbal abuse  
5 discrimination claim is part of using those slurs. When  
6 officers use that language to address Ms. Hampton, they know  
7 her vulnerability. They know the effect it will have on her.  
8 They know that she is a woman in a man's prison.

9 As for the protection from harm argument, counsel for  
10 the IDOC said, as we anticipated in our argument, they  
11 transferred and punished the inmates who assaulted Ms. Hampton,  
12 so, you know, all should be good. That's not the case.  
13 There's no kind of systemic or operational fix done to protect  
14 Ms. Hampton from future harm, in part, because it can't happen.  
15 You cannot protect a woman in a man's prison from future harm,  
16 it just can't be done. And that's been demonstrated by the  
17 ways in which the IDOC has handled these PREA complaints.

18 Point No. 4, as to the defendants about the *Rasho*  
19 class, the fact that the *Rasho* class exists, the fact that  
20 there is a class action having to do with segregation and the  
21 process, a mental health process prior to putting somebody in  
22 segregation, that doesn't preclude this Court from ordering  
23 specific relief to Ms. Hampton. The mental health review has  
24 not protected Ms. Hampton from the ongoing harm that  
25 segregation imposes upon her. So *Rasho* is no bar to this Court



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REPORTER'S CERTIFICATE

I, Molly N. Clayton, RPR, FCRR, Official Court Reporter for the U.S. District Court, Southern District of Illinois, do hereby certify that I reported with mechanical stenography the proceedings contained in pages 415 - 507; and that the same is a full, true, correct and complete transcript from the record of proceedings in the above-entitled matter.

DATED this 21st day of September, 2018.

*s/Molly Clayton, RPR, FCRR*

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