

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

DEON HAMPTON (M15934),)	
)	
Plaintiff,)	
)	Case No. 18-cv-550
v.)	
)	Judge Nancy J. Rosenstengel
ILLINOIS DEPARTMENT OF)	
CORRECTIONS DIRECTOR JOHN)	
BALDWIN, <i>et al.</i> ,)	
)	
Defendants.)	

**PLAINTIFF’S RENEWED MOTION AND MEMORANDUM IN SUPPORT OF
A PRELIMINARY INJUNCTION**

Plaintiff is a transgender woman currently housed in segregation in Dixon Correctional Center, a medium security men’s prison. Plaintiff has identified as a female since the young age of five. In 2012, she was diagnosed with Gender Dysphoria by an IDOC psychiatrist and began receiving cross-sex hormone treatment while in IDOC custody in July 2016—as a result of the treatment, her testosterone level is virtually nil and she is chemically castrated. Despite being a transgender woman, Plaintiff has exclusively been placed in men’s prisons since entering IDOC custody. Prior to being housed in Dixon, Plaintiff was at Lawrence Correctional Center, Menard Correctional Center, and Pinckneyville Correctional Center; she was constantly sexually and physically abused by officers and other prisoners at all these institutions. When she reported this abuse, the officers at these institutions retaliated by filing false disciplinary charges against her that resulted in Plaintiff’s placement in segregation for approximately one year. Although Plaintiff was released from segregation at the end of May, Dixon staff placed her back in segregation one month later based on two false and retaliatory disciplinary tickets; Plaintiff does not know when she will be released from segregation.

Plaintiff was transferred from Lawrence to Dixon on March 16, 2018, after she filed the instant lawsuit and her first Motion for a Preliminary Injunction seeking emergency relief from conditions arising out of her placement in Lawrence, namely unconstitutional physical and sexual violence, unlawful discrimination, denial of mental health care, and unlawful placement in segregation. When the Defendants' initially transferred Plaintiff to Dixon, they began providing her some mental health treatment in segregation. Then, on May 25, 2018, the Defendants released Plaintiff from segregation, housed her in general population, and added group therapy to her mental health treatment plan. Because Plaintiff was no longer experiencing a mental health crisis, she withdrew her Motion for a Preliminary Injunction without prejudice on June 8, 2018.

Immediately upon withdrawing her Motion for Preliminary Injunction, staff at Dixon began treating Plaintiff much worse, placing her in danger and causing the rapid deterioration of her mental health. Dixon staff escalated their verbal harassment based on her gender identity, continuously calling her "faggot," "fag," "it," and "he-she," among other derogatory terms. Dixon staff have made it clear that they will not protect Plaintiff from other prisoners who wish to harm her due to her gender identity. Staff failed to protect Plaintiff from one prisoner who sexually assaulted Plaintiff by groping her breasts and exposing himself. They also failed to protect Plaintiff from another prison who for weeks sexually harassed and assaulted her by kissing her and groping her private parts; this prison also threatened to rape her and cause her physical harm. When Plaintiff has attempted to speak up about the mistreatment she is enduring at the hands of staff and other prisoners, Dixon staff have chastised her for filing too many complaints.

On June 26, 2018, Plaintiff received two false, retaliatory disciplinary tickets after officers repeatedly maced her in the face, resulting in her placement back in segregation. At that point, Plaintiff lost all hope and attempted suicide by hanging that same day. Staff found her unconscious and placed her on crisis watch. When she tried to come off crisis watch, she had a panic attack and was found trying to hang herself again. She was put back on crisis watch until July 2, 2018, when she was returned to segregation. Plaintiff continues to feel unstable and experience suicidal ideations. She fears that in segregation, she will try to hurt herself again, and that in general population, she will be hurt by other prisoners and staff. Plaintiff has already faced serious physical and emotional injury since arriving at Dixon and will continue to face a grave risk of serious injury if she remains there.

For these reasons, and pursuant to Federal Rule of Civil Procedure 65, Plaintiff seeks a preliminary injunction ordering Defendants Director John Baldwin and Warden John Vargas in their official capacities to: 1) transfer Plaintiff to Logan Correctional Center, a women's prison; and 2) remove Plaintiff from segregation.

Preliminary injunctions are granted in extraordinary situations where there is a clear showing of need. *Mazurek v. Armstrong*, 520 U.S. 968, 972 (1997); *Cooper v. Salazar*, 196 F.3d 809 (7th Cir. 1999). The need here could not be more obvious or more immediate. Plaintiff's situation satisfies each requirement for a preliminary injunction: (1) she will succeed on the merits because Defendants have so clearly violated (i) her rights under the Equal Protection Clause of the Fourteenth Amendment by discriminating against her on the basis of her gender identity and housing her in a men's prison, and (ii) her rights under the Eighth Amendment by failing to protect her from sexual and physical assault and subjecting her to cruel and unusual punishment; (2) in the absence of intervention by this Court, Plaintiff will suffer irreparable

harm—namely substantial likelihood that she will continue to be subjected to serious threats to her physical safety and emotional well-being, and she will continue to decompensate in segregation; (3) there is no adequate remedy at law—only an injunction will ensure that Plaintiff is transferred to a women’s prison and removed from segregation; and (4) ensuring that Defendants appropriately house Plaintiff in general population of a women’s facility and protect her from harm will further the public interest and will not harm Defendants in any way. *See AM Gen. Corp. v. DaimlerChrysler Corp.*, 311 F.3d 796, 803-804 (7th Cir. 2002). Thus, this Court must act in order to ensure that Plaintiff’s constitutional rights are not continually violated and that she is appropriately housed.¹

I. Plaintiff’s claims that Defendants violated her constitutional rights under the Fourteenth Amendment and Eighth Amendment will likely succeed on the merits.

In order to demonstrate a substantial likelihood of success on the merits, a plaintiff must demonstrate “a plausible claim on the merits.” *Hoosier Energy Rural Elec. Co-op., Inc. v. John Hancock Life Ins. Co.*, 582 F.3d 721, 725 (7th Cir. 2009). Courts should not “improperly equat[e] ‘likelihood of success’ with ‘success.’” *Michigan v. U.S. Army Corps of Eng’rs*, 667 F.3d 765, 782 (7th Cir. 2011) (quoting *University of Texas v. Camenisch*, 451 U.S. 390, 394 (1981)). “[T]he threshold for establishing likelihood of success is low.” *Id.* A plaintiff need “only to present a claim plausible enough that (if the other preliminary injunction factors cut in their favor) the entry of a preliminary injunction would be an appropriate step.” *Id.* at 783. To determine whether a plaintiff’s legal argument has a likelihood of succeeding, courts use

¹ Prior to filing the amended complaint and this motion, undersigned counsel attempted to negotiate a resolution of Plaintiff’s claims with counsel for IDOC and Dixon Correctional Center. Undersigned counsel first initiated contact with counsel for IDOC and Dixon by sending an emergency grievance on Plaintiff’s behalf on June 29, 2018. Since that time, efforts to resolve Plaintiff’s claims have been unsuccessful, thus necessitating the request for emergency relief.

whatever existing test would be employed to decide the merits of the case. *See S./Sw. Ass’n of Realtors v. Evergreen Park, IL*, 109 F.Supp.2d 926, 927 (N.D. Ill. 2000).

In this case, Plaintiff has a high chance of success on the merits of all her claims, but below will focus on the claims particularly relevant to the emergency relief she seeks—her Fourteenth Amendment and Eighth Amendment claims.

A. Plaintiff will prevail on her claim that Defendants violated her rights under the Equal Protection Clause by housing her in a men’s facility.

The IDOC houses all non-transgender women in women’s prisons, but forces Plaintiff, a transgender woman, to be housed with men, merely because of the sex stereotypes associated with her assigned birth. This is precisely the type of “intentional and arbitrary discrimination” the Equal Protection Clause of the Fourteenth Amendment forbids. *Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, 858 F.3d 1034, 1050 (7th Cir. 2017). Transgender people can allege that their right to equal protection has been violated when a government entity treats people who fail to conform “to the sex-based stereotypes associated with their assigned sex at birth, differently.” *Id.* at 1051. To state an equal protection claim under Section 1983, Plaintiff must show that the Defendants “acted with a nefarious discriminatory purpose and discriminated against her based on her membership in a definable class.” *D.S. v. East Porter Cty. Sch. Corp.*, 799 F.3d 793, 799 (7th Cir. 2015). Claims regarding discrimination on the basis of sex are subject to heightened scrutiny. *Whitaker*, 858 F.3d at 1050. This means that when a sex-based classification is used, the burden rests with the state to show that “the classification serves important governmental objectives and that the discriminatory means employed are substantially related to the achievement of those objects.” *Id.* (quoting *U.S. v. Virginia*, 518 U.S. 515, 524 (1996)). Neither the Supreme Court nor the Seventh Circuit have decided whether transgender status is per se entitled to heightened scrutiny. However, the Seventh Circuit in *Whitaker* applied

heightened scrutiny to a transgender boy's equal protection claim against the School District, claiming that the plaintiff had experienced a form of sex-discrimination by being barred from using the boys' bathroom. *Id.* at 1051. In that case, the Seventh Circuit found that the plaintiff demonstrated a likelihood of success on his equal protection claim and upheld the district court's grant of a preliminary injunction enjoining the School District from denying the plaintiff access to the boys' restroom. *Id.* at 1052.

Several courts in other districts have also applied heightened scrutiny to equal protection claims involving transgender individuals. *See, e.g., Doe v. Massachusetts Dep't of Correction, et al.*, No. 17-12255-RGS, 2018 WL 2994403, at *9 (D. Mass. June 14, 2018) ("The trend in recent cases is to apply heightened scrutiny to classifications based on transgender status." (collecting cases)); *Bd. of Educ. of the Highland Local Sch. Dist. v. U.S. Dep't of Edu.*, 208 F. Supp. 3d 850, 873-74 (S.D. Ohio 2016) (applying the Supreme Court's four-factor test to determine whether a new classification requires heightened scrutiny and concluding that transgender individuals are a quasi-suspect class); *Adkins v. City of New York*, 143 F. Supp. 3d 134, 139 (S.D.N.Y. 2015) (finding that transgender people are a quasi-suspect class and applying intermediate scrutiny to defendants' treatment of plaintiff); *Norsworthy v. Beard*, 87 F. Supp. 3d 1104, 1119 (N.D. Cal. 2015) ("the Court concludes that discrimination based on transgender status independently qualifies as a suspect classification under the Equal Protection Clause because transgender persons meet the indicia of a "suspect" or "quasi-suspect classification" identified by the Supreme Court" (citing *Schwenk v. Hartford*, 204 F.3d 1187, 1201 (9th Cir. 2000)); *Mitchell v. Price*, No. 11-cv-260-wmc, 2014 WL 6982280, at *8 (W.D. Wis. Dec. 10, 2014) ("[a]lthough the issue has yet to be settled in this circuit, the parties agree that Mitchell's Fourteenth

Amendment equal protection claims based on her transgender status receive heightened scrutiny” (citing *Glenn v. Brumby*, 663 F.3d 1312 (11th Cir. 2012)).

Further, the Supreme Court has held that heightened scrutiny standard of review, rather than rational basis standard of review applied in certain prison cases, governs a prisoner’s claims of discrimination under the Equal Protection Clause. *See Johnson v. California*, 543 U.S. 499, 510-11 (2005) (finding that strict scrutiny applied to prisoner’s equal protection claim against corrections officials challenging the policy of racially segregating prisoners because the right not to be discriminated against “is not a right that need necessarily be compromised for the sake of proper prisoner administration”).

Adopting the reasoning in the above cited cases, Plaintiff’s equal protection claims should be analyzed under heightened scrutiny. Plaintiff has experienced sex discrimination analogous to the plaintiff in *Whitaker*—IDOC refuses to place Plaintiff in a women’s prison despite her status as a transgender woman simply because she was assigned male at birth. Defendants are well aware of Plaintiff’s status as a transgender woman and well aware that she is on cross-hormone treatment, which she began in IDOC custody. According to Dr. George Brown, a psychiatrist who is an expert in providing transgender health care, “there is no medical justification for continuing to house her in a men’s prison. To the contrary, continued housing in a men’s prison will seriously compromise [Plaintiff’s] mental health and prevent her from receiving adequate treatment for her gender dysphoria (GD).” Ex. 1, Dr. Brown 12/1/17 Decl. ¶ 3. Further, to the extent the Defendants rely on the fact that Plaintiff has not yet had sex reassignment surgery to justify her continued placement in a men’s prison, as Dr. Brown explains, “this position conflicts with all reliable medical literature,” and that given her hormone levels, Plaintiff “is functionally chemically castrated.” *Id.* ¶ 4. Additionally, Dan Pacholke, a

corrections expert with more than thirty-five years of experience in the field of adult corrections, opines that there is nothing in Plaintiff's record "that would indicate that she would be a security threat at a women's correctional facility" and that "[p]lacing [her] at a women's prison is appropriate." Ex. 2, Pacholke Report at 6. Accordingly, the Defendants will likely not be able to establish that Plaintiff's placement in a men's prison is substantially related to an important government interest. *See Massachusetts Dep't of Correction*, 2018 WL 2994403, at *9 (refusing to dismiss transgender woman prisoner's equal protection claim because "[t]he court agrees with Doe that for present purposes the DOC has not met its burden of demonstrating that housing her and other similarly-situated transgender prisoners in facilities that correspond to their birth sex serves an important governmental interest"); *Norsworthy*, 87 F. Supp. 3d at 1120 (finding that transgender woman prisoner adequately stated equal protection claim against prison officials for denying her sex reassignment surgery); *Mitchell*, 2014 WL 6982280, at *11-12 (denying summary judgement on transgender woman prisoner's equal protection claim against officer who transferred her back to a block where she encountered taunts and threats).

B. Plaintiff will prevail on her claim that Defendants violated her rights under the Equal Protection Clause by constantly sexually harassing her.

Defendants have also intentionally discriminated against Plaintiff by subjecting her to constant verbal sexual harassment, insults, threats, and intimidation that male prisoners do not endure due to her transgender status. It is well settled that sexual harassment is a form of gender discrimination proscribed by the Equal Protection Clause. *See, e.g., Locke v. Haessig*, 788 F.3d 662, 667 (7th Cir. 2015) (finding that it was clearly established that "sexual harassment by a state actor under color of state law violated the Equal Protection Clause and was actionable under § 1983"); *Hickman v. Laskodi*, 45 Fed. App'x 451, 455 (6th Cir. 2002) ("This court made clear long before [the date of the incident] that sexual harassment by government official violates the

Equal Protection Clause.”); *Hayut v. State Univ. of N.Y.*, 352 F.3d 733, 743-49 (2d Cir. 2003) (denying summary judgement on student’s claim that professor violated her rights under the Equal Protection Clause by sexually harassing her). To succeed on a sexual harassment claim, Plaintiff must establish that (1) the harassment was intentional and based on sex and (2) the harassment was “sufficiently severe or pervasive.” *Trautvetter v. Quick*, 916 F.2d 1140, 1149 (7th Cir. 1990); *see also Adair v. Hunter*, 236 F. Supp. 3d 1034, 140 (E.D. Tenn. 2017) (While isolated incidents of verbal harassment do not rise to the level of constitutional violations, “where, as here, a plaintiff alleges ongoing harassment, the equal protection clause applies.”).

Plaintiff satisfies both prongs. Since arriving at Dixon and particularly after withdrawing her first Motion for a Preliminary Injunction, the Defendants have constantly harassed her based on her gender identity. On a daily basis, they call her derogatory names such as “fag,” “faggot,” “it,” “he-she,” and more. One female staff member told Plaintiff she is not a real woman. The sexual harassment is so severe and pervasive that it rises to the level of a constitutional violation. *See Owens v. Ragland*, 313 F. Supp. 2d 939, 944-47 (W.D. Wis. 2004) (denying summary judgement on plaintiff’s equal protection claim where city official made sexually explicit comments and proposals to plaintiff); *Joyner v. Snyder*, No. 06-3062, 2007 WL 401269, at *2 (C.D. Ill. Feb. 1, 2007) (finding that prisoner sufficiently stated an equal protection violation where prisoner alleged that he was harassed and discriminated against because of his sexual orientation).

C. Plaintiff will prevail on her claim that Defendants violated her rights under the Eighth Amendment by failing to protect her from sexual and physical abuse.

To succeed on a failure to protect claim, Plaintiff must show that (1) she was “incarcerated under conditions posing substantial risk of serious harm” and (2) “the defendants

acted with ‘deliberate indifference’ to [her] health or safety.” *Santiago v. Walls*, 599 F.3d 749, 756 (7th Cir. 2010) (quoting *Farmer v. Brennan*, 511 U.S. 825, 834 (1994)). The sexual and physical abuse Plaintiff has suffered at Dixon constitute “serious harm.” *See Farmer*, 511 U.S. at 833-34 (treating sexual assault as serious harm); *Brown v. Budz*, 398 F.3d 904, 910-11 (7th Cir. 2005) (finding that a “beating suffered at the hands of a fellow detainee . . . clearly constitutes serious harm”).

To prove deliberate indifference, Plaintiff must establish that Defendants knew she faced a substantial risk of serious harm and disregarded that risk by failing to take reasonable measures to abate it. *See Farmer*, 511 U.S. at 847. Plaintiff must show that Defendants had “actual knowledge of the risk.” *Washington v. LaPorte Cty. Sheriff’s Dep’t*, 306 F.3d 515, 518 (7th Cir. 2002). This “is a question of fact subject to demonstration in the usual ways, including inference from circumstantial evidence.” *Farmer*, 511 U.S. at 842. “If ‘the circumstances suggest that the defendant-official being sued had been exposed to information concerning the risk and thus ‘must have known’ about it, then such evidence could be sufficient to permit a trier of fact to find that the defendant-official had actual knowledge of the risk.’” *Sanville v. McCaughtry*, 266 F.3d 724, 737 (7th Cir. 2001) (quoting *Farmer*, 511 U.S. at 842-43); *see also Washington*, 306 F.3d at 519 (“Under some circumstances, a risk might be so obvious that actual knowledge on the part of prison officials may be inferred.”). Furthermore, Plaintiff “can establish exposure to a significantly serious risk of harm by showing that [s]he belongs to an identifiable group of prisoners who are frequently singled out for violent attack by other inmates.” *Farmer*, 511 U.S. at 843 (quotation omitted).

First, Defendants have knowledge that Plaintiff faces a substantial risk of serious harm from both other prisoners and staff. Defendants know that Plaintiff is a transgender woman and

is therefore particularly vulnerable in a men's facility. *See Perkins v. Martin*, No. 3:14-cv-00191-SMY-PMF, 2016 WL 3670564, at *3 (S.D. Ill. Jul. 11, 2016) (citing *Farmer* and listing "transgender prisoner with feminine characteristics in male prison" as a "situation where the prisoner plaintiff exhibits characteristics that make them more likely to be victimized"); *Doe v. District of Columbia*, 215 F. Supp. 3d 62, 77 (D.D.C. 2016) (finding that a jury could infer that prison officials "knew Doe faced a substantial risk of rape because of her status as a transgender woman."); *Zollicoffer v. Livingston*, 169 F. Supp. 3d 687, 691 (S.D. Texas 2016) (citing 2011 data from the Bureau of Justice Statistics, which "reported that 34.6% of transgender inmates reported being the victim of sexual assault," approximately 9 times the rate of other prisoners, and stating that "[t]he vulnerability of transgender prisoners to sexual abuse is no secret."). Additionally, Defendants know that Plaintiff has already been sexually and physically abused at other men's prisons—they have actual knowledge of the risk of harm by nature of their participation in Plaintiff's prior lawsuit, Plaintiff's grievances and PREA complaints, and prior Internal Affairs investigations.

Second, Defendants disregarded the risk by failing to take reasonable measures to protect Plaintiff from abuse at the hands of other prisoners. The Defendants failed to protect Plaintiff from two prisoners at Dixon: one who sexually assaulted Plaintiff on the yard and exposed himself; another who, over the course of weeks, repeatedly sexually assaulted Plaintiff and threatened her with rape and physical harm. Neither of these prisoners were punished for harming Plaintiff. *See Farmer*, 511 U.S. at 845 ("one does not have to await the consummation of threatened injury to obtain preventive relief" (citation omitted)); *Zollicoffer*, 169 F. Supp. 3d at 696 (finding that "Plaintiff sufficiently alleged facts to show that Defendant knew of, and was deliberately indifferent to, the high risk of sexual assault of gay and transgender inmates at the

TDCJ facilities”); *Hoskins v. Dilday*, No. 16-CR-334-MJR-SCW, 2017 WL 951410, at *6 (S.D.

Ill. Mar. 10, 2017) (finding a strong likelihood that Plaintiff will succeed on the merits of his

Eighth Amendment claim where he alleged that he had been physically attacked by several

defendants while other defendants did nothing to help him and that he had been threatened with

future physical harm); *Mitchell v. Baker*, No. 13-cv-0860-MJR-SCW, 2015 WL 278852, at *5

(S.D. Ill. Jan. 21, 2015) (finding that Plaintiff has a substantial probability of success of the

merits of his Eighth Amendment claim where he alleged that officers victimized him via frequent

threats and physical abuse).

D. Plaintiff will prevail on her claim that Defendants violated her rights under the Eighth Amendment by housing her in conditions that constitute cruel and unusual punishment.

The Eighth Amendment prohibits punishments which “involve the unnecessary and wanton infliction of pain” that are “totally without penological justification.” *Rhodes v.*

Chapman, 452 U.S. 337, 345 (1981). To prevail on an Eighth Amendment claim based on the

conditions of confinement, Plaintiff must show that (1) the conditions were “‘sufficiently

serious’ so that ‘a prison official’s act or omission results in the denial of the minimal civilized

measure of life’s necessities’” and (2) the Defendants acted with deliberate indifference to the

conditions in question. *Townsend v. Fuchs*, 522 F.3d 765, 773 (7th Cir. 2008) (quoting *Farmer*,

511 U.S. at 834). The objective prong the Eighth Amendment claim is “contextual and

responsive to ‘contemporary standards of decency.’” *Hudson v. McMillian*, 503 U.S. 1, 8 (1992)

(citation omitted); *see also Whitley v. Albers*, 475 U.S. 312, 327 (1986) (explaining that the

Eighth Amendment prohibits punishments that are “inconsistent with contemporary standards of

decency” and “repugnant to the conscience of mankind”).

Here, Plaintiff was subjected to segregation for one year, released for one month, and then placed back in segregation. The conditions in segregation are worsening her mental illness and causing her extreme emotional pain and suffering. The pain and suffering have escalated to the point where Plaintiff attempted suicide a total of six times (four times at Lawrence and two times at Dixon).

A number of courts have recognized that segregation can have drastic adverse effects on a prisoner's mental state, even for prisoners without mental illness. *See, e.g., Williams v. Sec'y Pa. Dep't of Corr.*, 848 F.3d 549, 567-68 (3d Cir. 2017) (noting that both "psychological damage" and "[p]hysical harm" can result from solitary confinement, including "high rates of suicide and self-mutilation" as well as "more general physical deterioration"); *Incumaa v. Stirling*, 791 F.3d 517, 534 (4th Cir. 2015) ("Prolonged solitary confinement exacts a heavy psychological toll that often continues to plague an inmate's mind even after he is resocialized."); *Westefer v. Snyder*, 725 F. Supp. 2d 735, 769 (S.D. Ill. 2010) ("Tamms imposes drastic limitations on human contact, so much so as to inflict lasting psychological and emotional harm on inmates confined there for long periods."); *Morris v. Travisono*, 499 F. Supp. 149, 160 (D.R.I. 1980) ("Even if a person is confined to an air conditioned suite at the Waldorf Astoria, denial of meaningful human contact for such an extended period may very well cause severe psychological injury."); *see also Davis v. Ayala*, 135 S. Ct. 2187, 2209 (2015) (Kennedy, J., concurring) ("the penal system has a solitary confinement regime that will bring you to the edge of madness, perhaps to madness itself"); *Glossip v. Gross*, 135 S. Ct. 2726, 2765 (2015) (Breyer, J., dissenting) ("it is well documented that . . . prolonged solitary confinement produces numerous deleterious harms" (citing Craig Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, 49 Crime & Delinquency 124, 130 (2003); Stuart Grassian,

Psychiatric Effects of Solitary Confinement, 22 Wash. U. J. L. & Policy 325, 331 (2006))). The overwhelming weight of scientific literature backs these conclusions. Several articles have recognized that “[n]early every scientific inquiry into the effects of solitary confinement over the past 150 years has concluded that subjecting an individual to more than 10 days of involuntary segregation results in a distinct set of emotional, cognitive, social, and physical pathologies.”

Kenneth Appelbaum, *American Psychiatry Should Join the Call to Abolish Solitary Confinement*, 43 J. Am. Acad. Psychiatry & L. 406, 410 (2015) (quoting David H. Cloud, et al., *Public Health and Solitary Confinement in the United States*, 105(1) Am. J. Pub. Health 18, 18-26 (2015)).

Courts have further held that the serious damage wrought by segregation is particularly pronounced for prisoners with mental illness. *See, e.g., Scarver v. Litscher*, 434 F.3d 972, 975 (7th Cir. 2006) (conditions of solitary confinement “aggravated the symptoms of [a prisoner’s] mental illness and by doing so inflicted severe physical and especially mental suffering”); *Braggs v. Dunn*, No. 2:14CV601-MHT(WO), 2017 WL 2773833, at *51 (M.D. Ala. June 27, 2017) (finding prison’s segregation practices “placed prisoners with serious mental-health needs at a substantial risk of continued pain and suffering, decompensation, self-injurious behavior, and even death”); *Latson v. Clarke*, No. 1:16CV00039, 2017 WL 1407570, at *3 (W.D. Va. Apr. 20, 2017) (“the impacts of solitary confinement can be similar to those of torture and can include a variety of negative physiological and psychological reactions,” effects that “are amplified in individuals with mental illness.”); *Coleman v. Brown*, 28 F. Supp. 3d 1068, 1095 (E.D. Cal. 2014) (finding that “placement of seriously mentally ill inmates in [segregation] can and does cause serious psychological harm, including decompensation, exacerbation of mental illness, inducement of psychosis, and increased risk of suicide”); *Madrid v. Gomez*, 889 F. Supp. 1146,

1265 (N.D. Cal. 1995) (placing a mentally ill prisoner in solitary confinement “is the mental equivalent of putting an asthmatic in a place with little air to breathe”). Thus Plaintiff has established that conditions she has had to endure in segregation are sufficiently serious to satisfy the objective prong.

Plaintiff also satisfies the subjective prong of this Eighth Amendment claim—she has established that Defendants were and continue to be deliberately indifferent to the harm she is suffering as a result of segregation. On two separate occasions IDOC mental health staff have concluded that placement in segregation would negatively impact Plaintiff’s mental health, yet their opinions were ignored by security staff who continued to prolong her segregation time. Plaintiff has repeatedly told security and medical staff at Dixon that she is in emotional distress because of her placement in segregation, and she has attempted suicide two times at Dixon; she attempted suicide four times at Lawrence. Yet, IDOC continues to house her in segregation. Further, Plaintiff has demonstrated that there is no penological justification for housing her in segregation as her discipline is retaliatory.

II. Plaintiff will suffer irreparable harm in the absence of a preliminary injunction.

A preliminary injunction is necessary to avert three forms of irreparable harm to Plaintiff: 1) the ongoing violation of her constitutional rights, which in itself constitutes irreparable harm; 2) the continued, serious threats to her physical safety; and 3) the continued, serious threats to her mental health.

First, the Defendant’s continual deprivation of Plaintiff’s Eighth and Fourteenth Amendment rights, as previously described, is an irreparable harm sufficient to warrant a preliminary injunction. *See Preston v. Thompson*, 589 F.2d 300, 303 n.3 (7th Cir. 1978) (“The existence of a continuing constitutional violation constitutes proof of an irreparable harm, and its

remedy certainly would serve the public interest.”) (affirming grant of preliminary injunction in prison conditions case); *Planned Parenthood of Ind. and Ky., Inc. v. Commissioner*, 194 F. Supp. 3d. 818, 835 (S.D. Ind. 2016) (finding that the “presumption of irreparable harm also applies to equal protection violations”).

Second, Plaintiff’s physical safety is at risk. The Defendants have made it clear that they will not protect Plaintiff from other prisoners who wish to harm her. The Defendants already allowed two prisoners to sexually assault and threaten her. *See Hoskins*, 2017 WL 951410, at *6 (finding that prisoner faced irreparable harm if he remained at Menard, where he “faces physical threats and is prevented from receiving needed medications and food trays at times”); *Mitchell*, 2015 WL 278852, at *5 (finding that irreparable harm was “undisputed” where plaintiff alleged that officers at Menard victimized him via frequent threats and physical abuse); *White v. Jindal*, No. 13-15073, 2014 WL 1608697, at *6 (E.D. Mich. 2014) (finding that prisoner would suffer irreparable harm absent a preliminary injunction ordering his transfer to another facility where prisoner claimed that he was beaten by other prisoners and “warned that he would be beaten further if he did not provide ‘protection money’”); *Pocklington v. O’Leary*, No. 86 C 2676, 1986 WL 5748, at *1 (N.D. Ill. May 6, 1986) (granting TRO and ordering warden not to return prisoner to general population status where plaintiff had been raped by other inmates, notified prison officers, and was ignored by them).

Third, Plaintiff’s mental health is at risk. She has been forced to endure constant sexual and physical abuse at various men’s facilities, including Dixon, which has taken a toll on her mental health. The abusive and restrictive conditions under which Plaintiff is housed are causing her to decompensate. According to Dr. Brown, Plaintiff’s “extended placement in segregation” has caused her to suffer “from a number of mental health crises.” Ex. 1, Dr. Brown 12/1/17

Decl. ¶ 14. Dr. Brown opines that Plaintiff “has shown clear signs of psychiatric deterioration, including a significant increase in gender dysphoria, anxiety and depression.” *Id.* Dr. Brown further opines that “her continued placement in segregation is exacerbating her symptoms and putting her at risk of suffering life-long adverse consequences, up to and including death by suicide or by a suicide attempt/gesture that becomes lethal.” Ex. 1, Dr. Brown 3/7/18 Decl. ¶ 2; *see also Jones ‘El v. Berge*, 164 F. Supp. 2d 1096, 1123 (W.D. Wis. 2001) (finding that plaintiffs would suffer irreparable harm absent a preliminary injunction where the conditions at Supermax posed a grave risk of harm to seriously mentally ill inmates). Plaintiff has already attempted suicide multiple times (including two times at Dixon) and there is a serious risk that she will continue to have suicidal ideations.

III. Plaintiff lacks an adequate remedy at law for ongoing violations of constitutional rights and risks to safety.

Money will not make Plaintiff whole or protect her from physical and emotional abuse. Only an order from this Court will accomplish this. *See Flower Cab Co. v. Petite*, 685 F.2d 192, 195 (7th Cir. 1982) (stating that in prison conditions cases, “the quantification of injury is difficult and damages are therefore not an adequate remedy”); *Foster v. Ghosh*, 4 F. Supp. 3d 974, 983 (N.D. Ill. 2013) (granting preliminary injunction to prisoner requiring medical attention; no adequate remedy at law exists because “the consequence of inaction at this stage would be further deteriorated vision in both eyes”); *Pocklington*, 1986 WL 5748, at *1 (where prisoner faces a risk of rape, “[d]amages are plainly not an adequate remedy for the kind of further indignity with which [he] is threatened”).

IV. Plaintiff will suffer greater harm if a preliminary injunction is denied than Defendants will suffer if a preliminary injunction is granted and an injunction is in the public interest.

The balance of harms tips decidedly in Plaintiff's favor. The injunction sought here merely requires that the Defendants do their job: protect Plaintiff from abusive staff and prisoners, and house her appropriately. Plaintiff requests transfer to Logan Correctional Center as the best way to protect her from further harm and removal from segregation. Such an injunction would ensure Plaintiff's health and safety and end her physical and emotional suffering caused by the Defendants. Adhering to this injunction would cause the Defendants minimal harm as "transfers of inmates occur on a daily basis; movement of inmates is normal." *Jones 'EL v. Berge*, 164 F. Supp. 2d 1096, 1123 (W.D. Wis. 2001) (finding that "[t]ransferring five prisoners would not burden the department logistically or financially" and therefore the balance of harms tips in plaintiff's favor); *see also Hoskins*, 2017 WL 951410, at *6 (order transfer of inmate out of Menard to another facility because "the burden placed on Defendants by mandating Plaintiff's transfer is not greater than the risk of irreparable harm to Plaintiff"). Furthermore, without this injunction, Defendants will likely continue to pass Plaintiff from male institution to male institution like a hot potato, exacting greater cost to both them and Plaintiff.

Further, to the extent the Defendants attempt to argue that transferring Plaintiff to a women's prison would pose a harm to the other women prisoners, this position is unfounded. Dr. Brown explains that refusing to house Plaintiff in a women's prison simply because she has not yet had sex reassignment surgery "conflicts with all reliable medical literature," and that given her hormone levels, Plaintiff "is functionally chemically castrated." Ex. 1, Dr. Brown 12/1/17 Decl. ¶ 4. In addition, Mr. Pacholke, explains that there is nothing in Plaintiff's record "that would indicate that she would be a security threat at a women's correctional facility." Ex. 2, Pacholke Report at 6; *see also Hoskins*, 2017 WL 951410, at *6 (rejecting defendants' argument that plaintiff might, in some unspecified way, endanger the public, staff, or other

inmates if he is transferred because “the risk of harm to Plaintiff outweighs that speculative concern”).

Additionally, removing Plaintiff from segregation pending a resolution on the merits of this case would not cause Defendants any significant harm. If the preliminary injunction is granted but Defendants ultimately prevail in the case, they can return Plaintiff to segregation. On the other hand, without provisional relief, Plaintiff will continue to deteriorate mentally and suffer from suicidal ideations.

Moreover, it is in the public interest to ensure that Plaintiff’s constitutional rights are not violated by correctional officers. *See Hoskins*, 2017 WL 951410, at *7 (“In this case the public interest is best served by ensuring that corrections officers obey the law.”); *Jones ‘EL*, 164 F. Supp. 2d at 1125 (“Respect for law, particularly by officials responsible for the administration of the State’s correctional system, is in itself a matter of the highest public interest.”).

V. The Court should waive bond.

Under Federal Rule of Civil Procedure 65(c), district courts have discretion to determine the amount of the bond accompanying a preliminary injunction, and this includes the authority to set a nominal bond. In this case, the Court should waive bond because Plaintiff is indigent, the requested preliminary injunction is in the public interest, and the injunction is necessary to vindicate constitutional rights. *See Pocklington*, 1986 WL 5748, at *2 (“[B]ecause of [a prisoner’s] indigent status, no bond under Rule 65(c) is required.”); *Davis v. Mineta*, 302 F.3d 1104, 1126 (10th Cir. 2002) (“minimal bond amount should be considered” in public interest case); *Complete Angler, L.L.C. v. City of Clearwater*, 607 F.Supp.2d 1326, 1335 (M.D. Fla.

2009) (“Waiving the bond requirement is particularly appropriate where a plaintiff alleges the infringement of a fundamental constitutional right.”).²

CONCLUSION

For the foregoing reasons, the Court should order an evidentiary hearing on the motion for a preliminary injunction at the earliest possible date and/or enter a preliminary injunction enjoining Defendants to: 1) transfer Plaintiff to Logan Correctional Center, a women’s prison; and 2) remove Plaintiff from segregation.

Respectfully submitted,

DEON “STRAWBERRY” HAMPTON

By: /s/ Vanessa del Valle
One of her attorneys

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² In addition to the general preliminary injunction requirements discussed above, the Prison Litigation Reform Act requires a court to make certain additional findings when granting a preliminary injunction “[i]n any civil action with respect to prison conditions.” 18 U.S.C. § 3626(a)(2). Specifically, “[p]reliminary injunctive relief must be narrowly drawn, extend no further than necessary to correct the harm the court finds requires preliminary relief, and be the least intrusive means necessary to correct that harm.” *Id.* In this case, the requested provisional remedy—transferring Plaintiff to Logan and removing her from segregation—tracks the very constitutional violations that Plaintiff suffered, and therefore is narrowly tailored to remedy them.

CERTIFICATE OF SERVICE

The undersigned, an attorney, certifies that she served the foregoing document upon all persons who have filed appearances in this case via the Court's CM/ECF system on July 17, 2018.

/s/ Vanessa del Valle

Supplement to Declaration of Dr. George R. Brown, MD, DFAPA

I, Dr. George R. Brown, MD declare under penalty of perjury the following:

1. On December 1, 2017, at the request of her lawyers, I executed the attached declaration relating to the care and medical condition of Strawberry Hampton. Ms. Hampton is a 27-year-old trans woman who has been housed in male correctional facilities since her admission in 2012. In that declaration, I set forth relevant information about my qualifications and methodology and I concluded that “there is no medical justification for continuing to house her in a men’s prison. To the contrary continued housing in a men’s prison will seriously compromise Ms. Hampton’s mental health and prevent her from receiving adequate treatment for her gender dysphoria.” I reassert each paragraph of that declaration here and supplement that declaration with the paragraphs below.

2. In February 2018, at the request of her attorneys, I reviewed mental health records related to Mr. Hampton’s treatment at the Lawrence Correctional Facility, where she has been housed since January 10, 2018. I also conducted a 30 minute phone interview with Ms. Hampton. Based on my review of the records and my conversation with Ms. Hampton, I conclude that her transfer to the Lawrence Correctional Center has not abated any of Ms. Hampton’s mental health symptoms which include extreme distress, depression, and anxiety, with much of this symptomatology directly related to her inadequately treated gender dysphoria. Ms. Hampton is currently being denied medically necessary services for both her gender dysphoria and her mood disorder and her continued placement in segregation is exacerbating her symptoms and putting her at risk of suffering life-long adverse consequences, up to and including death by suicide or by a suicide attempt/gesture that becomes lethal.

3. According to Ms. Hampton's medical records, on January 30, 2018, Ms. Hampton's estradiol level was 397 and her testosterone was < 3 . Her current level is considered "castrate" in that she has virtually no circulating testosterone similar to males who have been surgically castrated. As stated in my December 2017 declaration, when patients' testosterone levels are in the castrate range significant physical changes occur, including genital shrinkage and potentially irreversible infertility. Additionally, these hormone levels are associated with a significant loss of muscle mass and strength.

4. I have access to Ms. Hampton's mental health records up to January 23, 2018. It is my understanding that since that date, Ms. Hampton has engaged in multiple acts of self-harm. Her treatment plan indicates that she will receive, once a month, talk therapy to address what has been diagnosed as bipolar disorder. The treatment plan further indicates that Ms. Hampton is not—and will not-- receive any psychosocial support services to treat her gender dysphoria. It appears that Ms. Hampton has had occasional access to group therapy (she has attended two sessions to date), but has on at least on occasion been removed from group because she used explicit language to describe her experiences in the prison.

5. The records further indicate that Ms. Hampton is receiving 150g of lithium at night. Although she is willing to take this medication as directed, this dosage is so low it is essentially homeopathic. There is no apparent monitoring of the blood levels, which is required with the use of lithium, but it is highly unlikely that there are any significant amounts of this medication in her bloodstream. I am unaware of any clinical benefits of providing a patient with alleged bipolar disorder with lithium at this dosage.

6. Ms. Hampton's medical records from Lawrence demonstrate that the medical and correctional staff at the facility are continuing to mis-gender her by referring to her exclusively

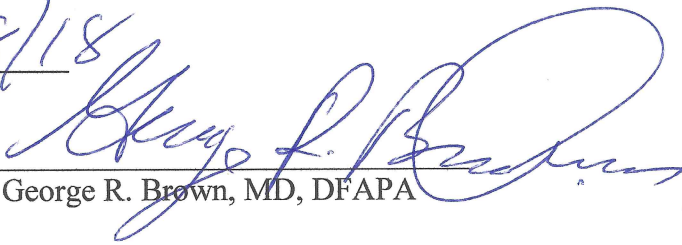
with male pronouns. Her medical records, particularly those completed by her psychiatrist at Lawrence, also use male pronouns when referring to Ms. Hampton. As explained in my December 2018 declaration, this mis-gendering is harmful to her mental health because it humiliates and degrades Ms. Hampton. In Ms. Hampton's case, the use of male pronouns serves to further exacerbate her gender dysphoria, including symptoms of low self-esteem, thoughts of self-harm, anxiety and depression.

7. Ms. Hampton continues to be housed in segregation and the extreme distress, anxiety and depression I documented in December 2017 continues as a result of her housing placement and the lack of adequate mental health care and individualized treatment for gender dysphoria, other than cross-sex hormones.

8. Ms. Hampton continues to be denied medically necessary mental health services for her gender dysphoria and for her mood disorder. A continuation in her current placement will cause her more serious harm and put her at risk of suffering lifelong consequences—including but not limited to acts of self-harm, post-traumatic stress disorder, and the consequences of undertreated gender dysphoria.

The opinions I express above are based on my knowledge and experience and were developed by analyzing the medical records that have been provided to me, and supplemented by two telephone interviews between myself and Ms. Hampton. These opinions are expressed with a reasonable degree of medical certainty. I reserve the right to change or modify my opinions should additional evidence become available. Pursuant to 28 USC 1746, I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/8/18

Signature: 
George R. Brown, MD, DFAPA

Declaration of Dr. George R. Brown, MD, DFAPA

I, Dr. George R. Brown, MD declare under penalty of perjury the following:

1. I am a medical doctor who is Board Certified in Psychiatry. I serve on the faculty of the East Tennessee State University Quillen College of Medicine, where I currently hold the position of Professor of Psychiatry and the Associate Chairman for Veterans Affairs. I also hold a teaching appointment related to my expertise with transgender healthcare and research at the University of North Texas, Texas College of Osteopathic Medicine. I currently have privileges to provide transgender health care and training at one Federal Bureau of Prison facility in the Dallas-Forth Worth area. For three decades, my research has focused principally on the study of transgender health. I have been involved in the clinical evaluation of patients with Gender Dysphoria (GD) for approximately thirty years. Further, since 1990, I have served on the World Professional Association for Transgender Health (WPATH) Committee to Revise the Standards of Care, and I was a coauthor of the current version of the Standards of Care, Version 7 (2011). Attached to this declaration as Exhibit 1 is my CV.

2. At the request of her counsel, I reviewed Deon Hampton's medical records (I will refer to this inmate as Strawberry Hampton, using female pronouns, as this is her preferred name and pronoun set). This review included records from Hill Correctional Center, Lawrence Correctional Center, Pinckneyville Correctional Center, and Menard Correctional Center. (Exhibit 2). I also conducted a one hour and 3 minute phone interview with Ms. Hampton; however, the interview took place under less than ideal conditions. Ms. Hampton reported that there were six correctional officers in close proximity to her and they could overhear everything she said. Despite these limitations, the phone interview confirmed much of what was

documented in the documents I reviewed regarding both her medical condition and her experiences while incarcerated.

SUMMARY OF CONCLUSIONS

3. As further explained below, given Ms. Hampton's conditions, there is no medical justification for continuing to house her in a men's prison. To the contrary, continued housing in a men's prison will seriously compromise Ms. Hampton's mental health and prevent her from receiving adequate treatment for her gender dysphoria (GD). In a men's prison, she has been prevented from accessing even the basic necessities for social transition, a critical part of treatment for GD, whereas in a women's prison, she would have access to the same items as similarly situated female inmates.

4. To the extent that Illinois Department of Correctional officials rely on the fact that Ms. Hampton has not yet had sex reassignment surgery to justify her continued placement in a men's prison, this position conflicts with all reliable medical literature. As explained further below, given her hormone levels, Ms. Hampton is functionally chemically castrated and is not capable of obtaining an erection.

5. I hold the opinions stated above—and throughout this declaration—to a reasonable degree of medical certainty, and I reserve the right to amend those opinions or conclusions should additional information become available.

BACKGROUND AND MEDICAL CONDITIONS

6. Ms. Hampton is a 26-year-old heterosexual transgender woman, assigned male at birth, and who is housed in a men's prison, Menard Correctional Center. Ms. Hampton reports that she began identifying as a female at the age of five and began dressing as a female at the age of eleven. Her family and community treated her as a girl from that point forward, and referred

to her with her preferred female name, Strawberry, and addressing her with female pronouns.

Ms. Hampton intermittently took un-prescribed hormones during her teen years but did not take a dose consistent enough to feminize her body to bring it into closer alignment with her female gender identity. She lived exclusively as a female for years prior to her incarceration, including wearing female clothing and undergarments. As reported to me, she stated “I always identify as a woman.”

7. In 2012, Ms. Hampton was diagnosed with gender dysphoria by an IDOC psychiatrist. Based on her medical records and my interview with her, I have no reason to doubt the accuracy of that diagnosis. Her description of her symptoms, response to medically necessary cross-sex hormonal treatment, and medical record information are all confirmatory of this diagnosis. In 2015, the records show that Ms. Hampton told mental health professionals at Hill Correctional Center that she was not transgender. However, the documents also show that in May 2016, Ms. Hampton clarified to a mental health professional at Lawrence Correctional Center that she does not identify as transgender, as she simply considers herself a female. In my experience, this type of identification as the opposite gender, rather than the label “transgender,” is relatively common amongst individuals who are diagnosed with long-standing gender dysphoria since childhood. Furthermore, Ms. Hampton states she has always identified as a woman, but understands that others may consider her to be transgender.

8. In May 2016, Ms. Hampton expressed to a mental health professional at Lawrence Correctional Center that she was interested in beginning cross-sex hormone treatment (CSH). In July 2016, she began taking Estradiol and Aldactone. After an initial titration period and subsequent dose changes, based on her dosage levels and most recent lab results (March, 2017: Testosterone <3 ng/dL; August, 2017: Testosterone 6 ng/dL), Ms. Hampton has been

receiving appropriate CSH treatment which has reduced her testosterone level to virtually nil. My interview with her also supports the fact that she has the typical psychological and physical changes associated with CSH in birth sex males. Prior to being housed at Menard Correctional Center, she also received psychosocial supports as part of her treatment, as recommended and approved by the Gender Dysphoria Committee on 5/20/16 (specifically, individualized psychotherapy for GD and GD Group psychotherapy). Those medically necessary services have been discontinued as a result of her current housing. I also learned from my interview that Ms. Hampton has had an unexplained interruption in her CSH for the 2 weeks prior to my interview and that these critical medications had not been restarted as of the time of the interview. I have previously documented the potentially serious deleterious effects of abrupt discontinuation of medically necessary CSH on incarcerated persons with GD (*see* Brown, Autocastration and autopenectomy as surgical self-treatment in incarcerated persons with gender identity disorder, International Journal of Transgenderism, 12(1):31-39, 2010. DOI: 10.1080/15532731003688970).

9. Ms. Hampton's most recent lab results from August 2017 indicate that her testosterone levels are currently at 6 ng/dL, and the prior values were similarly near zero in March, 2017. The normal reference range for testosterone levels in birth sex males is 300-1080 ng/dL. Her current level is considered "castrate" in that she has virtually no circulating testosterone, similar to males who have been surgically castrated. Generally, when a patient's total and free testosterone levels are in the castrate range the following physical changes occur: penile shrinkage, significant testicular shrinkage, complete erectile dysfunction, lack of semen production and ejaculation, and potentially irreversible infertility. Consistent with her hormone levels, Ms. Hampton reports that she has experienced all of these changes with her body and

genitals. According to Ms. Hampton, she is unable to obtain an erection or ejaculate and has experienced decreased testicle size as a result of her hormone treatment. Ms. Hampton views these results as very positive and are part of her goals for successful CSH treatment, which is one component of adequate medical care for GD.

10. According to the medical records and my interview, Ms. Hampton is attracted exclusively to men. She reported to the IDOC's Gender Identity Disorder Committee in May 2016, before she even began taking hormones, that she was only able to obtain penile erections from being with men. As reported to me, she stated "I would never have sex with a woman, and I never had sex with a woman in my life."

MS. HAMPTON'S HOUSING SITUATION'S EFFECT ON HER MENTAL HEALTH

11. Currently, Ms. Hampton is housed in a segregation unit in a maximum security prison. I had to verify this placement, as she has not been convicted of a violent crime to my knowledge, and I was not sure why she is being held in the most secure prison in the State of Illinois. She is experiencing extreme distress, anxiety, and depression. In her current facility, she is not able to present herself as female (consistent with her gender identity) as she has for most of her life and for all of her preincarceration adult life. As a result she states "I feel inhuman." She is able to grow her hair longer, but noted that "they cut it with a knife and it's not even shoulder length now." She is not able to grow her nails longer based on IDOC policies for male inmates, by her report. Because of her housing placement, IDOC denies her access to the psychosocial supports that are necessary to treat gender dysphoria disorder, for example access to the Transgender Support Group that she was able to access earlier in her incarceration. The only treatment the IDOC is currently providing to Ms. Hampton is cross-sex hormone treatment. While she was previously issued a sports-type bra by IDOC, this bra was cut off her body during

an incident in a shower involving multiple corrections officers that is still being investigated by IDOC in Springfield. She reports that she has never been issued a new bra, in spite of having breasts and in spite of being approved for a bra previously. She reported to me that she is using an old bra that she got from another inmate.

12. This lack of access to basic medically necessary services for the treatment of GD violates the standard of care for transgender inmates—simply prescribing medication is insufficient, even when it is provided on a consistent basis. Like many other medical conditions, medication alone is insufficient to treat GD. For example, insulin alone does not adequately treat diabetes, and it is necessary to treat this condition with multiple interventions to include special diets, attention to exercise, access to diabetes educators/counselors, and often specialized garments. This analogy applies to the multimodal treatment of GD as well. Ms. Hampton is in substantial distress from her undertreated gender dysphoria, which is compounded by the reported conditions in the segregation unit and the abuse and trauma she has survived while in IDOC custody. Ms. Hampton's symptoms of anxiety and depression are most likely associated with her primary diagnosis of gender dysphoria, and not free-standing psychiatric conditions.

13. At Menard, Ms. Hampton is persistently mis-gendered by correctional and medical staff. That is, she is repeatedly, persistently, and abusively called by male pronouns in spite of common knowledge by all staff that she is a transgender woman, with breasts and a female gender identity. Ms. Hampton's medical and disciplinary records primarily use male pronouns when referring to her. This misgendering is harmful to her mental health because it humiliates and degrades Ms. Hampton. In Ms. Hampton's case, the use of male pronouns serves to further exacerbate her gender dysphoria, including symptoms of low self-esteem, thoughts of self-harm, anxiety and depression.


14. While housed in segregation at Pinckneyville, the records show that she lost 34 pounds between May 24, 2017, and July 10, 2017. She reports to me that this weight loss was not intentional and was not associated with any significant exercise, especially given that she is locked down 24 hours a day and does not feel that she can use the yard for the two blocks of time allotted a week. She is most fearful of the corrections officers and not the other inmates, and she described to me a long list of abuses (physical, sexual, and verbal) that she has reportedly suffered at the hands of the officers. With respect to the other inmates, she reports some occasional verbal abuse, but is quick to note that “I have 28 witnesses for me who have signed affidavits or are willing to testify for me” on her pending 5/17 claim of being assaulted by a number of officers. This demonstrates that even though Pinckneyville and Menard have been keeping her separate from other male inmates, which appears to be of minor significance, she is not thriving in her current housing situation. During her extended placement in segregation, she has suffered from a number of mental health crises. She requested a crisis cell eight times in nine months and she had five crisis evaluations over the course of four weeks. She has shown clear signs of psychiatric deterioration, including a significant increase in gender dysphoria, anxiety and depression. In order to address these psychiatric symptoms, she has been placed on lithium. The rationale for this medication selection eludes me, even after a thorough review of the records. Furthermore, the blood levels of this medication have been so low as to be of no therapeutic value, even if the medication selection were documented to be appropriate. Prior to her placement in segregation, she did not display these types of mental health symptoms and she did not require any sort of psychiatric medication, which suggests that Ms. Hampton does not adapt well to segregation, whether or not it is for her own “protection.”

15. In conclusion, I reiterate that there is no medical justification for Ms. Hampton's continued placement in a men's prison and that a continuation in her current placement will cause her more serious harm and put her at risk of suffering lifelong consequences—including but not limited to acts of self-harm, post-traumatic stress disorder, and the consequences of undertreated gender dysphoria. She is currently not receiving adequate, medically necessary care for her serious medical condition, Gender Dysphoria.

The opinions I express above are based on my knowledge and experience and were developed by analyzing the medical records that have been provided to me. I reserve the right to change or modify my opinions should additional evidence become available. Pursuant to 28 USC 1746, I declare, certify, verify, and state on this day, under penalty of perjury that the forgoing is true and correct.

Date: December 1, 2017

Signature


George R. Brown, MD, DFAPA

CURRICULUM VITAE

GEORGE RICHARD BROWN, MD, DFAPA

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Associate Chairman for Veterans Affairs
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Date of Preparation: October 31, 2017

EDUCATION:

Undergraduate: University of Rochester, Rochester, New York, 1975-1979;
Bachelor of Science with Highest Honors and Distinction in Research, Summa Cum Laude.
Double major, with BS in both biology and geology

Medical School: University of Rochester School of Medicine, Early Acceptance Program
(Rochester Plan), 1979-1983; Doctor of Medicine with Honors; Health Professions Scholarship
Program.

Internship: United States Air Force Medical Center, Wright-Patterson Air Force Base, Ohio,
1983-1984.

Residency: Wright State University - United States Air Force Integrated Residency in Psychiatry,
Dayton, Ohio, 1984-1987.

CREDENTIALS:

FLEX, December, 1983 (Behavioral Sciences, 94%; Psychiatry, 93%).
Full licensure to practice medicine, State of Ohio, December, 1983 to April, 2017; license
#50119; allowed to expire with no intent of practicing in Ohio.
Full licensure to practice medicine, State of Texas, August, 1989 to present; license
#H5847
Full Licensure to practice medicine, Commonwealth of Kentucky, 1993 to 1995,
#30100; allowed to expire with no intent of practicing in Kentucky.
Full licensure to practice medicine, State of Tennessee, 1994-present, license #25192

Psychiatry Resident In-Training Examinations;
1986: 98th percentile - all U.S. residents, psychiatry.
1985: 90th percentile - all U.S. residents, psychiatry.

1984: 98th percentile - all U.S. residents, psychiatry.
1983: 98th percentile - all U.S. residents, psychiatry.
American Board of Psychiatry and Neurology, Part I, April 1988 (92nd percentile); Part II, June 1989; ABPN Certificate #31377.
Electroconvulsive Therapy Administration Certification, 1985-1990.
Courtesy Staff Privileges, Charter Real Hospital, San Antonio, Texas, 1990-1994.
Courtesy Hospital Staff, Bexar County Hospital District, San Antonio, Texas, 1988-1994.
Full Admitting Privileges, Wilford Hall Medical Center, San Antonio, Texas, 1987-1993.
Full Admitting Privileges, James H. Quillen VAMC Hospital, Johnson City, TN, 1994-2016
Basic Life Support Certification, renewed March 2017

PROFESSIONAL EXPERIENCE:

Current Positions:

Professor and Associate Chairman for Veterans Affairs, Department of Psychiatry and Behavioral Sciences, Quillen College of Medicine, East Tennessee State University. 1995-present. Advisory duties to the Chairman, signature authority in absence of the Chair, contributing to administrative, teaching, and research missions of the Department, liaison between the VAMC and ETSU psychiatry administrations.

Research, Teaching, and Resident supervision appointment, James H. Quillen VAMC. February 1, 2016-present. Responsibilities include providing teaching, research services, clinical consultation, and resident supervision/mentoring in the Psychiatry Service.

Clinical Professor of Psychiatry (Adjunct), University of North Texas Health Sciences Center. 2017-present. Clinical privileges at Carswell Federal Correctional Institution in association with UNTHSC appointment. Responsibilities include teaching and consultation with UNTHSC and Federal Bureau of Prisons staff about transgender health issues.

Past Positions:

Staff Psychiatrist, Mental Health Outpatient Clinic, James H. Quillen VAMC. December, 2014-January 31, 2016. Responsibilities included treating veterans with chronic, persistent, mental illnesses in an outpatient setting and providing consultation services to junior staff and residents in psychiatry. Direct supervision of third year psychiatry residents in the Mental Health Clinic.

Transgender Health Care Facility Lead, Mountain Home Health Care System. 2014-January 31, 2016. Responsibilities included providing direct patient care for transgender veterans, providing national training for VHA health care providers learning how to provide transgender health care, direct supervision of other health care providers in teaching evaluation and treatment techniques, leading a multidisciplinary team of health care providers assigned to provide transgender health care in our 70,000 patient health care system.

Program Officer, Health Care Outcomes, Office of Health Equity (10A6), VA Central Office, Washington, D.C. December, 2012, to December, 2014. Responsibilities included researching medical and psychiatric health disparities in vulnerable populations of Veterans treated by the Veterans Health Administration, and assisting top officials in VHA in the development of policies that lead to elimination of health care outcome disparities in these subpopulations. Continued to see patients at Mountain Home VAMC throughout this appointment.

Chief of Psychiatry, James H. Quillen VAMC. November 22, 1995-December 16, 2012. Responsibilities included direct supervision of a staff of 34-42 professional staff, including 24-28 psychiatrists, 2 Clinical Nurse Specialists, and 9-12 psychiatric nurse practitioners. Represented the Department in all meetings requiring the input of the Chief of Service. Attended executive meetings in the Medical Center and University. Contributed to long range planning of services in the Medical Center.

Research Appointment (WOC), VHA Center of Excellence for Suicide Prevention, Canandaigua, New York. 2011-2014. Responsibilities of this position included developing research protocols collaboratively with CoE staff that have national implications related to suicide in VHA.

Director of Psychiatric Research, James H. Quillen VAMC Dept. of Psychiatry. 1994-2012. Responsibilities included creating a research program de novo and leading a research team at the VAMC, teaching resident seminars, didactics, research electives, providing direct patient care for inpatients on research protocols (usually those with severe mental disorders), traveling to conferences to present research findings and providing Grand Rounds to other institutions and medical schools. Major focus of research activities has been working with stigmatized/disenfranchised populations and addressing mental health care aspects and disparities in care.

Staff psychiatrist, Another Chance Recovery Program, Morristown, Tennessee. March 1995-1996. This is an intensive outpatient drug and alcohol treatment program with a heavy emphasis on dual diagnosis patients, outpatient detoxification from chemical dependency, and a blend of the medical and 12-Step approaches to treatment of the chemically dependent patient. One evening clinic per week.

Senior Research Scientist and Director of Psychiatric/Neuropsychiatric HIV Research, Wilford Hall Medical Center, Henry M. Jackson Foundation for the Advancement of Military Medicine, San Antonio, Texas. 1 July 1991 to 1 October 93. Responsibilities included hiring and then directing a team of approximately 15 civilian and military psychiatric researchers conducting HIV-related psychiatric research; Principal Investigator on longitudinal psychiatric natural history study of early HIV infection (males and females), 1989-1993; preparing manuscripts, presenting research findings at national and international meetings; designing and implementing new protocols; interviewing and assisting in the hiring of personnel; managing administrative and personnel issues.

Private practice of adult psychiatry. 1991-November 1993. Part-time practice primarily focusing on sexuality and gender concerns, including endocrine care, and adult psychodynamic psychotherapy.

Consulting Psychiatrist for Quality Assurance and Continuing Quality Improvement Programs:

- 1) Charter Real Partial Hospitalization Program, San Antonio, Texas. 1990 to 12/93. Responsibilities of this part time position included designing and implementing a medical quality assurance program and assisting Utilization Review personnel with implementing efficient resource utilization procedures.
- 2) Colonial Hills Hospital Inpatient Services and Adult Partial Hospitalization Program, San Antonio, Texas. 1992. Responsibilities of this part time position included custom designing a four part program to address QA/CQI concerns on all inpatient units, coordinating the implementation of the program with hospital QA/UR personnel, and quantifying/ databasing physician charting performance to analyze trends.

Staff Psychiatrist, Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas:

1987-1989: Primary responsibility for inpatient ward of 25-33 patients, resident and medical student teaching, and professional presentations. 1040 admissions; average length of stay 13 days.

1989-1991: Outpatient Clinic service, responsible for evaluations and treatment of adult outpatients; supervision of PGY-3 residents in psychiatry and other staff working in the clinic (social workers, psychologists, and mental health technicians). Medical support for comprehensive Smoking Cessation Clinic.

1989-1991: Director of Psychiatric Research, half-time position; developed a research program primarily targeting psychiatric resident involvement with research and related activities, including presentations at regional and national professional meetings. Active in conducting research, reviewing and approving protocols, research design, editing publications submitted from the Department of Psychiatry, and organizing symposia; interviewing and selecting official for research personnel for multicenter collaborative HIV research grant.

ACADEMIC APPOINTMENTS:

Professor of Psychiatry (1998-present), East Tennessee State University, Quillen College of Medicine. VA Academic Faculty appointment.

Clinical Professor of Psychiatry (Adjunct), University of North Texas Health Sciences Center, Fort Worth, Texas (2017-present).

Adjunct Professor of Psychology, University of Tennessee at Knoxville (1997). Served on doctoral dissertation committee as supervisor and mentor for doctoral candidate in clinical psychology.

Associate Professor of Psychiatry (1994-1998), East Tennessee State University, Quillen College of Medicine. Full time geographic faculty appointment. Renewal of previously awarded academic ranking. Activities include serving on numerous committees (see below), teaching residents, providing electives, working collaboratively with staff to conduct new research projects, interviewing residency and faculty candidates.

Clinical Associate Professor of Psychiatry (1992-1994), University of Texas Health Science Center at San Antonio, San Antonio, Texas. 1987 to 1994. Primary responsibility of this position was teaching medical students and residents in individual, group, and lecture settings; provision of psychodynamic psychotherapy supervision. Lectures and seminars include core material on sexual dysfunction, treatment of paraphilias, gender identity disorders, homosexuality, and psychiatric aspects of HIV infection.

Clinical Associate Professor of Psychiatry (1992-1996), Uniformed Services University for the Health Sciences, School of Medicine, Bethesda, Maryland. Primary responsibility of this position was teaching medical students from the University who travel to San Antonio for clinical rotations in psychiatry and serving as a visiting lecturer for USUHS.

Full time faculty, Department of Psychiatry, Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas, 1987 to 1991. Adjunct clinical faculty, Department of Psychiatry, 1991 to 1993. Responsibilities included supervising psychiatric residents involved in research activities, sponsoring Distinguished Visiting Professors in conjunction with the Department, and teaching core didactic lectures and seminars.

Assistant Clinical Instructor, Wright State University School of Medicine, 1983-1987. Primary

responsibility of this position was teaching medical students during clinical rotation in psychiatry.

Chief Resident in Psychiatry, November, 1986 to March, 1987, with administrative, teaching, and research responsibilities.

CONSULTATION EXPERIENCE:

Psychiatric Liaison and Consultant to Oncology Unit, Good Samaritan Hospital, Dayton, Ohio, 1985.

Clinical Supervisor and Psychiatric Consultant to Montgomery County Juvenile Court Diversion Program, Dayton, Ohio, 1986-1987.

Consultation/Liaison Rotation, Keesler AFB, MS, 1986.

Psychiatric Consultant to the United States Air Force Child Abuse Task Force (convened by the Surgeon General of the Air Force), 1989-1991.

Lorain Correctional Institution, psychiatric consultant for inmate mental health evaluations and treatment, July-August 1993.

State of Tennessee Mental Health and Mental Retardation, appointed as consultant to develop Best Practice Guidelines for all State programs for Bipolar Disorder.

Health Ed, The Patient Education Agency: consultant for development of patient education materials for chronic mental illnesses, 2006-2007.

Consultant to Batavia Independent School District in assisting on-the-job gender transition for a transgender high school teacher, 2006.

Consultant to Port Ewan/Kingston BOCES School Program in assisting on-the-job transition for a transgender principal, 2007.

Consultant to the Federal Bureau of Prisons on policies relating to medical management of transgender inmates, 2009, 2014.

Consultant to Department of Defense on policy and medical issues related to transgender service members, 2016-present.

Faculty consultant to Carswell Federal Correctional Institution, Fort Worth, Texas, on transgender health issues, 2017-present.

Research Consultant to Michael Goodman, MD, Principal Investigator, PCORI Grant to study transgender health issues, Emory University, 2014-2016.

Department of Justice, National Institute of Corrections, 2017-present.

Department of Veterans Affairs, LGBT Veterans Program, Washington, DC, 2016-present.

SPECIALIZED TRAINING EXPERIENCES:

School of Aerospace Medicine, Course I, Brooks AFB, San Antonio, Texas, 1981.

Administrative Course for Chief Residents, Tarrytown, New York, June, 1985.

Combat Casualty Care Course, San Antonio, Texas, 1985.

Consultation and Liaison Psychiatry, Keesler AFB, Biloxi, Mississippi, 1986.

Center for the Treatment of Impotence, Case Western Reserve University, Cleveland, Ohio, July, 1986.

Forensic Psychiatry Course and associated clinical work, 6 months, 1986-87; ongoing case work in forensic psychiatry as expert witness and legal consultant, 1987-present.

Gender Identity Clinic, Case Western Reserve University, Cleveland, Ohio, July, 1986.

Paraphilias Clinic, Case Western Reserve University, Cleveland, Ohio, July, 1986.

Chemical Dependency Program, Samaritan Hall, Dayton, Ohio, August, 1986.

Advanced Study of Gender and Sexual Disorders, Institute of Living, Hartford, Connecticut, April, 1987.

Electroconvulsive Therapy Administration Training, Jan-June, 1985; June, 1987.

SCID training seminar, September, 1989.

American Board of Psychiatry and Neurology Examiner, 1991-present.

Administrative psychiatry and leadership training, James H. Quillen VAMC, 1996 to 2012.
Physician Executive Training, American College of Physician Executives, (PIM-I Course, 31 hours; PIM-II Course, 31 hours, PIM-III Course, 31 hours), 1998-1999.
Masters and Johnson workshop on trauma, sexual compulsivity/addiction treatment, 11 hours, December, 2003.
Forensic Workshop on sex offenders, National Council on Sexual Addiction and Compulsivity, October, 2002
Forensic workshops, including PREA implementation, managing hunger strikes, mental health issues in prison, sponsored by National Commission on Correctional Health Care, 2010, 2012.
Forensic workshops, including 3 hours of training on medical and legal aspects of providing health care for transgender inmates, sponsored by National Commission on Correctional Health Care, 2015.

COMMITTEE AND BOARD ACTIVITIES:

Mohonasen Public School Board Member, Schenectady, New York, 1974-1975.
Social Chairman, Wright State University Psychiatry Residency, 1984.
Dayton Representative to the Member-in-Training Committee of the Ohio Psychiatric Association, 1984-1986.
Chairman, Member-in-Training Committee, Ohio Psychiatric Association, 1986-1987.
Chairman, Member-in-Training Committee, Dayton Psychiatric Society, 1985-1987.
Peer Review Committee, Ohio Psychiatric Association, 1986-1988.
Long Range Planning Committee, Ohio Psychiatric Association, 1986-1987.
American Psychiatric Association, Area IV Resident Caucus, Ohio Representative, 1987.
American Psychiatric Association, Committee of Residents of the Council on Medical Education and Career Development, Ohio Representative, 1986-1987.
Ohio Psychiatrist's Political Action Committee, Board of Directors, 1987.
Bexar County Psychiatric Society Committee on AIDS, 1990-1993.
World Professional Association for Transgender Health (WPATH) Committee to Revise the Standards of Care, 1990-present; Cochairman of Standards of Care Revision Committee, 2001-2005.
Psychiatric Consultant to the Board of Directors, Boulton and Park Society, San Antonio, Texas, 1988-1998.
President-elect, Society of Air Force Psychiatrists, 1990-1991.
Board of Directors, Alamo Area Resource Center (AIDS/HIV Service Organization), 1991-1992.
Board of Advisors, American Educational Gender Information Service (Atlanta, Georgia), 1992-1998.
Quality Assurance Committee, Texas Society of Psychiatric Physicians, 1992-1993.
Professional Standards Committee, Texas Society of Psychiatric Physicians, 1992-1993.
Board of Directors, Harry Benjamin International Gender Dysphoria Association (WPAth), 1993-1997; 2001-2007
Ethics Committee, Tennessee Psychiatric Association, 1994-present.
Advisory Committee on Publications and Advertising, Southern Medical Association, 1994-1996.
Councilor to the Executive Committee, Tennessee Psychiatric Association, East Tennessee Region, 1995-2005.
Vice-Chairman, Section on Neurology and Psychiatry, Southern Medical Association, 1995-1996.
President, New Health Foundation, 2001-2003.
Secretary of the Section on Neurology and Psychiatry, Southern Medical Association, 1997-2000.
American Psychiatric Association PKSAP and Medical Education Committees, appointed by Herb Sachs, M.D. and Harold Eist, M.D. (APA Presidents), 1997-2001.
Scientific Affairs Committee, Southern Medical Association, 1997-1999.

Consultant to the Joint Commission on Public Affairs, American Psychiatric Association, appointed by Rod Munoz, M.D. (APA President), 1998-1999.
 Scientific Program Committee, Southern Psychiatric Association, 1999-2000.
 Resident Award Committee, Southern Psychiatric Association, 1997-2009.
 Ethics Committee; HIV Committee; Harry Benjamin International Gender Dysphoria Association, 1999-2005
 Board of Directors, New Health Foundation, Chicago, IL, 2000-present.
 Tennessee Department of Mental Health and Retardation Adult Committee on Best Practices (responsible for recommending guidelines for treatment of bipolar disorder), 2000-2003.
 Associate Counselor for Tennessee, Southern Medical Association, 2000-2008.
 Resident Award Committee, Southern Psychiatric Association, 2003-2009.
 Board of Directors, James H. Quillen VAMC Research Corporation, 2003-2010.
 HBIQDA Biennial Symposium Scientific Meeting Committee, 2006-2007.
 Board of Regents, Southern Psychiatric Association, 2006.
 Southern Medical Association, Section Secretary for Psychiatry and Neurology, 2004-2008.
 Scientific Review Committee, World Professional Association for Transgender Health Symposium, 2007-2009; 2015-present.
 Board of Regents, Second Year, Southern Psychiatric Association, 2007.
 Chairman, Board of Regents, Southern Psychiatric Association, 2009.
 WPATH Board of Directors, 3 terms totaling 13 years, with last term 2014 (mandatory rotation off the board).
 Secretary-Treasurer, World Professional Association of Transgender Health, 2007-2009.
 DSM-V workgroup on Gender Identity Disorders (WPATH advisory work group to American Psychiatric Association DSM-V GID task force), 2009.
 World Health Organization advisory committee for ICD-11 (gender identity disorders), 2011-present.
 Department of Veterans Affairs Transgender Directive Communication Plan Education Group, 2011-2012.
 VHA Transgender Training Workgroup, Patient Care Services, 2012- present.
 Numerous VA Central Office national workgroups and committees, including the workgroup to add birth sex and gender identity data fields to all VA medical records, 2012-present.
 Commissioner, Palm Center Commission on Transgender Military Service, Appointed by Joycelyn Elders, MD, 2013 to 2014.

PROFESSIONAL ORGANIZATIONS:

American Psychiatric Association (1983-2015); #044933, Fellow, 1998; Distinguished Fellow, 2003
 Association for the Advancement of Psychotherapy (1985-1993)
 World Professional Association for Transgender Health (1986-present)
 Ohio Psychiatric Association (1983-1987)
 Texas Society of Psychiatric Physicians (1988-1994)
 Tennessee Psychiatric Association (1994-2015)
 American Medical Students Association (1977-1987)
 American Medical Association (1983-1988; 2015-present)
 Ohio State Medical Association (1983-1987)
 Montgomery County Medical Society (1983-1987)
 Dayton Psychiatric Society (1983-1987)
 Society of United States Air Force Psychiatrists (1983-1991)
 Bexar County, Texas, Psychiatric Society (1987-1990)
 Southern Medical Association (1994-2010)
 Southern Psychiatric Association (1997-2009)
 New Health Foundation (advocacy organization for transgendered health care; 1996-present)

American Psychological Association Society for the Psychological Study of Men and Masculinity,
Division 51, 1996-2000.

AWARDS AND SPECIAL RECOGNITION:

Valedictorian, Mohonasen High School, Schenectady, New York, 1975.
New York State Regents Scholarship, 1975-1979.
Bausch and Lomb Science Award and Scholarship, 1975-1979.
Phi Beta Kappa, junior year selection, 1977.
Donald Charles Memorial Award for Research in Biology, 1978.
Recognition for Highest Grade Point Average, Department of Biology-Geology, University
of Rochester, 1979.
Dean's Letters of Commendation for Academic Achievement, University of Rochester, 1975-
1983.
Letter of Commendation for Excellence in Pathology, University of Rochester, 1981.
Alpha Omega Alpha Medical Honor Society, University of Rochester, 1983.
Wright State University Department of Psychiatry selectee for fellowship in the Group for the
Advancement of Psychiatry (GAP), 1984.
Wright State University Department of Psychiatry nominee for Laughlin Fellowship of the
American College of Psychiatrists, 1985, 1986.
Physician's Recognition Award of the American Medical Association, 1986 to present.
President's Award of the Ohio Psychiatric Association for outstanding service to the
organization, 1987.
Chairman's Recognition Award For Scholarship and Research, Wright State University
Department of Psychiatry, 1987.
Air Force Training Ribbon, 1980.
Air Force Outstanding Unit Decoration, 1987; first oak leaf cluster additional award, 1990.
Air Force Expert Marksman Ribbon, 1988.
Air Force Achievement Medal for research accomplishments, 1990.
1990 American Academy of Psychosomatic Medicine Dlin Fischer Award for Significant
Achievement in Clinical Research; corecipient.
Who's Who Among Human Services Professionals, 1990 to present.
West's Who's Who in Health and Medical Services, 1991 to present.
Marquis Who's Who of Board Certified Medical Specialists, 1992-present.
Bexar County Medical Society Certificate of Appreciation, 1991.
Air Force Meritorious Service Medal for distinguished clinical and research service to the
Department of Psychiatry, Wilford Hall Medical Center, 1991.
Air Force National Defense Ribbon, Desert Storm Campaign, 1991.
Mohonasen High School Hall of Fame for Lifetime Achievement, 1992 inductee.
Health Care Professional of the Year Award, Boulton and Park Society, San Antonio, Texas,
1992-93.
Special Citation Award, Society of Behavioral Medicine, with Coyle C, et al., for
presentation at 1993 Society of Behavioral Medicine Annual Meeting, 1993.
Institute for Legislative Action, 1995 Honor Role.
Sterling Who's Who of Health Care Professionals, 1995.
Southern Medical Association 1995 Award for Medical Excellence (Best Scientific Oral
Presentation in Neurology and Psychiatry), \$1,000 Scholarship prize, 1995.
Janssen Clinical Scholar, 1995.
Mountain Home VAMC Group Special Contribution Award, 1995, 1997.
Marquis Who's Who in the South and Southwest, 1996-1998.
Marquis Who's Who in Medicine and Healthcare, 1997-1998.
Certificate of Appreciation, ETSU Psychiatry Residents, 1997, 1998, 1999.
Fellow, American Psychiatric Association, 1998-2002.
Resident Special Recognition Award, June, 2000.
Distinguished Fellow, American Psychiatric Association, January, 2003

Special Group Contribution Award, VAMC, 2003
 Secretary of Defense Certificate of Recognition, Cold War Military Service, 2003
 VA Performance Award, 2005
 First Annual Irma Bland Award for Excellence in Teaching Residents, presented by the American Psychiatric Association, May, 2005
 Special Contribution Award, Mountain Home VAMC, for assisting in obtaining over 2.5 million in new program monies from VA Central Office RFP process, April 26, 2006
 Top Psychiatrists of 2006, Consumer Research Council selectee
 ETSU Resident Recognition Award for "dedication to the Resident's Journal Club", 2006
 Fellow, Southern Psychiatric Association, 2006
 ETSU Psychiatry Faculty Mentor of the Year Award, 2007
 Cambridge Who's Who, Executive and Professional Registry, 2007
 Southern Medical Association, Third Place Award for Scientific Poster Presentation, Dallas, Texas, December 5, 2009
 Twenty-five year U.S. Government service award, January 10, 2010
 Joint Commission recognition : "Top Performers on Key Quality Measures" (contributor), 2011
 Robert W. Carey Quality Performance Excellence Award (contributor), 2011; Department of Veterans Affairs award using Baldrige criteria
 James H. Quillen VAMC selected as VA to be featured in the Commonwealth Fund's article on successful efforts to improve patient safety (contributor), 2011
 Gender Identity Research and Education Society (GIRE) 2011 award to the 34 members of the Standards of Care Revision Committee for their work on the WPATH Standards of Care, 7th Version.
 Robert W. Carey Quality Trophy Award, Mountain Home VAMC. This is the highest level of the Carey Award for those VAMC's seeking performance excellence using the Baldrige Criteria. Awarded by the Secretary of the VA to the leadership team of which I was a Part, 2012.
 Recognized by LGBT Health journal in March, 2016 as having first-authored the #1 and #3 most read articles in that journal since its inception.

UNIVERSITY/VA COMMITTEE ACTIVITIES:

Learning Resources Advisory Committee (ETSU), 1995-1996.
 Psychiatric Residency Training Committee /Educational Policy Committee (ETSU), 1993-2017.
 Peer Review Committee (VAMC), 1995-1996.
 Chairman and Founder, Psychiatric Grand Rounds and Visiting Professor Program (ETSU), 1993-1997; 2003-2004.
 Clinical Executive Board (VAMC), 1995-2012.
 Research and Development Committee, Dean's Appointment (VAMC), 1996-1998.
 Chairman, VAMC Research and Development Committee, 1999-2000.
 Co-Chairman, Mental Health Council (VAMC), 1995-2009.
 Academic Partnership Committee (ETSU), member, 1995-2012.
 Facility Master Plan and Space Utilization Committee (VAMC), 1995-2010.
 Professional Standards Board (VAMC), 1995-2012.
 Safety Committee, Department of Psychiatry, Chairman (VAMC)
 ETSU Psychiatry Promotion and Tenure Committee, 1998-present.
 Resident Selection Committee, ETSU Psychiatry Program, 1998-2012.
 Chairman, VAMC Research and Development Committee, 2001-2002.
 Veterans Health Affairs, VISN 9, Budget and Finance Committee, 2002-2004.
 Institutional Review Board (ETSU/VAMC), member, 1996-2003; served as acting chair as needed.
 Cameron University Department of Psychology, Dissertation Committee Consultant for Beth Ryan, Masters Thesis, 2004-2005 (gender identity disorder research).
 VISN 9 Mental Health Leadership Committee.
 ETSU/VAMC Subcommittee on Graduate Medical Education, 2008-2012.

Vanderbilt University Department of Nursing, Dissertation Committee member and consultant for Gerald Meredith, 2009-2010.
 VA Transgender Directive Education Workgroup; VACO workgroup to advise the Undersecretary, VHA, on how to educate and implement the 2011 and 2013 Directives on providing Healthcare to transgender and intersex Veterans, 2011-present.
 Office of Health Equity (VACO), Health Equity Coalition, 2013-2014.
 Numerous research committees and advisory panels for health equity research projects being conducted in VA, 2012-2015.
 Chairman, Educational Policy Committee (Residency Training Committee), East Tennessee State University Department of Psychiatry, 2015-2016.
 Self-Identified Gender Identity Data Field Training Workgroup (National VA work group to change electronic medical records data collection to include self-identified gender identity), 2012-present.
 Research Committee, East Tennessee State University Department of Psychiatry, 2015-2017.

FORENSIC PSYCHIATRY ACTIVITIES:

1. Military court proceedings, two occasions as expert witness at trial; U.S. Air Force, U.S. Army, c.1990-1992.
2. Military Physical Evaluation Board Proceedings, expert testimony, 2/8/02.
3. Farmer v. Hawk, United States District Court for the District of Columbia, expert opinion by affidavit on behalf of plaintiff, 1999.
4. Yolanda Burt v. Federal Bureau of Prisons/Moritsugu, United States District Court for the District of Columbia, deposition testimony on behalf of plaintiff, 2000.
5. Kosilek v. Maloney, 221 F.Supp 2d 156,186 (D.Mass. 2002), expert witness by trial testimony on behalf of plaintiff, 2001.
6. Family Court expert witness trial testimony, Missouri, (custody issues for transgendered parent),1993.
7. Thompson v. Idaho Department of Corrections (prison medical care Issues), consultant on behalf of plaintiff, 2002 (citation: Linda Patricia Thompson v. Dave Paskett, et al., Case No. CV00-388-S-BLW).
8. State of Missouri Medical Board, expert opinion by affidavit on behalf of physician, 10/2001.
9. State of Tennessee Medical Board, expert opinion by affidavit on behalf of physician, 5/2002.
10. Military Administrative Hearing, consultant, U.S. Army, December, 2002.
11. Oiler v. Winn-Dixie Louisiana, Inc; USDC, Eastern District of Louisiana, No. 00-3114 "L" (3); consultant on behalf of defendant, 2001-2002.
12. Moore v. State of Minnesota, consultant and expert opinion by deposition testimony on behalf of defendant, Attorney General's Office, State of Minnesota, 2003.
13. Woods v. US Air Force, administrative discharge board, consultant, San Antonio, TX, 2003.
14. Ophelia Azriel De'Lonta vs. Ronald Angelone and Prison Health Services, Inc. (Virginia Department of Corrections) United States District Court, Western District of Virginia, 330 F.3d 630,635 (4th Cir 2003) expert opinion by deposition testimony on behalf of plaintiff, 2003.
15. Malpractice case, Tennessee, consultant for defendant (primary care physician), 2004-2005.
16. Josef v. Ontario Minister of Health, Attorney General of Ontario representing Her Majesty the Queen in Right of Ontario; Ontario Superior Court of Justice; expert opinion by affidavit and consultant on behalf of plaintiff, 2004-2007.
17. Nubel v. New Jersey Board of Nursing, consultant and expert opinion by deposition testimony for defendant, 2004-2005.
18. Malpractice case, Tennessee, consultant for defendant (psychiatrist), 2004-2005 .
19. Malpractice case, Kentucky, consultant for defendants (psychiatrists), 2005-2006.

20. *Kosilek v. Mass. Department of Corrections/ Kathleen Dennehy*, expert witness by trial testimony and consultant on behalf of plaintiff, 2005-2006 (*Kosilek v. Spencer*, 889 F.Supp.2d 190 (D. Mass. Sept. 4, 2012); "*Kosilek II*."
21. *Gammett v. Idaho Department of Corrections*, expert opinion by affidavit and consultant for plaintiff, 2005-2007 (*Gammett v. Idaho State Bd. of Corrections*, No. CV05-257-S-MHW, 2007 WL 2186896 (D. Idaho July 27, 2007)).
22. *Isaak v. Idaho Department of Corrections*, consultant, and expert opinion by deposition testimony on behalf of plaintiff, 2006-2008.
23. *May v. State of Tennessee and multiple codefendants*; consultant on behalf of defendant, Attorney General's Office, State of Tennessee, 2006.
24. *Fields/Sundstrom v. Wisconsin Department of Corrections*, consultant and expert opinion by deposition testimony on behalf of plaintiff, 2007 (*Fields v. Smith*, 653 F.3d 550 (7th Cir. 2011)).
25. *Palmer v. State of TN*; malpractice case; consultant and expert opinion by deposition testimony for defendant, Attorney General's Office, State of Tennessee 2007.
26. *Spray v. Temp Agency*, consultant and expert opinion by affidavits on behalf of plaintiff, 2007.
27. *O'Donnabhain v. Internal Revenue Service/Department of the Treasury*, expert witness by trial testimony on behalf of plaintiff, 2007 (*O'Donnabhain v. Commissioner*, 134 T.C. No. 4 (Feb. 2, 2010)).
28. *Battista v. Mass. Department of Corrections/Kathleen Dennehy*, consultant and expert opinion by affidavit for plaintiff, 2008-2011.
29. *Plumley v. State of TN*; malpractice case; consultant for defendant, 2009.
30. *Kolestani v. State of Idaho*, capital murder case, consultant and expert opinion by affidavit for public defender's office, 2009.
31. *Smith v. St. Mary's Medical Center*, medical malpractice case, consultant for defendant, 2009-2011, expert witness by jury trial testimony, 2011.
32. *Finch aka Destiny v. Idaho Department of Corrections*, consultant for plaintiff, 2010-2011.
33. *Soneeya v. Clarke*, Civil Action No. 07-12325 (NG), Massachusetts, consultant for plaintiff, 2011. (see also *Soneeya v. Spencer*, 851 F.Supp.2d 228 (D. Mass. 2012))
34. *Hoyle v. Saha*, malpractice case; consultant for defendant, 2011- 2014.
35. *Champouillon v. State of TN*; malpractice case; consultant for defendant, 2012-2014.
36. *Equivel v. State of Oregon*; access to transgender health care for Oregon State employees; consultant to Lambda Legal, 2012.
37. *Kosilek v. MA DOC*, consultant for plaintiff, 2012-2014.
38. *Binney v. South Carolina DOC*, consultant and expert opinion by affidavit for plaintiff, 2013-2015.
39. *De'Lonta v. Harold W. Clarke et al.* (Virginia Department of Corrections), consultant and expert opinion by affidavit for plaintiff, 2013-2014.
40. *U.S. and Tudor v. Southeastern Oklahoma State University*, expert consultant for plaintiff and the Department of Justice (Title VII discrimination case), by declaration for plaintiff, 2015-present.
41. *Mott v. State of Kansas*, consultant and expert opinion by affidavit for plaintiff (birth certificate change), 2015-2016.
42. *Fuller v. MA Department of Corrections*; expert opinion by affidavit and deposition, for plaintiff, 2015-2016.
43. *Franklin v. Hardy, et al.* (Illinois Department of Corrections); expert opinion by affidavit, for plaintiff, 2015-2016.
44. *Dunn et al. v. Dunn et al.* (Alabama Department of Corrections), expert consultant for plaintiff, 2016-2017.
45. *Keohane v. Jones* (Florida Department of Corrections), Case No.4:16-cv-511-MW-CAS, N. D. Fla, expert opinion by affidavit, deposition, and bench trial testimony for plaintiff, 2016-2017.
46. *Rodgers v. State of Florida*, Case #1998CF274, expert opinion by affidavit for defendant, 2016-present.
47. *U.S. v. State of North Carolina*, North Carolina Department of Public Safety, & University of North Carolina (HB2); 1:16-CV-00425, expert opinion by affidavits, for plaintiff (DOJ, Civil

- Rights Division, and ACLU), 2016-2017. Case dropped by Attorney General Sessions.
48. Hicklin v. Lombardi, et al., File No. 3587.53, (Missouri Department of Corrections, Corizon), consultant for defendants (Corizon only), expert opinion by videotaped deposition, 2017-present.
 49. U.S. v. John Patrick Price, expert opinion by affidavit for defendant (Federal Public Defender, Western NC), 2017.
 50. Jane Does 1-5 v. Donald J. Trump, James Mattis, et al, case number 17-cv-1597, District of Columbia, expert opinion by declaration for plaintiffs, 2017-present.
 51. Stockman et al. v. Donald J. Trump, James Mattis, et al., case number 17-CV-6516, United States District Court, Central District of California, expert opinion by declaration for plaintiffs, 2017-present.
 52. Karnoski, et al. v. Donald J. Trump, James Mattis, et al., case number 2:17-cv-01297-MJP, United States District Court, Western District of Washington, expert opinion by declaration for plaintiffs, 2017-present.
 53. Stone, et al. v. Donald J. Trump, James Mattis, et al., case number 1:17-cv-02459 (MJG), United States District Court, District of Maryland, expert opinion by declaration for plaintiffs, 2017-present.

PUBLICATIONS:

1. Brown G R: Morphologic complexity and its relationship to taxonomic rates of evolution. J Undergrad Res, 3:139-168, 1978.
2. Brown G R: Stadol dependence: another case. JAMA, 254(7):910, 1985.
3. Brown G R: Letter to the Editor. Newsletter of the Ohio Psychiatric Association, 10(1):8, 1986.
4. Brown G R: Resident Rounds. Column for Newsletter of the Ohio Psychiatric Association. 10(2), 10(3), 11(1), 11(2), 1986-1987.
5. Brown G R: Anorexia nervosa complicated by Mycobacterium xenopi pulmonary infection. J Nerv Ment Dis, 175(10):629-632, 1987.
6. Brown G R: Mycobacterium xenopi infection complicating anorexia nervosa. Proceedings of the 29th Annual Meeting of American College of Physicians (Air Force Regional Meeting), 22-25 March, 1987.
7. Brown G R: Buspar, a new anxiolytic. Letter to the Editor, Journal of the Ohio State Medical Association, Spring, 1987.
8. Brown G R: Transsexuals in the military: flight into hypermasculinity. Abstract. Proceedings of the 10th International Symposium on Gender Dysphoria (Amsterdam, The Netherlands) 7 June, 1987.
8. Brown G R: Transsexuals in the military: flight into hypermasculinity. Arch Sex Behav, 17(6):527-537, 1988.
10. Brown G R: Therapeutic effect of silence: application to a case of borderline personality disorder. Current Issues in Psychoanalytic Practice, 4(3-4):123-131, 1988.
11. Brown G R: Bioethical issues in the management of gender dysphoria. Jefferson J Psychiatry, 6(1):33-44, 1988.
12. Brown G R, Rundell J R: Psychiatric disorders at all stages of HIV infection. Proceedings of the 1988 Annual Session of the Texas Medical Association (San Antonio, Texas), May, 1988.
13. Brown G R, Rundell J R: Suicidal tendencies in HIV-seropositive women. Am J Psychiatry, 146(4):556-557, 1989.
14. Brown G R, Collier L: Transvestites' women revisited: a nonpatient sample. Arch Sex Behav, 18(1):73-83, 1989.
15. Brown G R, Pace J: Hypoactive sexual desire disorder in HIV-seropositive individuals. JAMA, 261(17):2305, 1989.
16. Brown G R: Prospective study of psychiatric morbidity in HIV-seropositive women. Psychosom Med, 51:246-247, 1989.
17. Brown G R: Current legal status of transsexualism in the military. (Letter) Arch Sex Behav,

- 18(4):371-373, 1989.
18. Rundell J R, Brown G R: Use of home test kits for HIV is bad medicine. JAMA, 262(17):2385-2386, 1989.
19. Rundell J R, Brown G R, Paolucci S L: Psychiatric diagnosis and attempted suicide in HIV-infected USAF personnel. Abstract. Proceedings of the Fifth International Conference on AIDS (Montreal, Canada), June, 1989.
20. Brown G R: Current legal status of transsexualism in the military. Abstract. Proceedings of the Eleventh Inter-national Symposium on Gender Dysphoria (Cleveland, Ohio), September, 1989.
21. Brown G R: A review of clinical approaches to gender dysphoria. J Clin Psychiatry, 51(2):57-64, 1990.
22. Pace J, Brown G R, Rundell J R, et al.: Prevalence of psychiatric disorders in a mandatory screening program for infection with human immunodeficiency virus: A pilot study. Milit Med, 155:76-80, 1990.
23. Rundell J R, Brown G R: Persistence of psychiatric symptoms in HIV seropositive persons. Am J Psychiatry, 147(5):674-675, 1990.
24. Praus D, Brown G R, Rundell J R, et al.: Associations between CSF parameters and high degrees of anxiety or depression in USAF personnel infected with HIV. J Nerv Ment Dis, 178(6):392-395, 1990.
25. Brown G R, Rundell J R: Prospective study of psychiatric morbidity in HIV-seropositive women without AIDS. Gen Hosp Psychiatry, 12:30-35, 1990.
26. Brown G R: The transvestite husband. Med Aspects Human Sexuality, 24(6):35-42, 1990.
27. Drexler K, Brown G R, Rundell J R: Psychoactive drug use and AIDS. JAMA, 263(3):371, 1990.
28. Brown G R, Rundell J R: Psychiatric morbidity in HIV-seropositive women without AIDS. Proceedings of the 143rd Annual Meeting of the American Psychiatric Association, pages 75-76 (New York, New York), May, 1990.
29. Rundell J R, Ursano R, Brown G R: HIV infection and perception of social support. Proceedings of the 143rd Annual Meeting of the American Psychiatric Association, page 76 (New York, New York), May, 1990.
30. Rundell J R, Brown G R, McManis S, et al.: Psychiatric predisposition and current psychiatric findings in HIV-infected persons. Proceedings of the Sixth International Conference on AIDS (San Francisco, California), June, 1990.
31. Drexler K, Rundell J R, Brown G R, et al.: Suicidal thoughts, suicidal behaviors, and suicide risk factors in HIV-seropositives and alcoholic controls. Proceedings of the Sixth International Conference on AIDS (San Francisco, California), June, 1990.
31. Brown G R: The inpatient database as a technique to prevent junior faculty burnout. Acad Psychiatry, 14(4):224-229, 1990.
32. Rundell J R, Wise M, Brown G R, et al: Relative frequency of HIV disease as a cause of mood disorder in a general hospital. Proceedings of the 1990 Update on Neurological and Neuropsychological Complications of HIV Infection, page PSY-4 (Monterrey, California), June, 1990.
33. Rundell J R, Praus D, Brown G R, et al: CSF parameters, immune status, serum viral titers, anxiety, and depression in HIV disease. Proceedings of the 1990 Update on Neurological and Neuropsychological Complications of HIV Infection, page PSY-5 (Monterrey, California), June, 1990.
34. Brown G R: Clinical approaches to gender dysphoria. Abstract. Psychiatry Digest, 5:9-10, 1990.
35. Brown G R, Rundell J R, Temoshok L, et al: Psychiatric morbidity in HIV-seropositive women: Results of a three year prospective study. Proceedings of the 37th Annual Meeting of the American Academy of Psychosomatic Medicine, 1990.
36. Rundell J R, Brown G R, Kyle K, et al: Methods employed by and length of knowledge of HIV-seropositivity of HIV-infected suicide attempters. Proceedings of the 37th Annual Meeting of the American Academy of Psychosomatic Medicine, 1990.
37. Brown G R: Unzufriedenheit mit dem eigenen Geschlecht:Klinische Behandlungsmöglichkeiten. Abstract for European readership. Psychiatry Digest, 10:3-4,

- 1990.
38. Brown G R, Anderson B W: Credibility of patients in psychiatric research. Amer J Psychiatry, 148(10):1423-1424, 1991.
39. Brown G R, Anderson B: Psychiatric morbidity in adult inpatients with childhood histories of physical and sexual abuse. Amer J Psychiatry, 148(1):55-61, 1991.
40. Plotnick E, Brown G R: Use of intravenous haloperidol in nonviolent severely regressed adult psychiatric inpatients. Gen Hosp Psychiatry, 13:385-390, 1991.
41. Brock I, Brown G R, Jenkins R: Affect and health locus of control in early HIV infection. Proceedings of the 144th Annual Meeting of the American Psychiatric Association, 79, 1991.
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26. Brown G R: Gender Dysphoria and Sexual Dysfunctions. In Berkow R (Ed): The Merck Manual of Medical Information, Home Edition, 21st Edition, Merck Research Labs, Rahway, NJ, on line open access textbook chapter available at: <http://www.merckmanuals.com/home/mental-health-disorders/sexuality/gender-dysphoria-and-transsexualism>, 2017.

BOOK REVIEWS:

Garner D M, Garfinkel P E (eds.): Diagnostic Issues in Anorexia Nervosa and Bulimia Nervosa. Reviewed for Journal of Nervous and Mental Diseases, 177(5):307-308, 1989.

Kanas N: Group Therapy for Schizophrenic Patients. Reviewed for Psychiatric Times, June, 1997.

PROFESSIONAL PUBLICATIONS REVIEWED/EDITED:

Reviewer, Journal of Clinical Psychiatry, 1987 to present
Reviewer, Psychosomatics, 1989 to present
Reviewer, Journal of AIDS, 1990 to 2001
Reviewer, Psychology and Health, 1992
Editorial Board, San Antonio M.D., 1991-1993
Reviewer, International Journal of Psychiatry in Medicine, 1994-2006
Reviewer, CNS Drugs, 1995-2002.
Reviewer, Southern Medical Journal, 1995-2013
Reviewer, AIDS Patient Care, 1996-2003
Editorial Board, International Journal of Transgenderism, 1997-present
Reviewer, Federal Practitioner, 2000-present
Reviewer, Journal of the American Geriatrics Society, 2000-2003
Reviewer, Bipolar Disorders, 2005-2017
Reviewer, Journal of Sexual Medicine, 2009-present
Reviewer, European Psychiatry, 2010-present
Reviewer, International Journal of Sexual Health, 2011-present
Reviewer, American Journal of Public Health, 2011-present
Editorial Board, LGBT Health, 2013-present
Reviewer, Canadian Medical Association Journal, 2013-present
Reviewer, Suicide and Life-Threatening Behavior, 2015-present
Editorial Board, Transgender Health, 2015-present
Reviewer, Journal of Correctional Healthcare, 2017-present
Reviewer, Breast Cancer Research and Treatment, 2017-present

PRESENTATIONS:

Behavioral Medicine Lecture Series, Kettering Medical Center, Kettering, Ohio. Ten parts. January 24-June 25, 1985.
"Sex Reassignment Surgery: Surgical Cure or Well-Meaning Mutilation?", Good Samaritan Hospital, Dayton, Ohio. March 5, 1985.
"The Difficult Patient: Recognition, Understanding, and Management", The Marriott Hotel, Dayton, Ohio. March 6, 1985, (Category I, CME credit).
"Transsexualism: Literature Review and Case Report", Wright State University, Dayton, Ohio. March 19, 1985.
"Pseudoseizures: When is a Jerk not a Fit?", Bergamo Conference Center, Kettering,

Ohio. April 19, 1985. (Category I, CME credit).

"Transsexualism: What Sex am I?", University Center, Wright State University, Dayton, Ohio. September 17, 1985.

"Transsexualism and the Military", Good Samaritan Hospital, Dayton, Ohio. March 18, 1986.

"Clinical Utility of the House-Tree-Person Test", Diversion Program, Dayton, Ohio. April 9, 1986.

"The Silent Mitwelt", Bergamo Conference Center, Kettering, Ohio. April 18, 1986. (Category I, CME credit).

"Clinical Recognition of Alexithymia", Diversion Program, Dayton, Ohio. June 3, 1986.

"Male-to-Female Transsexualism - Case Study", Case Western Reserve University, Cleveland, Ohio. July 18, 1986.

"Zoophilia: Literature Review and Case Study", Case Western Reserve University, Cleveland, Ohio. July 31, 1986.

"Neuropsychiatry of Alexithymia", Good Samaritan Hospital, Dayton, Ohio. October 14, 1986.

"Penile Auto-Injection: New Treatment for Organic Impotence", Diversion Program, Dayton, Ohio. August 12, 1986.

"Gender Identity Development in Children and Adolescents", Diversion Program, Dayton, Ohio. August 26, 1986.

"Paraphilias", Good Samaritan Hospital Seminar, Dayton, Ohio. November 17, 1986.

"Introduction to Gender Disorders", Good Samaritan Hospital, Dayton, Ohio. December 15, 1986, January 5, 1987.

"Strategic Psychotherapy, Part I", Wright State University, Department of Psychiatry, Dayton, Ohio. December 23, 1986.

"Strategic Psychotherapy, Part II", Wright State University, Department of Psychiatry, Dayton, Ohio. December 30, 1986.

"Transsexualism: Dilemmas in Diagnosis", Good Samaritan Hospital, Dayton, Ohio. January 19, 1987.

"Transsexualism: Live Interview Presentation", Wright State University, Department of Psychiatry, Dayton, Ohio. January 20, 1987.

"Anxiety Disorders: New Treatment Approaches", Wright State University, Department of Family Practice, Dayton, Ohio. January 29, 1987.

"Gender Dysphoria", Wright State University Medical School, Dayton, Ohio. February 10, 1987.

"Bioethical Issues in Sex Reassignment", Good Samaritan Hospital, Dayton, Ohio. February 2, 1987.

"Mycobacterium xenopi Pulmonary Infection Complicated by Anorexia Nervosa", presentation at the 29th Annual Meeting of the Society of Air Force Physicians, New Orleans, Louisiana. March 23, 1987.

"The Transsexual Flight into Hypermasculinity", presentation at the Tenth International Symposium on Gender Dysphoria, Amsterdam, The Netherlands. June 10, 1987.

"Grand Rounds: Gender Disorders", Institute of Living, Hartford, Connecticut, April 30, 1987.

"Affective Disorders", three hour lecture series, Wilford Hall Medical Center, San Antonio, Texas, September, 1987.

"Grand Rounds: Transsexualism", Maine Medical Center, Portland, Maine, November 4, 1987.

"Opportunistic Infection in Anorexia Nervosa", 34th Annual Meeting of The Academy of Psychosomatic Medicine, Las Vegas, Nevada, November 14, 1987.

"Grand Rounds: Gender Disorders, An Overview", Wilford Hall Medical Center, San Antonio, Texas, December 17, 1987.

"Women Who Marry Transvestites", accepted for presentation at XXI Annual Meeting of AASECT, San Francisco, California, April 26, 1988 (no funding available).

"Psychiatric Manifestations of HIV Infection", Texas Medical Association Annual Session, San Antonio, Texas, May 13, 1988.

"Introduction to Gender Disorders", University of Texas Health Science Center, San Antonio, Grand Rounds, September 27, 1988.

- "Transsexualism and Gender Disorders", Bexar County Psychiatric Society, San Antonio, Texas, October 18, 1988.
- "Psychiatric Diagnoses in HIV-seropositive Air Force Personnel", Maine Medical Center, Portland, Maine, November 5, 1988.
- "Symposium on HIV-seropositivity and Psychiatry", Program Coordinator, Behavioral Health Sciences Symposium, Sheppard AFB, Wichita Falls, Texas, November 8, 1988.
- "Childhood Gender Disorders", Laurel Ridge Hospital, San Antonio, Texas, January 24, 1989.
- "Prospective Study of Psychiatric Morbidity in HIV-seropositive Women", Annual Meeting of the American Psychosomatic Society, San Francisco, California, March 10, 1989.
- "Psychiatric Findings in HIV-seropositive Air Force Women", Walter Reed Army Institute of Research, Bethesda, Maryland, March 31, 1989.
- "Psychiatric findings in HIV-seropositive persons in a mandatory HIV screening program", (abstract and poster session, with J Rundell, S Paolucci), Fifth International Conference on AIDS, Montreal, Canada, June 5, 1989.
- "Alcohol Use and HIV-seropositivity", (poster presentation, with K Drexler, J Rundell), American Psychiatric Association Annual Meeting, San Francisco, California, May, 1989.
- "Current Legal Status of Transsexualism in the Military Setting", Eleventh International Symposium on Gender Dysphoria, Cleveland, Ohio, September, 1989.
- "Grand Rounds: Transsexualism in the Military", Wilford Hall Medical Center, December 14, 1989 (videotape available on request).
- "Psychosexual and Gender Disorders", 6 session advanced seminar for psychiatric residents, University of Texas Health Science Center, San Antonio, January to February, 1990.
- "Update on HIV Psychiatric Research in the USAF: 1990", Behavioral Health Sciences Symposium, Wichita Falls, Texas, 25 April, 1990.
- "Psychiatric Morbidity in HIV-seropositive Women without AIDS", 143rd Annual Meeting of the American Psychiatric Association, New York, May 14, 1990.
- "HIV Infection and Perception of Social Support", (Rundell, Ursano, Brown), 143rd Annual Meeting of the American Psychiatric Association, New York, May 14, 1990.
- "Relative Frequency of HIV Disease as a Cause of Mood Disorder in a General Hospital", (Rundell, Brown), Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17, 1990.
- "CSF Parameters, Immune Status, Serum Viral Titers, Anxiety, and Depression in HIV Disease", (Rundell, Praus, Brown), Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17, 1990.
- "CSF Findings and Request for Psychiatric Examination in HIV-Infected Patients", (Rundell, Brown, et al.), poster presentation, Neurological and Neuropsychological Complications of HIV Infection Conference, Monterrey, California, June 17-19, 1990.
- "Methods Employed by and Length of Knowledge of HIV-Seropositivity of HIV-infected Suicide Attempters", (Rundell, Brown, Kyle, et al.), 37th Annual Meeting of the Academy of Psychosomatic Medicine, Phoenix, Arizona, November 18, 1990.
- "Psychiatric Morbidity in HIV-seropositive Women: Results of a Three Year Prospective Study", (Brown, Rundell, Temoshok, et al.), 37th Annual Meeting of the Academy of Psychosomatic Medicine, Phoenix, Arizona, November 16, 1990.
- "Psychiatric Issues in the Evaluation of Spouses of Cross-dressers," Fairfax Hospital, Falls Church, Virginia, November 30, 1990.
- "Measurement of Negative Affect in HIV-seropositive Individuals," (Jenkins, Carey, Temoshok, Brown, et al.), 12th Annual Meeting of The Society of Behavioral Medicine, Washington, D.C., March 20, 1991.
- "Psychiatric and Neuropsychiatric Morbidity in Early HIV Disease," Grand Rounds presentation with S. McManis, University of Texas Health Science Center, San Antonio, Texas, April 30, 1991.

- "Neuropsychiatric Impairment Early in the Course of HIV Infection," (McManis, Brown, Zachary, et al.), 7th International Conference on AIDS, Florence, Italy, June 17, 1991.
- Nine presentations/new research posters/symposia presented at the 144th Annual Meeting of the American Psychiatric Association, New Orleans, Louisiana, May 11-15, 1991 (see Publications section, #50-58, for titles).
- Two presentations at the 7th International Conference on AIDS, Florence, Italy, June 15-17, 1991 (see Publications section, #59-60, for titles).
- "Methodological Advantages of Comprehensive Multidisciplinary Consultation-Liaison Psychiatry Research: HIV Research as a Model," (Rundell, Temoshok, Brown, et al.), Annual Meeting of the Academy of Psychosomatic Medicine, Atlanta, Georgia, October 17, 1991.
- "HIV Psychiatric Research in the Air Force," Grand Rounds presentation, Mayo Clinic, Rochester, Minnesota, July 9, 1991.
- "Neuropsychiatric Morbidity in early HIV Disease: Implications for Military Occupational Function," (Brown, Rundell, McManis, Kendall), Aerospace Medicine Symposium on Allergic, Immunological, and Infectious Disease Problems in Aerospace Medicine, NATO Advisory Group for Aerospace Research and Development Conference, Rome, Italy, October, 1991; presented by J. Rundell in my absence due to lack of funding.
- Four oral presentations and two poster presentations at the First International Conference on the Biopsychosocial Aspects of HIV Infection, Amsterdam, The Netherlands, 22-25 September, 1991 (see Publications section, #61-66, for titles).
- "Biopsychosocial HIV Research in the U.S. Military," Invited Grand Rounds presentation, University of South Dakota School of Medicine, Sioux Falls, South Dakota, October 25, 1991.
- "Biopsychosocial Issues in Treating HIV-seropositive Women," Fairfax Hospital Evening CME Lecture Series, Falls Church, Virginia, December 11, 1991.
- "Psychiatric Issues in Women with HIV," Fairfax County Health Department, Falls Church, Virginia, December 12, 1991.
- "Suicidality in Men with Early HIV Disease," American Psychosomatic Society 50th Annual Meeting, New York, New York, April 1, 1992.
- USAF HIV "Train-the-Trainer" Course; course organizer, presenter, and comprehensive course assessment (pretest, posttests), San Antonio, Texas, April 7-9, 1992.
- "Clinical Utility and Diagnostic Sensitivity of the Michigan Alcoholism Screening Test in Patients with HIV Disease," (Rundell, Brown), Annual Meeting of the Academy of Psychosomatic Medicine, San Diego, CA, October 31, 1992.
- "Longitudinal Neuropsychological Findings in HIV Positive Males," (Goethe, Richie, Brown, et al), 8th International AIDS Conference, Amsterdam, The Netherlands, July 20, 1992.
- "HIV and Women: Challenge for the 90's," Grand Rounds presentation, Geisinger Medical Center, Danville, PA, August 6, 1992.
- "Psychosocial Dimensions of Depression in Early HIV Disease," (Jenkins R, Rundell J, Brown G, Law W, Temoshok L), Annual Meeting of the American Psychological Association, Washington, D.C., August 15, 1992.
- "Psychiatric Presentations of HIV Disease," AIDS and Mental Health Program sponsored by San Antonio VA and UTHSC-SA, Corpus Christi, TX, September 18, 1992.
- "Major Depression in HIV Disease Before AIDS: Clinical Features and Associated Factors," (Rundell J, Brown G, Jenkins R, Kendall S, Temoshok L), Annual Meeting of the Academy of Psychosomatic Medicine, San Diego, CA, 29 October, 1992.
- "HIV Risk Behavior Surveys in the U.S. Military -- What Have We Learned?," Wilford Hall Medical Center Scientific Group Meeting, San Antonio, TX, 16 November 1992.
- "Biopsychosocial Aspects of Early HIV Disease in Women," Grand Rounds, Michigan State University/St. Lawrence Hospital, Lansing, MI, 18 December 1992.
- "Methodological Issues in Assessing Risk Behaviors in an HIV Sero-positive Military Sample," (Coyle C, Blake S, Brown GR, Ledsky R, Temoshok L), Special

- Citation Poster Presentation, Proceedings of the Fourteenth Annual Meeting of the Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.
- "Gender differences in transmission risk behavior, affect, and social support in HIV-positive individuals," (Nannis E, Temoshok L, Jenkins R, Blake S, Sharp E, Jenkins P, Brown G, Patterson T, Coyle C, Brandt U, Johnson C), Proceedings of the Fourteenth Annual Meeting of The Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.
- "Psychosocial stressors and vulnerability to psychiatric distress in early-stage HIV," (Zachary R, Brown GR, Kendall S, Coyle C, McManis S), Proceedings of the Fourteenth Annual Meeting of The Society of Behavioral Medicine, San Francisco, CA, March 10, 1993.
- "Establishing databased research in an academic department of psychiatry," invited address to the Department of Psychiatry, Jefferson Medical College, College of Physicians, Philadelphia, PA, April 30, 1993.
- Two Workshops, three poster sessions, 1993 Annual Meeting of the American Psychiatric Association, San Francisco, CA, May 22-24, 1993.
- "Treating Depression in Early HIV Disease," Grand Rounds, Oklahoma University School of Medicine, Oklahoma City, OK, December 1, 1993.
- "Diagnosis and Treatment of Transvestism," Tulane University School of Medicine, Department of Psychiatry presentation, December 2, 1993.
- "Psychiatric Disorders in Early HIV Disease," Grand Rounds, Tulane University School of Medicine, New Orleans, LA, December 3, 1993.
- "Diagnosis and Treatment of Gender Identity Disorders," invited presentation at Keesler Air Force Base Medical Center, Biloxi, MS, January 13, 1994.
- "Personality Disorders in HIV-positive Persons: Association with Other Measures of Psychiatric Morbidity," poster presentation, (Richards J, McManis S, Brown G), Annual Meeting of the American Psychiatric Association, Philadelphia, PA, May 23, 1994.
- "Psychiatric Issues in HIV/AIDS," invited presentation, Huntsville Mental Health Community, Huntsville Space and Science Center, Huntsville, AL, November 12, 1994.
- "Diagnosis and Treatment of Gender Identity Disorders," Grand Rounds, Tulane University School of Medicine, New Orleans, LA, April 29, 1994.
- "Management of Depression in Early HIV Disease," Upper East Tennessee Psychiatric Association Meeting, Kingsport, TN, June 2, 1994.
- "Sertindole in the Treatment of Chronic Schizophrenia: a Phase III Controlled Trial," Grand Rounds, East Tennessee State University, Johnson City, TN, September 30, 1994.
- "New Onset of Sexual Dysfunction in HIV-seropositive Women: Results of a Prospective Study," 88th Annual Scientific Assembly of the Southern Medical Association, Orlando, Florida, November 3, 1994.
- "Gender Identity Disorders in the VAMC Setting," Grand Rounds, Atlanta VAMC, December 13, 1994.
- "Managing Depression in Early Stage HIV Disease," Grand Rounds, Salem VAMC, December 22, 1994.
- "Biopsychosocial Aspects of HIV Disease in Men," Invited Speaker, Mississippi Pharmacists Association MidWinter Meeting, Jackson, MS, February 12, 1995.
- "Biopsychosocial Aspects of HIV Disease in Men," Invited Speaker, Mississippi Pharmacists Association MidWinter Meeting, Oxford, MS, February 19, 1995.
- "Biopsychosocial Aspects of HIV Disease in Women," Grand Rounds, East Tennessee State University, Johnson City, TN, March 17, 1995.
- "Managing Insomnia," primary care provider educational meeting, Bristol, TN, May 22, 1995.
- "Diagnosis and Treatment of Gender Identity Disorders: DSM-IV Approach," Grand Rounds, Geisinger Medical Center, Danville, PA, June 15, 1995.
- "Psychosocial Characteristics of 739 Transgendered Men," (Brooks G, Brown GR,

- Askew J), 41st Annual Meeting of the Southeastern Psychological Association, Savannah, GA, March 12, 1995.
- "Personality Characteristics and Sexual Functioning of 188 American Transgendered Men: Comparison of Patients with Nonpatients." 14th Harry Benjamin International Gender Dysphoria Symposium, Irsee/Ulm Germany, September 9, 1995.
- "Sertindole HCl: A Novel Antipsychotic With a Favorable Side Effect Profile." 89th Scientific Assembly of the Southern Medical Association, Kansas City, Missouri, November 17, 1995.
- "Long term Safety of Treatment with Sertindole, a Novel Antipsychotic." (Radford M, Brown GR, Matthew H) poster, 89th Scientific Assembly of the Southern Medical Association, Kansas City, Missouri, November 17, 1995.
- "Diagnosis and Newer Treatments for Schizophrenia." Invited Presentation. Central Appalachia Services, Kingsport, TN, December 7, 1995.
- "Personality and Sexuality in Transvestism." Grand Rounds, University of Texas Health Sciences Center, San Antonio, Texas, December 12, 1995.
- "HIV/AIDS and Sexuality." Grand Rounds, Wilford Hall Medical Center, San Antonio, Texas, December 14, 1995.
- "How Research Can Enhance Your Career." Invited Presentation to Department of Psychiatry, Wilford Hall Medical Center, San Antonio, Texas, December 13, 1995.
- "Conducting Research With Stigmatized Populations." Journal Club Presentation, University of Texas Health Sciences Center, Department of Psychiatry, San Antonio, Texas, December 12, 1995.
- "Sexuality in HIV/AIDS." Grand Rounds, Bowman Gray Medical School, Department of Psychiatry, Wake Forest University, Winston-Salem, North Carolina, January 19, 1996.
- "Gender Identity Disorders." Grand Rounds, Lakeshore Mental Health Institute, Knoxville, Tennessee, February 14, 1996.
- "New Approaches to the Management of Schizophrenia," Helen Ross McNabb Center, Knoxville, Tennessee, February 14, 1996.
- "Diagnosis and Management of Gender Dysphoria," Grand Rounds, University of Alabama at Birmingham, March 5, 1996.
- "Depression and Primary Care," Morristown, TN Primary Care Provider's CE Group, Morristown, TN, June 27, 1996.
- "Personality and Sexuality in Transgendered Men," paper presentation, American Psychological Association, Toronto, Canada, August 13, 1996.
- "Gender Identity Disorders," paper presentation at Southern Psychiatric Association Annual Meeting, Santa Fe, New Mexico, September 25, 1996.
- "Sleep Disorders," Grand Rounds, Salisbury VAMC, Salisbury, North Carolina, August 21, 1996.
- "Depression in Primary Care Settings," Nurse Practitioner-Physician Assistant Association of Northeast Tennessee, Johnson City, Tennessee, September 11, 1996.
- Visiting Professorship, Menninger Clinic and Foundation; included Grand Rounds, case presentation and discussion, meetings with residents and staff; Topeka, KS, October 10-11, 1996.
- "New Approaches to the Treatment of Schizophrenia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, Tennessee, October 30, 1996.
- "HIV Disease in Women: Sexual Manifestations," symposium presentation at Academy of Psychosomatic Medicine Annual Meeting, San Antonio, Texas, November 14, 1996.
- "HIV and Sexuality," Grand Rounds, Atlanta VAMC/Emory University, Atlanta, Georgia, December 3, 1996.
- "Santa Claus is a Cross-Dresser (and so are his little elves)," invited address for the Upper East Tennessee Psychiatric Association, a component of the Tennessee District Branch of the American Psychiatric Association, Johnson City, TN, December 9, 1996.
- "Depression and Sexuality," Tazewell County Medical Society, Richlands, Virginia,

March 25, 1997.

"Identifying and Treating Depression in Primary Care," Annual Meeting of the Nurse Practitioner's and Physician's Assistants of East Tennessee, Johnson City, TN, March 25, 1997.

"Managing Sexual Side Effects of Antidepressant Treatment," Harlan County Medical Society, Harlan, Kentucky, March 11, 1997.

"Depression and Intimacy," Chatanooga Psychiatric Society, Chatanooga, TN, April 21, 1997.

"Depression and Sexuality," Lakeshore Mental Health Institute Grand Rounds, Knoxville, TN, April 9, 1997.

"Managing Sexual Side Effects of Antidepressants," Southern Highlands Pharmacist's Society, Abingdon, Virginia, April 29, 1997.

"Transgendered Families," Lakeshore Mental Health Institute Grand Rounds, Knoxville, TN, April 30, 1997.

"Depression and Intimacy," Buchanan County Medical Society, Grundy, VA, May 8, 1997.

"Depression, Sexuality, and Treatment," Highlands Psychiatric Society, Abingdon, VA, May 9, 1997.

"Managing Sexual Side Effects of Antidepressants in Primary Care," Chatanooga Family Practice Association, Chatanooga, TN, May 20, 1997.

"Double Trouble: Depression and Anxiety in Primary Care," LeFlore County Medical Center, Greenwood Mississippi, May 29, 1997.

"HIV and Sexuality," ETSU Medicine and Sexuality Symposium, Johnson City, TN, June 13, 1997.

"Depression and Sexuality," ETSU Medicine and Sexuality Symposium, Johnson City, TN, June 13, 1997.

"Transgenderism," Grand Rounds, Overlook Mental Health Center, Knoxville, TN, June 25, 1997.

"Managing Sexual Side Effects of Antidepressants in Primary Care," Wise County Medical Society, Norton, Virginia, July 11, 1997.

"APA Guideline on the Treatment of Schizophrenia," Smoky Mountain Chapter of the Tennessee Psychiatric Association, Knoxville, TN, July 22, 1997.

"Nicotine Dependence: Kicking the Habit," August Monthly Meeting of the Tricities Nurse Practitioner-Physician Assistants Association, Johnson City, TN, August 14, 1997.

"Biopsychosocial Issues in Women with HIV Disease," Monthly Meeting of OB-GYN Society of Tricities, Johnson City, TN, August 26, 1997.

"Revision of the HBGDA Standards of Care: Opportunities and Controversies," Biannual Meeting of the Harry Benjamin International Gender Dysphoria Association, Vancouver, British Columbia, Canada, September 11, 1997.

"Anxiety and Depression in Primary Care: Double Trouble," Primary Care Grand Rounds, Fort Campbell, KY, October 1, 1997.

"Treatment Guidelines for Schizophrenia," Psychiatry Grand Rounds, Lexington VAMC, Lexington, KY, September 17, 1997.

"Gender Dysphoria in the Military Setting," Grand Rounds, Wilford Hall Medical Center, San Antonio, TX, December 18, 1997.

"Clinical Issues in Transgendered Families," Grand Rounds, University of Texas Health Sciences Center, San Antonio, December 16, 1997.

"Depression and Sexuality," Southwest Virginia Counsel of Nurse Practitioners, Abingdon, Virginia, November 1, 1997.

"Depression and Anxiety Disorders in Primary Care," Annual Meeting of the Nurse Practitioner Physician Assistant Association of Northeast TN, Johnson City, TN, February 23, 1998.

"Differentiating SSRI's in Clinical Practice," Richmond Psychiatric Society Meeting, Richmond, VA, January 22, 1998.

"Gender Identity Disorders," Grand Rounds, University of VA, Roanoke, VA, February 19, 1998.

- "Smoking Cessation: Modern Approaches," Monthly Meeting of the East TN Hospital Pharmacists Association, Kingsport, TN, February 24, 1998.
- "Identification and Treatment of Gender Dysphoria Syndromes," Grand Rounds, University of Mississippi, Jackson, MS, February 27, 1998.
- "Gender Dysphoria Syndromes in Primary Care," Nurse Practitioner Physician Assistant Association of Northeast TN, Kingsport, TN, March 19, 1998.
- "Treatment Guidelines for Schizophrenia," Grand Rounds, University of Kentucky, Louisville, KY, April 23, 1998.
- "Gender Identity Disorders," Grand Rounds, University of Alabama at Huntsville, Huntsville, AL, May 21, 1998.
- "Nicotine Reduction Strategies," Grand Rounds, Southwest Virginia Mental Health Institute, Marion, VA, May 27, 1998.
- "Depression and Anxiety Management in Primary Care," East Tennessee State University Dept. of Psychiatry Symposium on "Psychiatry in the Trenches", Johnson City, TN, June 12, 1998.
- "Managing Depression in Primary Care," Grand Rounds, Internal Medicine Department, East Tennessee State University, Johnson City, TN, June 16, 1998.
- "Mood Disorders in Women," Roanoke Psychiatric Society, Roanoke, VA, June 17, 1998.
- "Gender Identity Disorders," Grand Rounds, Loyola University Strich School of Medicine, Chicago, IL, June 18, 1998.
- "Standards of Care for Gender Identity Disorders," Grand Rounds, University of Louisiana, Baton Rouge, LA, July 21, 1998.
- "Depression and Sexuality," Fall Symposium of the Mental Health Association of Knoxville, September 11, 1998.
- "Pharmacotherapy of Agitation in the Elderly," Kentucky Pharmacists' Association, Lexington, Kentucky, September 20, 1998.
- "Women and Mood/Anxiety Disorders," monthly meeting of the Nurse Practitioners-Physician Assistants, Johnson City, TN, October 1, 1998.
- "Killing the Bore: How to Give Effective Medical Presentations That Keep an Audience Awake," Grand Rounds, ETSU Dept. of Psychiatry, Johnson City, TN, October 16, 1998.
- "Pharmacologic Management of Agitation in the Elderly," Detroit Psychiatric Society, Detroit, Michigan, December 22, 1998.
- "Nicotine Dependence: Kicking the "Habit," Wise County Medical Society, Wise, Virginia, January 14, 1999.
- "Mood Disorders in Women," Chatanooga Psychiatric Society, Chattanooga, TN, January 18, 1999.
- "From Menarche to Menopause: Mood and Anxiety Disorders in Women," Greene County Medical Society, Greeneville, TN, February 2, 1999.
- "From Menarche to Menopause: Mood and Anxiety Disorders in Women," Annual Meeting of the TriCities Nurse Practitioner-Physician Assistant Association, Johnson City, TN, February 23, 1999.
- "Comparison of Risperidone and Olanzapine: RIS-112 Study," Upper East TN Psychiatric Society, Johnson City, TN, March 4, 1999.
- "New Directions in Treating Schizophrenia," CME, Inc. sponsored faculty member, Los Angeles, California, March 27, 1999.
- "Pharmacologic Management of Agitation in Dementia," University of Alabama Pharmacotherapeutics Conference, Huntsville, AL, April 24, 1999.
- "Mood and Anxiety Disorders in Women," University of Alabama Pharmacotherapeutics Conference, Huntsville, AL, April 24, 1999.
- "Behavioral Problems in Dementia," Grand Rounds, Alvin York VAMC, Murfreesboro, TN, April 29, 1999.
- "Pharmacological Management of Agitation in Dementia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, May 7, 1999.
- "Psychiatric Disorders in Women," Women's Health Symposium, University of Alabama,

Huntsville, AL, May 14, 1999.

"Loxitane: A New Look at an Old Drug," Lakeshore Mental Health Institute, Knoxville, TN, June 4, 1999.

"Psychiatric Disorders in Women," University of Tennessee at Knoxville, OB-GYN Grand Rounds, June 4, 1999.

"Working With Transgendered Clients," workshop presented at A Search for New Understanding of Lesbian, Gay, and Bisexual Issues, East Tennessee State University, Johnson City, TN, September 24, 1999.

"Optimizing Treatment for Schizophrenia", CME, Inc. Symposium, Cleveland, Ohio, September 25, 1999.

"Diagnosis and Treatment of Depression in Primary Care," Grand Rounds, James H. Quillen VA Medical Center-ETSU Department of Medicine, Johnson City, TN, September 28, 1999

"Gender Identity Disorder," Annual Meeting of the Southern Psychiatric Association, Hot Springs, Virginia, September 30, 1999.

"Management of Insomnia," Annual Meeting of the Tennessee Association of Physicians' Assistants, Gatlinburg, TN, October 12, 1999.

"Sexual Dysfunction in Primary Care Practice," Behavioral Health in Primary Care Symposium, East Tennessee State University, Johnson City, TN, October 16, 1999.

"Management of Insomnia: New Directions," monthly meeting of the Upper East Tennessee Psychiatric Association, Bristol, TN, October 19, 1999.

"Depression and Anxiety in Women Through the Life Cycle," Johnson City Women's Health Center Grand Rounds, Johnson City, TN, October 27, 1999.

"Selecting Antidepressant Treatment," invited presentation and panel discussion, New Orleans Academy of Internal Medicine, January 10, 2000.

"Managing Insomnia in Primary Care," Grand Rounds, Holston Valley Medical Center, Kingsport, TN, January 31, 2000.

"Gender Identity Disorders." Grand Rounds, University of Cincinnati, Cincinnati, OH, January 26, 2000.

"Selecting Antidepressants in Primary Care," Rural Health Cooperative, Kingsport, TN, February 7, 2000.

Visiting Professor, Loyola University Medical School, Chicago, IL (two presentations), February 10, 2000.

"Managing Insomnia in the New Millennium," Annual Meeting of the East TN Nurse Practitioner's and Physicians' Assistants Association, Johnson City, TN, February 22, 2000.

"Sexual Dysfunction in Primary Care," Annual Meeting of the East TN Nurse Practitioner's and Physicians' Assistants Association, Johnson City, TN, February 22, 2000.

"Depression and PTSD in Women," Grand Rounds, Department of OB-GYN, University of Tennessee, Knoxville, March 17, 2000.

"Depression and Anxiety in Primary Care Practice," Grand Rounds, Department of Internal Medicine, University of Tennessee, Knoxville, March 16, 2000.

"Diabetes, Glucose Regulation, and Schizophrenia," Upper East Tennessee Psychiatric Society, Johnson City, TN, April 13, 2000

"Sexual Dysfunction in Primary Care Practice," Annual Meeting of the Tennessee Osteopathic Medicine Association, Chatanooga, TN, May 7, 2000.

"Diabetes, Weight Gain, and Schizophrenia," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, July 20, 2000.

"Bipolar Disorder: Monotherapy versus Combination Therapy", national CME Category I lecture series sponsored by Medical Education Resources and Curry, Martin, and Schiavelli, to 17 cities between May and November, 2000.

"Managing Depression and Anxiety Disorders," invited presentation to the Annual Meeting of the Tennessee Academy of Family Practice, Jackson, TN, August 19, 2000.

"Managing Insomnia," monthly meeting of the Tazwell County Medical Society, Richlands, Virginia, August 23, 2000.

"Sexual Dysfunction," Grand Rounds, ETSU Department of OB/GYN, Johnson City, TN, September 6, 2000.

"Depression and Sexuality," Grand Rounds, Holston Valley Hospital, Bristol, TN, September

- 25, 2000.
- "Depression and Anxiety in Primary Care: Case Conference/Grand Rounds," Southern Medical Association Annual Meeting, Orlando, Florida, November 2, 2000.
- "Depression in Primary Care Settings," Hamblen County Medical Society, Morristown, TN, November 21, 2000.
- "Sleep Disorders," Nurse Practitioners-Physicians Assistant Association Monthly Meeting, Johnson City, TN, December 7, 2000.
- "CD-ROM Workshop, Anxiety and Depression", Annual Meeting of the Holston Valley Nurse Practitioners-Physicians Assistants Association, Johnson City, TN, February 26, 2001.
- "The Harry Benjamin Standards of Care in Prison: Benefits for Transsexual Healthcare," International Foundation for Gender Education Annual Symposium, Chicago, IL, March 24, 2001.
- "Why Internists Should Care About Treating Depression," Grand Rounds, Department of Internal Medicine, ETSU, Johnson City, TN, April 3, 2001.
- "Antidepressants: Effective Side Effect Management," Annual Meeting of the Tennessee Osteopathic Medicine Association, Memphis, TN, April 21, 2001.
- "Gender Identity Disorder: Management," invited presentation, Smokey Mountain Chapter of the Tennessee Psychiatric Association, Knoxville, TN, April 24, 2001.
- "Gender Identity Disorder," Grand Rounds, Department of Psychiatry, Memphis VAMC, May 24, 2001.
- "Antipsychotic Efficacy Uncompromised by Side Effects," Grand Rounds, Department of Psychiatry, UT Memphis, May 25, 2001.
- "Sexual Dysfunctions in Primary Care," International Medical Update Symposium, Johnson City, TN, August 2, 2001.
- "Diagnosis and Treatment of Gender Dysphoria," Grand Rounds, Department of Psychology, James H. Quillen VAMC, August 3, 2001.
- "Management of Bipolar Disorder," Grand Rounds, Meharry Medical College, Nashville, TN, August 21, 2001.
- "Medical Treatment of Agitation in Dementia," Fall Symposium of the Mental Health Association of Knoxville, September 13, Knoxville, TN.
- "Monotherapy vs. Combination Therapy in the Management of Mania," Fall Symposium of the Mental Health Association of Knoxville, September 14, Knoxville, TN
- "Optimizing Treatment for Bipolar Disorder," quarterly meeting of the Upper East Tennessee Psychiatric Association, Johnson City, TN, September 20, 2001.
- "Gender Identity Disorders: Diagnosis and Management," Grand Rounds, Institute of Living/Hartford Hospital Departments of Psychiatry and Psychology, Hartford, CT, October 17, 2001.
- "Gender Identity Disorder Complicated by Dissociative Identity Disorder: Report of a Successful Case," XVII Symposium of the Harry Benjamin International Gender Dysphoria Association, Galveston, TX, November 3, 2001.
- "Mood Disorders in Women," monthly meeting of the TriCities Nurse Practitioners Association, Johnson City, TN, December 10, 2001.
- "Substance Use Disorders Complicating Common Psychiatric Disorders," Grand Rounds, Holston Valley Hospital, Bristol, TN, December 18, 2001.
- "Women's Health Issues in Psychiatry," OB-GYN Grand Rounds, East Tennessee State University, Johnson City, TN, May 8, 2002.
- "Matching the Neurotransmitter to the Patient," ½ day CME presentation, World Medical Conferences, Jackson, Mississippi, May 18, 2002.
- "Matching the Neurotransmitter to the Patient," ½ day CME presentation, World Medical Conferences, Albany, New York, June 1, 2002.
- "Killing the Bore: How to Give Effective Medical Presentations That Keep People Awake," Grand Rounds, Dept. of Psychiatry, ETSU, Johnson City, TN, August 9, 2002.
- "Current Issues in Treatment of Dementia," Roanoke Psychiatric Society, Roanoke, VA, June 26, 2002.
- "Comfort Foods: Should We Just Surrender Now?," Northeast Tennessee Nurse Practitioner's Association Annual Meeting, Bristol, TN, September 14, 2002.

- "Gender Identity Disorders: Diagnosis and Management," Psychiatry Grand Rounds, University of Florida, Gainesville, Florida, September 20, 2002.
- "Gender Identity Disorders: Diagnosis and Management," Psychiatry Grand Rounds, Meharry Medical College, Nashville, TN, October 9, 2002.
- "New Issues in the Management of Bipolar Disorder," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, October 5, 2002.
- "Pharmacological Management of Dementia," Psychiatry Grand Rounds, Western State Hospital, Staunton, Virginia, March 19, 2003.
- "Appropriate Use of Antipsychotics in Primary Care Practice," Tricounty Medical Society Meeting, Johnson City, TN, April 3, 2003.
- "Appropriate Use of Antipsychotics in Primary Care Practice," 2003 Primary Care Conference, Johnson City, TN, April 1, 2003.
- "Pharmacological Management of Dementia," Grand Rounds, Gaston Memorial Hospital, Gastonia, NC, May 13, 2003.
- "Brown G R, McBride L, Williford W, Bauer M: Impact of childhood sexual abuse on bipolar disorder. Proceedings of the 5th International Conference on Bipolar Disorders, Pittsburgh, PA, 2003 (poster presented by Dr. Bauer in my absence).
- "Aripiprazole Use in Psychiatry," Grand Rounds, Lakeshore Mental Health Institute, Knoxville, TN, August 22, 2003.
- "Use of Anticonvulsants in Psychotic Disorders," Tennessee Psychiatric Association, Smoky Mountain Chapter Meeting, Knoxville, TN, August 28, 2003.
- "Application of the Harry Benjamin International Gender Dysphoria Association's Standards of Care to the Prison Setting: Recent Victories for Transgender Healthcare in the USA," 18th Biennial Symposium of the HBGDA, Gent, Belgium, September 11, 2003.
- "Family and Systems Aggression Towards Therapists Working with Transgendered Clients," 18th Biennial Symposium of the HBGDA, Gent, Belgium, September 12, 2003.
- "Impact of Childhood Abuse on Disease Course in Veterans with Bipolar Disorder," 97th Annual Meeting of the Southern Medical Association, Atlanta, Georgia, November 8, 2003.
- "Gender Dysphoria: Diagnosis and Management," Grand Rounds presentation, Marshall Medical School, Huntington, West Virginia, January 9, 2004.
- "Gender Dysphoria: Diagnosis and Management," Grand Rounds presentation, Catawba State Hospital, Roanoke, Virginia, March 17, 2004.
- "Treatment Resistant Schizophrenia," Grand Rounds presentation, Broughton State Hospital, Morganton, North Carolina, March 25, 2004.
- "Antipsychotic Use in Geriatric Populations," Grand Rounds presentation, Tampa VAMC, Tampa, Florida, April 23, 2004.
- "Gender Identity Disorders," Grand Rounds presentation, University of TN College of Medicine, Memphis, TN, May 14, 2004.
- "Overcoming Barriers to Treatment Success in Chronic Mental Illnesses," Grand Rounds, Salisbury VAMC, Salisbury, NC, June 3, 2004.
- "Dissociative Identity Disorder Comorbid with Gender Identity Disorder: Review of the Literature and Long-term Case Presentation," Southern Psychiatric Association, Savannah, Georgia, October 2, 2004.
- "Bipolar Disorder in Primary Care," CME Cat 1 presentation, Knoxville, TN, December 1, 2004.
- "Bipolar Disorder and Impulsive Aggression in Primary Care Settings," CME Cat 1 presentation to Tricities Nurse Practitioner Association, December 16, 2004.
- "Overcoming Barriers to Treatment in Chronic Mental Illnesses," North Carolina Advanced Practice Nurses Association, Greensboro, NC, February 13, 2005.
- "Bipolar Disorder in the Primary Care Setting: What to do?," 9th Annual Update for Nurse Practitioners, Johnson City, TN, March 21, 2005.
- "Current Controversies in the Use of SSRI's," TriCounty Medical Society, Johnson City, TN, May 5, 2005.
- "Transgender client aggression towards therapists," XIX Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association, Bologna, Italy, April 9, 2005.
- "Gender identity disorder comorbid with dissociative identity disorder: review of the literature and 7 year followup case presentation. XIX Biennial Symposium of the Harry Benjamin

- International Gender Dysphoria Association, Bologna, Italy, April 9, 2005.
- "Current Controversies in the Use of SSRI's," CME symposium, Southern Medical Association 9th Annual Scientific Symposium, San Antonio, TX, November 12, 2005.
- "Gender Identity Disorder: Diagnosis and Management," Grand Rounds, University of South Florida, Tampa, Florida, January 6, 2006 (Videotaped version of presentation available at www.TheCJC.com).
- "Gender Identity Disorders," East Tennessee State University Women's Health Program, CME Cat 1 symposium, Johnson City, TN, March 24, 2006.
- "Update on Bipolar Disorder," Millennium Center, CME Cat I program, Johnson City, TN, March 31, 2006.
- "Dealing with Chronic Mental Illness: Barriers to Treatment Success," Southside Virginia Psychiatric Society Quarterly Meeting, Richmond, Virginia, April 3, 2006.
- "Management of Gender Identity Disorders," Intermountain Psychological Association, invited presentation, Johnson City, TN, June 8, 2006.
- "Transgender Health Issues," Emory and Henry Lyceum Series, Emory, Virginia, September 18, 2006.
- "Impact of Childhood Abuse in Veterans with Bipolar Disorder," 65th Annual Scientific Meeting of the Southern Psychiatric Association, Baltimore, Maryland, September 29, 2006.
- "Appropriate Use of Antipsychotics in Primary Care Settings," 100th Annual Meeting of the Southern Medical Association, Charlotte, NC, October 14, 2006.
- "Impact of Childhood Abuse on the Course of Bipolar Disorder," Keynote speaker, Perspectives In Health, Texas Department of State Health Services Annual CME Symposium, Austin, Texas, October 27, 2006.
- "Autocastration as Surgical Self-Treatment in Incarcerated Persons with Gender Identity Disorder," Southern Psychiatric Association Annual Meeting, Memphis, TN, August, 2007.
- "Autocastration as Surgical Self-Treatment in Incarcerated Persons with Gender Identity Disorder," XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007.
- "Gender Identity Disorders in the Military and VA," Panel discussion and presentation. XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007.
- "Diagnosis and Treatment of Gender Identity Disorders," Mountain Update on Psychiatry, ETSU CME Symposium, October 19, 2007.
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the First Annual Gender Spectrum Health Fair, Sponsored by the Alliance for Gender Awareness, Inc and Rutgers Office of Social Justice Education LGBT Communities Rutgers University College, New Brunswick, NJ, November 8, 2007 (with R King et al, coauthors).
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the XX Biennial Symposium of the World Professional Association for Transgender Health, Chicago, Illinois, September, 2007 (with R King, et al, coauthors).
- "Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans," poster presentation at the Southern Medical Association Annual Scientific Meeting, Nashville, TN, September, 2008 (presented by E McDuffie on behalf of Brown, King, et al, coauthors).
- "Evaluation and Management of Gender Identity Disorders," Cat I, 1.5 hour CME program, Annual Meeting of the Alaska Psychiatric Association, Alyeska, Alaska, April 18, 2009.
- "Forensic Issues and Case Presentations on GID," Cat I, 1.5 hour CME program, Annual Meeting of the Alaska Psychiatric Association, Alyeska, Alaska, April 18, 2009.
- "70 Veterans with Gender Identity Disturbances: A Descriptive Study," XXI Biennial Symposium of the World Professional Association for Transgender Health, Oslo, Norway, June 18, 2009.
- "70 Veterans with Gender Identity Disturbances: A Descriptive Study," Annual Scientific Meeting of the Southern Medical Association, Dallas, Texas, December 4, 2009.

- “Overview of Autocastration and Surgical Self Treatment in Prisons”, National Commission on Correctional Healthcare Annual Meeting, October 10, 2010, Las Vegas, Nevada (invited two hour CME CAT I program)
- “Autocastration- Overview and Case Series Presentation,” Grand Rounds, East Tennessee State University, Johnson City, TN, April 29, 2011.
- “Providing Healthcare for Transgender and Intersex Veterans,” Live Meeting Series broadcast nationally by VA Talent Management System. Co-Presenters Leonard Pogache, MD, Meri Mallard, RN; CME category I credit for each of 3 programs completed, November 22 (2 programs) and November 30, 2011.
- “PBM Guidelines for Providing Care for Transgender and Intersex Veterans,” copresenter with Lisa Longo, Pharm.D, Live Meeting Series broadcast nationally by VA Talent Management System, May 10 and May 14, 2012.
- “Providing Culturally Competent Care for Transgender Veterans,” invited Keynote address at Houston VAMC for symposium (CEU accredited) on LGBT Veteran healthcare, Houston, TX, August 17, 2012.
- “Update on Version 7 of the WPATH Standards of Care,” invited Keynote address for Mountain Area Health Education Center’s Southeastern Summit on Transgender Healthcare, Category 1 CME accredited, Asheville, NC, August 24, 2012.
- “History of Transgender Healthcare in the Department of Veterans Affairs,” invited Keynote address for Mountain Area Health Education Center’s Southeastern Summit on Transgender Healthcare, Category 1 CME accredited, Asheville, NC, August 25, 2012.
- “Qualitative Analysis of Transgender Inmates’ Correspondence: Implications for health Services in Departments of Correction”, National Commission on Correctional Healthcare Annual Meeting, October 14, 2012, Las Vegas, Nevada (invited one hour CME CAT I program).
- “Cross Sex Hormonal Treatment for Transgender Veterans,” national Live Meeting for Women’s Health Program, Department of Veterans Affairs, July 16, 2013.
- “Transgender Health Care Training for VA Health Care Providers”, 3 hours Category 1 CME accredited , Minneapolis, MN, September 26, 2013.
- “Sex Reassignment Options”, national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, July 2, 2013.
- “Access to Care for Gender Dysphoric Inmates: Issues and Cases,” Invited plenary speaker for the 21st Annual Forensic Rights and Treatment Conference, sponsored by Drexel University College of Medicine, Category 1 CME credit (1.5 hours), Harrisburg, PA, December 5, 2013.
- “Forensic Aspects of Transgender Health Care in Prison,” Grand Rounds, East Tennessee State University, Category 1 CME, March 7, 2014.
- “Health Disparities Research: Suicidality in Gender Minorities as a Research Model,” Grand Rounds, East Tennessee State University, Category 1 CME credit, May 20, 2014.
- “Sex reassignment surgeries: female-to-male,” national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, June 24, 2014.
- “Sex reassignment surgeries: male-to-female,” national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, July 8, 2014.; December 2, 9, 16, 23, 2014; February 24, 2015.
- “Medico-Legal Aspects of Providing Transgender Healthcare for Inmates,” invited 2.5 hour presentation for national training program in LGBT healthcare for the Federal Bureau of Prisons, September 4, 2014.
- “Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study,” 32nd Annual Conference of the Gay and Lesbian Medical Association, Category 1 CME credit, Baltimore, MD, September 11, 2014.
- “Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study,” Vanderbilt University Grand Rounds, Department of Psychiatry, Cat 1 CME credit, Nashville, TN, September 26, 2014.
- “Mental health and medical outcome disparities in 5,135 transgender veterans: a case-control study,” Drexel University Grand Rounds, Department of Psychiatry, Cat 1

- CME credit, Philadelphia, PA, October 23, 2014.
- "Pharmacotherapy issues with gender dysphoria," College of Psychiatric and Neuropsychiatric Pharmacists, Annual Meeting, Cat I CME credit, Tampa, FL, April 19, 2015.
- "Lesbian, gay, bisexual, and transgender (LGBT) sociopolitical indicators and mental health diagnoses among transgender Veterans receiving VA care. Blosnich, J.R., Marsiglio, M.C., Gao, S., Gordon, A.J., Shipherd, J.C., Kauth, M., Brown, G.R., Fine, M.J. (2015, July). Department of Veterans Affairs Health Services Research & Development/Quality Enhancement Research Initiative National Conference, Philadelphia, PA, July, 2015.
- "Killing the Bore: How to Give Effective Medical Presentations," East Tennessee State University Department of Psychiatry and Behavioral Sciences Grand Rounds (Cat I CME), May 1, 2015.
- "Sex reassignment surgeries: male-to-female," national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, July 21, July 28, 2015
- "Sex reassignment surgeries: female-to-male," national presentation to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, September 15, September 22, 2015.
- "Transgender military service: Moving past ignorance in DoD and VHA," invited Keynote Address, Rush Medical University, Cat I CME credit, Chicago, IL, October 9, 2015.
- "Health correlates of criminal justice involvement in 4,793 transgender veterans. Poster Presentation at the Annual National Conference on Correctional Health Care, Denver, CO, October 18, 2015.
- "Open Transgender Military Service: Health Considerations," presentation to medical leadership of the USMC, Washington, DC, by videolink, January 27, 2016.
- "Sex reassignment surgeries; masculinizing and feminizing," national presentations to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, June 7 and 28, 2016.
- "Orange is not the new black—yet," Symposium on prison transgender mental health care and update on recent court cases supporting access to transgender health care in US prisons, 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat I CME (1.5 hours), June 20, 2016.
- "Harry Benjamin Plenary Lecture," invited Keynote address for the 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat 1 CME, June 18, 2016. Available at www.wpath2016.com, timer marker 4:20.
- "Health correlates of criminal justice involvement in 4,793 transgender veterans. Poster Presentation at the 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat I CME, June 18, 2016.
- "Breast cancer in a cohort of 5,135 transgender veterans over time," 24th Biennial Scientific Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, Cat 1 CME, June 20, 2016.
- "Impact of social determinants of health on medical conditions among transgender Veteran," Blosnich J, Marsiglio M, Dichter M., Gao S., Gordon M, Shipherd J, Kauth M, Brown G, Fine M. VA HSR&D Field-Based Meeting to Engage Diverse Stakeholders and Operational Partners in Advancing Health Equity in the VA Healthcare System. Philadelphia, PA, September, 2016

- "Current and past military context and overview of transgender military service," Caring for Transgender Persons in a Changing Environment, Walter Reed National Military Medical Center and Uniformed Services University of the Health Sciences, Bethesda, MD, Cat I CME, 13 September, 2016.
- "State of the Science: Current VHA research findings, policies, and transgender health care delivery model," Caring for Transgender Persons in a Changing Environment, Walter Reed National Military Medical Center and Uniformed Services University of the Health Sciences, Bethesda, MD, Cat I CME, September 13, 2016.
- "Social determinants of health and their associations with medical conditions among transgender veterans," presented by first author John Blosnich, Ph.D., Field-Based Meeting to Engage Diverse Stakeholders and Operational Partners in Advancing Health Equity in the VA Healthcare System, Philadelphia, PA, September 20, 2016.
- "Update on the Mountain Home Transgender Veteran Research Protocol," Grand Rounds, East Tennessee State University, Johnson City, TN, Cat 1 CME, September 23, 2016.
- "History of transgender people in the military," Southeastern Transgender Health Summit 2016 Overcoming Barriers, Mountain Area Health Education Center, Asheville, NC, Cat 1 CME, September 25, 2016.
- "Update on VA care for transgender veterans and summary of research." Southeastern Transgender Health Summit 2016 Overcoming Barriers, Mountain Area Health Education Center, Asheville, NC, Cat 1 CME, September 25, 2016.
- "Transgender inmates in prison: perspectives from expert witnesses," Symposium Chair and presenter, United States Professional Association for Transgender Health, First Scientific Meeting, Los Angeles, CA, Cat 1 CME (1.5 hours), February 3, 2017.
- "Changes in prescriptions of cross-sex hormones and psychotropic medications for 4,409 transgender veterans receiving services at VHA facilities," United States Professional Association for Transgender Health, First Scientific Meeting, Los Angeles, CA, Cat 1 CME, February 3, 2017.
- "Sex reassignment surgeries; masculinizing and feminizing," national presentations to VA SCAN-ECHO and regional consultation teams responsible for VA transgender health consultations, Cat I CME, 4 hours, February 21, 28; May 9, 16, 2017.
- "Transgender Health Care, Research, and Regulations in the Department of Defense," 4 hour/half day CME Cat I symposium (solo presenter), 2017 USMEPCOM Medical Leadership Training Seminar, San Antonio, TX, May 2, 2017.
- "Transgender Health Care, Research, and Regulations in the Department of Defense," 4 hour CME Cat I symposium (solo presenter), Department of the Army, Fort Knox, KY, July 25, 2017.
- "Transgender Health in the Prison Setting: Medical and Legal Issues," Oklahoma Department of Corrections statewide training workshop, Oklahoma City, OK, August 21, 2017.

SYMPOSIA ORGANIZED AND/OR MODERATED:

1. Psychosocial Aspects of HIV Disease in the Military, organizer/moderator/ presenter, Wichita Falls, Texas, 25 April, 1990.

2. Full Day Roundtable Symposium on Atypical Antipsychotics, organizer/moderator, Excerpta Medica, Asheville, North Carolina, 22 April, 1995.
3. Mountain Update on Anxiety Disorders, Course Director, East Tennessee State University, Blowing Rock, North Carolina, 28-29 April, 1995.
4. Medicine and Sexuality Course, Course Director, East Tennessee State University and James H. Quillen VAMC, Johnson City, TN, 13 June, 1997.
5. Half Day audiotaped symposium moderater/organizer on Innovative Uses of Atypical Antipsychotics, Excerpta Medica, Blackberry Inn, Townsend, TN, 16 November, 1997.
6. Novel Uses of Atypical Antipsychotics, Symposium Moderator, Marriot Griffin Resort, Janssen Research Foundation, Lexington, KY, 4 December, 1998.
7. Novel Uses of Atypical Antipsychotics, Symposium Moderator, Blackberry Inn, Townsend, TN, 10 April, 1999.
8. Psychiatry and Neurology Poster Session Moderator for Southern Medical Association's 97th Annual Scientific Assembly, Atlanta, Georgia, November 6, 2003.
9. Moderator for East Tennessee State University Department of Psychiatry monthly Journal Club/Critical Evaluation of the Literature series, 2002-2011.

TELEVISED and TAPED MEDIA EVENTS:

WKPT local television interview on sleep disorders, Johnson City, 1995.

TNN (The Nashville Network), filmed winning an international revolver competition and then interviewed on silhouette handgun shooting, Oakridge, TN, 1998.

CME, Inc. audiotaped faculty presentations as advertised in "Psychiatric Times," various cities and topics.

Channel 5, London, England; documentary on psychiatric aspects of firearms, 2004.

"Cruel and Unusual", documentary on transgender health care issues in the prison setting, 2005 release, available from jbaus@aol.com; aired on Women's Entertainment channel on July 2, 2007

ABC 20/20, "Becoming Diane" segment on gender identity disorders, October 12, 2005.

The Carter Jenkins Center, www.thecjc.org, taped CME cat I lecture available on the internet, "Evaluation and Management of Gender Identity Disorder," January 6, 2006.

CNN, Kosilek Trial testimony/interview, June 1, 2006.

CNBC, "The Big Idea with Donny Deutsch," interview, June 6, 2006.

PBS News Hour, Transgender Soldiers Gain Ground as US Military Transitions, May 9, 2016, <http://www.pbs.org/newshour/bb/transgender-soldiers-gain-ground-as-u-s-military-transitions/>

Multiple Psychiatry Grand Rounds completed at ETSU, 2010-present, available at the ETSU CME Office website, www.etsu.edu/CME

RESEARCH PROJECTS AND GRANT SUPPORT:

Principal Investigator, "Phase III Comparison of Two Doses of Risperidone For Acute Exacerbations of Chronic Schizophrenia." Inpatient setting, grant support from Janssen Pharmaceutica, approximately \$50,000. Completed 1996.

Principal Investigator, Sexual Functioning and Personality Characteristics of Transgendered Men in a Nonclinical Setting. Collaboration with Tom Wise, M.D. (Chair, Dept. of Psychiatry, Fairfax Hospital, Falls Church, VA), Peter Fagan, Ph.D. (Johns Hopkins Sexual Behaviors Consultation Unit), and Paul Costa, Ph.D. (NIMH). Completed 1990-1995.

DSM-IV Reliability Field Trials, Site Coordinator, 10 investigators, completed in 1995.

Principal Investigator, Psychosocial Adjustment of Spouses of Transgendered Men; study involving long-term support group work and nationwide questionnaire data collection from 1986 to 1997. Completed. Private non-profit organization grant support received.

Coinvestigator, International Study of 800 Transgender Men: The Boulton and Park Experience. 1988-1992. This was the largest community based survey study of transgender people in the U.S. conducted to date. Completed.

Principal Investigator, "A Double-Blind, Placebo-Controlled, Dose-Response Comparison of the Safety and Efficacy of Three Doses of Sertindole and Three Doses of Haloperidol in Schizophrenic Patients." Phase III trial, inpatient setting. Grant support by Abbott Laboratories, approximately \$60,000 over one year. Completed 1994-1995. Contributed to FDA consideration of Serlect for U.S. marketing, 1996-1997.

Principal Investigator, "An Open Label, Long Term, Safety Study of Sertindole in Schizophrenic Patients." Phase II trial, outpatient setting. Grant support from Abbott Laboratories, approximately \$50,000 over two years. Completed 1996.

Principal Investigator, "Biopsychosocial Natural History Study of HIV Infection in the USAF." RO-1 equivalent grant from Henry M. Jackson Foundation for the Advancement of Military Medicine, approximately \$2,000,000. Completed 1987-1993, including pilot data collection.

Unrestricted Educational Grants, \$19,000, for Mountain Update on Anxiety Disorders CME conference (SKB, Lilly, Mead-Johnson), 1995.

Unrestricted Educational Grants totaling approximately \$30,000 annually in support of the VAMC/ETSU Psychiatry Grand Rounds and Visiting Professor Program, 1994-2000; 2002-2006. Grant funding following CME guidelines and administered through the ETSU Office of Continuing Education.

Principal Investigator, "Double-Blind Crossover Study of Zolpidem and Temazepam in Elderly, Hospitalized Patients." Funded through Psychiatry Research Fund, Mountain Home VAMC, and Chair of Excellence in Geriatrics, ETSU. Approved study, ultimately closed due to lack of appropriate subjects available for recruitment.

Principal Investigator, "A Randomized, Double-Blind Placebo Controlled Study of Risperidone for Treatment of Behavioral Disturbances in Subjects with Dementia." Collaboration with R. Hamdy, Cecile Quillen Chair of Excellence in Geriatrics, approximately \$100,000 at full recruitment, 1995-1997; completed.

Associate Investigator, "Use of Nefazodone in Depressed Women with Premenstrual Amplification of Symptoms: a Pilot Study." Principal Investigator: Merry Miller, M.D. \$5,000 pilot study grant, 1996-1999; completed.

Associate Investigator, "Voice Characteristics Associated with Gender Misidentification: A Pilot Study." Principal Investigator: Robert King, M.A. Unfunded study in data analysis phase, 2001-2005; completed in 2007.

Principal Investigator, Johnson City site, VA Cooperative Study #430, "Reducing the Efficacy-Effectiveness Gap in Bipolar Disorder." Health services research conducted at 12 sites nationwide. Grant for this site's operations total \$435,000 over five years of study, 1997-2003; completed.

Coinvestigator, "Treatment for Erectile Disorder with Viagra in a VA Population: Efficacy and Patient and Partner Satisfaction." Principal Investigator: William Finger, Ph.D. Approximately \$30,000 total grant over two year period, 2000-2001; study concluded.

Principal Investigator, Johnson City site, "A Multicenter, Randomized, Double-Blind, Placebo Controlled Study of Three Fixed Doses of Aripiprazole in the Treatment of Institutionalized Patients with Psychosis Associated with Dementia of the Alzheimer's Type." Phase III clinical trial, sponsored by Bristol-Meyers Squibb, 2000-2001, \$174,000 at full recruitment. Extension phase, 42 weeks, separate grant at maximum of \$232,800. Approved April, 2000; completed.

Coinvestigator, "Effects of zaleplon on postural stability in the elderly." Principal Investigator: Faith Akin, Ph.D. \$1000 grant for subject recruitment expenses, 2000-2001.

Principal Investigator, James H. Quillen VA site, "ZODIAK study; An International, Multicenter Large Simple Trial (LST) To Compare the Cardiovascular Safety of Ziprasidone and Olanzapine." Pfizer Pharmaceuticals, approximately \$20,000 at full recruitment. Approved April, 2002, recruitment completed and closed in 2004. Results published: Strom B, Eng S, Faich G, et al: comparative mortality associated with ziprasidone and olanzapine in real-world use among 18,154 patients with schizophrenia: The ziprasidone Observational Study of Cardiac Outcomes (ZODIAC). Amer J Psychiatry 168(2):193-201, 2011.

Coinvestigator, "Survey of Family and Systems Aggression Against Therapists." Unfunded study, completed between 2002 and 2003; Randi Ettner, Ph.D., Principle Investigator; completed.

Coinvestigator, "Effect of Olanzapine on the Auditory Gating Deficit in Patients with Schizophrenia." Principal Investigator: Barney Miller, Ph.D. Investigator-initiated study funded by Lilly, approximately \$85,000. 2002. Study did not recruit subjects at ETSU and was closed 2003.

Principal Investigator, multicenter study, "The SOURCE Study: Schizophrenia Outcomes, Utilization, Relapse, and Clinical Evaluation." Janssen Research, \$100,000 grant at full recruitment (two year open label followup study of risperidone Consta), 2005-2007; second highest recruitment of 43 centers in multicenter study. Completed. See publications from this study under the Publications section, numbers 128 and 129.

Coauthor on grants to VA Central Office for program enhancements to mental health programs at Mountain Home VAMC; approximately \$2,000,000 received for additional staff and support for residential treatment programs and PTSD clinic expansion, 2006-2007.

Principal Investigator in conjunction with Herbert Meltzer, MD, Vanderbilt University, " High Dose Risperidone Consta for Patients with Schizophrenia with Unsatisfactory Response to Standard Dose Risperidone or Long-Acting Injectable." Phase IV study of outpatients with schizophrenia who are partially responsive to risperidone oral and/or long-acting injectable, using a double-blind methodology to study doses between 50 and 100 mg every two weeks. Site funding of approximately \$100,000. 2008-2010. Approved by ETSU IRB but negotiations

between sponsor and Department of Veterans Affairs were not completed on intellectual property rights. Study not initiated at Mountain Home VAMC.

Principal Investigator (Everett McDuffie, MD, coinvestigator), "Descriptive study of veterans with gender identity disturbances: Characteristics and comorbidities, 1987-2007." Unfunded study that is first to characterize a population of 75 U.S. veterans with gender identity disturbances over a 20 year time frame. Completed 2009.

Principal Investigator: "Analysis of State and Federal Prison Directives Related to Transgender Inmate Medical Care and Placement." Unfunded review of existing prison policies through the end of 2007. Completed 2008.

Principal Investigator: "Qualitative Analysis of Concerns of Transgender Inmates in the United States. Unfunded analysis of 129 letters from self-identified transgender inmates across the US." Completed 2012.

Coinvestigator, "Prevalence and Suicidality in Transgender Veterans"; coinvestigator with collaborators at the VA Center of Excellence for Suicide Prevention. 2011-2013. Completed; publication of results in October, 2013.

Principal Investigator, "Assessing Health Outcomes, Health Care Utilization, and Health Disparities in Transgender Veterans Receiving Care in the Veterans Health Administration." Approved by ETSU IRB 7/1/13; protocol remains open. Six manuscripts published; one in preparation.

Consultant, Patient-Centered Outcomes Research Institute grant on transgender healthcare outcomes (STRONG), Michael Goodman, MD, Principal Investigator, Emory University, 2014-present.

References available upon request.

EXPERT REPORT OF DAN PACHOLKE

DEON "STRAWBERRY" HAMPTON VS. IDOC
December 6, 2017

INTRODUCTION:

I have been retained as an expert in penology by Vanessa del Valle, Clinical Assistant Professor of Law, Roderick and Solange, MacArthur Justice Center, Northwestern School of Law. I was asked to review various documents and determine whether or not the Illinois Department of Corrections complied with generally accepted practices, principles and standards with regard to the management and placement of Deon “Strawberry” Hampton, a transgender woman.

METHODOLOGY

1. Reviewed various documents relevant to Deon “Strawberry” Hampton’s placement and management within the Illinois Department of Corrections, including the Declaration of Dr. George Brown.
2. Conducted a review of materials related to the management of transgender women in a correctional setting.

In preparing this report I have also relied upon my more than thirty-five (35) years of experience and related training and education in the field of adult institutional corrections. This experience includes: Correctional Officer (2.5 years); Lieutenant (3 years); Captain (6 years); Superintendent (5 years); Director of Performance Management (4 years); eight years in administration (Deputy Director Prisons, Director Prisons, Deputy Secretary, and Secretary) in the Washington State Department of Corrections (WADOC); and work performed in over 20 states and four jurisdictions outside of the continental United States. I have also been a consultant with the National Institute of

Corrections, New York University and have published a number of articles related to the field. I co-authored a book and field guide on prison safety, Keeping Prisons Safe, and co-designed the WADOC CORE training program and the Correctional Officer Achievement Program. (See Attachment 1: CV)

BACKGROUND:

Deon “Strawberry” Hampton is a 26-year-old transgender woman who has been housed at Menard Correctional Center, a maximum-security adult male correctional facility since August 23, 2017. She has identified as a female since she was 5 years old and has lived as a woman while incarcerated. In 2012, she was diagnosed with gender dysphoria by an Illinois Department of Corrections (IDOC) Psychiatrist and has been on cross-sex hormone treatment in IDOC since July 2016. The IDOC has labeled her as “seriously mentally ill” and she takes medication for her illnesses.

Records indicate that while Ms. Hampton was housed at Pinckneyville Correctional Center, she was sexually assaulted by Correctional Officers on multiple occasions. After she reported this abuse, Officers imposed a number of disciplinary citations on her that resulted in her placement in segregation and transfer to Menard Correctional Center.

PLACEMENT DECISION:

In reviewing the placement decisions of the IDOC related to the placement and housing of a transgender woman, the Prison Rape Elimination Act sets forth the

relevant standards. The relevant portions of the standards include:

Standard 115.42(c)—Placement should ensure the inmates health and safety whether the placement would present management or security problems. This evaluation must be done on a case by case basis.

Standard 115.42(d)—Placement assignment for each transgender inmate shall be reassessed at least twice each year to review any safety threats.

Standard 115.42(e)—Serious consideration should be given to a transgender inmate's own views with respect to her safety.

Standard 115.41—Screenings to determine appropriate placement should consider the following factors:

- (1) Whether the inmate has a mental, physical or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively non-violent;
- (6) Whether the inmate has prior criminal convictions for sex offenses against an adult or child:
- (7) Whether the inmate is or is perceive to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

First, Ms. Hampton is an average sized transgender woman who has long identified as female. She has a documented history of sexual abuse and has been previously incarcerated. When she was 17 and in juvenile prison, an officer sexually assaulted her and was convicted for the act. She has prior convictions of burglary and home invasions. For purposes of placement and classification, her criminal record should be characterized as exclusively non-violent. She has been labeled by the IDOC as seriously mentally ill. She has a gender dysphoria diagnosis from an IDOC Psychiatrist and has been under IDOC cross-sex hormone therapy treatment since July 2016. As a result, her level of estrogen is the same as a biological female. She reports that she has never had any sexual interest in women. She also reports multiple instances of sexual victimization in IDOC's men's prisons and that she is currently scared for her life.

Based on an analysis of these factors Ms. Hampton's continued placement in a men's prison, and specifically her placement at Menard Correctional Center, violates all professionally accepted practices. There is no security or penological justification for housing her in a men's prison. Ms. Hampton's placement in Menard is unnecessary for security purposes and increases her risk of victimization and suicide.

According to IDOC's 2016 PREA reports, there are 28 transgender women housed throughout its 24 male correctional facilities and none housed in its female facilities. This leads me to believe that not only has IDOC failed to make a

good faith effort to appropriately classify Ms. Hampton, but that it has failed to meaningfully implement the PREA Standard regarding the classification of transgender people in their system in general.

Placing Ms. Hampton at a women's prison is appropriate and would reduce many of the negative factors of her current placement. It would reduce the risk of her being further victimized, making her physically safer. She would be in an environment where she is less likely to be ridiculed and in which she would be subject to policies and practices that comport with her gender. This would improve her mental health, reducing her risk of suicide. Transgender people have the highest suicide rate in the nation. There is nothing that I have reviewed that would indicate that she would be a security threat at a women's correctional facility.

GRIEVANCES AND RETALIATION:

Professionally accepted practices make clear that prisoners must have access to grievances and must be able to access grievances without retaliation. The PREA standards state that "the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmate's or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports." (Standard

115.51). Additionally in the American Correctional Association, Standards for Adult Correctional Institutions 4th Edition, standard 4-4284 on page 77 it states: “A grievance procedure is an administrative means for the expression and resolution of inmate problems. The institution’s grievance mechanism shall include provisions for the following: written responses to all grievances, including the reasons for the decision; response within a prescribed, reasonable time limit, with special provisions for responding to emergencies; supervisory review of grievances; participation by staff and inmates in the procedure’s design and operation; access by all inmates, with guarantees against reprisals; applicability over a broad range of issues; and means for resolving questions of jurisdiction.”

Prisons are by nature coercive. Correctional Officers control almost every aspect of the lives of incarcerated people, so opportunities for retaliation are everywhere and is not uncommon. Retaliatory behavior occurs in facilities throughout the country and is well-documented in litigation and media reports. It can take many forms, including through the disciplinary system. The standard of evidence required for a finding of guilt from an alleged rule violation is low, generally an officer’s word is all it takes. Disciplinary hearings and appeals processes for alleged misconduct are overly reliant on officer testimony and lack the sophistication necessary to identify officer abuse.

In Ms. Hampton’s case, she complained and filed grievances about abuse she suffered, to include sexual abuse, from correctional officers at Pinckneyville

Correctional Center. After reporting these allegations, she received several subsequent misconduct reports in addition to being subject to other retaliatory actions to include lack of access to showers and phones, leading to a spiraling of disciplinary sanctions. This led to her current placement at Menard, a maximum-security facility, with a disciplinary segregation sanction through April of 2018, where she reports the retaliation continues through the withholding of food and other inhumane conditions. There is no indication that IDOC engaged a multi-disciplinary review team to identify other alternatives to punitive segregation. No attempts were made to address Ms. Hampton's alleged behavior through a programmatic or therapeutic response, or with a trauma-informed approach. At no point was her classification reviewed to assess the appropriateness of her placement or the safety and behavioral impacts of keeping her in a men's facility. On the contrary, in at least one disciplinary response, the warden authorized a sanction that overrode a recommendation from IDOC mental health staff. There is no penological justification for imposing segregation on Ms. Hampton—especially given her vulnerabilities and her mental health needs. Throughout my decades working in prisons, I have encountered this fact pattern on more than one occasion. A prisoner files a complaint against an officer, the officer responds by imposing formal or informal disciplinary sanctions against the prisoner and the prisoner suffers serious consequences because of the structure of the prison's disciplinary process. For this reason, and because I cannot identify a legitimate penological justification for the punishment imposed on Ms. Hampton, it is my opinion that the disciplinary sanctions are invalid.

CONCLUSION:

By placing Ms. Hampton in male correctional facilities, IDOC has failed to protect her from abuse and other factors leading to the degradation of her mental and physical health. The federal Prison Rape Elimination Act (PREA) standard requires that facility and housing assignments be made through an individualized assessment rather than solely on external genitalia. This assessment must give 'serious consideration' to the individual's own views regarding their safety and their gender identity.



Dan Pacholke

12/6/17

Date

Attachment 1

DAN PACHOLKE

303 Kenyon Street NW 2-F □ Olympia, WA 98502 □ (360) 701-9508 □ e-mail: d.pacholke@yahoo.com

PROFILE

Served the Washington State Department of Corrections for 33 years, starting as a Correctional Officer and retiring as Secretary. Leader in segregation reform and violence reduction in prisons. Extensive experience in program development and implementation, facility management, and marshaling and allocating resources. Proven ability to make change. Led efforts resulting in a 30% reduction in violence and a 52% reduction in use of segregation in Washington State Prisons. Co-founder of Sustainability in Prisons Project. Champion of humanity, hope and legitimacy in corrections.

EMPLOYMENT HISTORY

New York University, Litmus at Marron Institute of Urban Management

Associate Director 2016-present

Collaborate with researchers and practitioners to develop alternatives to segregation and transform corrections management. Advance stakeholder-led research and innovation by soliciting, supporting, and disseminating the best new strategies to create safer, more rehabilitative corrections environments.

Washington State Department of Corrections

Secretary 2015-2016

Governor appointee providing executive oversight of the agency with a yearly operating budget of 850 million and 8,200 full time employees. Reorganized agency to allow for greater emphasis on effective reentry. Led department through response and recovery from a crisis resulting from the discovery of a sentencing calculation error that had occurred for over 13 years.

Deputy Secretary 2014-2015

Oversight over operations divisions: Offender Change; Correctional Industries; Community Corrections (16 Work Releases and 150 field offices); Prisons (15 facilities); and Health Services. These combined operations had a yearly operating budget of 700 million and 7,166 full time employees. Emphasis on core correctional operations, violence reduction, and performance management leadership to affect positive and sustainable system wide change.

Director, Prisons Division 2011-2014

Oversight over 15 institutions and contract relationships with jails and out of state institutions incarcerating approximately 18,000 offenders. Also responsible for providing emergency response and readiness oversight to all facilities and field offices of all divisions. Advanced multi-faceted violence reduction strategy to include the development and implementation of the "Operation Ceasefire" group violence reduction strategy for application in close custody units in prisons. Expanded Sustainability in Prisons Project programs to all prison facilities. Implemented classroom-setting congregant programming in intensive management units.

Deputy Director, Prisons Division 2008-2011

Administrator over 6 major facility prisons, multi-custody level for adult male offenders with a biennial budget of 290 million. Provided leadership and appointing authority decision making to six facility Superintendents. Through Great Recession implemented staffing reductions, offender movement alterations and cost savings initiatives while maintaining safety and security. Represented the Department in legal issues, labor relations, media, staff discipline hearings, union relations and bargaining. Oversaw statewide operations of Emergency Preparedness and Response, Intelligence & Investigations, Intensive Management Units, Offender Grievance Program, Offender Disciplinary Program, Food Service, Sustainability and Close Custody Operations. Implemented statewide system of security advisory councils and security forums to improve staff safety.

Monroe Correctional Complex

Interim Superintendent 2008

Attachment 1

Led a 2,486-bed, multi-custody facility for adult male offenders.

Stafford Creek Corrections Center

Superintendent 2007-2008

Led a 2,000-bed, multi-custody facility for adult male offenders with a biennial budget of 39 million.

Implemented Sustainability in Prisons Project initiatives to include large scale composting to include zero-waste garbage sorting. Initiated first dog training programs for male offenders.

Cedar Creek Corrections Center

Superintendent 2003-2007

Led a 400-bed, minimum-security adult male correctional facility, with a biennial budget of 7.3 million.

Directed operational and related program activities to include security and custody programs, medical services, plant maintenance, education, and food service. Co-founded the Sustainability in Prisons Project with Nalini Nadkarni, PhD.

Monroe Correctional Complex

Special Assignment Deputy Superintendent 2002

Formulated new strategic direction in order to enhance operations and security at the Complex, which consists of four separate units and houses approximately 2,300 adult male felons. Managed unit operations and security. Supervised the Intelligence Investigative Unit and Offender Grievance System. Developed and implemented capital construction initiatives at the Special Offender Unit and the Washington Reformatory Unit to enhance security of these Units.

Headquarters

Performance System Administrator 1999-2002

Led the development and implementation shift from staff training department to an organizational performance system. Administered staff performance academies, supervised five regional teams, four Program Managers and provided leadership for policy development to support this department wide program. Administered the Department's Emergency Response Plan, Emergency Operations, Officer Safety Program and Firearms Training Unit.

Headquarters

Emergency Response Manager 1995-1999

Developed and implemented statewide emergency response system. Directed the development of departmental policy, emergency response team academies and response protocols. Managed emergencies and security events. Directed Critical Incident Review Teams in the post incident analysis of critical incidents department wide. Led development of security plans for the management of high-risk operations to include 400 offenders out of state, Y2K, and execution security.

Clallam Bay Corrections Center

Correctional Captain 1989-1995

Responsible for the security management of a maximum, close, and medium custody male facility. Oversaw facility mission changes including: close custody conversion; implementation of blind feeding; facility double bunking; opening of an intensive management unit; opening of first direct supervision unit; and developed the facility's Emergency Response Plan.

Clallam Bay Corrections Center

Correctional Lieutenant 1986 -1989

Washington Corrections Center

Correctional Sergeant 1985-1986

McNeil Island Corrections Center

Correctional Officer 1982-1985

PUBLICATIONS

Attachment 1

Useem, Bert, Dan Pacholke, and Sandy Felkey Mullins. "Case Study--The Making of an Institutional Crisis: The Mass Release of Inmates by a Correctional Agency." *Journal of Contingencies and Crisis Management* (2016) Pacholke, Dan (2016, July 27). Change is relative to where you begin. Vera Institute of Justice. Think Justice Blog. <https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/change-is-relative-to-where-you-begin>

Pacholke, Dan and Sandy Felkey Mullins. *More Than Emptying Beds: A Systems Approach to Segregation Reform*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2016. NCJ 249858.

Pacholke, D. (2014, March). Dan Pacholke: How prisons can help inmates lead meaningful lives [Video file]. Retrieved from https://www.ted.com/talks/dan_pacholke_how_prisons_can_help_inmates_live_meaningful_lives?language=en

Young, C., Dan Pacholke, Devon Schrum, and Philip Young. *Keeping Prisons Safe: Transforming the Corrections Workplace*. 2014.

Aubrey, D., LeRoy, C. J., Nadkarni, N., Pacholke, D. J., & Bush, K. Rearing endangered butterflies in prison: Incarcerated women as collaborating conservation partners. 2012.

AWARDS

Olympia Rotary Club, Environmental Protection Award, 2013
Governor's Distinguished Managers Award, 2012
Secretary of State, Extra Mile Award, 2007
Governor's Sustaining Leadership Award, 2003

CONSULTING

Sustainability in Prisons Project, Co-Director
2004-2015

Nebraska Department of Correctional Services
2015

With Bert Useem, PhD, provided system assessment following May 2015 disturbance at Tecumseh State Correctional Institution in which two inmates were killed. Identified underlying causal factors and provided recommendations.

National Institute of Corrections
1998 to 2002

Provided training and consultation services to state, territory and federal correctional systems. Responsible for delivering of training to include: Management of Security, Entry Level Supervision, Emergency Preparedness Assessment, Disturbance Management and Basic Security.

Defensive Technology Corporation
Senior Instructor
1995 to 1998

Provided tactical and specialty munitions training to correctional and law enforcement personnel throughout the U.S.

Security Auditing & Critical Incident Reviews
Lead Auditor

Completed security audits and critical incident fact finding reviews in facilities throughout the Washington State Department of Corrections and two correctional jurisdictions in other states, one of which involved multi-jurisdictional entities.

Attachment 1

EDUCATION:

The Evergreen State College, BA, Olympia, Washington