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**IN THE UNITED STATES DISTRICT COURT**

**FOR THE DISTRICT OF IDAHO**

ADREE EDMO,

Plaintiff,

vs.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in  
his official capacity; JEFF ZMUDA, in  
his official capacity; HOWARD KEITH  
YORDY, in his official and individual  
capacities; CORIZON, INC.; SCOTT  
ELIASON; MURRAY YOUNG;  
RICHARD CRAIG; RONA SIEGERT;  
CATHERINE WHINNERY; AND  
DOES 1-15;

Defendants.

) Case No. 1:17-cv-151-BLW  
)  
) **SECOND DECLARATION OF KRINA L.**  
) **STEWART**

\_\_\_\_\_

I, Krina L. Stewart, hereby declare and state as follows:

1. I am over the age of eighteen and am competent to testify to the matters herein. I make this declaration based upon my own personal knowledge.

2. I am employed with the Idaho Department of Corrections (“IDOC”) as the Lead Mental Health Clinician at the Idaho State Correctional Institution (“ISCI”).

3. I am a Licensed Professional Counselor (“LPC”) and maintain a license with the State of Idaho. I received my Master’s degree in Counseling, Addictions Cognate, and my Bachelor’s of Science degree, both from Boise State University.

4. As part of my duties as the Lead Mental Health Clinician at ISCI, I provide mental health assessments, treatment, and referrals for individuals incarcerated at ISCI. My duties include, but are not limited to, providing individual and group therapy to inmates diagnosed with Gender Dysphoria (“GD”).

5. I have received training in the clinical treatment of inmates diagnosed with GD and I participate in the Management and Treatment Committee (“MTC”) for inmates with GD, providing the MTC with my assessment of the mental health of inmates with GD and updates regarding the GD inmates’ progress in group counseling sessions. I am also involved in the diagnosis of GD as part of the MTC and provide recommendations to the MTC regarding other GD-specific issues, such as housing.

6. I am Plaintiff Adree Edmo’s current treating Mental Health Clinician. I have provided individualized clinical contact to Edmo since July 1, 2016. As Edmo’s assigned Mental Health Clinician, I have met individually with Edmo on multiple occasions over the last two years. I have also reviewed Edmo’s mental health records and clinical notes. Further, I have been involved in a number of discussions and meetings with other IDOC treatment providers with

personal knowledge of Edmo's mental health conditions, including monthly meetings of the MTC. I am familiar with Edmo's documented social, criminal, medical, institutional, and mental health history and current mental health condition, along with Edmo's attendance at group and individual clinical sessions.

7. Edmo came to be on my caseload after being discharged from the Behavioral Health Unit for physically assaulting another GD offender. It is my understanding that Edmo assaulted the same GD inmate on two separate occasions and received Disciplinary Offense Reports ("DORs") for both assaults. At that time, there was one GD processing group for GD inmates. Both Edmo and the inmate who Edmo assaulted participated in that group. After the assaults and resulting DORs, the MTC determined that Edmo was prohibited from attending the GD group for six months.

8. Edmo was later approved by the MTC to return to the GD group, so long as Edmo also completed a Social Skills group. Edmo agreed to so do at first, but later Edmo refused to attend the Social Skills group because the other inmate Edmo assaulted was not required to attend.

9. Edmo has been diagnosed with Major Depressive Disorder, Anxiety, GD, and Alcohol Dependence. During my individual clinical contacts with Edmo over the last two years, Edmo has often expressed that GD is Edmo's only mental health problem. Edmo chooses to focus solely on Edmo's GD and typically insists that Edmo has no other underlying mental health concerns. Edmo is very focused on Edmo's GD as the main cause of Edmo's depression and attempts at self-castration. However, Edmo has other stressors that contribute to Edmo's depression, including relationship issues, past trauma, and past abuse. Edmo cycles through depressive episodes, although Edmo does not or cannot separate Edmo's feelings of depression

from Edmo's GD.

10. Edmo has also demonstrated traits consistent with borderline personality disorder, including unstable relationships, self-harm, and poor sense-of-self. Edmo's self-harm, which have included attempts at self-castration and more recently, cutting on other body parts, are attempts to replace Edmo's emotional pain with physical pain. The physical pain of self-harm provides a release of Edmo's emotional pain. Edmo's cutting of other body parts is not self-surgery. Rather, cutting of other body parts is an unhealthy way to process feelings of emotional pain and depression and is common in people diagnosed with borderline personality disorder.

11. In my experience with Edmo, Edmo's dysphoria fluctuates depending on Edmo's life stressors, including Edmo's job, housing, and relationships. When Edmo experiences a stressful life event, such as a break-up with a boyfriend, Edmo's dysphoria increases and Edmo is unable to separate out when Edmo's feelings of depression are related to Edmo's Major Depressive Disorder or Edmo's GD.

12. Based on my experience counseling and meeting with Edmo, along with my participation in the MTC and my review of Edmo's medical and mental health records and PSI Reports, I have significant concerns with Edmo receiving sex reassignment surgery ("SRS"). While SRS could be very helpful in relieving Edmo's GD at some point, it is not appropriate for Edmo at this time. First, Edmo has not addressed, and at times refuses to recognize, that Edmo has other serious mental health issues that would not be resolved by receiving SRS. Edmo is placing every expectation on SRS relieving Edmo's depression, anxiety, and relationship issues. However, Edmo's failure to work through Edmo's other mental health problems by refusing to attend groups and recognize Edmo's other serious mental health issues means that Edmo will certainly have those same issues with depression, anxiety, and low self-esteem after receiving

SRS.

13. One of my biggest concerns about Edmo receiving SRS at this time is Edmo's borderline traits. Edmo uses self-harm to deal with emotional dysregulation. SRS is an irreversible procedure that will be stressful for Edmo. I do not believe that Edmo has the tools to manage the stress of the procedure itself and the life changes that will come afterward. Edmo needs to address Edmo's underlying mental health issues and have those well controlled before undergoing such a serious, life-altering procedure.

14. I am also concerned about Edmo's belief that SRS will solve all of Edmo's issues with depression, anxiety, low sense-of-self, and problems in relationships. While SRS may reduce Edmo's dysphoria, Edmo's depression will still be present and Edmo will still have dependency and other issues that may be made worse by undergoing a serious surgery. Edmo should work through and manage Edmo's underlying mental health issues before receiving SRS.

15. I have reviewed Plaintiff's Notice of Motion and Motion for Preliminary Injunction and Memorandum of Points and Authorities in Support Therefore (Document 62). I am aware that, on page 16 of that document, Edmo's attorneys assert that Edmo is at a "risk of death or imminent self-harm" and that Edmo is currently suffering "serious psychological harm" as a result of Edmo's GD. While it is my observation and opinion that Edmo has serious uncontrolled mental health issues unrelated to Edmo's GD, Edmo's clinical picture over the last year regarding Edmo's symptoms of GD and overall mental health do not support the representations advanced by Edmo's attorneys.

16. Most recently, I met with Edmo privately on May 18, 2018 during a regularly scheduled clinical visit. Edmo reported that Edmo was doing "okay" and that most things were the same since I had begun treating Edmo. Edmo denied having current suicidal ideations or

plans to self-harm. Edmo presented as functional and goal oriented. Edmo's affect and clinical picture was consistent with how Edmo had presented over the last year. Edmo did mention one change to Edmo's status. In December, Edmo became married to another inmate. Edmo had also applied to change Edmo's last name to "Retzer," the name of Edmo's husband. I noted in the computer at that time that Edmo's record included the last name "Retzer." Redacted pursuant to stipulation of the parties.

. Edmo denied any additional mental health concerns.

17. Additionally, over the last several months, Edmo was employed and lived for a time in Unit 13, which is a unit that is reserved for what I label as the high-functioning inmates who are typically employed, and do not pose a recent disciplinary risk. Edmo lost Edmo's job after a DOR for theft and was moved to Unit 10.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31<sup>st</sup> day of August, 2018.

/s/ Krina L. Stewart  
Krina L. Stewart

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 14<sup>th</sup> day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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PARSONS, BEHLE & LATIMER

/s/ Krista Zimmerman  
Krista Zimmerman

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STATE OF IDAHO

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO,	)	Case No. 1:17-cv-151-BLW
	)	
Plaintiff,	)	<b>DECLARATION OF RONA SIEGERT</b>
	)	
vs.	)	
	)	
IDAHO DEPARTMENT OF	)	
CORRECTION; HENRY ATENCIO, in	)	
his official capacity; JEFF ZMUDA, in	)	
his official capacity; HOWARD KEITH	)	
YORDY, in his official and individual	)	
capacities; CORIZON, INC.; SCOTT	)	
ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND	)	
DOES 1-15;	)	
	)	
Defendants.	)	
_____	)	



I, Rona Siegert, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated. I am employed by the Idaho Department of Corrections (“IDOC”) at the Idaho State Correctional Institute (“ISCI”) as the Health Services Director. I am not a medical doctor, nor do I specialize in the treatment of mental health issues.

2. Corizon, Inc. (“Corizon”) is a private corporation under contract to provide medical services to inmates in the custody of all IDOC facilities. All medical decisions for the care of inmates are made by Corizon based on the exercise of the provider’s medical judgment.

3. Plaintiff Adree Edmo is currently incarcerated under the custody and control of the IDOC in the ISCI.

4. My job duties as the Health Services Director include overseeing Corizon’s provision of medical services at ISCI. My duties require me to accomplish several tasks, including investigating any medical-related issues or complaints I receive, discover, and/or are brought to my attention, including through concern forms and grievances.

5. As Health Services Director, I am the designated appellate authority for offender grievances concerning medical care and I am familiar with the IDOC Grievance Process. The IDOC Grievance Process consists of three steps for offenders to submit grievances concerning their medical care: (1) submit an Offender Concern Form, (2) file a Grievance, and (3) appeal the reviewing authority’s response to the Grievance.

6. When I receive a concern form or grievance for appellate review and it involves a matter I do not have any prior knowledge of or dealings with, my standard practice is to fully research the issue, which may include speaking with medical staff, reviewing medical records

and speaking with the offender. When I review the medical records, I look for information that supports the inmate's claims or reveals a medical issue that needs further intervention. If that information is not in the medical record, I will refer the inmate back to the treating medical provider. When the issue involves an inmate's disagreement with the treatment he or she is receiving and there is no indication from the record that the treatment is inadequate based upon the inmate's medical needs, I will refer the inmate back to the treatment provider. I cannot and do not overrule a provider's diagnoses or treatment recommendations.

7. Pursuant to IDOC policy, grievances for review that have been previously grieved on the same issue will be returned without action even if the grievance has been written in such a manner that it appears to be a new issue.

8. As the Health Services Director, I am not responsible for nor do I provide direct patient care. I have never provided medical care to the Plaintiff. I have never spoken to Edmo. At no time did I attempt to deny, delay, or intentionally interfere with Edmo's medical treatment. My interactions with Edmo have been limited to providing appellate review on grievances.

9. I have responded to several concern forms related to Edmo's medical and mental health treatment for Gender Dysphoria ("GD"), which was also formerly referred to as Gender Identity Disorder ("GID"). I have also responded to several concern forms related to Edmo's request for property items, including the following:

a. On August 27, 2014, Edmo submitted a concern form to me, requesting an evaluation for sex reassignment surgery. I replied to Edmo's concern form, advising her that I did not have the authority to grant or deny any type of medical treatment and that her request for sex reassignment surgery must be deemed medically necessary by a medical provider. A true and correct copy of this concern form is attached hereto as **Exhibit 1**.

10. I have provided appellate review of several grievances related to Edmo's medical and mental health treatment for GD and GID and Edmo's requests for property items as they also relate to Edmo's GD and GID, including the following:

a. On March 7, 2014, Edmo filed Grievance No. II140000312, requesting gender reassignment surgery. After a review of Edmo's medical records, I noted that Edmo had been seen by ISCI providers in the Chronic Disease Program ("CDP") and had recently been seen by Dr. Whinnery. Based on my review, I determined that Edmo's request for gender reassignment surgery must be evaluated by medical staff. I requested that Edmo direct Edmo's questions to Edmo's providers in the CDP. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 2**.

b. On December 17, 2014, Edmo filed Grievance No. II140001365, requesting female "panties" as a medical necessity for the treatment of Edmo's GD. Absent a determination that female underwear is medically necessary, IDOC practices generally do not allow female underwear for offenders housed at ISCI. I had previously incorrectly informed Edmo that female underwear had been deemed medically necessary for GD offenders. After reviewing Edmo's medical records, I noted that panties had not been identified as medically necessary for Edmo by Edmo's medical providers and informed Edmo that female underpants would not be allowed without such a determination of medical necessity. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 3**.

c. On November 4, 2015, Edmo filed Grievance No. II150001187, regarding laser hair removal. Edmo's grievance relied in part on the World Professional Association for Transgender Health ("WPATH") standards of care. After reviewing Edmo's medical records and the WPATH standards, I noted that hair removal was listed as an option or alternative, not a

requirement, for treatment for GD. There was no indication in Edmo's records that any provider had deemed laser hair removal as medically necessary for Edmo. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 4**.

d. On April 4, 2016, Edmo filed Grievance No. III160000391, requesting an evaluation for sex reassignment surgery by a qualified gender identify disorder evaluator. The initial response to the grievance referred Edmo to Dr. Eliason, who is a Corizon psychiatrist. Edmo expressed her opinion that Dr. Eliason was not qualified to treat persons with gender identity disorder. The determination of whether sex reassignment surgery is medically necessary must be made by a qualified evaluator. Dr. Eliason is a board-certified physician with a specialty in psychiatry and is qualified to provide an evaluation for sex reassignment surgery pursuant to IDOC's policy regarding the treatment of offenders with Gender Dysphoria. I informed Edmo that Dr. Eliason could perform Edmo's requested evaluation. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 5**.

e. On August 14, 2017, Edmo filed Grievance No. III170000845, regarding Edmo's treatment for GD. Edmo indicated that she was being given "inferior" medical care based on her status as an inmate with GD. Edmo requested blood labs to test Edmo's hormone levels and a medical appointment with a doctor specializing in GD. The initial response to the grievance indicated that Edmo was currently being seen by Dr. Alviso, a GD specialist, who managed all medications and doses as they related to Edmo's hormone treatment. The reviewing response indicated that Edmo was also monitored every 90 days in the CDP with licensed nurses, lab work, evaluation, medication, and patient education. Edmo commented that Edmo was not receiving panties and that the CDP did not adequately staff for GD offenders. Edmo again requested to see a specialist in GD. Upon reviewing Edmo's medical records, I determined that

the prior responses to Edmo's grievance adequately addressed Edmo's concerns regarding her treatment for GD. Specifically, Edmo had been receiving hormone therapy and follow-up with Dr. Alviso, was being monitored in the CDP every 90 days for concerns related to her hormone treatment, received a bra, and had available to Edmo mental health clinicians to further address her GD. I informed Edmo that, to the extent that the issues Edmo raised in the grievance were a part of Edmo's current lawsuit, Edmo would have to address those issues in litigation. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 6**.

11. I have not received a grievance from Edmo related to a request for a "gaff" and Edmo has not separately completed the IDOC's Grievance Process regarding the request for a gaff.

12. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed sexual reassignment surgery medically necessary for the treatment of Edmo's GD.

13. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed makeup and feminine hairstyles as medically necessary for the treatment of Edmo's GD.

14. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed a "gaff" and/or female underwear or "panties" as medically necessary for the treatment of Edmo's GD.

15. Based on my research into the issues raised in Edmo's grievances, I believed that Edmo's medical and mental health needs while in custody of IDOC were being appropriately addressed. At all times, when reviewing Edmo's grievances, I confirmed that Edmo was being seen by medical and mental health staff and was receiving continued attention to Edmo's medical and mental health needs.

16. I have not overruled any medical decisions made by Edmo's providers related to

Edmo's medical or mental health treatment including, but not limited to, treatment of Edmo's GID/GD.

17. None of my actions with respect to Edmo have been made with deliberate indifference. I have complied with the recommendations of Edmo's medical and mental health providers in conformance with IDOC policy and IDOC's contract with Corizon.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 28<sup>th</sup> day of August, 2018.

/s/ Rona Siegert

Rona Siegert

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14<sup>th</sup> day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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PARSONS, BEHLE & LATIMER

/s/ Krista Zimmerman

Krista Zimmerman

EXHIBIT 1

IDAHO DEPARTMENT OF CORRECTION  
Offender Concern Form

Offender Name: Adree Edmo AKA Mason Edmo IDOC Number: 94691  
Institution, Housing Unit, & Cell: ISEI 10A02B Date: 08-27-14

To: Rona Siegert - IDOC Health Authority  
(Address to appropriate staff. Person most directly responsible for this issue or concern)

Issue/Concern: I am a transsexual offender housed at ISEI. On 07-05-14 I had asked my provider Dr. Whimney to evaluate me as being eligible for sex reassignment surgery. Dr. Whimney had stated she could not because of IDOC Health Authority denying this for anyone. What policy are you referring to that says a blatant "no" to a persons medical need? It says S.R.S. is medically available if a "P.D." evaluator indicates "medically necessary" (with up to 60 days of treatment). (Description of the issue must be written only on the lines provided above.)

Offender signature: Adree Edmo

Staff Section: \_\_\_\_\_  
(Signature of Staff Member Acknowledging receipt) / Associate ID #: A953 Collected/Received: 8-28-14  
(Date collected or Received)

Reply: I do not have the authority to grant or deny any type of medical intervention or treatment. Your request for "sex reassignment surgery" must be determined as medically necessary by a medical provider.

Responding Staff Signature: R. Siegert Associate ID #: 5119 Date: 9-4-14

Pink copy to offender (after receiving staff's signature);  
Original and yellow to responding staff (after completing reply, yellow copy returned to offender);  
Appendix A 316.02.01.001  
(Appendix last updated 2/14/12)

PRT3NCRCF

# EXHIBIT 2



## Idaho Department of Correction Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 140000312
		Category:	MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 03/07/2014

The problem is:

Sent concern form to HSA about issues concerning Gender Reassignment surgery. Mallet #8769 responded that Gender Reassignment surgery is unavailable. S. Mallet #8769 is not a M.D. to make this decision, nor is Regional Director Young qualified to base decisions through concern forms without seeing me personally.

I have tried to solve this problem informally by:

Submitting HSR's, talking to clinicians, submitting concern forms.

Note: Only one concern form is submitted with grievance.

I suggest the following solution for the problem:

Allowed to be seen by a GID evaluator specialist.

**Level 1 Initial Response**

Date Forwarded:	03/17/2014	Date Returned:	03/17/2014
Date Due Back:	03/21/2014	Level 1 Responder:	PILOTE, KIMBERLY

The response from the staff member or person in charge of the area/operation being grieved:

Dr. Young is a qualified health care provider and is capable of making decisions regarding your care. However, gender re-assignment surgery is not medically necessary. Please submit an HSR if you have any other issues. Thanks.



## EXHIBIT 2

II 14000312

EDMO, MASON DEAN

94691

**Level 2 - Reviewing Authority Response**

Date Forwarded:	03/17/2014	Grievance Disposition:	DENIED
Date Due Back:	03/31/2014	Level 2 Responder:	VALLEY, RYAN
Date Returned:	03/17/2014	Response sent to offender:	03/18/2014

Your grievance has been reviewed and I find:

You have been seen by medical providers that are licensed to practice in the State of Idaho. Your gender re-assignment surgery is not medically necessary and therefore has not been recommended by our providers.

**Offender Appeal**

Offender Comments:

Response to Level 2 responder: I have not been seen by your providers, or anyone in medical dealing with my gender reassignment request, medical refused to schedule any appt., especially when I state gender reassignment on the HSR. Of course your providers have not recommended gender reassignment, I have not been able to see anyone in medical to address this issue. IDOC medical / Corizon is discriminating against me because of my gender. I am being denied access to medical care - when I cannot even have an appt. to address this issue. I need a specialist dealing with GID patients, as it is a serious medical need.

**Level 3 - Appellate Authority Response**

Date Appealed:	03/24/2014	Grievance Disposition:	MODIFIED
Date Forwarded:	03/24/2014	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	04/09/2014	Response sent to offender:	03/26/2014
Date Returned:	03/26/2014		

Your appeal has been reviewed and I find:

Offender Edmo:

Your medical record shows that you have been seen by the ISCI providers in the chronic disease program (CDP). Your last visit was March 6, 2014 with Dr. Whinnery. You are followed in the CDP for GID. Please address your questions regarding gender reassignment surgery at your next CDP appointment.

Rona Siegert RN, CCHP  
IDOC Health Services Director

### EXHIBIT 3



## Idaho Department of Correction Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 140001365
		Category:	MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 12/17/2014

The problem is:

Not being allowed panties as a medically necessary undergarment approved by Dr. Whinnery, IDOC states, it does not allow for panties.

I have tried to solve this problem informally by:

Submitting HSR #716481, & concern form to Dr. Whinnery on 11-16-14.

I suggest the following solution for the problem:

Be given a medical memo to possess / purchase panties from commissary as approved by Director Rienke, Dr. Whinnery, and IDOC A.R.C.

**Level 1 - Initial Response**

Date Forwarded:	12/17/2014	Date Returned:	12/19/2014
Date Due Back:	12/31/2014	Level 1 Responder:	CARLSON LESLIE

The response from the staff member or person in charge of the area/operation being grieved:

Panties are not, "medically necessary." This is a comfort issue. Please take this issue up with Idaho Department of Corrections.

**Level 2 - Reviewing Authority Response**

Date Forwarded:	12/19/2014	Grievance Disposition:	DENIED
Date Due Back:	01/02/2015	Level 2 Responder:	VALLEY, RYAN
Date Returned:	12/19/2014	Response sent to offender:	12/22/2014

Your grievance has been reviewed and I find:

Edmo,  
There is no medical need for you to be given panties to wear. If you would like to request panties, this needs to be made to the Idaho Department of Corrections.

## EXHIBIT 3

II 140001365

EDMO, MASON DEAN

94691

**Offender Appeal**

**Offender Comments:**

As decided by A.R.C. Medical would have determine appropriateness, and Dr. Whinnery clearly states she would provide a medical memo for women's underwear on concern form dated Nov. 16, 2014. This is deliberate indifference to a serious medical need. Panties and underwear are medical necessities, IDOC allows @ SBWCC, I am a similarly situated individual. There is no substantial penological concern justifying denial of a clearly stated medical need indicated by my provider Dr. Whinnery. IDOC is contracted w/Corizon therefore both need be able to allow for such medical necessities.

**Level 3 Appellate Authority Response**

Date Appealed:	12/30/2014	Grievance Disposition:	DENIED
Date Forwarded:	12/30/2014	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	01/15/2015	Response sent to offender:	01/09/2015
Date Returned:	01/08/2015		

Your appeal has been reviewed and I find:

Revised Grievance Appeal Response Dated 1/8/15:

Offender Edmo:

Upon further research and discussion, the response I provided to Grievance II 40001365 is incorrect. Female underpants are only allowed when determined to be medically necessary not based on a GID diagnosis.

Rona Siegert RN, CCHP-RN  
 ISCI Health Services Director

# EXHIBIT 4



## Idaho Department of Correction Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 150001187
		Category:	MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 11/04/2015

The problem is:

I am being denied adequate / appropriate medical care for my serious condition of GID. N.P.-C Paulson refuses to follow the WPATH standard of care in treating my GID; specifically of ordering laser hair removal electrolysis, or hair remover for my facial hair, or any further treatment on 10/20/15.

I have tried to solve this problem informally by:

Sending concern form on 10/15/15 and submitting HSR # 784404 on 10/25/15. (Both attached)

I suggest the following solution for the problem:

I should be treated according to WPATH standards of care for my serious condition of GID.

**Level 1 - Initial Response**

Date Forwarded:	11/04/2015	Date Returned:	11/05/2015
Date Due Back:	11/18/2015	Level 1 Responder:	WINGERT, WILLIAM

The response from the staff member or person in charge of the area/operation being grieved:

Facial hair removal for Gender Dysphoria is not an IDOC policy, nor is it medically necessary.

**Level 2 - Reviewing Authority Response**

Date Forwarded:	11/05/2015	Grievance Disposition:	DENIED
Date Due Back:	11/19/2015	Level 2 Responder:	VALLEY, RYAN
Date Returned:	11/06/2015	Response sent to offender:	11/06/2015

Your grievance has been reviewed and I find:

Edmo,  
Hair removal is not part of our policy, nor is it medically necessary.

## EXHIBIT 4

II 150001187

EDMO, MASON DEAN

94691

**Offender Appeal**

**Offender Comments:**

WPATH "SOC" PAS 171-72 explain the need for electrolysis for support in changes of gender expression in conjunction with hormone therapy. WPATH is the standard of care for treating GID. Corizon nor IDOC have any providers competent, or experienced in treating GID, including me. A competent experienced provider would note this facial hair removal medically necessary to alleviate my gender dysphoria, and help to prevent another attempt at autocastration, as I did on 09/29/15. Please refer me to a GID specialist to be evaluated by appropriate medical care of my GID. Denial based on policy or cursory health service evaluations is deliberate and indifference to my serious GID medical condition. Denial highers my depression and ideation of autocastration.

**Level 3 - Appellate Authority Response**

Date Appealed:	11/13/2015	Grievance Disposition:	DENIED
Date Forwarded:	11/13/2015	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	11/29/2015	Response sent to offender:	11/16/2015
Date Returned:	11/16/2015		

Your appeal has been reviewed and I find:

Offender Edmo:

Per WPATH, The Standards of Care, Version 7. Hair removal is listed as an option or alternative not a requirement for GD treatment.

Rona Siegert RN, CCHP-RN  
IDOC Health Services Director

# EXHIBIT 5



## Idaho Department of Correction Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 16000391
		Category:	MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 04/04/2016

The problem is:

I am not being provided timely adequate medical/mental health care, specifically a medical/mental health evaluation for the medical necessity pre-requisite of sex reassignment surgery by a qualified gender identity disorder evaluator pursuant to IDOC SOP 401.06.03.501 and NCCHC MH-A-01 Access to care, and P.-G-02 special needs.

I have tried to solve this problem informally by:

Sending concern forms to clinician Houser on 3/03/16, clinician Irvin on 2/22/16 and Dr. Scott Eliason on 3/16/16, and 3/25/16. (all attached)

I suggest the following solution for the problem:

I want to be scheduled immediately by a qualified gender identity disorder evaluator for a medical/mental health evaluation for sex reassignment surgery!

**Level 1 - Initial Response**

Date Forwarded:	04/07/2016	Date Returned:	04/08/2016
Date Due Back:	04/21/2016	Level 1 Responder:	BREWER, GEN

The response from the staff member or person in charge of the area/operation being grieved:

Please submit a concern form to Dr. Eliason for this request.

**Level 2 - Reviewing Authority Response**

Date Forwarded:	04/08/2016	Grievance Disposition:	MODIFIED
Date Due Back:	04/22/2016	Level 2 Responder:	HOFER, AARON
Date Returned:	04/13/2016	Response sent to offender:	04/18/2016

Your grievance has been reviewed and I find:

Please address any and all GID questions/concerns to Dr. Eliason. Dr. Eliason is the expert and has the decision making ability in this area. Thank you.

## EXHIBIT 5

II 160000391

EDMO, MASON DEAN

94691

**Offender Appeal**

Offender Comments:

Dr. Eliason is not an expert in GID, does not have any substantial treatment experience in treating persons w/ GID. Dr. Eliason is restricted, restrained, and / or denied from utilizing the standard of care typically used in treating GID/ GD; wpath, Dr. Eliason further delays and / or interferes with adequate medical care of my GID by stating he is a expert and / or specialist. I still am being denied timely and adequate medical treatment for my GID by a medical / mental health provider qualified to exercise judgment about my particular medical / mental health condition of GID.

**Level 3 - Appellate Authority Response**

Date Appealed:	04/25/2016	Grievance Disposition:	MODIFIED
Date Forwarded:	04/29/2016	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	05/17/2016	Response sent to offender:	05/19/2016
Date Returned:	05/17/2016		

Your appeal has been reviewed and I find:

Offender Edmo:

Dr. Eliason is a board certified physician with a specialty in psychiatry. If Dr. Eliason feels that it is necessary for you to be evaluated by a "qualified gender identity disorder evaluator" he will provide that service to you. If you have further questions or concerns please follow up with Dr. Eliason.

Rona Siegert RN, CCHP-RN  
Idaho Department of Correction

## EXHIBIT 6



### Idaho Department of Correction Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 170000845
		Category:	MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 08/14/2017

The problem is:

I am being given inferior medical care based on my status as an inmate with GD, and required to wait 5 months before seeing a GD doctor. All inmates with medical issues other than GD are provided medical care in a timely fashion, and not required to wait 5 months to see a MD for their worsening conditions.

I have tried to solve this problem informally by:

Submitting HSR#s 979519, 979520, & 979521 on 07/11/2017. Submitting concern form to ISCI HSA on 07/24/17; and seeing corizon NP-C (15) days later.

I suggest the following solution for the problem:

Immediate blood labs for testosterone/estrogen/prolactin levels and review of these levels there after and a medical appt. w/a MD specializing in GD within 14 days to discuss SRS.

**Level 1 - Initial Response**

Date Forwarded:	08/23/2017	Date Returned:	08/30/2017
Date Due Back:	09/06/2017	Level 1 Responder:	BENTON, AMANDA

The response from the staff member or person in charge of the area/operation being grieved:

I apologize for the inconvenience, but Dr. Alviso is our GID specialist and he manages all medications and doses. Thank you !

**Level 2 - Reviewing Authority Response**

Date Forwarded:	08/31/2017	Grievance Disposition:	MODIFIED
Date Due Back:	09/16/2017	Level 2 Responder:	HOFER, AARON
Date Returned:	09/06/2017	Response sent to offender:	09/11/2017

Your grievance has been reviewed and I find:

Edmo,  
In addition to the utilization of our GID specialist, you are monitored every 90 days in our Chronic Disease Program with licensed nurses and providers, to include labwork, evaluation,, medication, and patient education.Our providers collaborate with Dr. Alviso on your treatment plan.  
I see that you had your Chronic Disease appointment on 8-31-17, and labs were ordered for testosterone, prolactin, and estrogen levels. You may submit an HSR to discuss labs or GID concerns @ no charge with onsite providers as needed.  
Thank you!



## EXHIBIT 6

II 170000845

EDMO, MASON DEAN

94691

**Offender Appeal**

## Offender Comments:

On 8/31/2017 I "attempted" to discuss SRS w/NP-C Rogers and he said "IDOC won't allow SRS without a court order" I am requesting SRS but IDOC interferes w@/ my medical doctors and orchestrates Corizon providers to deny requests for SRS. I requested a medical memo for panties, as I am allowed Bras and NP-C Rogers denied, again re-stating IDOC will not allow panties. Other GD offenders are allowed panties and I am not. IDOC/Corizon's Chronic Disease program does adequately staff persons w/GD (including me) and only performs cursory exams, I requested to see a medical Doctor specializing in GD so I may be provided appropriate necessary medical care. My symptoms of GD are worsening due to inadequate medical care- please help.

**Level 3 - Appellate Authority Response**

Date Appealed:	09/14/2017	Grievance Disposition:	MODIFIED
Date Forwarded:	09/19/2017	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	10/05/2017	Response sent to offender:	10/06/2017
Date Returned:	10/06/2017		

Your appeal has been reviewed and I find:

Inmate Edmo:

The issues stated in your grievance were addressed as detailed in the first and second responses to this grievance. In addition, to the extent the issues you reference are subject matter that is in litigation you have filed, those issues will need to be addressed as part of the court process.

LAWRENCE G. WASDEN  
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 STATE OF IDAHO

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*Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert*

**IN THE UNITED STATES DISTRICT COURT  
 FOR THE DISTRICT OF IDAHO**

ADREE EDMO,	)	Case No. 1:17-cv-151-BLW
	)	
Plaintiff,	)	<b>DECLARATION OF LAURA WATSON</b>
	)	
vs.	)	
	)	
IDAHO DEPARTMENT OF	)	
CORRECTION; HENRY ATENCIO, in	)	
his official capacity; JEFF ZMUDA, in	)	
his official capacity; HOWARD KEITH	)	
YORDY, in his official and individual	)	
capacities; CORIZON, INC.; SCOTT	)	
ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND	)	
DOES 1-15;	)	
	)	
Defendants.	)	
_____	)	

I, Laura Watson, hereby declare and state as follows:

1. I am employed with the Idaho Department of Corrections (“IDOC”) as the Clinical Supervisor at the Idaho State Correctional Institution (“ISCI”). I have been the Clinical Supervisor at ISCI since June, 2016.

2. I am a Licensed Clinical Social Worker and maintain a license with the State of Idaho. I am also a Licensed Clinical Supervisor and a certified Correctional Health Care Provider with a specialty in Mental Health. I received my Master of Social Work degree from Walla Walla College in 2006 and a Bachelor of Social Work from Boise State University in 2004.

3. Prior to my position as Clinical Supervisor, I was a Clinician/Lead Clinician at ISCI for five years, from February 2010 to November, 2015. During that time, I performed mental health assessments of offenders to determine their needs for mental health and/or psychiatric services. I also provided crisis intervention and conducted assessments with offenders who verbalized or demonstrated suicidal behavior. My duties also included planning and delivery of individual and group counseling to offenders who had been diagnosed with Gender Dysphoria (“GD”), which was previously known as Gender Identity Disorder (“GID”). I also prepared psychological reports for the Commission on Pardons and Parole, the Sex Offender Board, and various Courts.

4. As the Clinical Supervisor at ISCI, I currently train and supervise Master’s level clinicians as well as a psychiatric treatment coordinator. I also oversee the Behavioral Health Unit, along with mental health services for the facility. I act as a liaison between the mental health clinicians and the education, program, medical, and security staff.

5. My current duties also include performing mental health treatment and consultation for individuals incarcerated at ISCI, including those diagnosed with GD. I supervise

a multi-disciplinary team approach to the professional delivery of clinical and treatment services for inmates at ISCI. My current duties also include training new correctional officers on Managing Mental Illness (to include GD), Suicide Risk Management through Idaho's POST academy. I am also involved in with providing GD training for the officers in the Behavioral Health Unit.

6. I am a member of the Management and Treatment Committee ("MTC"), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. Those needs include issues with housing, treatment, clothing, and requests for hormone replacement therapy. The MTC also receives and reviews inmate requests to be assessed for GD. As the Clinical Supervisor and member of the MTC, I am familiar and have experience with the MTC's procedures and practices.

7. I have received training in the clinical treatment of inmates diagnosed with GD, and inmates who have experienced trauma, substance abuse issues, PTSD, and self-injurious behaviors.

8. When providing clinical counseling and mental health services at ISCI and as a member of the MTC, I can rely on and become familiar with different records and documents, including GD inmates' medical and mental health records, Disciplinary Offense Reports ("DORs"), grievances, incident reports, concern forms, and c-notes in order to gain a better understanding of the factors and experiences contributing to an inmate's overall mental health and to assess how an inmate's mental health issues may affect their housing, safety, security, and discipline. Those are records kept in the course and scope of IDOC's regularly conducted activity of supervising, housing, securing, and providing for medical and mental health treatment and counseling to prisoners in the state prison system.

9. As a Clinician and Lead Clinician, I was one of Plaintiff Adree Edmo's treating Mental Health Clinicians from 2013 to 2015. During that time, I provided individualized clinical contact to Edmo and met individually with Edmo on multiple occasions, including while Edmo was housed in the Behavioral Health Unit. During that time I facilitated the GID group for which Edmo attended 27 weeks from 1/8/13 to 8/6/13.

10. During my individual clinical sessions and in group therapy sessions, Edmo and I discussed Edmo's family history, relationship history, trauma, sexual abuse, and Edmo's suicide attempts before Edmo's incarceration. We also discussed Edmo's feelings of dysphoria, depression, anxiety, and Edmo's difficulty maintaining healthy, stable relationships. During my contacts with Edmo, I recommended tools to assist Edmo in addressing Edmo's mental health issues, including attending group and individualized counseling to work through Edmo's significant history of trauma, abuse, and relationship/dependency issues.

11. For example, on September 30, 2015, Edmo requested to meet with me specifically after already having met with the primary clinician while on suicide watch for attempting to remove Edmo's testicles. Edmo and I discussed issues with parts of Edmo that did not make Edmo feel feminine. Edmo further acknowledged struggling with wanting and needing male attention, which made Edmo feel needed, wanted, and feminine. Edmo stated that Edmo wanted Edmo's genitals gone, but Edmo also admitted that Edmo knew that removal of Edmo's testicles would not fix Edmo's long-standing mental health issues. I spent quite a bit of time with Edmo confronting Edmo's long standing maladaptive behaviors of focusing on issues outside Edmo's self, while not taking any of the time needed to focus and work on the struggles Edmo had had for a very long time, such as low self-esteem, relationship issues, being a victim of domestic violence, substance abuse, dependency, and acceptance issues. I validated the other

things Edmo focused on that were important to Edmo and that Edmo should continue to advocate for Edmo's self and work on those things, but we processed how Edmo is wrapped up in Edmo's sense of identity and uses it as an escape from having to deal with some of the long standing issues mentioned above. Edmo agreed that all of those things help Edmo refrain from dealing with Edmo's problems. We discussed how if Edmo looked exactly the way Edmo wanted (including having sex reassignment surgery), Edmo would still be broken inside if Edmo did not address Edmo's other mental health issues. Edmo agreed and we discussed ways Edmo could begin to work more on Edmo's self, along with the underlying issues that Edmo had throughout Edmo's life, rather than only focusing on the outside. A true and correct copy of the record for this encounter is attached as **Exhibit 1**.

12. Less than one week later, on October 5, 2015, during a visit with Edmo after being released from a holding cell, Edmo didn't feel like Edmo had any mental health concerns and felt that Edmo had worked through most of those struggles. During that visit, Edmo was able to recognize that the attention Edmo sought from men was similar to the way Edmo abused substances, in that both were maladaptive ways to address ongoing problems. However, Edmo was less willing to accept that Edmo had underlying issues to work on, such as self-esteem, boundaries, and self-acceptance. Edmo appeared to minimize these ongoing struggles, instead referring to them as "normal" female self-esteem issues. A true and correct copy of the record for this encounter is attached as **Exhibit 2**.

13. On October 13, 2015, I met again with Edmo after receiving a concern form. Edmo's estrogen had been increased and Edmo felt good about that. However, Edmo expressed that Edmo had struggled lately with pulling Edmo's self out of a negative mindset despite recognizing/validating all the progress Edmo had made. During that visit, we discussed how

Edmo would continue to have identity and acceptance issues outside of Edmo's gender so long as Edmo was unwilling and unable to process some of the other issues that Edmo had struggled with, including a history of trauma, issues with power and control, relationship issues, and perfection issues. A true and correct copy of the record for this encounter is attached as **Exhibit 3**.

14. I met again with Edmo on December 3, 2015, for Edmo's scheduled clinical contact. Edmo had struggled recently with relationship issues and admitted that Edmo did not do well alone. Edmo admitted that the attention of a male took Edmo's focus off Edmo's dysphoria. We discussed Edmo's pattern of unhealthy relationships and tried to identify ways in which Edmo could get healthy attention, rather than seeking attention from males in unhealthy ways. A true and correct copy of the record for this encounter is attached as **Exhibit 4**.

15. I had another clinical contact visit with Edmo on December 17, 2015, during which we discussed Edmo's recent attempts at self-harm. Edmo desired to self-castrate given that Edmo felt overwhelmingly frustrated with still having male genitalia. I worked with Edmo on ways to meet Edmo's needs to feminize without violating policy and without resorting to self-harm. At that time, we prepared a treatment plan, wherein Edmo agreed that Edmo needed to set boundaries in personal relationships and avoid giving in to impulsive self-harming thoughts. A true and correct copy of the record and treatment plan for this encounter is attached as **Exhibit 5**.

16. As a member of the MTC and as Clinical Supervisor at ISCI, I have also been involved in discussions and meetings with other IDOC treatment providers with personal knowledge of Edmo's mental health conditions. I have reviewed mental health records from prior to Edmo's incarceration, along with Edmo's Presentence Investigation Reports and clinical notes. I am familiar with Edmo's documented social, criminal, medical, institutional, and mental

health history and current mental health conditions.

17. Based on my personal clinical experiences with Edmo, including individualized clinical and group counseling contacts, along with my review of Edmo's mental health treatment records, prior medical records, and PSI Reports, it is my observation and opinion that Edmo has significant underlying unresolved mental health concerns, including depression, self-harm, suicide attempts, a history of sexual abuse, a history of domestic abuse, substance abuse, sexually-charged behaviors, dependency issues, self-esteem issues, and unhealthy relationships. Although Edmo has not been diagnosed with borderline personality disorder, it is my clinical opinion that Edmo has demonstrated borderline personality characteristics.

18. It is also my opinion that Edmo relies on sex reassignment surgery as the one and only solution to all of Edmo's current mental health concerns. However, Edmo has not sufficiently addressed Edmo's other serious mental health concerns by failing to engage in recommended individual therapy to address Edmo's traumatic past and subsequent maladaptive behaviors and the impact this has on Edmo's current mental health struggles. Edmo has also been noncompliant with clinically recommended scheduled clinical contacts and group therapy such as Mood Management and Social Skills. Edmo has also not completed sex offender programming which may also provide insight into Edmo's ongoing struggles. At times, Edmo has not been willing to acknowledge Edmo's other mental health issues and has remained fixated on obtaining SRS to "fix" Edmo, without first doing the work to explore the other potential sources of Edmo's dysphoria and depression, i.e., prior trauma and abuse.

19. As a result, it is my clinical opinion that SRS is not appropriate for Edmo, due to Edmo's underlying uncontrolled mental health issues, and because Edmo considers SRS as a cure for all of Edmo's complex mental health concerns, while refusing to acknowledge and work



through those issues using less invasive and permanent means. I believe that Edmo's unresolved sources of distress are complicating Edmo's resolution of GD and as a result, SRS would not be in Edmo's best interest at this time.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Laura Watson

Laura Watson

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

Dan Stormer  
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PARSONS, BEHLE & LATIMER

*/s/ Krista Zimmerman*  
Krista Zimmerman

## EXHIBIT 1

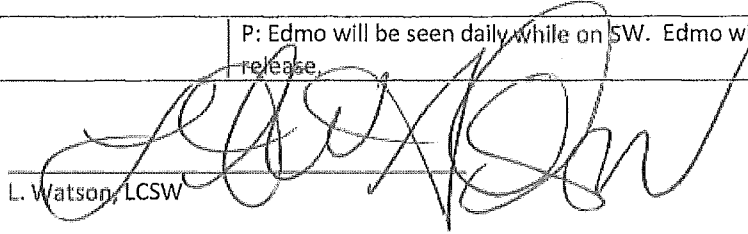
IDAHO DEPARTMENT OF CORRECTION  
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time	Problem Number	Use SOAP Note Format	
9/30/15 1511 Clinical contact		<p>S: Met with Edmo today at Edmo's request while on suicide watch for attempting to remove Edmo's genitals. Edmo asked about what the plan is for Edmo. Edmo states Edmo doesn't know what the options are so Edmo doesn't know what to do. Edmo discussed issues with parts of Edmo that don't make Edmo feel feminine. Edmo spoke of struggles with wanting and needing attention from males and how this makes Edmo feel needed/wanted/feminine. Edmo admitted that this was what fueled Edmo's desire to be moved out of unit 16 as it was "easier."</p>	
		<p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were consistent with Edmo's placement in a holding cell and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did state Edmo wants Edmo's genitals gone. However, through the conversation, Edmo reported that Edmo knows it won't fix everything and had no plan or intent to follow through at this moment. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "alright." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p>	
		<p>A: Edmo appears to be stable at this point. I spent quite a bit of time with Edmo confronting Edmo's long standing maladaptive behaviors of engrossing Edmo's self in all of these other things (legal fights, males in general population, complaints over everything, outward beauty, etc.) while not taking any of the time needed to focus and work on the struggles Edmo has had for a very long time (low self-esteem, relationship issues, being a victim of domestic violence, substance abuse, dependency and acceptance issues, etc.). I validated the other things Edmo focused on were important to Edmo and that Edmo should continue to advocate for Edmo's self and work on those things. . . but we processed how Edmo's entire sense of identity is wrapped up in that and how Edmo uses it as an escape from having to deal with some of the long standing issues. Edmo agreed that all of those things help Edmo refrain from dealing with Edmo's problems. We discussed how if Edmo looked exactly the way Edmo wanted (including having surgery), Edmo would still be broken inside. Edmo agreed and we discussed ways Edmo could begin to work more on Edmo's self and the issues Edmo has had throughout Edmo's life rather than only focusing on the outside. Explored insecurities that all men and women have and how fixing things on the outside, don't fix things on the inside the way we expect them to. Edmo was very receptive and identified a plan to identify how Edmo is going to refrain from attempting to take off Edmo's genitals. Edmo agreed to do this. I also told Edmo that release from 16 requires stability and Edmo does not appear stable. Edmo agreed and requested to remain in 16 upon release.</p>	

EXHIBIT 1

P: Edmo will be seen daily while on SW. Edmo will remain in unit 16 upon release.

L. Watson, LCSW



Date

9/30/15

**ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE**

(SOAP – Subjective Objective Assessment Plan)

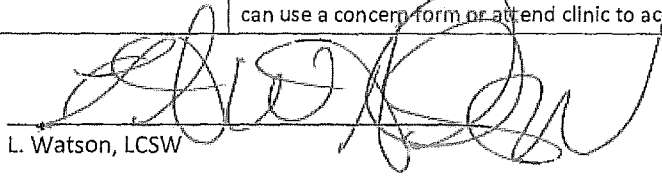


IDOC Clinical Contact Note 3.09

EXHIBIT 2

IDAHO DEPARTMENT OF CORRECTION  
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use SOAP Note Format		
10/5/15 0900 3 of 3	<p>S: Met with Edmo today for Edmo's 3 of 3 after being released from a holding Spent quite a bit of time discussing Edmo's reported need to "feminize." Edmo states that the issues seem to ebb and flow in regards to feeling like Edmo can handle it and then feeling like there is no way to handle it. Edmo expressed frustration at medical stating Edmo knows Edmo's own body and knows the meds are not where they should be. Edmo states this is partly why Edmo decided Edmo would take things into Edmo's own hands by attempting to castrate Edmo's self. Edmo stated that Edmo had time to think about our last conversation and stated that Edmo feels that Edmo doesn't really have any mental health concerns as Edmo has worked through most of these but struggles with dysphoria which Edmo attributes to lack of appropriate medical care. Edmo states Edmo only sees self as a woman and that Edmo struggles with "normal" female self-esteem issues such as worrying about how Edmo looks and how others will perceive Edmo.</p>		
	<p>O: Edmo was OX4 and alert. Edmo's hygiene and grooming were appropriate and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did state Edmo wants Edmo's genitals gone. However, Edmo denied plan or intent to follow through at this moment and agreed to seek out staff if needed. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "just frustrated." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p>		
	<p>A: Edmo appears to be stable at this point. Spent quite a bit of time problem solving and formulated a plan for medical follow up and communication. Discussed the medical treatment being separate from mental health treatment. Edmo indicated that we should work together and I agreed but also stated that I am not a medical provider so I cannot recommend more or less meds and I am happy to talk with them about Edmo's struggles with depression, anxiety, and dysphoria related to having male genitals. Edmo seemed to vacillate back and forth between what Edmo felt Edmo needed from mental health. However, Edmo was able to recognize that attention from men seems to help with the dysphoria and was able to see the similarities with attention and drug use. Edmo had a much different presentation today than last week. Today Edmo's frustration was medical and there was a significant denial of internal issues which may be leading to some of the struggles. Last week there seemed to be more of an acceptance of things Edmo needed to work on in regards to self-esteem, boundaries issues, and self-acceptance.</p>		
	<p>P: Edmo will continue to be followed by clinical staff congruent with Edmo's LOC. Edmo can use a concern form or attend clinic to access MH staff as well.</p>		

  
L. Watson, LCSW


10/5/15  
Date

**ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE**

EXHIBIT 3

IDAHO DEPARTMENT OF CORRECTION  
CLINICAL CONTACT NOTE

<b>INMATE NAME (Last, First, MI)</b>		<b>IDOC #</b>	<b>DATE OF BIRTH</b>
Edmo, Mason		94691	[REDACTED]
<b>Date/Time</b>	<b>Use SOAP Note Format</b>		
<b>Problem Number</b>			
10/13/15 1310 Clinical contact	<p>S: Met with Edmo today per Edmo's concern form. Edmo stated Edmo met with medical and the increased Estrogen by 1mg. Edmo felt good about this and felt like maybe this was a sign of good things to come. Edmo discussed historical details of Edmo's past including information regarding diagnoses. Edmo stated that recently Edmo has struggled with getting into a place where Edmo cannot see out of the tunnel vision that seems to be present. Edmo states that Edmo knows there are many good things going on and Edmo has made a great deal of progress but struggles seeing that in the moment. Edmo states Edmo is not sure how to pull Edmo's self out of that mindset. Edmo talked about not being open and honest with Edmo's significant other regarding struggles as Edmo is a "strong, independent woman who can handle these things myself." However, Edmo also admitted that Edmo manipulates to present things in a certain way order to not be vulnerable with others.</p>		
	<p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were consistent with Edmo's placement in a holding cell and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI. Edmo states Edmo still wants to remove "that thing" (referring to penis/testicles) but denies having a plan or intent to follow through stating Edmo "just wants it gone." Edmo presented as pleasant and euthymic and indicated Edmo was feeling "okay." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p>		
	<p>A: Edmo appears to be stable at this point. We discussed how this clinician will be transferring to another position and the plan will be to transfer Edmo to clinician Irvin's caseload. Edmo was receptive to this. Spent time building rapport and discussing history and the impact this has on Edmo's current functioning. Explored Edmo's insight about manipulating so that other's only see what Edmo is willing to show them and pointed out how Edmo has done this recently (while in the holding cell was open about issues regarding self-esteem and acceptance and then the next time we met identified that this wasn't a problem at all and Edmo had worked through all of this). Pointed out how Edmo will continue to have identify and acceptance issues outside of gender as long as Edmo is unwilling/unable to process some of the other issues Edmo struggles with (such as trauma history, relationship issues, issues with power and control, perfection issues, etc.). Explored ways in which Edmo can begin to identify issues as they arise and address them at that point rather than allowing them to build up (as Edmo has done recently) and then become a crisis. Used the analogy of a flat tire versus a broken engine. . . one is much easier to "fix." Edmo has great insight but needs to work on trust in regards to being vulnerable to really make progress in some of the areas Edmo struggles with.</p>		
	<p>P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed.</p>		

  
L. Watson, LCSW

10/13/15  
Date

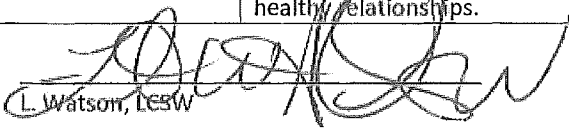
**ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE**  
(SOAP - Subjective Objective Assessment Plan)



EXHIBIT 4

IDAHO DEPARTMENT OF CORRECTION  
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time	Use SOAP Note Format		
Problem Number			
12/3/15 1005 Clinical contact	<p>S: Met with Edmo today for Edmo's scheduled clinical contact. Clinician Houser was present as she will be the clinician that Edmo is transitioning to. Edmo stated that Edmo had been struggling a bit lately "because of the same old drama." Edmo stated Edmo broke up with the previous significant other but had already had one that Edmo was starting to see before breaking up with the other one. Edmo now states Edmo is in a relationship with someone else but warned them that it may not last. Edmo admitted to not doing well alone. Edmo states that the attention makes Edmo feel good and takes the focus off of things like still having a penis. Edmo stated that overall, Edmo feels better and is trying to work on being alone and setting boundaries. Edmo states Edmo's depression has been better with the increase in hormones but still feels it could be better.</p>		
	<p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were appropriate. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI. Edmo states Edmo still has desires to self-castrate but states Edmo has been managing these well and denies plan or intent. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "alright I guess." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p>		
	<p>A: Edmo appears to be stable at this point. Confronted Edmo on ongoing maladaptive patterns which continue to lead to issues in Edmo's life. Reviewed the challenges Edmo has with saying no and the concern Edmo has about hurting other's feelings which is why Edmo will remain in unhealthy relationships for far too long. Reviewed healthy boundaries that Edmo could set and ways in which Edmo could get healthy attention that Edmo felt Edmo needed rather than continuing to seek it from males in any way Edmo can. Spent some time reviewing Edmo's history and the things that Edmo was working on for the new clinician. Reviewed compliance towards treatment plan goals.</p>		
	<p>P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed. Edmo was referred to healthy relationships.</p>		

  
L. Watson, LCSW

12/3/15  
Date

**ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE**  
(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

EXHIBIT 5

IDAHO DEPARTMENT OF CORRECTION  
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time	Problem Number	Use SOAP Note Format	
12/17/15	1215	S: Met with Edmo today for per Edmo's concern form to update Edmo's treatment plan. Clinician Houser was present as Edmo will be transferring to her caseload. Edmo stated Edmo was doing better. I had attempted to meet with Edmo last week per the concern form but Edmo stated Edmo was given the wrong medication and it made Edmo too tired to participate. Edmo reported doing well now and had recently ended a relationship Edmo knew Edmo did not want to be in. Edmo states Edmo has one person "interested" but Edmo doesn't want to jump into a relationship and wants to get to know the person. Edmo admits to liking the attention from relationships and states Edmo has been in a relationship of some sorts the entire time Edmo has been incarcerated. Edmo spoke of recent self-harm and desires to self-castrate given Edmo feels overwhelmingly frustrated with still having male "parts." Edmo states Edmo has self harmed three times in the last six months and wants to work on this.	
		O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were appropriate. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did report recent self harm (denied current plan or intent). Edmo presented as pleasant and euthymic and indicated Edmo was feeling "better." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.	
		A: Edmo appears to be stable at this point. We spent quite a bit of time updating Edmo's treatment plan and all needed items for MDTT. Edmo took an active role in treatment plan formation but seemed focused on wanting this clinician to include Edmo's need to feminize as Edmo continued to state if Edmo gets a DOR, Edmo wants the hearing officer to know it was part of the plan and that it plays a role in Edmo's dysphoria. We spoke at length about ways in which Edmo could feel feminine though going against policy but Edmo seemed resistant to this. I was honest with Edmo that I could not write a goal that goes against policy but that I could work with Edmo on ways in which Edmo could better meet these needs while refraining from self harm. We also spent quite a bit of time processing/discussing boundary issues and ways Edmo could work on these in order to meet Edmo's own needs.	
		P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed. Edmo will attend MDTT.	

L. Watson, LCSW

Date

**ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE**  
(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

CORIZON 0512



EXHIBIT 5

Mental Health Group Referral (BHU)

Inmate Name: Edmo

Inmate IDOC #: 94691

Date of Referral: 12/17/15  
Referring Clinician: Watson

**Clinician Groups:**

- Lifer's Group (CCG 1)
- Suicide Prevention (CCG 1)
- Mindfulness (CCG 4)
- Living with Schizophrenia (CCG 6)
- Living with Bipolar (CCG 7)
- Living with Depression (CCG 8)
- Living with Anxiety (CCG 9)
- PTSD (CCG 10)
- Mood Management (CCG 12)
- GD Process Group (CCG 12)
- ADHD (CCG 12)
- Grief and Loss (CCG 13)
- Co-Occurring (CCG 14)
- Self-esteem (CCG 15)
- Other

*already enrolled*


**Psych Tech/Officer Groups:**

- Community Re-entry (CCG17)
- Healthy Self (CCG 17)
- Healthy Relationships (CCG 17)
- Anger Reduction (CCG 17)
- Social Skills/ Goals (CCG-18)
- Social Roles (CCG 18)
- Assertive Communication (CCG 18)
- Current Events (CCG 19)
- History (CCG 19)
- Reading (CCG 19)
- Creative Writing (CCG 19)
- Puzzle/ Games (CCG 20)
- Riddles/ Trivia (CCG 20)
- Music (CCG 20)
- Art (CCG 20)
- Other

EXHIBIT 5

IDAHO DEPARTMENT OF CORRECTION  
TREATMENT PLAN

DATE	12/17/15	INMATE NAME	Edmo, Mason		
IDOC #	94691	DOB	██████	LOC	CMHS-1
PROBLEM (in operational terms)		GOAL			
1.	Edmo states Edmo struggles setting boundaries in personal relationships out of fear or hurting someone else's emotions.	Edmo will identify at least one boundary Edmo needs to set in a personal relationship and follow through within at least one week 75% of the time.			
2.	Edmo reports some struggles with attempting to self-castrate or desires to self-castrate.	Edmo will identify at least two ways Edmo could feel more feminine (within policy) and engage in these prior to giving into impulsive, self-harming thoughts.			
PREPARED BY	L. Watson, LCSW 0367			DATE	12/17/15
INTERVENTIONS					
Problem #	Treatment Intervention	Staff/Person Responsible	Frequency/Duration	Date Goal Closed	
1, 2	Edmo will use coping skills when struggling with mental health symptoms.	Edmo	As needed		
1, 2	Edmo will voice an understanding of how to use a concern form and/or attend drop-in clinics to access clinical support.	Edmo	As needed		
1, 2	Edmo will attend psychoeducational groups as scheduled. <b>Edmo is currently attending Gender Dysphoria group and has been referred to healthy relationship.</b>	Edmo	As scheduled		
1, 2	Edmo will take any medication prescribed by the psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects.	Edmo/ Psychiatry	As prescribed		
1, 2	Edmo will notify staff right away of any suicidal or homicidal thoughts, or of any plan/intent to harm self or others.	Edmo	As needed		
1, 2	Edmo reports spending time at education and exercising as beneficial activities and is encouraged to maintain these activities so long as they continue to be helpful.	Edmo	Daily		
1, 2	Edmo will use journaling as a tool help improve self-esteem and self-image.	Edmo	Ongoing		

  
OFFENDER SIGNATURE

94691  
IDOC #

12/17/15  
DATE



IDOC Treatment Plan Form Rev. 5.10

CORIZON 0514

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STATE OF IDAHO

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO,	)	Case No. 1:17-cv-151-BLW
	)	
Plaintiff,	)	<b>DECLARATION OF WALTER L.</b>
	)	<b>CAMPBELL, PH.D.</b>
vs.	)	
	)	
IDAHO DEPARTMENT OF	)	
CORRECTION; HENRY ATENCIO, in	)	
his official capacity; JEFF ZMUDA, in	)	
his official capacity; HOWARD KEITH	)	
YORDY, in his official and individual	)	
capacities; CORIZON, INC.; SCOTT	)	
ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND	)	
DOES 1-15;	)	
	)	
Defendants.	)	
_____	)	

I, Walter L. Campbell, PhD., hereby declare and state as follows:

1. I am over the age of eighteen and am competent to testify to the matters herein. I make this declaration made upon my personal knowledge.

2. I am employed with the Idaho Department of Corrections (“IDOC”) as the Chief Psychologist.

3. I am a licensed psychologist and maintain a professional license with the State of Idaho. I received my Ph.D. in Counseling Psychology and my Masters of Sciences degree in Counseling and Counseling Education, both from the Indiana University. I earned two Bachelors of Arts degrees in Philosophy of Religion and Biblical Literature from Taylor University.

4. I have been the Chief Psychologist at IDOC since September 17, 2016.

5. Prior to my employment with IDOC, I was employed for three years as the Lead Psychologist for Corizon Health, Inc. and worked at three separate facilities. In 2015 and 2016, I oversaw the INSIGHT Mental Health Unit of the Pendleton Correctional Facility in Pendleton, Indiana. In 2014 and 2015, I oversaw the Special Needs Unit at the Wabash Valley Correctional Facility in Carlisle, Indiana. In 2013 and 2014, I was responsible for all mental health services at the Plainfield Correctional Facility in Plainfield, Indiana.

6. During my doctoral internship with Corizon in 2012 and 2013, I provided individual and group therapy to prisoners at the Wabash Valley Correctional Facility.

7. I am a member of the American Psychological Association and Idaho Psychological Association.

8. I am a member of the World Professional Association for Transgender Health. I attended continuing education courses at the 2017 WPATH conference.

9. I also have also received training on Gender Dysphoria (“GD”) from the National Commission on Correctional Health Care (“NCCHC”) at two annual conferences.

10. I have reviewed dozens of articles and publications regarding the treatment of transgendered inmates, including inmates with GD. I am familiar with the standards of care for transgender persons set forth by WPATH, along with statements and guidelines regarding GD and transgender persons set forth by the American Psychological Association and the American Psychiatric Association. I am also familiar with the guidelines regarding GD offenders and transgender inmates as provided by the National Commission on Correctional Health Care, the National Institute of Corrections, and the Federal Bureau of Prisons.

11. As the Chief Psychologist at IDOC, I am responsible for the oversight of mental health programming, including the creation and approval of policies and procedures related to mental health services for prisoners housed in general population, restrictive housing, and specialized mental health treatment units.

12. My duties as Chief Psychologist also include the administrative supervision of the master’s level clinicians who provide group and individual therapy to IDOC inmates at each facility. As the chief diagnostician, I also consult with clinicians on mental health operations and services at IDOC. I am further provide input regarding revisions to the current IDOC GD Policy, SOP 401.06.03.501.

13. I serve as chair of the Management and Treatment Committee (“MTC”), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. The MTC also receives and reviews inmate requests to be assessed for GD. As the chair, I am familiar and have significant experience with the MTC’s procedures and practices.

14. During my time as Chief Psychologist at IDOC, I have directly conducted six GD assessments. Also during that time, I have overseen the treatment and assessment of approximately fifty inmates who have requested GD evaluations, through my role as chair of the MTC and as the Chief Psychologist at IDOC.

15. Once an inmate makes a request for a GD evaluation or if a member of the healthcare staff requests that an inmate receive an evaluation for GD, I review the request and recommend that the offender be placed in the appropriate facility for the evaluation to take place.

16. Once an evaluation has been performed, the evaluator provides a report to the MTC seven days before the MTC monthly meeting. Prior to the meeting, I review the report and when the MTC convenes for the monthly meeting, I provide my assessment of the evaluator's findings, indicating whether I agree or disagree with the findings and diagnoses contained in the evaluation report, if any.

17. I then convene the MTC to develop an individualized treatment plan and recommendation for the placement and needs of the GD offender. Typically, a clinician prepares the individualized treatment plan, which is then reviewed by the MTC, taking into consideration both the treatment and security concerns involving each individual GD offender. Once a treatment plan is adopted by the MTC, recommendation for the adoption of that plan is presented to the Administrative Review Committee ("ARC").

18. The ARC then reviews our recommendations and our proposed individualized plan. The MTC consults with the ARC to answer any questions or provide further clarification of our recommendations. The ARC reviews the recommendations of the MTC and crafts its own recommendations regarding the classification, management, and security of the GD inmate. The

ARC then provides its recommendations, along with those of the MTC to the director of IDOC for final approval.

19. The MTC also convenes monthly to discuss and address the individual needs of the GD offenders, including issues related to mental health treatment, housing, property, discipline, safety, and any other issues that arise which involve the treatment and management of GD inmates.

20. The MTC does not make any individual treatment decisions regarding GD inmates. Those determinations are made by the individual clinicians or the medical staff employed by Corizon. The MTC may provide requested information and consult with Corizon providers regarding GD inmates. However, the MTC does not override any medical treatment decisions made by Corizon physicians and providers.

21. In 2012, Plaintiff Adree Edmo's ("Edmo") was diagnosed with GD, shortly after requesting and receiving an evaluation. The evaluation was performed by psychologist Claudia Lake. Also in 2012, Edmo began receiving hormone therapy. Edmo has also been provided with a bra and has been permitted to feminize appropriately. Edmo is encouraged by our staff to attend group and individualized therapy specifically for inmates with GD.

22. Edmo is one of the GD offenders whose needs have been addressed and discussed by the MTC. For instance, over the last several years, the MTC has discussed and made recommendations regarding Edmo's housing, group therapy attendance, and safety.

23. In my role as Chief Psychologist and chair of the MTC, I have reviewed Edmo's file, including Edmo's mental health treatment records, treatment plans, DORs, concern forms, and Presentence Investigation reports ("PSI"). I am familiar with Edmo's treatment for GD while Edmo has been in the custody of IDOC.

24. Edmo's individual clinicians have recommended that Edmo participate in GD group therapy and individualized clinical therapy with IDOC clinicians. Edmo's clinicians have also recommended that Edmo participate in other mental health groups, including Social Skills and Mood Management, in order to address and help Edmo manage Edmo's mental health conditions, including Edmo's GD, depression, anxiety, and unhealthy relationships. Throughout 2016, 2017, and 2018, Edmo has refused to regularly attend the individual and group therapy recommended by the mental health staff. Edmo was also barred by the MTC from attending the GD processing group for six months after Edmo twice assaulted another GD inmate who also participated in the GD group.

25. Edmo's medical and mental health records demonstrate that Edmo has significant underlying uncontrolled mental health issues. For example, Edmo has been diagnosed with Major Depressive Disorder, Anxiety, and Alcohol Dependence. Edmo also has well-documented behaviors consistent with personality disorders. Edmo also has a history of severe trauma, including sexual, domestic, and emotional abuse. Edmo attempted suicide on at least two occasions prior to Edmo's incarceration and has demonstrated poor self-worth, poor self-esteem, and unhealthy relationships while in prison. For instance, Edmo has a history of inappropriate sexual behaviors and co-dependency. Edmo has also resorted to self-harm, including continued cutting behaviors.

26. Based on my review of Edmo's mental health treatment records, it is my understanding Edmo received an evaluation for sex reassignment surgery on April 20, 2016, by psychiatrist Scott Eliason, M.D. It is my understanding that Dr. Eliason concluded after the evaluation, and in consultation with clinical supervisor Jeremy Clark, clinician Jeremy Stoddard,



and Dr. Murray Young, that sex reassignment surgery was not medically necessary or appropriate for Edmo.

27. To my knowledge, prior to June 1, 2018, no qualified GD evaluator has ever determined that sex reassignment surgery was medically necessary for Edmo. Had such a determination been made, I would have convened the MTC to discuss that determination for Edmo. I am not aware of any “blanket” prohibition to providing sex reassignment surgery if it is determined to be medically necessary for an individual inmate.

28. I have reviewed the Declarations of Randi Ettner, Ph.D. and Nicolas Gorton, M.D., who recommend that Edmo receive sex reassignment surgery.

29. I do not believe that Drs. Ettner and Gorton have fully grasped Edmo’s underlying mental health issues, when they identify Edmo’s GD as the root cause of Edmo’s depressive symptoms and dysphoria. The clinical evidence demonstrates that Edmo’s feelings of dysphoria have a very complex origin, related to trauma, relationship difficulties, and other unresolved life events, precisely as Edmo’s IDOC mental health clinicians have described in treatment notes over the last several years. Furthermore, Edmo has not demonstrated a willingness to address these underlying mental health issues through treatment, making assessment of her full mental clinical difficult.

30. Edmo’s clinical history provided to Drs. Ettner and Gorton is inconsistent with other reports, including the PSI and Edmo’s medical records from prior to her incarceration, especially as to the reports that Edmo lived full-time as a woman prior to incarceration in 2012. This inconsistency demonstrates that there are many unanswered questions about Edmo’s life events prior to incarceration. Such questions need to be explored to further evaluate the root cause of Edmo’s depressive symptoms and dysphoria. What is clear is that Edmo seriously

attempted suicide several times before incarceration, was the victim of sexual and domestic abuse, and had severe substance abuse problems. Such issues should not be ignored, overlooked, or downplayed when assessing the causes of Edmo's dysphoria.

31. Edmo's medical and mental health record indicates that the etiology of Edmo's dysphoria is unclear and complex. This, coupled with Edmo's disinclination to participate in mental health treatment to address her underlying mental health issues, makes a clear clinical formulation very difficult. In short, Edmo's overall clinical picture is not fully understood and it is not clear that Edmo's GD is the sole cause of Edmo's dysphoria. Until Edmo's dysphoria is fully understood, an extreme irreversible intervention such as sex reassignment surgery is not warranted, appropriate, or without a considerable risk of harm.

32. IDOC mental health staff have chosen to make the clinically appropriate decision to focus on maintaining Edmo's stability and safety while compassionately extending the offer to provide therapeutic treatment to Edmo, in the case that Edmo decides to pursue it.

33. I am not convinced that there would be no adverse outcome if Edmo undergoes sex reassignment surgery, in light of the many unanswered questions posed by Edmo's complex mental health history.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 30<sup>th</sup> day of August, 2018.

/s/ Walter L. Campbell, Ph.D.  
Walter L Campbell, Ph.D.

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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/s/ Krista Zimmerman  
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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO,	)	Case No. 1:17-cv-151-BLW
	)	
Plaintiff,	)	<b>DECLARATION OF CLIFF CUMMINGS</b>
	)	
vs.	)	
	)	
IDAHO DEPARTMENT OF	)	
CORRECTION; HENRY ATENCIO, in	)	
his official capacity; JEFF ZMUDA, in	)	
his official capacity; HOWARD KEITH	)	
YORDY, in his official and individual	)	
capacities; CORIZON, INC.; SCOTT	)	
ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND	)	
DOES 1-15;	)	
	)	
Defendants.	)	
_____	)	

I, Cliff Cummings, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated.

2. I am employed as a Senior Probation/Parole Officer with the Idaho Department of Corrections (“IDOC”) for District Six in Pocatello, Idaho. I have been employed as a Probation/Parole Office since June, 1991. For the last ten years, I have been a Sex Offender Supervision Officer for District Six.

3. During my time as a Probation/Parole Officer, I have supervised one transgender offender, who I understand was born biologically male, but identified as female (I will not provide that offender’s identity in this declaration for privacy purposes). During my times as her probation officer, I observed this offender wearing women’s clothing and makeup and wearing her hair in a feminine hairstyle. During my supervision of this offender, I used female pronouns when referring to and addressing her, as she requested.

4. From June 25, 2010, until February 8, 2011, I supervised Mason Meeks, who I understand is now known as Adree Edmo. I supervised Edmo while Edmo was on probation after completing the IDOC retained jurisdiction program following a conviction for One County Drawing a Check Without Funds in 2009.

5. As Edmo’s probation officer, I met with Edmo in person fifteen times, both at Edmo’s home and in my office.

6. During my interactions with Edmo, I never observed Edmo wearing women’s clothing. Edmo did not appear to be wearing makeup and did not have Edmo’s hair styled in a feminine way. Edmo did not present or appear as a woman in any way and Edmo did not ask that I refer to Edmo as a woman or use female pronouns.

7. During my supervision of Edmo, Edmo's physical appearance was at all times consistent with Edmo's appearance in the 2010 photograph that is attached hereto as **Exhibit 1**. I never witnessed Edmo appear or acting consistent with a gender other than male.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31<sup>st</sup> day of August, 2018.

/s/ Cliff Cummings  
Cliff Cummings

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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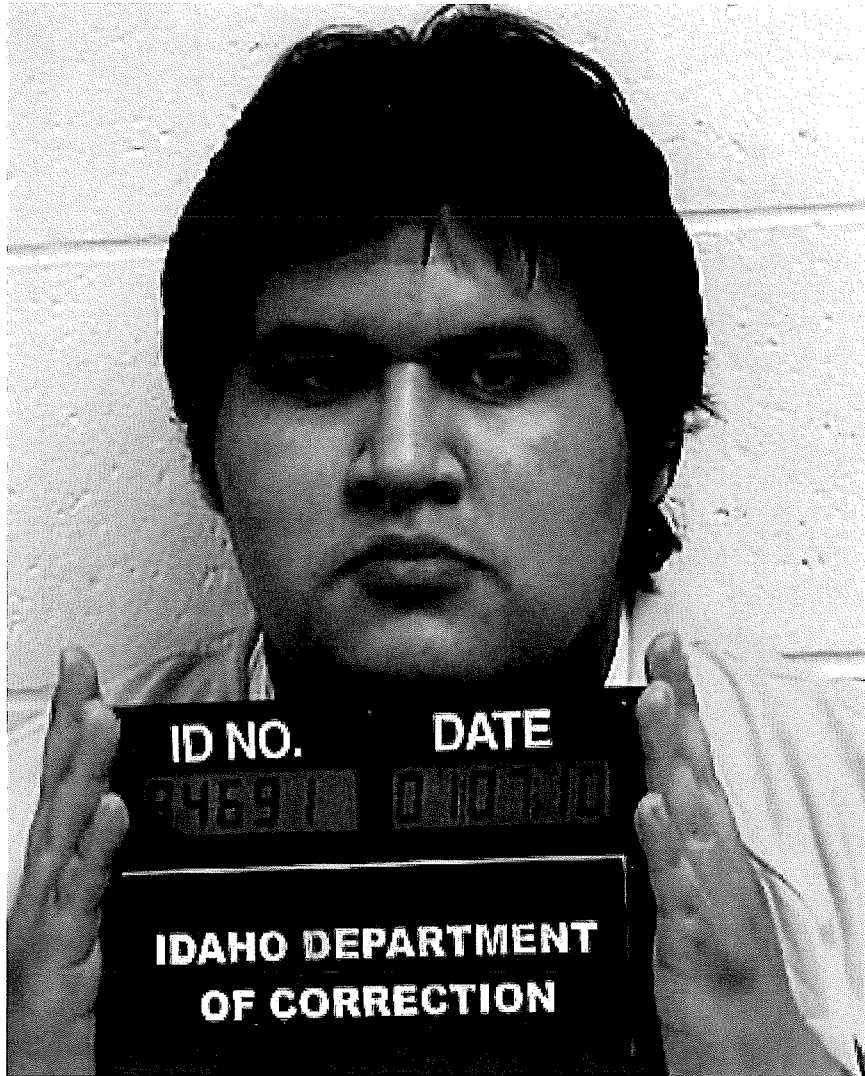
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/s/ Krista Zimmerman  
Krista Zimmerman

EXHIBIT 1

**EDMO, MASON DEAN**

**IDOC#: 94691**



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STATE OF IDAHO

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**IN THE UNITED STATES DISTRICT COURT**

**FOR THE DISTRICT OF IDAHO**

ADREE EDMO,

Plaintiff,

vs.

IDAHO DEPARTMENT OF  
CORRECTION; HENRY ATENCIO, in  
his official capacity; JEFF ZMUDA, in  
his official capacity; HOWARD KEITH  
YORDY, in his official and individual  
capacities; CORIZON, INC.; SCOTT  
ELIASON; MURRAY YOUNG;  
RICHARD CRAIG; RONA SIEGERT;  
CATHERINE WHINNERY; AND  
DOES 1-15;

Defendants.

) Case No. 1:17-cv-151-BLW

)

) **DECLARATION OF SANDY JONES**

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I, Sandy Jones, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated.

2. I am the Executive Director for the Idaho Commission for Pardons and Parole (“Commission”). I have served as the Executive Director for the Commission since August 2014.

3. I attend parole hearings and review proceedings in my capacity as Executive Director of the Commission and have personal knowledge of Commission proceedings involving Adree Edmo, #94691 (“Edmo”). Edmo is in prison because of Edmo’s 2012 conviction for Sexual Abuse of a Minor Under the Age of 16.

4. The Commission determines whether any prisoner who is eligible for parole may be released on parole.

5. When making parole decisions with respect to inmates, the Commission considers the prisoner’s current risk assessment, criminal history, institutional misconduct, and other characteristics related to the likelihood of the prisoner offending in the future, along with the prisoner’s participation, compliance, and completion of offender programming.

6. As part of the Commission’s regularly conducted business activities, the Commission takes minutes of its parole hearings and other proceedings. The minutes of a parole hearing constitute the official records of the proceeding, as the Commission does not utilize verbatim minutes or audio or visual recordings to document the proceedings in parole cases. In my capacity as Executive Director for the Commission, I have access to these hearing minutes and other Commission records in the ordinary course of the Commission’s business, including parole hearing query reports. I have reviewed the Commission minutes and parole hearing query reports related to Edmo.

7. A regularly scheduled parole hearing for Edmo took place before the Commission on February 7, 2014. The Commission granted a tentative parole date of July 3, 2014, upon Edmo's completion of the Sex Offender Treatment Program ("SOTP"). Attached hereto as **Exhibit 1** is a true and correct copy of the minutes for the parole hearing, which constitute the official record of that hearing.

8. On January 20, 2015, the Commission conducted a Review of three Disciplinary Offense Reports ("DORs") received by Edmo, including one for Battery of another inmate and two for Disobedience to Orders. At the time of the DOR Review, Edmo had enrolled in SOTP. After reviewing the DORs, the Commission elected to void the tentative parole date of July 3, 2014, and set a new tentative parole date of June 19, 2015, set one year from the date of Edmo's battery DOR. The Commission again determined that Edmo was required to complete SOTP. Attached hereto as **Exhibit 2** is a true and correct copy of the minutes for the DOR Review, which constitute the official record of that hearing.

9. On March 3, 2015, the Commission conducted a Review of two DORs received by Edmo for Disobedience to Orders. At the time of the DOR Review, Edmo had enrolled in SOTP. After reviewing the DORs, the Commission elected to void the tentative parole date of June 19, 2015, and set a hearing to take place in March, 2016. Attached hereto as **Exhibit 3** is a true and correct copy of the minutes for the DOR Review, which constitute the official record of that hearing.

10. A regularly scheduled parole hearing for Edmo took place before the Commission on March 14, 2016. At that time, Edmo was back in SOTP but had been previously dropped from SOTP three previous times. Edmo indicated that if Edmo was not provided a parole date at the hearing, Edmo would want to "top" her time. The Commission reviewed a Sex Offender Risk

Assessment (“SORA”) for Edmo and denied parole based on Edmo’s failure to maintain a period of good behavior and failure to actively participate in or successfully complete Edmo’s assigned programming. The Commission further denied parole based on the fact that Edmo committed Edmo’s offense while on probation. The Commission scheduled another parole hearing to take place in March, 2017. The Commission determined that another DOR for Edmo would void that hearing date. Attached hereto as **Exhibit 4** is a true and correct copy of the minutes for the parole hearing, which constitute the official record of that hearing.

11. On December 8, 2016, the Commission cancelled Edmo’s parole hearing date after Edmo received an additional six DORs, including another DOR for battery, two for Disobedience to Orders, one for Tattooing/Piercing, and two for Destruction of Property Under \$25. Attached hereto as **Exhibit 5** is a true and correct copy of the parole hearing query report, which constitutes an official record of the Committee’s decision voiding Edmo’s parole hearing.

12. Based on my review of the parole proceedings and records related to Edmo, the Commission’s decisions to deny parole and vacate Edmo’s hearing dates are consistent with the factors set forth in paragraph 5 above, including Edmo’s failure to complete SOTP and continued institutional misconduct.

13. At the time of the date of this Declaration, Edmo still has not completed SOTP.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 29<sup>th</sup> day of August, 2018.

/s/ Sandy Jones  
Sandy Jones

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 14<sup>th</sup> day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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PARSONS, BEHLE & LATIMER

/s/ Krista Zimmerman  
Krista Zimmerman

EXHIBIT 1

THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE

STATE OF IDAHO  
 COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

REG PAROLE HRG

DATE: 02/07/2014

COMMISSIONERS:  
 MATTHEWS, MIKE H  
 DRESSEN, JANIE  
 SCHEIHING, GARY

CRAVEN, OLIVIA Executive Director

*The Executive Director was not present at this hearing or review and these minutes were signed by the Executive Director in her official capacity only and represent the summary minutes of the proceeding that were prepared during the hearing or review by the Executive Director's designee.*

INSTITUTION: ICIO

	CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1)	CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014  
 Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

History on Commitment:

NOTE: The Executive Director was not present during this hearing.

NOTE: This hearing was conducted by videoconference from PWCC to ICI-O.

The Commission had the Sex Offender Risk Assessment (SORA) prepared for this hearing.

He goes by Mason Dean Meeks too, as that is his birth name.

He is in prison because of the sex abuse case. He forged checks in 2009 but that is finished. He wrote multiple checks without funds in his account. At that time he was in a bad relationship and his substance abuse and alcohol use was at its highest. He was on probation for about 2 years for the Forgery when he committed the sex crime. He absconded from probation in 6/11, still was using alcohol and molested the victim by doing felatio. He admits he used alcohol during his entire probation.

## EXHIBIT 1

94691 EDMO, MASON DEAN  
DATE: 02/07/2014  
PAGE: 2

The victim was a distant friend's son. It started when the boy was asleep. He understands the victim told the mother who reported it. He already had the warrant for absconding. About 2 to 3 days went by before he was arrested.

He is on the SOTP Pathway. He got back into it on 1/7/14. It is going much smoother than it did before. When he saw the Hearing Officer, he was waiting on a decision to change his programming. They are accommodating him in the Pathway there in Orofino. He believes he can complete it.

There was a PREA investigation going on but he doesn't know the result. He only knows about the August 2013 one..but did not elaborate.

He plans to live in Pocatello in his own home. He plans to work at Shoshone-Bannock Tribe in the clerical pool. He has much experience there. He will go to a doctor or to his Tribe. He will get the SO aftercare either with the doctor or with the Tribe. He will also do substance abuse treatment with the Tribe.

His family is very supportive now and in the past. They always tried to get him to stop his substance abuse even doing things such as calling police.

When out in the community, he did not have any other minor victims other than this one. He has identified two other victims he has had (in prison). He said again he only has [REDACTED] the one victim, in the community.

The Commission elects to grant a tentative parole date of 7/3/14 upon completion of SOTP with the following special conditions:

1. Obtain a sex offender evaluation as directed by the Commission, or supervising personnel and comply with all directives for treatment/counseling.
2. Do not associate with a minor child under the age of 18 years unless a responsible adult, approved by supervising personnel, is present
3. Do not frequent any establishments where pornographic material is the main source of income, nor possess pornographic material. You may be ordered to have no computer, or your access to the Internet may be restricted.
4. Submit to polygraph and/or plethysmographic testing at the request of the treatment providers and/or supervising personnel.
5. You must register as a sex offender as dictated by law.
6. May not enter into any relationship until the Parole Officer and treatment provider approves.
7. Remain alcohol and drug free, which includes not using marijuana and not having a medical marijuana card. Do not enter any establishment where alcohol is the main source of income.
8. Obtain a substance abuse evaluation at your own expense and comply with all directives for treatment/counseling.
9. Pay restitution as determined by the courts. You must make payment to the sentencing court for fines and other assessments, which were ordered at the

## EXHIBIT 1

94691 EDMO, MASON DEAN  
DATE: 02/07/2014  
PAGE: 3

time of sentencing. Establish and follow a payment schedule as determined by the Parole Officer.

10. Do not associate with known felons (unless specifically allowed by the Commission or supervising personnel); persons involved in illegal activities, or other persons as identified by supervising personnel.
11. While on parole, you may drive only at times, and to and from locations, for which you have been given permission by your supervising officer, as long as you possess a valid driver's license and insurance.

Commissioner Dressen told him to read and understand the conditions of parole. That is their contract with him. They wish him luck.

EXHIBIT 2

**THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE**

S T A T E O F I D A H O  
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

DOR REVIEW

DATE: 01/20/2015

COMMISSIONERS:  
MOORE, R. DAVID  
MATTHEWS, MIKE H  
DRESSEN, JANIE

JONES, SANDY Executive Director

*The Executive Director was not present at this hearing or review and these minutes were signed by the Executive Director in her official capacity only and represent the summary minutes of the proceeding that were prepared during the hearing or review by the Executive Director's designee.*

INSTITUTION: ISCI

CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1) CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014  
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	03/06/2014	EXEC DECISION	NO ACTION	
2)	02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014
<b>COMPLETE SOTP.</b>				
3)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

Executive Director reviewed DOR #141124 on 03/06/2014 for Disobedience to Orders 3 and took no further action.

Executive Director reviewed DOR #141153 on 03/06/2014 for Disobedience to Orders 3 and took no further action.

The Commission reviewed three (3) DOR's.

The Commission reviewed DOR #143320 dated June 20, 2014 for Battery. "I (Officer D. Thornton #A746) observed Offender Edmo strike another offender with open and closed hands during a fight occurring in the Unit 16 A Tier Dayroom." The sanctions for this offense are ten (10) days detention, thirty (30) days recreation restriction, and forty (40) days property restriction.

The Commission reviewed DOR #143588 dated July 08, 2014 for Disobedience to Orders 3. "On 7/8/14 at around 10:34 I asked Offender Edmo #94691 to remove Edmo's hairstyle to a style that appeared less feminine gender specific per section 4 of PREA policy 325.02.01.001. Offender Edmo responded with "it's fine" and walked away from the officers station. A few minutes later Edmo returned with two concern forms for me to sign which I did then again requested that Edmo Lower Edmo's hairstyle. Edmo requested the policy that I was referencing which I told Edmo. Edmo responded with "Lieutenant Greenland has told me I can wear my hair however I want to as long as it's not in a bun". Edmo left the officers station without changing Edmo's hair and left for Pendyne shortly after with Edmo's hair unchanged." The sanctions for this offense are fifteen (15) days recreation restriction and a behavior agreement intervention.



## EXHIBIT 2

94691 EDMO, MASON DEAN  
DATE: 01/20/2015  
PAGE: 2

The Commission reviewed DOR #150037 dated January 02, 2015 for Disobedience to Orders 3. "On the above date and time of the offense, I was performing a Tier check on B-Tier in Unit 16. As I came up to cell #59 I noticed an extra set of legs trying to hide in the corner. The Offender originally supposed to be in the cell was standing in the cell. I then opened the cell and noticed Offender Edmo standing in the corner. I asked Edmo why Edmo was in someone else's cell. Edmo said that Edmo was waiting for another Offender. I then told Edmo to exit the cell. EOR" The sanction for this offense is fifteen (15) days recreation restriction.

Subject enrolled in SOTP on 04/07/14 and has enrolled in Clinical Care Groups and Education - Computer Literacy classes. Subject completed Education/Career Planning 12/30/14 and a CCG 10/31/14.

The Commission elected to void the tentative parole date of 07/03/2014. New tentative parole date of 06/19/2015 set one year from Battery DOR. It is noted that the same parole conditions will apply as previously ordered. Subject is to complete the Sex Offender Treatment Program.

EXHIBIT 3

*After review, these minutes were approved and signed by a commissioner immediately following the hearing or review as part of the regularly conducted business activities of the Commission.*

STATE OF IDAHO  
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

DOR REVIEW

DATE: 03/19/2015

COMMISSIONERS:  
DRESSEN, JANIE  
MOORE, R. DAVID  
BOSTAPH, LISA

JONES, SANDY Executive Director

INSTITUTION: ISCI

CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1) CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014  
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

Hearing Date	Hearing Type	Hearing Decision	Action Date
1) 01/20/2015	DOR REVIEW	TENTATIVE DATE SET	06/19/2015
REVIEWED 3 DOR'S: #143320, #143588 & #150037. VOIDED TPD OF 07/03/2014. GRANTED TPD ONE YEAR FROM BATTERY DOR. SAME PAROLE CONDITIONS APPLY AS PREVIOUSLY ORDERED. COMPLETE SOTP.			
2) 03/06/2014	EXEC DECISION	NO ACTION	
3) 02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014
COMPLETE SOTP.			
4) 01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

The Commission reviewed one (1) DOR.

The Commission reviewed DOR #150824 dated 02/07/2015 for Disobedience to Orders 2. "On 02/07/15 at 0754 I noticed Offender Edmo #94691, have his hair in a bun that was above ear line which violates policy 325.02.01.002. I had Edmo called out to the foyer so I could address the issue. I gave Edmo a direct order to stay within policy with his hair style. Edmo did fix the issue but became upset and stating that I was threatening him. After returning to the tier Edmo went back to his cell then came out to the A-tier dayroom with his hair back in a high pony tail above the ear line which still violates policy 325.02.01.002 and openly disobeyed the orders that I gave him less than 15 minutes prior. End of report." The sanction for this offense is five (5) days detention.

The Executive Director forwarded this DOR for review. Subject has submitted a letter for consideration in this hearing. Subject has completed some Clinical Care Groups and some Education classes. He is currently enrolled in Computer Literacy classes and Career Planning Classes.

## EXHIBIT 3

94691 EDMO, MASON DEAN  
DATE: 03/19/2015  
PAGE: 2

The Commission elected to void tentative parole date of 06/19/2015 and schedule a hearing in 03/2016. The Commission requests a SORA for the next hearing.

EXHIBIT 4

THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE

S T A T E O F I D A H O  
 COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

REG PAROLE HRG

DATE: 03/14/2016

COMMISSIONERS:  
 MATTHEWS, MIKE H  
 DRESSEN, JANIE  
 DENNIS, CORTNEY

JONES, SANDY Executive Director

INSTITUTION: ISCI

CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1) CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014  
 Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

Hearing Date	Hearing Type	Hearing Decision	Action Date
1) 03/19/2015	DOR REVIEW	SCHEDULE HEARING	
2) 01/20/2015	DOR REVIEW	TENTATIVE DATE SET	06/19/2015
3) 03/06/2014	EXEC DECISION	NO ACTION	
4) 02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014
5) 01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

NOTE: The Commission reviewed a SORA that was prepared in 1/2014.

Subject prefers to be called, "Miss Edmo." She hopes to be given a parole date. She said she had received a parole date and then it was voided because of a DOR and she was scheduled for a hearing this month.

She told the hearing officer that if she were given a parole date, she would do her best to finish her programming, but if she were not given a date, she would want to just "top" her time. She said that she has extra stressors being a transgender and becomes emotional and withdrawn and constantly works on it every single day. The Commission said that she puts herself in situations that put added stress on her, and subject agreed.

The Commission said these DORs are ridiculous and she agreed, and said that the situations could definitely have been avoided and she is working on it. The Commission said that sometimes things that are worth working for are not easy to do.

Subject is back in programming and has learned a lot. She said that she knows that she will make mistakes but it has been a learning process. The Commission asked if she could come back in one year without any DORs and she said, "Most definitely."

## EXHIBIT 4

94691 EDMO, MASON DEAN  
DATE: 03/14/2016  
PAGE: 2

Subject would like the Commissioners to know that she is only human and is learning from her past mistakes. The Commission said, "That's kind of life."

The Commission said that with her being a transgender is all the more reason for her to get out of prison because of all these extra stressors. She needs to carry a part in this, because the Commission had already given her a date and her behavior stopped it.

The Commission noted that she was dropped from the SOTP in January for the third time, and subject said that the case manager said they are trying to decide which program she will be placed in.

The Commission elects to deny parole and schedule the next hearing in 3/2017. A SORA is ordered for the next hearing. No DORs. A DOR would void the next hearing.

The Commission said that it is up to her. They told her that she is to receive no DORs and that a DOR would void the next hearing.

Reasons for denial based on the guidelines:

- You have failed to successfully maintain a continued period of good behavior.
- You committed your offense while on probation, parole, home confinement, or in prison.
- You have failed to actively participate in or successfully complete your assigned programming.

EXHIBIT 5

= PAROLE HEARING ===== QUERY PAROLE HEARINGS ===== 08/09/2018 =  
Doc No: 94691 Name: EDMO, MASON DEAN ISCI/UNT13 PRES I

Parole Hearing Date: 03/14/2016  
Hearing Order Number: 18  
Parole Plan Number:  
Executive Director: 1 JONES, SANDY  
Hearing Agenda Type: R REG PAROLE HRG  
Hearing Location: II ISCI  
Decision: D DENIED  
Scheduled Hearing Date: 2017-03  
Next Hearing Date:  
Tentative Parole Date:  
Psych? Y/N: Y

Notes: PROGRAM AS ASSIGNED. DOR WILL VOID NEXT HEARING DATE AND  
SUBJECT WILL BE PASSED TO FTRD. SORA IS REQUESTED FOR THE  
NEXT HEARING. 12/8/16 HAS HAD 6 NEW DOR'S/HRG CANCELED.CM

Parole Hearing 1 of 6 / Offender  
XMIT to go on, RETURN to return to input

LAWRENCE G. WASDEN  
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STATE OF IDAHO

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*Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

ADREE EDMO,	)	Case No. 1:17-cv-151-BLW
	)	
Plaintiff,	)	<b>DECLARATION OF JEREMY CLARK</b>
	)	
vs.	)	
	)	
IDAHO DEPARTMENT OF	)	
CORRECTION; HENRY ATENCIO, in	)	
his official capacity; JEFF ZMUDA, in	)	
his official capacity; HOWARD KEITH	)	
YORDY, in his official and individual	)	
capacities; CORIZON, INC.; SCOTT	)	
ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND	)	
DOES 1-15;	)	
	)	
Defendants.	)	
_____	)	

I, Jeremy Clark, hereby declare and state as follows:

1. I am employed with the Idaho Department of Corrections (“IDOC”) as the Clinical Supervisor at the South Idaho Correctional Institution (“SICI”). I have been the Clinical Supervisor at SICI since July, 2017. I have been the clinical supervisor of several IDOC facilities to include the Idaho State Correctional Institution (“ISCI”) from April of 2015 to May of 2016.

2. I am a Licensed Clinical Professional Counselor and maintain a license with the State of Idaho. I received my Master’s Degree in Counseling and Guidance from New Mexico State University in 2006 and a Bachelor’s Degree in Psychology from Boise State University in 2004.

3. I have been a member of the World Professional Association for Transgender Health (“WPATH”) since 2013. I have attended continuing education courses and WPATH trainings on the treatment of persons with Gender Dysphoria (“GD”) from 2015 to 2017. I am also familiar with the WPATH Standards of Care, Volume 7. I am currently working toward becoming a certified WPATH GD mental health provider.

4. I have also read and reviewed approximately 12 articles and publications regarding the treatment of transgendered inmates, including inmates with GD. I have also received other training in the clinical treatment of inmates diagnosed with GD.

5. Prior to my position as Clinical Supervisor, I was a Sex Offender Treatment Program (“SOTP”) Clinician for Corrections Corporation of America from November, 2009 to November, 2012. I was also a Sex Offender Clinician for adolescents at Sequel-Three Springs, Inc. in Mountain Home, Idaho from August, 2006 to November, 2009.

6. As the Clinical Supervisor at SICI, I currently train and supervise Master’s level clinicians. I have also overseen the Acute Mental Health Unit and the Behavioral Health Unit,



along with mental health services for the several facilities.

7. I also provide training to IDOC clinicians on how to assess transgender inmates for GD. I also am a member of the Management and Treatment Committee (“MTC”), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. Those needs include issues with housing, clothing, treatment, and requests for hormone replacement therapy. The MTC also receives and reviews inmate requests to be assessed for GD. The MTC also reviews policies and records related to GD inmates, including disciplinary records. As a Clinical Supervisor and member of the MTC, I am familiar and have significant experience with the MTC’s procedures and practices.

8. As a member of the MTC and as Clinical Supervisor, I have been involved in discussions and meetings with other IDOC and Corizon treatment providers with personal knowledge of Edmo’s mental health conditions. I have reviewed Edmo’s mental health records and Edmo’s Presentence Investigation Reports and clinical notes. I am familiar with Edmo’s documented social, criminal, medical, institutional, and mental health history and current mental health conditions.

9. The MTC regularly discusses Edmo’s needs and concerns related to Edmo’s GD, including issues involving Edmo’s housing, security issues, and property concerns. The MTC has also discussed Edmo’s request for sex reassignment surgery (“SRS”).

10. In April, 2016, Dr. Scott Eliason, who was also a member of the MTC, consulted with me regarding whether SRS was appropriate for Edmo. Dr. Eliason was in the process of evaluating whether SRS was medically necessary for Edmo and sought my opinion as a WPATH member and as a member of the MTC with clinical experience related to GD and transgender inmates. At the time I consulted with Dr. Eliason, I was familiar with Edmo’s mental health

treatment records from IDOC and Corizon. I was also familiar with Edmo's PSI Reports and other housing, property, and safety issues discussed in the MTC regarding Edmo.

11. I advised Dr. Eliason that I did not believe, based on my review and understanding of Edmo's complete health history, mental health records, along with my discussions with Edmo's providers and clinicians over the years, that SRS was appropriate for Edmo. First, the WPATH standards provide that a patient who wishes to undergo SRS must meet certain requirements, one of which is that significant medical or mental health concerns must be well-controlled. Mental health issues must be well controlled so that the patient is not setting themselves up for failure once SRS is complete.

12. It was and is my opinion that Edmo has significant mental health concerns that are not well-controlled. Specifically, Edmo has displayed behaviors, such as assault of other inmates, sexual acting-out with other inmates, anger management issues, and problems with interpersonal relationships, all of which demonstrate that Edmo is emotionally unstable. Edmo has also demonstrated borderline personality disorder traits, including sexual deviance, depression, relationship issues, and substance abuse.

13. Second, Edmo's emotional instability gave me concerns about Edmo's ability to handle the stressful process of surgery and possibly relocating to a female prison after the procedure was complete. Edmo has been noncompliant with prison rules and has refused to complete sex offender programming, both of which raise concerns about Edmo's ability to comply with the care required after surgery.

14. Third, Edmo has not addressed Edmo's underlying Major Depressive Disorder, Anxiety, and Edmo's other mental health issues. For example, Edmo has refused to attend recommended Social Skills and Mood Management Groups and has not consistently participated

in individualized counseling.

15. I discussed my opinions regarding Edmo's lack of stability and non-compliance with Dr. Eliason and shared with him my assessment that SRS was not appropriate.

16. My opinion and concerns that I relayed to Dr. Eliason still exist today. I have reviewed Edmo's medical and mental health file and have attended MTC meetings since 2014, where information was shared by Edmo's treating clinicians, medical providers, and IDOC staff, which demonstrate to me that Edmo still has issues with compliance and remains emotionally unstable and has not addressed Edmo's underlying mental health issues. As a result, I still do not believe that SRS will be appropriate for Edmo until those significant mental health issues are addressed and well-controlled.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Jeremy Clark  
Jeremy Clark

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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