

Case No: 1:17-CV-00151-REB Inmate Name: Adree Edmo
Date: 05/17/2017 Inmate IDOC#: 94691
Document Title: MOTION FOR LEAVE TO AMEND
Total Pages: 10 Inmate Initials Verifying Page Count: AE
Document(s) 1 of 10

Adree Edmo
IDOC #94691
P.O. Box 14
Boise, Idaho 83707
Plaintiff

UNITED STATES DISTRICT COURT
IN AND FOR THE DISTRICT OF IDAHO

ADREE EDMO,
Plaintiff,

v.

IDAHO STATE BOARD
OF CORRECTIONS,
et. al.,
Defendants.

1:17-CV-00151-REB
Case No.

MOTION FOR LEAVE
TO AMEND

Plaintiff, Adree Edmo, pursuant the Initial Review Order, p. 26 at 11; Fed. R. Civ. P. 15(a), Plaintiff hereby requests leave to amend her original complaint submitted herewith.

Pursuant to Dist. Idaho Loc. R. 15.1, states, "In addition, any motion to amend a pleading must be accompanied by a version of the proposed amended pleading that shows - through redlining,

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underlining, strikeouts or other similarly effective methods - how the proposed amended pleading differs from the operative pleading; provided, however, the prose litigant shall be exempted from this requirement."

1. The plaintiff in her original Complaint named John Doe 1 (Compl. 11-12), member of the Idaho State Board of Corrections ("Board of Corrections"). Defendant Board of Corrections is sued in its official capacity, insofar, that it pertains to injunctive relief. (Am. Compl. 11-12). Since the filing of the Complaint, the plaintiff has determined that the name of John Doe 1 is Robin Sancy, Chairperson of the Board of Corrections. In the proposed amended complaint, paragraphs 2, 3, 4, 5, 6, 7, 11, 12, 49-57 (cause of actions), and prayer for relief paragraphs 88-95, are amended to reflect the identity and actions of Defendant Sancy. Defendant Sancy is sued in her official capacity, insofar, that it pertains to injunctive relief.

2. Plaintiff in her original complaint named John Doe 2 (Compl. 11-12), member of the Board of Corrections. Since the filing of the Complaint, Plaintiff has determined that the name of John

MOTION FOR LEAVE TO AMEND-2

2 is David McClusky, vice-chairman of the Board of Corrections. In the proposed amended Complaint, paragraphs 2, 3, 4, 5, 6, 7, 11, 12, 49-87 (causes of actions) and prayer for relief paragraphs 88-95 are amended to reflect the identity and actions of Defendant McClusky. Defendant McClusky is sued in his official capacity, insofar, that it pertains to injunctive relief.

3. Plaintiff in her original complaint named John Doe 3, member of the Board of Corrections. Since the filing of the complaint, Plaintiff has determined that the name of John Doe 3 is Cindy Wilson, secretary of the Board of Corrections. Since the filing of the complaint, and amended Complaint, paragraphs, 2, 3, 4, 5, 6, 7, 8, 11, 12, 49-87 (causes of actions) and prayer for relief paragraphs 88-95 are amended to reflect the identity and actions of Defendant Wilson. Defendant Wilson is sued in her official capacity, insofar, that it pertains to injunctive relief.

4. Defendant Board of Corrections is composed of (3) members: Defendants Sundry, McClusky and Wilson, who are responsible to administer to

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McClusky, Wilson are duly appointed members and are responsible for the overall management and oversight of all IDOC facilities, including ISCI. The defendants Sandy, McClusky, Wilson, are also responsible for the implementation of all IDOC Standard Operating Procedures ("SOP"), including SOP directive #401.06.03.501 governing the medical care offenders with EID (including Plaintiff), and Policy directives and statements that manage and operate all IDOC facilities, as defined in Idaho codes § 20-201 - § 20-249.

5. Additionally, the defendants Sandy, McClusky, Wilson are directly involved with IDOC prisons concerning the staffing, implementation, and training of such persons. Defendant Board of Corrections is sued in its official capacity, and Defendants Sandy, McClusky, and Wilson are sued in their official capacities, insofar, for declaratory and injunctive relief.

6. The Plaintiff in her original complaint named John Doe 4 (compl. 6-7). Since the filing of the complaint the Plaintiff has determined that John Doe 4 is hereby removed from her complaint.

7. The Plaintiff in her original complaint named John Doe 5 (compl. 6-7). Since the filing of the

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Of the Complaint Plaintiff has determined that John Doe 5 is hereby removed from her Complaint.

8. This Court should grant freely to amend a Complaint Foman v. Davis, 371 U.S. 178, 182 (1962).

Dated this 17th day of May 2017.

Respectfully Submitted,



Adree Edmo

IDOC #94691

P.O. Box 14

Boise, Idaho 83707

Plaintiff

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CERTIFICATE OF MAILING

I HEREBY CERTIFY that on the 17th day of May 2017, I
mailed a true and correct copy of MOTION FOR LEAVE TO AMEND AFFIDAVIT via prison
mail system for processing to the U.S. mail system to:

U.S. Courts
550 W. Fort Street
Boise, Idaho 83707


Signature

Case No: 1:17-cv-00151-REB Inmate Name: Adree Edmo
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Adree Edmo
IDOC #94691
P.O. BOX 14
Boise, Idaho 83707
plaintiff

UNITED STATES DISTRICT COURT
IN AND FOR THE DISTRICT OF IDAHO

ADREE EDMO,
Plaintiff,
v.
IDAHO STATE BOARD OF
CORRECTIONS, ROBIN SANDY,
DAVID MCCUSKY, CINDY
WILSON; CORZON INCORPOR-
ATED; KEVIN KEMPF;
RICHARD CRAIG, RONA SIEGERT;
HOWARD WETH YORDY;
SCOTT ELIASON; MURPAY YOUNG;
and CATHERINE WHINNERY;
(Including Successor(s) in
office),
Defendants.

1:17-cv-00151-REB
Case No.

AMENDED
COMPLAINT

JURY TRIAL DEMANDED

INTRODUCTION

1. Plaintiff, Adree Edmo,¹ ("plaintiff" or "Ms. Edmo") has been imprisoned within the Idaho state prison since April 2012. Throughout her incarceration she has suffered from Gender Identity Disorder ("GID"), now known as Gender Dysphoria ("GD"), a serious medical condition characterized by (1) a strong cross-gender identification, which is the desire to be, or the insistence that one is of the other gender, and (2) a persistent discomfort about one's assigned sex, or a sense of inappropriateness in the gender role of that sex. GD causes significant distress or impairment of social, occupational, or other areas of important functioning. The most common forms of treatment are hormonal therapy, the "real-life" experience of living full-time within the desired gender, and sex reassignment surgery to change the secondary sex characteristics.

¹ Although plaintiff was born a biological male she identifies as female and wishes to be referred to using the feminine pronoun. She changed her legal name to Adree Edmo. Accordingly, throughout this pleading she will be referred to by the feminine pronoun.

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2. Prior to incarceration, Ms. Edmo lived full-time as a woman, dressing in women's clothes and wearing women's cosmetics. She sought treatment when she became aware that Defendant Idaho State Board of Corrections adopted a formal policy for the treatment of offenders with GD. Beginning in September 2012, through this filing of this lawsuit, Ms. Edmo submitted approximately 75 separate requests for treatment relating to her severe GD.

3. The plaintiff's requests fell on deaf ears. Despite her repeated requests, Defendants, the Idaho State Board of Corrections and its successors in office, agents, officers and employees have shown deliberate and persistent indifference to her serious medical condition in violation of, (1) the Idaho State Board of Corrections' directives relating to the care of offenders with GD, and (2) The United States Constitution.

4. Specifically, Defendants failed to follow their own directives to apply an appropriate standard of care, as previously required under Idaho Department of Corrections directive # 401.06.03.501, to evaluate plaintiff for her worsening GD symptoms. Despite clear evidence suggesting severe gender dysphoria, Defendants failed to appoint qualified medical professionals to evaluate plaintiff.

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5. Upon learning that Defendants denied her treatment in February 2014, plaintiff attempted suicide.

6. Following the suicide attempt, plaintiff has submitted approximately 50 different inmate concern/request forms to Defendants requesting reasoning behind Defendants' declaration that she is receiving appropriate/adequate medical treatment.

7. Still Defendants failed to respond. As a result of her inability to secure adequate treatment, September 2015, Ms. Edmo first attempted self-castration of cutting open her scrotum with a razor blade. Attending prison guard discovered a note in her cell stating, "I do not want to die, but I am a woman, and women do not have these." Over a year later, on December 31, 2016, she cut her scrotum again, this time pulling out her right testicle and almost severing the entire testicle, and had to be taken to St. Alphonsus Medical Center for surgery to attempt to repair her testicle.

8. In a male-to-female transgender person (MTF), feminizing medications, the "real-life" experience of living full-time in the desired gender role, and sex reassignment surgery can also improve mood stability, decrease mental illness, and relieve anxiety.

AMENDED COMPLAINT -4

withholding appropriate hormone therapy, living full-time in the desired gender role and sex reassignment surgery can lead to continued depression, suicidal ideation and self-injury.

9. Defendants recognize that the Plaintiff requires hormone therapy and the "real-life" experience of living full-time within her female gender role, but have refused to allow her to live full-time within her female gender, along with access to female cosmetics, underwear (panties), facial hair removal, and sex reassignment surgery. The Plaintiff brings this action for an order requiring that Defendants provide appropriate treatment of feminizing hormones with the "real-life" experience of living full-time within her female gender role, access to female cosmetics, access to female undergarments (specifically, women's panties), sex reassignment surgery, and psychological counseling by a mental health professional with substantial training and experience, and/or expertise in the diagnosis and treatment of individuals with GD. The Plaintiff further seeks an order appointing a medical or mental health professional with sub-

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Substantial experience in the diagnosis and/or treatment, and knowledge of the World Professional Association of Transgender Health ("WPATH") Standards of Care with GD to serve as a member of the Management and Treatment Committee for a minimum of one year, to ensure the proper implementation of the Court's Order as it relates to the Plaintiff, as well as the Idaho Department's Correction's directives relating to GD.

PARTIES

10. Plaintiff, Adree Edmo, a citizen of the United States of America. She is currently a resident of the Idaho State Correctional Institution ("ISCI") in Boise Idaho. Plaintiff's address is 13500 South, Pleasant valley Road, Kuna, Idaho 83634; mailing address of P.O. Box 14, Boise, Idaho 83707. Ms. Edmo's ID. # is 94691.

11. Defendant, Idaho state Board of Corrections, ("Board of Corrections") is a political subdivision of the State of Idaho, as defined in Idaho Code Section 20-201. Business address is 1299 N. Orchard Ave., Suite 110, Boise, Idaho 83704.

12. Defendant Board of Corrections members, Robin sandy (chairman), David McClusky (vice chairman), Cindy Wilson (secretary), were, or are, currently duly appointed members of the Board of Corrections, and were acting Course and Scope of their duties as members, agents, servants,

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and employees (including successor(s) in office) of the State of Idaho at all material times hereto. Address of 1299 N. Orchard Ave., Suite 110, Boise, Idaho 83706. Defendants Board of Corrections; Sandy, McClusky, and Wilson are sued in their official capacities, insofar, that it pertains to injunctive relief.

13. Defendant, Kevin Kempf, was at all times material hereto and up until, or on about January 2017 the duly appointed Director of IDOC as well as Chief Administrative Officer and Business Manager of the State Penitentiary pursuant to Idaho Code Section 20-217A. Defendant Kempf was employed by IDOC, and was acting within course and scope of his duties as Director, Chief Administrative Officer, and Business Manager, and as the agent, servant, and employee (including successor in office) of the State of Idaho at all material times hereto. Address of 1299 N. Orchard Ave., Suite 110, Boise, Idaho 83706. Defendant Kempf is sued in his official and Individual capacity. Defendant Kempf is sued in his official capacity, insofar, that it pertains to injunctive relief.

14. Defendant, Howard Keith Yordy, was at all times material hereto, as the ISCI Warden. Defendant Yordy was employed by IDOC, and was acting within the Course and Scope of his duties

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as Warden, and as the agent, servant, and employee (including successor in office) of the State of Idaho at all material times. Address of 1299 N. Orchard Ave., Ste. 110 Boise, Idaho 83702. Defendant Yordy is sued in Official Capacity, insofar, that it pertains to injunctive relief, and his individual capacity.

15. Defendant, Corizon Inc (operated), ("Corizon Health Services") is a corporation doing business in the State of Idaho. Pursuant to contractual agreements with IDOC, Corizon Health Services provides comprehensive medical and/or mental health services for inmates, (including plaintiff). Corizon Incorporated main office address is 12467 Olive Boulevard, St. Louis, Missouri 63141.

16. Defendant, Catherine Whinnery, was at all times material hereto a medical doctor at ISCI, either under contract to provide medical services to inmates in IDOC, or employed directly by IDOC to provide medical care to inmates in IDOC (including Plaintiff).

17. Defendant Whinnery, was acting within course and scope of her duties as a medical Doctor at ISCI to inmates in IDOC (including plaintiff), and as the agent, servant, employee (including successor in office) of the state of Idaho. Address is unknown. Defendant Whinnery is sued in her official and individual capacities.

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18. Defendant, Scott Eliason, was at all times material hereto, a Psychiatrist at ISCI, either under contract to provide medical/mental health services at IDOC, or employed directly by IDOC to provide medical/mental health services to inmates (including Plaintiff). Defendant Eliason, was acting within Course and Scope of his duties as a Psychiatrist to IDOC inmates (including Plaintiff), and as the agent, servant, employee (including successor in office) of the State of Idaho. Defendant is sued in his Official and Individual Capacities.

19. Defendant, Richard Craig, was at all times material hereto until the end of 2015, IDOC's chief Psychologist at ISCI, either under contract to provide medical/mental health services to IDOC inmates. Defendant Craig was acting within Course and Scope of his duties Chief Psychologist to IDOC inmates, (including Plaintiff), and as the agent, servant, employee (including successor in office) of the State of Idaho. Address of 1299 N. Orchard Ave., Ste. 110, Boise Idaho 83706. Defendant Craig is sued in his individual and official capacities.

20. Defendant, Rona Siegert was at all times material hereto the Health Service Authority and/or Health Services Director at ISCI either ~~at~~ under contract to provide medical services to IDOC inmates, or

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employed directly by IDOC to provide medical services to inmates. Defendant Siegert was acting within course and scope of her duties as Health Services Director to IDOC inmates (including Plaintiff), and as the agent, servant, employee (including successor in office) of the state of Idaho. Address of 13500 South Pleasant Valley Road, Kuna, Idaho 83634. Defendant Siegert is sued in her official and individual capacities.

21. Defendant, Murray Young, was at all times material hereto Regional Medical Director at ISCI, either under contract to provide medical services for inmates at IDOC, or employed by IDOC to provide medical services to inmates. Defendant Young was acting within course and scope of his duties as Regional Medical Director to IDOC inmates (including Plaintiff) and as the agent, servant, employee (including successor in office) of the state of Idaho. Address of 1299 N. Orchard Ave., Ste. 110 Boise, Idaho 83706. Defendant Young is sued in his individual and Official Capacities.

22. Each and all of the acts of Defendants alleged herein, were done by the Defendants, not just as individuals, but under the color of law, and pretense of the statutes, ordinances, regulations, customs and practises and usages of the state of Idaho, and under authority of the Defendants as public officials

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for the state of Idaho.

JURISDICTION & VENUE

23. This action arises under the U.S. Constitution of the United States, particularly, under the provisions of the Eighth and Fourteenth Amendments, and under Federal law, particularly 42 U.S.C. § 1983.

24. This Court has subject matter jurisdiction of this cause under 28 U.S.C. § 1331, because this action seeks redress and damages for violation of 42 U.S.C. § 1983, and the Federal claims are not insubstantial.

25. Plaintiff seeks declaratory relief pursuant to 28 U.S.C. §§ 2201, 2202. Plaintiff's injunctive relief are authorized pursuant 28 U.S.C. § 1326. This Court has jurisdiction of Plaintiff's Pendent State Claims under 28 U.S.C. § 1367.

The Plaintiff filed a notice of claim on 02/10/2017, concerning the concurrences complained of herein with the Comptroller of the State of Idaho, within 180 days of these occurrences, as required by Idaho Code § 6-901, and the Comptroller has failed to settle the Plaintiff's claims.

26. Plaintiff's claims for injunctive relief are authorized pursuant to 28 U.S.C. §§ 2283 and 2284, and 28 U.S.C. § 1326. This Court has personal jurisdiction because, upon information and belief, Defendants

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reside in this District and a substantial part of the events or omissions giving rise to the claims occurred in this District, and/or, Defendants are domiciled within Idaho.

27. Venue is proper in this District pursuant to 28 U.S.C. § 1391(b), because, upon information and belief, a substantial part of the events or omissions giving rise to the claims occurred in this District.

GID IS A SERIOUS MEDICAL CONDITION THAT REQUIRES ADEQUATE MEDICAL TREATMENT

28. Ms. Edmo was diagnosed with GID/GD, July 19, 2012 by claudia K. Lake, Psy. D., a mental health professional employed either through contract with IDOC, or directly by IDOC.

29. GID is a recognized and diagnosable and treatable condition characterized by (1) a strong cross-gender identification, which is the desire to be or the insistence that one is ~~one~~ of the other gender, and (2) a persistent discomfort about one's assigned sex, or a sense of inappropriateness within the gender role of that sex. GID is a recognized, diagnosable, and treatable condition listed within the American Psychiatric's Diag-

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Diagnostic and Statistical Manual of Mental Disorders, Fifth (5th) Edition (2013), ("DSM-V"). The World Health Organization (WHO) also recognized the discordance between anatomical sex and gender as a disorder in its 1990 publication, The International Classification of Diseases, _____ ("ICD-10"), but uses the nomenclature of transsexualism.

30. The World Health Association of Transgender Health ("WPATH"), formerly known as, The Harry Benjamin International Gender Dysphoria's Association's Standards of Care for Gender Identity Disorders ("Standards of Care") articulate the professional consensus about the psychiatric, psychological and medical, and surgical management of GID within the United States. WPATH is an international multi-disciplinary professional association with extensive expertise in accepted standards for transgender health. The WPATH promulgates Standards of Care for Gender Identity Disorders, which set forth clinical protocols for treating persons with GID.

31. WPATH has published its 7th version of Standards of Care. Standards of Care for the Health of Transsexual, and Gender non-conforming People, within the International Journal of Transgenderism, 13:165-232 (2011). WPATH has also designated a section entitled: XIV Applicability of The Standards of Care to People Living in Institutional Environments; which states in relevant part:

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The SOC [Standards of Care] in their entirety apply to all transsexual, transgender and gender non-conforming people, irrespective of their housing situation. People should not be discriminated against in their access to appropriate healthcare based on where they live, including institutional environments, such as prisons, or long-term intermediate healthcare facilities. Healthcare for transsexual, transgender and gender non-conforming people living in institutional environments should mirror that which would be available to them if they were living in a non-institutional setting within the same community.

(WPATH Standards of Care at p. 207).

32. According to the Standards of Care, and the DSM-V, people with ED who do not receive appropriate medical treatment are at risk of genital self-harm (a form of surgical self-treatment of auto-castration or auto penectomy that can lead to serious even life threatening injuries, depression, anxiety and suicide attempts.)

33. The goal of medical treatments for ED according to the Standards of Care are as follows: (1) to alleviate clinically significant distress and impairment of functioning associated with ED; (2) to achieve long-lasting personal comfort with the gendered

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self in order to maximize overall psychological well-being and self-fulfillment. The Standards of Care provide that there are three medically appropriate treatment options to treat GD: (1) hormones of the desired gender, (2) the "real-life" experience (i.e., [cosmetics of and wearing clothing of the opposite gender]) as the pre requisite of surgery, and (3) surgery to change the sex characteristics of the person suffering from GD. These treatment options are frequently referred to as the triadic therapy and are the accepted and appropriate treatment for GD.

34. Further, The standards of Care are intended to be flexible in order to meet the diverse healthcare needs of transsexual, transgender, and gender non-conforming people. While flexible, they offer standards for promoting optimal healthcare and guidelines. Gender nonconformity is not the same ~~as~~ as Gender Dysphoria: Gender nonconformity refers to the extent to which a person's gender identity, role, or expression from cultural norms proscribed for people of a particular sex (Institute of Medicine, 2011).

35. Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity, and that person's sex assigned at birth. Only some gender nonconforming people experience gender dysphoria at "some"

AMENDED COMPLAINT-14

point in their lives. Treatment is available to assist people with such distress to explore their gender identity and find a gender role that is comfortable for them. Treatment is individualized: what helps one person alleviate gender dysphoria might ~~not~~ be very different from what helps another person. This process may or may not involve a change of gender expression or body modifications.

Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy, and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two options of many options available to assist people with achieving comfort with self and identity. (WPATH Standards of Care at p. 1167-68).

316. Gender dysphoria can be in large part alleviated through treatment. Hence while transsexual, transgender, and gender non-conforming people may experience gender dysphoria at some points in their lives, many individuals who receive treatment will find a gender role and expression that is comfortable for them, even if these differ from those associated with their sex assigned at birth, or from prevailing gender norms and expectations.

(AMENDED COMPLAINT-15

(WPATH Standards of Care at p. 168).

37. Options for Psychological and Medical Treatments of Gender Dysphoria: For individuals seeking care for gender dysphoria, a variety of therapeutic options can be considered. The number and type of interventions applied and the other in which these take place may differ from person to person (emphasis applied, mine.) Treatment options include: Changes ~~in order~~ in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity); Hormone therapy to feminize or masculinize the body; Surgery to change primary and/or secondary sex characteristics (e.g. breasts/chest, external and/or internal genitalia, facial features, body contouring); Psychotherapy (individual, couple, family or group) for purposes such as exploring gender identity, role, and expression; Addressing the negative impact of gender dysphoria, and stigma on mental health; ~~Addressing the~~ Alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience. (WPATH Standards of Care at 171-72).

38. As such, Plaintiff cannot obtain her own medical services, therefore, the U.S. Constitution requires Defendants to provide her with "reasonable adequate medical care." "Adequate" medical services are services at a level reasonably commensurate with modern medical science and of a quality acceptable within

AMENDED COMPLAINT-10

prudent professional standards, and, as a level of health services reasonably designed to meet routine and emergency medical, dental, psychological, or psychiatric care. Defendants are required to follow certain and specific policies and directives for the treatment of offenders with GD. Defendants failed to do so.

39. According to the Standards of Care, after a diagnosis is made by a competent, prudent medical professional, the therapeutic approach usually and normally includes the administration of hormones of the desired gender, and the "real-life" experience in the desired gender role.

Further, the standards of care, Cross-Sex hormonal therapy and the "real-life" experience ~~of~~ are often medically necessary for patients suffering from GD.

Not only do these improve the quality of life, but they also limit psychiatric co-morbidity (the development of additional mental disorders), which often accompanies lack of treatment. In some, not all, patients using hormonal therapy alone may provide sufficient symptomatic relief of the obviated need for "cross living" in the desired gender, which is not in Ms. Edmo's case, providing symptom relief.

~~DEFENDANTS KNOW AND HAVE KNOWN OF EDMO'S GENDER DYSPHORIA, FAIL AND CONTINUE TO REFUSE ADEQUATE MEDICAL TO TREAT EDMO'S SEVERE GENDER DYSPHORIA~~

40. Defendant IDOC adopted the "Harry Benjamin Standards," now known as WPATH Standards of Care, for the diagnosis and treatment of GD prior to 2007, and thereafter, removed such standards of care without

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any legitimate or logical purpose. In addition, Defendants failed to follow their own directives for the treatment of offenders with GID. IDOC Directive 401.04.03.501, entitled, "Gender Identity Disorder: Healthcare for Offenders with," governs the establishment "guidelines for the diagnosis, treatment, management, and placement of offenders diagnosed with gender identity disorder (GID) to ensure offender safety and access to appropriate and necessary medical and mental health treatment." Previously, prior to removal, Section 06 of this directive provided, "diagnosis of GID will be based on the DSM-IV criteria and Harry Benjamin standards, and must be assigned and/or approved by the Management and Treatment Committee!"

41. The directive further provides, that the MTC is "composed of the health authority [health services director], chief ~~psychiatrist~~ Psychologist, psychiatrist, psychologist, medical Director, and facility head, ~~and~~ Other mental health, ~~and~~ medical, human services and security staff may be requested to attend in a recommendational capacity by the health authority."

42. At no time did Defendants comply with the requirements or WPATH standards of care, initially adopted, removed by Defendant IDOC. Despite Defendants' knowledge of Plaintiff's serious medical condition and Plaintiff's requests for treatment, Defendants knew and/or must have known Ms. Echmo's

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serious medical condition, and high risk of self-harm as demonstrated by her medical files, requests for treatment, and actions of self-harm, but Defendants have responded with denials of treatment and persistent deliberate indifference.

43. Despite Defendants' knowledge of Plaintiff's serious medical condition and Plaintiff's requests for treatment, Defendants use IDOC Directive # 325.02.01.001, entitled, "Prison Rape Elimination," as a pretext cover to punish, and/or deny Plaintiff medically necessary treatment of living the "real-life" experience in her female gender role, which is demeaning, hurtful, and contradictive of accepted and effective treatment for Plaintiff's ED. Examples of Disciplinary Offense Reports (DOR) are, but not limited to the following:

- (a.) 07/26/2016, DOR # 164886, "Destruction of Property under # 25," for turning state issued men's underwear into female underwear for more support, resulting in Restitution of \$8.16.
- (b.) 05/12/2016, DOR # 163026, "Disobedience to Orders," for wearing "eyeliner makeup" resulting in Commissary restriction for 15 days.
- (c.) 09/27/2015, DOR # 150084, "possession of unauthorized property," of having, "black eyelash makeup with an eyelash applicator," resulting in 20 days commissary and 25 days recreation restriction.
- (d.) 02/07/2015, DOR # 150824, "Disobedience to Orders," for "hair in a bun that was above ear line

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which violates policy directive #325.02.01.001, "resulting in 5 days of segregated housing unit detention.

(e.) ~~02/23/2014~~, DOR # ~~unknown~~¹⁴¹¹²⁴, "Disobedience to Orders," for "hair in a high pony tail styled in a feminine fashion," which had been dismissed.

(f.) ~~04/26/2014~~ 07/14/2013, DOR # 134217, for "Disobedience to Orders" for, "the hairstyle that offender Edmo was a feminine hairstyle," resulting in 20 days commissary restriction and 20 days recreation restriction.

44. Furthermore, Defendants know or must have known, following being diagnosed with GD in 2012, Plaintiff has communicated through Corizon Health Service Request ("HSR") Forms, and IDOC Offender Concern Forms ("concern forms") of her medical needs of women's cosmetics, female underwear (panties), electrolysis for facial hair removal, change of gender marker on her IDOC Offender Identification Card, and Sex Reassignment Surgery ("SRS"); which all have fallen on deaf ears; deliberately delayed, refused, and medical judgment interfered with by non-medical factors and/or staff.

45. Examples of Defendants' knowledge and inadequate responses of plaintiff's requests for medical care include, but are not limited to the following HSR's and concern forms:

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(a.) 12/03/2012, Defendant Whinnery recorded within Plaintiff's medical record, "discussed that I've been informed policy is to maintain current doses..." IDOC instituted a policy of limiting estrogen dosages to 3 mg. for all trans patients in IDOC regardless of individual needs.

(b.) 10/16/2013 HSP# 617852, requesting a medical memo for possession of bras and panties for treating her GD. A medical decision was based on IDOC policy rather than individualized treatment plan. A medical Request disposition Response was given, stating "IDOC does not allow female panties for male panties."

(c.) 11/16/2013 # HSP# 617583, requesting, "medication heightened or changed to decrease facial hair." Plaintiff was seen approximately one and a half months later by Defendant Young in which he performed a cursory medical exam of Plaintiff and refused to discuss any changes to medications as necessary based on IDOC policy.

(d.) 12/16/2013, Provider's clinic with Defendant Young where Ms. Edmo requested a medical memo for the medical necessity of bras and panties for treating her GD. Defendant Young had indicated within a medical note that Defendant Young would check with security for prescribing a medically necessary treatment, and for undergarment for Plaintiff.

- (e) 12/22/2013, HSR # 628606, Plaintiff @ requested another medical memo for the medical necessity of bras and panties for treating her GD. Idaho - Correctional Institution - Orofino ("ICI-O") Warden Terema Carlin interfered and denied HSR. Warden Carlin is not a medical health professional, and not licensed ~~license~~ a medical staff.
- (f) 02/11/2014, HSR # 626652 and 628253, requesting sex reassignment surgery, and an appointment with a GI specialist. ICI-O Health Service Administrator ("HSA") Linda Gercke coordinated with Defendant Young, and a refusal was determined, "not medically necessary," upon cursory exam evaluation, and upon information and belief, Defendants, and Defendant Corizon ~~does~~ policies do not cover sex Reassignment surgery.
- (g) 02/11/2014, HSR # 646197, requesting SRS, and refusal by Defendant Craig. Not otherwise indicated.
- (h) 03/12/2014, Concern form to Defendant Yordy explaining MS. Edmo's need to present her female gender/expression for the medical necessity of treating Plaintiff's GD. Defendant Yordy refused to allow Plaintiff live in her female gender because she is "housed within a male prison."
- (i) 06/14/2014, Plaintiff sent a concern form to Defendant Craig requesting an institution move to the ~~Idaho~~ Pocatello's Women's Correctional Center ("PWCC"). Defendant Craig denied request "pursuant

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to current IDOC policy of housing inmates according to primary genitalia."

(J.) 07/03/2014, a medical provider visit with Defendant Whinnery at which Plaintiff requested an evaluation for the medical necessity of sex reassignment surgery. Defendant Whinnery refused and stated, "IDOC will not allow me to approve or recommend any medical treatment regarding SRS without a court order."

(K.) 09/20/2014, HSR # 665491, requesting to be seen by a "qualified gender identity evaluator," pursuant to IDOC directive 401.06.03.501. This HSR was not answered.

(L.) 10/08/2014, a medical provider visit with Defendant Whinnery again requesting approval to wear, access and purchase women's underwear. Defendant Whinnery refused and re-cited "IDOC policy not to issue a medical memo for female underwear to ED offenders."

(M.) 01/08/2015, a medical provider visit with Defendant Whinnery requesting an evaluation for SRS. Defendant Whinnery refused based on "not without a court order."

(N.) ~~05/11/201~~ 09/29/2015, Plaintiff attempted to self castrate her testicle with a razor blade requiring sutures to close laceration. Plaintiff was

AMENDED COMPLAINT-23

taken to suicide watch for approximately 72 hours and then removed and housed into ISCK Bttu without any further medical treatment.

(O.) 04/20/2016, Ms. Edmo was seen by Defendant Eliason, and requested sex reassignment surgery. Defendant Young had indicated he would review such requirements for SRS. Defendant Eliason then stated, "it would be alot easier if you acted like a man, got out, and then you could do anything you want."

(P.) 05/18/2016. Defendant Eliason recorded into Ms. Edmo's medical file, "SRS has not yet been determined."

(Q.) 12/31/2016, Ms. Edmo again attempted to rid her body of testosterone, by cutting her scrotum with a razor blade, this time pulling out the entire right testicle. Ms. Edmo was transported by ambulance to Boise's St. Alphonsus Medical Center for surgery to repair her genitalia. Attending Urologist, Dr. King, recorded, Ms. Edmo, "attempted to self remove right testicle... degree of symptoms is severe."

45. Plaintiff should be allowed to access, wear and purchase female underwear, similarly as she is allowed to access, wear and purchase female bra's. The possibility that women's underwear could be misused, or for any further restriction must be balanced any medical or psychological ~~harm~~ harm to Ms. Edmo resulting from

such denial of women's underwear. Defendants' decision must not be influenced by bias, nor may Defendants apply a categorical rule as they previously did that denies an inmate female underwear simply because she is transgender or is housed in a men's institution.

46. Even after such attempts at self-castrating herself, Defendants still fail and refuse to provide plaintiff with adequate and appropriate medical treatment for her ED.

47. EXHAUSTION OF ADMINISTRATIVE REMEDIES PURSUANT TO 42 U.S.C. SECTION 1915

Plaintiff has exhausted all administrative remedies in respect to all claims and allegations contained herein. Plaintiff has attached hereto complaint true and correct copies IDOC grievances and appeals, as they relate to such claims and allegations herein as ("Exhibit B"). Such Grievances and Appeals are listed as follows:

- (a.) Grievance / Appeal # II 150001187, 11/16/2016;
- (b.) 05/19/2016, Grievance / Appeal # 160000391;
- (c.) 01/11/2016, Grievance / Appeal # II 15 0001348;
- (d.) 08/31/2015, Grievance / Appeal # II 150000749;
- (e.) 06/15/2015, Grievance / Appeal # II 150000555;
- (f.) 06/16/2015, Grievance / Appeal # II 15 0000413;
- (g.) 03/23/2015, Grievance / Appeal # II 15 0000191;
- (h.) 01/12/2015 Grievance / Appeal # 14 00001364;
- (i.) 01/09/2015, Grievance / Appeal # 14 0001365;

- (J.) 09/02/2014, Grievance / Appeal # # 140000914;
- (K.) 03/26/2014, Grievance / Appeal # II 140000312;

48. Any further IDOC grievances / Appeals containing "any" complaint or problem similar to the above listed is considered "grieved" and not allowed any further process, and returned to plaintiff as such.

49.

FIRST CAUSE OF ACTION

(Against All Defendants in their Individual and Official Capacities; Violation of the Eighth Amendment to the U.S. Constitution; Actionable Pursuant to 42 U.S.C. Section 1983 - Cruel and Unusual Punishment - Inadequate Medical Care)

50. Plaintiff incorporates paragraphs 1 through 49 above.

51. Plaintiff is a biological male who suffers from Gender Identity Disorder ("GID") now known as Gender Dysphoria ("GD") or transsexualism. Plaintiff has been incarcerated at IDOC since April 2012. As a result of her GID, Plaintiff has attempted self-castration on herself twice, most recently December 2016.

52. Even after Plaintiff's attempts of self-castration, Defendants refuse to treat her for severe GID symptoms. As a result, Plaintiff continues to suffer emotionally and physically due to her worsening and severe GD condition. Defendants' refusal to provide Plaintiff

AMENDED COMPLAINT-210

with facial hair removal of electrolysis, female cosmetics, ID change of gender, female undergarments (panties), the "real-life" experience surgery, which has caused Plaintiff to seek self-castration in order to treat her disorder.

53. The only treatment offered by Defendants (specifically, Defendants Craig, Eliason, Siegert, Hofer, Whunnery and Young) is cross-sex hormonal therapy. Plaintiff, however, has consistently and clearly indicated to Defendants that in her view of her severe GD condition, she should be receiving an opportunity to live full-time as female with female cosmetics, facial hair removal by electrolysis, undergarments (Panties), a change of the male gender to female gender on her "IDOC Offender Identification Card", including her "Idaho State Identification Card", and sex reassignment surgery. Plaintiff expresses no regret for her attempts of self-castration and is adamant to taking action to treat herself for her disorder.

54. Adequate medical care requires treatment by qualified personnel, who provide services that are of a quality acceptable when measured by prudent professional standards in the community. Adequate medical care is tailored to an inmate's particular medical needs and is based on medical considerations. Absent legitimate countervailing penological considerations, adequate care addresses the cause of the person's suffering rather than merely the symptoms. Medical professionals with expertise in the

AMENDED COMPLAINT-27.

diagnosis and treatment of GD, agree that cross-sex hormonal therapy with the "real-life" experience, and sex reassignment surgery is medically, surgically and psychologically appropriate, and the importance of female attire and cosmetics is to provide Plaintiff with an ego-syntonic state of mind.

55. Refusing to give Plaintiff facial hair electrolysis, female undergarments, female face cosmetics, ID change of gender, and sex reassignment surgery are likely to increase gender dysphoric symptoms, leading to depression, irritability, overall diminished mental health, and possible overt suicidality. None of the Defendants is qualified to diagnose or treat GD. None of the Defendants ever provided Plaintiff with access to a prudent medical provider competent, and/or ~~expe~~ experienced within the WPATH standards of care.

56. The IDOC Management and Treatment Committee never convened to evaluate Plaintiff for her worsening GD symptoms, despite her repeated requests for medical treatment, even after her attempts of self-castration. Defendants Craig, Siegert, Yordy and Young did not convene the MTC to evaluate Plaintiff because they felt there were no issues to discuss concerning a individualized treatment plan for the Plaintiff's worsening GD or further specialized psychological needs associated with "cross-sex" hormonal therapy, and the "real-life" experience of living with- in Plaintiff's female gender role.

.AMENDED COMPLAINT-28.

57. Defendants Kempf, Craig, Seigert, Whinnery, Young, Eliason were members of the Management and Treatment Committee at all material times. Upon and information belief, none of the Defendants has any relevant experience or expertise in EID diagnosis, treatment and/or experience in the WPATH Standards of Care, nor have Defendants ever referred a DOC Inmate to a EID specialist competent using the WPATH standards of care for diagnosis or treatment.

58. These acts or omissions complained of herein were undertaken by Defendants with deliberate indifference to Plaintiff's serious medical needs. Defendants intentionally denied, delayed and interfered with Plaintiff's attempts to obtain appropriate medical treatment. In particular, Defendants acted with deliberate indifference to Plaintiff's health and safety by their delay in treating Plaintiff for her severely worsening EID, their lack of competence in diagnosing and treating Plaintiff's condition and their failure to do so, and their ongoing failure to address Plaintiff's serious medical needs.

59. Plaintiff's EID condition qualifies as a serious medical need because a reasonable doctor or patient would find it important of comment and treatment. Plaintiff's EID condition qualifies as a serious medical because the failure to treat his condition can result in further significant injury and unnecessary wanton

AMENDED COMPLAINT-29

inflictions of pain.

60. Plaintiff's medical condition poses a substantial risk of serious harm, which risk and harm Defendants know, have known and been aware of and disregarded. To the extent any treatment was provided, the chosen course of treatment was medically unacceptable under the circumstances. Thus, Defendants have acted with deliberate indifference to the serious risks posed by the Plaintiff's medical condition.

61. Each of the Defendants acted under color of State law as to the matters set forth herein. All of the acts or omissions complained of herein are the result of specific decisions, official policies, and customs of Defendants. Each of the Defendants knows of and is responsible for the acts and omissions set forth herein. Defendants have a duty to provide adequate medical care to Plaintiff and other State prisoners. Defendants failed to keep such duty resulting in significant physical harm to ~~Defe~~ Plaintiff.

62. Defendants' acts and omissions herein amount to deliberate indifference to Plaintiff's serious medical needs and therefore constitute cruel and unusual punishment in violation of the Eighth Amendment to the U.S. Constitution as incorporated by the Fourteenth Amendment.

63. Defendants' acts and omissions complained of herein have caused Plaintiff to suffer economic

AMENDED COMPLAINT-30

and non-economic damages in an amount to be determined at trial.

¶4. Plaintiff also seeks a judgment declaring the acts and omissions complained of herein are prohibited by the Eighth Amendment of the U.S. Constitution and 42 U.S.C. Section 1983 and seeks injunctive relief set forth in the prayer for relief.

SECOND CAUSE OF ACTION

(Against All Defendants in their individual and Official Capacities - Violation of The Eighth Amendment to the USA Constitution - Actionable Pursuant to 42 U.S.C. Section 1983 - Cruel and Unusual Punishment - Inadequate Medical Care)

¶5. Plaintiff incorporates paragraphs 1 through ¶4 above.

¶6. The Board of Correction is responsible pursuant to Idaho Code section 20-209 for the control, direction and management of correctional facilities and for the provisions of care and maintenance for all prisoners in state custody. Additionally, the Board of Corrections is responsible pursuant to Idaho Code section 20-214 for the training, employment and fixing of duties for all assistants, officers and other persons necessary for the proper and efficient management/administration of the Idaho Department of Correction.

¶7. Pursuant to Idaho Code section 20-212, the Board of Correction may adopt, repeal, suspend or amend such rules as it deems necessary to the efficient management and control of function under the

AMENDED COMPLAINT-31

Board of Corrections' authority and all properties used in connection therewith. These rules have the force and effect of law, shall precede over policy and procedure statements, division directives or field memoranda.

68. According to IDOC Policy Number 401, entitled, Clinical Services and Treatment, the Director serves as the Chief Administrative Officer and Business Management Authority for the Idaho Department of Corrections. The Director may, at his discretion, designate and assign an administrator to oversee the medical services at a IDOC facility. Further IDOC Policy Directive 401, the Medical Authority shall act as the Department Health Authority, as approved by the Director. Along with the Director, the Medical Authority is responsible for establishment of written health care standards for IDOC facilities. In addition upon information and belief, the Medical Authority serves on the MTC.

69. Upon information and belief, the Warden at each IDOC facility is the person with primary responsibility to oversee, manage, and/or operate an IDOC facility. In addition, upon information and belief, the facility head serves on the MTC. Upon information and belief, Craig, Young, Whinnery and Eliason, have provided, or currently provide inmates, with (including Plaintiff) with comprehensive medical services, either under contract as employees of Corizon and/or directly employed by IDOC.

70. Upon information and belief, none of the

AMENDED COMPLAINT - 32

Defendants, including Craig, Eliason, Whinery, and Young has any particular experience or expertise in diagnosing or treating individuals with GD.

Upon information and belief, none of the medical care providers directly employed by IDOC, or employed by Corizon, under contractual agreements with IDOC, has any particular experience or expertise in diagnosing or treating individuals with GD.

71. As part of their supervisory duties, Defendants know or must have known, medical care providers providing medical services to prisoners at IDOC custody are not qualified to diagnose and/or treat GD.

72. Defendants also know or must have known, of a custom, practice or usage of interfering with, or providing delayed and/or inadequate medical care to prisoners, particularly, mental health care, more particularly, medical care for GD, and therefore, created a custom, practice, or usage of delivery of unconstitutional inadequate medical care to prisoners (including Plaintiff) at IDOC.

73. Defendants know or must have known, the consequences of failing to provide medically appropriate treatment to inmates with GD by way of accepted medical literature, advocacy organizations, prisoner grievances, and other means, but have failed to take reasonable corrective action. Defendants fail to provide adequate ~~fee~~ recruitment, retention, supervision, and discipline policies relating to the delivery of

AMENDED COMPLAINT - 33

Medical care, in particular, as related to diagnosis and treatment for ED.

74. Defendants' aforementioned actions and omissions constituted a state policy, custom or persistent practice, which acts and omissions amount to deliberate indifference to the Constitutional rights of Plaintiff, and other prisoners. Each of the Defendants acted under color of state law as to the matters set forth herein.

75. All of the acts and omissions complained of herein are the result of specific decisions, official policies, and customs of Defendants.

76. Each of the Defendants knows of and is responsible for the acts and omissions set forth herein.

Defendants have a duty to provide adequate medical care to Plaintiff and other state prisoners. Defendants' acts and omissions complained of herein amount to deliberate indifference to Plaintiff's serious medical needs and therefore constitute Cruel and unusual punishment in violation of the Eighth Amendment to the U.S. Constitution as incorporated by the Fourteenth Amendment. Defendants' acts or omissions complained of herein caused Plaintiff to suffer economic and non-economic damages to be determined at trial.

77. Plaintiff also seeks judgment declaring the acts and omissions complained of herein are prohibited by the Eighth Amendment of the U.S. Constitution and 42 U.S.C. Section 1983 and seeks

AMENDED COMPLAINT-34

injunctive relief set forth in the prayer for relief.

THIRD CAUSE OF ACTION

(Against All Defendants in Their Individual and Official Capacities; Violation of the Fourteenth Amendment to The U.S. Constitution - Actionable Pursuant to 42 U.S.C Section 1983 - Equal Protection)

78. Plaintiff incorporates paragraphs 1-77 above.

79. IDOC's policies require that mentally disordered inmates incarcerated at IDOC's prison facilities, including SCI, be provided with appropriate medical care and psychiatric care by Defendants. For example, IDOC Directive # 401.06.03.035, entitled, "Mental Health Care/Evaluation and Assessment," provides that "[M]entally disordered and developmentally disabled inmates must be identified and their treatment needs addressed as soon as possible." "Those inmates who require acute mental health services beyond those available at the prison will be transferred to an appropriate facility which may include a facility in the community." Also, IDOC Directive # 401.06.03.001, entitled, "Access to Care," provides "Non-healthcare services staff (i.e., security staff) must not be allowed to approve or deny requests for healthcare made by an offender (Non-healthcare services staff must forward requests for healthcare at the facility for review and action if necessary."

80. Upon information and belief, inmates with mental disorders other than EID are diagnosed and treated Defendants according to IDOC Directive # 401.06.03.035, regardless of whether such diagnosis and/or

AMENDED COMPLAINT-35

treatments are not common practices, or unpopular treatments.

81. IDOC inmates such as Plaintiff who suffer from GD are not provided with medical care that is appropriate for their condition. Inmates such as Plaintiff who suffer from GD require acute mental health services beyond those currently made available at IDOC. IDOC inmates, such as Plaintiff who suffer GD are not transferred to an appropriate facility for proper diagnosis and treatment. Inmates with GD who were not diagnosed or treated with GD prior to incarceration, or believed to not be a genuine transgender, are refused, delayed and interrupted diagnosis and treatment by Defendants.

82. Plaintiff was not diagnosed with or treated for GD prior to incarceration. Defendants have refused to provide Plaintiff with appropriate treatment for GD.

83. Defendants intentionally discriminated against Plaintiff, by providing because of membership within a suspect class, namely, the class of inmates with Gender Dysphoria ("GD"). Defendants discriminate against inmates with GD (including Plaintiff) by providing them inferior medical care as compared to inmates medical/mental health disorders other than GD.

84. Defendants have no rational basis in a legitimate governmental interest for intentionally discriminating against Plaintiff because of her status as an inmate.

EMENDED COMPLAINT-36

with EID. Defendants' Policy 325.02.01.001, and the implementation of that policy represent an absolute ban on appropriate and necessary medical treatment for those inmates who are diagnosed with EID, and the policy provides no exceptions to this ban regardless of the seriousness of Plaintiff's EID problems. For example, prison personnel have stated in writing, "you cannot appear feminine. This is a male facility."

85. Each of the Defendants acted under color of State Law as to the matters set forth herein. All of the acts or omissions complained of herein Complaint are the result of specific decisions, official policies, or customs of Defendants. Each of the Defendants know of and is responsible for the acts or omissions set forth herein.

85. Defendants' acts and omissions complained of herein amount to a denial of Equal Protection by discriminating against inmates with EID, such as Plaintiff, without any rational basis. Defendants' acts and omissions complained of herein caused Plaintiff to suffer economic and non-economic damages in an amount to be determined at trial.

86. Plaintiff further seeks a judgment declaring the acts and omissions complained of herein are prohibited by the Fourteenth Amendment to the U.S. Constitution and 42 U.S.C. section 1983, and seeks injunctive relief set forth in the prayer for relief.

87. Furthermore, Plaintiff has alleged negligence by Defendants. The Defendants have a duty to

provide medical care to Plaintiff for her serious medical needs of Gender Dysphoria, such duty has been breached. Defendants breached and failed in their duties to provide such medical care to Plaintiff through accepted Standards of Care for her serious and severe GD condition, resulting in Plaintiff's further ~~unnecessary~~ unnecessary suffering, and suffering due to two attempts at self-castration on 09/15/2015, and 12/31/2016, in which Plaintiff was transported to a local hospital for surgery to repair her genitalia, at which, Plaintiff will continue to suffer physically, mentally, and emotionally.

PRAYER FOR RELIEF

88. Plaintiff has suffered, and will continue to suffer immediate and irreparable injury as a result of the unlawful acts, omissions, policies, and practices of the Defendants alleged herein, unless Ms. Edmo is provided medically appropriate treatment for her GD. The declaratory and injunctive relief sought by Plaintiff is necessary to prevent continued and further injury.

89. WHEREFORE, Plaintiff requests a declaratory statement pursuant to 28 U.S.C. §§ 2201, 2202 in

42 U.S.C. § 1983 against Defendants stating that the acts, policies, customs, and omissions described herein violated the Plaintiff's rights under the Constitution and Laws of the United States.

90. Plaintiff prays for a preliminary and permanent injunction against Board of Corrections, Sandy, McClusky, Wilson, Conzon, Kempf, Eliason, Young, Gordy, Whinnery, and suggest as follows:

a.) an Order requiring Defendants Board of Corrections, Sandy, McClusky, Wilson, Conzon, Kempf, Eliason, Young, Gordy, Whinnery and suggest provide Plaintiff within (14) days of the Order:

- (1.) treatment with appropriate feminizing hormones;
- (2.) the "real-life" experience of living within her female gender while in prison;
- (3.) a change of gender from male to female on Plaintiff's "IDOC Offender Identification" card, and any subsequent documents reflecting Plaintiff's designation of gender to female;
- (4.) medical treatment consistent with WPATH standards of care;

AMENDED COMPLAINT-39

(5) placement into an appropriate female IDOC institution;

(6.) medical and/or mental health professional with substantial training and experience in treatment of persons with ED to evaluate plaintiff for the purpose of sex reassignment surgery; and

(7.) Psychological Counseling by a medical and/or mental health professional with substantial training and experience of WPATH Standards of Care, and treatment of persons with ED, which treatment and counseling shall continue throughout plaintiff's incarceration in the Idaho Department's Corrections System;

91. b.) an Order appointing a medical and/or mental health professional with substantial training and experience of treatment of persons with ED to serve as a member of the MTC for a minimum of (1) year to ensure the proper implementation of the Court's Order in (a.) above ~~and~~ as well as IDOC Directive no.s 401.06.03.501, regarding the health care of ED offenders and, 303.02.01.002, regarding the classification, management, and placement of offenders with ED.;

AMENDED COMPLAINT-40

92. c.) Compensatory and general damages against Defendants Corizon, Kempf, Craig, Young, Yordy, Whinnery, Eliason and Siegert, in jointly and severally, in an amount to be determined at trial;

93. d.) Substantial punitive damages against Defendants Corizon, Kempf, Craig, Young, Yordy, Whinnery, Eliason and Siegert separately, in an amount to be determined at trial;

94. e.) Plaintiff's costs in this suit;

95. f.) Such other and further relief as the Court deems just.

VERIFICATION

I have read the foregoing Amended Complaint, and hereby verify the matters alleged herein are true, except as to the matters alleged on information and belief, and as to those, I believe them to be true also, pursuant 28 USC § 1746, the foregoing is true and correct to the best of my knowledge.

AMENDED COMPLAINT - 41

Executed at Boise, Idaho on 05/17/2017

Adree Edmo
Adree Edmo, Plaintiff

(SEAL)

State of Idaho,

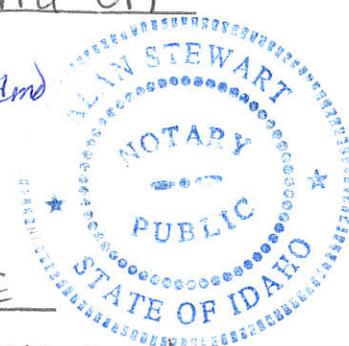
County of Ada

Subscribed and sworn/Affirmed before me on

this 18 day of May 2017

Mason Edmo
AKA Adree Edmo

[Signature]
Notary Public for Idaho
EXPIRES 8/16/2020



CERTIFICATE OF SERVICE

I, Adree Edmo, certify, I mailed a true and correct copy of Amended Complaint into ISCI Legal Resource Center ~~pro~~ for processing into the U.S. Mail Addressed to the following:

DATED this 17th day of May 2017.

Adree Edmo
Adree Edmo, Plaintiff

UNITED STATES District Court
James A. McClure Fed. Bldg. / Courthouse
550 W. Fort Street
Boise, ID 83724