

North Carolina Department of Public Safety Mental Health Assessment

Offender Name: ██████████, ██████████	Off #: 0618705
Date of Birth: ██████████	Sex: M Facility: CRAV
Date: 10/13/2017 09:30	Provider: Garvey, Susan C M.A. Staff

Treatment Setting

Outpatient Program at CRAVEN CI.

Referral

Nursing

Violence Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Escape Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Self-Injury Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Current Problems

Inmate ██████████ is a 36 year old, African American male who reports he identifies as transgender, male to female. He reports he has undergone breast augmentation, hormone replacement therapy, and an orchiectomy (removal of testicles). He reports he had the orchiectomy on August 25, 2017. He reports prior to beginning the surgeries for transformation, he participated in counseling at UNC Chapel Hill School of Psychiatry.

Inmate ██████████ reports he was around the age of 17 when he "came out" as gay. He states "I lived a gay lifestyle until I was 29." He reports it has been within the last 5 years he has begun his transition to becoming a female. When asked about how he saw himself as a child, he replies "I acted boyish but presented as feminine. I was confused. I fought a lot." He then states "I always had an inclination to change."

Inmate ██████████ reports he legally changed his name to Kanautica Zayre in 2011, through Wake County. He states he would like to be referred to by his legal name while incarcerated instead of the name he provided at the time of his arrest. He reports in December 2012, he began seeing a psychologist through UNC Healthcare, so he could be approved to begin his transition to becoming a woman. He reports after eight months in counseling, he was approved to begin having surgeries and to receive hormones. He states he began hormones prior to surgeries which include estrogen, progestin, and spermalactin (blocks testosterone and is described as required pre-castration). Prior to his orchiectomy, he reports he was seen again by his psychologist at UNC Healthcare, for approval and/or clearance to undergo this surgery. He states he was given two letters by his psychologist stating he was ready to have these surgeries completed. He reports his psychologist's name was Neffateria Hans.

Inmate ██████████ reports he began having surgery in May 2017 with a Brazilian Butt Lift. He reports in October 2013, he had breast implant surgery. He reports his third surgery involved a facial fat transfer in which fat was transferred to his forehead, jaw, chin, and cheeks. He reports this process also concealed his Adam's Apple. He notes this surgery, as well as a surgery to feminize his ear lobes, were completed in July 2017. He reports just prior to being incarcerated, he had an orchiectomy, in which his testicles were removed. He notes his last surgery is to have a vagioplasty. He reports he has spent approximately \$57,000 on surgeries.

Inmate ██████████ reports he feels more like a woman with each surgery, which he notes is comforting to him. When asked how he would describe himself to others, he replies "A breath of fresh air. I always try to smile."

History

Inmate ██████████ reports his mother was 13 years old when she gave birth to him so he was primarily raised by his maternal grandparents. He reports at the age of 14, he was "touched, fondled, and then penetrated" by a 16 year old male who lived across the street from him. He states after this occurred, he often ran away from home to avoid any further abuse. He reports after he first ran away, he was placed in the Kennedy Home for two years. He states shortly after he returned home, he ran away again, and then was sent to Samarkand for a few months and then was transferred to Eckerd Youth Camp. He reports he returned home after he completed the youth camp. He states shortly after he returned home, he stole his teacher's car. He reports he did not receive any charges but was sent to Dobbs Training

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	M
Date: 10/13/2017 09:30	Facility:	CRAV
	Provider:	Garvey, Susan C M.A. Staff

School for four months. He reports after he returned to his grandparents after being released from Dobbs, he was sent to live with his mother in Raleigh. He reports his mother then "disappeared" and he returned to his grandparents. He reports at this point, his grandparent were told if they did not legally adopt him, he would be placed in a foster home. He states despite being adopted, he was sent back to the Kennedy Home. He reports he was sent back to his grandparents after being sexually harassed while at the Kennedy Home.

Inmate ██████████ states his mother is gay and describes her as a "stud." He reports she recently passed away from breast cancer. He reports his mother was hospitalized once after an unsuccessful suicide attempt.

Inmate ██████████ reports he has been with his spouse, Dionne Brown, since August 2011. He reports he and his spouse were married shortly after the court ruling on same sex marriages, on October 24, 2014. He notes since he began having surgeries to change his body, he and his spouse have "grown apart." He reports his spouse believes he is changing too fast. Inmate ██████████ reports the rapidness of his changes have boosted his self-esteem.

Inmate ██████████ reports he completed the 11th grade and then did not return to school to graduate. He denies being held back any grades. He reports he was in honor's classes and part of the school's Honor's Society. He reports a history of suspension for fighting. He denies any history of expulsion. He indicates continuing his education in 2004 through Mayland Community College in Spruce Pines, NC. He reports from 2005 through 2009, he took courses through University of North Carolina and earned an Associate's Degree in Sociology. He reports he began working on his Bachelor's of Social Work while incarcerated at Avery-Mitchell Cl. He reports he completed his Bachelor's of Social Work after his release, through an online program with Michigan State University in 2013.

Inmate ██████████ reports from 2009 through 2013, he worked began as a direct care employee and moved to a Qualified Professional for Supreme Love Inc, group homes owned by a family member. He reports from 2013 through 2016, he worked as a Program Supervisor for Holly Hill Hospital. He reports he was an instructor for NCI and CPI. He reports he also worked part time for the Autism Society during this period. He reports from 2016 through September 2017, he worked "nightlife and dancing" at "exotic" strip clubs.

Inmate ██████████ denies any significant medical conditions at this time. Please refer to medical encounters regarding recent medical diagnoses. He denies any significant history of head injury. He reports a family history of hypertension and cancer.

Inmate ██████████ denies any mental health treatment history outside of what is required for a transgender individual to have treatments or surgeries. He denies any history of inpatient mental health treatment. He denies any history of taking psychotropic medications. He denies any history of engaging in self-injurious or suicidal behavior.

Inmate ██████████ reports a history of alcohol and marijuana use. He states his last use was approximately four years ago. He denies any history of substance abuse treatment.

Inmate ██████████ is currently serving a 7 year, 5 month to 9 year, 11 month sentence for charges of Habitual Felon, Obtaining Property by False Pretense, and Insurance Fraud. Per OPUS, he has 125 days of jail credit towards his sentence. Per OPUS, his projected release date is currently unaudited.

Interview/MSE

Inmate ██████████ was informed of the limits of confidentiality as they pertain to the state prison system. He is appropriately dressed in prison attire and demonstrates proper personal hygiene. Alert and oriented in all spheres. Inmate denies current or recent suicidal or homicidal ideation or intent. He denies any current or recent self-injurious behaviors or destructive ideations. Inmate ██████████ did not present with any paranoid or delusional ideation. His speech was normal in rate and volume. No flight of ideas, loose associations, or pressure was noted. Mood and affect are unremarkable.

Assessment

According to the DSM-V, inmate ██████████ meets the criteria for a diagnosis of Gender Dysphoria in Adolescents and Adults (302.85) based on the following markers...

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Inmate ██████████ has expressed an interest in openly living as a female since the age of 29. He notes the incongruence between his expressed gender and primary and/or secondary sex characteristics are of significant distress to him, especially given he has one more surgery to complete his full transition to becoming a female. He reports he has undergone several treatments and surgeries already to have his male primary and secondary characteristics changed to meet his expressed gender.

Diagnosis

302.85 Gender Dysphoria in Adolescents and Adults

Plan

Per Health Services policy (TX I-13), a multidisciplinary treatment team will be formed and will interview inmate ██████████ and review all available records. This will occur at his receiving facility. Once this psychologist is aware of the unit he will transfer, they will be informed of the need to bring together a treatment team. The treatment team will develop an individualized treatment plan. The mental health assessment and psychiatric assessment will be made available to the treatment team to the extent necessary for treatment decisions and recommendations.

Diagnosis:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, Initial

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note F/U	11/10/2017 00:00	Garvey, Susan C Staff Psychologist

Co-Pay Required: No Cosign Required: No
 Telephone/Verbal Order: No
 Standing Order: No

Completed by Garvey, Susan C M.A. Staff Psychologist on 11/01/2017 10:37
 Requested to be reviewed by Peiper, Lewis J Ph.D Asst. Dir. of Beh. Health.
 Review documentation will be displayed on the following page.

North Carolina Department of Public Safety General Administrative Notes

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	M Facility: HARN
Date: 11/16/2018 16:03	Provider:	Laub, Jessica M.A. Staff

Comments

Please see attached DC-540 and Response

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Laub, Jessica M.A. Staff Psychologist on 11/16/2018 16:05

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	M Facility: HARN
Date: 10/26/2018 10:45	Provider:	Hahn, Patricia M Ph.D Asst. Dir.

Treatment Setting

Outpatient Program at HARNETT CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

Ms. ██████████ denied any current thoughts of wanting to harm others.

Escape Alerts

None currently noted.

Self-Injury Alerts

Ms. ██████████ denied any current thoughts of wanting to harm herself.

MSE/Behavioral Observations

Ms. ██████████ presented as a polite 37 year old Black-American male to female transgender inmate who appeared approximately her stated age. She was pleasant and cooperative during the therapy session. She displayed good eye contact and had no significant psychomotor agitation or retardation. Her speech was of normal rate, rhythm and volume. She was oriented to person, place, and time. Her attention and immediate memory appeared within normal limits. Her affect was euthymic, and she described her mood as "I'm staying in a kind of irritated mood three days a week." She denied current suicidal or homicidal ideation. She did not currently show active symptoms of psychosis or a thought disorder. Her judgment and insight were fair.

Progress Towards Goal(s)

Ms. ██████████ started the session by stating "I'm not homicidal or suicidal [but] frustrated to the max." She indicated she is not getting the help she needs and said "I don't need to be housed in a male facility." She further stated "when it comes to my lifestyle, I take it seriously." She seemed to be trying to be patient and acknowledged "I can't just blow-up."

Ms. ██████████'s concerns were reviewed and after the session some of the concerns were brought to Ms. Shelton, Assistant Superintendent of Programs. Ms. ██████████ said she has not yet received her two bras or female undergarments. She elaborated "I'm pissed off but I don't want to get in trouble." Ms. Shelton indicated some very nice sports bras were ordered for Ms. ██████████ from the Bob Barker Company but have not yet arrived. Ms. Shelton was concerned about the female underwear, however, in part because they would be difficult to wash.

Ms. ██████████ would prefer to be transferred to a facility in the female command. The undersigned will ask Dr. Junker about this possibility, although Ms. ██████████ was told such a transfer would be unlikely. She said if she were not able to go to a female facility, she would like to be able to transfer to Franklin or Warren (or at least be able to put in a transfer request). For some reason she was told she could not transfer. She may have been told she had to be on the mental health caseload by UNC while on hormones. Ms. Shelton thought this may be the case. This will be confirmed to see whether that is a UNC requirement.

Plan/Diagnostic Changes

Ms. ██████████ is frustrated with her situation as a transgender inmate housed in a male prison but is trying to use appropriate coping strategies, including being able to vent in therapy. Some of her concerns will be followed up using appropriate resources.

Follow-up/Next Appointment

Ms. ██████████ will be seen for her regularly scheduled individual therapy session in approximately 45 days. She knows to submit a referral if she needs to be seen prior to that time.

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: M Facility: HARN
Date: 10/26/2018 10:45 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 11/01/2018 10:01

North Carolina Department of Public Safety Mental Health Referral

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: M Facility: HARN
 Date: 02/22/2019 10:45 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Treatment Setting

Outpatient Program at HARNETT CI.

Referral Source

Custody

Reason for Referral

Ms. Laub, Staff Psychologist II, reported she had received about six calls from custody indicating Ms. ██████████ was distressed so she was seen for an emergency session.

Violence Alerts

Ms. ██████████ denied any current thoughts of wanting to harm others.

Escape Alerts

None currently noted.

Self-Injury Alerts

Ms. ██████████ denied any current thoughts of wanting to harm herself.

Screening Results

Ms. ██████████ stated "I feel like I'm going to break down!" Ms. ██████████ had recently been interviewed by the News & Observer (article was on-line on Tuesday and in the newspaper on Wednesday). During this session she rapidly explained a number of incidents that had happened since the release of the article and the repercussions. Of note, she reported that Captain Dorman had asked her whether she wanted PC (protective custody) by request of Director Lassiter because in the article she had expressed some concern about her safety. She said she refused PC because she did not specifically feel unsafe from the inmates at Harnett but rather just generally was concerned about safety since she looked like a woman and was in a men's prison. She said the interaction between her and the officer did not go well. Ms. ██████████ indicated she was very upset and called her grandmother twice and her husband once. Ms. ██████████ was primarily allowed to vent and she did indicate she felt better after the session. She was given the advice to lay low over the weekend and to try to avoid getting into any negative interactions with officers. She will be seen next week.

Mental Health Services Required

Yes

Disposition

Ms. ██████████ is going through a difficult time right now due to transgender issues and will be seen next week for follow-up.

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 02/22/2019 15:39

North Carolina Department of Public Safety Clinical Encounter

Offender Name: ██████████, ██████████
 Date of Birth: ██████████
 Encounter Date: 03/02/2019 21:40

Sex: M Race: BLACK
 Provider: Planco, Julieta T RN

Off #: 0618705
 Facility: HARN
 Unit: GDM-

Medical Trip Return encounter performed at Clinic.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Planco, Julieta T RN

Chief Complaint: Other Problem

Subjective: Returned from CHH-ER, was sent out earlier due to altered behavior, yelling , crying hysterically. " I am not crazy, I am not suicidal, I am not homicidal, offender stated while vitals were taken. Further stated that Ms. Laub spoke with him today and informed him that his case will not be acted until May. "I just lost it, I don't want to be here anymore, I want to go to the female prison".
 Per offender , he was given a shot on the left thigh to calm him down and refused any further medical treatment. See scanned refusal form.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

Discharge Instructions

External Trip Return

Yes: External Visit Location, Document in Comment Box

No: Instructions/Orders Received and Scanned, Provider Selected to Review Instructions/Orders, Follow Up Requested, Document in Comment Box

History

External Services

Yes: Care Received, Describe in Comment Box

No: Appointments/Procedures, List in Comment Box, Was Procedure Completed, Document in Comment Box, Proposed Plan of Care, Document in Comment Box

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/02/2019	21:40	PEND	97.8	36.6	Planco, Julieta T RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/02/2019	21:40	PEND	102		Planco, Julieta T RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/02/2019	21:40	PEND	18 Planco, Julieta T RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
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Offender Name: ██████████, ██████████
 Date of Birth: ██████████
 Encounter Date: 03/02/2019 21:40

Sex: M Race: BLACK
 Provider: Planco, Julieta T RN

Off #: 0618705
 Facility: HARN
 Unit: GDM-

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/02/2019	21:40	PEND	94/62			Planco, Julieta T RN

SpO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/02/2019	21:40	PEND	100	Planco, Julieta T RN

Exam:

Diagnostics

Vital Signs

Yes: Vital Sign Obtained (See Flow Sheet)

General

Appearance

Yes: Alert and Oriented to Person, Alert and Oriented to Place, Alert and Oriented to Time

No: Appears in Distress, Appears in Pain, Visible Injury

ASSESSMENT:

Coping, Ineffective

PLAN:

Disposition:

Discharged to Housing Unit-No Restrictions

Other:

RHU screening completed, will be going to SCS RHU when cell available
 Out of Medical accompanied by Sgt. Rivera, ambulatory with gait steady

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/02/2019	Counseling	Access to Care	Planco, Julieta	Verbalizes Understanding

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Planco, Julieta T RN on 03/02/2019 22:25

**North Carolina Department of Public Safety
Mental Health Progress Note**

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: M Facility: HARN
 Date: 03/15/2019 12:05 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Treatment Setting

Outpatient Program at HARNETT CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

Ms. ██████████ denied any current thoughts of wanting to harm others.

Escape Alerts

None currently noted.

Self-Injury Alerts

Ms. ██████████ denied any current thoughts of wanting to harm herself.

MSE/Behavioral Observations

Ms. ██████████ presented as a polite 37 year old Black-American male to female transgender individual who appeared approximately her stated age. She was pleasant and cooperative during the therapy session. She displayed good eye contact and had no significant psychomotor agitation or retardation. Her speech was of normal rate, rhythm and volume. She was oriented to person, place, and time. Her attention and immediate memory appeared within normal limits. Her affect was extremely anxious. She denied current suicidal or homicidal ideation. She specifically stated "I'm not going to say I am going to hurt myself [she meant she was not at that point -- she did not mean she was just hiding it by not saying it]." She did not currently show active symptoms of psychosis or a thought disorder. Her judgment and insight were at least currently fair.

Progress Towards Goal(s)

Ms. ██████████ was seen because the week before last she was concerned she was having a nervous breakdown (but had stated she was better when she was seen last week) but during the weekend "I broke down all the way." From information provided by custody, Ms. ██████████ had allegedly used K2 and admitted it and then had medical issues. Today, Ms. ██████████ adamantly denied using K2 or any substance. She also denied other allegations such as trying to assault officers and stating she wanted to kill Ms. Black, Nursing Supervisor. Ms. ██████████ explained she was upset when Ms. Laub told her the dTARC might not make a decision about her reassignment to a female camp until May and she worried and threw up several times. She said she was not wanting to eat and the walls felt as though they were closing in on her. She said she then felt like she was dying and began to call for help. She said the officers called a "Code 4" for a disturbance rather than calling medical. She indicated she then started shaking like the beginning of a seizure and eventually medical was called and she was taken to the hospital. She described herself as incoherent but did indicate she had never said she wanted to kill Ms. Black, who she stressed was not even working on Saturday or involved in the medical incident.

Ms. ██████████ indicated she was taken to the hospital and given a shot (rather roughly) to get her to calm down. She said they then tried to put a catheter on her but she told them about the delicate state of her penis. She indicated they then became more understanding and were nicer to her but nevertheless, she asked to be returned to Harnett.

Ms. ██████████ stated the custody officer lied about the incident and that she never said she used any drugs. She stated "if I would tell anybody I would tell you [if she had really smoked anything]." She further stated "a person can only be strong for so long." Ms. ██████████ asked whether she could be moved to another camp and placed back on RPOP. The undersigned indicated it was a custody decision and usually if there was a mental health issue an individual might be moved to CPMH but still be on restrictive housing. CPMH was discussed as a possible option if she worsened considerably (see below for consultation with CPMH). Ms. ██████████ raised the possibility that she had a major anxiety/panic attack rather than a seizure.

Plan/Diagnostic Changes

Ms. ██████████ was told people in Raleigh were meeting about her situation so her issue was getting consideration and she was agreeable to try to just stay calm and quiet during the weekend since Friday is not a good day to make any changes and she currently appeared to be stable and not in major distress. She was told that if this changed

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Date of Birth: ██████████ Sex: M Facility: HARN
Date: 03/15/2019 12:05 Provider: Hahn, Patricia M Ph.D Asst. Dir.

significantly for her she could try to get custody to contact mental health.

Later in the afternoon the undersigned contacted CPMH to inform them of the situation (in case something were to happen over the weekend) and to consult with them about the possibility of CPMH taking Ms. ██████████ if she becomes worse. Dr. Brumbaugh, Dr. Diket, and Mr. Rohda were present for the telephone conversation. They indicated they did not think Ms. ██████████ met the criteria for admission even if she had another major panic attack. They made the suggestion that perhaps she could be moved to Warren (due to her concerns about custody and retaliation) or that since she did respond to being seen, perhaps she could be seen daily. Harnett staff expressed the concern (during a subsequent phone call) that seeing Ms. ██████████ daily would not be fair to other inmates in RH and they did not have time to see everyone daily. Harnett staff also agreed Ms. ██████████ did not seem to meet the criteria for inpatient admission. While the undersigned agreed Ms. ██████████ currently did not meet criteria, the undersigned is worried about Ms. ██████████ given her significant stressors. The situation will be re-evaluated next week, and Dr. Junker will be consulted if needed. Dr. Diket, who knows the current situation, is the person on-call this weekend.

Follow-up/Next Appointment

Ms. ██████████ will be seen during weekly rounds by Harnett staff and will be seen if she submits a referral. If she is still at Harnett, the undersigned will see her the next time she returns to Harnett (which will likely be March 29).

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 03/15/2019 17:04

North Carolina Department of Public Safety Self-Injury Risk Assessment

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: M Facility: WARR
Date: 08/07/2019 10:30 Provider: Hodges, Rayshone Psy.D Contract Psychologist

Type of Housing: Restrictive Housing

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:
Clinical Interview, Custody Staff, Record Review

Reason for Referral

Staff Psychologist was called by OIC on 08/06/2019 at 2042 hours. OIC informed staff psychologist that inmate had threatened to kill herself after returning from the hospital due to not wanting to return to his cell in Restrictive Housing (RH). Inmate was believed to have been using the drug "K2" earlier, and was described as being "high" by Corrections staff. Inmate was placed on SIB precautions as a result.

Treatment Setting

Outpatient Program at WARREN CI.

Current Self-Injurious Behaviors

No current SIB present.

Current Plan to Self-Injure

None at the present time.

Current Suicidal Ideation

No suicidal ideation presently.

Current Suicidal Intent

No expressed intent to end one's life.

Current Mental Status

Level of Consciousness: Alert and Oriented
Psychomotor Activity: Restless
General Appearance: Neat/well groomed
Behavior: Cooperative
Mood: Anxious
Thought Process: Goal Directed
Thought Content: Normal

Anxious and tearful with congruent affect.

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the offender for a variety of empirically validated factors commonly associated with risk for self-harm.

The following **STATIC** risk factors were assessed to be present and may increase the inmate's risk for engaging in suicide related behaviors: History of inpatient psychiatric treatment, History of mental illness, History of self-injurious behavior

The following **DYNAMIC** risk factors were assessed to be present and may increase the inmate's risk for engaging in suicide related behaviors: Agitation, Anxiety/Panic

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to cope with stress, Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intent/plan, Future orientation, Responsibility to loved ones/children, Social support in the institution, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Some risk and/or protective factors were not assessed, and their impact on this inmate's risk for suicide related behavior is undetermined; the reason they were not assessed is stated below.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: M Facility: WARR
Date: 08/07/2019 10:30 Provider: Hodges, Rayshone Psy.D Contract Psychologist

Ms. [REDACTED] was tearful but readily available to dialogue. She denied having any suicidal thoughts or intentions. She mentioned being anxious and somewhat hypervigilant about transitioning to a Women's prison in "two weeks." She recalled having a "breakdown yesterday" where she became tearful, confused, and frustrated. She felt that Custody accused her of being "high" but she attributed her increased emotionality to "hormones" and being impatient about her scheduled facility transfer. She felt "misunderstood" and wondered why there was no "case manager/mental health provider" who could see her for crisis situations. In addition, she wanted to speak to her assigned clinician, Dr. Hahn, and to be "left alone (by other staff members who accuse her of being high on K-2)."

Ms. [REDACTED] contracted for safety. She wants to return to her original cell. She identified her coping skills as reading, talking with peers (in-person and via telephone), and journaling. She asserted that she has never attempted suicide and she values her life. She reported having negative drug screens for K-2 despite "what they (Custody) believes about me." She highlighted the current dilemma of being transgendered in an all male facility, especially one who will be the first to move into a female prison. Lastly, Ms. [REDACTED] identified future orientation, appropriate coping skills, and has ongoing support in this facility. Dr. Hahn will be made aware of this recent incident, and Ms. [REDACTED] will be seen more frequently either by Dr. Hahn or the current mental health staff. She will be removed from Self-Injury Precautions.

RECOMMENDATIONS

Suicide Watch: Discontinue from all Self-Injury Precautions.

Suicide Watch was initiated on: 08/06/2019 20:42

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Post Watch Contact	08/08/2019 00:00	Hodges, Rayshone Contract Psychologist
Post Watch		

Completed by Hodges, Rayshone Psy.D Contract Psychologist on 08/07/2019 11:33

North Carolina Department of Public Safety Residential/Inpatient Admission Assessment

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F
Date: 12/12/2020 18:30	Facility:	NCCW
	Provider:	Sandhu, Yadvinder K MD

Treatment Setting

Inpatient Program at NC CI WOMEN.
Dragon voice recognition software is utilized, for preparing this note and may include unintentional dictation errors/sound alike substitutions.

Discipline

Psychiatrist

Chief Complaint

Ms. [REDACTED] reported she was stressed at Anson CI, other offenders found out about her situation and she didn't feel safe.

Violence Alerts

There is no apparent, current, significant risk of violence noted for inmate [REDACTED].

Escape Alerts

There is no apparent, current, significant risk of escape noted for inmate [REDACTED].

Self-Injury Alerts

Inmate [REDACTED] has an elevated risk of self injury due to: she verbalized thoughts to self mutilate at the previous camp, not wanting to wake up after taking a medicine to sleep and to choke herself. However in this interview she declined any thoughts to harm herself.

Current Medications

CYANOCOBALAMIN 1000MCG/ML INJ, 1 ML
Inject 1000mcg (1ml) intramuscularly every week

DOVE SOAP
Use as directed. Limit 3 bars per 2 months. ** * UR guidelines met *

EMTRIC/RILPI/TAF 200/25/25MG TAB
Take one (1) tablet by mouth daily **Take with a meal**

ESTRADIOL 0.1MG/24HR BIWEEKLY PATCH
Apply one (1) patch topically two times a week *UR approved until 3/12/21*

LUMBAR SAC W/ ABD BIND, LG
Use as directed daily *** limit one brace every six (6) months**

MINERIN(HYDROCERIN)EMOLLIENT CREAM
Apply topically to the affected area over skin twice daily as directed . (for external use only) **Limit 120 gm per month

TERBINAFINE 250 MG TAB
Take one (1) tablet by mouth daily

History of Present Illness

Ms. [REDACTED] is a 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of Habitual Felon with a projected release date (PRD) of 4/29/25.

DC133 R by Dr. Hahn dated 12/12/20, indicates that Ms. [REDACTED] has been isolating in the room for 2 weeks, gender dysphoria concern increased, had thoughts of, "ripping the skin off pee pee" and made statements that she wanted to be given a medication that will put her to sleep and keep her asleep, felt like not living anymore and had thoughts of choking herself.

Today pt was seen with Ms. Horton, RN in the office. Ms [REDACTED] feels safe at NCCIW and has concerns about the

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: NCCW
 Date: 12/12/2020 18:30 Provider: Sandhu, Yadvinder K MD

return to Anson CI and wishes to rather return to a male facility.
 At Anson CI reportedly her peers had found out about her gender dysphoria and she was not feeling safe, also reported she had an altercation, and things has been escalating for the last couple of months.
 Currently no symptoms of significant depression reported except some anxiety related to stress as above, no symptoms of mania, psychosis , or any other mood symptoms are reported.
 Ms. ██████████ reported that she goes by her preferred name, Ms. Kanautica and discussed that since age 16, felt distress being a male gender and started dressing in female clothes, doing her hair as females and sexual orientation was gay. She shared that she was sexually molested by a neighbor from age 12 to 14, then was sent to a youth camp, the sexual abuse continued until age 16, then was transferred to Kennedy home, attended Dobbs training school. She says she has wondered whether the childhood abuse had links with her gender dysphoria. She shared that she was raised by her grandmother as her biological mother was 13 when she was born. She reports that her biological mother died of breast cancer, She says she always went around wherever her grandmother went, "there was no such thing like playing football", says she was in high school band.
 Presently, Ms. Chesnut does not report any suicidal/homicidal ideation, intent or plan. Slept well last night, had good appetite this morning, when asked about energy level. She reports she has, "unwanted anxiety" related to current circumstances . She says she is generally a jolly person, but when she was stressed at other camps. She wanted to, "rip the middle stuff". Ms. ██████████ shared that she had treatment for gender dysphoria prior to incarceration and currently receives female hormones, had surgeries on; chin, cheeks, forehead, earlobes, "butt lift", " had bilateral bunion ectomy" in 2017, breast augmentation 2012 and orchiectomy in 2017. She discussed that she is awaiting appointment with a urologist for Vaginoplasty.

Past Psychiatric History

Mental health assessment update by Dr. Hahn from 7/17/20 indicates Beta IQ score 106. Pt was transferred to Anson correctional facility in August 2019, a female facility.
 Her dx has been Gender dysphoria post transition.
 Record shows, DTARC report from 8/27/20 indicated in person consultation with a specialist with experience in gender, affirmation, surgery was recommended.
 Pt denied any past psychiatric treatment with psychotropic medications or hospitalizations for mental health treatment.

Family Psychiatric History

Patient discussed her mother tried to commit suicide in 2011 after she was diagnosed with breast cancer.

Past Medical History

Medical problems as listed in the record;
 ██████████, low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain tinea unguium, absence and apalasia of testes.
 TSH and free T4 were within normal range, 11/18/20.

Substance Abuse History

Denied.

Social History

As above. patient discussed she was working at Holly Hill Hospital for 2 years and has Masters in social work. She discussed that later she had joined as a consultant for a home health company. She reports she has been married for 6 years and been together with her partner for 9 years, they adopted 15-year-old son, who is now 24 years old.

Interview/MSE

Identifying information; Ms. ██████████ is a 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of Habitual Felon with a projected release date (PRD) of 4/29/25.
 Appearance: well groomed, hair and eyebrows are neatly done, has nail polish and toenails, wears glasses. She has visible tattoos on neck and arms.
 Behavior: calm, cooperative.
 Thinking: goal directed. She speaks coherently, regular rate and rhythm.
 Perception: no perceptual disturbances noted.
 Mood/Affect: mood is slightly anxious and affect is congruent with mood.
 Orientation: alert and oriented to person ,place, and her circumstances.
 Suicidal/Homicidal Ideation: denied/denied

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: NCCW
 Date: 12/12/2020 18:30 Provider: Sandhu, Yadvinder K MD

Judgment/Insight: average

Assessment

Pt was transferred to inpatient mental health due to reasons as noted above. Currently no self-harm thoughts are reported and patient is feeling safe here on this unit. She does have concern about her return to Anson CI. She has undergone treatments for gender dysphoria as above and is awaiting urology appointment for consultation regarding vaginoplasty.

Diagnosis

Gender Dysphoria . R/o adjustment disorder with anxiety.
 Medical problems as listed in the record;
 ██████████, low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain tinea unguium, absence and apalasia of testes.

Plan

Support was provided, pt does not feel the need for any psychotropic medication at this time. Staff to continue monitoring pt for any changes in mood. Follow up with the treatment team.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Sandhu, Yadvinder K MD Psychiatrist on 12/13/2020 13:39

North Carolina Department of Public Safety Suicide Watch Discontinuation

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: NCCW
Date: 12/14/2020 10:00	Provider:	Occhio, Megan M M.A. Psych.

Treatment Setting

Inpatient Program at NC CI WOMEN.

Violence Alerts

Ms. ██████████ is currently under investigation for an infraction after an altercation with another inmate causing that inmate to need outside medical care.

Escape Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Self Injury Alerts

Ms. ██████████ recently threatened self-injury towards her genitalia after reporting being bullied at Anson. She denies any such thoughts now and connects this to gender dysphoria- a condition she has hope can be further treated via medical intervention.

Summary of Current Placement on Precautions

Ms. ██████████ is a transgendered female offender who was admitted to NCCIW Inpatient MH unit on Friday 12/11/2020 after endorsing thoughts of self-harm, specifically mutilating genitalia. She also stated she wanted medication to put her to sleep "and stay asleep." She indicated that although she did not want to die, "it might be the best thing for me."

Ms. ██████████ stated that upon arrival to NCCIW she felt like "a weight was lifted" states she feels safe on the unit and is no longer having thoughts to harm her genitals or end her life. States that "I felt like I was in a hole there (Anson) and I couldn't get out of it." She discussed feeling bullied by both staff and inmates due to her transgender status and being the first transgendered female to reside in a women's prison. She reports the environment was her primary stressor and hopes she does not have to return to Anson.

MSE/Behavioral Observations

Ms. ██████████ presented in typical facility garb when seen at her door by this writer, Ms. Mook, and Dr. Mann. Her hygiene appeared good. Ms. ██████████ described a euthymic mood and exhibited congruent affect. Speech was normal for rate, tone, volume. Her stream of thought was goal directed and logical, devoid of loose associations, derailment or other indicators of a thought disordered presentation. Ms. ██████████ was cooperative and engaged appropriately with team. She requested to shave her face, was informed that access to razors does not occur on the Acute Unit and that with only one staff member on the unit today, an exception was unlikely. She verbalized understanding, though reinforced that facial hair is a trigger to her dysphoria. This was acknowledged and the rules were reinforced.

Summary of Changes in Risk Factors

The following DYNAMIC risk factors were assessed to be present on admission and may increase the inmate's risk for engaging in suicide related behaviors: Anxiety/Panic, Current suicidal ideation, Fear for own safety, Feeling hopeless/helpless, Feeling like a burden to others, Inability to feel pleasure, Sleep problems, Social isolation, Uncontrolled mental health symptoms.

Currently, Ms. ██████████ denies feeling panicked, denies SI, reports feeling safe and is looking fwd to her surgical consult being scheduled. She reported good sleep and denied any need for psychotropic medications. She described herself as "strong, resilient, and brave"

Assessment of Self-Injury Risk

Risk of self-injury is believed to be low at this time based on history and current presentation.

Immediate Plan and Follow-Up

Inmate ██████████ will be removed from all self-injury precautions and will be seen for a re-evaluation within 24 hours of removal. She will be moved to the Chronic Unit.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: NCCW
Date: 12/14/2020 10:00 Provider: Occhio, Megan M M.A. Psych.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration Details</u>	<u>Ordered By</u>
Nursing Instructions	One Time	d/c SP. Move to Chronic Rm 212	Occhio, Megan M M.A. Psych. Serv. Coord.

Discontinue Reason:

Order Date: 12/14/2020

End Date:

Nursing Instructions	One Time	once on chronic unit, may shave face during shower time.	Occhio, Megan M M.A. Psych. Serv. Coord.
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Discontinue Reason:

Order Date: 12/14/2020

End Date:

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Occhio, Megan M M.A. Psych. Serv. Coord. on 12/14/2020 13:27

North Carolina Department of Public Safety Treatment Team Review

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: NCCW
Date: 12/15/2020 11:00	Provider:	Mook, Abigail C M.S. Staff

Treatment Setting

Inpatient Program at NC CI WOMEN.

Reason for Review

The Treatment Team met for the 7-day review of the treatment plan and progress toward goals for Inmate [REDACTED], [REDACTED].

Treatment Team Members Present

Treatment team members present included Dr. Mann inpatient psychiatrist, Ms. Occhio PSC, Ms. Neill and Ms. Pope Behavior specialists, and Ms. Mook staff psychologist.

MSE/Behavioral Observations

Mood was reported as good; expressed some frustration regarding others attitudes at Anson. Reports she has some hope that NCCIW will be better. Affect was congruent with mood and appropriately expressive depending on topic of conversation. No overt attention to internal stimuli, perceptual disturbances, paranoia or delusional themes present. No abnormal motor movements noted. Eye contact was appropriate. Endorses crying spells from time to time. States she has had to endure "16 months of pure hell" with regard to navigating people's ignorance regarding transgender individuals. Speech was of normal rate and volume; no loose associations, tangentiality, or flight of ideas present. She denied current SI/HI/DI when asked. Thought content was logical, coherent, sequential, and future oriented. Speech did not indicate any difficulty with thought processes or executive functioning; she appeared to be of average intelligence. Recent and remote memory appeared to be intact. No disturbances in appetite or sleep reported. Motivation for treatment was adequate. She was cooperative throughout session. She has been medication compliant per MAR report. Expressed feeling like a guinea pig. Expressed frustration regarding staff and offenders lack of understanding. Discussed medication benefits and side effects with psychiatrist. States there is no pill to fix other's ignorance which she feels is her biggest stressor. Explained having to deal with trial and error. Upset with not getting hygiene or access to personal items that have been approved. Inquired about UR approvals.

Progress Toward Goals

She is making adequate progress toward goals.

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Mook, Abigail C M.S. Staff Psychologist on 12/15/2020 16:13

**North Carolina Department of Public Safety
General Administrative Notes**

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: NCCW
Date: 01/04/2021 14:02 Provider: Mann, William O DO

Comments

Pt not seen but pt was seen by Ms. Jordan. Pt reportedly has threatened to possibly harm herself to prevent herself from going back to Anson CI. Pt stated to me while she was on inpatient psychiatric unit that she would kick and scream, fight with officers if that is what it took to keep her from going back to Anson CI. As noted in my discharge summary pt does not want to go back to Anson CI and that is the main reason for her making threats to harm self. Pt does not have specific plan per Ms. Jordan. Pt has no hx of suicide attempts but was admitted thoughts of self harm/self mutilation and not wishing to wake up when at Anson CI prior to transferring to NCCIW on 12/11/2020. Pt's presentation while on inpatient psychiatric unit and per Ms. Jordan's assessment is due to her wish not to go to Anson CI. Pt will be in SEG so risk of others harming her are not a concern. Pt also will be separated from general population and will not be harassed by other inmates except possibly those nearest to her SEG cell. I discussed case with Dr. Hawkins. Pt is likely to harm self but based on hx it would be likely superficial cuts or similar acts in order to return to NCCIW and avoid Anson CI. Therefore pt will not be admitted to inpatient psychiatric unit at this time.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Mann, William O DO Psychiatrist on 01/04/2021 14:12

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: ANSO
Date: 01/12/2021 13:50	Provider:	Lynch, Lekeshia M MSW

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Escape Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Self-Injury Alerts

There are no elevated risk factors presently noted for inmate ██████████.

MSE/Behavioral Observations

Offender ██████████ AKA BROWN was seen on MP on the HOKE unit by cell door while on post transfer from inpatient treatment. This writer received the referral 1.11.2021 requesting I provide a follow-up contact with Brown. This writer spoke with BROWN briefly and provided a correspondence packet for her to complete to capture her current mental status. Offender BROWN appeared very agitated and expressed feeling unsafe and retaliation was the reason she was transferred back to Anson.

Offender was appropriately dressed in typical prison garb and demonstrated adequate hygiene and grooming. Offender was fully oriented x's 4. Her memory, attention and concentration were unimpaired. She spoke in a clear manner with speech of normal rate, tone and volume. Affect was mood congruent as she presented in a agitated state and is requesting to return back to Raleigh and shared "I feel that DPS has failed me and no one here is competent to address my concerns nor understands me. I feel more safe in a cell because I have had to suffer from abuse the last four years while in prison; its not easy for me because no one understands my Dysphoria." She presented with no overt evidence of psychosis or mania. Her thoughts were logical and goal oriented. She denied any current destructive, homicidal, or suicidal ideation but does report hopelessness. Offender does not report any concerns with her sleep, appetite or energy level. Insight and judgment are adequate.

Progress Towards Goal(s)

No progress was made this session as this writer met with offender by cell door in quarantine to assess her current mental status post inpatient treatment. No new presenting concerns were present.

Plan/Diagnostic Changes

There was no diagnostic change. Patient will continue to be followed by Outpatient Mental Health.

She verbally communicated her understanding of the emergency and non emergency mental health referral protocol and has agreed to utilize this process should the need arise.

Follow-up/Next Appointment

Offender ██████████ AKA BROWN will be seen by her schedule therapist for follow-up.

Diagnosis:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, See Note

Unspecified Anxiety Disorder, 300.00 - Current, Temporary/Acute, See Note

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: ANSO
Date: 01/12/2021 13:50 Provider: Lynch, Lekeshia M MSW

Completed by Lynch, Lekeshia M MSW Clinical Social Worker on 01/12/2021 17:35

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: ANSO
Date: 02/19/2021 11:05	Provider:	Hahn, Patricia M Ph.D Asst. Dir.

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

Ms. ██████████ denied any current thoughts of wanting to harm others.

Escape Alerts

None currently noted.

Self-Injury Alerts

Ms. ██████████ denied any current thoughts or plans of wanting to harm herself; however, at times she does have thoughts of self-mutilation to get rid of the remaining part of her penis.

MSE/Behavioral Observations

Ms. ██████████ presented as a polite 39 year old Black -American female who appeared approximately her stated age. She was pleasant and cooperative during the therapy session. She displayed good eye contact and had no significant psychomotor agitation or retardation. Her speech was of normal rate, rhythm and volume. She was oriented to person, place, and time. Her attention and immediate memory appeared within normal limits. Her affect was somewhat dysphoric, and she described her mood as "I don't know . . . I'm dull." She denied current suicidal or homicidal ideation. She did not currently show active symptoms of psychosis or a thought disorder. Her judgment and insight were at least fair.

Progress Towards Goal(s)

Ms. ██████████'s main issue continues to be that her consult appointment with the urologist has not yet been scheduled. The barriers to this scheduling were discussed but it was unclear what has actually happened since there were some discrepancies between what each of us have been told. The main discrepancy is that it is unclear whether Ms. ██████████ is supposed to have her consult first or whether she is supposed to wait for her vaginoplasty to be approved by DPS. Ms. ██████████ stated one of her DTARC forms said Dr. Junker and Deputy Commissioner Harris agree with the disapproval of the vaginoplasty until the surgery consult was completed but HERO would not open the DTARC notes so this could not be immediately confirmed (and the undersigned wanted to finish her note). The undersigned will try to update Dr. Peiper before the 2/25/21 DTARC meeting. Ms. ██████████ would like the following to be considered: 1) she wants her UR approved urology consult, 2) she would like to have an endocrinologist appointment since she has not had one in eight months, and 3) she would like to be considered for compassionate release or ECL. Ms. ██████████ stated thoughts of self-mutilation are sometimes on her mind due to her gender dysphoria and not receiving her urology consult despite DTARC and UR approval. She expressed worry because she feels she is increasingly impulsive and her coping mechanisms have not been helping. Therapy focused on examining how the current generation is changing how transgender/non-binary issues are being addressed as to body image. Ms. ██████████ acknowledged that some transgender individuals she has met are not as focused on changing their physical characteristics and stated "I think I tried that but I don't think it's possible."

Ms. ██████████ indicated her Zoloft did not seem to be working as well, and the undersigned indicated she would ask Mr. Messer about psychiatry clinic. The referral process was also discussed, especially given her concern that she has been "super-impulsive" lately. Ms. ██████████ and the undersigned briefly discussed the idea of trying to meet with the offender regarding the incident but it was decided that was not a good idea because the woman may have contacted lawyers.

Plan/Diagnostic Changes

Ms. ██████████ has improved since her NCCIW admission but continues to be dysphoric.

Follow-up/Next Appointment

Ms. ██████████ will be seen for her next individual therapy appointment in the next 30 to 45 days, if not sooner. She knows to submit a referral if she needs to be seen sooner.

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: ANSO
Date: 02/19/2021 11:05 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 02/19/2021 13:17

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: ANSO
Date: 11/08/2021 10:03	Provider:	Bowman, Marvella A Ph.D

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session. Offender will be referred to as Offender BROWN for remainder of documentation.

Violence Alerts

There are no elevated risk factors presently noted for offender BROWN.

Escape Alerts

There are no elevated risk factors presently noted for offender BROWN.

Self-Injury Alerts

There are no elevated risk factors presently noted for offender BROWN, though she recently made threats to self-mutilate in order to force the need for surgical intervention. She admitted that she said this out of frustration, and denied any thoughts, plan, or intent to act on those statements.

MSE/Behavioral Observations

Offender BROWN entered today's encounter with sad and irritable mood and affect. All factors of mental status appeared to be within normal limits. As the encounter progressed, mood remained sad; however, she was less irritated and more forthcoming. She occasionally made jokes and appeared more relaxed by the close of today's session. Offender BROWN shared that alleviation of gender dysphoria is her main focus. She indicated that she feels as if all other transgender offenders get their level of alleviation met "everyone but me." She asked, "how can I focus on anything else when this is the biggest issue?" She acknowledged the need for therapy and medication to work together, but denied any desire to increase medication dose, or add further medications to her regimen. She stated that she now understands the reason that suicide rates for transgender individuals is so high. "Lack of care can kill you!" She explicitly stated that she is not suicidal, and explained the reason she made statements about engaging in self-injury in the past. She communicated that she desires transparency, and noted that it is confusing when mental health staff are stating that the process is moving forward, while medical staff are stating that her surgery has been denied and is "not medically necessary." She described speaking to an endocrinologist recently, who described "a plan of care that sounded like it was in place - so why don't I know about it?" She indicated that if DPS could not be more transparent and move forward regarding surgery, she would be willing to pay for it herself, or could release to the community and complete the remainder of her sentence in that way. "I promise you, I won't be back! Anson is the cure to recidivism!"

Offender BROWN shared that she does not want to have to go through legal means to get needs met, nor does she enjoy contacting the news media and other outlets. She noted that she cannot focus on other things in life, including legal work and a theology class her husband has paid for. She indicated that she cannot be "my authentic self" under present conditions. She described her therapeutic experiences in the past, citing a therapist in the community with whom she could Facetime regularly, and her previous therapist while in prison, with whom she had an excellent relationship. She stated that she would not be able to listen to this therapist in terms of following recommendations for coping, due to being focused on current confusion regarding progress toward vulvoplasty.

This writer provided support, validation, and suggestions regarding moving forward with therapy. Offender BROWN requested more frequent encounters to address distress associated with dysphoria. She also shared recognition that she needs to address her trauma history. She commented that [REDACTED]. "But I can't focus on that or anything else because of [issues surrounding gender dysphoria and lack of information regarding surgery]." This writer provided information regarding trauma processing, and encouraged offender BROWN to consider moving forward with processing trauma history once she felt more stable and safe. This writer provided upcoming appointment dates, reviewed confidentiality and consent forms, and had offender BROWN read and sign the documents. Encounter concluded.

Progress Towards Goal(s)

Not explicitly discussed during today's encounter.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: ANSO
Date: 11/08/2021 10:03 Provider: Bowman, Marvella A Ph.D

Plan/Diagnostic Changes

Offender BROWN will continue to be seen by mental health providers as scheduled.

There are no diagnostic changes at this time.

Follow-up/Next Appointment

Follow-up within approximately 45 days or as needed.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note routine f/u; more frequent encounters at offender request	11/22/2021 00:00	Bowman, Marvella A Psych. Serv. Coord.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 11/08/2021 11:51

Requested to be reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager.

Review documentation will be displayed on the following page.

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: ANSO
Date: 04/26/2022 13:00	Provider:	Dula, Jennifer L MSW Clinical

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Crisis Intervention - results of DTARC decision

Violence Alerts

There are no elevated risk factors presently noted for offender [REDACTED].

Escape Alerts

There are no elevated risk factors presently noted for offender [REDACTED].

Self-Injury Alerts

There are no elevated risk factors presently noted for offender [REDACTED]. Offender reported "feeling suicidal" she feels was a side effect of medication, but reports no thoughts since stopping her medication. She agreed to revisit medication with psychiatry at next session.

MSE/Behavioral Observations

Offender was appropriately dressed in prison attire and demonstrated adequate hygiene and grooming. Offender was fully oriented x's 4. Her memory, attention and concentration were unimpaired. She spoke in a clear manner with speech of normal rate, tone and volume. Offender presented as frustrated but polite. No overt evidence of psychosis or mania. Her thoughts were logical and goal oriented. She denied any current destructive, homicidal, or suicidal ideation. Offender does not report any concerns with her sleep, appetite or energy level. She recently stopped taking her medication stating that it was "making feel suicidal, but I'm better after I stopped taking it". Insight and judgment are adequate.

Progress Towards Goal(s)

Goals were not directly addressed during session as clinician wanted to provide offender with the results of the DTARC review. Offender was visibly upset when learning that her surgery was denied because it was "not medically necessary". Clinician provided supportive listening and allowed offender to process her frustration and disappointment. Clinician and offender discussed and identified coping strategies to help manage her distress as her case moves through the legal system.

Plan/Diagnostic Changes

Offender will continue with psychiatric services and psychotherapy. No diagnostic changes.

Follow-up/Next Appointment

Offender asked for increased contact due to acute stressors. Clinician will increase contact as her schedule allows.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Dula, Jennifer L MSW Clinical Social Worker on 04/26/2022 13:45

North Carolina Department of Public Safety

Mental Health Progress Note

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: ANSO
Date: 08/18/2022 14:00	Provider:	Foster, Emmerita D MSW

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

There are no elevated risk factors presently noted for offender [REDACTED].

Escape Alerts

There are no elevated risk factors presently noted for offender [REDACTED].

Self-Injury Alerts

There are no elevated risk factors presently noted for offender [REDACTED].

MSE/Behavioral Observations

Offender Brown reported for her MH encounter as scheduled. She was groomed and dressed appropriately for the setting. She was oriented on all spheres. Mood was euthymic with a congruent affect. Speech rate, rhythm, tone and volume were within normal limits. She reported no eating or sleep disruptions. Insight and Judgment appeared intact. There was no evidence of current psychosis. She denied any current SI/HI/SIB.

Offender Brown presented as calm and cooperative. Offender Brown reports that she has been doing well and has been utilizing Radical Acceptance to help improve negative encounters and extreme emotional responses. Offender states, " I just say to myself, you cannot control this and it helps me to refocus and calm myself." This clinician applauded offender on her efforts to manage her anger and emotions differently. She reports that she continues to maintain communication and visits with her husband. She reports that she is also very involved with the "Women's club" and has started attending worship services. Offender Brown is currently requesting an FTARC to address the escalation of her request for Laser Hair Removal; Concerns regarding the assessment of penalties regarding female undergarments, and transferring to NCCIW to participate in the Cosmetology program. In light of the offender's request, the functionality and role of the FTARC was reviewed with offender Brown. Offender was informed that the FTARC met regarding the Laser Hair Removal request and her request will be escalated to the DTARC level as the FTARC cannot approve her request. Offender was also notified that her presence is not required at all FTARC's that address her concerns. Offender acknowledged understanding of the function of the FTARC committee and maintains her request to be scheduled. This clinician encouraged offender to utilize appropriate communication skills when meeting with FTARC when scheduled. Offender was informed that FTARC would be terminated if offender presented inappropriately or veered from the items listed for discussion. This clinician will forward offender's request to PPM for scheduling.

Offender Brown is also reporting stress associated with being administered incorrect amounts of estrogen shots that was not in alignment with the medical order of her Endocrinologist. Offender maintained an appropriate attitude and processed issues of [REDACTED]. This clinician offered empathy to offender regarding her experiences of trauma. Offender acknowledging postures of defensiveness and trauma responses associated with feeling "invisible" as contributors to her becoming confrontational or fighting overtly and aggressively when feeling ignored. Offender reports that her engagement in more constructive activity helps to navigate more difficult moments. Offender informs this clinician that she has an upcoming court date and is experiencing some anxiety regarding the outcome. Offender identified "the unknown" as an influence of increased anxiety. She explained her concerns as "not being able to prepare for unknown variables and

Progress Towards Goal(s)

- Maintain all MH appointments.
- Offender Brown is currently MH compliant.
- Remain infraction free.
- Offender has not obtained any new infractions.
- Remain infraction free.
- Offender has no new infractions.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: ANSO
Date: 08/18/2022 14:00 Provider: Foster, Emmerita D MSW

Maintain all MH appointments.

-Offender is currently MH compliant.

-Reduce negative thinking patterns and subsequent explosive responses

Offender continues to utilize "Radical acceptance" as her current intervention and de-escalation technique when feeling anxious or in distress

Plan/Diagnostic Changes

No plan changes at this time.

Follow-up/Next Appointment

Follow up in 45 days.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note Routine follow up appointment.	09/28/2022 00:00	Foster, Emmerita D Clinical Social Worker

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Foster, Emmerita D MSW Clinical Social Worker on 08/19/2022 13:45

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: ANSO
Date: 11/16/2022 10:00	Provider:	Foster, Emmerita D MSW

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

There are no elevated risk factors presently noted for offender ██████████.

Escape Alerts

There are no elevated risk factors presently noted for offender ██████████.

Self-Injury Alerts

There are no elevated risk factors presently noted for offender ██████████.

MSE/Behavioral Observations

Offender Brown reported for her MH encounter as scheduled. She was groomed and dressed appropriately for the setting. She was oriented on all spheres. Mood was euthymic with a congruent affect. Speech rate, rhythm, tone and volume were within normal limits. She reported no eating or sleep disruptions. Insight and Judgment appeared intact. There was no evidence of current psychosis. She denied any current SI/HI/SIB.

Offender Brown was cooperative and forthcoming during her encounter. Offender is currently requesting to be removed from all MH services. Offender reports that her current focus is accessing more programs that she feels is more conducive to her overall goals once released from prison. Offender has recently been informed that she is not eligible for the Campbell University program and the PIE program, and this is attributed to her desire to transfer and have access to more opportunities. Offender is currently targeting The Center for Community Transitions in Charlotte, NC as a place to continue preparing for her release.

Offender Brown has completed a DC-442 and will be discontinued from the MH caseload.

Progress Towards Goal(s)

Offender Brown did not complete her therapeutic goals. She worked consistently toward improving in areas of mood regulation and negative thinking patterns. Offender Brown engaged in DBT therapeutic interventions to equip her with coping skills that minimize negative encounters with others.

Plan/Diagnostic Changes

Offender will be discontinued from the MH caseload.

Follow-up/Next Appointment

Follow up in 45 days.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Foster, Emmerita D MSW Clinical Social Worker on 11/16/2022 10:54

Requested to be reviewed by Holbrook, Britteny N M.A. Psych. Serv. Coord..

Review documentation will be displayed on the following page.

Offender Name:	██████████, ██████████	Off #:	0618705		
Date of Birth:	██████████	Sex:	F	Facility:	ANSO
Date:	11/16/2022 10:00	Provider:	Foster, Emmerita D MSW		

****SENSITIVE BUT UNCLASSIFIED****

**North Carolina Department of Public Safety
Mental Health Progress Note**

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: ANSO
Date: 12/06/2021 13:55 Provider: Bowman, Marvella A Ph.D

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session; Offender will be referred to as offender BROWN for the remainder of present documentation.

Violence Alerts

There are no elevated risk factors presently noted for offender BROWN.

Escape Alerts

There are no elevated risk factors presently noted for offender BROWN.

Self-Injury Alerts

There are no elevated risk factors presently noted for offender BROWN.

MSE/Behavioral Observations

Offender BROWN was seen in an office on the restrictive housing unit. Level of consciousness was alert and oriented. Psychomotor activity was normal. Posture, gait, and coordination were normal with no involuntary movements noted. Behavior was cooperative. Eye contact was good. Hygiene and grooming were unremarkable. Mood was euthymic with congruent affect. She was excited today because she will be one year infraction free tomorrow. Speech was normal in rate, rhythm and tone with clear, coherent and relevant thought processes. Thoughts were logical and goal-directed. Psychotic processes not reported/noted/endorsed. There was no evidence of any psychosis, perceptual disturbances, hallucinations, delusions, or paranoia. Offender did not appear to be attending to internal stimuli. No acute distress noted. Attention, memory, and concentration appeared unimpaired. She described increased ability to complete school work for the first time since July. Sleep reportedly good - "I ain't never had a problem with that one - I can sleep all day!" Appetite reportedly "tricky, but I think it has to do with my Topamax." Energy reportedly "hyped up. I'm always gonna be hyped up." Insight and judgment fair. Thoughts of harm to self or others denied.

Offender BROWN described herself as "content." She has been doing her school work more regularly. She said that she remains focused on weight loss, "but not as hyper-focused. I'm where I want to be with my weight." She shared concerns regarding custody level and continued desire to return to NCCIW when she is promoted to medium custody. She said that she would like to get into the cosmetology program. "I love to do hair - I would be so calm, I won't get on nobody's nerve." She also discussed her plan if she remains at the present facility, expressing an interest in returning to prior housing unit as she had a "good rapport" with medium custody unit manager.

Offender BROWN asked whether the psychological program manager would speak with her directly at any point. She expressed a desire to make a better impression, noting her attitude at the most recent FTARC. She added that she would like more frequent updates regarding the behavioral health director's decisions (re: DTARC). This writer encouraged patience, and informed offender BROWN that her requests would be presented to appropriate parties.

This writer commended offender BROWN on her achievement (one year infraction free tomorrow), as well as her current attitude and presentation. She was reminded that she has been doing well, and should continue on the same path. This writer noted that all appears to be moving in the direction offender BROWN desires, but cautioned her against making any assumptions. Offender BROWN expressed hopefulness that she may be the first transgender offender to receive gender affirming surgery without needing to pursue litigation to do so. "Everyone has their eye on North Carolina." Upcoming appointment dates provided; encounter concluded.

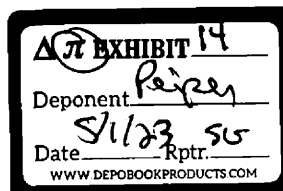
Progress Towards Goal(s)

Generated 12/06/2021 14:33 by Bowman, Marvella A Ph.D

NCDPS - ANSO

GENERAL CONFIDENTIAL INFORMATION

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DAC 666

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: ANSO
 Date: 12/06/2021 13:55 Provider: Bowman, Marvella A Ph.D

Reduce feelings of dysphoria (measured by rating dysphoric feelings on a scale from 0-10, 0=no dysphoria 10=extreme dysphoria) by being 5 or below at least 3 days a week: today, offender BROWN reported a level of 11 - "it's high."

Reduce feelings of anxiety (measured by rating symptoms on a scale from 0-10, 0=no anxiety to 10=extreme anxiety) by being 5 or below at least 3 days a week: today, offender BROWN reported a level of 6. "I'm just ready for the day to get over."

90% or better medication management, per eMAR: 94% compliance with Zoloft.

Plan/Diagnostic Changes

Offender BROWN will continue to be seen by mental health providers as scheduled.

Psychological program manager will be notified of offender BROWN's request to speak directly (see above), by review of present documentation.

There are no diagnostic changes at this time.

Follow-up/Next Appointment

Offender BROWN will be seen within the next two weeks or as needed.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note routine f/u	12/20/2021 00:00	Bowman, Marvella A Psych. Serv. Coord.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 12/06/2021 14:33

Requested to be reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager.

Review documentation will be displayed on the following page.

**North Carolina Department of Public Safety
Cosign/Review**

Offender Name: [REDACTED], [REDACTED]	Sex: F	Off #:	0618705
Date of Birth: [REDACTED]	Provider: Bowman, Marvella A Ph.	Race:	BLACK/AFRIC
Encounter Date: 12/06/2021 13:55		Facility:	ANSO

Reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager on 12/08/2021 09:44.

NCDPS - ANSO

GENERAL CONFIDENTIAL INFORMATION 3:22-cv-191 (WDNC)

DAC 668

****SENSITIVE BUT UNCLASSIFIED****

**North Carolina Department of Public Safety
Mental Health Progress Note**

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: ANSO
Date: 01/25/2022 08:00	Provider:	Dula, Jennifer L MSW Clinical

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

There are no elevated risk factors presently noted for offender ██████████.

Escape Alerts

There are no elevated risk factors presently noted for offender ██████████.

Self-Injury Alerts

There are no elevated risk factors presently noted for offender ██████████.

MSE/Behavioral Observations

Offender was appropriately dressed in prison attire and demonstrated adequate hygiene and grooming. Offender was fully oriented x's 4. Her memory, attention and concentration were unimpaired. She spoke in a clear manner with speech of normal rate, tone and volume. Affect was mood congruent/euthymic. No overt evidence of psychosis or mania. Her thoughts were logical and goal oriented. She denied any current destructive, homicidal, or suicidal ideation. Offender does not report any concerns with her sleep, appetite or energy level. Insight and judgment are adequate.

Progress Towards Goal(s)

Progress was not assessed due to it being initial contact with this clinician. Offender has previously been seen by this clinician, but it's been a while. Clinician spent session rebuilding rapport with offender. Offender reported improved comfort with clinician and agreed to continue seeing clinician. Offender asked to be seen every two weeks as she describes her current level of dysphoria as "off the charts".

Plan/Diagnostic Changes

Offender will continue with psychiatric services and psychotherapy. No diagnostic changes.

Follow-up/Next Appointment

Clinician agreed to increase contact due to offender's continue high level of dysphoria.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note	02/08/2022 00:00	Dula, Jennifer L Clinical Social Worker
2 week follow up		

Co-Pay Required: No Cosign Required: No

Telephone/Verbal Order: No

Standing Order: No

Completed by Dula, Jennifer L MSW Clinical Social Worker on 01/25/2022 11:04



****SENSITIVE BUT UNCLASSIFIED****

North Carolina Department of Public Safety Facility Transgender Accommodation Committee Report

Offender Name: ██████████, ██████████	Off #: 0618705
Date of Birth: ██████████	Sex: F Facility: ANSO
Date: 11/02/2021 14:20	Provider: Bowman, Marvella A Ph.D

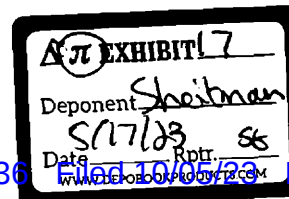
Comment

Offender will be referred to as offender BROWN for remainder of documentation.

Offender BROWN attended today's FTARC and expressed frustration and anger regarding denial/delay of requested vulvoplasty. Also requested a transfer to NCCIW for therapy by a mental health provider who is familiar with WPATH and specializes in treating individuals with Gender Dysphoria. Notably, offender BROWN stated that she is willing to pay for surgery herself, and additionally stated that if she did not receive an update before Christmas, she would require surgery due to taking matters into her own hands.

Co-Pay Required: No Cosign Required: No
 Telephone/Verbal Order: No
 Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 11/02/2021 14:47
 Requested to be reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager.
 Review documentation will be displayed on the following page.



**North Carolina Department of Public Safety
Cosign/Review**

Offender Name: [REDACTED], [REDACTED]	Sex: F	Off #:	0618705
Date of Birth: [REDACTED]	Provider: Bowman, Marvella A Ph.	Race:	BLACK/AFRIC
Encounter Date: 11/02/2021 14:20		Facility:	ANSO

Reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager on 11/05/2021 14:53.

NCDPS - ANSO

GENERAL CONFIDENTIAL INFORMATION 3:22-cv-191 (WDNC)

DAC 682

****SENSITIVE BUT UNCLASSIFIED****

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████	Off #:	0618705
Date of Birth: ██████████	Sex:	F Facility: ANSO
Date: 11/08/2021 10:03	Provider:	Bowman, Marvella A Ph.D

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session. Offender will be referred to as Offender BROWN for remainder of documentation.

Violence Alerts

There are no elevated risk factors presently noted for offender BROWN.

Escape Alerts

There are no elevated risk factors presently noted for offender BROWN.

Self-Injury Alerts

There are no elevated risk factors presently noted for offender BROWN, though she recently made threats to self-mutilate in order to force the need for surgical intervention. She admitted that she said this out of frustration, and denied any thoughts, plan, or intent to act on those statements.

MSE/Behavioral Observations

Offender BROWN entered today's encounter with sad and irritable mood and affect. All factors of mental status appeared to be within normal limits. As the encounter progressed, mood remained sad; however, she was less irritated and more forthcoming. She occasionally made jokes and appeared more relaxed by the close of today's session. Offender BROWN shared that alleviation of gender dysphoria is her main focus. She indicated that she feels as if all other transgender offenders get their level of alleviation met "everyone but me." She asked, "how can I focus on anything else when this is the biggest issue?" She acknowledged the need for therapy and medication to work together, but denied any desire to increase medication dose, or add further medications to her regimen. She stated that she now understands the reason that suicide rates for transgender individuals is so high. "Lack of care can kill you!" She explicitly stated that she is not suicidal, and explained the reason she made statements about engaging in self-injury in the past. She communicated that she desires transparency, and noted that it is confusing when mental health staff are stating that the process is moving forward, while medical staff are stating that her surgery has been denied and is "not medically necessary." She described speaking to an endocrinologist recently, who described "a plan of care that sounded like it was in place - so why don't I know about it?" She indicated that if DPS could not be more transparent and move forward regarding surgery, she would be willing to pay for it herself, or could release to the community and complete the remainder of her sentence in that way. "I promise you, I won't be back! Anson is the cure to recidivism!"

Offender BROWN shared that she does not want to have to go through legal means to get needs met, nor does she enjoy contacting the news media and other outlets. She noted that she cannot focus on other things in life, including legal work and a theology class her husband has paid for. She indicated that she cannot be "my authentic self" under present conditions. She described her therapeutic experiences in the past, citing a therapist in the community with whom she could Facetime regularly, and her previous therapist while in prison, with whom she had an excellent relationship. She stated that she would not be able to listen to this therapist in terms of following recommendations for coping, due to being focused on current confusion regarding progress toward vulvoplasty.

This writer provided support, validation, and suggestions regarding moving forward with therapy. Offender BROWN requested more frequent encounters to address distress associated with dysphoria. She also shared recognition that she needs to address her trauma history. She commented that she has not disclosed her history of molestation and rape to her grandmother or husband, and admitted it haunts her significantly to this day. "But I can't focus on that or anything else because of [issues surrounding gender dysphoria and lack of information regarding surgery]." This writer provided information regarding trauma processing, and encouraged offender BROWN to consider moving forward with processing trauma history once she felt more stable and safe. This writer provided upcoming appointment dates, reviewed confidentiality and consent forms, and had offender BROWN read and sign the documents. Encounter concluded.

Progress Towards Goal(s)

Not explicitly discussed during today's encounter.

Generated 11/08/2021 11:51 by Bowman, Marvella A Ph.D NCDPS - ANSO
GENERAL CONFIDENTIAL INFORMATION 3:22-cv-191 (WDNC)



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DAC 673

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: ANSO
 Date: 11/08/2021 10:03 Provider: Bowman, Marvella A Ph.D

Plan/Diagnostic Changes

Offender BROWN will continue to be seen by mental health providers as scheduled.

There are no diagnostic changes at this time.

Follow-up/Next Appointment

Follow-up within approximately 45 days or as needed.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Mental Health Progress Note routine f/u; more frequent encounters at offender request	11/22/2021 00:00	Bowman, Marvella A Psych. Serv. Coord.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Bowman, Marvella A Ph.D Psych. Serv. Coord. on 11/08/2021 11:51

Requested to be reviewed by Housen-Wong, Nadline S Psy.D Psych. Program Manager.

Review documentation will be displayed on the following page.

**North Carolina Department of Public Safety
Cosign/Review**

Offender Name:	██████████, ██████	Off #:	0618705		
Date of Birth:	██████████	Sex:	F	Race:	BLACK/AFRIC
Encounter Date:	11/08/2021 10:03	Provider:	Bowman, Marvella A Ph.	Facility:	ANSO

Reviewed by Housen-Wong, Nadine S Psy.D Psych. Program Manager on 11/08/2021 15:13.

NCDPS - ANSO

GENERAL CONFIDENTIAL INFORMATION 3:22-cv-191 (WDNC)

DAC 675

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

Civil Action No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN,)
)
Plaintiff,)
)
v.)
)
THE NORTH CAROLINA)
DEPARTMENT OF PUBLIC)
SAFETY, et al.,)
)
Defendants.)
)

DEPOSITION OF PATRICIA HAHN, PhD

(Taken by plaintiff.)

Raleigh, North Carolina

April 11, 2023, 10:57 a.m.

Reported By:
SUSAN GALLAGHER, CA CSR, CVR-CM

Contains Confidential Information

1 A Yes.

2 Q And when did you first meet Mrs. Brown?

3 A I do not know any dates without my notes.

4 Q Okay.

5 A So I might as well just not give you any dates.

6 Q All right.

7 MS. NOWLIN-SOHL: Jaci, if you could pull up Bates
8 No. 2490, and I think this is Exhibit 5.

9 (Exhibit 5 marked for identification.)

10 BY MS. NOWLIN-SOHL:

11 Q Ms. Hahn, do you recognize this document?

12 A Yes.

13 Q What is this document?

14 A It is a mental health progress note.

15 Q And what is a mental health progress note?

16 A It is our standard note for, usually, routine
17 therapy sessions.

18 Q And where do you sort of write and save this
19 note?

20 A Into our electronic medical records.

21 Q Okay. And what is the date of this note?

22 A 9/13/2018.

23 Q And did you prepare this note?

24 A Yes.

25 Q Okay. And I will put you to the section titled

1 Progress Towards Goals. It says that "This is the
2 undersigned's first session with Ms." -- and it's
3 redacted but it is Mrs. Brown. Do you see that?

4 A Yes.

5 Q Okay. Was this the first time you met
6 Mrs. Brown?

7 A Yes.

8 Q Okay. And how did you come to be the provider
9 that Mrs. Brown met with?

10 A I am not sure. At that time I think I was
11 trying to help Harnett with their clinical work, and so
12 I just had a number of patients at Harnett, and as I
13 said, I believe that most of the time people try to
14 give me the transgender patients, But I don't -- she
15 could have just been a regular patient on the transfer
16 list and I just took her. I don't know.

17 Q Okay. And Harnett is a men's facility;
18 correct?

19 A Correct.

20 Q Did you diagnose Mrs. Brown with gender
21 dysphoria?

22 A Not at that particular time. She had been in
23 the facility -- I think she -- she either processed or
24 already had a mental health assessment, and so I did
25 not do her mental health assessment at that particular

1 time.

2 Q Do you know if she had already been diagnosed
3 with gender dysphoria?

4 A I do not know, unless it's in my notes, and I
5 don't even remember when they changed it. No, it was
6 after 2018 -- I mean, before 2018 that they changed it
7 from gender identity disorder to gender dysphoria.

8 So no, I don't know what her diagnosis was at
9 that particular time.

10 Q Okay. Do you know if Mrs. Brown was diagnosed
11 with gender dysphoria at one point?

12 A I believe so, but without my notes, I don't
13 really know. But yes, I think -- I mean, as far as I
14 remember, I may have diagnosed her with gender
15 dysphoria myself.

16 Q Okay. Would you agree that Mrs. Brown has
17 gender dysphoria?

18 A Yes.

19 Q During this first appointment with Mrs. Brown,
20 did she express an interest in receiving hormone
21 therapy for gender dysphoria? And I'll direct you
22 toward the section "progress towards goals" which might
23 be helpful.

24 The second sentence says "She reported her main
25 focus was on hormones and sexual reassignment surgery."

1 Do you see that?

2 A Yes, I do see that, and I'm assuming that means
3 that she was not on hormones at the time and wanted to
4 be on hormones.

5 Q Do you know if she had been on hormones
6 previously?

7 A Not if it's not in the note, I do not know.

8 Q Okay.

9 A Or I do not remember, I should say. I mean,
10 yes, I think she had been on hormones, but I guess I
11 don't remember -- I don't remember if they were illegal
12 or legal. I believe in her case they were legal
13 hormones.

14 Q Okay. And so she expressed an interest in
15 hormones at this meeting with you?

16 A Yes.

17 Q Okay. And she expressed an interest in
18 gender-affirming surgery as well?

19 A Yes.

20 Q Do you know what that conversation involved?

21 A Not in detail. I mean, I -- and plus, I don't
22 know what happened at this particular incident or what
23 we discussed over the years.

24 Q Okay. Did Mrs. Brown express a desire for
25 surgery at later times as well?

1 A Yes.

2 Q Okay. And was her desire for gender-affirming
3 surgery consistent during the time that you met with
4 her over the years?

5 A Yes.

6 Q How frequently did you meet with Mrs. Brown?

7 A Well, hopefully by policy, but because I was
8 not necessarily assigned to every facility I saw her
9 at, we are supposed to see somebody approximately every
10 45 days. With people that I saw on a regular basis,
11 they knew I was assistant director of mental health,
12 and they knew I might be late depending on what I had
13 to do, and they were fine with that. Sometimes I would
14 put that in the note. Sometimes they just, you know,
15 knew it.

16 Q Was Mrs. Brown somebody that you saw on a
17 regular basis?

18 A Yes.

19 Q And for how long did you see Mrs. Brown?

20 A I thought I -- I know I saw her regularly at
21 Harnett. I can't remember if it was Warren whether I
22 saw her periodically when I could, and she had a
23 regular therapist also, and then at Anson, I saw her --
24 usually I tried to see her once a month.

25 Q And was that up until you retired?

1 A Yes.

2 Q Okay.

3 A More or less.

4 Q And so you saw her at Harnett regularly, at
5 least -- at Warren at least occasionally, and then at
6 Anson regularly?

7 A Yes. Anson, I know I saw her regularly. In
8 part because I supervised the psychological program
9 manager there, and I had to see him once a month. So I
10 would see her -- I would see her and do my supervision.

11 Q Okay. Were these visits in person or via
12 telehealth?

13 A They were in person.

14 Q And I think you mentioned she met with another
15 therapist at Warren; is that accurate?

16 A I think -- yes, I believe -- I'm not sure.
17 I've had to see my notes. I can't remember if I was
18 her primary therapist or somebody else was the primary
19 therapist.

20 Q Okay. Beyond her primary therapist, do you
21 know if there were occasions where she would meet with
22 other therapists as well?

23 A Yes. There were occasions she met with other
24 therapists, at least at Anson. Because I was not
25 on-site if something came up, like a referral, she

1 might be seen by somebody else, or if -- not speaking
2 of her specifically, but if somebody's put on SIB
3 precautions, they have to be seen by somebody, and if I
4 was scheduled to come there, it had to be the facility
5 therapist who see people.

6 Q And you used an acronym. Was that SIP?

7 A SIB. Sorry. Self-injurious behavior.

8 Q Okay. Are you still treating Mrs. Brown?

9 A No.

10 Q Okay. Have you treated her at any point since
11 you returned as a contractor?

12 A No. I have had no contact with her.

13 Q Okay. Do you know who is treating Mrs. Brown?

14 A Currently, no.

15 Q Do you know if it somebody that you supervised?

16 A I don't know who's treating her.

17 Q Okay. Do you know if she is still receiving
18 any mental health treatment?

19 MR. RODRIGUEZ: Objection to foundation.

20 You can answer.

21 THE WITNESS: No. I have not -- the only time I've
22 looked her up at all was just to see if she was still
23 in the system, if she was still at Anson, and whether
24 she had a therapist, and I do not remember who that
25 therapist was. It would have been in probably August

1 or September of 2022 when I came back. After that, I
2 did not look at any of her notes.

3 BY MS. NOWLIN-SOHL:

4 Q Okay. And so the last time you met with
5 Mrs. Brown was before you retired?

6 A Correct.

7 Q Okay. So when a transgender inmate is entering
8 into a new facility or transferring to a new facility,
9 what is the process for the continuation of their
10 hormones?

11 MR. RODRIGUEZ: Object to foundation.

12 You can answer.

13 THE WITNESS: Well, it depends. If they had a
14 legal prescription for hormones, it doesn't go through
15 the FTARC. It doesn't go through the DTARC. They're
16 just kept on their hormones, and just like any other
17 medication, I mean, no one gets involved in it. I
18 mean, except medical to give them their medication.

19 If they used hormones illegally out in the
20 community and then wanted to go on hormones, that's
21 when they had to be seen by the FTARC and go through
22 the whole procedure.

23 BY MS. NOWLIN-SOHL:

24 Q Okay. So I'm going to mark as Exhibit 6 the
25 document with Bates number 3307.

1 (Exhibit 6 marked for identification.)

2 BY MS. NOWLIN-SOHL:

3 Q This is an e-mail from Marcia Brumbaugh dated
4 November 8, 2017, and is that your name in the
5 recipients list?

6 A Yes.

7 Q Okay. Do you recall -- actually, scratch that.
8 Do you recall receiving this e-mail?

9 A Not particularly, but I'm sure I did, and I'm
10 sure I read it.

11 Q Okay. Do you have any reason to believe that
12 this is not a true and correct copy of the e-mail you
13 received from Marcia Brumbaugh?

14 A No, I have no reason to think that.

15 Q Okay. So it refers to policy TXI13. Do you
16 know what that policy is?

17 A I believe it was the policy we had, but the
18 older version.

19 Q Okay. So it's a policy regarding transgender
20 offenders?

21 A Yes.

22 Q Okay. And does the e-mail appear to quote a
23 section of the policy?

24 A Yes.

25 MR. RODRIGUEZ: I'm going to object to foundation.

1 You can answer.

2 THE WITNESS: Yes.

3 BY MS. NOWLIN-SOHL:

4 Q Okay. And as of the policy says, "If
5 immediately prior to incarceration, hormone therapy was
6 prescribed in the community" -- and then skip a little
7 bit, and it says "consultation with endocrinology may
8 be requested by the review panel."

9 And so if somebody was on hormones in 2017 when
10 they entered or transferred to the facility, did they
11 still need the facility review panel approval to
12 continue hormones?

13 MR. RODRIGUEZ: I'm going to object to foundation.
14 You can answer.

15 THE WITNESS: I believe yes. That was a change.
16 They did not always have it that if they were
17 prescribed them, they got it, and if that is what this
18 policy is saying -- yeah, so even if they were
19 prescribed it, it had to go through the utilization
20 committee, which is the way I remembered it. They did
21 change that.

22 BY MS. NOWLIN-SOHL:

23 Q Okay. And do you know what constitutes
24 "immediately prior to incarceration"?

25 MR. RODRIGUEZ: Objection. Foundation.

1 You can answer.

2 THE WITNESS: Could you repeat the question? It
3 garbled.

4 BY MS. NOWLIN-SOHL:

5 Q Do you know what constitutes "immediately prior
6 to incarceration" for purposes of this hormone policy?

7 MR. RODRIGUEZ: Same objection.

8 You can answer.

9 THE WITNESS: No, I do not. I think they meant,
10 though, with a current prescription, like they had the
11 prescription.

12 BY MS. NOWLIN-SOHL:

13 Q For other medications not related to gender
14 dysphoria, are you aware of any that require a current
15 prescription to continue receiving them?

16 MR. RODRIGUEZ: Objection to foundation.

17 You can answer.

18 THE WITNESS: I do not know the answer to that
19 question.

20 BY MS. NOWLIN-SOHL:

21 Q Okay. All right.

22 MS. NOWLIN-SOHL: So, Jaci, let's pull -- actually,
23 hang on. Sorry.

24 BY MS. NOWLIN-SOHL:

25 Q Okay. So if we go to the last page of this

1 Do you agree that surgery would be for outward
2 appearance only?

3 MR. RODRIGUEZ: Objection. Medical opinion.
4 You can answer.

5 THE WITNESS: I don't -- I don't really know. I --
6 there's a lot of nuance to that question.

7 BY MS. NOWLIN-SOHL:

8 Q What are -- what are some of the nuances?

9 A It is not -- the surgery is not necessarily
10 needed for -- well, I don't know. I don't know what
11 they mean by that.

12 Q Okay. How do you think surgery would impact
13 Mrs. Brown's mental health?

14 A I don't know. I can only make an assumption
15 based on what I know about her.

16 Q Okay. As her mental health provider who
17 treated her for a couple of years and had discussions
18 with her about surgery, do you think having surgery
19 would have a positive impact on Mrs. Brown?

20 MR. RODRIGUEZ: I'm going to object to medical
21 opinion.

22 But you can answer.

23 THE WITNESS: It is my belief it would.

24 BY MS. NOWLIN-SOHL:

25 Q Okay. Would it -- do you think it would help

1 alleviate her gender dysphoria?

2 MR. RODRIGUEZ: Objection to medical opinion.

3 You can answer.

4 THE WITNESS: Yes. I believe it would affect her
5 in a positive way, her gender dysphoria.

6 MS. NOWLIN-SOHL: Okay. I think that's a good
7 point to take a break.

8 (Recess.)

9 BY MS. NOWLIN-SOHL:

10 Q All right. Welcome back. And you know you're
11 still under oath and still on the record.

12 So earlier we talked a little bit about
13 Mrs. Brown's gender dysphoria and how that kind of
14 fluctuated a little bit at various times. Do you
15 remember that conversation?

16 A Yes.

17 Q Okay. What I'd like to do is to go through
18 some of your notes with you. Some of it's happened
19 quite some time ago, and you see a lot of patients.

20 So let's mark as Exhibit 16 Bates No. 1796.

21 (Exhibit 16 marked for identification.)

22 BY MS. NOWLIN-SOHL:

23 Q And what is this document, Ms. Hahn?

24 A It is a mental health progress note.

25 Q Okay. And did you prepare this document?

1 A Yes.

2 Q Okay. And is this the typical format that your
3 mental health progress notes take?

4 A Yes. They have to take that format.

5 Q Okay. So we're going to be looking at several
6 of these. This one is dated November 15, 2019, yes?

7 A Yes.

8 Q Okay. In her progress towards goals, it
9 mentions Ms. Dula as Mrs. Brown's on-site clinician.
10 What is an on-site clinician?

11 A I was not physically present at Anson during
12 any time except for once a month when I saw Ms. Brown.
13 So in case Ms. Brown had an emergency, she would see
14 Ms. Dula. Or if she put in a referral -- it didn't
15 even have to be a big emergency -- she would see
16 Ms. Dula.

17 Q Okay. Did she have a regular schedule for
18 seeing Ms. Dula, or just as needed?

19 A As needed.

20 Q Okay. And who is Ms. Dula?

21 A She was a mental health clinician there.

22 Q Okay. And "there" is Anson?

23 A Anson, yes.

24 Q Okay. So in the second paragraph of progress
25 toward goals, the last two sentences. So it says,

1 "Ms. Brown is also wanting to get the rest of her
2 gender-affirming surgery completed and may pursue this
3 through the ACLU. She wants to continue to pursue all
4 that she needs because," quote, "I never want to be in
5 a situation where I want to take my life again," end
6 quote.

7 When you wrote "pursue all that she needs,"
8 were you referring to the gender-affirming surgery?

9 A Not necessarily.

10 Q Okay. What were you referring to?

11 A That was -- when I write my notes, even though
12 I don't quote -- put everything in quotes, oftentimes
13 I'm using the person's language. So what they actually
14 said but I don't necessarily quote it all, or I end up
15 quoting everything.

16 I assume, in this particular case, she's
17 talking about her gender-affirming surgery, but it
18 might be other things. She's just saying that if she
19 needs something associated with being transgender,
20 she's going to try to pursue that.

21 Q Okay. So it includes her gender-affirming
22 surgery, but might include other things as well?

23 A Yes.

24 Q Okay. And then when she said "I never want to
25 be in a situation where I want to take my life again,"

1 what did you understand her to mean?

2 A That she would have suicidal ideation.

3 Q If she didn't get surgery?

4 A That or whatever she was talking about pursuing
5 her needs.

6 Q Would not being able to access surgery
7 exacerbate Mrs. Brown's gender dysphoria?

8 MR. RODRIGUEZ: Objection. Medical opinion.
9 You can answer.

10 THE WITNESS: Yes.

11 BY MS. NOWLIN-SOHL:

12 Q To the point of suicidal ideation?

13 MR. RODRIGUEZ: Objection. Medical opinion.
14 You can answer.

15 THE WITNESS: I can't answer that specifically
16 without looking at my notes because I do not remember
17 the exact issue when I saw her most -- having an
18 episode of suicidal ideation. I can -- if -- once we
19 get to that note, I'll be able to answer that.

20 BY MS. NOWLIN-SOHL:

21 Q Okay. All right. Well, let's mark as
22 Exhibit 17 Bates 1214.

23 (Exhibit 17 marked for identification.)

24 BY MS. NOWLIN-SOHL:

25 Q Do you recognize this document?

1 A It is my document, yes.

2 Q Okay. And what's the date of this encounter
3 with Mrs. Brown?

4 A 1/31/20.

5 Q Okay. And can you read the first sentence
6 under "progress towards goals"?

7 A "Ms. Blank described having brief self-injuring
8 thoughts on January 9th and 19th involving," quote,
9 "finding a way to not have my pee pee penis," unquote,
10 "usually by thinking about creating an infection
11 somehow."

12 Q So was Mrs. Brown having self-injuring thoughts
13 at this time?

14 A At the time of my note?

15 Q Well, not necessarily on a specific day, but
16 just this time generally --

17 A Yes --

18 Q -- in the month of January 2019 or --

19 A -- on January 9th and 19th.

20 Q Okay. Sorry. I think I might've spoken over
21 you and I missed your answer.

22 A Yes, she did on January 9th and 19th.

23 Q Okay. And were those self-injuring thoughts
24 related to her gender dysphoria?

25 A It was related to the fact that she still had

1 part of her penis.

2 Q Okay.

3 A And as I said -- and her penis was a trigger
4 for -- is a trigger for her dysphoria.

5 Q Okay. And is that something that is likely to
6 continue as long as she has a penis?

7 MR. RODRIGUEZ: Objection. Medical opinion.

8 You can answer.

9 THE WITNESS: I believe she will have dysphoria
10 until she has gone through her full transition.

11 BY MS. NOWLIN-SOHL:

12 Q And by "full transition," you mean surgically
13 removes her penis?

14 A Yes.

15 Q Okay. Near the end of this document under
16 plan/diagnostic changes, it says that "Mrs. Brown
17 reported an increase in dysphoria." Do you know what
18 caused that?

19 A The fact that she still had a penis -- part of
20 a penis. I'm sorry.

21 Q Okay. And then it says, "Cognitive therapy
22 will be used to address her thoughts about her penis
23 and body image." Do you see that?

24 A Yes.

25 Q Okay. How did that go?

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1 A I don't know. I'd have to see my next notes.
2 Sometimes I don't -- the way I do cognitive therapy is
3 during the course of the session, I address cognitive
4 distortions or negative thinking. I don't, like,
5 say -- well, sometimes I do. But it's rare that I say,
6 this is -- "we're going to do cognitive therapy right
7 now."

8 But I do try to address people's cognitions
9 that might not be congruent with reality. A lot of
10 it -- some of it had to do with her body image, I
11 think, here.

12 Q Okay. Can cognitive therapy -- do you think
13 cognitive therapy alone can address Mrs. Brown's gender
14 dysphoria related to her penis?

15 MR. RODRIGUEZ: Objection. Medical opinion.
16 You can answer.

17 THE WITNESS: No.

18 BY MS. NOWLIN-SOHL:

19 Q Right. So let's go and mark as Exhibit 18
20 Bates No. 1182.

21 (Exhibit 18 marked for identification.)

22 BY MS. NOWLIN-SOHL:

23 Q Do you recognize this document?

24 A Yes.

25 Q Okay. And what's the date on this document?

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1 A 12/11/20.

2 Q Okay. This is approximately a year after the
3 last document we were looking at; correct?

4 A Yes.

5 Q Was this a normally scheduled meeting with
6 Mrs. Brown?

7 A Yes.

8 Q Okay. And so this one says "self-injury risk
9 assessment" at the top, whereas the other two said
10 "mental health progress notes." What are the
11 differences between those two entries -- types of
12 entries?

13 A The mental health progress note is for the
14 routine follow-up sessions, and if during the routine
15 follow-up session or at any other time they have
16 suicidal ideation and have thoughts of self-harm, then
17 they need a self-injury risk assessment.

18 Q Okay. And do you know why a self-injury risk
19 assessment was conducted at this time?

20 A Because she "experienced a worsening of gender
21 dysphoria due to recent events, and currently expressed
22 self-injurious and suicidal ideation."

23 Q Do you know what the recent events are that
24 referred to?

25 A She had an increase in symptoms of gender

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1 dysphoria since August, and we had been working on
2 that. There were a lot of institutional issues having
3 to do with just being in a women's prison.

4 Oh, and the -- one of the things that was a
5 main issue is that somebody found out or implied that
6 she still had a penis, and that was always one of the
7 things that upset her a lot, that people would think
8 she still had a penis.

9 Q Okay. And was Mrs. Brown having thoughts of
10 self-injury?

11 A Yes. She had thoughts of ripping the skin off
12 her penis so that they would have to do something with
13 it.

14 Q And when you say "do something with it," what
15 do you mean?

16 A I'm sorry. I don't even remember what I said.
17 Oh, so that -- she had sometimes talked about
18 self-mutilation. That if she damages her penis, maybe
19 they'll have to remove it because of the damage she
20 did.

21 Q Okay. And so one year after the last note we
22 were looking at, Mrs. Brown was still having thoughts
23 of self-harm related to her penis?

24 A Yes.

25 Q Okay. Was Ms. Brown having suicidal ideation

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1 at this time?

2 A I said yes. I don't see -- well, it was in
3 part because of the whole idea of "being given a
4 medication that would put me to sleep and keep me to
5 sleep -- keep me asleep." That is sort of suicidal
6 ideation, but it wasn't what made me do the self-injury
7 risk assessment.

8 The self-injury risk assessment -- because I've
9 had people who say "I want to die. I want to be dead.
10 But I'm not going to kill myself." But, you know, if
11 somebody else kills me, yeah. Great. That was more
12 what she was saying. If circumstances make me dead,
13 I'm basically okay with that, but I don't want to die,
14 but it's good.

15 But -- so the self-injury risk assessment
16 was -- she was -- I did the self-injury risk assessment
17 primarily because of the saying that she was going to
18 harm her penis.

19 Q Okay. And the ideation that you wrote down,
20 this current suicidal ideation about going to sleep and
21 not wanting to die but feeling that it's best, did you
22 understand that to be related to her gender dysphoria?

23 MR. RODRIGUEZ: Objection. Speculation.

24 You can answer.

25 THE WITNESS: Yes.

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1 BY MS. NOWLIN-SOHL:

2 Q So down under "risk and protective factors
3 assessed," it talks about static risk factors. What is
4 a static risk factor?

5 A Risk factors that will not usually change.

6 Q Okay. And the first one listed is chronic
7 medical condition. What condition were you referring
8 to?

9 A I am not sure. Part of the problem with the
10 static and dynamic factors and protective factors is
11 they populate. So if I start a risk -- self-injury
12 risk assessment, they -- what had -- if she had had one
13 before, they come up. So I don't have to do it again.

14 In this particular case -- but I always review
15 them. I never just let them sit because, for one
16 thing, the dynamic factors change. But with a chronic
17 medical condition, I don't know what I was referring to
18 because I think if I was the one who filled that out,
19 she had something like diabetes or high blood pressure
20 or something like that.

21 I was not referring to her gender dysphoria
22 because that would have been a mental health condition.
23 In our system, we divide things up as medical and
24 mental health. So I am not sure to what chronic
25 condition I was referring.

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1 Q So under the static risk factors, you list
2 history of mental illness. Do the static risk factors
3 include mental health condition?

4 A Yes. I mean, history of mental illness
5 would -- I would include gender dysphoria under that.
6 If she has gender dysphoria, I would check history of
7 mental illness.

8 Q Okay. So do you consider gender dysphoria a
9 chronic medical condition?

10 A No.

11 Q Because it's not a medical condition, it's a
12 mental health condition?

13 A By the definition of the prison system, yes.

14 Q Okay. Thank you. And so you -- kind of below
15 those factors, you wrote that Ms. Brown had an increase
16 in symptoms of gender dysphoria since August?

17 A Uh-huh.

18 Q Why do you think she had an increase in
19 symptoms since August?

20 MR. RODRIGUEZ: Objection. Speculation as to why
21 the plaintiff may have experienced an increase in
22 factors.

23 You can answer.

24 THE WITNESS: It was in part, I think, because she
25 was having more difficulty living with the other

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1 inmates. I -- when she -- there was a honeymoon period
2 where she first -- when she first got to Anson where
3 everything seemed to be going really well. That wasn't
4 that she didn't have concerns.

5 But as I've said before, part of what she was
6 experiencing was what a lot of women in prison
7 experience. There is just so much drama and
8 everybody's in your business and it's hard to get alone
9 time.

10 And -- whereas men, you know, if you want to be
11 alone and you're a man, you know, everybody just leaves
12 you alone in a men's prison. But not in a women's
13 prison, and so that was part of it, just your regular
14 what women experience in a women's prison.

15 And then the major issue, though, of course, was
16 somebody outed her that she had a penis, and as I
17 remember, she didn't necessarily want to even discuss
18 it and say, "well, I only have a partial penis or I had
19 a" -- you know, whatever. She just, like, I think, was
20 smart because I think we talked about this. She just
21 sort of didn't address it. But it -- she found it very
22 upsetting. It made more salient the fact that she
23 still had a penis.

24 BY MS. NOWLIN-SOHL:

25 Q Is it common for gender dysphoria to get worse

1 over time absent sufficient treatment?

2 A After what?

3 Q Absent sufficient treatment?

4 A Oh, absent --

5 MR. RODRIGUEZ: I'm going to object to medical and
6 legal opinion.

7 You can answer.

8 THE WITNESS: It's just hard to say. I mean,
9 there -- you know, sometimes people have gender
10 dysphoria along with major depressive disorder, and
11 it's hard to say what's causing what. Some people have
12 major depressive disorder biologically and that
13 contributes. Some people have a history of trauma. I
14 mean, it's -- it just really depends.

15 BY MS. NOWLIN-SOHL:

16 Q And then you say -- the second clause of that
17 sentence is about the increase in symptoms of gender
18 dysphoria. You say "which been addressed in therapy,
19 but not yet with medication because she was trying to
20 stay off medication." What kind of medication were you
21 referring to?

22 A Antidepressants or antianxiety medications.

23 Q Okay. And would -- can antidepressants treat
24 gender dysphoria?

25 A It can help with the symptoms depending on what

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1 the symptoms are. I mean, yes. It can treat gender
2 dysphoria.

3 Q Well, you said it can help with the symptoms.
4 So can it -- does it address the depression, or does it
5 address the gender dysphoria?

6 A They're sort of intertwined. It's hard to say.
7 Take death -- if somebody, you know, loses their spouse
8 or loses a loved one, they will have -- they could have
9 very serious depression, and an antidepressant can
10 help, but it -- they still have to address some of the
11 feelings of depression associated with the loss.

12 Q Okay. And so similar for gender dysphoria, an
13 antidepressant can help with some of the depression,
14 but you still have to deal with the gender dysphoria
15 and other aspects of it?

16 A Yes.

17 Q Okay. And at the bottom of your recommendation
18 is to place on self-injury precautions. What are
19 those?

20 A It's where people are put under 24-hour watch.
21 They have most everything removed. I think at this
22 period -- at this point in time, they were allowed to
23 have a blanket and a smock and -- that's the main
24 thing. I think a blanket and a smock. So -- and then
25 I believe this is when I actually sent her to NCCIW.

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1 Q And what is NCCIW?

2 A The women's prison.

3 Q Okay. And why did you send her there?

4 A Because she was having suicidal ideation. I --
5 but -- and also having problems with the facility
6 itself, and I think to be just extra cautious. But I'm
7 not sure -- I believe this is the time I sent her -- I
8 think I sent her to women's prison at one point in
9 time.

10 Q I think you're right, but I'll show you the
11 document --

12 A I mean, I know I saw her in women's prison, but
13 I couldn't remember if this was the exact episode. But
14 I believe I did.

15 Q Okay. So let's mark as Exhibit 19 Bates 1292.
16 (Exhibit 19 marked for identification.)

17 BY MS. NOWLIN-SOHL:

18 Q Okay. Ms. Hahn, do you recognize this
19 document?

20 A Yes.

21 Q Okay. And what is this document?

22 A This document is the form that we use to
23 transfer people to inpatient mental health.

24 Q Okay. And what's the --

25 A Either at --

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1 Q I'm sorry. Go ahead.

2 A Either at CP or at women's prison.

3 Q And what's the stamp date at the top of the
4 document?

5 A December 11th, 2020.

6 Q Okay. And is that the same day as the notes we
7 were just looking at?

8 A I don't know. Yes.

9 Q Okay. And does that help refresh your memory
10 about whether you sent her to --

11 (Simultaneous speakers.)

12 (Reporter clarification.)

13 BY MS. NOWLIN-SOHL:

14 Q -- NCCIW?

15 A Yes.

16 Q Okay. And why did you send her to the NCCIW
17 mental health unit?

18 A Because -- I can't read my own writing.
19 Because she had a "major situation that increased her
20 gender dysphoria that has been worsening. She reported
21 she was isolating in her room for two weeks, which was
22 not like her, and that she had thoughts of
23 self-mutilating her penis, and she had some passive" --
24 what we call "passive suicidal ideation." Oh, and she
25 had thoughts of trying to choke yourself -- herself.

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1 Q Were you concerned about Mrs. Brown?

2 A Yes. Which is why I sent her to NCCIW.

3 Q Okay. And as you said, the major situation
4 increased her gender dysphoria. So were these thoughts
5 about self-harm and suicidal ideation a result of her
6 increasing gender dysphoria?

7 A The gender -- that contributed to it, but it
8 was also situational factors.

9 Q Okay. What's the difference between a
10 voluntary transfer and an involuntary transfer?

11 A A voluntary transfer is when they agree to go
12 to these places. An involuntary, they say "don't send
13 me to Central Prison" or "don't send me to NCCIW."

14 Q Okay. Do you know if this happened -- sorry.
15 Scratch that.

16 Do you know if Mrs. Brown was sent to NCCIW
17 more than once?

18 A I don't know.

19 Q How common is this, generally, for someone to
20 be sent to NCCIW?

21 A At that particular time, it would be difficult
22 to say because Anson had just become Anson, and before
23 that, everybody was actually at NCCIW, or they were at
24 a minimum prison, which is different.

25 Q Okay. Well, what about your experiences since

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1 as well? So not just at that time, but in your overall
2 experience, how common?

3 A I cannot speak to that with NCCIW. Not like I
4 could with Central Prison. I mean, it just is
5 completely -- it depends. It's not real common.

6 Q Okay. Helpful.

7 All right. Let's mark as Exhibit 20 Bates
8 No. 730.

9 (Exhibit 20 marked for identification.)

10 MS. NOWLIN-SOHL: And, Jaci, it has me skipping one
11 document.

12 BY MS. NOWLIN-SOHL:

13 Q Ms. Hahn, do you recognize this document?

14 A Yes.

15 Q And what is it?

16 A A mental health progress note.

17 Q Did you prepare this note?

18 A Yes.

19 Q And what's the date?

20 A 3/26/21.

21 Q Okay. Under "progress towards goals," you
22 mentioned that Ms. Brown reported her Zoloft was
23 recently increased. What is Zoloft?

24 A Zoloft is an antidepressant.

25 Q Okay. And why was she prescribed Zoloft?

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1 A For depression.

2 Q Do you know what impact it had?

3 MR. RODRIGUEZ: Objection. Medical opinion.

4 You can answer.

5 THE WITNESS: I think she felt it was not -- well,
6 she didn't want to take medication in the first place,
7 which was why she was off medication, and then I think
8 when she went to NCCIW, she started taking medication,
9 and I think sometimes when people take antidepressants,
10 they feel sort of foggy and not -- not like they
11 usually feel, not themselves, and I think that's part
12 of the reason she did not like the Zoloft in general.

13 BY MS. NOWLIN-SOHL:

14 Q Okay.

15 A Or she was implying it didn't help.

16 Q Do you know if she discontinued taking it at
17 some point?

18 A I don't remember whether she did or she didn't.

19 Q Okay. And under "plan diagnostic changes," you
20 indicate that her depression appears to have improved
21 since December since taking Zoloft; correct?

22 A Let's see. Yes, I did say her depression had
23 improved.

24 Q Okay. And the Zoloft treats the depression,
25 but not gender dysphoria as we discussed earlier;

1 correct?

2 A I wouldn't quite put it that way, no. I mean,
3 it -- depression is made up of symptoms. So if it
4 treats some of the symptoms, even if it doesn't get at
5 a root cause, it still is treating depression -- or
6 gender dysphoria. Or it could, but it might not.

7 Q Okay. In your opinion from speaking with
8 Mrs. Brown at this appointment, did she still have
9 gender dysphoria?

10 A Yes.

11 Q Okay. All right. I'm going to show you
12 Exhibit 21, which is Bates 728, which is approximately
13 one month after this appointment.

14 (Exhibit 21 marked for identification.)

15 BY MS. NOWLIN-SOHL:

16 Q Ms. Hahn, do you recognize this document?

17 A Yes.

18 Q And is this your mental health progress notes
19 from a meeting with Mrs. Brown on April 28th, 2021?

20 A Yes.

21 Q Okay. And did Mrs. Brown come to this
22 appointment with a band tied around her penis?

23 A She said she did, yes.

24 Q Did you have any reason to disbelieve her at
25 that time?

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1 A No, I did not.

2 Q Okay. Do you know how long she had it on?

3 A She said a week and a half.

4 Q What was your understanding of why she was --
5 had that band on her penis?

6 MR. RODRIGUEZ: Objection. Speculation as to the
7 mental motivations of the plaintiff.

8 You can answer.

9 MS. NOWLIN-SOHL: I'll rephrase.

10 BY MS. NOWLIN-SOHL:

11 Q From your conversation with Mrs. Brown at that
12 appointment, what was your understanding of why she had
13 a band on her penis?

14 A I think it was in part -- going back to the
15 reason for self-mutilating -- that if she has a band
16 and damages her penis, things might move a little
17 faster.

18 Q Can having a band on her penis damage her
19 penis?

20 A Yes.

21 Q And was that a form of self-injury?

22 A Yes.

23 Q And was that related to her gender dysphoria?

24 MR. RODRIGUEZ: Objection. Speculation.

25 You can answer.

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1 THE WITNESS: Yes.

2 BY MS. NOWLIN-SOHL:

3 Q And in your conversations with Mrs. Brown at
4 this appointment, was it your understanding that the
5 lack of surgery was exacerbating Mrs. Brown's gender
6 dysphoria?

7 MR. RODRIGUEZ: Objection. Medical and legal
8 opinion and speculation.

9 You can answer.

10 THE WITNESS: Yes.

11 BY MS. NOWLIN-SOHL:

12 Q So looking under that section that says
13 "progress toward goals," the second paragraph, if you
14 could just take a look at that. When you wrote that
15 she stated, "I can't live with this anymore," what did
16 you understand her to be referring to?

17 MR. RODRIGUEZ: Objection. Speculation.

18 You can answer.

19 THE WITNESS: She was tired of having her penis,
20 and that's why she put a band around her penis.

21 BY MS. NOWLIN-SOHL:

22 Q And you said the situation was acute now, not
23 chronic. What did you understand that to mean in your
24 conversation with her?

25 A That she was -- had symptoms or feelings or did

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1 behaviors right then because she still had her penis.

2 Q Okay. Who did you tell that Ms. Brown had tied
3 a band around her penis?

4 A Ms. Catlett.

5 Q Anyone else?

6 A I don't think so. I can't remember.

7 Q Okay. Under "plan/diagnostic changes," you
8 wrote that "Mrs. Brown has increased dysphoric mood,
9 but her mood improved when she was provided information
10 that she should have her appointment with the program
11 manager of the UNC Transgender Health Program within
12 the next week or the week after."

13 Why do you think that information improved her
14 mood?

15 MR. RODRIGUEZ: Objection. Speculation.

16 You can answer.

17 THE WITNESS: Because things were actually moving
18 finally. That was the next step is she had to talk to
19 that program manager.

20 BY MS. NOWLIN-SOHL:

21 Q So did taking steps toward surgery help
22 alleviate her gender dysphoria?

23 MR. RODRIGUEZ: Objection. Speculation.

24 You can answer.

25 THE WITNESS: Yes. It helped decrease her gender

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1 dysphoria -- or the symptoms of depression associated
2 with the gender dysphoria.

3 BY MS. NOWLIN-SOHL:

4 Q Okay. So I'm going to mark as Exhibit 21 Bates
5 No. 4166.

6 THE COURT REPORTER: We're on 22 now.

7 MS. NOWLIN-SOHL: Okay. Thank you. Oh, yeah. I
8 see it now.

9 (Reporter clarification.)

10 MS. NOWLIN-SOHL: 4166.

11 (Exhibit 22 marked for identification.)

12 MS. NOWLIN-SOHL: And then there's a companion
13 document that we'll mark as 23, which is 4246.

14 (Exhibit 23 marked for identification.)

15 BY MS. NOWLIN-SOHL:

16 Q Okay. So the one marked as 22 is an e-mail
17 chain, and the very first e-mail in the chain at the
18 bottom is from Dionne Brown, and, unfortunately, it
19 looks like part of the e-mail was cut off, and so I've
20 also included is Exhibit 23, what I believe to be the
21 full e-mail. So that was the version that was sent to
22 Terri Catlett.

23 A Okay.

24 MR. RODRIGUEZ: I'm going to just object for the
25 record as to an assumption of that as a factual --

1 factually accurate statement of the timing of these
2 e-mails.

3 But you can continue.

4 BY MS. NOWLIN-SOHL:

5 Q Okay. So looking at Exhibit 23, which is Bates
6 No. 4246. Do you recognize this e-mail?

7 A Yes, I think.

8 Q Do you recall receiving an e-mail from Dionne
9 Brown, Ms. Brown's husband, at any point?

10 A Yes.

11 Q Okay. And though this e-mail does not include
12 your address at the top, is it addressed to you as well
13 as Ms. Catlett?

14 A It looks like we were sent separate e-mails --
15 I'm not sure. Are they the same e-mails? We -- I'm
16 not -- let me check.

17 Q So the one that's a single page at the top
18 where it says "Greetings Dr. P. Hahn," does that refer
19 to you? The one that's a single page. Sorry.

20 A Oh, yes. I assume it is referring to me.

21 Q Okay.

22 A I mean, I'm assuming it's the same e-mail,
23 but...

24 Q Okay. Do you have any reason to believe it's
25 not the same e-mail even though the one marked as

1 Exhibit 22 is missing a portion of the e-mail?

2 A No.

3 Q Okay. So what is this e-mail from Dionne
4 Brown?

5 MR. RODRIGUEZ: I'm going to object. Lack of
6 foundation. She's not listed as a recipient in the two
7 lines of this Exhibit 23.

8 BY MS. NOWLIN-SOHL:

9 Q You can still answer the question.

10 MS. NOWLIN-SOHL: And maybe, Orlando, we can
11 discuss later about getting a copy produced by
12 defendants that is not truncated.

13 THE WITNESS: Well, I can just go on what was
14 actually sent to me. I'm sorry. What was your
15 question again?

16 BY MS. NOWLIN-SOHL:

17 Q So I had asked, what is this e-mail?

18 MR. RODRIGUEZ: And which e-mail are you referring
19 to? Now I'm confused as to what exhibit we're talking
20 about.

21 MS. NOWLIN-SOHL: The one from Dionne Brown.

22 MR. RODRIGUEZ: Okay. So Exhibit 23?

23 MS. NOWLIN-SOHL: Yes.

24 THE WITNESS: Well, he's basically saying that she
25 needs this care, what's the holdup.

1 BY MS. NOWLIN-SOHL:

2 Q And why do you think Mr. Brown sent this e-mail
3 to you?

4 MR. RODRIGUEZ: I'm going to object to foundation
5 and speculation.

6 You can answer.

7 THE WITNESS: Because he knew I was her primary
8 therapist, I assume.

9 BY MS. NOWLIN-SOHL:

10 Q Did this e-mail cause you concern?

11 A It didn't tell me anything I didn't really
12 already know.

13 Q Did you think there was a clinical risk of harm
14 to Mrs. Brown?

15 MR. RODRIGUEZ: Objection. Legal conclusion.

16 You can answer.

17 THE WITNESS: I was worried about Ms. Brown, yes.
18 Wait. When was this? So this was April, and this was
19 May. Okay.

20 So in April, that was when Ms. Catlett had tried to
21 get her an appointment, and then -- I can't remember
22 the exact sequence, but part -- I don't -- it wasn't
23 us. It was actually UNC, for some reason, couldn't see
24 her, and I don't remember exactly what it was, but we
25 were -- we were ready, but UNC said that -- you know,

1 that they -- they were the ones waiting for something,
2 and I cannot remember what it was they were waiting
3 for.

4 BY MS. NOWLIN-SOHL:

5 Q Okay.

6 A And we had no -- we had no control over that.

7 Q Okay. And in your conversations with
8 Mrs. Brown, how did you understand those delays could
9 be impacting her mental health?

10 A That it could increase her dysphoria, but
11 that -- I mean, it's a concern, but it was something we
12 had no control over, and it's probably happened to
13 everybody in this room. People cannot necessarily get
14 their appointments the exact time they need them.

15 Q Okay. And looking at Exhibit 22, and just from
16 your memory, what did you do when you received
17 Mr. Brown's e-mail?

18 A It looks like I contacted -- I contacted
19 Ms. Catlett. And, see, I did say here -- I clarified
20 that we were waiting for UNC to respond to us and to
21 set this up, and that -- so, in other words, the ball
22 was in their court.

23 Q Okay. And at the end of that e-mail, you say,
24 "If you think it would help, I would be happy to start
25 calling them also." Who are you offering to call?

1 A The UNC people.

2 Q Okay. And do you know what kind of UNC
3 provider you were trying to have Mrs. Brown meet with?

4 A I believe it was the initial meeting with the
5 program director that was referenced in here.

6 Q Okay. And was that for surgery?

7 A Yes.

8 Q Okay. I'm going to mark as Exhibit 24, I
9 believe, Bates No. 4447.

10 (Exhibit 24 marked for identification.)

11 BY MS. NOWLIN-SOHL:

12 Q Okay. And you're not on the most recent e-mail
13 in this chain, but do you see that you were listed as a
14 recipient of some of the prior e-mails?

15 A I'm sorry. You went out. I didn't hear what
16 you said.

17 Q Do you see yourself listed as a recipient of
18 the initial two e-mails -- or initial three e-mails?

19 A Yes.

20 Q Good. Okay. And do you recognize these
21 e-mails?

22 A Yes.

23 Q Who is Shannon Lutz?

24 A Ms. Lutz was -- or is -- a clinician at Anson.

25 Q Do you supervise Ms. Lutz?

1 BY MS. NOWLIN-SOHL:

2 Q Okay. Did Mrs. Brown ever meet with anyone
3 from UNC?

4 A Yes.

5 Q Okay. And did she have a telehealth
6 appointment with Katherine Croft?

7 A Yes.

8 Q Okay. Did you attend that telehealth
9 appointment?

10 A Yes.

11 Q Okay. I'm going to mark as Exhibit 26
12 Bates 720.

13 (Exhibit 26 marked for identification.)

14 BY MS. NOWLIN-SOHL:

15 Q Do you recognize this document?

16 A Yes.

17 Q Okay. And what's the date on this document?

18 A 5/25/21.

19 Q Okay. So under "progress towards goals" in the
20 second paragraph near the end, it says, "Then her
21 appointment with K. Croft with the UNC transgender
22 program started." Did that appointment occur during
23 these sessions that you were having with Mrs. Brown?

24 A Yes.

25 Q Okay. And you wrote that the "undersigned

1 custom notes on some of the information, which will not
2 be recorded here." Do you know where those notes are
3 saved?

4 A No.

5 Q Do you know if they would be in HERO, if they
6 might have been handwritten notes, how you -- kind of
7 what your normal practice was for taking notes?

8 A They were handwritten notes, and I think I --
9 Ms. Croft uses these sessions and provides a lot of
10 information about the two procedures. You know, how
11 long the procedure will take, what has to happen before
12 that. Those are what those notes were about. So they
13 were more just about vulvoplasty versus vaginoplasty.
14 They weren't clinical notes about Ms. Brown, but I
15 still put that in there.

16 Q Would you have put those notes in Ms. Brown's
17 file or --

18 A No. They're my personal notes. I keep my
19 personal notes.

20 Q Okay. And do you know what you did with your
21 personal notes when you retired?

22 A Some I shredded, but they are probably in my
23 house somewhere.

24 Q Okay.

25 A I have my files and my notepads. I keep notes

1 on notepads, and so I have all my notepads from
2 anything -- I don't have specialized notepads. I just
3 use notepads -- like, supervision can be on a notepad
4 and whatever.

5 But it was not related to anything having to do
6 with Ms. Brown because that would have been in this
7 note. It was just the educational material about the
8 surgeries themselves.

9 Q Okay. And are those notepads organized, you
10 know, chronologically, or are they just kind of in a
11 box in case you ever need them?

12 A They're just in a box.

13 Q Okay. So it would be difficult to find these
14 notes?

15 A Yes.

16 Q Okay. Why did the appointment with Katherine
17 Croft take place?

18 A I'm sorry. Where?

19 Q Why?

20 A I believe it was the -- it's sort of like a
21 screening appointment, and I guess to tell people what
22 to expect from surgery and to help them make the
23 decision. For example, you know, she talks a lot about
24 vulvoplasty versus vaginoplasty to see what might suit
25 somebody better.

1 Q And who made the decision to have Mrs. Brown
2 have this appointment?

3 MR. RODRIGUEZ: Objection. Lack of foundation;
4 speculation.

5 You can answer.

6 THE WITNESS: Well, it came from -- I guess, the
7 DTARC said that she could go ahead and start looking
8 into the surgery.

9 BY MS. NOWLIN-SOHL:

10 Q Okay. And what was your understanding of the
11 plans for Mrs. Brown's surgery at the time of this
12 appointment?

13 MR. RODRIGUEZ: Objection. Speculation; lack of
14 foundation.

15 You can answer.

16 THE WITNESS: I don't really know. I mean, she --
17 they said she could have the appointment, and that's
18 what I'm saying. I don't know what happened after
19 that.

20 BY MS. NOWLIN-SOHL:

21 Q Okay. And in your notes, you say that
22 Mrs. Brown decided she would most likely do a
23 vulvoplasty rather than a vaginoplasty?

24 A Yes.

25 Q And that part of the rationale was that she

1 could get the procedure done sooner?

2 A Yes.

3 Q What else did she describe as part of her
4 rationale?

5 A I think that the time was her main thing. With
6 the vaginoplasty, there's all the hair removal, and
7 that could take up to six months, and so she wanted to
8 get it done. [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 Q And in both a vulvoplasty and a vaginoplasty,
12 her penis would be removed; correct?

13 A Most of her penis was already removed. They --
14 if somebody wants a clitoris, from what I understand,
15 they leave part of the penis to use that, and also the
16 urethra is in the penis.

17 That might be a little bit beyond my scope of
18 practice. So I don't want to -- but they purposely --
19 like, when somebody is doing the steps, they leave part
20 of the penis all the time in case for the vulvoplasty
21 or the vaginoplasty, I think.

22 Q Okay. And you said part of her penis was
23 already removed. Had she had an orchiectomy to remove
24 her testicles?

25 A That was the testicles. But she had a part of

1 her penis removed, I believe. She did not have her
2 full penis.

3 Q Okay.

4 A As far as I know. I did not see anything.

5 Q Okay. But, you know, regardless of whether she
6 had an orchiectomy or a portion of her penis removed,
7 at this time, she still had, you know, her full penis
8 or some of her penis; correct?

9 A She had some of her penis. She did not have
10 her full penis.

11 Q Okay. And if she were to have a vaginoplasty
12 or a vulvoplasty, it would fully remove her penis?

13 A Not necessarily. I believe they use some of
14 the tissue, which is why they leave it behind.

15 Q Right. They use some of the tissue, but it
16 would no longer be in the form of a penis; right? It
17 would be used for the vaginal canal or, like, the
18 labia?

19 A Correct.

20 Q Okay. And so after the surgery, there would be
21 no visible resemblance of a penis?

22 A I can't answer that really because I -- I've
23 never seen one.

24 Q Okay. How did you feel the appointment with
25 Katherine Croft went?

1 A I thought it went very well.

2 Q And did Ms. Croft say what the next steps were?

3 A Let me see here. I think -- what do they call
4 the program? Trans -- whatever they call the program,
5 I think the next step would be she would actually see
6 the UNC urologist.

7 Q Okay. And did you agree with those next steps?

8 A I mean, that was the next step. I don't know
9 if I agreed or -- it was the next step.

10 Q Okay. Did you speak to anyone at DPS about
11 those next steps?

12 A No, because that was more medical, and I don't
13 know how -- I mean, that sort of -- UNC would set that
14 up with medical, and I don't know how that was done.

15 Q Okay. Do you know what happened after -- what
16 happened next after the meeting with Katherine Croft?

17 A No, I do not.

18 Q Okay. I think we're up to Exhibit 26.

19 THE COURT REPORTER: 27.

20 MS. NOWLIN-SOHL: 27. Thank you.

21 (Exhibit 27 marked for identification.)

22 BY MS. NOWLIN-SOHL:

23 Q And that is Bates 4512. Have you seen this
24 document before?

25 A I had seen the e-mails before.

1 Q Okay. And were -- are these e-mails between
2 you and Dr. Peiper?

3 A Yes.

4 Q And the topmost e-mail is dated June 17th,
5 2021; correct?

6 A Yes.

7 Q Okay. And looking at the initial e-mail from
8 Dr. Peiper, what is your understanding of why
9 Dr. Peiper sent you this e-mail?

10 A I believe that there is a step where UNC
11 expects a referral letter that addresses certain things
12 said to them by the clinician, or in this case, I guess
13 the department. It's a UNC requirement to get a
14 referral letter.

15 Q Had you spoken with Dr. Peiper about a referral
16 letter prior to this e-mail?

17 A I don't think so. I'm not sure I knew that
18 they needed a letter.

19 Q So that was the first you learned of the
20 letter, this e-mail from Dr. Peiper?

21 A I believe so, yes. Not positive about that. I
22 don't know if it was mentioned during the appointment
23 or not. It may have been.

24 Q Okay. The subject line says "presurgical
25 consult referral letter requirement"?

1 A Uh-huh.

2 Q Was it your understanding that the referral
3 letter was necessary in order to have a surgical
4 consult?

5 A I know that now because I listened to the
6 transgender healthcare outreach that Katherine Croft
7 provided. So I think that they got in touch with
8 Dr. Peiper to ask for this letter.

9 And I think that they -- I don't -- because not
10 who everybody wants gender-affirming surgery has gender
11 dysphoria. That's not a criteria. People don't have
12 to be dysphoric. They could, you know, just want to
13 transition, and no one says that you have to be really
14 depressed in order to transition.

15 Q Okay.

16 A And so I don't -- I don't really know if
17 that -- if they just ask that, you know, do they have
18 dysphoria or not, and if they say no, I don't know what
19 it means versus yes, or what it means. But it seems
20 like he was asking me "does she meet these criteria?"

21 Q Okay. Are you familiar with --

22 A Oh, these aren't -- I'm sorry. These aren't
23 the gender dysphoria criteria anyway.

24 Q Are you familiar with WPATH?

25 A Yes.

1 Q Okay. And is that the World Professional
2 Association for Transgender Health?

3 A Yes, because somebody mentioned that recently.
4 I don't -- I don't memorize acronyms. I never know
5 what they mean.

6 Q Okay. And in this e-mail from Dr. Peiper, is
7 he providing you with the WPATH standards for surgery?

8 A Yes.

9 Q Okay. And do you know why -- or why was a
10 referral letter consistent with the WPATH criteria
11 needed?

12 MR. RODRIGUEZ: Objection. Lack of foundation.
13 You can answer.

14 THE WITNESS: I believe UNC requests it.
15 BY MS. NOWLIN-SOHL:

16 Q Okay. And these numbers 1 through 6 here,
17 those are the WPATH criteria for the surgery?

18 A Yes.

19 Q Are the WPATH criteria widely accepted among
20 those who treat individuals with gender dysphoria?

21 MR. RODRIGUEZ: Objection. Legal conclusion and
22 medical opinion.

23 You can answer.

24 THE WITNESS: Yes.

25 BY MS. NOWLIN-SOHL:

1 Q Have you ever received any training regarding
2 the WPATH standards of care?

3 A No.

4 Q Okay. Do you know if other medical or mental
5 health staff at DPS have been provided training on the
6 WPATH standards of care?

7 MR. RODRIGUEZ: Objection. Speculation.

8 You can answer.

9 THE WITNESS: I don't know what has happened since
10 July 31st, 2021, when I retired. But prior to that, I
11 don't believe so.

12 Now, I have -- you know, as you probably know, the
13 WPATH standards -- they deal with lots of different
14 things. I have read relevant parts of the WPATH
15 standards.

16 BY MS. NOWLIN-SOHL:

17 Q Okay. And you responded that Mrs. Brown met
18 these criteria; correct?

19 MR. RODRIGUEZ: Objection. Mischaracterization of
20 the document.

21 You can answer.

22 THE WITNESS: Yes.

23 BY MS. NOWLIN-SOHL:

24 Q And why did you think that Mrs. Brown met the
25 criteria for the first bullet, "persistent,

1 well-documented gender dysphoria"?

2 A Because she met the DSM-V criteria for gender
3 dysphoria. See, even -- even that Wellpath -- W --
4 Wellpath used to be a insurance company, so I keep
5 saying Wellpath.

6 Even the WPATH -- it surprises me a little that
7 they are saying you need that for certain -- I mean, I
8 don't -- I didn't think that that was their overall
9 take on that. But it didn't matter because she met
10 that criteria.

11 Q Okay. Did you believe Mrs. Brown had a medical
12 need for surgery?

13 MR. RODRIGUEZ: Objection. Medical opinion.
14 You can answer.

15 THE WITNESS: I believe she had a mental health
16 need for surgery.

17 BY MS. NOWLIN-SOHL:

18 Q Did anyone else at DPS share that with you?

19 MR. RODRIGUEZ: Objection. Speculation.
20 You can answer.

21 THE WITNESS: Yeah, I don't know.

22 BY MS. NOWLIN-SOHL:

23 Q Okay. Did you provide a referral letter for
24 Mrs. Brown?

25 A I don't think I was the one who wrote the

1 referral letter. I could have. I don't remember.

2 MS. NOWLIN-SOHL: Okay. So let's mark as
3 Exhibit 28 document 41 -- or 4514, and, actually --
4 sorry -- let's also mark 4513, and if you haven't
5 already put the sticker on the first one, let's do --
6 let's do 4513 as Exhibit 28 and 4514 as Exhibit 29
7 because it's an attachment.

8 (Exhibits 28 and 29 marked for identification.)

9 BY MS. NOWLIN-SOHL:

10 Q Do you have both of the documents?

11 A Yes.

12 Q Okay. So for Exhibit 28 -- which I believe is
13 Bates No. 4513 -- is this a response by you to
14 Dr. Peiper on July 7th, 2021? It's his e-mail about
15 the presurgical consult referral letter.

16 A Yes.

17 Q Okay. Do you recall sending this e-mail?

18 A I don't recall it, no, but, I mean, I see it.
19 I'm -- I'm shocked that I actually wrote that referral
20 letter because that was July 7th, and maybe this is
21 part of the reason I did not get to take my remaining
22 vacation time and lost all of my vacation time, but I
23 guess I did write the letter.

24 Q Okay. So you have no reason to believe that
25 this is not an accurate copy of an e-mail you sent to

1 Dr. Peiper?

2 A Correct.

3 Q Okay. And so the e-mail suggests that you
4 wrote a referral letter; correct?

5 A Yes.

6 Q Okay. In Exhibit 29 -- which is Bates 4514 and
7 was attached -- well, does this look like the referral
8 letter that you wrote?

9 A No.

10 Q What does this document appear to be?

11 A I have no idea. Did I write this?

12 Q I believe this to be the attachment that is
13 listed in Exhibit 28 where it says "KZB 61."

14 A No. I don't think that's correct.

15 Q Okay. Do you recall preparing a different
16 letter than this?

17 A I don't recall making the letter at all. As
18 I -- I did.

19 Q Okay. So is this -- Exhibit 29, is this
20 document familiar to you at all?

21 A Well, it's dated 4/26 -- oh, okay. I don't --
22 I have no context for this document. It looks like it
23 may be helpful. It might be some of the things I would
24 put into a letter. Okay. Hold on. Let me read this.

25 Q If it would help, my take is that some of it is

1 copied and pasted from notes that you took on 04/26/19
2 and 12/11/20.

3 (Simultaneous speakers.)

4 BY MS. NOWLIN-SOHL:

5 Q Does that seem consistent with your
6 understanding of this document?

7 MR. RODRIGUEZ: And I want to just object to
8 assuming a bunch of facts that aren't necessarily
9 established.

10 You can answer to the extent.

11 BY MS. NOWLIN-SOHL:

12 Q You can still answer.

13 A I would not call this a referral letter. This
14 was not the referral letter. This was not document
15 KZB 61.5.

16 Q Okay. Looking at the middle paragraph,
17 "Because Ms. Brown continues to meet the criteria for
18 gender dysphoria post-transition," what is gender
19 dysphoria post-transition?

20 A It means after -- I don't think it necessarily
21 implies that she has completely transitioned because I
22 don't know if anybody is considered completely
23 transitioned. But it means that she has had most of
24 her things done. It's the -- it's what they call --
25 and I don't know if this is -- and I think this is

1 mine. I recognize the note down there. It must be the
2 way the DSM-V phrased it.

3 Q Okay. Well, do you still have Exhibit 18 in
4 front of you?

5 A 18?

6 Q I think it was a little while ago, but --

7 A Yeah, I think it's in here somewhere. 18.
8 Yes. Here it is.

9 Q Okay. At the bottom of the first page, it
10 says, "Ms. Brown has had an increase in symptoms of
11 gender dysphoria since August."

12 A Uh-huh.

13 Q And Exhibit 18 is also dated 12/11/20, and so
14 if you look back at Bates -- or Exhibit 29, you will
15 see the portion dated at the bottom 12/11/20. Does
16 that appear to be copied and pasted from your 12/11/20
17 note?

18 A It does.

19 Q Okay.

20 A But I don't think I copied and pasted it. I --

21 Q Okay. Well, we can move on and maybe we can
22 see if we can confirm that that is, indeed, the right
23 attachment to that e-mail.

24 Do you know if anyone else provided a referral
25 letter?

1 A I do not.

2 Q And did you provide any other referral letter
3 to Mrs. Brown related to her surgery?

4 A Not that I know of, no.

5 Q And have you ever provided a referral letter
6 such as this to any other inmate at DPS?

7 A No.

8 Q Okay. All right. I think we're done with
9 those documents.

10 All right. And so let's mark as Exhibit 30
11 Bates 5129.

12 (Exhibit 30 marked for identification.)

13 BY MS. NOWLIN-SOHL:

14 Q This is a time jump. I've got two, kind of,
15 documents left, and then potentially just a few minor
16 things, but we're getting close.

17 (Recess.)

18 BY MS. NOWLIN-SOHL:

19 Q Let's mark as Exhibit 30 Document 5129, and,
20 Ms. Hahn, this is a DTARC summary as to Mrs. Brown, and
21 the notes from the review on February 17th, 2022. Have
22 you seen this document before?

23 A No.

24 Q Okay. So in the very last paragraph on the
25 second page, the second sentence of the last paragraph

1 starts, "Based on this review, it is the determination
2 of medical authorities that gender-confirming surgery
3 as proposed for this patient is not medically
4 necessary. From a psychological perspective, the
5 offender is quite stable currently without any
6 indication that current medical, psychological, and
7 supportive treatment has failed to sufficiently address
8 the underlying gender dysphoria."

9 Do you agree with that statement?

10 MR. RODRIGUEZ: I want to object for several bases.
11 One, Dr. Hahn has already testified she's never been a
12 member of the DTARC. She's already testified that she
13 left DPS in July of 2021, which was six months prior to
14 this date, and hasn't treated Kanautica since then.
15 She said that she did not have any -- hasn't seen the
16 document until today. So thus has no personal
17 knowledge of the contents of the document beyond, you
18 know, reading it into the record, which we could all
19 do.

20 So I think I want to object for speculation, lack
21 of foundation, and medical and legal opinion.

22 But you can answer.

23 THE WITNESS: I cannot comment on it at all. I
24 have not -- as he said, I have not seen her since then.
25 I have not read her notes. I have no idea what is

1 happening with her.

2 BY MS. NOWLIN-SOHL:

3 Q Okay. Were you surprised to learn that DTARC
4 denied Mrs. Brown's surgery?

5 A Yes, a little bit. I mean, I literally just
6 learned it 10 minutes ago, so it is a little bit
7 surprising, and I -- yes.

8 Q And why were you surprised?

9 A Well, actually, that's not my surprise. I
10 guess my surprise was that nothing had happened since I
11 left. Now, looking -- well, let's see. The date of
12 this is -- what was the date of this?

13 Q The DTARC review was February 17th, 2022.

14 A Oh, yeah. Okay. I don't know. I really can't
15 comment. I don't know what's happening with her.

16 Q Okay.

17 A I just thought things were progressing, and I'm
18 just surprised that they got to that point. But I
19 don't know why they did.

20 Q Okay. And so I'm not asking you to guess as to
21 the reasoning behind their decisions or to speculate in
22 that matter, but you said that you were surprised, and
23 I'm curious as to why you were surprised?

24 MR. RODRIGUEZ: Asked and answered.

25 THE WITNESS: Yeah, I -- I just thought things were

1 happening. So I don't know why they didn't happen.

2 BY MS. NOWLIN-SOHL:

3 Q Okay. And did you understand Mrs. Brown's
4 meeting with Katherine Croft and meeting with
5 Dr. Figler to be steps toward her receiving surgery?

6 MR. RODRIGUEZ: Objection. Speculation; lack of
7 foundation.

8 You can answer.

9 THE WITNESS: I wasn't there when -- I don't think
10 I ever got to the point where she met Dr. Figler. But
11 she was doing the first step, and they allowed her to
12 do the first step. So that -- that's just -- I mean, I
13 can't say anything after that. I'm sure that part
14 of -- I would assume that part of it is they were
15 looking at her release date.

16 Q Okay. In your experience working with
17 Mrs. Brown, was her gender dysphoria sufficiently
18 addressed?

19 MR. RODRIGUEZ: Objection to medical and legal
20 opinion.

21 But you can answer.

22 THE WITNESS: I can't say. I don't know.

23 BY MS. NOWLIN-SOHL:

24 Q Well, you were her mental health provider for a
25 couple of years, and so in your experience with her

1 during that time, would you say that her gender
2 dysphoria was sufficiently addressed?

3 MR. RODRIGUEZ: Asked and answered.

4 You can answer.

5 THE WITNESS: I addressed it as well as I could. I
6 tried to move the process along as well as I could.
7 That's all I personally can do, and I can't speak to
8 anybody else.

9 BY MS. NOWLIN-SOHL:

10 Q And when you say "the process," you mean the
11 process toward surgery?

12 A Yes.

13 Q Okay. So in the para -- the section that I
14 read you, the offender's stability was cited as a
15 reason for denial; is that correct?

16 MR. RODRIGUEZ: Objection to the characterization
17 of the document.

18 You can answer.

19 THE WITNESS: Yes. That -- that's what it says.

20 BY MS. NOWLIN-SOHL:

21 Q Okay. And can psychiatric instability also be
22 a reason for not providing someone surgery?

23 MR. RODRIGUEZ: Objection. Medical opinion.

24 You can answer.

25 THE WITNESS: Actually, yes. If somebody's

1 unstable, they're not necessarily going to give them
2 surgery.

3 BY MS. NOWLIN-SOHL:

4 Q Okay. So I'm going to mark as Exhibit 31 Bates
5 No. 3404.

6 (Exhibit 31 marked for identification.)

7 BY MS. NOWLIN-SOHL:

8 Q Do you have the document?

9 A Yes.

10 Q Okay. Have you seen this document before?

11 A No, I have not.

12 Q Okay. So did you have any role in the
13 development of this document?

14 A No, I did not.

15 Q And in your current role as a contractor, do
16 you still participate in FTARC meetings?

17 A FTARC meetings?

18 Q Yes.

19 A Yes.

20 Q Okay. Do you know if this document was sent
21 out to FTARC?

22 MR. RODRIGUEZ: Objection. Speculation.

23 THE WITNESS: Should I answer?

24 I don't know.

25 BY MS. NOWLIN-SOHL:

1 Q Okay. And remind me again, when did you return
2 to DPS as a contractor?

3 A March 14th, 2022.

4 Q Okay. So shortly before this statement came
5 out?

6 A Yes.

7 Q And you are not aware of the DTARC position
8 statement on gender reassignment surgery?

9 MR. RODRIGUEZ: Objection. Answered -- asked and
10 answered.

11 You can answer.

12 THE WITNESS: Correct.

13 BY MS. NOWLIN-SOHL:

14 Q Okay. What is your understanding of what DPS's
15 current policy is with regard to do gender-affirming
16 surgery for transgender inmates?

17 A I have no idea. I just have not received any
18 information on that.

19 Q Okay. And are you aware of any inmates who
20 have ever received gender-affirming surgery?

21 A In the prison system?

22 Q Correct.

23 A No.

24 Q In North Carolina within DPS?

25 A Right. No.

1 Q Okay. I'm going to skip ahead a little bit and
2 mark as Exhibit 31 Bates No. 1815.

3 MS. MAFFETORE: 32.

4 (Exhibit 32 marked for identification.)

5 BY MS. NOWLIN-SOHL:

6 Q Do you recognize this document?

7 A I mean, it's mine.

8 Q Is this your mental health progress note for
9 Mrs. Brown dated August 12th, 2019?

10 A Yes.

11 MR. RODRIGUEZ: I would just, for the record, note
12 that there's several documents included in this
13 document from multiple providers.

14 BY MS. NOWLIN-SOHL:

15 Q Okay. Well, just looking at the first entry
16 within that on the first page, are you aware of any
17 illicit drug use by Mrs. Brown while she has been in
18 DPS custody?

19 A There was an incident where there was some
20 debate over what she took.

21 Q And is that an incident you're recalling, or is
22 that an incident you're seeing from your notes?

23 A I have not read the note yet. It is an
24 incident I'm recalling. Let me see.

25 Q Okay. So under "progress towards goals" in the

1 second paragraph in the middle of it, there's some
2 discussion of drug use.

3 A Yes, I do see that.

4 Q So are you aware of any tests where Mrs. Brown
5 tested positive for illicit drugs?

6 A No, I am not. But in 2019 I'm not sure we were
7 testing for K2.

8 Q Okay. Do you ever recall learning that
9 Mrs. Brown had tested positive for drugs?

10 A No. According to my report, she had 32 tests
11 and none had come back positive.

12 Q And since the time of this report, have you
13 learned of any drug tests of Mrs. Brown's that have
14 come back positive?

15 A No, I haven't learned of any.

16 Q Okay. Since you mentioned K2, let's take a
17 look at this one, too. So Exhibit 33 will be
18 Bates 1843.

19 (Exhibit 33 marked for identification.)

20 BY MS. NOWLIN-SOHL:

21 Q Do you recognize this document?

22 A Yes.

23 Q Okay. And is this your mental health progress
24 note from your meeting with Mrs. Brown on March 15th,
25 2019?

1 A Yes.

2 Q Okay. What is K2?

3 A It is a drug called "spice" that is associated
4 with -- I'm not even sure. I think THC, but I'm not
5 positive.

6 Q And under -- in the "progress towards goals"
7 section, was it alleged that Mrs. Brown had used K2?

8 A Yes.

9 Q Okay. And that she later denied that she had
10 used K2?

11 A Yes.

12 Q Okay. Did you believe her?

13 A Yes. As much as I would believe anybody.

14 Q Was the accusation that she had used K2
15 substantiated in any way?

16 A Not that I know of, but I don't think we could
17 test for K2 back then. Testing for K2 was sort of
18 tricky.

19 Q Okay. So in the -- on the second page in the
20 fourth paragraph, I think the end of the third line
21 down, you wrote, "they indicated they did not think
22 Ms. Brown met the criteria for admission even if she
23 had another major panic attack." Do you see that?

24 A Third line down? Oh, yes. I see it. Okay.
25 Okay. Yes, I see it.

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION
Case No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN,)
)
 Plaintiff,)
)
 vs.)
)
 THE NORTH CAROLINA)
 DEPARTMENT OF PUBLIC)
 SAFETY, et al.,)
)
 Defendants.)

DEPOSITION MARVELLA BOWMAN, Ph.D.

10:08 A.M.

THURSDAY, JUNE 29, 2023

NORTH CAROLINA DEPARTMENT OF JUSTICE
114 WEST EDENTON STREET
RALEIGH, NORTH CAROLINA

By: Denise Myers Byrd, CSR 8340, RPR

CONTAINS GENERAL CONFIDENTIAL INFORMATION

1 your treatment of patients with gender
2 dysphoria?

3 A. Specifically to that, no. I facilitated the
4 FTARCs at that point at NCCIW in that role.
5 Treatment-wise, no different.

6 Q. And throughout your time treating patients with
7 gender dysphoria at DPS, are there specific
8 standards of care that you utilized?

9 A. As far as providing the therapeutic
10 intervention, I can't say there was a specific
11 standard of care that I utilized that would be
12 different from any form of standard of care for
13 any mental health concerns.

14 Q. And so what standards of care do you reference
15 when you were treating mental health concerns?

16 A. As far as kind of the ethics of being a
17 psychologist and do no harm and all of those
18 kinds of aspects and therapeutic -- what I've
19 been instructed as a therapist over the years.
20 So I can't say that there's a standard of care
21 that was different for treating gender dysphoria
22 in terms of the direct day-to-day therapeutic
23 intervention.

24 ATTORNEY MAFFETORE: So I am now going
25 to hand to the court reporter what will be

1 marked as Exhibit 1.

2 (WHEREUPON, Plaintiff's Exhibit 1 was
3 marked for identification.)

4 BY ATTORNEY MAFFETTORE:

5 Q. Have you seen Exhibit 1 before?

6 A. Yes, I have.

7 Q. And what is it?

8 A. It is the policy and procedure for evaluation
9 and management of transgender offenders.

10 Q. Are you familiar with this policy?

11 A. Yes.

12 Q. Did you have any role in its development?

13 A. Not the development, no.

14 Q. And you touched on this a little bit, but what
15 role did you have in carrying out this policy?

16 A. In carrying out the policy, we have to have
17 awareness of it, and in the moments when -- when
18 facilitating the FTARC meetings in the role most
19 prior to this one that I'm in, we would have to
20 be familiar with it in order to make sure that
21 the correct individuals are in those meetings
22 and discussing the information pertinent to
23 those meetings.

24 Q. What is the purpose of FTARC?

25 A. So the facility is responsible for basically

1 reviewing the information provided when an
2 offender is interested in receiving
3 accommodations of any kind, but at the facility
4 level, the only thing that we can approve is for
5 what they call routine accommodations, and that
6 would be things such as undergarments, basically
7 things that can be provided without the review
8 of the division and is under the purview of
9 pretty much what's available at the facility.

10 Q. And so you touched on this briefly and mentioned
11 that you served on the FTARC for NCCIW; is that
12 correct?

13 A. So, yes, I facilitate those meetings.

14 Q. And so what is the time frame during which you
15 have facilitated FTARC meetings at NCCIW?

16 A. I'm guessing about March 2022 to present.

17 Q. And when you say you facilitate those, are you
18 the chair of the --

19 A. Yes.

20 Q. And so in your role as the chair of the facility
21 FTARC at NCCIW, what were your duties -- or what
22 are your duties?

23 A. To make sure that the individuals listed in
24 this -- the policy are participating in the
25 meeting, are present for the meeting, organizing

1 when they will be where they will be, and
2 keeping track of the individuals requesting
3 accommodations, presenting those to the team or
4 the individuals participating in the meeting and
5 then documenting the outcomes of the meeting.

6 Q. Are there any other facilities for which you
7 have served on FTARC?

8 A. Not in that capacity, no.

9 Q. In any capacity?

10 A. As I mentioned before, when -- as a psych
11 services coordinator, when I was doing direct
12 care with any of the population that had
13 requested accommodations, I would attend, so any
14 therapist usually attends with the individual
15 that's requesting accommodations.

16 Q. In your role as chair at NCCIW of FTARC, do you
17 communicate with the DTARC?

18 A. To let them know if there's any requests that
19 would have to be sent to the division level,
20 such as gender-affirming medical care.

21 Q. And how do you go about communicating with
22 DTARC?

23 A. So there's documentation that we put in as a
24 specific form that is placed into the chart, and
25 typically I will send an email to the associate

1 director and the behavioral health director for
2 awareness that this individual is requesting
3 accommodations that require review by the
4 division.

5 Q. And how frequently do you communicate with the
6 DTARC?

7 A. That would -- well, I can't really put a
8 timeline on it because it only would be when
9 somebody is requesting gender-affirming medical
10 care that we can't discuss -- or that we can't
11 decide upon as a facility.

12 Q. And then when you were doing direct clinical
13 work such that you would attend FTARCs on behalf
14 of your patients, did you ever communicate with
15 DTARC?

16 A. Well, not the DTARC. There might have been -- I
17 probably did send an email asking a question or
18 something along those lines to the director of
19 behavioral health to get some clarity on a
20 question. I probably did do that a couple of
21 times.

22 Q. And would that have been Dr. Lewis Peiper?

23 A. Yes.

24 Q. You can set that aside. We won't be -- we won't
25 need that.

1 Are you familiar with the plaintiff in
2 this case, Mrs. Kanautica Zayre-Brown?

3 A. Yes.

4 Q. Did you ever consider requests from
5 Mrs. Zayre-Brown while you were serving on
6 FTARC?

7 A. As far as -- I'm sorry.

8 Q. Did you ever consider any requests from
9 Mrs. Zayre-Brown while serving on FTARC?

10 A. I believe I attended one of the FTARCs with her
11 as her therapist.

12 Q. And when do you recall first meeting
13 Mrs. Zayre-Brown?

14 A. Specific date, I could not provide.

15 And by meeting with, do you mean
16 encountering or working with her
17 therapeutically?

18 Q. Meeting her.

19 A. I really could not tell you a date. Yeah, I --

20 Q. Do you know approximately what year that would
21 have been?

22 A. I'm guessing 2020 sometime. Whenever she moved
23 into the facility.

24 Q. And by the facility, which facility are you
25 referring to?

1 A. At the time, that would have been Anson
2 Correctional Institution.

3 Q. How did she come to be your patient?

4 A. So let's see. As is very common in our system,
5 people leave the system or transition to
6 different roles, and so at some point after her
7 therapist left, she was assigned to my caseload.

8 Q. And what therapist was that that left?

9 A. I believe -- I think I saw her directly after
10 Dr. Hahn, H-A-H-N.

11 Q. And do you recall around when that would have
12 been that she became your patient?

13 A. I believe sometime in late 2020.

14 Q. And how long -- for how long was
15 Mrs. Zayre-Brown your patient?

16 A. A few months.

17 Q. Fewer than six months?

18 A. Might be right at six months or so. I'm trying
19 to recall. I could be misstating that, though.

20 Q. While Mrs. Zayre-Brown was your patient, about
21 how frequently did you meet with her?

22 A. So I believe that -- though I scheduled her for
23 the typical -- what's typical for us is 30 to
24 45 days, I believe she requested more frequent
25 meetings. So at some point I may have been

1 meeting with her every two weeks, but that would
2 just depend on scheduling things. It may not
3 have been an exact two weeks each time in the
4 record. Definitely wasn't because there would
5 have been many more notes than what I reviewed,
6 but within that time frame, about every two to
7 three weeks, I would say.

8 Q. And were those meetings in person or via
9 telehealth?

10 A. In person.

11 Q. Did you diagnosis Mrs. Zayre-Brown with gender
12 dysphoria?

13 A. I did not do the preliminary diagnosis. I
14 carried it over during an update. So we do
15 mental health assessment updates, and I carried
16 it on from the previous diagnosis.

17 Q. And when you say that you carried it on from the
18 previous diagnosis, does that mean that you
19 concurred with the diagnosis of gender
20 dysphoria?

21 A. Yes.

22 Q. While you were treating with Mrs. Zayre-Brown,
23 did she express an interest in gender-affirming
24 surgery?

25 A. Yes.

1 Q. How soon after you first met her did she express
2 that interest?

3 A. After I first met her as her therapist or just
4 in general?

5 Q. I suppose in general if the answer would be
6 different.

7 A. So in general, I didn't -- I don't -- she didn't
8 speak to me directly about that. When we met in
9 therapy, yes, I believe the first day that was a
10 point of conversation.

11 Q. So your initial encounter with Mrs. Zayre-Brown,
12 when you were her assigned therapist, she
13 expressed to you that she wanted
14 gender-affirming surgery?

15 A. Yes.

16 Q. And what did that conversation entail?

17 A. To the best of my recollection and recent review
18 of the notes, I believe that day she was, one,
19 upset by not being aware of where the process
20 was for her as far as having made that request
21 and not knowing what the outcome would be.

22 Q. What was your understanding of why
23 Mrs. Zayre-Brown wanted gender-affirming
24 surgery?

25 ATTORNEY RODRIGUEZ: Objection.

1 Speculation.

2 You can answer.

3 THE WITNESS: As far as what she would
4 communicate was that -- and is this in reference
5 to the first meeting or just in general over
6 time?

7 BY ATTORNEY MAFFETTORE:

8 Q. In general over time.

9 A. Okay. I do recall her making mention of just
10 feeling she would feel more comfortable and she
11 would feel more like herself if that wasn't --
12 if she no longer had that -- with that part was
13 what she wanted it to be, if her genitalia
14 matched up with her identity. And she didn't
15 say it like that, but that's the best way I can
16 summarize it.

17 Q. Was her desire to have gender-affirming surgery
18 consistent during your time with her?

19 A. Yes.

20 Q. Did she meet with other therapists during the
21 time that you were seeing her?

22 A. I do not recall if there was an additional -- so
23 what can happen is if there's an emergency
24 contact or if a person is out, somebody else
25 might meet with them, but I don't know from the

1 time frame. I would have to look at the record
2 to see if someone met with her during the time I
3 was her primary therapist.

4 Q. So you mentioned that you were seeing
5 Mrs. Zayre-Brown more frequently than the
6 standard amount of time. Why was that the case?

7 A. At per her request.

8 Q. Per her request. And did she communicate to you
9 why she was requesting to be seen more
10 frequently?

11 A. She felt as if she needed to kind of address
12 some concerns more consistently. That is the
13 best I can summarize it.

14 Q. And what were those concerns?

15 A. Primarily for dealing with the delay in
16 receiving information, and much of the
17 encounters would be focused on wanting updates,
18 wanting information, wanting the process to be
19 moved along.

20 Q. What was your -- I'm still asking generally
21 because we're going to speak more specifically
22 once we get to the records, but what was your
23 understanding generally of the impact that the
24 delay was having on Mrs. Zayre-Brown's gender
25 dysphoria?

1 ATTORNEY RODRIGUEZ: Objection.

2 Speculation.

3 You can answer.

4 THE WITNESS: Well, I know as far as
5 impact on her, just she was frustrated by not
6 being given information and at times feeling as
7 if she was already denied. I know that was a
8 large part of distress for her was feeling as if
9 there was already a decision made and she wasn't
10 being informed about it.

11 So I recall a couple of sessions that
12 focused on her thoughts that they've already
13 denied me and, you know, you all, as in the
14 system, are playing games and me needing to
15 reassure I have no information consistent with
16 what you're saying.

17 So that was a large part for when she
18 did want to meet more frequently. There was a
19 time where she did not want to meet with me at
20 all, but that was separate. So if there's --
21 I'm hopeful that there's some records available
22 because there probably was a typical gap of 30
23 to 45 and then at different times more frequent,
24 so it really, to me, reflected and the time
25 period when she wanted answers that she was

1 requesting to meet with me more frequently.

2 BY ATTORNEY MAFFETORE:

3 Q. What was your understanding of why it made
4 Mrs. Zayre-Brown distressed to believe that her
5 surgery had been denied?

6 ATTORNEY RODRIGUEZ: Objection.
7 Speculation.

8 You can answer.

9 THE WITNESS: What she stated to me --
10 and I can't say that I'm quoting it, but there
11 was a fixation on this idea that someone said
12 that something -- that the surgery or the care
13 wasn't medically necessary. That term came up a
14 lot. And that was frustrating to her and
15 angry -- and very honestly made her angry that
16 that was the phrasing used, to her understanding
17 anyway.

18 BY ATTORNEY MAFFETORE:

19 Q. Understood.

20 And you mentioned that you only treated
21 Mrs. Zayre-Brown for you believe about six
22 months; is that correct?

23 A. I think so.

24 Q. Is Mrs. Zayre-Brown receiving treatment by
25 anyone currently that you supervise?

1 A. At this time?

2 Q. Yes.

3 A. No.

4 Q. Are you aware of whether Mrs. Zayre-Brown is
5 receiving any mental health treatment at this
6 time?

7 A. I'm not aware of whether or not she continued.

8 Q. Why did you stop providing care to
9 Mrs. Zayre-Brown?

10 A. When I was promoted to the next role, so I left
11 the facility. And I believe that was
12 in -- might have been December of 2022. No.
13 2021.

14 Q. You said December of 2021?

15 A. Yes.

16 Q. Did you play any role in transitioning
17 Mrs. Zayre-Brown to a new mental health
18 provider?

19 A. Yes. So before I left, I recommended people to
20 different caseloads. We didn't have a lot of
21 selection, as is typically the case in our
22 system, and so I informed her of who her next
23 provider would be.

24 Q. And who was that?

25 A. I believe at the time that was Jennifer Dula.

1 Q. Is there any other role that you played in
2 transitioning Mrs. Zayre-Brown to Jennifer
3 Dula's care?

4 A. Other than assigning the case, no, not that I
5 can recall. I can't think of --

6 Q. Did you meet with Jennifer Dula at all about
7 Mrs. Zayre-Brown's case prior to stopping seeing
8 Mrs. Zayre-Brown yourself?

9 A. So more than likely, not in particular about
10 that particular case, but in transitioning all
11 of the cases, there was discussion about this
12 caseload will be transferred to you and kind of
13 summarizing, you know, each of the cases, but I
14 don't recall having a specific meeting about
15 this particular case.

16 ATTORNEY MAFFETORE: I'm now going to
17 hand the court reporter what will be marked as
18 Exhibit 2.

19 (WHEREUPON, Plaintiff's Exhibit 2 was
20 marked for identification.)

21 BY ATTORNEY MAFFETORE:

22 Q. Do you recognize Exhibit 2?

23 A. No. Well, maybe not yet.

24 Q. Take your time. Let me know when you're ready.

25 A. Okay. I completed reading or skimming.

1 Q. So as an initial matter, what is the date or the
2 rough date range on the emails?

3 A. So on the top page, Monday, May 17, 2021 --
4 let's see -- and Friday May 14, 2021, looks like
5 the initial email.

6 Q. And so this is a series of email chains some of
7 which on which you're included, correct?

8 A. Uh-huh.

9 Q. And so during this period in mid May of 2021,
10 would Mrs. Zayre-Brown have been your patient?

11 A. No.

12 Q. And whose patient would she have been at this
13 time?

14 A. Patricia Hahn.

15 Q. And what is your understanding of why you were
16 cc'd on these emails?

17 A. As psych services coordinator, typically, if
18 there's any communication about a contact
19 needing to be made, they would include me for
20 awareness.

21 Q. And what is your understanding of why a contact
22 needed to be made with Mrs. Zayre-Brown at this
23 time?

24 A. It looks like she hadn't heard from a UNC
25 provider and wanted an update.

1 Q. Who is Shannon Lutz?

2 A. Lutz. She is -- hmm. At this time, yep,
3 psychological services coordinator as well over
4 a different department which is the therapeutic
5 diversion unit. So she would have been kind of
6 my counterpart for therapeutic diversion unit.

7 Q. And what is your understanding of why Shannon
8 Lutz is the one who met with Mrs. Zayre-Brown in
9 response to this request for contact?

10 A. I cannot recall. It's looking like Mr. Messer,
11 who was our program manager at the time, had
12 asked one of us to have a behavior specialist
13 communicate with her, which occurred, and looks
14 like Ms. Brown wanted to meet with a therapist
15 on the matter. And I can't tell or I'm not sure
16 from this email if she was referencing perhaps
17 her primary therapist, which would have been
18 Dr. Hahn and maybe she wanted to speak to her
19 directly but to have somebody from mental health
20 that was a therapist to speak with her directly.

21 Q. Understood.

22 So at page 2 of this exhibit,
23 Exhibit 2, which just for the record is
24 DAC 4447, a document produced during discovery.
25 Shannon Lutz notes in an email on which

1 you're copied, that from an emotional health
2 standpoint, it does appear that Ms. Brown
3 continues to experience acute dysphoria
4 secondary to the length of time that has passed
5 which has yet to resolve medically necessary
6 treatment.

7 Do you see that?

8 A. I do.

9 Q. At this time, did you have any opinion about
10 whether or not from an emotional health
11 standpoint Mrs. Brown had -- was experiencing
12 acute dysphoria secondary to the length of time
13 that passed which has yet to resolve medically
14 necessary treatment?

15 ATTORNEY RODRIGUEZ: Objection.

16 Speculation. Lacks foundation.

17 You can answer to the extent you're
18 able.

19 THE WITNESS: Yeah. I was going to say
20 I believe that Ms. Lutz was basically rephrasing
21 what Ms. Brown was saying.

22 To my knowledge at that time, I wasn't
23 working directly on the case so I wouldn't be
24 able to speak to what she was experiencing at
25 this point in time.

1 BY ATTORNEY MAFFETORE:

2 Q. So during this period of time, you wouldn't have
3 been able to -- you were not aware of the state
4 of Mrs. Zayre-Brown's gender dysphoria; is that
5 correct?

6 A. I probably would have known that that was a
7 diagnosis, but where she was in terms of how she
8 was doing particularly at that time, no, I
9 wouldn't have had direct knowledge.

10 Q. Understood.

11 Did you have any conversations with
12 anybody about Ms. Zayre-Brown's gender dysphoria
13 aside from these emails that we're reviewing at
14 this time?

15 A. I am not certain. I can't say yes or -- I'm not
16 certain of what conversations were had or emails
17 that I might have been included on.

18 Q. At this point, did you have any concerns about
19 Mrs. Zayre-Brown's well-being if she did not get
20 surgery?

21 A. At this point in May 2021, I don't know that I
22 had a lot of information regarding that aspect
23 of things.

24 Q. Understood.

25 ATTORNEY MAFFETORE: I am now going to

1 hand you what the court reporter will mark as
2 Exhibit 3.

3 (WHEREUPON, Plaintiff's Exhibit 3 was
4 marked for identification.)

5 BY ATTORNEY MAFFETORE:

6 Q. Do you recognize Exhibit 3?

7 A. Yes.

8 Q. And what is it?

9 A. It's a mental health progress note from July 29,
10 2021.

11 Q. And are you the provider on this progress note?

12 A. Yes.

13 Q. Would this have been a mental health progress
14 note related to Mrs. Zayre-Brown?

15 A. Yes.

16 Q. So in July of 2021, do you have any
17 understanding of approximately how long you
18 would have been treating Mrs. Zayre-Brown as
19 your patient?

20 A. I do not believe she was my patient at this
21 time. I think this was a brief contact due to
22 her stopping me. So she wasn't on my caseload
23 yet, but if an offender is asking to speak with
24 me and I stop with them for any amount of time,
25 I'm going to document a note.

1 Q. Understood.

2 So you believe that at this time --

3 A. I wasn't assigned yet, correct.

4 Q. So when it's -- when it states she was informed
5 that she would be meeting with this writer, what
6 did you mean by that?

7 A. That I agreed to meet with her.

8 Q. So it looks like she asked you who her therapist
9 would be and you stated that she would be
10 meeting with you.

11 Does that mean that at this point in
12 time you were slated to become her next mental
13 health provider but were not yet treating her in
14 that capacity?

15 ATTORNEY RODRIGUEZ: Jaclyn, can you
16 referring to where in the document you're -- I
17 mean, it sounds like you're paraphrasing.

18 ATTORNEY MAFFETORE: Sure.

19 BY ATTORNEY MAFFETORE:

20 Q. So under "MSE/Behavioral Observations:

21 "Offender stopped this writer on
22 her housing pod, asking who her
23 therapist would be."

24 Do you see that?

25 A. Uh-huh.

1 as medically necessary.

2 "I confirmed for Katherine Croft
3 that Offender Brown was not denied
4 the surgery and that we were not in a
5 position yet to even complete the
6 final review and recommendation
7 related to the surgery."

8 Does that refresh your recollection
9 about any conversation with Dr. Peiper?

10 A. It does not. I don't know if I was even privy
11 to this until after review of this note, but I
12 don't recall any detailed conversation or
13 anything.

14 Q. So you don't recall Dr. Peiper sharing the same
15 information with you that he noted that he
16 confirmed with Katherine Croft?

17 ATTORNEY RODRIGUEZ: Asked and
18 answered.

19 You can answer.

20 THE WITNESS: I don't recall.

21 ATTORNEY MAFFETTORE: I'm now handing
22 the court reporter what will be marked as
23 Exhibit 5 which is a document Bates-stamped
24 DAC 701.

25 ///

1 (WHEREUPON, Plaintiff's Exhibit 5 was
2 marked for identification.)

3 BY ATTORNEY MAFFETORE:

4 Q. Do you recognize this document?

5 A. Yes.

6 Q. What is it?

7 A. A mental health progress note dated 8/13/2021.

8 Q. And would this have been a mental health
9 progress note from an encounter with
10 Mrs. Zayre-Brown?

11 A. Yes.

12 Q. And would Mrs. Zayre-Brown have been your
13 patient at this point?

14 A. Yes.

15 Q. And do you have any understanding of about how
16 long you would have been treating
17 Ms. Zayre-Brown at this point?

18 A. Looks like a little -- about two weeks.

19 Q. And so in the first full paragraph, you note:

20 "She stated that she cannot
21 focus on anything but her weight and
22 attempts at weight loss."

23 What is your understanding of why
24 Mrs. Zayre-Brown was seeking to lose weight?

25 A. At this point, I believe she did share with me

1 that because part of the recommendations for --
2 I guess it was being considered for proceeding
3 in her mind was with the -- she had to lose a
4 certain amount of weight to be eligible or
5 something of that nature.

6 I have no direct knowledge of that
7 coming from anyone from medical. I have her
8 information of what she shared, and so she was
9 under the impression that she needed to lose a
10 certain amount of weight to be eligible or
11 appropriate for gender-affirming care.

12 Q. You also noted:

13 "She expressed concern that
14 despite losing 40 pounds to date,
15 those with decisionmaking authority
16 will deny her surgery anyway."

17 Did I read that correctly?

18 A. I believe so. Let me find it.

19 Yes.

20 Q. What was your understanding of why it was
21 concerning to Mrs. Zayre-Brown that her surgery
22 might be denied?

23 ATTORNEY RODRIGUEZ: Objection.

24 Speculation.

25 You can answer.

1 THE WITNESS: So repeat the question.

2 I'm sorry.

3 BY ATTORNEY MAFFETORE:

4 Q. What was your understanding of why it was
5 concerning to Mrs. Zayre-Brown that despite
6 losing weight her surgery might be denied?

7 ATTORNEY RODRIGUEZ: Same objection.

8 You can answer.

9 THE WITNESS: I think based off of what
10 she was communicating. She appeared --
11 according to her, she had some information that
12 indicated that she was denied, and as I had
13 mentioned before, this was something that she
14 was -- that she would really persevere on
15 despite being told the contrary at that point in
16 time.

17 And in my role, all I could do was
18 receive the information from her and share what
19 I was aware of, which was that I'm not aware of
20 any decision being reached and kind of reassure
21 her that, you know, continue to do things in a
22 healthy manner and be patient as possible.

23 BY ATTORNEY MAFFETORE:

24 Q. Are you aware of whether or not DPS had
25 previously denied Mrs. Zayre-Brown's request for

1 gender-affirming surgery?

2 A. I am not aware in this time frame of what was
3 done.

4 Q. Your note in the same paragraph also states that
5 she just --

6 "She described increasing mental
7 anguish and stated 'Zoloft is not
8 going to help but for so long.' She
9 described feeling as if she was
10 driving in the rain on a highway with
11 bald tires. 'I am bound to crash.'"

12 Did I read that correctly?

13 A. Yes.

14 Q. What did you understand Mrs. Zayre-Brown to mean
15 by this?

16 A. Basically, that she wanted -- she was getting
17 more and more frustrated by not having the
18 information, kind of being in a no-man's-land of
19 not knowing where things stood, and so she was
20 not going to, you know, basically be okay. She
21 was going to be upset and saddened by that fact
22 until she could be provided with information,
23 and Zoloft wasn't really helping relieve her
24 distress regarding that.

25 Q. Did you have any concerns regarding what would

1 happen if Mrs. Zayre-Brown's surgery was not
2 approved as she feared?

3 A. At this point in time, if I had any concerns
4 about -- repeat the question. I'm sorry.

5 Q. What would happen to Mrs. Zayre-Brown if her
6 surgery was not approved.

7 A. At this point, I do not believe that I had any
8 specific concerns. Obviously, I knew she would
9 be upset, but I didn't have any other concerns
10 other than, you know, kind of helping alleviate
11 some of the stress surrounding not being aware.

12 Q. Did you understand Mrs. Zayre-Brown to be
13 experiencing gender dysphoria at this time?

14 A. Well, that was her diagnosis at the time.
15 Whether or not the presentation was due to the
16 gender dysphoria at this point, I don't think I
17 would have concluded that from this contact.

18 Q. So did you assess the severity of
19 Mrs. Zayre-Brown's gender dysphoria?

20 A. At this contact, probably not. This was
21 probably just a discussion where I did not do an
22 actual check for her ratings, so like her
23 subjective ratings. Usually I'll ask someone to
24 rate their level of distress at any given time,
25 and I don't believe I did that during this

1 encounter.

2 Q. Why wouldn't you have done that during this
3 encounter?

4 A. It just may not have come up specifically or the
5 nature of how the session went, I just may not
6 have been able to document that specifically.
7 That would have been the only reason probably at
8 this point. I probably had not -- I don't see
9 any specific -- like when the treatment progress
10 towards goals are not specifically discussed,
11 it's usually because I haven't reviewed the
12 treatment plan with the client yet. So if I
13 didn't update it yet, which I probably wouldn't
14 have since it was only two weeks after this one,
15 it probably wasn't solidified from my
16 perspective yet so I didn't specifically ask
17 during this encounter. I'm guessing to the best
18 of my recollection. Usually that would be in
19 that section.

20 Q. I believe we've been going for about an hour.
21 We can take a break if you'd like. I'm happy to
22 continue.

23 A. I'm fine to continue.

24 Q. We can do a couple more.

25 A. When this gets to about halfway, I might need to

1 take a break.

2 ATTORNEY MAFFETORE: So I'm next going
3 to hand the court reporter what will be marked
4 as Exhibit 6.

5 (WHEREUPON, Plaintiff's Exhibit 6 was
6 marked for identification.)

7 BY ATTORNEY MAFFETORE:

8 Q. Do you recognize Exhibit 6?

9 A. Yes.

10 Q. What is it?

11 A. A mental health progress note dated
12 September 24, 2021.

13 ATTORNEY MAFFETORE: And just for the
14 record, Exhibit 6 is a document produced in
15 discovery that is Bates-stamped DAC 691.

16 BY ATTORNEY MAFFETORE:

17 Q. Is this a mental health progress note for an
18 encounter with Mrs. Zayre-Brown?

19 A. Yes, I would imagine as much. Yes.

20 Q. Does it note "Outpatient program at Anson CI.
21 Offender will be referred to as Offender Brown
22 for the remainder of documentation"?

23 A. Yes.

24 Q. And so at this point, on September 24, 2021, you
25 would have been Mrs. Zayre-Brown's provider for

1 close to two months, correct?

2 A. Uh-huh.

3 Q. And so around the middle of the page, the first
4 paragraph after the paragraph that resembles a
5 list, you note:

6 "Offender Brown expressed anger
7 and frustration about her belief that
8 her surgery was denied, citing
9 documentation that she viewed and has
10 received a copy of indicating that her
11 surgery is elective and not medically
12 necessary.

13 "This writer shared information
14 from DTARC meeting (see attached) as
15 well as made Offender Brown aware of
16 the fact that the facility has further
17 documentation to complete that needs
18 to be provided to UNC Transgender
19 Health Program.

20 "This writer encouraged
21 Offender Brown to focus on progress,
22 including her weight loss and the fact
23 that the DTARC is following WPATH
24 guidelines."

25 Did I read that correctly?

1 A. Yes.

2 Q. Was it your understanding that DTARC was
3 following WPATH guidelines?

4 A. As far as I was aware.

5 Q. What was that understanding based off of?

6 A. Likely something documented in the DTARC which I
7 don't know if it's attached to this. So the
8 DTARC response was probably attached to this
9 document, and I'm guessing something in there
10 may have made a statement about exactly what
11 they were doing and exactly what they had needed
12 to proceed with their decisionmaking.

13 Q. So your understanding sitting here today,
14 looking back, is that you would have believed
15 that WPATH standards were being followed based
16 on documentation from the DTARC?

17 A. I would imagine as much, but that could be an
18 inaccurate recollection.

19 Q. Did you have any understanding of whether
20 Mrs. Zayre-Brown's surgery would be approved if
21 she met WPATH guidelines?

22 ATTORNEY RODRIGUEZ: Objection.
23 Speculation.

24 You can answer.

25 THE WITNESS: Yeah, I don't have much

1 information about what the DTARC -- how they
2 reach their decisions specifically so I can't
3 imagine that I could make a conclusion about
4 that.

5 BY ATTORNEY MAFFETORE:

6 Q. So later on, in the next paragraph of the same
7 document, you note:

8 "Offender Brown expressed sadness
9 about being incomplete without surgery
10 and fearing 'being caught with my
11 pants down.'"

12 Did I read that correctly?

13 A. Yes.

14 Q. What is your understanding of what
15 Mrs. Zayre-Brown meant by incomplete?

16 A. That she felt as if without the surgery she
17 wasn't fully her would be my best summary of
18 what she was mentioning.

19 Q. What is your understanding of what
20 Mrs. Zayre-Brown meant when she said that she
21 feared being caught with her pants down?

22 A. Basically, you know, in the prison setting,
23 though there is supposed to be privacy,
24 sometimes there is not, and so I think kind of
25 others visualizing or discovering what was down

1 there might have been extremely concerning for
2 her, as I would imagine would be the case.

3 And the next line talks about she
4 referenced fear of other offenders being aware
5 of the fact that surgery is not complete.

6 Q. What is your understanding of why
7 Mrs. Zayre-Brown did not want other people to be
8 aware of her anatomy?

9 ATTORNEY RODRIGUEZ: Objection.
10 Speculation.

11 You can answer.

12 THE WITNESS: Well, based off of
13 working in prisons, something like that could
14 cause a lot of teasing or just outright
15 disrespect, misgendering, all of those kind of
16 things, so the resulting backlash from those
17 around her, potential backlash because,
18 obviously, we wouldn't be able to know for
19 certain what would have happened in those
20 instances, but that's what I believed she was
21 referencing at that time, just what others would
22 think, say, do if they saw that or witnessed
23 that.

24 BY ATTORNEY MAFFETORE:

25 Q. And based on your experience treating

1 Mrs. Zayre-Brown and your understanding of
2 gender dysphoria, what is your understanding of
3 how Mrs. Zayre-Brown's anatomy impacted her
4 gender dysphoria?

5 A. So based on both her experiences, what she
6 communicated to me and clinical judgment, you
7 know, definitely there was a level of discomfort
8 of still having this body part that she didn't
9 feel was consistent with -- is consistent with
10 her presentation, who she is as a person. So
11 I'm hoping that answered the question. I'm not
12 sure.

13 Q. Would you say that Mrs. Zayre-Brown's sadness
14 and fear that she expressed related to her
15 anatomy are attributable to her gender
16 dysphoria?

17 ATTORNEY RODRIGUEZ: Object to
18 speculation.

19 You can answer.

20 THE WITNESS: So in this -- in the
21 context of this contact, I thought that it was
22 more related to what offenders would
23 specifically do and not necessarily -- of course
24 it's related, but I wouldn't -- it's difficult
25 to kind of denote what is causal, is it

1 correlation, I'm not sure, but I know in
2 this -- what I can say is that based off of what
3 she said, she was concerned about what other's
4 perception of her would be if they saw this body
5 part.

6 BY ATTORNEY MAFFETORE:

7 Q. Understood.

8 And so when she said -- or when you
9 noted that she expressed sadness about being
10 incomplete without surgery, your understanding
11 was that was related to how others perceived her
12 and not her feeling --

13 A. Well, the sadness -- I'm sorry.

14 Q. No. Go ahead.

15 A. The sadness piece, yes, I would say that she
16 felt that the surgery was necessary and she did
17 not feel her complete self. I think I mentioned
18 that before. I'm sorry if I wasn't clear.

19 So you want to know if that directly
20 relates to gender dysphoria.

21 Q. Yes.

22 A. And, yes, that could be couched under that and
23 that could be couched under other things as
24 well, but yes.

25 Q. So at this time did you understand

1 Mrs. Zayre-Brown to be experiencing gender
2 dysphoria?

3 A. Yes.

4 Q. And what did you assess the severity of that
5 dysphoria to be?

6 A. It does not look as if I specifically asked for
7 her to rate that. So to be able to parcel it
8 out from other reasons or sources of distress or
9 stressors, I don't have that documented here, so
10 I don't know. I wouldn't want to suspect or
11 guess a level, but that wasn't specifically
12 requested for her to provide that rating in this
13 contact.

14 ATTORNEY MAFFETORE: So I'm now going
15 to hand the court reporter what will be marked
16 as Exhibit 7.

17 (WHEREUPON, Plaintiff's Exhibit 7 was
18 marked for identification.)

19 ATTORNEY MAFFETORE: So Exhibit 7 is a
20 document that is Bates-stamped DAC 455.

21 BY ATTORNEY MAFFETORE:

22 Q. Do you recognize Exhibit 7?

23 A. I do recognize it, yes.

24 Q. What is it?

25 A. A clinical encounter administrative note from

1 one of the nursing staff dated October 3, 2021.

2 Q. And does this clinical encounter administrative
3 note relate to Mrs. Zayre-Brown?

4 A. I would assume as much, although the name was
5 not specifically in -- the name is redacted up
6 top.

7 Q. So if we look at the offender number at the top,
8 0618075, if you would like to cross-reference
9 that to the exhibit we were just of looking at,
10 Exhibit 6. Is that the same offender number?

11 A. Correct.

12 Q. So is this a record pertaining to
13 Mrs. Zayre-Brown?

14 A. Yes.

15 Q. And so who is Farah Housh?

16 A. I am guessing that was a nurse based on the LPN
17 listed afterwards.

18 Q. And this document states that -- so at the
19 bottom of the first page of Exhibit 7, it states
20 that your review was requested for this
21 document, correct?

22 A. Yes.

23 Q. And on the second page of this document, it
24 notes that you reviewed it on October 3, 2021,
25 correct?

1 A. Yes.

2 Q. What is your understanding of why your review
3 was requested?

4 A. Because self-harm was mentioned.

5 Q. And so the note states:

6 "Offender stopped nurse and was
7 very upset, stating 'I was told I was
8 to have a medical evaluation in order
9 to continue with the process of having
10 my surgery and nothing has happened.
11 Dr. Bowman told me it was sent to
12 Nurse Supervisor West, but nothing has
13 happened yet.'"

14 Did I read that correctly?

15 A. Yes, you did.

16 Q. What medical evaluation is being discussed her?

17 A. I do not recall.

18 Q. Do you recall what you told Mrs. Zayre-Brown?

19 A. If it's not documented, I don't recall it.

20 Q. And so the note then goes on to say:

21 "I don't want to self-harm in
22 order to get seen, but nothing is
23 being done like they said it would."

24 Did I read that correctly?

25 A. Yes.

1 Q. Upon reviewing this document, were you concerned
2 that Mrs. Zayre-Brown was going to engage in
3 self-harm?

4 A. Likely not because the next sentence says:

5 "She stated she would not
6 self-harm. She's just mad and feels
7 like she's being lied to and
8 forgotten about."

9 Q. Were you aware at this time of whether or not
10 Mrs. Zayre-Brown had ever engaged in self-harm?

11 A. I believe that I would have been aware or would
12 have been able to review in the chart if there
13 were any self-injury risk assessments prior or
14 any threats of self-harm prior. At this point
15 in time, to my knowledge timeline-wise, I have
16 no recollection, but having received this, I
17 probably would have checked the chart and seen
18 how likely that was or what our thoughts
19 were -- would have been based off of this
20 information.

21 Q. So sitting here at this time, you don't recall
22 having any concerns that Mrs. Zayre-Brown was
23 going to commit self-harm based on this?

24 A. To actually harm herself, no. And there may
25 have been a followup to have just because it was

1 stated, but it just depends. It would have
2 depended on a number of different factors as to
3 whether or not we would have actually proceeded
4 with completing a contact or not, so there's a
5 lot of different factors that would be at play
6 at that point.

7 ATTORNEY MAFFETORE: I'm now going to
8 hand to the court reporter what will be marked
9 as Exhibit 8.

10 (WHEREUPON, Plaintiff's Exhibit 8 was
11 marked for identification.)

12 ATTORNEY MAFFETORE: Exhibit 8 is a
13 document that is Bates-stamped DAC 688.

14 BY ATTORNEY MAFFETORE:

15 Q. Do you recognize Exhibit 8?

16 A. Yes.

17 Q. And what is it?

18 A. It's a mental health assessment update, dated
19 10/4/2021.

20 Q. And is this mental health assessment update
21 completed by you?

22 A. Yes, it is.

23 Q. And does it pertain to Mrs. Zayre-Brown?

24 A. It does.

25 Q. And the date October 4, 2021, is that the date

1 after the record that we were just discussing?

2 A. Correct.

3 Q. And so under self-injury alerts, you note
4 there -- the self-injury mention that we were
5 just discussing, it states:

6 "A clinical encounter note
7 detailed the following comment to
8 nursing staff on 10/3/2021: 'I have
9 reached out to everyone and no one
10 will help me. I don't want to
11 self-harm in order to get seen, but
12 nothing is being done like they said
13 it would.'"

14 Did I read that correctly?

15 ATTORNEY RODRIGUEZ: For the record, I
16 would like to point out that there's a sentence
17 preceding that that you did not read.

18 You can continue.

19 THE WITNESS: Yes.

20 BY ATTORNEY MAFFETORE:

21 Q. Anyway, what discussions were had with
22 Mrs. Zayre-Brown during this encounter?

23 A. So this -- as a mental health assessment update,
24 we complete these typically annually to make
25 sure that all of the diagnoses are appropriate

1 and accurate, so this would have been a review
2 of history.

3 Typically, as all of the alerts would
4 state, there would be kind of assessing for
5 violence risk, escape risk, and self-injury
6 risk. She didn't express any thought, plan, or
7 intent for self-harm that day. The rest of the
8 information was historical.

9 Typically, I'll just ask folks to
10 confirm is this accurate as what's in the
11 record; then reviewed a bit on the mental health
12 caseload since 2017, attended appointments, so
13 just kind of a review of treatment to date.

14 And I believe that summary information
15 there covers some of the more primary concerns
16 at that time, so difficulty managing recent
17 change in therapists, feels as if those with
18 decisionmaking power are purposefully preventing
19 her from proceeding with gender reassignment
20 surgery. Successfully lost weight as
21 recommended by medical providers. Seems to be
22 developing some eating disorder behaviors and
23 thought patterns; however, there was some
24 improvement in that. And then her concerns
25 about what she referred to as documentation by a

1 medical provider indicating that surgery is not
2 medically necessary which led her to believe
3 that she was denied the surgery altogether.

4 So that was like a summary of kind of
5 what had been happening to date. And then the
6 current diagnoses on file are listed, some other
7 information that kind of just shows --
8 typically, I'll document things like
9 intelligence test scores, job history, how
10 frequently they're working, just kind of shows
11 whether or not the person is functioning
12 appropriately, if they're able to hold down a
13 job, things like that, so I'll include some of
14 that information to show continuity there.

15 And then chief complaints, her
16 expressing that she was distressed and
17 frustrated due to inability to move forward with
18 requested surgery within preferred or
19 anticipated time frame.

20 And so then really what the actual
21 content of the contact would have been
22 Interview/MSE area. So most of that was
23 probably just review of -- chart review,
24 honestly, and then based off of the
25 Interview/MSE section, she refused to

1 participate fully in the session, so there
2 wasn't a ton of probably discussion or contact
3 at that time.

4 Q. So going back to the self-injury alert section,
5 you note "Offender Brown did not express any
6 thought/plan/intent for self-harm during today's
7 brief encounter," correct?

8 A. Uh-huh.

9 Q. So you indicated now that Mrs. Zayre-Brown did
10 not want to engage with you at this particular
11 encounter; is that correct?

12 A. Yes.

13 Q. Is that why the encounter was brief?

14 A. Yes.

15 Q. And so the encounter being brief, she did
16 not -- there was not much time or engagement
17 available --

18 A. Correct.

19 Q. -- during what she could express --

20 ATTORNEY RODRIGUEZ: Wait until she's
21 finished.

22 BY ATTORNEY MAFFETTORE:

23 Q. So given that the encounter was brief, there was
24 not much engagement during which she would
25 have -- could have or would have expressed

1 thoughts, harm, or intent to self-harm, correct?

2 A. Yes. It was limited, but I typically ask that
3 question specifically for those alerts.

4 Q. And under the Interview/MSE section that you
5 were just referencing, Mrs. Zayre-Brown -- you
6 noted that Mrs. Zayre-Brown felt as if her
7 serious medical issue is being treated as if it
8 is not serious; is that correct?

9 A. Uh-huh.

10 Q. What did you understand that she meant by that?

11 A. So she said that -- or something to that effect
12 after I had -- was attempting to explain that,
13 you know, the meetings that she was requesting,
14 like she wanted to speak to certain people and
15 engage with certain people and that that
16 probably wouldn't happen. Unfortunately, in our
17 setting, it's not possible to kind of just have
18 contacts at will with folks, and so she was
19 unhappy with that response.

20 And then said, you know, she felt that
21 her serious medical issue is being treated as if
22 it's not serious, so she felt as if her
23 dysphoria wasn't being treated as a serious
24 illness. I don't know if I have quoted her
25 elsewhere, but she would -- for example, had

1 likened dysphoria to cancer and said "It's just
2 as important, and I need this treatment in the
3 same way a person would need chemotherapy." She
4 probably didn't say that in this contact, but I
5 do recall that being something she had said at
6 some point in contacts, so that she felt that
7 the surgery was necessary in order to -- you
8 know, and that we didn't think it was as
9 serious, kind of this self opposing thing that
10 she would feel that other people didn't feel as
11 if it was as important as she did.

12 Q. So under assessment, you note that Mrs. Brown is
13 most recently presenting with anxiety and
14 sadness regarding her inability to fully
15 transition as desired.

16 Did I read that correctly?

17 A. Uh-huh.

18 Q. In your view at this time, was
19 Mrs. Zayre-Brown's distress significant?

20 A. Yes. So she seemed -- she was very upset that
21 things weren't progressing as she would have
22 like.

23 Q. Was her distress associated with gender
24 dysphoria?

25 A. There's likely some association, yes.

1 Q. At this appointment, did you have any opinion
2 about what would be necessary to alleviate
3 Mrs. Zayre-Brown's gender dysphoria?

4 A. At the time, as far as what I believed or what I
5 believed she believed?

6 Q. What you believed at this time.

7 A. At this time, I believed what would have been
8 best was for her to get information that she
9 wanted but be more patient. You know, that was
10 kind of primarily my concern with her was her
11 fixation on this idea that surgery had been
12 denied throughout all this time when it wasn't,
13 and I was more concerned about her fixation on
14 that than -- I think it was more so about
15 answers in opposition to, oh, because it's not
16 what I want at this time.

17 That was what I saw, the bulk of the
18 frustration levels and anger and all of that was
19 more so related to feelings if she wasn't
20 getting responses that she should have gotten.
21 I did not necessarily say that that was
22 consistent with or related to -- not say related
23 to. I would say a direct result of gender
24 dysphoria, the level of frustration and being
25 upset.

1 Q. At this point in early October of 2021, were you
2 aware of how long Mrs. Zayre-Brown had been
3 requesting gender-affirming surgery from DPS?

4 A. I am not certain.

5 Q. Would you know whether or not Mrs. Zayre-Brown
6 had been requesting gender-affirming surgery
7 from DPS since October of 2017?

8 A. I do not know whether I was at this point aware
9 of the timeline.

10 Q. Would an understanding at this point that
11 Mrs. Zayre-Brown had been seeking
12 gender-affirming surgery for roughly four years
13 have changed your view of whether or not she was
14 being patient?

15 ATTORNEY RODRIGUEZ: Objection.
16 Mischaracterization of the witness' testimony.

17 You can answer.

18 THE WITNESS: So I'm -- the question is
19 a bit -- like a lot of different parts to it.

20 So if I would change my
21 characterization of being patient, no because
22 the concern that I had was that in the face of
23 the responses she was receiving or the answers
24 that she did have that she was not accepting
25 those pieces -- that part of it. Whether or not

1 I could understand why she was upset and
2 frustrated, yes, I can, but as far as
3 this -- her saying this is a reality and me
4 saying this is not what it is and the fact that
5 at those times she would not hear those things,
6 I don't think that was a result of gender
7 dysphoria. I think it was being upset about the
8 fact that the answers weren't aligning with what
9 she wanted at that time. That was what I
10 perceived in these moments. So had I said
11 something different or had I been able to
12 provide a different answer, I don't think she
13 would have -- it would be a -- dysphoria
14 wouldn't have been the issue causing that
15 distress.

16 BY ATTORNEY MAFFETORE:

17 Q. Are you aware of whether in the months preceding
18 this anyone had at any point stated in a medical
19 record that gender-affirming surgery was not
20 medically necessary for Mrs. Zayre-Brown?

21 A. According to what she had informed me, that was
22 something that was stated by someone in the
23 medical team. I wasn't familiar with that, and
24 it wasn't -- from what she told me, it wasn't
25 someone in-house, so it's not as -- by in-house,

1 I meant at the facility.

2 So I remember her saying that. I don't
3 recall having seen that for myself or being able
4 to confirm that in the record because it wasn't
5 someone like from our facility that -- to my
6 recollection that made that statement or put
7 that in documentation.

8 Q. Do you recall whether you looked through her
9 documentation in order to try to find
10 confirmation?

11 A. I think I had for my own purposes, yes.

12 Q. And what is your understanding of why not
13 receiving surgery, regardless of the time frame,
14 caused -- or the prospect of not receiving
15 surgery caused Mrs. Zayre-Brown so much
16 distress?

17 ATTORNEY RODRIGUEZ: Objection to form
18 and speculation.

19 You can answer.

20 THE WITNESS: So why it would cause so
21 much distress that she wasn't getting answers
22 that she wanted or getting the surgery, the
23 permission to get the surgery?

24 BY ATTORNEY MAFFETORE:

25 Q. Yes. The prospect of not having her surgery

1 approved, why did that give her so much
2 distress?

3 A. I mean, it's upsetting to not be able to -- if,
4 especially as you mentioned before, she's been
5 asking since 2017, then feeling as if it's never
6 going to happen, which she did communicate, and
7 feeling as if it was purposefully being delayed,
8 so that would be upsetting as well, like, to
9 know that or feel that there's no progress being
10 made and there's no -- you know, really, what I
11 think or what she kind of communicated is
12 feeling as if there was already decisions made
13 that just weren't placed on paper yet and that
14 would be upsetting because I think she felt
15 strung along in a way.

16 Q. Did you understand any of her distress or
17 frustration to be related to her need for the
18 surgery?

19 A. So in terms of overall presentation, again,
20 really, what it seemed as if the focus was was
21 the process being as she felt it should be, and
22 I really could not -- again, I think there's a
23 lot of different ways that dysphoria can present
24 itself, and clearly there was distress because
25 her physical appearance did not align fully with

1 how she identifies, but the level of frustration
2 and anger that she was expressing was directed,
3 from what I could see, more to the process and
4 how long the process was taking, the lack of
5 answers, those kind of things, or just not
6 liking the answers she was receiving at that
7 time.

8 Overall picture -- and I guess you'll
9 probably come to it as well. Overall picture
10 and functioning was, you know, pretty typical
11 to, you know, she was functioning effectively.
12 It wasn't as if this was significantly impairing
13 a ton of functioning for her, but she was upset
14 about it and understandably so.

15 ATTORNEY MAFFETORE: So I think we're
16 about the halfway mark, so I think now is a good
17 time to take a break.

18 (Brief Recess: 11:42 to 12:02 p.m.)

19 ATTORNEY MAFFETORE: Okay. Dr. Bowman,
20 just a reminder that you are still under oath
21 after this brief break.

22 I'm going to hand the court reporter
23 what's going to be marked as Exhibit 9.

24 (WHEREUPON, Plaintiff's Exhibit 9 was
25 marked for identification.)

1 ATTORNEY MAFFETORE: Exhibit 9 is a
2 document Bates-stamped DAC 442.

3 BY ATTORNEY MAFFETORE:

4 Q. Do you recognize Exhibit 9?

5 A. Yes.

6 Q. And what is it?

7 A. It's a clinical encounter administrative note
8 written by Nurse Practitioner Jennifer Norris.

9 Q. And what is the date of this administrative
10 note?

11 A. October 21, 2021.

12 Q. And does this administrative note pertain to
13 Mrs. Zayre-Brown?

14 A. Yes.

15 Q. And who is Jennifer Norris?

16 A. That was a nurse practitioner at Anson
17 Correctional Institution.

18 Q. And so the note states:

19 "Patient's EMR has been reviewed,
20 and the recommendations set forth by
21 the surgical team in regards to the
22 vulvoplasty have been met."

23 Did I read that correctly?

24 A. Yes.

25 Q. What is EMR?

1 A. Electronic medical record.

2 Q. It goes on to state:

3 "Patient has lost the recommended
4 amount of weight with an additional
5 amount of pounds lost. FTARC
6 committee chair, Dr. Bowman, was
7 notified of this and requested the
8 information be forwarded back to DTARC
9 for review."

10 Did I read that correctly?

11 A. Yes.

12 Q. Were you serving as the FTARC committee chair at
13 Anson at this time?

14 A. October 2021, I may have been like the -- so at
15 the time they were interviewing for the program
16 manager position, and so at this point I don't
17 know if it had been decided upon who it was, so
18 I think I facilitated one meeting in the
19 interim, but I wasn't the official chair or
20 formal chair.

21 Q. And so why were you notified about
22 Mrs. Zayre-Brown's weight loss?

23 A. I would imagine, as it stated, to communicate it
24 to the division, although I don't know why it
25 would have -- for it to -- you know, for

1 awareness for the FTARC so the next time the
2 FTARC met, it would be discussed, I would
3 imagine, so that it could be sent to the
4 division for review.

5 Q. So why did you request that the information be
6 sent to the division for review?

7 A. Because we can't make any determinations as a
8 facility. Like we had already sent all of this
9 up to the division. So the mental health piece
10 wasn't a component at this point, so any of the
11 medical piece that needed to be passed on to the
12 division would need to go up that chain of
13 command.

14 Q. So what did you believe would happen once
15 Mrs. Zayre-Brown had lost the recommended amount
16 of weight?

17 A. That that would be communicated to the necessary
18 parties so they could make decisions.

19 Q. Did you have any understanding about what
20 decisions -- like how those decisions would play
21 out?

22 A. No. I have no knowledge of what happens in the
23 division meetings or what they're considering.

24 Q. Did you speak to anybody at DTARC yourself
25 related to this weight loss?

1 A. I am not certain. I might have notified
2 Dr. Peiper perhaps, but I don't recall if I did
3 at this point.

4 Q. Would you have communicated any recommendations
5 at that point?

6 A. Not likely.

7 ATTORNEY MAFFETORE: So I am now going
8 to hand to the court reporter what will be
9 marked as Exhibit 10.

10 (WHEREUPON, Plaintiff's Exhibit 10 was
11 marked for identification.)

12 ATTORNEY MAFFETORE: And Exhibit 10 is
13 a document with a Bates stamp DAC 673.

14 BY ATTORNEY MAFFETORE:

15 Q. Do you recognize Exhibit 10?

16 A. Yes.

17 Q. And what is it?

18 A. A mental health progress note by me dated
19 November 8, 2021.

20 Q. And is this mental health progress note
21 pertaining to Mrs. Zayre-Brown?

22 A. Yes.

23 Q. And it notes -- the fourth line under
24 MSE/Behavioral Observations notes:

25 "Offender Brown shared that

1 alleviation of gender dysphoria is
2 her main focus."

3 Did I read that correctly?

4 A. Yes.

5 Q. What did you understand her to mean by that?

6 A. To my knowledge, she was basically stating that
7 improving her experience of gender dysphoria, so
8 being less dysphoric or being less distressed
9 based on these issues, was her main focus at the
10 time.

11 Q. Did you understand Mrs. Zayre-Brown to be
12 experiencing gender dysphoria at this time?

13 A. So, yes, that was still her diagnosis.

14 Q. What did you assess the severity of that
15 dysphoria to be?

16 A. Well, based off of her report, I am
17 imagining -- I know she would always typically
18 describe it as high, right, so she described
19 distress due to the difference being very
20 distinct, but as with any mental health
21 disorder, a clinician is looking at overall
22 functional impairment, and that wasn't typically
23 consistent with her report of the level of
24 distress, but she definitely would describe
25 herself as extremely distressed due to gender

1 dysphoria.

2 Q. So lower on the same page, Mrs. Zayre-Brown
3 reports that she cannot focus on other things in
4 life, she cannot be her authentic self under
5 present conditions, and she also stated that she
6 cannot focus on that or anything else because of
7 issues surrounding her gender dysphoria and lack
8 of information regarding surgery.

9 As her provider, did you believe that
10 Mrs. Zayre-Brown's gender dysphoria was impeding
11 her ability to engage with other aspects of her
12 mental health?

13 A. Honestly, I did feel as if it was primarily her
14 feelings about the process more so than the
15 gender dysphoria itself. And I simply say that
16 because of the fluctuations in her presentation
17 would be very consistent or specific to I want
18 the information, I want the information versus a
19 more general this is functioning how it is all
20 of the time. So like she described, I can't
21 focus on anything else, I can't do other things.
22 With discussion of some other strategies, I
23 believe she was able to overcome that.

24 So again, there's a level of distress
25 that I do believe was there, yes. Do I think it

1 was at the level that she would have
2 communicated, no, based off of her
3 functional -- her ability to function in
4 general. She's describing a lot of difficulty
5 at this point, and again, it could be a number
6 of factors. I don't have -- I didn't have
7 a -- I guess you would say like a specific tool
8 to be able to separate is this from the actual
9 dysphoria versus frustrations about this versus
10 anxiety symptoms. So, like, I don't have that
11 in a form of any kind, but just based off of her
12 overall functioning in general, it appeared to
13 be that this was very connected to I'm upset
14 about this process, I'm upset about the fact
15 that this is not going the way that it ought to,
16 so that's how I perceived it.

17 Q. What do you understand the symptoms of gender
18 dysphoria to be?

19 A. So not being consistent -- your physical
20 presentation not being consistent with your
21 identity. Your desire to be -- to present as
22 the identity you endorse. So significantly --
23 just in addition to having the desire to present
24 in that way, feeling as if your identity is more
25 aligned or consistent with that of the opposite

1 gender and wanting to appear in that way.

2 So usually it's about the physical
3 aspects of it, feeling as if your behaviors are
4 more consistent with the other gender and that
5 you want to -- greatly desire to have the parts
6 of the gender with which you identity.

7 Q. And how do you understand that to manifest the
8 symptoms in a patient?

9 A. Typically, people will desire -- will be seeking
10 to achieve -- so whether it's the social aspects
11 of it presentation-wise, and there's different
12 levels of being able to alleviate some of that.
13 So as she was describing, she -- in -- I will
14 just speak generally since the way it was
15 phrased, just understanding that folks will --
16 in this circumstance will desire to present as
17 such, so they may change their clothing, change
18 what they're wearing, how they present
19 themselves, and then there's different layers
20 which would go and include potentially receiving
21 gender-affirming medical care.

22 Q. So I understood you to just describe the
23 treatment that individuals seek --

24 A. And how it would --

25 Q. So I guess what I'm asking is do you understand

1 gender dysphoria to be associated with distress?

2 A. Yes.

3 Q. And how does that distress present in patients?

4 A. It can present in a number of different ways.

5 It can present as very similar to like
6 depression and anxiety symptoms and typically
7 related to the -- you know, not achieving what's
8 the alignment that they believe should
9 be -- should exist.

10 But typically the symptoms themselves
11 would appear or be more, I guess, accurately
12 encapsulated by depression, anxiety, things of
13 that nature. Those are the kind of symptoms
14 that we would be looking at.

15 So as that is stated, with all of these
16 disorders, everybody can experience any level of
17 distress, but typically the functional
18 impairment that's associated with that distress
19 is what we look at in terms of severity.

20 So, yes, I believe she was distressed
21 and upset about the gender aspects not being
22 consistent, but I believe more of the
23 presentation that I would see when she would
24 come in and be upset was focused on the process.

25 Q. So understanding that you just testified that

1 individuals experiencing gender dysphoria as a
2 result will seek out treatment, isn't it the
3 case that the process that Mrs. Zayre-Brown was
4 frustrated with was the process through which
5 she was seeking treatment and was as of the
6 date -- well, as we sit here today, still unable
7 to receive?

8 ATTORNEY RODRIGUEZ: I'm going to -- I
9 was waiting to make sure -- I'm going to object
10 to the form.

11 You can answer.

12 THE WITNESS: I was going to say,
13 clearly she has -- she is seeking to achieve it
14 and she has been unable to get with the full
15 treatment that she has requested, that is true.
16 And I would expect the stress to be associated
17 with that, that is true, yes.

18 BY ATTORNEY MAFFETTORE:

19 Q. And so the process that you were discussing that
20 you say that it seems that her frustration is
21 centered around, that's the process through
22 which she's seeking to get treatment for her
23 gender dysphoria, correct?

24 A. Correct.

25 Q. And so does it then follow that she is

1 frustrated because she is not receiving
2 treatment for her gender dysphoria?

3 A. That is what she believes, yes, the frustration
4 is due to not getting the treatment that she
5 wants.

6 Q. In the same note that we were just discussing,
7 Exhibit 10, Mrs. Zayre-Brown states -- or you
8 noted:

9 "She stated that she now
10 understands the reason that suicide
11 rates for transgender individuals is
12 so high. 'Lack of care can kill you.'
13 She explicitly stated that she is not
14 suicidal and explained the reason she
15 made statements about engaging in
16 self-injury in the past."

17 What did you understand her to mean
18 by -- that she understands the reasons that
19 suicide rates for transgender individuals are so
20 high?

21 ATTORNEY RODRIGUEZ: Objection.
22 Speculation.

23 You can answer.

24 THE WITNESS: I think she was basically
25 stating like she understands why people who go

1 through this same type of process and have to
2 await medical care and await treatment and await
3 outcomes lining up for them, they can be so
4 frustrated that they will get upset enough to
5 self-harm and to engage in suicidal behaviors.

6 BY ATTORNEY MAFFETORE:

7 Q. So your understanding of what Mrs. Zayre-Brown
8 was saying that not receiving care can lead to
9 self-harm and suicide?

10 ATTORNEY RODRIGUEZ: Objection.

11 Mischaracterization of the testimony.

12 You can answer.

13 BY ATTORNEY MAFFETORE:

14 Q. And I'm just trying to understand your
15 testimony.

16 A. Okay. So based off what she was saying, that
17 she can see why other people engage in this
18 behavior.

19 Q. I understand.

20 You can set that aside.

21 ATTORNEY MAFFETORE: I am now going to
22 hand the court reporter what will be marked as
23 Exhibit 11.

24 (WHEREUPON, Plaintiff's Exhibit 11 was
25 marked for identification.)

1 ATTORNEY MAFFETORE: Exhibit 11 is a
2 document that is Bates-stamped DAC 669.

3 BY ATTORNEY MAFFETORE:

4 Q. Do you recognize Exhibit 11?

5 A. Yes.

6 Q. What is it?

7 A. A mental health progress note dated November 22,
8 2021.

9 Q. And did you -- are you the provider listed on
10 this mental health progress note?

11 A. I am.

12 Q. And does this note pertain to Mrs. Zayre-Brown?

13 A. It does.

14 Q. At the time of this note, did you understand
15 Mrs. Zayre-Brown to be experiencing gender
16 dysphoria?

17 A. Yes, that was still her diagnosis.

18 Q. What did you assess the severity of that
19 dysphoria to be?

20 A. She provided a rating of 10 for extreme.

21 Q. And did you have any reason to believe
22 Mrs. Zayre-Brown's dysphoria level was not at a
23 10?

24 A. Basically, overall, like presentation and
25 functioning, you know, she was not functioning

1 at a level of 10. I would say, you know -- and
2 of course, their ratings -- any client, their
3 rating is their rating, and I have to just go by
4 what they say in terms of how they feel.

5 But as far as what else a clinician
6 will look at will have to do with that
7 functional impairment, as I discussed before,
8 and, you know, just her ability to engage and
9 interact. And kind of her overall presentation
10 didn't line up with a 10, but that's what she
11 documented that was the case, so that's
12 what -- that's what she stated was the case so
13 that's what I documented.

14 Q. What presentation would line up with a 10 in
15 terms of experiencing gender dysphoria?

16 ATTORNEY RODRIGUEZ: Objection.
17 Speculation.

18 You can answer.

19 THE WITNESS: So what I would expect to
20 see really related to gender dysphoria
21 specifically is that when the discussion about
22 some of the difficulties and the issues would be
23 more so about maybe the physical experience of
24 that part being there, that existing, that the
25 quality of kind of the discussion would be more

1 reflective of that sadness and anxiety related
2 to those specific things.

3 And as we have seen, I think as my
4 notes have kind of showed, everything kind of
5 went back to this isn't happening in this way or
6 this process and here's what this is -- so it's
7 those issues that was more of the focus and
8 typically, especially with other offenders that
9 I've worked with, it's usually more specifically
10 about the experiences of what's happening maybe
11 physically or those kind of concerns that they
12 present with, also how they function in
13 everything else which is -- I look at other
14 things to evaluate that, such as, you know,
15 infraction history and are they keeping up with
16 their job, are they doing these other things, so
17 I kind of take a look at that while I'm meeting
18 with a person.

19 But based off what's in here, you know,
20 she -- she's definitely solidly focused on this
21 is the only way to alleviate the level of
22 distress I'm experiencing, and so that is her
23 experience as she stated.

24 BY ATTORNEY MAFFETORE:

25 Q. So your understanding from Mrs. Zayre-Brown is

1 that surgery was the only way to alleviate the
2 distress that she was experiencing?

3 A. From her opinion, yes.

4 Q. Are you aware of what interventions
5 Mrs. Zayre-Brown has already begun to alleviate
6 her -- in attempt to alleviate her gender
7 dysphoria in the past?

8 A. Well, in terms of what she had shared as far as
9 the type of therapy that she had in the past and
10 like the frequency and things of that nature,
11 she had folks that she could call at any time
12 and FaceTime at any time, so that's just not
13 something we couldn't provide at our level, but
14 that was what she -- some of what she found to
15 be very helpful in terms of dealing with her
16 experience.

17 From the medical aspect, I can't really
18 speak to that as much. Clearly, she has had
19 some medical treatment to affirm her identity,
20 but I can't really speak as much to that aspect.

21 Q. What was your understanding of to what extent
22 those previous efforts alleviated
23 Mrs. Zayre-Brown's gender dysphoria at this
24 point?

25 A. And here's where the difficulty lies. Because

1 of the fact that she -- other than to name it,
2 she really didn't stay in the discussion about
3 dysphoria per se, right. So when she was
4 referring to me -- and I don't know if it was
5 this contact, but, yes, in this one, I was
6 recommending trauma processing and things like
7 that based off of some information she had told
8 me and she was saying that in the community, she
9 had more access to treatment and somebody to
10 speak with, but she still hadn't touched that
11 aspect of what caused distress.

12 So there were other things at play that
13 as a clinician I felt that needed to be dealt
14 with or would help alleviate overall functioning
15 and overall well-being, but she did talk about
16 it being very helpful to have that direct
17 contact and frequent contact with a therapist
18 that I could call whenever I could.

19 Q. Did you believe that the delay in the DTARC
20 rendering a decision as to Mrs. Zayre-Brown's
21 surgery was having an impact on her mental
22 health?

23 A. As far as her frustration and anger and
24 aggravation, those kind of things, yes.

25 Q. What -- did you believe that the delay in

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION
No. 3:22-cv-191

KANAUTICA ZAYRE-BROWN,

Plaintiff,

v.

NORTH CAROLINA DEPARTMENT OF
ADULT CORRECTION, et al.,

Defendant.

**AFFIDAVIT OF LEWIS JONATHAN
PEIPER, Ph.D.**

I, Lewis Jonathan Peiper, Ph.D., am an adult over the age of 18 years, have never been judged incompetent, and testify to the following based on my personal knowledge and expertise.

1. Exhibit 1 is a true and accurate copy of the North Carolina Department of Adult Correction's policy regarding the Evaluation & Management of Transgender Offenders. Exhibit 1 is bate stamped DAC 3421-3431.

2. Exhibit 2 is a true and accurate copy of the Report of Dr. Randi C. Ettner, PhD – dated February 3, 2023.

3. Exhibit 3 is a collection of true and accurate page excerpts of the deposition of Kanautica Zayre-Brown, taken on January 18, 2023.

4. Exhibit 4 is a true and accurate copy of a clinical encounter note, which is bate stamped DAC 1601-1604.

5. Exhibit 5 is a collection of true and accurate page excerpts of the 30(b)(6) deposition of Arthur Campbell, M.D. on behalf of the North Carolina Department of Adult Correction taken on April 18, 2023.

6. Exhibit 6 is a true and accurate copy of the North Carolina Department of Adult

Correction's Utilization Management Policy, which was marked as Exhibit 4 of the 30(b)(6) deposition of Arthur Campbell, M.D., on behalf of the North Carolina Department of Adult Correction.

7. Exhibit 7 is a collection of true and accurate page excerpts of the deposition of Gary Junker, PhD, taken on May 4, 2023.

8. Exhibit 8 is a collection of true and accurate page excerpts of the deposition of Lewis Peiper, Ph.D., taken on May 1, 2023.

9. Exhibit 9 is a collection of true and accurate page excerpts of the 30(b)(6) deposition of Lewis Jonathan Peiper, Ph.D., on behalf of the North Carolina Department of Adult Correction, taken on April 17, 2023.

10. Exhibit 10 is a true and accurate copy of a May 2020 Division Transgender Accommodation Review Committee Meeting and is bated stamped DAC 5205-000001-5205-000012.

11. Exhibit 11 is a collection of true and accurate page excerpts of the deposition of Arthur Campbell, M.D., taken on April 18, 2023.

12. Exhibit 12 is a collection of true and accurate page excerpts of the deposition of Brian Sheitman, M.D., taken on May 17, 2023.

13. Exhibit 13 is a true and accurate copy of Division Transgender Accommodation Review Committee Case Summary and is bated stamped DAC 3399-3403.

14. Exhibit 14 is a true and accurate copy of Position Statement Written by Dr. Campbell and is bated stamped DAC 3404-3415; Campbell 30(b)(6) Deposition Exhibit 4

15. Exhibit 15 is a true and accurate copy of a clinical encounter record dated 10/11/2017 and is bated stamped DAC 2767-2768.

16. Exhibit 16 is a true and accurate copy of a mental health assessment record – dated 10/13/2017 and is bate stamped DAC 2876-2878.

17. Exhibit 17 is a true and accurate copy of a mental health progress note dated 11/14/2017 and is bate stamped DAC 2852-2853.

18. Exhibit 18 is a true and accurate copy of a gender dysphoria treatment plan and is bate stamped DAC 2867-2868.

19. Exhibit 18 is a true and accurate copy of a medical treatment refusal record and is bate stamped DAC 389.

20. Exhibit 20 is a true and accurate copy of a mental health progress note dated 12/7/2018 and is bate stamped DAC 2485.

21. Exhibit 21 is a true and accurate copy of a August 2019 Division Transgender Accommodation Review Committee Report and is bate stamped DAC 1913.

22. Exhibit 22 are true and accurate copies of various notes regarding the UNC consultation and are bate stamped DAC 1030, 13-18, 732, 520-521.

23. Exhibit 23 is a true and accurate copy of a UNC Health Urology encounter notes by Bradley D. Figler, M.D. and is bate stamped DAC 826-834.

24. Exhibit 24 are true and accurate copies of emails between myself and Jennifer Dula, MSW, LCSW and are bate stamped DAC 4523-000001, 4524-00001-4524-00002, 4522-00001-4522-000002.

25. Exhibit 25 is a true and accurate copy of Jennifer Dula's Entry of a Transgender Accommodation Summary Note on 10/20/2021 and is bate stamped DAC 686-687.

26. Exhibit 26 is a true and accurate copy of a clinical encounter note entered by Dr. Caraccio on 10/21/2021 and is bate stamped DAC 444-446.

27. Exhibit 27 is a true and accurate copy of Division Transgender Accommodation Review Committee Report Final Determination of Referred Accommodation and is bates stamped DAC 3416-3418.

28. Exhibit 28 are true and accurate copies of various records from March 2019 and are bates stamped DAC 1552-1553, 1550, 2084, 2080, 2086-2116, 1548-1549.

29. Exhibit 29 is a true and accurate copy of a psychiatric progress note dated 10/27/2021 and is bates stamped DAC 683-685.

30. Exhibit 30 are true and accurate copies of various records from August 2019 and are bates stamped DAC 1465, 1916-1949, 1463-1464, 1462, 1822, 1819-1820.

31. Exhibit 31 are true and accurate copies of various records from December 2020 and January 2021 and are bates stamped DAC 1182-1183, 1288, 1292, 756, 1159-1162, 1171-1180.

32. Exhibit 32 is a true and accurate copy of a mental health progress note dated 4/25/2021 and is bates stamped DAC 728-729.

33. Exhibit 33 are true and accurate copies of various records from various dates and are bates stamped DAC 2876-2877, 2487-2489, 1852, 1548-1549, 1843-1844, 1999-2002, 1819-1820, 1176-1178, 1172-1173, 1171, 756, 753-754, 738-739, 673-674, 351, 168-169, 156-157.

34. Exhibit 34 is a true and accurate copy of a mental health progress note dated 12/6/2021 and is bates stamped DAC 666-668.

35. Exhibit 35 is a true and accurate copy of a mental health progress note dated 1/25/2022 and is bates stamped DAC 368.

36. Exhibit 36 is a true and accurate copy of a Facility Transgender Accommodation Committee Report and is bates stamped DAC 681-682.

37. Exhibit 37 is a true and accurate copy of a mental health progress note dated

11/8/2021 and is bated stamped DAC 673-675.

38. Exhibit 38 is a collection of true and accurate page excerpts of the is a true and accurate copy of Excerpts of the deposition of Patricia Hahn, Ph.D., taken on April 11, 2023.

39. Exhibit 39 is a collection of true and accurate page excerpts of the deposition of Marvella Bowman, Ph.D., taken on June 29, 2023.

40. Since August 15, 2019, Mrs. Kanautica Zayre-Brown has been housed at female facilities.

41. Mrs. Kanautica Zayre-Brown was the first person to be housed based on their gender identity—as opposed to their gender assigned at birth—within the North Carolina state prison system.

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[SIGNATURE PAGE TO FOLLOW]

Pursuant to 28 U.S.C. § 1746, I declare that the foregoing is true and correct.

This the 2nd day of October, 2023.


LEWIS JONATHAN PEIPER, Ph.D.