

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA**

ASHLEY DIAMOND,)	
)	
Plaintiff,)	
)	
v.)	Case No. 5:15-cv-00050 (MTT)
)	
BRIAN OWENS, et al.,)	
)	
Defendants.)	

**PLAINTIFF’S CONSOLIDATED REPLY TO DEFENDANTS’ OPPOSITIONS TO
PLAINTIFF’S MOTION FOR PRELIMINARY INJUNCTION**

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August 26, 2015

INTRODUCTION

A preliminary injunction should issue here because Plaintiff Ashley Diamond (“Ms. Diamond”) continues to be denied medically necessary care despite surface changes by Georgia Department of Corrections (“GDC”) officials, many of which exist only on paper.¹ Hence the fervent plea heard from within GDC: “we can’t fight alone, please step in.”²

Ms. Diamond’s decades-long treatment of her gender dysphoria remains drastically reversed. Defendants continue to withhold needed treatment for Ms. Diamond’s medical condition, including female gender expression, an integral component of her care as confirmed by GDC medical professionals and other competent medical authorities, and not rebutted by Defendants. Ms. Diamond also has a legitimate fear that her current hormone treatment will end if proceedings in this matter cease, as the sincerity of Defendants’ changes is belied by their months-long insistence on providing Ms. Diamond sub-therapeutic hormones and their continued refusal to provide hormones to other inmates in need.

Defendants oppose Plaintiffs’ Motion for Preliminary Injunction (ECF Nos. 1 and 2) by asserting mootness, and by improperly bifurcating Ms. Diamond’s request to be provided “medically necessary treatment for her gender dysphoria” into separate and insubstantial-seeming Eighth Amendment claims. Plaintiff’s Motion for a Preliminary Injunction should be granted, notwithstanding Defendants’ assertions, because her injunctive claims are not moot; she satisfies all of the requirements for preliminary relief; and the record clearly and unequivocally establishes that Defendants continue to show deliberate indifference to Ms. Diamond’s

¹ One example is the Freeze Frame Policy, SOP #VH47-0006, purportedly revised on Apr. 6, 2015 as Policy 507.04.68. See Aff. of Stephen Upton ¶ 4, ECF No. 36-3.

² Ex. A to the Declaration of Samuel Wolfe (“Wolfe Decl.”), filed herewith (reporting pervasive hostility toward transgender women, reckless denial of necessary healthcare, and retaliation against those seeking help). All exhibit citations herein refer to exhibits to the Wolfe Decl.

healthcare needs, and she remains at a grave and substantial risk of irreparable harm as a result.

ARGUMENT

A critical aspect of Ms. Diamond's Motion is the continued refusal of Defendants to provide her with the requisite treatment for her severe gender dysphoria. Defendants attempt to excuse their refusal to adequately treat Ms. Diamond's serious medical need by reference to arguments (related to administrative exhaustion, deliberate indifference, and mootness) developed separately within Defendants' motions to dismiss (ECF Nos. 36, 37). Yet Defendants' main argument centers on mootness and deliberate indifference—arguments which Ms. Diamond already rebutted at length in her opposition to Defendants' motions to dismiss. See Pl.'s Opp'n to Mots. to Dismiss at 3-12, 31-35, ECF No. 49.³

Ms. Diamond is likely to succeed on the merits with respect to deliberate indifference because, as articulated in the brief of the United States, Defendants' refusal to adequately treat Ms. Diamond's gender dysphoria as it would any other medical condition constitutes deliberate indifference. U.S. Stmt. of Interest at 8-18, ECF No. 29. Defendants also have subjective awareness of Ms. Diamond's risk of serious harm,⁴ yet their response is objectively insufficient—conduct which violates the Eighth Amendment. See, e.g., id.; Estelle v. Gamble, 429 U.S. 97, 103-06 (1976); Ancata v. Prison Health Servs., Inc., 769 F.2d 700, 704 (11th Cir. 1985) (knowing of a serious medical need while refusing to provide necessary care constitutes deliberate indifference).

³ Plaintiff has not failed to exhaust administrative remedies, as presented therein and accompanying record evidence. See Exs. A-G to the Ezie Decl. of May 18, 2015, ECF No. 49-3.

⁴ Defendants concede, as they must, that Ms. Diamond's gender dysphoria qualifies as a serious medical need under the Eighth Amendment. Nor do they argue in their opposition to the Motion lack of knowledge of Ms. Diamond's serious medical need stemming from her dysphoria, her primary diagnosis. See Ex. B, GDC Treatment/Housing Plan ("GDC Plan") at 4.

I. PLAINTIFF'S MEDICAL CARE REMAINS INADEQUATE

Where, as here, Defendants have subjective knowledge of an inmates' serious medical need, the Eighth Amendment requires a sufficient response to that need. Defendants cannot escape scrutiny by simply providing hormone care; the relevant inquiry is "whether the care provided is constitutionally adequate." U.S. Stmt. of Interest at 10 (collecting cases); accord Kothmann v. Rosario, 558 F. App'x 907, 910-11 (11th Cir. 2014); Estelle, 429 U.S. at 103-06. Nor must it be shown that prison officials are purposefully jeopardizing an inmate's health. Farmer v. Brennan, 511 U.S. 825, 836 (1994). Rather, it is enough that Defendants' treatment plan is a "substantial departure from accepted professional judgment, practice, or standards," Konitzer v. Frank, 711 F. Supp. 2d 874, 908 (E.D. Wis. 2010) (citation omitted), or "an easier but less efficacious course of treatment," Brown v. Johnson, 387 F.3d 1344, 1351 (11th Cir. 2004) (citation omitted)—one that has placed Ms. Diamond at an ongoing risk of harm.

A. Ms. Diamond Remains Without Adequate Medical Care

Defendants' failure to treat Ms. Diamond's gender dysphoria in a constitutionally adequate manner is confirmed by the fact that her gender dysphoria symptoms remain acute. See Diamond Decl. dated Aug. 26, 2015 ("Diamond Decl.") ¶¶ 21; Brown, 387 F.3d at 1350-51. Hormone therapy and female gender expression are *together* the medically necessary treatments for Ms. Diamond's gender dysphoria, as GDC records and providers confirm. See Exs. C-E. That Ms. Diamond's gender dysphoria does not respond to counseling⁵ or hormone therapy alone is evidenced by the fact that her compulsion to engage in self-harm and attempt self-castration has persisted in recent months, and that she continues to suffer from suicidality among other

⁵ Psychotherapy is not a "medically-indicated treatment for gender dysphoria." 3d Etnner Decl. ¶¶ 16-17.

debilitating dysphoria symptoms. Exs. D- E⁶; Ettner Decl. of Feb. 20, 2015, ¶ 53, ECF No. 2-1 (“1st Ettner Decl.”); Ettner Decl. of Aug. 26, 2015, ¶ 33 (“3d Ettner Decl.”).

B. Defendants’ Current Treatment Plan Ignores Competent Medical Advice

Significantly, Defendants refusal to allow Ms. Diamond to express her gender ignores recommendations by GDC providers knowledgeable about gender dysphoria care, including Drs. Stephen Sloan, Heather Harrison, and Cathleen Cleary, among others. See, e.g., Exs. C-E; Diamond Decl. ¶¶ 5-6. Defendants’ continued failure to adequately treat Ms. Diamond’s gender dysphoria, including banning her from expressing her gender,⁷ is not based on individualized medical advice, but rather a formal practice of restricting the gender dysphoria treatment available to inmates, notwithstanding medical necessity. Diamond Decl. ¶¶ 9-10. This is likewise proof that individualized treatment is still not being provided to inmates, and that only surface changes have been made to GDC policy. Soneeya v. Spencer, 851 F. Supp. 2d 228, 252 (D. Mass. 2012) (issuing injunction against prison officials in like circumstances).

C. Defendants’ Treatment Plan is Contrary to Medically-Accepted Standards

The inadequacy of Defendants’ proposed treatment regimen for Ms. Diamond is further evidenced by the fact that it is not “commensurate with modern medical science” and departs substantially from medical norms. U.S. Stmt. of Interest at 10-11 (citation omitted) (collecting cases). Every medical provider with knowledge of gender dysphoria—even providers within GDC—have recognized that female gender expression and gender role change are medically-necessary and critical components of Ms. Diamond’s gender dysphoria care. See Section B,

⁶See Exs. D & E, noting, inter alia, recent self-harm and self-injurious behavior; suicide and castration attempts in July, and that that Plaintiff “fears if things don’t get better, she’d want to be dead.”)

⁷ Defendants provided Ms. Diamond with a bra before the April 20 court hearing but rescinded it thereafter. Diamond Decl. ¶ 17.

supra; 1st Ettner Decl. ¶¶ 28-29, 52; 3d Ettner Decl. ¶¶ 15-16, 27. Yet, in violation of the Eighth Amendment, Defendants have prohibited her healthcare providers from authorizing this needed form of treatment. See Diamond Decl. ¶¶ 9-10; Estelle, 429 U.S. at 104-05. Defendants have also allowed GDC officials to adopt an official custom of treating transgender inmates like “men in men’s facilities”; subjecting them to harassment, and calling them derogatory names. See, e.g., Ex. G (installing Defendant Hatcher as Warden despite documented pattern of abusing gay and transgender inmates); Diamond Decl. ¶¶ 16-19 (documenting staff abuse); Exs. A, H-I (same).

Instead of providing Ms. Diamond with medically necessary care to alleviate her continued risk of harm, Defendants have simply placed her in a solitary confinement cell⁸ where she typically remains for 24 hours a day without access to light, exercise, or running water, much like inmates being punished for disciplinary infractions. Ex. B, GDC Plan at 15; Diamond Decl. ¶ 22. And while the record makes clear that this housing arrangement places Ms. Diamond at an even greater risk of harm, Defendants have simply stated that they can hospitalize her if she attempts suicide or self-castration again. See Ex. B, GDC Plan at 9.

This treatment proposal tacitly violates the Eighth Amendment, federal law, and medical norms,⁹ and belies any notion that GDC officials are adhering to “contemporary standards of decency.” Estelle, 429 U.S. at 103. Rather, given the undisputed importance of gender expression to Ms. Diamond’s gender dysphoria care, 3d Ettner Decl. ¶¶ 9, 15-16, Ex. C, Defendants’ ongoing refusal to make any accommodation in face of her severe symptoms constitutes deliberate indifference to her serious medical needs. See, e.g., Soneeya, 851 F. Supp. 2d at 252 (ordering prison officials to provide treatment beyond hormone therapy and to follow

⁸ Ms. Diamond’s current placement is interchangeably referred to as protective custody and administrative segregation.

⁹ See Prison Rape Elimination Act, 28 C.F.R. § 115.43, 3d Ettner Decl. ¶¶ 24-25.

the Standards of Care); Konitzer, 711 F. Supp. 2d at 908 (affirming that the denial of gender expression may constitute deliberate indifference).

II. PLAINTIFF’S REQUEST FOR AN INJUNCTION IS NOT MOOT

Defendants assert that the Motion is moot and their current treatment of Ms. Diamond’s dysphoria suffices—arguments which Ms. Diamond has previously refuted. See Opp’n to Mot. to Dismiss at 31-34, ECF No. 49. An injunction remains warranted—including with respect to hormones and the Freeze Frame Policy—because Defendants continue to deny Ms. Diamond medically necessary care, as set forth above. Nor have Defendants unambiguously terminated their practice of denying inmates individualized, medically adequate gender dysphoria care, including hormone therapy, as required under the doctrine of voluntary cessation.¹⁰ See Rich v. Sec’y, Florida Dep’t of Corr., 716 F.3d 525, 531 (11th Cir. 2013); Pl.’s Opp’n to Mot. to Dismiss at 31-35, ECF No. 49.

Despite carrying the burden of establishing mootness, Defendants have submitted no evidence that their revised policy purportedly replacing the Freeze Frame Policy is being implemented so as to provide medically appropriate, individualized care for gender dysphoria. Indeed, evidence is to the contrary: GDC authorities continue to deny transgender inmates hormone therapy saying that obtaining treatment under the new policy is unlikely. Diamond Decl. of May 18, 2015, ¶¶ 13-21, ECF No. 49-1.¹¹ Even after Defendants represented to the

¹⁰ Defendants’ opposition, ECF No. 36 at 5-6, discusses a different “capable-of-repetition doctrine” with a requirement that the challenged action be of a duration too short to be fully litigated prior to cessation or expiration. Defendants also fail that standard of mootness because denial of consistent medical care of dysphoria poses serious consequences. 3d Etnner Decl. ¶¶ 9, 22, 33.

¹¹ GDC officials who continue to refuse adequate healthcare to transgender inmates include Defendants Thompson and Silver who remained providers directly involved in Ashley Diamond’s care. Diamond Decl. at ¶¶ 11-13; Plan at 6). Plaintiff’s Motion is self-evidently not moot as to them. E.g., Doe v. Wooten, 747 F.3d 1317, 1322 (11th Cir. 2014).

Court that Ms. Diamond's healthcare claims were moot, she remained without access to medically appropriate hormone care for months thereafter. See id. ¶¶ 1-14, 2d Ettner Decl. of May 18, 2015, ¶¶ 16-21, ECF No. 49-2. Defendants' months-long failure to provide Ms. Diamond bras or needed hormone treatment—contrary to their representations to the Court—and their continued failure to provide hormones to other transgender inmates are reasons to mistrust their claim that they have unambiguously terminated the conduct at issue and will comply with the law going forward. Thus, an injunction is warranted because Defendants have not carried their burden of establishing mootness and the record makes clear that court supervision is required.

III. PLAINTIFF FACES IRREPARABLE HARM

Contrary to Defendants' assertions, the record clearly and unequivocally shows that Ms. Diamond continues to face a grave risk of irreparable harm due to Defendants' refusal to provide her prescribed and medically necessary dysphoria care. Ms. Diamond's suicidality and impulses to engage in self-harm have continued in recent months despite her receipt of hormones—irrefutable proof of the inadequacy of her current treatment plan and the severe risk of harm she continues to face. 1st Ettner Decl. ¶ 53. The law is clear that an inmate “does not have to await the consummation of threatened injury to obtain preventive relief;” Farmer, 511 U.S. at 845. Yet, this is precisely what Defendants propose when, rather than authorizing needed treatment for Ms. Diamond, they offer up emergency hospitalization instead. An injunction is proper here because Defendants' response to Ms. Diamond's persistent medical needs is “incompatible with the concept of human dignity.” Brown v. Plata, 131 S. Ct. 1910, 1928 (2011).

IV. BALANCE OF HARMS AND PUBLIC INTEREST SUPPORT AN INJUNCTION

Defendants argue that the balance of harms weighs in their favor because prisons are entitled to deference, and GDC's ability to maintain order and security outweigh Ms. Diamond's need for care. Def's Opp'n at 12, ECF No. 36. However, deference to prison officials is not a blind mandate as Defendants suggest; otherwise, the Eighth Amendment would be a dead letter. Plata, 131 S. Ct. at 1928-29 (holding that courts "must not shrink from their obligation to enforce the constitutional rights of all persons, including prisoners . . . Courts may not allow constitutional violations to continue simply because a remedy would involve intrusion into the realm of prison administration.") (citations and quotations omitted); Farmer, 511 U.S. at 832 (the Constitution does not permit inhumane prisons; it "imposes duties" on prison officials, who "must ensure that inmates receive adequate . . . medical care").

Moreover, Defendants ignore that the balance of harms sharply favors Ms. Diamond because of the acute risk of physical and mental harm she will continue to face so long as medically necessary gender dysphoria treatment continues to be denied. *Supra*, Section I.

Security concerns do not alter this equation, because transgender prisoners across the country access female grooming items safely and without risk of injury when they are appropriately housed, consistent with their security classifications. 3d Ettner Decl. ¶ 31. This is further corroborated by the record in this case, which shows that Ms. Diamond has been safe from sexual assault when she has been housed in accordance with her security classification, rather than in closed-security environments or alongside known sexual aggressors in violation of PREA.¹²

While GDC officials claim that "housing Ms. Diamond in a general population dorm at a

¹² The only security issues Ms. Diamond faced at Rutledge State Prison stemmed from the behavior of the Warden, Defendant Hatcher, who violated prison policy and federal law, and caused her to be labeled a snitch. See PREA, 28 C.F.R. §115.67.

male facility while adorning a female hairstyle and makeup” could pose additional problems, Upton Aff. ¶ 15, ECF No. 36-4, they do not raise any security concerns about allowing Ms. Diamond access to female undergarments or hair removal products. Def’s Opp’n at 12, ECF No. 36. Defendants also fail to put forth any evidence explaining why allowing Ms. Diamond to express her gender is incompatible with Ms. Diamond’s future housing plan, which is housing her in an isolation cell typically for 24 hours a day where she has no access to other inmates.¹³ GDC Plan at 15; Diamond Decl. ¶ 22 . In short, while “[g]eneral, amorphous security concerns cannot be grounds for refusing to provide medically recommended treatment.” U.S. Statement of Interest at 11 n.20, that is all Defendants have provided here. Accordingly they are not entitled weight when balancing the interests at play. *Id.*; *Soneeya*, 851 F. Supp. 2d at 250.

Nor does a prison administrator’s duty to protect transgender inmates abdicate their responsibility to provide medically necessary care, particularly when alternate housing options are available. *See* 28 C.F.R. § 115.42(c) (stating that transgender inmates can be placed in female or male facilities and individualized housing determinations should be made). Instead, an injunction should issue because the public interest is served by humanely treating transgender inmates, consistent with the concept of decency, and when constitutional rights are respected more generally. *See, e.g., Norworthy v. Beard*, --- F. Supp. 3d ----, 2015 WL 150097, at *21 (N.D. Cal. April 15, 2015); *United States v. Raines*, 362 U.S. 17, 27 (1960) (“[T]here is the highest public interest in the due observance of all the constitutional guarantees.”).

V. DEFENDANTS REMAIN WITHIN THE SCOPE OF REQUESTED RELIEF

An injunction remains necessary as to Defendants McCracken, Thompson, and Silver (the “Doctor Defendants”). In their brief, ECF No. 37, they state that Ms. Diamond is housed at

¹³ Plaintiff does not concede that her confinement in solitary is constitutionally adequate.

Georgia State Prison, and not under their care. But Ms. Diamond has since been transferred back to Rutledge State Prison where she was again under the care of Defendants Thompson and Silver. Ms. Diamond was later transferred yet again and currently is at Augusta State Medical Prison. Due to the serial transfer of Ms. Diamond, it is not at all unlikely that Ms. Diamond may come under the care of the Doctor Defendants in the future,¹⁴ so the complained of conduct is capable of repetition and a preliminary injunction is justified. Wooten, 747 F.3d at 1324. Furthermore, Drs. Thompson and Silver approved the treatment plan recently submitted by GDC, such that they cannot claim that they are no longer involved in Ms. Diamond's care.¹⁵

CONCLUSION

For the foregoing reasons Ms. Diamond requests that the Court grant her Motion for a Preliminary Injunction.

August 26, 2015

Respectfully submitted,

/s/ Samuel Wolfe,

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¹⁴ Ex. B at 15 n.1, noting Ms. Diamond's serial transfers among GDC facilities.

¹⁵ The Doctor Defendants make no other substantive arguments. ECF No. 37.

CERTIFICATE OF SERVICE

I hereby certify that on this August 26, 2015, I electronically filed the foregoing **PLAINTIFF'S CONSOLIDATED REPLY TO DEFENDANTS' OPPOSITIONS TO PLAINTIFF'S MOTION FOR PRELIMINARY INJUNCTION** with the Clerk of Court using the CM/ECF system which will automatically send email notification of such filing to the following attorneys of record:

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/s/ Samuel Wolfe

Samuel Wolfe

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ASHLEY DIAMOND,)	
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Plaintiff,)	
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v.)	Civ. Action No. 5:15-cv-00050 (MTT)
)	
BRIAN OWENS, et al.,)	
)	
Defendants.)	

DECLARATION OF ASHLEY DIAMOND

I, Ashley Diamond, hereby declare and state as follows:

1. I am a transgender woman with gender dysphoria and the plaintiff in this case.
2. I am currently in the custody of the Georgia Department of Corrections (“GDC”), where I have repeatedly appealed to authorities to provide me with medically necessary treatment for my gender dysphoria, including hormone therapy and the ability to express my gender.
3. Before entering GDC I lived as a woman for nearly twenty years. Living as a woman was a natural and effective way of treating my gender dysphoria, and was deemed necessary by my medical providers.
4. This critical form of treatment has been stripped away from me since my entry into GDC custody. Even though I have received some hormone therapy since initiating my lawsuit against GDC, my gender dysphoria continues to worsen because I am being denied a necessary component of my medical care—the ability to express my gender.
5. Every medical provider with knowledge of gender dysphoria and the medically accepted Standards of Care has affirmed that the medically necessary treatment for my gender dysphoria consists of hormone therapy and gender role change.

6. This includes medical providers within GDC. For example, Dr. Stephen Sloan, Dr. Heather Harrison, Dr. Cathleen Cleary, and Dr. Carol Seegert have each confirmed that female gender expression is a required component of my gender dysphoria care, and that I will continue to experience severe symptoms without it, including depression, anxiety, suicidality, and the impulse to engage in self-castration and self-harm.

7. Along with medical professionals within GDC, Dr. Randi Ettner, a renowned specialist and co-author of the medically accepted standards for gender dysphoria care, also confirmed that female gender expression is integral to my care in an evaluation earlier this year.

8. Despite the consensus among these and other medical professionals regarding my need to express my gender, I recently received a Treatment Plan from the Department that omitted any reference to female gender expression.

9. DeNeen Bates, one of the authors of the Treatment Plan, told me that gender expression was excluded from my treatment plan because it was currently prohibited by the Department, so she did not have the ability to authorize treatment.

10. When I asked Ms. Bates whether her opinion on my need for a gender role change differed from Dr. Sloan's, Ms. Bates told me that she had no experience treating transgender inmates, that the treatment of gender dysphoria is "beyond her expertise," and that she was simply following departmental policy.

11. Ms. Bates confirmed that Defendants Thompson and Silver, who also lack experience treating gender dysphoria, were part of the decision-making process that led to ongoing refusal of my medically necessary treatment.

12. I signed the Treatment Plan because I had no ability to refuse, even though I was concerned about its contents and that Bates, Thompson, and Silver lacked knowledge about the

treatment of gender dysphoria.

13. Like Bates, Thompson, and Silver, Dr. Williams, the Clinical Director of Mental Health Services at Augusta State Medical Prison (“ASMP”), told me he has no experience or familiarity whatsoever with gender dysphoria or the medically-accepted standards of care. Upon my arrival at ASMP, Dr. Williams informed me that I was the first transgender person he had ever encountered and the first to ever be housed at ASMP.

14. When I asked Dr. Williams why Dr. Sloan, Dr. Harrison, and Dr. Cleary’s treatment recommendations were not being implemented, he told me that because of GDC’s stance on gender dysphoria treatment and his lack of knowledge in the field, he could not provide me treatment beyond counseling and relaxation worksheets.

15. Receiving hormone therapy while being denied the ability to express my female gender is the cruelest form of torture I can imagine. It intensifies my gender dysphoria and creates mental anguish and physical distress by communicating to me that my entire existence is wrong.

16. On a daily basis GDC personnel also erase and reverse the minimal treatment I have received through their words and actions. I am constantly misgendered by GDC personnel who insist on referring to me using male pronouns, calling me demeaning names like “faggot,” “he/she” and “it;” and telling me that I am “a man in a man’s facility.” This treatment is counter to the Standards of Care and medically accepted norms, and intensifies my gender dysphoria symptoms by making me feel ashamed, degraded, and less than human.

17. Contrary to the medically accepted Standards of Care, GDC has also denied me items that affirm and solidify my gender identity. For example, while GDC issued me bras at one point, the bras were taken away from me shortly thereafter. I have also been repeatedly denied

access to female underwear, and have instead been provided oversized male boxers which intensify by dysphoria by undermining my identity as a woman.

18. While I feel devastated by GDC's refusal to allow me access to female undergarments, when I have attempted to fashion them from the clothing provided to me in order to ease my dysphoria, I have been reprimanded.

19. I have also been reprimanded and disciplined for my self-expression as a woman. On July 20, 2015, for instance, I was thrown into solitary confinement and given a disciplinary report for my female gender presentation.

20. Being continually punished for my identity as a woman—the only identity I've ever known—kills me inside. Twenty four hours a day I battle a debilitating and agonizing desire to end my life, because being forced to change my gender and live as male makes me feel like I am already dead.

21. Because my gender dysphoria is not being properly treated I have also been compulsively binding my genitals and attempting to castrate myself in hopes of making my agony go away. Even though I have received emergency medical treatment in recent weeks and been warned that I may suffer permanent injury and disfigurement if my castration attempts continue, it is something I no longer feel able to control because of the incongruence that I feel.

22. Since being placed in solitary confinement at ASMP on August 4, 2015—allegedly for my protection—my gender dysphoria symptoms, suicidality, and impulses to self-harm have worsened. I am locked down in a solitary cell for 24 hours a day, without access to light, exercise, or running water, and feel more hopeless and desperate than ever.

23. I fear that I will never receive adequate treatment for my gender dysphoria while in GDC, but will instead remain in solitary and continue to be punished for who I am, and for

GDC's unwillingness and inability to properly care for me.

24. Without hormone therapy *and* the ability to express my gender, I fear that my self-harming behaviors will persist. Although I have reported these ongoing problems to GDC, their only response has been to arrange for me to be visited twice a week, so that I can be hospitalized if I have attempted suicide again or engaged in self-harm.

25. The most recent Treatment Plan I received from GDC suggests that I am "distressed and uncomfortable living life displaying outward feminine mannerisms within a male prison," but that is not true. The distress and anxiety I feel in the custody of the GDC is caused by GDC's refusal to allow me to express my gender and to instead force me to live as a man.

26. The problems I am experiencing are not mine alone, because GDC has only made surface-level changes to their policies concerning transgender inmates as a whole. Despite GDC's claim that they have ended their freeze frame policy, transgender inmates continue to be refused access to medically necessary hormones. These include transgender inmates Robert "Robin" Bayse (GDC No. 954691), Ronald "Olivia" Cox (GDC No. 1000447278), and James "Candi" Moore (GDC No. 1001090349).

27. These inmates have been told that hormone therapy access is unlikely without documentation of past treatment, even under the new GDC policy. They have also been denied care and told to develop coping mechanisms by Defendants Thompson and Silver, GDC officials who have also interfered with my prescribed medical care.

Pursuant to 28 U.S.C. § 1746, I hereby declare and state under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: August 26, 2015

Respectfully submitted,

/s/ Ashley Diamond
Ashley Diamond

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ASHLEY DIAMOND,)	
)	
Plaintiff,)	
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v.)	Civ. Action No. 5:15-cv-0050-MTT
)	
BRIAN OWENS, et al.,)	
)	
Defendants.)	

THIRD DECLARATION OF DR. RANDI C. ETTNER

1. I, Dr. Randi C. Ettner, am a clinical and forensic psychologist and an expert in the diagnosis and treatment of gender dysphoria with nearly 40 years of clinical experience. My experience and qualifications are set forth in my declaration of February 20, 2015, which also contains a copy of my curriculum vitae (*see* Doc. 2-1, Declaration of Dr. Randi C. Ettner), and in my declaration of May 18, 2015 (*see* Doc. 49-2, Second Declaration of Dr. Randi C. Ettner).

2. I have personally evaluated Ashley Diamond, the Plaintiff in this matter, and have reviewed Ms. Diamond’s mental health and medical records.

3. I am over the age of 18, have actual knowledge of the matters stated herein, and could and would so testify if called as a witness.

Ms. Diamond’s Treatment and Housing Plan

4. I have reviewed the treatment and housing plan developed for Ashley Diamond (the “Plan”) as was filed under seal by the Georgia Department of Corrections and provided to me by counsel for Plaintiff on August 14, 2015.

5. The Plan, which purports to address Ms. Diamond’s “problems,” is diametrically opposed to evidence-based, best-practice medical care, to the WPATH Standards of Care, and to

the recommended treatment plan for this inmate. The adage that “the treatment is worse than the disease” is fully applicable in this case.

6. The proposed Plan belies an underlying ignorance of the clinical condition of gender dysphoria by presuming that “conflict . . . leads to self-injurious behavior and sporadic suicidal ideation,” which is medically inaccurate.

7. The Plan’s stated goal is that “Inmate Diamond will live with incongruity between his [sic] female gender identity and male anatomy without engaging in self-injurious behavior or suicide attempts for the next 6 months.” Gender dysphoria is, by definition, the incongruity between female gender identity and male anatomy. That is the description of Ms. Diamond’s diagnosis, not a treatment. It is as if, by analogy, one suggested that that the goal of treatment for the hypertensive patient is the live with the incongruity of a systolic blood pressure of 180 without cardiovascular accident.

8. Ms. Diamond’s condition does not lead to self-injurious behavior and suicidal ideation. *It is the lack of appropriate treatment that leads to self-injurious behavior.*

9. Ms. Diamond transitioned to her affirmed gender (social role transition) and took feminizing hormones for decades prior to incarceration. That was—and remains—the medically-necessary treatment for her condition. It is only when deprived of this medically-indicated treatment that Ms. Diamond is at risk for self-injurious behavior.

10. To take the position that “coping strategies to include relaxations skills” and “cognitive behavioral therapy” are adequate or appropriate treatments for gender dysphoria is to mistake the symptom for the disorder.

11. The Plan’s proposed treatment (i.e. relaxation and engaging in productive activities) has no medical efficacy or scientific basis. Indeed, a review of the literature fails to

yield a single study demonstrating any value in such behavioral strategies. Gender dysphoria is not a behavioral disorder. By analogy, the Plan is akin to treating a pulmonary fibrosis patient with relaxation techniques and counseling, but not providing oxygen.

The WPATH Standards of Care

12. The treatment of gender dysphoric patients is a specialized field of medicine, and is associated with a large body of scientific literature detailing ongoing improvements and refinements in care.

13. The standards of care for treating gender dysphoria are set forth in the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC). They are recognized as authoritative by the American Medical Association, the American Psychiatric Association, the American Psychological Association, and the World Health Organization.

14. The National Commission on Correctional Health Care (NCCHC) also recommends treatment in accordance with the WPATH SOC for people in correctional settings.

15. The WPATH SOC identify (A) changes in gender expression and role and (2) hormone therapy to feminize the body as the most important components of treatment protocols.

16. The ability to live as a woman markedly attenuates psychopathology, which is why it is a crucial part of the medically-indicated treatment for gender dysphoria. It is widely recognized that the gender dysphoric individual suffers from the incongruity of appearance and identity, and the importance of living as female therefore cannot be minimized.

17. Counseling is not medically-indicated treatment for gender dysphoria. Although it can be useful in some cases, particularly in the very early stages of “discovery” and understanding the disorder, counseling cannot replace the medically-indicated treatment for gender dysphoria.

18. The SOC mandate that once a diagnosis is made, a treatment plan should be developed based on an individualized assessment of the particular patient. That plan, and all subsequent treatment, must be administered by clinicians qualified in treating patients with gender dysphoria.

19. The SOC specify the qualifications that professionals must meet in order to provide care to gender dysphoric patients (*See* Section VIII). In particular, the SOC provide that a mental health professional must have “knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria” and obtain continuing education in the assessment and treatment of gender dysphoria.

20. Also of note is that the WPATH SOC mandates that “mental health professionals who are new to the field (irrespective of their level of training and other experience) should work under the supervision of a mental health professional with established competence in the assessment and treatment of gender dysphoria.”

21. In addition to the minimum credentials above, clinicians working with gender dysphoric patients should develop and maintain cultural competence to facilitate their work.

22. Treatment plans and decisions developed and implemented by individuals lacking the requisite clinical experience can result in completely inadequate—even dangerous—care for patients with gender dysphoria.

Analysis of Ms. Diamond’s Institutional Treatment and Housing Plan

23. Health care for people living in institutional environments should not differ from the care available in non-institutional settings. The SOC are explicit in this regard: “All elements of assessment and treatment as described in the SOC can be provided to people living in institutions. Access to these medically necessary treatments should not be denied on the basis of

institutionalization or housing arrangements . . . Denial of needed changes in gender role or access to treatments . . . are not reasonable accommodations under the SOC” (Section XIV).

24. The “*Treatment plan to assist in the mental health treatment of Offender Diamond while in Protective Custody*”—which consists largely of completing worksheets and deep-breathing—is a staggering display of ignorance regarding a complex medical disorder. Mental health providers who employ these ineffectual techniques are guilty of practicing outside their area of expertise, violating professional ethics, and revealing an absence of the most basic, foundational knowledge of this multi-disciplinary area.

25. Although issues of safety are a legitimate concern, protective custody, administrative segregation, and supermax facilities are extremely isolating living situations and are widely recognized to be damaging to individuals. Limited human contact and interaction are profoundly damaging to mental stability, health, and well-being. Even short periods of isolation produce documented psychological damage, including “intense anxiety, confusion, lethargy, panic, impaired memory, psychotic behavior, hallucinations, perceptual distortion, difficulty eating, inability to communicate, hypersensitivity to external stimuli, violent fantasies, and reduced impulse control.”

26. Placing Ms. Diamond, a gender dysphoric individual who also suffers from PTSD, in an isolated environment is tantamount to condemning her to an ingravescient course of mental illness, especially given her history of suicidal ideation and self-injurious behavior in such circumstances.

27. Instead, the medically-indicated treatment for Ms. Diamond’s gender dysphoria includes needed changes in gender role, including what is routinely provided or made available to female prisoners housed with females. This typically consists of undergarments, grooming

tools, and hairstyle modification, all of which allow for a female presentation and social signifiers.

28. Denial of such needed changes jeopardizes care and is not a reasonable accommodation.

Summary and Conclusion

29. Decades ago, some considered gender dysphoria to be a mental disorder. Presently, advances in brain research, particularly functional magnetic resonance imaging, indicate otherwise. Differences in the brain, most notably in the right hemisphere and parietal area, suggest that the condition is neurodevelopmental.

30. As a clinical and forensic psychologist who specializes in gender conditions, I have visited numerous state, federal, and military prisons throughout the United States. I have also been a consultant to policy makers regarding appropriate care of transgender inmates.

31. In this capacity, I routinely encounter inmates with access to the grooming aids and accoutrements available to female prisoners. These individuals live safely and comfortably housed among men. In every case, they serve their sentences while receiving the medical care—social role transition *and* hormone therapy—that undergirds identity consolidation and emotional well-being.

32. I have also had the distressing experience of witnessing the despair, self-harm, physical deterioration, and disabling psychological decompensation of inmates who are untreated or mistreated, whether due to ignorance or deliberate indifference. Sadly, some of these individuals decide that life with unremitting pain is worse than death.

33. I therefore emphatically reiterate my opinion—which I am confident is accurate to a reasonable degree of medical certainty—that the treatment and housing plan outlined for Ashley Diamond is medically contraindicated, and places her at dire risk for lifelong harm.

Pursuant to 28 U.S.C. § 1746, I hereby declare and state under penalties of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: August 26, 2015

Respectfully submitted,

/s/ Randi C. Ettner

Dr. Randi C. Ettner

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA**

ASHLEY DIAMOND,)	
)	
Plaintiff,)	
)	
v.)	Case No. 5:15-cv-00050 (MTT)
)	
BRIAN OWENS, et al.,)	
)	
Defendants.)	

DECLARATION OF SAMUEL WOLFE

I, Samuel Wolfe, hereby declare and state as follows:

1. I am an attorney at the Southern Poverty Law Center, and counsel for Plaintiff in this case. I submit this declaration in support of Plaintiff’s Reply to Defendant’s Opposition to Plaintiff’s Motion for Preliminary Injunction, filed herewith.

2. Attached hereto are true and correct copies of the following:

Ex.	Document
A	Decl. of Christopher Leach dated November 23, 2013
B	Copy of Document filed August 14, 2015
C	Mental Health Progress Notes of Dr. Stephen Sloan
D	Selected Medical Records for Ashley Diamond (Bates Nos. beginning MED RECS)
E	Selected Mental Health Records for Ashley Diamond (Bates Nos. beginning MH DOCS)
F	Selected PREA Report Records for Ashley Diamond
G	Termination Records for Shay Hatcher
H	Decl. of Gordon N. Berry dated August 5, 2014
I	Decl. of James Moore, Jr. dated November 23, 2013

3. On August 17, 2015 counsel for the Georgia Department of Corrections (“GDC”) represented to counsel for Plaintiff that the document attached hereto as Exhibit B had been filed under seal solely to protect the privacy of our client, and that we were free to disseminate it publically if it was so desired. Ms. Diamond has reviewed and consented to the public filing of this information.

4. The medical, mental health, and PREA Report records attached as Exhibits D, E, and F were produced to the offices of the Southern Poverty Law Center by counsel for Defendants.

5. The records related to the August 2000 termination of Defendant Shay Hatcher attached as Exhibit G were obtained through an Open Records Request to GDC.

Pursuant to 28 U.S.C. § 1746, I hereby declare and state under penalties of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: August 26, 2015

Respectfully submitted,

/s/ Samuel Wolfe

Samuel Wolfe, Esq.

EXHIBIT A:

Declaration of Christopher Leach dated November 23, 2013

IN The United States District Court
FOR the middle District of Georgia

ASHLEY A. Diamond
Christopher Leach
JAMES moore JR
Gabriel Buckner

v/s

Georgia Dept of Corrs.
Rutledge State Prison

Declaration
of
Christopher Leach

Christopher Leach hereby declares:

I have been locked up at Rutledge Prison since 8/13. I am roommates with Ashley Diamond in the F building of Rutledge State Prison. On 10/29/13 I filed a grievance against officer Gordon for making derogatory statements, calling me faggots and telling me that he ~~does~~ doesn't care if I mental health or not. Even worse than that I have sought counseling for treatment of concerns that only gay men have, such as unfair treatment and my struggles with my gender. I have been housed in the Dept of Corrs. before and have been the victim of sexual assault that rarely get investigated or treated with concern. Prea efforts, aren't enough to keep us safe as we struggle to survive ~~and~~ daily

I STAY EXTREMELY depressed and have ASKED FOR treatment and been told they do not have the resources to help us. Even worse the FEAR OF RETALIATION IS A SERIOUS CONCERN FOR ALL PEOPLE WHO ARE INVOLVED. I HAVE WATCHED MY ROOMMATE STRUGGLE WITH her g.i.d, singled out FOR SUPPLYING US WITH resources FROM outside AGENCY, AS WELL AS BE TOLD there is no treatment options AVAILABLE ~~FOR~~ FOR someone like her. She helps us understand more ABOUT OUR RIGHTS, but the more we REQUEST help the more pressure is put on her FROM STAFF. WE ALL ARE AFRAID AND NEED help FROM the courts to help make the D.O.C. be more helpful to OUR serious medical NEEDS AND SAFETY. WE CANT FIGHT ALONE. PLEASE STEP IN.

I DECLARE under PENALTY
the foregoing is true and correct
EXECUTED NOV. 23, 2013 AT
COLUMBUS, GA.

Chris Leach
#1257418

EXHIBIT B:

Housing/Treatment Plan for Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA
MACON DIVISION

ASHLEY DIAMOND,

Plaintiff,

v.

BRIAN OWENS, Commissioner, et al.,

Defendants.

Civil Action No.:

5:15-CV-50-MTT

**NOTICE OF FILING UNDER SEAL HOUSING/TREATMENT PLAN FOR
PLAINTIFF**

COME NOW, Counsel for Defendants, pursuant to this Court's August 11, 2015, Order, submit the attached Housing/Treatment plan for Plaintiff. As permitted by this Court's text only docket entry of August 12, 2015, this document is being filed under seal.

Respectfully submitted this 14th day of August, 2015.

SAMUEL S. OLENS 551540
Attorney General

KATHLEEN M. PACIOUS 558555
Deputy Attorney General

DEVON ORLAND 554301
Senior Asst. Attorney General

/s/ Deborah Nolan Gore
DEBORAH NOLAN GORE 437340
Asst. Attorney General

Elizabeth M. Crowder
Assistant Attorney General
Department of Law, State of Georgia
40 Capitol Square, S.W.
Atlanta, Georgia 30334-1300
Telephone: (404) 463-8850
Facsimile: (404) 651-5304
E-mail: ecrowder@law.ga.gov

/s/ Elizabeth M. Crowder
ELIZABETH M. CROWDER 100809
Asst. Attorney General
*Attorneys for Defendants Brian Owens, Sharon
Lewis, Shay Hatcher, Marty Allen, and Ruthie Shelton*

CERTIFICATE OF SERVICE

I hereby certify that on this day, I filed the foregoing **HOUSING/TREATMENT PLAN FOR PLAINTIFF** under seal with the Clerk of Court, and mailed a copy of same to the following attorneys of record:

Counsel for Plaintiff

James M. Knoepp, Esq.
Southern Poverty Law Center
1989 College Ave. NE
Atlanta, GA 30317

Chinyere Ezie, Esq.
David Dinielli, Esq.
Samuel Wolfe, Esq.
Southern Poverty Law Center
400 Washington Ave.
Montgomery, AL 36104

**Counsel for Defendants McCracken,
Thompson, and Silver**

David V. Johnson, Esq.
Brett A. Tarver, Esq.
Insley & Race, LLC
The Mayfair Royal
181 14th Street, NE, Suite 200
Atlanta, Georgia 30309

/s/ Elizabeth M. Crowder

Georgia Bar No. 100809

Asst. Attorney General

Attorney for Defendants Owens, Lewis,
Hatcher, Shelton, and Allen

MEDICAL/MENTAL HEALTH DOCUMENTS



GEORGIA DEPARTMENT OF CORRECTIONS

Augusta State Medical Prison
3001 Gordon Highway
Grovetown, Georgia 30813
706-855-4700
Fax 706-855-4924

Nathan Deal
Governor

Homer Bryson
Commissioner

Inmate Ashley Diamond # 1000290565

Inmate Diamond's mental health diagnoses are currently as follows:

Principal: Gender Dysphoria

Bipolar Disorder, Type I

Post-Traumatic Stress Disorder

Problems:

Inmate Diamond's mental health issues center around the following issues: 1.) Dysphoria due to incongruence between male biological sex and female gender identity. This conflict leads to self-injurious behavior and sporadic suicidal ideation; 2.) Increased distress and anxiety over displaying outward feminine mannerisms within a male prison, resulting in social withdrawal and isolation; 3.) Incidences of depression, intrusive thoughts, flashbacks 4 to 5 times per week, nightmares 7/7 days per week, and anxiety related to past sexual abuse.

Goals:

Concerning problem 1, Inmate Diamond will live with incongruity between his female gender identity and male anatomy without engaging in self-injurious behavior or suicide attempts for the next 6 months. Goal for problem 2 will be to learn coping strategies to include relaxation skills to reduce symptoms of anxiety and distress. For problem 3 the goal will be to reduce nightmares to 3 or fewer times per week, reduce flashbacks to no more than one to two times per week, and reduce negative, irrational thinking related to depressed mood and intrusive thinking.

Intervention Strategies:

For problem 1, this writer will meet with Inmate Diamond on a daily basis to assess for suicidal ideation, any suicidal plan, and engagement in self-injurious and/or suicidal behavior. Cognitive behavioral therapy will be utilized to reframe negative, hopeless, and irrational thoughts related to desire for self-injury. For problem 2, this writer will assist the inmate in engaging in as many productive activities and therapies that can reasonably be provided. For problem 3, this writer will assist the inmate in identifying trauma-related beliefs that influence Inmate Diamond's decision-making and trigger emotional responses. The psychiatrist

will meet with the inmate for medication management in relation to reducing all of the above symptoms as well.

This inmate will participate in individual therapy at a minimum of twice weekly with the psychologist as well as daily rounds with the psychologist or the mental health duty officer to address the above target symptoms and treatment goals. Inmate Diamond will also meet with psychiatry per S.O.P. policy every 60 days or on an as-needed basis to address medication issues.

 Patrick Williams, Psy.D., C.D.

Patrick Williams, Psy.D., C.D.

8/12/15

Date

Georgia Department of Corrections	Institution: <u>Rutledge State Prison</u>
MH/MR Services	Name: <u>Diamond Ashley</u>
Comprehensive Treatment/Habilitation Plan	ID#: <u>1000290565</u>
	DOB: <u>4/9/78</u>
	Race: <u>Black</u> Sex: <u>M</u>

Date: 6/10/15

I. Psychiatric Diagnosis (DSM-IV):

Primary Diagnosis: Gender Dysphoria (Axis I Axis II)

Other Axis I: Bipolar I Disorder, most recent episode mixed, severe, with psychotic features

Other Axis I: Posttraumatic Stress Disorder

Axis II: No diagnosis on Axis II

Axis III: Receiving hormones

(List general medical conditions that are potentially relevant to the understanding or management of the inmate's mental disorder.)

History of being a victim of physical/sexual abuse yes no. If yes, clinically significant yes no.

II. Discharge Criteria/Planning (List criteria that, when met, will allow the inmate's discharge from mental health):

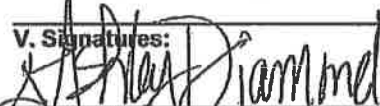
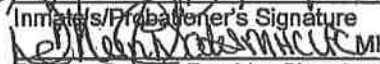
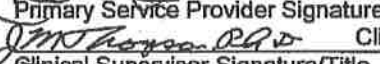
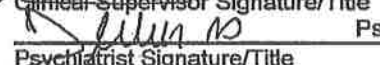
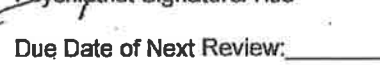
Inmate will be discharged from mental health when he is medication free and symptom free for a minimum of 90 days.

III. Precautions (List any medical, security, management, etc., precautions staff needs to take in the treatment/management of this inmate/probationer.):

Standard Medical, Security, and Management Precautions

IV. Level of Care: Level II Level III Level IV

V. Signatures:

	<u>6-11-15</u>	<u>Ashley Diamond</u>
Inmate's/Probationer's Signature	Date	Printed/Typed Name
	<u>6/11/15</u>	<u>DeNeen Bates, MHC, LPC</u>
MH/MR Counselor	Date	Printed/Typed Name
	<u>6/11/15</u>	<u>J. Michael Thompson, PhD</u>
Clinical Director	Date	Printed/Typed Name
	<u>6/15/15</u>	<u>D. Silver, MD</u>
Clinical Supervisor Signature/Title	Date	Printed/Typed Name
	<u>6/15/15</u>	<u>D. Silver, MD</u>
Psychiatrist Signature/Title	Date	Printed/Typed Name

Due Date of Next Review: 12/10/15

VI. Problems Goals Intervention Strategies		Name: <u>Diamond Ashley</u>	
		ID#: <u>1000290565</u>	
Problem #: <u>1</u> Problem Description:			
Inmate experiences dysphoria and emotional distress due to incongruence between male biological sex and female gender identity, which triggers self-injurious behavior and chronic suicidal ideation.			
Goal: <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Stabilization <input type="checkbox"/> Transition <input type="checkbox"/> Adaptation			
Goal Description: Inmate will live with incongruity between female gender identity and male anatomy without engaging in self-injurious behavior/suicidal behavior, evidenced by self-report and no safe cell placements for self-injurious behavior/suicidal behavior for six months.			
Start Date: 6/10/15	Target Date: 12/10/15	Achieved:	Changed:
Intervention Strategy (Include relevant strengths & weakness, action to be taken, frequency of sessions, and person responsible): MHC will meet with inmate at least twice per month, assessing for active symptoms, including risk to self and/or others. MHC will assist inmate with eliminating maladaptive behaviors by implementing realistic goals and adaptive behaviors. Psychologist will meet with inmate at least once per month. Psychiatrist will evaluate inmate at least once every 60 days or as needed and monitor medication. Inmate is currently prescribed anti-depressant medication to decrease depression and a mood stabilizer to stabilize mood. Medical department is providing hormone therapy.			

Problem #: <u>2</u> Problem Description:			
Inmate is distressed and uncomfortable living life displaying outward feminine mannerisms within a male prison. This results in social withdrawal and desire to isolate.			
Goal: <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Stabilization <input type="checkbox"/> Transition <input type="checkbox"/> Adaptation			
Goal Description: Inmate will have increased interactions with others through participation in treatment groups at least one time per week.			
Start Date: 06/10/15	Target Date: 12/10/15	Achieved:	Changed:
Intervention Strategy (Include relevant strengths & weakness, action to be taken, frequency of sessions, and person responsible): MHC will assist inmate in structuring day with productive activities and refer inmate to appropriate treatment groups.			

VI. Problems Goals Intervention Strategies		Name: <u>Diamond Ashley</u>	
Problem #: <u>3</u> Problem Description:		ID#: <u>1000290565</u>	
Inmate experiences depression, intrusive thoughts, flashbacks four to five times a week, nightmares two to three times a week, and anxiety with fearfulness secondary to trauma of past sexual abuse.			
Goal: <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Stabilization <input type="checkbox"/> Transition <input type="checkbox"/> Adaptation Goal Description: Reduce nightmares to no more than one time a week, flashbacks to no more than two times per week, and reactivity associated with trauma from sexual assaults while incarcerated, evidenced by self-report and display of adaptive behavior in SLU and interactions with others within six months.			
Start Date: 06/10/15	Target Date: 12/10/15	Achieved:	Changed:
Intervention Strategy (Include relevant strengths & weakness, action to be taken, frequency of sessions, and person responsible): MHC will aid Inmate in identifying trauma-related dysfunctional beliefs that influence decision-making and emotional responses. MHC will assist inmate with learning and implementing self-soothing/relaxation techniques. Inmate will participate in Trauma group once per week. Psychiatrist will meet with inmate at least once every 60 days or as needed. Inmate is currently prescribed anti-depressant medication to decrease depression and a mood stabilizer to stabilize mood. Psychologist will meet with inmate at least once per month.			

Problem #: _____ Problem Description:			
Goal: <input type="checkbox"/> Maintenance <input type="checkbox"/> Change <input type="checkbox"/> Stabilization <input type="checkbox"/> Transition <input type="checkbox"/> Adaptation Goal Description:			
Start Date:	Target Date:	Achieved:	Changed:
Intervention Strategy: (Include relevant strengths & weakness, action to be taken, frequency of sessions, and person responsible):			



GEORGIA DEPARTMENT OF CORRECTIONS

Augusta State Medical Prison
3001 Gordon Highway
Grovetown, Georgia 30813
706-855-4700
Fax 706-855-4924

Nathan Deal
Governor

Homer Bryson
Commissioner

DATE: 08/13/2015

Psychologist: Patrick Williams, PsyD

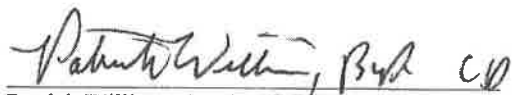
RE: Ashley Diamond GDC# 1000290565

Treatment plan to assist in the mental health treatment of Offender Diamond while in Protective Custody

To assist in preventing Offender Diamond from decompensating in Protective Custody, the following will be done:

Daily rounds will be conducted by the Psychologist (Dr. P. Williams) or designee (in Dr. Williams' absence) to assess his mental status. Offender Diamond will be evaluated through individual counseling a minimum of twice weekly by the Psychologist or designee. Offender Diamond will be given therapeutic worksheets on cognitive-behavioral therapy and relaxation strategies to reduce stress and challenge hopeless/helpless thoughts related to depressed mood and suicidal ideation. Offender Diamond will meet with on-site staff psychiatry per policy or as needed to address medication concerns. Nursing staff and officers will be debriefed to alert the Mental Health department for any observed changes in Offender Diamond's mental status.

If Offender Diamond engages in any self-harm behavior, Diamond will be immediately moved to the Crisis Stabilization Unit for Mental Health support and treatment.


Patrick Williams, Psy.D., C.D.

8/13/15

Date

c.c. James DeGroot, Ph.D.
Javel Jackson, Ph.D.
Stan Shepard, Warden



GEORGIA DEPARTMENT OF CORRECTIONS

HUMAN RESOURCES
3001 Gordon Highway
Grovetown, GA 30813
706-855-4776
FAX 706-869-7966



Nathan Deal
Governor

Homer Bryson
Commissioner

On 8/4/15 at 1330 hrs. this inmate met with our Intake Counselor, Sheryl Potter, for the initiation of the Orientation Process. At that time, the inmate began the orientation process by signing forms including in the Intake Packet.

On 8/5/15 at 1400 hrs. this inmate again met with Counselor Potter for completion of the Intake/Orientation Process and for this inmate to view the PREA video.

Current Mental Status on 8/5/15 at 11:30 a.m.:

IM presented alert and oriented fully with labile affect and moderate to severely depressed mood. eye contact was varied, some rapport was established today with inmate. IM was tearful at times, expressing concerns about being in lockdown, out of touch with family and lawyer. Denied current S.I., H.I., no A/V hallucinations, thoughts logical, coherent, intelligence above average, I/J good, increased feelings of paranoia, hyper vigilance, and "de-humanized" feelings regarding his current lockdown status. (Dr. Patrick Williams, Psychologist and Clinical Director of Mental Health Services at ASMP).

Current Mental Status on 8/10/15 at 9:00 a.m.:

Inmate Diamond presented alert and oriented today to all spheres. His appearance was neat and well-groomed and eye contact was good. Mannerisms were appropriate and he spoke spontaneously and smiled appropriately throughout the interview. Thoughts were logical and speech was at a normal rate, coherent, and goal-directed. Insight into mental health issues was good and judgment appeared to be within normal limits. He denied any auditory or visual hallucinations and did not present with any delusional or paranoid thoughts. He denied any current suicidal/homicidal ideation or plans for suicide. He denied having engaged in any self-injurious behavior since his arrival at Augusta State Medical Prison last week. He acknowledged feeling moderately depressed but hopeful about the possibility of being paroled soon. He acknowledged feeling "overwhelmed" at times by anxiety related to adjustment to prison life and "not being able to identify with my gender." Intelligence level appears to be in the average range. (Dr. Patrick Williams, Psychologist and Clinical Director of Mental Health Services at ASMP).

Although the mental health counselors make daily rounds in the area where inmate Diamond is housed, unless the inmate has any particular need, as a general practice only the actual sessions with the counselors are documented. In the future, all encounters with inmate Diamond will be documented.

Housing for inmate Diamond will be determined based on the assigned Mental Health level and will take into consideration medical needs.

PI-3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S), UNLESS CHECKED HERE.

ALLERGY and MEDICATION SENSITIVITY INFORMATION	1	NKDA	3
	2		4

Enroll MWC

Wheaton, W. PA-C

PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/14/15 TIME: 1530 SIGNATURE: NKDA (Cudo) 8/14/15 @ 1535

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME: Diamond, Ashley
1000290565
4-9-78
3m.

Trazodone 300mg po qpm
S pironolacton 100mg po qnoon
remeron 30mg qpm po
Lithium 300mg po qpm
Geodon 40mg po qpm
Depo-Estradiol 1mg weekly

PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/14/15 TIME: 1530 SIGNATURE: NKDA (Cudo) 8/14/15 @ 1535

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME: Diamond, Ashley
1000290565
4-9-78
3m

MH/MP Renewal:

① Trazodone 300mg po qpm
② Remeron 30mg po q pm
③ Lithium 300mg po q pm
④ Geodon 40mg po q pm

PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/14/15 TIME: 1530 SIGNATURE: NKDA (Cudo) 8/14/15 @ 1535

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME: Diamond, Ashley
1000290565
04/09/78
B/M
NKDA

PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/14/15 TIME: 1530 SIGNATURE: NKDA (Cudo) 8/14/15 @ 1535

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME: Diamond, Ashley
1000290565
04/09/78
B/M
NKDA

PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/14/15 TIME: 1530 SIGNATURE: NKDA (Cudo) 8/14/15 @ 1535

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME: Diamond, Ashley
1000290565
04/09/78
B/M
NKDA

HOUSING ASSIGNMENT DOCUMENTS



GEORGIA DEPARTMENT OF CORRECTIONS

State Offices South at Tift College

300 Patrol Road
Forsyth, Georgia 31029
PHONE: (478) 992-5101
FAX: (478) 992-5210



Nathan Deal
Governor

Homer Bryson
Commissioner

The Department of Corrections, in an effort to balance the ongoing safety concerns alleged by inmate Diamond with the medical/mental health concerns noted by inmate Diamond's treating physicians, determined that the most appropriate housing environment for inmate Diamond was in the protective custody area of Augusta State Medical Prison¹. Accordingly, inmate Diamond was transferred from Rutledge State Prison to Augusta State Medical Prison on August 4, 2015. It has been determined that inmate Diamond should remain in the PC area of ASMP. As indicated on the accompanying document from Warden Shepard, should inmate Diamond's needs change, adjustments may be made.

Steve Upton
Deputy Director Facility Operations
Georgia Department of Corrections

¹ Prior to the present housing facility, inmate Diamond has been housed in five (5) different facilities within Georgia Department of Corrections in the relatively short time that she has been in custody. Diamond and her attorneys allege that she received threats from inmates, and was either sexually harassed or assaulted, at each of the facilities where inmate Diamond has been housed. Furthermore, it has come to my attention that Diamond recently made a statement that, although she continues to feel threatened, she is no longer going to report those threats to the Department. Finally, as this Court is aware, Counsel for the Plaintiff has suggested that she has some concerns that inmate Diamond is continuing to receive threats and, as a result, remains at risk of serious harm.



GEORGIA DEPARTMENT OF CORRECTIONS

HUMAN RESOURCES
3001 Gordon Highway
Grovetown, GA 30813
706-855-4776
FAX 706-869-7966



Nathan Deal
Governor

Homer Bryson
Commissioner

Inmate Diamond is currently housed on NU6A on protective custody. This cell block has four Administrative Segregation cells used to house inmates with special security or medical needs. NU6A is located in the medical area and is directly across the hallway from the clinic. There are two mounted CCTV cameras in the NU6A hallway and these are monitored in Main Control. Showers for NU6A are given in the ID/Intake Area and are supervised by two correctional officers. Only one inmate showers at a time.

Of the inmates currently housed on NU6A, two are dialysis inmates and one is a special security case. Two of these are validated Security Threat Group (STG) Members and one has no STG affiliation. All inmate escorts are done with two Correctional Officers and only one inmate is moved at a time. Inmate Diamond is specifically escorted by the CERT Team or Supervisors. While out of the cell and under escort Inmate Diamond is monitored by at least two hand held video cameras and body cameras. At no time is Inmate Diamond in contact with other Inmates while outside of the cell. Prior to leaving the cell, each area that Inmate Diamond will be in is cleared of other inmates.

This is the current housing and movement plan for Inmate Diamond while at ASMP based on the security, medical and mental health needs of the Inmate. If there are any changes in any of these areas, adjustments will be made accordingly.

Stan Shepard, Warden
Augusta State Medical Prison
3001 Gordon Highway
Grovetown, Ga

"The Department of Corrections creates a safer Georgia by effectively managing offenders and providing opportunities for positive change."

Attachment 3A
SOP IIB09-0001
8/26/13
(Page 2 on Back)

WARDEN/DESIGNEE'S REVIEW
DATE OF DISCHARGE (SIGN):

SEGREGATION/ISOLATION CHECKLIST - 12 HOUR SHIFT

INMATE NAME: Diamond, Ashley NUMBER: 1000290565 RACE: Black
 WARDEN LIVING UNIT: Butler COUNSELOR: Sterns PRIOR JOB DETAIL: N/A
 DATE COMMITTED: 8-4-15 EXPECTED DISCHARGE DATE: --- STATUS: ADM/SEG
 TIME COMMITTED: 3:37 ACTUAL DISCHARGE DATE & TIME: ---
 REASON FOR ASSIGNMENT: ADM/SEG / DC

ADDITIONAL INFORMATION: Supervisor / CERT EXECUT ONLY

Date	Shift	Meals			SH	EXER	COMMENTS (Include note/sig. of staff visits, such as medical)	ADM REV:	OFFICER SIG:
		B	L	S					
8/4/15	1st	N	N	N	N	N			Reynolds
	2nd	N	N	N	N	N			Reynolds
8/5/15	1st	Y	M	R	R	N	inmate refuse his shower		W. Brown
	2nd	N	N	N	N	N			Kennell SA
8/6/15	1st	Y	Y	X	N	N			W. Brown
	2nd	N	N	N	N	N	HAD PHONE CALL @ 17:35/18:30		W. Brown
8/7/15	1st	Y	N	Y	R	N	Had phone call refuse shower		W. Brown
	2nd	N	N	N	N	N			W. Brown
8/8/15	1st	X	Y	Y	N	N			W. Brown
	2nd	N	N	N	N	N			W. Brown
8/9/15	1st	Y	Y	Y	N	N			W. Brown
	2nd	N	N	N	N	N			W. Brown
8/10/15	1st	Y	Y	Y	N	N			W. Brown
	2nd	N	N	N	N	N			W. Brown

CAUTIONARY NOTES: Meals - Yes(Y) or No(N) or Refused(R); Shower(SH) - Same codes as meals; Exercise (Exer) - Enter actual time period (e.g. 9:15AM - 11:15AM)
 ADDITIONAL INFORMATION: Epileptic, Diabetic, Religious Diet, Suicidal, Assaultive, etc.

REMARKS: General conduct, attitude, hygiene, sanitation of cell, (continue on back if needed).

ADMINISTRATIVE REVIEW: Asst. Warden or Duty Officer, shift OIC/Captain, as appropriate.

WARDEN/DESIGNEE'S REVIEW
AFTER DISCHARGE (SIGN:)

Attachment 3A
SOP IIB09-0001
8/26/13
(Page 2 on Back)

SEGREGATION/ISOLATION CHECKLIST - 12 HOUR SHIFT

INMATE NAME: DIAMOND, ASHLEY NUMBER: 1000290565 RACE: BLACK
 PRIOR LIVING UNIT: _____ COUNSELOR: _____ PRIOR JOB DETAIL: N/A
 DATE COMMITTED: 08-04-15 EXPECTED DISCHARGE DATE: OPEN STATUS: ADM/SEG
 TIME COMMITTED: 15:37 ACTUAL DISCHARGE DATE & TIME: OPEN
 REASON FOR ASSIGNMENT: ADM/SEG

PERTINENT INFORMATION: Supervisor / CERT ESCORT ONLY

Date	Shift	Meals			SH	EXER	COMMENTS (Include note/sig. of staff visits, such as medical)	ADM REV:	OFFICER SIG:
		B	L	S					
2015 08/11 (T)	1st	Y	Y	Y	N	N	3		<i>[Signature]</i>
	2nd	N	N	N	N	N			
08/12 (W)	1st	Y	Y	Y	N	N	⊙		<i>[Signature]</i>
	2nd	N	N	N	N	N			
08/13 (T)	1st	X			Y		(1028) Escorted to shower by Lt Harris		<i>[Signature]</i>
	2nd								
08/14 (F)	1st								
	2nd								
08/15	1st								
	2nd								
08/16	1st								
	2nd								
08/17	1st								
	2nd								

EXPLANATORY NOTES: Meals - Yes(Y) or No(N) or Refused(R); Shower(SH) - Same codes as meals; Exercise (Exer) - Enter actual time period (e.g. 9:15AM - 10:30AM Inside)

PERTINENT INFORMATION: Epileptic, Diabetic, Religious Diet, Suicidal, Assaultive, etc.

COMMENTS: General conduct, attitude, hygiene, sanitation of cell, (continue on back if needed).

ADMINISTRATIVE REVIEW: Asst Warden or Duty Officer, shift OIC/Captain, as appropriate

EXHIBIT C:

Mental Health Progress Notes of Dr. Stephen Sloan

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: Baldwin State Prison

MENTAL HEALTH PROGRESS NOTE

Name: ASHLEY DIAMOND

ID#: 1000290565

Date: 12/11/14

Race: B Sex: Male

I. Data: Purpose: Individual Counseling/Therapy Crisis Other: _____
Location: Private Office Cell Front Other: _____
 On site Tele-MH

Chief Complaint: FEAR OF STAFF

Target Symptom(s) from Treatment Plan addressed in this contact: SYMPTOMS RELATED TO PTSD AND GENDER DYSPHORIA

Attitude: Cooperative Hygiene: Adequate Orientation: Times four Suicide Risk: Denied

Judgment: Fair Mood: LABILE Affect: Appropriate Hom. Ideation: Denied

Thought Processes and Content: I/M is alert, linear and coherent.

Description of session (include discussion of abnormal findings): THE INMATE WAS SEEN IN MY OFFICE AFTER SHE TALKED WITH THE WARDEN. ACCORDING TO THE INMATE THE WARDEN PROMISED A TRANSITION CENTER IF SHE WAS TAKEN OFF OF MENTAL HEALTH. THE INMATE IS APPROPRIATELY SUSPICIOUS. I FEEL THIS INMATE IS AT A RISK OF SEVERE SELF HARM IF THERE ARE ANY MORE SETBACKS OR ASSAULTS. I WILL SEE THE INMATE AGAIN TOMORROW. THERE IS NO WAY SHE CAN BE TAKEN OFF OF THE CASELOAD. I FIND THE ATMOSPHERE AT THIS INSTITUTION TO BE ONE OF MARKED HOMOPHOBIA WITH LITTLE SUPPORT FOR INMATES WHO ARE MEMBERS OF SEXUAL MINORITIES.

Clinical Interventions (during this session): ASSESSED MENTAL STATUS, CBT

II. Assessment: Problem/Target Symptoms are: Worse Unchanged Improved Eliminated

Diagnosis: GENDER DYSPHOIA, PTSD Unchanged/Changed as of: _____ (date)
(circle)


Comments: ON EDGE BUT PRIMARILY STABLE

Treatment Plan Goal(s): _____

III. Clinical Plan for subsequent sessions: FOCUS ON THE DESIRE TO SELF HARM

Next Appointment: monthly
(date)

Page 1 of 1 Attachment


Signature/Title PH. D.

STEPHEN L. SLOAN, PH. D.
Printed/Typed Name

GEORGIA DEPARTMENT OF CORRECTIONS

MENTAL HEALTH PROGRESS NOTE

Facility: Baldwin State Prison

Name: ASHLEY DIAMOND

ID#: 1000290565

Date: 12/12/14

Race: B Sex: Male

I. Data: Purpose: Individual Counseling/Therapy Crisis Other: _____
Location: Private Office Cell Front Other: _____
 On site Tele-MH

Chief Complaint: FEAR OF STAFF

Target Symptom(s) from Treatment Plan addressed in this contact: SYMPTOMS RELATED TO PTSD AND GENDER DYSPHORIA

Attitude: Cooperative Hygiene: Adequate Orientation: Times four Suicide Risk: Denied

Judgment: Fair Mood: LABILE Affect: Appropriate Hom. Ideation: Denied

Thought Processes and Content: I/M is alert, linear and coherent.

Description of session (include discussion of abnormal findings): THE INMATE WAS SEEN IN MY OFFICE. SHE INFORMED ME THAT SEVERAL INMATES WERE BOTHERING HER BUT SHE WOULD NOT NAME ANYONE IN PARTICULAR AS SHE DID NOT WANT TO CAUSE TROUBLE. SHE WILL PROBABLY JUST ASK FOR PC FROM SECURITY. HER STRESS IS BUILDING DUE TO UPCOMING LEGAL ISSUES. SHE ALSO STATED AGAIN THAT THE WARDEN MADE THE STATEMENT THAT MENTAL HEALTH WAS KEEPING HER FROM GETTING OUT OF PRISON. SHE ALSO ADMITTED TO ME THAT SHE SELF HARMED AGAIN LAST WEEK. SHE HAS GONE SEVEN DAYS WITHOUT SELF HARMING. I AM NOT SURE WHAT THE BEST SOLUTION MAY BE. HOWEVER, SHE IS NOT SAFE AT BSP.

Clinical Interventions (during this session): ASSESSED MENTAL STATUS, CBT

II. Assessment: Problem/Target Symptoms are: Worse Unchanged Improved Eliminated

Diagnosis: GENDER DYSPHORIA, PTSD Unchanged/Changed as of: _____ (date)
(circle)

Comments: ON EDGE BUT PRIMARILY STABLE

Treatment Plan Goal(s): _____

III. Clinical Plan for subsequent sessions: FOCUS ON THE DESIRE TO SELF HARM

Next Appointment: weekly
monthly (date)

Stephen L. Sloan PH. D.
Signature/Title

Page 1 of 1 Attachment

STEPHEN L. SLOAN, PH. D.
Printed/Typed Name

EXHIBIT D:

**Selected Medical Records for Ashley Diamond
(Bates Nos. beginning MED RECS)**

07/23/2015 14:48 47892-22

UCLARYMD

Psychiatric Progress Note - Facility: <u>Rutledge</u>		Name: <u>Diamond, Ashley</u>
Type of Encounter: <input checked="" type="checkbox"/> Medication Follow-up <u>telepsych</u>		ID#: <u>1000290565</u>
<input type="checkbox"/> Evaluation <input type="checkbox"/> Mainly Therapy <input type="checkbox"/> Urgent		DOB: <u>4-9-78</u>
Date: <u>7-22-15</u>		Race: <u>B</u> Sex: <u>M</u>
Target Symptom Behavioral Rating Scale 0=no problem, 1-increasingly worse 5-worst imaginable <u>6-11-15</u> Today <input type="checkbox"/>		
<u>Li 300p</u>	<u>depression 2-3</u>	<u>2</u>
<u>Risperidone 30p</u>	<u>anxiety 4-5</u>	<u>4-5</u>
<u>Traydore 300p</u>	<u>FT/IB/WM 3</u>	<u>3</u>
	<u>deant + bifenale 5</u>	<u>5</u>
Side Effects & Compliance	The MAR documents compliance as: <input type="checkbox"/> Good <input type="checkbox"/> Partial <input type="checkbox"/> Poor <input type="checkbox"/> Other PL reports recent compliance as: <input type="checkbox"/> Good <input type="checkbox"/> Partial <input type="checkbox"/> Poor <input type="checkbox"/> Other Side Effects are: <input type="checkbox"/> No Problem <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <u>5'10" 147</u>	

In addition to the information in the tables above and below, the inmate-patient:
 leading 2^o found going to shower hall, needing escort, which she says
 respects officers and other I/M. Difficult experience when going from
 GSR to Rutledge (coming back from Australia), re-traumatized almost out of her
 mind. talked to friends
 Lab info: Cholesterol emp wnl CK 277 TSH wnl WNL WNL WNL

Selected MSE Item	No	Yes	If yes, comment on pertinent positive findings below and/or in the space above.
Psychosis	<input checked="" type="checkbox"/>		
Serious Depression		<input checked="" type="checkbox"/>	intermittent SI, but today feels able to be safe;
Self-harmful Thoughts			fear if things don't get better, she'd want to
Suicidal Intent			be dead
Aggressive			
Seriously Impulsive			
Situational Upset		<input checked="" type="checkbox"/>	Recent re-traumatization & Paranoia + depression

ASSESSMENT: The Main Psychiatric Diagnoses are: Unchanged since _____ (Date) Changed as noted below.
Gender dysphoria PTSD Bipolar 1/2
 PLAN: ↑ Geodon 40mg pm for agitation/mood D/O
continue other med

Recommended Level: 3
 Return to clinic 1 week Print Last Name, Then Sign Cleary Cathleen Cleary MD
 M.D. (Print last Name) (Sign)

Inmate Name: Diamond, Ashley DOB: 4/9/78
ID# 1000790805 Sex: male
Facility: Rutledge State Prison Date: 5/21/15

SUICIDE RISK ASSESSMENT INSTRUMENT

Reason for Referral:

- Routine (baseline assessment)
- Assess need for Suicide Precautions
- Assessment for discharge from Suicide Precautions status

History of Suicidal Behavior (complete for Initial placement; not reduction of level)

- Previous suicide attempt(s) in free world
Note when and method: 93 OD on prescription pills
- Previous suicide attempt(s) in confinement
Note when and method: _____

- Serious suicide attempt(s) or SIB within past year
Note when and method: 2014 genital banding, superficial cuts to left forearm

RISK FACTORS (Check all that apply)

Resolved Plans and Preparation**

- Fearlessness of physical pain/injury/death N/A
- Availability of means and opportunity
- Specificity of plan
- Preparations for attempt
- Significant intensity and duration of suicidal ideation

Suicidal Desire and Ideation

- Can identify no reason for living N/A
- Wish to die
- Talk of death and/or suicide
- Perceives self as burden to others
- Passive attempt, e.g. stops eating/taking fluids

Current and Recent (within past 6 months) Stressors (complete for Initial placement; not reduction of level)

- Anniversary of important loss: (specify) _____
- Recent/anticipated rejection/loss/bad news: (specify) _____
- Isolation/segregation placement
- Stressful dorm environment
- Recent physical/sexual abuse in prison N/A
- Recent negative court hearing outcome
- Anticipated long-term lock-down
- First incarceration
- Known future court proceeding with potential for lengthened sentence
- Chronic, serious or terminal illness
- Limited/lack of support system
- Other: _____

Inmate Name: Diamond, Ashley ID# 1000, 05105

General Symptomatic Presentation

- Initial, recurrent, or exacerbation of Axis I disorder
- Feels lonely and alienated
- Feels hopeless/helpless
- No plans for the future
- Depressed mood
- Insomnia
- Nightmares
- Anxious/agitated
- Fearful for safety
- Diagnosed personality disorder
- Command hallucinations/delusions associated with SIB
- Poor compliance with treatment or medication
- Other: _____

Other Predispositions to Suicidal Behavior (complete for initial placement; not reduction of level)

- Chaotic family history
- Family history of suicide
- History of physical and/or sexual abuse
- Other: _____

Impulsivity (complete for initial placement; not reduction of level)

- Significant current impulsive/violent behavior (physical/verbal aggression)

Additional Factors/Considerations: _____

PROTECTIVE FACTORS

- Support from family and/or significant others (ongoing, frequent contact)
- Role in caring for children
- Strong religious support and beliefs
- Sense of belonging
- Future life plans
- Has a legal trade
- Healthy stress management (e.g. exercise, reading, drawing, meditation)
- Improved cell/dorm placement
- Other: _____

Amit D... IPC, MHE Date: 5/21/15
Signature of MH provider completing pgs 1 & 2 if other than Psychologist/Psychiatrist/CNS

Inmate Name: Mr. and Ashley
ID# 1000290565
Facility: GSP

DOB: 7/9/78
Sex: Male
Date: 4/13/15

SUICIDE RISK ASSESSMENT INSTRUMENT

Reason for Referral:

- Routine (baseline assessment)
- Assess need for Suicide Precautions
- Assessment for discharge from Suicide Precautions status

Hx of Suicidal Behavior

- Previous suicide attempt(s) in free world
Note when and method: 93 alleged OP on 30 Jan 15
- Previous suicide attempt(s) in confinement
Note when and method: no of genital mutilation
- Serious suicide attempt(s) or SIB within past year
Note when and method: Recess genital banding; 3/11/14 - genital banding; long vertical cuts to left breast

RISK FACTORS (Check all that apply)

- Resolved Plans and Preparation**
 - Sense of courage/competence to make attempt
 - Availability of means and opportunity
 - Specificity of plan
 - Preparations for attempt Genital banding
 - Significant intensity and duration of suicidal ideation

Suicidal Desire and Ideation

- Can identify no reason for living
- Wish to die
- Talk of death and/or suicide Talked about being a martyr cause
- Desire for attempt
- Passive attempt, e.g. stops eating/taking fluids

Current and Recent (within past 6 months) Stressors (Complete for Initial placement; not for reduction of level)

- Anniversary of important loss: (specify) _____
- Recent/anticipated rejection/loss/bad news: (specify) Transfer to GSP 3/15
- Iso/seg placement
- Stressful dorm environment
- Recent physical/sexual abuse in prison
- Known future court proceeding FEDERAL case against DOC
- Recent negative court hearing outcome
- Anticipated long-term lock-down
- First incarceration
- Potential for long or life sentence
- Chronic, serious or terminal illness
- Limited/lack of support system
- Other: Started receiving hormones (female)

the stress may increase emotional response

Inmate Name: Kenneth Ashley ID# 0290865

General Symptomatic Presentation

- Initial, recurrent, or exacerbation of Axis I disorder
- Hopelessness *at times*
- Feelings of guilt or worthlessness
- No plans for the future
- Depressed mood
- Insomnia
- Anxious, agitated or fearful
- Fearful for safety *In common areas*
- Substance abuse/dependence
- Diagnosed personality disorder *Borderline AD*
- Command hallucinations/delusions associated with SIB
- Poor compliance with treatment or medication
- Hoarding or checking medication
- Poor compliance with treatment or medication
- Other: _____

Other Predispositions to Suicidal Behavior (Complete for Initial placement; not for reduction of level)

- Chaotic family history
- Family hx of suicide
- Hx of physical and/or sexual abuse
- Other: _____

Impulsivity

- Impulsive behavioral style
- Significant current impulsive/violent behavior (physical/verbal aggression)

Additional Factors/Considerations: _____

PROTECTIVE FACTORS

- Family support (ongoing, frequent contact)
- Role in caring for children
- Strong religious support and beliefs
- Support from spouse or significant other
- Future life plans
- Has a legal trade
- Healthy stress management (e.g. exercise, reading, drawing, meditation) *Reading*
- Improved cell/dorm placement
- Other: _____

[Signature] Date: 8/13/15
Signature of MH provider completing pgs 1 & 2 if other than Psychologist/Psychiatrist/CNS

EXHIBIT E:

**Selected Mental Health Records for Ashley Diamond
(Bates Nos. beginning MH DOCS)**

Inmate Name: Diamond, Ashley
ID# 1000290565
Facility: ASMP

DOB: 4/9/78
Sex: M
Date: 8/12/15

SUICIDE RISK ASSESSMENT INSTRUMENT

Reason for Referral:

- Routine (baseline assessment)
- Assess need for Suicide Precautions
- Assessment for discharge from Suicide Precautions status

History of Suicidal Behavior (complete for Initial placement; not reduction of level)

Previous suicide attempt(s) in free world
Note when and method: _____

Previous suicide attempt(s) in confinement
Note when and method: cut wrist mid July
Im's friend (another Im interceded)

Serious suicide attempt(s) or SIB within past year
Note when and method: Im reports having "bivided" - tying off testicles with
ASMP a ligature as a form of self-injury over the
weekend.

RISK FACTORS (Check all that apply)

Resolved Plans and Preparation**

- Fearlessness of physical pain/injury/death
- Availability of means and opportunity
- Specificity of plan
- Preparations for attempt
- Significant intensity and duration of suicidal ideation

Suicidal Desire and Ideation

- Can identify no reason for living
- Wish to die
- Talk of death and/or suicide
- Perceives self as burden to others
- Passive attempt, e.g. stops eating/taking fluids

Current and Recent (within past 6 months) Stressors (complete for Initial placement; not reduction of level)

- Anniversary of important loss: (specify) _____
- Recent/anticipated rejection/loss/bad news: (specify) _____
- Isolation/segregation placement
- Stressful dorm environment
- Recent physical/sexual abuse in prison
- Recent negative court hearing outcome
- Anticipated long-term lock-down
- First incarceration
- Known future court proceeding with potential for lengthened sentence
- Chronic, serious or terminal illness
- Limited/lack of support system
- Other: "Hostile environment" incident resulting loss
Im was wearing

Inmate Name: _____

ID: _____

General Symptomatic Presentation

- Initial, recurrent, or exacerbation of Axis I disorder
- Feels lonely and alienated
- Feels hopeless/helpless
- No plans for the future
- Depressed mood
- Insomnia
- Nightmares
- Anxious/agitated
- Fearful for safety
- Diagnosed personality disorder
- Command hallucinations/delusions associated with SIB
- Poor compliance with treatment or medication
- Other: _____

Other Predispositions to Suicidal Behavior (complete for initial placement; not reduction of level)

- Chaotic family history
- Family history of suicide
- History of physical and/or sexual abuse
- Other: _____

Impulsivity (complete for initial placement; not reduction of level)

- Significant current impulsive/violent behavior (physical/verbal aggression)

Additional Factors/Considerations: _____

PROTECTIVE FACTORS

- Support from family and/or significant others (ongoing, frequent contact)
- Role in caring for children
- Strong religious support and beliefs
- Sense of belonging
- Future life plans
- Has a legal trade
- Healthy stress management (e.g. exercise, reading, drawing, meditation)
- Improved cell/dorm placement
- Other: _____

Date: _____

Signature of MH provider completing pgs 1 & 2 if other than Psychologist/Psychiatrist/CNS

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: Edge State Prison

MENTAL HEALTH PROGRESS NOTE

Name: Diamond Ashley

ID#: 1000290565

Date: 6/29/15

Race: Black Sex: M

I. Data: Purpose: [] Individual Counseling/Therapy [] Crisis [X] Other: PREA allegation
Location: [X] Private office [] Cell Front [] Other:
[] On site [] Tele-MH
Chief Complaint: PREA complaint

Target Symptom(s) from Treatment Plan addressed in this contact: anxiousness, flashbacks, history of abuse, nightmares, history of self-injurious thoughts and behavior, sadness

Attitude: cooperative Hygiene: adequate Orientation: x4 Suicidal Ideation: Denies

Judgment: fair Mood: euthymic Affect: matter of fact Homicidal Ideation: Denies

Thought Processes and Content: Logical/Coherent

Description of session (include discussion of abnormal findings): MHC met with Inmate Diamond in regard to a PREA allegation being made by inmate on the PREA hotline. Inmate reports the staff member that was previously named in a PREA allegation by Diamond is continuing to make harassing statements toward inmate, though inmate reports trying to avoid this staff member as much as possible. Also, Inmate Diamond reports being approached by other inmates who report overhearing intimate details being discussed about Diamond by a security official with an inmate, the alleged perpetrator of another ongoing PREA investigation involving Diamond, who is currently being housed in the segregation unit. Inmate Diamond says these inmates were also being housed in the segregation unit at the time and was able to repeat information that Diamond denies revealing to any other inmates. Inmate Diamond reports believing this is a violation of confidentiality and mishandling of a PREA investigation. Inmate presented calm, cooperative, and affect was within a normal range. No overtly acute symptoms related to anxiety and/or depression were apparent or reported. Currently, inmate is stable.

Clinical Interventions (during this session): MHC assessed for active symptoms, including risk to self and/or others. MHC utilized reflective and empathetic listening skills.

II. Assessment: Problem/Target Symptoms are [] Worse [X] Unchanged [] Improved [] Eliminated
Diagnosis: Gender Dysphoria, Bipolar I, D/O MRE mixed, PTSD Unchanged/Changed as of: 5/21/15 (date)
(circle)

Comments:

III. Clinical Plan for subsequent sessions: MHC will continue to assess for active symptoms, including risk to self and/or others and provide individual counseling, assisting inmate with processing emotional responses to stress invoking thoughts. Inmate will participate in Trauma group one time per week.

Next Appointment: Twice per month

Page ____ of ____ [] Attachment

[Handwritten Signature]
(Signature/Title)

DeNeen Bates, MHC, LPC
(Printed/Typed Name)

5/15/2005

WITNESS STATEMENT			
PLACE <u>Mental Health Office</u>	DATE <u>7-8-15</u>	TIME <u>7:23</u>	FILE NUMBER _____
LAST NAME, FIRST NAME, MIDDLE NAME <u>Diamond, Ashley A</u>	EMPLOYEE ID NUMBER <u>100090565</u>	STATE ID NO. _____	
INSTITUTION OR ADDRESS _____			
SWORN STATEMENT			
I, <u>Ashley Diamond</u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>I spoke w/ Captain, Counselor ^(AD) Bates Huntz & Lt. Norwood. I explained I felt like I would like to have an option of an escort when going to places on the compound. I explained that I had concerns w/ inmates pertaining to inmate Brown, as well as being accused of snitching out a "prack" to prison staff. The situation about Inmate Brown has created some hostility among some inmates and this concerns me. Had the confidential investigation not been tainted these fears wouldnt be so heightened. It was extended that I opt for protective custody but that puts me at risk as documented in my files, I just would</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <u>(AD)</u>		PAGE 1 OF <u>1</u> PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

(Reproduced locally)

GEORGIA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH PROGRESS NOTE

Facility: Kestledge St. Prison

Name: Diamond, Ashley

ID#: 100029565

Date: July 30, 2015

Race: Black Sex: Transgender

L. Data: Purpose: [] Individual Counseling/Therapy [] Crisis [] Other: Assess level of current functioning
Location: [] Private office [] Cell Front [] Other:
[] On-site [] Tele-MH

Chief Complaint: Recent self-harm

Target Symptom(s) from Treatment Plan addressed in this contact: Dysphoria, self-injurious behavior, emotional distress

Attitude: Cooperative Hygiene: good Orientation: x 4 Suicidal Ideation: denied

Judgment: fair Mood: dysphoric Affect: anxious Homicidal Ideation: none
reasonable (depending on the behavior)
Thought Processes and Content: clear; coherent

Description of session (include discussion of abnormal findings): First meeting, time was spent building rapport and assessing current emotional distress. Self-injurious behavior was admitted, & circumstances described, that lead to the recent actions.

Time was also spent assessing current level and need for increased support via HCR/PSU
Clinical Interventions (during this session): rapport building; assess current mental status & desire to self-harm

II. Assessment: Problem/Target Symptoms are [] Worse [] Unchanged [] Improved [] Eliminated

Diagnosis: Gender Dysphoria; Bipolar ^{Dis Type I} PTSD (date) _____ (circle)

Comments: _____

III. Clinical Plan for subsequent sessions: Discuss with Director of MH Services treatment/placement. Continue frequency of contact w/ MHC & psychologist

Next Appointment: (by MHC & Psychologist) Page 1 of 1 [] Attachment

Jackson, TyD, Chief Psychologist TyD, Chief Psychologist J. Jackson, TyD.
(Signature/Title) (Printed/Typed Name)

EXHIBIT F:

Selected PREA Report Records for Ashley Diamond

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: Rutledge State Prison

Name: Diamond, Ashley

MENTAL HEALTH PROGRESS NOTE

GDC #: 1000290565

Race: Black

Sex: Transgender

Date: 07/21/2015

I. Data: Purpose: [] Individual Counseling/therapy [] Crisis [X] Other: PREA investigation
Location: [X] Private Office [] Cell Front [] Other: _____
[X] Onsite [] Tele MH

Chief Complaint: Offender Diamond was interviewed following a reported sexual harassment PREA against staff member.

Target Symptom(s) from Treatment Plan addressed in this contact: Anxiousness, flashbacks, hx of abuse, nightmares, hx of self injury thoughts and behaviors, sadness

Attitude: Cooperative Hygiene: Good Orientation: x4 Suicide Ideation: denied

Judgment: Fair Mood: Euthymic Affect: Calm Homicidal Ideation: denies

Thought Processes and Content: thoughts are coherent

Description of session (include discussion of abnormal findings): MHC assessed Diamond for emotional trauma, emotional distress, and suicidal/homicidal ideations. Offender presents as calm, cooperative, and an appropriate affect. Currently, offender has no overly acute symptoms related to mania, anxiety, psychosis, or depression. Thought processes are intact, clear, logical, and organized. Offender has average judgment and insight is good. Offender's speech is appropriate in rate, tone, and content. Offender reports during chow staff made comment referring to the way the offender expresses gender. Offender states feeling embarrassed after hearing the statement in front of other offenders "you are not a woman, you are a man". During this interview offender does not express anxious, tearful, or fearful moods. MHC shows no impairments with memory. Offender was informed of additional mental health services that are available.

Clinical Interventions (during this session): MHC met with Diamond to assess offender for emotional trauma, distress, and suicidal/homicidal ideations.

II. Assessment: Problem/Target Symptoms [] Worse [x] Unchanged [] Improved [] Eliminate

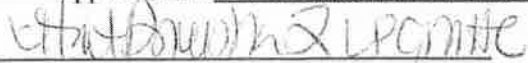
Diagnosis: Gender Dysphoria, Bipolar D/O, PTSD . Unchanged Changed as of: 05/21/2015
(circle) (date)

Comments: Inmate was able to clearly report what he feels are his needs and wants.

III. Clinical Plan for Subsequent sessions: (present the plans in terms of the problems): Due to offender being enrolled in Trauma Group once per week and scheduled to meet with mental health counselor two times per month offender is not referred to specialized trauma treatment.

Next Appointment: Two times per month / as needed

Page 1 of 1 [] Attachment


(Signature/Title)

Dineisha L. Hunt MHC, LPC
(Printed/Typed Name)

11/10/2014

WITNESS STATEMENT			
PLACE: <i>J.T. Rutledge</i>	DATE: <i>7-21-15</i>	TIME: <i>4:29</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Diamond Ashley</i>	EMPLOYEE ID NUMBER <i>1000790565</i>		STATE ID NO.
INSTITUTION OR ADDRESS <i>Rutledge State Prison</i>			

SWORN STATEMENT	
<p><i>Ashley Diamond</i> I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p><i>I filed a Prea against Lt. Smith for harassment for gender expression and referring to me as "he", "him" and telling me I'm not a woman. I continue to face harassment due to my gender identity. And need relief —</i></p> <p><i>— end of statement —</i></p>	
EXHIBIT <i>AD</i>	INITIALS OF PERSON MAKING STATEMENT <i>AD</i>
PAGE 1 OF <i>12</i> PAGES	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

EXHIBIT G:

Termination Records for Shay Hatcher



GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST



TO Department Personnel Director

DATE 08/01/00

Location HAYS STATE PRISON Initiator Lisa Norton Phone: 708-857-0405

COMMENTS

SSN	Ethnic Group	Gender	Date of Birth
[REDACTED]	<u>Black</u>	<u>Male</u>	<u>7/74</u>
Employee ID	Mail Drop ID		
<u>00335398</u>	<u>342</u>		
Name			
<u>SHAY D HATCHER</u>			
Action Reason	Description of Action		
<u>1 TER CON</u>	<u>Misconduct</u>		
<u>2</u>			
<u>3</u>			

Supporting Papers:

Letter of Resignation, Dismissal or Layoff

Suspension Notice

Job Description

Min. Qual. Review Decision

DOL 800 Separation Notice

Other (Specify)

Check here if rehire is not recommended

**If checked, attach supporting documentation.*

Terminal Leave Hours To Be Paid 8/12/00

Last Day In Pay Status 08/11/00 ~~8/12/00~~

**Please attach verification*

See letter of dismissal & charge sheets attached. He received the 148 supplement TERMINAL LEAVE TO FOLLOW.

Effective Date of Action 08/12/00 Does this action impact a high security supplement? Yes No

TO		Tax Location/County Code		FROM		Tax Location/County Code	
Classified Indicator	Position Number	Classified Indicator	Position Number	Classified Indicator	Position Number	Classified Indicator	Position Number
							<u>00113156</u>
Job Number	Job Title	Job Number	Job Title	Job Number	Job Title	Job Number	Job Title
				<u>17234</u>	<u>SERGEANT (GDC)</u>		
Department ID	Dept. ID Name	Department ID	Dept. ID Name	Department ID	Dept. ID Name	Department ID	Dept. ID Name
				<u>4672310301</u>	<u>Inmate Mgmt/Security</u>		
Paygrade	Monthly Salary Percentage	Paygrade	Monthly Salary Percentage	Paygrade	Monthly Salary Percentage	Paygrade	Monthly Salary Percentage
				<u>13L</u>	<u>2064 50</u>		

Is Schedule Monday - Friday? Yes No If No, Circle Off Days Below.

1st Pay Period 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

2nd Pay Period. 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

COMPLETED BY [Signature] Date 8-1-2000

ADDITIONAL SIGNATURE BLOCK (if needed) [Signature] Date 8/1/00

BUDGET APPROVAL BY [Signature] Date 8-2-00

APPOINTING AUTHORITY [Signature] Date 8-2-00

upheld

AUG 02 2000
RECEIVED
HAYS STATE PRISON

(Page 2 of 5)

**GA DEPARTMENT OF CORRECTIONS
HAYS STATE PRISON
PO BOX 668
TRION, GA 30753
(706) 857-0400 OR FAX (706) 857-0624**

Billy Tompkins, Warden

July 28 2000

Shay Hatcher

This is to advise you of my intention to take the following adverse action against you. A copy of the charge(s) for which this action is proposed is attached.

- Dismissal from employment effective August 12, 2000

You have the right to respond to the Commissioner's Designee for Adverse Action within 10 calendar days from the date of receipt of the charge(s) or reason(s) given for the adverse action. Your response may be in writing, in person, or both. If you wish to appear in person, it must be at an agreed upon time between 8:00 a.m. to 4:30 p.m., Monday through Friday. In order to coordinate your written response, personal response or both, please call the following person designated to consider your response:

**DOUG LAUDERDALE COMMISSIONER'S DESIGNEE FOR ADVERSE ACTION
2 MARTIN LUTHER KING, JR. DRIVE
SUITE 758, EAST TOWER
ATLANTA, GA 30334
(404) 656-6348 or FAX (404) 657-4317**

You may submit affidavits or other evidence in support of your written or personal response to this proposed adverse action.

If you fail to respond to the Commissioner's designee within 10 calendar days as set forth in this notice, you will have waived all further appeal rights, including any appeal to the State Personnel Board. As a result of a failure to respond, the adverse action as proposed will become final and effective on the above specified date without further notice.

B. Tompkins
Appointing Authority, Billy Tompkins, Warden

Shay Hatcher
Employee's Signature
Acknowledges Receipt Only

7-28-00
Date

- cc: Facilities Division Director
- North Region Director
- Department Personnel Director
- Director of Certification Division - POST Council
- Legal Office Representative
- Commissioner's Designee for Adverse Action
- CPA Adverse Action Coordinator
- Local Personnel File

(Page 3 of 5)

CHARGE I

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you used profanity toward an inmate or inmates including, but not limited to, "mother fucker".

CHARGE II

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you told an inmate to squat by a wall and then placed a homosexual inmate in front of him to simulate oral sex and said "push it baby, push it on out".

CHARGE III

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you told an inmate to twirl like a ballerina.

CHARGE IV

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in February, 2000, make false and/or misleading statements to the investigator in this incident.

(Page 4 of 5)



JIM WETHERINGTON,
Commissioner

GEORGIA DEPARTMENT OF CORRECTIONS

Floyd Veterans Memorial Building
Room 770 - East Tower
Atlanta, Georgia 30334-4900

August 10, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE No. Z 082 059 357

TO: Shay Hatcher
[REDACTED]

FROM: Commissioner's Designee for Adverse Action

SUBJECT: Adverse Action
SSN: [REDACTED]

REF: (a) Appointing Authority's Letter to you dated
July 28, 2000

ENCL: (1) Charge Sheet

By Reference (a), your Appointing Authority informed you by written notice on July 28, 2000 that your employment would be terminated effective August 10, 2000 for the offenses described therein. You subsequently exercised your right to respond to the proposed adverse action, and I thereafter, received your "Written" response (via facsimile Tuesday, August 1, 2000) on Monday, August 7, 2000 at the Department's Central Office in Atlanta, GA.

In your *Written* response you denied to the specifics of the action as proposed per reference (a)

I have carefully considered the matters which you described in your response to me as well as information produced by your Appointing Authority

After weighing all of the pertinent evidence in the case, I am of the opinion that there is sufficient evidence to establish that adverse action is appropriate per the offenses set forth in Reference (a). Reference (a) and its attached charges are approved and incorporated herein. The charges are attached as enclosure (1), for your convenience.

(Page 5 of 5)

It is the final determination of this Department that you are to be

DISMISSED.

for the offenses set forth in reference (a) The action will take place on

AUGUST 10, 2000 ?

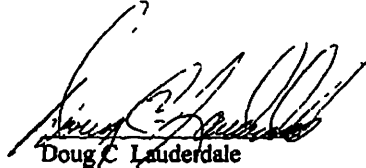
*15th day was
8/12/00 which is
what was entered
(ggt)*

regardless whether you appeal to the State Personnel Board

You may appeal this final determination to the State Personnel Board Pursuant to Rule 14 of the Board's Rules and Regulations by filing an appeal *in writing* with

**State Personnel Board
C/O: Office of State Administrative Hearings
235 Peachtree Street, NE
Suite 700
Atlanta, Georgia 30303**

within 10 CALENDAR days from the date you receive this determination of the final action or from the effective date of this action, whichever is later


Doug C. Lauderdale
Commissioner's Designee for
Adverse Action

dcl
Enclosure

- xc James Doctor, Director, Facilities Division
- Tony Turpin, Regional Director, Northern Region
- Billy Tompkins, Warden, Hays State Prison
- Lisa Norton, Personnel Mgr, Hays State Prison
- Cindy L. Schweiger, Departmental Personnel Director
- State Personnel Board
- Wayne Melton, Director, Certification Division, POST Council
- Mirla C. Bigda, Supervising Counsel, Legal Services Office
- Glenda Thomas, Central Personnel

PH: (404) 656-6348 * * * FAX: (404) 657-4317

(Page 1 of 2)



P4



State of Georgia
Department of Labor
SEPARATION NOTICE
(DOL-800)

SOP IV018-0001
Attachment I
Rev.12/01/99

1. Employee's Name SHAYD HATCHER 2. S.S. No.

a. State any other name(s) under which employee worked _____

3. Period of Last Employment: From May 1, 1997 To August 12, 2000

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation:

Terminated for misconduct.

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) (DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month _____ % of contributions paid by employer.

6. Did this employee earn at least \$2,500.00 in your employ? YES No If NO, how much \$ _____


<p>EMPLOYER'S NAME: <u>GEORGIA DEPARTMENT OF CORRECTIONS</u> Facility (Name) <u>HAYS STATE PRISON</u> c/o <u>R. E. HARRINGTON</u> Address <u>P. O. BOX 124086</u> City <u>ATLANTA</u> State <u>GA</u> Zip Code <u>31139-1086</u> R. E. HARRINGTON'S Telephone Numbers: Fax Number: <u>1-800 241-6341, 770-379 9560</u> <u>770-396-9027</u></p>	<p>Gen. D.O.L. Account Number <u>110094-00</u> (Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)</p>
<p>NOTICE TO EMPLOYER At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL 403FF, you may attach a copy of this form (DOL-800) as part of your response.</p>	<p>I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.</p> <p> Signature of Official, Employee of the Employer or authorized agent for the employer</p> <p><u>Personnel Manager</u> Title of Person Signing</p> <p><u>August 14, 2000</u> Date Completed and Released to Employee</p>
<p>NOTICE TO EMPLOYEE OCGA SECTION 34-8-190(c). OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICES OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.</p>	

EXHIBIT H:

Declaration of Gordon N. Berry dated August 5, 2014

STATE OF GEORGIA

SWORN AFFIDAVIT

Lowndes COUNTY

Affiant's Name: Gordon N. Berry GDC# 1001178017

Address: ~~XXXX~~ ~~XXXX~~ Valdosta State Prison PO Box 310

City: Valdosta State: Georgia Zip: 31603

Re: Treatment of Ashley Diamond

Pursuant to S 28 U.S.C.A. 1746 the above named Affiant hereby certifies, deposes and states under penalty of perjury that the foregoing facts, set forth herein, are both true and correct, to the best of his/her knowledge:

Affiant further affirms that he/she is "sui-juris" and competent to testify in this matter. Affiant submits this Affidavit based on his/her personal knowledge of its contents and offers this sworn testimony for use in this, and any lawful proceeding:

* * *

I've lived in the same supported living unit as Ashley Diamond for 6 months. We live in a environment full of gang members and active sexual predators with the mentality that they have absolutely nothing to loose. Ashley is constantly coerced and sexually harassed by inmates. The longer she's in a setting like this the more it intensifies and the more forceful people become. The harassment doesn't stop here. There ^{is} ~~is~~ also verbal harassment from inmates, officers and even the warden that target Ashley's Gender Identity Disorder calling her

Affiant: Gordon N. Berry

a faggot, punk, sissy or queer. These are all degrading remarks
and take a toll on her self esteem. Ashley's constantly
subject to bias and bigotry and the torture she's endured
has been tremendous. I have witnessed Ashley ask
for help multiple times from GDOC staff and she
has been denied.

This affidavit is given under penalty of perjury pursuant to 28 U.S.C. 1746:

So sworn, this 5 day of August 20014

ISI Gordon Berry
AFFIANT

NOTARY PUBLIC

Sworn and subscribed before me this

5th day of August 20014

ISI Jonja Williams

EXHIBIT I:

Declaration of James Moore, Jr. dated November 23, 2014

For the middle District of Georgia.

Ashley A. Diamond
Christopher Leach
James Moore Jr.
Gabriel Buckner

DECLARATION OF
James Moore Jr.

V/S

Georgia Dept. of Corrs.
Rutledge State Prison

James Moore Sr. Hereby declares:

I have been incarcerated at Rutledge State Prison since 2013. I have been housed in E-Building where Ashley Diamond was housed in E-4 directly across from me for several weeks; I have watched officers call her and myself names. I go by the name of Corey and I feel as though I'm a female. I have tried to talk to my counselor and mental health about getting treatment for the depression and stress of having to deal with my identity crisis and maintain my inmate duties. Religious services have been especially mean in excluding us from participating in church programming and I have no outlet to discuss the way I feel. Sadness, depression, hopelessness takes me to very dark, & sad, & sometimes suicidal places. Ashley Diamond and a few others share the same pain. I have watched ~~others~~ Ashley and others like myself become horrible names and be disrespected by staff who refuse to help me & the others get help for →

Cont.

a life saving help. It is long and
for us in here period 3, even more so when staff
denies us mental health help for our serious
concerns. Ashley Diamond and I have requested to
speak with a transgender ~~specialist~~ specialist and
have been denied. This is scary and we
fear the worst if we don't get help from
the courts. HELP US PLEASE.

I declare under penalty ~~of perjury~~ ^{the} foregoing
is true and correct.

Executed November 23, 2013 at Columbus,
GA

James Moore Jr.
G.D.C # 1001090349.

CANDY