

NOTICE

**NOT TO BE TRANSFERRED
OR PARTICIPATE IN
COMMUNITY ACTIVITIES
WITHOUT CMC CLEARANCE.
SEE PROGRAM STATEMENT
TITLED "CENTRAL INMATE
MONITORING SYSTEM".**

EXHIBIT 1

Hill v. BOP

BOP000567

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A
Date of Birth: 11/12/1971
Encounter Date: 06/19/2014 10:40

Sex: M Race: AMERICAN
Provider: Lewis, Donald DO

Reg #: 22297-038
Facility: ALM
Unit: Z04

Psychiatry Initial Evaluation encounter performed at Telehealth.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Lewis, Donald DO

Chief Complaint: MENTAL HEALTH

Subjective: Met with patient via telepsychiatry for evaluation of gender dysphoria (GD). Please see available BEMR/PDS records which were reviewed. Patient has been evaluated and diagnosed with GD from Dr. Boardman in PHL and Dr. Santos in ALM. Brief history - patient has felt like he was a woman trapped in a man's body since early childhood. Currently the patient refers to herself as Samanha and I will use female pronouns for the rest of this evaluation. She has never felt right with her body. Wanted to dress in female clothes and has lived life as a female when not in prison as much as possible. She has attempted over the past few years to start receiving hormones in the FBOP. In FBOP custody she has attempted to live life as a female as well in regards to hair or makeup. Sexual orientation is heterosexual per patient as she is attracted to men. Depression exists in part, and likely majority, due to the fact she is trapped in a man's body. She has had numerous social stressors regarding her transgender status including distress from her mom and dad. She stated she did not want to start her transformation until her parents were no longer with the world (mom has dementia, dad is now deceased). Outside the BOP, the inmate has never been on hormones or has had surgery. No self injurious behaviors because she does not want to die and also wants a future surgery to go as well as possible. She attempted to start treatment, but the cost was prohibitive and she robbed a bank in order to secure finances which led to her current incarceration. She has 4 more years in the FBOP and her goal is to start hormones and when she leaves custody to have the surgery to help continue her transformation into the woman she believes she is.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Exam:

Mental Health

Posture

Yes: Within Normal Limits

EXHIBIT 2

Inmate Name: HILL, SCOTT A
 Date of Birth: 11/12/1971
 Encounter Date: 06/19/2014 10:40

Sex: M Race: AMERICAN
 Provider: Lewis, Donald DO

Reg #: 22297-038
 Facility: ALM
 Unit: Z04

Exam:**Grooming/Hygiene**

Yes: Appropriate Grooming

Facial Expressions

Yes: Appropriate Expression

Affect

Yes: Appropriate

Speech/Language

Yes: Appropriate

Mood

Yes: Appropriate

Thought Process

Yes: Within Normal Limits

Thought Content

Yes: Within Normal Limits

Orientation

Yes: Within Normal Limits

Attention

Yes: Appropriate

No SI/HI

ASSESSMENT:

Axis I: Gender identity disorder, 302.85 - Current, Chronic, Not Improved/Same

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

There does not seem to be any disagreement with the diagnosis of gender dyphoria for this inmate.

There are medical issues involved which complicate the initiation of hormones - patient is on chronic warfarin treatment s/p aortic valve replacement, hypertension and seizure disorder. These are not contraindications to treatment, but patient will need to be medically monitored more closely, especially in the early phases of treatment with feminizing hormones.

Dr. Santos has attended some transgender workshops and has been in contact with experts in the field and the recommendation would be that the patient can start hormones, but should be evaluated more closely for monitoring. A transfer to a facility with an endocrinologist nearby who has experience with transgender patients is recommended. That way she can get a full eval from endocrinology, starting hormone dosages and recommendations as well as a monitoring/follow up plan.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/19/2014	Counseling	Access to Care	Lewis, Donald	Verbalizes Understanding

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Lewis, Donald DO	Facility: ALM	Unit: Z04
Encounter Date: 06/19/2014 10:40			

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Lewis, Donald DO on 06/19/2014 10:56
Requested to be cosigned by Santos, Elizabete D.O., Clinical Director.
Cosign documentation will be displayed on the following page.

****SENSITIVE BUT UNCLASSIFIED****



Federal Bureau of Prisons Psychology Data System

Date-Title: 03-18-2014 - Risk of Sexual Victimization

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: KELLY F. FRICKER, STAFF PSYCH

Institution: ALM - ALLENWOOD MED FCI

Inmate Hill arrived at ALM yesterday and was screened by psychology services this afternoon. He presents with a significantly increased risk for sexual victimization given his identification as transgendered, history of sexual victimization while incarcerated, history of consensual sex while incarcerated, history of committing sex offenses, and his smaller physical stature. He denies being threatened, pressured, or assaulted since arrival to ALM. He denied concerns showering but did report feeling self-conscious regarding privacy using the toilet and changing clothes.

Hill is motivated to remain in GP and actively program. Since he is pending evaluation by the DAPC, I consulted with the DAPC who is in agreement that, pending her interview with him, a transfer to RDAP be considered. This would allow Hill to be on a smaller unit with greater staff supervision, reducing his risk for victimization. According to the DAPC, Hill is next on her list to be evaluated, which will be followed up with consultation with unit team, psychology, and correctional services.

Feedback will be given to HILL's unit team and unit officer. Psychology will check in with him later in the week.

****SENSITIVE BUT UNCLASSIFIED****

****SENSITIVE BUT UNCLASSIFIED****



Federal Bureau of Prisons Psychology Data System

Date-Title: 12-20-2010 - Eval/Rpt - Mental Health Contact

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: MARK CARTER, STAFF PSYCH

Institution: FLP - FLORENCE HIGH USP

Inmate seen for out-of-cell interview per inmate's request. Inmate attests to feeling considerable anxiety, depressive sx's and intermittent "flashbacks". Inmate has been seen by psychiatry since arriving at FLP at which time 45mg mirtazapine and 1mg QPM were continued. As of 12/20, though, inmate states the mirtazapine "only helps me sleep" and he believes the risperidone "isn't strong enough to keep me from having intrusive thoughts". Inmate denies any suicidal ideation or intent.

Inmate given lengthy session in which he was afforded opportunity to talk about his current situation. It was interesting to note that while the inmate c/o on-going anxiety and agitation, he presents as quite calm during the interview. It is also noted that inmate does not talk about his hx of previous claims of sexual assault when bringing up his allegations of being assaulted, ostensibly in mid-October. When psychology explored some of inmate's hx and his perceptions of how he's been see/interacted with while incarcerated, it was interesting to note the inmate attests to being "a fag", apparently construing this as contributory to how he's been treated.

Inmate's current presentation is one of some incongruence between claimed sx's and observed demeanor. He claims he is being harrassed on an on-going basis (on bus in transit and since arriving at FLP) [b7f] [b7f] ical
[b7f] Inmate is currently housed solo on the SHU so he is safe, and [b7f] was advised that his request to speak with unit team would be passed along, request for further review of his current meds regimen would be forwarded to psychiatry, and psychology will provide som reducing anxiety, lowering stress. Inmate believes he needs to go to TCP for tx, attesting that [b7f] hx.

Psychology will follow up via regular SHU rounds. No indication of need for further intervention at this time.

****SENSITIVE BUT UNCLASSIFIED****

SHILL00204

**PSYCHOLOGICAL ASSESSMENT
FEDERAL CORRECTIONAL COMPLEX
Terre Haute, Indiana**

Client Name: Hill, Scott
Register Number: 22297-038
Examiners: E. Schmitt, Psy.D. & B. Reynolds, Psy.D.

Date of Birth: 11/12/1971
Age: 41 (at age of eval)
Date of Report: 1/5/2014

Reason for Referral

Inmate Hill, Scott (Reg# 22297-038) is a 41 (at time of evaluation) Caucasian, male who was self-referred for psychological evaluation to determine whether he meets criteria for a diagnosis of Gender Dysphoria Disorder (GDD; previously known as Gender Identity Disorder) in order to undergo hormone treatment and be housed in a "hospital environment." Inmate HILL alleged he has suffered from symptoms of this disorder since childhood however he has no record of being formally diagnosed with or treated for this disorder. Thus, before he can be considered a candidate for treatment Inmate needed to be evaluated to determine whether or not he meet criteria for a formal diagnosis of GDD.

Statement of Non-Confidentiality

At the outset of the evaluation, Inmate HILL was informed of the voluntary nature and purpose of this evaluation. He was informed of the relevant limits of confidentiality and foreseeable uses of the information obtained through psychological activities. He verbalized an understanding and accepted the conditions discussed. He agreed to participate.

Services Provided

Behavioral Observations
Clinical Interviews

In addition to the above referenced data, other collateral information available at the time of this evaluation included a Pre-Sentencing Investigation Report (PSI) dated 2000 and 2006. Psychology Data System Records (PDS) from the Federal Bureau Of Prisons (BOP) were reviewed dated 10/7/1999 – 10/11/2013. SENTRY records, BOP Electronic Medical Records (BEMR) were also reviewed.

Background Information

Inmate HILL was born on 11/12/1971 in Worchester, MA. Inmate's parents (Ms. Minardi and Mr. Germain) were together for approximately two months before they divorced. According to records, Inmate's father had been discharged from the military due to being homosexual. Inmate HILL reported he had never met his father (as of 2000). Inmate's mother remarried shortly after her divorce to a man named Richard Hill.

PSI shows Inmate HILL described his upbringing as "traumatic, reporting that he was molested by an uncle at age 8." Records show he would force him and his cousin to engage in sexual acts with one another. Other reports show he began to live with his uncle when he was approximately 14 and that his uncle sexually molested him from age 14-16. Inmate HILL set fire to his uncles house when he was 16 or

17 years old and his uncle sustained 3rd degree burns. Inmate's mother is shown to remark that she "does not believe" him in regard to claims of sexual assault. Inmate also asserted he was molested by his adopted father's co-workers at an industrial supply company in Worchester, MA.

According to records, Inmate described his mother as an alcoholic and noted that he took care of him and his sister due to his mother being negligent and abusive. He described his father as physically violent with his mother when he was intoxicated. Inmate's mother reportedly beat him in the head with a "billy club" and bruised his ribs on occasion. Inmate's mother was significantly more violent when drinking. Inmate also allegedly feared punishment for wetting the bed and would hide his underwear in hopes of avoiding abuse.

In addition, mental health records obtained from Gaebler Children's Center (in PSI) showed "mother in role of parent with the two of them (defendant and his sister) appears overwhelmed and unable to handle them without threatening, or as she reports beating them up." Records also show Inmate HILL's mother threatened to give her children to "the State."

Inmate Hill's adopted father was described as involved in his life as a child, however wanted "nothing to do with him" when he learned Inmate HILL identified as homosexual. As a child, Inmate's father was reported to be abusive, as shown by forcing Inmate HILL to kneel on a two by four in a corner for hours while his adopted father told him "this is how we make men in the military."

Records indicate he told his adopted father he was gay at age 16 and was physically and verbally abused by this man. This coincided with Inmate HILL's adopted father being charged with indecent assault and battery on a male minor.

At age 16, Inmate HILL sexually offended another boy who was fourteen years old at a campground (found in Criminal History). He recalled that when his adopted father learned of this incident he broke his tooth and kicked him out of the house. Reports show his mother drove him to a bus station, gave him money and told him to never come home again. At that time, Inmate was homeless and lived on the streets supporting himself by prostitution.

Educational History

Documents show Inmate went to eleventh grade and received passing grades, however he did not graduate high school. Inmate HILL reported earning a GED in 2006 while incarcerated in the BOP.

There is documentation to show Inmate HILL was the victim of bullying, to include assault, being threatened and intimidated at his school.

Social History

His PSI, specifically a statement taken from his sister, show Inmate HILL began to prostitute himself and abuse drugs once he was told to leave his family home. Inmate does have a sister, however they do not have a close relationship. Inmate HILL has never been married nor has he fathered any children.

Employment History

Inmate's records show that while in his "20's" he was employed at Starbucks, however this information was not verified. Social Security Administration (per his PSI) shows no prior employment for Inmate HILL, however he did collect monthly benefits intermittently.

Substance Abuse History

Inmate has a significant history of substance abuse. Records show he began to abuse cocaine at age 16 and at that time used approximately \$300-\$400 daily. He also experimented with marijuana and heroin. He reported consuming alcohol on a "social basis." He was hospitalized approximately two times specific to substance abuse treatment (1996 & 1998).

Inmate participated in RDAP from September 9, 2004 until its successful completion June 9, 2005 at FCI Fairton.

Medical History

According to PSI, Inmate underwent a Pectus Excavatum surgery when he was five years-old. Another PSI also shows he has had three "open heart surgeries" to repair a valve in his heart at age 3, 6 and 9.. From 11/6/1985 – 11/10/1985 Inmate was hospitalized for possible ingestion of a foreign substance, which caused confusion, ataxia, nausea and dizziness. It was alleged a schoolmate offered HILL a piece of candy that looked like a pill. In 1989 Inmate was "struck in the head with a Billy Club" by his mother and as a result Inmate HILL left home and was placed in foster care. A short time later she retained custody. In 1991 Inmate was raped by an HIV positive inmate and then tested positive for HIV. He was maintained on medication, however he later learned he was not HIV positive (he was misdiagnosed). Inmate was admitted to Beth Israel Hospital 9/23/1993 related to a sexual assault that occurred during an incarceration. He was again admitted to this same hospital on 8/2/1994 related to another sexual assault. On 6/14/1997 he was admitted due to complications from Hep-A relapse.

Inmate is allergic to penicillin, which causes a rash; and iodine, which causes respiratory symptoms. Due to his Pectus Excavatum surgery he asserts he is unable to perform strenuous activity.

Inmate reports having a seizure disorder, secondary to a motor vehicle accident in 1988. Inmate was also hit by a car 2/16/1988.

Criminal History

Records show Inmate was responsible for approximately 17 fires in Worcester, MA as a juvenile and has had his record sealed.

In regard to adult criminal behavior, Inmate HILL's PSI and SENTRY records were reviewed. Inmate HILL is currently serving 102 Months/3 YRS SRT for Bank Robbery. During this event, Inmate had a fire arm and threatened to harm a pregnant customer. He has a projected release date of 11/7/2018. Previous adult convictions include: Breaking and Entering & Arson of Building (1989); Rape of a Child & Assault to Rape a Child & Indecent Assault and Battery on a Child (1989); Larceny (1990); Larcent From a Building (1990); Larcent More Property (1990); Knowing Receiving Stolen Property (1990); Malicious Destruction of Property (1992); Possession of a Weapon, Not a Firearm (1992); Escal (1993), Obstruction of a Police Officer (1994); Possession of Crack Cocaine (1996); Second Degree Robbery (1998); Second Degree Robbery (1998); Bank Robbery (1998).

Institutional Disciplinary Record

Since entering BOP custody, Inmate has incurred 13 incident reports. Incident reports include: Being Absent from Work Assignment (4/6/12), Assaulting Without Serious Injury (10/17/11 – inmate kicked officer in stomach and groin area during use of force move), Refusing Work Program/Assignment (10/17/11, 9/23/11), Refusing to Obey an Order (10/17/11, 9/23/11), Engaging in Sexual Acts (6/10/10 – Inmate was observed by staff engaging in a sexual act with another inmate), Being in Unauthorized Area

(3/9/08), Possession of Dangerous Weapon (7/14/07), Tattooing or Self-Mutilation (2/25/03), Giving/accepting money without Authorization (2/27/03), Fighting with Another Person (3/24/02) and Smoking in Unauthorized Area (11/4/99).

Past Psychiatric History

Inmate's records show his first psychiatric hospitalizations occurred at Pembroke Hospital for three weeks after reporting voices were telling him to kill himself. Although there is no date noted for this hospitalization, it occurred prior to 7/22/86 when he was admitted at University of Massachusetts Medical Center.

As a child, Inmate was admitted to Gaebler Children's Center Hospital (8/4/86) due to engaging in fire setting behavior on approximately 17 occasions between 4/30/86 and 5/4/86. Hill was removed from the treatment center by his mother against medical advice. Inmate was diagnosed with Borderline Personality Disorder at this time, approximately age 15.

On 2/13/96 Inmate was admitted to Bournewood Hospital in Brookline, MA for treatment for depression, suicidality and ongoing substance abuse. He was discharged on 3/16/96 with a diagnosis of Post-Traumatic Stress Disorder, Cocaine Dependency and Borderline Personality Disorder. He was again admitted to this same hospital on 7/17/96 for treatment of depression with poly-substance abuse. He was discharged on 7/19/96 against medical advice, with diagnoses of Depression and Poly-substance abuse.

On 8/28/96 Inmate HILL was admitted to Beth Israel Hospital for treatment of depression, anxiety, suicidal ideation and substance abuse. He was discharged on 8/30/96.

On 2/4/98 Inmate was again admitted to Bournewood Hospital after being transferred from Boston Medical Center Emergency Room where he had presented as suicidal and depressed. He was discharged against medical advice on 2/9/98 with diagnoses of Major Depression, Poly-substance Dependence and Borderline Personality Disorder. On 2/25/98 Inmate was transferred from Beth Israel Deconess Hospital and sent again to Bournewood for continued treatment for substance abuse. He was discharged on 3/4/98 with diagnoses of cocaine and amphetamine dependence as well as Antisocial Personality Disorder. He was discharged 3/4/98 and remarked upon discharge, "My life revolves around homelessness, prostitution and drug use. I'm hurt and angry. I can't handle my feelings, drugs numb me out."

Inmate was admitted to McLean Hospital on 11/16/97 for suicidal ideation, attempting to hang himself. He was sent to Baldpate Hospital and while in the hospital attempted suicide. He was discharged on 11/25/97. He was diagnosed with Major Depression, Post Traumatic Stress Disorder, Cocaine Dependence and Alcohol abuse at this time.

On 10/15/99 Inmate was admitted to Health Services Division of Federal Correctional Institution in Butner, NC to undergo a forensic Evaluation to determine competency and responsibility, which was completed on 12/29/1999. During the evaluation, Inmate expressed concerns for his safety, noting a history of being sexually assaulted while incarcerated. Inmate was diagnosed with Polysubstance Dependence, In a Controlled Environment, Borderline Personality Disorder (primary diagnosis) and Antisocial Personality Disorder at the conclusion of this evaluation.

Inmate indicated to this writer he received services for Gender Identity Disorder (now referred to as Gender Dysphoria) at Fenway Community Health Center. PSI records show Inmate indicated he was receiving services from this facility for eight weeks prior to his arrest for the instant offense and also received medical treatment. During this time he was prescribed several psychotropic medications, however no hormonal therapy was provided according to records, which is consistent with his statement. The outcome of his course of treatment and mental health evaluation at Fenway showed diagnoses of Post-Traumatic Stress Disorder and Polysubstance Dependence. Several rule out diagnoses were included, but Gender Identity Disorder was not one of them. It was recommended he undergo therapy to focus on symptoms of panic and anxiety, as well as history of trauma.

Psychiatric History/Gender Identity Documentation While Incarcerated in Federal Bureau Of Prisons
Archived PDS records (10/7/1999 – 8/9/2005), 223 notes, were thoroughly reviewed and show that upon arrival to the Federal Bureau Of Prisons, Inmate HILL discussed concerns surrounding being sexually assaulted at an outside facility, reported having “PTSD” and that he reported multiple anxiety symptoms stemming from previous sexual assault. He also endorsed experiencing auditory hallucinations of a male voice. Records show Inmate attempted to change his housing several times due to believing he may be re-victimized while incarcerated. Documentation from 1/25/01 shows Inmate has a “tendency to feign or exaggerate problems during times of stress.” Records show a history of medication misuse and discontinuation from antipsychotic medication due to misuse of medication (8.3.01) and lack of genuine symptoms of psychosis (9.18.01). Inmate identified being homosexual (9.27.01) while at BUT. Inmate’s records show a referral to Axis II program in SPG (9/18/02) showing Dysthymic Disorder and Personality Disorder, NOS (Borderline and Passive-Aggressive Traits) as the diagnosis. Documentation notes that he was referred to this program due to previous hospitalizations, suicide attempts and motivation for programming. Note from 4/20/05 shows Inmate admitted to wearing makeup, which he alleged solicited compliments from other inmates.

Recent PDS records, approximately 175 notes, were thoroughly reviewed by this writer. Similar to archived notes, Inmate consistently reports anxiety symptoms, which he asserts stem from previous sexual assaults. Notes reflect Inmate HILL engaging in multiple relationships with other inmates. Furthermore, a review of documentation showed multiple sexual assault interventions, due to Inmate reporting unwanted touching, harassment and victimization. It should be noted that the majority of the allegations were found to be unsubstantiated according to SIS. Inmate’s records show three Suicide Risk Assessments (SRA), the last occurring on 9/1/2010. At that time, Inmate made suicidal statements due to experiencing concerns about his safety. No suicide watch was clinically warranted. Another SRA dated 10/19/2009 shows Inmate did not make an attempt, but verbalized suicidal ideation due to anxiety allegedly stemming from previous sexual assault. SRA 5/18/07 shows no attempt, but that he endorsed suicide in the past on the SRA. No suicide watch was clinically warranted or implemented. Thorough review of SRA’s show mental status within normal limits and no acute distress.

Both archived and current PDS records were reviewed thoroughly to specifically identify any gender identity disorder symptoms or concerns. No archived note shows mention of Inmate experiencing symptoms of Gender Dysphoria. The first mention of gender identity concerns was mentioned 12/28/05 in a Brief Counseling Session note from FAI. Inmate discussed gender identity and sexuality issues as they related to his environment and functioning. Inmate vocalized “overt identification with females and wish to more fully express himself in this manner post-release.” Following note (1/4/06) shows Inmate discussed he had been wearing eyeliner and having his “eyebrows done.” He asserted a desire to “express himself” and inmate was counseled on self-expression in a prison setting. A note from 1/28/10 (CLP) was the next reference to sexuality, showing Inmate stated, “I’m bisexual” when discussing other

inmates having an interest in a relationship with him. Intake from 10/30/10 (VVM) described Inmate as "small build and structure, thin, with feminine characteristics," however does not elaborate further on his appearance. Next, a sexual Abuse Prevention/Intervention Follow-up note states Inmate HILL "made several comments that he tries to make himself appear to be less "feminine" by growing out his facial hair" in regard to attempting to decrease his likelihood of being sexually victimized. Intake screening from 11/8/12 (COP) shows Inmate alleged he was diagnosed with Gender Identity Disorder, but there is no documentation to support this claim from PDS, BEMR, PSI or other available records.

It should be noted that it was not until arriving to ALP and receiving a transfer intake (5/8/13) that Inmate began to discuss gender identity concerns with more description and frequency. Inmate reported to clinician that he "identifies himself as Gender Identity Disordered." Specifically clarifying that he feels he is a woman in a male body. He asserted to staff that he had gone through sex-change procedures in the past and was reporting he wished to pursue sex-change treatment at that time as well. Later notes from 6/4/13 show Inmate was described as "outwardly effeminate and has Gender Identity Disorder." Inmate was noted to refer to himself as "female" while at ALP. Inmate was first referred to by psychology staff as "a gender-identity disordered inmate who appears outwardly effeminate and has the gender identity of a female" while at ALP 7/8/2013. Upon transfer to THP, Inmate discussed gender identity concerns at length (8/22/13) and was provided therapeutic materials on gender Dysphoria. He explained he was in the "early stages" of hormone therapy prior to incarceration and a desire to have hormone therapy while in prison.

Furthermore, due to an abundance of PREA related issues, possibly vulnerability, and physical features (small stature) psychology staff at ALP began to request (6/14/13) a management variable be placed on Inmate HILL. It was noted that staff believed Inmate HILL would likely adapt successfully at a medium level facility and that placement would "definitely reduce his PREA related vulnerabilities rather than continuing to rotate him through various USP's." This was again stated and a request for management variable was made again by ALP staff on 7/8/13.

BEMR records were reviewed and indicated Inmate has been prescribed multiple psychotropic medications while incarcerated. It should be noted Inmate has a documented history of intermittent compliance and has self-discontinued medications at times. Additionally, archived records show Inmate had misused medication. Previous psychotropic medications prescribed to Inmate HILL include: Elavil (current), Citalopram, Risperidone, Mirtazapine and Fluoxetine – at various times and in various combinations. Inmate was last prescribed Risperidone in 2010, but has not had the prescription renewed since.

All treatment plans in PDS (both recent and archived) were reviewed. Previous treatment plans (8/8/01; 10/23/01; 8/8/02; 10/5/04; 8/8/05; 10/3/12) were reviewed. No treatment plan found in PDS showed a diagnosis of Gender Dysphoria or targeted specific symptoms of Gender Dysphoria (or Gender Identity Disorder).

Overall, both archived and recent, records show Inmate has consistently presented with a mental status within normal limits. There has been no evidence of Inmate demonstrating thought disorder or observable psychosis. His mental status has been shown to be within normal limits and no acute prolonged distress has been noted.

Mental Status and Behavioral Observations

Inmate was seen in a private holding cell in SHU for interview on 11.1.13. Inmate HILL presented with contextually appropriate affect and expressed euthymic mood for the majority of the contact. At some points he was tearful when discussing his desire to obtain hormone therapy. He was polite and cooperative throughout the contact and appeared engaged in conversation. He was alert and oriented to all spheres. He made appropriate eye contact and sat up straight with his legs crossed. He denied current suicidal or homicidal ideation, plan or intent. His speech was logical, coherent and goal directed. No overt signs of psychosis or thought disorder were present. He did not demonstrate any abnormalities in gait or hygiene. He apologized for not doing his hair and appeared to be self-conscious of his appearance, as noted by several remarks about his grooming. Gross mental status appeared stable.

During the contact, he expressed difficulties related to his desire to undergo hormone treatment and to address his Gender Dysphoria. He described a strong desire to look more female, as he believes this would be more representative of his true gender in contrast to his biological sex. He denied symptoms of anxiety, mood, cognitive or psychotic disorder. He indicated his primary focus was on beginning hormone therapy and to present outwardly as female.

Gender Dysphoria Interview & Psychosocial Assessment

Psychosexual Development

Inmate HILL described his family as intolerant. He asserted, and documentation shows, he was told not to return to his home after telling his family he was homosexual at approximately age 17. Inmate believes he was forced into being homeless, which led to prostitution. He perceives himself as having difficulty finding those who take him seriously and listen to his concerns, as he stated, "I tried to explain about my sexual ways, desires, they just couldn't accept." He asserted his mother told him, "Oh Scotty, you'll change when you're older, you'll finally want to marry and have children." Inmate stated he has not wanted to marry or have children.

When queried about how his expectations of how his family will respond, he asserted believing his mother and father would be "disappointed," "angry" and that they will "disown me." He reasoned that "they can't accept LGBTQ people; they feel I did this to hurt them and they will be in denial." He did, however, report believing his boyfriend would respond positively, stating that he believed he would be supportive, loving, caring, understanding and trusting. He stated he perceived this person would respond in that fashion because "he'll be my lover."

Gender Identity Development/Real Life Experience (RLE)

Inmate reported that he realized he believed he was a female in a male body when he was a child. Inmate stated he enjoyed playing with dolls and "felt more comfortable around girls." Inmate stated, "When I was a child I felt something different. Something was wrong with me."

Inmate stated he did not attempt to change his appearance until age 17 when he was "on the streets" and began to prostitute himself. He stated he began to dress as a woman. He stated he only changed his physical appearance in the means of dress, as he did not know how to change his body any other way. He stated that he began to live as a woman at home and on the street, presenting as a woman at most

times. Inmate stated, "I felt feminine in my heart." He denied ever engaging in aversive behavior (cutting, binding, etc) his penis, however has "thought about cutting it off, but I'm on blood thinners." Inmate HILL also reported he knew he would need his penis in order for medical staff to effectively perform sexual reassignment surgery in the future. He stated that he has tucked his penis in the past, as well as currently.

Inmate stated that in 1999, when he was 25 years old, he learned from another inmate that he could "change his body." Inmate reported that upon release in 2006 he went to Fenway Mental Health Center and was Diagnosed with GID and PTSD (records not available). He stated that he was not eligible to receive free services and worried about having to pay, subsequently robbing a bank to afford treatment.

In regard to current gender identity, Inmate HILL states, "I feel in my heart I'm in the wrong body." He described engaging in, what he perceived to be, and typical female behaviors, such as "sitting to pee." He stated he wanted to be "as feminine as possible" while in prison. He asserted he refers to himself as "Samantha." Ways of dealing with unwanted sexual pressure, teasing and sexual harassment were discussed at length.

Treatment for Gender Dysphoria

Although prior documentation from PDS shows Inmate had reported having started hormone therapy, Inmate HILL asserted that he had never taken hormone treatment. He reported his instant offense (bank robbery) was due to attempting to obtain money to buy purchase hormones from an unauthorized person (illegally purchase on the street). Inmate admitted to never undergoing any formal medical treatment, but stated he had spoken to a therapist at Fenway Mental Health Center about his desire to transition from male to female. He has not had access to any hormones since being incarcerated in the BOP. He was informed and acknowledged how the BOP's initial policy regarding treatment with hormones required that the individual have had treatment prior to incarceration and that this recently changed making him eligible to pursue treatment.

Inmate HILL appeared to exhibit an adequate understanding of the treatment typically involved in the treatment of Gender Dysphoria. He reported having done some research on treatment prior to his incarceration and speaking to mental health providers about treatment. Other than therapy surrounding anxiety symptoms, it does not appear that Inmate HILL has received any specific treatment for Gender Dysphoria symptoms while housed in the BOP. Inmate reported an interest in regular therapy surrounding gender identity and transitioning. He expressed having "confusing" feelings and that he would like to explore them further. He perseverated on his desire to acquire hormone therapy. He expressed desire to have sexual reassignment surgery, after hormone therapy.

Inmate was asked to discuss goals of mental health evaluation and diagnostic clarification. He asserted he hoped that the evaluation would show he was at risk of further sexual perpetration and would assist in creating a management variable, which would "get me out of prison alive." He also stated he hoped to "transform physically," focusing on a strong desire to receive hormone therapy. Inmate stated he would like to one day receive sexual reassignment surgery.

Summary and Impressions

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, by the American Psychiatric Association, Inmate HILL's diagnoses are considered to be the following:

302.85 Gender Dysphoria in Adult with Disorder of Sex Development

Based on the available data obtained, Inmate HILL meets criteria for a diagnosis of Gender Dysphoria with Disorder of Sex Development. The essential features of this disorder are marked by the presence of an individual with significant discontent with their biological sex and a persistent identification with the opposite sex. Inmate HILL has exhibited a strong and persistent identification with the female gender rather than his own biological sex for at least six months in duration. He described a strong desire to be the opposite sex and strongly asserted he believes he was born with the wrong genitalia. Inmate exhibits a desire to present himself in a feminine manner, however reports he has curtailed doing so somewhat due to being incarcerated in a penitentiary setting for a long duration of time and fearing for his safety. He does report engaging in some perceived feminine behaviors, to include styling his hair and sitting to urinate. He reported a desire to "transform physically" and states he wants to be "as feminine as possible."

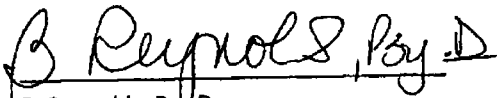
Recommendations:

- 1) It is recommended that Inmate HILL undergo a medical evaluation to assess whether he is a candidate for hormone therapy. Based on the current evaluation he does meet criteria for a diagnosis of GD; however, in order to begin hormone therapy he must be evaluated by a medical professional.
- 2) A treatment plan should be developed that addresses Inmate HILL's physical and mental health needs in relation to his diagnosis of GD. As indicated by RADM Newton E. Kendig in the memo dated 5/31/11 with the subject Gender Identity Disorder Evaluation and Treatment, inmates with a diagnosis of FGID will need a treatment plan that may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy and counseling.
- 3) Finally, through inmate HILL's reports having developed the appropriate level of acceptance regarding his gender identity and requested services, he would likely benefit from psychotherapy to address his gender dysphoria. In particular, he would benefit from further exploration of his identity particularly in respect to coping with the stresses associated with being visibly "different"; as well as thinking about how further treatment would contribute to his sense of self. As Inmate has only recently began reporting issues related to gender identity (within the past year) it would be helpful for Inmate to explore his gender identity further and process the effect it has had on his current and past emotional wellbeing. Furthermore, Inmate HILL may benefit from identifying healthy means of getting his perceived needs met and creating healthy boundaries, as records show a lengthy history of PREA allegations, to include multiple claims of sexual abuse and harassment. Therapy should also address his history of

trauma surrounding multiple sexual assaults. Developing a therapeutic alliance will likely prove easy due to his willingness and strong desire to engage in therapeutic services.

A handwritten signature in black ink, appearing to read 'E. Schmitt', written over a horizontal line.

E. Schmitt, Psy.D
Staff Psychologist
FCC Terre Haute

A handwritten signature in black ink, appearing to read 'B. Reynolds', written over a horizontal line.

B. Reynolds, Psy.D.
STAGES Coordinator
FCC Terre Haute

SENSITIVE BUT UNCLASSIFIED



Federal Bureau of Prisons Psychology Data System

Date-Title: 12-28-2005 - Brief Counseling Session

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: JULIE L. SMITH, Psy.D., CH PSYCH

Institution: FAI - FAIRTON FCI

Met with Mr. Hill this date for routine contact. As his release date nears he continues to identify issues of concern, in addition to very practical needs (i.e. mental health resources, housing, supportive services, etc...). He continues to very appropriately discuss relevant gender identify and sexuality issues, as they relate to his functioning here, and more significantly to his transition to community and desire for healthy relationships. He more clearly vocalizes his overt identification with females and wish to more fully express himself in this manner post-release. He denies pressure or coercion, or any form of sexual abuse. Job going well, cellmate and he get along well. Continues to report a relationship with a peer (believes he is "in love").

SENSITIVE BUT UNCLASSIFIED

SHILL00285

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A
Date of Birth: 11/12/1971
Encounter Date: 05/15/2013 09:12

Sex: M Race: AMERICAN
Provider: Buschman, Brian MD

Reg #: 22297-038
Facility: ALP
Unit: Z01

Chronic Care encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Buschman, Brian MD

Chief Complaint: GENERAL

Subjective: For CCC/14-day eval:

- 1) Hep C GT3 expressed interest in treatment and then he advised he would prefer to wait until after GID transition when I advised that given depression, hormone changes for transition and depression inducing effects of interferon I would not want him to go through transition while also on Hep C treatment. He expressed understanding that he can change his mind and restart the process to apply for treatment.
- 2) Artificial heart valve with lifelong coumadin (care 3).
- 3) PTSD secondary to rapes secondary to GID below. Doing well but requesting a slight increase in Elavil so will raise to 50mg.
- 4) GID - He has expressed that he is very distressed to have male anatomy. He was requesting assistance in working towards transition. He has not started any medical portion of any transition treatment before his entry into the BOP. I expressed that the last guideline that I am aware of states that a person is maintained at their current point in transition during their BOP time. I also advised I have heard rumors those guidelines may have been changing but I was not sure off of the top of my head. He expressed that due to this disorder he is not able to walk this yard safely. He expresses that he has been working with psych about finding a different location where he may be able to walk the yard and program. He also expressed that at times he wants to remove his male anatomy himself but he expressed that he understood that would very likely result in his death from bleeding. I expressed that is a very significant danger. I emailed about his thoughts of self mutilation to psych and the chief psychologist has expressed he is working on a possible transfer where he may be better able to program. I am awaiting medical guidance from the CD.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

****SENSITIVE BUT UNCLASSIFIED****



Federal Bureau of Prisons Psychology Data System

Date-Title: 11-27-2013 - Transfer Intake Screening
Reg Number-Name: 22297-038 - HILL, SCOTT A.
Author: JILL R. HAUGHAWOUT, STAFF PSYCH
Institution: BTF - BUTNER MED II FCI

Date of Intrasystem Transfer: 11-22-2013

Transferred From: THP

The Inmate's PSIQ indicates a current need for Psychological Services.

The inmate's PDS record indicates a current need for Psychological Services.

The inmate's SENTRY record indicates a current need for Psychological Services

Information (other than PSIQ, Sentry, PDS) indicates a current need for Psychological Services.

After a review of the PSIQ, PDS, SENTRY data, and other information an in-person interview was conducted. A summary of the interview and relevant information is provided below;

COMMENTS:

Reason(s) for the Interview: Inmate HILL endorsed a history of mental health treatment for "GID and PTSD", prior suicidal gestures, and being a victim of sexual assault while incarcerated (Please see the Risk of sexual victimization note for further information).

Findings: Inmate HILL reported being sent to BTF due to a "PREA variable." Inmate HILL reported being "ran off" several general population yards and placed in multiple SHUs during the course of the last three years. Inmate HILL stated "I have been locked in SHU for three years and have been at 7 different institutions. Other inmates have sexually harassed and attacked me for being transgender. I was seriously assaulted by Native American inmates due to talking to another Native American inmate. I don't want to end up in SHU again. I want to program. I want services."

Inmate HILL reported that all prior sexual assaults in BOP custody have been reported and investigated. (This clinician referred Inmate HILL'S information to SIS). Inmate HILL reported being diagnosed with "Gender Identity Disorder" while at THP (This was not confirmed per PDS notes) and was sent to BTF for hormone therapy. Inmate HILL requested ongoing therapy to address anxiety symptoms related to being in general population. Inmate HILL reported being prescribed psychotropic medications which have been helpful in managing symptoms. One prior suicide attempt in 2002 via hanging, but staff intervened.

Conclusion: Inmate HILL presented as alert and oriented in all spheres. Inmate HILL endorsed "always feeling like a woman" and expressed hope that hormone treatment would begin quickly at BTF. Inmate HILL endorsed having some difficulty adjusting to general population, but denied current safety concerns. Inmate HILL indicated a desire to have a single cell and was encouraged to speak with unit team. Inmate HILL denied suicidal ideation/plan/intent.

Plan/Follow-up: Inmate HILL will be referred to psychiatric services for medication management. Follow-up with psychology services in a few weeks regarding adjustment issues. Inmate HILL was encouraged to sign up for psychoeducational groups. Inmate HILL asked to be screened to participate in RDAP (previously completed the program). Inmate HILL is aware of the routine and emergency procedures for contacting psychology services.

****SENSITIVE BUT UNCLASSIFIED****

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Federal Bureau of Prisons Psychology Data System

Date-Title: 11-19-2013 - Risk of Sexual Victimization
Reg Number-Name: 22297-038 - HILL, SCOTT A.
Author: TED L. WUNDERLICH, Psy.D., STAFF PSYCH
Institution: OKL - OKLAHOMA CITY FTC

During the social screening process, the social screener utilized the objective screening form entitled *Screening for Risk of Victimization and Abusiveness (BP-A1030)* for inmate HILL. Based on the documentation available at the time of this screening and inmate HILL's self-report, he was identified as:

- (x) Having a history of prior sexual victimization
- () Being at risk for sexual victimization based on cumulative factors
- (x) Being at risk for having a history of prior sexual victimization while incarcerated

As required by PS5324.09, Sexually Abusive Behavior Prevention and Intervention, inmate HILL was seen by Psychology on today's date after being identified to Psychology as meeting the criteria for contact. Inmate HILL indicated he had been sexually victimized as a child. He also reported past sexual assaults, which were previously documented in PDS. He denied any subsequent sexual victimizations since the incident was last reported. He does appear to be at an elevated risk for victimization due to his self reported transgender status. The inmate was encouraged to contact Psychology Services as needed. Inmate HILL was offered counseling services related to the concern indicated above within 14 days and declined. R/D indicated that the inmate will be housed in SHU with no cellie. Due to his elevated risk, he will be placed on follow up per STANDARD protocol to assess for adjustment to housing.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 11-05-2013 - Clinical Intervention - Clinical Contact

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: ERICKA N. SCHMITT, Psy.D., STAFF PSYCH

Institution: THA - TERRE HAUTE FCI

Inmate was seen for a 1:1 contact on today's date. He presented without behavioral or affective abnormality. He was cooperative and very polite throughout the contact.

Inmate and this writer discussed his diagnosis of Gender Identity Disorder, now known as Gender Dysphoria. Inmate began to become tearful and reported that he has "waited so long for this moment." He reported that he believed that he has been living the wrong body for his whole life and felt validated by the diagnosis. Inmate was told that this writer would be creating a treatment plan with him in the future and he was receptive to this information. He expressed concern about staying at THA, as he perceived himself to not be able to walk this compound (should he receive a medium security management variable). Inmate was reminded that correctional staff, executive staff, unit team, health services and psychology services were working collaboratively to ensure his safety. Inmate indicated understanding. He and this writer spoke about what it would be like for him to live in GP somewhere and what his expectations were. Inmate reported he "wants to be [himself]" and obstacles to living as a women in a male setting were discussed at length. He was asked to think about short term goals he and this writer could work on. Psychoeducation about the diagnosis was provided and he was also engaged in rapport building with this writer.

please see sexual abuse intervention note dated 11.5.13 for more details of this contact

Inmate HILL presented as cheerful with congruent affect. He did not appear to be, or report being, in distress. Inmate's speech was logical and goal oriented. His thought processes were goal directed and at no time did he appear out of control of his thinking or behavior. No evidence of psychosis or delusions were noted. Inmate's hygiene and grooming were WNL. He did not assert any difficulty with vegetative functioning during today's contact.

Inmate will be seen in approximately one week for continuity of care. He was advised of how to contact psychology services in the interim should an emergent need arise, whether related to mental health or PREA. He indicated understanding.

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****SENSITIVE BUT UNCLASSIFIED****



Federal Bureau of Prisons Psychology Data System

Date-Title: 11-01-2013 - Mental Health Evaluation
Reg Number-Name: 22297-038 - HILL, SCOTT A.
Author: ERICKA N. SCHMITT, Psy.D., STAFF PSYCH
Institution: THA - TERRE HAUTE FCI

see attached for Gender Dysphoria Evaluation.

****SENSITIVE BUT UNCLASSIFIED****

**PSYCHOLOGICAL ASSESSMENT
FEDERAL CORRECTIONAL COMPLEX
Terre Haute, Indiana**

Client Name: Hill, Scott

Register Number: 22297-038

Examiners: E. Schmitt, Psy.D. & B. Reynolds, Psy.D.

Date of Birth: 11/12/1971

Age: 41 (at age of eval)

Date of Report: 1/5/2014

Reason for Referral

Inmate Hill, Scott (Reg# 22297-038) is a 41 (at time of evaluation) Caucasian, male who was self-referred for psychological evaluation to determine whether he meets criteria for a diagnosis of Gender Dysphoria Disorder (GDD; previously known as Gender Identity Disorder) in order to undergo hormone treatment and be housed in a "hospital environment." Inmate HILL alleged he has suffered from symptoms of this disorder since childhood however he has no record of being formally diagnosed with or treated for this disorder. Thus, before he can be considered a candidate for treatment Inmate needed to be evaluated to determine whether or not he meet criteria for a formal diagnosis of GDD.

Statement of Non-Confidentiality

At the outset of the evaluation, Inmate HILL was informed of the voluntary nature and purpose of this evaluation. He was informed of the relevant limits of confidentiality and foreseeable uses of the information obtained through psychological activities. He verbalized an understanding and accepted the conditions discussed. He agreed to participate.

Services Provided

Behavioral Observations

Clinical Interviews

In addition to the above referenced data, other collateral information available at the time of this evaluation included a Pre-Sentencing Investigation Report (PSI) dated 2000 and 2006. Psychology Data System Records (PDS) from the Federal Bureau Of Prisons (BOP) were reviewed dated 10/7/1999 – 10/11/2013. SENTRY records, BOP Electronic Medical Records (BEMR) were also reviewed.

Background Information

Inmate HILL was born on 11/12/1971 in Worchester, MA. Inmate's parents (Ms. Minardi and Mr. Germain) were together for approximately two months before they divorced. According to records, Inmate's father had been discharged from the military due to being homosexual. Inmate HILL reported he had never met his father (as of 2000). Inmate's mother remarried shortly after her divorce to a man named Richard Hill.

PSI shows Inmate HILL described his upbringing as "traumatic, reporting that he was molested by an uncle at age 8." Records show he would force him and his cousin to engage in sexual acts with one another. Other reports show he began to live with his uncle when he was approximately 14 and that his uncle sexually molested him from age 14-16. Inmate HILL set fire to his uncles house when he was 16 or

17 years old and his uncle sustained 3rd degree burns. Inmate's mother is shown to remark that she "does not believe" him in regard to claims of sexual assault. Inmate also asserted he was molested by his adopted father's co-workers at an industrial supply company in Worchester, MA.

According to records, Inmate described his mother as an alcoholic and noted that he took care of him and his sister due to his mother being negligent and abusive. He described his father as physically violent with his mother when he was intoxicated. Inmate's mother reportedly beat him in the head with a "billy club" and bruised his ribs on occasion. Inmate's mother was significantly more violent when drinking. Inmate also allegedly feared punishment for wetting the bed and would hide his underwear in hopes of avoiding abuse.

In addition, mental health records obtained from Gaebler Children's Center (in PSI) showed "mother in role of parent with the two of them (defendant and his sister) appears overwhelmed and unable to handle them without threatening, or as she reports beating them up." Records also show Inmate HILL's mother threatened to give her children to "the State."

Inmate Hill's adopted father was described as involved in his life as a child, however wanted "nothing to do with him" when he learned Inmate HILL identified as homosexual. As a child, Inmate's father was reported to be abusive, as shown by forcing Inmate HILL to kneel on a two by four in a corner for hours while his adopted father told him "this is how we make men in the military."

Records indicate he told his adopted father he was gay at age 16 and was physically and verbally abused by this man. This coincided with Inmate HILL's adopted father being charged with indecent assault and battery on a male minor.

At age 16, Inmate HILL sexually offended another boy who was fourteen years old at a campground (found in Criminal History). He recalled that when his adopted father learned of this incident he broke his tooth and kicked him out of the house. Reports show his mother drove him to a bus station, gave him money and told him to never come home again. At that time, Inmate was homeless and lived on the streets supporting himself by prostitution.

Educational History

Documents show Inmate went to eleventh grade and received passing grades, however he did not graduate high school. Inmate HILL reported earning a GED in 2006 while incarcerated in the BOP.

There is documentation to show Inmate HILL was the victim of bullying, to include assault, being threatened and intimidated at his school.

Social History

His PSI, specifically a statement taken from his sister, show Inmate HILL began to prostitute himself and abuse drugs once he was told to leave his family home. Inmate does have a sister, however they do not have a close relationship. Inmate HILL has never been married nor has he fathered any children.

Employment History

Inmate's records show that while in his "20's" he was employed at Starbucks, however this information was not verified. Social Security Administration (per his PSI) shows no prior employment for Inmate HILL, however he did collect monthly benefits intermittently.

Substance Abuse History

Inmate has a significant history of substance abuse. Records show he began to abuse cocaine at age 16 and at that time used approximately \$300-\$400 daily. He also experimented with marijuana and heroin. He reported consuming alcohol on a "social basis." He was hospitalized approximately two times specific to substance abuse treatment (1996 & 1998).

Inmate participated in RDAP from September 9, 2004 until its successful completion June 9, 2005 at FCI Fairton.

Medical History

According to PSI, Inmate underwent a Pectus Excavatum surgery when he was five years-old. Another PSI also shows he has had three "open heart surgeries" to repair a valve in his heart at age 3, 6 and 9.. From 11/6/1985 – 11/10/1985 Inmate was hospitalized for possible ingestion of a foreign substance, which caused confusion, ataxia, nausea and dizziness. It was alleged a schoolmate offered HILL a piece of candy that looked like a pill. In 1989 Inmate was "struck in the head with a Billy Club" by his mother and as a result Inmate HILL left home and was placed in foster care. A short time later she retained custody. In 1991 Inmate was raped by an HIV positive inmate and then tested positive for HIV. He was maintained on medication, however he later learned he was not HIV positive (he was misdiagnosed). Inmate was admitted to Beth Israel Hospital 9/23/1993 related to a sexual assault that occurred during an incarceration. He was again admitted to this same hospital on 8/2/1994 related to another sexual assault. On 6/14/1997 he was admitted due to complications from Hep-A relapse.

Inmate is allergic to penicillin, which causes a rash; and iodine, which causes respiratory symptoms. Due to his Pectus Excavatum surgery he asserts he is unable to perform strenuous activity.

Inmate reports having a seizure disorder, secondary to a motor vehicle accident in 1988. Inmate was also hit by a car 2/16/1988.

Criminal History

Records show Inmate was responsible for approximately 17 fires in Worcester, MA as a juvenile and has had his record sealed.

In regard to adult criminal behavior, Inmate HILL's PSI and SENTRY records were reviewed. Inmate HILL is currently serving 102 Months/3 YRS SRT for Bank Robbery. During this event, Inmate had a fire arm and threatened to harm a pregnant customer. He has a projected release date of 11/7/2018. Previous adult convictions include: Breaking and Entering & Arson of Building (1989); Rape of a Child & Assault to Rape a Child & Indecent Assault and Battery on a Child (1989); Larceny (1990); Larcent From a Building (1990); Larcent More Property (1990); Knowing Receiving Stolen Property (1990); Malicious Destruction of Property (1992); Possession of a Weapon, Not a Firearm (1992); Escal (1993), Obstruction of a Police Officer (1994); Possession of Crack Cocaine (1996); Second Degree Robbery (1998); Second Degree Robbery (1998); Bank Robbery (1998).

Institutional Disciplinary Record

Since entering BOP custody, Inmate has incurred 13 incident reports. Incident reports include: Being Absent from Work Assignment (4/6/12), Assaulting Without Serious Injury (10/17/11 – inmate kicked officer in stomach and groin area during use of force move), Refusing Work Program/Assignment (10/17/11, 9/23/11), Refusing to Obey an Order (10/17/11, 9/23/11), Engaging in Sexual Acts (6/10/10 – Inmate was observed by staff engaging in a sexual act with another inmate), Being in Unauthorized Area

(3/9/08), Possession of Dangerous Weapon (7/14/07), Tattooing or Self-Mutilation (2/25/03), Giving/accepting money without Authorization (2/27/03), Fighting with Another Person (3/24/02) and Smoking in Unauthorized Area (11/4/99).

Past Psychiatric History

Inmate's records show his first psychiatric hospitalizations occurred at Pembroke Hospital for three weeks after reporting voices were telling him to kill himself. Although there is no date noted for this hospitalization, it occurred prior to 7/22/86 when he was admitted at University of Massachusetts Medical Center.

As a child, Inmate was admitted to Gaebler Children's Center Hospital (8/4/86) due to engaging in fire setting behavior on approximately 17 occasions between 4/30/86 and 5/4/86. Hill was removed from the treatment center by his mother against medical advice. Inmate was diagnosed with Borderline Personality Disorder at this time, approximately age 15.

On 2/13/96 Inmate was admitted to Bournewood Hospital in Brookline, MA for treatment for depression, suicidality and ongoing substance abuse. He was discharged on 3/16/96 with a diagnosis of Post-Traumatic Stress Disorder, Cocaine Dependency and Borderline Personality Disorder. He was again admitted to this same hospital on 7/17/96 for treatment of depression with poly-substance abuse. He was discharged on 7/19/96 against medical advice, with diagnoses of Depression and Poly-substance abuse.

On 8/28/96 Inmate HILL was admitted to Beth Israel Hospital for treatment of depression, anxiety, suicidal ideation and substance abuse. He was discharged on 8/30/96.

On 2/4/98 Inmate was again admitted to Bournewood Hospital after being transferred from Boston Medical Center Emergency Room where he had presented as suicidal and depressed. He was discharged against medical advice on 2/9/98 with diagnoses of Major Depression, Poly-substance Dependence and Borderline Personality Disorder. On 2/25/98 Inmate was transferred from Beth Israel Deconess Hospital and sent again to Bournewood for continued treatment for substance abuse. He was discharged on 3/4/98 with diagnoses of cocaine and amphetamine dependence as well as Antisocial Personality Disorder. He was discharged 3/4/98 and remarked upon discharge, "My life revolves around homelessness, prostitution and drug use. I'm hurt and angry. I can't handle my feelings, drugs numb me out."

Inmate was admitted to McLean Hospital on 11/16/97 for suicidal ideation, attempting to hang himself. He was sent to Baldpate Hospital and while in the hospital attempted suicide. He was discharged on 11/25/97. He was diagnosed with Major Depression, Post Traumatic Stress Disorder, Cocaine Dependence and Alcohol abuse at this time.

On 10/15/99 Inmate was admitted to Health Services Division of Federal Correctional Institution in Butner, NC to undergo a forensic Evaluation to determine competency and responsibility, which was completed on 12/29/1999. During the evaluation, Inmate expressed concerns for his safety, noting a history of being sexually assaulted while incarcerated. Inmate was diagnosed with Polysubstance Dependence, In a Controlled Environment, Borderline Personality Disorder (primary diagnosis) and Antisocial Personality Disorder at the conclusion of this evaluation.

Inmate indicated to this writer he received services for Gender Identity Disorder (now referred to as Gender Dysphoria) at Fenway Community Health Center. PSI records show Inmate indicated he was receiving services from this facility for eight weeks prior to his arrest for the instant offense and also received medical treatment. During this time he was prescribed several psychotropic medications, however no hormonal therapy was provided according to records, which is consistent with his statement. The outcome of his course of treatment and mental health evaluation at Fenway showed diagnoses of Post-Traumatic Stress Disorder and Polysubstance Dependence. Several rule out diagnoses were included, but Gender Identity Disorder was not one of them. It was recommended he undergo therapy to focus on symptoms of panic and anxiety, as well as history of trauma.

Psychiatric History/Gender Identity Documentation While Incarcerated in Federal Bureau Of Prisons Archived PDS records (10/7/1999 – 8/9/2005), 223 notes, were thoroughly reviewed and show that upon arrival to the Federal Bureau Of Prisons, Inmate HILL discussed concerns surrounding being sexually assaulted at an outside facility, reported having “PTSD” and that he reported multiple anxiety symptoms stemming from previous sexual assault. He also endorsed experiencing auditory hallucinations of a male voice. Records show Inmate attempted to change his housing several times due to believing he may be re-victimized while incarcerated. Documentation from 1/25/01 shows Inmate has a “tendency to feign or exaggerate problems during times of stress.” Records show a history of medication misuse and discontinuation from antipsychotic medication due to misuse of medication (8.3.01) and lack of genuine symptoms of psychosis (9.18.01). Inmate identified being homosexual (9.27.01) while at BUT. Inmate’s records show a referral to Axis II program in SPG (9/18/02) showing Dysthymic Disorder and Personality Disorder, NOS (Borderline and Passive-Aggressive Traits) as the diagnosis. Documentation notes that he was referred to this program due to previous hospitalizations, suicide attempts and motivation for programming. Note from 4/20/05 shows Inmate admitted to wearing makeup, which he alleged solicited compliments from other inmates.

Recent PDS records, approximately 175 notes, were thoroughly reviewed by this writer. Similar to archived notes, Inmate consistently reports anxiety symptoms, which he asserts stem from previous sexual assaults. Notes reflect Inmate HILL engaging in multiple relationships with other inmates. Furthermore, a review of documentation showed multiple sexual assault interventions, due to Inmate reporting unwanted touching, harassment and victimization. It should be noted that the majority of the allegations were found to be unsubstantiated according to SIS. Inmate’s records show three Suicide Risk Assessments (SRA), the last occurring on 9/1/2010. At that time, Inmate made suicidal statements due to experiencing concerns about his safety. No suicide watch was clinically warranted. Another SRA dated 10/19/2009 shows Inmate did not make an attempt, but verbalized suicidal ideation due to anxiety allegedly stemming from previous sexual assault. SRA 5/18/07 shows no attempt, but that he endorsed suicide in the past on the SRA. No suicide watch was clinically warranted or implemented. Thorough review of SRA’s show mental status within normal limits and no acute distress.

Both archived and current PDS records were reviewed thoroughly to specifically identify any gender identity disorder symptoms or concerns. No archived note shows mention of Inmate experiencing symptoms of Gender Dysphoria. The first mention of gender identity concerns was mentioned 12/28/05 in a Brief Counseling Session note from FAI. Inmate discussed gender identity and sexuality issues as they related to his environment and functioning. Inmate vocalized “overt identification with females and wish to more fully express himself in this manner post-release.” Following note (1/4/06) shows Inmate discussed he had been wearing eyeliner and having his “eyebrows done.” He asserted a desire to “express himself” and inmate was counseled on self-expression in a prison setting. A note from 1/28/10 (CLP) was the next reference to sexuality, showing Inmate stated, “I’m bisexual” when discussing other

inmates having an interest in a relationship with him. Intake from 10/30/10 (VVM) described Inmate as "small build and structure, thin, with feminine characteristics," however does not elaborate further on his appearance. Next, a sexual Abuse Prevention/Intervention Follow-up note states Inmate HILL "made several comments that he tries to make himself appear to be less "feminine" by growing out his facial hair" in regard to attempting to decrease his likelihood of being sexually victimized. Intake screening from 11/8/12 (COP) shows Inmate alleged he was diagnosed with Gender Identity Disorder, but there is no documentation to support this claim from PDS, BEMR, PSI or other available records.

It should be noted that it was not until arriving to ALP and receiving a transfer intake (5/8/13) that Inmate began to discuss gender identity concerns with more description and frequency. Inmate reported to clinician that he "identifies himself as Gender Identity Disordered." Specifically clarifying that he feels he is a women in a male body. He asserted to staff that he had gone through sex-change procedures in the past and was reporting he wished to pursue sex-change treatment at that time as well. Later notes from 6/4/13 show Inmate was described as "outwardly effeminate and has Gender Identity Disorder." Inmate was noted to refer to himself as "female" while at ALP. Inmate was first referred to by psychology staff as "a gender-identity disordered inmate who appears outwardly effeminate and has the gender identity of a female" while at ALP 7/8/2013. Upon transfer to THP, Inmate discussed gender identity concerns at length (8/22/13) and was provided therapeutic materials on gender Dysphoria. He explained he was in the "early stages" of hormone therapy prior to incarceration and a desire to have hormone therapy while in prison.

Furthermore, due to an abundance of PREA related issues, possibly vulnerability, and physical features (small stature) psychology staff at ALP began to request (6/14/13) a management variable be placed on Inmate HILL. It was noted that staff believed Inmate HILL would likely adapt successfully at a medium level facility and that placement would "definitely reduce his PREA related vulnerabilities rather than continuing to rotate him through various USP's." This was again stated and a request for management variable was made again by ALP staff on 7/8/13.

BEMR records were reviewed and indicated Inmate has been prescribed multiple psychotropic medications while incarcerated. It should be noted Inmate has a documented history of intermittent compliance and has self-discontinued medications at times. Additionally, archived records show Inmate had misused medication. Previous psychotropic medications prescribed to Inmate HILL include: Elavil (current), Citalopram, Risperidone, Mirtazapine and Fluoxetine – at various times and in various combinations. Inmate was last prescribed Risperidone in 2010, but has not had the prescription renewed since.

All treatment plans in PDS (both recent and archived) were reviewed. Previous treatment plans (8/8/01; 10/23/01; 8/8/02; 10/5/04; 8/8/05; 10/3/12) were reviewed. No treatment plan found in PDS showed a diagnosis of Gender Dysphoria or targeted specific symptoms of Gender Dysphoria (or Gender Identity Disorder).

Overall, both archived and recent, records show Inmate has consistently presented with a mental status within normal limits. There has been no evidence of Inmate demonstrating thought disorder or observable psychosis. His mental status has been shown to be within normal limits and no acute prolonged distress has been noted.

Mental Status and Behavioral Observations

Inmate was seen in a private holding cell in SHU for interview on 11.1.13. Inmate HILL presented with contextually appropriate affect and expressed euthymic mood for the majority of the contact. At some points he was tearful when discussing his desire to obtain hormone therapy. He was polite and cooperative throughout the contact and appeared engaged in conversation. He was alert and oriented to all spheres. He made appropriate eye contact and sat up straight with his legs crossed. He denied current suicidal or homicidal ideation, plan or intent. His speech was logical, coherent and goal directed. No overt signs of psychosis or thought disorder were present. He did not demonstrate any abnormalities in gait or hygiene. He apologized for not doing his hair and appeared to be self-conscious of his appearance, as noted by several remarks about his grooming. Gross mental status appeared stable.

During the contact, he expressed difficulties related to his desire to undergo hormone treatment and to address his Gender Dysphoria. He described a strong desire to look more female, as he believes this would be more representative of his true gender in contrast to his biological sex. He denied symptoms of anxiety, mood, cognitive or psychotic disorder. He indicated his primary focus was on beginning hormone therapy and to present outwardly as female.

Gender Dysphoria Interview & Psychosocial Assessment

Psychosexual Development

Inmate HILL described his family as intolerant. He asserted, and documentation shows, he was told not to return to his home after telling his family he was homosexual at approximately age 17. Inmate believes he was forced into being homeless, which led to prostitution. He perceives himself as having difficulty finding those who take him seriously and listen to his concerns, as he stated, "I tried to explain about my sexual ways, desires, they just couldn't accept." He asserted his mother told him, "Oh Scotty, you'll change when you're older, you'll finally want to marry and have children." Inmate stated he has not wanted to marry or have children.

When queried about how his expectations of how his family will respond, he asserted believing his mother and father would be "disappointed," "angry" and that they will "disown me." He reasoned that "they can't accept LGBTQ people; they feel I did this to hurt them and they will be in denial." He did, however, report believing his boyfriend would respond positively, stating that he believed he would be supportive, loving, caring, understanding and trusting. He stated he perceived this person would respond in that fashion because "he'll be my lover."

Gender Identity Development/Real Life Experience (RLE)

Inmate reported that he realized he believed he was a female in a male body when he was a child. Inmate stated he enjoyed playing with dolls and "felt more comfortable around girls." Inmate stated, "When I was a child I felt something different. Something was wrong with me."

Inmate stated he did not attempt to change his appearance until age 17 when he was "on the streets" and began to prostitute himself. He stated he began to dress as a woman. He stated he only changed his physical appearance in the means of dress, as he did not know how to change his body any other way. He stated that he began to live as a woman at home and on the street, presenting as a woman at most

times. Inmate stated, "I felt feminine in my heart." He denied ever engaging in aversive behavior (cutting, binding, etc) his penis, however has "thought about cutting it off, but I'm on blood thinners." Inmate HILL also reported he knew he would need his penis in order for medical staff to effectively perform sexual reassignment surgery in the future. He stated that he has tucked his penis in the past, as well as currently.

Inmate stated that in 1999, when he was 25 years old, he learned from another inmate that he could "change his body." Inmate reported that upon release in 2006 he went to Fenway Mental Health Center and was Diagnosed with GID and PTSD (records not available). He stated that he was not eligible to receive free services and worried about having to pay, subsequently robbing a bank to afford treatment.

In regard to current gender identity, Inmate HILL states, "I feel in my heart I'm in the wrong body." He described engaging in, what he perceived to be, and typical female behaviors, such as "sitting to pee." He stated he wanted to be "as feminine as possible" while in prison. He asserted he refers to himself as "Samantha." Ways of dealing with unwanted sexual pressure, teasing and sexual harassment were discussed at length.

Treatment for Gender Dysphoria

Although prior documentation from PDS shows Inmate had reported having started hormone therapy, Inmate HILL asserted that he had never taken hormone treatment. He reported his instant offense (bank robbery) was due to attempting to obtain money to buy purchase hormones from an unauthorized person (illegally purchase on the street). Inmate admitted to never undergoing any formal medical treatment, but stated he had spoken to a therapist at Fenway Mental Health Center about his desire to transition from male to female. He has not had access to any hormones since being incarcerated in the BOP. He was informed and acknowledged how the BOP's initial policy regarding treatment with hormones required that the individual have had treatment prior to incarceration and that this recently changed making him eligible to pursue treatment.

Inmate HILL appeared to exhibit an adequate understanding of the treatment typically involved in the treatment of Gender Dysphoria. He reported having done some research on treatment prior to his incarceration and speaking to mental health providers about treatment. Other than therapy surrounding anxiety symptoms, it does not appear that Inmate HILL has received any specific treatment for Gender Dysphoria symptoms while housed in the BOP. Inmate reported an interest in regular therapy surrounding gender identity and transitioning. He expressed having "confusing" feelings and that he would like to explore them further. He perseverated on his desire to acquire hormone therapy. He expressed desire to have sexual reassignment surgery, after hormone therapy.

Inmate was asked to discuss goals of mental health evaluation and diagnostic clarification. He asserted he hoped that the evaluation would show he was at risk of further sexual perpetration and would assist in creating a management variable, which would "get me out of prison alive." He also stated he hoped to "transform physically," focusing on a strong desire to receive hormone therapy. Inmate stated he would like to one day receive sexual reassignment surgery.

Summary and Impressions

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, by the American Psychiatric Association, Inmate HILL's diagnoses are considered to be the following:

302.85 Gender Dysphoria in Adult with Disorder of Sex Development

Based on the available data obtained, Inmate HILL meets criteria for a diagnosis of Gender Dysphoria with Disorder of Sex Development. The essential features of this disorder are marked by the presence of an individual with significant discontent with their biological sex and a persistent identification with the opposite sex. Inmate HILL has exhibited a strong and persistent identification with the female gender rather than his own biological sex for at least six months in duration. He described a strong desire to be the opposite sex and strongly asserted he believes he was born with the wrong genitalia. Inmate exhibits a desire to present himself in a feminine manner, however reports he has curtailed doing so somewhat due to being incarcerated in a penitentiary setting for a long duration of time and fearing for his safety. He does report engaging in some perceived feminine behaviors, to include styling his hair and sitting to urinate. He reported a desire to "transform physically" and states he wants to be "as feminine as possible."

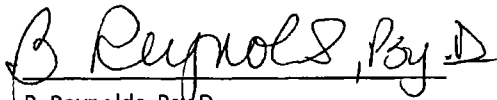
Recommendations:

- 1) It is recommended that Inmate HILL undergo a medical evaluation to assess whether he is a candidate for hormone therapy. Based on the current evaluation he does meet criteria for a diagnosis of GD; however, in order to begin hormone therapy he must be evaluated by a medical professional.
- 2) A treatment plan should be developed that addresses Inmate HILL's physical and mental health needs in relation to his diagnosis of GD. As indicated by RADM Newton E. Kendig in the memo dated 5/31/11 with the subject Gender Identity Disorder Evaluation and Treatment, inmates with a diagnosis of FGID will need a treatment plan that may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy and counseling.
- 3) Finally, through inmate HILL's reports having developed the appropriate level of acceptance regarding his gender identity and requested services, he would likely benefit from psychotherapy to address his gender dysphoria. In particular, he would benefit from further exploration of his identity particularly in respect to coping with the stresses associated with being visibly "different"; as well as thinking about how further treatment would contribute to his sense of self. As Inmate has only recently began reporting issues related to gender identity (within the past year) it would be helpful for Inmate to explore his gender identity further and process the effect it has had on his current and past emotional wellbeing. Furthermore, Inmate HILL may benefit from identifying healthy means of getting his perceived needs met and creating healthy boundaries, as records show a lengthy history of PREA allegations, to include multiple claims of sexual abuse and harassment. Therapy should also address his history of

trauma surrounding multiple sexual assaults. Developing a therapeutic alliance will likely prove easy due to his willingness and strong desire to engage in therapeutic services.



E. Schmitt, Psy.D.
Staff Psychologist
FCC Terre Haute



B. Reynolds, Psy.D.
STAGES Coordinator
FCC Terre Haute



Federal Bureau of Prisons Psychology Data System

Date-Title: 08-22-2013 - Clinical Intervention - Clinical Contact

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: ERICKA N. SCHMITT, Psy.D., STAFF PSYCH

Institution: THP - TERRE HAUTE USP

Inmate was seen for follow-up to previous clinical contact and per his request. He was pulled from his cell and placed in a holding cell in SHU for 1:1 contact. He did not display behavioral or affective abnormality.

Inmate showed this writer BP-9 forms he was filing in hopes of procuring a transfer to a lower facility institution, noting his transgender "issues" and previous history of sexual assault as a reason. Inmate was provided with supportive therapy. Inmate denied experiencing issues related to celling with his current cell mate and also reported that they "get along good." Inmate HILL denied any current allegations of sexual abuse or harassment. Inmate requested materials on "transgender issues" and will be provided with these materials within the next several weeks. Inmate and this writer discussed the possibility of obtaining hormones, however he has not taken hormones since his BOP incarceration. Inmate also stated he was in "the early stages" of hormone therapy prior to incarceration. He denied acute mental health concerns on today's date and thanked this writer for speaking to him.

Inmate HILL presented as euthymic in mood with congruent affect. He was alert and oriented to all spheres. He made appropriate eye contact. He denied current suicidal or homicidal ideation, plan or intent. His speech was logical, coherent and goal directed. No overt signs of psychosis or thought disorder were present. He did not demonstrate any abnormalities in gait or hygiene.

He denied the need or interest in immediate follow-up with psychology services at this time, however he will be seen within the next several weeks for follow up and to be provided materials he requested. He was reminded about how to contact psychology services should the need arise in the future. He will be seen on an as needed basis.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 07-30-2013 - Risk of Sexual Victimization

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: KASEANIA R. RILEY-BASS, PSYCHLGY PREDCTORAL INTERN

Institution: THP - TERRE HAUTE USP

Inmate was seen on this date to assess his Risk of Sexual Victimization. Inmate has previous Risk assessments. PDS, SENTRY and BEMR records were reviewed and Hill was interviewed. Inmate denied having any issues of the sexual nature while at his current institution. HILL reported past sexual assaults, which were consistent with incidents documented in PDS. The most recent incident occurred on April 10, 2013 when his cellmate in SHU reportedly "forced a hug on me." HILL reported that his cellmate was naked, with an erect penis when he hugged him. This detail was not contained in the PDS note. HILL stated that he does not want to engage in sexual contact with other inmates, acknowledging that in the past he had prostituted himself, but noting he has refused to do that in recent years. Inmate HILL previously reported being homeless as a teenager through adulthood and working as a street prostitute when not incarcerated. He reported multiple examples of events where he was raped while in prison or assaulted resulting in serious injury when he refused to submit to other inmate advances. He stated, "every yard I am on, some one wants to turn me into a prostitute."

Inmate may be at higher risk of sexual victimization than other inmates. Inmate was offered follow-up services, and will be scheduled for follow-up.

HILL was alert and oriented x4. He presented in a stable manner with appropriate affect. He denied significant mental health problems and did not present as actively psychotic or severely depressed. His thoughts were clear and coherent. He was future-oriented and goal-directed. He acknowledged safety concerns in the past due related to sexual assaults. He stated that he is interested in working with psychology staff to ensure his safety, noting that wherever he is housed (GP or SHU) he would be willing to talk with staff if he felt pressured or unsafe.

Inmate will be scheduled for follow-up services in the next several weeks per request.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 07-08-2013 - Referral - Recommendation for Management Variable

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: JOHN R. MITCHELL, CH PSYCH

Institution: ALP - ALLENWOOD USP

This report is being written to assist Unit Team in the referral of inmate Hill for a lesser-security management variable. The reasons for this recommendation are as follows:

- Inmate Hill is a gender-identity disordered inmate who appears outwardly effeminate and has the gender identity of a female. As such, he is at high risk for sexual victimization from predatory inmates.
- Predatory inmates who are likely to prey on inmate Hill are at greater numbers in high-security penitentiaries.
- Inmate Hill has shown a pattern of not being able to safely exist in general population at USP high-security settings due to his risk of victimization. Thus, he has had to be managed as a protective custody case at several US Penitentiaries and it is anticipated that this pattern would continue if he is transferred to another USP.
- Inmate Hill has already been at USP Tucson, considered to be the one USP facility that he would be able to safely be placed in general population. However, even there, he encountered PREA-related issues and was subsequently placed in SHU there for protective custody reasons.
- Inmate Hill has been involved in multiple PREA-related allegations of sexual assault and sexual harassment from other inmates at several USP facilities. Continued placement at USP facilities would represent an increased risk for Hill to be subject to further potential episodes of sexual harassment and/or sexual assault.
- Inmate Hill has a documented history of being able to successfully program at medium-security facilities. He successfully completed the Residential Drug Abuse Program (RDAP) at FCI Fairton in 2006.
- The heightened responsibilities compelled by PREA and the updated Program Statement on Sexually Abusive Behavior, Prevention and Intervention encourage consideration of inmates like Hill for lesser-security management variables to accommodate their special security and protection needs. It is believed that Hill will be safest at a medium-security facility and that continued placement at USP facilities would only ensure that inmate Hill remains a long-term protective custody case who languishes in SHU settings due to the safety risks that would befall him if in a general population setting at a USP.

This report will be forwarded to the Unit Team for inclusion in their transfer packet of Hill.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 06-14-2013 - SHU Review
Reg Number-Name: 22297-038 - HILL, SCOTT A.
Author: JOHN R. MITCHELL, CH PSYCH
Institution: ALP - ALLENWOOD USP

Inmate **HILL** was placed in the Special Housing Unit on **05-09-2013**. In accord with Discipline and SHU policy, a psychological review was conducted.

At the time of this review, inmate HILL was housed in the Special Housing Unit with a quarters assignment of **ADMIN. DETENTION**.

Inmate HILL was interviewed. Other staff members and/or available records were consulted as necessary and appropriate.

The findings of this review are:

MENTAL STATUS: Current mental status, emotional expression, and behavior suggest **significant mental health problems**.

ADJUSTMENT: Based on available information, current adjustment to Special Housing Unit appears to be **SATISFACTORY**.

THREAT TO SELF: Precise prediction of self-injurious behavior is difficult and should be modified over time as individual circumstances change. Based on the inmate's history, existing conditions, and other information available at the time of the review, the current risk of self-harm is judged to be **LOW**.

THREAT TO OTHERS: Precise prediction of dangerousness is difficult and should be modified over time as individual circumstances change. Based on the inmate's history, existing conditions, and other information available at the time of the review, the current potential for harm to others is judged to be **LOW**.

Comments:

Hill is an inmate with a high risk of sexual victimization. He was on the compound only for a few days and ultimately had to request protective custody due to inmates pressuring him to not be on the compound. The primary concern I have for Hill remains his vulnerability for being sexually assaulted and sexually harassed.

I have referred Hill to the Skills Program at FCI Coleman. Previous referral to the Step-down program at Butner resulted in denial. If Hill gets denied for the Skills Program, I will pursue application of a management variable on Hill to facilitate transfer to a medium-security prison. He has a documented history of adapting successfully at a medium-security prison and such a placement would definitely reduce his PREA-related vulnerabilities rather than continuing to rotate him through various USP's.

Hill's mental status today was stable and his mood was pleasant. Future-oriented thinking remains present. He was talkative and appreciative of my contact. Continue to see through SHU rounds, SHU reviews, and individual contacts.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 06-04-2013 - Clinical Intervention - Clinical Contact

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: JOHN R. MITCHELL, CH PSYCH

Institution: ALP - ALLENWOOD USP

Met with Hill in SHU to discuss his situation in SHU. Hill is a high risk for victimization who was placed in SHU due to protective custody concerns that inmates from the Boston area were disapproving of his remaining on the compound. Hill is outwardly effeminate and has Gender Identity Disorder; he refers to himself as female and has an extensive history of sexual assault allegations at previous BOP facilities as victim. Given the significant amount and severity of his PREA-related concerns, his placement in SHU was deemed necessary for his own safety.

Discussed with Hill options for requesting transfer to another facility. At this point, given that BUT Step-down program has already denied Hill consideration, the Skills Program at FCI Coleman has been identified as the best option. Advised Hill of the nature of the program and he was agreeable to participating in it. Hill has a documented history of success at the RDAP at FCI Fairton, so it is considered likely he would successfully program at the SKills Program.

Hill's mood was stable; he endorsed some anxiety related to his future but expressed confidence in this clinician's efforts. He denied suicidal ideation. Discussed openly the advances that other inmates made towards Hill for the brief time he was out in general population, including some African-American inmates telling Hill that they will "have his back" on the compound. Discussed the dangers of such advances, which Hill is well aware of.

Hill will remain a single-cell inmate due to high risk of victimization. Continue to pursue Skills referral and see Hill regularly through SHU rounds and reviews.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 05-22-2013 - Clinical Intervention - Clinical Contact

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: JOHN R. MITCHELL, CH PSYCH

Institution: ALP - ALLENWOOD USP

Hill was seen in a private office in SHU.

Mood was stable but anxious and somewhat dysphoric. I related to him that I was pursuing a referral to the Skills program at FCI Coleman on his behalf. He talked positively about this prospect, and was candid in telling me that he does not think he could make it on this compound. He detailed how an inmate he knew from Coleman had written him a "kite" which said the Blacks from North Carolina would take Hill "under our wing" if he were to come out to the compound. Hill sees this as a maneuver to try and make Hill their "bitch" and expressed significant concerns about his safety if he were to go back to the compound.

Discussed specifics to the Skills Program and he expressed high motivation for it. Reviewed his medications and he noted that Dr. Buschman raised his Elavil. Also discussed possible start to GID treatment procedures. I provided him with reading materials.

See again in SHU rounds and per request/referral.

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Federal Bureau of Prisons Psychology Data System

Date-Title: 05-08-2013 - Transfer Intake Screening

Reg Number-Name: 22297-038 - HILL, SCOTT A.

Author: JOHN R. MITCHELL, CH PSYCH

Institution: ALP - ALLENWOOD USP

Date of Intrasystem Transfer: 05-06-2013

Transferred From: COP

The Inmate's PSIQ indicates a current need for Psychological Services.

The inmate's PDS record indicates a current need for Psychological Services.

The inmate's SENTRY record indicates a current need for Psychological Services

Information (other than PSIQ, Sentry, PDS) indicates a current need for Psychological Services.

After a review of the PSIQ, PDS, SENTRY data, and other information an in-person interview was conducted. A summary of the interview and relevant information is provided below;

COMMENTS:

Reason(s) for the Interview: Hill is well-known to this clinician, as I worked extensively with Hill during his previous incarceration with the BOP. He was released in 2006 only to re-offend by robbing a bank. Hill reported that he had "given up" on his life and "relapsed into criminal thinking all over again." He stated that he felt he had nowhere and no one to turn to, and robbed the bank primarily to finance his desired sex-change surgeries. Since returning to the BOP, Hill has been at several facilities; he recounted a myriad of negative experiences at each of the facilities, including three sexual assaults which he alleges occurred at other penitentiaries.

Findings: Hill was alert and oriented. There were no signs of psychosis or thought disorder. Mood was stable. He expressed relief at seeing me, saying he was told by his attorneys that he would be coming back to ALP, and noting that his attorneys stated that officials from DSCC thought this facility was one of the few penitentiaries he might be able to safely walk the compound. Hill reported some trauma-related symptoms (anxiety, depression, emotional numbing, flashbacks) to physical and sexual assaults from the past. He is currently taking Celexa and Elavil, which he reported as mostly helpful for his symptoms.

Of note is that Hill identifies himself as Gender Identity-disordered. Specifically, this means that he feels he is a woman but inside a man's body. He has gone through some sex change procedures in the past and is currently reporting that he wishes to pursue this medical course of action now as well.

Suicide/Self-harm History: 2002 while in BOP

Sexual Abuse History: multiple incidents of sexual assault as victim while in prison; one investigation

into Hill as perpetrator in 2011; one previous conviction for sex offense

Summary/Follow-up: Inmate Hill hits on multiple variables of being at risk for sexual victimization, including effeminate appearance, previous sexual assaults as victim, Gender Identity Disorder, small physical stature, and previous engagements in consensual sex while incarcerated, including times when he prostituted himself in prison. Current interview found Hill to be verbalizing an intent to avoid sexual relations with other inmates and expressing hope that he can remain on our compound. He is not ignorant to the risk factors he represents for being pressured or assaulted again. We discussed this openly, including how he can report any such instances to staff immediately. He was educated on the reality that the email system is not the most expeditious way of reporting such concerns to staff. Hill is also hopeful to complete the Challenge Program and was goal-focused on ultimately getting to a medium-security facility.

It will be important for staff to be aware of how high a risk for victimization inmate Hill is. Any concerns regarding his safety should be immediately communicated to appropriate staff (Operations Lt, SIS, Psychology). Any reports or evidence that Hill is being sexually pressured or sexually assaulted should be immediately communicated to appropriate staff (Operations Lt, Captain, Psychology, and PREA Compliance Manager-AW Butler). Hill is well aware of his PREA rights and how to communicate any issues to staff. He will be followed by this clinician on a regular basis. An appropriate cellmate was identified in the Challenge unit; this inmate has no documented history of sexual predation and is reportedly doing well in the Challenge program, so he was considered to be one of the most suitable cellmates for Hill. This was communicated to SHU staff and Hill is to be released to the Challenge unit on 5/9/13.

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and reported that he did not present in any distress or display symptoms consistent with a sexual assault. No further action is deemed necessary regarding this matter but regular follow-up for other issues will continue.

MARIE L. TRGOVAC, PSY.D.
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FEDERAL BUREAU OF PRISONS

REQUEST FOR NONFORMULARY MEDICATION
July 18, 2002
HILL, SCOTT Reg #: 22297-038

REQUEST FOR NONFORMULARY MEDICATION

INMATE: Hill, Scott REG. #: 22297-038

CLINICAL BACKGROUND: Inmate Hill was received at this institution on 7/17/02 from FCI Butner's Habilitation Program. He failed that program due to assaulting another inmate in a "lover's quarrel" type of situation. He had participated in the Habilitation Program for one year and two months.

Inmate Hill is a physically meek inmate with a known history of homosexuality. He has a significant history of being sexually assaulted, including at USP Lewisburg. This rape is what prompted his transfer to FCI Butner.

Hill shows many classic signs of Post Traumatic Stress Disorder (PTSD). These include a high level of anxiety and nervousness, hypervigilance, flashbacks and nightmares centering around the rape in Lewisburg, and depression. He also endorses suicidal ideation, which takes the form of his stating that he will kill himself before he is sexually assaulted again.

Currently the inmate's medication regimen consists of Effexor, 150 mg.

JOHN R. MITCHELL, PSY.D.
** LIMITED OFFICIAL USE **

FEDERAL BUREAU OF PRISONS

P/C EVALUATION/SUICIDE RISK ASSESS.
July 18, 2002
HILL, SCOTT Reg #: 22297-038

PROTECTIVE CUSTODY EVALUATION/SUICIDE RISK ASSESSMENT

INMATE: Hill, Scott REG. #: 22297-038

REASON FOR REFERRAL: Consultation with Dr. Trgovac, SIA Feeney, and SIS Specialist Nye indicated that inmates in unit IIA were pressuring inmate Hill for sex. At mainline today I consulted with SIA Feeney and he noted that he would try to get information as to whether it was safe for Hill to stay in general population. Shortly thereafter, I was informed by SIS that Hill

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needed to be placed in SHU for his protection. I escorted Hill to SHU and spoke with him in a private office once there.

FINDINGS: Hill was upset over having to be placed in SHU, saying he wanted to try and make it here. He expressed understanding that he was under investigation and that our actions were to ensure his safety. While he denied any current suicidal ideation, he did report that he does not do well in segregation and tends to become "my own worst enemy." In discussing this, he related that he typically becomes hopeless, depressed, and questions why he should go on in life if he cannot successfully adjust to serving out his time in prison. He displayed some of this with me in our conversation, starting to verbalize hopelessness about being in SHU and not knowing what is going to happen to him in the future.

RECOMMENDATIONS: Due to Hill's past history of suicide attempts, his current distress related to protective custody needs, his report of intermittent suicidal ideation, and his reported history of poor adjustment in SHU, I consulted with SIS about placing him with a cellmate. It was agreed that he would be celled with inmate [b7c] who is also in SHU for protective custody and is also physically meek and timid.

It must be emphasized how inappropriate inmate Hill is to remain at a penitentiary environment. He was unable to make it here for even three days without encountering pressure for sex from predatory inmates and requiring protective custody. He will be referred for a lesser security transfer due to his background and safety concerns. Psychology will ensure regular contacts with Hill to assess his mental health functioning and assess for suicide risk as he remains in SHU.

/s/
John R. Mitchell, Chief Psychologist (7/18/02)

JOHN R. MITCHELL, PSY.D.
** LIMITED OFFICIAL USE **

FEDERAL BUREAU OF PRISONS

FOLLOW-UP EVALUATION/PSYCH. CLINIC
July 17, 2002
HILL, SCOTT Reg #: 22297-038

TELEPSYCHIATRY CLINIC & MENTAL HEALTH EVALUATION

INMATE: Hill, Scott REG. #: 22297-038

REASON FOR REFERRAL: Inmate Hill was received on 7/16/02 from FCI Butner. He is considered a high risk for being preyed upon by other inmates. He was seen in clinic today and this report is to inform staff as to recent developments.

FINDINGS: Hill was nervous and tense during his clinic appointment. He related to the psychiatrist his psychiatric and institutional history. His antidepressant medication (Effexor, 150 mg) was increased by Dr. Grant. Other medication options were also discussed.

Previously on this date I had arranged for inmate Hill to be moved from IVA to IIA, the CODE unit. When I spoke with Hill in clinic, he indicated he was

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SHILL00102

**U.S. MEDICAL CENTER FOR FEDERAL PRISONERS
SPRINGFIELD, MISSOURI**

TRANSFER SUMMARY

HILL, SCOTT
Reg. No. 22297-038
February 10, 2003
WARD: 10-H

REASON FOR ADMISSION: Mr. Hill is a 31-year-old Caucasian male who was sent to the United States Medical Center for Federal Prisoners (USMCFP), Springfield, Missouri, from the United States Penitentiary (USP), Allenwood for participation in the Axis II program. He arrived on October 7, 2002. Mr. Hill is serving a 102-month sentence for Bank Robbery.

SIGNIFICANT FINDINGS: The following information is summarized from a forensic evaluation conducted by Angela Walden, Ph.D., Staff Psychologist, at the Federal Correctional Institution (FCI), Butner, North Carolina, from September to December, 1999.

According to information from the forensic evaluation, Mr. Hill did not know his biological father. His parents annulled the marriage when Mr. Hill's mother was three months pregnant. His mother remarried when he was approximately one year old, and he was adopted by his stepfather. Mr. Hill described his mother as an alcoholic and claimed that his stepfather physically abused him. Reportedly he began to live with this uncle around the age of 14 after his parents threw him out of the house. His uncle allegedly sexually abused him from ages 14 to 16. Mr. Hill reportedly set fire to his uncle's home around the age of 16, and his uncle sustained third-degree burns. Developmental history reveals reading difficulties in the first grade; alleged assaults by classmates; bed-wetting; fire setting; stealing; lying; and fighting. Mr. Hill withdrew from school in the 10th or 11th grade. He reportedly has been institutionalized or homeless since the age of 16, has worked as a prostitute when living on the street, and was sexually assaulted numerous times in all circumstances. There is an extensive history of substance abuse, including alcohol, cocaine, marijuana, LSD, and heroin. He was hospitalized several times for substance abuse treatment, depression, suicide attempts, alleged physical and sexual assaults, and alleged psychotic symptoms such as command auditory hallucinations. During his admission to one hospital he provided razor blades to a suicidal female patient who then cut herself. He has also been described as "extremely manipulative" and as using somatic complaints and "placing himself in a vulnerable position" to gain attention. Mr. Hill reportedly claimed to hear voices whenever he engaged in inappropriate behavior such as pushing another patient, yet there was no overt evidence of psychotic symptoms. He has also been described as displaying uncontrollable anger, assaultiveness, suicidal and homicidal ideation, and self-mutilation. He received numerous diagnoses, including substance abuse or dependence, borderline personality disorder, depression, post traumatic stress disorder, and antisocial personality disorder.

While housed at Butner for the evaluation, Mr. Hill made allegations that he was being pressured for sex by other inmates and presented as fearful with staff, but he would proceed to "willfully place himself in situations in which he could be vulnerable." He was observed by staff to be relaxed and cheerful when around other open population inmates. He reported psychotic symptoms but there was no overt evidence these claims were factual. Mr. Hill did not put forth full effort on intelligence testing and exaggerated his responses on personality testing to appear severely disordered. He was

Georgina L. Ashlock, Ph.D., Clinical Psychologist, Axis II Coordinator

HILL, Scott

E.O. 1 EXEMPT
February 10, 2003

Reg. No. 22297-038

SENSITIVE - LIMITED OFFICIAL USE

EXHIBIT 3

SHILL01475

22297038.TXT

stone" and refer him to the RDAP program at Fairton, which would both accommodate the benefits of a lesser security environment, which he needs for safety and well-being, while also affording him needed drug abuse treatment. I will consult with the unit team and also with Dr. Johnston, to see if he can be referred to Fairton's RDAP along with the lesser-security recommendation I have already submitted.

** LIMITED OFFICIAL USE **

FEDERAL BUREAU OF PRISONS

TRANSFER RECOMMENDATION
July 7, 2003
HILL, SCOTT Reg #: 22297-038

TRANSFER RECOMMENDATION
Hill, Scott
Reg. No. 22297-038

REASON FOR REFERRAL: Inmate Hill returned from writ, during which he resolved a detainer that was lodged against him. I am writing this report to facilitate a transfer referral to a lesser security institution.

BACKGROUND INFORMATION: Inmate Hill is serving a federal sentence for bank robbery. He has evidenced poor adjustment to BOP facilities throughout his incarceration, primarily due to his small physical stature, effeminate appearance, and homosexual background. Hill was reportedly raped at USP Lewisburg, and then transferred to FCI Butner's Habilitation Program due to its mission of housing weaker inmates who are at higher risk for predation at high security institutions. However, Hill failed out of the Habilitation Program due to getting an incident report. He has also failed out of the Axis II program at MCFP Springfield. He was subsequently redesignated to USP Allenwood, where he has experienced similar difficulties. He lasted only a few days on our compound, ultimately having to seek out protective custody due to inmates sexual advances towards him and threats of sexual assault. While in our Special Housing Unit, he has had cellmates exhibit sexually predatory behaviors towards him, ultimately compelling this clinician to house him on a single cell status for his own protection.

Hill's mental health background is also a factor when considering appropriate placement for this inmate. He has a history of dysthymia (chronic depression lasting longer than two years) and Borderline personality traits. This clinical picture involves episodes of hopelessness, suicidal thinking when under extreme distress, and poor coping, especially when faced with the dangers of a penitentiary environment. Combined with his personal characteristics mentioned hitherto (weak and effeminate physical appearance and behaviors), the inmate presents a troubling mix of someone who is extremely vulnerable to predatory inmates who then has difficulty coping with the distress and turmoil that comes with such victimization. It is not a stretch to state that he is at high risk for not only sexual assault, but also suicide, if left to his own devices in a high-security institution.

RECOMMENDATIONS: It is for these reasons that inmate Hill is being recommended for a lesser security transfer. It is believed that he will be safer at a medium-security institution and exposed to less of the predation, anxiety, and stressors inherent in a penitentiary setting. Continued long-term placement in SHU, with possible referral to another penitentiary where he would most assuredly follow the same poor adjustment and difficulties he has experienced here and at USP Lewisburg, would only serve to worsen his mental health and increase the risks to his safety and well-being.

Page 71

EXHIBIT 4

SHILL00071

22297038.TXT

** LIMITED OFFICIAL USE **

Page 2

HILL, SCOTT
22297-038

/s/
John R. Mitchell, Chief Psychologist (7/7/03)

JOHN R. MITCHELL, PSY.D.
** LIMITED OFFICIAL USE **

FEDERAL BUREAU OF PRISONS

TELEPSYCHIATRY CLINIC
July 2, 2003
HILL, SCOTT Reg #: 22297-038

Inmate was seen in telepsychiatry consultation today with Dr. Grant.

DIAGNOSTIC IMPRESSION:

Axis I: Dysthymia

Axis II: Borderline Personality Disorder

Rx: initiate Paxil, moving up to 50 mg, and Trazadone 150 mg hs

COMMENTS: Hill reported depression but denied suicidal ideation. Mood was somber and he was quiet and passive. As Prozac seemed to be ineffective, he was switched to Paxil. Pt. education provided.

FOLLOW-UP: 90 days

JOHN R. MITCHELL, PSY.D.
** LIMITED OFFICIAL USE **

PSYCHOLOGY SERVICES INTAKE SCREENING SUMMARY

Date: June 27, 2003
Inmate: HILL, SCOTT
Reg. No: 22297-038

Author: BARBARA A JOHNSTON, PH.D.
Title: DAPC PSYCHOLOGIST
Institution : ALP

TREATMENT/MENTAL HEALTH HISTORY:

Inmate HILL reported the following:

Page 72

SHILL00072

Overokee,

What's up. Check it out? I asked the
CO about move's right? He said to
let him know who's going to
move where.. and he will get
The move's done. I told him you
can move in with me and your
Celly could move next door with
my neighbor through the vent, so
wright me back, let me know
if you want to do this.

Neverette the CO. is good about
making move's happen. Make some
to write me a kite OK. so I
know what's up, Man I want you
for my Celly. I cant wait to
have your hot ass.. I want to
slow fuck you and cum all up
in you. I want to feel those soft
lips on my Dick. write me back
I can shoot my line around there
if you want, But write me Love
a kite OK. Lil chief

C-2 #241

*Return
4/27/14
D. Berger*

SCOTT & WILSON, 22297-010
FLORENCE MICH 48304 UNT: 0 CTR: 222-2531
PO BOX 7500
FLORENCE, CO 81226

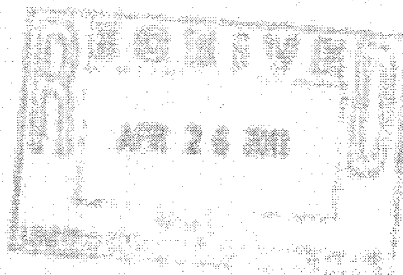


EXHIBIT 5

RECEIPT - ADMINISTRATIVE REMEDY

DATE: FEBRUARY 10, 2011

FROM: ADMINISTRATIVE REMEDY COORDINATOR
FLORENCE HIGH USE

TO : SCOTT A HILL, 22293-034
FLORENCE HIGH USE UNIT: 2 JTR: 222-2415

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST
IDENTIFIED BELOW:

REMEDY ID : 624227-PI
DATE RECEIVED : JANUARY 24, 2011
RESPONSE DUE : FEBRUARY 17, 2011
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS
SUBJECT 2 :
INCIDENT BIT NO:

*Received
Filed BP7-8910
Received BP10
Receipt dated 1/12*

FIP

SCOTT A HILL, 22367-038
FLORENCE HIGH USF INT: D QTH: 206-2616
PO BOX 7500
FLORENCE, CO 81226

Returned
2/19/11
A. Long

COPY

REQUEST FOR ADMINISTRATIVE REMEDY

Type of air diffuser and size of openings are critical factors that affect the efficiency of the system.

Part 4 - INMATE REQUEST

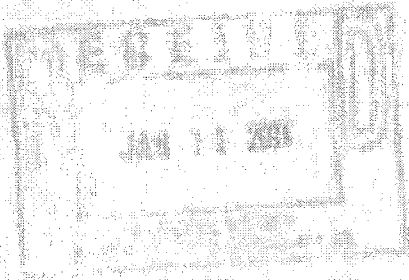
1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1967-1968

The above facts are in accord with information that
 the above named person is a member of the group known as
 the "Black Panther Party" and is active in the group.

THE UNIVERSITY OF CHICAGO

Part B - RESERVES



11

Approved with this signature, you are agreeing to the Regional Director. Your approval must be received in the Regional Office within 30 calendar days of the date of this agreement.

FOR RELEASE ONLY

CASE NUMBER 6-219 sub 177

CASE REPORT

Part C RECEIPT

Return to	LAST NAME, FIRST, MIDDLE INITIAL	DOB (MM)	DOB (DD)	DOB (YY)

NUMBER

441

THE UNIVERSITY OF CHICAGO PRESS

SM1101557

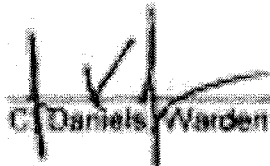
BP-229 RESPONSE

Case Number: 624227-F1

Your Request for Administrative Remedy dated January 20, 2011, and received in this office on January 28, 2011, has been reviewed. Specifically, you allege having a cell mate threatens your safety. For relief, you request to be placed in single cell status.

A review of the issue raised in your Request for Administrative Remedy has been conducted. Any threat to an inmate's safety is taken very seriously. The results of this review revealed no evidence of a threat to your safety. You have lived with your current cell mate since January 8, 2011, without incident. You are encouraged to continue to work with unit staff regarding any concerns of this nature.

Accordingly, your Request for Administrative Remedy is denied. In the event you are not satisfied with this response and wish to appeal, you may do so within 20 calendar days of this response by submitting a BP-230(13) to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, Gateway Complex, Tower II, 8th Floor, 400 State Avenue, Kansas City, Kansas 66101-2492.


C. Daniels, Warden

2-4-11
Date

BP-229 RESPONSE

Case Number: 624227-F1

Your Request for Administrative Remedy dated January 20, 2011, and received in this office on January 28, 2011, has been reviewed. Specifically, you allege having a cell mate threatens your safety. For relief, you request to be placed in single cell status.

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C. Daniels, Warden


Date

1-4-6-8-9-10-11

Type or write full name, print. If two names are needed, indicate first surname. Use copy of the completed 104-228 (1), including any other relevant pages, as indicated with this page.

Form: MS-500 Rev. 1-64 1-64 1-64 1-64

Part A. REASON FOR APPEAL

Part A - REASON FOR APPEAL. In making this appeal, I am stating the very best information I have. I was fairly thoroughly acquainted with the individuals named in this appeal. I have known them for some time. I have known them in this District. I have never previously or recently known them in Mexico. They are honest, decent, and the usual type of people. They are labeled as "Germans" therefore are listed as in Mexico and I have no idea that it might be listed in terms of identification. I have no knowledge and was later informed me to check the records.

The file marked in above my work is not in accord to the way this material
is handled. I would like that material to be placed in such a way

[illegible]

The above information was obtained from the records of the Federal Bureau of Investigation, Department of Justice, Washington, D.C., and is being furnished to you for your information.

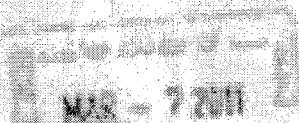
Very truly yours,
Special Agent in Charge

Enclosure

1998

105-7810-87 - 105-7810-87

Part II - Results



SECRET

It is understood with this statement, you have agreed to the General Counsel. This agreement is subject to the General Counsel's Office within 30 calendar days of the date of this document.

CORRECTION RETURN TO MAIL

100-443887-10

Page 10 0313178

CASE NUMBER: _____

NAME	DOB	AGE	ADDRESS
JOHN DOE	1980-01-01	45	123 MAIN ST
JANE DOE	1980-01-01	45	123 MAIN ST
JOHN DOE	1980-01-01	45	123 MAIN ST
JANE DOE	1980-01-01	45	123 MAIN ST

SECRET

● 考友交流 ●

1998年12月15日

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

SHL 01850

ELP

RECEIPT - ADMINISTRATIVE REMEDY

DATE: MARCH 14, 2011

FROM: ADMINISTRATIVE REMEDY COORDINATOR
NORTH CENTRAL REGIONAL OFFICE

TO : SCOTT A WILK, 12297-028
FLORENCE HIGH OFF UNIT: 0 QTR: 206-2182

THIS ACKNOWLEDGES THE RECEIPT OF THE REGIONAL APPEAL
IDENTIFIED BELOW:

REMEDY ID : 122277-NI
DATE RECEIVED : MARCH 7, 2011
RESPONSE DUE : APRIL 6, 2011
SUBJECT 1 : TRANSFER FOR PROTECTION REASONS
SUBJECT 2 :
INCIDENT RPT NO:

*Received this notice
March 16, 2011
Mr. Surges*

RE: 310612 244

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: JULY 19, 2011

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

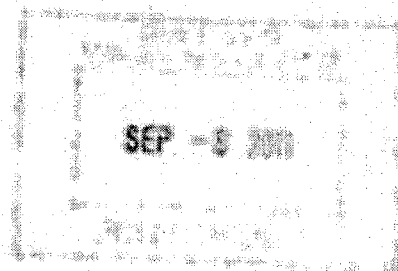
TO : SCOTT A WILL, 11257-018
FLORENCE PCT CNT: NRRA QTR: 203-1111AG

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE CENTRAL OFFICE APPEAL
IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED
FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 62427-A1
DATE RECEIVED : JUNE 6, 2011
RESPONSE DUE : AUGUST 5, 2011
SUBJECT 1 : TRANSFER FOR PROTECTION REASONS
SUBJECT 2 :
INCIDENT RPT NO:

SHILO1652

A208



ROBERT A. HILL, 22297-038
FEDERAL PRISON, CITY: DENVER, CO: 80202
P.O. BOX 6000
DENVER, CO 80206

Administrative Remedy No. 624227-A1
Part B - Response

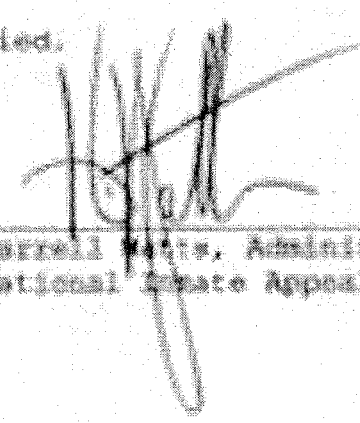
This is in response to your Central Office Administrative Remedy Appeal in which you claim that having a cell mate threatens your safety. You request to be placed in protective custody and be placed in single cell status.

Our review reveals the Warden and Regional Director adequately responded to the issues you raised in your appeal. Staff consider safety and security issues when making cell assignments. As noted by the Regional Director, all inmates are screened for compatibility and separation concerns before being assigned to the same cell. Furthermore, you have been placed with numerous inmates during your confinement in SHU without any incident. Staff are aware of your safety concerns and will continue to place only those inmates who are not considered a threat to your safety in your cell.

We encourage you to continue working with staff regarding any safety concerns you have. We concur that your current housing assignment is adequate and in compliance with policy. We concur with the responses provided.

Accordingly, your appeal is denied.

August 5, 2011
Date


Harrell Davis, Administrator
National Inmate Appeals *Dr*

RECEIPT - ADMINISTRATIVE REMEDY

DATE: JULY 7, 2011

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : SCOTT A. HILL, 22287-038
FLORENCE HIGH WSP ENT: 0 QTR: 000-1441

THIS ACKNOWLEDGES THE RECEIPT OF THE CENTRAL OFFICE APPEAL
IDENTIFIED BELOW:

RECORD ID : 424227-A1
DATE RECEIVED : JUNE 6, 2011
RESPONSE DUE : JULY 16, 2011
SUBJECT 1 : TRANSFER FOR PROTECTION REASONS
SUBJECT 2 :
INCIDENT RPT NO:

Single cell

SHILL01005

U.S. Department of Justice

Central Office Administrative Remedies Appeal

Federal Bureau of Prisons

Type on one full-sized page. If attachments are needed, attach them separately. Use copies each of the completed BP FORM 1 and BP FORM 1A in making any attachments to be submitted with this appeal.

From: Hill, Matt 2014-09-25 2014 09/25/2014
LAST NAME, FIRST, MIDDLE, INITIAL DATE UNIT MONTH YEAR

Part A--REASON FOR APPEAL In order to receive my place on the single cell, I am
appealing the decision on the BP-18 to submit my administrative remedies by calling
this decision to the attention of high level officials so they can take whatever
measures are necessary to ensure that my position is secure.
(See previous filings for additional information)

May 1 2014
DATE

Matt Hill
SIGNATURE OF APPELLANT

Part B--RESPONSE

DATE: _____ OFFICIAL USE ONLY
ORIGINAL RETURN TO INMATE: _____ CASE NUMBER: 624227-R2

Part C--RECEIPT _____ CASE NUMBER: _____

RECEIVED BY: _____ LAST NAME, FIRST, MIDDLE, INITIAL UNIT NO. MONTH YEAR

SUBJECT: _____

DATE: _____ SIGNATURE OF RECIPIENT OF CENTRAL OFFICE REMEDY _____ BP FORM 1A
SEP 2014 2014

**U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office**

**Regional Administrative Remedy Appeal
Part B - Response**

Administrative Remedy Number: 624227-R1

This is in response to your Regional Administrative Remedy Appeal received in this office on March 7, 2011, in which you allege that having a cellmate threatens your safety. For relief, you request to be placed on protective custody and given single cell status.

A review of the information presented in your Regional Administrative Remedy Appeal has been completed. Additional information was reviewed, as well as the Warden's response. The Special Housing Unit houses inmates in administrative and disciplinary segregation status. Cells are designed to house two inmates, and space is limited. All inmates are screened for compatibility and separation concerns before being assigned to the same cell.

You have celled with numerous inmates during your confinement in SHU without any incident. The SIS department is familiar with your case, and will continue to place only those inmates who are not considered a threat to your safety in your cell.

Based on the above information, your Regional Administrative Remedy Appeal is denied.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

9-3-11
Date

Michael K. Nalley
Michael K. Nalley, Regional Director

18 Central Office Administrative Kennedy Appeal

[illegible]

Part 4-REASON FOR APPEAL

THE 4-REASON FOR APPEAL In order to obtain my present release from the FBI, I am appealing the decision on the 61-24 to exhaust my other alternative. I am calling this decision to the attention of the High Court of the U.S. to the very fact that I have been sentenced to 10 years in prison and I am not allowed to know that I am not a criminal. (See present information and report on my case.)

1990年1月1日

Part II - DISPOSITION

FIRST COPY WASHINGTON FIELD COPY

Page 10

Return to LAST NAME FIRST MIDDLE INITIAL

SECRET

2004

1991

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

8-14-51 4200

1981 11 11 11:00

WALLACE R. RYAN OF LINCOLN, TEXAS

1990年12月
 第10卷第10期

SHILO'620

Central Office Administrative Remedy Appeal

Page 10 was built using job. If participants get awarded when they report a low payoff, each of the completed 27 43 0 and 27 100 ¹⁰ including any others would stand in addition with the appeal.

From <u>Chicago, Illinois</u>	Report made on <u>10/10/54</u>	Report made by <u>SA [redacted]</u>	Report made at <u>Chicago, Illinois</u>
LAST NAME, FIRST, MIDDLE, INITIAL	APR 1965	1961	1961-1964

Part 4--REASON FOR APPEAL

2011年12月

1990年11月11日

Part II - REVENUE

卷之四

1994年12月

THIRTIETH WARDEN'S ADMINISTRATIVE REMEDY FILE

44-38861-1000

Page 1 of 13

7-4-2 2 34B 1

Figure 1

DATE NAME UNIT GRADE POINTS

11-70

1998

PHOTOGRAPH

1954-1955

529.17

1978年4月 20日 星期日 晴

1974-1975

LEAD 1500

SHILO'670

JAN-31-2012 TUE 09:29 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 08

02297-038 FLP

St. Thomas More
Hospital

St. Thomas More Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEHEDRPT

Page 3 of 14

Patient Label

NELL, SCOTT
DOB: 11/12/1971 M/40 12/17/12
ATT LIND, ROBERT D JR., DO

History

- 1a. Date/Time of Assault: 12/17/2011, some time after 0000
- 1b. Relationship of patient to the assailant: cell mate
- 1c. Location(s) where occurred: USP - Federal Bureau of Prisons - in pt's cell
- 1d. Description of assault in patient's own words: "I took all my Risperdal, and the other meds, all that stuff that makes me sleepy." "I was out of it." "I went to bed until after twelve, I woke up. He

b7c b7f

Also reports previous physical assaults between NOV 10
Dec 8, 2001, which he states were reported to facility
staff, Drs Allard & Cotten. He states many of the bruises
on his body today are remnants of these assaults.

S.A.N.E. Initials

EXHIBIT 7

SH1100533

JAN-31-2012 TUE 09:29 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 09

22297-038 FLP

St. Thomas More
Hospital

+ Capture Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



S.A.N.E. DRPT

Page 4 of 14

Patient Label



TAG000184792 MR: 1M00174672
 HILL, SCOTT
 DOB: 12/12/1971 M/40 12/17/21
 ATT: LINS, ROBERT D JR., DO

2. During reported assault:

Did penis penetrate?

☐ No ☐ Unknown ☐ Vagina ☒ Anus ☐ Oral

Assaultant ejaculate?

☐ No ☐ Unknown ☐ Vagina ☒ Anus ☐ Oral ☐ Skin ☐ Other

Did assaultant wear a condom?

☒ No ☐ Unknown ☐ Yes

Did assaultant attempt/consummate?

☒ No ☐ Unknown ☐ Fellatio ☐ Cunnilingus "he tried - it hit me in the nose."

Did assaultant lick/kiss?

☒ No ☐ Unknown ☐ Yes Where?

Was there digital penetration?

☐ No ☐ Unknown ☐ Yes Where? Anus

Was a foreign body used?

☒ No ☐ Unknown ☐ Yes Where?

3. Force used by assaultant:

☐ None ☐ Blows ☐ Bites ☒ Threatened ☐ Strangulation ☐ Scratch ☒ Restrained ☐ Other

Weapon involved?

☒ No ☐ Yes Type

4. Since reported assault has patient:

Changed clothes

☐ No ☒ YesDouched N/A☐ No ☐ Yes

Bathed or showered

☒ No ☐ Yes

Brushed teeth/gargled, etc.

☐ No ☒ Yes

Smoked

☒ No ☐ Yes

Ate

☐ No ☒ Yes

Drank

☐ No ☒ Yes

Vomited

☒ No ☐ Yes

Defecated

☒ No ☐ Yes

Urinated

☐ No ☒ Yes

5. Most recent coitus prior to assault:

Date: years

Time: _____

Condom used? ☐ Yes ☐ No6. Age: 407. Drug Allergies: Penicillin8. #Pregnancies/Children: N/A-19. LMP: N/ANormal ☐ Yes ☐ NoUse tampons? ☐ Yes ☐ No

10. Current method of contraception used by patient, if any:

N/A

11. Other medications taken by patient, if any:

Risperdal, Cogentin, Celebra, Pomear, Dikotin, Coumadin12. How is your overall health? "I do OK" - hx cardiac repair, MVP, PTSD, psychosis13. Are you up to date on your Diphtheria Tetanus shot? unknownDate of last shot? unknown14. Have you received your Hepatitis B vaccination? Yes - 2000

S.A.N.E. Initials

EXHIBIT 5

SHILL00534

JAN-31-2012 TUE 09:29 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 10

St Thomas More
Hospital

+ Cura Health.

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEEDRPT

Page 5 of 14

Patient Label

TA0000184792 MR: TH00174572
HILL, SCOTT
DOB: 11/12/1971 M/40 12/17/11
ATT LENS, ROBERT D JR., DO

Physical Examination and Collection of Laboratory Specimens

1. Mental Status/Behavior/Appearance: (describe)

Alert, nervous & shaking. Teeth chattering during description of events. Describes events in logical progression, with detail. Expresses fear & concern regarding processing of evidence by Federal Bureau of Prisons.

Head to Toe Physical Assessment by System

Neurological-

WNL = Alert and oriented x 3, moves all extremities equally, speech clear, PERRLA, no complaints

Alert & oriented to person, place, time & event - teeth chattering, speech quiet & difficult to understand during history-taking.

Cardiovascular-

WNL = HRR, no edema, cap refill <3 sec, peripheral pulses = and present all 4 extremities, no complaints

WNL

Respiratory

WNL = LCTAB, respiration unlabored, and equal, no complaints

WNL

HEENT

WNL = Absence of drainage, lesions, trauma, voice changes. Mucous membranes pink/moist, no complaints

WNL

Gastrointestinal

WNL = Denies nausea or vomiting, bowel sounds present, abdomen soft and non-tender, normal bowel pattern for patient, no complaints

WNL - last bowel movement 12/16/11, per pt

Genitourinary/Gynecological

WNL = Continent, urine clear and yellow, no discharge or bleeding, no complaints

See detailed ano-genital assessment

WNL

Skin/Muscle/Bone

WNL = MAE, normal ambulation for patient, no deformities, color within patient's normal, warm and dry, no complaints

See detailed body map description

WNL - see body map

Psych/Social

WNL = Report of strong support system

pt concerned re: psychosocial follow-up/advice. Instructed pt to follow up with facility mental health as per protocol. Pt reports history of sexual & physical assault previously while incarcerated at Victorville.

S.A.N.E. Initials

EXHIBIT 5

SHILL00535

JAN-31-2012 TUE 09:29 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 11

St Thomas More
Hospital

Centura Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEEDRPT

457221-5158 Revised 4/11

Page 8 of 14

Patient Label

TA0000184792 MR: TM00174672
HILL, SCOTT
DOB: 11/12/1971 H/40 12/17/11
ATT LINE, ROBERT D JR., DO

Collection of Clothing:

- a. Was this worn at time of assault ☒ Yes ☐ No
- b. Clothing collected:
- | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> bra | <input type="checkbox"/> sweater | <input type="checkbox"/> shorts | <input type="checkbox"/> shoes |
| <input checked="" type="checkbox"/> underwear <i>1 pair white socks</i> | <input type="checkbox"/> jacket | <input type="checkbox"/> skirt | <input type="checkbox"/> |
| <input type="checkbox"/> shirt | <input type="checkbox"/> pants | <input type="checkbox"/> socks | <input type="checkbox"/> |
- c. Special condition of clothes: ☐ Torn ☐ Stained ☐ Other: _____
- d. Trace evidence/debris from clothing: ☐ Observed and collected ☒ None observed

SANE Notes

other clothing collected by Federal Bureau of Prisons

2. Body Surface Examination:

Locate, describe, and photograph any evidence of injury or adherent foreign matter.

- a. Fluorescence of Foreign Stains: ☐ Yes ☒ No
- b. Debris/Trace Evidence: ☐ Yes ☒ No
- c. Anatomic Swabbing: nose, upper posterior thighs, scrotum ☒ Yes ☐ No

☒ Digital Photographs Obtained of body Surface Injury

- 1) see attached progress note
- 2) _____
- 3) _____

4. Oral Evidence Collection:

☐ Yes ☒ No

5. Buccal Swabs (Saliva Control):

☒ Yes ☐ No

6. Fingernail Clippings:

☐ Yes ☒ No

7. Head Hair Collection:

☒ Yes ☐ No

8. Pubic Hair Collection

a. Pubic Hair Combing:

☒ Yes ☐ Nob. Pubic Hair Control: "trimmed down there"☐ Yes ☒ No

9. Anal Swabs:

☒ Yes ☐ No

10. Vaginal Swabs:

☐ Yes ☒ No

11. Cervical Swabs:

☐ Yes ☒ No

12. Penile Swabs:

☐ Yes ☒ No

S.A.N.E. Initials

EXHIBIT 5

SHILL00536

JAN-31-2012 TUE 09:29 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 12

22297-038 FLF

St. Thomas More
Hospital

Centura Health.

457221-5158 Revised 4/11

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEEDRP1

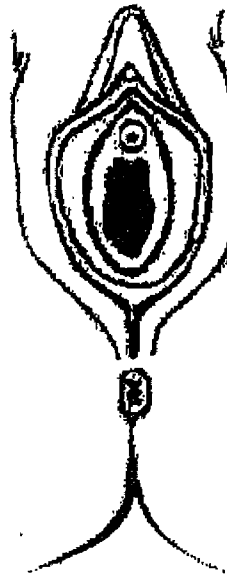
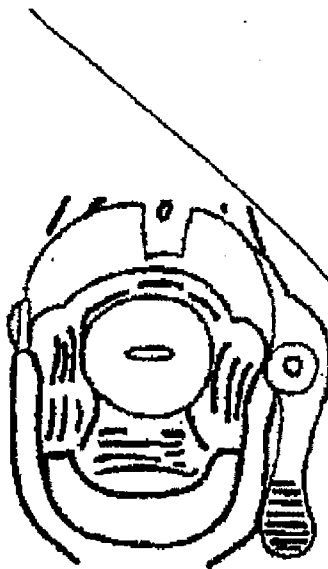
Page 7 of 14

Patient Label


 TH0000184792 MR: TH00174672
 HILL, SCOTT
 DOB: 11/12/1971 M/40 12/17/11
 ATT LINS, ROBERT D JR., DO

Genital Diagrams

Female Genitalia



NA

13. Detailed external and internal genital examination:

Colposcope used: ☐ Yes ☐ NoColposcope Photos: ☐ Yes ☐ NoMagnification: ☐ ☐Saline/H2O Used: ☐ Yes ☐ NoFoley Used: ☐ Yes ☐ NoSwab Used: ☐ Yes ☐ NoToluidine Blue Used: ☐ Yes ☐ No

Labia Majora: _____

Clitoral Hood/Clitoris: _____

Labia Minora: _____

Posterior Fourchette: _____

Fossa Navicularis: _____

Hymen: _____

Vagina: _____

Cervix: _____

Anal Area: _____

S.A.N.E. Initials

SB

EXHIBIT 5

SHILL00537

JAN-31-2012 TUE 09:28 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 13

LP 2227-038

St Thomas More
Hospital

Centura Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



S.A.N.E. PHYS

Page 8 of 14

Patient Label

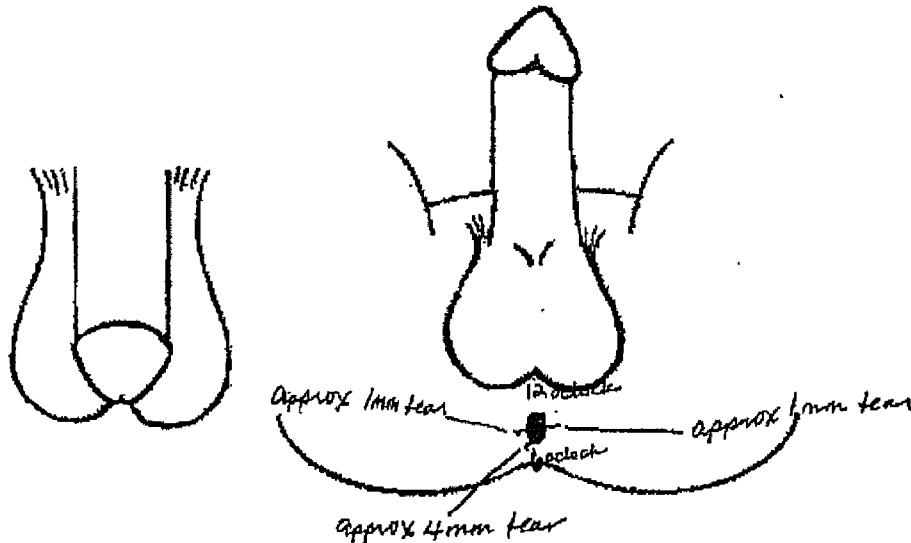


TAD000184792 MR: TM00174672
HILL, SCOTT
DOB: 11/12/1971 M/40 12/17/11
ATT LENS, ROBERT D JR., DO

13. Detailed external and internal genital examination:

Colposcope used: ☒ Yes ☐ NoColposcope Photos: ☒ Yes ☐ NoMagnification: ☒ ☐Saline/H2O Used: ☐ Yes ☒ NoSwab Used: ☒ Yes ☐ NoToluidine Blue Used: ☒ Yes ☐ No

Male Genitalia



(Toluidine blue used for exam) (external rectal mucosa, extending into anal vault, swollen & reddened)

Anal Area: 1mm tear at 3 o'clock, 1mm tear at 9 o'clock, 4mm tear at 7 o'clock positions

Penis: no injury noted

Scrotum: no injury noted

S.A.N.E. Initials *[Signature]*

EXHIBIT 5

SHILL00538

JAN-31-2012 TUE 09:30 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 14

FLP 22297-038

St. Thomas More
Hospital

Centura Health

457221-5158 Revised 4/11

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEMEDRPT

Page 9 of 14

Patient Label



TA0000184792 MR: TM00174572
HILL, SCOTT
DOB: 11/12/1971 M/40 12/17/11
ATT LINS, ROBERT D JR., DO

Body Diagrams

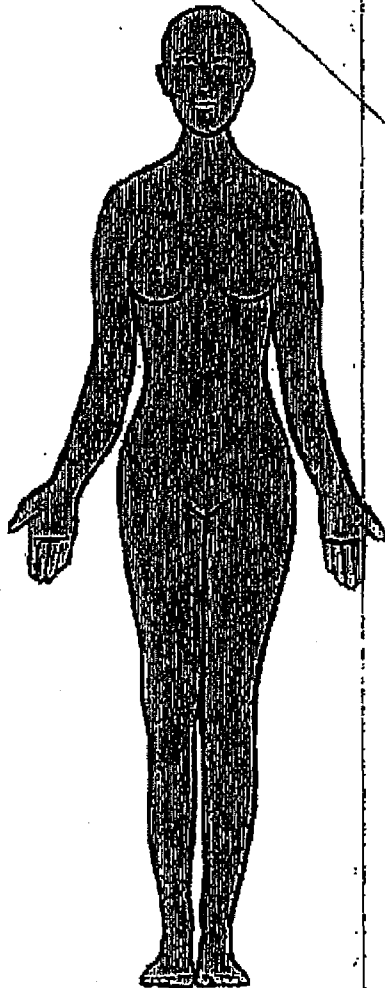
Female

Tanner Stage: Female

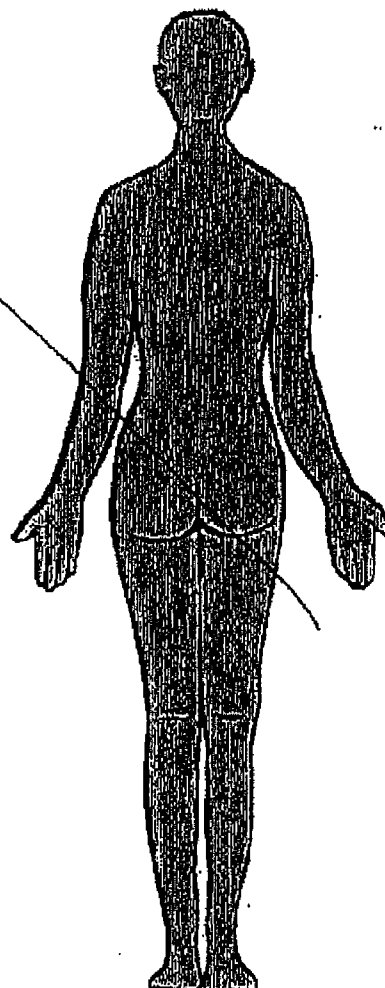
Breasts 5 4 3 2 1

ALS Used ☒ Yes ☐ No

Pubic Hair 5 4 3 2 1



Female (front view)



Female (rear view)

S.A.N.E. Initials

EXHIBIT 5

SHILL00539

JAN-31-2012 TUE 09:30 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 15

FL 22297-038

St. Thomas More
Hospital

Carmura Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANEMEDRPT

Page 10 of 14

Patient Label



TA0000184752 MR: 7M00174672
HILL, SCOTT
DOB: 11/12/1971 M/40 12/12/11
ATT LINS, ROBERT D JR., DO

Body Diagrams

Male

Tanner Stage: Male

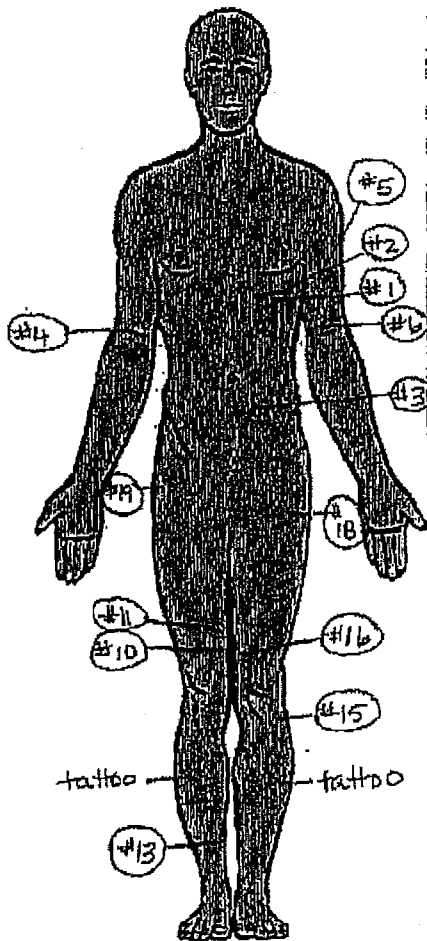
Genitalia (5) 4 3 2 1

Circumcised: Yes

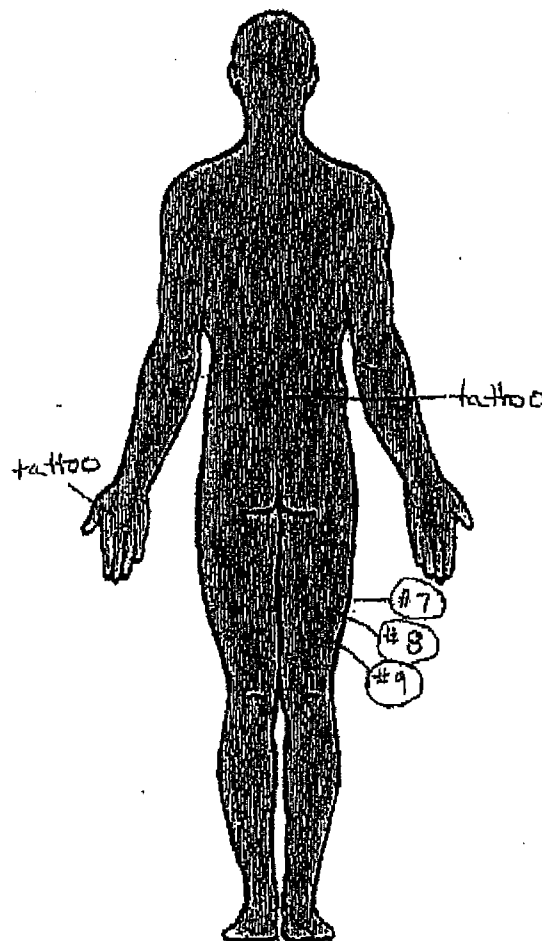
Pubic Hair (5) 4 3 2 1

No ALS Used

(See body surface progress note for numerical key)



Male (front view)



Male (rear view)

S.A.N.E. Initials

[Handwritten signature]

JAN-31-2012 TUE 09:30 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

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St. Thomas More
Hospital

Centura Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



S.A.N.E.D.R.P.T

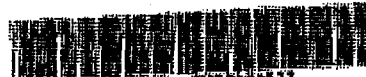
22297-039

FLP

Page 11 of 14

457221-5188 Revised 4/11

Patient Label

HILL, SCOTT
DOB: 11/12/1971 M/40 12/17/11
ATT LINE, ROBERT D JR., DO

Ancillary Data

1. Sexual Assault Kit used: ☒ Yes ☐ No; Why not? _____
2. Pregnancy Test: ☐ Positive ☐ Negative ☐ Control Bar Present ☒ Not Done
3. Urine collected for toxicology screen ☐ Yes ☒ No
4. Blood collected for toxicology screen ☐ Yes ☒ No
5. Other lab/tests/x-rays: ☒ Yes ☐ No

CBC, Hep B/C panel, Delanter level, HIV 1/2 antibody, liver panel

Summary Assessment

P moved to SANE room at 1340 - swab collection began at 1450.
 2 USP Correctional Officers present during exam. P changed into hospital gown for exam, then back into facility attire prior to discharge. Ambulation from department with steady gait.

Miscellaneous Nurse's Notes

Pt participated fully in exam; allowed all pertinent exams & collections to be performed. Continually stated "please"

b7f

Also, during exam, pt stated "in answer to your question, I am gay, but no means no, no matter what." (Yours)

S.A.N.E. Initials

EXHIBIT 5

SHILL00541

JAN-31-2012 TUE 09:30 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 17

St. Thomas More
Hospital

Centura Health

Forensic Chart

S.A.N.E. Physical Examination & Collection of Lab Specimens



SANE MED RPT

22291-038 FLP
Page 12 of 14

457221-5158 Revised 4/11

Patient Label

TAD000184752 NR: TM00174673
HILL, SCOTT
DOB: 11/12/1972 M/40 12/17/11
ATT LINS, ROBERT D JR., DO

Disposition

Readiness to learn	Taught to Whom	Patient/Family Level of Understanding of Teaching
(A) Accepts Information R= Requests Information D= Denies need for/avoids information U= Unable to teach (note in miscellaneous)	(P) Patient F= Family O= Other	(I)= Independent- verbalizes returns and demonstrates understanding N= Needs assistance to verbalize/demonstrate understanding U= Unable to verbalize/demonstrate understanding

Discharged to:
Escorted by:☐ Home
☐ Family☒ Other: USP- Federal Bureau of Prisons
☒ Police ☐ Victim Advocate
USP Correctional OfficersDate/Time of Discharge: 12/17/11 1605SANE Signature: [Signature]

Attached lab results, & pending serology, to discharge paperwork. Instructed facility medical to follow up for serology results. Administered Risperidone 250 mg IM, Zithromax 1 gram PO, Zidovudine 300 mg PO, Lamivudine 150 mg PO, Kaletra 200-50 mg 2 tabs PO. Sent back to facility with 3 doses of above HIV prophylaxis (Zidovudine, Lamivudine, Kaletra). Follow up with facility medical; returns to ED if instructed by facility. Pt escorted to transport van with correctional officers & hospital security.

S.A.N.E. Initials

EXHIBIT 5

SHILL00542

JAN-31-2012 TUE 09:30 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 18

☐ STAT

**Emergency Department
SANE Physician Orders**

 Meditech category:
Meditech Name:

St. Thomas More Hospital

Centura Health.

Meditech Standard Order Set



Important: Pharmacy must receive a copy of all medication orders (new & change orders).

Please scan to Pharmacy As Soon As Possible.

A therapeutic or generic equivalent drug approved by the Pharmacy may be substituted.

Orders

 Date 12/17/11 Time 1545
STI Prophylaxis/Treatment
GC

- ☐ Cefixime (Suprax) 400 mg PO x1 (Not effective for pharyngeal exposure) -OR-
☒ Ceftriaxone (Rocephin) 250 mg IM (Strongly preferred by CDC/Drug of choice) -OR-
☐ Cefuroxime axetil (Ceftin) 1 gm PO x 1
☐ If hx anaphylaxis to Penicillin/Cephalosporin, Azithromycin 2 gram PO x 1

Chlamydia

- ☒ Azithromycin (Zithromax) 1 gm PO x1 (Drug of choice if pregnant) -OR-
☐ Doxycycline 100 mg PO (Do not take if pregnant) -OR-
☐ Erythromycin base (ERYC) 500 mg PO 4x/day x 7 days if allergy to Doxycycline

Nausea/Vomiting

- ☐ Zofran 4 mg PO or ODT
☐ Phenergan 25 mg PO or PR
☐ Compazine 10 mg PO or PR

Pain Management

- ☐ Ibuprofen 600 mg PO
☐ Percocet 5/325 mg 1 tab PO
☐ Tylenol 500-1000 mg PO x 7 (avoid if intoxicated)

HIV/ n PEP
☒ High Risk

 Assailant known to be HIV+
 Assailant said he/she was HIV+

- ☒ Contact ED MD who will contact ID on-call for recommendations. PEP hotline 888-448-4911

Trichomonas or Clue Cells Present

- ☐ Flagyl 500 mg, 4 PO (25 gram) x 1. Avoid if ETOH within past 3 days. Avoid ETOH x 3 days.

Pregnancy Prevention

- ☐ Declined
☐ Plan B Prescription given to patient -OR-
☐ Levonorgestrel (Plan B) + Tab PO

Date: _____ Time Administered: _____

Diphtheria Tetanus or Tdap 0.5 ml IM

- ☐ UTD
☐ Referred to PCP for follow-up
☐ Yes Date: _____ Time Administered: _____

Hepatitis B

- ☐ UTD
☐ Referred to Health Department/PCP for follow-up
☐ If pt <18 years old and <100 lbs, discuss antibiotic dosing with ER physician.

Other Medications: _____

LABS

- ☐ If suspicion of drug ingestion, drug facilitated sexual assault kit per protocol.
☐ UA with culture if indicated to rule out UTI.
☐ Urine pregnancy test for women of child bearing age.
☐ Herpes swab PRN
☐ GC/CHL testing PRN (urine or swab)
☐ Wet prep PRN

Physician Signature

Electronically Signed by Sturtevant, Linda R MD on 12/21/11 at 1:41



SANE MED RPT

PATIE


 TA0000104792 MR: TM00174672
 HILL, SCOTT
 DOB: 11/12/1971 M/40 12/17/11
 ATT LINS, ROBERT D JR., DO

IN THIS

JAN-31-2012 TUE 09:31 AM STM MEDICAL RECORDS

14

FAX NO. 719 285 2030

P. 19

22297-038 RHP



Centura Health.

SANE Progress Notes

Body Surface

Patient Label



HILL, SCOTT
DOB 11/12/1971 M/40 12/17/11
ATT:

SANE PROGRESS NOTES		
Include progress of case, complications, condition of surgical wound, development of infection, removal of sutures and drains, change in diagnosis, condition on discharge, summary of case		
All Entries must be Dated, Timed, and Signed.		
DATE	TIME	
12/17/11	1420	#1 (L) side of chest under nipple 2x1 1/4 cm yellow
		bruise "from 11-15 to 12-8 Arlano little dog was beating me"
		#2 Scar across chest from "heart surgery valve replacement"
		#3 ^{approx} 5 1/2 x 2 1/2 (L) side lower abd below navel area
		"from 11-15 to 12-8 from Arlano Little dog"
		#4 approx 5x5 cm area (R) AC "from blood draws"
		#5 (L) upper arm approx 1 1/2 x 1 1/4 Round Bruise "Arlano little dog"
		#6 (L) AC approx 7 cm x 6 cm "from blood draw"
		#7 (R) upper outer thigh - lg discolored area 8x9 cm
		#8 (R) upper outer thigh Round Green yellow area approx 3.25 x 2.5 cm
		#9 (R) lower outer thigh green yellow Round area approx 2.5 x 2 cm
		#10 (R) inner mid thigh yellow brown color area approx 1.25 x 7.5 cm
		#11 (R) inner mid thigh yellow brown area approx 2 x 1 cm
		#12 (R) outer calf Tattoo of sun, moon + flames 8.5 x 11 cm
		#13 (R) lower inner shin area of yellow green discoloration 7 x 3 cm
		#14 (L) outer calf Tattoo of Bugs Bunny "Little Bugs" 14 x 10 cm
		#15 (L) outer knee Brown area of discoloration 3 1/2 x 1 1/2 cm
		#16 (3) ^{approx} 1 x 1 cm Round Brownish areas of discoloration (L) inner thigh
		#17 (L) hand Tattoo Paw
		#18 (L) hip approx 3 1/2 x 1 1/2 Reddened area "That's where his hands were"

Unacceptable Abbreviations/Symbols	What is acceptable practice?	Unacceptable Abbreviations/Symbols	What is acceptable practice?
QD, qd, Q.O.D. or QOD	Write "daily", and "every other day".	Making leading zero: (Example: .5mg)	Include the preceding zero before a decimal point when the dose is less than a whole unit.
IU	Write out "International Unit"	Trailing or terminal zero after decimal point (Example: 2.0mg)	Write doses as whole numbers
U or u	Write out the word "units".	MS, MISO, MISO4	Morphine Sulfate or Magnesium Sulfate

Even if you use the additional facility specific unacceptable abbreviations. See facility policies for additional unacceptable abbreviations.

#19 (R) hip approx 7 x 4 cm Reddened area "That's where his hands were."

SR Brooks RN
A. Bullis, RN
SANE [initials] SR [initials]

JAN-31-2012 TUE 09:31 AM STM MEDICAL RECORDS

FAX NO. 719 285 2030

P. 20

22297-038 FUP

Investigating/Responding Agency: FBI

Case # _____

RELEASE OF EVIDENCE/INFORMATION TO LAW ENFORCEMENT

I give consent for collection & laboratory examination of evidence, release of information & disclosure of laboratory analysis to the appropriate law enforcement agency.

[Signature]
(Signature of patient/guardian or responsible party)

2/17/2011
(Date)

[Signature]
(Witness)

OR

I give consent for collection of evidence; however, I choose to not report to law enforcement.

**I understand that in not reporting to law enforcement at this time, the evidence will be held by the appropriate law enforcement agency for two years. At any point during that time period, I may make a report to that law enforcement agency.

(Signature of patient/guardian or responsible party)

(Date)

(Witness)

A Spanish version of this document is enclosed in the kit. If any other language is required, have translator fill out portion below:

Print Name

Signature

Language

white copy — enclose with kit

yellow copy — law enforcement agency

pink copy



TA0000184792 MR: TM00174672

HILL, SCOTT

DOD: 11/28/1971 M/40 12/17/11

ATT LINS, ROBERT D JR., DO

EXHIBIT 5

SH1100545

22297-088 FLU
SEXUAL ASSAULT INCIDENT FORM
(COMPLETED FORM MUST BE PLACED IN THE SEXUAL ASSAULT KIT)

Date of Collection/Examination 12-17-11 Time: 1340 am pm

Patient's Name: Scott Hill

Patient's Hospital Number: TA000018472

Date of Assault: 12-17-11 Time: 1200 am pm

Date of last consensual intercourse: "years"

Type of Assault: ☐ Vaginal
☒ Anal
☐ Oral
☐ Other

Type of Penetration: ☒ Penile
☐ Digital
☐ Other

Did Suspect Ejaculate: ☒ Yes
If yes, where _____
☐ No
☐ Unknown

Was Condom Used: ☐ Yes
☒ No
☐ Unknown

After Assault Did Patient:
☐ Douche
☒ Brush Teeth
☐ Defecate
☐ Shower or Bathe
☒ Change Clothes
Clothing collected
By FBOP

Trauma: ☐ Not Present
☒ Present
If present, describe trauma: 3 anal tears (1) 4mm tear at
7 o'clock (1) 1mm tear at 3 o'clock (1) approx 1mm tear
at 9 o'clock

Location of Examination (Name of Facility): St. Thomas More Hospital

Examiner: Shelly Brooks RN Shelly Brooks RN
Print Name/Credential same Signature same



HILL, SCOTT
DOB 11/12/1971 M/40 12/17/11
ATT:

yellow copy — law enforcement agency

pink copy — medical records

COL1004

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A	Sex: M Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Santos, Elizabete D.O.,	Facility: ALM
Encounter Date: 06/20/2014 09:27		Unit: Z04

Follow-up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Santos, Elizabete D.O., Clinical

Chief Complaint: No Complaint(s)

Subjective: I sat through Dr. Don Lewis' evaluation of Inmate Hill. Content of our interaction is well documented in Dr. Lewis' note.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Exam:

ASSESSMENT:

Axis I: Gender identity disorder, 302.85 - Current, Chronic, Not Improved/Same - *Gender Dysphoria Diagnosis is confirmed.*

I shared some of the information gained at the Trans-Health Conference in Philadelphia; Inmate Hill is a candidate for hormone treatment, but he will need to be followed closely by Endocrinologist/Hematologist familiar with transgender patients.

He will be at highest risk for a thromboembolic event in the first 3-6 months of starting hormone therapy, and this is the most critical time to be under the care of an endocrinologist experienced in transgender care (which is not available in Allenwood).

Given Dr. Lewis' consultation today, we will be requesting a transfer for this inmate based on his medical needs, which at this time can NOT be met here.

PLAN:

Disposition:

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/20/2014	Counseling	Plan of Care	Santos, Elizabete	Verbalizes Understanding

EXHIBIT 8

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Santos, Elizabete D.O.,	Facility: ALM	Unit: Z04
Encounter Date: 06/20/2014 09:27			

Copay Required:No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Santos, Elizabete D.O., Clinical Director on 06/20/2014 09:36

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Hazel, Julie RPh	Facility: ALM	Unit: Z04
Encounter Date: 05/14/2014 12:59			

Pharmacy Clinic Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Hazel, Julie RPh

Chief Complaint: Anticoagulation

Subjective: Evaluate INR for anticoagulation.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

General

Anticoagulation Therapy

No: Medication Changes, Missed doses, Other pertinent issue, OTC/Herbal/Vitamin Changes

Integumentary

Skin

No: Bruising

HEENT

Eyes

No: Changes in Vision

Head

No: Headaches

Mouth

No: Bleeding Gums

Nose

No: Epistaxis

Pulmonary

Respiratory System

No: Shortness of breath

GI

General

No: Dietary Changes, Recent, Stools Black

GU

General

No: Hematuria

Musculoskeletal

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Hazel, Julie RPh	Facility: ALM	Unit: Z04
Encounter Date: 05/14/2014 12:59			

ROS:**General**

No: Hx of Falls

OBJECTIVE:**Exam:****Diagnostics****Laboratory**

Yes: Results

INR 2.7

ASSESSMENT:**Medication Review**

INR therapeutic at current warfarin dose. Will continue and recheck INR on 5/14/14. Inmate expresses no concerns about anticoagulation at this time and agrees with therapeutic plan. Inmate does express concern about ever getting on hormone therapy for GID plus other issues relating from a grievance that was denied by administration. He said that sometimes he feels like castrating himself because "it (his penis and scrotum) shouldn't be there". Psychology notified both by a-mail and in-person.

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
327285-ALX	Warfarin 2 MG Tab	05/14/2014 12:59	Take one tablet by mouth each evening with 2.5mg = 4.5mg (14 days supply) x 28 day(s)

Indication: Long-term (current) use of anticoagulants, Congenital stenosis of aortic valve**One Time Dose Given:** No

327286-ALX	Warfarin 2.5 MG Tab	05/14/2014 12:59	Take one tablet by mouth each evening with 2mg = 4.5mg (14 days supply) x 28 day(s)
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Indication: Long-term (current) use of anticoagulants, Congenital stenosis of aortic valve**One Time Dose Given:** No**Disposition:**

Follow-up in 2 Weeks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/14/2014	Medication	Warfarin 5 MG Tab	Hazel, Julie	Verbalizes Understanding

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Hazel, Julie RPh	Facility: ALM	Unit: Z04
Encounter Date: 05/14/2014 12:59			

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Hazel, Julie RPh on 05/14/2014 13:06

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, SCOTT A	Reg #:	22297-038
Date of Birth:	11/12/1971	Sex:	M Race: AMERICAN
Note Date:	05/05/2014 14:47	Facility:	ALM
		Provider:	Santos, Elizabete D.O.,
		Unit:	Z04

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Santos, Elizabete D.O., Clinical Director

Received confirmation, that Dr. Don Lewis will be evaluating Inmate Hill on June 19th, 2014 thru Tele psych to confirm diagnosis of Gender Dysphoria.

I have called the Whitman-Walker Health Clinic in Washington, DC to inquire about possible primary care resources in the treatment of Gender Dysphoria. I was referred to

PA-C Tina Celenza who does the majority of Trans-Health visits at the clinic. I discussed Inmate Hill's case (without divulging any identifying information), to ascertain the best treatment option for this patient at this time. Topics specifically discussed were the presence of valvular heart disease, and the need for life long anti-coagulation therapy. I was informed that a patient with these risk factors would be best treated by an Endocrinologist with experience in Transgender care, and comanagement with hematology.

I will wait Dr. Lewis' evaluation. Once, patient's diagnosis is confirmed, all efforts will be made to transfer patient to an institution that is close to an Endocrinologist with experience in Trans-Health Care.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Santos, Elizabete D.O., Clinical Director on 05/05/2014 15:00

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Hazel, Julie RPh	Facility: ALM	Unit: Z04
Encounter Date: 04/04/2014 13:20			

ROS:**General**

No: Hx of Falls

OBJECTIVE:**Exam:****Diagnostics****Laboratory**

Yes: Results

INR 1.9, PT 18.8

ASSESSMENT:

Medication Review

INR slightly subtherapeutic, suspect inmate may have missed a dose while transitioning to SHU. Will not change warfarin dose at this time. Recheck INR on 4/16/2014. Inmate agrees with plan.

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
320554-ALX	Warfarin 5 MG Tab	04/04/2014 13:20	Take one tablet by mouth each evening (14 day supply) x 28 day(s)

Indication: Long-term (current) use of anticoagulants, Congenital stenosis of aortic valve**One Time Dose Given:** No**Disposition:**

Follow-up in 2 Weeks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/04/2014	Medication	Warfarin 5 MG Tab	Hazel, Julie	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Hazel, Julie RPh on 04/04/2014 13:26

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A	Sex: M Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Hunter-Buskey, Robin PA-	Facility: BTF
Encounter Date: 01/15/2014 09:15		Unit: Z01

Follow-up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Hunter-Buskey, Robin PA-C

Chief Complaint: Other Problem

Subjective: 42 y/o w m reports h/o sexual assault via rectum and has intermittent BRBPR and rectal pressure, no GI complaints, feels something near anus, concerned about warts, s/p use of supp for ext hemorrhoid, weights stable

s/p closed head trauma from MVA 1987, last seizure July 18, 2013

s/p three cardiac procedures for AVR (1974, 1977, 1983), current porcine reports difficulty with coumadin titration on dilantin

HCV GT 3 (1989), to treated, eval completed but was denied

chronic headaches, state bearable at [resent , had used cafergot - effective

Has Vit D deficiency, avoids sunlight and outdoors, on suppl

GID eval in progress, reports mood disorder since assaults, h/o suicide attempts, f/u with mental health team in progress

c/o urinary urgency and hesitancy, one time nocturia

reviewed allergies; PCN, tetracycline, contrast dyes, shellfish

tattoos

+ short use of tobacco, marijuana and cocaine abuse, weekend ETOH

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/15/2014	09:13 BUX	98.5	36.9	Oral	Carlton, L. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/15/2014	09:13 BUX	89			Carlton, L. RN

Respirations:

Generated 01/15/2014 10:25 by Hunter-Buskey, Robin PA-C Hill v. BOP
Bureau of Prisons - BUF

BOP000087
Page 1 of 3

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, SCOTT A	Sex:	M	Reg #:	22297-038
Date of Birth:	11/12/1971			Race:	AMERICAN
Scanned Date:	03/27/2014 06:55			Facility:	ALM

Reviewed by Leonard, Daniel MD on 03/27/2014 17:22.

+5mg
Missed from
Tues →

FCC ALLENWOOD - FCI ALLENWOOD
WAIVED TESTING - PT/DNR
RESULTS AND REFERENCE RANGE

INMATE NAME: Hill

REGISTER NUMBER: 22297-038

ON ANTICOAGULATION THERAPY? ☒ YES () NO
URGENCY: ☒ Routine () Stat

Date	Time	Results	Requesting Physician	Reported By
0700	3/21/14	1.5	Dr. Hill	SH
		15.1		

Note: Oral anticoagulants have a narrow therapeutic range and the response to a standard dose varies widely both between patients and within a patient over time. Patients undergoing oral anticoagulant therapy must have their level of anticoagulation monitored often. Dosage adjustment should be made as needed to ensure maximum safety and efficacy. All results shall be reported to the Physician and/or Primary Care Provider immediately. A specimen may be obtained and sent to the lab for verification at the physician's discretion.

NORMAL RANGE FOR NON-ANTICOAGULATED PATIENTS
INR 0.7 - 1.2 PT 6.5 - 11.9

THERAPEUTIC RANGE

A health care professional must determine the therapeutic range for each patient based on the reason for anticoagulation therapy and how each patient responds to treatment.

Megan Sheller PAC
Shellerberger, PA-C 3/21/14
FCC Allenwood

FCI ALLENWOOD
P.O. BOX 2500
WHITE DEER, PA 17887
BOP000223

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: HILL, SCOTT A
Date of Birth: 11/12/1971
Scanned Date: 03/25/2014 10:53

Sex: M

Reg #: 22297-038
Race: AMERICAN
Facility: ALM

Reviewed by Leonard, Daniel MD on 03/25/2014 19:55.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Buschman, Brian MD	Facility: ALP	Unit: Z01
Encounter Date: 05/15/2013 09:12			

Chronic Care encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Buschman, Brian MD

Chief Complaint: GENERAL

Subjective: For CCC/14-day eval:

- 1) Hep C GT3 expressed interest in treatment and then he advised he would prefer to wait until after GID transition when I advised that given depression, hormone changes for transition and depression inducing effects of interferon I would not want him to go through transition while also on Hep C treatment. He expressed understanding that he can change his mind and restart the process to apply for treatment.
- 2) Artificial heart valve with lifelong coumadin (care 3).
- 3) PTSD secondary to rapes secondary to GID below. Doing well but requesting a slight increase in Elavil so will raise to 50mg.
- 4) GID - He has expressed that he is very distressed to have male anatomy. He was requesting assistance in working towards transition. He has not started any medical portion of any transition treatment before his entry into the BOP. I expressed that the last guideline that I am aware of states that a person is maintained at their current point in transition during their BOP time. I also advised I have heard rumors those guidelines may have been changing but I was not sure off of the top of my head. He expressed that due to this disorder he is not able to walk this yard safely. He expresses that he has been working with psych about finding a different location where he may be able to walk the yard and program. He also expressed that at times he wants to remove his male anatomy himself but he expressed that he understood that would very likely result in his death from bleeding. I expressed that is a very significant danger. I emailed about his thoughts of self mutilation to psych and the chief psychologist has expressed he is working on a possible transfer where he may be better able to program. I am awaiting medical guidance from the CD.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Khan, Rashid M.D.	Facility: TCP	Unit: Z06
Encounter Date: 09/20/2012 09:16			

Chronic Care encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Khan, Rashid M.D.

Chief Complaint: CARDIAC

Subjective: status post St Jude aortic valve.
On warfarin, being followed in anticoag clinic
Stable
Mental Health: Stable no S/H ideation, No mood shifts.
Meds compliant. No side effects
Continue same

HCV: stable, asymptomatic, LFT HI, Type 3, no recent VL
Ref to IDC

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

COMPLAINT 2 **Provider:** Khan, Rashid M.D.

Chief Complaint: NEUROLOGY

Subjective: Epilepsy under control. Med compliant, no seizures.
Cont same.
Gets migraines frequently, gets inj every day, inderal helping. says nsaid dont help.
O:
HRS: Negative except as in present illness.
PE:
No: acute distress, Fully alert, pleasant, fever, chills, jaundice.
HEENT: negative. No vision changes. PERLA
Neck: trachea midline, no lymphadenopathy, no thyroid tumor, Neck veins not distended, no carotid bruit
Heart: RSR no murmur
Lungs: Clear, no wheeze
Abdomen: Soft, non-tender, LSK neg.
Musculoskeletal: Normal
Neuro: Cranial nerves intact, No sensory or motor deficit, No hypo and paraesthesias
Extremities: No edema. Normal pulses, No ischemia.
Mental Health: No issues, normal mood, no S/H ideation.
Skin: Neg

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Inmate Name: HILL, SCOTT A	Sex: M	Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Khan, Rashid M.D.	Facility: TCP	Unit: Z06
Encounter Date: 09/20/2012 09:16			

Onset:
Duration:
Exacerbating Factors:
Relieving Factors:
Comments:

COMPLAINT 3 Provider: Khan, Rashid M.D.

Chief Complaint: Other Problem
Subjective: He has gender identity disorder
Will order hormone tests.
Pain Location:
Pain Scale:
Pain Qualities:
History of Trauma:
Onset:
Duration:
Exacerbating Factors:
Relieving Factors:
Comments:

Seen for clinic(s): Cardiac, Infectious Disease, Mental Health, Neurology

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

Arteries and Veins

Yes: Normal
No: Claudication, Phlebitis, Raynaud's Phenomenon

General

Yes: Normal
No: Angina, Cyanosis, Edema, Orthopnea, Palpitation

Pulmonary

Respiratory System

Yes: Normal
No: Cough - Dry, Cough - Productive

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/20/2012	09:26 TCX	98.0	36.7	Oral	Khan, Rashid M.D.

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/20/2012	09:26 TCX	72			Khan, Rashid M.D.

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/20/2012	09:26 TCX	16	Khan, Rashid M.D.

Blood Pressure:

Inmate Name: HILL, SCOTT A Reg #: 22297-038
 Date of Birth: 11/12/1971 Sex: M Race: AMERICAN Facility: TCP
 Encounter Date: 09/20/2012 09:16 Provider: Khan, Rashid M.D. Unit: Z06

Date	Time	Value	Location	Position	Cuff Size	Provider
09/20/2012	09:26 TCX	121/81	Left Arm	Sitting		Khan, Rashid M.D.

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
09/20/2012	09:26 TCX	125.0	56.7		Khan, Rashid M.D.

Exam:

ASSESSMENT:

Description	ICD9	Status	Status Date	Progress	Type
Long-term (current) use of anticoagulants	V58.61	Current	09/10/2012	Improved	Chronic
Axis I: Adjustment disorder with depressed mood	309.0	Current	01/12/2012	Improved	Chronic
Axis II: Personality Disorder	301.9	Current	01/12/2012	Improved	Chronic
Axis III: Gen psych exam, see health prob list	V70.2	Current	01/12/2012	Not Improved/Same	Chronic
Chronic migraine without aura	346.70	Current	09/08/2010	Not Improved/Same	Chronic
Axis IV: Psychosocial and environmental problems	Axis IV	Current	01/12/2012	Not Improved/Same	Chronic
Axis V: GAF 51 - 70	G3	Current	01/12/2012	Not Improved/Same	Chronic
Epilepsy, unspecified	345.9	Current	02/08/2010	Improved	Chronic
Hepatitis C, chronic w/o mention of hepatic coma	070.54	Current	02/08/2010	Not Improved/Same	Chronic
Congenital stenosis of aortic valve	746.3	Current	12/07/2011	Improved	Chronic

Health Problem Comments:

PORCINE VALVE REPLACEMENT 1975
 indefinite anticoagulation tx.

Diagnosis Comments:

postop valve

PLAN:

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
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Inmate Name: HILL, SCOTT A	Sex: M Race: AMERICAN	Reg #: 22297-038
Date of Birth: 11/12/1971	Provider: Khan, Rashid M.D.	Facility: TCP
Encounter Date: 09/20/2012 09:16		Unit: Z06

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
132486-TCX	Citalopram 40 MG Tab	09/20/2012 09:16	***pill line*** Take one tablet by mouth each evening *Consent form on file * x 180 day(s) Pill Line Only

Indication: Axis I: Adjustment disorder with depressed mood, Axis II: Personality Disorder, Axis III: Gen psych exam, see health prob list, Axis IV: Psychosocial and environmental problems, Axis I: Posttraumatic stress disorder, Axis I: Adjustment disorder with anxiety

One Time Dose Given: No

132487-TCX	Phenytoin ER 100 MG Cap	09/20/2012 09:16	and Take one capsule by mouth each evening---Take two capsules by mouth each morning x 180 day(s)
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Indication: Epilepsy, unspecified

One Time Dose Given: No

132488-TCX	Propranolol 40 MG Tab	09/20/2012 09:16	Take one tablet by mouth daily x 180 day(s)
------------	-----------------------	------------------	---

Indication: Chronic migraine without aura

One Time Dose Given: No

132489-TCX	SUMatriptan 6 MG/0.5 ML Inj	09/20/2012 09:16	***pill line*** inject 6mg subcutaneously at onset of headache -- may repeat dose in 1 hour if needed **Do Not exceed 2 doses in 24 hours or 8 doses per month** Possible Serotonin Syndrome x 180 day(s) Pill Line Only
------------	-----------------------------	------------------	--

Indication: Chronic migraine without aura

One Time Dose Given: No

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Blood tests-k-l-m-n-Luteinizing hormone, LH	One Time	10/18/2012 00:00	Routine
Blood tests-o-p-Prolactin			
Blood tests-t-Testosterone, total			
_Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP)	One Time	10/18/2012 00:00	Routine
_Chronic Care Clinics-Infectious Disease-Hepatitis C viral load			
_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC)/Diff			

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
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Generated 09/20/2012 10:03 by Khan, Rashid M.D.

Bureau of Prisons - TCP

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SHILL00332

Inmate Name: HILL, SCOTT A
Date of Birth: 11/12/1971
Encounter Date: 09/20/2012 09:16

Sex: M Race: AMERICAN
Provider: Khan, Rashid M.D.

Reg #: 22297-038
Facility: TCP
Unit: Z06

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Assessment HCV	09/27/2012 00:00	IDC 01
Chronic Care Visit ccc	03/20/2013 00:00	Physician 02

Disposition:

Follow-up at Sick Call as Needed
Follow-up in 6 Months

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/20/2012	Counseling	Access to Care	Khan, Rashid	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Khan, Rashid M.D. on 09/20/2012 10:03



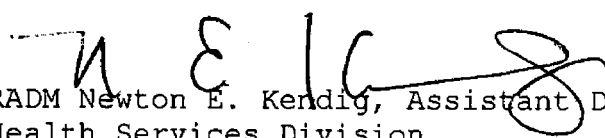
Federal Bureau of Prisons


Washington, DC 20534

May 31, 2011

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:


RADM Newton E. Kendig, Assistant Director
Health Services Division


Charles E. Samuels Jr., Assistant Director
Correctional Programs Division

SUBJECT: Gender Identity Disorder Evaluation and Treatment

This memorandum provides additional clarification for the evaluation and treatment of inmates with Gender Identity Disorder (GID), and should be read in conjunction with guidance provided in June, 2010 (attached). This memorandum should be distributed and implemented immediately, and applies to inmates currently in Bureau of Prisons (Bureau) custody. This memorandum will be incorporated into the national program statement as soon as possible.

Inmates with a possible diagnosis of GID, including inmates who assert they have GID, will receive thorough medical and mental health evaluations from medical professionals with basic competence in the assessment of the DSM-IV/ICD-10 sexual disorders and who have participated in BOP's GID training, including the review of all available community health records. The evaluation will include an assessment of the inmate's treatment and life experiences prior to incarceration as well as experiences during incarceration (including hormone therapy, completed or in-process surgical interventions, real life experience consistent with the inmate's gender identity, private expressions that conform to the preferred gender, and

EXHIBIT 9

counseling). If a diagnosis of GID is reached, a proposed treatment plan will be developed which promotes the physical and mental stability of the patient. The development of the treatment plan is not solely dependent on services provided or the inmate's life experiences prior to incarceration. The treatment plan may include elements or services that were, or were not, provided prior to incarceration, including, but not limited to: those elements of the real life experience consistent with the prison environment, hormone therapy and counseling. Treatment plans will be reviewed regularly and updated as necessary.

Current, accepted standards of care will be used as a reference for developing the treatment plan. All appropriate treatment options prescribed for inmates with GID in currently accepted standards of care will be taken into consideration during evaluation by the appropriate medical and mental health care staff. Each treatment plan or denial of treatment must be reviewed by the Medical Director or BOP Chief Psychiatrist. Hormone therapy must be requested through the non-formulary review process, and approved by the Medical Director and/or BOP Chief Psychiatrist. Consultation with the Chief of Psychology prior to such approval may be appropriate in some cases.

In summary, inmates in the custody of the Bureau with a possible diagnosis of GID will receive a current individualized assessment and evaluation. Treatment options will not be precluded solely due to level of services received, or lack of services, prior to incarceration.

cc: Regional Health Service Administrators
Regional Psychology Services Administrators
Chief of Pharmacy



U.S. Department of Justice

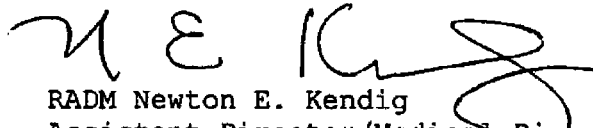
Federal Bureau of Prisons

Washington, D.C. 20534

June 15, 2010

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:


RADM Newton E. Kendig
Assistant Director/Medical Director


D. Scott Dodrill, Assistant Director
Correctional Programs Division

SUBJECT: Gender Identity Disorder Evaluation and Treatment

This memorandum provides clarification for the evaluation and treatment of inmates with Gender Identity Disorder (GID). This memorandum should be distributed and implemented immediately, and applies to inmates currently in Bureau of Prisons (Bureau) custody. This memorandum will be incorporated into the national program statement as soon as possible.

Current Bureau policy regarding inmates with GID is located at Program Statement 6031.01 (1/15/05), Patient Care, section 30, and states, in relevant part:

Inmates with Gender Identity Disorder.

Inmates who have undergone treatment for gender identity disorder will be maintained only at the level of change which existed when they were incarcerated in the Bureau. Such inmates will receive thorough medical and mental health evaluations, including the review of all available outside records.

- *The Medical Director will be consulted prior to continuing or implementing such treatment.*
- *The Medical Director must approve, in writing, hormone use for the maintenance of secondary sexual characteristics in writing.*

Effective immediately, the following guidance applies with regard to evaluation and treatment of inmates with GID:

- An inmate reporting a diagnosis of GID will be evaluated by Psychology and Health Services staff at their parent institution. Staff may also make a referral should an inmate appear to present secondary sexual characteristics of the opposite gender.
- Evaluating staff should make concerted effort to obtain the inmate's past medical and psychological records should the inmate consent.
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) should be consulted to assist in diagnosis.
- Should a GID diagnosis be made, continued psychological counseling will be offered if warranted, and requested by the inmate.
- Typically, an inmate will be maintained at the level of change existing upon admission to the Bureau of Prisons. Hormone therapy will be provided to maintain that level, and such therapy will continue should the inmate be transferred to another facility.
- The Chief of Psychiatry will consult with the Medical Director and Chief of Psychology to determine if advancement of therapy, such as beginning a hormone regimen or increasing a hormone dosage, or decreasing such therapy, is medically indicated. Each inmate will be individually evaluated on a case-by-case basis. Medication administration will be documented through the nonformulary review process. The approval of the Chief of Psychiatry is required.

cc: Regional Health Service Administrators
Regional Psychology Services Administrators
Chief of Pharmacy