

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

DISABILITY RIGHTS WASHINGTON,

*Plaintiff,*

v.

WASHINGTON STATE DEPARTMENT OF  
CORRECTIONS and CHERYL STRANGE,  
Secretary of the Department of Corrections, in her  
official capacity,

*Defendants.*

No.

**COMPLAINT FOR DECLARATORY  
AND INJUNCTIVE RELIEF**

Plaintiff, Disability Rights Washington (“DRW”), by its undersigned attorneys, alleges as follows:

**I. NATURE OF THE CASE**

1.1 For years, the Washington State Department of Corrections (“DOC”) violated the constitutional rights of incarcerated people with disabilities who are transgender. DOC denied these individuals essential gender-affirming medical and mental health care and means of expressing their gender. DOC officials, including medical and mental health care providers, have also discriminated against transgender patients in custody due to their disabilities by denying or

1 delaying their treatment for months or years for disability-related reasons and failing to modify  
2 policies or provide reasonable accommodations to avoid such discrimination.

3 1.2 DOC has also subjected DRW's constituents who are transgender to routine  
4 cross-gender strip and pat-down searches absent any exigent circumstances, putting them at  
5 serious risk of sexual assault and harassment.

6 1.3 During this time, DOC officials have been aware that conditions for people with  
7 disabilities who are transgender place those people at serious risk of harm and violate federal  
8 law.

9 1.4 Plaintiff Disability Rights Washington brings this case as an organization on  
10 behalf of its constituents with disabilities who are transgender and confined in DOC. For the  
11 purposes of this complaint, transgender refers to individuals who are transgender, intersex,  
12 and/or non-binary. The case is brought against Defendants Washington State Department of  
13 Corrections and Cheryl Strange, in her official capacity as secretary of the Washington State  
14 Department of Corrections ("Defendants"). The aim of this litigation is to ensure that Defendants  
15 provide DRW's constituents gender-affirming medical and mental health care according to  
16 accepted medical standards, implement reasonable accommodations in the provision of that care,  
17 and establish reasonable measures to protect them from improper cross-gender searches.

18 1.5 Plaintiff seeks declaratory and injunctive relief under the Eighth Amendment to  
19 the United States Constitution; Title II of the Americans with Disabilities Act, 42 U.S.C. §§  
20 12131–34 ("ADA" or "Title II"); and section 504 of the Rehabilitation Act, 29 U.S.C. § 794  
21 ("Section 504").  
22  
23

1           1.6     Accompanying this Complaint is the Parties' Joint and Stipulated Motion to  
2 Approve Settlement Agreement, which is the result of years of negotiation between the parties to  
3 address the claims presented here.

## 4                                   **II. JURISDICTION AND VENUE**

5           2.1     This Court has original subject matter jurisdiction pursuant to 42 U.S.C. § 1983  
6 and 42 U.S.C. § 12132, as well as 28 U.S.C. §§ 1331 and 1343.

7           2.2     Venue in the United State District Court for the Western District of Washington is  
8 proper pursuant to 28 U.S.C. § 1391(b) because the Defendant operates and is headquartered in  
9 this district and because a substantial part of the events or omissions giving rise to Plaintiff's  
10 claims occurred within the Western District of Washington.

## 11                                   **III. PARTIES**

### 12           **A. Plaintiff Disability Rights Washington**

13           3.1     Plaintiff Disability Rights Washington ("DRW"), a nonprofit corporation duly  
14 organized under the laws of the State of Washington, is the statewide protection and advocacy  
15 system designated by the Governor of the State of Washington to protect and advocate for the  
16 legal and civil rights of residents of this state who have disabilities, pursuant to the Protection  
17 and Advocacy for Individuals with Mental Illnesses ("PAIMI") Act, 42 U.S.C. §§ 10801–51; the  
18 Protection and Advocacy for Individual Rights ("PAIR") Act, 29 U.S.C. § 794e; the  
19 Developmental Disabilities Assistance and Bill of Rights ("DD") Act, 42 U.S.C. §§ 15041–45;  
20 and RCW 71A.10.080. Disability Rights Washington is federally funded and mandated to  
21 monitor settings serving people with disabilities, conduct investigations of abuse and neglect of  
22 individuals with disabilities, provide individuals with technical assistance and information  
23

1 relating to their needs, and litigate on behalf of its constituents to enforce their rights. 29 U.S.C.  
 2 § 794e(f)(3); 42 U.S.C. § 10805(a)(1)–(2); 42 U.S.C. § 15043(a)(2).

3       3.2     DRW is governed by a board of directors comprised predominantly of people  
 4 with disabilities and their family members. This board is advised by two advisory councils: the  
 5 Disability Advisory Council and the statutorily mandated Mental Health Advisory Council,  
 6 which is also primarily comprised of people with disabilities and their family members.  
 7 Disability Rights Washington’s priorities are set and directed by its board and its advisory  
 8 councils. Since DRW’s designation as Washington’s protection and advocacy system in 1975,  
 9 federal and state courts have repeatedly found that DRW has standing to sue on behalf of its  
 10 constituents with disabilities. *In re Guardianship of Lamb*, 173 Wash. 2d 173, 196–97 (Wash.  
 11 2011) (“Pursuant to federal law... DRW has the authority to bring a suit... on behalf of persons  
 12 with... disabilities.”); *K.M. v. Regence Blueshield*, No. C13-1214 RAJ, 2014 WL 801204, at \*7  
 13 (W.D. Wash. Feb. 27, 2014) (“DRW has constitutional standing to represent its constituents—  
 14 individuals with physical, mental and developmental disabilities in Washington State.”). For  
 15 decades, DRW has engaged in systemic advocacy and litigation regarding the rights of people  
 16 with disabilities who have lost their liberty and are denied appropriate care and treatment.

17       3.3     The federal laws that establish protection and advocacy systems like DRW also  
 18 grant them extraordinary authority to access restricted facilities and confidential or otherwise  
 19 protected records of facilities and individuals receiving services in those facilities. *See, e.g.*, 42  
 20 U.S.C. § 10805(a)(4)(A); 42 U.S.C. § 15043(H)–(J); 42 C.F.R. § 51.41; 45 C.F.R. § 1386.22.  
 21 These laws and regulations grant DRW the authority to have unannounced and unaccompanied  
 22 access to facilities and the people living and working there, as well as access to a broad array of  
 23 records necessary for its investigations, including confidential health care records, peer review

1 records for the facility, personnel files of facility staff, handwritten notes, drafts of documents,  
2 and emails.

3       3.4 Pursuant to its federal mandate, in 2017 DRW launched an investigation into the  
4 conditions and treatment of transgender people with disabilities in DOC custody in response to  
5 complaints from its constituents. As part of its investigation, DRW has invoked its access  
6 authority to monitor DOC facilities and review thousands of DOC custodial and medical records  
7 about transgender individuals with disabilities in DOC custody, as well as DOC policies and  
8 other information maintained by DOC. DRW staff have interviewed dozens of people with  
9 disabilities who are transgender across DOC facilities and security levels. DRW has met with  
10 DOC custodial staff, DOC medical and mental health providers, and outside medical experts.  
11 From this investigation, DRW determined that Defendants were systemically denying its  
12 constituents medically necessary gender-affirming medical and mental health care,  
13 discriminating against them due to their disabilities, failing to provide reasonable  
14 accommodations for those disabilities, and forcing them to undergo illegal strip and pat-down  
15 searches.

16       3.5 Since 2017, DRW staff have provided hundreds of hours of technical assistance  
17 and information to transgender people with disabilities who have been subject to abuse and  
18 neglect in DOC custody. DRW staff have also advocated directly on behalf of certain individuals  
19 when, in its opinion, DOC's failures to provide necessary protections have placed people at  
20 serious and imminent risk of harm. For years DRW staff have documented and shared their  
21 concerns with DOC about its treatment of transgender people with disabilities.

22       3.6 In December 2019, DRW and DOC entered into a structured negotiations  
23 agreement as an alternative to litigation concerning Defendants' treatment of DRW constituents.

1 This agreement provided a forum for the resolution of Plaintiff's claims outside of litigation  
2 while tolling the statute of limitations for those claims. Although extended longer than  
3 anticipated due to the COVID-19 pandemic, these negotiations culminated in the Parties' Joint  
4 and Stipulated Motion to Approve Settlement Agreement accompanying this Complaint.

5 **B. Defendants**

6 3.7 Defendant Washington State Department of Corrections is a department of the  
7 State of Washington that manages all state-operated adult prisons in Washington State. The  
8 Department is headquartered in Tumwater, Washington, and manages prisons and other  
9 detention facilities across the state of Washington that house people with disabilities who are  
10 transgender, including the Monroe Correctional Complex located within the Western District of  
11 Washington. The Department is responsible for the safety and security of all people in custody,  
12 including gender-affirming medical and mental health services, disability accommodations, and  
13 strip and pat-down searches.

14 3.8 Defendant Cheryl Strange is the Secretary of the Department of Corrections and is  
15 responsible for the operation of all adult state correctional institutions. *See* RCW 72.09.050. In  
16 that capacity, she is required to exercise all powers and perform all duties prescribed by law with  
17 respect to the administration of Washington's prisons, including adopting, implementing, and  
18 enforcing policies and procedures that ensure that transgender, intersex, and non-binary people in  
19 DOC custody are provided with necessary care and safe conditions. She has the authority to  
20 delegate authority and direct activities of subordinate officers and other DOC employees, as well  
21 as the authority to identify capital needs and submit budget requests to the state legislature. At all  
22 times relevant to this action Defendant Strange was acting under color of state law and is being  
23 sued in her official capacity.

3.9 Defendants are responsible for ensuring that the basic human needs of people in its custody are met and that they are protected from risks of serious harm, including establishing policies and standards necessary to ensure that people are provided care for serious medical needs. *See Estelle v. Gamble*, 429 U.S. 97, 106 (1976). Defendants must also protect incarcerated people from the risk of sexual assault and harassment that can arise from cross-gender strip and pat-down searches. *See Jordan v. Gardner*, 986 F.2d 1521, 1531 (9th Cir. 1993) (holding that a cross-gender clothed body search policy at a Washington State women’s prison constituted cruel and unusual punishment in violation of the Eighth Amendment).

3.10 The material facts set out below are known to Defendant Strange and previous Secretaries of the Department of Corrections. All actions described were taken or continue to be taken by prison staff at the explicit direction of the DOC administration or with the knowledge and consent thereof. In addition, Defendants have neither properly trained nor supervised DOC employees and contractors nor promulgated policies and standards necessary to ensure that DOC operates according to legal requirements.

#### IV. FACTUAL ALLEGATIONS

##### A. **Defendants Wrongly Deprive Plaintiff’s Constituents of Transgender Medical Care, Mental Health Care, and Gender Expression**

##### 1. *Gender Identity and the Standards of Transgender Care*

4.1 Gender identity means an individual’s sense of being either male, female, both, or neither. Every person has a gender identity. Someone who is transgender has a gender identity that is different than that typically associated with the sex to which they were assigned at birth. A non-binary person is someone who experiences their gender identity and/or expression as falling outside the binary gender categories of “man” and “woman.” Intersex is an umbrella term for

1 people with variations in their reproductive anatomy or sex characteristics. Some intersex people  
2 transition from their sex assigned at birth and are both intersex and transgender.

3 4.2 Although being transgender is no longer considered a mental health condition, it  
4 is considered a health condition.<sup>1</sup> The World Health Organization's latest version of the  
5 *International Classification of Diseases* (ICD-11) defines gender incongruence as "...a marked  
6 and persistent incongruence between an individual's experienced gender and the assigned sex."<sup>2</sup>

7 4.3 Many transgender people also experience gender dysphoria. Gender dysphoria is  
8 characterized by "[a] marked incongruence between one's experience/expressed gender and  
9 assigned gender" and "clinically significant distress."<sup>3</sup> If left untreated, such distress may result  
10 in depression, anxiety, and increased risk of self-harm and suicidality.<sup>4</sup>

11 4.4 Transgender people often need to engage with mental health and medical  
12 professionals extensively in order to access medically necessary gender-affirming treatment for  
13 gender incongruence and/or gender dysphoria. Such gender-affirming care can include hormonal  
14 treatment, surgery, hair removal/transplant procedures, voice therapy, counseling, and other  
15 procedures and treatments that can reduce gender dysphoria. Denial or delay of gender-affirming  
16 care can also cause or exacerbate gender dysphoria.

19 \_\_\_\_\_  
20 <sup>1</sup> See World Health Org., *ICD-11 Reference Guide* (2022),  
21 <https://icdcdn.who.int/icd11referenceguide/en/html/index.html#chapter-17-is-a-new-addition-to-icd11-and-was-not-found-in-past-editions> (moving ICD-10 codes "F64 Gender identity disorders" from "Mental Health" category to "Gender incongruence" under "Conditions related to sexual health" in ICD-11).

22 <sup>2</sup> World Health Org., *Gender Incongruence (HA60-HA6Z), International Classification of Diseases Eleventh Revision* (2022), <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f411470068>.

23 <sup>3</sup> Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* 452 (5th ed. 2013).

<sup>4</sup> *Id.* at 454.



1           4.5     Gender expression is how a person presents their gender outwardly, through  
 2 behavior, clothing, speech, or other perceived characteristics. Gender dysphoria may be reduced  
 3 for people with gender incongruence through changes to the person’s legal name, gender marker,  
 4 or pronouns, or through access to gender-affirming clothing, prostheses, and other options for  
 5 gender expression. Restricting or disallowing a transgender person’s gender expression not only  
 6 limits their freedom of expression but can cause or exacerbate gender dysphoria.

7           4.6     When transgender people receive timely and competent gender-affirming mental  
 8 health and medical care, the symptoms of gender incongruence or gender dysphoria—such as  
 9 depression, anxiety, self-harm, and suicidality—can be resolved or mitigated.

10          4.7     The World Professional Association for Transgender Health (“WPATH”) is the  
 11 leading organization focused on transgender health care and has issued the Standards of Care for  
 12 the Health of Transgender and Gender Diverse People (“WPATH Standards of Care”) since 1979.  
 13 The current version of the Standards of Care—Version 8—was published in September 2022.  
 14 These standards were developed by multidisciplinary specialists in the field of transgender care.  
 15 WPATH Standards of Care Version 8 has now replaced WPATH Standards of Care Version 7,  
 16 which were “the undisputed starting point in determining the appropriate treatment for gender  
 17 dysphoric individuals” following their release in 2011. *Edmo v. Corizon, Inc.*, 935 F.3d 757, 787  
 18 (9th Cir. 2019). As such, the WPATH Standards of Care are the prevailing standard used for  
 19 addressing the medical and mental health needs of transgender individuals. The Washington  
 20 Health Care Authority’s Transhealth Medicaid program requires providers to follow the WPATH  
 21 Standards of Care. Wash. Admin. Code § 182-531-1675(e).

22          4.8     Like Version 7, WPATH Standards of Care Version 8 apply equally to incarcerated  
 23 persons:

1 We recommend health care professionals responsible for providing gender  
2 affirming care to individuals residing in institutions...recognize the entire list of  
3 recommendations of the SOC-8, apply equally to [transgender] people living in  
4 institutions.

5 Just as people living in institutions require and deserve mental and medical  
6 health care in general and in specialty areas, we recognize [transgender] people are in  
7 these institutions and thus need care specific to [transgender] concerns. We recommend  
8 the application of the Standards of Care (SOC) to people living in institutions as basic  
9 principles of health care and ethics (Beauchamp & Childress, 2019; Pope & Vasquez,  
10 2016). Additionally, numerous courts have long upheld the need to provide  
11 [transgender]-informed care based in the WPATH SOC to people living in institutions  
12 as well (e.g., Koselik v. Massachusetts, 2002; Edmo v. Idaho Department of  
13 Corrections, 2020).<sup>5</sup>

14 4.9 The National Commission on Correctional Health Care (“NCCHC”) likewise  
15 recommends that the medical management of prisoners with gender dysphoria “should follow  
16 accepted standards developed by professionals with expertise in transgender health,” citing the  
17 WPATH Standards of Care.<sup>6</sup>

18 4.10 WPATH standards for competent transgender health practitioners include  
19 experience or qualification in assessing gender dysphoria and gender incongruence, familiarity  
20 with treatment options, adherence to core principles that empower and respect patients, and  
21 ongoing training and education in transgender health care.<sup>7</sup>

22 4.11 The WPATH Standards of Care recommend a range of treatments for transgender  
23 patients, noting that providers should work with patients to identify their needs and “[m]atch the

<sup>5</sup> Eli Coleman et al., *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, Version 8, 23 Int’l J. of Transgenderism 1, 105 (2022) (emphasis omitted), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.

<sup>6</sup> NCCHC, *Position Statement: Transgender and Gender Diverse Health Care in Correctional Settings* 1 (2020), <https://www.ncchc.org/wp-content/uploads/Transgender-and-Gender-Diverse-Health-Care-in-Correctional-Settings-2020.pdf>.

<sup>7</sup> Coleman et al., *supra* note 5, at 34.

1 treatment approach to the specific needs of clients, particularly their goals for gender identity and  
 2 expression.”<sup>8</sup> According to the WPATH Standards:

3 Medically necessary gender-affirming interventions.... include but are not limited  
 4 to hysterectomy +/- bilateral salpingo-oophorectomy; bilateral mastectomy, chest  
 5 reconstruction or feminizing mammoplasty, nipple resizing or placement of breast  
 6 prostheses; genital reconstruction, for example, phalloplasty and metoidioplasty,  
 7 scrotoplasty, and penile and testicular prostheses, penectomy, orchiectomy,  
 8 vaginoplasty, and vulvoplasty; hair removal from the face, body, and genital areas  
 for gender affirmation or as part of a preoperative preparation process; gender-  
 affirming facial surgery and body contouring; voice therapy and/or surgery; as well  
 as puberty blocking medication and gender-affirming hormones; counseling or  
 psychotherapeutic treatment as appropriate for the patient and based on a review of  
 the patient’s individual circumstances and needs.<sup>9</sup>

9 4.12 As outlined in the WPATH Standards of Care Version 8, “[t]here is strong  
 10 evidence demonstrating the benefits in quality of life and well-being of gender-affirming  
 11 treatments, including endocrine and surgical procedures, properly indicated and performed as  
 12 outlined by the Standards of Care (Version 8), in [transgender] people in need of these  
 13 treatments....”<sup>10</sup>

14 **2. Defendants’ Providers Have Routinely Misgendered, Pathologized, and**  
 15 **Discouraged Transgender Patients**

16 4.13 DOC officials and providers are well aware of the WPATH Standards of Care, the  
 17 9th Circuit’s 2019 holding in *Edmo* that a prison official's denial of gender-affirming surgery to  
 18 treat gender dysphoria violated the Eighth Amendment, and the serious health and safety risks  
 19 faced by transgender people in prison who do not receive access to competent gender-affirming  
 20 medical care, mental health care, and means for gender expression.

21  
 22 <sup>8</sup> *Id.* at 17.

23 <sup>9</sup> *Id.* at 18.

<sup>10</sup> *Id.*

1           4.14   These standards include the use of language that “upholds the principles of safety,  
2 dignity, and respect” and “the use of a patient-centered care model for initiation of gender-  
3 affirming interventions.”<sup>11</sup>

4           4.15   DOC providers have routinely used language that disrespects and degrades  
5 DRW’s transgender constituents in medical records and during patient appointments. DOC  
6 providers have pathologized their patients’ gender identities, referred to patients by incorrect  
7 names and pronouns, and dismissed their medical and mental health needs. DOC providers have  
8 discouraged people from seeking medical care related to their gender identity, including  
9 hormone replacement therapy, gender-affirming surgery, and other medically necessary  
10 treatments and services. DOC providers have also encouraged transgender people in their care to  
11 de-transition or not pursue gender-affirming care.

12           4.16   Misgendering, pathologizing, and discouraging patients has caused some  
13 transgender patients to hide their medical and mental health care needs and to avoid seeking  
14 necessary care. These practices have prolonged and worsened patient symptoms, resulting in  
15 significant outcomes including major depression, anxiety, self-harm, and suicidality.

16           **3.       *Defendants Have Improperly Denied and Delayed Hormone Replacement***  
17           ***Therapy***

18           4.17   DOC officials and providers have improperly denied or delayed hormone  
19 replacement therapy to patients that meet WPATH criteria for treatment.

20           4.18   DOC records show that, at the beginning of DRW’s negotiation with DOC, some  
21 transgender patients who had previously received hormone replacement therapy in the  
22 community were waiting more than a year to access hormones in DOC.

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<sup>11</sup> *Id.* at 7, 13.

1           4.19   DOC records also show that, at the beginning of DRW's negotiation with DOC,  
2 some transgender patients who met WPATH criteria to initiate hormone replacement therapy had  
3 been denied hormone therapy for years.

4           4.20   The withdrawal of hormones or the lack of initiation of hormone therapy when  
5 medically necessary creates a significant likelihood of negative outcomes, such as stroke,  
6 surgical self-treatment, depressed mood, increased gender dysphoria, and/or suicidality.

7           4.21   For those patients who eventually received hormone replacement therapy,  
8 documents and interviews show that DOC providers failed to properly monitor and titrate  
9 hormone levels for safety and efficacy.

10          4.22   Hormones must be titrated based on laboratory results and clinical outcomes to  
11 ensure that patients' hormone levels are within the range recommended within the field of  
12 endocrinology.

13          4.23   DOC's failure to properly monitor and titrate hormones has caused significant  
14 negative outcomes for transgender patients, including stroke, major depression, anxiety,  
15 suicidality, surgical self-treatment, and harm from drug interactions and polypharmacy.

16           **4.       *Defendants Have Improperly Denied and Delayed Gender-Affirming Medical***  
17           ***Treatments and Procedures***

18          4.24   For years, Defendants maintained an effective ban on gender-affirming surgery to  
19 treat gender dysphoria. Defendants' Gender Dysphoria Protocol provided that gender-affirming  
20 care should generally not be available to transgender patients in DOC because "the correctional  
21 environment is a relative contraindication to the initiation of sexual reassignment treatment, as  
22 are self-inflicted genital or other forms of self-mutilation." Defendants' policy thus expressly and  
23

1 without any medical basis stated that being in Defendants' custody, or manifesting symptoms of  
2 gender dysphoria, were contraindications to treatment for gender dysphoria.

3 4.25 While Defendants formally considered gender-affirming surgery for some  
4 patients, Defendants' policy required the approval of a Gender Dysphoria Care Review  
5 Committee ("GD-CRC"), a panel of Department leaders who were not directly involved in  
6 treating the patient and had no expertise in transgender health care. No such surgery was  
7 approved and provided until 2020, after the execution of the parties' structured negotiation  
8 agreement.

9 4.26 In addition, Defendants routinely required transgender patients seeking gender-  
10 affirming surgery to undergo formal personality testing and psychiatric profiling. These  
11 additional requirements were out-of-step with any evidence-based standards of care for the  
12 treatment of gender dysphoria.

13 4.27 Defendants contracted with Stephen Levine to evaluate transgender patients for  
14 gender-affirming surgery. Defendants used Stephen Levine despite a 2015 decision by the  
15 United States District Court for the Northern District of California that found that Levine's report  
16 in that case "misrepresents the Standards of Care; overwhelmingly relies on generalizations  
17 about gender dysphoric prisoners, rather than an individualized assessment...; contains illogical  
18 inferences; and admittedly includes references to a fabricated anecdote" which altogether  
19 "undermine his credibility." *Norsworthy v. Beard*, 87 F. Supp. 3d 1164, 1188 (N.D. Cal. 2015).

20 4.28 Levine's evaluations for DOC deviated from relevant standards of care, including  
21 the WPATH Standards of Care. Levine pathologized transgender patients and made clinical  
22 recommendations based on patients' criminal histories instead of an individualized assessment of  
23 their medical needs. With Levine as DOC's sole evaluator for gender-affirming surgery,

1 Defendants' GD-CRC continued to improperly deny or delay patient requests for gender-  
2 affirming surgery.

3 4.29 Defendants have refused to evaluate patients for surgical care based on the patient  
4 being subject to Indeterminate Sentence Review Board (ISRB) review, even if the patient's next  
5 scheduled ISRB hearing was months in the future and no decision had been made about the  
6 patient's release.

7 4.30 On at least one occasion Defendants improperly denied a patient gender-affirming  
8 surgery because the patient had not yet completed sex offense treatment and assessment  
9 programming.

10 4.31 On at least one occasion Defendants improperly denied a patient gender-affirming  
11 surgery due to the patient's out-of-state conviction and status in Washington as a transfer under  
12 the Interstate Compact on Adult Offender Supervision.

13 4.32 Defendants have also failed to provide other medically necessary gender-  
14 affirming surgeries and medical services for transgender people, including but not limited to  
15 gender-affirming facial surgery, permanent hair removal, and voice therapy.

16 **5. *Defendants Delay and Deny Gender-Affirming Medical Treatments and***  
17 ***Services Due to Patients' Disabilities***

18 4.33 DOC providers have delayed or denied medically necessary gender-affirming care  
19 to transgender patients due to their disabilities.

20 4.34 Transgender people, like all other people, may have mental health conditions.  
21 When they do, such individuals should receive gender-affirming health care "unless, in some  
22 extremely rare cases, there is robust evidence that [denying care] is necessary to prevent  
23

1 significant decompensation with a risk of harm to self or others.”<sup>12</sup> In such circumstances,  
2 providers must consider the risks of delaying or denying care and, if care must be denied, offer  
3 resources to improve mental health and re-engage with care as soon as practicable.<sup>13</sup>

4 4.35 DOC providers have automatically denied or delayed transgender health care due  
5 to co-existing mental health conditions that would not interfere with treatment. Defendants  
6 routinely ignored or minimized the impact and risks of denying care on the patient. Defendants  
7 also failed to provide patients with resources or clinically appropriate alternatives when denying  
8 such care.

9 4.36 Instead of providing care, DOC providers have required patients to reduce their  
10 depression, distress, or self-harm behaviors prior to approving gender-affirming care, denying  
11 them access to the necessary treatment for reducing such distress and behaviors and thereby  
12 prolonging and exacerbating patients’ harm.

13 4.37 DOC providers have also denied gender-affirming health care to patients with  
14 intellectual and learning disabilities based on false assertions that such individuals lack capacity  
15 to consent to treatment.

16 4.38 While all providers must determine that their patients have the cognitive capacity  
17 to understand risks and benefits of treatment, DOC records show that DOC has equated the  
18 presence of cognitive disabilities or mental health conditions with the inability to consent to  
19 gender-affirming treatment, even while providing such patients with other forms of medical care  
20 requiring their informed consent. In so doing, the Department has applied a heightened and  
21 discriminatory standard for consent to gender-affirming medical care.

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23 <sup>12</sup> Coleman et al., *supra* note 5, at 37.

<sup>13</sup> *Id.*



1           4.39   DOC has also failed to accommodate patients with learning disabilities, cognitive  
 2 disabilities, or mental health conditions. DOC has failed to provide such patients with accessible  
 3 education about gender-affirming care. Such accommodations could include plain language text,  
 4 visual materials, or audio materials as well as other modifications in policy or practices to  
 5 accomplish patient education and counseling. Instead, patients with such conditions are provided  
 6 little or no education by DOC. DOC has then denied those patients' requests for gender-  
 7 affirming care on the grounds that they do not understand the treatment or procedure.

8           4.40   DOC providers have also routinely delayed or denied gender-affirming care to  
 9 patients due to the presence of medical conditions that are not contraindications for sought after  
 10 gender-affirming treatment. Such delays and denials are contrary to the relevant standards of care  
 11 and discriminate against those patients because of disabilities not related to the provision of  
 12 gender-affirming health care.

13           4.41   Improper delays and denials of care to people due to their disabilities can  
 14 exacerbate gender dysphoria and deepen patients' symptoms, including depression, anxiety, and  
 15 suicidality.<sup>14</sup>

16  
 17           **6.       *Defendants Deprive Transgender People Adequate Means of Gender Expression***

18           4.42   Gender expression is a basic element of human speech and self-expression.  
 19 "Research indicates social transition and congruent gender expression have a significant  
 20 beneficial effect on the mental health of [transgender] people."<sup>15</sup> For this reason, the WPATH  
 21 Standards of Care recommend that institutions, including prisons,

22  
 23           <sup>14</sup> *Id.* at 126.

<sup>15</sup> *Id.* at 107.

1 [A]llow those individuals who request appropriate clothing and grooming items to  
 2 obtain such items concordant with their gender expression.... To allow for  
 3 expressing gender identity, these recommendations include being allowed to wear  
 4 gender congruent clothing and hairstyles, to obtain and use gender-appropriate  
 5 hygiene and grooming products, to be addressed by a chosen name or legal last  
 6 name (even if unable to change the assigned name legally yet), and to be addressed  
 7 by a pronoun consistent with one's identity. These elements of gender expression  
 8 and social transition, individually or collectively as indicated by the individual's  
 9 needs, reduce gender dysphoria/incongruence, depression, anxiety, self-harm  
 10 ideation and behavior, suicidal ideation and attempts (Russell et al., 2018).  
 11 Furthermore, these elements of congruent gender expression enhance well-being  
 12 and functioning.<sup>16</sup>

13 4.43 Defendants have delayed and denied transgender people adequate means of  
 14 gender expression, which has caused them severe anxiety, depression, and self-harming ideation  
 15 and behaviors.

16 4.44 Defendants have wrongly delayed and denied access to necessary gender-  
 17 affirming property and items, including shaving and grooming tools, undergarments, gender-  
 18 affirming clothing and religious garments, and prostheses.

19 4.45 In situations where Defendants have provided these items, Defendants have  
 20 stripped individuals of these items without any individualized assessment of medical need or risk  
 21 of harm when the individual has been moved to restrictive housing.

22 4.46 DOC's failure to provide these items has caused and exacerbated the symptoms of  
 23 gender incongruence and dysphoria.

4.47 DOC has failed to provide transgender women with bras that fit to size, including  
 systemically providing bras that are too small for the individual wearer and not adjusted for  
 breast growth.

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<sup>16</sup> *Id* (emphasis omitted).

1           4.48   DOC’s failure to provide bras that fit to size has caused transgender women  
2 physical harm, including chest and back pain and abrasions.

3           4.49   Defendants have also required transgender individuals to participate in gender-  
4 normed programming, including the Sex Offense Treatment and Assessment Program (SOTAP),  
5 that does not correspond to their gender.

6           4.50   Defendants’ failure to permit transgender individuals to participate in  
7 programming that corresponds to their gender, including SOTAP, has worsened transgender  
8 individuals’ symptoms of gender incongruence and dysphoria and increased their risk of physical  
9 harm.

10 **B.     Defendants Subject Transgender People to Improper Cross-Gender Searches**

11           4.51   According to the National PREA Resource Center: “Being transgender is a  
12 known risk factor for being sexually victimized in confinement settings.”<sup>17</sup> Courts have routinely  
13 found that transgender prisoners are at increased vulnerability to abuse in the prison systems.  
14 *See, e.g., Zollicoffer v. Livingston*, 169 F. Supp. 3d 687, 691 (S.D. Tex. 2016) (“The  
15 vulnerability of transgender prisoners to sexual abuse is no secret.”).

16           4.52   The Bureau of Justice Statistics has provided estimates of the rates of sexual  
17 victimization among transgender adult inmates and found that nearly 34 percent of transgender  
18 prison inmates reported experiencing one or more incidents of sexual victimization by another  
19 inmate or correction staff<sup>18</sup>—a rate that is ten times the average for prisoners in general.<sup>19</sup>

20  
21 <sup>17</sup> *Frequently Asked Questions*, PREA Resource Center (Mar. 24, 2016),  
[https://www.prearesourcecenter.org/frequently-asked-questions/does-policy-houses-transgender-](https://www.prearesourcecenter.org/frequently-asked-questions/does-policy-houses-transgender-or-intersex-inmates-based-exclusively)  
22 [or-intersex-inmates-based-exclusively](https://www.prearesourcecenter.org/frequently-asked-questions/does-policy-houses-transgender-or-intersex-inmates-based-exclusively).

23 <sup>18</sup> Bureau of Just. Stat., NCJ 241399, *Sexual Victimization in Prisons and Jails Reported by*  
*Inmates, 2011-12—Supplemental Tables: Prevalence of Sexual Victimization Among*  
*Transgender Adult Inmates* tbl. 1 (2013), [https://bjs.ojp.gov/content/pub/pdf/svpjri1112\\_st.pdf](https://bjs.ojp.gov/content/pub/pdf/svpjri1112_st.pdf).

<sup>19</sup> *Id.* at 8.

1           4.53 Congress passed the Prison Rape Elimination Act (PREA) by unanimous consent  
 2 in 2003 to establish national standards to address sexual assault in U.S. prisons. The PREA  
 3 standards, 28 C.F.R § 115.15, address the special concerns raised in the context of cross-gender  
 4 viewing and searches. To protect individuals from the known risk of harm that can arise in cross-  
 5 gender searches, the PREA standards prohibit cross-gender strip searches and body cavity  
 6 searches except in exigent circumstances or when performed by medical practitioners.

7           4.54 These standards are consistent with a long line of cases in the 9th Circuit barring  
 8 or limiting cross-gender searches in non-emergency situations. *See, e.g., Jordan*, 986 F.2d at  
 9 1531.

10           4.55 Defendants have failed to staff facilities with enough correctional officers  
 11 appropriately trained and available to conduct proper strip and pat-down searches of transgender  
 12 individuals.

13           4.56 Defendants have routinely subjected transgender people to humiliating cross-  
 14 gender strip and body cavity searches without justification in violation of PREA standards,  
 15 constitutional strictures, and Defendants' own policies.

16           4.57 The routine, non-emergency cross-gender searching of transgender people in  
 17 Defendants' custody puts them at a known risk of serious harm, including sexual assault. Such  
 18 searches also wantonly inflict serious psychological harm. *See id.* at 1529.

## 19 20 **C. Case Examples**

### 21 **1. Exemplar 1**

22           4.58 Exemplar 1 is a transgender woman currently incarcerated in DOC. She was  
 23 identified as "male" at birth, but she has identified as female since early childhood. Exemplar 1

1 reports having received medical treatment for her gender dysphoria in the community prior to her  
2 incarceration, including feminizing hormones and a tracheal shave to reduce her laryngeal  
3 prominence.

4       4.59 Exemplar 1 reported her transgender status and gender dysphoria during her  
5 intake screening, and a DOC mental health provider diagnosed her with gender dysphoria at her  
6 initial mental health appraisal. Her other diagnoses have included major depressive disorder,  
7 personality disorders, learning disorders, and anxiety. Upon arrival in DOC, Exemplar 1  
8 promptly requested to continue feminizing hormone replacement therapy, which Defendants'  
9 GD-CRC did not review for 11 months. The GD-CRC waited an additional seven months to  
10 approve Exemplar 1's request to continue receiving hormones— approximately 18 months after  
11 she first entered DOC custody.

12       4.60 Exemplar 1, like all transgender people in DOC custody, was categorically  
13 ineligible for gender-affirming surgery until 2019.

14       4.61 Exemplar 1 has suffered tremendously from Defendants' improper delays and  
15 denials of her gender-affirming care. More than half of her behavioral observations and incident  
16 reports are related to gender concerns, particularly refusing to leave her cell due to a lack of  
17 single-user bathroom access and for fear of harassment. For years and as documented across  
18 voluminous DOC records, Exemplar 1 has expressed specific, graphic plans to kill herself if she  
19 does not receive feminizing surgery.

20       4.62 Exemplar 1's request for feminizing surgery was finally reviewed by DOC's GD-  
21 CRC in spring 2020. The committee denied her request to be evaluated by a specialist for  
22  
23

1 gender-affirming surgery because she wanted medical and mental health treatment for gender  
2 dysphoria instead of talk therapy for depression.

3 4.63 In denying Exemplar 1's request for an evaluation for gender-affirming surgery,  
4 the GD-CRC also expressed concerns about her ability to consent given a perceived lack of  
5 knowledge about the risks and benefits of feminizing surgery. DOC medical and mental health  
6 staff provided Exemplar 1 no patient education about these risks and benefits that accommodated  
7 her learning disorders, and so Exemplar 1 was given no meaningful education about those risks  
8 or benefits.

9 4.64 Instead of approving gender-affirming treatment for Exemplar 1's gender  
10 dysphoria according to WPATH standards, the GD-CRC recommended that Exemplar 1  
11 "consider consenting to and engaging in psychotherapy such as DBT focused on her [borderline  
12 personality disorder]," noting that "such treatment can potentially serve as an important vehicle  
13 for improved understanding of the complex dynamics likely associated with [Exemplar 1]'s  
14 current reported gender identity."

15 4.65 Following the denial of her request for gender-affirming surgery, Exemplar 1  
16 abandoned the activities of daily living, including showering, leaving her cell, and taking  
17 medications for high blood pressure and high cholesterol. She continued to express specific  
18 suicidal ideation. Throughout her time in custody, Exemplar 1 has experienced extreme distress  
19 being in view of cross-gender staff and people in custody. Exemplar 1 deepened her extreme  
20 self-isolation, refusing to leave her cell for grooming, work, or recreation, further exacerbating  
21 her other medical conditions. She has also suffered from panic attacks and audio-visual  
22 hallucinations from her extended periods of self-isolation.  
23

1           4.66 As a result of DRW's advocacy and structured negotiations agreement with  
2 Defendants, Exemplar 1 was re-evaluated for surgery in fall 2020 by a community expert in  
3 gender-affirming health care. The evaluator determined that Exemplar 1 is competent to make  
4 medical decisions, meets all requirements for gender-affirming surgery, and should be provided  
5 basic accommodations to supplement her patient education according to her abilities, including  
6 audio and/or visual materials. Exemplar 1 continues to await gender-affirming surgery.  
7

8           **2. Exemplar 2**

9           4.67 Exemplar 2 is a transgender woman currently in DOC custody. Exemplar 2  
10 disclosed her female gender identity as a child and was rejected by her family. She was first  
11 diagnosed with gender dysphoria as a teenager and began a course of hormone therapy.  
12 Exemplar 2 has also been diagnosed with psychotic disorder, major depressive disorder, post-  
13 traumatic stress disorder, borderline personality disorder, and anxiety disorder. In the  
14 community, Exemplar 2 experienced significant alleviation of these conditions while receiving  
15 hormone therapy and expressing her gender.

16           4.68 When Exemplar 2 arrived in DOC custody, DOC providers ceased her hormone  
17 replacement therapy, and she experienced a bloody discharge from her breast. DOC providers  
18 then began Exemplar 2 on hormone replacement therapy, but at a lower level than she had  
19 received in the community. Exemplar 2 experienced significant distress as her lower prescription  
20 caused her to have an increasingly masculine appearance. Exemplar 2 requested in writing and in  
21 appointments to have her hormone levels checked.  
22  
23

1           4.69 Exemplar 2 continued to experience interruptions to her hormone therapy. In  
2 2019, Exemplar 2 moved units and lost access to her hormone medication for several weeks. In  
3 2021, she suddenly stopped receiving one of her hormone prescriptions for over a month.

4           4.70 At one appointment, a DOC medical provider performed a Google search for how  
5 to administer hormone replacement therapy during Exemplar 2's clinical appointment. At  
6 another appointment, a DOC medical provider, apparently unaware of Exemplar 2's transgender  
7 status and treatment, remarked that her estrogen levels were "not healthy for a young man."

8           4.71 Although Exemplar 2 has breasts, Defendants have failed to issue her proper  
9 undergarments for years. Defendants issued Exemplar 2 three sports bras soon after entering  
10 DOC custody. These bras were too small at the time of issuance. For years, Defendants refused  
11 to issue Exemplar 2 new bras as her breasts grew and she complained repeatedly of intense back  
12 pain, rashes, and migraines. Even after one DOC medical provider noted that, "[f]rom a medical  
13 perspective, it is appropriate to provide clothing that doesn't lead to chafing, pain or discomfort,"  
14 Defendants continued to refuse to provide Exemplar 2 with a new bra. When one of Exemplar  
15 2's three bras ripped from being too small, Defendants did not replace the bra for approximately  
16 one year.

17           4.72 Defendants wrongly punished Exemplar 2 for wearing these ill-fitting bras. In  
18 2019, DOC cited Exemplar 2 for indecent exposure based on a claim that staff could see her  
19 nipples through her bras.

20           4.73 To protect herself from the risk of sexual assault and harassment from wearing  
21 inappropriate undergarments, Exemplar 2 refused to leave her cell for yard or recreation for  
22 months at a time.  
23



1           4.74   Although Exemplar 2 regularly reported these sexual harassment and safety  
2 concerns to staff verbally and in writing, staff regularly failed to protect her or initiate PREA  
3 cases as required by Defendants' own policies.

4           **3.     *Exemplar 3***

5           4.75   Exemplar 3 is a transgender man who has spent most of his life in carceral  
6 settings.

7           4.76   Exemplar 3 began socially and medically transitioning while incarcerated as a  
8 teenager at a juvenile detention facility. He was first diagnosed with gender dysphoria as an  
9 adolescent following multiple instances of self-harm. Exemplar 3 has also been diagnosed with,  
10 among other things, major depressive disorder. Exemplar 3 was provided a chest binder at the  
11 juvenile detention facility and began hormone replacement therapy there with outside experts  
12 consulting on his case. At the juvenile detention facility, Exemplar 3's correct pronouns were  
13 used, staff assisted him in accessing a legal name change, and he was able to live with other  
14 young men in a housing unit for males.

15           4.77   Exemplar 3 expressed a determined and consistent need for a gender-affirming  
16 mastectomy, or top surgery. Exemplar 3 was evaluated and recommended for top surgery by his  
17 team of treatment providers at the juvenile detention facility, as well as medical and psychiatric  
18 experts at Seattle Children's Hospital's Gender Clinic.

19           4.78   Unfortunately, Exemplar 3 was transferred to DOC custody prior to receiving  
20 surgery.

21           4.79   Due to Defendants' categorical ban on gender-affirming surgery, Defendants  
22 refused to provide Exemplar 3 surgery, in disregard of his medical needs, the findings of his  
23

1 multidisciplinary care team, and any evidence-based standard of care. Defendants also refused to  
2 provide Exemplar 3 chest binders or other clinical means of binding his chest, which he had  
3 previously been issued in state custody at the juvenile detention facility. Defendants also  
4 required the use of Exemplar 3's previous legal name on his DOC records, identification card he  
5 was required to wear at all times, and other documents that were visible to staff and peers. This  
6 treatment further exacerbated Exemplar 3's gender dysphoria and mental health distress.

7  
8 4.80 Defendants' refusal to treat Exemplar 3's gender dysphoria devastated Exemplar 3  
9 and caused a period of severe distress including several self-harm incidents and suicidal ideation.

10 4.81 In spring 2019, more than six months after Defendants lifted their categorical ban  
11 on gender-affirming surgery, Exemplar 3 was subjected to personality testing, psychiatric  
12 profiling, and an evaluation by Stephen Levine for gender-affirming surgery despite the findings  
13 of multiple leading providers who had already determined that gender-affirming surgery was  
14 medically necessary for Exemplar 3.

15 4.82 In recommending against surgery, Levine opined that Exemplar 3 "is a case of the  
16 evolution of S&M into Gender Dysphoria, a situation that is not widely appreciated." Levine also  
17 characterized top surgery as "elective," in direct contradiction to the WPATH Standards of Care.  
18 Instead of gender-affirming surgery, Levine proposed that DOC adopt "a more demanding  
19 confrontative psychotherapeutic approach armed with the above ideas."

20 4.83 After reading Levine's report, Exemplar 3 experienced prolonged and severe  
21 suicidality and depression.

22 4.84 In the summer of 2019, Plaintiff DRW privately paid for a medical evaluation of  
23 Exemplar 3 by Dr. Dan Karasic, an expert in gender-affirming mental health care, an author of

1 the WPATH Standards of Care, and chair of the American Psychiatric Association Workgroup  
 2 on Gender Dysphoria. Employing WPATH standards, Dr. Karasic determined that surgery was  
 3 medically necessary for Exemplar 3. He also noted that Levine's theories concerning gender  
 4 dysphoria had no basis in Exemplar 3's clinic evaluation or mainstream academic literature.

5 4.85 In late 2019, Defendants' GD-CRC authorized Exemplar 3's top surgery.

6 4.86 Defendants began to contact surgery providers on Exemplar 3's behalf in spring  
 7 2020. Such surgeons require referrals that document medical necessity and address a patient's  
 8 eligibility based on specific criteria from the WPATH Standards of Care. However, Defendants  
 9 distributed Levine's report to potential surgeons and not Dr. Karasic's report, causing the  
 10 surgeons to refuse to see Exemplar 3 and months of additional delay.

11 4.87 In late 2020, after Defendants realized they had sent the wrong report to surgeons,  
 12 Defendants began a new series of attempts to schedule appointments with different providers  
 13 who had not already rejected Exemplar 3. Defendants finally located a surgery provider on the  
 14 other side of Washington, which resulted in additional delays for coordinating travel to and from  
 15 Exemplar 3's location.

16 4.88 Only due to DRW's intervention was Exemplar 3 ultimately provided gender-  
 17 affirming top surgery in 2022, more than five years after he was initially approved for gender-  
 18 affirming surgery and three years after he was approved by Defendants.

## 20 **D. Federal Funding**

21 4.89 The DOC receives federal financial assistance, including grants from the U.S.  
 22 Department of Justice.

## 23 **V. CLAIMS**

1 **A. First Claim: Eighth Amendment to the United States Constitution – Cruel and**  
2 **Unusual Punishment**

3 5.1 Plaintiff repeats and re-alleges the allegations above as if fully set forth here.

4 5.2 The facts described above constitute cruel and unusual punishment in violation of  
5 the Eighth Amendment. The Eighth Amendment to the U.S. Constitution requires prison officials  
6 to (1) provide individualized and timely medical care and mental health care to transgender  
7 people for the treatment of gender dysphoria and/or gender incongruence and (2) to protect  
8 people in custody from known risks of harm arising from non-emergent cross-gender strip and  
9 pat-down searches.

10 5.3 Defendants and their agents are responsible for the treatment and safety of  
11 transgender people in Defendants' custody.

12 5.4 Defendants and their agents are aware that transgender people in prison face  
13 substantial risk of harm if they do not receive timely medically necessary care for their gender  
14 dysphoria and/or gender incongruence. Such transgender health care includes, but is not limited  
15 to, competent mental health care, hormone replacement therapy, gender-affirming surgeries,  
16 other gender-affirming treatments and services, and gender expression treatment like gender-  
17 affirming property and clothing, and hygiene and grooming tools.

18 5.5 Defendants and their agents refuse to provide and unreasonably delay medically  
19 necessary care to patients with gender dysphoria and/or gender incongruence. The denial and  
20 delay of this care has caused serious physical and mental injury to Plaintiff's constituents and  
21 puts them at ongoing substantial risk of harm. Defendants' delay and denial of medical care  
22 constitutes deliberate indifference to a serious medical need in violation of the Eighth  
23 Amendment.

1           5.3     Defendants are aware that transgender people face substantial risk of harm in  
2 custody, including risk of sexual assault.

3           5.3     Defendants are aware of their obligation to protect transgender people from the  
4 substantial risk of harm posed from improper cross-gender strip and pat-down searches,  
5 including the trauma of cross-gender searches and the risk of sexual assault.

6           5.4     Defendants' and their agents' pattern and practice of subjecting transgender  
7 people to improper cross-gender strip and pat-down searches and viewing constitutes deliberate  
8 indifference to their safety by failing to mitigate a substantial risk of serious harm including  
9 abuse, assault, and harassment in violation of the Eighth Amendment.

10  
11 **B.     Second Claim: 42 U.S.C. § 12101 et seq. Americans with Disabilities Act and Section**  
12 **504 of the Rehabilitation Act**

13           5.6     Plaintiff repeats and re-alleges the allegations above as if fully set forth here.

14           5.7     Plaintiff's constituents who are people with disabilities in Defendants' custody  
15 who are transgender are all "qualified individuals with a disability" within the meaning of 42  
16 U.S.C. § 12131(2) and are "otherwise qualified individuals with a disability" within the meaning  
17 of Section 504 of the Rehabilitation Act, 29 U.S.C. § 794.

18           5.8     Defendant Washington State Department of Corrections is a public entity as  
19 defined by 42 U.S.C. § 12131(1).

20           5.9     Defendants discriminate against Plaintiff's constituents on the basis of disability  
21 by failing to (1) ensure that people with disabilities, including mental health disabilities,  
22 intellectual and developmental disabilities, and medical disabilities, have access to, are permitted  
23 to participate in, and are not denied the benefits of Defendants' programs, services, and

1 activities, including access to medically necessary care, transgender health services, and patient  
2 education and (2) by failing to make reasonable modifications in policies, practices, or  
3 procedures to avoid such discrimination.

4 5.10 Defendant Washington State Department of Corrections receives federal financial  
5 assistance and is subject to the provisions of Section 504.  
6

7  
8 **VI. PRAYER FOR RELIEF**

9 WHEREFORE, Plaintiff requests relief against Defendants as follows:

10 6.1 A judicial declaration that the facts described in the complaint violate Plaintiff's  
11 constituents' constitutional and statutory rights;

12 6.2 A permanent injunction prohibiting the Department of Corrections and its agents  
13 from violating Plaintiff's constituents' constitutional and statutory rights and ordering tailored  
14 remedies directed at Defendants to ensure compliance with their obligations to Plaintiff's  
15 constituents;

16 6.3 Costs, including reasonable attorneys' fees, to be awarded under 42 U.S.C. §  
17 1988(b), 42 U.S.C. § 12205, and to the extent otherwise permitted by law;

18 6.4 Leave to amend the pleadings to conform to the evidence at trial; and

19 6.5 Such other relief as may be just and equitable.  
20  
21  
22  
23

DATED: \_\_\_\_\_

**Disability Rights Washington**

s/ Danny Waxwing

Danny Waxwing, WSBA #54225

s/ Ethan Frenchman

Ethan Frenchman, WSBA #54255

s/ Heather McKimmie

Heather McKimmie, WSBA #36730

315 5<sup>th</sup> Avenue S, Suite 850

Seattle, WA 98104

Tel: (206) 324-1521

Fax: (253) 627-0654

[ethanf@dr-wa.org](mailto:ethanf@dr-wa.org)

[dannyw@dr-wa.org](mailto:dannyw@dr-wa.org)

[heatherm@dr-wa.org](mailto:heatherm@dr-wa.org)

Attorneys for Plaintiff

Dated this 6<sup>th</sup> day of October, 2023 at Seattle, Washington.

/s/ Kimberly Mosolf

Kimberly Mosolf, WSBA #49548